Factors influencing health-seeking behavior of health workers in a Tertiary Health Institution in Sokoto, Northwest Nigeria

Article *in* Sahel Medical Journal · January 2018

DOI: 10.4103/smj.smj_55_16

CITATIONS
8

READS
686

5 authors, including:

Habibullah Adamu
Usmanu Danfodiyo University Sokoto
43 PUBLICATIONS **418** CITATIONS

SEE PROFILE

Aisha Nana Adamu
Federal Medical Centre, Birnin Kebbi; Usmanu Danfodiyo University Sokoto
42 PUBLICATIONS **536** CITATIONS

SEE PROFILE

ISSN 1118-8561

Volume 21 | Issue 3| July-September 2018

SMJ

Sahel Medical Journal

Published Since 1998

Official publication of the Usmanu Danfodiyo University Teaching Hospital

www.smjonline.org

Medknow

Wolters Kluwer

ORIGINAL ARTICLE

Factors influencing health-seeking behavior of health workers in a Tertiary Health Institution in Sokoto, Northwest Nigeria

Habibullah Adamu, Alfa Yusuf[1], Christopher Udah Inalegwu[2], Rabi Adamu Sufi[3], Aisha Nana Adamu[4]

Department of Community Health, Usmanu Danfodiyo University, [2]Department of Clinical Services, Usmanu Danfodiyo University Teaching Hospital, Sokoto, [1]Department of Clinical Services, Federal Medical Center, Bida, Niger State, [3]Department of Clinical Services, Aminu Kano Teaching Hospital, Kano, [4]Department of Obstetrics and Gynecology, Federal Medical Center, Birnin Kebbi, Kebbi State, Nigeria

ABSTRACT

Background: Health-care workers have the potential to acquire or transmit infections during the course of their work. There is, therefore, a need to assess the pattern of their health-seeking behavior. This study aimed to determine the pattern of health-seeking behavior of health workers in a tertiary hospital in Northwest Nigeria. **Materials and Methods:** It was a cross-sectional descriptive study where multistage sampling technique was used to select 160 health workers, including doctors, nurses, and laboratory scientists. A semi-structured questionnaire was used to collect data which were analyzed using Statistical Package for the Social Sciences (SPSS) version 20.0 and Microsoft Excel 2010. **Results:** The mean age of the respondents was 34.57 ± 7.2 years, with males slightly more represented (54.4%) than females (45.6%). Nearly 43% were doctors, 47.0% were nurses, and 9.7% were laboratory scientists. Almost all the respondents (99.3%) felt that periodic medical checkups were important and 65.8% of them have had one before. Up to 75.2% of them often sought the attention of a doctor whenever they fell sick. Majority (75.2.%) of them practiced self-medication, with various forms of antimalarials, antibiotics, and analgesics being the commonly used drugs. The major factor preventing the respondents from going for voluntary medical checkup was the fear of the outcome of investigation (P = 0.012). **Conclusion:** The perception of respondents regarding periodic medical checkup was generally good. Self-medication was found to be high among respondents. Age, gender, profession, and duration of practice were found to affect both preventive and curative health-seeking behaviors.

Keywords: Health-seeking behavior, health workers, Sokoto

INTRODUCTION

Health-seeking behavior has been defined as the activity undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy.[1] It also refers to the decision-making for health care at the household level wherein the decision made encompasses all the available options; public and private, modern, and traditional. In its broadest sense, health-seeking behavior includes all behaviors associated with establishing and maintaining a healthy physical and mental state (primary prevention), behaviors that deal with any digression from the healthy state (secondary prevention), and reducing impact and progression of an illness (tertiary prevention).[2]

What people do when they have symptoms of illness may have major implications on progression of the

Corresponding Author: Dr. Habibullah Adamu, Department of Community Health, Usmanu Danfodiyo University, Sokoto, Nigeria.
E-mail: habibullah.adamu@udusok.edu.ng

Access this article online	
Quick Response Code:	Website: www.smjonline.org
	DOI: 10.4103/smj.smj_55_16

Cite this article as: Adamu H, Yusuf A, Inalegwu CU, Sufi RA, Adamu AN. Factors influencing health-seeking behavior of health workers in a Tertiary Health Institution in Sokoto, Northwest Nigeria. Sahel Med J 2018;21:162-70.

illness and possible outcome of the disease. Delays or refusal to seek and obtain proper diagnosis and treatment can lead to adverse sequelae.[3] Data have been gathered on self-care, visits to traditional healers, and unofficial medical channels; these are, however, often seen as practices which should be avoided with the emphasis on encouraging people to opt for the official channels.[4]

