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IMPACT OF ATTITUDE OF HEALTH PERSONNEL AND QUALITY OF HEALTH OF VVF PATIENTS IN THERAPY PARTICIPATION: A QUALITATIVE STUDY IN NIGERIA

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Abstract:

Vesicovaginal fistula is a catastrophic condition that ravages the lives of the affected women, which occurs mostly in developing societies. Utilizing 9 respondents, this qualitative descriptive research explores the perceptions of VVF patients and other significant stakeholders in the healthcare industry in Sokoto and Zamfara states, Nigeria, on the effects of the attitude of health personnel and quality of health of the patients on participation in treatment. Based on the foregoing, two themes emerged following data analysis with Nvivo version11 qualitative software, which includes the attitude of health personnel and quality of health. The recommendations made by this study include, improving policies to increase participation in therapy and by implication addressing the VVF problem, provision of the needed obstetrics healthcare services to women, stimulating social and gender equality, promoting girl-child education as well as provision of an effective infrastructure such as, transportation, good water supply, adequate power supply, and improving staff welfare and remuneration.

Keywords: Attitude of health personnel, Quality of health, Participation in therapy, Vesicovaginal fistula

INTRODUCTION

In general, individuals afflicted with certain diseases require immediate and effective health care intervention, which guarantees alleviation of the health challenges (Wall, 2012), as well as guard against further deterioration of ill-health of the people (FMOH, 2012 & Wall, 2012). In line with the foregoing, proponents of the worthiness of healthcare institution and the services that they offer (FMOH, 2012), combined with the individual's personal characteristics (Wall, 2012), have agreed that such an interaction could stimulate people to partake in treatment (Odoemelan, 2015). On the other hand, situations arise that even when healthcare services for various diseases are available, individuals do not utilize the services provided optimally (FMOH, 2012 & Odu & Cleveland, 2013). These situations or factors that influence participation in therapy is both intrinsic (Behrami, Arfashbahar, Shakaifar & Montazarel 2014), such as quality of health (Healthy people, 2010), the patient's perceptions of the attitude of health personnel among others (Furqan, Bismah & David, 2014) and extrinsic in nature, such as poverty, illiteracy, public transportation issues among others (Behrami et al. 2014). Based on the foregoing overview, Nigeria's federal ministry of health observed the high prevalence rate of VVF in northern Nigeria is alarming (FMOH, 2012). The report further suggests that about 200,000 new VVF cases occur annually, mostly in northern Nigeria, apart from an estimated backlog of over 50,000 untreated cases and a prevalence rate of 2-4 cases in every 1000 deliveries in the region (FMOH, 2012 & Wall, 2012). The increasing number of the disease victims in the area might be associated with the victim's inability to participate in therapy, owing to personal characteristics of the victims such as quality of health (Borgaonkar, 2015) and the negative perception of the attitude of health personnel (Holmes & Goldstein, 2012). However, when these perceived factors are favorable, several patients are likely to participate in therapy (FMOH, 2012). Although there are studies that examine the concepts of attitude of health personnel (Furqan, et al. 2012, Holmes et al. 2012, Baba, 2013 & Adeyemo, 2013) and quality of health in relation to participation in treatment (Morphy, Dunn, Lewis, Boardman & Craft, 2007, Thompson, Thompson, Young, Lin, Sanislo, Moshfeghi & Singh 2015, & Murakami, Lee, Duncan, Kao, Huang, Singh & Lin, 2011, Lo & Lee 2012 & Odu, et al. 2013). However, the majority of the studies focused on the quantitative research design alone and the constructs were not examined concurrently. In essence, the findings from most previous studies only permit for making interpretation and

inference based on numbers, but do not provide for an in-depth understanding of the lived experience of the respondents in their own words about the impact of the constructs of interest to this study on participation in therapy. The voice of the VVF patients with elements of a high degree of freedom is omitted in the previous literature. Therefore, this study fill-in the gap in the previous studies through presenting the perspective of the patients and significant stakeholders on the influence of attitude of health personnel, and quality of health of the respondents on participation in therapy in their own words. This researcher hopes that by providing evidence of the experience of the respondents in their own voices will offer a clear and detailed insight into the effects of the factors of interest to this study on therapy, and therefore, this serves as a stimulus for action on the part of policymakers, researchers and health personnel that are concerned with improving participation in therapy among women with reproductive health challenges, to do more to curtail the ravaging effect of VVF disease.

