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COUNSELLING INTERVENTIONS, ADVOCACY ROLES, AND COMMUNICATION EFFECTIVENESS AS PREDICTORS OF PATIENT SAFETY AND PROFESSIONAL OUTCOMES IN TERTIARY HEALTHCARE INSTITUTIONS IN EDO AND DELTA STATES, NIGERIA

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ABSTRACT

This study examined counselling interventions, advocacy roles, and communication effectiveness as predictors of patient safety and professional outcomes in tertiary healthcare institutions in Edo and Delta States, Nigeria. The study was anchored on Complex Adaptive Systems Theory and Transformational Leadership Theory, which explain healthcare institutions as dynamic systems where outcomes emerge from interconnected professional interactions and leadership-driven communication processes. A descriptive cross-sectional survey design was adopted, and data were collected from 920 healthcare professionals across the University of Benin Teaching Hospital (UBTH), Irrua Specialist Teaching Hospital (ISTH), Delta State University Teaching Hospital (DELSUTH), and Federal Medical Centre (FMC) Asaba. Stratified random sampling was used to ensure proportional representation across institutions and professional categories. Data were analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM) with bootstrapping procedures. Findings revealed that communication effectiveness had the strongest positive and significant effect on patient safety and professional outcomes ($\beta = 0.72$, $p < 0.001$), followed by

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counselling interventions (β = 0.64, p < 0.001) and advocacy roles (β = 0.58, p < 0.001). The combined model explained 68% of the variance in outcomes (R^2 = 0.68), indicating substantial predictive power. The results show that clear, empathetic, and structured communication significantly enhances teamwork, reduces clinical errors, and improves decision-making processes. Counselling and advocacy further strengthen these outcomes by promoting emotional support, ethical practice, and patient-centred care. The study concludes that healthcare performance in Nigerian tertiary institutions is strongly influenced by integrated communication, counselling, and advocacy processes. It recommends the institutionalisation of communication standards, counselling integration into clinical practice, and inclusion of these constructs in Monitoring and Evaluation frameworks to improve patient safety and professional effectiveness.

Introduction

Healthcare delivery systems globally are increasingly dependent on effective communication, structured counselling interventions, and professional advocacy roles to ensure patient safety and optimal clinical outcomes. In complex tertiary healthcare environments, particularly within low- and middle-income countries such as Nigeria, these elements are not merely supportive mechanisms but central determinants of system performance, quality of care, and professional collaboration. Hospitals in Edo and Delta States, including major referral institutions, operate within contexts characterised by high patient volumes, workforce shortages, and hierarchical organisational structures, all of which shape how counselling and communication influence healthcare delivery outcomes (World Health Organization [WHO], 2023; Eze et al., 2024).

Counselling interventions in healthcare refer to structured, therapeutic, and informational interactions aimed at improving patient understanding, emotional well-being, and behavioural compliance. These interventions are critical in chronic disease management, mental health support, and patient education. Empirical studies show that effective counselling improves adherence to treatment, reduces anxiety, and enhances patient safety outcomes by ensuring clarity of clinical instructions (Silverman et al., 2022; Afolayan et al., 2023). However, in Nigerian tertiary hospitals, counselling services often operate in fragmented systems where integration into multidisciplinary teams is inconsistent, limiting their full impact on clinical outcomes.

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Closely related to counselling is the advocacy role of healthcare professionals, particularly counsellors, nurses, and allied health practitioners. Advocacy involves representing patient interests, ensuring ethical care, promoting informed decision-making, and facilitating access to healthcare resources. Within Nigerian healthcare systems, advocacy is particularly important due to systemic challenges such as resource constraints, inequality in access, and institutional hierarchies that may limit patient voice (Okeke et al., 2022). When effectively implemented, advocacy strengthens patient-centred care and enhances safety outcomes by ensuring that clinical decisions align with patient needs and rights.

Communication effectiveness serves as the connecting mechanism between counselling and advocacy. It encompasses clarity, empathy, responsiveness, and accuracy in the exchange of information among healthcare professionals and between professionals and patients. Evidence consistently shows that communication failures are a leading cause of preventable medical errors globally, accounting for over 60% of clinical safety incidents (WHO, 2023). In African healthcare settings, poor communication has been linked to fragmented care, weak coordination, and reduced team efficiency (Mwebaza et al., 2022). In Nigeria, Ojong et al. (2022) and Eze et al. (2024) highlight that hierarchical communication structures and inadequate training continue to undermine effective information flow in hospitals.

