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## Opinion Leadership and Achievement of Sustainable Health Care in Nigeria: Analyzing the Two-Step Flow Paradigm

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### ABSTRACT

This study examined the influence of opinion leadership in the achievement of sustainable health care delivery in Nigeria using this two-step flow paradigm. Two previous studies were reviewed as related to the study and the two-step flow theory was used to provide the theoretical background to the study. The paper recommended that there should be functional and competent evaluation systems to track progress and challenges in the health sector at all levels of operation and periodical reviews done to improve the quality of care, the influence of opinion leaders should not be neglected because they can be used to interpret health policies thereby helping the government get the desired outcomes or shape certain opinions, especially on health issues, etc

## INTRODUCTION

Mass media entail technology deployed to reach a mass audience. It is the primary means of communication used to reach the vast majority of the general public. The most common platforms for mass invoice are newspapers, magazines, radio, television, and the internet. The general public typically relies on the mass media to provide information regarding political issue, health issues, economic issues, social issues, entertainment and news.

The responsibilities of the mass media as a social institution cannot be over emphasized, it is not therefore an over statement to point out there that the co-existence of the society and the functionality of government, and its agencies are the reason the mass media exist. The means that the mass media have responsibility that are meant to keep the society in peace, unity and progress. However, the mass media are charged with the responsibilities for gathering and dissemination of information to the heterogenous audience. Among other function of the mass media to the masses are information, education and entertainment responsibilities. The mass media owe the society the duty of always upholding the principles views, ideas and acts that promotes stability, unity and mutual co-existence in the society.

The mass media are aspects of society and as such as Mc Quail (2006) opines, are appendages of economic and power structure of society and can be controlled or limited by those who own them. Secondly by their content, media are assured to have potentials for significant influence and that the particular ideas and values conveyed by the media can exist significant social change regardless of the nature of ownership. Going by the position of the second perspectives of the media, a clear indication production and reception on social factors, suggesting that media massages functions to influence its immediate physical environment. According to Rodney (2009), the media in the performance of their traditional function of information, correlation, and socialization participate in the social life of society. Most time, at

the rural areas, where most media messages cannot be accessed, opinion leaders becomes one of the plural form of media for media message diffusion at the rural areas.

Meanwhile opinion leadership as defined by Rogers et al (1988) in Rooney (2009), is the ability to informally influence individual's attitudes or behavior in a desired way with the relative frequency. Severin and Tankerd (1979) in Rodney (2009) refer to opinion leaders as members of a small social group who influence other members of their group. Another way in which Severin and Tankerd (1979) look at opinion leadership, is that it is a two-step flow of communication, in which messages flow from the media first and reach the opinion leaders, who then pass them to associates or followers who look to them as influence this tell us that opinion leaders play an intermediary role between mass media and their followers, to influence them tin their invocation decision-making process. It can then be inferred that the role of opinion leader's play, can be very valuable especially where that extension;healthcare system ration are too wide. Kotz and Lazarfield (1966) in Rodney (2009) confirmed that opinion leaders do actually exceed non-opinion leaders in mass media exposure, and therefore have the capability of bring the communication gap between healthcare issued and the people.

Nigeria as a nation operates a pluralistic healthcare delivery system (orthodox and traditional healthcare systems). Orthodox health care is a western type of scientific medicine which is made of hospitals, clinics and primary health centres and it is provided by private and public sectors. The traditional health care is non-scientific healthcare that involves use of herbal materials or plant materials as active ingredients to care ailment.

However, the provision of health care in the country remains the functions of three tries of government; the federal state, and local government. The primary health care system is managed by the 774 local government area (LGA), with support from their respective state ministries of health as well as private medical practitioners. The secondary

healthcare system is managed by the ministry of health at the state level. The tertiary primary health care is provided by teaching hospitals and specialists' hospitals. The secondary and tertiary levels, also work voluntarily and non-governmental organizations as well as private practitioners (Osam, 2005). Therefore, despite the fact that the provision of health care system in the country remain s the function of the government, its sustainability becomes the duty of every individual which opinion leaders has a major role to play mostly in the rural areas where media contents are not reached by the people. Nigeria has about 2500 hospitals which are not only poorly funded but inappropriately funded (Ojewale et al.2018).

