



Knowledge, Perception and Attitude of Patients Towards Health Care System and the Effect of its Non-Adherence on Hospital Environment at MOP Department of University College Hospital Ibadan

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Received 18th Mar 2022,
Accepted 26th Apr 2022,
Online 29th May 2022

Annotation: In Nigeria to meet the health needs of the people, Nigeria government categorized healthcare into three which include primary healthcare, secondary healthcare and tertiary healthcare, since the global target of health for all as declare in Alma Atta Declaration of 1978 in which various healthcare systems are established. Every individual has required different care depending upon their health problem. It has however been discovered that patient do not adhere to these healthcare divisions which has led to some negative effects on the patients, physicians and environment at large.

A two-stage sampling was employed in this study. At the first stage, the study made use of a purposive sampling technique to select the medical Outpatient clinic of the University College Hospital, Ibadan. At the second stage, a convenience sampling technique was used to administer the questionnaire to fifty (50) patients in the clinic. The patients comprise male and female who were attending the clinic as at the time the questionnaire was being administered. Descriptive cross-sectional study was used on 50 respondents. Data was collected using open and closed ended self-administered questionnaires.

Keywords: Attitude, Healthcare system, Knowledge, Non-adherence, Perception.

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From the study conducted, it was highlighted that a reasonable number of patient have some knowledge on healthcare system and most of them got to know about this through media and seminar. Majority of the patient had a good perception towards healthcare system and agreed that healthcare system is important in the promotion of health. Almost all the respondent had a bad attitude toward healthcare system but mention that they do not like to take treatment in accordance to the levels of healthcare as it not necessary wastes time.

The study concluded that healthcare system is undervalued in Nigeria as there are no standard laws and regulation to backup referral system and continuity of patient healthcare. It is therefore recommended that care givers and health workers should continue to emphasize and educate patient on the proper type of healthcare they should visit for each type of ailment. Tertiary healthcare system should restrict patient on referral while government should provide proper equipment for primary healthcare in order to make it accessible to people in the community, more so healthcare system should be included in public health awareness.

Background of the study

Nigeria is made up of various linguistic group at least 250 linguistic groups also known as ethnic groups, of which 3 are major groups (Yoruba, Hausa and Igbo) comprising over 60% of the total population. Although all of these groups share common major macro-culture and macro-traditions, each evolved its own micro-culture and micro-traditions in response to prevailing environmental circumstances. In spite of more than 150 years of introduction of Western style medicine to Nigeria, traditional healing and medical practices remain a viable part of the complex health care system in Nigeria today.

In 1988, a casual survey in Benin City revealed that for every sign-post that indicated a Western-style clinic or office, there were 3 that indicated a traditional doctor. Although this traditional system of health evolved separately in different micro-cultures, there is a great deal of philosophical and conceptual similarities. The origin of diseases in Africa was simplistic. It is either an enemy had cast a spell on you or you are being punished by divine powers for your sins. Although the Arabs have had the distinction of early-organized medical services, there is no recorded evidence of the introduction of such services to Sub-Saharan Nigeria during trade interactions of the fifteenth century (Schram, 2007; Asaolu and Agbede, 2022).

The overall national policy for Nationwide Health Care Services was clearly stated in a 1954 Eastern Nigeria government report on "Policy for Medical and Health Services." This report stated that the aim was to provide national health services for all. The report emphasized that since urban services were well developed by our standards then, the government intended to expand rural services. These rural services would be in the form of rural hospitals of 20- 24 beds, supervised by a medical officer, who would also supervise dispensaries, maternal and child welfare clinics and preventive work such as sanitation workers. The policy made local governments contribute to the cost of developing and maintaining such rural services, with grants-in-aid from the regional government. This report was extensive and detailed in its description of the services envisaged. This was the policy before and during Independence.

After independence in 1960, the same basic health care policy was pursued. By the time the Third National Development Plan was produced in 1975, more than 20 years after the report mentioned above, not much had been done to achieve the goals of the Nationwide Health Care Services policy. This plan, which was described by General Yakubu Gowon, the then Head of the Military Government, as "A Monument to Progress", stated, "Development trends in the health sector have not been marked by any spectacular achievement during the past decade". This development plan appeared to have focused attention on trying to improve the numerical strength of existing facilities rather than evolving a clear health care policy.