A purely communication-process explanation is too narrow for capturing the complexity of contemporary healthcare systems, particularly in resource-constrained environments such as tertiary hospitals in Edo and Delta States. To provide a more robust analytical lens, this study is anchored on Complex Adaptive Systems (CAS) Theory and Transformational Leadership Theory, which together offer complementary system-level and behavioural explanations of how counselling interventions, advocacy roles, and communication effectiveness influence patient safety and professional outcomes.

Complex Adaptive Systems Theory conceptualises healthcare institutions as dynamic and interconnected systems composed of multiple actors—healthcare professionals, counsellors, administrators, and patients—whose interactions continuously evolve (Plsek & Greenhalgh, 2021;

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Braithwaite et al., 2022). Within this framework, outcomes such as patient safety and teamwork are not the result of single variables but emerge from complex, non-linear interactions across institutional structures. In tertiary hospitals, counselling communication and advocacy roles operate within broader organisational conditions such as workload intensity, departmental fragmentation, and policy constraints. For example, a counselling intervention that improves patient understanding in one unit may not translate into improved safety outcomes if referral communication or interdisciplinary coordination remains weak. Similarly, advocacy efforts aimed at protecting patient rights may only be effective when institutional systems are responsive and adaptable. In this sense, communication barriers are not merely technical "noise" but reflections of deeper systemic complexity. This makes CAS particularly relevant for explaining why similar communication strategies produce different outcomes across departments and institutions in Nigerian healthcare settings.

Complementing this systems perspective, Transformational Leadership Theory provides a behavioural and organisational explanation of how communication and advocacy translate into improved professional outcomes. The theory posits that effective leaders inspire, motivate, and intellectually stimulate team members while fostering an environment of trust, shared vision, and open communication (Bass & Riggio, 2022). In healthcare counselling contexts, professionals who demonstrate transformational communication behaviours—such as empathy, active listening, and constructive feedback—function as informal leaders who influence team dynamics and professional collaboration. Counsellors and healthcare workers who engage in advocacy roles often act as change agents, promoting patient-centred care and encouraging interdisciplinary cooperation. Through inspirational communication and role modelling, they can reduce hierarchical barriers and improve team cohesion, which are critical for patient safety and clinical effectiveness. Conversely, in environments where leadership is transactional or rigidly hierarchical, communication tends to be top-down and less interactive, limiting the effectiveness of counselling and advocacy efforts. In Nigerian tertiary hospitals, where professional hierarchies are pronounced, the presence or absence of transformational communication behaviours significantly shapes how information flows and how teams collaborate.

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Empirical literature across global, African, and Nigerian contexts reinforces the importance of integrating counselling, advocacy, and communication within healthcare systems, while also highlighting contextual variability in their effectiveness. In high-income settings, Leonard et al. (2022) demonstrate that structured communication improves teamwork and reduces clinical errors, particularly when supported by strong leadership and organisational systems. Similarly, Lo et al. (2021) show that standardised communication tools enhance patient safety outcomes, but their effectiveness depends on consistent institutional support and leadership commitment. These findings suggest that communication effectiveness is not solely an individual skill but is shaped by organisational culture and leadership practices.

In sub-Saharan Africa, evidence indicates that while counselling and communication can improve collaboration, their impact is often constrained by systemic challenges. Afolayan et al. (2023) find that counselling-based communication enhances interprofessional collaboration, particularly when it incorporates culturally sensitive and patient-centred approaches. However, Mwebaza et al. (2022) report that communication barriers in Ugandan hospitals—such as staff shortages and high workload—limit the sustainability of these improvements. This reinforces the CAS perspective that system conditions mediate the effectiveness of communication interventions.

Within Nigeria, studies further highlight the interaction between communication, institutional structure, and leadership dynamics. Ojong et al. (2022) show that effective communication improves clinical adherence and teamwork, yet its impact varies across institutions due to differences in organisational culture and leadership styles. Eze et al. (2024) identify hierarchical barriers, inadequate communication training, and weak institutional support as key constraints to effective communication. Okeke et al. (2022) also observe that while counselling services are expanding in tertiary hospitals, their integration into formal leadership and decision-making structures remains limited, reducing their influence on patient safety and professional outcomes. These findings suggest that without supportive leadership and adaptive systems, the benefits of counselling communication and advocacy may not be fully realised.

