HEALTHCARE ADMINISTRATION AND THE EFFICACY OF MANAGING HYPERTENSION IN NIGERIA

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Abstract
This paper examines healthcare administration and the efficacy of hypertension treatment in Nigeria. It argues that the Nigerian system needs to adopt new mechanism of using evidence-based medicine to treat hypertension. The paper uses data derived from questionnaire surveys and interviews of officials of public and private sectors, hospitals, and other healthcare stakeholders. The secondary data consisted of the review of related government reports, government websites, academic and professional journals. Data were analyzed to determine the methods of treating hypertension disease and challenges facing the healthcare system administration in Nigeria. The conceptual framework is based on evidence-based medicine and evidence-based treatment. The findings suggest that the negative used of evidence-based medicine practice has reduced physicians' efficiency in the treatment of hypertension in Nigeria. There is also evidence that the lack available modern medical equipment has negatively impacted the practice of new methods of treating hypertension with e-medicine. Some challenges preventing the adoption of evidence-based hypertension treatment were identified and recommendations for appropriate policies that could address the current impediments were offered.

Key words: *Evidence-based Medicine, Hypertension, Health Policy, Data and Technology Barriers, Resistance and Culture, and Financial and Resource Constraints.*

Introduction

High blood pressure, also referred to as hypertension, is currently a major problem in Nigeria because there is no consensus on how to treat this challenging health issue in the country. Despite this preventable but dangerous cardiovascular risk factor associated with the burden hypertension, this health predicament has not been adequately communicated to the people in Nigeria (Baldridge et al. 2022; Cavagna et al. 2023; Jobe et al. 2025). Many scholars contend that the delivery of healthcare equitably is not just a moral imperative, it juxtaposes social justice (American Heart Association 2025a; Dibie 2025; Nelson 2024; Okolo et al. 2025). This is because health care is human rights and is a foundational pillar that can transform lives, communities, and entire societies (Antioch University 2025; World Health Organization 2023a).

Specifically, the World Health Organization (2023b) report postulated that healthcare is Human Rights as well as a universal right to all human beings, regardless of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status (World Health Organization, 2023b). The challenge in many African countries is not simply about making treatment of hypertension available. The major challenge is the extent to which health practitioners use evidence-based treatment methods to ensure high quality healthcare equitable for all, regardless of socioeconomic status, race, gender, and religious attractions in Nigeria (Dibie 2025; Nambiema et al. 2025).

The term hypertension, as used in this paper, refers to high blood pressure conditions in the human body. This happens when the forces of blood pushing against the walls of human blood vessels are too high. High blood pressure can lead to other serious problems such as heart attacks and strokes. The prevalence of hypertension could affect all age groups: children, young adults, adults, and older adults (American Heart Association 2025; World Health Organization 2023a).

According to a World Health Organization (2023a) report, the continent Africa has the highest number of people affected by hypertension in the world. The World Health Organization report (2023b) also reveals that about 46% of adults aged 25 years and older in the continent Africa, compared to 35% to 40% elsewhere in the world are affected by hypertension. Many hypertensive Africans are unaware of their status, and are rarely treated or poorly controlled, making them at highest risk for stroke, and heart and renal disease (World Health Organization 2023a; World Health Organization 2023b). Other causes of the high rate of hypertension have been associated with lack of political will, absence of universal health insurance, prohibitive cost of health associated treatments, and inadequate evidence-based guidelines for treating hypertension by health care professionals in Nigeria (Baldridge et al. 2022; Dibie 2025).

While health policy is expected to be influenced by evidence-based medicine issues in Nigeria, the current practice falls short of cutting across the entire national landscape of the country (Dibie 2022; John Hopkins University 2024; Olowoyo et al. 2024). According to Dibie (2025) a good health system should provide a vertical, longitudinal and horizonal integration of medical care to all citizens in a country. In this respect, the number of citizens of a country that benefits from a good health care system could positively or negatively determine the outcome of an effective health policy (Olowoyo 2025; Jobe et al. 2025). According to Antioch University (2025) and Thomas (2025) health governance ought to be a process whereby informal and formal organizations and other stakeholders collectively work diligently to provide health care and issues relating to public health to citizens and residents of a nation. Unfortunately, the African nations including the Nigerian model of health governance tend to be ambivalence

(Dibie 2022; Olowoyo 2025; Nelson 2021).

One of the major challenges of the citizens of Nigeria is how to find affordable and appropriate treatment for stage two hypertension issues as well as other sickness that they face due to the disparity in the health delivery system in the country. According to Dibie (2025) and Olowoyo (2025), the disparities related to healthcare delivery and socioeconomic status in Nigeria has escalated significant gaps in health outcomes among low income and marginalized communities in the country. This is because the nation's government has not been able to adopt the political will to promote healthcare equity. This shortcoming of the government constitutes a total failure of moral imperative. This is because enhancing universal health insurance could spill over to a vibrant foundational pillar that can transform nation's lives, communities, and entire societies (Dibie 2025; Johns Hopkins University 2024; Nelson 2021).

