

McDonaldisation of Society: Implication for Effective Healthcare Delivery in the Era of COVID-19 Pandemic

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Abstract

The McDonaldisation of society as advanced by George Ritzer (1993, 2018) relates classical sociological theory to many aspects of everyday life, including healthcare in an increasing globalised world. It examines ways in which fast food ventures have created a system of operation based on efficiency, calculability, predictability, and control. The researchers situated these quadruple principles of McDonalds to explain the need for effective healthcare delivery in the era of COVID-19 pandemic. The paper is anchored on Talcott Parson's Model of Functional Imperatives (AGIL Schema). The review method was utilised to bear on the research problem. Findings from the review showed that the Mcdonald principles are indeed relevant and applicable to the organisation of healthcare delivery in the era of COVID-19 pandemic. More so, the findings showed that advanced technology such robotics can add value to healthcare service delivery. The researchers concluded that McDonaldisation has resulted in improved profits and an increased availability of various goods and services to more people worldwide in an increasing destabilised healthcare system as evident in Nigeria, these principles (efficiency, calculability, predictability and control) can provide for effective healthcare delivery. The researchers recommended training and retraining of healthcare personnel in line with the McDonaldisation ethics.

Keywords: Society, Effectiveness, Healthcare, Operations, Pandemic

Introduction

In the early months of the year 2020, a new respiratory virus (COVID-19) became an issue of global concern. On the 30th of January, the World Health Organisation declared it a global health emergency and subsequently a pandemic on the 11th of March. Although, the current experience of the pandemic is all about breath, the spread of which has created risks in the simple act of breathing and difficulties for those who suffer the virus badly, a significant part of the global population is living with new rules on the restriction of movement and new norms have emerged and will continue to emerge especially with the resurgence of new cases around the world. Like many other sectors of the Nigerian economy, healthcare and specifically its delivery in the country, was seriously challenged by the pandemic. At the international scene, the coronavirus engendered lockdown and caused a meltdown of global economic activities of which Nigeria's major export of crude suffered huge losses. Consequently, this decline in economic activities has plunged the country into economic recession (Emefiele, 2020).

Since the beginning of the pandemic, we have indeed witnessed a strong change of pattern in healthcare delivery, especially in developing economies. In other to contain the spread of the virus, an emerging trend where healthcare facilities closed their doors, while majority of citizens largely turned to Complementary and Alternative Medicine (CAM) was witnessed. Impliedly, the pandemic has erupted, affecting all spheres of life, and the media spaces are dominated by reports on developments and effects. At the moment, hundreds of thousand lives have already been lost worldwide and many healthcare systems are straining under the burden of caring for unprecedented numbers of seriously ill patients. In Nigeria, as at the mid of April 2021, the statistics of the National Centre for Disease Control shows; active cases stood at 164000, 154000 recoveries and 2061 deaths respectively with majority of cases recorded in Lagos state (National Centre for Disease Control, 2021). Consequently, effective healthcare delivery has been disrupted. Evident in this was the negation of "professional code of medical practice in most healthcare facilities around the country.

When major tragedies happen, such as the COVID-19 pandemic, they often showcase the functional and dysfunctional aspects of society, especially in the area of healthcare delivery structures. In this regard therefore, sociology; especially as it concerns the study of health and healthcare delivery, provides the basis for better understanding of the pandemic, progress and the future of Nigeria after the COVID-19 pandemic. The principles of McDonald (efficiency, calculability, predictability and control) as exemplified by Ritzer (2018) when applied to healthcare, provides a basis for promoting effective healthcare delivery. The researchers attempted to bring to light the extent to the McDonaldisation of society can help in the promotion of effectiveness in healthcare delivery especially in the era of COVID-19 when healthcare facilities are overwhelmed with various health concern in need of attention.

McDonaldisation of Society: A Conceptual Review

This is the process by which the principles of the highly successful and revolutionary fast-food restaurant are coming to dominate more and more sectors of American society and an increasing number of other societies throughout the world. The principles and the process are efficiency, calculability, predictability and control. Also associated with McDonaldisation are the seemingly inevitable irrationalities of rationality. The basic concept, as well as its fundamental dimensions, is derived from the German social theorist Max Weber's (1921/1968) work on formal rationality.

Weber argued that the modern Western world was characterised by an increasing tendency towards the predominance of formally rational systems.

