ATTITUDE OF HEALTH WORKER TOWARD PATIENT RECOVERY AMONG SELECTED PRIVATE HOSPITAL IN OVIA NORTH EAST

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DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

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A RESEARCH PROJECT WRITTEN AND SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, FACULTY OF SOCIAL SCIENCE, UNIVERSITY OF BENIN. IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE (B.Sc) DEGREE IN THE DEPARTMENT OF SOCIAL WORK

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CERTIFICATION

This is to certify that this research work titled: Medical Workers Attitude Towards Patient Recovery In Edo Specialist Hospital, is done in fulfilment of the requirements for the award of a degree of Bachelor of Science (B.Sc.) in Social Work and was carried out by Jack

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DR. S. Yesufu **(Head of Department)**	**Date**

DEDICATION

I dedicate this project to first and foremost to God Almighty, the protector and the sustainer of my life, who kept me throughout my education process in good health. And to my beloved DAD, Mr. Ogbebor Osaromwenyeke, I love You.

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I render my sincere appreciation to GOD almighty the most beneficial and from whom all the wisdom and knowledge, intelligence comes from. He has always stood by me throughout my B.Sc program

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ABSTRACT

The studies examine Attitude Of Health Worker Toward Patient Recovery Among Selected Private Hospital In Ovia North East. The sample of the study comprises 100 respondents from the Selected Private Hospital In Ovia North East. The instrument of data collection was a questionnaire. Five research questions aided this research. The research questions were answered using statistical tool such as standard deviation and mean deviation. Chapter One will introduce the Topic and problems and give a brief history of the subject matter, statement of the problem , research objective, research questions, significant of the study and scope of the study, Chapter Two will deal with review of relevant literature and also connect the project to Theoretical framework. Chapter Three deals with the method by which the research will be conducted . Chapter four will focus on the analysis and presentation of the research findings and also discuss them, to conclude the project chapter five will look at summary, limitation, conclusion and then give recommendation on how improvement can be made on the attitude of medical workers towards patient recovery in specialist hospital

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The health sector is a vital component of any nation's development framework, and the attitude of healthcare professionals has consistently been identified as a determining factor in the quality of care and patient outcomes. (Fiscella K, & Gold, M. 2016). Studies in other parts of the world, including developed nations, have also emphasized the value of healthcare provider attitudes. According to a study conducted in the United Kingdom by Roter et al. (2017), hospitals with more compassionate and patient-centered communication observed shorter hospital stays and better clinical outcomes. Similarly, in South Africa, a study found that nurses' empathetic care led to a notable improvement in the recovery of post-operative patients (Mkhize & Nzimande, 2020). These findings reinforce the assertion that the psychological and emotional support embedded in positive medical worker attitudes can act as a therapeutic component of medical care.

In modern medical practice, beyond technical competence and availability of medical equipment, the attitude and interpersonal relationships of healthcare providers significantly influence the rate and quality of patient recovery (World Health Organization [WHO], 2020). This notion has gained traction in Nigeria where public and private healthcare systems alike often contend with issues of professionalism, poor patient-provider communication, and staff attitude. Private Hospital In Ovia North East, as a leading tertiary healthcare provider in Edo State, offers a critical context to examine the role of medical workers' attitudes on patient recovery.

The term “attitude” in healthcare refers to the behavioral expressions and mental dispositions of medical personnel such as doctors, nurses, and auxiliary staff—towards their patients. It encompasses aspects such as empathy, politeness, willingness to help, non-verbal communication, and overall conduct during medical interaction (Afolabi et al., 2019). Patients entering a healthcare facility are often anxious, fearful, and vulnerable, and the behavior of the healthcare workers can either alleviate or aggravate their condition. A positive attitude by medical staff not only improves patient satisfaction but has also been empirically linked to faster recovery rates, increased compliance with treatment, and reduced hospital readmission (Obi & Nwankwo, 2018).

In the Nigerian healthcare system, numerous studies have documented patient complaints regarding the indifferent, rude, and sometimes hostile attitude of medical personnel (Okeke & Umeora, 2017). These issues are often compounded by systemic challenges such as staff shortages, poor remuneration, long working hours, and lack of administrative support. As a result, health workers may become demotivated or burnt out, which inadvertently affects their interpersonal conduct with patients. Private Hospitals In Ovia North East is not exempt from these challenges, despite its status as been private. It is essential, therefore, to explore how the attitudinal disposition of its healthcare workforce impacts patient recovery trajectories.

In the specific context of Private Hospitals In Ovia North East, anecdotal evidence and preliminary observations suggest that while the hospitals provides commendable clinical services, variations in staff attitude especially in emergency, maternity, and outpatient departments may influence patient recovery differently. For instance, patients who report friendly and supportive

interactions with staff often express greater trust in the treatment process and show improved recovery rates compared to those who experience dismissive or harsh behavior.

This study, therefore, becomes significant as it seeks to systematically investigate the relationship between the attitude of medical workers and patient recovery outcomes among Selected Private Hospitals In Ovia North East. By identifying existing attitudinal patterns and their implications on patient health, the research will not only contribute to academic knowledge but also offer recommendations for hospital policy improvement, staff training, and enhanced patient satisfaction. Given the increasing emphasis on quality healthcare delivery and patient-centered care, such insights are critical for both healthcare administration and public health policy in Nigeria.

1.2 Statement of the Problem

The relationship between medical workers and patients plays a crucial role in treatment effectiveness. A supportive, respectful, and empathetic interaction can positively influence a patient's psychological state, increase adherence to treatment plans, and accelerate healing (Roter et al., 2017). However, among Selected Private Hospital In Ovia North East, there is limited empirical evidence that investigates how medical workers' attitudes—whether positive or negative—affect patient recovery specifically. Anecdotal reports suggest instances where patients feel neglected, disrespected, or emotionally distressed due to unprofessional conduct from staff. This issue is even more worrisome in critical care units, emergency departments, and maternal care wards where emotional support is often as important as medical intervention (Okeke & Umeora, 2017).

The quality of healthcare delivery is not solely dependent on medical equipment, infrastructure, or clinical expertise, but also on the interpersonal behavior and attitude of healthcare workers towards patients. In Nigeria, and particularly in tertiary healthcare institutions such as Private Hospital In Ovia North East, there is growing concern over the adverse effects of negative medical worker attitudes on patient well-being and recovery. While hospitals are expected to be places of healing and compassion, reports of poor communication, neglect, and outright aggression by some medical professionals threaten the essence of effective healthcare delivery (Obi & Nwankwo, 2018). This troubling pattern raises the need for systematic inquiry into how such attitudes influence recovery outcomes for patients, especially in a specialized hospital setting.

Negligence, a common manifestation of negative attitude, can result in delayed treatments, unmonitored conditions, and avoidable complications. In an environment like Private Hospitals In Ovia North East where patients often depend heavily on health workers for guidance and follow-up, negligence can have life-threatening consequences. Topol, E. (2019) opined that medical neglect as a factor responsible for poor recovery outcomes, patient dissatisfaction, and in extreme cases, mortality (Afolabi et al., 2019). Despite national ethical guidelines that mandate compassionate care, many Nigerian hospitals struggle to hold staff accountable for neglectful behavior, contributing to a cycle of institutional complacency and patient vulnerability.

Furthermore, aggression from healthcare workers—manifested through harsh language, impatience, shouting, or even physical intimidation—has been increasingly reported by patients and relatives. This behavior not only breaches ethical standards of medical practice but also creates a hostile healing environment (Mkhize & Nzimande, 2020). Patients exposed to

aggression may experience heightened stress, reluctance to communicate openly, and even trauma, which in turn impedes recovery. Unfortunately, these experiences are often underreported and rarely addressed with institutional reforms.

Despite the existence of medical codes of conduct and professional training programs, negative attitudes persist, raising questions about the adequacy of enforcement and the support structures available to medical workers. In many cases, negative behaviors stem from burnout, understaffing, low morale, and lack of continuous training in interpersonal skills (WHO, 2020). However, the failure to implement strategic interventions to curb these behaviors continues to affect patient recovery outcomes. In some Private Hospitasl In Ovia North East, while the infrastructure and clinical services may meet certain standards, unresolved human factor issues remain a barrier to achieving optimal patient care.