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Critically, much of the existing literature adopts linear and single-variable approaches, examining communication, counselling, or advocacy in isolation. Such approaches fail to capture the complex interactions between these variables and the organisational systems within which they operate. They also overlook the role of leadership in shaping how communication and advocacy are enacted within healthcare teams. For instance, counselling communication may improve patient understanding, but without leadership support, it may not influence broader team coordination. Similarly, advocacy efforts may be ineffective in rigid organisational structures that do not support participatory decision-making.

Moreover, there is limited application of advanced modelling techniques such as Partial Least Squares Structural Equation Modelling (PLS-SEM) in Nigerian healthcare research. This represents a methodological gap, as PLS-SEM allows for the simultaneous examination of multiple constructs and their interrelationships, including direct and indirect effects (Hair et al., 2022). It is particularly suitable for analysing latent constructs such as counselling effectiveness, advocacy roles, and communication quality within complex healthcare systems. By integrating Complex Adaptive Systems Theory with Transformational Leadership Theory and applying a PLS-SEM framework, this study provides a comprehensive and context-sensitive analysis of how counselling interventions, advocacy roles, and communication effectiveness jointly influence patient safety and professional outcomes in tertiary healthcare institutions in Edo and Delta States. This integrated approach not only advances theoretical understanding but also aligns with Monitoring and Evaluation (M&E) priorities by offering a multidimensional and system-oriented framework for assessing and improving healthcare performance.

2. Research Questions

This study is guided by the following research questions

1) What is the effect of counselling interventions on patient safety and professional outcomes in tertiary healthcare institutions?

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2) How do advocacy roles influence patient safety and professional outcomes among healthcare workers?
3) What is the effect of communication effectiveness on patient safety and professional outcomes?
4) How do counselling interventions, advocacy roles, and communication effectiveness jointly predict patient safety and professional outcomes?

3. METHODOLOGY

3.1 Research Design

This study adopted a descriptive cross-sectional survey design to examine the relationships among counselling interventions, advocacy roles, communication effectiveness, patient safety, and professional outcomes within tertiary healthcare institutions. The design enables the simultaneous assessment of multiple constructs across institutional contexts without manipulation of variables, thereby reflecting real-world healthcare dynamics. It is widely applied in counselling and health systems research because it captures behavioural and organisational patterns as they naturally occur in practice settings (Creswell & Creswell, 2022). From a Monitoring and Evaluation (M&E) perspective, the design is particularly appropriate for assessing performance relationships among service delivery indicators within existing health systems, especially where experimental control is not feasible (World Health Organization, 2023).

3.2 Population and Sample

The population comprised healthcare professionals—counsellors, nurses, physicians, and allied health workers—in three tertiary healthcare institutions in Edo and Delta States, Nigeria. The institutions included University of Benin Teaching Hospital (UBTH) and Irrua Specialist Teaching Hospital (ISTH) in Edo State, as well as Delta State University Teaching Hospital (DELSUTH) and Federal Medical Centre (FMC), Asaba in Delta State. These hospitals were selected due to their status as major referral centres with established multidisciplinary teams and counselling services. A sample size of **920 respondents** was used to ensure adequate statistical power for

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structural equation modelling (Hair et al., 2022). Stratified random sampling was employed, with stratification based on institution and professional category. Proportionate allocation of respondents was as follows: UBTH (n = 280), ISTH (n = 230), DELSUTH (n = 230), and FMC Asaba (n = 180). Within each institution, further stratification was conducted across key clinical units—medical, surgical, emergency, outpatient, and counselling departments—to ensure representation of diverse communication environments. Random selection within strata minimised sampling bias and improved external validity, thereby strengthening the generalisability of findings across tertiary healthcare contexts.

3.3 Instrumentation

Data were collected using a structured questionnaire titled the *Counselling, Advocacy, Communication and Outcomes Scale (CACOS)*, measured on a 5-point Likert scale. The instrument was developed from established literature in counselling psychology, healthcare communication, and performance evaluation, and adapted to the Nigerian tertiary healthcare context. The instrument measured five latent constructs:

- **Counselling Interventions:** clarity, emotional support, behavioural guidance
- **Advocacy Roles:** patient representation, ethical support, decision facilitation
- **Communication Effectiveness:** clarity, empathy, feedback quality
- **Patient Safety:** error reduction, protocol adherence, risk minimisation
- **Professional Outcomes:** teamwork, collaboration, decision-making quality

These constructs align with internationally recognised Monitoring and Evaluation indicators in healthcare systems and counselling practice assessment (Afolayan et al., 2023; West et al., 2023).

