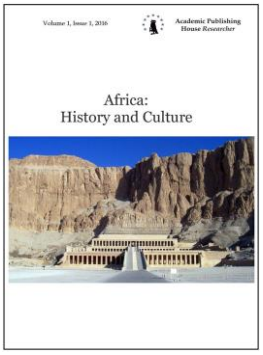
Published in the Slovak Republic
Africa: History and Culture
Has been issued since 2016.
E-ISSN: 2500-3771
2017, 2(1): 24-28

DOI: 10.13187/ahc.2017.1.24
www.ejournal48.com



"It's Best when You Treat Yourself": Culture of Healthcare and Health Seeking Behaviour Among Health Care Professionals in Accra, Ghana

Serwaa Akoto Tanoh [a, *]

[a] University of Ghana, Ghana

Abstract

The study sought to explore the health seeking behaviour of healthcare professional in Accra. A sample size of 100 respondents was used for this study through the questionnaires while 4 persons were interviewed. Results in satisfying the research objectives revealed that healthcare professionals faced both major and minor health problems. Factors such as time, knowledge of disease, accessibility, quality care, quick treatment of disease, confidentiality, embarrassment, severity of illness, attitude of colleagues among others cause them to practice self-medication instead of seeking formal healthcare. Though additional research studies are needed to understand this behaviour among healthcare professionals, the emphasis should be on an intervention to eliminate the behaviour.

Keywords: culture, Ghana, health care professionals, health seeking behaviour, healthcare, self-medication.

1. Introduction

Health seeking behaviour defines a person's general conduct regarding physical, psychological and social wellbeing (Sarfo et al., 2016; Uniprojects, 2015). Health seeking behaviour of people within Ghana is very complex; it may come as a combination of both traditional and orthodox health systems. In addition, the health seeking behaviour is affected by multiple determinants including the culture of healthcare (Sarfo et al., 2016; Sarfo, Ofori, 2016).

Subject to these determinants and their interactions, health seeking operates uniquely at individual, family, and community level in Ghana. Basically, health choices involve many factors related to illness type and severity, socio demographic characteristics, pre-existing lay belief about illness causation, accessibility of treatment available and their perceived efficacy and disease profile (Ntim, Sarfo, 2015; Sarfo et al., 2016; Sarfo, Ofori, 2016).

Globally, the health of healthcare professionals is of paramount importance to development. It is becoming a norm that the stressors and hazards found in their working environment and the culture of their professions often lead to physical and mental illness. Notwithstanding this, there are several barriers affecting their seeking healthcare (Lindo et al., 2009; Soares et al., 2012; Totman et al., 2011).

Studies have shown that doctors often ignore medical advice given to them when they become patients and some also disregard adequate medical management (Davidson, Schattner, 2003; Frank, Segura, 2009). Healthcare professionals are seen to practice self-medication and

* Corresponding author
E-mail addresses: solitudeheaven@gmail.com (S.A. Tanoh)

other negative health behaviour (Ali et al., 2012; Uallachain, 2007). While there is an extensive literature on health seeking behaviour among patients with different health problems, there is a paucity of empirical studies on the health seeking and culture of healthcare of healthcare professionals (Lindo et al., 2009; Frank, & Segura, 2009; Williams et al., 2006). In addition, little is known in Ghana regarding the topic under study using both qualitative and quantitative methods.

The purpose of the study is to explore the culture of healthcare and health seeking behaviour of health care professionals in Accra, Ghana using both qualitative and quantitative methods.

2. Method

Research design

The case study design was adopted as the study focused on health seeking behaviour of healthcare professionals. This design was deemed appropriate in exploring the health seeking behaviour of health care professionals in Accra.

Research approach

A mixed method approach was used to collect data for the study. This approach allows for the collection and analysis of both quantitative and qualitative data to build a complex, holistic picture of the study's problem.

