

Health Seeking Behavior among Health Professionals of Ha'il University Saudi Arabia.

ABSTRACT

Background

It is commonly seen that health professionals are at number one place in self administration of medicine and not seeking advice from physicians and experts during illness for oneself and for their families therefore being a medical professionals, there was an urge to know what is the perception of other health professionals currently pursuing management education from one of the re-known institutes medical college of Saudi Arabia

OBJECTIVES

The objective of this research study is (a) to explore the health seeking behavior among health professionals, (b) It further describes the barriers to seek medical healthcare.

METHODOLOGY

The study was conducted on simple random sample of 125 students of Ha'il University. A comprehensive questionnaire was used as a tool for the study and results were analyzed via SPSS v17.0.

RESULTS

It was seen that out of 125, most of the students were working in a hospital environment and most of them were females. The gender wise evaluation of self treatment showed that females were in an opinion of self treatment in the case of illness as compare of males. And the most commonly self administered drugs were analgesics and antibiotics. This was then supported by the behavioral analysis of health professional which showed that maximum percent of health professionals are satisfied with their own treatment rather than seeking advice from other expert and physicians.

CONCLUSION

Through all the results obtained it is concluded that there were many significant barriers identified which discouraged health professionals to access formal healthcare. It is very important to address this issue in various medical fields to challenge the attitude and opinions of health professionals regarding lacking of health seeking behaviors. There is also a need of change in society's view that health professionals have to be healthy all the time. Society has to understand that health professional is also human being and they also need medical help to remain healthy.

INTRODUCTION

Since beginning of the health profession, it is always been associated with various hazards including high risk of infection. [1]In-fact, the practice of health professionals is considered to be many times greater prone to infections, mortality and medical emergencies. According to Doll & Peto (1997), “2 male doctors aged under 65 have slightly lower mortality than the national average, though it is still higher than that of all men in the same socio economic category mortality ratios”. This is only the ratios of doctors, the other health professions are also not very safe. Indeed, they are also affiliated with high risks of other diseases[2] Further, Doll & Peto (1997) discussed that “there is already substantial evidence that some groups may experience different hazards, either because of nature of their work or because of the personal characteristics that led them to adopt it. Radiologists and

radiotherapists have an increased risk of leukemia and other cancers, psychiatrists of suicide, laboratory workers of tuberculosis and general physicians of coronary thrombosis”.[3]

Despite of several statistics shows that the professional of health are always at high risk for several mortalities, when doctors experience state of illness, they disregard the advice which they usually offer to their patients.[4] In-fact, there is a less ratio among health professional to seek some formal medical help in the situation of own illness[5]. According to Doll, R., & Peto, (1997), “health seeking behavior refers to all those things, human do to prevent and to detect diseases in a asymptomatic stages”, where as “illness behavior refers to all those activities designed to recognize and explain symptoms after one feels ill, and sick role behaviors refer to all those activities designed to cure disease and restore health after a diagnosis has been made[6].

In the community of health professional, it is now norm to working through illness and self treatment which is again the barrier to seek health care. Although, it is previously discussed that health professionals have overall lower mortality rate than the general population, still they are much prone for certain physiological and psychological problems.[7,8]. According to Kakkar R, Kandpal (2013), “the impact of these illnesses may be exacerbated by a culture that discourages admission of health vulnerabilities”[9]. Most of the health professionals rationalized for not seeking the external medical help by accusing healthcare to be inappropriate and have lesser quality. Additionally, self treatment among health professional is also bi product of lack of health seeking behaviors which includes diagnosing, treating and prescribing for their own selves. Self treatment is the phenomena which also include undertaking informal, or “corridor” consultations and self referring to specialists. According to Chandwani H, Pandor (2013) “self treatment is inappropriate because of its lack of objectivity”.[10]

This research brief focuses on the health-seeking behavior among health professionals and to identify the factors contributing to delay in health .[11]

The aims of the study are:

- To identify the rate of health seeking behaviors among students in College of Medicine
- To identify barriers to seek formal healthcare

METHODOLOGY

A quantitative study with cross sectional design was planned to conduct among medical students of Ha'il University during January 2020 to April 2020. The data was collected by using simple random sampling. One Twenty five participants with age between 20 to 40 years regardless of gender were selected in the study. Both verbal and written consent was obtained from the participants.

