

Patients' Perception of Communicative Behaviour of Caregivers in Lagos Public Hospitals

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Abstract

Adequate attitudes and communicative skills are among the essential objectives in the health care sector. The communicative behaviour of medical care givers is important skill required to mitigate the morbidity and mortality of diseases. This study assessed the patients' perception of communicative behaviour of medical care givers in selected public hospitals in Lagos state where 150 respondents were purposively selected and copies of questionnaire were administered to them. The three government hospitals are Lagos University Teaching Hospital (LUTH), Island Maternity and Agbowa Medical centre. In addition, interviews were conducted with key medical practitioners at the three public hospitals. Findings from the analysis revealed that patients' in government hospitals do not perceive the medical care givers in public hospitals as been communicative and responsive to their emotions but they are perceived as being competent. The study recommends that medical caregivers should be trained in areas of interpersonal communication skills so that they would understand and implement these communication skills to improve the healthcare system in the country.

Keywords: communicative skills; perception; caregivers; public health; health behaviour

1. Introduction

When issues of health arise attention is most times paid to illness and the treatment of diseases rather than wellness. As a result, understanding of health in this study would be on wellness. The world health organisation (WHO) defines 'health as a state of complete physical , mental and social well being and not merely the absence of disease or infirmity' Owens-Ibe in Oso (2000:15). The absence of disease is does not define the state of an individuals' well being. There are certain levels of spiritual, physical and mental development that a person must attain before he or she can be described as healthy.

Health care service is still a big issue in Lagos State, it is an area that needs a lot of development and increased capital. Poor health care in Lagos state is caused mainly by these two factors which are: one, government policies and their non enforcement. Health policies of governments have not been of much benefit to the people of Lagos state and those discharging the services, and government's lack of commitment to the people, until recently when Governor Fashola shows a great deal of interest in the health conditions of the people in the state which still has along way to go. The second factor is as a result of crushing economy which is not stable, always fluctuating which has imposed poverty on the people. Though, there has always been a high rate of poverty which is adversely affecting people in the low income bracket. {Nigeria Health Watch Monday 14 July 2008}.

In 1990, Nigeria claimed that 90 percent of its children were immunized with the basic vaccines. The latest figures from the World Health Organization suggest on the average 20 percent coverage, but Mairiga (Director of major care center in Plateau) finds even those figures highly optimistic. (Paulson 2001).

More so , the Lagos State Government has made significant efforts in improving the health care sector in them state by building health care centres, hospitals and donating equipments to public health centres and also making laws and policies which are meant to govern both medical care givers and seekers of the services. Health care is about identifying the health problems of a population, designing an integrated health care service (primary, secondary and tertiary) to provide these services, and managing it accordingly.

In order to maintain the high standards, the governor recently shut down 184 private hospitals, clinics and laboratories for failing to meet basic standards of hygiene and staff training. Apart from this, the Lagos State Government also threatens to sack its health sector workers for public criticism of the attitudes of some health workers in the state hospitals and other health facilities. The State Commissioner for Health made this threat while on an impromptu monitoring visit to some general hospitals in the state.

Despite this, the people in charge of discharging health care [medical care givers] services do not have good rapport with the patients who seek medical attention. The contributing factor to this may be the enormous gap between the population of patients compared to the doctors, nurses and other medical care givers. This thus leads to patients picking numbers and standing on long queues while some patients that were not on queue can just walk in because they know the person giving the services. This usually leads to protest and complaints from the patients standing on the queue and thus, forms their individual opinion on the medical care giver and his being partial. Another factor apart from the over population of patients are the attitudes and behaviour of doctors and nurses towards the patients. Some of them get easily irritated and transfer this aggression to the patients depending on the patients' calibre. Inadequate equipment is also a challenge.

Thus, the study is concerned with how patients in government hospitals perceive the competence level of medical care givers. The study also intends to find out the extent to which patients perceive the communicative ability of medical care givers.

The researchers intend to find out the extent to which medical care givers understand patients main health concerns before treating the patients and if patients were comfortable.

2. Review of Literature

2.1 Communicative Behaviour

Communicative behaviour can be described as observable action or expressed action, language and interpersonal means of communication, this can also be referred to as attitude and it is defined as a person's consistently favourable or unfavourable evaluations, feelings and tendencies towards an object or idea. Thus, it is the way someone behaves towards somebody or a thing.

Human Attitude/Behaviour is the population of behaviours exhibited by humans and influenced by culture, attitudes, emotions, values, ethics, authority, rapport, hypnosis, persuasion, coercion and/or genetics. The behaviour of people (and other organisms or even mechanisms) falls within a range with some behaviour being common, some unusual, some acceptable, and some outside acceptable limits. In sociology, behaviour is considered as having no meaning, being not directed at other people and thus is the most basic human action.