Population and sample

The study population comprised all healthcare professionals within Accra. The target population includes doctors, pharmacists and nurses within the facility. A purposive sample size of 100 respondents were selected for the quantitative phase of data collection. Eighty out of the total sample responded (see Table 1 for details). An additional 4 participants were also selected purposively from the initial sample to be interviewed for the qualitative phase. This sample includes 1 senior doctor, 2 senior nurses and 1 senior pharmacist.

Table 1. Demographic background of respondents

Age	**Frequency**	**Percent**
20-29	34	42.5
30-39	28	35.0
40-49	4	5.0
50-59	14	17.5
Gender		
Female	47	58.8
Male	33	41.2
Marital Status		
Married	40	50.0
Not Married	36	45.0
Divorced	4	5.0
Profession		
Nurse	32	40.0
Doctor	30	37.5
Pharmacist	18	22.5
Educational Level		
Diploma	24	30.0
Higher National Diploma	3	3.8
Degree and above	53	66.2
Total	80	100

Instruments

The quantitative questionnaires were in two main parts comprising the following: Part 1 (demographic information of respondents); Part 2 – (health problems among health care

professionals, their health seeking behaviour, and the factors that influence their health seeking behaviour and culture of healthcare). Semi-structured interview guide was used to identify their experiences.

Data analysis

The analysis of the quantitative data was done using descriptive statistical method, which included frequencies, tables and charts while interviews were transcribed and analysed thematically.

Ethical considerations

In order to ensure the rights of the research subjects, their protection from harm, privacy, confidentiality and dignity, a letter of introduction was obtained from the Department of Public Administration and Health Service Management of University of Ghana to seek permission from the chairman of the Ethics Committee of the Ghana Health Service. After approval, a letter of information explaining further the purpose of the study was sent to participants.

3. Results

The results indicate that different health problems affect these professionals. These conditions include upper respiratory tract infections (n=21, 26.2 %), body pains/headache (n=20, 25 %) and malaria (n=13, 16.2 %). The least occurring were cold and cough (n=9, 11.2 %), heart problems (n=7, 8.8 %) and anxiety/stress (n=7, 8.8 %) and only (n=3, 3.8 %) complained of ulcer.

Theme 1: Promptness of seeking health

In addition, majority of healthcare professionals (n=41, 51.2 %) said they seek help immediately when sick. Majority (n=35, 43.8 %) said they do not seek help immediately and only (n=4,5 %) answered they do not seek any help. Reason for seeking health promptly was expressed by Respondent 1:

"*I often manage my relations when they are not well immediately because I know the consequences in delay treatment when ill. I have an in-depth knowledge on my profession."*

Theme 2: Factors that negatively influence health seeking behaviour of healthcare professionals

From the results, majority (n=20, 25.5 %) were not readily seeking for healthcare because of the longer time spent in waiting. Confidentiality (n=18, 22.5 %) and severity of illness (n=18, 22.5 %) were evenly distributed. Embarrassment and perceptions of weakness (n=7, 8.8 %), accessibility (n=11, 13.8 %) and negative attitude of other healthcare professionals (n=6, 7.4 %) were recorded as minor factors. Qualitative excerpt from respondent 3 expressed:

"Time is one, the type of health facility to visit either public or private, accessibility, nature of health facility, attitude of healthcare personal or confidentiality."

Theme 3: Places and reasons where health professionals seek help when ill

When asked where they seek help when sick, the following were recorded; majority of healthcare professionals self-medicated (n=30, 37.5 %), followed by clinical specialist (n=19, 23.8 %), private healthcare (n=10, 12.5 %), family doctor (n=9, 11.25 %), public healthcare (n=8, 10 %), pharmacist (n=3, 3.75 %) and finally a traditional healer (n=1, 1.25 %).

Reasons for their choice include; reliability (n=22, 27.5 %), quality care (n=20, 25.5 %), knowledge (n=20, 25.5 %), affordability (n=9, 11.25 %), easily accessible (n=6, 7.5 %) and little time spent to receive care (n=3, 3.75 %).

