

THE UNIVERSITY OF YAOUNDE I

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UNIVERSITE DE YAOUNDE I

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UNITE DE RECHERCHE ET DE FORMATION  
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DEPARTEMENT D'ANTHROPOLOGIE

**PERCEPTIONS OF PATIENT HEALTH CARE IN ETOUG-EBE  
BAPTIST HOSPITAL: A CONTRIBUTION TO MEDICAL  
ANTHROPOLOGY**

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**Specialty:** Medical Anthropology

**By**

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**Academic year  
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To

My parents and my siblings

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## ABSTRACT

We carried out on study under then title “Perception of patient healthcare in Etoug-Ebe Baptist hospital: a contribution to Medical Anthropology”. Given that a good number of people complain about the nature of healthcare provided to them in Baptist hospitals, it seems the mission statement of the Cameroon Baptist convention health service is not followed. To the study, we asked ourselves; How is patient health care in Etoug-Ebe Baptist hospital? We proposed that Patient health care in Etoug-Ebe Baptist hospital is more of scientific excellence and not the provision of quality care to patients as its mission statement provides. The main objective of this research is to explore the nature of patient healthcare in Etoug-Ebe Baptist hospital. We explored our study with a qualitative data collection approach and we used multiple research techniques. We had documentary research, in-depth interviews, life histories and observation as research techniques. We also searched internet websites to collect information in relation to our study. We used two theories to interpret our work. Theories used were structural functionalism and symbolic interactionism. We used tape recorders during interviews and collected information which were later transcribed manually. Our study made us to understand that factors like high cost of drugs, government policies on non-governmental health services, patient behaviors, and educational levels of the health personnel affect the quality of care offered to patients. Our study reveals that personnel in Etoug-Ebe Baptist hospital lack in meeting patient expectations. Patients express the needs for attention by health staff and amendments in staff behaviors. The study was carried out in Etoug-Ebe Baptist hospital, Yaounde. The focus of our study was on healthcare and based in the field of Medical Anthropology.

**Keywords: patient care, doctor patient relationship, hospital, autonomy.**

## RÉSUMÉ

Nous avons mené une étude sous le titre « Perception de la prise en charge des patients à l'hôpital Baptiste d'Etoug-Ebe: une contribution à l'Anthropologie Médicale ». Étant donné qu'un bon nombre de personnes se plaignent de la nature des soins de santé qui leur sont dispensés dans les hôpitaux baptistes, il semble que l'énoncé de mission du service de santé de la Convention Baptiste du Cameroun ne soit pas suivi. A l'étude, nous nous sommes demandés; Comment se passe la prise en charge des patients à l'hôpital d'Etoug-Ebe? Nous avons proposé que la prise en charge des patients à l'hôpital Baptiste d'Etoug-Ebe est plus de l'excellence scientifique et non une prise en charge de qualité come son contexte de mission le demande. L'objectif principal de notre étude était d'explorer la nature de prise en charge des patients à l'hôpital baptiste d'Etoug-Ebe. Nous avons exploré notre étude avec une approche qualitative de collecte de données et nous avons utilisé plusieurs techniques de recherche. Nous avons eu des recherches documentaires, des entretiens approfondis, des histoires de vie et l'observation comme techniques de recherche. Nous avons également consulté des sites Internet pour recueillir des informations en rapport avec notre étude. Nous avons utilisé deux théories pour interpréter notre travail. Les théories utilisées étaient le fonctionnalisme structurel et l'interactionnisme symbolique. Nous avons utilisé des magnétophones pendant les entretiens et collecté des informations qui ont ensuite été transcrites manuellement. Notre étude nous a fait comprendre que des facteurs tels que le coût élevé des médicaments, les politiques gouvernementales sur les services de santé non gouvernementaux, les comportements des patients et le niveau d'éducation du personnel de santé affectent la qualité des soins offerts aux patients. Notre étude révèle que le personnel de l'hôpital baptiste d'Etoug-Ebe ne répond pas aux attentes des patients. Les patients expriment des besoins d'attention de la part du personnel de santé et des modifications des comportements du personnel. L'étude a été réalisée à l'hôpital Baptist d'Etoug-Ebe de Yaoundé. Notre étude était axée sur les soins de santé et basée sur le domaine de l'Anthropologie Médicale.

**Mots clés: prise en charge, relation médecin patient, perceptions.**

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## LIST OF ACRONYMS AND INITIALS

### ACRONYMS

**WHO:** World Health Organization

**NIA:** National Institute of Aging

**KOICA:** Korean International Cooperative Agency

**MINSANTE:** Ministere de Sante

### INITIALS

**US:** United States

**ICU:** Intensive Care Unit

**CHU:** Centre Hospitalier Universitaire

**UYI:** University of Yaounde I

**GHWFA:** Global Health Workforce Alliance

**CBC:** Cameroon Baptist Convention

**CBCHS:** Cameroon Baptist Convention Health Service

**EBH:** Etoug-Ebe Baptist Hospital

**BBH:** Bingo Baptist Hospital

**ICF:** Informed Consent Form

**DPR:** Doctor Patient Relationship

**NIH:** National Institute of Health

**IM:** Institute of Medicine

**EAU:** Emergency Admission Unit

**STD:** Sexually Transmitted Diseases

**AHRQ:** Agency for Healthcare Research and Quality

**PDU:** Plan Directeur d'Urbanisme

**CDC:** Cameroon Development Cooperation

**OPD:** Outpatient Department

**NIPH:** Norway Institute of Public Health

**EBH:** Etoug-Ebe Baptist hospital

**CUY:** Communaute Urbaine de Yaounde

**NHS:** National Health Service



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**GENERAL INTRODUCTION**

## 1. CONTEXT

Health is a state of complete physical, mental and social wellbeing of an individual and not merely the absence of infirmity, W.H.O (1948). Good health is a necessity for every individual. Looking back into history, we discover that medieval hospitals were mainly focused on providing hospitality to the ill and to the injured. Back then, people usually called it “*God’s house*” because it was mostly associated with religious organizations. Overtime, hospitals changed from charitable guesthouses to scientific excellence and from there to business centers. Everyone having a dream to get into the medical field also wish to benefit financially. This has therefore made it hard for most hospitals to have that same focus of the old that enabled them to take care of the sick. Early Christian hospitals had it as duty to take care of the sick, widows, and feeding the hungry. In our days, it seems if you do not have money, you better not come to the hospital because no one will be ready to administer your drugs.

Illness and health are core concepts in any human community Albretch (2000). As a result, treatment is a vital issue in every society. Hospital emerge every day so as to ensure good health for citizens. Generally, hospitals were created with the aim of taking care of the sick and the handicapped but nowadays the notion of caring for the sick has been something not really considered in the process of treatment. When we look into Kleinman (2019), we see how the U.S medical system has failed in the domain of caregiving. He explains that medical lecturers only focus on teaching medical students medicine and forget the aspect of patient centered care. To him, many professors do not have time to teach caregiving to their medical students and this makes medical practitioners to look down on the aspect of care for the patient. The role care plays in the process of recovery of a sick person is not to be looked down. He also goes further to explain that US medicine is mostly about cost and doctors try to limit relations with patients which is not something to appreciate. Kleinman saw the pain sick people go through and saw a need for special attention after taken care of his sick wife for 10 years.

The medical profession is not all about treating illnesses. It goes far beyond that to the aspect of enhancing patient care systems. This research is to get a closer look at patient centered care which is about sharing information with patients related to their needs, beliefs and expectations. Patients are not the sickness they carry but people as hence, should be treated with a lot of care, compassion and respect. Patient centered care is a very vital aspect in the process of healing as it

boosts the confidence of the patients. From personal observation, most people who feel less comfortable with medical practitioners turn to recover slowly in contrast to those who have a good relationship with their assigned practitioner. The research is going to be carried out with a specific look on Baptist hospitals to see how they are functioning as far as patient centered care is concerned.

This study pulled my attention when I saw a woman in labor and in serious pain. This woman was sent out alone to walk around the hospital yard. Not because nurses were occupied but for the fact that they were discussing among themselves and laughing. This particular event pulled my attention because the labor pain this woman was in was really paining from what I could see. It took me to Arthur Kleinman book titled the illness narrative where he explains how some medical practitioners were in charge of treating a young girl who had burns. How they focused more on their treatment and after treatment was done, they left the girl crying in pain.

In Yoneyama (2002), we are made to understand the importance of oral care and how the body can limit infections by taking care of some other parts like cleaning the mouth well among older people. The notion of care is one that pushes attention and passion for something. It is clear to us that hospitals today compared to hospitals 100 years back are now operating nurse practitioners, ([usatoday.com/picture-gallery/news/health](http://usatoday.com/picture-gallery/news/health)). There were no nurses back then but now nurses have been included in the medical field to ease the works of medical Doctor. This means that the level of consecrating time to the patients should improve. In Helman (1990), he explains the fact that doctors have a way of seeing an illness, so does the sick people too, to him, every community has its way of seeing a disease. Disease is said to be created by social forces, Farmer, (2003) and remains a general problem for everyone living in a community.