The relevance of the McDonaldisation thesis to issues of healthcare are apparent, both implicitly and explicitly. It provides that social systems, especially healthcare systems in contemporary society are becoming increasingly McDonaldised and more important, that the basic principles of efficiency, calculability, predictability and control that defines it can be used in understanding such systems. To the extent that these principles have been adopted and become defining features of institutions in other nations, they can be said to be undergoing the process of McDonaldisation.

Theoretical Framework

The AGIL Schema of Talcott Parsons (Four Functional Imperatives)

This paper is anchored on Talcott Parsons' AGIL schema or paradigm. The paradigm is a sociological scheme created by sociologist Talcott Parsons in the 1950s. It is a systematic explanation of certain important functions which every society must meet to be able to maintain stable social life or system. The AGIL paradigm is part of Parsons's larger action theory, outlined in his notable work *The Structure of Social Action* and *The Social System*. Parsons argued that all living social systems must provide for these functions in order to survive. Parsons exemplified the AGIL paradigm in the following ways:

Adaptation: This entails the capacity of society or a social system to interact with the environment. This includes, among other things, gathering resources and producing goods and services for social redistribution. In this regard, therefore, providing for effective healthcare delivery in era of COVID-19 pandemic will require those in position of power to ensure that requisite resources are made available to bear on the need of healthcare facilities to be able to function and deliver effectively without any form of fear witnessed among healthcare providers in the wake of the COVID-19 pandemic in Nigeria.

Goal Attainment: This is the capability to set goals for the future and make decisions accordingly. Political resolutions and societal objectives are part of this imperative. Impliedly, the COVID-19 pandemic hit the world unexpectedly and exposed the failings in the healthcare delivery of most countries, Nigeria not an exception to this. The lessons brought about by the pandemic therefore provides a veritable ground for policy redefinition and new resolution taken towards providing a conducive environment for effective healthcare delivery.

Integration: This is the harmonisation of the entire society is a demand that the values and norms of society are solid and sufficiently convergent. This requires, for example, the healthcare system to be fairly consistent in-service delivery. Impliedly, effective healthcare delivery requires consistency.

Latency or Pattern Maintenance: This functional imperative challenge the society to maintain some element of integration. In other words, maintaining a progressive system of delivery. Implicit in this position is that effective healthcare delivery needs to be continuous within the context of requisite and available resources.

Methodology

The review methodology was adopted in order to explain the need for effective healthcare delivery during the COVID-19 pandemic. The paper traced the background of the COVID-19 pandemic and the evident failures of Nigeria's healthcare delivery system. The researchers surveyed the failings in Nigeria's healthcare institutions and the sorry-state of the Nigeria healthcare system. The data for this paper were elicited through the use of secondary sources. The secondary sources include online stored materials and other articles and texts. These were deployed in the analysis and interpretation of the subject under review.

Nigeria's Healthcare Delivery System and the COVID-19 Pandemic

In Nigeria, healthcare and delivery policies are products of tremendous transition through the past 60 years but evidently devoid of the much-expected quality to promote the health condition of Nigerians. Although successive governments have made series of efforts to promote equity in healthcare delivery and provide for continuous and less problem of access to healthcare services, a significant majority of the citizens are still grappling with various health challenges. Impliedly, the Nigerian healthcare delivery system has over the years suffered several problems. This position has been echoed by Menizibeya (2011) who argued that in spite of Nigerian's strategic place among other countries in Africa; it is greatly underserved in the area of progressive healthcare delivery. This is evident in the fact that health facilities; healthcare centers, workforce and medical equipment are grossly inadequate in the country, particularly in rural areas (Adebayo, 2020). While series of reforms have been largely initiated by the Nigerian government to check the glaring issues in the healthcare system, implementation at the state and local government area levels remains a mirage.

Since the outbreak of the COVID-19 pandemic in the early days of the year 2020, the near-sorry state of the Nigeria healthcare system became even more glaring. In most advanced countries, the devastating nature of the pandemic, occasioned by a high case of death, was indeed a source of concern to people in other places around the world, Nigeria not an exception. The dilapidated nature of health institutions evident in poor working conditions and the dearth of healthcare personnel, defined the questionable state of Nigeria's healthcare delivery system. This unhealthy situation gave the disease a place in the Nigerian environment (Obiani, Anikwenze & Isiani, 2020). They contended that the outbreak of COVID-19 pandemic in Nigeria, its local dispersion occasioned worrisome and hence the need for a more rational, efficient, calculated, predictable and a carefully controlled system of healthcare delivery. The philosophy of healthcare delivery in Nigeria as it obtains elsewhere is anchored on the basis of market forces. Although not entirely new to Nigerians, the framework through which healthcare is delivered has significant constraints in the country. The Nigerian health system, still demand some form of reciprocity from patients and their households (Asakitikpi, 2019).

