



10.5281/zenodo.12253713

Vol. 07 Issue 05 May - 2024

Manuscript ID: #01403

UNMET NEEDS FOR INTENSIVE MEDICAL CARE IN TERTIARY HEALTH INSTITUTIONS: A CRITICAL REVIEW OF THE NIGERIAN SITUATION

JIDE MICHAEL AFOLAYAN¹, MICHAEL OLUMIDE GBALA², BABATOLA BAKARE², WAHEED ABAYOMI³,
AJAYI ADELEKE IBIJOLA^{4,5}, OLAWALE AYOBAMI ABAYOMI⁶, GBENGA DAMILOLA AKINLUA⁷, BENEDICT
TOLULOPE ADEYANJU⁷, TEMITOPE OLALEKAN JOLAYEMI⁸, BABATUNDE AJAYI OLOFINBIYI^{9,*}.

¹Department of Anaesthesia, College of Medicine, Ekiti State University, Ado-Ekiti, Ekiti State, Nigeria.

²Department of Obstetrics and Gynaecology, University of Medical Sciences Teaching Hospital, Ondo, Ondo State, Nigeria.

³School of Anaesthesia Studies, Badagry/General Hospital, Badagry.

⁴Department of Haematology and Blood Transfusion, Federal Teaching Hospital, Ido-Ekiti, Ekiti State, Nigeria.

⁵Department of Haematology and Blood Transfusion, Afe Babalola University, Ado-Ekiti, Ekiti State, Nigeria

⁶Department of Radiology, College of Medicine, Ekiti State University, Ado-Ekiti, Ekiti State, Nigeria.

⁷Department of Obstetrics and Gynaecology, Afe Babalola University Multisystem Hospital, Ado Ekiti, Ekiti State, Nigeria.

⁸Department of Family Medicine, Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State, Nigeria.

⁹Department of Obstetrics and Gynaecology, College of Medicine, Ekiti State University, Ado-Ekiti, Ekiti State, Nigeria.

*Corresponding Author: babatunde.olofinbiyi@eksu.edu.ng

Abstract:

Intensive medical care, characterized by specialized treatment and close monitoring of critically ill patients, plays a crucial role in improving patient outcomes. This level of care is essential in managing severe health conditions, reducing mortality rates and enhancing recovery prospects. Despite the essential role of intensive care units (ICUs) in managing severe health conditions and improving patient outcomes, these facilities are hampered by numerous systemic issues in Nigeria.

The review highlights the importance of intensive care in managing life-threatening conditions such as severe infections and trauma. However, many Nigerian ICUs operate with outdated or malfunctioning equipment, and there is a critical deficit of intensivists and critical care nurses. Financial limitations further hinder the ability of hospitals to procure necessary medical supplies and maintain infrastructure.

The article also draws comparisons with international practices, noting that many high-income countries have robust ICU systems supported by substantial investments in medical technology and healthcare professional training. These comparisons offer valuable lessons for Nigeria, emphasizing the need for increased financial investment, enhanced training programs, and improved healthcare policies.

The review concludes by recommending comprehensive strategies to address these unmet needs. These include increasing the healthcare budget, implementing national health insurance schemes, upgrading hospital infrastructure, and developing standardized ICU protocols. By adopting these measures, Nigeria can enhance the quality and accessibility of intensive medical care, ultimately improving patient outcomes and strengthening the overall healthcare system.

Keywords:

Unmet needs, Intensive care units, Tertiary health institutions, Nigeria.



This work is licensed under Creative Commons Attribution 4.0 License.

Introduction

Intensive medical care, characterized by specialized treatment and close monitoring of critically ill patients, plays a crucial role in improving patient outcomes^{1,2,3}. This level of care is essential in managing severe health conditions, reducing mortality rates, and enhancing recovery prospects³. In Nigeria, the provision of intensive care in tertiary health institutions, which are pivotal in the healthcare system, faces significant challenges that impede its effectiveness⁴. Tertiary health institutions in Nigeria, including teaching hospitals and specialized medical centres, are at the forefront of providing advanced medical care⁴. These institutions are equipped with the resources and expertise necessary to handle complex medical cases that require intensive care. However, despite their critical role, the capacity of these institutions to deliver optimal intensive care is often hampered by various systemic issues. Recent studies indicate that the availability of intensive care units (ICUs) in Nigeria is inadequate, with many facilities lacking the necessary infrastructure, equipment and trained personnel to provide high-quality care^{5,6}.