Theme 4: Self-medication as an option of care

Out of the 80 respondents, more than half (n=60, 75.0 %) admit practicing self-medication. Twelve (15.0 %) respondents confirmed that they sometimes practice self-medication,nly (n=8, 10 %) answered 'no' to indicate that they do not practice self-medication.

Majority (n=28, 35.0 %) of respondents self-medicate because they have adequate knowledge about their disease condition. Twenty (25.0 %) of them said they self-medicated because they see their disease condition as minor illness. As a form of first aid (n=15, 18.8 %), getting well fast (n=11, 13.8 %) and to save time (n=6, 7.2 %) were all given as part of reasons why respondents self-medicate.

Under this theme, Respondent 2 expressed the following:

"*Yes, I self-medicate, but not always. I sometimes self-medicates because I think it is less expensive. I sometimes do so due to the knowledge I have in pharmacology.*"

According to Respondent 4:

"*For myself, I sometimes self-medicate... it's best when you treat yourself*".

4. Discussion

The study found out that healthcare professionals are confronted with major health illnesses as patients under their care. This is paramount because they must be well to perform their jobs optimally under difficult conditions (Lindo et al., 2009; Rushton et al., 2015). Notwithstanding this, research has shown that many healthcare practitioners are sometimes reluctant both to seek help and take time off work (Eisenberg et al., 2012).

Again, it can be noted from the results that healthcare professionals adopt a mixed approach (formal and informal) in seeking healthcare. Instead of seeking care from formalized systems such as hospitals and health centers, others resort to informal means like self- medication and buying over-the-counter drugs, which can pose greater risk to their health condition. Like non-professional patients, utilization of health care system depends largely on the efficiency and effectiveness of the culture of healthcare system. This has led to incidence of non-adherence to clinical management (Sarfo, Ofori, 2016).

The percentage of professionals who expressed their interest in seeking healthcare from informal sources, as compared to clinical specialist confirms that the quality of public healthcare systems is affected by problems such as delay in patient care and poor accessibility. The results did not agree to some extent the socio-economic theory of health seeking which states that the lower the level of education and income, the more likely individuals are to use informal services (Ahmed et al., 2005). Asampong et al. (2015) opined that accessibility, perceived benefit of treatment, quality of service and cost of care are major determinants of a person's first choice of access of health care.

Another important issue that found relevance to the study is self-medication. Out of the 80 respondents, a significant majority (75.0 %) practice self-medication. This is true in many developing and economically deprived countries. Most episodes of illness are treated by self-medication in such settings according to Hussain et al. (2011). Results from reinforce the Health Belief model that hypothesises that people's behaviour in relation to health depends on an individual's perception of four critical areas; severity of illness, susceptibility to that illness, benefits of taking a preventive action and barriers to taking that action. The themes in the study reveal similar findings vis-à-vis the practice seeking help (Hamilton et al., 2017; Jones et al., 2014).

5. Conclusion

Globally, healthcare professionals are seen as tools for development. Nevertheless, they are more likely than ordinary person to get sick as a result of the number of occupational health and safety hazards in the hospital's work environment. The study shows that several factors affect the health seeking behaviour of healthcare professionals. In addition, self-medication as a practice among healthcare professionals from the results is a major concern that needs to be addressed by both policy and research. Additional studies are needed to understand this behaviour among healthcare professionals with emphasis on what to do to minimize the behaviour.

6. Conflicts of Interest

The author declares the work has no conflicts of interest.

References

Ahmed et al., 2005 – *Ahmed, S. M., Tomson, G., Petzold, M., Kabir, Z. N.* (2005). Socioeconomic status overrides age and gender in determining health-seeking behaviour in rural Bangladesh. *Bulletin of the World Health Organization*, 83(2), 109-117.

Ali et al., 2012 – *Ali, A. N., Tiong, J., Kai, K., Keat, C. C., Dhanaraj, S. A.* (2012). Self-medication practices among health care professionals in a Private University, Malaysia. *International Current Pharmaceutical Journal*, 1(10), 302-310.

