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# DEVELOPING A POLICY FRAMEWORK OF MULTIPLE HUMAN CAPITAL DEVELOPMENT STRATEGIES FOR ENHANCED STAFF PRODUCTIVITY IN NEUROPSYCHIATRIC HOSPITALS IN NIGERIA

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**Abstract**
This paper explores how a policy framework that integrates multiple human capital development (HCD) strategies can collectively enhance staff productivity in neuropsychiatric hospitals in Nigeria. This study challenges the long-standing practice of relying primarily on a single human capital development strategy, particularly in-service training, to enhance staff productivity. It highlights the importance of developing a policy framework that integrates multiple HCD strategies and examines their collective influence on staff productivity in neuropsychiatric hospitals in Nigeria, thereby addressing a significant gap in the literature. A concurrent triangulation mixed-methods design was adopted for the study. Data were collected through questionnaires and Focus Group Discussions (FGDs). A sample of 540 respondents was selected using stratified, purposive, snowball, and convenience sampling techniques. Data were analysed using descriptive statistics, the independent samples t-test, and narrative and thematic analysis techniques. The study revealed that staff who participated in only a single human capital development strategy were less resourceful and productive than those who benefited from multiple HCD strategies. The findings further indicated that a policy framework incorporating diverse human capital development programmes creates a structured system through which employees acquire hybrid knowledge and skills that contribute to higher job performance and productivity. The findings provide evidence-based insights that can assist the management of neuropsychiatric hospitals in developing policy frameworks that promote the use of multiple human capital development strategies to improve staff productivity.
**Keywords:** Human capital development, multiple HCD, neuropsychiatric hospitals, policy framework, single HCD, staff productivity, strategy

**Introduction**

Human resource management departments in many healthcare institutions increasingly face the challenge of enhancing staff productivity. This challenge may stem from the continued reliance on a single human capital development (HCD) strategy, particularly in-service training, which has traditionally been the most widely adopted approach to improving employee performance in many organisations. In-service training enables employees to acquire knowledge and skills while performing their duties within the organisation. It has been widely adopted because it is relatively cost-effective (Anuradha and Ramesh, 2020).

To ensure optimal staff productivity in neuropsychiatric hospitals, Human Resource Management (HRM) units have been established to oversee activities related to recruitment, transfers, postings, and human capital development. Human capital development encompasses the training and development of employees to acquire new knowledge, develop relevant skills, enhance talents, make informed decisions, foster innovation, build resilience, and become valuable organisational assets (Allen, 2020).

In this context, the exclusive use of in-service training has increasingly been viewed as inadequate, thereby creating an opportunity to explore multiple HCD strategies as a more innovative approach to workforce development. Multiple HCD strategies involve the combination of two or more training and development methods to enhance employee competence and productivity. Such strategies may include workshops, formal training programmes, continuing professional education, conferences, seminars, performance feedback, job rotation, career development initiatives, coaching, and mentoring.

In an era characterised by increasing complexity and competitiveness, staff productivity remains a critical determinant of organisational success. Consequently, human resource managers must adopt innovative and responsive training and development strategies to build a competent and highly skilled workforce. Despite its significance, the development of a policy framework that integrates multiple HCD strategies for improving staff productivity remains underexplored. This study seeks to address this gap.

The effectiveness of such a policy framework depends largely on how the various HCD strategies are integrated and implemented to develop a productive workforce. This study therefore provides an opportunity for human resource managers to identify and structure the most effective combinations of HCD strategies within a coherent policy framework.

Within the Nigerian context, neuropsychiatric hospitals are federal government-owned healthcare institutions established to provide services for individuals with emotional, mental, behavioural, and neurological disorders. These services include prevention, diagnosis, treatment, rehabilitation, screening, assessment, evaluation, and testing. Neuropsychiatric hospitals also provide consultations, medication management, psychotherapy, group and family therapy, and follow-up care. Common services offered include mental health assessment and diagnosis, outpatient psychiatric services, inpatient admissions, emergency psychiatric services, treatment of mental disorders, rehabilitation services, child and adolescent mental health services, neurological services, community and preventive services, laboratory and support services, as well as training and research.

Given the strategic importance of human capital development in healthcare delivery, there is a need to develop a policy framework that incorporates diverse HCD strategies, including in-service training, workshops, formal education, continuing professional education, conferences, seminars, performance feedback, job rotation, career development, coaching, and mentoring. Such a framework would support employees from diverse professional backgrounds and career stages, enabling them to maximise their potential and contribute more effectively to organisational goals.

The findings of this study are expected to assist neuropsychiatric hospitals in developing policies that encourage or mandate participation in multiple training and development opportunities. Furthermore, the study will strengthen institutional capacity through the deliberate and systematic application of multiple HCD strategies. The results will also provide valuable insights for human resource managers and policymakers seeking to maximise staff potential and enhance productivity through integrated human capital development approaches.

