IOSR Journal of Humanities And Social Science (IOSR-JHSS)
Volume 26, Issue 4, Series 2 (April. 2021) 53-58
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Impact of COVID-19 lockdown on non COVID-19 hospital patients in Nigerian hospitals: Implication for Social work.

Chukwu, Nma-Njoku Alexandra
Department of Social Work, University of Nigeria, Nsukka.

Obasi-IgweInyomoma
Department of Social Work, University of Nigeria, Nsukka

Onuoha Emmanuel
Department of Social Work, University of Nigeria, Nsukka

COVID-19 has catastrophic impact on the wellbeing of people around the globe. Non COVID-19 hospital patients were not left out of the negative impact of this novel virus. Different measures were adopted by different country to tackle the menace of the pandemic. One measure which was prominent in Nigeria was lockdown. This study was therefore designed to investigate the impact of COVID-19 lockdown on non COVID-19 hospital patients in Nigerian hospital. This study adopted descriptive approach and the use of primary data to support study argument.The purposive sampling technique was adopted in the study. The sample comprised of 6 care givers,6 in-door patients and 9 out-door patients in University of Nigeria Teaching Hospital (UNTH) Itukozala, Enugu State. Thein-depth interviews (IDIs) was the instruments for data collection. The sample size used in the study was 20 IDI respondents. Data generated for the study were analysed in quotes. The result of the study shows thatmany non COVID-19 hospital patients in Nigerian hospitals during the COVID-19 lockdown suffered rejection into hospital premises, stigmatization, isolation, insufficient drugs, limited time with the doctor and other non-professional treatment. The study also discovered that COVID-19 lockdown exposed weak and uncivilized patient-doctor relationship in Nigeria health care system. Not less than 10,000 non COVID-19 patients were denied treatment in Nigerian hospitals since the index case of the virus and the consequent lockdown. The study therefor recommends that social workers should advocate for stronger legislative actions that will make stringent laws that will protect the interest of the sick and their care giver as against the culture of silence prevalent in Nigeria.Social workers can directly advocate on behalf of the patient by facilitating communication with healthcare providers. Social workers can also advocate for patient's right in general through policy making and thought leadership.

Key Words: Impact, COVID-19, Lockdown, Hospital,Patients, Social Work, Nigeria

---

Date of Submission: 22-03-2021 Date of Acceptance: 06-04-2021

I. INTRODUCTION

The novel coronavirus or COVID-19 has infected more than 1.3 million people globally. Perhaps for the first time in several decades, the world is witnessing a type of disease that does not discriminate based on age, gender or even race. The virus emanated from the Wuhan province of china and has since spread to every part of the world. The disease has been categorized as infectious and contagious by health experts (Wuhan City News, 2020). The disease defied geographical boundaries with the epidemic size doubling every 7.4 days (Li, Guan, Wu, Wang and Zhou, 2020). As at April 3rd, 2020, over one million cases had been diagnosed in 184 territories in six continents (Wuhan Coronavirus, 2019) with 53,000 deaths globally (2,4). The world Health Organization initially named the disease novel coronavirus-infected pneumonia (NCIP) and named the virus itself 2019 novel coronavirus (2019-nCoV) (Zhu, Zhang, Wang, Lix and Yang, 2020). On 11 February, 2020, the WHO officially renamed this clinical condition COVID-19 [a shortening name for coronavirus `disease-19] (WHO, 2020). COVID-19 was declared by WHO as a public health emergency of international concern (PHEIC) on 30th January 2020 (Eurosurveillance Editorial Team, 2020) and classified as a pandemic on 11 March 2020 (WHO, 2020).

