



## Health Workers Attitude and Productivity in Selected Public Healthcare Facilities in Delta State

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### ABSTRACT

*This paper discusses factors that affecting patients in the hospitals on daily basis. The study employed a cross-sectional descriptive research design. The accessible population of study consists of two thousand three hundred and eight (2,308) clinical health workers of the three institutions used in the area of study. The sample size of 400 health workers comprised of 102 doctors, 239 nurses, and 59 Physiotherapist was used for the study. The sample size was determined through the use of the Taro Yamane formula. A stratified sampling technique was used to select respondents for the study. The simple random sampling technique was used to draw the sampled respondents from the population. The instrument used for data collection is a questionnaire. Frequency, percentage and mean were used for the answering of the research questions while chi-square was used for testing of null hypotheses at .05 level of significance. Findings shows that the relationship between health workers negligence and in-patients' recovery, the implication of the result of the mean analysis shows that frequent neglect by health workers, unnecessary delays, lack of empathy, discriminate and lack of dedication do not affect in-patients' recovery in public health facilities in Delta State. Finally, result of the analysis of the second research question implies that the implication is that health care workers are not hostile to in-patients or verbally abuse them. This outcome is affirmed by the claim of the test of hypothesis which reveals that Health workers' aggression does not significantly relate to in-patients' recovery and Workplace hostilities, unhealthy rivalries among health workers, inadequate human, Financial and social Resources, Professional Exhaustion and poor remuneration hinder health workers productivity towards in-patients' recovery. Workplace hostilities do not affect health workers' productivity.*

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### INTRODUCTION

A healthcare worker is one who delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers (Joseph and Joseph, 2020). Health workers as all people engaged in the promotion, protection or improvement of the health of the population. Healthcare workers:

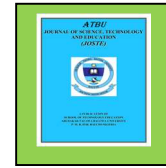
includes doctors (medical doctors and interns), nurses, pharmacists, lab professionals, anesthesia professionals (Anesthetist). Support staff: Includes janitors, porters, and guards. From these definitions, a lot of people that work in health care facilities can include healthcare workers. Human resources represent "the most expensive of three principal health system inputs as they consume almost 60% of the total budget, the other

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two being physical capital and consumables (Jaiswal, Singhal, Gadpayle, Sachdeva, Padaria, 2014; Okeke, Obionu, Ezenwaka, Kanu, Idoko, 2020). The code of professional conduct and ethics guide Health workers in their day-to-day practice and helps them understand their professional responsibilities in caring for patients in a safe, ethical and effective manner/approach.

The attitude of some health workers to work and services to patients, especially in public hospitals, has become worrisome. Years of this development led to the death of many patients and has put some more into traumatic conditions (Agba, Ojong, Akintola, Maruf, Udom, & Usung 2021). The growing culture of medical tourism, especially among the elites in Nigeria and other developing nations is attributed to the negative habits of health workers. Studies have also shown that attitudinal problem exists among health workers including nurses, doctors, pharmacists, medical laboratory technicians and other paramedics and in all levels of care. According to Obinna (2011), there is no exception to this negative attitude, as majority of the health workers are guilty of this trend, even without provocation.

Contrary to the principle of premium-non-nocere (first, do no harm) which is central to the code of conduct for health workers, the display of negative attitudes towards patients should be the least behavioural trait from any health official. Even in the presence of a life-threatening health condition, most health workers are less concerned. Whether it is a case of emergency, routine doctors' appointment, laboratory test, or any other appointment, the negative attitude of some health workers seems to have become a way of life, negating the noble profession of healthcare delivery (Ukwayi, Angioha, & Aniah, 2019; Ukwayi, Angioham & Ojong-Ejoh, 2019; Agba, et al. 2021).

The attitudes of health workers, such as aggression, lack of communication, lack of empathy, nonchalance, etc affect patients' choice of healthcare services. According to Miao, Ma and Ma (2011) outpatient services, though represent an entry point for medical services, can directly influence patients' satisfaction. Where patients perceive health services to be unsatisfactory,

there is high possibility that they will seek similar services elsewhere. Manaf and Nooi (2009) posit that prompt response of health workers to patients, provision of adequate information to patients, prevention of overcrowding at service points, hygiene level of the health workers, respect to patient as well as general improvement of staff attitudes towards the health needs of patients are major indicators for health service satisfaction among patients.

For the sake of productivity, economics predicts that employers will employ workers as long as the additional value of their services is at least as great as the cost of employing them, and workers will work if the rewards are of greater value than those accruing to other uses of their time. Rising healthcare costs are a challenge in most Western countries; consequently, there has been significant simultaneous interest in healthcare productivity (Swinehart and Smith, 2004; Lillrank et al., 2010). Based on the above challenges facing Nigeria as well this paper intend to address the health workers attitude and productivity in selected public healthcare facilities in Delta State.