Moreover, the issue of achieving sustainable health care system in Nigeria and other nations of the world have sparked the interest of World Health Organization in so much that certain strategies were drafted to attain sustainable health care system. These strategies includes; Klard Minimum healthcare package, the national strategic health development plan, Nigeria global health initiative, monitoring, evaluating and learning, communicate and manage plans, linking high level goals to programmes, encourage country ownership and invest in country-led plans, and promote research and innovation, however, to these strategies opinion leaders still remains very significant in achieving the sustainable health care system in Nigeria. This is because by virtue of their influential power to cause a behavioral change, via media contents diffusion, they can influence the health behaviors of their subordinate thereby making them see the important of paying more attention the health issues and go for medical check-ups at a consistent base.

## **METHODS**

This study therefore was based on explorative or qualitative research method and it relied mainly on secondary sources of data like books, articles and online sources from journals and previous researches and other scholars. This paper was explanatory or conceptual review on the subject matter of discourse

## **Concept of Opinion Leadership**

Opinion leadrs have been defined in many ways, reflecting district approaches to their study, or district research streams e.g., socio metric studies, intervention trails, or organization studies. In the sociological literature on innovation diffusion, they are well-connected individuals at the centre of inter personal communication methods; their behavior concerning innovations influence the adoption decision of others, accelerating the rate of diffusion (Valente and Davis, 1999) in Rogers (2003). This concept underpins most studies on the nature of opinion leaders and their social influence. In the medical literature related to the implementation of evidencebased practice, opinion leaders are usually educational influential (Lordgreneral, 2011). This concept underpins the development and test interventions which attempt to manipulate opinion leaders to promote professional behavior change qualitative studies of organizational change have shed light on other aspects of opinion leadership, e.g. their roles in thinking their groups to external sources of information, or yet in resisting to innovation (LocockEtal; 2001; Dopson Etal; 2001; Fitzgerald et al; 2002). Across the mentioned research streams, opinion leaders are social influences who draws on interpersonal relationships to promote individual and collective change.

The sociologist, Ronald Burt compared opinion leaders to the network entrepreneurs, studied in social capital and proposed that they are in fact opinion broker which connect district status groups. The connection between groups are structural holes in their social structure. Individuals whose relationships span theses holes (the opinion brokers) enjoy information and control advantages. In other words, they know about and have a hand in move rewarding opportunities. In this conception, the tow-step flow is a by-product of opinion leaders motivated by benefits a carving from their intermediate roles or searching for competitive social advantage (Burt, 1999) in Rogar (2003).

The idea of opinion leaders as individuals in-between social groups, or on edge rather than on the top of their groups, relates to the observation that opinion leaders usually have more external communication than non-opinion leaders (Regers, 2003). Such external connections would allow them to link their groups to relevant external resources. Beyond carrying information, opinion leaders have a

role in translating and adapting external information to their local groups (Fitzgerald, 2002).

### **Characteristics of Opinion Leaders**

Attempts to distinguish opinion leaders from non-opinion leader have led to the identification of a range of defining characteristics related for example, to demographic variables, social position and status, or personality traits (Kleimann, 1994; Rogers, 2003). Katz (1957) defined opinion leadership as a matter of personal value, knowledge and connectedness. Rogers (2003) defined key attitudes; external communication, accessibility, social status, innovativeness, and conformity to group norms. Opinion leaders seem to have a sum of personal and social features, none of which sufficient to define them.

**I knowledge and status:** Opinion leaders have a higher status than their followers, mostly based on their perceived knowledge high status has been defined in terms of socio economic level, formal education (Rogers, 2003), or academic positions (Fitzgerald et al., 2003). Independent of training or academic authority, opinion leaders stand credibility from informal recognition of their knowledge by close colleague (Borbasetal, 2000). Perceived knowledge of local barriers and resources, or contextual knowledge, seems as important as technical knowledge.

**Accessibility:** Opinion leaders are more central in their networks are well connected both formally and informally and have more social participation. They are embodied in local groups, accessible and approachable, and therefore relied upon by peers who look for advice in certain situations (Thompson, et al., 2006). They are sought for advice by their peers because they are perceived as willing to share their knowledge with others.

**External Communication:** Opinion leaders are more cosmopolite and have more contact with change agents and other social systems (Rogers, 2003) They actively bring innovations to local contexts, linking their groups to external sources important to the group's activities. This greater external contact reinforces their perceived knowledge and status.