3. The Problems

According to Fong et al, there are many barriers to good communication in the doctor-patient relationship; this includes patients' anxiety and fear, doctors' burden of work, fear of litigation, fear of physical or verbal abuse, and unrealistic patient expectations. Other fear associated with this are:

- Deterioration of Doctors' Communication Skills**

It has been observed that communication skills tend to decline as medical students progress through their medical education, and over time doctors in training tend to lose their focus on holistic patient care. Furthermore, the emotional and physical brutality of medical training, particularly during internship and residency, suppresses empathy, substitute's techniques and procedures for talk, and may even result in derision of patients'

• Doctors' Avoidance Behaviour

There are reported observations of doctors avoiding discussion of the emotional and social impact of patients' problems because it distressed them when they could not handle these issues or they did not have the time to do so adequately. This situation negatively affected doctors emotionally and tended to increase patients' distress. This avoidance behaviour may result in patients being unwilling to disclose problems, which could delay and adversely impact their recovery.

Human health behaviour ramifies in different ways based on different conditions and health status. Eskilsson and jansson (2007) have argued that people perform different health behaviours when they are well, having symptoms or are clearly sick. Citing Glanz et al, they advanced three categories of health behaviour based on individual's health status:

Preventive health behaviour is seen as any activity that people, who have the perception that they are in current good health, undertake for the sake of maintaining or improving their health status. This self protective behaviour can be activities including exercise and following recommended guidelines for vaccination, with the overall intention to confer protection from potential harm. Preventive health behaviour can refer to either changing health impairing habits (e. g smoking or eating a diet high in fat) to avoid health risks, or to initiate or improve health protective behaviours (e.g attending a screening examination or health check) to prevent diseases.

Illness behaviour refers to any activity that people, who have the perception that they are ill, undertake to determine the problem, define their health status and find remedy. This symptom- based behaviour includes complaining about symptoms and seeking advice from family, friends and medical personnel.

Sick-role behaviour is any activity that people, who have decided that they are ill and know what the illness is, undertake for getting well. This kind of behaviour includes receiving treatment and generally makes people have normal obligations. (Eskilsson and Jansson 2007:6)

4. Empirical Review

Effective doctor-patient communication is a central clinical function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine. This is important in the delivery of high-quality health care. Much patient dissatisfaction and many complaints are due to breakdown in the doctor patient relationship. However, many doctors tend to overestimate their ability in communication. Over the years, much has been published in the literature on this important topic. (Fong and Anat 2010).

Olusoji (2009) carried out a study on Perception and Patients satisfaction. The study was aimed at assessing patient perception of service quality and satisfaction with health services received at Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria. A cross-sectional study was carried out at the outpatient clinics of the hospital during the study period. His study showed that patient perception of quality and satisfaction is associated with the four important dimensions of quality. Long waiting time negatively affected satisfaction. If this is improved upon it will lead to increase patient satisfaction of health care service delivery.

5. Theoretical Framework

Theories and models of human behaviour can guide the development and refinement of health promotion and education efforts, this page reviews elements of behavioural and social science theories and models for health promotion. The theoretical frameworks for this study are: the health belief model and perception theory.

5.1 Health Belief Model

The health belief model was developed in the 1950s; the theory holds that behaviour is a function of individual's social demographic characteristics, knowledge and attitudes. The health belief model stipulates that a person's health-related behaviour depends on the person's perception of four critical areas: the severity of a potential illness, the person's susceptibility to that illness, the benefits and barriers of taking a preventive action. The model also incorporates cues to action (for instance, leaving a written reminder to oneself to walk) as important elements in eliciting or maintaining patterns of behaviour. The construct of self-efficacy or a person's confidence in his or her ability to successfully perform an action has been added to the model, perhaps allowing it to better account for habitual behaviours, such as a physically active lifestyle.

5.2 Perception Theory

Perception is our experience and assessment of others and our communication with them, the way we sense the world, the way we see, hear, smell touch and taste is uniquely our own, nobody else see the world the way we do and nobody experiences events exactly as you do as an individual. (Judy and Paul 2003)

Through selection in perception we neglect some stimuli in our environment to focus on other stimuli. There are four types of selectivity in perception, these are: Selective Exposure: Selective Perception, Selective Attention and Selective Retention.

5.3 Research Design

Essentially, a study on perception of patients of communicative behaviour of medical care givers in Lagos public hospitals should call for a thorough examination of data. As a result, a research design suitable for this and that will also enhance the realisation of the research objective is an exploratory research design and this was applied in this study.

Since the topic Patients Perception of Communicative Behaviour of Medical Care Givers in Lagos Public Hospitals, the study population will be patients in government hospitals in Lagos state. Though the population is for both male and female gender, it is limited to people or patients within the age range of 18 and above. Anybody below 18 is not qualified for the population. These set of people will be chosen from selected hospitals i.e. government owned hospitals which are meant for the public will serve as the study population. Thus, the multi-stage sampling method will be used to pick the public hospitals in Lagos state.