### Research Questions

The study is underpinned by the following research questions:

- i. To what extent does health workers' negligence influence the recovery of in-patients?
- ii. What is the relationship between health workers' aggression and in-patients' recovery?
- iii. ascertain the barriers that hinder health workers' productivity towards in-patients' recovery

### Hypotheses of the Study

The null hypotheses were formulated to guide the study.

- i. Ho: There is no significant relationship between negligence by health workers and in-patients' recovery.
- ii. Ho: Health workers' aggression does not significantly relate to in-patients' recovery.

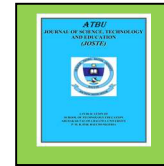
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- iii. Ho: Workplace barriers do not affect health workers' productivity towards in-patients' recovery.
- iv. H<sub>1</sub>: Workplace barriers affect health workers' productivity towards in-patients' recovery.

#### EMPIRICAL REVIEW

Okoro, Ekeroku, Nweze, Odionye, Nkire, Onuoha, Ezeonwuka, & Owoh (2022) examined the attitude and practices exhibited by correctional officers towards the prevention of diseases. The study employed the techniques of correlation for data analysis. Statistical tests of partial correlation analysis, t-test and chi-squared were used for data analysis. Findings reveal that a significant moderate, positive correlation between knowledge and attitude/practice, and a significantly higher knowledge level among those with higher educational qualifications. Regular hand washing with soap and water, wearing face masks, and social distancing were practiced by the majority of the participants. The majority of the participants received COVID-19 information from multiple sources including the Nigeria Centre for Disease Control and the World Health Organization

The study by Oguonu, Okafor, & Obu (2005) employed a cross-sectional study and convenience sampling technique to determine the knowledge, attitude and practices of caregivers regarding malaria and its treatment among children living in rural and urban communities in Enugu, Nigeria. Result indicates that both rural and urban communities were aware of malaria as a disease, but practices were grossly inadequate. The provision of affordable healthcare facilities and the use of health education to change knowledge, attitude and practice will help meet the target goals of the 'Roll Back Malaria' campaign in the area

In the study to assess the attitudes of health workers toward prevention of emerging diseases and to determine whether work experience and gender can influence the attitudes of health workers towards prevention of emerging diseases, Effiom and Danlami (2019) employed a cross-sectional survey method and factorial design to survey respondents who were in the age

range of 18-55 with a mean age of 29.5 years. After testing three hypotheses using ANOVA technique, findings indicate that there was a significant influence of job experience on attitude towards prevention of emerging diseases. Gender attitude has significant influence towards prevention of emerging diseases. There was no significant joint influence of job experience and gender on attitude towards prevention of emerging diseases.

Udo, Udofia, and Ini (2022) examined the knowledge, attitude and practice of care of elderly among health workers in tertiary health facilities in Uyo Metropolis under the guidance of three hypotheses, while employing a cross-sectional descriptive research design. A sample of 241 health workers out of a population of 394 was used for the study. The Taro Yamane technique was used in determining the sample size. and selected for the study using stratified sampling technique. The questionnaire was found reliable and distributed to the respondents. Percentages, mean statistics and standard deviation were used to analyze the data. Findings indicate that respondents had adequate knowledge of care of elderly. Respondents exhibit good attitude toward care of elderly and sometimes practice care of the elderly in tertiary health facilities in Uyo Metropolis.

Agba, Ojong, Akintola, Maruf, Udom, & Usung (2021) examined negligence and aggressive behaviour by health workers on outpatients' recovery in public hospitals in Calabar Metropolis, Nigeria. Cross-sectional design is the research design. Purposive and volunteer sampling techniques in studying 400 respondents for the study. Simple percentages and Chi-squared statistical tools were used for data analysis. Findings indicate that there is significant relationship between negligence by health workers and outpatients' recovery. Health workers' aggression significantly affect outpatients' recovery.

Aroh, Okakpu Anichebe, Udeozor, Ekediegwu, Ekechukwu, & Ezeukwu (2020) sought to determine the attitude and barriers to Community Based Rehabilitation (CBR) among Physiotherapists in Enugu Metropolis. Fifty-three

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physiotherapists served as respondents in Enugu Metropolis formed the sample of the study who filled a close ended questionnaire. Descriptive statistic and chi-square technique was used to analyze the data. Result showed that significant correlation relationship exists between level of education and CBR attitude regarding affordability of Physiotherapy/Rehabilitative services. Significant correlation relationship exists between designation and CBR attitude regarding accessibility to Physiotherapy/Rehabilitation services to those in rural areas. High correlation relationship exists between the barriers and attitude to the growth of community-based rehabilitation in Nigeria from the data obtained in the study.