**Innovativeness and conformity:** One key feature of opinion leaders is the apparent paradox between leading in innovation adoption and conforming to group norms (Rogers, 2003). They are

usually none innovative than their peers but are not the very first to adopt. One opinion leader adopts an innovation; they are followed, what is not true to early adopters or innovators who are not opinion leaders. One explanation of this apparent paradox is the effect of group norms in the innovativeness of opinion leaders. If the group is innovative, their opinion leaders will also tend to be, and if the group is more conservative, their opinion leaders will be more relative in adopting innovative.

**Credibility and Influence:** Cutting across the characteristics outlined above, opinion leaders are credible and influential members of their local social groups (Thompson, et al., 2006). They are credible because their peers perceive them to be knowledgeable, reliable, accessible, like-minded. They are influential because, based on such credibility, others look for their advice, support and example when facing uncertainty. It was the demonstration of such influence across sittings and topics which triggered the development of interventions that use opinion leaders to promote behavior change in health care (Flodgren et al., 2019).

### **Types of Opinion Leaders**

Opinion leadership is a multidimensional concept. District opinion leaders seem to fit district situations. These observations have lead to attempts at defining types of opinion leaders. The first classification system was proposed by Merton (1968) in Rogen (2003), which define local vs cosmopolitans, and monomorphic vs polymorphic leaders. Local and cosmopolitan relates to the orientation forward the community or the large society, respectively, monosporic and polymorphing refer to influences in one tone or across a range of issues, respectively. The disfunction between monomorphic and polymorphic is still foxery debated in the literature. While there is evidence for the existence of both types (Rogers, 2003), surveys have suggested that in health care settings opinion leaders are primarily monomorphic (Doumit et al., 2011). A framework of opinion leader's dimensions was suggested to improve the definition across studies while accounting for distinct types of opinion leaders (Loco et al., 2001). The framework consisted of dimensions of opinion leadership represented by pairs of opposite features, including the much cited distinction between peers and experts opinion

leaders would sit at different points along the following axes:

- Technical Expert – Peers
- Formal – Informal/emergent
- Supportive – Hostile
- Committed – Ambivalent-/non-committed
- Corporate – Individualist/maverick
- Enthusiastic – Disaffected
- Optimistic – Cynical
- Leading by instruction – Leading by example
- Conformist – Deviant

-Professional/Technical Executive/Managerial

Although acknowledging the relevance of most such types to the analysis of opinion leaders roles, here I will describe in details a few distinction which directly contributed to the characteristics of opinion leaders in this study.

**Peers vs Experts:** Expert opinion leaders are academics who endorses or help to evaluate the strengths of evidence of the innovation their influence draws on academic authority and status. They are perceived to have technical knowledge. Peer opinion leaders are clinicians who relates the problems of issue to the working life of the colleagues. Their influence draws on representativeness and local credibility. They are perceived to have contextual knowledge – peer opinion leaders also draw credibility from the fact that they are homophiles to their peers (Greenhaley et al., 2005). Expert influence because they know and peers because they understand both academic experts and ordinary peers seem to influence the success of implementation although in district stages and through district process (Locock, etal; 2001).

Peer and expert are real types, and the same opinion leads can play both roles, but each seems more important in a different stage of implementation. Experts help to build confidence in the innovation in the initial stages of the project, while peers assumes more importance as the project enters into a practical implementation stage (Liocock, et al., 2001).

The distinction between peer and expert relates to Merton's local and cosmopolitan typology (Marton, 1986). The locals concern about their communities they are practical. The cosmopolitan look to the outside world, they are more ecumenical. Locals are influential because they understand their peers, which in them respect their intimate appreciation of significant details of their lives. Cosmopolitans influences because they know about at topic, so the others look for their specialized skills and experience. A possible analogy is between the old family sector, who resembles the local leader, and a competent but impersonal medical specialist, which would be the cosmopolitan leader.

### **Formal vs Informal/ Emergent**

Several authors have highlighted that fact that opinion leader are usually emergent and informed (Deaming, 2009). It has been suggested formalizing their roles can harm their credibility and influence. Informal and emergent opinion leaders (Versus those nominated by project leaders) seem particularly important in primary care, where doctors value the knowledge and experience of local peers and tend to be skeptical about experts (McCoughan, 2005). Opinion leaders who emerge from among ordinary, 'rank-and-file' detours seem particularly persuasive.

