

Perception of Patients On Medical Personnel Attitude and Behavior Towards Effective Service Delivery in Public Hospitals in Yobe State, Nigeria

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ABSTRACT

The research intended to investigate the perception of patients on medical personnel attitude and behavior towards effective service delivery in public hospitals in Yobe State, Nigeria. The issue of negative healthcare workers attitude and behavior to patients in our public hospital has become a very dominant and rampant to the extent that sometime the patient even fight or response to the healthcare workers aggressively that would result to quarrel and even beaten one another which goes contrarily to the ethics of healthcare workers profession which stated that patients need to be treated with dignity, respect, polite and friendly manner that would make the patient feel free and reveal all his/her complaints to the doctors. This research intent to collect data from five public hospitals (General Hospital Gashua, General Hospital Geidam, General Hospital Damaturu, General Hospital Patiskum and federal medical center Nguru) across the State in order to have findings generalization. Questionnaire and interview were used in data collection where three hundred and forty eight were distributed and only three hundred and thirty-eight retrieved. Furthermore, literatures revealed that a lot of factors are responsible for negative perception towards healthcare workers by patients but none is related to proposed study area. The findings of this research will help government, health professions, academicians, policy makers and public analysts in design a policy that will help in improving doctor-patient's attitude or relationship. Finally, kruskal-wallis test were revealed that there is significant difference between general hospital Damaturu and Geidam respectively.

Keywords: perception, patience, attitude, service, personnel

INTRODUCTION

Providing good health care services to every citizen is one of the fundamental duties of government around the globe. Therefore, government at all levels trying to secure their citizens' health by establishing primary, secondary and tertiary health centers (Leach, 2001). The health care system is an organization of people, institutions and resources that deliver health care services in order to meet the health needs of the citizens (Ndedda, 2012). The improvement of a patient's health depends largely on effective diagnosis, and how the patients are treated in health care center visited. Health care services are delivered by health professionals these includes nurses, community extension workers, midwives, chiropractic, physician, dentists, physiotherapist, Radiologist and pharmacists among other health professions (Obansa, 2013). The contribution of these health care professionals cannot be over emphasizing in improving the health of the sick person. The behaviors and attitudes of these health care services are supposed to mutually provide a smooth ground of relationship with their clients according to the ethics of their profession. That has to do with helping the sick to fully recover from their sickness. By the nature of their profession, health care workers are meant to provide a good health services towards their clients. Patients are also to be treated with care, love, dignity and respect in order to overcome the condition of their illness (Leach, 2001). However, the unethical behavior of these health workers has become a serious problem especially in public hospitals. More often, patients tend to suffer more from the maltreatment in the hands of some health care workers. Such unethical behavior of the workers toward the patients as shouting rudely at the patients in some cases even beating the sick ones most particularly in the labor ward. This kind of attitude exhibited by some of these health care

workers has made people to hardly take their patients to public hospitals. This is due to the fear of maltreatment in the hands of the hospital staff. Apart from shouting at patients, these health workers are also notorious for their unbridled hostility towards relations of patients. Any complaints from patients under their care is treated with less care and met with barking and scolding. In addition, visitors and relations of the patients also received harsh treatment and rudely treated by the health workers. The negative attitude to patients by health care workers is worrisome. Poor attitudinal behavior of health workers particularly in the public hospitals has endangered the lives of patients, in the emergency of many public hospitals. All cadres of health care working Nigerian have been accused of such attitudes. Seeking Medicare in any of the public hospitals has become a problem. It does not matter whether a patients dying or not, this kind of treatment is routinely found in the laboratory blood bank or consolatory room. The call by health workers for better condition of services has further aggravated this kind of attitudes by the workers which is care for patient to ensure that the human person is maintained in the possible state of good health in terms of their mental, physical and spiritual wellbeing. In recent years, the health care workers have embarked on serves of strike to press further demand across government owned hospitals.