The student's list was obtained from administrative department of Institution which was used for sampling purpose and data collection. The total students of Medical college different discipline or program, at the time of data collection, were about 400 and data collection was done on 10% of population that is 125 students. The inclusive criteria for recruiting the participants were: (a) student of College of medicine College of nursing and College Of Dentistry and College of Pharmacy (b) currently enrolled, (c) aged between 20 – 40 years. Data was collected through questionnaire by students of Hail University.

The questionnaire for data collection was developed. Firstly, the questionnaire was pre-tested on group of 25 medical students for validation. Small modification was done after pre testing. The questionnaire consists of three modules that is demographic-socioeconomic characteristics, attitudinal data regarding health seeking behaviors, and barriers of health seeking behaviors.

DATA ANALYSIS

For this research study Statistical Package for the Social Sciences (SPSS) 17.0 was used. **SPSS** is a computer program used for statistical analysis. It is used by market researchers, health researchers, survey companies, government, education researchers, marketing organizations.

RESULTS

Descriptive Statistics

Demographic data were collected by pre designed questionnaires , filled by student (currently enrolled) in Medical college of University Of Ha'il, 80 were females and 45 were males. Of the 125 respondents, 15 were doctors, 16 were dentist, 16 were pharmacists, 14 were nurses, and 14 were other health professionals (See Table 01).

Profession	Frequency	Percentage
Doctors	15	20 %
Dentists	16	24 %
Pharmacists	16	24 %
nurses	14	16 %
other health professional	14	16 %
Total	125	100 %

Table 01: Descriptive representation of distribution of profession

Over the total respondents, 52% of respondents were working in hospital area, 24% were working in an industrial area, and 24% were associated with education field (see Figure 01).

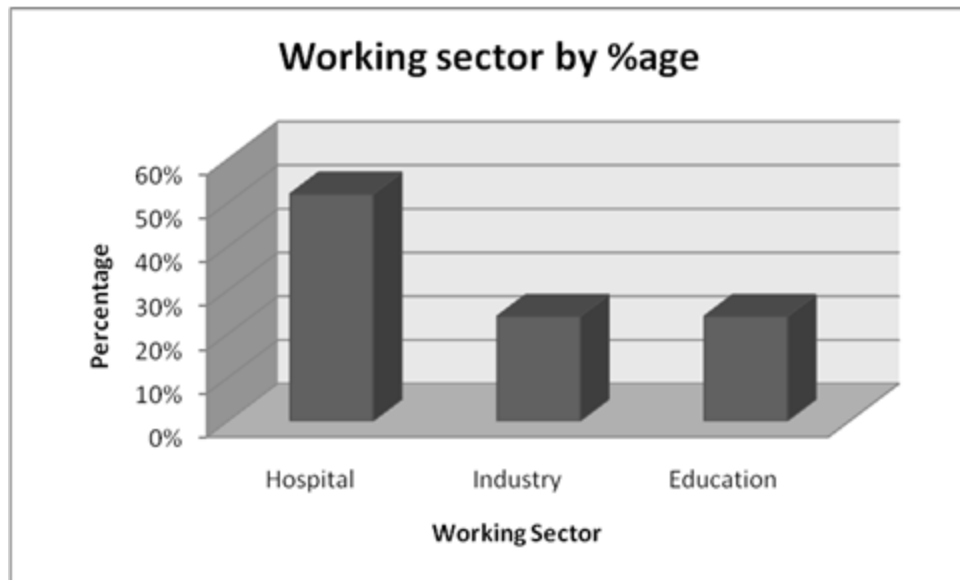


Figure 01: Analysis of respondents on the basis of working sector

It was also observed that the most commonly self administered drugs among health professional are the analgesics and antibiotics (See Figure 02).

