Attitude and Practice of Routine Medical Check-up Among Health Workers in Ekiti –State.

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Abstract
The study investigated the attitude and practice of routine medical check-up among health workers in Ekiti State. A descriptive research design of the survey type was used for this study. The population of this study consisted of 5,058 health workers in Ekiti State health institutions. A total of 426 respondents were randomly selected in three different health institutions, using multistage sampling technique, one from each senatorial district in Ekiti State. The data were collected using a self-developed structured questionnaire. The instrument was subjected to face and content validity procedures and test-retest reliability was carried out and a co-efficient of 0.90 was obtained. All hypotheses formulated were tested at 0.05 level of significance. The findings showed that health workers attitude and practice toward routine medical checkup were poor and fair respectively. Also, attitude has a significant relationship with practice in that attitude affects the level of practice of routine medical check-up.

Introduction

World Health Organization (2000) defined health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Health is the ability to adapt and manage physical, mental and social challenges throughout life. A healthy person has a duty to the health of his fellow beings, his surrounding and the environment he lives in. A healthy person, therefore needs to maintain habits such as taking regular exercises, rest, adopting a highline of personal hygiene, eating a balanced diet, abstaining from drug abuse and alcohol, and routine medical check up to detect at onset any disease or illness at its prime.

It is been observed in practice that routine medical checkup is an important prerequisite to maintaining a healthy life style as well as to detect and inhibit the advancement of serious illnesses in the body (Tanimola,2013). Medical checkup can be defined as medical procedures performed to detect, diagnose, or monitor diseases processes, susceptibility, and determine a course of treatment. It is a thorough physical examination that includes a variety of tests depending on the age, gender, and health of the person and includes a series of interviews and medical examinations depending on the needs and demands of the person. A medical checkup is also a thorough study or examination of the health of an individual. Health checkup should start even while the baby is in the womb to find out congenital diseases. Basic tests which can be carried out easily without any stress are body temperature, blood pressure,

fasting blood sugar, Packed Cell Volume (PCV), checking for malaria parasite. Adedokun (2014) stated that attitude goes a long way to compliment knowledge and also propagate the practice of routine checking of medical status to forestall ill health, diseases or sudden death. Poor attitude to regular medical checkup may be exhibited by many including those in the medical profession. This actually may call for caution as chronic diseases like hypertension, diabetes, heart failure and kidney diseases can prompt attention if detected early to reduce sudden death in the workplace (Eke, 2012). Health workers like members of the societies may not see the need to service their body regularly as they do to their vehicles, engines, machines or other working tools that they use their body to operate.

Adedokun (2004) opined that many of health workers globally seem not to have positive attitude to the practice of routine medical checkup despite their background. Tanimola (2013) affirms the importance of carrying out routine medical checkup to be majorly provision of opportunity to assess individual health status and risk factors. This also encourages early detection and treatment of illnesses, initiates counseling assistance, promotes lifestyle modification and other appropriate intervention which may reduce the risk of heart diseases, cancer and other diseases thereby promoting healthy lifestyle. In all, it is evident that attitude and practice of routine medical checkup is intertwined and attitude determines the level of practice of routine medical checkup.

Health workers comprises of nurses, doctors, laboratory scientists, pharmacists, nutritionists, medical record officer, porters and health assistants. It is observed often times and in many instances that health workers slump and die instantly despite being a skilled group of people. Their attitudinal disposition makes them not to check their medical status, and most times it predisposes them to sudden death (Adedokun, 2004). Also noted that health workers may not have time for themselves while carrying out these examinations on other clients who seek to be examined in the hospital. Therefore, conducting a checkup on themselves might become a herculean task for them despite their availability at work at all times. Hebron (2012) opined that few people who inculcate the habit of carrying out a regular checkup may be too minute compared to others who may neglect theirs.

Health workers are the trained personnel that carry out routine medical checkup and treat patients. The nature of their work makes them prone to various infections that can be acquired in the hospital due to their direct contact with the sick and the infectious materials in the laboratories. Health workers work in an environment that predispose them to diseases like, typhoid, tuberculosis, Ebola, measles, skin rash, upper and lower tract infection, Lassa fever and HIV/AIDS. This has necessitated the need for health workers to perform a routine checkup on them regularly.