## **2. JUSTIFICATION**

Dealing with sick people is a delicate thing for a good number of reasons such as getting contaminated. Never the less, the greater responsibility is to see one in pain and try to make him feel all is well. My justification of this research is based on two premises which are scientific and personal as follows;

## **2.1. SCIENTIFIC JUSTIFICATION**

Looking at the great scope of human and social sciences in general, Anthropology in particular, most published works deal with treatment, medicine and health security. Little is said when it comes to care or experience of patients except for writers like Kleinman who points on caregiving in his two books *The Soul of Care* and *The Illness Narrative*. For this reason, our research focuses on increasing the scope of existing writings about care giving particularly in the Religious system of health.

Moreover, it is essential to understand the role treatment and care play in the healthy and quick recovery of sick people. For this reason, the research is out to understand this influence. Also, humans have different morphologies and organisms, making it possible that different attentions can procure different levels of recovery. The research will help to sustain the point of Kleinman in his book *The Illness Narrative* where he says care is important and everyone needs it.

## **2.2. PERSONAL JUSTIFICATION**

Sometime ago, I was sitting in front of our compound in Mbem with a friend. Suddenly we heard noise coming from a health center around our house. We quickly ran to the place and found a scenario of people crying. Some were wondering why it had to be so to a young boy. After some moments, we noticed it was a young boy who passed away in that health district. It was said that doctors refused him treatment because money was not paid in. I am highly pushed to work on this topic so as to understand the nature of patient healthcare in hospitals.

I also want to carry out this research to understand how patient healthcare operates and what influences the nature of healthcare nowadays. Another time, I saw a pregnant woman in labor pain who was sent out to do sport on the hospital field. No doctor or nurse was assigned to go along with her in case she needed some directives. Not that they were too busy rather they were seated outside and discussing. It could be said that the main idea for the creation of hospitals might have been altered.

## **3. RESEARCH PROBLEM**

W.H.O defined health in 1948 as “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Health care is the ability for a person

to receive relief solutions and satisfactory health provisions to his health issues at a given moment. The definition of the W.H.O. clearly makes mention of the fact that human need for health does not end at the physical level but goes further to the mental and social level. For this same reason, hospitals such as Yaounde Central Hospital, Yaounde General Hospital, Hôpital des soeurs, Acha Hospital, Etoug-Ebe Baptist Hospital among others serve as places for healthcare provision for people around the world, Cameroon and Yaounde in particular. Looking at the latter, we understand that E.B.H faces some difficulties in rendering healthcare services to its customers. Examining the context of this hospital and others like Acha Hospital, Hôpital des Soeurs, we notice that they are all mission hospitals and are called upon to provide quality healthcare services. Such services should be with diligence, low cost, maximum comfort for patients and dedication in relation to their principles which are biblical.

However, the situation is different in E.B.H as we came across a number of patients expressing dissatisfaction and complaining of abandonment of patients and high cost of treatment. These do not tie to the mission statement of the hospital which calls for an exemplary quality health service for all. For this reason, we are motivated to examine the culture of healthcare through a methodological view which is a guide to understand how populations seeking healthcare services in E.B.H feel and cope with the services they obtain from mission hospitals with E.B.H. as case study.

#### **4. STATEMENT OF THE PROBLEM**

According to the NIA (National Institute on Aging), Millions of Americans take care of family members who have serious health conditions. This is because when people get old and sick, they find it hard to do many things on their own and therefore need someone who can help them. Out of the context of age, there exist millions of young and aged people who are physically unable. While some are in their houses, others are in hospitals and need to be taken care of. The influence of care on patients and how it contributes to recovery is a phenomenon that has not been understood by a good number of people and health organizations nowadays.

Good health is important to every given community both in the past and present days. Different communities in past centuries have adopted various methods to meet up with the health conditions of their communities. It is important to understand that no matter the different methods communities used to solve their problems of health, not every citizen could get a fair access to

these facilities due to numerous of reasons. These reasons are financial, social, educational and political influence. The system of health in the past was one mostly concentrated on providing good health to sick people and taking care of the handicapped but looking at the situation today, we see a drastic drift. Mostly people got into the health board because they saw need and had a passion to help the sick but it is not the case today. In our present day, most people have several reasons of joining the medical board and most of these reasons are closely related to money making and not passion for patients.

A number of patients recount how they were left on their own in sick beds with no one to talk to. They explained how they were visited only when drugs were to be administered. Patients on their part express their different expectations while in hospitals. Most people seeking health care have different religious, cultural and social background which means they see the notion of care from different angles. According to patients, health providers spend less quality time to speak with them and make them feel better which is according to them a necessity. At times when a patient is in the hospital and has no family member around, they are found lonely in their bed. For these reason, most patient think that doctors do not really care about their health but about the money involved.

Meanwhile, it is necessary to understand that people are different from animals who should just be given drugs and allowed to the mercies of nature. The needs of man do not end only at the biological level but to the emotional and spiritual dimensions Klitzman, (2021). In most of these hospitals are patient expectations which doctors hardly meet the spiritual needs of their patient. This also pushed us to find out if mission hospitals do meet up with the mental and psychological needs of their patients. While some meet the emotional need, others do not. Patient healthcare is a complex and involves dedication and time for the one in need. So, we chose to find out how it is done in E.B.H.

## **5. RESEARCH QUESTIONS**

To carry out our research, we used one primary and three secondary research questions which were the following;

### **5.1. PRIMARY RESEARCH QUESTION**

5.1.1. How is patient health care in Etoug-Ebe Baptist hospital?

## **5.2. SECONDARY RESEARCH QUESTIONS**

**5.2.1.** How do patients perceive healthcare in Etoug-Ebe Baptist hospital?

**5.2.2.** What factors determine quality patient care in E.B.H?

**5.2.3.** What are the consequences of patient healthcare in E.B.H?

## **6. HYPOTHESIS**

A hypothesis is a tentative answer to a question before going to the field. We have one general and three specific hypotheses as follows;

### **6.1. GENERAL HYPOTHESIS**

Patient health care in Etoug-Ebe Baptist hospital is more of scientific excellence and not the provision of quality care to patients as its mission statement provides.

### **6.2. SPECIFIC HYPOTHESIS**

**6.2.1.** Patients perceive healthcare in Etoug-Ebe as a place of care, given that it is a religious hospital.

**6.2.2.** Money, relationship with medical personal, social and political power influence healthcare.

**6.2.3.** Patients wait for their turn with grudges and complaints, avoid going to EBH unless situations are sever and at times go to roadside medicine.

## **7. OBJECTIVES**

A research objective in general is the description of our goal in relation to our study. We had one general and three specific research objectives.

### **7.I. GENERAL OBJECTIVE**

**7.I.1.** The main objective of this research is to explore the nature of patient healthcare in Etoug-Ebe Baptist hospital

### **7.2. SPECIFIC OBJECTIVES**

**7.2.1.** To understand how patients, perceive healthcare in Etoug-Ebe.



**7.2.2.** To know the factors which determine quality patient healthcare in E.B.H.

**7.2.3.** To describe the outcomes of patient healthcare provision in E.B.H.

## **8. METHODOLOGY**

Methodology is the pattern and sum of techniques and tools used to carry out a study on a particular phenomenon. To this study, we used a research method which consists of research design and others as follows;

### **8.1. RESEARCH DESIGN**

This research is a qualitative research which consist of organising special interview with patients and doctors. Respondents were selected by a sample process known as probability sampling. Every member concerned will have equal right to be selected for the research. Patients, families and medical personnel were used for the research at their own convenient time. The zone of Yaounde VI constitutes our general research zone while Etoug-Ebe Baptist hospitals was the case study. We mostly focused on interviews, documentary research and life histories to find out patients views about the way they were treated in the hospital and what they consider to be care.

### **8.2. SETTING**

Yaounde is our point of focus, precisely Etoug-Ebe. Yaounde VI has the first Baptist Hospital in French Cameroon which was approved by the CBC Health Board as a full hospital in December 2014 and receives about 4000 patients per month (cbchealthservices.org). It is located besides Etoug-Ebe Baptist Church and school. It is about 6-minute walk from General Express transport agency Biyem Assi. It is a 4 story building painted in yellow and red with captions on the second and top flour “Cameroon Baptist Health Services Etoug-Ebe Baptist Hospital”. It offers services like general consultation, infant welfare clinic, physiotherapy, eye services, antenatal clinic, HIV and AIDS care. According to macrotrend.net statistical analysis, the current year’s population of Yaounde is about 4.164000 people which is a 4.31% increase in relation to the population of 2020 which was 3.99200 inhabitants in the locality of Yaounde. Yaounde is the second largest city in Cameroon after Douala it is the central Region of Cameroon at an elevation of about 750fts above sea level with coordinates 3°52n 11°31e with a total land surface of about 180km<sup>2</sup> (Wikipedia).

