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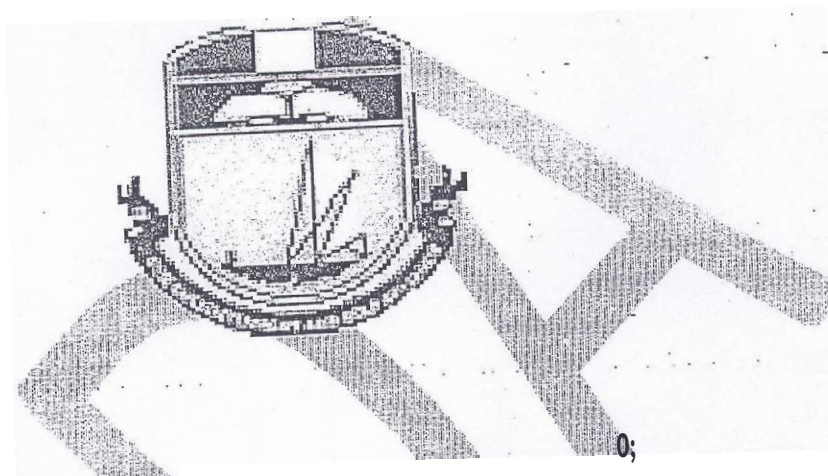
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A QUALITATIVE ANALYSIS OF PERCEIVED ATTITUDES OF HEALTH PERSONNEL BY OUT-PATIENTS OF AMINU KANO TEACHING HOSPITAL, NORTH — WEST NIGERIA

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Abstract

Health personnel and patients' relationship is a major source of concern among management of health institutions in Nigeria. This may be related to the view of many Nigerians who have suffered from the non-challant and negative attitude of health personnel. This study therefore, investigated perceived attitudes of health personnel by out-patients of a Teaching Hospital in Nigeria. Descriptive survey research design was adopted for the study. A total of 30 out-patients in Aminu Kano Teaching Hospital, Kano (North-West — Nigeria) were selected using systematic random sampling technique. The instrument used for data collection was a Focus Group Discussion Schedule. The validity of the instrument was established by five experts in the Departments of Counsellor Education and Department of Behavioural Sciences, University of Ilorin, Nigeria. The instrument was pilot tested to assess its usability. Thematic analysis was used to analyze the data collected. The findings showed that medical doctors in Nigeria were perceived to have positive attitudes towards patients. However, other health personnel were perceived to have negative attitudes. The study concluded that counsellors need to collaborate with health personnel to support doctors to maintain and sustain such positive attitudes. Counsellors should develop a course or programme that would help other health personnel to develop positive attitudes towards patients. Health personnel generally should take courses in counselling to further enrich their knowledge and skills in handling patients' concerns.

Keywords: Perceived Attitudes, Health Personnel, Out-Patients, Teaching Hospital, North-West, Nigeria.

Introduction

The term patient was derived from a Latin word: *paciens*, which means one who is suffering; and from a Greek verb *paschein*, which means to suffer. This implies that, the term patient means one who is suffering from one ailment or the other and needs medical care. There are many types of patients but the most common ones in Nigeria are the in-patients and the out-patients. Often, the term out-patient or in-patient is used when referring to a type of diagnostic or therapeutic procedure. In-patient (or inpatient) means that the procedure requires the patient to be admitted in the hospital so he or she can be closely monitored during the procedure and afterwards, during recovery. Out-patient (or outpatient) means that the procedure does not require hospital admission and may be performed outside the premises of a hospital (Phillip, 2001).

An out-patient is a patient who is not hospitalized for twenty-four hours or more but visits a hospital, clinic or associated facility for diagnosis or treatment. In-patient on the other hand, is admitted to the hospital and stays overnight for an indeterminate time usually several days or weeks, such as with coma or persistent vegetative state

patients; or one who stays in hospitals for years, sometimes until death (Stewart, 2001). In Nigeria, an out-patient goes to the hospital to receive treatment and returns to his house. Out-patients also meet with different health providers such as the doctors, nurses, record officers, laboratory attendants just to mention a few. In this work, patients and out-patient would be used interchangeably.