Asampong et al., 2015 – *Asampong, E., Dwuma-Badu, K., Stephens, J., Srigboh, R., Neitzel, R., Basu, N., Fobil, J.N. (*2015). Health seeking behaviours among electronic waste workers in Ghana. *BMC Public Health*, *15*(1), 1065. doi.org/10.1186/s12889-015-2376-z

Davidson, Schattner, 2003 – *Davidson, S.K., Schattner, P.L.* (2003). Doctors' health-seeking behaviour: A questionnaire survey. *Medical Journal of Australia*, 179(6), 302-305.

Eisenberg et al., 2012 – *Eisenberg, D., Hunt, J., Speer, N.* (2012). Help-seeking for mental health on college campuses: Review of evidence and next steps for research and practice. *Harvard Review of Psychiatry*, 20(4), 222-232.

Frank, Segura, 2009 – *Frank, E., Segura, C.* (2009). Health practices of Canadian physicians. *Canadian Family Physician*, 55(8), 810-811.

Hamilton et al., 2017 – *Hamilton, C.B., Wong, M.K., Gignac, M.A., Davis, A.M., Chesworth, B.M.* (2017). Validated Measures of Illness Perception and Behavior in People with Knee Pain and Knee Osteoarthritis: A Scoping Review. *Pain Practice*, 17(1), 99-114.

Jones et al., 2014 – *Jones, C. J., Smith, H., Llewellyn, C.* (2014). Evaluating the effectiveness of health belief model interventions in improving adherence: a systematic review. *Health Psychology Review*, 8(3), 253-269.

Lindo et al., 2009 – *Lindo, J.L., LaGrenade, J., McCaw-Binns, A., Eldemire-Shearer, D.* (2009). Health status and health maintenance practices among doctors and nurses at two hospitals in Jamaica. *The West Indian Medical Journal*, 58(6), 539-545.

Ntim, Sarfo, 2015 – *Ntim, C.N., Sarfo, J.O.* (2015). Body image and eating disorders among female students: A pilot nutritional psychology study in Ghana. *Journal of Advocacy, Research and Education*, 2(1), 54-57.

Rushton et al., 2015 – *Rushton, C. H., Batcheller, J., Schroeder, K., Donohue, P.* (2015). Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care, 24*(5), 412-420.

Sarfo et al., 2016 – *Sarfo, I.A., Acquaye, V.A., Sarfo, J.O.* (2016). Existing health seeking behaviour in the Eastern Region of Ghana: The role of traditional and orthodox health systems. *European Journal of Medicine*, 13(3), 73-80.

Sarfo, Ofori, 2016 – *Sarfo, J.O., Ofori, P.K.* (2016). Diabetes in West Africa: Using meta-ethnography to synthesise qualitative studies in Ghana, Cameroon and Nigeria. *European Journal of Medicine*, 12(2), 54-63.

Soares et al., 2012 – Soares, M., M., Jacobs, K., Rathore, H., Shukla, K., Singh, S., Tiwari, G. (2012). Shift work – problems and its impact on female nurses in Udaipur, Rajasthan India. *Work,* 41, 4302-4314.

Totman et al., 2011 – *Totman, J., Hundt, G. L., Wearn, E., Paul, M., Johnson, S.* (2011). Factors affecting staff morale on inpatient mental health wards in England: A qualitative investigation. *BMC Psychiatry*, 11(68), doi: 10.1186/1471-244X-11-68.

Uallachain, 2007 – *Uallachain, G.N.* (2007). Attitudes towards self-health care: a survey of GP trainees. *Irish Medical Journal*, 100(6), 489-491.

Uniprojects, 2015 – Uniprojects (2015). Health seeking Behaviour Practices among Nigerians - a case of University of Nigeria, Enugu Campus. University of Nigeria.

Williams et al., 2006 – *Williams, R.E., Black, C.L., Kim, H.Y., Andrews, E.B., Mangel, A.W., Buda, J.J., Cook, S.F.* (2006). Determinants of healthcare-seeking behaviour among subjects with irritable bowel syndrome. *Alimentary Pharmacology and Therapeutics*, 23(11), 1667-1675.