### **8.3. SAMPLE AND SAMPLING**

In most research, there is need to do sampling, this is selecting a portion of people who will participate in the research. Those selected will represent the entire population. This is how we did in our own research;

#### **8.3.1. SAMPLING**

Sampling is the process of selecting a group of people, objects and items from a larger or total population of an environment to participate in a given study and provide responses that will be generalised for the entire locality.

#### **8.3.2. SAMPLE**

A sample is a subset of individuals, objects and items that are selected to participate for a given research. The sample of our research was made up of both medical personnel and patients, including relatives of patients. Our sample departments were the Ward, HIV department, eye department, dental department and reception. We had a total sample of 23 participants for the research.

#### **8.3.3. SAMPLING PROCEDURE**

In our research, the aim of doing sampling was to ensure that people who were selected for the research were capable enough to participate for the research. We did not sample out individuals but we rather sampled out departments in the hospital and carried out our research on those capable in the selected departments.

The totality of people who participated in the research were 23. These 23 participants were used for interviews and life history. The sampling technique we used was probability sampling which involved random selection of participants from different departments. Every one therefore had equal chances of being selected for the research.

### **8.4. INCLUSION AND EXCLUSION CRITERIA**

Concerning the inclusion criteria, people who were eligible for the research could only be;

- People who could at least read.
- People above the age of 15 years.

- Physically active people.
- People who do not live too far from the city of Yaounde.

Concerning the exclusion criteria, people who were not eligible were;

- Patients under oxygen.
- People with difficulty to hear.
- People who are not familiar to the languages of English, pidgin and French.

## **8.5. ETHICAL CONSIDERATIONS**

In order to carry out our research, the study was proposed to the Department of Anthropology in the university of Yaounde I. The Department accepted and granted us a research authorisation permitting us to carry out our research under the coverage of the University. After the grant of the authorisation by the school, we proceeded to meet the sub divisional officer of Yaounde VI. He the school authorisation and permitted us to carry on our study. From there, we went to the hospital and after facing some difficulties trying to obtain permission, they finally issued us their own authorisation. Their authorisation permitted us to carry out our research in their institution.

A consent form was written and presented to the participants of our study. This consent form ensured that participant intervene only at their own will. The form was read out to patients and their responses were mostly verbal as they accepted to take part since it could help improve the quality of care they receive. We did a proper introduction of ourselves and made sure our respondents understood what we were doing. Since it was difficult to meet patients and arrange with them for future time, we could not arrange interviews for future dates. We met those present in the hospital, read out the consent form and after they chose to participate.

Every participant was reassured that information collected on the field was not going to be used against them in any form. We also reassured them that it will not affect the services they receive at Etoug-Ebe Baptist hospital. We told them that information collected was going to be shared only with those concerned, which was the university institution and the hospital institution if necessary to help them guide and structure their ways of handling patients.

In every research, there are principles to be respected so as to make sure everybody, both researcher and respondents are comfortable. For our study, we had principle that guided us so as to limit our boundaries when going about collecting information. These rules where;

- Have an institutional authorisation to study giving by the school.
- Have maximum respect for respondents.
- Avoid deceiving the people we carry our research on.
- Reassure the respondents of their safety.
- Avoid being ethnocentric o the field.
- Protect respondents and their values.
- Support important social and moral values.
- Be accountable for my actions.

Calvin 6/5/2021

## **8.6. DATA COLLECTION METHODS.**

To collect our data from the field, we used the qualitative research approach, methods, techniques and its tools. This helped us to get a better understanding of the nature of people's thoughts since our research depended on perception.

### **8.6.1. INTERVIEWS**

Interview is one of the most used method of data collection in qualitative research whereby respondents are asked to give their own point of view or their own observation about a specific matter under study. Interview are composed of open question whereby respondents are given the chance to gives their views about a certain subject without interruption. Our research topic which was focused on the perception of patient care made it a necessity for us to find out about the views of people on the services offered in EBH. We had to interview a total of 23 randomly selected people which consisted of medical personnel patients who came to the hospitals and relatives to the patients. We used interviews so as to have a direct knowledge of what different people experience in hospital settings.

### **8.6.2. LIFE HISTORY**

In most cases, some respondents might not actually be in the hospital sick bed but might have been hospitalised somewhere. This technique consists of people narrating their different experiences while seeking health services in hospitals around the Yaounde 6 area and Etoug-Ebe to be precise. The life histories put in place with the present situation will enable us to have a better understanding as to whether situations are getting better or worst from a patient's perspective.

### **8.6.3. OBSERVATION**

“What I hear I forget, what I see I remember, what I do, I understand” Xunzi (340-245BC). According to this proverb, the Chinese, Xunzi makes us understand that what man sees, it is hard to forget as compared to what they merely hear or feel. He also says what one does, he understands better than just seeing or hearing. For this reason, we choose the technique of observation so as to see for ourselves what is happening and clearly write down without actually forgetting. While working in the hospital, we kept an eye on patient and doctor relationships and the way care was provided there. We had passive observation since we could not do what the doctors had to do.

### **8.6.4. DOCUMENTARY RESEARCH**

Talking about documentary research, we mean the study of documents and collecting information relative to a phenomenon under study. We studied articles, books, dissertations and journals from the internet and libraries. We collected opinions of other writers in relation to our study theme. Some of the sites we got these documents from were; JSTOR which is a digital library for journals and books, Pubmed.org, and national library of medicine. We did documentary research to help enrich ourselves with the works others have done and prevent us from doing work that was already done.

### **8.7. DATA COLLECTION TOOLS**

Due to data complexity on the field, a mixed techniques of data collection was used. It was necessary to use appropriate tools to collect data. It is thus for this reason that we used a good number of tools to collect our information. Some of the tools we used were;

### **8.7.1. INTERVIEW GUIDE**

An interview guide is a piece of document containing questions relevant to a particular research topic. The used of the interview guide is to prevent us from forgetting relevant question which were supposed to be asked to respondents. This interview guide was not shared to the respondents rather we held it and asked questions coming from it. It equally helped us to have a focus on the field when faced with our respondents.

### **8.7.2. TAPE RECORDER**

We used phone recorders to collect information on the field. This was necessary because we could not write down all what our respondents told us and save time. We had to record with their permission and this enabled us to talk to more respondents daily.

### **8.7.3. NOTEBOOK AND PEN**

With this data collection tool, we were able to write down new ideas that came to our minds while on the field. During observation, interviews, ideas came up that needed us to write them in other not to forget along the line while continue the interview. We used blue and black pens with little pieces of papers to take such sudden information which we later introduced into our work.

## **8.8. DATA ANALYSIS AND INTERPRETATION**

Data analysis is the process of decomposing a whole into various elements it is made of. When we talk of data, we talk information that will be gotten from the field through the various tools and technics of data collection. Most data needs to be analysed so as to make meaning out of them. Bringing out meanings of every information in social science can consist of two types; one which is objective meaning and subjective meaning. After information is collected, we analyse and interpret.

### **8.8.1. QUALITATIVE DATA ANALYSIS**

This method of data analysis is common in research and it is used to analyse qualitative data mostly documented information in form of texts, media and even physical items. To do this analysis, we used the theories of functionalism and symbolism to analyse our information gotten from the field of research. We carried out a manual transcription of the information we get. Simply,

it will mostly consist of analysing texts and the analysis will be done along the line of our work as need be for us to understand the information gotten better.

### **8.8.2. ICONIC DATA ANALYSIS**

By iconic data here we refer to images, symbols and distinctive characteristic of pictures and posters that have meaning. We got information on images that reflected our work and brought out the hidden meaning in them. In every image hides a message and the hospital is good with variety of images, colours and symbols which were supposed to be understood.

### **8.9. INTEREST OF STUDY**

Carrying out this research will benefit a lot, most people who will benefit from this research are the doctors, patients and families. This benefits are as follows

- The research will help doctors to understand the impact of special care for patients and this will permit them to better meet the needs of their patients
- Create a sense of awareness of personal care by patients
- Give a plus to the writings of Arthur Kleinman who stands for the advancement of self-care

### **9. QUALITY ASSURANCE**

It was possible to discover errors in the final work or a sub-section of the work and to avoid this, we have to do certain things. We had to show the interview guide to our supervisor and make sure it was fit to be used on the field. After showing it to our supervisor, it was also given to the research ethic committee of the Cameroon Baptist convention health service who also approved of it. After showing the forms to the necessary people, we used it on the field with the first respondents and discovered that it was easy to understand as such, we found it worthy of use.