Health workers tend to take a self-reliant view when it comes to taking care of their own health. In fact, doctors, most especially, appear to look after their health in a haphazard way through unofficial consultation, self-medication, and inappropriate self-referral to specialist services.[5] Doctors feel that they have knowledge of diseases and as such find it difficult to seek health care whenever they become ill; this predisposes them to self-diagnosis of ailments and even self- treatment. One of the worst mistakes a doctor can make is to become his/her own patient; it has been said that "he who treats himself has a fool for a patient and worse for a doctor."[6]

There exist some forms of variation in the pattern of health-seeking behavior among health workers across the world. In a study carried out in the United Kingdom, about 61% of nurses did not seek medical attention, despite having back pain;[7] also in Sao Paulo, Brazil, only about 6% of health workers had ever gone for screening for colorectal cancer.[8] In Israel, 67% of family physicians do not have a regular physician for themselves, and up to 72% of them often embark on self-medication.[9] Also in a study in South Africa, 71.5% of doctors often treated themselves and their families, and about 14.5% had never gone for medical checkup.[10] In Ilorin, Nigeria, a study has shown that the practice of periodic health checkup among hospital workers was poor as only a fifth of them ever had periodic checkups, and even among those who did, it was irregular and often after long intervals.[11]

Instances have been reported whereby people who are generally believed to be in a state of optimal health have suddenly collapsed and died as a result of previously existing undetected health problems.[12] This could have been due to a medical condition that would have been detected and managed early if routine medical checkup had been embarked upon. It is a common practice to see health workers treating themselves or avoiding seeking for health care and this is a big problem because misdiagnosis and habituation can result from such acts.[13] It has been reported that personal health habits of physicians are major predictors of their counseling practice.[14]

This study therefore, set out to assess the factors influencing health-seeking practices of health workers, with a view to provide the basis for possible intervention or policy formulations by hospital management to ensure that health workers possess the right attitude and practice toward seeking for health care.

MATERIALS AND METHODS

Study area

The study was conducted in Usmanu Danfodiyo University Teaching Hospital (UDUTH), located within Sokoto metropolis in Sokoto State, Northwest Nigeria. The hospital, with staff strength of over 1700, provides facilities for diagnostic, curative, preventive, and rehabilitative health services. It also serves as a referral center to a number of hospitals within and outside Sokoto State.[14]

Study population

The study population comprised all doctors, nurses, and laboratory scientists in UDUTH, Sokoto. Only those who have been employed for at least 6 months in the hospital were considered eligible for the study. Doctors and medical laboratory scientists (MLS) on internship were excluded from the study.

Study design

It was a cross-sectional descriptive study conducted between April and August 2015.

Sample size

The sample size was calculated using the formula for descriptive studies in a population <10,000; $n_f = n/1 + n/N$.[15] The value for "n" was calculated using the following formula: $n = z^2pq/d^2$, which was later substituted into the initial formula ($n_f = n/1 + n/N$) to get the sample size.[15] Using 12.6% prevalence of periodic medical checkup as reported in a previous study,[16] a sample size of 144 was obtained. A response rate of 90% was anticipated, thus the sample size was adjusted to 160.

Sampling technique

A two-stage sampling technique was used to select the respondents as follows:

- Stage 1: Five clinical departments and three laboratories were selected using simple random sampling technique (ballot method)
- Stage 2: From each of the selected departments and laboratories, participants were stratified according to their ranks, followed by proportionate allocation.

From each stratum, a proportionate number of participants were selected using simple random sampling technique (by ballot method).

Data collection

Instrument of data collection

A semi-structured questionnaire was used. The questionnaire consisted of four sections with 52 stem questions. Section A contained questions seeking respondents' sociodemographic characteristics. Section B contained questions on respondents' perception regarding periodic medical checkups and self-medication. Section C explored the pattern of voluntary medical checkups and self-medication of health workers while section D contained questions regarding factors influencing health-seeking behavior of health workers.

Method of data collection

Data were collected through interview using the above-mentioned instrument. Four medical students, who were trained on how to administer the questionnaires, conducted the interview.

Pretest/pilot survey

A pilot survey was conducted among health workers (doctors, nurses, and laboratory scientists) in a secondary health facility within Sokoto metropolis. This was followed by a slight modification of the research instrument.

Data analysis

The data were analyzed using IBM Corp. Released 2011. IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp. and Microsoft Excel 2010. Mean and standard deviation were calculated for continuous variables while categorical variables were analyzed and expressed in frequencies and percentages. Difference between proportions was determined using the Chi-square test. Level of statistical significance was set at 5% ($P < 0.05$).

Ethical considerations

Ethical clearance was obtained from the Research and Ethics Committee of UDUTH on 23rd January 2017. In addition, written informed consent was obtained from the participants after explaining the purpose of the study. All information obtained was handled with utmost confidentiality.