Further, despite the nations massive revenue generated from the sales of crude oil other mineral resources and agricultural products in the country, Nigerian political leaders are more interested in medical tourism rather than building and maintaining state of the art hospitals within the nation. Some scholars contend that the government of Nigeria has failed to explore the significant advances in medical technology, modern treatment protocols, and pragmatic healthcare delivery system for its citizens specially those suffering from hypertension (Adeloye 2021; Antioch University 2025; Baldridge et al. 2022; Dibie 2022). Therefore, the health predicament in the country is not about making healthcare available; instead, it is the political will to ensure that quality healthcare is accessible and equitable for all, regardless of socioeconomic status, race, gender, or geography location in the country (Dibie 2022 & 2025).

In addition, a new promising avenue for surmounting these hypertension challenges is the integration of digital health technologies such as wellness applications [apps]) into treatment management. According to Hicks et al. (2023) and Perez et al. (2020) the use of wellness apps could be used to promote healthier lifestyles, monitor health metrics, and foster patient engagement, as well as managing chronic conditions like Hypertension. This is because wellness apps could provide patients with tools for tracking their blood pressure, monitoring medication adherence, and receiving personalized health education and lifestyle modification prompts (Hicks et al. 2023; Okolo et al. 2024).

While the use of digital or artificial intelligence health mechanism has been introduced as a novel approach for addressing the challenges of hypertension managements in many developed countries, this has not been the case in Nigeria. It is mind-blogging to observe that with the increasing proliferation and pervasiveness of smartphones technology, wellness apps represent an accessible and scalable solution to enhance patient engagement and improve outcomes healthcare providers in Nigeria are still

stock with their traditional medication prescriptions instead of adopting modern evidence-based medicine. This is because helping healthcare providers and patients to understand how to use mobile apps in managing care for those with hypertension could lead to better long-term outcomes and enhance patient satisfaction with their treatment (Dibie 2025; Thomas 2025).

What is missing in the current literature on the treatment of hypertension in Nigeria is that there is perennial gap between evidence-based treatment of hypertension and many physicians' practices in the field of cardiovascular healthcare. The gap means that valuable lessons and evidence-based medicine are not applied, and people in Nigeria continue to die from stroke or suffer because of physicians using outdated treatment methods in the country. This article will open the dialogue between evidence-based treatment and the best high blood pressure treatment practice. It also provides a better understanding of the trends and impacts of the current lack of evidence-based medicine treatment to the nation's citizens and residents.

The purpose of this paper is to examine healthcare administration and the efficacy of hypertension treatment in Nigeria. It specifically researched the positive and negative benefits that citizens are deriving from the current healthcare system to determine if the policy is achieving its goals or not. It argues that the Nigerian government needs to adopt a more pragmatic health policy that could be effectively implemented. Unlike the old practice of the Ministry of Health regulations and policies, the novel approach to evidence-based treatment should involve benchmarks, strategic doings, coordination of priorities as well as partnership with various healthcare delivery stakeholders from the private sectors, including non-governmental organizations and foreign investors.

Literature Review

Conceptual Review

The review of literature on the current hypertension treatment system in Nigeria reveals that there are severe problems of regulation, lack of funding, and mismanagement in the nations' health institutions and health policies (Adeloye et al. 2021; Baldridge et al. 2022; Johns Hopkins University 2024; Olowoyo et al. 2025). There are many theories that are related to health treatment and healthcare service delivery. Therefore, discussing some valid modern hypertension treatment methods could help healthcare practitioners and scholars to better understand the different approaches they could adopt in treating their respective patients.

According to Effective Child Therapy (2024) and Friedman (2026), while some forms of treatment approaches have a strong backing in scientific evidence, and other

treatments may have less evidence supporting them. Physicians that are compelled to use treatments based on science engage in what is called evidence-based practice. In many Africa countries, the inadequate regulation of the health system makes it tremendously difficult for public and private sectors organizations that are responsible for the delivery of healthcare to be held accountable when they fail to adopt evidence-based practices. While many African countries do not necessarily adopt best treatment practice due to many reasons such as rural location, lack of modern healthcare infrastructure, and lack of funding, the case in developed nations are quite difference. Furthermore, many other developed countries' physicians that failed to adopt evidence-based practice may lose their license to practice when their mistake creates disastrous health complications for patients.

Some scholars have also argued that there are few African countries that engage in accountability activities to influence public and private institutions in making the right decisions in the regulation, management, and treatment of all their patients (Dibie 2022 & 2025; Janati et al. 2018). Governments also decide how to help their citizens to get affordable access to healthcare and other human needs such as water supply, sanitation, and waste remover (Kraft and Furlong (2024). Without a reliable source of medicine and medical equipment, doctors, nurses, and nations around the world including African countries will not be able to provide healthcare for their sick citizens (Dibie 2025).

