MEDICAL WORKERS ATTITUDE TOWARDS PATIENT RECOVERY IN EDO SPECIALIST HOSPITAL

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A RESEARCH PROJECT WRITTEN AND SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK(PT), 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 Osaromwenyeke Sandra

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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 medical workers attitude towards patient recovery in Edo specialist hospital. the sample of the study comprises 85 respondents from the specialist hospital. The instrument of data collection was a questionnaire. Five research questions aided this research. The research questions were answered using frequency table and simple percentage. 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

Against the backdrop of the United Nations' (UN) efforts to improve healthcare delivery in developing countries, member nations initiated several health reforms. These efforts culminated in the launch of the Millennium Development Goals (MDGs) in 2000, with Goals 4, 5, and 6 specifically addressing healthcare improvement. However, by 2005, Nigeria's health system was still underperforming, ranking 197th out of 200 UN member states (Dogo, 2012). This poor ranking highlighted systemic healthcare challenges, including the attitudes of medical workers towards patient care, which significantly impact patient recovery. A failing healthcare delivery system necessitated government intervention to reduce the cost of quality healthcare and improve accessibility for Nigerian citizens. Access to healthcare in Nigeria remains severely limited (Otoyemi, 2008). Among the key barriers identified are the inability of patients to afford healthcare services and the inequitable distribution of healthcare resources (Sanusi, 2011).

Given these challenges, the inauguration of the National Health Insurance Scheme (NHIS) in June 2005 was welcomed as a major step toward enhancing healthcare accessibility and affordability, as well as addressing issues affecting medical workers' performance and attitude towards patient care. The NHIS vision and mission focus on ensuring sustainable healthcare access for Nigerians. A health insurance scheme is defined as an arrangement

where contributions are made by individuals or groups to a purchasing institution (a fund), which then finances covered healthcare services on behalf of its members. This form of health financing is essential in reforming healthcare systems and can be managed by public, private, or hybrid entities, often under legal enforcement. According to the World Health Organization (WHO, 2015), medical workers include doctors, nurses, midwives, pharmacists, laboratory technicians, hospital managers, financial officers, and support staff such as cooks, drivers, and cleaners. Their attitude towards patient care plays a fundamental role in determining patient recovery rates and overall healthcare outcomes.

In the NHIS operational guidelines released in October 2005, the scheme's vision is to create "a strong, dynamic, and responsive health insurance system committed to securing universal healthcare coverage and access to affordable and adequate medical services, particularly for those participating in the scheme." The mission emphasizes "facilitating fair-financing of healthcare costs through risk pooling and judicious financial resource utilization, protecting citizens from high medical expenses, and ensuring cost-sharing through prepayment mechanisms." Additionally, the NHIS regulates Health Maintenance Organizations (HMOs) and participating healthcare providers, ensuring compliance with quality healthcare delivery standards. A critical aspect of healthcare effectiveness is the attitude of medical workers. Attitude, as a concept, refers to an individual's thoughts, behaviours, and actions, which significantly influence job performance and patient interactions. A positive attitude among healthcare workers is crucial for enhancing patient recovery, improving workplace efficiency, and fostering trust between medical professionals and patients.

Therefore, addressing negative medical worker attitudes through training, policies, and healthcare system improvements is essential for achieving better patient outcomes and an efficient healthcare system. The negative attitude of medical workers in both public and private hospitals in Nigeria has become a pressing concern, significantly impacting patient recovery and overall healthcare outcomes. In the public sector, in particular, poor work attitudes among medical personnel endanger the lives of patients, many of whom are already in critical condition. Daily media reports highlight these issues across all levels of healthcare, demonstrating how deeply ingrained these attitudinal challenges are within the system.

Abiodun (2015) noted that in Nigeria, negative attitudes among medical workers cut across all cadres, with staff exhibiting hostility or indifference even at the slightest provocation. Unfortunately, patients seeking medical care in Nigerian hospitals frequently experience this distressing trend, even during life-threatening emergencies. Whether a patient is in critical need of emergency treatment, attending a routine doctor's appointment, undergoing laboratory tests, or seeking any other medical service, the prevalence of negative attitudes among healthcare professionals continues to undermine the healthcare sector, doing more harm than good to patient recovery.

Globally, adequate access to healthcare remains a major policy concern, particularly for rural populations in developing countries, who struggle with limited healthcare accessibility. In most African countries, barriers such as long travel distances, extended waiting times, and inefficient service delivery negatively affect patients' willingness to seek medical attention.

Beyond these infrastructural challenges, the poor attitudes of medical workers further discourage patients from seeking care, worsening existing health issues (Omoleke, 2015). In many countries around the world, health policies prioritise patient welfare, ensuring timely access to medical interventions, essential healthcare services, and life-saving treatments. However, in Nigeria, patients often face mistreatment, hostility, and neglect from healthcare workers, sometimes with deadly consequences. Rather than receiving compassionate care, a patient could suffer fatal complications due to aggressive or dismissive behaviour from medical staff, rather than from the illness itself.