**Objectives of the Study**

The study seeks to:

1. Determine how a policy framework for multiple human capital development strategies enhances staff productivity in neuropsychiatric hospitals in Nigeria.
2. Evaluate the differences between the use of a single human capital development strategy and multiple human capital development strategies in enhancing staff productivity in neuropsychiatric hospitals in Nigeria.

**Theoretical perspective**

In the analysis of a policy framework of multiple HCD strategies and enhanced staff productivity in Neuropsychiatric hospitals, the theory of multiple intelligence developed by Howard Gardener (1983) was adopted. The theory recognizes the importance and values of different types of intelligence in teaching and learning. It emphasizes the need to adopt different teaching methods in order to meet the needs of diverse learners. The multiple intelligence theory assumes that learners are diverse in their learning abilities and intelligent quotients and therefore should be different ways of learning methods used to inculcate knowledge on them. According to Gardner, multiple intelligence comprises linguistics, logical/mathematical, spatial, bodily, kinetically, musical, interpersonal, intrapersonal and naturalistic. The theory further contends that a person is endowed with different types of intelligence such as Intelligence Quotients (IQ), Emotional Quotient (IQ), Social Quotient (SQ) and Adversity Quotient (AQ). These may be classified as: visual, auditory and kin-esthetic intelligence. Each of these is autonomous which implies that a single learning method may not be able to nurture all these learning needs in an individual. The theory also posits that individuals excel in different areas and ways based on how they learn and understand what they learned.

The theory is relevant to this study by its emphasis on using a combination of methods to train and develop staff of Neuropsychiatric hospitals in order to become productive in their workplaces. The use of multiple HCD approaches such as in-service training, workshops, training, formal education, continuing professional education, conferences, seminars, performance feedback, job rotation, career development, coaching and mentoring will not only enhance their skills and competencies but also accelerate organizational growth. The theory is

also relevant to this study on grounds that multiple HCD strategies is crucial for nurturing different types of staff with diverse strengths and weaknesses. For instance, in every establishment, some staff are endowed with leadership qualities while others possess creative attributes. Therefore, a policy framework for HCD with multiple strategies will help to nurture different types of staff with varied attributes more effectively.

**Staff productivity:**

The productivity of staff implies the ability of producing goods and services with the least effort. Productivity is how well an organization converts input resources into goods and services (Widarni and Bawono, 2021). Productivity is enhanced by many factors including training, working conditions and welfare (Badom and Girigiri, 2021). Productivity can be attained by the linkages of input and output processes. When a staff is productive on his job, the organization earns high profit and is better positioned to maximally achieve organizational goals (Akhmad and Lijan, 2025). Indeed, the imperatives of staff productivity in organizations cannot be underestimated. Managers are fully aware of the gains of staff productivity to an organization in general and individual staff in particular. Staff productivity has to do with increasing staff innovations, creativity and flexibility necessary to enhance competitiveness (Siwale et al., 2020). Also, it has to do with adapting and facilitating the application of new approaches in the workplace.

Among the factors that account for high level of staff productivity is the training and development available for staff. The essence of staff training and development is to enhance their morale and by doing so achieves greater production efficiency. Specific benefits that organizations derive from high level staff productivity are numerous. Staff who are productive adapt easily to changing working conditions. Being productive, staff stand a chance to be employed on related jobs (Schuller, 2021). Productivity is a process by which personnel, mostly those in managerial cadre, acquire conceptual, theoretical or technical knowledge or skills (Cafferkey et al., 2021).

It is common knowledge that staff in most organizations are not productive. Sometimes, the performance evaluation strategy complicates staff' ability to perform and achieve organizational goals (Gerhart and Feng, 2021). Among the factors that causes abysmal staff productivity has been lack of skills to execute a task, poor knowledge of the job, poor training tools, and poor methods of training and development (Yu and Liu, 2021). Also, there is lack of a standard-and innovative human capital development strategies required to make staff productive, which constitutes a problem in itself.

**Human capital development (HCD):**

Through human capital development programs, staff acquire knowledge, skills, capabilities, and technical know-how to manage resources. HCD is the process of training and retraining of staff to attain both personal and organizational goals (Anwar and Abdullah, 2021). HCD not only enhances the productive gains of staff but also helps them to upgrade existing skills. HCD has helped staff to acquire communication skills, technical skills, problem-solving skills, mental health and personal resilience.