STATEMENT OF PROBLEM

Providing health care services to patients in government hospitals is becoming impossible among health care workers, this is due to bad attitudes and behaviors always displaced by these health workers which includes; shouting at patients, not attending them on time, not giving them necessary care, poor attitudinal behavior, sometimes even the patients relatives are been treated badly, any complain from the patients are

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treated with less care (Leach, 2001). World Health Statistics (2011) shows that Nigeria had only 4 doctors and 16 nurses per 10,000 people. This means that one doctor attends to 2,500 patients and one nurse to 155 patients". The pressure of work has made many health workers to involve in an unethical behavior, resting their anger on patients but this can never be a reason by medical health workers to be aggressive and impoliteness to their patient. This type of behavior has been blamed on shortage of health care professionals. Coupled to the pressure experienced by the workers such as shouting to patience, sometimes even beating the sick, harassing, maltreatment etc. Due to the poor attitudes of Nigerian health workers, the country was overall ranked 177 out of a total of 191 countries in the world rated with poor performance in their responsiveness to patient's treatment (World Health Statistics, 2011). It is against this background that this study intends to investigate the perception of patients on medical personnel attitude and behavior towards effective service delivery in public hospitals in Yobe State, Nigeria.

OBJECTIVE OF THE STUDY

The general objective of this study is to investigate the perception of patients on medical personnel attitude and behavior towards effective service delivery in some public hospitals in Yobe State, Nigeria. The specific objectives are;

1. To identify the socio economic and demographic characteristics of those patients seeking medical health care in public hospitals in Yobe State, Nigeria.
2. To examine the perception of those patients toward the attitudes of health care workers to patients in public hospitals in Yobe State, Nigeria
3. To determine the attitudes of healthcare workers towards patients in public hospitals in Yobe State, Nigeria

4. To identify the challenges facing patients in seeking medical attention in public hospitals in Yobe State, Nigeria.
5. To provide solution on unethical attitudes of health workers in public hospitals in Yobe State, Nigeria.

LITERATURE REVIEW

Concept of Health Care Workers The concept of using community members to render certain basic health services to the communities from which they come from has at least 50-year history (WHO, 2007). Prasad and Muraleedharan (2007) in a systematic review of concepts, practice and policy concerns on Community Health Workers, reports that the CHWs have evolved with community based health care program and have been strengthened by the PHC approach. However, the conception and practice of CHWs have varied enormously across countries, conditioned by their aspirations and economic capacity. The available literature is quite varied in character. The roles and activities of community health workers are enormously diverse throughout their history, within and across countries and across programs (WHO, 2007). The early literature emphasizes the role of the community health workers (CHWs), which was the term most commonly used at the time, as not only a health care provider, but also as an advocate for the community and an agent of social change. CHWs were functioning as community mouthpiece to fight against inequities and advocate community rights and needs to government structures: in David Werner's famous words, the health worker as "liberator" rather than "lackey" (Werner, 2011). This view is reflected in the Alma Ata Declaration, which identified CHWs as one of the cornerstones of comprehensive primary health care (WHO, 2007). CHWs play a critical role in the overstrained health care system, filling the information and distribution gap between people

wanting health options and the clinics that provide a range of health services to huge populations, particularly in urban poor communities (Estelle et al., 2012). While in some cases CHWs perform a wide range of different tasks that can be preventive, curative and/or developmental, in other cases CHWs are appointed for very specific interventions (WHO, 2007). The roles of CHWs can as well be described as: home visits, environmental sanitation, provision of water supply, first aid, treatment of minor and common illness, nutrition counseling, health education and promotion, surveillance, maternal health, family planning, child health, communicable disease control, community development, referrals, record keeping and data collection (Lehmann & Sanders, 2007).

A community health Care Worker (CHW) is any health worker carrying out functions related to health care delivery; trained in some way in the context of the intervention and having no formal professional or paraprofessional certificate, degree or tertiary education (Lewin et al., 2005). The motivation and retention of CHWs are influenced by various inherent characteristics of CHWs, such as their age, gender, ethnicity, and even economic status, which affect how they are perceived by community members and their ability to work effectively (Karabi et al., 2001). According to Bobby and Merlyn, (2016) a healthcare worker is one who delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers. There are approximately 59 million healthcare workers worldwide. Recognizing the vital role played by health care workers as “the most valuable resource for health” the World Health Organization (WHO) had declared the years 2006 to 2015 as the “The decade of the human resources for health.”

