



Patients' Perceptions of Hospital Care in a Covid-19 Pandemic Population

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/IJTDH/2021/v42i1930540

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/77542>

Original Research Article

Received 01 November 2021

Accepted 05 December 2021

Published 14 December 2021

ABSTRACT

Background: COVID-19 pandemic was associated with pandemonium and misinformation, affecting patients' health-seeking behavior. This study was designed to explore patients' perceptions of hospital care during this period and to provide evidence-based and appropriate public health planning strategies.

Materials and Method: A cross-sectional survey was conducted among 155 patients using 22 items structured and self-completion questionnaires to determine (A) Socio-demographic variables, (B) Knowledge and perception of the disease, and (C) The participants' behaviors towards COVID-19. A Hardcopy version of the questionnaire was administered to the respondents by direct issuance.

Results: 103(66.45%) of the respondents knew the cause of COVID-19, while 104 (67.09%) agreed that people can be infected with COVID-19 in the hospital. 84 (54.19%) were afraid of a hospital visit and 66 (42.58%) are unwilling to self-report if they have minor symptoms. A large number 43(27.74%) perceived a clean environment as the impetus to make them comfortable in the hospital.

Conclusion: Our study illuminates gaps in the patients' perceptions of hospital care during the COVID-19 pandemic, which impacted negatively on the patient population as they avoided hospitalization for fear of contracting COVID-19 in the hospital. Furthermore, appropriate public health strategies can improve patients' perceptions and health-seeking behavior in a pandemic period.

Keywords: COVID-19; patients' perception of hospital care; pandemic.

1. INTRODUCTION

The recent outbreak of coronavirus disease (COVID-19) and consequent pandemic proportions is of global public health concern. The rapid spread of this infection, its high transmission rate, and attendees' deaths as well as the downturn of the economy instills fear in people and governments worldwide. COVID-19 was first detected in December 2019 in Wuhan city, China. Following the declaration of the pandemic, different measures were undertaken by various countries worldwide which included stay-at-home,, quarantines and travel restrictions, to prevent the spread of the virus [1]. It is understood that the continuous spread of COVID-19 would largely depend on people's behavior as regards understanding and adherence to preventive measures [2], as well as response to recent vaccination. Patients' perceptions of care in this study environment and consequent health-seeking behavior in the COVID-19 pandemic have not been explored.

It is a fact that wrong information could worsen any pandemic situation. It is also known that risk perception may greatly predict human behavioral patterns and affect health-seeking behavior [3]. Studies conducted in India, the USA, and the UK on knowledge and practice towards COVID-19 noted misconceptions about covid-19 with a concomitant gap in right perception [1, 4]. In contrast, a study conducted in Nigeria among health care workers revealed that the overall knowledge of COVID-19 was high with positive perceptions of preventive measures [5]. Following the state of pandemonium created by misinformation and rumors from unorthodox sources about COVID-19, patients avoided the hospitals and preferred to manage their ill-health at home. This was aggravated by fear of deliberate contagion by hospital staff as speculated among the populace. The resultant effect was a sharp drop in hospital attendance, which portends harm to public health as patients defer care for life-threatening conditions. Falling hospitalization rates were also noted in the US during the covid-19 pandemic out of fear of the

contagion or access at COVID-19 overrun hospitals [6].

To facilitate effective management of the COVID-19 outbreak, there is a need to understand patients' perceptions regarding hospital care during COVID-19 vis-à-vis hospital attendance. This study was therefore designed to explore patients' perceptions of hospital care during COVID-19 and to help the government in planning appropriate public health interventions.

2. MATERIALS AND METHOD

This was a cross-sectional survey, which was conducted among 155 patients referred for various diagnostic investigations at a renounced private Imaging Diagnostic Centre in Port Harcourt, Rivers State. The sample size was determined using the formula for the unknown population below and was selected using the convenience sampling technique.

$$n = \frac{Z\alpha^2 pq}{d^2}$$

Where,

- n = Expected sample size
- Zα = significant level usually set at 95% confidence level, Zα is 1.96 (two sided).
- p = proportion of the population with similar attributes under study = 50% (0.5).
- d = Margin of error tolerated or absolute error = 7.87% (0.0787)
- q = 1-p = 1-0.5 = 0.5
- n = $\frac{(1.96)^2 \times 0.5 (1 - 0.5)}{(0.0787)^2} = 0.9604$
- n = 155

The institutional ethical clearance and permission for this study were obtained and the participant's consent was duly sought and obtained accordingly. The participation by patients in our study was entirely voluntary as their refusal to participate in the study would not affect the healthcare services received from the facility.