### **10. LIMITATION OF THE STUDY**

In research, it is necessary to understand what is needed and what is not. As such, our study also had boundaries. Here, we talk about the frame and delimitation of our study in space and time, scenes and specializations. The study was carried out in Etoug-Ebe Baptist hospital, Yaounde. The focus of our study was on hospitals and healthcare and it is based on Medical Anthropology. We saw the political, economic and social structure of Yaounde VI in particular and some parts of

hospitals in Yaounde. Our study time was limited to the period of December 2020 to June 2021. We strictly limited ourselves to Etoug-Ebe Baptist hospital and no other Baptist hospital were used. Our focus limited on healthcare provision and patient satisfaction.

### **11. CHALLENGES ENCOUNTERED DURING THE STUDY.**

Just like any other research, our study faced major setbacks as we went in to collect data for our work. We encountered some hardship along the line which made our work a little harder for us. One major difficulty we had was the getting sample for our study. It was difficult to have a clean sample while in the hospital. Following an exact sample structure was hard given that our sampling could select those unable to respond due to the gravity of their health conditions. To meet up we that challenge, we sampled different hospital departments and the selected were patrolled from time to time in order to get available respondents.

Another challenge we faced was at the level of health personnel. Some found it difficult to give out certain information for fear that it might have a negative impact on their jobs. Hence, such kept quiet about certain issues related to the respect of patient autonomy. For this, we assure the medical personnel of the security and confidentiality of their information which permitted them to open up.

More to that, we also faced difficulty in the ward due to the fact that while talking to patients, medical personnel came in to give medication and after that, it was difficult at times to continue with that patient that day. To solve this issue, we had to reschedule a meeting day with any respondent interrupted along our interview.

Another challenge we had in our research was to get permission from Etoug-Ebe hospital. We presented ourselves to the hospital with a letter seeking clearance but we were rejected. We were rejected on the grounds that covid-19 was on and intents could not be granted permission to carry out studies in the hospital at that time. We had to write another letter giving more information on what we intended to do. At the end, the letter was received but a sum of 45 thousand francs was requested for us to be permitted to carry out the study. After this sum was paid, it two over two weeks for the final permission later to be given. All if this made our study a difficulty as it reduced our time.



## 12. CHAPTER OUTLINE

In order to better present our work for clarity reason, this work was divided into five chapters. Before the first chapter of the work, we had an introductory presentation of the entire work where we saw the background, the problem, the research questions, the hypothesis, the objectives and methodology which were to be used in carrying out the research. This work is made up of 5 chapters principally whereby;

Chapter one is focused on the presentation of our field of study, and we observe the history of the place, climate, demography, economy, structure, medical practices, education that reflects our study zone.

Chapter two presents the documents that were studied, defines concepts and brings out our theoretical framework. It presents patients, doctors, medicine, care, communication and more concepts. We also look at two theories which are structural functionalism and symbolic interactionism.

Chapter 3 carries on the presentation of the perception of patient care in hospitals. It presents different activities in hospitals with our point of focus at Etoug-Ebe Baptist hospital.

Chapter four explores factors influencing healthcare in hospitals. We see that money, education, hospital equipment, skills of medical personnel and government policies influenced the quality of care in hospitals

Chapter five gives us an interpretation of patient health care in Etoug-Ebe Baptist hospital and we see the reasons behind the desires of individuals to join the medical team.

We also had a conclusion that summarized our work and the different parts in it and provided a proposal for a future study on the same topic of perception of patient care in hospitals

**CHAPTER ONE**

**ETHNOGRAPHY OF RESEARCH AREA**

In this first chapter of our work on the ethnography of our study area, we are concerned with the feature of Yaounde, the Center Region of Cameroon. We will be looking at the different elements and activities which characterise the urban city of Yaounde which is the capital city of Cameroon. It is nicknamed “the city of 7 hills” and is made up of seven subdivisions, Yaounde I to Yaounde VII. We will be looking at the history of Yaounde, its geography, climate, transport, health, education and other aspects along this chapter of our work. We look at Yaounde in general and the elements that surrounds it. We will present the maps of Mfoundi Subdivision, the Six health districts of Yaounde, Cameroon (showing Biyam Assi health District where Etoug-Ebe Baptist hospital is found) and the Distribution of ethnic groups in Yaounde. The urban city of Yaounde is characterized thus;

**MAP 1: Mfoundi subdivision**



**Source:** Communaute urbaine de Yaounde (CUY, 2020)

## **1.1. HISTORY**

Historically, the name Yaounde, the capital city of Cameroon was found by the Germans during the colonial era in the late 1880s during the period of the German protectorate. In 1887, the Germans under the commands of Captain Kundt and Lieutenant Tappenbeck set in an expedition to penetrate into the interior. While penetrating the interior, they found the site of the future "Jaunde Station". While there, they saw peanut planters and asked them where they were and the peanut planter, the Ewondos did not understand the question. They answered in their dialect "Mia Wondo" meaning peanut planters. They responded this way because they thought the Germans asked them who they were. The Germans thinking it was the name of the area then modified it to Jaunde or Jaoundo. When the collapse of Douala during the first world war happened, the Germans retreated to Yaounde and it became a momentary capital of their colony. A military base was set there with a small garrison of 60 African.

It was then during the period of 1916, 2 years into the first world war that the allied troops counting Britain, France and Belgium occupied Yaounde. This led to the end of German rule in the locality. Just after the war in 1919, Yaounde just like other conquered German colonies was administered under the league of nation's mandate. Yaounde was then given to the French as a mandated territory for the league of nations and the French made it the capital of their French colony in Cameroon. With French colonization, Yaunde became Yaounde but its growth was rather slow and many people were moving to Douala.

## **1.2. DEMOGRAPHY**

The city of Yaounde has always had a steady increase in population for more than 8 decades now, it has reach a total of 4164000 people in 2021 (macrotrends.net) which is a 4.31% increase to the population of 2020. Giving that it is the capital and political Region of the nation Cameroon, many people live form other regions and parts of the world to settle in search of jobs and markets so as to earn a living. Lately, for the past five years since 2016, many people have been leaving the towns of Bamenda, Buea and other parts of the Anglophone regions of the North and the South

West due to the killing caused by the Anglophone crisis to seek refuge in of Yaounde. As this movement into Yaounde happens, the migrants find new weathers, new feeding method and this has an impact on their health for a certain period of time. As such, they start seeking medical facilities to treat their sicknesses and deliver their babies.

**Table 1:** Yaounde - Historical Population Data (2016-2021)

Year	Population	Growth Rate
2021	4,164,000	4.31%
2020	3,992,000	4.45%
2019	3,822,000	4.54%
2018	3,656,000	5.70%
2017	3,459,000	5.68%
2016	3,273,000	5.68%

**Source:** macrotrends.net, (Feb. 16 2021)

### 1.3. GEOGRAPHY

Yaounde is the capital of Cameroon in the centre Region, located 200km from the Atlantic coast between 4° North latitude and 11° 35 East longitude. The town of Yaounde is surrounded by many hills which determines the type of climate in the area. At times called the city of 7 hills, referring to Fébé, Akok Ndoué, Mbog Ndum, Ebamina, Minloa, Mbankolo and Messa hills. The Mfoundi cover the 297km<sup>2</sup> of the 7 districts that makes up Yaounde. Yaounde is a forest region with 2 major seasons which are the rainy season and the dry season. It has many small water bodies that flow through different areas in the city like the Biyeme and Mefou river, Ékozoa and Mfoundo rivers with the municipal lake created in 1952. The town has numerous roads following the hills of Yaounde and on the marshy lands, agriculture is practiced.

### 1.4. ECONOMY

In the few past decades, following the independence of Cameroon, the country has put in place many strategies to boost the economy of the country. Some of these were the opening and expansion of schools, the creation of rural cooperatives. Nevertheless, more to this was the reliance on free trade and private enterprises. Generally, the city of Yaounde is on the administrative structure of the civil and diplomatic services. Considering the fact that Yaounde is the central and political town of Cameroon, it is the most secured town in the whole of Cameroon. The country estimated has 50000 pigs and over a million chicken owned by individuals who also practice different types of agriculture. The city has industries that deals in cocoa, coffee, tobacco and timber. The city sustains itself through the taxes it levies on organization and money making centers. Both private and government institutions pay good taxes that helps the city to run its agenda. Some of this services that pay tax are; hospitals, school, shops, fisheries and transport. In hospitals, both private and public hospitals have a percentage of tax to pay.