The Constitution of the World Health Organization (2023b) stipulates that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (World Health Organization 2023a & 2023b). Therefore, the right to health life, liberty, and the pursuit of happiness should not be denied by any African government because they are fundamental, inalienable human rights which all human beings must have (World Health Organization 2023a). These human and health rights' principles are sometimes missing or not adequately upheld in many African countries (Dibie 2025; Oleribe et al. 2020).

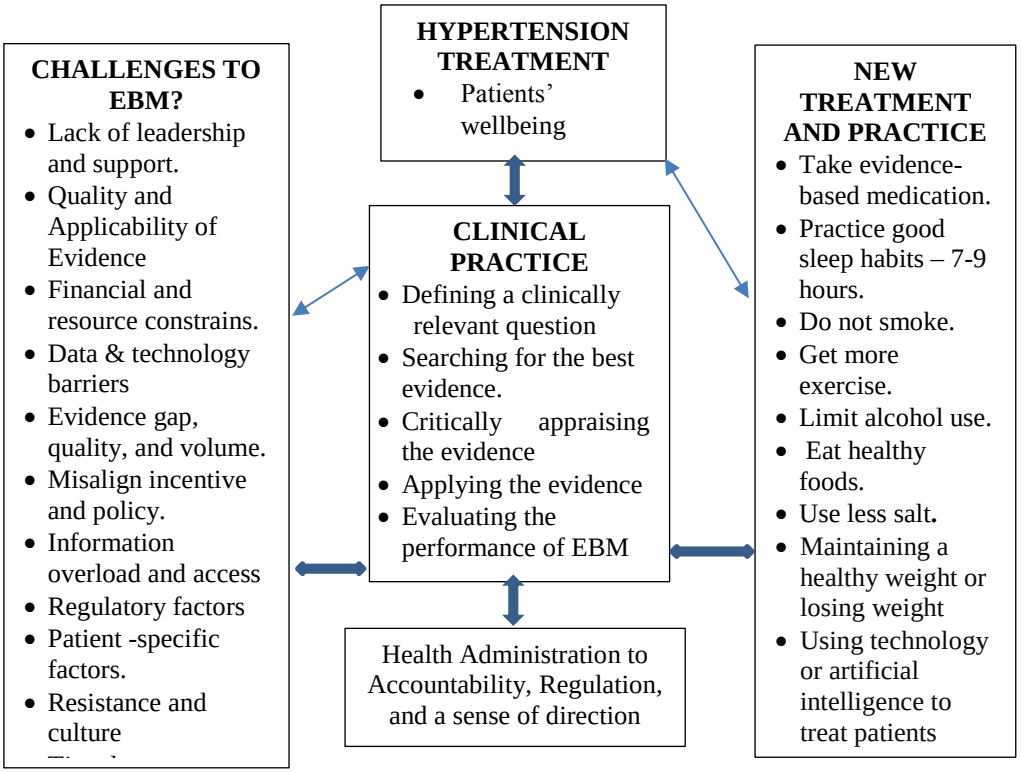
Evidence-based medicine is a critical approach that health practitioners use to provide modern healthcare for their patients. This type of approach requires physicians and nurses to integrate the best available research evidence with individual clinical expertise and patient values (Friedman 2026). Typically, evidence-based medicine involves using valid, high-quality scientific studies that have been previously reviewed and confirmed by other medical scientists to be the best mechanism for solving specific health challenges (Fernandez et. al. 2015; Tenny & Varacallo 2024). In addition, such treatment must have been evaluated, verified, and critically subjected to various clinical analysis and determined to the best alternative treatment of a particular patient's health problem or problem area or population (Effective Child Therapy 2024).

Evidence-based treatments used in this paper refer to interventions that have empirical research. Evidence-based treatment methods are often used for treatment of addiction. It involves rigorous tests that the treatments, relative to various control or other treatment conditions, produce therapeutic change. In the context of psychotherapy, there have been separate and independent efforts to identify Evidence-based treatments by different professional organizations and committees spanning different countries (Chacko et al. 2024; Michigan School of Psychology 2022).

Figure 1 shows how to integrate technology and other new evidence-based mechanisms for treating hypertension. The modern health administration principles adopted the evidence-based medicine and evidence-based practice principles of using information technology in enhancing efficiency, and effectiveness in treatment of patients that have hypertension health issues. Figure 1 also shows the relationship between the challenges of adopting evidence-based treatment and effective clinical practice in many developing countries including Nigeria.

The evidence-based research and clinical models also explained how people could use modern technology to communicate effectively in collaborative manner to accomplish healthcare goals using a flexible market-based public healthcare administration approach. Dibie (2025) and Tenny & Varacallo (2024) contend that a market orientation to healthcare administration and accountability mechanisms should also include contracting out, performance measurement, privatization, empowerment of citizens, and greater healthcare competition.

