JOJ Nursing & Health Care

Juniper Publishers key to the Researchers

Research Article
Volume 5 Issue 1 – October 2017

JOJ Nurse Health Care

Health Seeking Behaviour and Perception of Quality of Care among Patients with Chronic Diseases in a Nigerian Teaching Hospital

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Submission: September 18, 2017 ; **Published:** October 17, 2017

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Abstract

This study assessed the health seeking behaviour and perception regarding quality of care among patients with chronic diseases in Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) Ile-Ife, Nigeria. The study recruited a purposive sample of one hundred and fifty eight chronically ill patients in OAUTHC, Ile-Ife, Nigeria. Data was collected with the aid of structured questionnaires. Data analyses were performed with Statistical Package for Social Sciences (SPSS) version 17. Findings revealed that cancer (21.5%), hypertension (19.6%) and diabetes mellitus (19.6%) were the most reported chronic diseases among patients in this setting. Majority of the patients (70.3%) reported seeking care in the public hospital for their illness. Furthermore, respondents have good perception (68.99%) of the quality of care they receive and there was a significant relationship between choice of health care and respondents' age (p=0.01) and educational status (p=0.04). Factors influencing respondents' health seeking behaviour include costly and cumbersome health care (64.6%), long distance of patients from home to health facilities (65.2%) and lack of freedom to make choice on the type of care (65.8%). The study concludes that patients with chronic diseases have preference for public hospital and high cost of managing chronic illness, long distance to health facilities and lack of freedom to make choice on type of care influence their health seeking behaviour. Improving access to quality and subsidized health care for chronic diseases can promote positive health seeking behaviours and improve health outcomes among patients with chronic diseases.

Keywords: Chronic diseases; Health seeking behaviour; Patient; Quality of health care

Introduction

The rising burden of chronic diseases has attracted the attention of public health researchers and policy makers worldwide. Estimates indicate that chronic diseases would have 41 million deaths in 2015 [1]. Shah [2] declared that chronic condition burden is very high in low- and middle-income countries, where over 80% of deaths from chronic conditions occur. Recent studies also report a high burden from chronic conditions and chronic condition risk factors among the urban poor in low- and middle-income countries [3].

Chronic diseases are conditions that develop slowly and get worse over time [4]. With the help of modern medicine, the progression of chronic diseases can often be slowed but few people can be cured. Many factors contribute to the development and evolution of chronic disease. For example, Improving Chronic Illness Care [5] stated that lifestyle choice such as smoking, drinking, excessive amounts of alcohol, poor diet, lack of exercise, and many other factors put people at risk of developing a chronic disease, having a lower quality of life and/or dying prematurely. Recently, Bhojani & Beerenahalli [6] reported that the prevalence of self-reported chronic conditions was 13.8% among adults, with hypertension (10%) and diabetes (6.4%) being the most commonly reported conditions. Older people and women were more likely to report chronic conditions.

Africa bears a significant proportion of the global burden of chronic diseases, along with poor countries of Asia and Latin America. The World Health Organization [7] projected that over the next ten years the continent would experience the largest increase in death rates from cardiovascular disease, cancer, respiratory disease and diabetes. It was also stated by Aikins & Unwin [8] that Africa's chronic disease burden is attributed to multifaceted factors including increased life expectancy, changing lifestyle practices, poverty, urbanisation and globalization. Rising morbidity and mortality from chronic diseases co-exist with an even greater burden of infectious disease, which still accounts for at least 69% of deaths on the continent. Many African health systems are under-funded, under-resourced and struggle to

cope with the cumulative burden of infectious and chronic diseases. Aikins & Unwin [8], declared that an estimated 80% of regional health budgets have been allocated to communicable disease for the last decade. Maclean & Mandil [9] argued that the health ministry's acknowledge the presence and impact of a chronic disease burden, but few countries have chronic disease plans or policies [10].

Past studies [8,11] indicate that most health systems prioritize training and expertise in communicable disease and underestimate the importance of building human and material capacity for chronic disease care. Many hospitals and clinics lack basic equipment for effective diagnosis and treatment, few health workers have specialist chronic disease training and chronic disease knowledge among health workers is poor. In many African countries, high rates of avoidable complications and deaths have been attributed to weak health systems. There is also a strong consensus that Africa faces significant challenges in chronic disease, especially as older adults are mostly affected. Also because most chronic diseases are managed at the hospitals, it is important that the health seeking behaviour of people affected and their perception of health care services are explored. Such information is critical for planning and managing services within local health systems, particularly when desirable health system characteristics for the effective prevention and management of any chronic condition are needed.