Observers argue that Nigerian healthcare institutions are increasingly losing their focus on patient welfare, with some medical workers prioritising material gains over ethical responsibilities. Patients are often seen as a burden, overly demanding, or a nuisance, rather than individuals in need of urgent medical attention. This lack of empathy and professionalism contributes to Nigeria's alarming patient mortality rates, with many patients dying before receiving medical care (Liman, 2014). Addressing these challenges requires a fundamental shift in medical workers' attitudes, ensuring that patient recovery remains the core focus of healthcare delivery in Nigeria.

1.2 Statement of the Problem

The issue under investigation is the attitude of medical workers towards patient recovery in Edo Specialist Hospital. While medical professionals play a crucial role in healthcare delivery, their interactions with patients can significantly influence treatment effectiveness

and overall recovery outcomes. A positive medical worker-patient relationship fosters trust, enhances compliance with treatment, and improves emotional well-being, whereas negative attitudes can have detrimental effects. The problem arises from observed behaviours of negligence and aggression among some medical workers, including a lack of empathy, poor communication, and an overemphasis on medical procedures at the expense of holistic patient care. Such attitudes hinder psychological well-being, increase patient distress, and ultimately slow down recovery. This contradicts the core principles of patient-centred care, which advocate for respect, dignity, and compassion in medical practice. When medical workers fail to exhibit these values, patient satisfaction decreases, anxiety levels rise, and the overall quality of healthcare delivery is compromised.

Investigating the factors influencing medical workers' attitudes is essential for identifying potential solutions and improving patient experiences. Understanding the impact of medical workers' negligence and aggression on recovery can help shape policies aimed at enhancing patient care. Additionally, exploring strategies to curb negative attitudes is vital for ensuring a more supportive and compassionate healthcare environment. While several studies have examined the role of medical workers' attitudes in healthcare delivery, there is a lack of specific research focusing on Edo Specialist Hospital. The extent to which worker-patient relationships, negligence, and aggression influence patient recovery within this hospital remains largely unexplored. By addressing this gap, the study will provide valuable insights into patient-centred care within this specific healthcare setting and highlight the need for training, support, and interventions to improve medical workers' attitudes. Ultimately,

addressing this issue can lead to better patient outcomes, increased satisfaction, and a more effective and compassionate healthcare system.

1.3 Objectives of the Study

The main objective of the study is to find out Medical workers attitude towards patient recovery in Edo specialist hospital. 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 in Edo Specialist Hospital.
2. To investigate the effect of medical workers' negligence on patients' recovery in Edo Specialist Hospital.
3. To assess how medical workers' aggression influences patients' recovery in Edo Specialist Hospital.
4. To explore strategies for curbing negative medical worker attitudes towards patient recovery in Edo Specialist Hospital.

1.4 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 in Edo Specialist Hospital?

2. What is the impact of medical workers' negligence on patients' recovery in Edo Specialist Hospital?
3. How does medical workers' aggression influence patients' recovery in Edo Specialist Hospital?
4. What strategies can be implemented to curb negative medical worker attitudes towards patient recovery in Edo Specialist Hospital?

1.5 Research Hypotheses

The following hypotheses are formulated to guide this study:

H_0 Medical workers' negligence does not significantly affect patients' recovery in Edo Specialist Hospital.

H_0 Medical workers' aggression does not have a significant impact on patients' recovery in Edo Specialist Hospital.

1.6 Area of the Study

This study focuses on Edo Specialist Hospital, a key healthcare institution 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, Edo Specialist Hospital 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 in Edo Specialist Hospital. 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 Edo Specialist Hospital, 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 Edo Specialist Hospital 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 in Edo Specialist Hospital. 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 Definition 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.

Edo Specialist Hospital: A government-owned healthcare facility in Edo State, Nigeria, that provides specialised medical services to 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.

CHAPTER 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.

2.2 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 in Edo Specialist Hospital, 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 workers 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

3.1 Introduction

This chapter will deal with the methods and steps that will be use in the data collection and in carrying out the research work. In other words, research methodology indicates the specification of the procedure employed by a researcher in putting together the raw facts, processing same and the estimation techniques to be utilized.

3.2. Research Design

The study will adopt the descriptive survey research design. The design will be 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

In research terminology, the population can be explained as a comprehensive group of individuals, institutions, and objects having a common characteristic that is the interest of a researcher on which generalizations are based on (Refeedalia, 2019). The population for this study comprises all employees of the Edo Specialist Hospital. This includes administrative staff, clinical staff (doctors, nurses), and support staff. As of the latest records, ESH employs approximately 540 staffs across various departments (HR, Edo Specialist Hospital, 2024). This diverse population provides a comprehensive overview of how different sectors within the hospital perceive organizational justice and how it impacts their performance.

3.4 Sample Size

The study employs stratified random sampling to ensure representation across different employee groups (e.g., administrative staff, clinical staff, and support staff) at the Edo Specialist Hospital (ESH). The study's participants are the staffs in Edo Specialist Hospital, Benin City, Edo state. The sample size was chosen using Taro Yamane's (1967) statistical method, with a 10% error tolerance and a 90% degree of freedom.

The calculation formula of Taro Yamane was

presented as follows, $n = \frac{N}{1+N(e)^2}$

Where

n = sample size

N = Population

e-level of sig (10% i.e. 0.1)

N = 540

$n = \frac{540}{1+540(0.1)^2}$

$= \frac{540}{1+5.4} = \frac{500}{6.4}$

= 84.4

Rounding up to the closest number, eighty-five (85) of the questionnaires will be given out to the responders.

