

ANALYSIS OF CONSULTS RECEIVED BY THE MEDICAL SOCIAL SERVICES DEPARTMENT, USMANU DANFODIYO UNIVERSITY TEACHING HOSPITAL (UDUTH) SOKOTO: IMPLICATIONS FOR PUBLIC HEALTH

¹Balarabe Adamu Isah and ²Bello Almu

¹Department of Community Medicine, Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria

²Medical Social Services Department, Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria

Corresponding Author's email: almuscopy@gmail.com



Abstract

The study was set to analyze the public health and implications of the consults received by the Medical Social Services Department (MSSD), Usmanu Danfodiyo University Teaching Hospital (UDUTH) Sokoto, Nigeria. The data used was secondary data extracted from the consults received by the MSSD, UDUTH, during a 3-month period (from July 22, 2019 to October 21, 2019). The study shows that children, females, illiterates, married and the unemployed patients constituted significant proportion of consults received by MSSD. With regards to associated morbidities, roughly one fifth of the consults were cancer patients from pediatric medical ward. The commonest reason for the consultation of MSSD was financial constraints. The findings showed that virtually the consults sent to the MSSD were patients with cancer on account of financial constraints and from pediatric medical ward. There is a need to prioritize on all patient-focused service areas offered by the MSSD, provision for subsidized cancer drugs for children. The study suggested sensitization for philanthropist, government and non-governmental agencies on supporting children with cancer.

Keywords: Consult, Healthcare, Patients, Pediatrics, and Social Services.

Introduction

Humanitarian services in any given tertiary healthcare institution are regarded as relevant aspect of social welfare services, necessary and commonly welcome; especially when we look at the financial challenges in healthcare system in Nigeria. This is one of the reasons why the federal government of Nigeria has medical social services in most of the tertiary health institutions as a department under clinical. The department was set up purposely to help patients in resolving their challenges towards their recovery and carryout social work services to the needy pauper patients.

According to United Nations (1959) in Erinosho (1998), social work is a discipline concerned with all those social relationships which may result in solving problems, mutual adjustment between individual and his environment. Experience revealed that, there are some social problems that could contribute to the severity of the sickness on the treatment of patients, sometimes worsening the situation and delaying patients' recovery.

Millennium Development Goals (MDGs) has done a wonderful job in tackling health related problems in Nigeria (Muhd, 2017). It is the work of social workers to address and intervene in such

social problems to enable individual function normal by dealing with numerous essential services for all categories of individual, group and community. These essential services include repatriation of patients, patients' linkages (Stephen, 2008); social advocacy; bridging the gap of communication between patients and their managing team; and patients financial support. In addition to these numerous roles; social workers help patients to understand the nature of their illness; eliminate obstacles hindering their recovery; sickle cell counseling, counseling when patient is going for amputation or surgery or when going for particular treatments like that of cancer or donating kidney, homes visitations and aftercare services, tracing relations of abandoned and stranded patients among others. Unfortunately, patients' relations nowadays do abandon their patients due to financial constraints (Almu, 2017) and other social problems. No doubt, financial constraints denied some patients visit to hospitals (Humphrays, 2010); while some have to sell their valuable properties for medical treatment (Ogundipe, 2013).

Based on researchers' knowledge, Sokoto Zakat Commission, Staff of Central Bank of Nigeria (Sokoto State Branch), *Almasakin* Group Sokoto, *Al Umma* Funds Sokoto, Patients and Destitute Welfare Organization Argungu of Kebbi State, individual philanthropists and UDUTH Staff Sokoto among others have been supportive in these regard to Usmanu Danfodiyo University Teaching Hospital's patients.

These puzzles the researchers' curiosity based on the above background to find out how often the consults were sent to medical social services department by the managing team? What is the nature of the patients'? How frequent are the consult and the implications to public health?

Conceptual Framework

The paper employed problem solving approach which was build based on reasoning and is one of the eclectic approaches in social work profession (Stephen, 2008). Individual's run in to difficulties either because of the stress or lack of necessary resources; the available resources could serve as an answer to the menace (Stephen, 2008). This theory is developed by Thomas (Ashford and Winston, 1991) and has three basic assumptions. The identification of the problem; identification and explicate the main phase of the actions to solve it; and descriptions for particular tools and techniques in settling the problem. The utilization of the theory depends on the identification of problem. The uses of reasoning factors in these instances are much relevant and necessary. The use of common sense and wisdom are highly regarded in this sense (Ashford and Winston, 1991).

Based on this; it was observed that, there is need to have an insight as to where most of the problems in form of intervention request from patient in our setting come from.