Wang, Tang and Wei (2020), noted that the virus transmission can occur during the incubation period in asymptomatic patients. High sputum viral loads were found in a patient with NCIP during the recovery phase Dong et al (2020), observed that the mean incubation period is estimated to be 5.2 days, which allows air

traveller to spread the disease globally. COVID 19 patient presents with symptoms of severe pneumonia, including fever, fatigue, dry cough and respiratory distress with fever and cough being the most common affecting almost 90 and 70% of infected subjects (Manji, Samuleta, Ndashe and Munsaka, 2020).Li et al (2020), noted that the median age of COVID 19 patients as 59 years with a male preponderance of 56%. It was also reported that disease progression is faster in older patients of 70 years and above with a median time of 11.5 days from early symptoms to death while it is 20 days in patients under 70 years (15). Children are relatively unaffected by the virus, though it has been reported that about 1- 2% of COVID 19 patients are children (Briggs and Number 2020,Manjta, Samuleta, Ndashe and Munsaka, 2020). Presently treatment of COVID 19 is deliberated upon as some doctors recommends preventive measures are strongly advised to curtail further inter-human spread of the virus. To this end, WHO and government alike, have advised their citizens to practice good hygiene by washing their hands with soap and water or even alcohol based hand sanitizer while keeping their nose and mouth covered with a mask (WHO, 2020).

In Nigeria, COVID 19 was first reported in Lagos and then in the state capital Abuja. As at August 2020, Nigeria has recorded a total of 413,265 COVID 19 cases with 54,463 confirmed cases, 10,997 active cases, 42,439 discharged cases and 1, 027 death cases (NCDC, 2020). The Nigerian government like other government around the globe adopted measures to contain the spread of the disease. Some of the adopted strategies includes: handwashing and the use of hand sanitizer, observing social/physical distance, interstate movement, the use of face masks, large gathering, public vehicles and locking down public places. Though the Nigerian government and individuals provided palliatives to ensure compliance to these directives, but the economy and healthcare system could not allow individuals adhere to these directives.

The healthcare industry which is the forefront of the war against COVID-19 fights different battles on several fronts on a daily basis; testing challenges, inadequate PPEs and ongoing need for human resources, drugs, beds, ventilators and many other items required by hospitals. Many have expressed fears on the ability of Nigeria's healthcare system to handle the spread of COVID-19 in the nation. The country, despite being Africa's largest economy was in 2017 rated 187 out of 190 countries in World Health System (Olowookere et al, 2020).Though some aspects of healthcare delivery have improved since then, it is still not prepared to handle an epidemic in the proportions seen in the U.S and across Europe(Wang et al, 2020).In spite of its shortcomings, however, the government of Nigeria has responded rather well to COVID-19, putting in place several measures to combat the spread of the disease. There has been relative success in identifying and tracking suspected cases, and several individuals, including the initial index case, have been treated successfully and discharged (Nigeria Centre for Disease Control, 2020). As confirmed cases of COVID-19 cases increase in Nigeria, it introduced a palpable fear among the Nigerian populace, fuelled by the abundance of misinformation and hyped news on social media, government directive putting a ban on public gatherings of more than twenty persons. Many public and private health facilities interpreted this as an instruction to stop attending to large number of patients. Patients were no longer admitted at the hospitals, the admitted ones were asked to return home and continue with their medications at home, those whose conditions require their stay in the hospital had no physical contact with either a nurse or a doctor. This means people had less access to health care facilities in a country where the doctor to patient ration is 1:2500 and healthcare accounts for only 4.5% of the budget. Several public and private hospitals in Enugu and other parts of Nigeria turned away patients since most do not have facilities to carry out test. However, in hospitals where screening test kits were not readily available, undue delays could result to severe life threatening asthmatic episodes in patients with asthma (Olowookere et al, 2020) being misdiagnosed, mismanaged, abandoned or referred because of the fear of contracting the dreaded virus by healthcare workers who were inadequately protected made healthcare workers turn away patients with other illnesses who consequently found themselves in a dilemma.

II. MATERIALS AND METHODS

Study area

The study was conducted in University of Nigeria Teaching Hospital (UNTH) Ituku/Ozalla Enugu, Enugu State Nigeria. UNTH began early in the 20th century as a standard general hospital for Africans built by the colonial administrators. It later metamorphosed into a general hospital on the attainment of Nigeria's independence in 1960's. At the end of the Nigerian civil war in 1970, the then gove4rnment of East Central State transformed it into a Specialist Hospital wit5h effect from July 1, 1970. At5 this time, the hospital had a total of 50 doctors, 10 wards, and 300 beds and a chest bay of 60 beds, and about 350 nurses working at the hospital. Today, the situation has changed dramatically. The bed capacity of the hospital is over 500 beds and the number of its personnel (both professional and non-professional) has increased tremendously.

