

The Setbacks of Effectual Conversation Between Health Information Officers and Patients

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Abstract

This study examines “THE setbacks OF effectual conversation BETWEEN HEALTH INFORMATION OFFICERS AND PATIENTS” (A CASE STUDY OF FEDERAL MEDICAL CENTRE, Yenagoa). Faced with the problem of Lack of conversation can lead to grave medical errors which have the potential to cause severe injury or unexpected patient death, the study was guided by the following objectives To find out if there is effectual conversation between health information officers and patients in the Federal Medical Centre, Yenagoa, Bayelsa State. Concerning methodology, the study employed descriptive and explanatory design, questionnaires in addition to library research were applied in order to collect data. Primary and secondary data sources were used and data was analyzed using statistical package which was presented in frequency tables and percentages. The study findings revealed there is no adequate conversation between healthcare workers and patients and this gap causes more medical errors. Key recommendations from the study are proper conversation channels should be established between healthcare workers and patients, and a friendly and cordial environment must be created in hospitals.

Introduction

The delivery of effectual clinical practice requires an effectual transmission of critical information between health care delivery officers and the patients which must be accurate at all times. Therefore, team collaboration is essential to ensure. That health care professionals are communicating effectually. Inadvertently the patient safety is at risk if there is lack of critical information, misinterpretation of information, unclear orders over the telephone, and overlooked changes in status. Communication is the process by which information is exchanged between individuals through a common system of symbols, signs, or behavior. It is a two-way process of reaching mutual understanding, in which participants not only exchange information, news, ideas and feelings but also create and share meaning. In general, conversation is a means of connecting people or places.

Health care delivery system is the process of meeting the health care needs of people, institutions, and resources and other target populations. There are numerous health care delivery systems globally. However, nations design and develop the health delivery system which is in accordance with their needs and resources. The essential health systems consist of primary healthcare which is the health system which consist of planning and distribution of health care needs among market participants and public health care system which is the effort of governments, trade unions, charities, religious organizations, or other coordinated bodies to deliver planned health care

services targeted to the populations they serve. The study seeks to appraise the setbacks of effectual conversation between health information officers and patients. A case study of Federal Medical Centre, Yenagoa.

Research Design

This study employed the use of survey research design. The choice of this research design was considered appropriate because of its advantages of identifying attributes of a large population from a group of individuals. The design was suitable for the study as the study sought to examine subject matters using the Federal Medical Centre, Yenagoa as a case study.

The Study Area

This study was conducted Yenagoa. The choice of this study area was informed by its involvement in the subject matter in the state.

Population of The Study

The population of this study consists of all Medical personnel in the Federal Medical Centre, Yenagoa.

Sample Size and Sampling Techniques

As a result of the inability of the researcher to effectually study the whole staff strength (population) of the organization, a representative number was chosen as the sample size population. Twenty-Eight (28) staff was used as the sample size. The sample size was calculated using the Taro Yamen scientific formula which is given as:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n is the Population

1 is the constant

e is the degree of error expected

N is the sample size

$$n = \frac{30}{1 + 30(0.05)^2}$$

$$= \frac{30}{1 + 30(0.0025)}$$

$$= \frac{30}{1 + 0.075}$$

$$= \frac{30}{1.075}$$

$$n = 28$$

Sources of Data Collection

Data were collected from primary and secondary sources. Primary data were obtained through questionnaire and personal interviews with both management and senior staff of the commission. This method was adopted to enable detailed and independent information not covered by the questionnaire to be expressed by the respondents. Secondary data were obtained from published

reports, books, internet, journals, newspapers and magazines. For analytical comparison of facts and proper compilation of facts and figures, survey of existing documents was deemed necessary.

