

Practice of Periodic Medical Checks Among Healthcare Workers in Gwagwalada Area Council. Implications for Counselling

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Abstract- Periodic medical checks are important in disease prevention and early detection, yet many healthcare professionals neglect this essential practice. This study examined the attitude and practice of periodic medical checks among healthcare workers in Gwagwalada Area Council, Abuja, and explored counselling implications for promoting health-seeking behavior. A descriptive cross-sectional research design was employed using a stratified random sampling technique to select 137 healthcare workers across various professions. Data was collected through structured questionnaires and analyzed using descriptive statistics, t-test, and ANOVA at a 0.05 significance level. The demographic characteristics of the participants revealed that 61.3% of respondents were females, and the majority (46.7%) were aged 35–44 years. Findings indicated that most respondents agreed to the importance of periodic medical checks for early disease detection (mean = 3.70 ± 0.55). However, “intentional neglect due to perceived lack of need” (mean = 3.37 ± 0.63) and “overreliance on professional knowledge” (mean = 3.34 ± 0.67) were common barriers. “Fear of unfavorable outcomes” (mean = 2.96 ± 0.72) and “time constraints” (mean = 2.80 ± 0.76) also contributed to poor compliance. Hypothesis testing showed no significant difference in practice by gender ($t = 0.589, p = 0.557$) or age ($F = 1.15, p = 0.333$), but a significant difference by profession ($F = 4.07, p = 0.0006$), with nurses and midwives demonstrating better adherence. These results revealed the gap between knowledge and practice among health workers. Counselling programme focusing on behavior modification, health belief restructuring, and institutional policy reinforcement are essential to foster regular medical check-ups among healthcare providers, thereby improving their wellbeing and reducing incidences of preventable sudden deaths.

Keywords: *Periodic medical checks, healthcare workers, attitude and practice, health counselling, Gwagwalada Area Council.*

I. INTRODUCTION

The practice of periodic medical checks has traditionally been a cornerstone of public health, particularly within government-owned institutions

and the public service sector, where it serves as a baseline health record for employment. Unfortunately, a significant number of individuals, even those with knowledge of the importance of these checks, fail to visit healthcare facilities unless they experience symptoms of illness (Ayo, 2024). This pattern is particularly evident among the working-class, including health practitioners, who tend to delay seeking medical attention until health issues become acute.

Periodic medical checks, defined as comprehensive examinations of an individual's health, hold immense potential for early disease detection and prevention. The World Health Organization emphasizes the importance of these checks as part of routine healthcare to screen asymptomatic individuals and promote health (Mcdaid & Mckee, 2020). By identifying treatable diseases before symptoms manifest, periodic checks not only save lives but also contribute to reduced morbidity and healthcare costs over time (Eke et al., 2012).

In the context of Nigeria, a concerning rise in sudden deaths has been observed, often attributed to undetected underlying conditions like hypertension, diabetes, and respiratory disorders, or risk factors such as obesity and smoking. Medical experts argue that many of these deaths could be prevented if detected early through regular medical checks. (Agency, 2024)

Despite the vital role these checks play in safeguarding health, even healthcare workers, who should understand their importance, often exhibit a reluctance to undergo them (Mary, 2024). Reasons for this attitude range from fear of negative outcomes to busy schedules, religious beliefs, and more. This brings to light a crucial issue: how can healthcare professionals, who hold a deep understanding of the benefits be encouraged, to consistently practice what they preach?

This study aims to delve into the attitude and practice of periodic medical checks among healthcare workers in Gwagwalada Area Council, Abuja. Through interviews and analysis, the researchers sought to investigate the factors influencing Healthcare workers behaviour towards regular health checks. By uncovering the reasons behind their reluctance, it is hoped to identify strategies that can promote positive attitudinal changes, encouraging healthcare professionals to embrace periodic medical checks, ultimately contributing to improved health outcomes and reduced incidences of sudden deaths.

Research Design

This study employed a descriptive cross-sectional research design. This design allows for the collection of data from healthcare workers in Gwagwalada Area Council at a single point in time, providing insights into their attitudes and current practices regarding periodic medical checks.

Sampling

A stratified random sampling technique was adopted to select participants. The health workers in Gwagwalada Area Council were subdivided into strata based on their job roles (e.g., doctors, nurses, pharmacist, laboratory scientist and techologist). From each stratum, a proportionate sample was drawn to ensure representation from various healthcare professions.

Data Collection

A structured questionnaire was developed to collect data on the attitudes and practices of health workers regarding periodic medical checks. The questionnaire includes both closed-ended and Likert-scale questions, allowing for quantitative analysis. Survey Interview method was conducted with a subset of health workers to gain a deeper understanding of the factors influencing their attitudes and practices.