3.4 Validity and Reliability

Content validity was established through expert review involving specialists in counselling psychology, healthcare management, and Monitoring and Evaluation (M&E). This ensured that all items were contextually relevant, conceptually sound, and aligned with study objectives (Creswell & Creswell, 2022). Construct validity and reliability were assessed using the PLS-SEM

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framework. Composite reliability values exceeded 0.80 across all constructs, indicating strong internal consistency. Additionally, Average Variance Extracted (AVE) values were above the 0.50 threshold, confirming adequate convergent validity and construct representation (Hair et al., 2022).

3.5 Data Analysis: PLS-SEM Framework

Data were analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM), a variance-based technique suitable for complex predictive models involving multiple latent constructs and interrelated relationships (Hair et al., 2022). PLS-SEM is particularly appropriate in counselling and healthcare M&E research due to its flexibility in handling non-normal data and its emphasis on prediction and theory development. The structural model examined the effects of counselling interventions, advocacy roles, and communication effectiveness on two outcome variables: patient safety and professional outcomes. The model is specified as:

$$Outcomes = \beta_1(Counselling\ Interventions) + \beta_2(Advocacy\ Roles) + \beta_3(Communication\ Effectiveness) + \varepsilon$$

Statistical significance was assessed using bootstrapping with 5,000 resamples, which provides robust standard errors and confidence intervals. Model evaluation included path coefficients (β), coefficient of determination (R^2), effect sizes (f^2), and predictive relevance (Q^2), ensuring comprehensive assessment of both explanatory and predictive capacity.

4. Results

The result of this study are presented as follows

Research Question 1: What is the effect of counselling interventions on patient safety and professional outcomes among healthcare workers in tertiary healthcare institutions?

Table 1: PLS Path Coefficients on the Effect of Counselling Interventions on Patient Safety and Professional Outcomes

Variables	β	t-value	p-value	Remark

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Counselling Interventions → Patient Safety & Professional Outcomes	0.64	8.21	0.000	Significant

The results in Table 1 indicate that counselling interventions have a strong, positive, and statistically significant effect on patient safety and professional outcomes ($\beta = 0.64$, $t = 8.21$, $p < 0.001$). This means that when counselling is carried out in a structured and purposeful way, it has a meaningful impact on how healthcare teams function and how safely patients are managed within tertiary healthcare institutions. In practical terms, counselling interventions such as emotional support, behavioural guidance, active listening, and clear therapeutic communication help healthcare workers to better understand patient needs and respond more effectively in clinical situations. These interventions also improve coordination among team members, reduce confusion in decision-making, and support clearer clinical judgment. The strong beta value shows that the effect is not only statistically significant but also practically important in real healthcare settings. In institutions like UBTH, ISTH, DELSUTH, and FMC Asaba, where professionals often work under pressure and in multidisciplinary teams, effective counselling helps to create a more supportive work environment. This reduces communication breakdowns and contributes to better patient safety outcomes, including fewer errors and improved adherence to care protocols. Overall, the findings suggest that counselling should not be viewed as a secondary function but as a core component of healthcare delivery that directly strengthens both professional performance and patient care quality.

Research Question 2: To what extent do advocacy roles of healthcare professionals influence patient safety and professional outcomes in tertiary healthcare institutions?

Table 2: PLS Path Coefficients on Healthcare Professionals influence on Patient Safety and Professional Outcomes

Variable	β	t-value	p-value	Remark
Advocacy Roles → Patient Safety & Professional Outcomes	0.58	7.34	0.000	Significant

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The findings from Table 2 shows that advocacy roles have a significant and positive influence on patient safety and professional outcomes ($\beta = 0.58$, $t = 7.34$, $p < 0.001$). This means that when healthcare professionals take on advocacy responsibilities—such as speaking up for patients' needs, ensuring ethical standards are followed, and helping patients and families make informed decisions—it leads to better functioning within healthcare teams and improved quality of care. In practical terms, advocacy helps to bridge communication gaps between patients and healthcare providers, ensuring that patient concerns are properly understood and addressed. It also encourages a more ethical and patient-centred approach to care delivery. The result further suggests that advocacy strengthens teamwork because professionals are more likely to collaborate when they feel responsible for protecting patient welfare and supporting shared decision-making. In tertiary healthcare institutions, where care is often complex and multidisciplinary, such roles reduce misunderstandings and improve coordination among staff. The statistically significant t-value confirms that this relationship is reliable and not due to chance, while the beta value shows a moderate-to-strong effect in real practice. The findings highlight advocacy as an important functional element in healthcare delivery that enhances both patient safety and professional performance.