The New Health Hierarchy National Development plan (1981-1985) addressed the issue of preventive health services for the first time. The policy statement contained in this plan called for the implementation of the Basic Health Services Scheme (BHSS), which provides for the establishment of three levels of health care facilities; namely 1) Comprehensive Health Centers (CHC) to serve

communities of more than 20, 000 people; 2) Primary Health Centers (PHC) to serve communities of 5000 to 20, 000 persons; and 3) Health Clinics (HC) to serve 2000 to 5000 persons. Thus, a CHC would have at least 1 PHC in its catchment area (ideally 4) and a PHC would have at least 1 HC in its catchment area (ideally 2). These institutions were to be built and operated by state and local governments with financial aid from the federal government. By this policy, the provision of health services would be the joint responsibility of the federal, state and local governments. In its outlook, this policy is not different from the one published in 1954 by the Eastern Nigerian Government previously mentioned.

Nigeria is currently made up of 36 states and over 500 local government areas. Each local government area (LGA) is made up of between 150, 000 to 250, 000 people. By the scheme proposed in the Fourth National Development plan, each LGA would have a minimum of 7 PHCs and 30 HCs with at least one CHC at the apex of the health care services. The larger LGAs would each have, at least 12 PHCs and 50 HCs feeding into one or more CHCs. (WHO 7th Report, 2007; Amballi A., Ayinde A., Asaolu O., & Olabumyi O., 2022)

Within the three levels of healthcare delivery in Nigeria which are (primary, secondary and tertiary), many potential patients are likely to bypass the PHC level. Those who can afford it enter the system at a higher level, and those who cannot afford healthcare at higher levels seek informal care from drug shops, traditional healers or not at all. The reason PHC is generally weak in Nigeria is partly due to the decentralized structure of the health system, in which the primary responsibility for the most important level of care (PHC) is often left to the weakest level of government (local governments). We must therefore look beyond local governments for the solutions. The weak state of PHC places a heavy burden on tertiary hospitals, especially where secondary care is also weak or mostly provided by the private sector, inverting the pyramidal distribution of patients such that the bulk of patients are seen at the tertiary (Adeyemo, 2009; Asaolu and Agbede, 2022).

The Nigeria Health System operates three levels of health care, namely, the primary, secondary and tertiary levels, which interact through a referral system. The Primary Health Care (PHC) is the entry point to health care system and ideally should be able to provide majority of the essential and basic health care services. The secondary level hospitals are to provide general out- and in-patient services accepting referrals from urban and rural primary health care, while tertiary hospitals are to provide specialized services to referrals from secondary hospitals. The national health policy is based on the principle of equity and social justice and the primary health care has been recommended as the tool to achieve this. By this, everyone, irrespective of geographical location and socioeconomic status, is expected to have access to quality health care service. (Akande, 2008).

In the recent year it was discovered that some of the health workers are untrained and the trained ones lack the modern concept of PHC practice. Although, in principle, PHC requires intrasectoral and intersectoral coordination's and community participation, they are often lacking when put into real practice. Most of the services rendered lack community linkage and because of this, most community members are unaware of some available services. In general, nomadic women and children especially in the northern part of the country are the most underprivileged and chronically neglected segment in rural areas when compared with the urban population, significantly underuse maternal and child health services (Abiodun et al., 2010; Asaolu and Agbede, 2022).

Therefore, hospitals are set up in a hierarchical order and divisional structure. This structure means various levels of staff ranging from high to lower-level positions are responsible for others within their respective divisions.

In Nigeria to meet the health needs of the people, Nigeria government categorized healthcare into three, since the global target of health for ALL as declared in 1978, i.e. Alma Atta Declaration of 1978,

various healthcare systems are established. Every individual has required different care depending upon their health problem like some require normal care and some require extra special care. Many of the patient do not know the difference function of each healthcare hoping all ailment is been treated in all the healthcare centers, while some attend the healthcare because it is nearer to their residence or work place and so on. Some attend the tertiary healthcare because they feel there are capable and qualify physician. This contribute to transmission of hospital infection among both the patient and the physician and also overcrowding in both the clinic and the waiting areas, this has been having adverse effect on the patients, physicians and the outcome of patient care rendered.