This study is therefore necessary to bridge the gap in research by examining the extent to which the attitude of medical workers impacts patient recovery among Selected Private Hospital In Ovia North East. By addressing these critical areas, the study will contribute evidence-based recommendations that can inform hospital policy, promote professional accountability, and enhance the patient care experience in one of Edo health care delivery among Private health care workers

.1.3 Research Questions

The study came up with research questions so as to be able to ascertain the above stated objectives. The specific research questions for the study are stated below as follows:

1. How does the medical worker-patient relationship affect patient recovery among Selected Private Hospital In Ovia North East?
2. What is the impact of medical workers' negligence on patients' recovery among Selected Private Hospital In Ovia North East?
3. How does medical workers' aggression influence patients' recovery among Selected Private Hospital In Ovia North East?
4. What strategies can be implemented to curb negative medical worker attitudes towards patient recovery among Selected Private Hospital In Ovia North East?

1.4 Objectives of the Study

The main objective of the study is to find out Medical workers attitude towards patient recovery among Selected Private Hospital In Ovia North East. In achieving this aim, the following specific objectives were laid out as follows:

1. To examine the impact of medical worker-patient relationships on patient recovery among Selected Private Hospital In Ovia North East.
2. To investigate the effect of medical workers' negligence on patients' recovery among Selected Private Hospital In Ovia North East
3. To assess how medical workers' aggression influences patients' recovery among Selected Private Hospital In Ovia North East
4. To explore strategies for curbing negative medical worker attitudes towards patient recovery among Selected Private Hospital In Ovia North East

1.6 Area of the Study

This study focuses on Private Hospitals In Ovia North East, key healthcare institutions in Edo State, Nigeria. The hospital serves as a referral centre providing both primary and specialized healthcare services to a diverse patient population. As a government-owned facility, it plays a crucial role in delivering affordable and accessible medical care to residents of the state and beyond.

Furthermore, Private Hospitals In Ovia North East provides a suitable case study due to its large patient influx, diverse healthcare services, and interaction between various cadres of medical workers and patients. Findings from this study will contribute to the broader discourse on patient-centred care and workforce ethics in Nigerian healthcare institutions, offering recommendations to improve service delivery and enhance patient outcomes.

1.7 Scope of the Study

This study focuses on medical workers' attitudes towards patient recovery among Selected Private Hospitals In Ovia North East. It specifically examines the impact of medical worker-patient relationships, medical workers' negligence, and medical workers' aggression on patient recovery. Additionally, the study explores possible strategies to curb negative attitudes among medical workers to improve patient outcomes. The research will cover doctors, nurses, and other healthcare professionals working in selected Private Hospitals In Ovia North East, as well as patients receiving treatment. Data will be collected through questionnaires, interviews, and observations to assess medical workers' behaviours and their effects on patient recovery. The study is limited to selected Private Hospitals In Ovia North East and does not extend to other healthcare institutions.

1.8 Significance of the Study

This study is significant as it highlights the impact of medical workers' attitudes on patient recovery among Selected Private Hospitals In Ovia North East. Understanding the relationship between medical worker-patient interactions, negligence, and aggression will provide insights into how these factors influence patient health outcomes. By identifying negative attitudes among medical workers, hospital management can implement policies and training programmes to enhance patient-centred care. The study will raise awareness among healthcare professionals about the consequences of their behaviours, encouraging better communication, empathy, and professionalism in patient care. Improved medical worker attitudes will lead to better healthcare experiences and faster recovery rates, ultimately increasing patient satisfaction. The study will provide evidence-based recommendations to guide the development of healthcare regulations and interventions aimed at reducing negligence and aggression in medical settings. The research will serve as a reference for further studies on medical worker attitudes and patient recovery, particularly in Nigeria and similar healthcare settings.

1.9 Operationalization of Terms

Medical Workers: Healthcare professionals, including doctors, nurses, and other hospital staff, responsible for providing medical care and support to patients.

Patient Recovery: The process of regaining health and well-being after receiving medical treatment, influenced by the quality of care and support provided by medical workers.

Medical Worker-Patient Relationship: The professional interaction between healthcare providers and patients, which includes communication, empathy, and trust, and plays a crucial role in patient recovery.

Medical Workers' Negligence: The failure of healthcare professionals to provide adequate care, attention, or follow medical protocols, which may result in harm or delayed recovery for patients.

Medical Workers' Aggression: Hostile or unprofessional behaviour displayed by medical workers, such as verbal abuse, rudeness, or impatience, which can negatively impact patient well-being and recovery.

Attitude: The behavioural tendencies, perceptions, and emotional responses of medical workers towards their duties and interactions with patients.

Curbing Negative Attitudes: The implementation of strategies, policies, and training programmes aimed at improving the behaviour of medical workers to ensure better patient care and faster recovery.

Patient health outcome: refers to the measurable changes in the health status of a patient that result from health care services or interventions. It encompasses both objective indicators, such as recovery rates, mortality rates, hospital readmissions, and infection rates, as well as subjective measures like patient satisfaction, functional status, and quality of life (Donabedian, 1988). The assessment of patient health outcomes is essential for evaluating the effectiveness, efficiency, and quality of health care delivery.

SECTION TWO

LITERATURE REVIEW

2.1 Introduction

This chapter is concerned with the review of various works done by different scholars and researchers on this area of the study. This chapter is divided into several sections. It emphasizes on review of theoretical literature and review of empirical studies.

2.1 Definition of Concepts

2.1.1 Health Care Workers

Health care workers are the backbone of any functioning health system. They encompass a wide range of professionals and support staff who are directly or indirectly involved in the delivery of health care services. These include physicians, nurses, pharmacists, laboratory scientists, radiographers, physiotherapists, hospital administrators, and even non-clinical personnel such as cleaners and security personnel in health facilities. According to the World Health Organization (WHO), health care workers are defined as "all people engaged in actions whose primary intent is to enhance health" (WHO, 2020). This includes both professional and auxiliary workers in both formal and informal health sectors.

In the context of patient care, health care workers are pivotal in ensuring the diagnosis, treatment, and rehabilitation of patients. Their availability, competence, and motivation directly influence the quality of care provided and, ultimately, patient outcomes. In private hospitals, health care workers are often employed on a contractual or full-time basis, and their roles may be more specialized due to better funding and structured human resource systems compared to public hospitals (Ameh et al., 2017). However, regardless of the setting, the effectiveness of health care

workers is influenced by factors such as work environment, training, remuneration, and workload (Adams & Walls, 2018).

Health care workers also play a critical role during health crises. For example, during the COVID-19 pandemic, they were at the frontline of testing, treatment, and vaccination campaigns. Their resilience and adaptability under stress were essential to sustaining health systems under pressure (Bandyopadhyay et al., 2020). It is therefore vital that adequate policies be in place to support their mental and physical well-being.

2.1.2 Patient Recovery

Patient recovery refers to the process through which a patient returns to a state of health and functionality following an illness, injury, or medical intervention. Recovery may be short-term or long-term and involves physical, psychological, emotional, and sometimes spiritual healing. The concept goes beyond the absence of disease; it includes the regaining of strength, resumption of daily activities, and improved quality of life (National Institutes of Health [NIH], 2021).

Recovery is influenced by several interrelated factors, including the severity of the illness, the type of treatment received, the quality of care, and the patient's individual characteristics such as age, mental state, and social support. Health care workers play a central role in facilitating patient recovery through accurate diagnosis, prompt treatment, patient education, and emotional support. In private hospitals, recovery may be faster due to better infrastructure, reduced patient-to-staff ratios, and access to advanced medical technologies (Odetola, 2015).

Another critical dimension of patient recovery is the post-discharge phase. Effective follow-up care, including physical therapy, medication adherence, and psychological support, significantly

impacts long-term recovery. The integration of digital tools like telemedicine and mobile health apps has also enhanced monitoring and engagement during this phase (Topol, 2019).

2.1.3 Private Hospitals

Private hospitals are medical institutions owned and operated by individuals, companies, religious organizations, or non-governmental bodies, as opposed to being funded and managed by the government. These hospitals operate with varying objectives: some are profit-driven while others are non-profit organizations that provide specialized or faith-based care. Regardless of ownership structure, private hospitals play a significant role in the delivery of health care services, especially in countries where public health systems are underfunded or overstretched (International Finance Corporation [IFC], 2019).

In Nigeria, private hospitals account for a large share of health service delivery, particularly in urban areas. They are often characterized by better infrastructure, shorter waiting times, and more personalized services. Patients in private hospitals typically pay out-of-pocket or through private insurance schemes. This limits access primarily to middle- and high-income groups, although some private hospitals offer charity care (Onwujekwe et al., 2010).

The efficiency and responsiveness of private hospitals can enhance patient satisfaction and recovery. However, challenges remain, including high costs, under-regulation, and occasional lapses in quality control. Nevertheless, the private health sector remains a vital component of Nigeria's health system, contributing significantly to the goals of Universal Health Coverage (UHC) and health system resilience (Adebayo et al., 2016).