MAP 2: Six health districts of Yaounde, Cameroon (showing Biyam Assi health District where Etoug-Ebe Baptist hospital is found)



Source: So Yeon Joyce Kong (Feb 2012)



## 1.5. HEALTHCARE AND MEDICAL PRACTICES

The population of Cameroon in general and Yaounde in particular has been experiencing problems of shortage in health facilities due to lack of equipment and limited hospitals. With the rapid growth of diseases both communicable and non-communicable, there has been an increasing need to provide health facilities for the citizens. With the assistance and association of the Korean international cooperation agency (KOICA) and Cameroon ministry of public health (MINSANTE), Centre des Urgences de Yaounde (CURY) was created in June 2015 to assist in emergency health issues and to boost health outcomes in the area. Yaounde has several hospitals both government and private hospitals and the largest among all hospitals in Yaounde is the Yaounde Central Hospital which was created in 1933 and has a capacity of 650 beds, about 70 doctors, 408 paramedics and 114 administrative staff giving in a total of 627 employees. The hospital has been offering healthcare services to people in the country with different health issue.

The Yaounde central hospital has contributed and still contributes greatly to the fight against HIV/AIDS. Besides the Yaounde central hospital, we also have the Yaounde general hospital created in 1985 which acts as a teaching and referential hospital to other hospitals in Yaounde. We also have Baptist hospitals in Etoug-Ebe and Ekonou, we also have the Centre Hospitalier Universitaire (CHU) de Yaounde. All these hospitals function in the urban city to provide medical assistant to the locals. At times they carry out radio and TV programs to sensitize the community on health issues

Due to the many recurrent minor health issues such as migraines, stomach ache, joint pain and toothache, caused by feeding habits, water and the environment, there is therefore need to search for permanent or semi-permanent methods to deal with these issues. Many locals especially those who are less privileged in finance prefer to use the local pharmacies and consultation labs by the road side. This is to avoid spending too much money compared to those who visit major hospitals for minor issues. The many pharmacies by the street provide first care for most of the locals and when things are too complicated they refer to a hospital center. Apart from pharmacies, there are also mobile businessmen who carry along with them traditional herbs that helps in curing and preventing illnesses like malaria typhoid and even menstrual pain. The use of salty water and lemon juice are commonly for stomach disorder while paracetamol is used for headache and on wounds. There are also several areas where traditional powder medicines made from roots and

leaves of trees are sold. The situation of health in Yaounde is degrading and the number of hospitals and health districts are not enough to satisfy the demand.

**Table 2:** Distribution of health provision centers in Yaounde

	Yaounde 1	Yaounde 2	Yaounde 3	Yaounde 4	Yaounde 5	Yaounde 6	Yaounde 7	Total CUY
<b>Hospitals</b>	3	3	3	1	2	2	0	14
<b>Clinics</b>	12	3	0	6	7	1	0	29
<b>Medical centers</b>	31	41	12	25	13	14	0	136
<b>Laboratories</b>	7	1	0	2	0	2	0	12
<b>Total</b>	53	48	15	34	22	19	0	191

**Source:** Plan Directeur d'Urbanisme (*PDU 2020*)

Looking at the table above, we see that the district of Yaounde VI has only 2 hospitals to fit its large population which is insufficient. This is what causes saturation and long waiting hours in the hospitals that are available. This also push other people to seek alternative medical services out of hospitals.

MAP 3: Distribution of ethnic groups in Yaounde



Source: Wikimedia.org. (April 6, 2021)

## **1.6. ETHNIC GROUPS.**

The country Cameroon is well known for its cultural diversities. The country has over 240 ethnic groups with 3 principal linguistic groups. They are, the Sudanic speaking from the north, the bantu speaking from the south and the semi-bantu mostly situated in the West. Different ethnic groups find themselves all around the country and share different cultures. All the ethnic groups have political organization and they are either centralized or decentralized.

## **1.7. URBAN HYGIENE**

In a town of so many people with different cultures of practicing hygiene, the town faces a challenge sanitation. People throw dirt everywhere along the streets and even where there are trash cans, people still get rid of their waste in small water bodies. Most people who live around little streams tend to connect their latrines into the streams and during rains, they flush them creating water pollution. People urinate and excrete by road sides at late periods, plastic bags and containers are flooded all around gutters and road sides. In order to maintain a level of sanitation in the city of Yaounde, the city has put in place about fifty public toilets in public places. In order to increase the supply of these public toilets, the government delegation of sanitation has put up contracts with Japan for the provision of dry toilets in public places in the city of Yaounde like the university of Yaounde I, municipal road. In the university milieu, toilets are still difficult to access as only lecturers have access to the toilets made available. Hand wash centers are also not available so people come in contact with others after haven used the toilets without cleaning their hands.

As to what concerns solid wastes, the locals of Yaounde and the companies that exist therein produces over 20 tons of solid waste on daily bases. There is need to get rid of this dirt so as to permit the environment to be clean as most people throw this dirt close to roads. Two companies in Yaounde are responsible for the cleaning of dirt, these companies are HYSACAM and urban DNA, these companies are in charge of keeping the environment clean so as to prevent the outbreak of epidemics caused by dirt and also to have a clean town. They have placed trash cans in many areas of Yaounde to ease their collection of waste for perfect handling. Never the less, their efforts still prove less effective and most trash collectors are always full to the extent where people throw the dirt on the ground instead of the waste bins.

## **1.8. TRANSPORT**

Yaounde is a very mobile town whereby people move in and out and around town to places like schools, churches, job sites, hospitals, meetings and farms. People use bikes for faster internal movement so as to avoid traffic congestion which delays time. Though tariffs on motorbikes are often more expensive than taxis, people still prefer them. Taxis belonging to Cameroonians are painted in yellow while Nigerians have theirs painted green and white. Collective taxis are somehow cheap and permits people to move to some areas whereby bikes are restricted from passing like Post Central. There are also buses that transport people in and out of Yaounde such as guarantee express, amour mezam, finex. They are located in different areas of Yaounde like Mvan, Biyamassi, Tongolo. These buses transport people to Douala, Bafoussam, Bamenda, Buea, kribi and other towns in Cameroon. Most of their prizes range depending on the destination.

There are also train stations where people move to Douala, Ngaoundere from Yaounde. In the part of international traveling, Yaounde has the Nsimalen airport that permits individuals to travel in and out of Cameroun through Yaounde. Many people leave from one area to another in search of healthcare services. Those who use services in E.B.H. use bikes and taxis to move to the hospital. People come from longkak, Voundou, Bafia, Ntui to get health interventions. Often times there is traffic along which causes patients delay on the roads leading to the hospital.

## **1.9.RELIGION AND PLACE OF WORSHIP**

The urban city of Yaounde since the past till today has notices a great level of religious growth. As people move into the capital city, they try to find people who have same faith with them. They also create their own religious movements. The Christians are the greatest in population compared to other religions in the urban city, with the Catholics numbering the highest in worshipers. Places of worship include Archdiocese of Yaounde, created in March 18<sup>th</sup> 1890. In the Christian religion we also have the Baptist who have an organization, the C.B.C (Cameroon Baptist Convention). It is an organization that links all Baptist churches in Cameroon and the convention is separated into fields for better governance and the city of Yaounde has two fields, the Yaounde East and the Yaounde south fields with several Baptist churches spread all over Yaounde such as Etoug-Ebe Baptist church, salvation Baptist church, Marana than Baptist church Mendong. We also have other Christian denominations flooded everywhere in Yaounde such as Christ embassy, full gospel, Presbyterian and protestant churches. We also find Islam as a major religion in the area

with their mosques spread in many parts of Yaounde with their central mosque found in Tsinga where a larger number of the Muslim in the city are found.

#### **1.10. SETTLEMENT PATTERNS.**

About 67% of the urban population of Yaounde live in slumps and swampy areas and the situation is rather complicated to resolve. It continues to persist due to the difficulty people have in affording better living areas. Many lands have no land titles and people do sell or buy land informally without consulting government organizations in charge of state and land affairs. Many of the houses built in these swampy areas are built out of mud and plank and the labor is cheap. It is mostly family members who contribute skills to build up houses. One can find more than 8 people living in one house and the living conditions are not always the best. Slumps have majority of mosquito which infects people with malaria. Water and food conservation in most slumps are always difficult and this causes health issues.

Generally, there is a diversion in culture between the people of the north and those of the south. The northern savanna is occupied by the Sudanic and Arabs who live there and migrate frequently to search for grazing land for their pastoral activities. The bantus occupy the forest and hill sides of the south for their agricultural endeavors. Those of the north are mostly Muslims while those of the south are Christians. The highest number of people live in cities like Douala, the country's main port where they search for jobs and better living. Yaounde the country's political capital has the largest population of the country. Other big towns include Bamenda, limbe, Garoua, Maroua, Bafoussam, and Bertoua.