This study is geared at examining the health seeking behaviour and perception of the quality of health care services among patients with chronic disease in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife. Anecdotal experience has shown that most patients with chronic disease in this environment are uninformed about the nature of their illness while those that are informed do not seek prompt quality health care intervention and at times may not seek any medical intervention. This study sought to significantly contribute to current information on heath seeking behaviour and perception regarding quality of health care services among patients with chronic diseases. Findings will further be useful in developing appropriate health educational packages targeted at patients with chronic illnesses, hence contribute positively to the reduction of morbidity and mortality in Nigeria.

Methodology

This is a descriptive study designed to elicit information on the health seeking behaviour and perception regarding the quality of health care services among patients with chronic diseases in Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) Ile-Ife.

Setting

The study was conducted at Obafemi Awolowo University Teaching Hospitals Complex. In view of its wide coverage and vast area of specialization, and being a referral Centre for most hospitals in Osun State and the neighboring states, it is not uncommon to find patients with chronic diseases in the hospital. Hence it's choice for this study.

Population

The target population was patients with chronic diseases attending care at Ife Hospital Unit, OAUTHC Ile-Ife. The sample for the study comprised purposively selected one hundred and fifty-eight patients with chronic illness. The inclusion criteria include patients with chronic illness admitted for treatment in OAUTHC; who have been on admission for more than 48 hours; and at least eighteen years of age. The sample size was calculated using Naegle's rule: n=p (1-p) z2/D2. Where N=sample size; P=prevalence rate of health seeking behaviour among patients with chronic diseases is 13.8% [6]; Z=standard normal variance where confidence level is 1.96 at 95%; D=absolute precision or error margin (5%). 10% attrition rate was added to have a calculated sample size of 156.2 and approximated to 160. However, the final number of patients that participated in the study was one hundred and fifty eight.

Instruments for data collection

The instrument for data collection was a structured questionnaire. It comprises four parts: section A, B, C and D. Section A explores the socio-demographic characteristics of the respondents. Section B assesses the health seeking behaviour of the respondents while section C examines respondents' perception of quality of health care services and section D examines factors that influence health-seeking behaviour of respondents.

Validity of the instrument

The validity of the instrument was determined by face and content validity criteria. The face validity was obtained by giving the instrument to expert in the field of nursing, medicine, demography and sociology. The instrument was then examined by an independent versatile researcher for content coverage and suitability for the study following which the instrument was adjudged valid. The reliability of the instrument was determined by test-retest method wherein the instrument was administered twice within two weeks interval on the same set of respondents who were not part of the final population. At the end of the exercise, the responses were similar and consistent and the instrument was deemed suitable for use in the current study.

Method of Data Collection

Preliminary visits were made to the hospital to get acquainted with the environment and to obtain ethical clearance. After the institutional permission has been obtained and informed consent gained from all the respondents, questionnaire administration commenced immediately. All the selected literate respondents were allowed to complete the self-administered questionnaire while the non-literate were assisted in filling the questionnaire. Data was collected between June and September 2014.

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Method of analysis

Data generated for the study were subjected to standardized computer analysis using Statistical Package for Social Science (SPSS) version 17. Both descriptive statistical technique (percentage, frequency etc.) and inferential statistics such as chi-square and logit regression model model were employed.

Ethical consideration

A written permission to conduct the study was obtained from the authority of OAUTHC, Ile-Ife. Informed consent was also obtained from each of the patients that participated in the study. Anonymity and confidentiality of the information was guaranteed.

Results

The socio-demographic characteristics of respondents are presented in Table 1. The age ranged from 19 to 89 years with a mean age of 51.92(18.64). Those between the age group 50-69yrs years formed the highest proportion of respondents (35.4%). There is a preponderance of female (56.3%) over male (43.7%). Most of the respondents (75.9%) were married, 73.4% were Christians and majority (54.4%) of the respondents had tertiary education.

Table 1: Socio-demographic Characteristics of the Respondents.

Age (Mean age = 51.92±18.64)	Frequency (n=158)	Percentage (%)
19 -29yrs	22	13.9
30-49yrs	46	29.1
50-69yrs	56	35.4
70-89yrs	34	21.5
Gender		
Male	69	43.7
Female	89	56.3
Marital Status		
Married	120	75.9
Single	26	16.5
Divorced	2	1.3
Widowed	10	6.3
Religion		
Islam	41	25.9
Christian	116	73.4
Traditional	1	0.6
Educational Status		
No formal education	13	8.2
Primary	22	13.9
Secondary	37	23.4
Tertiary	86	54.4

The distribution of chronic illness among respondents is presented in Figure 1. It revealed that cancer was the most reported chronic diseases in this study (21.5%). This was followed by hypertension and diabetes mellitus in the same proportion (19.6%) while the least reported chronic disease was epilepsy (1.3%).