A validated 22-items structured and self-completion questionnaire designed by the authors in line with the aim of the study was used for data collection. The validation of the questionnaire was done using the Index of Item Objective Congruence (IOC) method used by previous authors [5,7]. The content validity of the questionnaire was assessed by calculating the IOC. Based on the index parameters, an IOC score >0.6 was assumed to show excellent content validity. All the scores obtained in this study for all the items of the questionnaire after IOC interpretation were >0.6 . The questionnaire was found to have a Cronbach alpha reliability value of 0.86 for internal consistency. The survey instrument comprised of 30 questions, which were divided into three sections: A) Socio-demographic variables, B) Knowledge and perception of the disease and C) The participant's behaviors towards COVID-19. Hardcopy version was administered to the respondents by direct issuance. The completed copy of the questionnaire was retrieved immediately after being filled out by the respondents. The generated data were analyzed using descriptive statistical tools such as frequencies and percentages and presented in tables.

3. RESULTS

3.1 Respondents' Socio-demographic Description

Out of 155 respondents, males were 61 (39.35%) when compared to their female counterparts of 94 (60.65%). The majority of respondents were within the age group of 19-25 years of age. Those that lived in the urban areas accounted for 118 (76.13%). A greater proportion 109 (70.32%) of the respondent had post-secondary educational qualifications (Table 1).

3.2 The Respondent's Knowledge of COVID-19

The majority 148 (95.49%) of the respondents were aware of COVID-19. A greater proportion of 103 (66.45%) of the respondents knew about the cause of the disease. The highest number of 88 (56.77%) heard about COVID-19 through the television. Out of 155 respondents, 42 (27.09%) agreed with the National Centre for Disease Control (NCDC) figures of dead persons due to the disease, and 75 (48.39%) disagreed with the NCDC figures. The majority 104 (67.09%) agreed that people can be infected with

Table 1. Socio-demographic variables of the respondents

S/N	Socio-demographic Variables	Frequency (n)	Percentage (%)
1.	Gender		
	Male	61	39.35
	Female	94	60.65
	Total	155	100
2.	Age		
	10 – 18	29	18.71
	19 – 25	41	26.45
	26 – 30	38	24.52
	31 – 40	28	18.06
	41 – 50	10	6.45
	51 – 60	4	2.58
	61 – 70	5	3.22
	Total	155	100
3.	Where do you live		
	Urban	118	76.13
	Rural	37	23.87
	Total	155	100
4.	Education / Qualification		
	Primary	1	0.65
	Secondary	45	29.03
	Post-Secondary	109	70.32
	Total	155	100

Table 2. Knowledge of the disease

S/N	Questions on Knowledge of COVID-19	Frequency (n)	Percentage (%)
a.	Are you aware of COVID-19?		
	Unsure	1	0.64
	No	6	3.87
	Yes	148	95.49
	Total	155	100
b.	Are aware of the cause?		
	Yes	103	66.45
	No	31	20
	Unsure	21	13.55
c.	What is the source of information	155	100
	TV	88	56.77
	Radio	29	18.71
	Newspaper	17	10.97
	Friends	10	6.45
	Others	11	7.09
	Total	155	100
d.	Do you believe that people die due of COVID-19?		
	Yes	118	76.13
	No	20	12.90
	Unsure	17	10.97
	Total	155	100
e.	Do you agree with the NCDC figures?		
	Yes	42	27.09
	No	75	48.39
	Unsure	38	24.52
	Total	155	100
f.	Do you agree that people can be infected in a hospital?		
	Yes	104	67.09
	No	11	7.09
	Unsure	40	25.82
	Total	155	100
g.	Do you agree that infection control will prevent spread in the hospital?		
	Yes	120	77.42
	No	18	11.61
	Unsure	17	10.97
	Total	155	100
h.	Are you afraid of infection during your stay in the hospital?		
	Yes	84	54.19
	No	40	25.81
	Unsure	31	20
	Total	155	100
i.	Which of the steps will make you comfortable in the hospital?		
	Staff wearing PPE	34	21.94
	Presence of infection control procedures	33	21.29
	Good attitude of workers	27	17.42
	Clean Environment	43	27.74
	Short stay	20	12.90
	Staff training	8	5.16
	Total	155	100