Health workers are faced with professional hazards such as needle pricks and blood-borne infections in their day to day activities in the work place. For some people, having an annual physical examination is a source of reassurance that they are as healthy as they feel. Others see it as an alarm system, to catch health problems before they become serious. The value of the

routine annual examinations has been debated recently, but it remains a cherished tradition among many doctors and patients (Webmed, 2014). Fadare (2014) opined that despite a considerable level of awareness on routine medical check-up among health workers in the state, the practice among this group is very low. This study therefore, examined the attitude and practice of routine medical check-up among health in Ekiti State by providing answers to the following questions and testing of one hypothesis thus:

(1)   What is the attitude of health workers towards routine medical checkup in Ekiti State?
(2)   What is the practice of routine medical checkup among health workers in Ekiti State?
(3)   Is there any significant relationship between attitude and practice of routine medical checkup among health workers in Ekiti State?

Research Method

In order to describe the attitude and practice of routine medical check-up among health workers as they exist, a descriptive research design of the survey type was used for this study. The population of this study consisted of 5,058 health workers in Ekiti State Health Institutions which include nurses, doctors, laboratory scientists, pharmacists, nutritionists, medical record officers, porters and health assistants. The data was obtained at the Data Unit of Ekiti State Ministry of Health. Four hundred and twenty-six(426) health workers were selected for the study using multistage sampling technique. Out of the three senatorial districts of Ekiti State, which include Ekiti Central, Ekiti North and Ekiti South, one local government from each of the districts was selected using simple random sampling technique. One health institution was selected from each of the selected local government areas using simple random sampling technique. One hundred and forty-two health workers were selected from each of the health institutions. Specialties were selected from each health institution using stratified sampling techniques to ensure fair representation of each area of specialization. Simple random sampling technique was used to distribute questionnaire to respondents from each stratum. The data collected for the study were analyzed using descriptive statistics of frequency counts, percentages, mean and standard deviation while the hypothesis was tested using inferential statistics of Pearson product moment correlation. The hypothesis was tested at 0.05 level of significance.

Results: The results are presented using the tables below:
Attitude of health workers towards routine medical checkup.
Table 1: Percentage response on attitude of health workers towards routine medical checkup

Items	Agree (%)	Disagree (%)
I feel reluctant to do routine medical checkup	296 (69.9)	127 (30.1)
I believe I can care for myself, hence no need of routine medical checkup	309 (73)	114 (27.0)
I have the impression that routine medical checkup is quite expensive	168 (39.7)	255 (60.3)
I believe routine medical checkup is time consuming	227 (53.7)	196 (46.3)
I have the impression that routine medical checkup procedures are strenuous.	230 (54.4)	196 (45.6)
I have the feelings that the results of routine medical checkup are not always valid.	126 (29.8)	297 (70.2)
I feel that some of the medical checkups have the potential of causing hazard.	225 (53.2)	198 (46.8)
I have the impression that routine medical checkup may cause unnecessary anxiety.	267 (63.1)	156 (36.9)

Table 1 shows the respondents attitude towards routine medical checkup. It revealed that majority of the health workers agreed that they feltreluctant to do routine medical checkup (69.9%), that they could care for themselves, hence they had no need for routine medical checkup(73%) that routine medical checkup is time consuming (53.7%), the procedures arestrenuous (54.4%), majority also agreed that medical checkup have the potential of causing hazard(53.2%) with the impression that routine medical checkup may cause unnecessary anxiety (63.1%).However, majority of the respondents disagreed or did not agree that routine medical checkup is expensive(60.3%), agree that the results of routine medical checkup are not always valid(70.2%).