Obodoechi, Onwujekwe, McKee, Angell, Agwu, Orjiakor, Nwokolo, Odii, Hutchinson and Balabanova (2021) examined whether supervision can reduce reducing health worker absenteeism in health facilities in Enugu State. 412 health workers participated in the qualitative study. Econometric technique of binary logistic regression was used to analyze the data. Findings showed that internal supervision has negative and significant impact on health worker absenteeism. However, external supervision has positive and significant increase in absenteeism.

In a cross-sectional study conducted with the objective to assess the KAP among healthcare workers toward the ongoing COVID-19 pandemic, Limbu, Piryani and Sunny (2020) found that there is a positive correlation between knowledge regarding COVID-19 among healthcare workers and appropriate clinical practices. However, their attitude was less optimistic even with better knowledge. Higher optimism was seen with healthcare workers' higher age. Healthcare workers practice is directly correlated with their attitude. Hence, despite better knowledge, there is a need for a more positive attitude at the place of practice. Also, education and training on protection and protective measures are required to improve positive attitude and better practices at work during the COVID-19 pandemic response.

The study by Albahri, Alnaqbi, Alnaqbi, Alshaali, and Shahdoor (2021) assessed the KAP

of (Healthcare workers) HCWs in the (Primary healthcare) PHC sector in Dubai in fever and regular clinics. Significant gaps were identified regarding the virus's name, the type of testing, the transmission, and the isolation period of contacts with positive cases. Knowledge regarding signs and symptoms and the at-risk groups was generally satisfactory. There was a significant level of anxiety amongst the study participants regarding contracting the disease themselves or their relatives and some degree of hesitancy to take the vaccine once it became available

Mwansa and Chavula (2015) examined the effects of employees' attitudes and behaviour on production and performance, a case study of the healthcare providers at Children's Hospital, University Teaching Hospital of Lusaka, Zambia. The study population was comprised of working men and women who have been working at Children's Hospital. The study conducted six in-depth interviews and a survey of 40 health care workers. The findings indicate that 50% Health Care Providers satisfaction with their work. Responded narrated that they had positive attitude towards work, this was expressed through the manner they received, respected and cared for the patient. The majority of the respondents reported that cases whereby healthcare providers display negative attitude towards patients were rare.

## METHODOLOGY

The study employed a cross-sectional descriptive research design. The accessible population of study consists of two thousand three hundred and eight (2,308) clinical health workers of the three hospitals used in the area of study: Federal Medical Centre, Asaba (FMC- 1420), Asaba Specialist Hospital (ASH - 708), and Delta State University Teaching Hospital (DSUTH-180). The sample size of 400 health workers comprised of 102 doctors, 239 nurses, and 59 Physiotherapist was used for the study. The sample size was determined through the use of the Taro Yamane formula. A stratified sampling technique was used to select respondents for the study. The health workers were stratified according to profession (Doctors, Nurses and

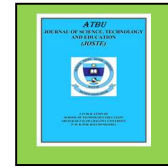
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Physiotherapists). The simple random sampling technique was used to draw the sampled respondents from the population.

The instrument used for data collection is a questionnaire. The questionnaire is formulated in a closed-ended format to enhance objectivity in the study. The questionnaire was designed in a four-point Likert scale format (Strongly Agree – 4, Agree – 3, Disagree – 2, Strongly Disagree –1). Frequency, percentage and mean were used for the answering of the research questions while chi-square was used for testing of null hypotheses at .05 level of significance. The criteria mean score is calculated by the formula:

$$mean = \frac{\sum fx}{n}$$

Chi-square formula is a statistical formula to compare two or more statistical data sets. It is used for data that consist of variables distributed across various categories and is denoted by  $\chi^2$ .

The chi-square formula is:

$$\chi^2 = \frac{\sum(O_i - E_i)^2}{E_i}$$

where  $O_i$  = observed value (actual value) and  $E_i$  = expected value.