RESEARCH QUESTIONS

This qualitative study focused on the following research questions:

1. Does the positive attitude of health personnel influence participation of VVF patients in therapy?

2. Does the quality of health of VVF patients influence participation in therapy?

RESEARCH METHODOLOGY

This study was carried out in the two VVF centers in Sokoto and Zamfara states, in north-west Nigeria. The Maryam Abacha Women and Children Hospital, Sokoto and Farida General Hospital Gusau were established with a VVF unit in each of the hospitals to cater for the patients with fistula. The population of the two states is estimated to be about 9.5 million (NPC, 2016), with a population of girls age 13 and above estimated at about 49.8%. The level of livelihood of most women in the two states is characterized by low levels of literacy, unemployment, poverty and poor access to maternal and child health care services (Wall, 2012) According to Muhammad (2018), the majority of women in Sokoto and Zamfara states deliver their babies at home. In addition, the major religion of the majority of people in the states is Islam, followed by Christianity and traditional religion, and their main occupation is trading, farming, fishing among others.

RESEARCH DESIGN

This study employs a qualitative descriptive method to explore the influence of the patients' perceptions of the attitude of health personnel, and quality of health of the VVF women on participation in treatment. The qualitative study emphasizes on phenomenological orientation, which focuses on explaining phenomena based on exploration, elaboration, and describing the "meaning" of a given phenomenon under study, which is in line with the views of Creswell (2014). In essence, this study collected data in the hospital setting utilizing the spoken words of the respondents. These researchers did not utilize a theoretical framework as guiding principle, however, our experience in nursing and as medical sociologists informed both our knowledge of the problems of fistula and our understanding of the "meaning" that respondents attached to their experience. A qualitative cross-sectional design was utilized, in which we undertake a single face-to-face in-depth interview with the respondents, which permits for obtaining rich views of the respondents, instead of using a longitudinal design because most of the fistula patients could be discharged thereby losing sources of data.

ETHICAL ISSUES, SAMPLE AND DATA COLLECTION METHOD

This research proposal was approved by the Sokoto and Zamfara state health research ethics committees. The study used purposive sampling technique and selected 9 respondents, including 4 VVF women, 3 health professionals, and 2 government officials. The sample was selected because they are perceived as fit in providing the information as well as the saturation need of the study, which is in line with the views of Collins, Onwuegbuzie & Jiao (2007). Again, the study's respondents were selected from the two hospitals in the states mentioned above. To encourage respondents to provide accurate information, the purpose of the study, procedure and benefits were explained to the participants. The participants that were willing to take part in the study were given consent form which they signed. The venue of the interviews was agreed between the researchers and the respondents. For the VVF patients, it was agreed that the interview is held in the empty section of the ward. The nurse's stations were used for the interview with health professionals, and for the government officials, we agreed to utilize their respective offices. Due to low levels of literacy among the VVF patients, the interview questions were translated into their local language (Hausa language) by an expert linguist to enhance comprehension and validity of the data. An unstructured

interview scheduled with an open-ended question was utilized to permit the respondents to express opinions in their own way. Having obtained permission from the respondents, the interview sessions were videotaped and notes were also taken. At the end of the interview sessions, the responses were transcribed in English language verbatim. In addition, the responses obtained from VVF patients were back-translated from Hausa to the English language for further analysis of the data.