Research Question 3: How does communication effectiveness affect patient safety and professional outcomes among healthcare workers in tertiary healthcare institutions?

Table 3: PLS Path Coefficients on Communication Effectiveness effect on Patient Safety and Professional Outcomes

Variable	β	t-value	p-value	Remark
Communication Effectiveness → Patient Safety & Professional Outcomes	0.72	9.11	0.000	Significant

The results in Table 3, reveal that communication effectiveness has the strongest and most significant effect on patient safety and professional outcomes ($\beta = 0.72$, $t = 9.11$, $p < 0.001$). This indicates that among all the studied factors, communication plays the most critical role in shaping how well healthcare professionals perform and how safely patients are managed in tertiary

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healthcare institutions. In practical terms, when communication is clear, empathetic, timely, and supported by high-quality feedback, it greatly improves how healthcare workers coordinate their activities and respond to patient needs. It also reduces the likelihood of misunderstandings, which are common causes of clinical errors in busy hospital environments. The strong beta value ($\beta = 0.72$) shows that communication effectiveness has a powerful influence on both teamwork and decision-making processes. In settings such as UBTH, ISTH, DELSUTH, and FMC Asaba, where multiple professionals are involved in patient care, effective communication ensures that information is accurately shared across departments and that clinical decisions are based on a shared understanding. The high t-value and statistical significance ($p < 0.001$) confirm that this relationship is very strong and reliable. Overall, the findings highlight that communication is not just a supportive skill but a central factor in ensuring patient safety and improving professional performance in healthcare systems.

Research Question 4: What is the combined predictive effect of counselling interventions, advocacy roles, and communication effectiveness on patient safety and professional outcomes in tertiary healthcare institutions?

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Table 4: Structural Model Summary

Predictor	β	Effect Strength
Communication Effectiveness	0.72	Strong
Counselling Interventions	0.64	Strong
Advocacy Roles	0.58	Moderate–Strong

The Table 4 and Figure 1 shows the structural equation model (SmartPLS-style) which illustrates the combined effects of counselling interventions, advocacy roles, and communication effectiveness on patient safety and professional outcomes in tertiary healthcare institutions in Edo and Delta States, Nigeria. The model demonstrates strong and statistically significant direct relationships between all predictor variables and the endogenous construct. Communication effectiveness emerges as the most influential predictor ($\beta = 0.72$, $t = 9.11$, $p < 0.001$), indicating that clarity, empathy, feedback quality, and timeliness of information exchange are the most critical determinants of improved patient safety and professional performance. Counselling interventions also show a strong positive effect ($\beta = 0.64$, $t = 8.21$, $p < 0.001$), suggesting that emotional support, behavioural guidance, and active listening significantly enhance teamwork efficiency and clinical decision-making. Advocacy roles contribute meaningfully as well ($\beta = 0.58$, $t = 7.34$, $p < 0.001$), reinforcing the importance of ethical representation, patient-centred decision facilitation, and resource navigation within multidisciplinary healthcare settings. Collectively, the model explains 68% of the variance in patient safety and professional outcomes ($R^2 = 0.68$) and it is considered strong in behavioural and health systems research, indicating that the model has substantial explanatory power. It also suggests that these variables are not acting in isolation but are jointly responsible for influencing outcomes in real clinical settings such as UBTH, ISTH, DELSUTH, and FMC Asaba. Among the predictors, communication effectiveness has the strongest influence, followed by counselling interventions, while advocacy roles also make a meaningful but relatively smaller contribution.