Overcrowding may affect patients' symptoms, treatment and satisfaction and violence between the patient and also with the physician. It can also affect physicians' effectiveness, and overlabored of the healthcare worker. Hospital acquired infection often led to untimely use of allocated resources by the government to the tertiary health care when resource that are ought to be used for a year are used up within few month of allocation. in regard of this, there is need to examine the knowledge, perception and attitude of patients towards healthcare and the effect of its non-adherence on hospital environment among patients in Medical Out Patient (MOP) department of University College Hospital Ibadan

This study will be of great importance to the researcher as he will be well informed on the knowledge, perception and attitude of patients towards healthcare system and effect of its non-adherence on hospital environment. It will also provide a learning ground for future researchers who would want to carry out research on similar topic. It will also be of great benefit to the hospital administrators on the knowledge, perception and attitude of patients towards healthcare system and effect of its non-adherence on hospital environment

Objective of the study

Broad objective

This study broadly aimed to examine the knowledge, perception and attitude of patients towards healthcare system and effect of its non-adherence on hospital environment at MOP department of University College Hospital Ibadan

Specific objectives

This study specifically aimed;

1. To explore the knowledge of patients in MOP department of University College Hospital Ibadan towards healthcare system.
2. To investigate on the perception of patients in MOP department of University College Hospital Ibadan hospital towards healthcare system.
3. To determine the attitude of patients in MOP department of University College Hospital Ibadan towards healthcare system
4. To know the effects of patient non-adherence to healthcare system on hospital environment?

Research questions

1. What are the knowledge of patient in MOP department of University College Hospital Ibadan towards healthcare system and effect of its non-adherence on hospital environment?
2. What are the perception of patient in MOP department of University College Hospital Ibadan towards healthcare system and effect of its non-adherence on hospital environment?
3. What are the attitude of patients in MOP department of University College Hospital Ibadan towards healthcare system and effect of its non-adherence on hospital environment?

4. What are the effects of patient non-adherence to healthcare system on hospital environment?

MATERIALS AND METHOD

This study was conducted in University College Hospital, Ibadan, Oyo State. University College Hospital, Ibadan is the premier teaching hospital in Nigeria which was established by an act of parliament in November 1952 in response to the need for the training of medical personnel and other healthcare professionals for the country and the West African Sub-Region. It is located along Queen Elizabeth Road in Ibadan North Local Government Area in Oyo State, Nigeria, the largest city in West Africa which is also the seat of the first University in the country and the capital of the Peace Setter State. A descriptive cross-sectional study design was used to examine Knowledge, Attitude and Perception of patients towards healthcare system and effect of its non-adherence on hospital environment in University College Hospital, Ibadan, in Oyo state. The target populations of the study were the patients attending the MOP department of University College Hospital Ibadan, Oyo State. These included 50 patients in the MOP department of University College Hospital Ibadan, Oyo State. A well-structures self-administered questionnaire with closed ended questions and open questions. A two-stage sampling was employed in this study. At the first stage, the study made use of a purposive sampling technique to select the medical Outpatient clinic of the University College Hospital, Ibadan. At the second stage, a convenience sampling technique was used to administer the questionnaire to fifty (50) patients in the clinic. The patients comprise male and female who were attending the clinic as at the time the questionnaire was being administered.

Method of data analysis

Data obtained was entered, clean, and analyzed with SPSS version 20. Descriptive analysis was done and results were displayed as frequency tables showing numbers and percentage.

RESULT

Socio-demographic variable

Table 1 shows the socio-demographic variable of the respondents. Majority of the respondents (38%) were within the age range 20-24. Many respondents (60%) were male. Majority of the respondents (78%) had tertiary education while others (14%, 2% and 6%) had secondary, primary and no education respectively. Many respondents (42%) were civil servants. More respondents (58%) were married while other (42%) are single. Almost all the respondents (86%) were from the Yoruba ethnic group. Majority of the respondents (72%) practiced Christianity while others (28%) practiced Islam.

Table 1 Socio-demographic variable

Variables	Frequency (n=50)	Percent (%)
Age		
15-19	10	20.0
20-24	19	38.0
25-29	9	18.0
30-34	8	16.0
35-above	6	12.0
Sex		
Male	30	60.0
Female	20	40.0
Level of Education		

None	3	6.0
Primary	1	2.0
Secondary	7	14.0
Tertiary	39	78.0
Occupation		
Civil servant	21	42.0
Trader	9	18.0
Artisan	8	16.0
Others*	12	24.0
Marital Status		
Single	21	42.0
Married	29	58.0
Ethnicity		
Yoruba	43	86.0
Igbo	4	8.0
Others	3	6.0
Religion		
Christianity	36	72.0
Islam	14	28.0

Others* include respondents whose occupation is Lecturer, student and Engineer.