#### **1.11. GOVERNANCE**

Following law n°2004/18 of July 22, 2004, applicable rules were set which gave power to The different municipalities in the urban area of Yaounde to carry out specific functions. Municipalities were given power to take up the execution of municipal investment plans, contract plans and prepare town planning documents.

#### **1.12. GENDER ROLE AND EQUALITY**

Since the 1990s with the law of freedom of association, we still notice the absence of women in urban governance in the locality of Yaounde. Till today, women come mostly in the place of Deputy and secretaries. Most big government positions are still handled by men. Women who occupy about 40% of the workforce in Cameroon as compared to men who occupy 32% are

engaged in activities like sewing, hair dressing, restaurant owners, and the men hold the major positions in the urban city. In situations of health difficulty encountered by a member of a given family, it is usually the women who take care. This is to say that it is generally women who cook food, carry patients to hospitals and even sit to check on the patients. The men mostly go about looking for money why the women do the babysitting of the patient. While interacting with different people, outsiders starts to become like family members and they can act when family members are absent. If there is need for a male to take care of a patient in some situations, it is the male friend to the man who goes in if not the boy child can go. But never the less, healthcare is mostly attributed to women and when looking at hospitals, you notice that the majority of staff are women.

### **1.13. TRADE**

The country has been doing international trade and also national trade. Mostly the main business partners of the country were the Europeans but in recent years, trading with Asian countries has become easier especially with china. Nevertheless, France remains a major buyer and trade partner of the country for a very long time, the trading is such that raw materials like timber, palm products, tea, peanuts, crude oil, cocoa, coffee and rubber go out while the finished and semi-finished products come in through the economic center, Douala. Other countries in and out of Africa such as Nigeria, Spain and Portugal enjoy a lot of Cameroon's exports. In the internal domain, people used trading as a means of survival. People commercialize fruits, beans, corn and other food item.

### **1.14. EDUCATION**

In the domain of education, the urban city of Yaounde has improved since independence in 1961. The city has levels of school as it starts with the nursery, to primary, and secondary to the university. The government has made it possible for every citizen to have access to quality education by increasing the number of schools, employing more teacher and reducing tuition fees so low as compared to private national schools. There is the University of Yaounde I and that of Yaounde II with so many secondary and primary schools. There are also professional schools like polytechnic, school of public works, faculty of medicine and biomedical sciences, CITEC and several private professional schools. I the educational sector, it is. Equipment for school are also not sufficient. Looking at the table below;

**Table 3: distribution of education facilities for Yaounde.**

DISTRICTS	Nursery education	Primary education	Secondary general education	Secondary technical education
<b>YAOUNDE 1</b>	31	62	17	4
<b>YAOUNDE 2</b>	28	54	8	1
<b>YAOUNDE 3</b>	99	78	15	4
<b>YAOUNDE 4</b>	20	121	20	2
<b>YAOUNDE 5</b>	12	53	12	1
<b>YAOUNDE 6</b>	66	80	27	5
<b>YAOUNDE 7</b>	30	31	4	1
<b>TOTAL</b>	<b>286</b>	<b>479</b>	<b>103</b>	<b>18</b>

**Source:** Plan Directeur d’Urbanisme (PDU 2020)

### **1.15. ADMINISTRATIVE ORGANIZATION OF THE YAOUNDE**

According to law N<sup>o</sup> 87/015. Of 15, July 1987, Yaounde was transformed into “the urban community of Yaounde” which abolished the function of a mayor and favored government delegation appointed by the presidency. The urban community of Yaounde increased in the number of subdivisions from 4 to 6 subdivisions and according to decree 2007/117 of April 2007, the creation of Yaounde 7 took effect. In order to ease the administration in the center city of Cameroon, the urban city decided to separate the division of Mfoundi into 7 sub divisions which are Yaounde I to Yaounde VII. The former senior divisional officer of the Mfoundi division Jean Claude Tsila died on august 12, 2020 at the age of 64 suffering from and illness and was replaced on 18 December 2021 by Emmanuel Mariel Djikdent as new head of the Mfoundi division following a presidential decree.



## **1.16. MARKETS**

As markets serve the population who purchase goods they need, others use the selling of items as an employment for them. In Yaounde municipality, there are many markets where one can find basically all types of products ranging from weather, school, medical and religious items. The Yaounde central market is probably one of the biggest markets in the Mfoundi and it is constructed in a kind of circular shape with 5 stairs at the center of the city where a lot of items like clothing items, books, house equipment are sold, the market is large and counts over a thousand people active everyday besides the central market, Yaounde still has big and busy markets such as mokolo market, Acacia, melen, mendong, Nsam market. While some focus more on food items like the Nsam and Nvog betsi markets, other concentrate more on cosmetics. This markets serve the local population of yaounde who buy wholesales and also at the retail levels. The hygiene level in most of these markets is low and as such, people turn to buy items that can possibly be contaminated by dirty water or wrong handle and at the long run, people get infected by some diseases after the consumption of food items in restaurants or fruits and cakes.

## **1.17. ENERGY**

As to the domain of energy in the locality of Yaounde, the PDU says there exist 3 principal transformers which distributes light to the total city of Yaounde but not everywhere has this light. The main source of electric energy in the rural city of Yaounde is Eneo and Sonel. The city uses the light to operate industries, public lights for security. Individuals use the light for their daily activities like charging of phones and laptops. In a city like Yaounde, light is essential as it is used even in hospitals to clean equipment. The light is not free though, locals pay a some of about 50frs per unit of consumption. Those who have less electric gadgets can use about 10-20 units a month while some companies use over 1000 units.

Due to regular unavailability of Eneo light, some equally use solar energy as standby sources of power so as to have steady supply of light for continuous functioning. Others use local generators but the use of bush lamps is very rare as only few people still use them. The provision of street lights is still inadequate as many streets still remain dark at night due to no lights. Gas is not distributed through pipelines rather it is still transported and distributed in gas bottles. This is due to lack in quality technology to distribute in pipeline. Many students and families in Yaounde

use gas for the preparation of their food. Companies that supply these gas include PLEINGAZ, and SCTM, and the average cost of a medium gas bottle is 6500frs.

### **1.18. COMMUNICATION AND MEDIA**

Communication is a very important tool in every society because it helps to promote the safety of members and also assist in letting them understand the trend of the community and situations that face it. In the city, there are several communication channels and media both private and government. In 2003, CRTV and Canal 2 were the only television channels in Yaounde but sooner many other cable signal provided emerged provided multitudes of communication channels. In Cameroon in general, the CRTV is the number 1 center of communication for the entire country. It passes its information to citizens in the morning and in the evening. In Yaounde there are radio houses that assist to pass information to the general public like CIN RADIO, TBC RADIO, RTS, Magic FM and CRTV radio. As to what concerns mobile and internet communications, the services of MTN and ORANGE are commonly used. Most residents of Yaounde especially the French speaking part use the orange a lot while the English speaking part deal with MTN. There are also services of Camtel Cameroon, Nextel and Yoomie mobile networks. When it comes to newspapers, we find newspapers like Cameroon tribune, le Massager, Mutations and the Guardian post.

### **1.19. WEATHER**

Yaounde has a tropical savanna climate and has longer periods of rainfall than dry seasons. Beginning from November, we experience the dry season to the month of February and from march, the rains are expected to start. The dry season is associated with a lot of dust which gives people cough and transmit diseases equally. As for the rainy season, there is cold at times and minor floods that affects movements around marshy areas.

**Table 4:** Yaounde climate table (in ° c and mm, monthly averages)

Month	Average daily minimum temperature (° C)	Average daily maximum temperature (° C)	Average total precipitation (mm)
Jan	19.6	29.6	19.0
feb.	20.3	31.0	42.8
March	20.3	30.4	124.9
Apr.	20.3	29.6	171.3
may	20.2	28.8	199.3
June	19.9	27.7	157.1
Jul.	19.9	26.5	74.2
August	19.3	26.5	113.7
seven.	19.3	27.5	232.3
Oct.	19.2	27.8	293.6
Nov.	19.6	28.1	94.3
Dec.	19.5	28.5	18.6

**Source:** Worldweather.wmo.int

From the above table, we see that the months of October, September and August are and the highest precipitation occurs in the month of October.

## 1.20. COVID-19 AND COMMUNITY COPING STRATEGIES

Covid-19 is an epidemic that started in China then extended to other parts of the world. It went on ravaging over 65 million lives worldwide, closing down organization, travels and social interaction from early 2020. Due to this epidemic, the Cameroonian prime minister announced the closure of all land, sea and air transport from the 18 march 2020 till further notice. Though airline have not completely been stopped or road transport eliminated. People traveling out and into the country's capital are well checked to avoid harboring covid-19 infected patients among other members of the community. The university of Yaounde one was completely closed and every lecture went online so as to reduce physical contacts among teachers and students. The Cameroon's minister of public health was put in charge of the surveillance of activities and screenings at points of entry into the country. Laboratory testing and case managements at designated isolation and treatment centers were instated. The world health organization (WHO) and the U.S. center for disease control and prevention (CDC) provided technical support to control the outbreak in

Cameroon ([cm.usembassy.gov/covid-19](http://cm.usembassy.gov/covid-19)) in the UYI the use of facemasks to enter the campus became obligatory while washing of hands was not really checked. As for secondary schools, classes were divided into two sessions, morning and evening sessions so as to reduce the rate of crowding in schools. Due to fall in new numbers of contaminated people worldwide, bars, churches, schools are functioning almost normally.