Indeed, investing in human capital is the single most effective way of making an organization to grow. Skillful staff could cause an organization to develop fast and productive. Most staff

grow and achieve their goals through HCD programs (Donna, 2021). For HCD to be effective, a functional human resources management system must be put in place to facilitate staff training and development, improve staff welfare and provide the needed resources to work with. Organizations that is conscious of the importance of HCD will not fail to invest on it so that staff would acquire specialized skills (Malik et al., 2020). Because of the significant impact of HCD on human societies, developed economies are consistent in applying it for staff' productivity (Uka and Prendi, 2021).

**Single HCD strategy for enhanced staff productivity**

Most organizations rely on a single training strategy to enhance staff productivity. And the most used single HCD strategy to make staff productive has been in-service training. In-service training enable staff to acquire knowledge and skills and gain experiences in the process of performing tasks within an organization (Kenton, 2022). The single HCD strategy is typically traditional in nature and in context, as different organizations develop staff using same method, which is the in-service training.

For decades, in-service training was used to achieve organizations' objectives which include training and learning, meeting the developmental needs of staff, equipping trainees with new ideas and showing them how changes in the organization can be addressed (Al-Bdareen and Khasawneh, 2019; Kenton, 2022).

This singular training approach used in most organizations has not only enhanced staff competencies, skills and knowledge as it relate to their job but also help them to be informed of current events and standards of operations in the organization they work (Ibini and Okonta, 2023). Scholars believe that the single HCD approach is cost effective, with less errors and time waste (Sun and Ghosal, 2020; Sakis and Serafeim, 2020; Olusegun, 2019). In some context, the single HCD approach is devoid of complexity but rather packaged with motivation and job satisfaction opportunities aimed at increasing the morale of staff, builds career development and a pathway for promotion and leadership roles when compared with the multiple HCD strategies (Agbi et al., 2020; Tang et al., 2021). Other advantages of the single HCD strategy include seamless adaptation to change, reduces resistance to innovation, cost-effective for organizations, improved organizational efficiency, encourages communication and teamwork among staff (Shet, 2024; Ubeda-Garcia et al., 2021).

More often training sessions may be disrupted by normal work routines which in turn affects productivity (Allen, 2020). Time constraint is another major challenge, especially where the workload could not be balanced with training sessions (Oladejo, 2019). It has limited scope and, in some cases, staff who were trained with only a single method may lack exposure to external ideas and innovations (Alomari et al., 2020). The training content more often focus only on the immediate needs of the establishment than on broader professional standards (Purnama et al., 2021). The training sessions and curriculum are in most cases biased or limited in scope (Okunade et al., 2022). Staff resistance is mostly common during training sessions as some staff may view training as unnecessary, monotonous or burdensome.

***Multiple HCD strategies for staff productivity***

Multiple human capital development (HCD) is defined as "a combination of various methods and programs used by organizations to ***enhance employees' skills, knowledge, and overall***

***capabilities" (***Al Dulaimi et al., 2022; Suleiman and Ibrahim, 2022). It is a training session that integrate several strategies for training. It is aimed at developing or enhancing staff through a variety of training opportunities. It may also be seen as the integration of formal and/ or informal training approaches towards increasing productivity. ***The purpose for using a*** set of coordinated approaches for staff development is to ensure increased productivity, organizational success, well-rounded professional growth, and long-term competitiveness (Borshch et al., 2023). There exist various ***HCD strategies which may be combined for staff training and development purposes. Examples are in-service training, w***orkshop attendance, coaching and mentoring, job rotation and cross training, career development planning, formal educational support program, p***erformance appraisals and feedback*** regular evaluation and feedback sessions, ***Succession planning*** preparing high-potential employees for leadership, ***E-learning and digital development*** online courses, webinars, and virtual learning, ***Team building and workshops a***ctivities, and ***Knowledge management systems*** sharing.

***Most organizations in the developed west no longer rely on in-service training alone but organize workshops and conferences for staff to learn or acquire*** job-specific skills and to develop their technical and operational competences while many others combine in-service training with c***oaching and mentoring program to inculcate new knowledge, build competences*** and develop leadership potential (Garcia-Arroyo and Osca, 2021). Some scholars opined that in-service training is co-joined with job rotation which is a form of cross-training program (Daramola and Daramola, 2020). Here, staff who are undergoing in-service training may be moved from one section or department of the organization to acquire knowledge and experiences across board. Job rotation aims to reduce monotony, broaden skills and experiences as well as craves flexibility in the system.

**Data and methodology**

A concurrent triangulated (mixed) survey design was used to identify and describe the patterns of utilization of HCD strategies and staff productivity in Neuropsychiatric hospitals in Nigeria. This was carried out with both qualitative and quantitative methods. Besides, it was crucial for obtaining reliable and valid data that can inform decision making and contribute to the advancement of knowledge on the phenomena under investigation.