6. Sampling Procedure

The multistage sampling approach was adopted for the study. The researcher found out that only one sampling technique was not appropriate to address the selection of the sample size. Hence, the researcher first stratified Lagos state into districts i.e. East, West and Central. For the East there are areas like Ikorodu and Epe, for West Idi Araba and Ikeja areas, for Central; Lagos island, Victoria Island etc. The researcher further used the purposive sampling technique to pick Agbowa Medical Centre from the East, Lagos University Teaching Hospital {LUTH} from the West and Island Maternity Hospital from Central.

A total number of 150 copies of questionnaire were distributed to the respondents, these copies of questionnaire were divided or shared among the three hospitals i.e. each hospital took 50 copies of questionnaire each. Information was gathered on the socio economic characteristics of the respondents which include their: ages, sex, marital status, educational background, occupation etc.

The 50 respondents in each hospital were selected randomly; the researcher went to each hospital and asked for a list of patients, who were registered for that day. Out of the patients in the hospital, a third of each patient waiting in line were chosen i.e. after picking the first patient, the researcher then picked the third patient waiting in line and the third patient after the previous one until the researcher has a total of 50 patients each from the three hospitals.

7. Research Questions

The research questions this study will address include:

1. What is the perception of patients' to the responsiveness of care givers to their emotions?
2. How do patients in government hospitals perceive the competence level of medical care givers?
3. In what light do patients perceive the communicative ability of medical care givers?

8. Result and Discussion

Research Question One:

To what extent do patients think or perceive medical care givers to be responsive to their emotions?

To answer this research question, questionnaire item 3 and structured interview guide question 5 were analysed to arrive at the answers provided.

The perception of patients on medical care givers response to their emotions

PERCEPTION	LUTH		ISLAND MATERNITY		AGBOWA		TOTAL
GENDER	M	F			M	F	
STRONGLY DISAGREE	10	6	4		2		22
AGREE	2	2	18		6		28
NEUTRAL	10	2	12		4	4	32
DISAGREE	12	2	12		12	14	52
STRONGLY AGREE	2	2	4		4	4	16
TOTAL	36	14	50		26	24	150

Percentages of the respondents' responses:

Strongly disagree $\frac{22 \times 100}{150} = 14.7\%$

Agree $\frac{28 \times 100}{150} = 18.7\%$

Neutral $\frac{32 \times 100}{150} = 21.3\%$

Disagree $\frac{52 \times 100}{150} = 34.7\%$

Strongly agree $\frac{16 \times 100}{150} = n 10.7\%$

The table shows that 14.7% of the respondents strongly disagreed that the care givers were responsive to their emotions, 18.7% agreed, 21.3% were neutral, 34.7% disagreed while 10.7% strongly agreed that the medical care givers were responsive to their emotions.

Thus, it can be said that the medical care givers in public hospitals in Lagos state were not responsive to the emotions of their patients.

But in the interview with the medical care givers from Island Maternity Lagos Island, Lagos University Teaching Hospital LUTH and Agbowa Medical Centre Ikorodu, they all give their reasons why it seems the care givers are not responsive to the patients' emotion.

Medical practitioner from Island Maternity Lagos Island Doctor Ibrahim said he personally sees up to 30-40 patients per day which he said is overwhelming. He complained that the patients are not polite and they get irritable after waiting for few minutes and some of the patients are close to government officials so they lay unnecessary complaints about the medical care givers.

Dr. Ibrahim further said that he gives patients enough time to express themselves but there is limit to which he can give the patients free reign of his time because of their population; but he provides necessary information needed at that point in time.

Similarly Dr. Henry Amuta a resident doctor of oral and maxillofacial surgeon of Lagos University Teaching Hospital LUTH who saw 15-25 patients per day and Dr. Mrs. Iwaotan a medical doctor at Agbowa Medical Centre Ikorodu who saw more than 30 patients per day. The two doctors said that they also give patients enough time to express their emotions and they are sensitive to their feelings, they further said that they take the medical history of the patient

especially if the patient is a new patient. Just like Dr. Ibrahim they both express their concern in relation to the population of the patients as a limiting factor.

Research Question two

How do patients in government hospitals perceive the competence level of the medical care givers?

Responses to questionnaire item 4 and structured interview question 2 were analysed to answer this research question and interview question. The responses are presented in table and percentages below.