The critical value of Chi-square at 0.05, where the degree of freedom = (r-1) (c-) is give as:

$$\chi^2_{0.05} = 9.48$$

## DATA ANALYSIS

**Table 1:** Health Workers' Negligence and In-patients' recovery (n=341)

S/N	ITEMS	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
1	Frequent neglect by Health workers could affect in-patients in critical condition	34	38	157	112	1.98
2	Unnecessary delays by health workers often delay responses to emergencies	33	53	188	67	2.15
3	Health workers do not show empathy towards the recovery of in-patients.	35	36	197	73	2.10
4	Health workers discriminate in-patients in pains	22	32	214	73	2.01
5	Health workers are not dedicated to their duties with in-patients	23	18	231	69	1.99
	<b>Grand Mean</b>					<b>2.05</b>

Source: Author's Field Survey 2024

Table presents the data of the responses given by respondents with respect to answers to questions 1 through 5. The research questions seek to ascertain the opinions of respondents on health workers' negligence as it relates to in-patients' recovery. The mean scores of 1.98, 2.15, 2.10, 2.01 and 1.99 were calculated as questions 1 through 5. All the mean scores are

below the criteria mean score of 2.5. This is also confirmed by the grand mean score of 2.05. The implication of these responses can be summarized as thus: frequent neglect by health workers, unnecessary delays, lack of empathy, discriminate and lack of dedication do not affect in-patients' recovery in public health facilities in Delta State.

**Table 2:** Health workers' aggression and in-patients' recovery.

S/N	ITEMS	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
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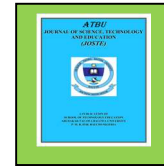
Source: Author's Field Survey 2024

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6	Health workers are often hostile to in-patients	22	23	224	72	1.99
7	Health workers often verbally abuse in-patients	19	18	217	87	1.91
8	Health workers often shout at in-patients	23	22	226	70	1.99
9	Patients are usually afraid of seeking treatment due to the aggressive attitude of health workers	18	22	211	90	1.91
10	Aggressive attitudes of health workers affect in-patients' recovery	23	24	203	91	1.94
	<b>Grand Mean</b>					<b>1.95</b>

Table 2 presents the result of questions items 6 to 10. The questions seek to establish respondents' opinion on the relationship between health workers' aggression and in-patients' recovery. The mean scores of 1.99, 1.91, 1.99, 1.91 and 1.94 refers to question items 6 through 10 respectively. These mean scores were all below the criteria mean score of 2.5. This

indicates the respondents' agreement that health workers aggression does not affect in-patients' recovery in public hospitals in Delta State. This outcome is also confirmed by the grand mean score of 1.95. The implication is that health care workers are not hostile to in-patients or verbally abuse them. They do not shout at in-patients or make them feel afraid.

**Table 3:** Workplace barriers and health workers' productivity towards in-patients' recovery.

S/N	ITEMS	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
11	Workplace hostilities among Health workers are often hostile to patients	75	115	83	68	2.58
12	Unhealthy rivalry among health Professionals lowers productivity of health workers	109	90	73	69	2.70
13	Inadequate human, Financial and social Resources lowers health productivity	204	98	21	18	3.43
14	Professional Exhaustion lowers productivity	203	96	18	24	3.40
15	Poor Remuneration lowers productivity of health workers	236	84	10	11	3.60
	<b>Grand Mean</b>					<b>3.14</b>

Source: Author's Field Survey 2024

Table 3 presents the result of questions items 11 to 15. The questions seek to establish respondents' opinion on the relationship between workplace barriers and health workers' productivity towards in-patients' recovery. The mean scores of 2.58, 2.78, 3.43, 3.4 and 3.5 refer to question items 11 through 15 respectively. These mean scores were all above the criteria mean score of 2.5. This indicates the respondents' agreement that workplace barriers affect health

workplace productivity towards in-patients' recovery in public hospitals in Delta State. This outcome is also confirmed by the grand mean score of 3.14. The implication of workplace hostilities, unhealthy rivalries among health workers, inadequate human, Financial and social Resources, Professional Exhaustion and poor remuneration hinder health workers productivity towards in-patients' recovery.

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### Test of Hypotheses

**Decision Rule:** The rule is to reject the null hypothesis if the value of the calculated chi-square is greater than the critical value. That is reject  $H_0$  if  $X^2 > X_{0.05}^2$

#### Hypotheses I

*Null Hypothesis (H<sub>0</sub>): There is no relationship between negligence by health workers and in-patients' recovery.*

*Alternative Hypothesis (H<sub>a</sub>): There is a relationship between negligence by health workers and in-patients' recovery.*

Result:

$$X^2 = 4.43$$

$$X_{0.05}^2 = 9.48$$

Decision: Decision: Decision: Since  $X^2 < X_{0.05}^2$ , we do not reject the null hypothesis. Therefore, there is no significant relationship between negligence by health workers and in-patients' recovery.