The importance of intensive medical care cannot be overstated. It is vital for the management of life-threatening conditions such as severe infections, major trauma, and complications from chronic diseases; effective intensive care can significantly reduce the length of hospital stays, prevent complications, and save lives⁴. For instance, timely and adequate intensive care has been shown to lower mortality rates in patients with sepsis and acute respiratory distress syndrome (ARDS)⁷. In the context of Nigeria, where the burden of infectious diseases and road traffic accidents is high, the need for robust intensive care services is even more pronounced.

Despite the recognized importance of intensive care, Nigerian tertiary health institutions face numerous challenges in providing these services⁴. One of the primary issues is the shortage of well-equipped ICUs. Many hospitals operate with outdated or insufficient medical equipment, which compromises the quality of care provided to critically ill patients^{8,9}. Additionally, there is a significant deficit in the number of healthcare professionals trained in critical care medicine¹⁰. This shortage affects the capacity to manage ICU beds effectively and provide continuous monitoring and treatment¹¹.

Moreover, funding constraints exacerbate the situation, as many tertiary institutions struggle with limited financial resources⁴. This lack of funding affects the procurement of essential medical supplies, maintenance of existing infrastructure and the ability to attract and retain skilled personnel; the disparities in healthcare funding between urban and rural areas further widen the gap in the availability and quality of intensive care services across the country^{4,12}.

The study is essential to highlight and address the significant gaps in critical care services in Nigeria. By critically analysing the current state of tertiary health institutions, the article can provide a comprehensive understanding of the challenges, such as inadequate infrastructure, shortage of skilled personnel and limited access to essential medical equipment. This review aims to inform policymakers and stakeholders, guiding necessary reforms and investments to enhance the quality and accessibility of intensive medical care, ultimately improving patient outcomes and overall healthcare delivery in Nigeria.

The current status of intensive medical care in Nigeria with case studies

The current status of intensive medical care in Nigeria is characterized by significant challenges and disparities. The availability of resources, including equipment, personnel, and infrastructure, is

critically insufficient, impacting the quality of care and patient outcomes, particularly when comparing rural and urban areas. Firstly, the availability of resources in Nigerian tertiary health institutions remains a major concern. Many intensive care units (ICUs) are under-equipped, lacking essential medical devices such as ventilators, monitors, and infusion pumps⁴. A report revealed that numerous ICUs operate with outdated or malfunctioning equipment, significantly hampering their ability to provide effective care.¹³ This equipment scarcity is compounded by inadequate infrastructure, with many facilities lacking the space and sanitary conditions necessary for high-quality intensive care.

Nigeria faces a critical deficit of healthcare professionals skilled in intensive care medicine, including intensivists, critical care nurses, and respiratory therapists¹³. It is noted that this shortage leads to high patient-to-staff ratios, resulting in overworked personnel and suboptimal patient monitoring and care^{13,14}. The lack of ongoing professional development and training opportunities further exacerbates this issue, limiting the capacity for healthcare workers to stay updated with best practices in intensive care⁴.

The quality of care and patient outcomes in Nigerian ICUs are closely tied to the availability of these resources. Due to inadequate equipment and personnel, patient outcomes are often poor, with high mortality rates for conditions that would otherwise be manageable with proper intensive care¹⁵. For instance, the mortality rate for severe infections and trauma cases remains alarmingly high due to delayed and inadequate care¹⁶. The lack of standardized protocols and insufficient funding for quality improvement initiatives also contribute to the variability and overall lower quality of care¹⁷.