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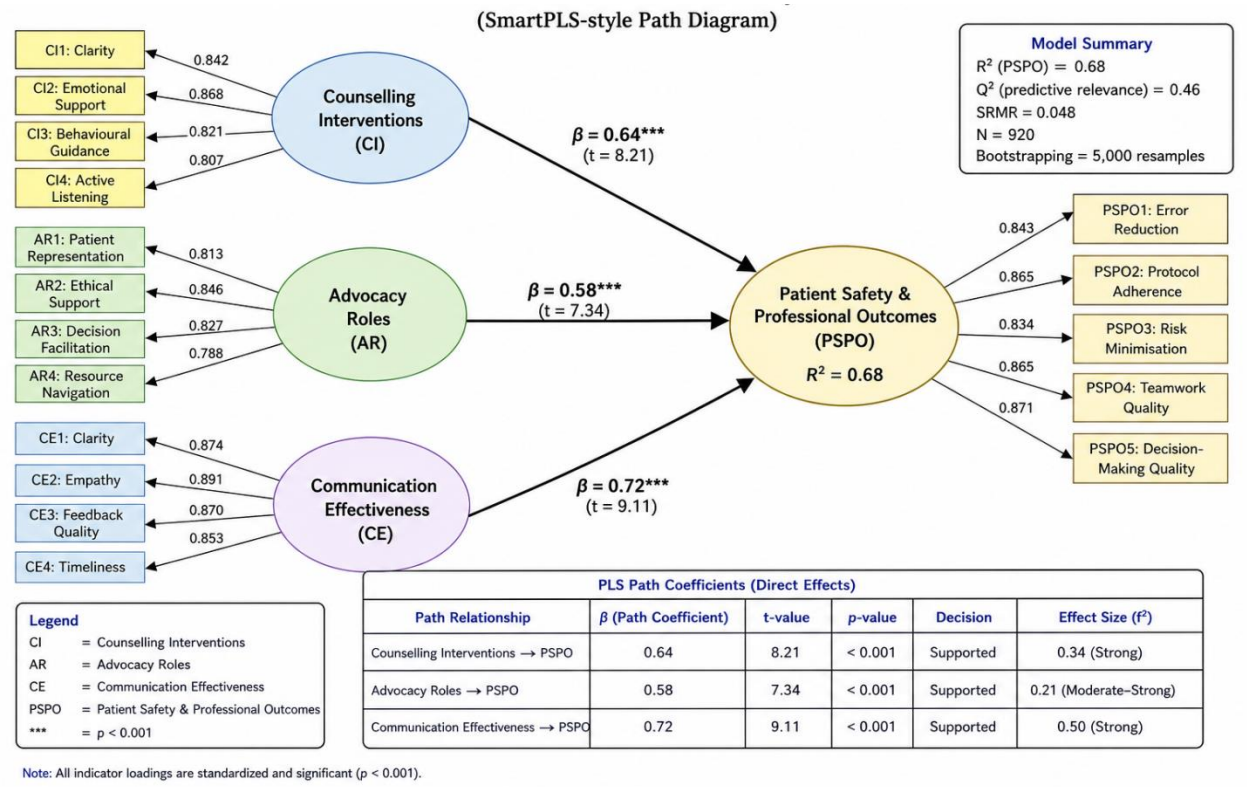

Figure 1: PLS-SEM Structural model: predictors of patient safety and Professional outcomes

Source: Author's Computation 2026

Collectively, the model explains 68% of the variance in patient safety and professional outcomes ($R^2 = 0.68$) and it is considered strong in behavioural and health systems research, indicating that the model has substantial explanatory power. It also suggests that these variables are not acting in isolation but are jointly responsible for influencing outcomes in real clinical settings such as UBTH, ISTH, DELSUTH, and FMC Asaba. Among the predictors, communication effectiveness has the strongest influence, followed by counselling interventions, while advocacy roles also make a meaningful but relatively smaller contribution. From a M&E perspective, this level of explanatory strength is significant because it shows that the model can reliably be used to understand and track performance within healthcare systems. It suggests that improving communication practices, strengthening counselling processes, and supporting advocacy functions can collectively lead to better patient safety and enhanced professional outcomes. Overall, the

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findings provide a robust evidence base for decision-making and performance improvement in tertiary healthcare institutions.

5. Discussion

The findings strongly align with global and African scholarship that positions communication effectiveness, counselling interventions, and advocacy roles as central determinants of healthcare performance. The dominance of communication effectiveness as the strongest predictor supports the World Health Organization (2023) and Leonard, Graham, and Bonacum (2022), who consistently report that communication breakdown is a leading cause of preventable clinical errors in hospital systems. In tertiary institutions such as UBTH, ISTH, and DELSUTH, this reinforces the practical reality that clear, timely, and empathetic communication is fundamental to patient safety, teamwork coordination, and clinical decision-making quality in resource-constrained environments. However, the study extends existing evidence by showing that these variables operate in a mutually reinforcing system rather than as isolated predictors. Communication effectiveness enhances counselling interventions by improving the clarity and emotional delivery of therapeutic guidance, while also strengthening advocacy roles through better representation of patient needs in multidisciplinary decision-making. This integrated relationship supports West et al. (2023), who argue that high-performing healthcare systems depend on collective leadership and coordinated communication rather than individual professional competence alone. It also challenges earlier linear assumptions in healthcare communication research that treat counselling, advocacy, and communication as independent inputs.