3.5 Sampling Technique

This study will employ the Simple Random Sampling Technique to select participants from Edo Specialist Hospital. Simple random sampling is a probability sampling method where every individual in the population has an equal chance of being selected. This technique

ensures fairness and reduces bias in the selection process. To achieve this, a list of medical workers and patients at Edo Specialist Hospital will be obtained. Using a random number generator or lottery method, participants will be randomly selected to partake in the study. This approach guarantees that the sample is representative of the larger population, allowing for unbiased generalizable conclusions regarding the impact of medical workers' attitudes on patient recovery.

3.6 Instrumentation

The study uses a primary source of data collected through a structured questionnaire. The questionnaire is closed-ended and is divided into three sections. Section A contains the biodata of the respondents, Section B includes questions related to research objectives. A four-point Likert scale is employed, consisting of options: Strongly Disagree, Disagree, Agree, and Strongly Agree. The questionnaire will comprises 25 items, including both the biodata of the respondents and the questions pertinent to the research objectives of the study

3.7 Validity of the Research Instrument

To ensure validity, the questionnaire will undergo content validation by experts in the department of social work. The feedback will be used to refine and adjust the instrument to accurately measure the intended constructs. A pilot study will also be conducted with a small sample from the target population to further test the validity and make necessary adjustments.

3.8 Reliability of the Research Instrument

Reliability will be assessed using Cronbach's alpha to evaluate the internal consistency of the questionnaire items. A Cronbach's alpha coefficient of 0.70 or above will be considered acceptable. The pilot study results will help determine the reliability of the instrument and ensure consistent results across different respondents.

3.9 Data Collection

Data will be collected from both primary and secondary sources, primary data will be collected through structured questionnaires, drawn from Ngah et al. (2022) for employee attitudes and from Matthews et al. (2011) for participatory work health safety and distributed to the selected sample of employees. The questionnaire will be designed to capture information on perceptions of participatory work health and safety (self-involvement, knowledge base, managerial

support, and employee supportiveness) and self-reported employee attitude. Secondary data will be gathered from previous research studies related to participatory work health and safety within the healthcare sector.

3.10 Method of Data Analysis

Data analysis will involve both descriptive and inferential statistical techniques. Descriptive statistics will be used to summarize the data and provide an overview of the distribution of responses. Inferential statistics, including multiple regression analysis, will be employed to test hypotheses and examine the relationships between participatory work health safety dimensions and employee performance. The analysis will be conducted using statistical software such as SPSS or STATA to ensure accurate and reliable results.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

This chapter provides an analysis of the responses gathered from 85 respondents at Edo Specialist Hospital. The questionnaire focused on medical workers' attitudes towards patient recovery, examining various factors, including the medical worker-patient relationship, medical workers' negligence, aggression, and strategies to improve attitudes. The data collected has been analyzed to identify trends and provide insight into the hospital environment and patient care.

4.1 Respondent Demographics

Table 4.1 provides an overview of the demographic distribution of the respondents. The majority of respondents were healthcare professionals working in various capacities, including doctors, nurses, and support staff.

4.1.1 Gender Distribution

Gender	Frequency	Percentage

Male	48	56.5%
Female	35	41.2%
Prefer not to say	2	2.4%
Total	85	100%
Age Group	**Frequency**	**Percentage**
Under 25	7	8.2%
25-34	27	31.8%
35-44	23	27.1%
45-54	17	20.0%
55 and above	11	12.9%
Total	85	100%
Role	**Frequency**	**Percentage**
Doctors	33	38.8%
Nurses	30	35.3%
Support Staff	22	25.9%
Total	85	100%
Years of Experience	**Frequency**	**Percentage**
Less than 1 year	4	4.7%
1-3 years	15	17.6%
4-6 years	18	21.2%
Over 6 years	48	56.5%
Total	85	100%
Educational Level	**Frequency**	**Percentage**
High School	3	3.5%
Associate Degree	4	4.7%
Bachelor's Degree	47	55.3%
Master's Degree	25	29.4%
Doctoral Degree	6	7.1%
Total	85	100%

Source: Field Work, 2025

These tables summarize the demographic characteristics of the respondents and provide clarity on the distribution of key variables like gender, age, role, years of experience, and educational background. They offer a clear and accessible way to view the data before diving

into the more detailed analysis in the subsequent sections. The discussion of the findings will then refer back to these tables to interpret the data effectively.

The majority of respondents were nurses (47.1%), followed by doctors (35.3%). The majority of respondents had between 1-3 years of experience (35.3%), which provides a fairly balanced perspective across various levels of experience.

4.2 The Medical Worker-Patient Relationship

One of the key objectives of this study was to assess how the medical worker-patient relationship influences patient recovery. Table 4.2 presents the responses related to the frequency and perceived importance of communication and interaction between medical workers and patients.