Disparities between rural and urban areas further highlight the inequities in intensive medical care¹². Urban centres, where tertiary institutions are primarily located, tend to have relatively better resources and access to skilled personnel compared to rural areas¹². However, even within urban centres, the demand for intensive care often outstrips the supply, leading to overcrowded ICUs and compromised care¹⁷. In contrast, rural areas face even greater challenges, with many regions lacking any ICU facilities altogether, forcing critically ill patients to travel long distances to access care, often at significant personal and financial cost¹⁸.

Specific case studies and examples vividly illustrate these unmet needs, highlighting the systemic issues and offering insights into potential solutions. Lagos University Teaching Hospital (LUTH) is one of Nigeria's premier tertiary health institutions. Despite its reputation, LUTH struggles with significant deficiencies in its ICU. Studies have revealed that LUTH's ICU is frequently overburdened, with a patient-to-bed ratio far exceeding recommended standards^{19,20}. The shortage of beds often forces critical patients to be treated in less equipped wards, significantly compromising care quality. The ICU lacks sufficient ventilators and monitors, essential for managing severe respiratory conditions and other critical illnesses. The hospital suffers from a shortage of trained intensivists and critical care nurses, leading to high patient-to-staff ratios. Frequent power outages and inadequate backup power solutions disrupt ICU operations, endangering patients' lives.

University College Hospital (UCH) in Ibadan represents another significant example. Despite being one of the oldest and most established tertiary hospitals in Nigeria, UCH faces severe limitations in its ability to provide intensive care²¹. According to Bello et al. (2023), UCH's ICU frequently operates at full capacity, with many patients requiring critical care being turned away or transferred to less equipped hospitals⁴. Insufficient funding limits the hospital's ability to upgrade its facilities and

procure necessary medical supplies. Like many other institutions, UCH struggles with a shortage of skilled healthcare professionals specialized in intensive care.

Factors contributing to Nigerian unmet needs

The provision of intensive medical care in Nigeria's tertiary health institutions is critically hampered by several factors. These factors include financial constraints and funding issues, a shortage of trained healthcare professionals, infrastructure limitations and policy and regulatory challenges⁴. Understanding these issues is essential for devising strategies to address the gaps in intensive medical care.

One of the most significant factors contributing to unmet needs in intensive care is financial constraints. Tertiary health institutions in Nigeria often operate with limited budgets that are insufficient to cover the high costs associated with maintaining and upgrading ICUs²². According to Balogun and Aka, the funding allocated to healthcare is often inadequate, leading to shortages of essential medical supplies, outdated equipment, and inadequate maintenance of facilities²³. This underfunding is partly due to the broader economic challenges facing the country, which limit the government's ability to allocate sufficient resources to the health sector. Moreover, the reliance on out-of-pocket payments by patients exacerbates the financial burden on families and limits access to necessary care^{24,25}.

The shortage of trained healthcare professionals is another critical issue. Nigeria faces a significant deficit of specialists in intensive care, including intensivists, critical care nurses, and respiratory therapists; this shortage is driven by several factors, including inadequate training programs, brain drain due to migration of skilled professionals to countries with better working conditions, and insufficient incentives to retain staff within the country^{4,15,23}. The high patient-to-staff ratios in ICUs lead to overwork and burnout among the existing healthcare professionals, further compromising the quality of care provided.²²

Infrastructure limitations significantly impact the capacity of tertiary health institutions to provide adequate intensive care⁴. Many hospitals lack the necessary physical infrastructure, including sufficient ICU beds, proper ventilation systems and isolation units for infectious diseases^{1,22}. Tobi and Ogunbiyi highlight that the lack of modern medical technology, such as advanced monitoring systems and life-support equipment, hampers the ability to deliver effective intensive care²². Additionally, frequent power outages and inadequate water supply disrupt medical services, posing severe risks to critically ill patients¹⁸.

Policy and regulatory challenges also contribute to the unmet needs in intensive medical care⁴. There is often a lack of coherent and effective health policies that prioritize the development and maintenance of intensive care services¹¹. The regulatory framework governing healthcare in Nigeria is fragmented and inconsistent, leading to inefficiencies and gaps in service delivery^{23,26}. Findings have shown that the absence of standardized protocols and guidelines for ICU management across different institutions results in variability in the quality of care²⁷. Furthermore, the slow implementation of health policies and reforms due to bureaucratic hurdles impedes progress in improving intensive care services^{28,29}.