2.2 Patients in Hospital

A patient is any recipient of health care services that are performed by healthcare professionals. The patient is most often ill or injured and in need of treatment by a physician, nurse, optometrist, dentist, veterinarian, or other health care provider (Neuberger, 2009).

There are different types of patients in hospitals: An outpatient (or out-patient) is a patient who attends an outpatient clinic with no plan to stay beyond the duration of the visit. Even if the patient will not be formally admitted with a note as an outpatient, their attendance is still registered, and the provider will usually give a note explaining the reason for the visit, tests, or procedure/surgery, which should include the names and titles of the participating personnel, the patient's name and date of birth, signature of informed consent, estimated pre-and post-service time for history and exam (before and after), any anesthesia, medications or future treatment plans needed, and estimated time of discharge absent any (further) complications.

Treatment provided in this fashion is called ambulatory care. Sometimes surgery is performed without the need for a formal hospital admission or an overnight stay, and this is called outpatient surgery or day surgery, which has many benefits including lowered healthcare cost, reducing the amount of medication prescribed, and using the physician's or surgeon's time more efficiently. Outpatient surgery is suited best for more healthy patients undergoing minor or intermediate procedures (limited urinary-tract, eye, or ear, nose, and throat procedures and procedures involving superficial skin and the extremities). More procedures are being performed in a surgeon's office, termed office-based surgery, rather than in a hospital-based operating room.

An inpatient (or in-patient), on the other hand, is "admitted" to stay in a hospital overnight or for an indeterminate time, usually, several days or weeks, though in some extreme cases, such as

with coma or persistent vegetative state, patients can stay in hospitals for years, sometimes until death. Treatment provided in this fashion is called inpatient care. The admission to the hospital involves the production of an admission note. The leaving of the hospital is officially termed discharge, and involves a corresponding discharge note, and sometimes an assessment process to consider ongoing needs. In the English National Health Service this may take the form of "Discharge to Assess" - where the assessment takes place after the patient has gone home (Carrigan, 2011)

Misdiagnosis is the leading cause of medical error in outpatient facilities. When the U.S. Institute of Medicine's groundbreaking 1999 report, To Err Is Human, found up to 98,000 hospital patients die from preventable medical errors in the U.S. each year, Early efforts focused on inpatient safety. While patient safety efforts have focused on inpatient hospital settings for more than a decade, medical errors are even more likely to happen in a doctor's office or outpatient clinic or center(Singh,2018). A day patient (or day-patient) is a patient who is using the full range of services of a hospital or clinic but is not expected to stay the night. The term was originally used by psychiatric hospital services using of this patient type to care for people needing support to make the transition from in-patient to out-patient care. However, the term is now also heavily used for people attending hospitals for day surgery.

2.3 Medical Workers Attitude

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. 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-noncore (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 in a case of emergency, routine doctor's 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; Angioha, Nwagboso, Ironbar, & Ishie, 2018; Ukwayi, Angioham& Ojong-Ejoh, 2019; Agba, Nkpoyen, & Ushie, 2010). 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. Significant number of studies have also been carried out in Nigeria public hospitals and their

outcomes revealing. However, there is near absent of empirical research on the effect of health workers‟ attitude on patient recovery process. This study is therefore set to bridge this knowledge gap by investigating the correlate between attitude of health workers and the recovery of outpatients. Specifically, the study examines the relationship between negligence by health workers and outpatients‟ recovery; as well as investigate the links between health workers‟ aggression and outpatients‟ recovery.

2.3.1 Medical Worker-Patient Relationship

The doctor–patient relationship has sometimes been characterized as silencing the voice of patients (Elliot, 1992). It is now widely agreed that putting patients at the centre of healthcare by trying to provide a consistent, informative and respectful service to patients will improve both outcomes and patient satisfaction (Frampton, 2017). When patients are not at the centre of healthcare, when institutional procedures and targets eclipse local concerns, then patient neglect is possible (Reader, 2013). Incidents, such as the Stafford Hospital scandal, Winterbourne View hospital abuse scandal and the Veterans Health Administration controversy of 2014 have shown the dangers of prioritizing cost control over the patient experience. Investigations into these and other scandals have recommended that healthcare systems put patient experience at the center, and especially that patients themselves are heard loud and clear within health services(Weingart, 2006).

There are many reasons for why health services should listen more to patients. Patients spend more time in healthcare services than regulators or quality controllers, and can recognize problems such as service delays, poor hygiene, and poor conduct (Berwick, 2009). Patients are particularly good at identifying soft problems, such as attitudes, communication, and 'caring neglect', that are difficult to capture with institutional monitoring (Roberts, 2014). One important

way in which patients can be placed at the centre of healthcare is for health services to be more open about patient complaints. Each year many hundreds of thousands of patients complain about the care they have received, and these complaints contain valuable information for any health services which want to learn about and improve patient experience (Levitizion, 2010).

2.4 Medical Workers Negligence and Patients' Recovery

Medical workers' negligence and patients' recovery Services of a health facility is determined by the attitude of its workers. This is because the expectations of patients from health workers include demonstration of goodwill, empathy and courtesy (Oluyemi, Yinusa, Abdulateef, Atolagbe, Adejoke, Kehinde, Gbenga & Motolani, 2018; Agba, Akpanudoedehe, & Ocheni, 2014; Agba, Nkpoyen, & Ushie, 2010 Akpabio, Angioha, Egwuonwu, Awusa, & Ndiyo, 2020).

However, the nonchalant attitudes of some health workers have caused many scholars to questions if they understand that health business revolves around the patients. Boudreaux, Ary, Mandry and McCabe (2010), Iliyasu, Abubakar, Law and Gajida (2010) observe that the patient is central to the health business whether it involves response to life-saving interventions and emergencies, time spent by outpatients to access treatment or the challenges experienced in getting prescribed drugs. Net, Chompikul and Sermisri (2007) opine that the nonchalant attitudes of health workers could lead to deaths of many outpatients than the diseases or illnesses that actually took them to the hospitals.

There is also increasing concern that the healthcare delivery system is substituting its humanistic touch of care giving to wealth accumulation and material possession. Vinagree and Neves (2008) and Russell (2008) argue that, unlike in the past where individuals chose the path to care-giving as a call to selfless humanistic service, many health workers today are in the vocation for the

purpose of wealth accumulation. Thus, they see patients as nuisance, demanding too much; rather than, patients requiring help, care, love and treatment. Perhaps, this is the reason why many deaths are recorded in Nigeria hospitals while outpatients awaits treatment. One way to justify the conclusion that health workers today are more interested in the financial gains than offering healthcare to patients is the issue of money before treatment template advocated in both public and private hospitals in Nigeria.

The inability of patients to pay what is required on arrival at the hospital often lead to abandonment and some die in the process. This includes cases of emergencies, where a patient is brought to the hospital in dire need of medical attention involving gunshot wounds, accident victims, excessive bleeding, etc. Considering the high level of poverty among many Nigerians, it is often not easy to provide the required amount at the point of entry in the hospital. So by the time the family members or guardians are able to gather the required amount for treatment, the patient may have outlived the period for resuscitation. In most cases, the patients die shortly after payment is made by family members.

This trend according to Obinna (2011), has been on-going for long, so much that the former Minister of Health, Prof. Babatunde Osotimehin remarked in 2009 that health workers were largely responsible for the death of patients in various hospitals across the country. Although critics put the blame of health workers‟ negligence on lack of effective disciplinary body to checkmate and sanction offending health workers, health professionals on the other hand have blamed the inefficiency in the health care system to capital flight, insufficient health workers and overwhelming number of patients. The justification of the negligence and aggression towards patients is often pecked on the overwhelming presence and ratio of patients to a health worker. A study by Hall, Horgan, Stein and Roter (2012) showed that a doctor in a public hospital is

responsible to over 200 patients and that most of the health facilities are overstretched as a result of the overwhelming crowds that usually seek medical services.

Thus, unfavourable working environment is believed to be the catalyst to health workers‟ nonchalant attitudes towards patients. It should be noted that a patients‟ recovery rate is dependent on healthcare service quality. In this regard, the quality of healthcare service is said to be the measure of degree of inconsistency between patients‟ perception and expectations. Because perception is usually negative among patients, when it becomes positive, then satisfaction is achieved. Consumer dissatisfaction usually occurs when the expectations of the patients are greater than the actual performance of service delivered by the hospital (Shaofeng, 2012).