Patients' perception of the competence level of care givers in government hospitals

RESPONSE	LUTH		ISLAND MATERNITY		AGBOWA		TOTAL
	M	F			M	F	
STRONGLY DISAGREE							
AGREE	24	8	34	22	18		106
NEUTRAL	4	4	12	2	2		24
DISAGREE		2			2		4
STRONGLY AGREE	8		4	2	2		16
TOTAL	36	14	50	26	24		150

Percentage of respondent's responses

Agree $\frac{106 \times 100}{150} = 70.6\%$

Neutral $\frac{24 \times 100}{150} = 16\%$

Disagree $\frac{4 \times 100}{150} = 2.6\%$

Strongly agree $\frac{16 \times 100}{150} = 10.6\%$

From the above table and the percentage calculation of respondents' responses, it can be observed that 70.6% of the respondents agreed and perceived the medical care givers in public hospitals to be competent, 16% of the respondents were neutral to the competence level of the care givers, 2.6% disagreed that the care givers were competent while 10.6% of the respondents strongly agreed that the care givers were competent.

Judging from the above table and percentages, it can be rightly said that the care givers in government hospitals are competent and they know the main health problems of their patients.

This was strongly supported in the interview granted by the 3 medical care givers from the 3 hospitals where the questionnaires were administered. The 3 medical care givers claimed that they understood the patients' main health problem and they involved the patients in decision making concerning their health. According to the care givers, when the patients question their actions and the decision they make.

Research Question three

In what light do patients perceive the communicative ability of medical care givers?

In order to provide answers to this research question, questionnaire items 7 was analysed and structured interview question 8.

Patients' perception of communicative ability of medical care givers

RESPONSE	LUTH		ISLAND MATERNITY		AGBOWA		TOTAL
	M	F			M	F	
GENDER							
STRONGLY DISAGREE	12	2		2			16
AGREE	8	6		8	6	6	34
NEUTRAL	2	2		14	4	12	34
DISAGREE	6	2		24	16	6	54
STRONGLY AGREE	8	2		2			12
TOTAL	36	14		50	26	24	150

Percentage of respondent's responses

Strongly disagree $\frac{16 \times 100}{150} = 10.6\%$

Agree $\frac{34 \times 100}{150} = 22.6\%$

Neutral $\frac{34 \times 100}{150} = 22.6\%$

Disagree $\frac{54 \times 100}{150} = 36\%$

Strongly agree $\frac{12 \times 100}{150} = 8\%$

From the above table 3 and the percentage calculation of respondents' responses, it can be observed that 10.6% of the respondents strongly disagree that the medical care givers have the ability to communicate effectively, 22.6% agreed that the medical care givers communicate effectively, also 22.6% of the respondents were neutral to the communicative ability of the medical care givers while 36% of the respondents disagreed that the medical care givers have the ability to communicate effectively and 8% of the respondents strongly agreed that the care givers have the ability to communicate effectively.

It can be seen that 22.6% respondents are indifference about the communicative ability of the medical care givers, while a total of 30.6% agreed that the medical care givers are communicative whereas, a total of 46.6% of the respondents disagree outright. Therefore we can infer that the medical care givers are not responsive to their patients.

The care givers claimed that they communicate with the patients on the level they understand to the extent that they speak Yoruba and Pidgin English with the patients, so that they can understand them clearly.

9. Conclusion

The study was set out to determine the perception of patients towards the communicative behaviour of medical care givers in Lagos public hospitals. The researcher gave out a 20 item questionnaire to the patients in the (government owned) hospitals used for the study. Findings of this study reveal that the patients perceive that the medical care givers have not being communicative and responsive to their needs and emotions. This is based on the findings from the questionnaire which showed that 49.4% of the patients have negative perception of the responsive ability of the medical care givers while 46.6% also have a negative perception on the communicative ability of the medical care givers.

The study highlights that good quality communication was significantly associated to patient satisfaction and how the patients feel about the medical care givers. Good communication was one of the main domains identified by factor analysis to be related to patient satisfaction and their perception in general.

The study also reveals that patient perception and satisfaction was related to the perceived responsiveness of the hospital staff, this was expressed by questions such as the medical care givers greeted me with respect and I was comfortable with the way I was attended to.

The study demonstrates that the most important factor on patient perception was related to the perceived skill and competence of the physician, this was expressed by question such as the medical care givers understood my main health concern.

Finally, the study identified three significant factors or variables responsible for patient perception of communicative ability of care givers: which are doctor communication and behaviour, hospital staff behaviour and the amount of time spent with the patients. The patients are satisfied with the competence and skill of the medical care givers this was observed in the analysis which shows that 81.2% of the patients are positive that the medical care givers are competent.

10. Recommendations

The following recommendations are made in light of the findings:

1. The medical care givers should try as much as possible to be friendly towards the patients and find out as much information needed before embarking on treatment for the patient.
2. In addition, the government may need to establish a referral system mechanism where only patients with referral from a lower level of health care can access services at the tertiary facility. This will also lead to fewer number of patients visiting the tertiary health facility and allow physicians have more interaction with patients.
3. Finally, the staff should be motivated at all levels; it is only when the workers are happy that they can work effectively and efficiently.

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