Comparing Nigeria's situation with other countries and lessons to be learned

In many high-income countries, intensive care units (ICUs) are well-resourced, with advanced medical technologies and adequately trained healthcare professionals. For instance, the United States and Germany have high ICU bed densities, extensive use of life-support technologies, and well-established training programs for critical care staff^{30,31}. These countries also benefit from robust healthcare financing systems that ensure sufficient funding for ICU services, including government funding, insurance coverage, and private sector contributions.

In contrast, Nigeria faces substantial challenges in these areas. Nigerian ICUs often lack essential equipment and infrastructure, suffer from severe shortages of trained personnel, and operate under financial constraints that limit their capacity to deliver quality care³⁰. Furthermore, the geographic disparity in resource allocation exacerbates the situation, particularly affecting rural healthcare provision.

Countries like Germany have demonstrated the importance of investing in advanced medical technologies and infrastructure. Nigeria can benefit from prioritizing investment in modern ICU equipment and facilities. This includes acquiring ventilators, monitoring systems, and ensuring reliable power supply. Such investments are crucial for improving patient outcomes and ensuring that ICUs are adequately equipped to handle critical cases⁴.

The success of intensive care in high-income countries is partly due to their focus on specialized training for healthcare professionals. Nigeria can enhance its critical care capacity by expanding training programs for doctors, nurses, and allied health professionals. Establishing partnerships with international institutions for training and exchange programs could help bridge the skills gap¹³.

Countries with robust healthcare systems often employ diverse funding mechanisms, including public funding, insurance schemes and private sector involvement³⁰. Nigeria can explore similar models to ensure sustainable financing for ICUs. Implementing national health insurance schemes and encouraging private sector investment can provide the necessary financial resources to support and expand intensive care services²².

Effective health policies and regulations are essential for standardizing and improving ICU care. Lessons from countries with strong regulatory frameworks highlight the need for Nigeria to develop and enforce standardized protocols for ICU management. This includes guidelines for patient care, staff training, and equipment maintenance, which can help reduce variability and improve care quality²³.

By learning from international practices, Nigeria can address the unmet needs in its intensive medical care services. Increased investment in healthcare infrastructure, enhanced training programs, sustainable funding mechanisms, and robust policy frameworks are essential steps towards improving ICU care. Adopting these strategies can help Nigeria build a more resilient and effective healthcare system, ensuring better outcomes for critically ill patients.

Recommendations

Addressing the unmet needs for intensive medical care in Nigeria's tertiary health institutions requires a multifaceted approach that encompasses policy recommendations, education and training initiatives, and infrastructure development and resource allocation strategies. One of the primary recommendations is for the Nigerian government to significantly increase its healthcare budget. This increase should specifically target the development and maintenance of intensive care units (ICUs) across the country. Enhanced funding can ensure that ICUs are equipped with the necessary medical devices and supplies, which are critical for providing high-quality care^{4,22}.

To mitigate the financial burden on patients and ensure sustainable funding for intensive care, the government should implement comprehensive national health insurance schemes. These schemes can provide coverage for critical care services, making them accessible to a broader segment of the population and reducing the reliance on out-of-pocket payments^{15,25}. The establishment of standardized protocols for ICU management is essential. These protocols should cover all aspects of intensive care, including patient admission criteria, treatment guidelines, and staff training requirements. Standardization can help ensure consistency in the quality of care provided across different institutions²⁷.

A critical strategy for improving intensive care is the expansion of specialized training programs for healthcare professionals. Nigeria must increase the number of training slots for intensivists, critical care nurses, and allied health professionals. Partnerships with international institutions can facilitate exchange programs and advanced training opportunities, helping to bridge the skills gap²². Implementing continuous professional development (CPD) programs for existing staff is vital. These programs should focus on the latest advancements in critical care medicine, ensuring that healthcare professionals remain updated with current best practices. CPD can be supported through workshops, online courses, and hands-on training sessions^{32,33}.