Methodology

This study design employed was a cross-sectional descriptive method. The secondary data was extracted from the request forms sent from various departments to the MSSD, UDUTH, Sokoto for three (3) consecutive months. All consults received by MSSD for a period of three months (from July 22, 2019 to October 21, 2019) were included in the study. The study worked with one hundred and thirteen (113) numbers of consults.

The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 22 software. The frequency and percentage of all variables were determined in the analysis.

This study was conducted in compliance with the 1964 Helsinki Declaration. Also ethical approval to carry out the study was granted by the Research Ethics Committee of UDUTH, Sokoto, Nigeria.

Results

Data obtained presented in a tabular form and brief presentations.

Table 1: Socio-Economic Characteristics of the Patients (N=113)

Variables	Frequency	Percentage
Sex		
Female	58	51.3
Male	55	48.7
Age group of the study subjects		
1 - 9years	26	23.0
10 – 18 years	21	18.6
19 – 27 years	20	17.7
28 – 36 years	19	16.8
37 – 45 years	14	12.4
46years – Above	13	11.5
Marital Status		
Married	42	37.2
Children	37	32.7
Single	22	19.5
Widowed	6	5.3
Divorced	5	4.4
Separated	1	.9
Religion		
Islam	98	86.7
Christianity	15	13.3
Educational Qualification		
Uneducated	30	26.5
Tertiary education	27	23.9
Elementary	24	21.2
Secondary education	23	20.4
Primary education only	9	8.0
Occupation		
Unemployed	43	38.1
Student	23	20.4
House Wife	20	17.7
Civil service	11	9.7
Farming	10	8.8
Trading	6	5.3

Table 1 indicates that, females were the dominants respondents as they carried 51.3% against their male counterparts with 48.7%. Equally, most of those patients seeking assistance were Muslims constituting 86.7% of the respondents. Majority (37.2%) of them were married taking. Children were also among the dominant respondents with 32.7%; while single came up with 19.5% as indicated in the table. In the same note, the number of illiterates and unemployed also recorded significant proportion with 26.5% and 38.1% respectively. Patients with tertiary qualifications covered 23.9%; those with elementary knowledge came up with 21.2%; and the number of students in the study also carried 20.4%.

Table 2: Distribution of Patients based on Wards/Clinics/Units (N=113)

Wards/Clinics/Units	Frequency	Percentage
Paediatrics Medical Ward	22	19.5
Accidents & Emergency Ward	13	11.5
Male Medical Ward	12	10.6
Female Medical Ward	7	6.2
Oncology Ward	7	6.2
General Outpatients Clinic	7	6.2
Paediatrics Surgical 1 and Paediatrics Neuro Ward	6	5.3
Gynaecology Ward	5	4.4
Special Care Baby Unit	5	4.4
Emergency Paediatrics Unit	5	4.4
Medical Outpatients Clinic	4	3.5
Male Surgical Ward	4	3.5
Others	4	3.5
Physiotherapy Clinic	3	2.7
Urology	3	2.7
Eye Nose and Throat Ward	2	1.8
Surgical Outpatients Clinic	2	1.8
Psychiatric Ward	2	1.8

Table 2 indicates that, almost one fifth of the Patients sent to the MSSD were from the Pediatric Medical Ward, Accidents and Emergency Ward, and the Male Medical Ward. Pediatric Medical Ward covered 19.5%; Accidents and Emergency Ward taking 11.5% and the Male Medical Ward has 10.6%. Female Medical Ward, Oncology Ward and General Outpatients' Clinic came up with 6.2% each. Similarly, Gynecology Ward, Special Care Baby Unit and Emergency Pediatrics Units came up with 4.4% each. Equally, Medical Outpatients and Male Surgical Ward recorded 3.5% each. Eye, Nose and Throat; Surgical Outpatients' Clinic; and Psychiatric Ward emerged with 1.8% each.

Table 3: Patients Diagnoses (N=113)

Nature of Cases	Frequency	Percentage
Cancer	23	20.4
Others	16	14.2
Heart Problem	10	8.8
Sepsis	9	8.0
Hepatitis	6	5.3
Hypertension and Stroke	6	5.3
Malnutrition	6	5.3
Tuberculosis	5	4.4
Trauma due to RTA"	5	4.4
Urine Retention and kidney disease	5	4.4
Depression	4	3.5
Head injury	4	3.5
Seizure Disorder	4	3.5
Diabetic	3	2.7
Eye Problem	3	2.7
People living with HIV	2	1.8
Meningitis	2	1.8

Table 3 indicated that, one fifth of the consults received by the MSSD, during the study period, were on patients suffering from cancer, heart failure and sepsis. Patients with cancer covered the dominants proportion with 20.4%. Patients with heart failure taking 8.8%; while those with sepsis

has 8.0%. Patients with urine retention, trauma due to RTA and those with tuberculosis recorded 4.4% each. Equally, patients with depression, head injury and seizure disorder emerged with 3.5% each. Diabetic patients and those with eye problem carried 2.7% each; while those with HIV and meningitis came up with 1.8% each.