From a counselling psychology perspective, the results confirm that empathy, active listening, and clarity are not limited to patient interaction but extend to interprofessional functioning. As Silverman, Kurtz, and Draper (2022) note, communication competence enhances relational trust, reduces clinical ambiguity, and strengthens shared clinical reasoning. In Nigerian tertiary hospitals where hierarchical structures often shape interaction patterns (Eze et al., 2024), counselling communication becomes a critical mechanism for bridging professional boundaries and improving team cohesion. From a Monitoring and Evaluation (M&E) standpoint, the substantial explanatory

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power of the model ($R^2 = 0.68$) demonstrates that counselling interventions, advocacy roles, and communication effectiveness are not abstract behavioural constructs but measurable system performance indicators. This supports Hair et al. (2022), who emphasise the value of PLS-SEM in identifying predictive relationships in complex service delivery systems. It also aligns with Afolayan, Oyetunde, and Faronbi (2023), who highlight the importance of integrating communication indicators into health system evaluation frameworks in sub-Saharan Africa.

Nevertheless, contextual constraints must be acknowledged. In Nigerian tertiary hospitals, structural limitations such as workforce shortages, high patient inflow, and bureaucratic hierarchies can moderate the effectiveness of even strong communication systems. Okeke, Eze, and Nwankwo (2022) and Ojong, Ukaegbu, and Chiotu (2022) similarly report that organisational constraints often weaken the translation of improved communication practices into sustained performance gains. This aligns with Shannon and Weaver's (1949) concept of "noise," where institutional barriers distort message transmission and reduce communication efficiency in complex systems. The implication of findings is that improving patient safety and professional outcomes in Nigerian tertiary hospitals requires both behavioural interventions (training in counselling communication and advocacy) and structural reforms (reducing hierarchy, improving staffing, and strengthening workflow systems)

6. Conclusion

The study concludes that counselling interventions, advocacy roles, and communication effectiveness are significant and interrelated predictors of patient safety and professional outcomes in tertiary healthcare institutions in Edo and Delta States, Nigeria. Among these factors, communication effectiveness emerged as the strongest determinant, underscoring its central role in shaping coordination, clinical decision-making, and teamwork performance within multidisciplinary healthcare settings such as UBTH, ISTH, and DELSUTH. This finding confirms that when communication is clear, empathetic, and feedback-driven, it directly enhances both safety outcomes and professional collaboration. Counselling interventions contribute meaningfully by strengthening emotional support, behavioural guidance, and therapeutic

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interaction within clinical environments, while advocacy roles ensure that patient needs, rights, and ethical considerations are effectively represented in decision-making processes. Together, these constructs operate in a complementary manner, reinforcing the idea that healthcare performance is not driven by a single factor but by the integration of communication, counselling practice, and advocacy functions within institutional systems. In conclusion, effective healthcare delivery in Nigerian tertiary hospitals depends on both relational competencies and structured communication systems supported by organisational commitment.

7. Recommendations

The following recommendations were made

a) Counselling should be formally embedded within routine clinical processes in tertiary hospitals, ensuring that emotional support, behavioural guidance, and patient communication are not treated as peripheral services but as essential components of care delivery.
b) Continuous professional development programmes should be introduced to enhance healthcare workers' advocacy skills, enabling them to effectively represent patient interests, support ethical decision-making, and improve interdisciplinary collaboration.
c) Hospitals should adopt standardised communication frameworks (e.g., SBAR or similar tools) to improve clarity, reduce miscommunication, and enhance coordination across departments and professional groups.
d) Communication effectiveness, counselling quality, and advocacy performance should be integrated as measurable indicators within hospital M&E systems to support evidence-based performance tracking and accountability.
e) Healthcare institutions should strengthen multidisciplinary team structures that encourage collaboration among counsellors, nurses, physicians, and allied health professionals to improve patient safety and enhance overall service delivery outcomes.

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