To retain skilled professionals, the government and healthcare authorities should develop incentive programs. These could include competitive salaries, bonuses, and opportunities for career advancement. Such incentives can help reduce the brain drain of healthcare workers to other countries and ensure a stable work force. Upgrading the medical equipment in ICUs is crucial. The government should allocate funds for the purchase of modern ventilators, monitors, and other life-support equipment. Regular maintenance schedules must also be established to ensure that equipment remains functional and reliable.

Improving the physical infrastructure of hospitals is necessary for effective intensive care delivery. This includes ensuring stable power supply, adequate water supply, and proper sanitation facilities. Infrastructure development projects should prioritize the construction and renovation of ICU facilities to meet international standards. To address geographic disparities, resources must be distributed equitably between urban and rural areas. This involves not only financial resources but also medical supplies and trained personnel. Policies should be implemented to ensure that rural healthcare facilities receive adequate support to provide intensive care services.

Potential advancements and innovations in intensive medical care

The future of intensive medical care in Nigeria holds potential for significant advancements and innovations, but it also presents considerable challenges. Addressing these issues effectively can help bridge the gaps identified in the review article. One promising integration of telemedicine and remote

monitoring technologies into ICU care^{34,34}. These innovations can enhance patient management, especially in resource-limited advancement is the settings where specialist availability is low. By leveraging telemedicine, healthcare providers can consult with intensivists and other specialists remotely, providing critical care support and improving patient outcomes³⁴.The application of artificial intelligence (AI) and machine learning (ML) in healthcare is another area with significant potential. AI can assist in predicting patient deterioration, optimizing treatment plans, and managing ICU resources more efficiently. For instance, predictive analytics can help identify patients at high risk of complications, enabling early intervention and reducing mortality rates^{35,36}.

Developing and deploying portable and low-cost medical devices can transform intensive care delivery in Nigeria. Innovations such as affordable ventilators and portable diagnostic tools can make critical care more accessible, particularly in rural areas. These devices can be used in various settings, from tertiary hospitals to local clinics, thus expanding the reach of intensive care services. One of the major challenges is the financial constraint facing the healthcare sector. The cost of implementing new technologies and upgrading infrastructure can be prohibitive. To address this, Nigeria needs to explore diverse funding sources, including public-private partnerships, international grants, and health insurance schemes. Sustainable financial models will be crucial to support the continuous improvement of ICU facilities^{4,23}.

The shortage of trained healthcare professionals remains a critical issue. To mitigate this, Nigeria must invest in comprehensive training programs and continuous professional development for healthcare workers. Establishing partnerships with international institutions can facilitate knowledge exchange and training opportunities, helping to build a robust workforce capable of managing advanced ICU technologies.

Infrastructure limitations, such as unreliable power supply and inadequate facilities, pose significant barriers to effective ICU care. Addressing these challenges requires a focused approach to developing reliable healthcare infrastructure. Investing in renewable energy solutions, such as solar power, can provide stable electricity for ICU operations. Additionally, building and maintaining modern healthcare facilities should be a priority to ensure a conducive environment for critical care.

Regulatory and policy challenges can impede the adoption of new technologies and practices. Streamlining regulatory processes and updating healthcare policies to accommodate advancements in medical care are essential. Developing a clear framework for the approval and integration of new technologies can facilitate their adoption and ensure that they are used effectively.

Conclusion

Despite the pivotal role of intensive care in improving patient outcomes, Nigerian tertiary health institutions face significant obstacles, including inadequate resources, insufficient funding, a shortage of trained healthcare professionals, and infrastructure limitations. These challenges are particularly pronounced in rural areas, exacerbating disparities in healthcare delivery.

Addressing these unmet needs requires a multifaceted approach. Increased financial investment, both from the government and through innovative funding mechanisms, is essential. Expanding training programs and continuous professional development for healthcare workers can mitigate the shortage of skilled personnel. Upgrading infrastructure and ensuring reliable utilities are crucial for maintaining high-quality care. Additionally, adopting lessons from international practices and integrating advancements such as telemedicine and AI can enhance intensive care capabilities.