## **1.21. TOURISM**

Yaounde is the second largest city in Cameroon with a colorful open air, street markets, hospitals, international embassies and full of arts and culture. It is an urban area made up of many hotels, museums, restaurants, zoos and super markets. The Poste Central round point that link seven roads and the 20<sup>th</sup> May boulevard that stretches down to where we have the ministry of secondary education and the famous Hilton hotel.

### **1.21.1. TOURISTIC SITES IN YAOUNDE.**

While in Yaounde, there are numerous places one can visit ranging from sleeping places, eating and site seeing.

**1.21.1.1.** For places where one can play, we have;

**1.21.1.1.1.** The Mefou National park (Mefou, Yaounde)

**1.21.1.1.2.** National museum of Yaounde (quartier du lac)

**1.21.1.1.3.** The reunification monument (opposite French embassy)

**1.21.1.1.4.** The benedict museum of Mount-Febe

**1.21.1.1.5.** Mvog betsi zoo

**1.21.1.2.** For places to get rest, one can visit;

**1.21.1.2.1.** Hilton hotel (20 may boulevard)

**1.21.1.2.2.** Hotel la Falaise (avenue marechal foch warda, Yaounde 1430 Cameroon)

**1.21.1.2.3.** Central hotel

**1.21.1.3.** For places to Eat, we have

**1.21.1.3.1.** La Salsa (Bastos)

**1.21.1.3.2.** Plantinium café (Bastos, 2 road mballa eloumden)

**1.21.1.3.3.** Restaurant le bacchus (etoa meki road 1048)

#### **1.21.1.3.4. Le Safoutier (20 may boulevard)**

### **1.22. FOOD AND NUTRITION IN YAOUNDE**

In the city of Yaounde, there exist several food items with the presence of different ethnic groups. Rice is most consumed in the town considering that it is cheaper compared to plantains and yams. Most students and jobless people consume bread either loaded with butter, chocolate and meat. Due to the outbreak of covid-19 and the closure of international boundaries, the supply of food items like tomato and vegetables increased relative to demand which made it possible for the less privileged to feed better. Transportation trucks which used to transport food items from other parts of the country like Bamenda, Bafoussam into the center region had to start selling their products themselves to the retail buyers and no more to the wholesalers. The type of food different people consume determine their health. At times people get sick because of food not well cooked and unprotected food items like guava, mango, carrots and apples.

### **1.23. WATER SUPPLY**

According to Plan Directeur d'Urbanisme (PDU), access to water can be consider a severe issue as over 70% of the urban population lack a source of water. Even in the few areas where water is available, the management of those is not the best. Access to water is a key difficulty to the locals in the urban city of Yaounde in terms of quality and the quantity, REACH, (2018). The issue of water remains a major problem in the community of Yaounde despite the fact that the government has put in place water source in some few public places like schools and hospitals. Good drinking water is still inaccessible to the local population and only few people get their water directly from the company that supplies water in Cameroon, CAMWATER. Those who cannot pay for their own lines use public paying fountains, Kuitcha (2008). Even with the availability of taps in certain areas, water goes off for up to weeks and when the water returns, it is so unclean for consumption. The occurrences of typhoid are very common at times and health professionals often link it water. Also, water from taps are usually yellowish in color and some people use filters to reduce the level of germ in the water while others go for mineral water such as Supermont, Opure, Tangui and Sano.

#### **1.24. LANGUAGE**

The common and most used language in Yaounde is the French language. In 2014, about 60.5% of the inhabitant of Yaounde could read and write French while 75.6% could speak and understand. With the movement of many English speaking Cameroonians in the area, the need for people to understand themselves was inevitable. The English language also became widely used language in the area and the pidgin English too is used by most merchants and French speaking locals who need to communicate with English speaking people

#### **1.25. STIGMA**

Stigma is a sign or mark of disgrace or discrimination against someone due to his distinctive characteristic. There are a good number of things and features that carry stigma in the urban city of Yaounde ranging from personal to general. Some of the things believed to carry a particular negative feelings include people with mental disorder, people with stds, people from a particular region or cultural background. Socially, issues that carry stigma are the following;

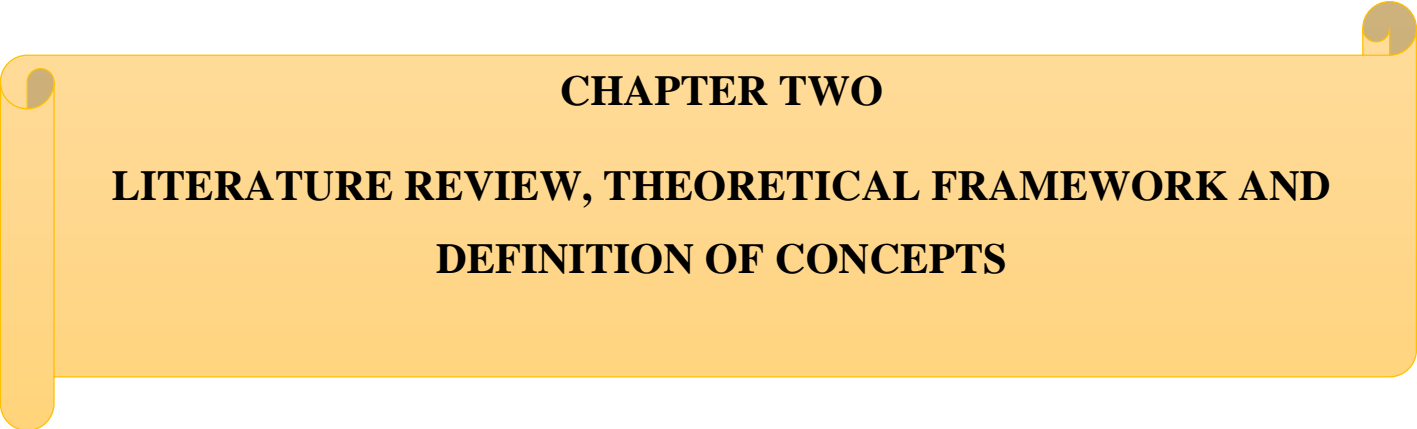
Mental disorder is seen in a negative way by the people of Yaounde. It is associated either to a curse, drugs or bad behaviors with the consideration that it cannot get better. One who is mad or had been mad and has recovered still finds it difficult to associate with people and organizations. The fear of being round a mad man never goes away from people's minds. People with mental disorder are also considered shameful and less than normal human beings as such, people hardly want to be close to them.

Another stigma carrier is STDs and many who have one of these; HIV, hepatitis, gonorrhea are seen to be sexual perverts. People fear to relate with them for many reasons. People carrying STDs are seen as good for death and people who associate with them stand the risk of getting contaminated with the disease. Organizations such as "Horizon Femme" has been contributing to the fight against HIV/AIDS. By screening and working with sex workers who have aids particularly. The number of men living with aids is lesser compared to women and the major cause is due to unprotected sexual intercourse. Young girls in schools are most exposed and for that reason, hospitals carry out campaigns on preventive measures against the virus which has had no proven effective cure yet.

## **1.26. EMPLOYMENT**

Employment in Cameroun is a major challenge same as in the urban city of Yaounde. Many people come from the ends of Cameroon and different regions to seek for greener pastures in the capital city of the nation but never the less, it is not an easy task. The saturated nature of the population of job seekers makes it difficult to find a job in Yaounde. Many job seeker lack qualifications in major trades and for this reason, some become self-employed and integrate trades like tailoring, car mechanics, bike riders, housemaids, private teachers and ambulant businessmen. The percentage of unemployed people in Yaounde keeps increasing daily as more and more people come in.

This chapter of our work permitted us to see the physical, social, demographic, cultural and several other aspects that qualify the locality of Yaounde and its inhabitants. We were able to look at how the place came into existence, what the people do and how they interact with their environment. The importance of this chapter is to give us a clear background understanding of the people we want to carry out our research on.