Figure I: Integrating Hypertension and Evidence Based Medicine (EBM)



Source Designed by Dibie R. (2026).

Another approach to treating patients is called evidence-based interventions. Unlike the treatment methods for hypertension, evidence-based intervention is a crucial method for any clinical psychologist. This is because it enhances therapeutic practices that have been empirically proven to be effective in treating at least one condition (Michigan School of Psychology 2022). Because of the substantial number of evidence-based interventions and the training required to properly implement them, many clinicians choose to specialize in areas such as Acceptance and Commitment Therapy (ACT)**,** Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT**),** Emotion-Focused Therapy (EFT**),** and other specialties (Canadian Psychological Association 2012; Connor et al. 2023).

According to the Canadian Psychological Association (2012) and Connor et al. (2023) evidence-based practice involves the conscientious, explicit, and judicious use of the best available research evidence to inform each stage of clinical decision-making and service delivery. This requires that psychologists apply their knowledge of the best

available research in the context of specific client characteristics, cultural backgrounds, and treatment preferences (Canadian Psychological Association 2012; Thomas 2025). Figure 1: Integrates Hypertension and Evidence-Based Medicine and other types of evidence-based technology treatments.

This article discusses theoretical issues critical to the adoption of evidence-based medicine and evidence-based treatment of hypertension, as well as the strengths and limitations of the used of modern technology in Nigeria's health system. It also expands the focus beyond identifying evidence-based medicine and testing effects if appropriately practiced in the country bearing the current healthcare delivery challenges. In most cases, government policies on healthcare could include the passage of laws or may entail regulations such as directing a government agency to implement or enforce healthcare policies. It also explores evidence of how complex the enactments and implementation of health policy could be in some developing countries such as Nigeria.

Research Method

This paper examines healthcare administration and the efficacy of hypertension treatment in Nigeria. The objective of this study is to close the gap in the literature about how to treat hypertension in Nigeria. The data of the study were derived from questionnaire administered to nine hundred respondents in Nigeria. The respondents comprise of staff of federal, states and local government, various stakeholders in the private sectors, community leaders, and other residents of Nigeria. In-depth one-to-one interviews of 205 respondents were conducted. A random sampling method was used to select the interviewed candidates from the respondents that completed the questionnaire. The secondary data consisted of the review of related government reports in Nigeria, government websites, academic, professional journals, and World Health Organization reports on hypertension. Data were analyzed to determine the impacts of hypertension treatment in Nigeria. The research was conducted between 2022 and 2025 in Nigeria. A total of 732 (71.7%) questionnaires were completed and returned by the respondents. Data collected were also analyzed with SPSS statistical tool and presented in correlations, frequency tables, and percentiles**.** The central research questions are: (1) What are your perception and experiences of the treatment of hypertension in Nigeria? (2) What types of non-medication treating methods were recommended by medical doctors? (3) What are the factors that might be preventing effective evidence-based treatment of hypertension in your country?

The limitation of the study is that only a random sample of nine hundred out of the more than 220 million people living in Nigeria were covered by this research. In addition,

many rural communities without good roads and hotels in the country were not included in the respondents' sample. As a result of the Boko Haram insurgency and kidnapping in some northern states in Nigeria, respondents were selected only from residents in the southern and the middle belt states in the country. The dependent variable is hypertension, and the evidence-based treatment.

Analysis of Data and Discussion

The demography of the respondents for this research includes nine hundred (questionnaires) and 205 (interviewed) citizens and residents of Nigeria. Most of the respondents are employed in both the public and private sectors in the country. A few also worked for non-governmental organizations (NGOs), and some multinational corporations in the petroleum industry. Further, 359 (49%) of the respondents were women and the remaining 373 (51%) were men. Eight percent (8%) of the questionnaire respondents hold doctoral degrees, while 23**%** had master's degrees and held professional jobs in the country. In addition, 32% of the respondents hold bachelors or Higher National Diploma (HND). It was interesting to note that 17% of this group of respondents with first degree were not employed. A total of 20% of the questionnaire respondents only graduated from high school and partially work in the retail sector. Among the 205 interview 46% were women, while 54% were men from various private and public sectors. Table 1 to 3 are utilized to analyze the respondents' response to the four research questions.

Research Question 1: What are your perception and experiences of the treatment of hypertension in Nigeria?

Table 1 provides a summary of the respondents' perception and experiences of the treatment of hypertension in Nigeria. Questionnaire items 1-7 provide an overview of respondents' experiences based on their visit to various hospitals in the country to receive treatment of hypertension. The table reveals that 88% out of the 732 respondents stated that they prefer to take medications for the treatment of hypertension sickness issues. In addition, 80% of the respondents indicated that they go to the hospital or clinic to seek treatment for hypertension at least twice a year.