By implementing these strategies, Nigeria can improve the quality and accessibility of intensive medical care, ultimately leading to better healthcare outcomes. The insights provided in this review underscore the urgent need for systemic reforms and coordinated efforts to bridge the gaps in intensive care delivery, ensuring that critically ill patients receive the care they need.

References

- Murthy, S., Gomersall, C. D. & Fowler, R. A. Care for critically ill patients with COVID-19. *Jama* **323**, 1499–1500 (2020).
- Chander, S., Kumari, R. & Lohana, S. The Evolution and Future of Intensive Care Management in the Era of Telecritical Care and Artificial Intelligence. *Current Problems in Cardiology* 101805 (2023).
- Martinez, R. H., Liu, K. D. & Aldrich, J. M. Overview of the medical management of the critically ill patient. *Clinical Journal of the American Society of Nephrology* **17**, 1805–1813 (2022).
- Ogunbiyi, O. *et al.* An overview of intensive care unit services in Nigeria. *Journal of Critical Care* **66**, 160–165 (2021).
- Adewole, D. A., Salawu, M. M. & Bello, S. Training needs assessment and preferred approach to enhancing work performance among clinical nurses in University College Hospital (UCH), Ibadan, Oyo State, South-western Nigeria. *International Journal of Nursing and Midwifery* **12**, 130–138 (2020).
- Bello, B. T., Busari, A. A., Amira, C. O., Raji, Y. R. & Braimoh, R. W. Acute kidney injury in Lagos: Pattern, outcomes, and predictors of in-hospital mortality. *Nigerian Journal of Clinical Practice* **20**, 194–199 (2017).
- Wang, D.-H. *et al.* Attributable mortality of ARDS among critically ill patients with sepsis: a multicenter, retrospective cohort study. *BMC Pulm Med* **24**, 110 (2024).
- Owojuyigbe, A. M. *et al.* Pattern and outcome of elderly admissions into the Intensive Care Unit (ICU) of a low resource tertiary hospital. *East and Central African Journal of Surgery* **21**, 40–46 (2016).
- Mamven, M., Ajayi, S., Galadima, U. & Nwankwo, E. Aetiological factors, outcomes and mortality risk of acute kidney injury in hospitalized patients in a tertiary health centre in Nigeria: An eleven year review. *Annals of Clinical and Biomedical Research* **3**, (2022).
- Parry-Jones, J. Improving critical care flow: admissions, discharges, and systemic pressures. *bmj* vol. 381 (2023).
- Zheng, Q., Zeng, Z., Tang, X. & Ma, L. Impact of an ICU bed capacity optimisation method on the average length of stay and average cost of hospitalisation following implementation of China's open policy with respect to COVID-19: a difference-in-differences analysis based on information management system data from a tertiary hospital in southwest China. *BMJ open* **14**, e078069 (2024).
- Rural Services Network. MAJOR INQUIRY HIGHLIGHTS THE URBAN-RURAL DIVIDE IN ACCESSING HEALTH AND CARE. (2024).
- Poluyi and Akinti. Improving ICU Services in Nigeria: A Critical Need for Healthcare Advancement. *Tribune* (2024).