#### Hypothesis II

*Null Hypothesis (H<sub>0</sub>): Health workers' aggression does not relate to in-patients' recovery.*

Result:

$$X^2 = 9.01$$

$$X_{0.05}^2 = 9.48$$

Decision: Decision: Since  $X^2 < X_{0.05}^2$ , we do not reject the null hypothesis. Therefore, Health workers' aggression does not significantly relate to in-patients' recovery.

#### Hypothesis III

*Null Hypothesis (H<sub>0</sub>): Workplace barriers do not affect health workers' productivity towards in-patients' recovery.*

*Null Hypothesis (H<sub>0</sub>): Workplace barriers do not affect health workers' productivity towards in-patients' recovery.*

Result:

$$X^2 = 11.64$$

$$X_{0.05}^2 = 9.48$$

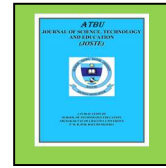
Decision: Since  $X^2 > X_{0.05}^2$ , we reject the null hypothesis. Therefore, Workplace barriers affect health workers' productivity towards in-patients' recovery.

### DISCUSSION OF FINDINGS

The implication of these responses can be summarized in this sub-section of the study. First, with reference to the relationship between health workers negligence and in-patients' recovery, the implication of the result of the mean analysis shows that frequent neglect by health workers, unnecessary delays, lack of empathy, discriminate and lack of dedication do not affect in-patients' recovery in public health facilities in Asaba, Delta State. This result is reinforced by the result of the test of hypothesis which affirms that there is no significant relationship between negligence by health workers and in-patients' recovery. This outcome varies with the finding of the study by Agba, Ojong, Akintola, Maruf, Udom, & Usung (2021) whose findings indicate that there is significant relationship between negligence by health workers and outpatients' recovery.

Secondly, the result of the analysis of the second research question implies that the implication is that health care workers are not hostile to in-patients or verbally abuse them. This outcome is affirmed by the claim of the test of hypothesis which reveals that Health workers' aggression does not significantly relate to in-patients' recovery. They do not shout at in-patients or make them feel afraid. This finding is supported by the result of Mwansa and Chavula (2015) in which majority of the respondents reported that cases whereby healthcare providers display negative attitude towards patients were rare. Their study showed that 50% Health Care positive attitude towards work, as was expressed through the manner they received, respected and cared for the patient.

The third research question sought to establish if workplace hostilities affect in-patients' recovery. The result of the mean analysis reveals that workplace hostilities, unhealthy rivalries among health workers, inadequate human, Financial and social Resources, Professional Exhaustion and poor remuneration hinder health workers productivity towards in-patients' recovery. This is confirmed by the rejection of the null hypothesis which showed that workplace hostilities do not affect health workers' productivity. The present finding is similar to the



result of the study by Aroh, Okakpu Anichebe, Udeozor, Ekediegwu, Ekechukwu, & Ezeukwu (2020) High correlation relationship exists between the barriers and attitude to the growth of community-based rehabilitation in Nigeria.

### CONCLUSION AND RECOMMENDATION

The measure of healthcare productivity in Nigeria, especially in Delta State is becoming an issue of concern nowadays. Many government programmes are geared towards the achievement of universal healthcare for all citizens based on the sustainable development goals (SDG) by year 2030. As a departure from previous studies whose focus were on out-patients, the present study is designed to determine the connection between health care workers' attitude and its implications for productivity in selected Healthcare facilities in Delta State. Three research questions and three hypotheses guided the study. Survey method was adopted as the research design. Three selected hospitals and health facilities in Delta State were used for data collection.

The accessible population of the study includes (2,308) clinical health workers. Taro Yamane technique was used to determine a sample size of 341 health workers comprising 72 Doctors, 224 Nurses, and 45 Physiotherapist. The instrument used for data collection is a questionnaire titled "Attitude, Negligence and Practice of Care of In-patients' recovery (ANPCIPR)" designed in a four-point Likert scale. Based on the findings from the study, the following recommendations are made:

- i. Healthcare workers are people who are passionate about their jobs. They should not only be encouraged by their employers, but also by the immediate communities and society in which they operate. This will go a long way in improving their morale, confidence and trust in the handling of in-patients' care.
- ii. Healthcare workers do not exhibit aggressive behaviors in their jobs as revealed in the study. However, periodic training and re-training of health care workers is needed to enhance the

capacities in the management of in-patients.

- iii. Workplace barriers affect health workers' productivity towards in-patients' recovery. Adequate healthcare givers should be employed in public institutions, and they should be adequately remunerated according to standards obtained in other climes so as to avoid brain drain that is besieging the healthcare system in Nigeria

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