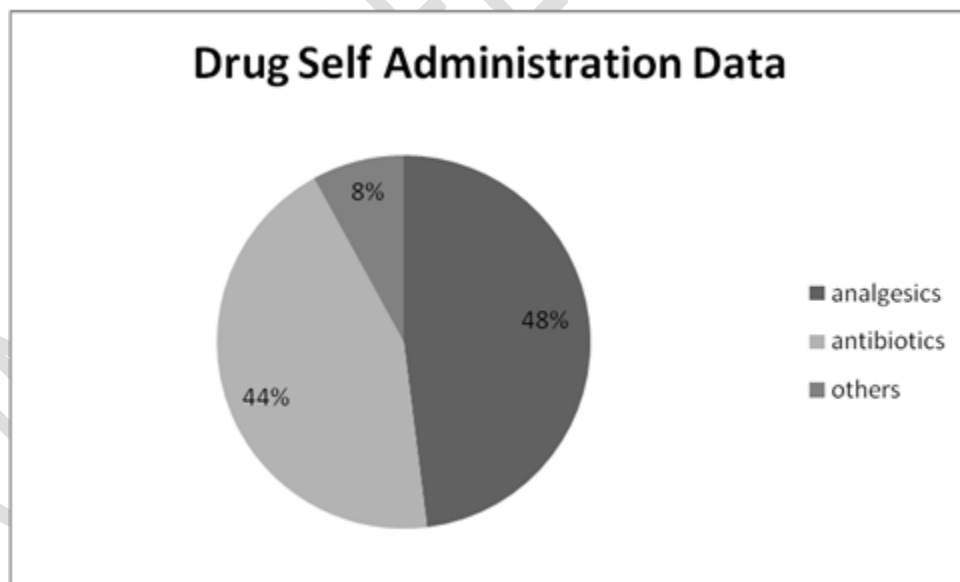


Figure 02: Data on Self Administration of drugs by medical students

On analyzing the data genderwise, it is evident from Figure 3 that females agree more on self treatment then males.

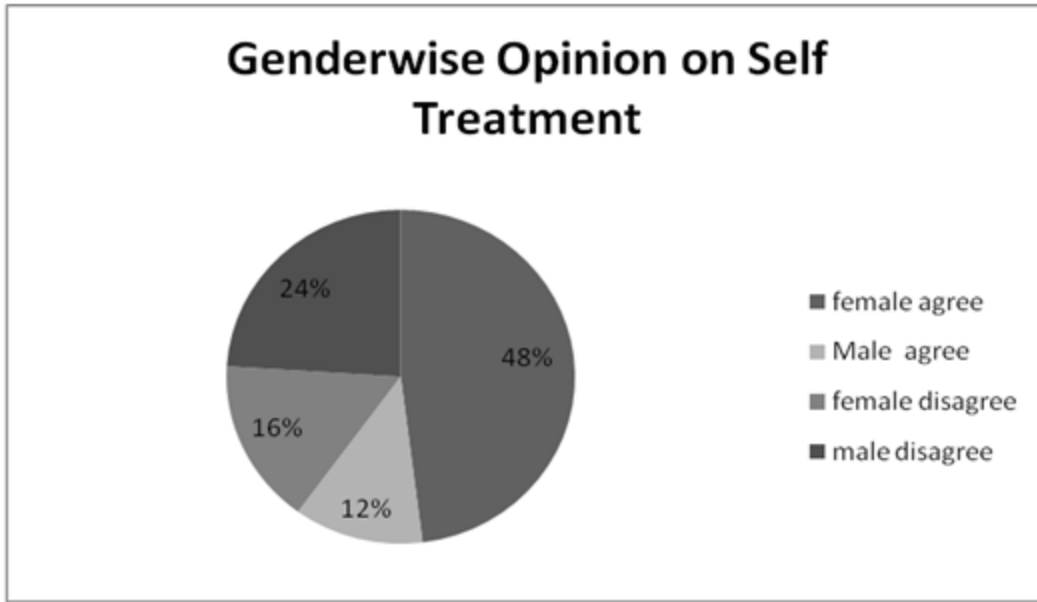


Figure 03: Analysis of Gender wise opinion on Self treatment

ATTITUDE

Table 02 shows the attitude of health professionals regarding self treatment to analyze their health seeking behavior.