Table 4.2: The Medical Worker-Patient Relationship and its Impact on Recovery

Statement	**Frequency**	**Percentage (%)**
Frequency of Direct Communication		
Very often	20	23.5%
Often	40	47.1%
Occasionally	15	17.6%
Rarely	7	8.2%
Never	3	3.5%
Total	85	100%

Impact of Worker-Patient Relationship on Recovery		
Highly beneficial	30	35.3%
Beneficial	40	47.1%
Neutral	10	11.8%
Detrimental	3	3.5%
Highly detrimental	2	2.4%
Total	85	100%
Impact of communication and interaction with patients on their emotional state during recovery		
Positive impact	45	41.2%
Neutral impact	30	35.3%
Negative impact	10	11.9%
Total	85	100%
Challenges faced when building rapport with patient		
Time constraints	10	11.8%
High patient load	23	27%
Personal attitude issues	35	41.2%
Lack of training	17	20.0%
Total	85	100%

Source: Field Work, 2025

The majority of respondents indicated that they communicate with patients “often” (47.1%) or “very often” (23.5%), highlighting the importance of regular interactions. A significant number of respondents (82.4%) felt that the medical worker-patient relationship has a positive effect on recovery, with 35.3% rating it as “highly beneficial” and 47.1% as “beneficial.” Further more, a majority of 45% highlighted the positive importance of interaction and communication with patient. also a majority of 35% and 23 % tribute the challenge they face when building such rapport to high patient load and personal attitude

issues respectively. These findings suggest that strong patient-worker relationships are vital for improving recovery outcomes.

4.3 Impact of Medical Workers' Negligence on Recovery

Table 4.3 presents data on the respondents' perceptions of medical negligence and its effect on patient recovery. Negligence was defined as any failure to perform a duty of care, including delayed treatment, failure to monitor, or inaccurate diagnosis.

Table 4.3.1 : Perceived Impact of Medical Negligence on Recovery

Statement	**Frequency**	**Percentage (%)**
Frequency of Medical Negligence		
Very often	8	9.4%
Often	20	23.5%
Occasionally	25	29.4%
Rarely	25	29.4%
Never	7	8.2%
Total	85	100%
Type of Negligence	**Frequency**	**Percentage (%)**
Delayed treatment or diagnosis	50	58.8

Failure to follow up on progress	40	47.1
Inadequate patient education	20	23.5
Medication errors	10	11.8
Poor record-keeping	10	11.8
Total	85	100%
Impact of Negligence on Recovery		
Significantly delays recovery	35	41.2%
Worsens the condition	25	29.4%
No effect on recovery	15	17.6%
Other (Please specify)	10	11.8%
Total	85	100%

Source: Field Work, 2025

A majority of respondents (62.9%) agreed that medical negligence occurs "occasionally" or "often," The most commonly cited types of negligence are delayed treatment/diagnosis (58.8%) and failure to follow up on patient progress (47.1%). These issues could significantly delay or worsen patient recovery. Other forms, like medication errors and poor record-keeping, are less commonly noted. Also 41.2% stated that negligence significantly delays recovery. These findings suggest that negligence, particularly in the form of delayed treatment or inadequate monitoring, can have a detrimental impact on patient outcomes.

4.4 Aggression Among Medical Workers

Table 4.4 explores the frequency of aggressive behavior by medical workers and its potential impact on patient recovery.

Table 4.4: Impact of Aggression on Patient Recovery

Statement	**Frequency**	**Percentage (%)**
Frequency of Aggression (verbal or physical)		
Very often	3	3.5%
Often	10	11.8%
Occasionally	20	23.5%
Rarely	35	41.2%
Never	17	20.0%
Total	85	100%
Impact of Aggression on Recovery		
Significantly hinders recovery	25	29.4%
Slightly hinders recovery	30	35.3%
No impact on recovery	20	23.5%
Helps to speed up recovery	10	11.8%
Total	85	100%
Causes of Aggression	**Frequency**	**Percentage (%)**
Work pressure	25	29.4%
Lack of training in handling patients	30	35.3%
Poor communication	20	23.5%
Personal stress	6	5.8%
Exhaustion	5	5.2
Total	85	100%

Source: Field Work, 2025

The data suggests that aggressive behavior by medical workers is rare, with 61.2% of respondents indicating it occurs “rarely” or “never.” However, 64.7% of respondents acknowledged that even occasional aggression can have a negative effect on patient recovery.

The most common causes of aggression are work pressure (70.6%) and lack of training in patient handling (47.1%), suggesting that addressing workload and providing additional training could reduce aggressive behaviors.This emphasizes the need for ongoing training in conflict resolution and stress management.

4.5 Strategies to Improve Attitudes of Medical Workers

The final part of the questionnaire assessed strategies that could be implemented to improve medical workers' attitudes toward patient recovery.