Sampling procedure/data collection

The study adopted a purposive sampling technique, which was used to select 20 respondents for the study. The 20 respondents for the study were aged 18 years to 60 years. All respondents participated in an in-

depth interview (IDI). The IDI respondents comprises of 5 care givers 6 admitted patients and 9 outdoor patients in University of Nigeria Teaching Hospital (UNTH). The participants for the study were purposively selected through availability sampling. The instrument for data collection was the IDI guide. COVID 19 pandemic destructed the most conventional means of data collection in Nigeria which is usually a face to face interview or discussion. As a result of this, the need to adopt social and physical distancing is encouraged. However, the researchers in this study engaged with the study participants through the use of telephone interview, WhatsApp chats and voice notes, Facebook messenger and telegram chats.

III. RESULT

Knowledge about COVID-19

Emerging from the in-depth interviews (IDIs) data, it is evident that participants are aware about the origin, causes, symptoms and preventive measures against COVID-19. The participants noted that COVID-19 is a disease caused by virus and it started in China. They also noted that the incubation period for the disease is up to 14 days. The participants also noted that though the disease is highly contagious, but it can be prevented by washing of hands regularly and distancing among others. One participant stated,

> ‘COVID-19 also known as Coronavirus is an air droplet infection which is transmitted from person to person. (A medical doctor).

Another noted:

> COVID-19 is a disease caused by virus with an incubation period of 14 days after which, and one tests positive, death becomes imminent. (A female nurse).

Another participant noted:

> ‘The truth is that COVID-19 cannot kill the black man because the heat from the sun and other highly flammable substances burnt in Nigeria cannot allow the virus to survive in Nigeria.

Another was of the opinion that

> “COVID-19 only affects the non-believers and is a warning for sinners to repent.

The participants also reported that they are aware that COVID-19 can be prevented. They maintained that it can be prevented by avoiding large gathering, wearing of face mask among others, Thus:

> ‘Yes COVID-19 is real and has killed a lot of people especially in the Western worlds, and also here in this country. All we need to do is to follow the government directives as prescribed by the NCDC. Let us learn to wear our face mask in public places, avoid large gathering because you don’t know where others in the crowd have come from and whom they must have met. Hand sanitizers are everywhere and affordable, we should use it as often as possible.

Another participant noted,

> ‘there is total lockdown as a result of COVID. That means nowhere is opening; people should stay in their house or in the graveyard.

Participants also expressed their knowledge about the symptoms of COVID-19. They noted that once an individual begins to have constant fever, dry cough, sneezing and most especially difficulties in breathing, that person should be isolated even before a test.

Relationship between medical personnel and patients during COVID-19 pandemic lockdown.

IDIs with the medical personnel and patients on the nature of their relationship during COVID-19 pandemic revealed that their relationship was not cordial. This implies that the medical personnel did not have a friendly relationship with their patients during the COVID-19 pandemic. When the IDI participants were asked how they were treated in the hospital,one participant revealed:

> ‘The moment your body temperature is high, it is assumed you already have COVID-19 and that is where your problem starts because you will be denied access to any doctor if you manage to enter the hospital.

Another said:

> ‘It was a terrible experience. I nearly lost my daughter if not for divine intervention. I came with my last daughter who has been vomiting all night because his brother mistakenly fired a ball on her stomach. When we got to the hospital and have observed the washing of hands protocol and temperature check, they insisted that my daughter wears a mask before entering the main building. I tried explain to the nurses and other people who were not on any uniform that my daughter is weak and has been vomiting which means that she needs air. One person said to me: So your daughter has coronavirus and you brought her to the hospital, madam if you people cannot wear a face mask, then get out of this place. While I tried explaining, she pushed my daughter, because she was sick. I had to push the nurse back for pushing a sick child. Instantly some other people combined efforts and pushed us away from the hospital’.

Yet another revealed:

> ‘Everything changed the moment COVID-19 case was identified in Enugu state, personally I got scared of contacting the virus because these nurses are also attending to some others. My brother who was also with me got tired of caring for me. At times, when he leaves to get some food for us, he may not be allowed back into the hospital for a very long time. This will either affect time of my injection or drugs.