Data Analysis

The collected data was analysed as follows: descriptive statistics, such as frequencies, percentages, and means, was used to summarize the data. This includes summarizing demographic information, as well as responses to closed-ended questions about attitudes and practices related to periodic medical checks. Student s' t-test and one way ANOVA was used to assess if there are

significant differences in attitudes/practices based on gender, and for both age and profession respectively.

II. RESULTS AND DISCUSSION

Demographic

Table 1 shows the distribution of respondents by gender, age, and specialty of respondent. The information on the table indicates that 84 (61.3%) of the respondents are females while 53 (38.7%) are males. Also, 49 (35.8%) of the respondents of were between 25 to 34 years, 64 (46.7%) were between the age range of 35 - 44 years old, 17 (12.4%) were in the age range of 45-54 years old, while 7 (5.1%) of the respondents were 55 years and above.

Table 1: general demographics of the studied respondents

| | Freq. | Percent |
|---------------|-------|---------|
| Gender | | |
| Male | 53 | 38.69 |
| Female | 84 | 61.31 |
| Age in years | | |
| 25-34 | 49 | 35.77 |
| 35-44 | 64 | 46.72 |
| 45-54 | 17 | 12.41 |
| 55&above | 7 | 5.11 |
| Specialty | | |
| Doctor | 2 | 1.94 |
| Nurse/Midwife | 19 | 18.45 |
| Pharmacy | 2 | 1.94 |
| Medical lab. | 10 | 9.71 |
| Sci | | |
| Medical lab | 4 | 3.88 |
| tech | | |
| Chew | 24 | 23.3 |
| EHO | 1 | 0.97 |
| HIM | 41 | 39.81 |

Research Questions

Table 2 shows the mean and standard deviation analysis of response on the practice of periodic medical checks among Medical Doctors and Nurses in Gwagwalada Area Council Abuja. The result on the table revealed that Item 5 (I believe in periodic medical checks because it helps in early detection, diagnosis, and possible treatment of diseases) has mean score of 3.7 and Standard Deviation of 0.55, followed by item 7 (I intentionally don't carry out my medical checks because I see no reasons or need for it.) with the mean score of 3.37 and S.D of 0.63. Items 15 (My knowledge and practice as healthcare worker

suffice as prevention. So, I don't need medical checks) ranked 3rd with the means score of 3.34 and S.D of 0.67, item 14 (My religion (faith) is against me checking for what is not. I see it as lack of faith) ranked 4th with the mean score of 3.27 and S.D of 0.77 while item 6 (I carry out my medical checks often without coercion because I see it as a necessity) ranked 5th with the mean score of 3.25 and S.D of 0.64.

Furthermore, item 8 (Medical checks are for those that are having medical symptoms or underlying sickness (family history) or are sick.) ranked 6th with the mean score of 3.09 and S.D of 0.87, item 12 (Periodic medical checks are for people above 40 or 50 years of age.) ranked 7th with the mean score of 3.09 and S.D of 0.82, item 10 (The Fear of the outcome of the medical checks keeps me away from carrying out my medical checks.) ranked 8th with

mean score of 2.96, and S.D of 0.72, item 13 (I don't have any reason for not having my checks. I see it more as an act of negligence) ranked 9th with the mean score of 2.83 and S.D of 0.86 while item 11 (Lack of adequate time due to workload prevents me from carrying out my periodic medical checks) ranked 10th with the mean score of 2.80 and S.D of 0.76. While items 9 ranked as the least item (I practice periodic medical checks any year I feel like and not as a routine) ranked 11th with the mean score of 2.79 and S.D of 0.7

Since the mean scores of all the items are greater than the mid-mean score of 2.0, all the research questions are accepted as relevant, then it can be said that these are various relevant investigation for the practice of periodic medical checks among Healthcare workers in Gwagwalada Area Council Abuja.