**Study population**

This study's population comprises staff of Neuropsychiatric hospitals in Nigeria, spread across the Nigeria federation. There are about 9 federal neuropsychiatric hospitals with an estimated staff strength of about 6000 (Federal Ministry of Health, Abuja Office, 2026).

**Sampling method**

A sample population of 540 respondents was drawn from staff of Neuropsychiatric hospitals in Nigeria, using stratified, purposive, snowball and convenience sampling. Federal neuropsychiatric hospitals were stratified into nine. The first stratum was federal neuropsychiatric hospital, Yaba-Lagos State; second stratum was Federal neuropsychiatric hospital, Aro–Ogun State; third stratum was federal neuropsychiatric hospital, Calabar – Cross River State; fourth stratum was federal neuropsychiatric hospital, Kaduna – Kaduna State; fifth stratum was federal neuropsychiatric hospital, Kware – Sokoto State; sixth stratum was federal neuropsychiatric hospital, Maiduguri – Borno State; seventh stratum was federal

neuropsychiatric hospital, Enugu – Enugu State; eight stratum was federal neuropsychiatric hospital, Uselu-Benin City, Edo State; and ninth stratum was federal neuropsychiatric hospital, Budo-Egba – Kwara State. This approach ensures that the research captures perspectives from each federal neuropsychiatric hospital, thereby ensuring a representative sample (Saunders et al., 2019).

Snowball sampling was used to identify participants through staff referrals. Initial respondents introduced the researcher to other eligible participants, thereby improving access to a population that has met the inclusion criteria. The inclusion criteria require participants to be staff and currently engaged in one form of human capital training and development.

**Research instruments**

This paper utilizes two datasets: questionnaire instrument for quantitative data gathering and FGD for qualitative data. The two data sets were used to examine the different dimensions of HCD and their implications on staff productivity in neuropsychiatric hospitals in Nigeria.

The questionnaire data were gathered from staff of neuropsychiatric hospitals through person-to-person contact as well as online administration, whereas the FGD data were collected from purposively selected participants who appeared physically in person. Both instruments measures HCD indicators such as in-service training, workshops, formal education, conferences, and seminars, coaching and mentoring.

It is worth mentioning that whereas most staff have attended multiple training programs, some did not have that opportunity as they only did in-service training.

**Quantitative survey data**

A research questionnaire was developed by the authors guided by scales of previous studies. The quantitative survey (questionnaire) was administered to staff by the authors and trained research assistants and complimented with online administration. The survey instrument consists of structured questions on various dimensions of HCD and their implications on staff productivity.

The first part of the questionnaire focused on gathering information about the socio-demographic characteristics of respondents. These characteristics include respondents' sex, age, marital status, years of working experience, and religion. The second part was based on the substantive variables (I.e., single HCD strategy and multiple HCD strategies). The Cronbach alpha reliability estimate of the various sub-variables was used in the instrument and the various sub-scales ranges from 0.73 to 0.82. These values were considered high enough to justify their use for research. The scales were measured on a four-point likert scale with strongly agree, agree, disagree, strongly disagree and undecided. The instrument went through a validity process, involving vetting, modification and dropping of items considered not good enough. A total of 550 items were given out for validation., and while 5 were modified, 10 were rejected. Finally, 540 were approved for use.

**Focus Group Discussion (FGD)**

FGD participants were recruited through purposive and snowball sampling, with inclusion criteria requiring that they were staff of a federal neuropsychiatric hospital. Altogether there were six FGDs that were organized for each of the six geo-political zones that constitute the federal republic of Nigeria. Each of the FGDs was constituted with 10 staff, (i.e., 5 with multiple

HCD experiences and 5 staff with single HCD experience). The FGDs were conducted between February, 2026–June, 2026. The FGD questions were semi-structured covering HCD trajectories such as in-service training, workshops, conferences, formal education, and their implications on staff productivity. Each FGD session last for I hour. To harmonize the datasets from all the FGDs, data were coded with a common coding frame and analytical procedure.
The FGDs data were initially coded separately, using the grounded theory method. They were later conjoined. The grounded theory method was adopted due to its explorative nature. Besides, it facilitates easy refinement of concepts and patterns.

**Data analysis**

Particularly, we use descriptive and inferential statistics to analyze two sets of variables: (1) influence of a policy framework for multiple HCD strategies on staff productivity and (2) different impact of single HCD strategy and multiple HCD strategies on staff productivity.
In our analysis of the quantitative data, we used descriptive statistics - frequent counts, simple percentages, mean and standard deviation. They were summarized and presented in tables. However, the research hypothesis was analyzed with independent t-test (t). The preliminary analysis indicated that there were significant differences between staff who went through multiple HCD strategies and those who went through single HCD strategy (i.e. in-service training) alone.
What we did in the FGD analysis was to use narrative and thematic analysis of data based on research objectives. Like the quantitative data survey, FGD data equally show a variation between impact of multiple HCD strategies and that of single HCD strategy. It shows clear differences in enhanced productivity experience between the two categories of staff. Indeed, it revealed that staff with multiple HCD experience were more likely to be impactful and productive in a well-established formal hospital than staff with single HCD experience. The FGD to a large extent deepened our understanding of the phenomena under investigation.