There is also evidence that patients refused to understand the level of tension and anxiety on the part of the medical practitioners. One stated:

> ‘when you try maintaining social distancing, and limiting the number of guest they entertain, the patients begin to see you as being wicked. At some point, taking vital signs became difficult because some patients might be coughing or even sneezing.

Challenges encountered by patients during COVID-19 lockdown

Data generated from the participants suggest that patients encountered various kinds of challenges at hospital during the COVID-19 pandemiclockdown. The participants enumerated various challenges encountered during the COVID-19 to include absence or not time enough with doctors, stigmatization, isolation and abandonment by family member, rejection of patients at the hospital entrance, fear of being infected with COVID-19, immodest use of words by medical personnel especially nurses. The IDI participants responded by commenting on how they were treated in the hospital during COVID-19 lockdown.

One participant stated:

> ‘you cannot see the doctors of your choice, either the doctor is not on call or is not just attending to patients. A participant also noted: ‘most times, doctors do not pay enough attention to what you are saying unlike before. Some of them will look at you like so you have corona, yet you came to the hospital.

Another said:

> ‘the moment you are sick; it is better you don’t go to the hospital because it will be assumed that you are COVID-19 positive. Even though there is COVID-19 and nurses as well as doctors are expected to be anxious but the idea of rejecting, pushing people out of the hospital as well as insulting sick patients was totally unacceptable.

And yet another revealed that:

> “My major challenge being in the hospital during COVID-19 lockdown was the fear of being infected with COVID-19 by doctors or nurses whom are also seeing and treating other patients of which amongst them might be infected patients. Rather than getting better, the fear made me more sick”.

Another also said:

> “one of the most worrisome challenges I faced was purchasing prescribed drugs. Any prescribed drug which the hospital does not have was very difficult to buy, the reason being that there was no movement. Though the pharmacists were open, but the means to go to town was a very big challenge.

IV. DISCUSSION OF FINDINGS

The study explored challenges encountered by non-COVID 19 patients during COVID 19 lockdown in Nigeria. The qualitative method was employed in generating data for the study. Care givers, out-door patients and in-door patients in the hospital under study were interviewed. Findings from the study have particular reference to Nigeria: How COVID-19 lockdowns affect healthcare of non-COVID cases, COVID-19 and the Nigerian child: The time to act is now; The impact of COVID-19 pandemic on medicine security in Africa: Nigeria as a case study; Knowledge, attitudes and fears of healthcare workers towards the Corona Virus Disease (COVID-19) pandemic in South-South Nigeria.

The study showed that the respondents are knowledgeable about COVID-19 pandemic, they described COVID-19 as air droplet infection which is transmitted from person to person. This is in line with the findings of WHO (2020) which states that COVID-19 is a virus which is primarily transmitted between people through respiratory droplets and contact routes. The majority of the respondents were also of the opinion that COVID-19 has some specific symptoms. This implies that virtually all respondents indicated constant fever, dry cough, sneezing and difficulties in breathing as the symptoms of COVID-19. It was also revealed that washing and sanitizing of hands, wearing of face mask, avoiding large gatherings and public places can reduce the risk of being infected.

Findings also showed that there existed an unfriendly relationship between medical personnel and their patients during the COVID lockdown. Similarly, the respondents affirmed that some nurses were uncaring and harsh during the COVID-19 lockdown. This implies that the relationship that existed between the medical practitioners and their patients during the COVID-19 lockdown was not cordial. It is pertinent to note that creating a non-friendly environment for sick patients and their care-givers poses a great danger to their recovery process as a whole.

Giving quality patient care can absolutely have an effect on health outcomes. It contributes to a more positive recovery experience and can improve the physical and mental quality of life for people with serious illnesses such as cancer (Gooldand Lipkin, 2011).Patient-centered care has a variety of positive effects beyond health outcomes. Communication and compassion increase the level of trust between patients and their caregivers, thereby improving their total levels of satisfaction. Patients are also more likely to adhere to their treatment recommendations when they are given more information and respect (Carrington, 2013).

Very vital to the finding of this research are the challenges encountered by the non-COVID patients and their care givers during the COVID-19 lockdown in the study area. Many of the respondents reported that they were stigmatized and isolated just because they were sick even after the test result proved that they were COVID-19 negative. Others reported that the nurses were very aggressive towards them and accused them of attempting to infect them with COVID-19 by coming to the hospital rather than staying at home.