<u>Attitude</u>	Strongly Disagree	Disagree	Agree	Strongly Agree
It is acceptable to:				
Self-treat acute, minor illness	20%	20%	44%	16%
Order diagnostic tests on self for diagnostic and treatment purposes	36%	24%	28%	12%

Table 02: Attitudinal data towards health seeking behaviors

It was observed that 56% respondents consult doctors when they usually get ill but 44% of health professionals don't turn up with their problem which is respectively high. Furthermore, it was found that mostly (60%) respondents agreed that it is acceptable to treat minor illness, but the same ratio (60%) were having more disagreement regarding acceptability of ordering blood test and diagnostic test for one self.

BARRIERS

During survey, many barriers were identified which usually hinders in seeking help towards health for health professionals which is briefly shown in Table 03.

<u>Barriers To Seek Healthcare</u>	Strongly Disagree	Disagree	Agree	Strongly Agree
Embarrassed if problem turned out to be minor	16%	24%	56%	4%
Satisfied with own healthcare	0%	16%	68%	16%
Concerned about confidentiality	16%	24%	52%	8%
Time constraint	4%	24%	52%	20%
Financial constraints	20%	40%	40%	0%
Doubts regarding appropriate Healthcare provision	12%	24%	52%	12%
Pressure from community: "health professionals must be healthy"	4%	16%	48%	32%

Table 03: Data regarding barriers to seek healthcare

In the survey, it was observed that 84% respondents were satisfied with their own healthcare that's why they don't seek medical help from other healthcare. 60% respondents expressed feeling of embarrassment if the problem turn out to be minor where as 80% was having pressure from community that health professional must be healthy and treat their disease by own selves. Furthermore, 60% respondents had concerns regarding their confidentiality and 64% people had doubts regarding appropriate health care provision and not satisfied other

healthcare. Time constraints (70%) and financial constraints (40%) were also highlighted barrier in the survey.

DISCUSSION

The sample taken to conduct the study is relatively small, so more vigilance is needed to generalizing the results. However, the results are comparable to other studies to get more verification. In our study, the rate of health seeking behaviors among health professional has been evaluated. The study further described the attitude of health professionals towards treating their medical conditions and barriers which prevent them to seek formal medical help.

In the study, it was found that most health professional support the idea of self treatment rather than ordering diagnostic test. It is possible that the phenomenon of self treatment was influenced by various social and personal factors. During analysis, it was also noted that more female Health Professionals were supporting the idea of self treatment rather than other health professional[12]. This significant results posing the issue of health in the above mentioned profession that it need more medical attention as this profession might be neglected one. The attitudinal data suggests that preferences for self treatment may also be associated with the feeling of embarrassment, if the illness is turned out to be minor. According to Davidson & Schattner (2003) also found that “71% of doctors described themselves as embarrassed when seeking another doctor”[13]. In our study, the barrier of embarrassment was reported by other health professional as well.

Furthermore, the barrier like pressure from culture that “health professional should be healthy” also encouraged health professional to choose self treatment option. The study supports previous claims that “the culture of medicine is a barrier to health professional seeking health care”[13]. “The perception that health professionals are more likely than other professionals to work through illness may

be symptomatic of a culture in which an image of invincibility is encouraged and vulnerability is denied” (Thompson, et al. 2001). This is very disturbing factors which must be playing role in delayed presentation of even serious diseases[14].

Another emergent issue for not seeking medical help was concern regarding confidentiality (60%). The issue of trust might be the significant barrier to seeking psychiatric and reproductive services. According to another study “confidentiality breaches, combined with professional attitudes discouraging admission of vulnerabilities, have been reported to influence health professionals’ reluctance to seek mental healthcare”. Time constraint (72%) and financial constraints (40%) were also commonly reported as significant barriers to seek healthcare service[15] Mandlik MD elaborated in his study that “cost was a more complex barrier, involving direct and indirect costs including fees charged, time off, and access to disability and business insurance cover”. As inflation rate is increasing with the changing of economies that is why cost would remain a significant barrier to health care access, even though health professionals are associated with upper socio economic class.