### **Supportive vs Neutral**

Opinion leaders can contribute either positively or negatively to implementation, promoting adaption or reinforcing resistance to immolations. However, most research has focused on the extent or determinants of their effect in promoting behavior charge (Positive effects). Rogers (2003) acknowledge a pro-innovation bias in innovation research which has limited our understanding of innovation failure, slow adoption rejection or discontinuance. Kleimann (1994) stressed the fact that most opinion leaders' studies have generally ignored the reinforcement of previous behavior or prevention of change as effects.

Locock et al. (2001) listed factors which contributed to negative influence in implementation, including ambivalence, lack of enthusiasm, or hostility of opinion leaders towards the innovations. They found it hard to attribute implementation failure to neutral opinion leaders, since projects that failed to engage opinion leaders were also those with management problems or based on contested

evidence. Ambivalence, a contradiction between speech and acts, or perception of personal agenda were damaging for the credibility of the opinion leader. Active hostility threatened the survival of the projects.

### **Health Care System in Nigeria**

Nigeria as a nation operates a pluralistic health care delivery system (Orthodox and traditional health care delivery systems). Orthodox health care services are provided by private and public sectors. However, the provision of health care in the country remains the function of the three tiers of government: the federal, state and local government. The primary health care system is managed by the 774 Local Government Areas (LFAs), with support from their respective state ministries of health as well as private medical practitioners. The secondary health care system is managed by the ministry of health at the state level. The tertiary primary health care is provided by teaching hospitals and specialist hospitals. The secondary and tertiary levels, also work with voluntary and non-governmental organizations, as well as private practitioners (Adeyemi, 2005).

In 2005, the Federal Ministry of Health (FMH) estimated a total of 23,640 health facilities in Nigeria of which 85.8% are primary health care facilities, 14% secondary and 2.0% tertiary. 38% of these facilities are owned by the private sectors, which provides 60% of health care in the country. In spite of the availability of this huge number of health care facilities and advancement in technology the health sector in Nigeria has witnessed various turbulence with its attendant negative effects. As affirmed by Abansa and Orimisan(2013), with the country's learning population now estimated at over 150million, it is still struggling with the provision of basic health services. And according to HERFON (2006), health facilities health centre personnel, and medical equipments) are inadequate in the country, particularly in rural areas. This of course clearly explains the high mortality rate in children, maternal and even adults over the years.

Nearly fifteen (15) percent of Nigerian Children do not survive to their fifth birthday, the major cause are malnutrition that accounts for fifty-two (52) percent of the deaths, malaria thirty (30) percent and diarrhoea twenty (20) percent (Federal) Ministry of Health (FMH, 2004). Maternity mortality reported

as being is extremely high. In 2008, between 3million and 3.5 million people were estimated to be living with HIV/AIDS.

Nigeria has the fourth highest number of TB causes in the world with a 2004 estimate of 239 new cases per 100,000 population and 546 per 100,000 total cases (Obansa and Onimisan, 2013). Another key issue lined with health individuals in Africa is poverty and in Nigeria, the incidence of poverty is wide spread. Between 2003 – 2004 household survey was conducted by the government and results revealed that 54.4 percent of the Nigeria population is poor with a higher poverty rate of 63.3 percent in rural areas. Over half of the population live below the poverty line on less than \$1 a day and so cannot afford the high cost of health care (HERFON, 2006).

### **Sustainable Health Care System in Nigeria**

In 2000 according to World Health Organization (WHO), Nigeria's Overall health system performance was ranked 187th position among 191 member states. Primary Health Care (PHC), which forms the bedrocks of the national health system, remains comatose due to gross under funding, mismanagement, concept practices and lack of capability at the local government level.

In 2007, the World Health Organization (WHO) Identified building a strong and functional health care system as a global strategic priority. They argued that this priority was everybody's business (World Health Organization, 2007). Six Key building blocks were identified as key to achieving a sustainable and strong health system which are: Good health service to provide/deliver effective, safe, quality personal and non-personnel health interventions to health care consumers at the appropriate time and place with little or no waste of resources.

A well-performing health workforce with competent, sufficient and evenly distributed staff that is responsive, fair and efficient in achieving the best health prognosis, within the limit of available resources and circumstances. Health information system for reliable data collection, analysis dissemination and use on health determinants, health system performance evaluation. Finally, is the equitable access to essential medicinal products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, which is scientifically sound. Funding for health, in ways that

ensure people can access needed services timely, without undue impoverishment.