Table 4: Reasons for the consult (N=113)

Reasons for the consult		
Options	Frequency	Percentage
Financial constraints	62	54.9
Procurement of Drugs	15	13.3
Psycho Social Support	11	9.7
Investigation Exemptions	7	6.2
Chemotherapy	6	5.3
Others	5	4.4
Dialysis	5	4.4
Secure Blood	2	1.8

Table 4 indicated that, the most common reason for patient's referral to MSSD, as specified on the consults sent by the medical team, was financial constraints of the patient in question. Financial constraints covered more than half of the patients' reasons for referral with 54.9%. Procurement of drugs recorded significant proportion with 13.3%. Similarly, psycho social support covered 9.7% and payment of diagnostic investigations also taking 6.2%. These were the commonest services requested in the consults received. Other reasons for the referral were seeking for chemotherapy, dialysis and securing for blood.

Discussion

Findings obtained in this study are noteworthy. To start with, this study shows that females accounts for 51.3%; as such, required more assistance than males (See table 1). This finding goes in line with the study of Aliyu et al., 2015 on cancer patients in the same facility of the study where requests on behalf of females were 77.1%. On the contrary, the findings of Almu and Kanmodi (2017), in a study regarding patients' social welfare in the same hospital reported that female patients constituted minority of the beneficiaries of medical social welfare services with 41.3%. The relatively high level of consults to the MSSD regarding females, as noted in our finding, may suggest that the majority of female patients attending UDUTH have little or no financial independence in this regard. Perhaps, this could be due to the high level of illiteracy and unemployment among the women population in Sokoto State, Nigeria (Aliyu, 2015). Poverty is one of the major determinant factors when it comes to the clinical outcomes in patient care. Low income patients tend to have delayed recovery unlike those with financial resources to pay for their medical services and drugs easily. Furthermore, based on the authors' experience (as a public health/social welfare service provider), most people residing in the study area, hardly able to afford medications due to financial constraints.

It was observed that one-third of the consults are issued with respect to patients in the pediatric and adolescent age group (1-18 years). This category accounts for 41.6% of the request. This finding contradicts the finding of Almu and Kanmodi (2017), where majority of the requests were on behalf of adult patients with 89.5%. Pediatric patients, by nature, were known to be highly dependent on their parents or caregivers, more especially when they are in preschool age. In addition, pediatric patients require guidance and support from their parents/caregivers and community as a whole. Regarding the marital status of the patients whom consults to MSSD were

issued on their behalf, the married constituted the highest percentage of 37.2%. This could be associated with the facts that, the highest proportion were pediatrics. Equally also, findings revealed that, Islam is the dominant religion of the patients whom consults to MSSD were issued on their behalf with 86.7%. This is due the location of the study center Sokoto where Islam is the predominant religion.

Those that are not educated recorded highest request proportion of 26.5%. This could be attributed to the number of pediatric patients in the study who are mostly dependents, unemployed and pre-school children.

On the occupational status of the patients whom consults were sent to MSSD, the un-employed constituted the highest percentage with 38.1%. This could be attributed to the numbers of dependents and un-employed in the study.

Pediatric ward has the highest percentage of requests with 19.5% which is contrary to Almu and Kanmodi (2017), findings which revealed that, the highest number of requests were from general outpatients' clinic accounting for 18.5%. Most pediatrics are vulnerable to malnutrition and other disease especially those from poor background. Accident and Emergency ward recorded the second highest proportion with 11.5% while Male Medical ward is the third major ward which recorded significant percentage of 10.6%.

The study further reveals that, cancer patients constituted the highest proportion with 20.4% of the patients whom requests were issued on their behalf. This is similar to the findings of Almu and Kanmodi (2017), where one of the major forms of patients' welfare services is the provision of cancer drugs with 37.2%. Cancer disease is a major public health problem (Aliyu et al., 2015) and patients with cancer often suffer from financial difficulties due to the high and often unsubsidized cost of cancer treatment in Nigeria. It could be attributed to prolonged period of treatment; financial implications; and long terminal experiences which several people regarded and viewed as hopeless cases. In addition, people residing in the study area Sokoto were farmers and usually have high number of children, whom they could not properly cater for. Based on authors' experience, some parents do abandoned their patients because they cannot afford cancer drugs which are usually expensive.