The basic purpose of establishing a hospital is to care for and treat people who are sick. The primary function of a hospital is patient care; which is one of the yardsticks of determining the effectiveness of hospitals. Patients are the users of hospitals; they require care or treatment by a medical doctor, a well-trained nurse or other health care personnel (Howard & Chung, 2001). In addition, patients are the main users of hospitals they are people in distress and therefore expect from the hospital comfort, care, and cure (Adindu, 2010). Patients' satisfaction is largely determined by the quality of care; this shows how compassionate and communicating the healthcare providers should be. There is a wide gap between the quality of treatment that most countries in the world can achieve and the quality which they give (Mayberry, Nice wander, Qin & Bellard, 2008). The effectiveness of health care facilities involves safety, timeliness, effectiveness, efficiency, equity, and patients' centeredness (Corrigan, Donaldson, Kohn, Maguire & Pike, 2001).

Safety includes using facilities and equipment that will not cause injuries to hospital users. It also means provision of care that is meant to assist them. Corrigan, Donaldson, Kohn, Maguire and Pike (2001) noted that timeliness involves rendering services that are centered on scientific knowledge to those who seek health care services (avoiding overall misuse). Efficiency involves avoiding Waste, including waste of time, energy, ideas, and supplies (Institute of Medicine, 2013). Equity denotes provision of care that is not different, based on patients' gender, ethnic group and geo-political zone. Patient-centeredness means provision of care that is based on patient's preferences, needs and beliefs. It also ensures that the patients' preferences are catered for and not that of the caregivers (Institute of Medicine, 2013).

Considerable progress is achievable in all facets of health care services through provision of basic and important health service facilities. The purpose of equity is to make sure that health care is given irrespective of ethnic, religious, economic background or other personal characteristics that are not linked to the patient's ailments (Corrigan, Donaldson, Kohn, Maguire & Pike, 2001). There are various perceptions regarding the quality of health care service patients receive. The areas of emphasis vary according to different experts that are involved in defining and in determining how the definition is deployed (Reerink, 1990, Palmer, 1991). This may imply that quality involves efficiency, efficacy, effectiveness, equity, accessibility, comprehensiveness, acceptability, timeliness, appropriateness, continuity, privacy and confidentiality.

Since the hospital is meant to serve everyone in the society, it should also be noted that, the expectations of the users vary from one person to another, as individuals have a set of thoughts, feelings and needs. It is therefore the responsibility of the health personnel to develop positive attitudes toward patients. "Feel your patients' pains," this idiom explains how health personnel should interact with patients. Though, it is difficult, but health care providers can do these using different tips such as listening to the patient, asking questions and seeking answers, doing something extra for each patient (Kurrianyika & Brownson, 2007) and giving the best to patients (Veera, 1997).

Health personnel are all who engage in actions, whose primary aims and objectives are to enhance good health (World Health References Organization, 2006). They include physicians, nurses, advanced practice registered nurses, midwives, dentists, allied health professionals such as community health workers, social health workers and other health care providers. Also, health management staff who contribute to the effective health system functioning include health services managers, medical records and health Information officers, technical officers, health economist, health supply managers, medical secretaries and others (World Health References Organization, 2006).

The attitude of health personnel care providers could impact positively or negatively on patients' health. Thus, health personnel need to display a high level of professionalism in handling patients' concerns. The significance of positive attitude of medical personnel towards patient cannot be overemphasized since it largely

determines how soon a patient gets over his/her ailment. Having positive attitudes to patients is one of the pointers of professional behavior and it involves creation of environment that promotes safe and quality patient care (Ashiru, 2013). Physicians, together with other healthcare providers, have the ethical and professional responsibilities of maintaining an environment that promotes safe care of patients and fosters healthy living. It is the policy of all medical colleges across the world that, its personnel conduct and present themselves in a professional manner including but not limited to not engaging in unethical or disruptive behaviours, settling conflicts in an appropriate manner all the times, keeping patients' information confidential, and communicating well with their patients (Ashiru, 2013).

- According to Ashiru (2013). and Institute of Medicine (2013), Professional behaviours and positive attitude towards patients include: clearly identifying and understanding patient's concern, maintaining a clean and neat appearance, having good composure, relating to patients with respect, working well with other healthcare personnel for adequate treatment of patients, answering questions and explaining health care plans to patient's family (with the permission of the patient) and healthcare team members, answering phone calls in a timely and polite manner, respecting cultural and religious beliefs of patients, truthfulness in communications, and keeping patients' information confidential among others.

Negative attitude of health personnel especially in Nigerian public hospitals have prevented many people from making use of the hospital services (World Health References Organization, 2006). Lack of quality health care usually results to patients' dissatisfaction and withdrawal from hospitals. However, the professional-patient relationship has been documented as playing an important role in the care of patients: Negative attitudes toward patients and negative stereotypes have been associated with some of the health personnel's negative personal characteristics such as poor knowledge, poor professional experience and lack of competence. It is against this background that this study establishes a qualitative analysis of perceived attitudes of health personnel by out-patients of a teaching hospital in North-West Nigeria.