COVID-19 in the hospital. A significant proportion of 84 (54.19%) of the respondents were afraid of being infected during their stay in the hospital. A

large number 43(27.74%) perceived a clean environment as the major step to make them comfortable in the hospital (Table 2).

3.3 The Respondent’s Behavior towards COVID-19

Out of 155 respondents, 94 (60.64%) said they will willingly submit themselves for the COVID-19 test. The majority 93 (60%) of the respondents were willing to know their COVID-19 status. Sixty-six (42.58%) of the respondents said they will not report themselves to health authorities if

they have minor symptoms such as a sore throat. Out of 155 respondents, 123 (79.35%) agreed that they will test or self-isolate themselves if they had contact with an infected person. A greater proportion of the respondents 55 (35.48%) were unsure of the treatment centers that was why they could not wait for the test (Table 3).

Table 3. Behavior of the respondents towards COVID-19 infection

S/N	Questions on Behaviors	Frequency (n)	Percentage (%)
a..	Will you willingly submit to Covid -19 test?		
	Yes	94	60.64
	No	33	21.29
	Unsure	28	18.07
	Total	155	100
b.	Will you agree to be tested if you have no symptoms		
	Yes	67	43.22
	No	62	40.00
	Unsure	26	16.77
	Total	155	100
c.	Would you ordinarily like to know your Covid 19 status?		
	Yes	93	60.00
	No	50	32.26
	Unsure	12	7.74
	Total	155	100
d.	If you have minor symptoms like sour throat or loss of taste, will you report to health authorities?		
	Yes	59	38.06
	No	66	42.58
	Unsure	30	19.36
	Total	155	100
e.	If you have contact with an infected person, will you test or be self-isolated?		
	Yes	123	79.35
	No	9	5.81
	Unsure	23	14.84
	Total	155	100
f.	If you have severe symptoms, will you report to NCDC?		
	Yes	86	55.48
	No	40	25.81
	Unsure	29	18.71
	Total	155	100
g.	What is the reason for not waiting to be tested?		
	Quarantine stigmatization	41	26.45
	Not sure of treatment centers	55	35.48
	Do not believe govt.	25	16.13
	Not sure of the drugs	34	11.94
	Total	155	100
h.	What would you recommend for positive patients with minor symptoms?		
	Govt should tell everybody the exact drugs for Rx	54	34.84
	Patients should be treated in their homes	35	22.58
	Patients should be treated in isolation centers	60	38.71
	Patients should be left alone to manage themselves	6	3.87
	Total	155	100

Table 4. Respondents’ perception of hospital care during COVID-19 pandemic

S/N	Questions and responses	Frequency (n)	Percentage (%)
a.	Did you go to the hospital for any reason during this COVID-19 pandemic?		
	Yes	57	36.77
	No	98	63.23
	Total	155	100
b.	What is your assessment of hospital care in recent times?		
	Optimal	69	44.52
	Suboptimal	86	55.48
	Total	155	100
c.	If suboptimal, why do you think so? Because not all workers come to work reason during this COVID-19 pandemic?		
	Yes	64	74.42
	No	22	25.58
	Total	86	100
d.	Hospital staff are not friendly as before because they are afraid of patients		
	Yes	89	57.42
	No	66	42.58
	Total	155	100
e.	Did you have to wait for long before seeing a doctor?		
	Yes	74	47.74
	No	81	52.26
	Total	155	100
f.	If NO, what do you think is responsible		
	Patients were not many like before	53	65.43
	Patients were many but doctors were fast	28	34.57
	Total	81	100
g.	What do you think is responsible for low hospital attendance?		
	Speculations that one can get infected with COVID-19 in the hospital	98	63.23
	Patients take treatment at home in preference to the hospital these days	57	36.77
	Total	155	100
h.	To avoid adverse outcomes, efforts should be geared towards ensuring that people with acute medical illnesses can obtain hospital care as needed without fear		
	Yes	155	100
	No		