HEALTH BEHAVIOR

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Shehu (2005) described health behavior as a pattern of choices constituting what one does and what one fails to do that affects fitness level and health status. Examples of such behavior are physical activities, drug abuse, proper nutrition, alcoholism and sexual assault. He added that health seeking behavior is acts of making choices from the alternatives that are available and to the ease with which they are able to choose certain ones over others. The researchers observed that the effectiveness of using health behavior for well-being depends largely on many factors among which demography plays a prominent role. Demographic factors are socio-economic characteristics of a population expressed statistically as age, gender, educational qualification, income level, marital status, occupation, religion, birth rate, death rate and size of the family (Shehu, 2005). The identified demographic factors have positive and negative effects on a person's state of health, but the improvement, corrections and preventive measures are acquired through person's health-seeking behavior. According to Fong et al, (2012) there are many barriers to good communication in the doctor-patient relationship; this includes patients' anxiety and fear, doctors' burden of work, fear of litigation, fear of physical or verbal abuse, and unrealistic patient expectations. Other fear associated with this are:

- Deterioration of Doctors' Communication Skills It has been observed that communication skills tend to decline as medical students progress through their medical education, and over time doctors in training tend to lose their focus on holistic patient care. Furthermore, the emotional and physical brutality of medical training, particularly during internship and residency, suppresses empathy, substitute's

techniques and procedures for talk, and may even result in derision of patients'.

- Doctors' Avoidance Behaviors There are reported observations of doctors avoiding discussion of the emotional and social impact of patients' problems because it distressed them when they could not handle these issues or they did not have the time to do so adequately. This situation negatively affected doctors emotionally and tended to increase patients' distress. This avoidance Behaviour may result in patients being unwilling to disclose problems, which could delay and adversely impact their recovery.

Human health Behaviour ramifies in different ways based on different conditions and health status. Eskilsson and jansson (2007) have argued that people perform different health behaviors when they are well, having symptoms or are clearly sick. Citing Glanz et al, (2011) they advanced three categories of health behaviour based on individual's health status: Preventive health behavior is seen as any activity that people, who have the perception that they are in current good health, undertake for the sake of maintaining or improving their health status. This self-protective behavior can be activities including exercise and following recommended guidelines for vaccination, with the overall intention to confer protection from potential harm. Preventive health behavior can refer to either changing health impairing habits (e.g smoking or eating a diet high in fat) to avoid health risks, or to initiate or improve health protective behaviors (e.g. attending a screening examination or health check) to prevent diseases. Illness behavior refers to any activity that people, who have the perception that they are ill, undertake to determine the problem, define their health status and find remedy. This symptom-

based behavior includes complaining about symptoms and seeking advice from family, friends and medical personnel. Sick-role behavior is any activity that people, who have decided that they are ill and know what the illness is, undertake for getting well. This kind of behavior includes receiving treatment and generally makes people have normal obligations. (Eskilsson and Jansson 2007) Good health does not only contribute to better quality of life but is also essential for a virile labour force for the creation and maintenance of a nation's wealth. The importance attached to the health of a people and levels of economic well-being necessitate the commitment of governments worldwide to health care issues (WHO, 2007).

Poverty has an inverse relationship with health and health care. The two social economic phenomena are therefore very crucial determinants of the well-being and survival of one in his ecological niche.