RESULTS

Of the 160 participants selected for the study, 149 completed the questionnaires, thus giving a response rate of 93.1%. Their mean age was 34.57 ± 7.172 years, with more than half of them, i.e. 80 (53.7%) within the 30–39 years' age group. Males were slightly more represented, i.e. 81 (54.4%) than females (68 [45.6%]). Seventy-four (39.7%) of them were Hausa, 18 (12.1%) were Igbo, 29 (18.8%) were Yoruba, and up to 67.1% were Muslims. Up to 67.1% of the respondents have been in service for <10 years. Out of the 64 doctors interviewed, 15 (23.4%) were consultants, 22 (34.4%) were senior registrars, and 27 (44.2%) were registrars/medical officers. About 10% of the nurses ($n = 7$) were chief nursing officers and 40.3% ($n = 29$) were nursing officers II. Among the laboratory scientists, more than half of them, i.e. 7 (53.8%) were MLS I [Table 1].

With regard to their perception, almost all the respondents (99.3%) felt that periodic medical checkup was important. Nearly 53% felt that periodic medical checkup should be performed every 6 months while 30.2% felt it should be performed yearly. Most of the respondents (79.9%) felt that periodic medical checkup should be made mandatory for all health workers and 75.8% believed that hospital management should be responsible for the financial cost of these checkups.

When respondents were asked on how they felt about consulting a doctor for a perceived illness, 79.9% felt comfortable and 2.0% felt embarrassed; all the respondents believed that the advice given by doctors during medical checkup was important [Table 2]. Regarding their reasons for not going for periodic medical checkups, 55.7% of the respondents said that they felt they were well and so did not need to undergo periodic medical checkup. About 52% of them felt that fear of the unknown prevented them from undergoing periodic medical checkups [Figure 1].

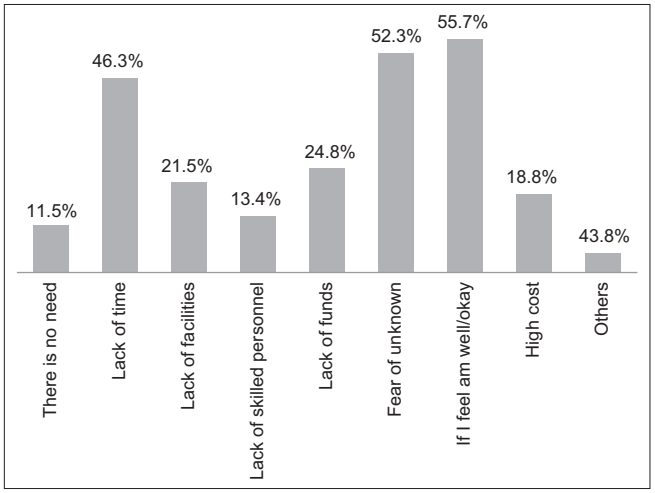

Figure 1: Respondents' reasons for not undergoing periodic medical checkup (multiple responses allowed)

Table 1: Sociodemographic characteristics of the respondents

Variables	Frequency (%)
Age group (years)	
20-29	38 (25.5)
30-39	80 (53.7)
40-49	19 (12.8)
50-59	12 (8.1)
Total	149 (100)
Mean±SD	34.57±7.17
Gender	
Male	81 (54.4)
Female	68 (45.6)
Total	149 (100)
Tribe	
Hausa	74 (39.7)
Igbo	18 (12.1)
Yoruba	28 (18.8)
Others	29 (19.5)
Total	149 (100)
Marital status	
Single	30 (20.1)
Separated	2 (1.3)
Divorced	1 (0.7)
Widowed	1 (0.7)
Married	115 (77.2)
Total	149 (100)
Profession	
Doctor	64 (43.0)
Nurse	71 (47.7)
MLS	14 (9.4)
Total	149 (100)
Years of practice	
<10	100 (67.1)
10-19	38 (25.5)
20-29	8 (5.4)
30-39	3 (2.0)
Total	149 (100)
Mean±SD	8.51±6.69
Rank in profession	
Doctor	
Consultant	15 (23.4)
Senior registrar	22 (34.4)
Registrar/medical officer	27 (42.2)
Total	64 (100)
Nurse	
CNO	7 (9.7)
ACNO	5 (6.9)
PNO	2 (2.8)
SNO	13 (18.1)
NO1	16 (22.7)
NO2	29 (40.3)
Total	72 (100)
MLS	
DMLS	1 (7.7)
ADMLS	1 (7.7)
PMLS	1 (7.7)
SMLS	3 (23.1)
MLS 1	7 (53.8)
Total	13 (100)