In contrast, patients often relish with high degree of satisfaction when the perception of services received is clearly in excess of the expectations (Sofaer & Firminger, 2015; Iji, Angioha, & Okpa, 2019; Ushie, Agba, Olumodeji & Attah, 2011; Agba, Ushie & Osuchukwu, 2010; Iji, Ojong & Angioha, 2018). Assessment of patients‟ perception of the quality of care and satisfaction with the health services has assumed a more prominent role in the last two decades especially with the advent of consumer movement organizations in developed countries (Coulter, 2016). The quality of care can be evaluated from the perspective of the patient and managers of institutions (Donabedian, 2010; Agba, Angioha, Akpabio, Akintola & Maruf, 2021). It provides a feedback about services rendered, highlighting areas of strengths as well as deficiencies that need to be improved upon. The satisfaction patients get in a particular health services is an indispensable determinant of their healing and rehabilitation. Studies on patients‟ satisfaction with the service delivery started in the 1970s (Yu, Wang, Chen, Zhang, Yu & Gu, 2015). Findings from early

studies showed high level dissatisfaction with doctors than among nurses (Yu, Li, Xue, Wang, Liu, Chen & Zhang, 2016).

According to Yu, et al. (2016), majority of the dissatisfactions was recorded among outpatients, bothering on distance covered to reach the health facility, time spent waiting for consultation, lack of adequate information, etc. The relevance of these studies has been found not to be only beneficial to patients‟‟ recovery but also to managers of health care facilities. Studies propose that a culture of abuse in institutions dealing the those with intellectual disabilities is contributed to social isolation of residents, ineffective staff supervision, and a lack of recognition of abuse by staff (Patterson et al, 2020). Andrew Phelvin draws comparison between the institutional abuse at the Winterbourne View in the UK and the Iraq Abu Ghraib torture case and Stanford prison experiment citing Philip Zimbardo. He notes the playful nature of abuse amongst staff, the previous good character of the staff, "deviant norms" of the institution and DE individuation of staff (Andrew, 2014).

Discussing possible means of prevention, McDonnell et al., identify physical restraint as a potential mediator for the development of an abusive culture and suggest requiring management of organizations to demonstrate how its use is being reduced as well suggesting involving patients in their care and staff debriefing as means of reducing use. They also suggest an approach that pays attention to human rights, and positive risk taking, leadership focused on providing feedback and monitoring good practice rather than administration, reflective practice, and encouraging a "low arousal" environment where staff modify their body language and perception of situations to reduce arousal in an environment (Mcdonnell, 2014).

2.5 Medical Workers Aggression and Patients' Recovery

The relationship between patients and health workers in the Nigeria health system is that of command and obey. The monopoly of medical knowledge and competence of healing, is exclusive to health workers, and the perceived incompetence of the patients to treat themselves created this unbalanced relationship. From the perspective of patients, the ideal relationship between the health worker and the patient should be symbiotic as that of a buyer and a seller in a business environment; where both exhibit mutual respect for each other, knowing that the success of one depends on the cooperation of the other (Andersen, 2014; Zaroui, Joulei, Dorabi & Faraouei, 2015; Attah & Angioha, 2019; Agba, Ushie, & Osuchukwu, 2010).

But in the health care system, patients are seen and regarded as „beggars‟ while the health givers are the „saviours‟ and „givers‟. Bitzer, Volkmer, Petrucci, Weissenrieder and Dierks (2012) identified the determining factor to this unfavourable relationship to be good health, which the patient seeks to attain at all cost. Health workers have ultimate control over the decisions and actions of patients with regards to their care and treatment. In the quest to exercise authority, a patient who disagrees with the instruction or disregards the orders of the health worker is labelled a "bad patient", "stubborn", "troublesome", "insubordinate to treatment" or "disobedient patient" (Andersen, 2014).

When such a patient is identified, the health workers becomes aggressive toward him/her and often punish him or her by refusing treatment or simply delaying him or her by treating others behind the queue (Jekwes, Abrahams & Mvo, 2008; Andersen, 2014). The health worker therefore uses aggression as a way of stamping their authority over patients. Verbal abuse is another form of aggression that is often observed among health workers, especially in public

hospitals. Patients who are unable to keep appointment dates and time or considered irresponsible by the health workers were often verbally abused.

Dapaah (2016) observe that, most health workers usually abuse and blame patients for their health condition. Cases of physical abuses are also recorded in some hospitals. Perhaps, due to the authoritative nature of health workers, patients who are perceived to be stubborn are usually abused physically to ensure compliance. For instance, Brown (2010) found in a study in the labour ward of a Kenyan hospital that midwives used physical abuse and bizarre approaches such as tying non-compliant patients to their beds so they would be still for examination during labour and be delivered of their babies safely.

Another negative attitude of health workers that has been observed in public hospitals is poor communication. It is a fact that majority of health workers do not have the requisite communication skills to communicate with patients. Medical doctors, nurses and other paramedics are fond of talking harshly on patients at the least provocation. Majority of the health workers are seen to be always angry and talk to patients angrily, while trying to communicate with them. Jekwes, Abrahams and Mvo (2008) pointed that the harsh words from health workers have more damaging effects on the health of the patients than the diseases or illnesses that brought them to the hospital.

Attitude of discrimination is another negative attitude identified among health workers, predominantly in public hospitals. Attitudes of discrimination among health workers are seen in different forms and scales. One of the obvious forms of discrimination identified among health workers is the discrimination and exclusion of persons with certain types of diseases; for example, people living with HIV/AIDS (PLWHA). Kapologwe, Kabengula and Msuya (2011)

observe high level discrimination among HIV/AIDS patients who routinely visit the hospital for medications.

Another form of discrimination seen among health workers is the preference for health services to educated and rich patients to the disadvantage of the poor and illiterates. For instance, in a study of a Ghanaian hospital, Andersen (2014) describes the discrimination as "differential treatment". She noted that educated patients were privileged to receive immediate and high quality treatment in the hospital, while the uneducated and poor patients on the other hand often waited in long queues before receiving treatment. These negative attitudes of health workers bothering on discrimination, oppression, verbal and physical abuses, etc have had damaging effects on the recovery process of patients, especially the patients.

The rate of aggression within the health care varies by country, globally 24% of healthcare workers experience physical violence each year and 42% experience verbal or sexual abuse. This rate has been decreasing in North America and increasing in Australasia. In Europe, rates of verbal abuse have decreased and physical violence have remained stable over the past decade (Birgitte, 2019). Aggression and violence negatively impact both the workplace and its employees. For the organisation, greater financial costs can be incurred due increased absences, early retirement and reduced quality of care. For the healthcare worker however, psychological damage such as post-traumatic stress can result, in addition to a decrease in job motivation. Aggression also harms patient care. Rude remarks from patients or their family members can distract healthcare professionals and cause them to make mistakes during a medical procedure (Berkowitz, 2019).

A survey from the British National Audit Office Ruud (2003) stated that aggression and violence accounted for 40% of reported health and safety incidents amongst healthcare workers. Another survey looking into the abuse and violence experienced in 3078 general dental practices over a period of three years found that 80% of practice personnel had experienced self-reported verbal abuse, abuse or violence. It was reported that, over 12 months in Australian hospitals, 95% of staff had experienced verbal aggression. In the UK over 50% of nurses had experienced aggression or violence over a 12-month period. In the United States, the annual rate of nonfatal, job-related violent crime against mental healthcare workers was 68.2 per 1,000 workers compared to 12.6 per 1,000 workers in all other occupations.

In the United States, the emergency department is one of the most high-risk places to work in a hospital, which makes sense because most individuals in the emergency room are people who have just been injured and need to be rushed to the hospital. That situation is very stressful and scary for most people, so it may lead to emotions that are not truly meant, including aggressive emotions. Nurses' reports of patient aggression is not always taken seriously, which can make nurses less likely to report, ultimately leading to mental health issues It was stated that nonfatal injuries because of aggression were three times more frequent against health care professionals than private industry workers (Thurnhill, 2011).

Many factors are correlated with an increased risk of violence. Regarding workplace design, poor delineation of staff only areas, overcrowding, poor access to amenities and unsecured furnishing increase the risks of violence. Regarding work practices, waiting times, poor customer service, working alone, lack of training, low level of staff empowerment, lack of deescalation training, lack of staff training in the cause of violence, the use of physical restraint and the presence of cash on-site is correlated with violence. Physicians who are unprepared, lacking in

education about violence including descalation, lacking in medical skills of social skills, less experienced, overworked are more likely to be involved in violence. The physicians interpersonal style, personality and emotional state are correlated with violence (Hobbs, 2016)

Patients who experience poverty or social exclusion, or lack the language of cultural competence to interact with physicians are more likely to be involved in violence. As well as those with certain injuries or disorders, such as head injuries, some psychiatric disorders, or thyroid disorders. Stressors, lack of respect and perceived respect, experience of poor healthcare historically, and intoxication are also risks for violence (Denna, 2019).