Table 2: Knowledge of Respondents on Healthcare system

Variable	Frequency (n=50)	Percent (%)
Have you ever heard of the type of healthcare system?		
Yes	43	86.0
No	6	12.0
I don't know	1	2.0
Source of Information		
Media	19	38.0
Friends	3	6.0
Parent	4	8.0
Seminar	13	26.0
Clinic	11	22.0
Healthcare system is ranked according to the system they render?		
Yes	40	80.0
No	2	4.0
I don't know	8	16.0
How many type of healthcare system do you know?		
5	6	12.0
4	7	14.0
3	35	70.0
6	2	4.0

Which of the following is not a type of Healthcare system?		
Primary	6	12.0
Secondary	1	2.0
University	31	62.0
Tertiary	12	24.0
Which of the following is the first level of healthcare?		
Primary	40	80.0
Secondary	4	8.0
University	1	2.0
Tertiary	5	10.0
Primary healthcare is meant for?		
Treatment of minor injury and prevention of diseases	47	94.0
Abortion	1	2.0
Don't know	2	4.0
Patronizing the secondary and tertiary healthcare care instead of primary healthcare can cause the following except?		
Overcrowding in the clinic	6	12.0
Lesser work for Clinicians in Primary Healthcare	2	4.0
More time spent by patients	12	24.0
Distribution of More drugs to patients	17	34.0
I Don't know	13	26.0
Which of these health care is meant for teaching and research?		
Primary	3	6.0
Secondary	1	2.0
University	14	28.0
Tertiary	31	62.0

Knowledge of Respondents on Healthcare system

Table 2 shows knowledge of respondents on healthcare system. Majority of the respondent (86%) said had heard about healthcare system. Many (38%) heard about healthcare system through media while others (6%, 8%, 26%, 22%) acquired their source of information through friends, parents, seminar and clinic respectively. Almost all the respondent (80%) knew that healthcare systems are rank according to the service they render. Large numbers of the respondent (70%) knew that there are three type of healthcare system. Majority of the respondents (62%) mentioned that university healthcare is not a type of healthcare system. Many respondents (80%) identified primary healthcare as the first level of healthcare. More respondent (94%) mentioned that primary healthcare is meant for treatment of minor injury and prevention of diseases. Majority of the respondent (34%) said patronizing the secondary and tertiary healthcare instead of primary healthcare cannot leads to distribution of more drugs to patients. Almost all the respondent (62%) said tertiary healthcare is meant for teaching and research.

Table 3: Perception of patients towards healthcare system

Variable	Frequency (n=50)	Percent (%)
Level of healthcare system is not necessary in a hospital setting		
Strongly agree	7	14.0
Agree	10	20.0
Undecided	3	6.0
Disagree	7	14.0
Strongly disagree	23	46.0
A patient will need a referral letter from a primary to a secondary healthcare		
Strongly agree	23	46.0
Agree	17	34.0
Disagree	8	16.0
Strongly disagree	2	4.0
Primary Healthcare has friendly staff who attends to the patient		
Strongly agree	15	30.0
Agree	20	40.0
Disagree	5	10.0
Strongly disagree	2	4.0
I feel primary healthcare gives the best care than other hospitals		
Strongly agree	8	16.0
Agree	16	32.0
Disagree	12	24.0
Strongly disagree	6	12.0
A primary healthcare does not treat patients effectively		
Strongly agree	11	22.0
Agree	16	32.0
Disagree	13	26.0
Strongly disagree	2	4.0
I believe a patient with severe case should attend a tertiary hospital		
Strongly agree	23	46.0
Agree	15	30.0
Disagree	4	8.0
Strongly disagree	3	6.0
Thinking about healthcare divisions, one can say healthcare system helps in the promotion of health		
Strongly agree	33	66.0
Agree	14	28.0
Disagree	2	4.0
Strongly disagree	1	2.0

Table 3 shows perception of respondents on healthcare system. Some respondents (14%, 46%) disagreed and strongly disagreed respectively that the level of healthcare system is not necessary in a hospital setting. Majority of the respondent (46%, 34%) strongly agreed and agreed respectively that a

patient will need a referral letter from primary to a secondary healthcare. Almost all the respondent (30%, 40%) strongly agreed and agreed respectively that primary healthcare has friendly staffs who attend to patient. Some of the respondent (16%, 32%) strongly agreed and agreed respectively with the statement that primary healthcare gives the best care than other hospitals. More out of the respondent (22%, 32%) strongly agreed and agreed respectively with the statement that primary healthcare does not treat patients effectively. Out of the entire respondent (100%), many (46%, 30%) strongly agreed and agreed respectively with the statement that patient with severe case should attend a tertiary hospital. Almost all the respondent (66%, 28%) strongly agreed and agreed respectively with the statement that healthcare system helps in the promotion of health.