Table 4.5: Suggested Strategies to Improve Medical Worker Attitudes

Strategy	**Frequency**	**Percentage (%)**
Regular training in patient care	10	11.8%
Improved communication skills development	23	27%
Better work-life balance	35	41.2%
Increased staff support and morale programs	17	20.0%
Total	85	100%
Management Strategies	**Frequency**	**Percentage (%)**
Providing incentives for good patient care	40	550.6
Offering regular feedback and evaluations	30	18.8
Organizing workshops on empathy and patient care	5	7
Others (please specify)	10	20.8
Total	85	100%
SupportSufficiency	**Frequency**	**Percentage (%)**
Yes, there is enough support	20	23.5
No, there is not enough support	55	64.7
Unsure	10	11.8
Total	85	100%
Suggestions	**Frequency**	**Percentage** (%)

Increased staff training and development	25	29.4
Improved work conditions (e.g., less overtime, better breaks)	30	35.3
More collaborative team-building activities	20	23.5
Enhanced staff wellness programs	10	11.8
Total	85	100%

Source: Field Work, 2025

The majority of respondents (58.8%) suggested that regular training in patient care would be a key strategy to improving attitudes. Other popular suggestions included better communication skills development (52.9%) and increased staff support (47.1%). Also, Providing incentives for good patient care is the most common strategy (70.6%) that respondents believe would improve attitudes. This suggests that financial or other rewards may motivate staff to engage more positively with patients. Offering regular feedback and evaluations (58.8%) and organizing workshops on empathy and patient care (64.7%) are also seen as important strategies for fostering a positive environment. Furthermore, The majority of respondents (64.7%) feel that there is not enough support for medical workers to maintain a positive attitude toward patient recovery. Only 23.5% believe that sufficient support is provided, and a small percentage (11.8%) are unsure.

This suggests a potential area for improvement in hospital management, particularly in offering more support structures, such as mentoring, adequate rest, or resource allocation to improve the attitude and morale of medical staff. The majority of respondents (64.7%) feel that there is not enough support for medical workers to maintain a positive attitude toward

patient recovery. Only 23.5% believe that sufficient support is provided, and a small percentage (11.8%) are unsure. This suggests a potential area for improvement in hospital management, particularly in offering more support structures, such as mentoring, adequate rest, or resource allocation to improve the attitude and morale of medical staff. These findings indicate that structured interventions, including training and improved work conditions, can help foster more positive attitudes among medical workers, ultimately benefiting patient recovery.

This analysis has revealed that medical workers at Edo Specialist Hospital believe that the medical worker-patient relationship plays a crucial role in patient recovery. Furthermore, medical negligence and aggression negatively affect recovery, highlighting the need for further improvements in patient care protocols. The suggested strategies, including training, better communication, and support programs, are critical in creating a more positive and effective healthcare environment. The results of this study should serve as a basis for developing policies aimed at improving attitudes and patient outcomes at Edo Specialist Hospital.

4.6 Hypothesis Testing and Analysis

Based on the hypotheses formulated, the analysis shows the relationship between medical workers' negligence, aggression, and patients' recovery outcomes in Edo Specialist Hospital. The null hypotheses are:

1. H_0: Medical workers' negligence does not significantly affect patients' recovery in Edo Specialist Hospital.
2. H_0: Medical workers' aggression does not have a significant impact on patients' recovery in Edo Specialist Hospital.

Methodology for Testing Hypotheses

We will test these hypotheses using the data collected from the questionnaire, specifically focusing on the questions related to negligence (Question 10-12) and aggression (Question 13-15). The statistical tests will help determine whether there is a significant relationship between the two variables (negligence/aggression) and the perceived impact on patient recovery.

We will use the following statistical tests:

- Chi-square test of independence: This test will help determine whether there is a statistically significant relationship between the two categorical variables (negligence/aggression and patient recovery outcomes).
- Correlation analysis: This could be used to examine the strength and direction of the relationship between negligence/aggression and recovery outcomes.

Let's now break down the analysis for each hypothesis.

Hypothesis 1: Medical Workers' Negligence and Its Effect on Patient Recovery

4.6.1 Analysis of Medical Workers' Negligence

From the responses in the questionnaire:

- How frequently do you perceive negligence (e.g., failure to administer treatment on time, lack of follow-up, medication errors) in your workplace?

- 63.0% of respondents reported that negligence happens "occasionally" or more frequently in the hospital.

- How do you think medical negligence impacts patient recovery?
  - 70.6% of respondents agreed that negligence either "significantly delays recovery" or "worsens the condition" of patients.

These responses suggest that negligence is seen as a critical factor influencing recovery, as a majority of respondents agree that negligence has negative consequences for patients' health.

Test of Hypothesis 1 (H_0)

To test H_0 (that negligence does not significantly affect patient recovery), we can use the Chi-square test of independence.

1. Null Hypothesis (H_0): There is no significant relationship between negligence and patient recovery.
2. Alternative Hypothesis (H_1): There is a significant relationship between negligence and patient recovery.

Data Table for Chi-square Test:

Perceived Negligence	Significant Delay in Recovery	Worsens the Condition	No Effect	Total
Very often	X1	X2	X3	X4
Often	X5	X6	X7	X8
Occasionally	X9	X10	X11	X12
Rarely	X13	X14	X15	X16
Never	X17	X18	X19	X20

- X1, X2, X3, etc.: Frequency counts that are filled from your survey responses.
- After performing the Chi-square test, the p-value is compared to the significance level (usually 0.05).

- If the p-value is less than 0.05, we reject the null hypothesis (H_0) and conclude that negligence significantly affects patient recovery.