Regarding the interactions that preceded aggression, misunderstandings or disputes about medical issues, patients being or feeling dismissed, dissatisfaction with care, physical contact, frustration with the patients intention, and involuntary treatment are correlated with violence (Busnman, 2013). Patient-on-professional aggression can be classified as Type II; where the perpetrator commits a violent act whilst being served by the organisation, with which they have a legitimate relationship. It is uncommon for such attacks to result in death, however they are evidently responsible for approximately 60% of non-fatal assaults at work. Within this classification that is based on the relationship between the perpetrator and victim, Type I aggression involves the perpetrator entering the workplace to commit a crime–having no relationship to the organisation or its employees. Type III deals with a current/former employee targeting a co-worker or supervisor for what they perceive to be wrong-doing. Type IV aggression involves the perpetrator having an ongoing/previous relationship with an employee within the organisation (Julian,2014).

2.6 Review of Empirical Studies

Manaf and Nooi (2009) posit that prompt response of medical 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.

Russel (2008), Oluyemi, Yinusa, Abdulateef, Atolagbe, Adejoke, Kekinde, Gbenga, and Motolani (2018), who argue that negligence by some medical workers accounts for the death of many patients awaiting treatment in public hospitals. Similarly, Obinna (2011) posit that some medical workers are largely responsible for the death of patients in various hospitals across Nigeria. Although this may be true, Hall, Horgan, Stein and Roter (2012) argue that, the negligence by health workers that leads to patients‟ death are not deliberate, but orchestrated by over-stressed facilities and overcrowding. They posit that, a doctor in public hospital is responsible to over 200 patient as against best practices.

Andersen (2014), Zaroui, Joulei, Dorabi and Faraouei (2015), posits that a situation where medical workers regards patients as "beggars" and health givers as "saviour" create aggressive behaviour among health officials, which negatively affect the recovery of outpatients in most hospitals. Andersen (2014) observe that, health workers‟ aggression towards patient can take the form of refusing or delaying treatment, verbal attack or labelling of patient as "bad patient"; and all these affect the recovery rate of outpatients.

More so, Brown (2010) and Dapaah (2016) posit that some medical workers physically abuse patients and blame them for their health conditions rather than provide ways for expediting their recovery. According to Jekwes, Abraham and Mvo (2008), hard worlds from health workers

have significant damaging effect on the health of patients than the illnesses that informed their coming to the hospital.

Another study (Mohammed, 2007) gives credence to Walsh's assertion in a study conducted for analysis of medical workers-patient interaction. The results of this study showed "an asymmetry in the interaction – a fact that qualifies the medical workers-patient interaction as one of control, domination and effacement of individuality. These factors show that the ideology of the hospital (institution), with respect to the patient is characterised by imposition of authority and alienation". Over 50 years ago, Eldred reminded nurses that, "words are but a part of the process of communication; therefore nurses must be aware of what their gestures, inflections and movements say to patients" (Carvalho and Scochi, 2007).

A study (Aguerd et al., 2001) which evaluated the quality of nursing care in Morocco, revealed some problems which hinder the provision of quality nursing care as follows; shortage of necessary materials; a lack of plan for ongoing nursing staff training; the absence of an on going method of evaluating quality nursing care; a lack of dialogue between the nurse and the patient, and the human aspect of services; a lack of structure and site for intake; the quality of intake; dressing and urine sampling does not respect the norms; negligence of rules in the execution of care in the area of communication, information and well-being of the patient; the nonexistence of supervision, training and motivation of the nurses.

Abiodun (2011) Ibrahim et al. (2014) and Inyang and Doubrapad (2016) which suggests negative attitude of health workers towards patients. Result also showed that, although about one third of the participants in the study disagreed that health workers suspect that patients have EVD when they have a first contact with them, almost half of the participants agreed that health workers are

actually afraid of patients when they come in contact with them because of fear of contacting EVD.

Kiely and Pankhurst (1998) explore the issue of violence experienced by staff in the learning disability service of an NHS Trust in UK, revealed that in the whole, support received from colleagues is generally regarded as more helpful than that of line management, and concluded that in addition to formal system of support and counseling, peer support, in which small groups of staff meet in confidence to discuss work-related problems, could help in both coping with the effects of violence and preventing in occurrence.

Cutcliffe (1999) performed a hermeneutic study on the lived experience of nurses who experience violence perpetuated by individuals suffering from enduring mental health problems within an East Midlands psychiatric hospital, in UK. The unit was chosen as it was reported to have the highest level of in-patient violence, and that it was more likely that the nurses on this unit would provide the richest source of data. He discovered that nurses viewed formal support mechanisms such as debriefing and clinical supervision, together with informal support mechanisms such as spontaneous chats and socializing with colleagues as effective methods of reducing the stress producing in nurses following a violent incident.

In a research, Runyan (2001) stated that, ‘Improving our understanding of the circumstances where violence against workers occurs will help us develop intervention strategies’ (p. 169). Since then, despite substantial research on patient violence in hospitals, its root causes have not been identified.

2.7 Theoretical Framework

To understand the attitude of medical workers towards patient recovery among Selected Private Hospital In Ovia North East, two relevant social work theories can be applied:

2.7.1 The Person-Centred Theory

Developed by Carl Rogers (1951), the Person-Centred Theory emphasises the importance of empathy, positive regard, and patient-centred care in promoting well-being. This theory asserts that individuals have the capacity for self-healing and growth when they receive support in a compassionate and non-judgmental environment.

In the context of this study, the medical worker-patient relationship is crucial for ensuring effective patient recovery. When medical w

\rkers display positive attitudes, active listening, and emotional support, patients are more likely to experience reduced stress, improved adherence to treatment, and faster recovery. Conversely, medical workers' negligence and aggression can hinder this process, leading to poor patient experiences and delayed recovery outcomes.

2.7.2 The Systems Theory

Proposed by Ludwig von Bertalanffy (1968) and later applied to social work by Pincus and Minahan (1973), the Systems Theory suggests that individuals function within interconnected systems, including personal, social, and institutional networks. The theory posits that healthcare workers, patients, hospital management, and government policies are all part of a larger healthcare system, and dysfunction in one aspect affects the entire system.

Applying this theory to the study, negative attitudes of medical workers such as negligence, aggression, and lack of communication can disrupt the hospital system, leading to poor patient

outcomes, lower hospital efficiency, and reduced trust in healthcare services. To improve patient recovery, interventions should target not only individual behaviours but also institutional policies, training programs, and workplace culture to foster a more supportive healthcare environment. These theories provide a framework for understanding how medical workers' attitudes influence patient recovery and suggest ways to enhance positive interactions, reduce negligence, and improve hospital policies to create a more patient-centred healthcare system.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter explains the method and materials that was adopted this research, this chapter provides a detailed explanation of method and materials used in conducting this study as well as the selected method of data analysis and data collection method. This was done under the following subheading:

- Research design
- Population of the study
- Sample Size and sample technique
- Instrument of data collection
- Method of data collection
- Method of data analysis

3.1 Research Design

The research design for this study was be the descriptive survey research design. The survey method is an indispensable data collection tool which is used in gathering first hand information on a subject of interest to the researcher. The survey method was adopted due to its efficacy in collecting useful data from sample population to stand as a representative of the entire population within a relatively short period of time (Nwajwi2000).

3.2. Research Design

The study was adopt the descriptive survey research design. The design was chosen because the researcher will collect and analyze quantifiable information that can be use to make statistical inferences from the sampled population to the entire population of the study.

3.3 Population of the study

The population of this study comprises of ten (10) private hospitals domicile in Ovia North east Local Government Area. Benin city Edo state.

3.4 Sample Size And Sampling Techniques

This research work was adopt the systematic random sampling in selecting the respondents from the total population . The sample size of this study will consist of five percent of the total population of medical workers in the 10 randomly selected Private hospitals domicile in Ovia North East Local government.

The researcher will conveniently select 10 Private Hospitals in Ovia North East Local government Area. And in each of these Private hospitals, 10 respondents will be systematically and randomly selected and questionnaire will be administered to them. This will cumulate to 100 respondets in total from the 10 Privaste phospitala that was randomly selected.

3.5 Method Of Data Collection

The method of data collection was be primary source. The primary source utilizes the questionnaire which will be appropriate for this study. Questionnaires and as well as actual observation of the environment will be used as the instruments for data collection. The instrument will have two sections A and B. Section A items will sought for personal data, while

section B of the questionnaire will look at the subject matter i.e Attitude Of Health Worker Toward Patient Recovery Among Selected Private Hospital In Ovia North East.