3.4 The Respondent’s Perception of Hospital Care during the COVID-19 Pandemic

The majority 98 (63.23%) of the respondents said they did not go to the hospital during the COVID-19 pandemic. A greater proportion 86 (55.48%) of the respondents, perceived hospital care to be suboptimal. Out of 86 (55.48%) respondents that perceived hospital care to be suboptimal during the COVID-19 pandemic, 64(74.42%) attributed it to the fact that all

workers do not go to work during the pandemic. Out of 155 respondents, 89 (57.42%) perceived hospital staff to be unfriendly during the pandemic. The majority 81(52.26%) of the respondents said that their waiting time to see the doctor was short and those that attributed this to the fact that many patients don’t come to the hospital were highest 53(65.43%). A good number 98 (63.23%) of the respondents said that speculations that one can get infected with COVID-19 in the hospital were the reason for the low hospital attendance during the pandemic (Table 4).

4. DISCUSSION

In our study, the majorities of the respondents were aware of COVID-19 and knew about the cause of the disease. The major source of information was through public announcements usually done over television. Despite the differences in our sample sizes, this finding is inconsonant with the finding of the study conducted by Alami et al. [8], which also reported similar findings among oncology patients. Studies have demonstrated excellent knowledge to be an important predictor of correct practices in infection control [9-11] while stressing how inadequate knowledge can lead to poor infection control measures [12].

Despite the fact that the majority of the respondents, disagreed with the NCDC figures on the number of persons that died due to COVID-19, a greater number of them also agreed that people can be infected with COVID-19 in the hospitals. This is also in keeping with the study by Alami et al. [8], which reported that the majority of their participants believed that hospital visits will increase the risk of being infected with COVID-19.

A greater proportion of the respondents were afraid of being infected during their stay in the hospital; while a large number indicated that a clean environment is a major step to make them comfortable in the hospital. This finding is in agreement with the finding documented by Jammal et al. [12], in which they reported that patients attending eye clinic appointments were at higher risk of contracting COVID-19.

Even though many of our respondents were afraid of being infected by the disease, the majority said they will willingly submit themselves for the COVID-19 test, to determine their COVID-19 status. Although, due to fear, some of them said they will not report themselves to the health authority especially if they have a minor symptom such as a sore throat. This may be attributed to the fact that sore throat, is a common symptom even before the outbreak of the COVID-19 pandemic. Furthermore, the stigmatization of Covid-infected patients may discourage hospital visits, when minor symptoms present.

In our study, the majority of the participants agreed that they will test or self-isolate themselves, if they had contact with an infected person, despite the fact a greater proportion of the respondents were not sure of the treatment

centers, which discouraged self-reporting and testing.

We also found in our study that there was a low hospital attendance during the COVID-19, which could be attributed to the high speculations that individuals can get infected with COVID-19 in the hospital. Falling hospitalization rates were also noted in the US during the COVID-19 pandemic out of fear of contagion or access at COVID-19 overrun hospitals [6]. The hospital care was suboptimal, which was attributed to the fact that all the hospital staff do not go to work during the pandemic and those at work were unfriendly to the patients.

5. CONCLUSION

Our study illuminates gaps in the patients' perceptions of hospital care during the COVID-19 pandemic, which impacted negatively on the patient population in the hospital, as they avoided hospitalization for fear of contracting COVID-19 in the hospital. The resultant effect would be increased morbidity and mortality. Consequently, the government should design appropriate public health strategies aimed at correcting patients' perceptions and ensuring that appropriate hospital care is given to the patients during the course of a pandemic to mitigate negative consequences.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

CONSENT

As per international standard or university standard, Participants' written consent has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Peer-review history:

The peer review history for this paper can be accessed here:
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