Despite the existence of various health insurance schemes, such as the National Health Insurance Scheme (NHIS) at the federal level, and many others across the states, majority of the citizens still pay for health services when the state could not sustain the various schemes. With the proliferation of private healthcare and the importation of sub-standard drugs, which questioned the quality of healthcare delivery in the country, most people became weary of available healthcare services, especially at the height of the COVID-19 pandemic and resorted to other forms of healthcare services including complementary and alternative medicine. If assured of high-quality drugs as well as quality healthcare services, most Nigerians will still be prepared to pay for these services. Despite the rot of healthcare systems that has a bearing on the health-

seeking behaviour of Nigerians in response to the COVID-19 pandemic, most Nigerians especially those in the middle and lower class have difficulties accessing available services due to their exorbitant costs and questionable status of such services. In this regard, World Bank (2019) stated that of over 60% Nigerians living below the poverty line, a significant majority cannot access quality health service due to the high costs that are associated with the services especially in the wake of the COVID-19 pandemic. Impliedly, majority of the Nigerian public are faced with a dilemma. Thus, it is either the government provides for quality healthcare services for the majority of citizens to enjoy quality healthcare, or the majority of citizens must access other forms of services with questionable quality and will not augur well especially with the challenges occasioned by the COVID-19 pandemic around the world.

Besides cost, accessibility becomes an important issue in discussing healthcare delivery within Nigeria. This has led more Nigerians in the upper middle and upper class reverting to accessing health services within the country, thereby pushing away lower middle-class members who hitherto accessed health services. This disparity in healthcare accessibility is an important consequence of the poor state of healthcare delivery in Nigeria which skewed significantly those who have access to quality medical health services and those who do not.

COVID-19 and the Implication of the McDonaldisation Thesis on Effective Healthcare Delivery

One of the glaring events, not just in Nigeria, but in most places around the world, is that the management of COVID-19 led to a situation in which all other diseases and healthcare challenges were somewhat neglected. It was a common knowledge that hospitals were shut down and attending to COVID-19 patients alone due to fear of risk of transmission to anybody else who came in, even for routine surgeries. Even more troubling was that women couldn't go to the antenatal clinics, or even have safe delivery in hospital. Those who needed cancer screening could not get it. The amount of money that went into COVID-19 also ensured that we were not spending money on other things. Disease surveillance is a critical part of public health. More so, institutions like the Nigeria Centre for Disease Control have different units, for example a yellow fever unit. Those people are meant to have been focused on their diseases, despite COVID-19. However, there is no telling whether some of these workers have been diverted to COVID-19 activity. To this extent therefore, the McDonaldisation thesis as exemplified by Ritzer (2018) has an implication for effective healthcare delivery, especially under a life-threatening pandemic such as the COVID-19.

In line with above, Ritzer argues that the success of McDonaldisation can be explained through four dimensions. The first dimension is efficiency. For consumers the restaurant offers an efficient way to go from hungry to full. Workers at McDonald's also operate efficiently by following predesigned steps of a process. In this regard, conventional healthcare facilities provide the avenue for efficiency given the variety of healthcare services available. Although, the fast-food industry did not create the desire for efficiency in society, it has helped efficiency turn into a universal reality in everyday life, including healthcare delivery. Thus, the survival of Nigerians during the COVID-19 pandemic and beyond, requires a healthcare delivery system driven by efficiency as obtained in McDonalds. This has been emphasised by Albzeirat (2020), stating that Nigerians' survival during this pandemic period call for drastic and rapid response from the concerned individuals and organisations so as to strategise long-term solution, smart technology, and at the same time provide quality health care services that guarantees efficiency.