Table 1: Perception and Experiences of the Treatment of Hypertension in Nigeria?

	Questions	**Strongly Agree**	**Agree**	**Neutral**	**Strongly Disagree**	**Disagree**	**Agree %**	**Disagree %**	**Total 732**
1	I was sent to the hospital or health clinic to seek treatment for hypertension related illness in a year?	182	404	0	30	116	586 **80%**	146 **20%**	732
2	The hospitals or health center that I visited used evidence-based treatment methods for treating me.	54	104	62	238	269	154 **21.6%**	507 **69.3%**	732
3	Hospital and health clinic that I often visited used modern technology to treat my hypertension health issues.	24	152	56	148	352	176 **24%**	500 **68.3%**	732
4	The technology system that my doctor uses to treat me is highly commendable.	14	105	32	177	377	119 **16.3%**	554 **75.7%**	732
5	I prefer to take medications for the treatment of hypertension sickness issues.	279	367	0	23	63	646 **88.3%**	86 **11.7%**	732
6	Competence and skills of medical practitioners in using modern technology and clinical methods in evaluating my condition before prescribing medication are good.	13	28	419	66	206	41 **5.6%**	272 **37.2%**	732
7	Hospitals and health clinics that I visited have modern technology equipment.	16	94	135	82	405	110 **15%**	487 **66.5%**	732
	Mean						**35.8%**	**49.8%**	

Source: Derived from Field research in Nigeria in 2022 and 2025.

In respect of the technology system that their physician uses to treat them, 75.7% of the respondents reported that the doctor did not use a form to technology to analyze their hypertension situation before prescribing medication. In most cases it was the nurse of on duty that used old manual sphygmomanometer cuff and a stethoscope to listen for Korotkoff sounds over the brachial artery. Sixty-nine (69.3%) percent of the respondents reported that the doctor that treated them did not used any form of evidence-based treatment method. On the other hand, 68.3% of respondents acknowledged that the hospital and health clinic that they often visited used modern technology to treat their hypertension health issues.

While 66.5% of the respondents indicated that the hospital or clinic that they visited did not have any modern technology equipment, only 5.6% of the respondents reported that the competence and skills of medical practitioners in using modern technology and clinical methods in evaluating their condition before prescribing medication are exceptionally good. Furthermore, the mean agreed factors of perception and treatment of hypertension in Nigeria is 35.8%. The disagreement factors of good hypertension treatment and experience is 49.8%. Table 1 confirms that the respondents did not receive evidence-based hypertension treatment in the hospital or clinic that they visited. Thus, modern information technology was not used to treat patients. Respondents also confirmed that they were not satisfied with the kind of treatment that they received during their visit. Unfortunately, that was the only option of hypertension treatment they could afford to pay for in the city respondents leave in.

Research Question 2: What are types of non-medication for hypertension treatment methods recommended by most doctors in Nigeria?

Table 2 provides analysis of the types of non-medication for hypertension treatment methods recommended by most doctors in Nigeria. The table shows that 86.5% of the questionnaire respondents reported that after unsuccessfully lowering their blood pressure with the above methods, their doctor did not explore new clinical research evidence-based treatment before recommending medicine to lower their blood pressure. A more alternative method that 75.7% of respondents indicated was that their doctor advised them to maintain a healthy weight or lose weight. On one hand, 64.6% reported that their physician advised them to stop smoking cigarettes or any other form of vaping. On the other hand, 62.4% of respondents stated that their medical doctor advised them to get 7 to 9 hours of sleep every day.

Furthermore, 61.6% of respondents reported that the doctor advised them to eat a healthy diet with less salt. A more troubling observation was that 37.6% of the respondents disagreed that their physician did not give any advice about sleeping more hours. In addition, 34.2% of respondents indicated that they were not advised to stop

smoking, while 29.2% also disagreed that their doctor did not advise them to eat healthy diet. Another 24.3% of the respondents stated that the physician did not advise them to engage in various structural physical activities that are designed to improve or maintain physical fitness, health, and wellness. According to the respondents, the recommended exercise includes strength training, walking, yoga, or riding bicycle daily to maintain a healthy weight.

The most notable consensus among the respondents is that 75.7% and 72.3% respectively agreed that the major non-medication treatment for hypertension is likely to be a change of lifestyle in drinking less alcohol and engaging in daily exercise. Furthermore, the mean agreed factors for non-medical treatment recommended for the treatment of hypertension in Nigeria is 58.3% The mean disagreement factors of non-medical treatment for hypertension is 39.9%. Thus, the questionnaire respondents confirms that both medication and non-medication could be a better approach to treating hypertension diseases in the country.