### **Challenges of Sustainable Health Care System in Nigeria**

Some of the major factors that affect the sustainability of the health system and invariably, the economic growth and development in Nigeria include the following

**a. Counterfeit and adulterated Drugs:**For many years Nigeria was plagued by counterfeit and substandard drugs. WHO (2006), reported 60% of substandard drugs in Nigeria and the National Agency for Food and Drug Administration and Control (NAFDAC) estimated 41% of the fake drugs (Yankus, 2006 Akinjili, 2007). The counterfeit drugs have led to the loss of several lives and heavy cost in economic terms according to Reef (2008) a total of 109 children in 1990 were reported dead after the administration of fake paracetamol.

**b. Poor Health Care, Financing and Sustainability:** In Nigeria, the Federal Government Health spending increased from the equivalent of US \$ 141 million in 1998 to the equivalent of US \$ 228 million in 2003. State spending on health estimate was about US \$ 420 millions or US \$ 3.50 per capital in 2003. Majority of the spending of both the Federal and State Governments is concentrated on the teaching hospitals, Federal Medical Centres and State owned hospital respectively, (World Bank CRS, Nigeria, 2005). Once there is problem with the budgeting system in a country where little resource is allocated to the health care system, there is bound to be an increased out-of-pocket expenditure by the consumers of the service. To ensure sustainability of the system, the financing system of the country according to Obansa and Orimisan (2013) should be able to protect its populace from exuberant health service expenses when they are all and encourage the service personnel to offer effective preventive and curative service.

**c. Increased out-of-Pocket Expenditure:** Payments made for health service at the time of illness are referred to out of pocket expenditures. These payments are for consultation treatments, transportation to the facilities, laboratory charges and/or hospitalization charges (which is more costly), when communities are denied access to essential drugs, facilities and necessary equipment and personnel due to uneven distribution and

allocation of resources, sick members have no option but to seek for help in private sectors. Payments for consultation, treatments and/or hospitalization (which is more costly) will however constitute a burden for the sick person and his/her entire household. In 2004, the Nigeria living standard survey (NISS) Surveyed 19,159 samples of household in the country. Data gathered revealed that, the estimated average annual per capita out of pocket spending on health N2,999.00 (Nigeria naira), equivalent to about \$22.50 (US Dollars). This then accounts for 8.7% of household expenditure on health which includes expenditure on outpatient care, transportation to health care facilities and treatment/medication (Obansa and Orimisan, 2013). Furthermore, it has been found that one of the largest proportions of total health expenditure in the country is private health care spending. Of total health expenditure, government covers 25.5% while private expenditure comprises the remaining 74.5% of which 91% of the private expenditures are out of pocket (WHO, 2006). Again, in the same 2004, out of pocket health expenditure in private health sector was nearly 70% of total health expenditure- Government total health expenditure were equal to 30.4% (WHO, 2004). In other words, about 4% of households spend more than half of their total expenditures on healthcare (Federal Republic of Nigeria (FRN), 2004).

**d. Inadequate Basic Infrastructure and Equipment:** The heart of the Nigeria health policy is the provision of universal health services to all citizens. Section 17(3) (d) of the constitution states that the state shall direct its policy toward ensuring that there are adequate moderate and health facilities for all persons. Again, in 1999 the Nigeria Government owing the last day of the military reign handed by former President Olusegun Obasanjo established the National Health Insurance Scheme (NHIS) by Act 35 of the constitution. The objectives of the schemes include; the provision of access to good health care services; protection of families from the financial hardship of huge medical bills; and ensuring equitable distribution of health facilities through the country (Akinaso, 2014). Availability of basic infrastructure and equipment at the different levels of health facilities enhances good health services provision. Unequitable supply and distribution of available resources, unavailable buildings, electricity, equipment and drugs have

been found to be common in the country (Obansa & Orimisan, 2013). They further noted that in some communities, the habitants have to travel over 5km to access health care because sitting of structures is often based on political expediency rather than perceived need. In another development, WHO country cooperation strategy. Federal Republic of Nigeria 2002 – 2007, showed that, the proportion of households resolves within 10 Kilometers of the health centre clinic or hospital is 88% in the southwest, 85% in the southeast 85% in the central, 73% in the northeast and 67% in the northwest regions.