DATA ANALYSIS

The process of data analysis, commenced by reading and rereading the transcribed face-to-face in-depth interview to acquire an understanding and meaning of the respondent's responses so as to find themes and categories. The raw data was keyed into Nvivo version 11 qualitative analysis software, which permits for the emergence of themes, which is in line with the opinion of Braun & Clarke (2006). The qualitative software also helps to code all the data about the perceptions of VVF women, health personnel, and government officials, and then it aided in identifying all the essential patterns, in line with the assumption of Auerbach & Silverman (2003).

FINDINGS

Table 1 shows that respondents who participated for an in-depth interview included 4 VVF women, representing 44.4% of the sample. This is followed by 3 health workers, which represent 33.3% of the sample. Then, 2 government officials, representing 22.2% of the sample. Additionally, in relation to the gender of the respondents, 7 participants are female, representing 77.7% of the sample, whereas, 2 respondents are male, which represent 22.2% of the sample. Moreover, related to the age of the respondents, the ages of 4 participants is between 16 to 25 years, representing 44.4% of the sample. This is followed by 3 respondents whose ages are between 26 to 35 years, which represent 33.3% of the sample. Next are 2 respondents whose ages are between 36-45 years, representing 22.2% of the sample.

Table 1.

Demographic Characteristics of Respondents

Respondents Category	Frequency	Percentage (%)
VVF women	4	44.4
Health Personnel	3	33.3
Government Officials	2	22.2
Total	9	100.0
Gender		
Female	7	77.7
Male	2	22.2
Total	9	100.0
Age		
16-25 years	4	44.4
26-35 years	3	33.3
36-45 years	2	22.2
Total	9	100.0
Location		
Sokoto	5	55.5
Zamfara	4	44.4
Total	9	100.0
Educational Qualification		
No formal education	3	33.3
Secondary School	1	11.1
Degree or HND	5	55.5
Total	9	100.0
Religion		
Islam	8	88.8
Christianity	1	11.1
Total	9	100.0

Furthermore, related to the location of the respondents, 5 participants are located in Sokoto state, representing 55.5% of the sample, and 4 respondents are located in Zamfara state, which represents 44.4% of the sample. Additionally, in relation to the educational qualifications of the respondents, 3 participants have no formal education,

which represents 33.3% of the sample. Next is 1 respondent who possessed secondary school education, representing 11.1% of the sample. This is followed by 5 respondents who possessed a degree or its equivalent, which represent 55.5% of the sample. Additionally, with regards to the religion of the respondents, 8 participants practice Islam, which represents 88.8% of the sample, while 1 respondent practice Christianity, representing 11.1% of the sample.

Attitude of Health Personnel

The attitude of health personnel implies to the behavior of health professionals exhibited toward the sick, which could be positive or negative (Holmes, et al. 2012). In this study, the concept refers to the positive behavior shown by health staffs to VVF women in the process of discharging routine duties, which could encourage participation in therapy. Based on the general pattern observed from the findings of the interview as shown in Figure 1, the respondents (IX, VII, VIII, I, II & III) of this study mostly stated that the attitude of the staff that treat VVF patients is encouraging, perhaps this explains why several women seek therapy. Related to the foregoing explanation on the respondent's perceptions of the attitude of health personnel, participant IX, a government official argues that:

> *I was opportune to speak with some pregnant women and VVF patients during meetings in their respective villages. Some of the participants stated why they seek for health care services in the government-owned hospitals. That, they were encouraged to visit hospital for treatment often due to good reception accorded to them by health personnel whenever they visited the health centers (Respondent IX, Government official).*

In another narration, respondent VII, a health personnel observes that:

> *In the medical profession, it is unethical to be rude, abusive or disrespectful to the patient. The staffs who violate the ethics of the medical profession are sanctioned by the appropriate authority. Showing a positive attitude to the sick individuals encourages the patients to seek therapy at the hospital even when few services are available. In addition, good attitude to patients increases follow-up care to the health centers (Respondent VII, health personnel).*

In a similar account that confirms the effects of the positive attitude of health personnel in increasing the participation of VVF women in therapy, a government official asserts that:

> *In all endeavors of life, you have the good ones and the bad ones. Really, attitude counts and a good attitude are important in increasing participation in therapy. If, for example, I visited someone's house, the positive attitude showed to me would make me feel relaxed. On the contrary, a negative attitude will make me feel uncomfortable. Specifically, if because of my disease condition workers showed negative attitude to me, I will feel bad. In the same way, positive attitude of health workers to the client could encourage them to visit VVF health centers for therapy (Respondent VIII, Government officials).*

Confirming the effects of the good attitude of health personnel on patients, a VVF woman asserts that:

> *Some health personnel discharges their duties well because they treat us [VVF women] politely. I recalled when one health personnel rendered some assistance to me. At that time, I wanted to use an extra bed sheet. So, she was kind enough to provide me with one, and she asked that if I should need more, I can call her attention. The receptive behavior of staffs in the VVF hospital helps our course of therapy, and this also encourages us to invite other patients that we know with a similar problem to visit the center for the cure (Respondent I, VVF woman).*

As indicated in Figure 1, the model represents the accounts of the respondents in relation to the attitude of health personnel and its influence on participation in therapy. The qualitative findings indicate that positive attitude of health personnel encourages several VVF women to participate in therapy in Sokoto and Zamfara states.

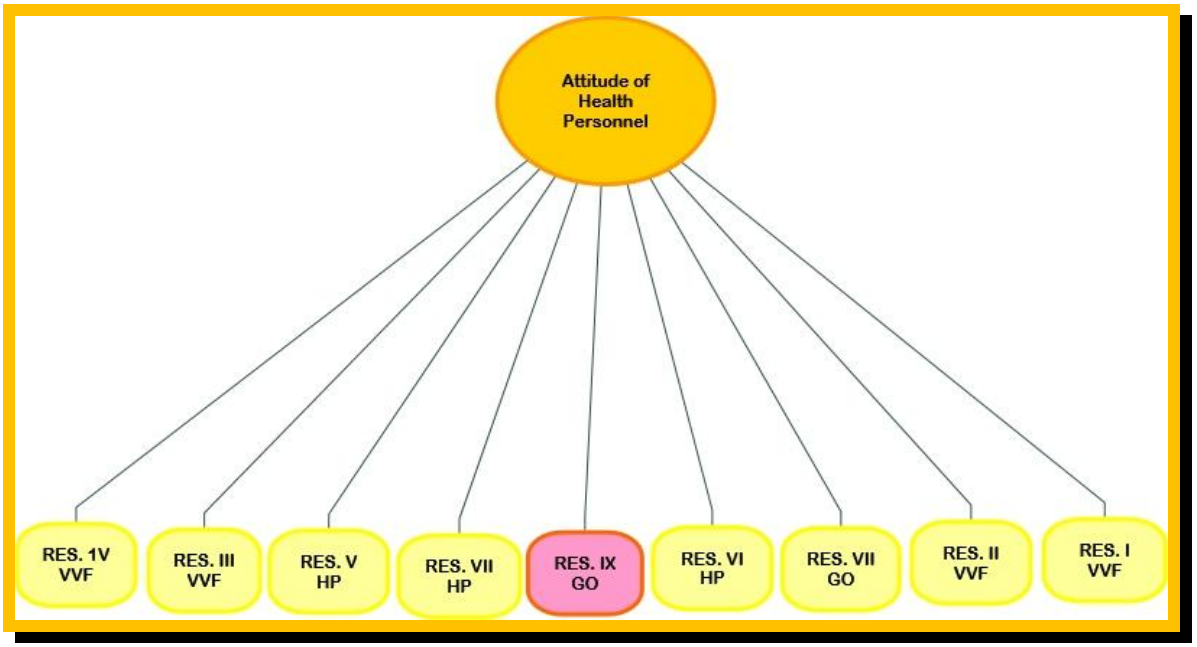

Figure 1 Attitude of Health Personnel

Quality of Health

The term quality of health (QOH) refers to a subjective phenomenon in society, which is characterized by a good health condition, happiness, satisfaction with life, living standard that is above average, good housing condition, educational opportunities, freedom to express oneself, opportunities for recreation and good transportation among others (Folasire, Irabor & Folasire, 2012). In this study, QOH refers to the aspect of the general health condition of VVF women, including physical, physiological and psychological health. The QOH of VVF patients influences their participation in treatment (FMOH, 2012). Based on the observed general pattern of answers provided by respondents during the face-to-face in-depth interview as shown in Figure 2, the respondents mostly stated that an improved physical and psychological health of VVF patients encourages them to participate in treatment. So for example, a respondent, who is a government official from the state ministry of health discloses that:

> *When VVF victims are physically and mentally unfit, they may not be able to move properly or that when their mental alertness depreciates, they [VVF women] could not be motivated to take part in treatment. However, victims with the relatively stable condition of health are more likely to participate*

in therapy than those who are critically ill (Respondent IX, Government official).

In addition, corroborating the above view, a VVF patient clarifies the above views by affirming the importance of relative quality of health in increasing participation in treatment, by observing that:

I agree that if the condition of health of a victim is relatively better, it increases participation in treatment, especially by encouraging an individual to visit hospital early. Sometimes ago, the condition of my health was severe. I walked with the support of crutches for over six years. During that time, it was difficult for me to visit a health center for treatment. However, I am here now because I am physically and psychologically better than before, so, I participate in treatment now (Respondent III, VVF woman).

Additionally, re-affirming the views expressed by the foregoing respondents, health personnel asserts that:

Following admission, we usually examine the patients physically, psychologically and physiologically. Most of the VVF women we received are usually conscious and their health status is relatively stable. Those who come early are mostly those whose quality of health is fair. On the other hand, in most cases, those who visit the hospital much later are those whose conditions of health are severe (Respondent V, health personnel).

Based on the foregoing perceptions of the respondents, almost all of them agree that VVF victims with mild disease are more likely to participate in therapy as shown in Figure 2.