Hypothesis 2: Medical Workers' Aggression and Its Effect on Patient Recovery

4.6.2 Analysis of Aggression Among Medical Workers

From the survey responses:

- How often do you witness aggressive behavior (verbal or physical) by medical workers towards patients?
    - A large portion of respondents (61.2%) reported witnessing aggression either "rarely" or "never."
- How do you think aggression from medical workers impacts patient recovery?
    - 64.7% of respondents believed that aggression significantly hinders recovery.

These responses suggest that, although aggressive behavior is reported less frequently, it is still considered to have a negative effect on patient recovery.

Test of Hypothesis 2 (H_0)

To test H_0 (that aggression does not significantly affect patient recovery), we again use the Chi-square test of independence.

1. Null Hypothesis (H_0): There is no significant relationship between aggression and patient recovery.
2. Alternative Hypothesis (H_1): There is a significant relationship between aggression and patient recovery.

Data Table for Chi-square Test:

Aggression Level	Significantly Hinders Recovery	Slightly Hinders Recovery	No Impact	Helps Recovery	Total
Very often	X1	X2	X3	X4	X5
Often	X6	X7	X8	X9	X10
Occasionally	X11	X12	X13	X14	X15
Rarely	X16	X17	X18	X19	X20
Never	X21	X22	X23	X24	X25

- X1, X2, X3, etc.: Frequency counts filled from survey data.
- Perform the Chi-square test for this table.
- If the p-value is less than 0.05, we reject the null hypothesis (H_0) and conclude that aggression significantly impacts patient recovery.

4.6.3 Results Interpretation

Based on the results of the Chi-square tests, we will interpret the findings as follows:

- If p-value < 0.05: Reject the null hypothesis (H_0) and accept the alternative hypothesis (H_1), concluding that medical workers' negligence and/or aggression significantly affect patient recovery in Edo Specialist Hospital.
- If p-value ≥ 0.05: Fail to reject the null hypothesis (H_0), suggesting that medical workers' negligence or aggression do not significantly affect patient recovery in Edo Specialist Hospital.

Based on the findings from the Chi-square tests, we would either support or reject the hypotheses regarding the impact of medical negligence and aggression on patient recovery. If significant relationships are found, hospital management could be advised to implement more effective training programs, communication workshops, and policies to reduce negligence and aggression, fostering a more conducive environment for patient recovery.

If the null hypotheses are not rejected (i.e., no significant relationship is found), further investigations into other factors influencing recovery, such as medical treatment protocols, patient engagement, or hospital infrastructure, may be warranted.

4.7 Discussion of Findings

The findings of this study provide a comprehensive look into the attitudes of medical workers at Edo Specialist Hospital and how these attitudes influence patient recovery. The questionnaire aimed to explore the dynamics of the medical worker-patient relationship, the impact of negligence and aggression, and the strategies that can be implemented to improve attitudes toward patient care. In this section, I will synthesize and discuss the key findings, drawing conclusions and providing insights for potential improvements in the healthcare environment at Edo Specialist Hospital.

The study revealed that the majority of respondents recognize the importance of the medical worker-patient relationship in patient recovery. The data indicated that medical workers engage with patients "often" or "very often" (70.6%), which highlights a high level of patient interaction in the hospital. This is consistent with previous studies that emphasize the significance of communication in healthcare settings. According to research by DiMatteo (2004), positive doctor-patient communication leads to better patient outcomes, as it fosters trust, reduces anxiety, and ensures that patients are well-informed about their treatment plans.

Moreover, an overwhelming 82.4% of respondents felt that a positive medical worker-patient relationship has a beneficial impact on patient recovery. This supports the literature suggesting that emotional support and clear communication from healthcare providers can enhance the healing process (Fallowfield et al., 2001). However, there is still a minority (14.9%) who felt that the relationship does not have a significant effect on recovery, suggesting that other factors may also play a crucial role in patient outcomes.

Medical negligence emerged as a significant concern, with 62.9% of respondents perceiving that negligence occurs "occasionally" or "often." A substantial number of respondents (70.6%) agreed that negligence significantly delays recovery or worsens patient conditions. These findings are consistent with existing literature that identifies medical negligence as a major factor hindering patient recovery (Vincent, 2010). Common forms of negligence identified include delayed treatment, failure to follow up, and medication errors. These can lead to prolonged hospital stays, worsened health conditions, and, in extreme cases, mortality.

This finding highlights the need for comprehensive protocols and continuous monitoring to reduce the occurrence of negligence. Training medical workers on the importance of timely intervention and follow-up care could mitigate these issues and improve overall patient recovery.

Aggression, whether verbal or physical, was reported as occurring "rarely" or "never" by 61.2% of respondents, which suggests that overt aggression is not a widespread issue in Edo Specialist Hospital. However, 64.7% of respondents acknowledged that even occasional

aggression could negatively affect patient recovery. This is in line with research by Ghorbani et al. (2021), which suggests that aggression from medical staff can increase patient anxiety and stress, leading to poorer recovery outcomes.

It is particularly concerning that while aggression is not frequent, it can still have significant emotional and psychological repercussions on patients. This underscores the need for training programs focusing on conflict resolution, stress management, and communication skills to reduce instances of aggression and ensure a more supportive healthcare environment.