**e. Inadequate Supply and Inequitable Distribution of essential Drugs:** Provision of drugs that are evenly distributed is essential for the essential for the delivery of effective healthcare, in Nigeria, drug supply especially in the primary health centres (PHC) is inadequate. FMOTT in 2001 conducted a survey and reported that out of the available 674 PHCs in 202 Local Government, 46% has less than, half of the essential drugs and 54% had experienced out of stock in the preceding three months. Again in 2002, FMOH conducted another survey and found out that, 64% of the PHCs have not been supplied any drugs from the government since the year 2000. Absence of these essential drug including vaccines for curative and preventive services, needed personnel, facilities and equipment's in the healthcare system would mean pushing the affected populace to sought alternative care to promote their health and well-being. Some however, resort to private sectors, unqualified health personnel and even traditional healers. The poor drug supply and distribution system has led to problems of drug resistance such as resistance to anti-malaria drugs (HERFON, 2006).

**f. Unawareness and Participation in Health Care Service:** It has been observed that most consumers of healthcare services are unaware of available healthcare service and their rights regarding health service delivery. This can be attributed to the lack of a bill of rights for consumers (claim holders) and providers (duty bearers) (Obansa & Orimisan, 2013). Sanitization of the various communities to create awareness and encourage community mobilization and participation for issues concerning their health is required.

### **Analysing Opinion Leadership and the Two-Step Flow Paradigm**

The concept of opinion leaders emerged from communication studies which demonstrated the role of interpersonal relations in the flow of information and influence (Katz & Lazarsfeld, 1955) in Roger (2003). These studies caused a growing interest in the characteristic and roles of those individuals who, by their key positions in communication networks, had marked influence over other in their social group (Kleinann, 1994). Key characteristics of opinion leaders shown in these first studies have influenced most definitions that came after, e.g. personnel connectedness and external communication. In the people choice, Lazarsfeld et al., (1944) in Roger (2003) analyses the impact of mass media during a Presidential Campaign in the USA and proposed that ideas flow from the more to opinion leaders and from the opinion leaders to fewer active sections of the population, introducing the hypothesis of the two-step flow of communication. In patterns of influence (the power study), Merton (1949) in Rogers (2003) built upon the was of interpersonal influence to identify a sample of opinion leaders and produced a first typology, which included distinctions like local version cosmopolitan and monomorphic (Influential in one theme) versus polymorphic (Influential across a range of topic). In 'personnel influence' (the Deatur Sturdy), Katz and Lazarsfeld, field (1955) in Rogen (2003) defined opinion leadership as leadership as leadership at its simplest; it is casually exercised, sometimes unwitting and unbeknown, within the smallest grouping of friends, family members, and neighbors. It is not leadership on the high level of Churchill nor of a local politico; it is the almost invisible, certainly inconspicuous form of leadership at the person to person level of ordinary, intimate, informal, everyday contact (Katz, 1955). This digestion highlights the fact that the opinion leaders influence usually not only informal but non purposeful. Re-examining the early studies of opinion leadership, Katz (1995) in Roger (2003) suggested that opinion leaders offers from non-opinion leaders by the purification of certain values (who one is); their competence or knowledge (what one knows; and their strategic social location in networks (Whom one knows, both within a group and outside). In this definitives, opinion leaders are individuals held in high esteem by their group, considered knowledgeable, well-connected and



accessible. Although highly influenced and still used as a reference in communication studies, the two-step flow hypothesis has been criticized for oversimplification and re-examined and expanded over time. Opinion leaders are more often influenced by personal contacts than by the media (Katz 1957) in Rogers (2003). Opinion leadership varies across topics so that one can be an opinion leader in which they are influential or their roles between an influencer and influenced, over time. The observation that opinion leaders are both disseminators and recipients of influence points to a 'multi-step' rather than 'two-step' flow of information. This assumption would support the analysis of opinion leadership not only in dyadic relationship but as horizontal and multidirectional flows within groups and communities of practice. Last, a second early study in healthcare is worth mentioning which analyzed the diffusion of service innovation (measles immunization and diabetes screening) among public health directors in the USA (Becker, 1970). This study demonstrated the association between social influence and uncertainty associated with the innovation. Measles immunization was perceived to have higher adoptive potential than diabetes screening and was consequently adopted by opinion leaders which accelerated its diffusion. It also showed the difference between early adopters, who are not necessarily influential, and opinion leaders, who are not necessarily adopted early, but when adopted are influential.