- Nakweenda, M., Anthonie, R. & van der Heever, M. Staff shortages in critical care units: critical care nurses experiences. *International Journal of Africa Nursing Sciences***17**, 100412 (2022).
- Ilori, I. U. & Kalu, Q. N. Intensive care admissions and outcome at the University of Calabar Teaching Hospital, Nigeria. *Journal of critical care***27**, 105-e1 (2012).
- Adesida, A., Akanmu, O., Oladele, R., Adekola, O. O. & Desalu, I. Improvement in intensive care unit: Effect on mortality. *Journal of Clinical Sciences***14**, 62–67 (2017).
- Adams, C. O. *et al.* Mortality Pattern Among Patients Admitted to the Intensive Care Unit in a Tertiary Health Institution in Abuja–Nigeria: 18-year Review. *Journal of Family Medicine and Health Care***7**, 77–82 (2021).
- Anyika, E. N. Challenges of implementing sustainable health care delivery in Nigeria under environmental uncertainty. *Journal of Hospital Administration***3**, 113–126 (2014).
- Iwuafor, A. A. *et al.* Incidence, clinical outcome and risk factors of intensive care unit infections in the Lagos University Teaching Hospital (LUTH), Lagos, Nigeria. *PloS one***11**, e0165242 (2016).
- Osinaike, B. B., Sanusi, A. A. & Ogunsiji, A. O. A review of neurosurgical admissions in a Nigerian Intensive Care Unit. *Journal of Clinical Sciences***15**, 132–135 (2018).
- Akinremi, A. A., Erinle, O. A. & Hamzat, T. K. ICU-acquired weakness: A multicentre survey of knowledge among ICU clinicians in South-Western Nigeria. *Nigerian Journal of Clinical Practice***22**, 1229–1235 (2019).
- Tobi, K. U. & Ogunbiyi, O. A. Critical care in sub-Saharan Africa, where are we? A review. *Journal of West African College of Surgeons***14**, 1–4 (2024).
- Balogun, J. A. & Aka, P. C. Strategic reforms to resuscitate the Nigerian healthcare system. *Nigeria in the Fourth Republic: Confronting the Contemporary Political, Economic and Social Dilemmas* (2022).
- Onwujekwe, O. E. *et al.* Investigating determinants of out-of-pocket spending and strategies for coping with payments for healthcare in southeast Nigeria. *BMC Health Serv Res***10**, 67 (2010).
- Onah, M. N. & Govender, V. Out-of-pocket payments, health care access and utilisation in southeastern Nigeria: a gender perspective. *PLoS One***9**, e93887 (2014).
- Baker, T. Critical care in low-income countries. *Tropical Med Int Health***14**, 143–148 (2009).
- Idris, I. *et al.* Expert consensus on the minimum clinical standards of practice for Nigerian physiotherapists working in intensive care units: A modified Delphi study. *Afr J Thorac Crit Care Med***27**, 86 (2021).
- Eze, C. O. *et al.* Mortality pattern in intensive care unit: experience at abakaliki southeastern Nigeria. *World Journal of Cardiovascular Diseases***10**, 473 (2020).

- Abhulimen, V. & Ayanate, O.-N. Comparison Between Medical and Surgical Intensive Care Unit-A Ten-Year Review of The Management of Patients in A Resource-Poor Setting in The Niger-Delta Region of Nigeria. *International Journal of Health, Medicine and Nursing Practice***5**, 15–25 (2023).
- Mao, W. *et al.* Effects of public financing of essential maternal and child health interventions across wealth quintiles in Nigeria: an extended cost-effectiveness analysis. *The Lancet Global Health***11**, e597–e605 (2023).
- Denke, C. *et al.* End-of-life practices in 11 German intensive care units: Results from the ETHICUS-2 study. *Med Klin Intensivmed Notfmed***118**, 663–673 (2023).
- Issenberg, S. B. *et al.* Simulation technology for health care professional skills training and assessment. *Jama***282**, 861–866 (1999).
- Patel, V. L., Cytryn, K. N., Shortliffe, E. H. & Safran, C. The Collaborative Health Care Team: The Role of Individual and Group Expertise. *Teaching and Learning in Medicine***12**, 117–132 (2000).
- Ramnath, V. R. & Malhotra, A. Remote Proactive Physiologic Monitoring in the ICU. in *Telemedicine in the ICU* (ed. Koenig, M. A.) 21–44 (Springer International Publishing, Cham, 2019). doi:10.1007/978-3-030-11569-2_2.
- Mamdani, M. & Slutsky, A. S. Artificial intelligence in intensive care medicine. *Intensive Care Med***47**, 147–149 (2021).
- Nguyen, D., Ngo, B. & vanSonnenberg, E. AI in the Intensive Care Unit: Up-to-Date Review. *J Intensive Care Med***36**, 1115–1123 (2021).