**Results**

Table 1: Responses to type of HCD strategy ever attended by staff of Neuropsychiatric hospitals

| Items | Number of respondents | Percentage of respondents |
|---|---|---|
| In-service training alone | 313 | 58.0 |
| In-service training & Workshop attendance | 66 | 12.2 |
| In-service training, Coaching & Mentoring | 61 | 11.3 |
| In-service training & Training and Development | 53 | 9.8 |
| In-service, Workshops, Formal education, Conferences, Seminars, Coaching & Mentoring | 47 | 8.7 |
| Total | 540 | 100 |

The result in Table 1 shows that out of the 540 respondents, 313 attended in-service training. This represents 58 per cent of the population. This was followed by 66 respondents representing 12.2 per cent who had attended in-service and workshops. Next was 61 respondents that ever-attended in-service, coaching and mentoring, representing 11.3 per cent. Those that had ever

attended In-service training and training and development were 53 representing 9.8 per cent. Finally, those that attended workshops, formal education, conferences, and seminars, coaching and mentoring were 47 representing 8.7 per cent. It implies that majority of the respondents attended in-service training alone.

Table 2: Analysis of objective contributions of single HCD strategy vs multiple HCD strategies to staff productivity in Neuropsychiatric hospitals

| SN | Items | Single HCD | | Multiple HCD | |
|---|---|---|---|---|---|
| | | No. of respondents | Percentage | No. of Respondents | Percentage |
| 1 | Innovativeness | 132 | 24.4 | 408 | 75.6 |
| 2 | Competitiveness | 59 | 10.9 | 481 | 89.1 |
| 3 | Empowerment | 138 | 24.3 | 409 | 75.7 |
| 4 | Skillfulness | 208 | 38.5 | 332 | 61.5 |
| 5 | Complexity | 233 | 43.1 | 307 | 56.9 |
| 6 | High turnover | 454 | 84.1 | 86 | 15.9 |
| 7 | Goal attainment | 152 | 28.1 | 388 | 71.9 |
| 8 | Frustration | 449 | 83.1 | 91 | 16.9 |

Table 2 shows the objective contributions of single HCD strategy versus multiple HCD strategies to staff productivity. Out of the 540 respondents, 132 representing 24.4 per cent were innovative through the single HCD strategy, while 408 representing 75.6 per cent were innovative through the multiple HCD strategy. It implies that the multiple HCD strategies had greater innovative opportunities than the single HCD strategy. Regards to competitiveness at the workplace, out of the 540 respondents, 59 representing 10.9 per cent that went through the single HCD strategy agreed the workplace was competitive while 481 representing 89.1 per cent that benefited from the multiple HCD strategies, claimed there was a lot of competitiveness in the workplace. Concerning empowerment, out of the 540 respondents, 138 representing 38.5 per cent who only went through the single HCD strategy agreed to have been empowered while 409 representing 75.7 per cent who benefited from multiple HCD strategy claimed to have been empowered in their workplaces. In regard to skillfulness, out of 540 respondents, 208 representing 38.5 per cent of those that passed through the single HCD strategy were skillful in the workplace while 332 representing 61.5 who benefited from the multiple HCD strategy were skillful in their jobs. As regards complexity of the workplace, 233 representing 43.1 per cent of those that had only one single HCD training strategy claimed the workplace was complex while 307 representing 56.9 per cent of those that had multiple HCD training strategies considered the workplace not complex. Similarly, 454 representing 84.1 of those that went through the single HCD strategy experienced high turnover, while 86 representing 15.9 per cent experienced high turnover in the workplaces. For goal attainments, out of the 540 respondents, 152 representing 28.1 per cent of those that had a single training strategy attained their set goals,

while 388 representing 71.9 per cent under the multiple HCD training strategy attained their set goals. With regards to frustration at the workplace, out of the 540 respondents, 449 representing 83.1 per cent that went through the single HCD strategy agreed they have had frustrating experiences while 91 representing 16.9 per cent that were trained with multiple HCD strategies, experienced frustration at the workplace.