Table 2: Types of non-Medication Treating Methods Recommended by Doctors

	Questions	**Strongly Agree**	**Agree**	**Neutral**	**Strongly Disagree**	**Disagree**	**Agree %**	**Disagree %**	**Total 732**
8	During my recent visit to hospital or clinic, my doctor advised me to eat a healthy diet with less salt.	188	263	67	51	163	451 **61.6%**	214 **29.2%**	732
9	My doctor also advised me to engage in physical exercise daily to maintain a healthy weight or lose weight**.**	163	391	0	38	140	554 **75.7%**	178 **24.3%**	732
10	The doctors also advised me to limit drinking alcohol.	182	347	0	29	174	529 **72.3%**	203 **27.7%**	732
11	The doctor that treated me also recommended that I stop smoking cigarettes or any other form of vaping.	122	351	9	44	206	**4**73 **64.6%**	250 **34.2%**	732
12	My doctor advised me to get 7 to 9 hours of sleep every day	151	306	5	106	169	**457** **62.4%**	275 **37.6%**	732
13	After unsuccessfully lowering my blood pressure with the above methods, my doctor explored new clinical research evidence-based treatment before	17	82	0	157	476	99 **13.5%**	633 **86.5%**	732

	recommending medicine to lower my blood pressure.								
	Mean						**58.3%**	**39.9%**	

Source: Derived from Field research in Nigeria in 2022 and 2025.

Research Question 3: What are the factors that might be preventing effective evidence-based treatment of hypertension in your country?

Table 3 provides a summary of the factors that might be preventing effective evidence-based treatment of hypertension in Nigerian. Questionnaire items 18-28 provide an overview of respondents' perception of the major negative which prevent the physicians in Nigeria from using evidence-based treatment methods for the treatment of hypertension in the country. The data reveals that 94.1% out of the 732 respondents stated that lack of universal health insurance coverage leading to out-of-pocket payment by most patients, which leads to poor access and adherence to hypertension treatment in the country. According to the 85% of respondents, misaligned incentives and policies are a major reason medical doctors have not been able to adopt effective evidence-based treatment for hypertension in Nigeria.

Another major factor that was identified by 74% of the questionnaire respondents is the lack of appropriate evidence-based guidelines for health care professionals. Closely related to the challenges of evidence-based guidelines, 74% of the respondents also confirmed that the predicament of lack of established health policies for regulating or controlling or enforcing modern evidence-based practices in a uniform manner has negatively affected the modern treatment of hypertension in Nigeria.

Table 3: Factors that might be Preventing Effective Evidence-based Treatment of Hypertension

	Questions	**Strongly Agree**	**Agree**	**Neutral**	**Strongly Disagree**	**Disagree**	**Agree %**	**Disagree %**	**Total 732**
14	Maintaining a Negative Perspective to Adopting Cultural and Medical Treatment Changes. .	144	252	42	109	164	397 **54.2%**	273 **37.3 %**	732
15	Evidence Gaps, Quality and Volume.	183	301	29	68	151	484 **66.1%**	219 **30%**	

16	Information Overload and Access.	185	309	51	49	138	494 **67.5%**	187 **25.5 %**	
17	Misaligned Incentives and Policies.	413	209	0	15	95	622 **85%**	110 **15%**	
18	Data and Technology Barriers.	166	295	27	53	191	461 **63%**	244 **33.3 %**	
19	Quality and Applicability of Evidence.	128	367	35	71	131	495 **67.6%**	202 **27.6 %**	
20	. Financial and Resources Constraints.	355	148	29	78	122	503 68.7%	200 27.3 %	
21	Lack of Leadership, Support, and political will.	183	306	11	66	166	489 **66.8%**	232 **31.7 %**	
22	Lack of appropriate evidence-based guidelines for health care professionals.	264	278	21	53	116	542 **74%**	195 **23%**	
23	Lack of established policies for controlling hypertension	198	321	18	84	111	519 71%	195 **26.6 %**	
24	Lack of universal health insurance coverage leading to out-of-pocket payment by most patients, which leads to poor access and adherence to treatment.	458	231	0	115	159	689 **94.1%**	274 **37.4 %**	
	Mean						**70.7%**	**28.6 %**	

Source: Derived from Field research in Nigeria in 2022 and 2025.

Information overload was also identified by 67.5% of the questionnaire respondents as a major factor not effectively practicing evidence-based treatment of hypertension in the nation. On one hand, the quality of applicability was reported to be a major reason that prevents the effective adoption of evidence-based treatment of hypertension in the country. On the other hand, 68.7% of the respondents indicated that a major factor that is preventing the effective adoption of evidence-based treatment of hypertension in the nation is lack of appropriate financial constraints and other major resources as well as positive political will.