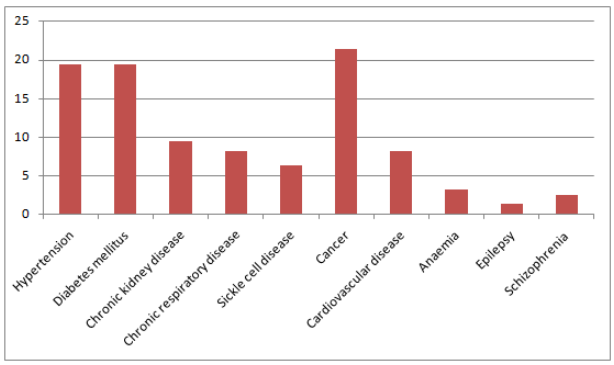

Figure 1: Distribution of chronic illness among respondents.

The health seeking behaviour of respondents is presented in Table 2. Majority of the respondents (70.3%) sought the hospital for their illness while 49.4% first sought public hospital intervention when sick, and they sought health care services whenever they feel any strange sign (51.30%). The study showed majority (68.99%) of the respondents have good perception toward health care utilization (Figure 2).

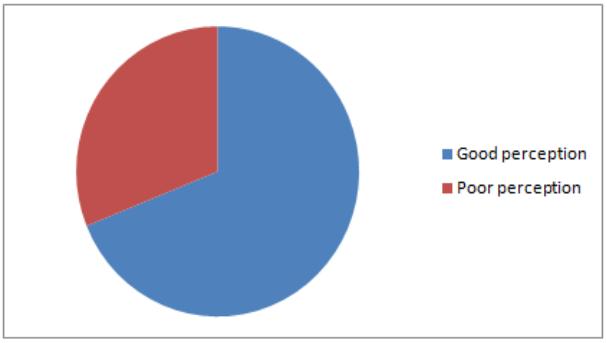

Figure 2: Perception of quality of health care by respondents with chronic illness.

Factors influencing respondents' health seeking behaviour is presented as follows: Majority of the respondents (64.6%) agreed that seeking care from modern health care facility is usually costly and cumbersome. A little above average (53.2%) disagreed that alternative health care are more effective than modern health care facility. Likewise, majority of the respondents (65.2%) agreed that long distance from modern health care facility prevent them from seeking health care service on time. A large number (62%) also identified lack of money for the payment of hospital bill and other hospital requirements as one of the determinants for the choice of health care services. Findings from the study however, did not show that that culture is a hindrance to health care seeking behaviour. Majority of the respondents (96.2%) disagreed that culture prevents them from seeking modern health care service. A regression analysis was performed to predict choice of health care from age, sex, religion, education and income (Table 3). The results revealed that age and education were statistically significant ($p<0.05$) while income and marital status were not significant ($p >0.05$).

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Table 2: Health seeking behaviour of respondents with chronic illness.

Action First Taken When Noticed Signs of Illness	Frequency (n=158)	Percentage (%)
Go to hospital	111	70.3
Purchase drug from pharmacy	39	24.7
Go to traditional healer	3	1.9
Wait for illness to subside	4	2.5
Spiritual healing centre	1	0.6
Reason for Seeking for Health Care		
When feel any strange sign	81	51.3
For routine examination	56	35.4
When critically sick	19	12
When persuaded or advice	2	1.3

Table 3: Association between choice of care and patient's characteristics using logit regression,.

Perception	Coeff.	Std. Err.	t	P>t	95% Conf. Interval	
Age	0.021	0.010974	1.94	0.01	-0.00057	0.04322
Sex	0.264	0.376084	0.7	0.49	-0.48663	1.013906
Marital status	-0.39	0.271721	-1.43	0.17	-0.93182	0.152319
Religion	0.163	0.423083	0.39	0.7	-0.68064	1.007416
Educational Status						
Secondary	1.493	0.73	2.05	0.04	0.038	2.948
Tertiary	1.332	0.627	2.12	0.04	0.082	2.583
Income	0.000001	0.000003	0.35	0.72	-4E-06	0.000007
_cons	8.407	1.077	7.8	0	6.258037	10.556

Discussion

The findings of this study revealed that a substantial number of the respondents were within the age range of 51-70. The reason for this may be due to the fact that chronic illness is more common among older adults. Findings show that cancer was the most reported chronic disease. This is contrary to the finding by Bhojani & Beerenahalli [6] which revealed that hypertension and diabetes were the most commonly reported conditions. The respondents' preference for public health care facility in this study was contrary to Wilkinson [11] who reported that patients with chronic diseases had a marked preference for private and/or traditional healers as first line of contact. Reason for this preference may not be unconnected with the fact that only very few standard private hospitals exist around the setting. The few existing one may be too expensive for patients compared with the teaching hospital which is a government hospital and most of the charges are subsidized. Hence, patient will always prefer to go to government hospital to seek their care.