SD: Standard deviation; CNO: Chief nursing officer; ACNO: Additional chief nursing officer; PNO: Pediatric nurse practitioner; SNO: Senior nursing officer; NO1: Nursing officer 1; NO2: Nursing officer 2; PMLS: Principal medical laboratory scientist; MLS: Medical laboratory scientist; DMLS: Director medical laboratory science; ADMLS: Assistant director medical laboratory science; SMLS: Senior medical laboratory scientist

Table 2: Perception of respondents toward periodic medical checkup

Variables	Frequency (%)
Do you think periodic medical checkup is important?	
Yes	148 (99.3)
No	1 (0.7)
If you think it is important, why? (*n*=148)	
Disease prevention	24 (16.1)
Early diagnosis of disease	71 (47.7)
Know health status	74 (49.7)
Others	9 (6.0)
How often do you think periodic medical checkup should be performed ideally? (*n*=149)	
Monthly	14 (9.4)
Every 6 months	79 (53.0)
Yearly	45 (30.2)
Others	11 (7.4)
Should periodic medical checkup be made mandatory for all health workers? (*n*=149)	
Yes	119 (79.9)
No	30 (20.1)
Who should be responsible for financial cost of periodic medical checkup of health workers?	
Health worker	17 (11.4)
Hospital management	113 (75.8)
Others	19 (12.8)
What is your perception on the outcome of a disease condition recognized prior to appearance of symptoms?	
Good	120 (80.5)
Bad	13 (8.7)
Indifferent	16 (10.7)
How do you feel about consulting a doctor for a perceived illness?	
Embarrassed	3 (2.0)
Satisfied	119 (79.9)
Indifferent	25 (16.8)
Others	2 (1.3)
Do you think advice given by doctors during medical checkup/consultation is important?	
Yes	149 (100.0)
No	0
Do you feel it is okay for a health worker to diagnose himself/herself for a perceived illness?	
Yes	35 (23.5)
No	114 (76.5)
Do you feel it is okay for a health worker to treat himself/herself for a perceived illness?	
Yes	32 (21.5)
No	117 (78.5)

Most of the respondents (95.3%) considered blood pressure measurement to be important and should be performed regularly; other screening tests considered important were estimation of blood sugar level (88.6%), retroviral screening (81.2%), screening for hepatitis (78.5%), as well as mammography (61.1%) and Pap smear (63.1%) [Table 3].

Regarding the practice of voluntary medical checkup, 65.8% had gone for checkup at least once, out of which

Table 3: Medical checkups respondents feel should be performed regularly

Variables	Frequency (%)
Blood pressure	142 (95.3)
Resting echocardiography	27 (18.1)
Sugar level	132 (88.6)
Serum cholesterol and lipid	66 (44.3)
Packed cell volume	65 (43.6)
BMI	66 (44.3)
E/U/Cr	53 (35.6)
Liver enzymes	44 (29.5)
RVS	121 (81.2)
Hepatitis	117 (78.5)
Mantoux test	73 (49.0)
Others	17 (11.4)
Visual acuity test	67 (45.0)
PSA	80 (53.7)
Sigmoidoscopy	56 (37.6)
Mammography	91 (61.1)
Pap smear	94 (63.1)
Pelvic USS	72 (48.3)
Psychiatric evaluation	43 (28.9)
General physical examination	69 (46.3)
Other health checkups	5 (3.4)

E/U/Cr: Electrolyte, urea, and creatinine; RVS: Retroviral screening; PSA: Prostate-specific antigen; USS: Ultrasonography scan; BMI: Body mass index

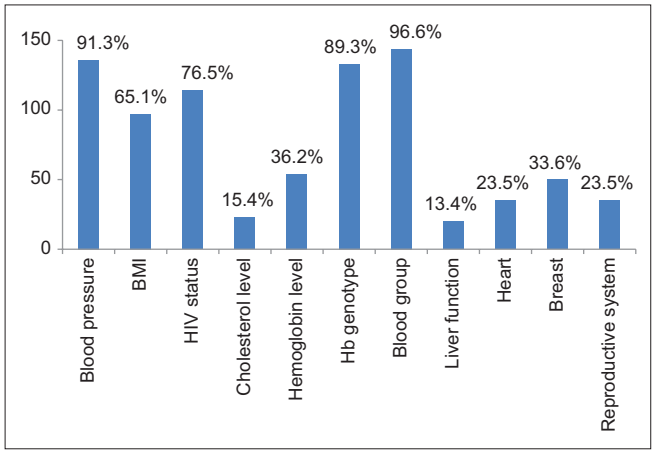

Figure 2: Respondents' awareness of their current health status

31.6% had gone for such medical checkup within the past 6 months. Among those who had been advised to go for periodic medical checkups, 43.9% were advised by a doctor and 31.6% by colleagues from their profession. The reasons for performing medical checkup were previous history of perceived illness among 25.5% of the respondents, preemployment conditions (24.5%), family history of perceived illness (17.3%), and persistence of symptoms (16.3%) [Table 4].