The second dimension is calculability, which focuses on the quantitative aspects of McDonald's products, especially as it concerns size, cost and the amount of time it takes for the

customer to get the product. This is important because timely delivery of healthcare services is a mark of effectiveness. Applying calculability principle to healthcare, the most efficient way to deliver effectively is to have the medical services process broken down into several individual parts, so that vast majority of people in need of healthcare services during this pandemic can be assured of the required services. The implication is that the healthcare system in Nigeria can be accorded higher attention from the government and international organisations as a result of the COVID-19 pandemic. In other words, a surge in healthcare financing, prompt agreement to demands, and increase in the number of ventilators and some other machines, molecular laboratories and bed spaces in hospitals cannot be exempted from the more general context of healthcare delivery in such a life-threatening era.

Predictability is the third dimension. When a person goes to McDonald's he or she can be sure that the product is going to be the same every time they go. Impliedly, healthcare facilities should operate in such a way that outcomes can be predicted by service consumers. Such predictability is also a reflection of effectiveness. This is even more important during pandemics such as the COVID-19 when healthcare services are very much needed. Thus, predictability is necessary for healthcare service choices to work if healthcare seekers cannot predict what they would use, they cannot be influenced in their choices.

Lastly, control is achieved through nonhuman technology. The concept of nonhuman machines includes the substitution of human labour with non-human labour, through automation. McDonaldisation allowed for convenience and affordability, which are qualities that are becoming increasingly important in all aspects of our modern society including healthcare. According to Ritzer (2004), technology controls both workers and service consumers by making sure that customers are getting exactly what they wanted every time they place an order. The same can be reflected in healthcare delivery especially in the era of COVID-19 pandemic. Impliedly, a doctor in the hospital can be the start of the process of diagnosing a patient. The doctor will send the patient elsewhere after examining the patient, perhaps to a specialist or to other experts for prognosis. Such a control can also be seen as a measurer of effectiveness in contemporary healthcare delivery. In fact, most of the responses to COVID-19 around the world were largely driven by technology.

Further to above, hospitals and healthcare centres around the world today, has advanced medical technologies and also update them periodically. Nowadays, there is increasing awareness among people, regarding health measures, more especially among the ones using smart phones and other devices and applications which enable them in learning effective and efficient methods to prevent diseases. The technological developments in medical and health care delivery systems are quite astonishing and Nigeria cannot be left out of this touch. Technologies possess immense potential to fuel innovation in products and healthcare delivery services in Nigeria.

Conclusion and Recommendations

It is the submission of this paper that as the COVID-19 pandemic soars across the country, it has brought unprecedented strain on hospitals and other healthcare facilities; from a shortage of testing and medical supplies to issues in access and affordability, especially among rural and underserved populations, invariably raising the question of effectiveness in healthcare delivery. The disease casted a spotlight on some of these inequities, while also revealing loopholes and failings in the healthcare delivery system that can have lasting effects on patients and healthcare service providers. In this direction, George Ritzer in *The McDonaldisation of Society* richly encompasses concepts from sociology, management, and economics to provide a profound understanding of our modern society. According to Ritzer as stated earlier, McDonaldisation is

defined as the process by which the principles of the fast-food restaurants are coming to dominate more and more sectors of the society. Thus, McDonaldisation can without a doubt affect society's healthcare system causing it to become increasingly efficient, calculable, predictable and controlled. Thus, the following recommendations are given:

1. Health facilities must be made functional, reliable and safe. The space needs to be designed, organised and maintained to allow for the provision of quality services. Facilities also need to have adequate stocks of medicines, supplies and equipment.
2. There is also the need for massive recruitment of healthcare providers to cater for different cases of healthcare concerns, a situation that led to the massive deaths recorded during the pandemic due to shortage of healthcare providers in the country.
3. Nevertheless above, there is the need for timely and periodic policy redirection to cater or the changing dynamics of healthcare concerns.
4. Health facilities should have available and fully equipped transport services that operate 24 hours a day, 7 days a week, to transport patients as necessary. A list of known network facilities and their telephone numbers should be readily available. The referral system should also be made effective through supervision and control, with a policy that protects such patients.
5. Health facility should have competent, well-trained staff and skilled attendants present 24-hours a day in sufficient numbers to cope with the expected workload, especially in the case of any pandemic. Common barriers for personnel to provide quality care include low social esteem, poor pay, long working hours, insufficient staffing, and lack of fully functioning facility environments. It is, therefore, important to focus on professional education and health workforce management that builds on the experience.

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