Research Questions

For this study, the following question was raised:

1. What is the perceived attitude of health personnel by out-patients of teaching hospitals in Nigeria?

Materials and Methods

Descriptive survey research procedure of a qualitative type was adopted for the study. The researcher purposively selected Aminu Kano Teaching Hospital Kano in North-West Nigeria for the study, due to the population of patients in the hospital. In selecting participants for the Focus Group Discussion (FGD), the systematic random sampling technique was used to select every 10th person out of the registered patients in the hospital on each day. This continued until 30 interested respondents were chosen to form members for the FGD in each of the three teaching hospitals. All out-patients at the General Out-Patients Department of the hospital, those within the age 18 years and above that gave consent participated in the study. However, patients who have acute physical illness, those below 18 years and those who were not interested in participating were excluded from the study.

The instrument that was used to collect data for this study was the "Focus Group Discussion Schedule" (FGDS). The FGDS for this study comprised 5 main questions that are related to the attitude of health personnel. The validity of the instrument was established by five experts in the Departments of Counsellor Education and Department of Behavioural Sciences, University of Port Harcourt, Nigeria. The instrument was pilot tested to assess its usability, difficult and ambiguous items were removed. Prior to the administration of the instruments the researcher got approval from the Ethical Review Committee (ERC), Aminu Kano Teaching Hospital, Kano. The researcher who after completing the Citi Programme Course on www.citiprogram.org submitted the certificates obtained with a copy of the proposal and other requirements to obtain the clearance from ERC, Aminu Kano Teaching Hospital, Kano.

Thirty out-patients participated in the Focus Group Discussion. The FGD consisted of three groups (A, B & C) in which there were 10 participants each. Participants were informed about the purpose of the group and topics to be discussed. The researcher collected the biodata of the participants, addresses and their mobile numbers (they were assured of utmost confidentiality). The discussion was held in. the GOPD of the hospital before physicians attended to them. Participants could respond freely to the outlined questions for the discussion. The researcher and the research assistants watched out for feelings and responses of participants in the group about the topic, the responses of the participants were tape recorded.The responses of the participants in the Focus Group Discussion Schedule were coded and transcribed.The thematic method of data analysis was adopted in analyzing the qualitative data collected froth the participants in the group discussion.

Results

The study. focused on the qualitative analysis of perceived attitude of health personnel by out-patients of a teaching hospital in North-West, Nigeria. The thematic method of data analysis was adopted in analyzing the responses of the participants in the group discussion.

Table 1: Characteristics of Participants in the Focus Group Discussion (FGD)

S/N	Group	Number	Gender	Duration
	A	10	6 males	4
			females	1 hour
		10	5 males	5
			females	1 hour
	C	10	7 males	3
			females	1hour 15 rains

Table 1 indicates the demographic information about the participants in the Focus Group Discussion (FGD) for the study. The result revealed that the FGD was conducted in three groups: Group A, B and C. A total of 30 out-patients participated in the discussion of which there were 10 out-patients (six males and 4 females) that participated group A and the discussion lasted for one hour. 10 out-patients (5 males and 5 females) also participated in group 1; the discussion lasted for one hour. 10 out-patients (7 males and 3 females) were involved in group 70; the .discussion lasted For one hour and 15 minutes.

Report of the Discussion

The group is a heterogeneous group in terms of gender; there were 20 men and 10 women. The discussion was 'guided by structured questions and the participants were enjoined to respond to the questions objectively. The names of the participants Were withheld for confidentiality; they were coded with the name of the group and their seat numbers. Therefore, some of the responses of the participants are as follow:

Question One: How do health personnel attend to you in the hospital?

Response:

A2: *"well, we waited for hours before my file was removed from the shelf Those in the record office did not attend to us on time".*

B9: *"I was here as early.as possible. People in the record office didn't arrive on time and when they came, the first they did was `gisting'."*

C3: *"the people in the record office did not treat us well, they do the things they wish todo withoutminding us."*

Question Two: Will you express that health personnel create conducive environment for you to explain your ailment?

Response

A8: *"Doctors are those who provide conducive environment for me to talk about what makes me come to the hospital".*

- B3:** *"nobody in the hospital asked about what is wrong with anyone. The staff in the hospital was only going their ways."*
- C6:** *"there is no environment created for patients in the hospital except in the doctors' offices. Nobody cares about anybody in the hospital except the doctors".*

Question Three: Will you agree that health personnel take time to listen to you while explaining your ailment?