Up to 31.5% of the respondents ($N = 47$) said that they often ignored going for medical checkup for a perceived illness, especially for ailments they regarded as common ailments (82.2%), for illnesses perceived to have no cure (8.9%), and for illnesses with social stigma (2.2%).

Table 4: Pattern of voluntary medical checkup of health workers

Variables	Frequency (%)
Have you ever gone for voluntary medical checkup? (*n*=149)	
Yes	98 (65.8)
No	51 (34.2)
If yes when was the last time? (*n*=98)	
Within the past 1 month	16 (16.3)
Within the past 6 months	31 (31.6)
Within the past 1 year	18 (18.4)
More than a year ago	24 (24.5)
Can't remember	9 (9.2)
If no, have you ever been advised to go for periodic medical checkup? (*n*=51)	
Yes	24 (47.1)
No	27 (52.9)
If yes by whom? (*n*=24)	
Doctor	10 (41.7)
Friends	3 (12.5)
Colleagues at work	9 (37.5)
Others	2 (8.3)
What was the reason for performing the medical checkup? (*n*=98)	
Preemployment examination	24 (24.5)
Persistence of symptoms	16 (16.3)
Family history of perceived illness	17 (17.3)
Previous history of perceived illness	25 (25.5)
Other reasons	16 (16.3)
Were you requested to do a medical checkup before your current employment? (*n*=149)	
Yes	62 (41.6)
No	87 (58.4)
If yes did you do the medical checkup?	
Yes	50 (80.6)
No	12 (19.4)
How many times have you had periodic medical checkup while in practice? (*n*=149)	
Never had	36 (24.2)
Once	32 (21.5)
Twice	29 (19.5)
Thrice	17 (11.4)
Cannot recall	18 (12.1)
Others	17 (11.4)

Regarding self-medication, 75.2% of the respondents took drugs without doctor's prescription; such drugs included antimalarial drugs (57.0%), analgesics (55.0%), antibiotics (49.7%), cough mixtures (34.9%), and antacids (20.1%). Most of the respondents (75.2%) sought the attention of a doctor for an illness; however, about 19% of them have sought treatment with traditional medicine either because orthodox medicines had failed to cure them of their symptoms (22.2%) or because they felt the former was cheaper (3.7%). Traditional medications used were mainly herbs (80.0%), "rubutu;" a religious inscription written with local ink, which is usually washed and drank by Muslims (12.0%) or other forms of concoctions (8.0%) [Table 5].

Respondents' knowledge about their health indices was good; 136 (91.3%) respondents knew their current

Table 5: Pattern of seeking for treatment of ailments

Variables	Frequency (%)
Do you often ignore going for medical checkup for a perceived illness?	
Yes	47 (31.5)
No	102 (68.5)
If yes, for which category of illnesses?	
Common ailments	39 (83.0)
Illness perceived to have no cure	4 (8.5)
Illness with social stigma	1 (2.1)
Others	3 (6.4)
Do you take drugs for treatment of an ailment without doctor's prescription?	
Yes	112 (75.2)
No	37 (24.8)
If yes, which category of drugs?	
Analgesics/antipyretics	82 (55.0)
Antibiotics	74 (49.7)
Antihypertensives	4 (2.7)
Antidiabetics	2 (1.3)
Antimalarials	85 (57.0)
Cough mixtures	52 (34.9)
Antihistamines	27 (18.1)
Laxatives	15 (10.1)
Antacids	30 (20.1)
Others	5 (3.4)
Do you often seek the attention of a doctor for an illness?	
Yes	112 (75.2)
No	37 (24.8)
Have you ever sought for treatment of an ailment with traditional medicine?	
Yes	28 (18.8)
No	121 (81.2)
If yes, why?	
It is cheaper	1 (3.7)
More effective	2 (7.4)
Orthodox medicine has failed	6 (22.2)
No reason	18 (66.7)
If yes, what was the traditional medicine?	
Herbs	20 (80.0)
"Rubutu"	3 (12.0)
Others	2 (8.0)
Do you currently have a health record file in this hospital?	
Yes	102 (68.5)
No	47 (31.5)
If yes what was the reason for opening the file?	
Due to a previous illness	52 (51.0)
For routine checkups	28 (27.5)
Others	22 (21.6)

blood pressure, 144 (96.6%) knew their blood group, 133 (89.3%) knew their hemoglobin genotype, and 114 (76.5%) knew their human immunodeficiency virus status[Figure 2].