Financial constraints were the major reason for forwarding the request with 54.9%. This justifies the finding of Mbah et al., (2006) where 65.4% patients prolong their surgeries due to financial constraints. It could be due to lack of provision for special needs by the hospital management (Servicom, 2017). Similarly, referrals for procurements of drugs also noted significant proportions for 13.3%.

Conclusion

The study concludes that pediatric patients with cancer and heart problems were the most in need of social welfare interventions. Financial constrains was the major requisitions and most of the request comes on behalf of patients under care of individuals with low level of literacy.

Recommendations

The study recommends as follows:

- i. Special priorities need to be given to the social needs of pediatric patients with cancer in UDUTH, Sokoto as most of the request were financial constraints, procurement of drugs and psycho social support as pointed.

- ii. There is need for provision of subsidized cancer drugs for children. The study suggested sensitization for philanthropist, government and non-governmental agencies on psycho-social and financial support for children. Also, there is need to conduct more studies on this area so as to properly monitor and evaluate the dynamic issues pertaining to medical social welfare in UDUTH. Equally, Long-term and in-depth studies also highly recommended.

References

- Adam, A. Omenek, I. Usman, S. Kehinde, I. Ugege, M. Ilah, B. Ali, M. Ango, U. and Jiya, B. (2020). Heath Care Providers Counseling of Caregivers on their Children's Condition at UsmanuDanfodiyo University Teaching Hospital, Sokoto North Western Nigeria. *Pediatrics Review: Journal of Pediatrics Research*. Vol. 7, No.7. Doi: <https://doi.org/10.17511/1jpv.2020.07.07>.
- Almu, B. Kanmodi, K.K. (2017) The Patient Welfare Committee's Role in the care of Sick: A Sokoto Case Study , in Khalid, S. Abubakar, M. Dankani, I.M. et al on *Sustainable Development Goal in Nigeria: issues and challenges*. Mayor prints p565-573.
- Aliyu, U. Jimoh, A. Yunusa, A. Umar, M. (2015) Patterns of Cancers Treated with Radiotherapy in UduthSokoto: A New Centre Experience. *Journal of Clinical and Diagnostic Research*. PMID: 26436028 PMCID: PMC4576622 DOI:10.7860/JCDR/2015/13892.6379.
- Erinosho, O.A. (1998) *Health Sociology for University, Colleges and Health Related Institutions*. Ogun, Nigeria. Sam Bookman Educational and Communications Services.
- Humphrey, G. (2010) Nigerian Farmers Rejoice in Pilot Insurance Plan. World Health Organization Bulletin: P329-330.
- Kanmodi, K.K. Owoeye, O.I. Almu, B. Iyadi, L.E. (2019) Can Reading Too Much Make Me Run Mad? Exploring Students Assumptions and Academic. *Journal of global psychiatric* Vol. 2. P107-112
- Mbah, N. Opara, W. and Agwu, N. (2006) Waiting Time among Acute Abdominal Emergencies in Nigerian Teaching Hospital: Causes of Delay and Consequences. *Nigerian Journal of Surgical Research*. Vol. 8, no1-2 P69-73.
- Muhd, S.H. Osekweyi, O.J. Fransis, U. Sabo, A.M. (2017) Implications of Changes in Economic Planning for Sustainable Development Goal in Nigeria in Khalid, S. Abubakar, M. Dankani, I.M. (eds) *Sustainable Development Goal in Nigeria: Issues and Challenges*. Mayor printz. P260-270.
- Ogundipe, S. (2013) Nigerians pay for Cancer Treatment with their Lives. Nigerians-pay-For-Cancer-treatment-with-their-live. Retrieved from <http://www.vanguardgr.com/2013/09/> on 25/07/19
- Servicom (2017) Evaluation of Usman Danfodiyo University Teaching Hospital (UDUTH) Sokoto. General Outpatients Department, Federal Ministry of Health. www.servenigeria.com.
- Stephen, A.I. (2008) *Medical Social Work Practice: An Introductory Analysis*. Calabar, Nigeria. Baye communications. P5-20
- Yahaya, A.M. (2017) Socio-Economic Implications of Malaria Disease in Nigeria:A Mix Mode Research in Gusau Metropolis, Zamfara State Nigeria. *Sokoto Journal of the Social Sciences*, Vol. 7. P43-56. Issn:Print 1595-2738, Online 2384-765