Response:

- A1:** *"yes doctors that attend to me take time to listen attentively to me when I talk about my ailments".*
- B6:** *"I agree that doctors allow patients to talk about their sicknesses and they take the sicknesses seriously. Doctors show they care about patients"*
- C1:** *"I have always known doctors to allow patients talk about their sicknesses to any length. They receive patients warmly in their consulting rooms; they ask patients' well being and let them talk freely about their ailments"*

Question Four: Are you satisfied with the disposition of health towards you?

Response:

- A4:** *"I am not satisfied with the behaviours of other health personnel like nurses, record officers and laboratory officers others. I am not satisfied with the disposition of doctors"*
- B 1:** *"I am not satisfied with the disposition of nurses; many of them are very insulting."*
- C10:** *"In my opinion, doctors are the best of all the health personnel. I am satisfied with their dispositions."*

Question 5: How would you describe the attitude of health personnel towards you?

Response:

- AS:** *"Doctors attend to patients well, they allow patients to feel relaxed and talk about their sicknesses. Nurses do not have the kind of attitude or behaviours that doctors have. Doctors allow me to talk freely, I ask questions and they clear my doubt."*
- B5:** *"Doctors receive patients warmly in their offices. They listen attentively and they show they care about patients' recovery. Doctors treat me well. People in the record are saucy. Nurses care less they also use abusive languages on patients."*
- C7:** *"Nurses, laboratory staff, people in the pharmacy and those in the record office should be told that they need to show they care about us. If we are not here, I believe they too can't be here either. I also believe that it is not the doctors alone that are supposed to care well for us. But in this case, it is only the doctors that shows good attitude to us."*

Discussion

Participants expressed that people in the record office do not show they care about them; they do not select their files on time. Participants expressed that workers in the record office chat a lot rather than attending to patients; participants expressed that they do not attend to patients on time. Participants also expressed that no staff except the doctors create avenues for them to talk about how they feel. They reported that all other staff do not care about their feelings or ailments. Similarly, participants agreed that they are satisfied with the disposition of medical doctors only. They made it known that the dispositions of health personnel like the pharmacists, laboratory technologists, nurses and record officers are not encouraging; participants expressed they are not cheerful. Participants added that nurses care less, they use abusive language; laboratory technologists are not friendly enough and pharmacists do not show they care about their recovery.

Participants expressed that the attitude of doctors were Positive as they received them warmly in their consultation rooms; they took time to ask of their wellbeing and took their ailments seriously. The participants expressed that the attitude of nurses and other health personnel was negative. According to the participants, Nurses used abusive languages on them and treat them with disrespect. Also, those in the record office and laboratories were reported not to be attending to patients on time. From the experience of service users, the attitudes of hospital staff are negative. This corroborates the findings of World Health Organization. (2006) that doctors express warm attitudes towards patients than other health workers.

The study showed that physicians have positive attitudes toward patients while nurses and other health personnel have negative attitudes. This is in line with the submission of Institute of Medicine(2013). One of the reasons for the perceived attitude of nurses could be that nurses are trained to support doctors in the hospitals; therefore, they may not have the kind of training that doctors have on human relations. Another reason could be that health personnel such as laboratory attendants, record office staff may not be trained in areas of human relations.

Conclusion and Recommendations

It is concluded that medical doctors in teaching hospitals in Nigeria have positive attitude towards patients. However, other health personnel have negative towards them. Therefore, Government should employ counsellors to function in hospitals to work and complement the efforts of other health personnel in attending with a positive attitude towards patients in the hospital. Government should employ more nurses and other health personnel to reduce the ratio of patients to nurses; this would reduce aggression and frustration among this category of staff. Hospital administration should supervise the services provided by all health personnel, they should give promotions to diligent staff and sanction health officers who do not discharge their duties effectively. Counsellors need to support doctors to maintain and sustain their positive attitudes. Nurses, pharmacists, record officers and laboratory technologist should ensure they put up a smile and show they care about patients' ailments and recovery. Doctors should maintain and sustain their positive attitude towards patients. They should attend more training that will further enhance their positive attitude towards patients. Enlightenment programmes for nurses and other health personnel on interpersonal relationship with patients should be organized by Government, hospital administrator and counsellors on continuous basis. Counsellors should develop a course or programme for health personnel to partake in on-the-job training.

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