Table 4: Patient attitude towards healthcare system

Variable	Frequency (n=50)	Percentage (%)
I do not like to attend a Primary Healthcare because the number of professionals are few		
Strongly agree	13	26.0
Agree	13	26.0
Disagree	14	28.0
Strongly disagree	5	10.0
I do not like to take treatment in accordance to the levels of healthcare as it is not necessary		
Strongly agree	8	16.0
Agree	9	18.0
Disagree	12	24.0
Strongly disagree	8	16.0
I take treatment in the primary healthcare because to avoid wasting time in other healthcare		
Strongly agree	9	18.0
Agree	11	22.0
Disagree	16	32.0
Strongly disagree	6	12.0
I like to attend primary health care because they are patient friendly		
Strongly agree	13	26.0
Agree	14	28.0
Disagree	13	26.0
Strongly disagree	2	4.0
I attend a tertiary healthcare because they keep patient information confidential		
Strongly agree	20	40.0
Agree	16	32.0
Disagree	4	8.0
Strongly disagree	4	8.0
I like to attend any hospital with adequate facility		
Strongly agree	31	62.0
Agree	10	20.0
Disagree	3	6.0
Strongly disagree	3	6.0
I like to attend a Primary Healthcare when I have no		

choice		
Strongly agree	16	32.0
Agree	11	22.0
Disagree	10	20.0
Strongly disagree	8	16.0

Patient attitude towards healthcare system

Table 4 shows attitude of respondents on healthcare system. Most of the respondent (26%, 26%) strongly agreed and agreed respectively with the statement that they do not like to attend a primary healthcare because the numbers of professionals are few. Majority of the respondent (26%, 24%) strongly disagreed and disagreed respectively with the statement that they do not like to take treatment in accordance to the levels of healthcare as it not necessary. More of the respondent (24%, 16%) strongly disagreed and disagreed respectively with the statement that they don't take treatment in accordance to the level of healthcare to avoid wasting of time in other healthcare.

More respondent (32%, 12%) strongly disagreed and disagreed respectively with the statement that they like to attend primary healthcare because they are patient friendly. Most of the respondent (26%, 28%) strongly agreed, agreed respectively with the statement that they like to attend tertiary healthcare because they keep patient information confidential. Majority of the respondent (62%, 20%) strongly agreed and agreed respectively with the statement that said they like to attend to any hospital with adequate facility. Out of the entire respondent (100%), (32%, 22%) strongly agreed, agreed respectively with the statement that they would only attend primary healthcare when they have no choice.

Table 5: Effect of non-adherence of patient to healthcare divisions on the hospital environment

Variables	Frequency (n=50)	Percentage (%)
Lack of enough parking space		
Strongly agree	16	32.0
Agree	13	26.0
Disagree	5	10.0
Strongly disagree	10	20.0
Overcrowding in out-patient and in-patient unit		
Strongly agree	26	52.0
Agree	15	30.0
Disagree	5	10.0
Strongly disagree	3	6.0
Patients may be forced to wait for longer periods than required		
Strongly agree	27	54.0
Agree	14	28.0
Disagree	4	8.0
Strongly disagree	3	6.0
Temptation by patients to fight one another or the health care professionals		
Strongly agree	22	44.0
Agree	12	24.0
Undecided	4	8.0
Disagree	7	14.0

Strongly disagree	5	10.0
Hospital infection can be acquired from direct contact from with infected patient		
Strongly agree	24	48.0
Agree	15	30.0
Undecided	3	6.0
Disagree	3	6.0
Strongly disagree	5	10.0
Inadequate care from physicians especially when there are too many patients to be attended to		
Strongly agree	24	48.0
Agree	14	28.0
Disagree	4	8.0
Strongly disagree	4	8.0
Less work for physicians in the Primary Healthcare		
Strongly agree	22	44.0
Agree	12	24.0
Disagree	6	12.0
Strongly disagree	5	10.0

Effect of non-adherence of patient to healthcare divisions on the hospital environment

Table 5 shows effect of non-adherence of respondent to healthcare divisions on the hospital environment. Most respondents (32%, 26%) strongly agreed and agreed respectively, that when patients do not adhere to the type of healthcare they should visit there could be lack of enough packing space. Almost all the respondents (52%, 30%) strongly agreed, agreed respectively that overcrowding can occur both in out-patient and in-patient as a result of patient not adhering to the appropriate healthcare system they should visit. Majority of the respondents (54%, 28%) strongly agreed, agreed respectively that when a patient do not adhere to the type of healthcare they should visit patient may be force to wait for longer periods than required. Most of the respondents (44%, 24%) strongly agreed, agreed respectively that when a patient do not adhere to the type of healthcare they should visit they may be tempted to fight one another or the healthcare professionals.