Table 2: Research questions

| S/ N | Items | Strongly Agree | Agree | Disagree | Strongly Disagree | mean | stdeviation | Decision |
|------|---|----------------|----------|----------|-------------------|------|-------------|----------|
| 5 | I believe in periodic medical checks because it helps in early detection, diagnosis, and possible treatment of diseases | 100(72.9) | 35(35.6) | 0(0) | 2(1.5) | 3.70 | 0.55 | Accept |
| 7 | I intentionally don't carry out my medical checks because I see no reasons or need for it. | 59(43.4) | 70(51.4) | 5(3.7) | 2(1.5) | 3.37 | 0.63 | Accept |
| 15 | My knowledge and practice as healthcare worker suffice as prevention. So, I don't need medical checks | 58(42.3) | 70(51.1) | 6(4.4) | 3(2.2) | 3.34 | 0.67 | Accept |
| 14 | My religion (faith) is against me checking for what is not. I see it as lack of faith | 58(42.3) | 64(46.7) | 9(6.6) | 6(4.4) | 3.27 | 0.77 | Accept |
| 6 | I carry out my medical checks often without coercion because I see it as a necessity | 46(33.6) | 82(59.8) | 6(4.4) | 3(2.2) | 3.25 | 0.64 | Accept |
| 8 | Medical checks are for the those that are having medical symptoms or underlying sickness (family history) or are sick. | 47(34.3) | 68(49.6) | 10(7.3) | 12(8.8) | 3.09 | 0.87 | Accept |
| 12 | Periodic medical checks are for people above 40 or 50 years of age. | 44(32.6) | 67(49.6) | 16(11.9) | 8(5.9) | 3.09 | 0.82 | Accept |
| 10 | The Fear of the outcome of the medical checks keeps me away from carrying out my medical checks. | 27(19.7) | 84(61.3) | 20(14.6) | 6(4.4) | 2.96 | 0.72 | Accept |

| | | | | | | | | |
|----|---|----------|----------|----------|---------|------|------|--------|
| 13 | I don't have any reason for not having my checks. I see it more as an act of negligence. | 31(22.6) | 62(45.3) | 34(24.8) | 10(7.3) | 2.83 | 0.86 | Accept |
| 11 | Lack of adequate time due to workload prevents me from carrying out my periodic medical checks. | 22(16.4) | 69(51.5) | 37(27.6) | 6(4.5) | 2.80 | 0.76 | Accept |
| 9 | I practice periodic medical checks any year I feel like and not as a routine | 15(11.1) | 84(62.7) | 27(20.2) | 8(6) | 2.79 | 0.72 | Accept |

Hypotheses Testing

In this study, three (3) null hypotheses were postulated and tested using t-test and Analysis of variance (ANOVA) statistical tests at 0.05 level of significance. The results are presented thus:

H₀₁: There is no significant difference in the practice of periodic medical checks between male and female healthcare workers

Table 3: Means, Standard Deviations, and t-value of respondent's the practice of periodic medical checks between male and female healthcare workers.

Table 3 shows that no significant difference in the respondents practice of periodic medical checks between male and female healthcare workers. (t-value = 0.589, p = 0.557). Therefore, the H₀ is not rejected at 0.05 level of significance.

| Gender | Mean | Std. Err. | t-value | pvalue |
|----------|-------|-----------|---------|--------|
| Male | 3.207 | .0779 | | |
| Female | 3.274 | .074 | 0.589 | 0.557 |
| combined | 3.248 | .055 | | |
| Diff | .066 | .112 | | |

H₀₂: There is no significant difference in the practice of healthcare workers towards the practice of periodic medical checks in terms of their profession

The mean value of healthcare workers towards the practice of periodic medical checks based on profess shows that respondents that are Doctors mean of 2 with standard deviation of 1.4, Nurse/midwife had mean of 3.7 with SD of 0.48, pharmacy had mean of 4 with no SD, Medical laboratory Scientist had 3.5 with 0.97 SD, also Chew had mean of 3.8 with SD of 0.41 and Health Information and medical record also had mean of 3.8 and SD of 0.42.

Table 4: Summary of periodic medical checkup by specialty

| Specialty | Mean | Std. Dev. |
|------------------|-------|-----------|
| Doctor | 2 | 1.414 |
| Nurse/Midwife | 3.684 | .478 |
| Pharmacy | 4 | 0 |
| Medical lab. Sci | 3.5 | .972 |
| Medical lab tech | 4 | 0 |
| Chew | 3.792 | .415 |
| EHO | 3 | 0 |
| HIM | 3.780 | .419 |
| Total | 3.709 | .571 |

Table 5 above, there is significant difference in the practice of healthcare workers towards the practice of periodic medical checks in terms of their profession (F = 4.07, p = 0.0006). Null hypothesis is rejected. Multiple Range Test (MRT) was carried out as a post-hoc test to determine the magnitude of difference of respondents' perception.

Table 5: ANOVA result showing the difference in practice of periodic medical checks in terms of specialty.

| Source | SS | Df | MS | F | Prob > F |
|----------------|--------|-----|-------|------|----------|
| Between groups | 7.674 | 7 | 1.096 | 4.07 | 0.0006 |
| Within groups | 25.588 | 95 | .269 | | |
| Total | 33.262 | 102 | .326 | | |

Multiple range test table results show that Doctor is significant different from every Nurse/midwife, Pharmacy, Medical lab tech, Chew and HIM categories, but no significant different between other pairs such as nurse/midwife vs Pharmacy, Medical lab tech Vs Chew etc. of healthcare workers towards the practice of periodic medical checks on profession.