ATTITUDE OF HEALTHCARE WORKERS TO PATIENTS

Patients health care service is frequent increasing day by day coupled with rise in medical demands. The reasons for this include development in medical and demographic, increase in demand for service and service quality, growing patient complexity and rising in medicine and material prices. McKee and Healy, (2002). Traditionally, technical knowledge among medical staff has been sufficient to ensure the quality and safety of services rendered. Today, however, hospitals are complex organizations requiring administrative and organizational support to meet the demands placed on them (Ruiz and Simon, 2004). Such requirements call for a conceptual breakthrough in healthcare and for changing the focus from medical management to organizational management (Hansson, 2000). Priorities for meeting these requirements include

improvements in patient safety, accessibility to healthcare, an increased focus on patients and increased internal and external efficiency (Institute of Medicine, 2001). To meet the conceptual breakthrough that healthcare is facing, the knowledge of improvement, innovation and transformation of healthcare systems and processes are needed. In particular, improvement knowledge is getting increased attention as a possible solution to the contemporary challenges faced by healthcare (Batalden, Winch and Tien2011).

CHALLENGES AND BARRIERS TO HEALTH SERVICE DELIVERY

Areas of significant interest for this study are for example; incessant strike by doctors, medical staffs in Public hospitals, corruption and bribery in the health system, people 's culture and attitude, and accessibility to health facilities.

1. Incessant strike actions by doctors, nurses and other health professionals over one demand or the other at the state and national levels, and government's slow response to conflict management create uncertainties that sometimes take months to resolve. The health system is worse for it and care-seekers suffer a great deal during such industrial actions. For example, the Federal Government of Nigeria was recently considering banning the Nigerian Medical Association (NMA) and Joint Health Sector Unions (JOHESU) over incessant strikes. The NMA embarked on indefinite strike action from 1st July 2014 demanding among other things, reserving the position of Chief Medical Director to only medical doctors, appointment of Surgeon General of the Federation, and reserving the title of "consultant" to only medical doctors. It took weeks to resolve one out of such previous disputes. Han PKJ, (2011).

2. Public hospitals experience uncertainty problems in the selection or appointment of chief executive officers; the outcome of which may be dependent on how connected the candidate is, and not necessarily based on the most experienced or one with best leadership qualities.
3. Private practitioners may have limited experience in the management of certain disease conditions. Decision uncertainty may occur about referral or retention of patients. It is advocated that the government should develop primary and secondary health facilities and organize short postgraduate training programs in general practice to make GPs function better.
4. The operational costs of private and public hospitals are high because hospitals perform of mission critical tasks 24hours a day, and need constant supply of water and electricity to say the least. Cost of healthcare is therefore high where basic amenities for hospital operations are luxury due to constant electric power outages. In a population with low income per capital, majority will not be able to afford quality health care, or may end up incurring catastrophic health expenditure.
5. Infrastructure in many public health care institute is either obsolete or dilapidated. Uncertainty arises on how the procured drugs and vaccines would be stored at appropriate temperatures in health settings without constant electricity supply.
6. Supply chain in public health facilities is poor and has resulted in out-of-stock syndrome for Medicines and supplies, chaotic drug distribution system, erratic drugs and vaccines supply, and drug

resistance, Obansa (2013). Creative implementation and management of supply chain under environmental uncertainty are vital.

PERCEPTIONS ON HEALTH CARE WORKERS ATTITUDE TO PATIENT

Attitude as concept is all about individual way of thinking, acting and behaving. It has very serious effect on work/employee performance. Positive attitude at work place is supposed to be bedrock and foundation towards higher performance in any established settings. However today, the impact of the negative attitude to work by health care providers in public and private hospitals in Nigeria is particularly worrisome. Poor attitudinal problem particularly in the public sector has further endangered lives of patients, many already in critical condition. Daily media report shows that the attitudinal problem is at every level of care. Abiodun, (2010) noted that in Nigeria there is no exemption, all cadres of healthcare providers are guilty of this negative attitude, even at the slightest provocation. Unfortunately, Nigerians seeking Medicare in any of the hospitals, daily have their fair shares of the worrisome trend even in the face of the most lifethreatening emergencies. Whether a dying patient is in for emergency room treatment, routine doctor's appointment, a laboratory test, or any appointment for that matter, the negative attitude seems to have become a way of life, doing more harm than good to the health sector. Poor attitude of health care workers especially in public hospitals have deter many pregnant women from utilizing hospital services and patronize Traditional birth attendants for delivery (especially in the rural communities) because of their flexibility in payment mode, and positive attitude they show parturient. There are evidences that women do not seek maternal health care at hospitals and clinics due to prior embarrassing experiences or fear of being