Majority of the respondents (48%,30%) strongly agreed and agreed respectively that hospital infection can be acquired from direct contact with infected patient when patient do not adhere to the type of healthcare they should visit. More respondents (48%, 28%) strongly agreed, agreed respectively that there could be inadequate care from physicians especially when there are too many patients to be attended to, resulting from non-adherence of respondent to healthcare divisions. Majority of the respondents (44%, 24%) strongly agreed and agreed respectively with the statement that there would be less work for physician in primary healthcare as a result of patient not adhering to the type of healthcare they should visit.

Discussion of findings

This study determined the assessment of knowledge, attitude and perception of patient in MOP department of university college hospital Ibadan towards healthcare system and the effect of non-

adherence to healthcare on hospital environments. Fifty questionnaires were distributed and properly completed and analyzed. The study found that majority of the respondents was between 20-24 years, which indicate that they are of marriageable. Majority of the respondent had tertiary education which could be because there were more civil servants than other professions of which a civil servant on the average own a tertiary education degree certificate. Majority of those that participated were from the Yoruba ethnic group and this might be because the study was conducted in an area made up predominantly of Yoruba indigenes located at the Southwestern region of Nigeria. It was found that almost all the respondent practiced Christian religion.

The study found that the awareness of healthcare system was high as majority of the respondent had heard about healthcare system. The media has been a very useful source of information as most of the respondent acquired the information on healthcare system through it. It was found that majority of the participants were not only aware but also knew that there are types of healthcare system, differentiate between them and can specify the function of each. It was discovered that patients will need referral letter from primary to a secondary healthcare and that patients with severe cases should attend a tertiary hospital. It was also found that staffs in the primary healthcare are friendlier than those in tertiary healthcare.

In this study, it was discovered that patients do not like to attend primary healthcare because the number of healthcare professionals are few and many attended tertiary healthcare because they keep patient information confidential. The study revealed that patients attend primary healthcare when they have no other healthcare to attend. It was discovered that the division of healthcare systems help in the promotion of healthcare.

The study revealed that when patients do not adhere to the type of healthcare they should visit there could be adverse effect on the hospital environment which include lack of enough packing space, overcrowding in the in-patient and the out-patient of the hospital, patients could be forced to wait for longer period and they might also be tempted to fight the healthcare professionals especially when they are under tensed condition. There could also be adverse effect on patient which includes acquiring hospital infection from direct contact with infected patient, inadequate care from physicians especially when there are too many patients to be attended to. The physicians could also be overworked when patients who are to receive treatments from lower level of healthcare decide to come to the tertiary healthcare while there would be lesser work for physicians at the lower healthcare level.

CONCLUSION AND RECOMMENDATION

Conclusion

From the study conducted, it was highlighted that a reasonable number of patient have some knowledge on healthcare system and most of them got to know about this through media and seminar. Majority of the patient had a good perception towards healthcare system and agreed that healthcare system is important in the promotion of health. Almost all the respondent had a bad attitude toward healthcare system but mention that they do not like to take treatment in accordance to the levels of healthcare as it not necessary and it waste time. Healthcare system is undervalued in Nigeria as there are no standard laws and regulation to backup referral system and continuity of patient healthcare.

Recommendation

The findings from this study have revealed that patient attending the MOP department of University College Hospital Ibadan have good knowledge of healthcare system but they are not adhering to it. The finding also revealed some factor hindering patient from attending a proper healthcare system. Therefore in other to have consistency in the level of knowledge and increase knowledge among

patient attending healthcare generally on the proper type of healthcare they should attend, it is recommended that:

1. Care givers and health workers should continue to emphasize and educate patient on the proper type of healthcare they should visit for each type of ailment.
2. Governments should make and enforce laws to govern referral system and continuity of patient care
3. Also, healthcare system should be included in public health awareness
4. Government should provide proper equipment for primary healthcare in order to make it accessible to people in the community
5. Tertiary healthcare system should restrict patient on referral

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