Practice of routine medical check-up among the health workers.
Table 2: Percentage response on practice of routine medical check-up among health workers

Routine medical checkup procedures	Regularly: ƒ (%)	Only when the need arises: ƒ (%)	Never done: ƒ(%)
I do check my blood pressure	199 (47.0)	196 (46.3)	28 (6.6)
I do fasting Blood Sugar	93 (22.0)	161 (38.0)	169 (40.0)
I always check my body	160 (37.8)	201 (47.5)	62 (14.7)
I do screening for breast cancer	64 (15.1)	68 (16.1)	291 (68.8)
I do screening for prostate cancer	29 (6.9)	59 (13.9)	335 (79.2)
I do carry out complete	61 (14.4)	201 (47.5)	161 (38.1)
I do ophthalmology screening	47 (11.1)	154 (36.4)	222 (52.5)
I do dental screening	49 (11.6)	104 (24.6)	270
I do ear, nose and throat	21 (5.0)	126 (29.8)	276 (65.2)
I do weight measurement	290 (68.6)	80 (18.9)	53 (12.5)

Table 2 showed the responses of health workers practice routine medical checkup. It revealed that most of the respondents have never done

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fasting blood sugar (40.0%), screening for breast cancer (68.8%), and prostate cancer (79.2%), ophthalmology screening (52.5%), dental screening (63.8%) and ear, nose throat examination (65. 2%).It also revealed that a higher percentage of the respondents regularly check their blood pressure(47%), while 46.3% check it only when there was need for it, respondents that measured their weight (68.6%) while about (18.9%) do so where there is need. However, a higher percentage of the respondents only carryout complete urinalysis (47.5%), dental screening (24.6%) and check the body temperature (47.5%) only when the need arises.

Table 3: Relationship between attitude and practice of routine medical checkup.

Variables	N		Mean	SD	r-cal *	r-tab *
Attitude						
Practice						

Table 3 showed that the p-value of 0.01 is less than 0.05 level. The null hypothesis was therefore rejected. This implies that there was a significant relationship between attitude and l

Discussion

The study examined the attitude and practice of routine medical checkup among health workers in Ekiti state. Based on the findings of this study, majority of the health workers have negative attitude towards routine medical checkup and it shows that, health workers attitude about routine medical checkup is poor. This finding is in agreement with that of Physimed (2015), where it was declared that very few health workers take time to take care of their health. However, this finding is in contrary to that of Fadare (2014), where it was stated that practice of routine medical checkup among health workers is very low. The hypothesis of whether there is relationship between attitude and practice of health worker towards routine medical checkup was found to be statistically significant using Pearson Correlation statistical test on the hypothesis. Practice will always be a function of positive attitude as expressed in this study and supported by Akande (2013), where it was declared that the attitude of practice of respondents towards routine medical checkup. This shows that attitude influence the practice of routine medical checkup among health workers.

individuals may contribute immensely towards routine medical checkup. Health workers may not even attempt to do routine medical checkup due to fear of negative outcome of the different tests. The reaction of the people who have carried out such tests and the possible stigmatization upon realization that they have problems are parts of what may keep people from undergoing medical checkup.

It is surprising that (70%) health workers reported that the results of medical checkup are not always valid, since by the training of personnel, they are more experienced and know the outcome of the routine which was supported by (Eke, 2012) who opined that lower educational level of respondents that did not supported the outcome, also, cultural and religion believe may affect the thinking since sometimes people believe that the procedures may not cause unnecessary worries. The findings of this study revealed that most of the procedures listed had never been done by the respondents. This is close to the findings of Fadare

(2014) where there was low practice of routine medical checkup. It also supports the report of Olubiyi (2014) that most times people wait till they are sick before they try to find out what the problem is. Hence this finding stress the respondents would only carry out these procedures when there is need for it.

The finding about the breast cancer and prostate cancer may be as a result of the fact that both tests or screening are related to different sex. It is therefore possible that the reason why majority have not done it before is because males and females participated in the study and screening for breast cancer is majorly carried out by female workers while screening for prostate cancer procedure is for males only.

Conclusion

Based on the findings of this study, it was revealed that the attitude and practice toward routine medical checkup are related. Attitude directly affects and determine the level of practice of routine medical checkup among health workers.

Recommendations

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

1. Hospital management board should organize a sensitization program to ensure workers develop positive attitude towards routine medical checkup.

2. Policies should be put in place by the government to enhance health workers' attitude towards routine medical checkup so as to improve the practice among health workers. Government should intensify more efforts towards the awareness program on the need for routine medical checkup

3. Compulsory routine medical checkup should be carried out as part of employment exercise prior coming to the service, to detect early any hidden illness that did not show any signs and symptoms as a healthy carrier.

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