Table 3: Staff responses to the characteristics of multiple HCD strategies

| S/n | Items | YES | NO | Undecided | Mean | Standard deviation |
|---|---|---|---|---|---|---|
| 1 | Cater for diverse training needs | 449 | 77 | 14 | 4.7 | 3.11 |
| 2 | Recognizes each trainee strengths and weakness | 437 | 87 | 16 | 3.6 | 3.10 |
| 3 | Enhances motivation and self esteem | 371 | 154 | 15 | 4.4 | 3.91 |
| 4 | It's an innovative strategy | 407 | 109 | 24 | 3.7 | 3.51 |
| 5 | Training style is not one-dimensional | 416 | 91 | 33 | 3.4 | 4.12 |
| 6 | Promotes a broader understanding of human potentials | 411 | 119 | 10 | 4.2 | 3.41 |

Mean> 2.5 represent positive perceptions, while Mean < 2.5 represent negative perceptions.
The result of Table 3 shows the mean scores and standard deviation of each of the 5 items on staff responses to the characteristics of multiple HCD strategies. it indicates that all the items had mean scores above 3.5 which is the scale critical mean, which implies that Multiple HCD strategies were well understood by respondents.

Table 4: Analysis of respondents' responses to the importance of multiple HCD strategies

| S/n | Items | Agreed (%) | Disagreed (%) | Undecided (%) |
|---|---|---|---|---|
| 1 | Multiple HCD strategies is useful in promoting team work | 408 (75.6) | 111 (20.6) | 21 (3.9) |
| 2 | Multiple HCD strategies will make staff of Neuropsychiatric hospitals to attain professionalism in the workplace | 419 (77.6) | 104 (19.3) | 17 (3.1) |
| 3 | Multiple HCD strategies consume more time meant for training than the single HCD strategy | 255 (47.2) | 263 (48.7) | 22 (4.1) |
| 4 | Multiple HCD strategy enhances job security as a benchmark at all levels of the staff career | 410 (75.9) | 72 (13.3) | 58 (10.7) |
| 5 | Use of Multiple HCD strategy eases task execution in the workplace | 390 (72.2) | 91 (16.9) | 59 (10.9) |

The analysis on Table 4 shows detailed responses of the 540 respondents on the importance of multiple HCD strategies. Item 1 shows that, 408 respondents representing 75.6 per cent agreed that it promote team work, but 111 representing 20.6per cent disagreed while 21 representing 3.9 per cent were undecided. Item 2 shows that, out of 540 respondents, 419 respondents representing 77.6 per cent agreed that it promote team work, but 104 representing 19.3 per cent disagreed while 17 representing 3.1 per cent were undecided. Item 3 indicates that, out of 540 respondents,255 respondents representing 47.2 per cent agreed that it promote team work, but 263 representing 48.7 per cent disagreed while 22 representing 4.1 per cent were undecided. Item 4 reveal that, out of 540 respondents,410 respondents representing 75.9 per cent agreed that it promote team work, but 72 representing 13.3 disagreed while 58 representing 10.7 per cent were undecided. Item 5 shows that, out of 540 respondents, 390 respondents representing 72.2 per cent agreed that it promote team work, but 91 representing 16.9 disagreed while 59 representing 10.9 per cent were undecided.

**Test of hypothesis**

$H_0$: There is no significant difference between single HCD strategy and multiple HCD strategies for the enhancement of staff productivity in Neuropsychiatric hospitals in Nigeria

$H_I$: There is significant difference between single HCD strategy and multiple HCD strategies for the enhancement of staff productivity in Neuropsychiatric hospitals in Nigeria

The result revealed that a significant difference exists between single HCD strategy and multiple HCD strategies for the enhancement of staff productivity in Neuropsychiatric hospitals in Nigeria. The above is owed to the fact that the overall p – value of .000 produced by multiple HCD strategy and single HCD strategies is less than the Sig. level of .05. Going further the average mean of multiple HCD strategy is 20.5500, while that of single HCD strategies is 19.4000. The result further reveals a significant mean difference of 6.15. Thus, a statistical difference exists between the two groups. Hence, the alternative hypothesis is accepted while the null hypothesis stating that there is no significant difference between single HCD strategy and multiple HCD strategies for the enhancement of staff productivity in Neuropsychiatric hospitals in Nigeria is rejected. Hence, there is significant difference between single HCD strategy and multiple HCD strategies for the enhancement of staff productivity in Neuropsychiatric hospitals in Nigeria. A summary of the result is shown in Table 5

Table 5: Summary of independent t-test analysis of the difference between single HCD strategy and multiple HCD strategies for the enhancement of staff productivity in Neuropsychiatric hospitals in Nigeria

| | | Paired differences | | | | t | Df | P-value |
|---|---|---|---|---|---|---|---|---|
| | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | | | |
| | | | | Lower | Upper | | | |
| Multiple HCD strategy | 20.5500 | 3.44085 | .73628 | 36.185 | 39.97 | 39.482 | 538 | .000 |
| Single HCD strategies | 19.4000 | 2.90915 | .68017 | 42.158 | 51.70 | 39.482 | 538 | .000 |

*significant at p< .05, df = 538, t-cal 39.482

**Discussion**

Most Neuropsychiatric hospitals in Nigeria utilizes in-service training alone for the enhancement of staff production, neglecting other potential training and development strategies. The out-right refusal to train staff outside in-service training have socioeconomic implications ranging from liquidations, redundancy, boredom, monotony, lack of competitiveness, staff stagnation among others.