Table 6: Multiple Range Test

| Row Mean- Col Mean | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------|------------------|-------------------|-------------------|------------------|-------------------|-------------------|
| 2 | 1.68421 0.013 | | | | | |
| 3 | 2 0.049 | .315789 0.998 | | | | |
| 4 | 1.5 0.065 | -.184211 0.997 | -.5 0.980 | | | |
| 5 | 2 0.010 | .315789 0.990 | 0 1.000 | .5 0.913 | | |
| 6 | 1.79167 0.005 | .107456 1.000 | -.208333 1.000 | .291667 0.944 | -.208333 0.999 | |
| 7 | 1 0.927 | -.684211 0.975 | -1 0.927 | -.5 0.997 | -1 0.885 | -.791667 0.944 |
| 11 | 1.78049 0.004 | .096277 1.000 | -.219512 1.000 | .280488 0.936 | -.219512 0.999 | -.011179 1.000 |

H₀₃: There is no significance difference in the practice of periodic medical checks in terms of their age.

The mean value of healthcare workers towards the practice of periodic medical checks in term of age shows that respondents between 25 to 34 years old have mean of 3.65 with standard deviation of 0.6, 35-44 years old have mean of 3.7 with SD of 0.45, also 45-54 years old have 3.6 with SD of 0.8 while 55&above have mean equal to 4.0.

Table 7: Summary of periodic check up by age

| Age in years | Mean | Std. Dev. |
|--------------|-------|-----------|
| 25-34 | 3.653 | .597 |
| 35-44 | 3.734 | .445 |
| 45-54 | 3.588 | .795 |
| 55&above | 4 | 0 |
| Total | 3.701 | .547 |

Table 8, there is no significant difference in the practice of periodic medical checks in terms of age. With F = 1.15, p =0.333). Null hypothesis is not rejected.

Table 8: ANOVA result showing the difference in practice of periodic medical checks in terms of their age.

| Source | SS | Df | MS | F | Prob > F |
|----------------|--------|-----|------|------|----------|
| Between groups | 1.026 | 3 | .342 | 1.15 | 0.3332 |
| Within groups | 39.704 | 133 | .299 | | |

III. DISCUSSION OF FINDINGS

The findings of this study align with previous research in the field, highlighting key factors influencing the attitudes and practices of health workers regarding periodic medical checks. The demographic analysis, inconsistent with Eke *et al.*, (2012) showed a predominant representation of males among the respondents, reflecting the broader gender distribution within the healthcare workforce.

The research questions explored various dimensions of health workers' attitudes, mirroring the findings of Akande & Salaudeen (2004), who emphasized the importance of understanding the underlying beliefs that impact medical practices. The strong belief in the benefits of periodic medical checks (Item 5), as evidenced by a mean score of 3.7, resonates with the findings of (Eke, Eke, Joe-Ikechebelu, et al., 2012), who found that healthcare professionals often recognize the value of early disease detection through regular check-ups.

However, the intentional non-compliance with medical checks due to perceived lack of need (Item 7), as indicated by a mean score of 3.37, highlights an issue recognized in several studies (Usman, 2016, Abadom *et al.*, 2022). These findings underscore the importance of targeted interventions to bridge the gap between knowledge and practice, aligning with the recommendations of (Eke, Eke, Joe-Ikechebelu, et al., 2012) to address attitudinal barriers to healthcare compliance.

The notable influence of fear of outcomes (Item 10) on health workers' decisions, a consistent theme in

healthcare literature (Abadom *et al.*, 2022), suggests that addressing this fear could have a profound impact on promoting a positive attitude towards medical checks. Providing evidence-based information on the benefits of early detection, similar to the approach suggested by (Akande & Salaudeen, 2004), may help alleviate these concerns.

The significant variance in attitudes based on job roles, with nurses/midwives demonstrating the highest mean score for the necessity of medical checks, aligns with the findings of (Akande & Salaudeen, 2004), who emphasized the distinct perspectives among different healthcare specialties. This underscores the need for tailored educational initiatives to address the unique concerns of various professional groups within the healthcare workforce.

While the age factor did not emerge as a significant influencer in this study, similar findings were reported by Smith and (Eke, Eke, Joe-Ikechebelu, et al., 2012) in a broader examination of healthcare attitudes. This suggests that health workers of different age groups in this context hold relatively similar attitudes towards periodic medical checks, highlighting the consistent importance of addressing other factors, as discussed above.

IV. CONCLUSION

In conclusion, this study reinforces the significance of targeted interventions to bridge the gap between knowledge, attitudes, and practices among health workers regarding periodic medical checks. By addressing barriers, such as perceived lack of need for medical checks and fear of outcomes, can be addressed by counselling the health care workers to prioritize their own health by being intentional on periodic medical checks to be productive at work, have early disease detection, prompt medical management and ultimately, to reduce potential sudden death.

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