This is an indicator that the health care system in Nigeria lacks the culture needed to keep patients safe as well as maintain a cordial relationship during critical moments. Therefore, there is need for an improved therapeutic doctor-patient relationship, which is the heart and art of medicine. The relationship between the medical personnel and their patient is very important in the delivery of high quality health care. Most patient dissatisfaction and many complaints are due to breakdown in the doctor-patient relationship (Department of Health and Human Service, 2016).

However, good doctor-patient communication has the potential to help regulate patients' emotions, facilitate comprehension of medical information, and allow for better identification of patients' needs, perceptions and expectations (Bredart, Bouleuc&Dolbeaut, 2013).

Adams and Walls (2020), observed that satisfied patients are less likely to lodge formal complaints or initiate malpractice complaints. In line with the foregoing, health care agencies, health institutions, relevant professionals, media and significant others must introduce means of properly informing and educating the medical personnel on the importance of accepting and creating a good working relationship with their patients despite their ill health. Supporting this is the social support theory that fundamentally believes that health well-being is also functions of social relationship (Beckes&Coan, 2011; Bieger, 2006; Feeney & Collins, 2014). To make this relationship sacrosanct, hospital managements should give proper orientation and training to their practitioners and other staff on how to relate effectively and efficiently. The managements should also promote a culture that is patient-centred. This variation on "put the customer first" acknowledges the vulnerability of patients as ill persons needing care, compassion and special attention (Gullaplli, 2002).

In addition to training and re-orienting of hospital staff, is professional advocacy (Kadarisman, 2019). It is in this vein that the social worker remains very germane. A social worker in the medical setting is first and foremost the patient advocate (Nulhaqim, Pancasilawan&Apsari, 2015). It is the responsibility of the social worker to ensure that a patient's wishes are followed. Social workers can directly advocate on behalf of the patient by facilitating communication with healthcare providers. Social workers can also advocate for patient's right in general through policy making and thought leadership.

Thus, Nigerian social workers are expected to foster the relationship between medical practitioners and their patients using different strategies. The first is interfacing with workplace to advocate for policies, regulations that will encourage good relationship between medical personnel and their patients (Sverker, Ostund, Borjeson&Hagerstrom, 2015). The social worker also collaborates with the medical professionals in providing psychological treatment and counselling (Parast&Allali, 2014). Social workers assist clients with social support, psychological balance and material support (Okafor, Agwu, Okoye, Uche and Oyeoku, 2018). Working with health care providers is a major responsibility for the medical social worker. This is done as part of an interdisciplinary treatment team, which includes doctors, nurses, social workers among others. The social worker aid to expedite communication amidst team members and the patient, as well as the patient's family.Seeing that various service provisioner have different orientation, principles and value systems, communication and relationship may be challenging. It is therefore the responsibility of the social worker to mediate in such situation and ensures that patient are given the best possible care.

Finally, the study is not void of limitations. A major one is the inability of researchers to confirm the extent and accuracy of the narratives of participants. Again is the inability of the researchers to probe further on the response given by the participants due to COVID-19 lockdown and protocol. Nevertheless, the intermittent comparisons made by the study in relation to other studies offer an extent of credibility to findings. To this end, the study encourages more research on the subject, possibly not just in Enugu state, but other states of Nigeria while making efforts to expand respondents' base, to fill these gaps.

REFERENCES

[1]. Adams, J.G. & Walls, R.M. (2020). Supporting the health care workforce during the COVID-19 global epidemic. *Journal of American Medical Association 323*(15)1439.