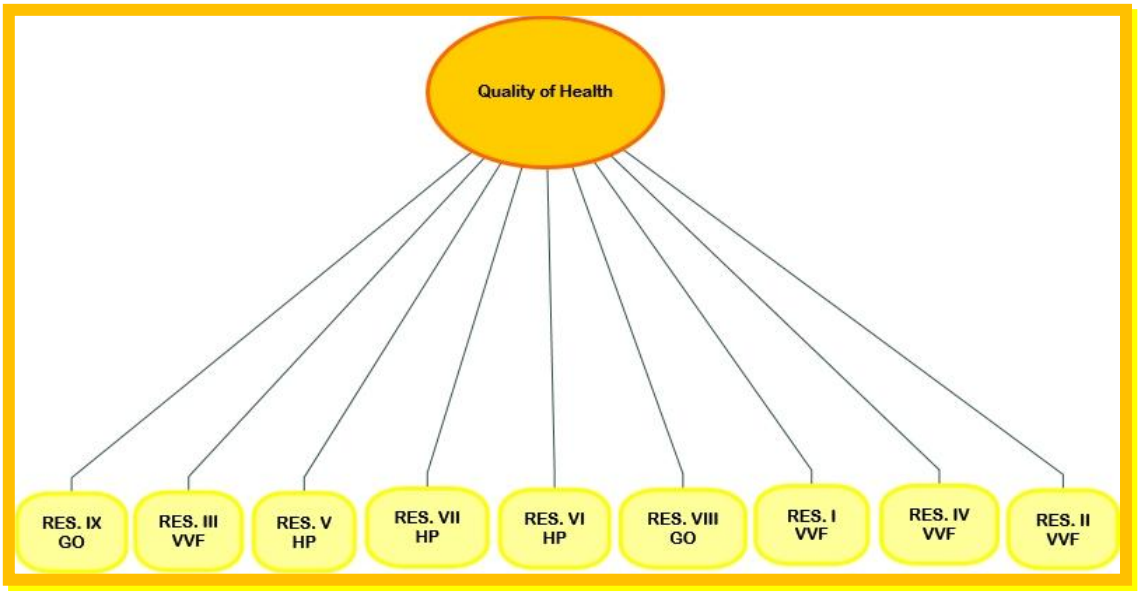

Figure 2 Quality of Health

DISCUSSION

The result of this study spread out knowledge concerning the documented factors that influence participation in therapy among VVF patients, through adding the voices of the victims and other respondents in the healthcare industry about their perceptions of the impact of attitude health personnel and quality of health of the victims in encouraging visits to health centers for therapy. This study used 9 respondents as a sample, including 4 VVF women, 3 health personnel, and 2 government officials. In relation to the attitude of health personnel, most of the respondents stated that staffs behave themselves well toward the patients. Specifically, VF patients affirm that they receive a good reception from the health personnel. In addition, some respondents indicated health professionals treat them with respect and they receive help regarding health facilities they used in the health centers. The findings of this research provide support to the earlier studies in Asia (Holmes et l. 2012), Ghana (Jonathan, 2016), and South Africa (Tlebere, Jackson, Loveday, Matzinta, Mbombo Doberty… & Chopra 2007). Relating to the quality of health of patients and its influence on therapy, most respondents are all agreed that when VVF patients are physically and mentally stable they are more inclined to visit a health center for treatment. In essence, acute fistula disease, in which the women are conscious of their environment and able to move, increases their chances of visiting health centers for therapy. This study supports the result of previous studies in the United States (Murphy et al. 2007) and Southeast Asia

(Thomson et al. 2013). Therefore, policies intended for tackling the problems of VVF and by extension, improving the therapy among the patients need to take into account the attitude of health personnel and improving quality of health among the citizenry.

CONCLUSION AND RECOMMENDATIONS

This study was conducted to primarily explore and describe the perceptions of VVF patients and other stakeholders in the healthcare industry on the attitude of health personnel and quality of health of patients and how the constructs influence therapy among fistula patients in Sokoto and Zamfara states. The result of this study highlighted the significance of the positive attitude of health personnel and the relative physical and mental health of VVF patients in encouraging the victims to participate in therapy at the designated fistula hospitals in the region. The respondents had in their own voices described that the rousing reception that they received from the health personnel, financial assistance that they received, sanitary facilities among others, coupled with the relatively stable physical and mental health condition of the victims encourage them to participate in therapy at the VVF centers. It is the hope of this study that by permitting patients living with VVF to voice their experiences in their own words, the findings make the strongest case for concerted action aimed at improving and sustaining the ethics of health profession, which encourage staff to treat patients with respect and dignity among others and humanizing intervention programs that raise the quality of health of the individuals in society, these invariably improve health seeking behavior among VVF patients. This study's limitation is that the findings are based on a face-to-face in-depth interview carried out utilizing few sample size of 9 respondents from the VVF centers at Sokoto and Zamfara states. However, the results of the study are comparable to other studies from other less privileged nations such as Ghana, South Africa, Vietnam, Bangladesh, which implies that the positive attitude of health personnel and the relative quality of health of the patients that are instrumental in influencing therapy among fistula patients in Sokoto and Zamfara, Nigeria are common among non industrialized countries. Therefore, based on the complexities of VVF disease, measures to eradicate the disease through actions that increase therapy need to be taken as a greater priority by the World Health Organization, policymakers, Nigerian politicians, and health administrators. In addition, both the federal, states and local government and nongovernmental organizations need to join forces to provide the VVF women with

much-needed healthcare services to complement the positive attitude of the staff and other social amenities, which by extension motivate patients to participate in therapy. Again, decreasing and eradicating the prevalence rate of the disease should be the ultimate goal, thus, this requires the accessibility to obstetrics services among women in the community, complemented by community development programs. The development programs should emphasize on stimulating social and gender equality as well as promoting girl-child education. In addition, governments should ensure the improvement of effective infrastructure such as transportation, good water supply, adequate power supply, healthcare facilities as well as adequate remuneration for healthcare personnel.

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