### **Review of Empirical Studies**

**Oyiboche, E. O. Innoye, O. Sagua E. O. & Ogungide, E. O (2014). Sustainable healthcare system in Nigeria vision, strategies, and challenges. IOSR Journal of Economics and Finance (IOSR-JEF) Vol. 5, Issue 2, pp 28-39 Published at: [www.worjournals.org](http://www.worjournals.org).**

Every nation's dream is for its government to achieve a sustainable improvement in the quality

of life of its citizens. This can only be achieved through good governance and planned actions that detail the vision, mission, goals/objectives and strategies to be attained over a given period of time. Nigeria like other countries around the globe has not for once carried any development plans. Unfortunately, with its current estimated population of 150 million and estimated total of 23.6% health facilities operated via a three-tiered governance structure, it is still ranked by World Health Organization a 187th position in its health system among 91 member states.

This study reviewed related literature which revealed that, for more than two decades ago, African Countries including Nigeria have been plunged into economic crisis which seriously affected a large portion of their populations and raised social and political tensions. To achieve sustainability, there is need for transformative plans and solutions that require cooperation among industries and the government through delivery of minimum set of cost-effective interventions, packages and revitalization of the country's health system. Some of the major challenges of sustaining Nigeria healthcare system are: counterfeit and adulterated drugs, poor healthcare financing and sustainability, increased out-of-pocket expenditure, inadequate basic infrastructural equipment/drugs and inequitable distribution, poor remuneration and other push factors like bribery, corruption and shortage of staff. This article concluded by recommending the following among others as the way forward: provision of a system of equitable distribution of healthcare, facilities and drugs, implementation of cost-effective healthcare intervention plans, establishment of a financial and competent monitoring and evaluation system.

**Oko, E. L; Bernite, S. Awofadejn, P. O., Kazeern, A. O, and Sunday, A. A. (2022). A social network analysis: Evaluating roles of opinion leaders in shaping public opinion on COVID-19 Naise, Sapienta Global Journal of Arts, Humanities and Development Studies (SGOJAHDS), Vol. 5, No. 2, pp. 285-398.**

The essence of human communication is to convey meaning into understanding because communication without understanding does not result in desired behavioral change. Hence, this paper examined a social network analysis evaluating the roles of opinion leaders in shaping Public Opinion on Covid-19 views. 72, 19 online posts from II Social network were examined to analyze the novel coronavirus disease infection. These platforms include Facebook, You Tube, LinkedIn, Pinterest, WhatsApp, Tiktok, Telegram, Snapchat, and Google Hangout strong influence, engagements, and lot values were the best predictors of Opinion-Leaders classification across internet forums. This story abstract two-step flow theory the characteristics of opinion leaders, and how they interpret media messages, all of which have much influence. The findings called into question traditional source because opinion leaders order wide spread attention to the health threat issue during the early stages of Covid-19 outbreak the roles of Opinion Leaders were to interpret government policies regarding the pandemic, explain non-pharmaceutical members to stop the spread of covid-19, and encourage the public to get the covid-19 vaccine. However, both studies related to the current study on the stand that they look into similar issues of health and opinion leaders.

## **Theoretical Framework**

### **Two-Step Flow Theory**

The two-step flow theory was proposed by Paul Lazarsfeld, Bernard Berelson, and Hazel Gaudet in their 1948 book “The People’s Choice”, which focused on the decision-making process during a Presidential Election Campaign. The researchers discovered that media messages directly influenced voting intentions and that informal, personnel contacts were mentioned for more frequently as source of influence on voting behavior than radio or newspaper exposure. The assumption of the theory says that information from the media moves in two stages. According to the theory, individuals are known as opinion leaders who pay close attention to the media and its messages. Opinion Leaders interpret these messages and relay them to the public through actual media content. The term “personnel influence” was coin to describe the intervening process between a direct message from the media and the audience’s ultimate reaction to that message.

Opinion Leaders were thought to have way over people’s attitudes and behavior the two-step flow theory has aided in understanding how the media influence people’s decisions. The theory improved the prediction of the impact of media messages on audience attitude and behavior’s awards health issues. The multi-step flow theory of diffusion of innovation replaced the two-step flow theory of mass communication. According to Akinfeleye (2003), Opinion Leaders Filter the information they gather for their influential associates. Previous theories assumed that media directly reached the intended audience according to Akinfeleye (2003), the media’s relationship with its target is minimal compared to the influence of opinion leaders on the audience. However, this theory simply relates to the study because it provides a vivid analysis on how

opinion leaders' influences sustainable healthcare system through their influential power.