In addition, 66.1% of the questionnaire respondents agreed that evidence gap, quality and volume constitute one the major challenges preventing effective evidence-based treatment of hypertension in Nigeria. Another, predicament identified by 63% of the respondents in respect of mechanisms preventing adoption of evidence-based treatment or practice in Nigeria's hospital is data and technology barriers. To buttress this major factor, 66.8% of the questionnaire respondents also identified lack of visionary leadership and support for state of the Act hospitals in the country. Unfortunately, rather than building modern state of the act hospitals in the country, political leaders are more interested in engaging in medical tourism to seek treatment in foreign countries for members of the family and themselves (Dibie, 2025). The question, the author of this article wishes to ask is, if other countries that Nigerian leaders normally use to visit and seek healthcare did not build outstanding health facilities, where it will corrupt leaders from African nations go? In addition, whenever doctors go on industrial strike due to poor working conditions, 94.3% of respondents indicated that the government never makes any efforts to quickly address the concerns of the doctors. During such periods, many sick citizens must travel outside the country to seek healthcare, if they can afford it. Unfortunately, those who cannot afford to travel abroad end up dead. This is sad indeed for citizens of a vibrant oil producing nation. Furthermore, while the mean of the agreed factors preventing the effective evidence-based treatment and practice in Nigeria is 70.7%, the average disagree factor is 28.6%. Table 3 reveals that federal and state governments in Nigeria are not delivering good affordable healthcare services that could enhance the use of evidence-based treatment and modern technology to treat hypertension diseases that constitute "silent killer" of citizens in the country.

Table 4 shows the correlation matrix for patients' perception and Factors preventing effective evidence-based treatment and practice for hypertension disease in Nigeria. The table shows that negative correlation (0.075) between Prefer to take medications for the treatment of hypertension sickness issues and Technology system that doctors use to treat me is highly commendable (-0.021). While there is a negative correlation (-0.035) between hospital and health clinic that respondents often visited and the use of modern technology to treat my hypertension and the use of evidence-based treatment methods for treating patients (-0.031), there is a positive correlation (0.266) between lack of established policies for controlling hypertension treatments and data and technology barriers (0.189). Furthermore, on the other hand, there is also positive correlation (0.081) between negative perspectives to adopting cultural and medical treatment and financial and resources constraints (0.251).

In addition, there is a positive correlation (0.321) between Lack of appropriate evidence-based guidelines for health care professionals, and lack of leadership and political will to adopt evidence-based treatment and practice in the healthcare for those with hypertension illness in Nigeria (0.210). The federal Government of Nigeria was

supposed to collaborative with doctors to promote a vibrant evidence-based healthcare system in a country, however, the government's ability to regulate the medical professional licensing and disciplinary boards shows a negative outcome due to failure to adequately equip public hospitals with modern information technology to enhance evidence-based practice for hypertension. Thus, the silent killer effect of hypertension continues to increase in the country. *Take four confirms that the government of Nigeria has not been effective in promoting modern technology that could help to galvanize evidence-based treatment of hypertension and other diseases at an affordable rate to all the citizens of the country.*

Correlation coefficient

$$r = \frac{n(\Sigma xy) - (\Sigma x)(\Sigma y)}{\sqrt{[n(\Sigma x^2) - (\Sigma x)^2]\,[n(\Sigma y)^2 - (\Sigma y)^2]}}$$

Table 4: Correlation Matrix for Patients Perception and Good Affordable Healthcare Services

Factors	Correlation Index	Average Agree Factors %	Average Disagree Factors %
Patients' perception Index	0.072	35.8	49.8
Prefer to take medications for the treatment of hypertension sickness issues.	0.075	88.3	11.7
Technology systems that doctors use to treat patients are highly commendable.	-0.021	16.3	75.7
Hospitals use modern technology to treat my hypertension health issues.	-0.035	24	68.3
Hospitals use evidence-based treatment methods for treating patients	-0.031	21.6	69.3
Factors preventing effective evidence-based treatment of hypertension	0.247	70.7	28.6
Lack of established policies for controlling hypertension treatments.	0.266	71	26.6
Data and Technology Barriers.	0.189	63	33.3
Negative Perspective to Adopting Cultural and Medical Treatment Changes	0.145	54.2	37.3
Financial and Resources Constraints.	0.251	68.7	27.3
Quality and Applicability of Evidence.	0.248	67.6	27.6

Lack of appropriate evidence-based guidelines for health care professionals.	0.321	74	23
Lack of Leadership and political will	0.210	66.8	31.7

**Correlation is significant at the 0.05 level (2-tailed)*

In addition, among the 205 interview respondents (81%) indicated that they would prefer to travel to other foreign countries to seek medical treatment because of the availability of evidence-based treatment. However, due to the predicament of disparities in social mobility, many Nigerian citizens will not be able afford it just like the president and other political leaders as well as their family members do in the country. It was also mind boggling to note that 92% of the respondents that hold a bachelor or higher degrees were furious that doctors in Nigeria are not held accountable or reprimanded for not practicing evidence-based treatment in this modern era. Almost, 98% of the interview respondents also acknowledge that they also blame the Government in Nigeria because it is not serious about providing accountable and good healthcare services to all the citizens in the country. To buttress this point, 76.4% of the respondents with degrees indicated that they were very furious about the lack of political will of the nation's pollical leader to formulate and implement effective health policies.