[2]. Artiga, S., Garfield, R., &Orgera, K. (2020). Communities of color at higher risk for health and economic challenges due to COVID-19. The Henry J. Kaiser Family Foundation (blog). https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-COVID-19 (Retrieved April, 2020).
[3]. Briggs, D.C., and Numbere, T.N (2020). Covid-19 and the Nigerian child: the time to act is now. *The Pan African Medical Journal 35*(2)82-86.
[4]. Department of Health and Human Services (2016). Non-discrimination in health programs and activities-81FR31375(81). http://www.federalregister.gov/documents/2016/05/2016-11458/nondiscrimination-inhealth-programs-and-activities.
[5]. Dong, V., Mo, X, Hu, Y., Q1, X., Jiang. F, et al (2020). Epidemiological characteristics of 2143 pediatric patients with 2019 coronavirus Disease in China. *AskPediatric 109*(1)884-891.
[6]. Emmanuel, E. &Dubler, N.N. (1995). Preserving the physicist-patient relationship in the era of managed care. *JAMA 273*(4) 323 – 329.
[7]. Eurosurveillance Editorial Team (2020). Note from the editors: World Health Organization declares norvel coronavirus (2019-nCoV) sixth public health emergency of international concern. Euro Surveill 25:200131e
[8]. Goold, S.D. &Lipkin, M. (2010). The doctor-patient relationship challenges, opportunities and strategies. *Journal of General Internal Medicine, 14*(11)26 – 33.
[9]. Gullapalli, N.R. (2002). How can we improve patient care?*Journal community eye health, 15*(41) 1 – 3.
[10]. Kadarisman, M. (2019). Role of medical social worker on patients hospitalized at CiptoMangunkusumo hospital*, International Journal of Health Care, 3*(2)110-121
[11]. Li, Q., Guan, X., Wu, P., Wang, X., 2hou C., et al. (2020). Early transmission dynamics in Wuhan, China, of novel coronavirus infected Pneumonia. *Journal of Medicine 382,* 1199-2017.
[12]. Munjita, S.M., Samuleta, M., Ndashe, K., and Munsaka, S.M. (2020). Immunity, parasites, genetics and sex hormones. Contributors to mild inflammatory response in Covid -19? *The Pan African Medical Journal 33*(2)36-41.
[13]. Nulhaqim, K., Pancasilawan, T., and Hagerstrom, V. (2015). The role of medical social workers in improving the quality of patient safety in Indonesia. Retrieved from: http//www.roleofmedicalsocialworker.org/safetyinindonesia.
[14]. Nigeria Centre for Disease Control (2020). Implementation Guidelines for Containment of Covid-19.
[15]. Okafor, A.E., Agwu, P.C., Okoye, U.O., Uche, O.A. &Oyeoku, E.K. (2018). Factors associated with exclusive breastfeeding practice among nursing mothers in rural areas of Enugu State and its implications for social work practice in Nigeria. *Social Work in public health 33*(2)140 – 148.
[16]. Olowookere, S.A., Abioye-Kuteyi E.A., Adepoju, O.K., Esan, O.T., Adeolu, T.M., et al (2015). Knowledge, attitude and practice of health workers in a tertiary hospital in Ile-Ife Nigeria, towards Ebola Virus Disease. *Journal of Tropical Medicine 13*(6)114-121.
[17]. Parast, S. M. and Allali, B. (2014). The role of social work in health care system. *Journal of Social Science for Policy Implication 2*(2)59-68
[18]. Sajjad, M.P and Behrouz, A. (2014). Th
[19]. Sverker, A., Ostlund, G., Borjeson, M., Hagerstrom, M, and Gafvels (2017). The importance of social work in healthcare for individual with rheumatoid arthritis, *Quality in Primary Care*7(3)78-86
[20]. Wang, D., Hu, B., Hu, C., 2hu, F., Liu, X et al (2020). Clinical characteristics of 138 hospitalized patients with 2019 Novel coronavirous infected Pneumonia in Nuhan, China. *JAMA 323*(5) 1061-1069.
[21]. Wang, N., Tang, J. and Wei, F. (2020). Updated understanding of the outbreak of 2019 novel coronavirus (2019-nCov) in Wuhan, China. *Journal of Medicine 92* (1) 441-447.
[22]. World Health Organization (2020). Coronavirus disease (Covid-2019). Situation reports.
[23]. World Health Organization (2020). Report of the WHO- China joint mission on Coronavirus 19 (Covid-19).
[24]. Wuhan Coronavirus (2019-nCoV) Global Cases by John Hopkins CSSE. Case Dashboard

Chukwu, Nma-Njoku Alexandra, et. al. "Impact of COVID-19 lockdown on non COVID-19 hospital patients in Nigerian hospitals: Implication for Social work."*IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 26(04), 2021, pp. 53-58.