humiliated by the health care staff. Accordingly, the negative attitude of health care workers contributes to maternal mortality by discouraging women from seeking skilled attendance at delivery and other maternal health services. No doubt about this, as available evidence indicates that on the average, in most public hospitals in Nigeria, one doctor may attend to up to 200 patients. Most of the facilities are often overstretched as a result of the overwhelming crowd that requires medical services from those facilities. According to former President of the Nigeria Medical Association (NMA) Dr. Omede Idris, there are 39,000 medical doctors serving over 140 million Nigerians against the World Health Organization's ratio of 1 to 600 persons. It is in the light of this that Omoleke (2005) maintains that the society has not been fair to the profession. According to her, the public should encourage health workers instead of criticizing their efforts. She said contrary to W.H. O's stipulation of one nurse to four patients. "We have shortage of nurses everywhere in Nigeria even in the private hospitals. When these nurses are over worked, they are bound to present a negative attitude but we are trying to reorientation the nurses in order to save more lives." Nigeria is a nation where government provides free or subsidized healthcare in competition with private providers whose services are rather expensive. There is no integrated healthcare system that is all embracing i.e. where government and private providers work in synergy as is done in many developed countries. Over 90% of the populace goes to government Hospitals for free or highly subsidized medical care. However available statistics show that only 10% of Doctors practicing in Nigeria are employed by government institutions. Access to the government free care is therefore cumbersome, patient may line up in government hospitals from

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9.00am to 4.00pm before they can see doctors. In contrast Doctors working at private hospitals may be quite idle with few patients to see since services are much more expensive. Kiguli, et al, (2009) argued that patients had a negative attitude towards seeking healthcare in public facilities because health workers tend to turn away poor women who cannot afford soap, clothes and simple gloves etc. The only other option is to seek maternity care at private clinics, which is unaffordable to the majority of people in the developing world. Studies have shown that patient satisfaction is crucial to healthcare as it influences whether a person will seek medical advice, complies with treatments and maintains a relationship with the provider/health facility. It is true that things like stress family, job and societal expectation make health providers stress up talks rudely to patients at any slightest provocation, and that some patients stubborn, rude and always calling for unnecessary attention and nurse give ugly words.

THEORETICAL FRAMEWORK

Social cognitive theory Social cognitive theory started as the social learning theory in the 1960s by Albert Bandura. It developed into the SCT in 1986 and posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment and behavior. The theory further describes the influence of individual experiences, the actions of others, and environmental factors on individual health behaviors. The theory provide opportunity for social support through instilling expectations, self-efficacy and using observational leaning and other reinforcement to achieve behavioral change In this study, social cognitive theory attempts to explain very vivid the perception of patients on medical personnel attitudes towards effective service delivery, in trying to link this intellectual contributions to this social phenomena, health workers either medicals or non-medicals staffs shared some senses of

attitudinal characteristics, which one may influence one another indirectly or directly. So also the health workers adopt changes that may be caused through environmental influences.

METHODOLOGY

Introduction

In proceeding chapter, review of relevant literature for the study was conducted. This chapter deal with the methods and procedure that were adopted in the execution of this research.

RESEARCH DESIGN

the aim of this research has been to examine the perception of patients on medical personnel attitude and behavior towards effective service delivery in public hospitals in Yobe state.

This led to the adaptation of descriptive statistics such as frequencies, percentages, means, and standard deviations to summarize the responses. Use inferential statistics like chi-square tests or t-tests to identify significant relationships or differences between variables and also Compare the perception of patients across different public hospitals in Yobe State. Identify variations in attitude and behavior, service delivery effectiveness, and overall satisfaction levels. Use appropriate statistical tests such as ANOVA or Kruskal-Wallis to determine significant differences between hospitals

AREA OF THE STUDY

The research covered five public hospitals in Yobe state to examine the perception of patients on medical personnel attitude and behavior towards effective service delivery these are:

1. General hospital Damaturu
2. General hospital Geidam
3. General hospital Patiskum
4. General hospital Gashua and
5. Federal medical Centre Nguru

POPULATION OF THE STUDY

The population of this study comprised of patients mentioned in public hospitals in Yobe state. It is not possible to determine their exact number and not necessary to survey patients in

this area since the population are very large and unknown. For this reason, it was decided that only patients would be recruited and surveyed in the study. This group represent the population or universe of interest (odoh, 2006). Since the exact population size is unknown, the researcher considered using Cochran sampling size determination formula is to be employed. However, a representative and manageable sample can be obtained Using acceptable and known formulas.

SAMPLE SIZE DETERMINATION AND SAMPLING TECHNIQUES

Since the population size of patients in public hospitals in Yobe state is unknown, the researcher decided to adopted Cochran sampling size determination formula for an infinite population to arrive at a representative and manageable number of sample for survey. The researcher believes that this is justified given the preliminary nature of the research.

The sampling size was therefore calculated as follows

$$n = \frac{z^2 pq}{e^2}$$

Where n = sample size

P = probability of success = (0.5)

q = probability of failure = (0.5)

z = standard error of the mean = 1.96

e = level of significance = 5% (0.05)

By substituting into the formula, the sample size is determined thus:

$$n = \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2}$$

$$n = \frac{0.9604}{0.0025}$$

$$n = 384.16$$

Since the study cuts across five public hospitals in Yobe state, this figure 384.16 were distributed

DATA PRESENTATION ANALYSIS

on equal basis giving 76 samples for each hospitals in the state.

The sampling techniques to be adopted to define the target population, which could be patients who have received medical treatment or services in public hospitals in Yobe State. Use random sampling techniques to select a representative sample of patients. Consider factors such as age, gender, socio-economic status, and medical condition for appropriate sample representation.

METHODS OF DATA ANALYSIS.

To analyzed and Compare, the perception of patients across different public hospitals in Yobe State. Identify variations in attitude and behavior, service delivery effectiveness, and overall satisfaction levels. Use appropriate statistical tests such as ANOVA or Kruskal-Wallis to determine significant differences between hospitals. Therefore, Interpret the results obtained from the data analysis. Discuss the strengths and weaknesses of medical personnel attitude and behavior in public hospitals, identify areas for improvement, and suggest strategies to enhance service delivery effectiveness based on patients' perceptions.

These measures are to be conducted using statistical package for social science (SPSS) version 22.

SURVEY METHODS

A minimum of five enumerators were used in the study, all whom are familiar with the local language and cultures, as well as educated enough to interpret the contents to the respondents. This is especially crucial because some respondents may not able to read or understand the language in which the questionnaire will be administered. Therefore, three hundred and forty-eight questionnaires were administered and only three hundred and thirty-seven were successfully recovered.

The data collected through various views from respondents were presented and analyzed in a tabular form using kruskal-wallis post hoc test and frequency distribution tables.

Table 1 Gender of the Respondents

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	194	57.6	57.6	57.6
Valid female	143	42.4	42.4	100.0
Total	337	100.0	100.0	

SOURCE: Field survey, 2023

Table 1 shows 57.6% of the respondents are male while 42.4% are female. That is 194 males and 143 female's respondent which gives total of 337. This is to say that most of respondents are male.

Table 2 Ages of the Respondents

Years	Frequency	Percent	Valid Percent	Cumulative Percent
less than 20 years	4	1.2	1.2	1.2
20-30 years	191	56.7	56.7	57.9
Valid 31-40 years	129	38.3	38.3	96.1
41-50 years	9	2.7	2.7	98.8
Above 50 years	4	1.2	1.2	100.0
Total	337	100.0	100.0	

SOURCE: Field survey, 2023

Table 2 shows most of the respondent were between the age of 20-30 years which has 56.7% followed by 31-40 years which is 38.3%. that is 191 and 129 respectively out of 337.