"*The Nigerian health policy is just printed in the book or website of the government however the nations policy makers and the Federal Ministry of Health does not make efforts to effectively implement the policies that could save lives in the country."*

Instead of funding the hospitals in the country to buy modern equipment that would benefit all the citizens, the president, governors, and other political leaders keep the money and use it to travel to developed countries to receive the best healthcare while the citizens die of curable diseases such as hypertension. This is not fair."

"We do not have a government that cares for the citizens in Nigeria. Thank God that I have good children who provide for me to get good evidence-based healthcare from some private physician that use modern technology to treat hypertension in Lagos and Abuja."

"Not all doctors in Nigeria are specialists, however, there are few generalists that are efficient in coordinating the healthcare treatment of their patients by complying with accepted hand-washing protocols and other best modern technology to enhance evidence-based practices."

According to the World Health Organization (2023a) report on hypertension, the age standardizes prevalence hypertension among adults age 30-79 years in Nigeria in 2019 was 6.6 million people. Among this group, 47 percent of them were diagnosed.

Furthermore, 29 percent out of the 50 percent were treated. Unfortunately, 11% out of the 50% have been able to seek medical treatment that has helped them to control their hypertension healthcare illness (World Health Organization, 2023a). Furthermore, Dibie 2025 contend that, failure to sleep 7-9 hours daily, eating an unhealthy diet, and drinking a lot of alcohol as well as lack of exercise and losing weight and constantly engaging in sedentary resistance to long-term medication could complicated the management and treatment of hypertension. One of the possible strategies could be for the government to focus on issues such as types of appropriate housing, food services, childcare, employment, education as well as basic healthcare services to all its citizens in Nigeria (Dibie 2022 & 2025; World Health Organization 2023a).

Conclusion

This paper has examined healthcare administration and the efficacy of hypertension treatment in Nigeria It argues that the health system in Nigerian needs to adopt new mechanism of using evidence-based medicine to treat hypertension. The research findings of this paper reveal that the current health policies in the country are ineffective, and the government seem not to care about the right approach to adopt so that health professionals could play key role in enhancing the use of modern technology to foster vibrant evidence-based treatment practices in the country. Therefore, good governance and highly deserved political will is paramount for achieving a dynamic or superb evidence-based treatment of hypertension diseases in the country at an affordable cost.

The research conducted also reveals that the treatment of hypertension in Nigeria has not been effective. This health predicament is seriously escalating the risk of heart attack, stroke, diabetes mellitus, and kidney disease. Furthermore, lack of affordability associated with economic costs hinders several million people in the country from seeking treatment as well as slows down the growth in development of the country. With the wealth of mineral resources endowed in the country, this could be accomplished if moral values are incorporated in this major task to fix these healthcare problems.

The strategy for solving this major healthcare predicament could require comprehensive evidence-based treatment, preventive education, cultural change in the nation's clinical practice as well as lifestyle changes such as weight loss, limited alcohol, reduced salt intake, and regular exercise by affected persons (Dibie 2025; Jobe et al. 2025; Olowoyo et al. 2025). Solving these barriers would require a comprehensive, multisectoral strategy that includes both preventative, modern technology, and appropriate financing of the nation's health facilities. Moving forward would also require a modern health

administration structure, authorities, processes, technology, social instruments, and capabilities that could enable Nigeria's legal, systems. These laws and policies are what could allow healthcare management to develop evidence-based treatment for hypertension and other communicable and noncommunicable diseases in the country.

To effectively accomplish the new strategic doing healthcare revitalization goals in Nigeria the leaders must be ethical and be willing to do the right thing, the right way, the first time ethically (Dibie 2025). It is also important to integrate hypertension detection, treatment, and control in all existing programs. The Federal Government of Nigeria should also facilitate the use of technology to foster patient-centered and evidence-base practice that could promote the encouragement hospitalization. Technology kits could be remotely used to send biometric information directly to a command center in a specialist hospital to alert medical experts about issues such as symptoms of heart attack, sudden weight change, low blood sugar and many other issues (Cavagna et al. 2023; Dibie 2025; Jobe et al. 2025; Olowoyo et al. 2025).

Finally, it is vehemently important for the government to use the social media and other medium of communication, including poster and television, to effectively create awareness of public health measures that could be used to prevent hypertension among the citizens of Nigeria. In the 21st century, it is high time the Federal Government of Nigeria woke up to change old practices and embrace new collaborative health administration network. In addition, the Federal Government of Nigeria must start to provide appropriate funding for the nations' healthcare system. Successfully implementing these strategies could help Nigeria to become a hub for medical tourism soon.

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