Instrument for Data Collection

Data were collected through questionnaire carefully designed and administered to the respondents, as well as through personal interviews. On the whole, the questionnaire constituted the major instrument for data collection. The questionnaire contains sections A and B. Section A contains personal information about the respondents. Section B is the main body of the questionnaire. This section contains seventeen (15) close ended questions using a four (4) point scale instrument through which the opinions of the respondents were expressed. Their responses were measured by means of a four-category rating system:

SA	-	Strongly Agree	4
A	-	Agree	3
D	-	Disagree	2
SD	-	Strongly Disagree	1

Validity of Research Instrument

The validity of the research instrument was assessed by the supervisor and other experts in the Federal Medical Centre, Yenagoa. These experts assessed the relevance of each item in relation to the objectives of the study, the hypotheses to be tested as well as the comprehensibility of each item in relation to the cognitive level of the respondents. They validated the instrument by effecting necessary corrections, examining the contents and ascertaining clarification of ideas as well as appropriateness of the items.

Reliability of The Instrument

Reliability in this context refers to the measure of consistency of the instrument used in eliciting relevant and desirable responses from respondents so that the objectives can be reliably and meaningfully achieved. In order to determine the reliability of the instrument used in the study, the corrected questionnaire was administered randomly on selected teachers. This approach was repeated with the same group after a two month's period and the results obtained from the first and second pre-test were consistent, therefore, the instrument is reliable.

Administration of The Instrument

The questionnaire was personally administered by the researcher to the respondents during official hours at the office. The exercise was done with the help of head of operations of the organization. This enhanced return rate of above 70%.

Method of Data Analysis

Tables and simple percentage were used as technique of analyzing the research questions while chi-square was used to test the research hypotheses. All the tests were conducted at 0.05 level of significance.

Decision Rule

The decision to either reject or accept the null hypothesis (H_0) was reached using the following rules: If the calculated value (t_{cal}) is greater than the table value (t_{tab}), the null hypothesis (H_0) will be rejected in favor of the alternative hypothesis (H_i) and if the table value (t_{tab}) is greater

than the calculated value (t-cal) the alternative hypothesis (H_i) will be rejected in favor of the null hypothesis.

Table 4.1: Distribution of the Respondents based on their Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	8	30.0	30.0	30.0
Valid Female	20	70.0	70.0	100.0
Total	28	100.0	100.0	

Based on the result on table 4.1 above, it can be observed that about 30 percent of the respondents for this study are males, while, a majority of 70 percent are females. Showing that randomly females are selected more than males probably because the majority of the respondents are females.

Table 4.2: Distribution of the Respondents based on their Marital Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Married	4	14.0	14.0	14.0
Valid Single	24	86.0	86.0	100.0
Total	28	100.0	100.0	

Based on the distribution of the respondent on their marital status, it is observed that about 4 of the respondents making up of about 14 percent of the total respondents are married; while 86 percent of the respondents are singles.

Table 4.3: Distribution of the Respondents based on their Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Below 20 years	25	88.0	88.0	88.0
Valid 21-30 years	2	8.0	8.0	96.0
31-40 years	1	4.0	4.0	100.0
Total	28	100.0	100.0	

From the responses on the age distribution of the respondents presented on table 4.3 above, it can be deduced that about 88 percent of the respondents are below the age of 20, while the rest are in between the ages of 21 and 40.

Table 4.4: Distribution of the Respondents based on their Religion

	Frequency	Percent	Valid Percent	Cumulative Percent
Christianity	16	58.0	58.0	58.0
Valid Islam	7	24.0	24.0	82.0
Others	5	18.0	18.0	100.0
Total	28	100.0	100.0	

From the result above, about 29 of the respondents making up of about 58 percent of the respondents are Christians, while just 24 percent of the respondents are Muslims. This is an indication that most of the respondents are Christians.

4.2 Answers to The Research Questions

Research Question One: Is there effectual conversation between health information officers and patients in the Federal Medical Centre, Yenagoa?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	4	14.0	14.0	14.0
Valid No	24	86.0	86.0	100.0
Total	28	100.0	100.0	

From the responses of the respondents as indicated on the table above, we can infer that there is no effectual conversation between health information officers and patients in Federal Medical Centre, Yenagoa. That is as about 86 percent of the respondents attests to this.