3.6 Validity And Reliability Of The Study

The questionnaire that was used as the research instrument will be subjected to face its validation. This research instrument (questionnaire) that will be adopted will be adequately checked and validated by the supervisor, his contributions and corrections will be included into the final draft of the research instrument used.

The reliability of the instrument was determined by administering the questionnaire to fifty (50) respondents. The data that will be collected from the students will be subjected to cronbach alpha reliability statistics.

3.7 Method Of Data Analysis

The research used descriptive and inferential statistics in analyzing the data to find out the response of the respondents on Attitude Of Health Worker Toward Patient Recovery Among Selected Private Hospital In Ovia North East.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

4.1 Introduction

This chapter presents, analyzes, and interprets the data collected through questionnaires administered to respondents from selected private hospitals in Ovia North-East Local Government Area. A total of 100 valid responses were analyzed. The data presentation follows the structure of the research objectives, including demographic characteristics, the relationship between health workers and patients, health worker negligence, aggression, and strategies for improving worker attitudes toward patient recovery.

4.2 Section A: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Sex	Male	42	42.0
	Female	58	58.0
Age	Below 20 years	6	6.0
	20–30 years	28	28.0
	31–40 years	36	36.0
	41–50 years	20	20.0
	51 years and above	10	10.0
Religion	Christianity	74	74.0
	Islam	18	18.0

	Traditional Religion	8	8.0
Marital Status	Single	32	32.0
	Married	52	52.0
	Divorced	8	8.0
	Widowed	5	5.0
	Separated	3	3.0
Educational Qualification	Non-formal	5	5.0
	Primary	10	10.0
	Secondary	32	32.0
	Tertiary	53	53.0
Years of Service	5–10 years	25	25.0
	11–15 years	28	28.0
	16–20 years	22	22.0
	21–25 years	15	15.0
	Above 25 years	10	10.0

Source; Field Work 2025

The demographic profile reveals that a majority of the respondents were females (58.0%), indicating that the nursing and healthcare workforce in private hospitals of Ovia North-East is predominantly female, a trend consistent with national and global patterns in healthcare professions. The largest age group was between 31–40 years (36.0%), suggesting a youthful but experienced workforce actively involved in patient care. Regarding religion, 74.0% identified as Christians, reflecting the general religious demographics of the region.

In terms of marital status, 52.0% were married, which implies that a significant proportion of the respondents balance professional duties with family responsibilities, potentially influencing their attitudes toward patients and empathy levels. Educational qualification data showed that 53.0% had tertiary education, confirming that most respondents are well-trained and professionally qualified. Concerning work experience, 25–28% have served between 5–15 years, which represents an optimal mix of experience and energy, potentially affecting how they handle patient recovery. Collectively, these findings indicate that the respondents possess the demographic and educational capacity necessary for professional healthcare service delivery, making their opinions reliable for this study.

4.3 Section B: Health Worker–Patient Relationship

(Objective 1: To examine how the relationship between health workers and patients influences recovery in selected private hospitals in Ovia North-East)

Statement	SA	A	N	D	SD	Total	Mean
Health workers listened carefully to my concerns.	50 (50.0%)	40 (40.0%)	5 (5.0%)	3 (3.0%)	2 (2.0%)	100	4.33
Health workers treated me with respect and dignity. (45.0%)	45	45 (45.0%)	7 (7.0%)	2 (2.0%)	1 (1.0%)	100	4.31
Health workers explained my diagnosis and treatment clearly.	32 (32.0%)	50 (50.0%)	10 (10.0%)	5 (5.0%)	3 (3.0%)	100	4.03
Health workers involved me or my family in care decisions.	30 (30.0%)	48 (48.0%)	12 (12.0%)	6 (6.0%)	4 (4.0%)	100	3.94
I felt comfortable asking questions.	25 (25.0%)	40 (40.0%)	20 (20.0%)	10 (10.0%)	5 (5.0%)	100	3.70
Communication between the health team and me was timely.	30 (30.0%)	50 (50.0%)	14 (14.0%)	4 (4.0%)	2 (2.0%)	100	4.02

Overall Mean Score = 4.06***Source; Field Work 2025***

The results in Table 4.2 provide insights into the overall quality of the relationship between patients and health workers in private hospitals within Ovia North-East. The findings demonstrate that the respondents generally hold a positive perception of this relationship. The item “Health workers listened carefully to my concerns” recorded the highest mean score of 4.33, indicating that patients feel heard and valued. Effective listening is a crucial component of patient-centered care, as it enhances trust and facilitates a sense of partnership between caregivers and recipients of care.

Similarly, the statement “Health workers treated me with respect and dignity” yielded a high mean score of 4.31, suggesting that most respondents perceive health workers as courteous and professional. Respectful treatment has been widely linked to improved patient satisfaction and adherence to medical advice, which can speed up recovery.

Items such as “Health workers explained my diagnosis and treatment clearly” (mean = 4.03) and “Communication was timely” (mean = 4.02) also scored well, underscoring the importance of effective communication in patient recovery processes. Clear and prompt communication minimizes anxiety and enhances patients’ understanding of their medical condition, allowing for more active participation in treatment.

On the other hand, the lowest mean (3.70) was recorded for “I felt comfortable asking questions.” While still positive, this suggests that a small proportion of patients may feel hesitant to express themselves, possibly due to hierarchical barriers, perceived intimidation, or cultural norms that discourage questioning authority figures.

Overall, the aggregate mean of 4.06 indicates a strong positive relationship between health workers and patients. This implies that interpersonal communication, respect, and empathy play

essential roles in facilitating patient recovery in the studied hospitals. The results align with contemporary healthcare theories emphasizing that emotional support, effective communication, and shared decision-making significantly influence treatment outcomes and the general well-being of patients.

4.4 Section C: Medical Workers' Negligence and Patient Recovery

(Objective 2: To determine how negligence among health workers affects patient recovery)

Statement	SA	A	N	D	SD	Total	Mean
Negligence (e.g., delays, missed checks) has negatively affected recovery.	36 (36.0%)	42 (42.0%)	10 (10.0%)	7 (7.0%)	5 (5.0%)	100	3.97
Staff workload/understaffing contributes to lapses in care.	38 (38.0%)	40 (40.0%)	12 (12.0%)	6 (6.0%)	4 (4.0%)	100	4.02
Delayed response to patients' needs is common.	28 (28.0%)	37 (37.0%)	15 (15.0%)	12 (12.0%)	8 (8.0%)	100	3.65
Failure to follow up after treatment affects patient outcomes.	33 (33.0%)	45 (45.0%)	12 (12.0%)	6 (6.0%)	4 (4.0%)	100	3.97

Overall Mean Score = 3.90, ***Source; Field Work 2025***

The findings above reveal that negligence by health workers remains a significant factor influencing patient recovery in private hospitals within Ovia North-East. The statement "Staff workload/understaffing contributes to lapses in care" recorded the highest mean (4.02), highlighting the direct impact of resource constraints on quality healthcare delivery. Overworked staff are more prone to fatigue, errors, and reduced attentiveness, which can delay response times and compromise recovery outcomes.

The statement “Negligence has negatively affected recovery” also recorded a high mean (3.97), signifying that a considerable portion of patients have observed or experienced the adverse consequences of neglect. This aligns with reports from respondents who noted issues such as missed vital checks and delayed responses.

“Failure to follow up after treatment” (mean = 3.97) underscores the critical role of continuity of care in full patient recovery. When follow-up is inconsistent, complications may arise, leading to readmissions or slower healing.

The item with the lowest mean, “Delayed response to patients’ needs is common” (3.65), still reflects a mild concern. Although the majority disagreed, a non-trivial percentage reported experiencing delays. This suggests that while private hospitals generally maintain acceptable standards, certain lapses still occur due to high patient loads or poor supervision.

Overall, the aggregate mean of 3.90 implies that negligence moderately affects patient recovery. This finding calls for improved supervision, better workload distribution, and stronger institutional accountability mechanisms to ensure consistency in care delivery and to prevent minor lapses from escalating into serious complications.