Factors found to significantly influence health-seeking behavior for preventive care were marital status, advise by doctor to go for periodic medical checkups, and fear of the outcome of checkup ($P = 0.027$, $P < 0.001$, and $P = 0.012$, respectively). Other factors such as age, profession, family/previous history of a medical condition, and length of practice were not found to significantly influence their behavior toward preventive health practice.

With respect to seeking treatment from a doctor, length of practice was found to be a significant determinant; those who have been in practice for up to 10 years or more usually sought treatment from a doctor (87.8%) as against those who have practiced for <10 years and this observation was statistically significant ($P = 0.013$). Other factors such as age and profession did not significantly influence respondents' health-seeking behavior for curative care [Tables 6 and 7].

DISCUSSION

In this study, a little over half of the respondents (53.7%) were within the 30–39 years' age group, a finding similar to what was observed in a study among nurses in the UK,[7] but contrary to the findings of a research on health-seeking behavior of doctors in South Africa.[10] This disparity is likely due to the heterogeneity of the study population in our study. Females were slightly less represented (45.6%) than males, agreeing with the findings of a study conducted in Hong Kong, China.[17] In a study conducted by Branney and Newell, however,[7] females were more represented than males. The higher representation of females in the latter study could be explained by the fact that the study was conducted among nurses, a profession that is largely dominated by females.

It was found that those of younger age group sought periodic medical checkup and treatment (32.9%) more compared to the older age group (6.7%) and this agrees with similar findings among health professionals in Lagos University Teaching Hospital (LUTH)[18] and in Hong Kong, China.[17]

Almost 99% of the respondents felt it was important to go for periodic medical checkups and their main reasons were to know their health status and to facilitate early diagnosis of the disease. Majority of the respondents believe that it was better to detect a disease prior to appearance of symptoms during routine medical checkups. Similar observations were made in LUTH[18] and University of Ilorin Teaching Hospital (UITH),[18] where majority of health professionals felt that periodic medical checkup was necessary.

The practice of self-medication was rampant among the respondents even though majority of them felt it was not a good practice, a finding similar to studies

conducted in Australia,[19] Finland,[20] and Ethiopia.[21] This practice of self-treatment could be attributed to poor regulatory mechanism on the sales of drugs and the relative availability of most of these medicines as over-the-counter drugs. In addition, as health workers, another reason for this behavior could be respondents' knowledge of diseases/treatment as well as their ease of access to drugs. For most of the respondents who had gone for periodic medical checkup before, previous history of a perceived illness and the need to meet preemployment medical requirements were important contributors to a positive preventive care-seeking behavior while time constraints and the fear of outcome of evaluation were significant negative contributors.[18] In South Africa, however, findings of a similar research among doctors were to the contrary and reasons cited for poor health-seeking behavior in the study were feeling of embarrassment on consulting another doctor, doubts about confidentiality of consultations, and social desirability factors of being seen as a weak doctor by patients.[7]

Though not of statistical significance, the practice of preventive health-seeking behavior was more among the doctors and nurses compared to MLS. Encouraging or requesting health workers to go for periodic medical

Table 6: Factors influencing voluntary medical checkup

Variables	Have you ever gone for periodic medical checkup?		Test statistic
	Yes (%)	No (%)	
Age group (years)			
20-29	24 (63.1)	14 (36.9)	χ^2=3.951
30-39	49 (61.3)	31 (38.7)	df=3
40-49	15 (78.9)	4 (21.1)	*P*=0.267
50-59	10 (83.3)	2 (16.7)	
Marital status			
Not married	17 (50)	17 (50)	χ^2=6.868
Married	81 (70.4)	34 (29.6)	df=1
			P=0.027
Profession			
Doctor	47 (73.4)	17 (26.6)	χ^2=3.67
Nurse	44 (70)	27 (30)	df=1
MLS	7 (50)	7 (50)	*P*=0.159
Years of practice			
<10	64 (64)	36 (36)	χ^2=0.424
≥10	34 (69.4)	15 (30.6)	df=1
			P=0.515
Do you feel periodic medical checkup is important?			
Yes	97 (65.5)	51 (34.5)	χ^2=0.524
No	1 (100)	0	df=1
			P=0.469
Were you ever requested/advised to go for a routine medical checkup?			
Yes	74 (80.4)	18 (19.6)	χ^2=22.96
No	24 (42.1)	33 (57.9)	df=1
			P<0.001
Family history of a medical condition			
Yes	52 (69.3)	23 (30.7)	χ^2=0.96
No	36 (63.2)	21 (36.8)	df=1
I don't know	10 (58.8)	7 (41.2)	*P*=0.619
Previous history of a medical condition			
Yes	22 (80)	9 (20)	χ^2=0.469
No	76 (64.4)	42 (35.6)	df=1
			P=0.493
What could prevent you from undergoing periodic medical checkup?			
Lack of time			
Yes	44 (63.7)	25 (36.3)	χ^2=0.229
No	54 (67.5)	26 (32.5)	df=1
			P=0.632
Lack of facilities			
Yes	23 (71.9)	9 (28.1)	χ^2=0.674
No	75 (64.1)	42 (35.9)	df=1
			P=0.412

Contd...