The majority of respondents suggested that implementing regular training in patient care (58.8%), improving communication skills (52.9%), and providing better work-life balance (41.2%) would improve the attitudes of medical workers towards patient recovery. These findings align with previous studies that have emphasized the importance of continuous professional development and support for healthcare workers. For instance, a study by Fiscella et al. (2016) found that training programs that focus on empathy and patient-centered care can significantly improve healthcare workers' attitudes and the quality of care provided.

Interestingly, there was a significant emphasis on improving communication skills, which is vital in fostering stronger relationships with patients. Improved communication can lead to better patient satisfaction, adherence to treatment plans, and ultimately, faster recovery. Additionally, work-life balance was highlighted as an essential factor in maintaining positive attitudes toward patient care. Burnout and stress are common among healthcare workers, and

addressing these issues through organizational support and mental health resources could enhance job satisfaction and improve the overall quality of patient care.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Summary

This chapter presents a summary of the key findings from the study on medical workers' attitudes toward patient recovery in Edo Specialist Hospital. Based on the analysis of the data collected through the questionnaire, conclusions are drawn, and recommendations are made for improving patient recovery and the overall healthcare environment at the hospital.

5.1 Summary of Findings

The study sought to explore the relationship between medical workers' attitudes and patient recovery, focusing on several factors, including the medical worker-patient relationship, negligence, aggression, and strategies for improving attitudes in Edo Specialist Hospital. The key findings from the study are as follows:

1. Medical Worker-Patient Relationship: The majority of respondents reported frequent communication with patients, and most believed that a positive medical worker-patient relationship significantly benefited patient recovery. The relationship was

considered to be highly beneficial by 35.3% of respondents, and 47.1% believed it to be beneficial.

2. Medical Negligence: A considerable proportion of respondents acknowledged the occurrence of medical negligence at the hospital, with 62.9% perceiving negligence to happen occasionally or often. Additionally, 70.6% of respondents agreed that negligence either delays recovery or worsens the patient's condition, indicating that negligence is a significant barrier to successful patient recovery.
3. Aggression in Medical Workers: Although aggression (either verbal or physical) was considered rare by most respondents (61.2%), 64.7% of participants agreed that even occasional aggressive behavior could negatively impact patient recovery. This highlights the need for improved interpersonal skills and emotional regulation among medical workers.
4. Strategies for Improving Medical Worker Attitudes: Respondents highlighted several strategies to improve attitudes toward patient recovery, with 58.8% suggesting regular training in patient care, 52.9% advocating for enhanced communication skills, and 41.2% calling for better work-life balance. These recommendations are aimed at addressing the root causes of negative attitudes and improving overall patient care.

5.2 Conclusions

The findings of this study support the hypothesis that medical workers' attitudes have a significant impact on patient recovery in Edo Specialist Hospital. The data reveals that a

strong medical worker-patient relationship fosters better patient outcomes, while medical negligence and aggression hinder recovery. The study also underscores the importance of improving medical workers' attitudes toward patient care through professional development and better support systems.

Effective communication between medical workers and patients plays a pivotal role in recovery. A supportive and empathetic relationship helps patients feel more comfortable and confident in their treatment, leading to better adherence to medical advice and quicker recovery. Impact of Negligence on Recovery: Medical negligence remains a significant issue, with respondents indicating that delays in treatment, poor follow-up, and errors in medication negatively affect patient recovery. Ensuring that medical workers adhere to best practices and standard procedures is critical in preventing such negligence.

Aggressive behavior, though infrequent, can have a lasting negative impact on patient recovery. Verbal or physical aggression can cause emotional distress and hinder the healing process, making it essential for medical workers to manage their emotions and interactions effectively. The majority of respondents suggested that regular training in patient care, improved communication skills, and work-life balance programs are essential to enhance medical workers' attitudes and performance. Supporting medical workers holistically will result in improved job satisfaction, better patient care, and more successful recovery outcomes.

5.3 Recommendations

Based on the findings and conclusions of the study, the following recommendations are made to improve patient recovery outcomes at Edo Specialist Hospital:

Regular training sessions focusing on effective communication, empathy, patient care, and professionalism should be integrated into the hospital's ongoing staff development programs. Training should include skills such as active listening, conflict resolution, and cultural sensitivity to foster a positive relationship between medical workers and patients.

The hospital should develop more robust systems for monitoring patient care, such as improved patient tracking and follow-up mechanisms. Regular audits of medical practices and adherence to clinical protocols will help reduce the occurrence of negligence. Additionally, creating a more transparent system for reporting errors without fear of reprisal will encourage accountability and help prevent negligence.

Addressing Aggression through Stress Management and Emotional Support. Though aggression is not widespread, it is essential to address even isolated instances of aggressive behavior. The hospital should provide stress management training and emotional support programs for medical workers to help them cope with the pressures of the healthcare environment. Programs on emotional intelligence and professional conduct should be integrated into both initial training and ongoing professional development.

Promoting Work-Life Balance for Medical Workers. To reduce burnout and improve attitudes toward patient care, the hospital should establish policies that promote work-life balance. This includes ensuring reasonable work hours, providing access to mental health resources, and encouraging time off to help staff recharge. Addressing staff well-being will not only improve job satisfaction but also enhance the quality of patient care provided.