4.5 Section D: Health Workers' Aggression and Its Influence on Patient Recovery

(Objective 3: To examine how aggressive behavior by health workers affects the recovery process of patients in selected private hospitals in Ovia North-East)

Statement	SA	A	N	D	SD	Total	Mean
Aggressive behavior by health workers increases patient stress and slows recovery.	42 (42.0%)	38 (38.0%)	10 (10.0%)	6 (6.0%)	4 (4.0%)	100	4.08
Patients feel afraid to ask questions because of staff attitude.	40 (40.0%)	35 (35.0%)	12 (12.0%)	8 (8.0%)	5 (5.0%)	100	3.97
Management effectively deals with reports of aggression.	20 (20.0%)	34 (34.0%)	20 (20.0%)	15 (15.0%)	11 (11.0%)	100	3.37
Patients or relatives have witnessed aggressive behavior by staff in the past six months.	28 (28.0%)	40 (40.0%)	15 (15.0%)	10 (10.0%)	7 (7.0%)	100	3.72

Overall Mean Score = 3.79, ***Source; Field Work 2025***

Table 4.4 highlights the respondents' perceptions of the influence of aggression and poor emotional control by health workers on patient recovery. The data suggest that aggression remains a critical issue within private hospitals in Ovia North-East, affecting patient trust, communication, and overall recovery outcomes.

The statement "Aggressive behavior by health workers increases patient stress and slows recovery" obtained the highest mean score of 4.08, showing strong agreement among respondents. This reflects that hostile verbal communication, impatience, or rude tones by staff

often heighten anxiety and psychological distress among patients. Stress, in turn, can suppress immunity and prolong healing time, demonstrating the direct connection between emotional environment and physical recovery.

Similarly, the item “Patients feel afraid to ask questions because of staff attitude” recorded a mean of 3.97, revealing that a significant number of patients avoid engaging staff for fear of being scolded or ignored. This finding supports prior studies emphasizing that patient participation in care decisions improves compliance with medical advice and overall outcomes. The implication is that when communication is hindered by fear, patients may withhold important health information or misunderstand instructions, leading to slower recovery.

Conversely, “Management effectively deals with reports of aggression” had the lowest mean (3.37). This indicates a weak institutional response to complaints, suggesting that hospital administrations may lack effective disciplinary or counseling mechanisms to correct aggressive behaviors. If left unchecked, this could normalize unprofessional conduct and create an unfriendly healthcare atmosphere.

Additionally, 68% of respondents confirmed witnessing some form of aggression by staff within the last six months (mean = 3.72), further reinforcing the prevalence of the problem.

Overall, the aggregate mean score of 3.79 suggests that aggression among health workers is a moderate-to-severe issue in the studied hospitals. It adversely affects the emotional stability of patients, weakens patient–staff relationships, and potentially delays recovery. The findings highlight the need for continuous training in emotional intelligence, stress management, and patient communication ethics for all medical personnel.

4.6 Section E: Strategies for Curbing Negative Attitudes and Enhancing Patient Recovery

(Objective 4: To identify effective strategies for reducing negative attitudes among health workers and promoting patient recovery)

Statement	SA	A	N	D	SD	Total	Mean
Regular training and workshops on empathy and communication will improve medical–patient relationships.	50 (50.0%)	38 (38.0%)	8 (8.0%)	3 (3.0%)	1 (1.0%)	100	4.33
Encouraging feedback from patients and relatives can help reduce negative staff attitudes.	48 (48.0%)	40 (40.0%)	7 (7.0%)	3 (3.0%)	2 (2.0%)	100	4.29
Adequate staffing and fair workload distribution can help reduce stress-related aggression.	45 (45.0%)	42 (42.0%)	8 (8.0%)	3 (3.0%)	2 (2.0%)	100	4.25
Hospital management should enforce disciplinary measures against persistent negative attitudes.	46 (46.0%)	40 (40.0%)	8 (8.0%)	4 (4.0%)	2 (2.0%)	100	4.24
Rewarding and recognizing staff with positive attitudes will promote better patient care.	44 (44.0%)	41 (41.0%)	10 (10.0%)	3 (3.0%)	2 (2.0%)	100	4.22
Providing counseling or psychological support for overworked staff can reduce aggression.	42 (42.0%)	40 (40.0%)	10 (10.0%)	5 (5.0%)	3 (3.0%)	100	4.13
Communication between management and staff should be improved to promote	48 (48.0%)	40 (40.0%)	8 (8.0%)	3 (3.0%)	1 (1.0%)	100	4.31

understanding and accountability.							

Overall Mean Score = 4.25, ***Source; Field Work 2025***

The findings in Table 4.5 reveal that respondents strongly believe in institutional and human-capacity strategies to improve health workers' attitudes and enhance patient recovery. The item "Regular training and workshops on empathy and communication" achieved the highest mean score (4.33), showing consensus that continuous professional development in interpersonal skills will strengthen health worker–patient relationships. This supports the principle of emotional competence as an essential component of quality healthcare delivery.

Similarly, "Encouraging feedback from patients and relatives" (mean = 4.29) and "Improving communication between management and staff" (mean = 4.31) demonstrate that open dialogue at all organizational levels can significantly improve accountability and service delivery. Such two-way communication helps hospital managers identify attitudinal problems early and design corrective interventions.

Moreover, "Adequate staffing and fair workload distribution" (mean = 4.25) and "Providing counseling or psychological support for overworked staff" (mean = 4.13) emphasize the psychological dimension of healthcare. Reducing burnout and stress can lead to better moods, improved patience, and higher empathy levels among workers — all vital for recovery outcomes.

The respondents also supported "Rewarding positive behavior" (mean = 4.22) and "Enforcing disciplinary measures" (mean = 4.24), showing a preference for a balanced approach combining reward and discipline. These strategies, when properly implemented, can shape a culture of professionalism and compassion.

The overall mean score of 4.25 signifies strong agreement that positive institutional practices, continuous education, and effective staff management are the most reliable means of fostering good attitudes and accelerating patient recovery.

4.7 Summary of Major Findings

1. Most respondents were females with tertiary education and between 31–40 years old, representing an experienced and professional workforce.

2. Health workers generally exhibit positive relationships with patients, showing respect, clear communication, and empathy, which contribute positively to patient recovery.

3. Negligence, though not rampant, still occurs in forms such as delayed responses and inadequate follow-up, moderately affecting recovery outcomes.

4. Aggressive behaviors and poor emotional control among some staff members increase patient anxiety and slow recovery, while hospital management response to such behavior is weak.

5. Regular training, feedback systems, fair workload distribution, and counseling are widely supported as effective strategies to improve staff attitudes and patient recovery rates.

CHAPTER FIVE

SUMMARY OF FINDING, CONCLUSION AND RECOMMENDATION

5.1 Summary

This study examined the attitude of health workers toward patient recovery among selected private hospitals in Ovia North-East Local Government Area of Edo State. The study specifically aimed to:

1. Examine the relationship between health workers' attitudes and patient recovery.

2. Determine how negligence by health workers affects patient recovery.

3. Investigate the influence of aggressive behavior by health workers on the recovery process.

4. Identify effective strategies for curbing negative attitudes among health workers and promoting better patient outcomes.

A total of 100 respondents participated in the study, including nurses, medical attendants, and administrative staff drawn from selected private hospitals within Ovia North-East. Data were collected using a structured questionnaire, analyzed through frequency and percentage distribution, and interpreted using descriptive statistics such as mean scores.

The findings revealed that demographic characteristics such as age, education level, and professional experience influenced respondents' views about workplace behavior and its impact on patient care. Most health workers were females with tertiary education, suggesting a relatively educated and service-oriented workforce.

Analysis of responses indicated that positive interpersonal relationships between medical staff and patients significantly enhance recovery. Conversely, negligence, poor communication, and aggression were found to slow the healing process, increase patient anxiety, and reduce trust in healthcare services. The study also discovered that institutional strategies such as continuous training, fair workload distribution, patient feedback systems, and disciplinary measures can effectively improve staff attitudes and ensure better patient recovery rates.

5.2 Discussion of Findings

The findings of this research align with existing literature emphasizing the role of healthcare providers' attitudes in influencing patient outcomes. According to Afolabi and Oduwole (2022), a compassionate and patient-centered attitude fosters emotional security and compliance with treatment, which are essential for recovery. The high mean scores recorded in this study (particularly on empathy, communication, and attentiveness) support this view, showing that when health workers exhibit kindness and respect, patients respond positively to treatment.

However, the data also revealed that negligence—though not predominant—remains a significant barrier to effective healthcare delivery. This agrees with the submission of Nwankwo and Ogbuehi (2020), who observed that lapses such as delayed responses, lack of follow-up, or poor hygiene practices negatively impact patient confidence and health outcomes. In this study, 63% of respondents agreed that negligence by some health workers slows patient recovery. Such behavior may stem from fatigue, poor supervision, or inadequate motivation.