Table 6: Contd...

Variables	Have you ever gone for periodic medical checkup?		Test statistic
	Yes (%)	No (%)	
Lack of skilled personnel			
Yes	17 (85)	3 (15)	χ^2=3.79
No	81 (62.8)	48 (37.2)	df=1
			P=0.051
Lack of funds			
Yes	25 (67.6)	12 (32.4)	χ^2=0.071
No	73 (65.2)	39 (34.8)	df=1
			P=0.791
Fear of unknown/outcome			
Yes	44 (56.4)	34 (43.6)	χ^2=6.732
No	54 (76.1)	17 (23.9)	df=1
			P=0.012
If I feel am well/okay			
Yes	50 (60.2)	33 (39.8)	χ^2=2.546
No	48 (72.7)	18 (27.3)	df=1
			P=0.111
High cost			
Yes	21 (75)	7 (25)	χ^2=1.304
No	77 (63.6)	44 (36.4)	df=1
			P=0.253
Do you have any medical condition that requires periodic monitoring?			
Yes	16 (84.2)	3 (15.8)	χ^2=3.289
No	82 (63.1)	48 (36.9)	df=1
			P=0.070

MLS: Medical laboratory scientist

checkup was found to significantly influence health workers' health-seeking behavior. Half of those who were advised to go for routine medical checkup in the past had done so, compared to those who were never advised to ($P < 0.001$). This finding is similar to that reported in University of Ilorin Teaching Hospital (UITH),[11] where routine medical checkup was found to be higher among health workers who were encouraged to go for regular checkup.

Contrary to expectations, medical checkup was found to be of higher frequency among those who were never exposed to situations warranting disease screening during practice ($P = 0.001$). The reason for this could be because those who had been exposed to one disease or the other might fear the possibility of testing positive to a test and as such may fail to go for checkup. Similar observation was made in a study conducted by Adamu *et al.*,[22] where some of the respondents said that the fear of detecting a lesion in their breast prevented them from performing breast self-examination. This further suggests gaps among various groups regarding the benefits of detecting disease conditions at their earliest stages.

In this study, positive health-seeking behavior was found to be better among respondents with family history of medical conditions as compared to those without family history of any medical condition. The positive health-seeking behavior observed among those with a family history of medical conditions could be due to their perceived susceptibility to such diseases, especially diabetes and hypertension. In a study conducted by Lanre-Babalola,[18] it was observed that those with family history of medical conditions were more likely to go for routine screening much earlier than those without any family history of medical conditions. According to the Health Belief Model, peoples' perception of susceptibility and severity of disease strongly determines their health-seeking behavior.[23]

CONCLUSION

There is a good perception of the importance of periodic medical checkup across the professions; however, varied pattern of periodic medical checkup was observed. The practice of self-medication was found to be high among the health workers. Age, gender, profession, and number of years in practice were among the factors influencing health-seeking behavior. Hospital authorities should make it mandatory for all health workers to undergo a preemployment medical checkup and the health workers should be encouraged and supported to do periodic medical checkup at regular intervals.

Table 7: Factors influencing seeking for treatment

Variables	Do you often seek attention of a doctor for an illness?		Test statistic
	Yes	No	
Age group (years)			
20-29	26 (68.2)	12 (31.8)	χ^2=2.823
30-39	60 (75)	20 (25)	df=3
40-49	15 (78.9)	4 (21.1)	*P*=0.420
50-59	11 (91.7)	1 (8.3)	
Profession			
Doctor	44 (68.8)	20 (31.2)	χ^2=3.135
Nurse	58 (81.7)	13 (18.3)	df=2
MLS	10 (71.4)	4 (28.6)	*P*=0.209
Years of practice			
<10	69 (69)	31 (31)	χ^2=6.197
≥10	43 (87.8)	6 (12.2)	df=1
			P=0.013
Exposure to a situation that warranted disease screening during practice			
Yes	39 (75)	13 (25)	χ^2=0.001
No	73 (77.7)	24 (22.3)	df=1
			P=0.972
Do you feel it is okay for a health worker to diagnose himself/herself for a perceived illness?			
Yes	28 (80)	7 (20)	χ^2=0.572
No	84 (73.7)	30 (26.3)	df=1
			P=0.449
Do you feel it is okay for a health worker to treat himself/herself for a perceived illness?			
Yes	25 (78.1)	7 (21.9)	χ^2=0.191
No	87 (74.4)	30 (25.6)	df=1
			P=0.662