Research Question Two: What are the impacts of effectual conversation between health information officers and patients in the Federal Medical Centre, Yenagoa?

S/N	Statement	N	Mean	Std. Deviation	Decision
1	It helps in proper checkmating of patients	28	2.8000	1.75593	Accepted
2	It helps in fast improvement of the health conditions of the patients	28	2.5000	0.98974	Accepted
3	It increases the patients' satisfaction index	28	2.5343	1.17803	Accepted
4	It improves quality of health care delivery in the hospital	28	2.0000	0.90351	Rejected
5	It helps to avoid error in patients attendance	28	3.0000	1.90351	Accepted
	Valid N (listwise)	28			

From the responses above, we can infer that the impacts of effectual conversation between health information officers and patients in the Federal Medical Centre, Yenagoa include that it helps in proper checkmating of patients; it helps in fast improvement of the health conditions of the patients; it increases the patients' satisfaction index and it helps to avoid error in patients attendance. All these are as agreed by the majority of the respondents.

Research Question Three: What are the factors militating against effectual conversation between health information officers and patients in the Federal Medical Centre, Yenagoa?

S/N	Statement	N	Mean	Std. Deviation	Decision
1	Too much workload on the part of the health information officer	28	2.8000	1.75593	Accepted
2	Lack of enough computer system	28	2.5000	0.98974	Accepted
3	Poor infrastructural facilities	28	2.5343	1.17803	Accepted
4	Poor security system	28	2.0000	0.90351	Rejected
5	Poor funding to health	28	3.0000	1.90351	Accepted
	Valid N (listwise)	28			

From the responses above, we can infer that the factors militating against effectual conversation between health information officers and patients in the Federal Medical Centre, Yenagoa include but not limited to too much workload on the part of the health information officers; lack of enough computer system; poor infrastructural facilities; and poor funding to health.

4.3 Research Hypothesis

H₀: There is no significant factor militating against effectual conversation between health information officers and patients.

Decision rule: Reject the null hypothesis if the Asymp level of significant is less than 0.05. Otherwise, do not reject the null hypothesis.

Table 4.9 Test of hypothesis table two

Test Statistic

	There is no significant factor militating against effectual conversation between health information officers and patients	
Chi-Square		14.831 ^a
Df		3
Asymp. Sig.	0.000	

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 25.0.

Conclusion

Since the Asymp Sig. level of this the test is 0.000 which is far much less than the 0.05 acceptance region, we therefore reject the null hypothesis and conclude that there is a significant factor militating against effectual conversation between health information officers and patients.

Conclusion

The main purpose of this study is to assess the setbacks of effectual conversation between health information officers and patients, a case study of the Federal Medical Centre, Yenagoa. Three research questions and one research hypothesis guided the study.

In this study, a survey research design was adopted, the population of this study consisted of all medical personnel, Federal Medical Centre, Yenagoa, a simple random sampling technique was used to select 28 respondents for the study and a questionnaire was the instrument for data collection. Relevant literatures were reviewed which guided the objectives and methodology of this study. As result of the field study and analysis of results, the following findings were made:

- i. That there is no effectual conversation between health information officers and patients in Federal Medical Centre, Yenagoa.
- ii. That the impacts of effectual conversation between health information officers and patients in the Federal Medical Centre, Yenagoa include that it helps in proper checkmating of patients; it helps in fast improvement of the health conditions of the patients; it increases the patients' satisfaction index and it helps to avoid error in patient's attendance.
- iii. That the factors militating against effectual conversation between health information

officers and patients in the Federal Medical Centre, Yenagoa include but not limited to too much workload on the part of the health Information officers; lack of enough computer system; poor infrastructural facilities; and poor funding to health.

Recommendations

Based on the findings of this study, the following recommendations are made:

- i. There should be an entrenchment of the culture of proper conversation in the Federal Medical Centre, Yenagoa.
- ii. Basic infrastructure like Computer systems and software should be provided for better documentation of patients' information.
- iii. There should be prompt payment of medical personnel in the hospital.

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