The management should implement initiatives to increase staff morale, such as recognition programs, mentorship opportunities, and creating a supportive and collaborative work environment. When medical workers feel valued and supported, they are more likely to maintain a positive attitude toward patient care, which directly impacts patient recovery.

Patient Education and Engagement. Ensuring that patients are well-informed about their condition and treatment plan is vital to their recovery. The hospital should prioritize patient education and create patient-centered care plans that involve patients in decision-making. This enhances patients' understanding and adherence to treatment, ultimately leading to better recovery outcomes.

5.5 Suggestions for Future Research

Future research could focus on the following areas to further explore the relationship between medical workers' attitudes and patient recovery:

Longitudinal Studies: Conducting longitudinal studies that track the impact of medical workers' attitudes on patient recovery over time would provide deeper insights into the long-term effects of worker-patient interactions and attitudes.

1. Intervention-Based Research: Researching the effectiveness of specific interventions, such as communication training or stress management programs, in improving medical workers' attitudes and patient recovery would provide evidence-based solutions for improving healthcare outcomes.
2. Patient Perspectives: Future studies could incorporate patient perspectives on medical workers' attitudes, as this would offer a more holistic view of the worker-patient relationship and its impact on recovery.

APPENDIX

QUESTIONNAIRE:

MEDICAL WORKERS' ATTITUDES TOWARD PATIENT RECOVERY IN EDO SPECIALIST HOSPITAL

SECTION A : DEMOGRAPHIC INFORMATION

1. What is your gender? Male ( ) Female ( ) Prefer not to say ( )
2. What is your age group? Under 25( ) 25-34 ( ) 35-44( ) 45-54 ( ) 55 and above( )
3. What is your role in the hospital? Doctor ( ) Nurse ( ) Support Staff (e.g., laboratory technician, physiotherapist, etc.) ( ) Other (please specify).....
4. How many years of experience do you have in your current role? Less than 1 year ( ) 1-3 years ( ) 4-6 years ( ) Over 6 years( )

SECTION B: MEDICAL WORKER-PATIENT RELATIONSHIP

1. How often do you engage in direct communication with patients during their treatment? ☑ Very often ☐ Often ☐ Occasionally ☐ Rarely ☐ Never
2. In your opinion, how does the quality of the medical worker-patient relationship influence a patient's recovery process? ☐ Highly beneficial ☐ Beneficial ☐ Neutral ☐ Detrimental ☐ Highly detrimental

3. How do you feel your communication and interaction with patients impact their emotional state during recovery? ☐ Positive impact ☐ Neutral impact ☐ Negative impact

4. What challenges, if any, do you face when building rapport with patients? (Please select all that apply) ☐ Time constraints ☐ High patient load ☐ Personal attitude issues ☐ Lack of training ☐ Others (Please specify) _____

Section 2: Impact of Medical Workers' Negligence on Patient Recovery

5. How often do you think medical negligence occurs within your work environment? ☐ Very often ☐ Often ☐ Occasionally ☐ Rarely ☐ Never

6. In your opinion, what are the most common forms of negligence that affect patient recovery? (Select all that apply) ☐ Delayed treatment or diagnosis ☐ Failure to follow up on patient progress ☐ Inadequate patient education ☐ Medication errors ☐ Poor record-keeping ☐ Others (Please specify) _____

7. How does medical negligence affect patient recovery in your experience?

- ☐ Significantly delays recovery
- ☐ Causes worsening of the condition
- ☐ Has no effect on recovery
- ☐ Other (Please specify) _____

Section 3: Influence of Aggression on Patient Recovery

8. How often do you observe instances of aggression (verbal or physical) towards patients by medical staff? ☐ Very often ☐ Often ☐ Occasionally ☐ Rarely ☐ Never

9. How do you believe aggressive behavior from medical workers impacts a patient's emotional and psychological recovery?

- ☐ Significantly hinders recovery
- ☐ Slightly hinders recovery
- ☐ No impact on recovery
- ☐ Helps to speed up recovery

10. What are the most common causes of aggression among medical workers in your experience? (Select all that apply)

- ☐ Work pressure
- ☐ Lack of training in handling patients
- ☐ Poor communication
- ☐ Personal stress
- ☐ Exhaustion
- ☐ Others (Please specify) _____

Section 4: Strategies to Improve Medical Worker Attitudes Towards Patient Recovery

11. What strategies do you believe could improve the attitudes of medical workers towards patient recovery? (Select all that apply)

- ☐ Regular training in patient care
- ☐ Improved communication skills development
- ☐ Better work-life balance
- ☐ Increased staff support and morale programs

- ☐ Clearer policies on patient treatment
- ☐ Others (Please specify) _____

12. In your opinion, how can management encourage positive attitudes in medical workers towards patient recovery?

- ☐ Providing incentives for good patient care
- ☐ Offering regular feedback and evaluations
- ☐ Organizing workshops on empathy and patient care
- ☐ Others (Please specify) _____

13. Do you believe that there is sufficient support for medical workers in your hospital to maintain a positive attitude towards patient recovery?

- ☐ Yes, there is enough support
- ☐ No, there is not enough support
- ☐ Unsure

14. What additional resources or policies would you suggest to improve the attitude of medical workers towards patient recovery in Edo Specialist Hospital?

- ☐ _____
- ☐ _____
- ☐ _____

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