MLS: Medical laboratory scientist

Acknowledgment

We wish to acknowledge that this research was fully funded by the authors presented herein.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. MacKian S. A review of health-seeking behavior: Problems and prospects. Health Systems Development Programme, University of Manchester, Manchester; 2003. Available from: http://www.r4d.dfid.gov.uk. [Last accessed on 2015 May 15].
2. David VM. Illness and sick-role behavior. Encyclopedia of Public Health. The Gale Group Inc; 2002. Available from: http://www.encyclopedia.com/doc/1G2-3404000445.html. [Last accessed on 2016 Jul 13].
3. Afolabi MO, Daropale VO, Irinoye AI, Adegoke AA. Health-seeking behavior and student perception of health care services in a university community in Nigeria. Health 2013;5:817-24.
4. Ahmed S, Sobhan F, Islam A, Barkat-e-Khuda. Neonatal morbidity and care-seeking behaviour in rural Bangladesh. J Trop Pediatr 2001;47:98-105.
5. Clarke J, O'Sullivan Y, Maguire N. A study of self-care among Irish doctors. Ir Med J 1998;91:175-6.
6. Osmond H, Siegler M. Doctors as patients. Practitioner 1977;218:834-9.
7. Branney J, Newell D. Back pain and associated healthcare seeking behavior in nurses. Clin Chiropr 2009;12:130-43.
8. Gonçalves-Silva AC, Murta-Nascimento C, Eluf-Neto J. Assessing screening practices among health care workers at a tertiary-care hospital in Sao Paulo, Brazil. Clinics (Sao Paulo) 2010;65:151-5.
9. Rennert M, Hagoel L, Epstein L, Shifroni G. The care of family physicians and their families: A study of health and help-seeking behaviour. Fam Pract 1990;7:96-9.
10. Furman S. A study of doctors health seeking behavior. Afr Fam Pract 1992;13:92-7.
11. Akande TM, Salaudeen AG. Practice of periodic medical examination among hospital workers in a Nigerian teaching hospital. Niger Q J Hosp Med 2014;14:206-10.
12. Frank E, Brogan DJ, Mokdad AH, Simoes EJ, Kahn HS, Greenberg RS, *et al*. Health-related behaviors of women physicians vs. other women in the United States. Arch Intern Med 1998;158:342-8.
13. Lweis M. Self Medication or Self Destruction? Available from: https://www.psychologytoday.com/blog/addicted-brains/201208/self-medication-or-self-destruction. [Last accessed on 2015 Jun 12].
14. Available from: http://www.uduth.org.Office/of/the/CMAC/UDUTH. [Last accessed on 2015 Apr 12].
15. Ibrahim T. Sample size determination. In: Research Methodology & Dissertation Writing for Health & Allied Health Professionals. 1st ed. Abuja: Crest Global Link Limited; 2009. p. 70-5.
16. Eke CO, Eke NO, Joe-Ikechebelu NN, Okoye SC. Perception and practice of periodic medical checkup by traders in South East Nigeria. Afrimedic Journal 2012;3:28.
17. Chen JY, Tse EY, Lam TP, Li DK, Chao DV, Kwan CW, *et al*. Doctors' personal health care choices: A cross-sectional survey in a mixed public/private setting. BMC Public Health 2008;8:183.
18. Lanre-Babalola FO. Routine medical checkups and preventive health knowledge among health professionals in LUTH, Idi Araba, Lagos state. Glob J Appl Manag Soc Sci GOJAMSS 2014;7:82-8.
19. Pullen D, Lonie CE, Lyle DM, Cam DE, Doughty MV. Medical care of doctors. Med J Aust 1995;162:481, 484.
20. Töyry S, Räsänen K, Kujala S, Aärimaa M, Juntunen J, Kalimo R, *et al*. Self-reported health, illness, and self-care among Finnish physicians: A national survey. Arch Fam Med 2000;9:1079-85.
21. Begashaw B, Tesfaye T. Healthcare utilization among urban and rural households in Esera district: Comparative cross-sectional study. Am J Public Health Res 2016;4:56-61.
22. Adamu H, Shuaibu K, Adamu AN. Knowledge, Attitude and Practice of Breast Self Examination among Female Students of a Tertiary Institution in Sokoto, North-West Nigeria. Ann. Int. Med. Den. Res. 2016; 2:74-9.
23. Rimer B, Glanz K. Theory at a glance. A guide for health promotion practice, 2nd ed. Bethesda, Maryland, US Department of Health and Human Services, 2005. Available form: http://www.cancer.gov/cancertopics/cancerlibrary/theory. pdf. [Last accessed on 2011 Mar 30].