There are 9 federal neuropsychiatric hospitals distributed across the geo-political regions of Nigeria. These include: Yaba (Lagos State); the Federal Neuropsychiatric Hospital, Aro (Ogun State); the Federal Neuropsychiatric Hospital, Calabar (Cross River State); the Federal Neuropsychiatric Hospital, Kaduna (Kaduna State); the Federal Neuropsychiatric Hospital, Kware (Sokoto State); the Federal Neuropsychiatric Hospital, Maiduguri (Borno State); the Federal Neuropsychiatric Hospital, Enugu (Enugu State); the Federal Neuropsychiatric Hospital, Benin City (Edo State); and the Federal Neuropsychiatric Hospital, Budo-Egba (Kwara State).

Out of the nine federal neuropsychiatric hospitals in Nigeria, 6 utilizes in-service training alone. These six include: Federal neuropsychiatric hospital, Aro–Ogun State, Federal neuropsychiatric hospital, Kaduna – Kaduna State, Federal neuropsychiatric hospital, Kware – Sokoto State, Federal neuropsychiatric hospital, Maiduguri – Borno State, Federal neuropsychiatric hospital, Uselu-Benin City, Edo State, and Federal neuropsychiatric hospital, Budo-Egba – Kwara State. However, 3 federal neuropsychiatric hospitals had developed a policy framework based on multiple use of HCD strategies. These are Federal neuropsychiatric hospital, Yaba-Lagos State, Federal neuropsychiatric hospital, Enugu – Enugu State, and Federal neuropsychiatric hospital, Calabar – Cross River State.

Even with these 3 Neuropsychiatric hospitals that adopt multiple HCD strategies, only senior staff or those at the top echelon were privileged to attend conferences, workshops or enroll in formal educational programs. Consequently, the junior staff who were not privileged to be protected by the policy framework, became incompetent and unproductive compared to senior staff. It is worthy of note that in-service training alone did not entrust managerial responsibilities on junior staff. So many junior staff were stagnated even after their in-service training.

As a matter of fact, the finding shows that in-service training alone has not facilitated staff competency, sense of comfort and job satisfaction. The negative effect of single HCD strategy deter most staff from acquiring vast knowledge and skills on various issues of concern. The single HCD strategy induces low self-esteem, low morale, low trust in obtaining workplace growth and fear of being laid off.

Despite the numerous benefits of the single HCD training approach, its flaws were overwhelming. For instance, most Neuropsychiatric hospitals do not go beyond the use of in-service training, as they paid little or no attention to others. The single HCD strategy has detrimental effect on staff productivity. It has caused a number of staffs not to develop their human capacities or perform maximally and frustrated a number of them at workplaces

(Akhmad and Lijan, 2025). While some staff never had the opportunity of participating in any human capital development program, some that did, graduated with little or no knowledge or skill to reckon with due to the training method used.

There were cases whereby staff were denied opportunity to embark on formal education or proceed on study leave in order to gain more knowledge and skills. Many staff have lost their jobs because they failed to execute a particular task in the workplace, not minding that they might as well do well in other tasks (Asikhia et al., 2022)). Indeed, staff face many workplace challenges because they were misfits in certain areas at workplaces (Chinonso and Olaniyi, 2022). Some staff remain unproductive and threat to organization's growth (Cafferkey et al., 2021).

However, in Neuropsychiatric hospitals where a policy framework for multiple HCD strategies were used, staff acquired knowledge and skills from multiple sources which made them to be more productive in their workplaces than those exposed to in-service training alone. In Neuropsychiatric hospital, Calabar for example, staff were good at acquiring knowledge and skills faster at workshops, others were good at it through mentoring and coaching programs. More so, in neuropsychiatric hospital, Calabar, staff went through intensive workshops for a period of six months. The newly employed staff were placed under a senior staff called supervising officer, who not only coach, mentor, but also serve as role model to the junior ones. It became mandatory for managerial cadre and senior staff from level 16 and above to attend workshops or conferences at least once a year. Study leaves were often granted staff who applied for formal studies. This has helped to improve the work behaviors of most staff.