This study also shows that most of the respondents have good perception about the quality of health care they received. Reason for this good perception may be related to the following: adequacy of care, the facility offer best services and adequacy of information from health care workers This confirmed the findings of Mi Dahlgaard-Park & Komashie [12] who reported that the degree of patients information and involvement in the process of care providing has dramatically increased over the last decades, driving a change in status, from that of follower of the medical prescription to that of that of active part in cure.

Respondents identified finance as one of the major determinants in seeking health care services. Compared to other health care facilities in this environment, the study setting seems to be the cheapest. In addition, the current economic situation has made most patients and family members financially stripped. This is consistent with the previous study conducted in Pakistan by World Health Organization [7] who reported that cost has undoubtedly been a major barrier in seeking appropriate health care among the Pakistan. The study reported that 75% of household out of pocket expenditure were spent on health care per annum. This is not only the consultation fee or fee incurred on medicine cost but also the fare spent to reach the facility. This is also in consonance with the findings of Rerrich & Sagebiel [13] who reported that income significantly influences the choice of health care facility. Poverty not only excludes people on health care system but also restricts them from participating in decision that affects their health.

The choice of health care facility mostly has been affected by lack of effective alternative modern health care facility. In Nigeria, modern health care facilities are sparsely located and are often overwhelmed by the patient inflow. The primary health care centers are poorly staffed and their efficiency is nothing to write about. Patients do not have opportunity to make choice. Patients are compelled to stick to the few available modern

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health facilities when they are not satisfied with the quality of care. Distance to modern health care facility is another factor responsible for the choice of health care facility. In Nigeria, there is no public transportation, no public ambulances or paramedics [14]. Commuting from one place to another has to be done on an individual basis. Even, in case of emergency, relatives and well-wishers have to convey the victim to the hospital on their own. Lack of time to seek health care services was also identified in this study. It was observed that individuals spend periods ranging from a quarter of the day to the whole day whenever they have to go for treatment. Among the reasons attributed to this include long period of waiting in the hospital. The hospital is not well structured for patient to visit hospital around the time of the scheduled appointment. Unlike what transpires in some developed countries, where patient will only arrive at the hospital few minutes before the clinic appointment, the situation is not the same in this setting [15]. All the patients must arrive at the hospital early in the morning; wait for hours and take turn to be attended to be attended to by the nurses and doctors. This waiting period may take the whole of the day. This may be extremely difficult for some public servants who may need to report at their place of work early in the morning and who do not have the luxury of time for the long hour of waiting time. Such officers look for the nearby health facility where much of his time will not be taken in the course of seeking health care.

Furthermore, findings revealed that busy and tight schedule in the place of work is another major factor associated with their choice of health care facility. Respondents claimed that they usually have a busy schedule at work and when there is need to visit hospital, even though they have preference for the teaching hospital, they may settle for the less desired alternative an individual would seek health care based on what is permitted by the culture [16]. However this study revealed that culture has no influence on seeking modern health care behaviour of patients with chronic diseases in this setting. This may be due to the fact that the hospital receives patronage from towns and villages in the catchments states who share the same culture and tradition. Hence, their cultural practices of patients are not in conflict with those in practice within the health facility. This finding was contrary to Yekta & Zamani [16] who reported that cultural beliefs and practices often lead to self-care, home remedies and consultation with traditional healers.

Further statistical analysis revealed that there was no significant association between patients' level of education and their perception of the quality of care. This shows that the respondents are well informed about the quality of their health safety irrespective of their education status. There is likelihood that both respondents with high level of education and respondents with no formal education were influenced and got informed through the activities of community health workers. This conformed to the findings of Mi Dahlgaard-Park & Komashie [12] who reported that the degree of patients information and involvement in the process of care providing has dramatically increased over the last decades, driving a change in status, from that of follower of the medical prescription to that of that of active part in cure.

Recommendation

Health care services should be strengthened even at community level so that there will be improvement in health seeking behaviour and perception regarding quality of health care services among patients with chronic illnesses from community to the national level.

Conclusion

This study concluded that respondents have preference for government facility and which may be influenced by their good perception of the quality of health care in the hospital. Financial resources and adequate information appears to be the essential variables predicting health seeking behaviour among chronic ill-patients.

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