## **DISCUSSION**

It is worth stating here that the achievement of sustainable healthcare system in Nigeria, Opinion Leaders have a very major role to play. This is because opinion leaders have an extensive network and misery of news content and can influence the opinion of those who are connected to them. Undoubtedly, Opinion Leaders play an essential role in the two-step communication flow model in which information is transferred from the mass media to the general public in two stages; in the initial messages are transferred from the media to the leaders and later Opinion Leaders to the Opinion Leaders and later Opinion to the audience who depends on these opinion leaders for information. As a result, the two-step flow applies to the process of persuading and changing people's minds. It is no wonder why one social agent that can generate and interpret social and health information is the Opinion Leaders, which communicate and draws attention to specific knowledge, ideas, values norms, and behaviors. To this end, Katz (1955) in Roger (2003) asserts that the personification of specific values, personal competence, and strategic social allocation all impact the status of opinion leadership.

Opinion leadership's status can shift overtime, and different people can be opinion leaders in different domains whether digitally or traditionally. When Opinion Leaders are targeted, information can be disseminated more effectively in various domains. But the youth remains that opinion leaders has been sidelined in the matters of healthcare message diffusion. It no wonder why Nigeria health care system despite the plans and strategies put in place to achieve the sustainability, is still on the downslope. Opinion Leaders are key players in health message diffusion and has a great influence on their followers digitally and traditionally. This is because according to two-step flow of communication, they are the first law recipient of media content on health and has a way of

strategically interpreting the content to create influence and behavioral change. For example, the wake of Ebola of 2014 and COVID-19 in 2019 defected opinion leaders who raised awareness and explicit interpretation of media contents of these diseases. It was Fidelis Egemba, also known as Aproko doctor, who used his Twitter platform to disseminate medical information about the diseases. He educated his 1.2million twitter followers about the disease and how to use non-pharmaceutical measures. Morayo Afolabi-Brown, a television presenter on TVC, was another opinion leader passionate about interpreting ebola and COVIDS-19 message to the public. Similarly, Reuben Abati, the anchor of arise TV's Morning show used his website to analyze Ebola and Covid-19 related issues and many more other opinion leaders.

It is worth establishing here that one of the role of opinion leaders is to provide platform that will enable them to reach their audience followers and discuss health care related issues. In the case of Covid-19 for instance, most opinion leaders used their platforms to discuss treatment, vaccination, transmission, and the efficacy of Social Distancing Self-Protection, Case Defection, Quarantine, Isolation, and testing. By this, media messages on the use of non-pharmaceutical prevention measures were interpreted differently by opinion leaders for clarity and enforcement. However, the relevance of opinion leaders in achieving a sustainable healthcare system in Nigeria cannot be over emphasize. The government and the ministry of health are usually setting plans and strategies for a sustainable health care in Nigeria neglecting the enforcement measures.

## **CONCLUSION AND RECOMMENDATIONS**

### **Conclusion**

It is however clear that the opinion leaders have a quota in the achievement of sustainable health care system in Nigeria. Therefore, this study has done a critical review on the two-step flow paradigm, the concept of opinion leadership and the achievement of sustainable health care in Nigeria. This study established that opinion leaders affect the

interpretation of media content on health and are more influential than non-opinion leaders in a social system, especially when it comes to achieving sustainable healthcare system in Nigeria. Nations like Nigeria should create legal frameworks aimed at improving access to quality healthcare delivery and establishing effective health insurance schemes (Alawode & Adewole,2021).

### **Recommendations**

The study recommended that;

-The influence of opinion leaders should not be neglected because they can be used to interpret healthcare policies thereby helping the government get the desired outcome or shape certain opinions, especially on healthcare issues.

-Also, to contribute adequately in the achievement of sustainable healthcare system in Nigeria, there is every need for the government to adequately finance the system for maximum productivity and the issue of lack of inadequate facilities should also be attended to.

-There should be a system of equitable distribution of health facilities, resources (human and material) and services to those in greatest need particularly, the vulnerable populations.

-There should be functional and competent evaluation systems to track progress and changes in the health sector at all levels of operation and periodically review their findings to improve the quality of care.

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