In Neuropsychiatric hospital, Enugu staff were trained with more than one HCD strategy, which made them to more committed on their job and there was reduced cases of redundancy. Indeed, multiple training strategies increase the likelihood of cross breeding of ideas in the hospital setting (Garcia-Arroyo and Osca, 2021).

The utilization of in-service training and workshop attendance exposed staff of Federal neuropsychiatric hospital, Enugu, to the knowledge of the overall tasks and responsibilities of the hospital. It was during workshops that they were given an overview of hospital policies and programs, encourages inter-departmental cooperation, and brings fresh viewpoints to otherwise stagnant sections of the establishment. It was also observed that staff that were exposed to multiple training strategies were more competent in the execution of tasks.

More so, in Neuropsychiatric hospital, Yaba-Lagos State, where in-service training and workshops, training and development were effectively utilized, staff benefited from increased innovative, creative and flexible abilities, which were necessary for the enhancement of staff productivity. Apart from the in-service training for all staff, the junior staff and new recruits were coached and mentored by senior officers in the cadre of deputy directors, assistant directors, chief administrative officers and senior administrative officers. Some staff were sent to overseas training to acquire more knowledge and skills that enable them to execute given tasks with ease.

An FGD participant in Federal neuropsychiatric hospital Enugu noted that:

> …multiple HCD strategies has provided him the opportunity to gain knowledge and acquire skills through various sources, which helps him to solve problems in and outside his workplace…

Another participant in the same hospital has this to say:

> Apart from having an overview of the workplace rules, policies and procedures including work ethics, organizational culture, unwritten rules, I was able to gain the social dynamics of the work from many perspectives.

In the FGD session held in Federal neuropsychiatric hospital, Sokoto, all participants agreed that staff learn better when they are exposed to a training strategy of their choice. This result supports Badom and Girigiri (2021); Kaunda and Yangailo (2023) who posited that multiple HCD strategies paves way for choice making as to which area one fits in better.

The FGDs participants generally accepted that staff that learn from different but unique sources were more productive than those that went through in-service training alone. This particular finding supported Uka and Prendi (2021) who reported that when staff are exposed to wider sphere of training, they are able to combine their individual experiences with what is obtainable in the workplace to attain organizational goals.

**Conclusion**

This study examines how multiple HCD strategies enhances staff productivity in Neuropsychiatric hospitals better than a single HCD strategy. The study had shown that most Neuropsychiatric hospitals in Nigeria utilize in-service training as the only strategy to improve staff productivity, neglecting coaching and mentoring, formal education, training and development, workshop attendance and many others. This single training approach limit staff's productivity scope. It makes so many staff to perform below standard. Thus, the multiple HCD strategies was found to solve the challenges posed by the single training approach.

The development of a policy framework for a multiple HCD strategies by three federal neuropsychiatric hospitals has been found by this study to be critical for staff productivity and the growth of these hospitals in Nigeria. The policy framework created a structured system in which staff of Neuropsychiatric hospitals were trained using different approaches but combined into one coordinated strategy. The policy framework for multiple HCD encompasses various strategic HCD programs including in-service training, workshop attendance, coaching and mentoring, formal education and conferences. The policy framework highlight how skills and knowledge can be developed. It also defines how leadership capacity and workforce competitiveness can be developed. Generally, the framework for multiple HCD programs enable staff to acquire knowledge and skills in ways that suit them best.

During the FCD session held at Neuropsychiatric hospital, Yaba-Lagos State, participants unanimously agreed that the policy framework contain a combination of HCD strategies such as in-service training, workshops, formal education, conferences, seminars, coaching and mentoring among others that help to reinforce staff commitment to tasks executions.

**Recommendations**

This paper recommends that the federal Ministry of Health and management of neuropsychiatric hospitals should develop a policy framework for HCD which contains multiple strategies in terms of in-service training, workshops, formal education, conferences,

and seminars, coaching and mentoring among others to improve staff productivity. Human Resources Management of Neuropsychiatric hospitals should be empowered to utilize multiple strategies as vital resource for staff productivity. More so, every federal neuropsychiatric hospital should ensure that staff are made mandatory to attend all training programs.

As the workplaces in Neuropsychiatric hospitals in particular and other organizations in general are becoming more complex and sophisticated, the multiple HCD strategies should be developed into a policy framework for all Neuropsychiatric hospitals to adapt as a matter of necessity.

**Limitations and suggestions for future research**

This study has shown that multiple HCD correlates with enhanced staff productivity and organizational goal attainment. Based on this finding, a policy framework that integrates multiple HCD programs was advocated, with little or no consideration of socio-cultural and legal implications. Therefore, future research should focus on the development of a legal and culturally sensitive policy framework that integrates various HCD approaches across diverse contexts.

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