CONCLUSION

In overall survey, there were many significant barriers identified which discouraged health professionals to access formal healthcare. It is very important to address this issue in various medical fields to challenge the attitude and opinions of health professionals regarding lacking of health seeking behaviors. There is also a need of change in society’s view that health professionals have to be healthy all the time. Society has to understand that health professional is also human being and they also need medical help to remain healthy.

RECOMMENDATION

During research study, it was observed that limited data was available regarding health seeking behaviors among health professional in Pakistan. As it is very prevalent and emergent issue that is why it is suggested that more researches has to be conducted especially in Pakistan on national and institutional level in order to understand the subject matter in detail. The concept of avoiding self medication and self health seeking behavior should be included in the course of studies of medical and para-medical students. The credibility of health professionals also plays an important in trusting other health professionals to seek advice for health issues. For this, every health professional should commit with integrity and dignity with his profession and practice.

REFERENCES

- 1 Chen, J. et al. (2008). Doctor's personal healthcare choices: A cross-sectional survey in a mixed public/private setting. *Bio Medical Central Public Health*. 183(8), pp.1-7.
- 2 Center, C. et al. (2003). Confronting depression and suicide in physicians. *Journal of Americal Medical Association*, 289, pp. 3161-3166.
- 3 Thompson, W. et al. (2001). Challenge of culture, conscience, and contract to general practitioners' care of their own health: qualitative study. *British Medical Journal*. 323, pp. 728 – 731.
- 4 Davidson, S., & Schattner, P. (2003). Doctors' health-seeking behavior: a questionnaire survey. *The Profession*. 179, pp. 302 – 305.
- 5 Margaret, K., Geoffrey, M., Clavarino, A., & Doust, J. (2008). Doctors as patients: a systemic review of doctors' health access and the barriers they experience. *British Journal of General Practice*. pp. 501 – 508.

- 6 Doll, R., & Peto, R. (1977). Mortality among doctors in different occupations. *British Medical Journal*. 1, pp. 1433-1436.
- 7 Kian, S., & Ray, N. (2009). A review of health seeking behavior: problems and prospects. Retrieved December 1, 2010 from <http://www.vitaminbenefits.info/a-review-of-health-seeking-behavior-problems-and-prospects/>
- 8 Ihaji E, Gerald EU, Ogwuche CH. Educational level, sex and church affiliation on health seeking behaviour among parishioners in Makurdi metropolis of Benue state. *JEPER*. 2014;1:311-6.
- 9 Kakkar R, Kandpal SD, Negi KS, Kumar S. To study health seeking behavior of population catered by rural health training centre, Rajeev Nagar. *Indian J Prev Soc Med*. 2013;44:3-4.
- 10 Chandwani H, Pandor J. Healthcare-Seeking behaviors of mothers regarding their children in a Tribal Community of Gujarat. *Electronic Physician*. 2015;7(1):990-7.
- 11 Editorial Health Seeking Behaviour in Context. 2003. [Last cited on 2015 Nov 30]. Available from: <http://www.ajol.info/index.php/eamj/article/viewFile/8689/1927> .
- 12 Health Psychology: Page 212. [Last cited on 2015 Nov 30]. Available from: <http://www.books.google.co.in/books?isbn=813171652X> .
- 13 MB Sudharsanam, SB Rotti. Factors determining health seeking behaviour for sick children in a Fishermen Community in Pondicherry. *Indian J Community Med*. 2007;32(1):71-2.
- 14 Minhas A, Chander V, Sharma S, Bansal P. Health care seeking behavior of parents of under five in District Kanga, Himachal Pradesh. *Int J Community Med Public Health* 2018;5(2):561-8.

- 15 Mandlik MD, Haralkar SJ, Mulaje SM, Mangulikar SK. Study of health-care seeking behavior of parents for child health problems in an urban slum area of Solapur. *Int J Med Sci Public Health*. 2017;6(10):1503-8.

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