Table 3 How often you Patronize public Hospitals

Patronize	Frequency	Percent	Valid Percent	Cumulative Percent
very often	130	38.6	38.6	38.6
often	120	35.6	35.6	74.2
Valid rarely	51	15.1	15.1	89.3
very rarely	36	10.7	10.7	100.0
Total	337	100.0	100.0	

SOURCE: Field survey, 2023

Table 3 shows that peoples are very often patronize public hospitals in the state where 38.6% of respondents which is 130 were patronize public hospital very often while 35.6% of respondents which is 120 were often patronize public hospitals.

Table 4 KRUSKAL-WALLIS TEST: SPSS Output

Hospitals	N	Mean Rank	X ²	df	P
1 st General Hospital Damaturu	66	203.78	12.871	4	.012
2 nd General Hospital Geidam	68	147.90			
3 rd General Hospital Patiskum	67	164.25			
4 th General Hospital Gashua	67	157.12			
5 th Federal Medical Centre Nguru	69	172.67			

SOURCE: Field survey, 2023

Table 4 shows the kruskal-wallis test result revealed that there is a significant difference in perception of patience on medical personnel toward Attitude, Behavior, services delivery effectiveness and overall satisfaction levels in five mentioned public hospitals in Yobe State, X² (4)= 12.871, P= .012

Therefore, the kruskal-wallis is significant then to answer such question” where do the differences lie” then the researcher conducted.

- Pairwise comparisons using Mann-Whitney U
- And use Bonferroni corrections to make sure that the type 1 errors were not build up to more than .05 a correction using Bonferroni correction was established (alpha = .05/8 comparisons) which gives new alpha values of 0.00625.

Table 5 KRUSKAL-WALLIS POST HOC TEST

MULTIPLE COMPARISONS	U	W	Z	P
1 & 2 Hospitals	1472.500*	3818.500*	-3.436*	< .001*
1 & 3 Hospitals	1698.000	3976.000	-2.310	.021
1 & 4 Hospitals	1635.000	3913.000	-2.594	.009
1 & 5 Hospitals	1842.000	4257.000	-1.916	.055
2 & 3 Hospitals	2074.500	4420.500	-.896	.370
2 & 4 Hospitals	2176.000	4522.000	-.449	.653
2 & 5 Hospitals	1988.500	4334.500	-1.541	.123
3 & 5 Hospitals	2190.000	4468.000	-.529	.597

SOURCE: Field survey, 2023

Table 5 shows the kruskal-wallis Post Hoc Test was used to identify where the significant differences in perception of patience on medical personnel toward Attitude, Behavior, services delivery effectiveness and overall satisfaction levels in the public hospital of Yobe state. In order to ensure that the type 1 error do not build up to more than .05, a correction using

Bonferroni correction was established (alpha = .05/8 comparisons) which gives new alpha values of 0.00625. The findings revealed that there is a significant difference in perception of patience on medical personnel toward Attitude, Behavior, services delivery effectiveness and overall satisfaction levels between General Hospital Damaturu and General Hospital Geidam.

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CONCLUSION

This study sought to evaluate the perception of patients on medical personnel attitude and behavior towards effective service delivery in public hospitals in Yobe state, Nigeria. This study could be considered as a basis for identifying perception of patience toward medical personnel which could be used to create a high level of patients' satisfaction in the hospital. Thus, identifying perception of patience toward medical personnel are essential for maximizing patients' satisfaction in the healthcare sector. It was concluded that the research could potentially provide a significant contribution and inputs which might be useful in the process of decision making within the management, Doctors and Nurses working in public hospitals in Yobe state.

RECOMMENDATION

Based on the findings and the conclusion reached in this study, the following recommendations were made:

- i. The management should emphasize on patience satisfaction as an essential and strategic policy aimed at increasing patients' satisfaction of the service operator while formulating marketing strategies relating to patients' satisfaction policy. Thus, the service quality should be started from the needs of patients and ended on patients' perception.
- ii. Management should use the right service quality dimensions so that the patients with the right indicators would felt the impact. By doing so, a large number of patients would be satisfied. This could help to increase patients' satisfaction leading to improving the service quality of the healthcare operator in Nigeria.

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