The study further established that aggressive behaviors, including rudeness and impatience, contribute to emotional distress among patients. A high percentage (80%) of respondents agreed that aggression increases patient stress and delays recovery. This finding corresponds with the

research of Eze and Nnamani (2021), who argued that emotional hostility in healthcare environments leads to patient dissatisfaction and avoidance of medical facilities. The low institutional response to reports of aggression, as noted in the study, highlights a management gap requiring policy intervention.

Finally, the results from Objective Four revealed strong agreement (overall mean = 4.25) that positive institutional strategies—such as training in empathy, counseling, staff recognition, and improved communication—are essential for improving health worker attitudes. This aligns with WHO's (2020) emphasis on continuous professional development and workplace wellness programs as critical tools for promoting quality healthcare delivery. Therefore, the findings demonstrate that improving attitudes is both a personal and organizational responsibility that directly affects the success of patient recovery.

5.3 Conclusion

Based on the findings, it is concluded that the attitude of health workers plays a vital role in determining the speed and quality of patient recovery. A positive attitude marked by empathy, respect, patience, and effective communication enhances the healing environment and boosts patient confidence. In contrast, negative attitudes such as negligence, rudeness, and aggression create emotional stress that slows down recovery.

The study further concludes that most health workers in Ovia North-East exhibit generally positive attitudes, but lapses occur due to fatigue, inadequate supervision, and poor management response to behavioral issues. Institutional commitment to continuous training, staff welfare, and accountability systems is crucial to sustaining a high-quality healthcare culture.

5.4 Recommendations

In line with the conclusions drawn, the following recommendations are made:

1. Continuous Training and Workshops:

Hospital management should regularly organize workshops and seminars focusing on emotional intelligence, communication ethics, and patient relations. This will help health workers develop empathy and professionalism in their daily interactions.

2. Effective Monitoring and Supervision:

Supervisors should closely monitor staff behavior, ensuring that negligence or aggression is promptly addressed through counseling, warning, or disciplinary measures when necessary.

3. Establishment of Feedback Mechanisms:

Hospitals should create anonymous feedback channels where patients can report their experiences. This system will help management identify attitudinal challenges and address them without bias.

4. Staff Motivation and Recognition:

Health workers who consistently display positive attitudes should be publicly recognized and rewarded. This will encourage others to emulate good behavior and foster a positive work culture.

5. Counseling and Stress Management Programs:

Since aggression often results from stress and burnout, hospitals should provide counseling services and mental health support for overworked staff to maintain emotional stability and reduce negative attitudes.

6. Policy Reinforcement by Management:

Clear policies should be enacted and enforced against unethical conduct or rudeness toward patients. Disciplinary measures must be transparent and consistent to promote accountability.

5.5 Suggestions for Further Studies

This research was limited to selected private hospitals in Ovia North-East Local Government Area. Future studies could:

1. Extend the scope to public hospitals or other local government areas for comparative analysis.

2. Employ qualitative methods such as interviews or focus groups to gain deeper insights into patients' personal experiences.

3. Examine the influence of gender, workload, or cultural factors on health workers' attitudes.

4. Investigate the long-term impact of staff training programs on patient satisfaction and recovery outcomes.

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APPENDIX A

QUESTIONNAIRE

Interviewer: ________________________________
Date_______________________________________
Hospital: ________________________________
Respondent ID: ________________________________

Respondent role: ☐ Patient ☐ Relative ☐ Health worker ☐ Administrator ☐

Other: __________

Dear Respondent,

REQUEST FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

I am a graduating student of the above mentioned department and university, carrying out a research on Attitude of Health Workers Toward Patient Recovery among Selected Private Hospitals in Ovia North East, as part of the requirements for the completion of my programme.

In order to gather relevant data for the study, it will be highly appreciated if you could respond to these questions as frankly and objectively as possible. All information you supply is strictly for the purpose of the study, and will be treated confidentially. and used only for research. You may stop at any time. Do you agree to participate?

☐ Yes (continue) ☐ No (stop)

If yes: Signature/initials of respondent: ________________________________

SECTION A: BIO-DATA

Socio – Demographic Characteristics of Respondents

Please TICK [√] the option that best suits your description.

1. **Sex:**Male [ ] Female [ ]
2. **Age**: Below 20 [ ] 20 – 30 [ ] 31 – 40 [ ] 41- 50 [ ] 51- above [ ]
3. **Religion:** Islam [ ] Christianity [ ] Traditional Religion [ ]
4. **Marital Status:** Single [ ] Married [ ] Divorce [ ] Widow [ ]Separated [ ]
5. **Education Qualification**: non-formal [ ] primary[ ] secondary[ ] tertiary[ ]
6. **Position At Work Place:** ....………………
7. **Categories of health Professionals**......………………
8. **How long have you been attending/working at this hospital** (a)5-10 (b)10-15(c)16-20 (d) 20-25(f) 25-∞

SECTION B:PATIENT RECOVERY — BASIC INDICATORS (FOR PATIENTS / RELATIVES / CLINICIAN REPORT)

8. How would you rate the current health/recovery status compared with when he/she was admitted?

☐ Much worse ☐ Slightly worse ☐ Same ☐ Slightly better ☐ Much better

9. Have you (or the patient) experienced any complications since admission? ☐ Yes ☐ No If yes, please describe: ________________________________

MEDICAL WORKER — PATIENT RELATIONSHIP (OBJECTIVE 1)

Closed items — rate the following on a 1–5 scale:

1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree.

10. Health workers listened carefully to my concerns. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

11. Health workers treated me with respect and dignity. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

12. Health workers explained my diagnosis and treatment in a way I understood.

1 ☐ 2 ☐ 3 ☐ 4☐ 5 ☐

13. Health workers involved me (or family) in decisions about care. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

14. I felt comfortable asking questions. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

15. The communication between the health team and me was timely. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

16. Can you give an example of a health worker action that helped your recovery? (Probe: a conversation, extra attention, clear instruction.)

____

____

17. Is there anything health workers did that made recovery harder? (Probe for missed information, cold manner.)

____

____

MEDICAL WORKERS' NEGLIGENCE AND PATIENT RECOVERY (OBJECTIVE 2)

18. Have you observed or experienced any of these (select all that apply):

☐ Delayed response to call for help ☐ Medication given late/wrong ☐ Missed vital-signs monitoring ☐ Failure to follow-up ☐ Other:………………………………………..

19. How often do you think negligence occurs in this hospital?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

20. Negligence (e.g., delays, missed checks) has negatively affected Patient recovery in this hospital. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

21. Staff workload/understaffing contributes to errors or lapses in care. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

22. Describe one incident you are aware of where a lapse or negligence affected recovery (what happened, outcome). (If none, write N/A)

____

____

23. What do you think are the main reasons for such negligence? (Probe: training, staffing, resources, attitude)

____

____

MEDICAL WORKERS' AGGRESSION AND ITS INFLUENCE ON PATIENT RECOVERY PROCESS (OBJECTIVE 3)

24. Have you experienced or observed aggressive behavior by a health worker? ☐ Yes ☐ No

If yes, how many times in the last 6 months? ☐ Once ☐ 2–3 times ☐ 4+ times

25. Aggressive behavior by health workers increases patient stress and slows recovery. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

26. Patients feel afraid to ask questions because of staff attitude. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

27. Management effectively deals with reports of aggression. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

28. Can you share an example of aggressive behaviour by staff and the effect it had on the patient? (Probe: patient fear, refusal of care, non-compliance)

____

____

29. How do patients or relatives usually respond when a staff member is aggressive?

____

____

STRATEGIES FOR CURBING NEGATIVE MEDICAL WORKER ATTITUDES TOWARDS PATIENT RECOVERY (OBJECTIVE 4

This section focuses on possible ways to improve health workers' attitudes and promote patient recovery.

30. Regular training and workshops on empathy and communication will improve Medical practitioner–patient relationships. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

31. Encouraging feedback from patients and relatives can help reduce negative staff attitudes. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

32. Adequate staffing and fair workload distribution can help reduce stress-related aggression among health workers. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

33. Hospital management should enforce disciplinary measures against persistent negative attitudes among medical workers 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

34. Rewarding and recognizing medical workers with positive attitudes will promote better patient care. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

35. Providing counselling or psychological support for overworked staff can help reduce aggression. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

36. Communication between management and staff should be improved to promote understanding and accountability. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

37. In your opinion, what are the most effective ways hospitals can improve health workers' attitudes toward

patients?____

____

38. What role can patients, relatives, or administrators play in promoting positive staff behavior?

____

____

39. Please suggest any other strategy that can enhance patient recovery through better staff attitude.____

____