**CHAPTER TWO**

**LITERATURE REVIEW, THEORETICAL FRAMEWORK AND  
DEFINITION OF CONCEPTS**



This chapter which is a presentation of our theoretical framework, literature review and definition of concepts, will elaborate on the works of renowned authors who have contributed somehow in said topic of this research which carries on the perception of care in hospitals. In this work, we are going to bring out some view of other authors relating aspects of our research some of which are care, respects, medicine and religion. It is very important to understand what others have written about a given topic so as to avoid gathering information that's has already been gathers and avoid plagiarism of other peoples' works without knowing. This section of the work carries on finding of other people elaborated in book, journals, articles, internet and conference proceedings. This chapter also handles our theoretical framework whereby we will elaborate theories which will guide us through our works. It is also here that definition of key concepts will be brought out. Some of our concepts include;

## **2.1. LITERATURE REVIEW**

Literature review is the study of books, articles, journals to what others have written in relation to our research topic. While doing our literature review, we found these writings;

### **2.1.1 HOSPITAL**

In 1986, the Ottawa Charter of the (WHO) created a framework for the promotion of health. In definition, "a hospital is a residential establishment which provides short-term and long-term medical care consisting of observational diagnostic, therapeutic and rehabilitative services for persons suffering or suspected to be suffering from a disease or injury and for parturient" WHO (1963). The WHO report categorized hospitals according to ownership, government or religious. During the middle ages, hospitals served many functions as well as other institutions, the were almshouses, homes for pilgrims and also schools. Etymologically, the word Hospital comes from the Latin word "hospes" which signifies foreigner, stranger or generally a visitor. Apart from being a guest house, hospitality services were being manifested. A hospital is a health institution that provides patients with specialized treatments with a team of expert medical personnel.

We have specialized hospital which provide only special functions. In other words, it is a hospital that focuses on specific activities and does not offer all hospital services. Their mode of operation could only be for mental health, rehabilitation, long term acute care facilities or maternity

service. Most specialized hospitals have reduced cost of functioning as compared to general hospitals who offer many more services.

### **2.1.2. HEALTHCARE QUALITY, EQUITY AND PATIENT CARE**

A good and widely used definition of health was giving by the W.H.O., it defined the term health as “A state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity” this definition points us to the fact that someone can have a disease but is still in good health. The ability to have go health is the capability to control and prevent diseases. Every separate human community has its own ways of explaining disease, their causes, treatments and also preventive methods, Helman (1990) Healthcare can be defined as the maintenance and the improvement of health for individuals through prevention, treatments, diagnosis and sensitization. It is the provision of better health level to individuals by containing or curing their disease hence leading to good health.

#### **2.1.2.1. HEALTHCARE QUALITY**

The quality of healthcare is gradually becoming an issue in the world today. Most hospitals are trying to improve on the quality of care offered to the public. Communication and leadership ae important factors the improve healthcare quality, Alison (2020). Healthcare quality is the added value to healthcare systems which is required to improve and provide good healthcare services. Depreciating healthcare quality has a negative impact on patients and the public as the lost trust, Angela (2017). The aim of healthcare services most at times is to provide a quality and acceptable service to their consumers and this consists of health improvement, increase life expectancy, and preventive ideas. In understanding quality management, we see health care quality as the degree to which healthcare services for individuals and populations increase in the likelihood of desired health outcomes.

#### **2.1.2.2. HEALTH EQUITY**

Health care equity is a pressing concern, Blessing (2020). Healthcare equity refers to how healthcare access if open to every member of a society. In many situations, people who are not rich, those who lack political power and influence are always in the losing side when it comes to accessing health. The notion of equity does not mean to provide individuals with health resources but it also has to do with providing the resources within the appropriate time and meeting every

health needs of patients. Health is a basic human right and need and should be given to those in need of it without looking at the financial or social level of the individual. In most hospitals people claim to deliver quality health to all with equal considerations but it is rather not the case when looking deep into the operation of hospitals. Most people who are strong in wealth and status stand a better chance to obtain quick health delivery than the others. Health education programs can promote health equity, Robert (2015). Since education is also a determinant of health, it is important that programs which carry on closing the gaps between low income and high income people, between races, and ethnic minorities be passed out so as to curve down the rate of inequality to accessing health.

### **2.1.2.3. PATIENT CENTERED CARE**

Patient centered care is the view that all clinical activities should be proportional to patient's preferences and should be guided by the respect for patient value. In a study that carries on care, it is very important to state that most research have proven that patient preferences are most at times neglected. Patient centered care creates a situation whereby "an individual's specific need and desired health outcomes are the driving force behind all healthcare decisions and quality measurements" Catalyst (2017) in a percept system of care for patients by health care providers, treatment is in the hands of both the patient and the provider of health. Since the patient has the right to determine his other personal doctor if necessary and for this, treatment is not only based on clinical perspective but of emotional, religious, financial, spiritual and social perspectives.

Collaborations are encouraged between patients and their providers. Medical team has as obligation to meet the physical, mental and emotional needs of their patients to ensure good health which is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity", (W.H.O). In the model of patient centered care, the idea of strict visiting hours is off the line since it gives patients the power to determine who visits them and at what time the person has to visit. This puts the patients into more comfort since they can have the person they want by them at any time appropriate to him.

The performance of nurses in particular and or the medical team in general is far from being sufficient as they do not put in all that need to be put to assure quality nursing services. Most nurses in the Jordanian health care provided information that gives a negative impression about the workers according to the article. It is a call for medical team to improve on the standard of care

they provide to patients. The institute of medicine (I.M.) reports that “there has been little information on the quality of health care from patient’s perspective”, Orave (2008). This results comes to emphasize on the need for medical personnel to better cooperation with patients and put the patients at the center for all clinical process.

### **2.1.3. RESPECT IN MEDICAL ENVIRONMENT**

Respect has to do with accepting people’s decisions, in every hospital, there exist health personnel composed of doctors and nurses. They all play an important role in the nature and functioning of hospitals. Doctors are called upon to have respect for each other before having respect for their patients. It is necessary for health personnel to respect their fellow workers as this strengthen relations between them and bring about the notion of unity which boosts performance and permits them to collaborate well, Ted (2018) if among hospitals workers there is no mutual respect for each other, how then can services be well offered to patients, all doctors and nurses have to treat their colleagues with tolerance and acceptance such that they wouldn’t be contradicting themselves when it comes to taking decisions that stand to affect patients under their control. With it comes to Patient-doctor respect, sustainable consideration of patient’s decisions will push the health sicker to feel comfortable due to the fact that their opinions are accepted. According to Ted (2018) there are ways doctors can manifest respects for patient among which are; listening to understand the need of the patient, this is because at times doctors really do not pay attention to understand what a patient is saying.

Ted A. Believes that when you make the patient understand that you have really given them your attention, they begging to feel their worth. Another way of showing patients respect is for healthcare workers to always keep to their promises, and above that, doctors should be encouraging to the patients, connect with their families, express gratitude anytime need be, share information with their patients, speak up when things need to be said and lastly try to fit themselves in the shoes of the patient, Lucian (2012) the notion of respect is not something that can be undermined because it has a lot to contribute to the feeling of patients. To William T, to respect someone is to show esteem, regard or honor to other persons. If doctors do not see their patients as important as they are supposed to, it causes a good amount of insecurity in the minds of the patients. Most at times, medics look and feel as if some patients are wasting their time and as such hardly dedicate time to communicate with them. In a situation where there is lack of respect for fellow workers,

one can easily find a ground of hostility which lowers morals and increases self-doubt, Lucian (2012).

In our present communities, doctors see themselves as having full right over their patients which should not be so. Medics feel at ease and never really mind to administer treatments to patients on time, knock before entering their rooms while forgetting that the privacy of patients is really so important. At times the respect is there but the problem is at the level of understanding what is respect in the viewpoint of the patient, Dickens (2019) to avoid this issue, the health personnel has as duty to spend a lot of time with their patients so as to understand them so well. By understanding patients, doctors will easily get to understand their preference in clinical experiment. Medics need to understand that patients have the right to decisions like choosing their own doctors, selecting mode of treatment, Entwistle (2010). This view of Vikki is something critical to understand because at times people may not feel comfortable with every care worker and for that reason, they need to choose the people they feel more at ease with.

#### **2.1.4. RELIGION AND PRAYER**

Religion is an important tool that crosses beyond every aspect of life and it is also important to understand that believes about conceptions exist in every given tribe Robert, (1996). There are several religious organizations that exist on our planet and many people believe in their own which perfectly fits them. The role of religion and spirituality cannot be under looked when it comes to health outcomes. Studies have proven that religion and spirituality has an impact on mental health, Samuel (2014). There are hospitals today which reflects religious organization such as the Baptist, catholic and Presbyterian hospitals. Healthcare workers can belong to religious organizations same as their patient, it can rather be disturbing that the patient and the doctor do not have a common religion or one of both parties does not have a religion which makes it had for the spiritual need of the patient to be met. It is very important that medical workers are taught on religious matters because healthcare doesn't only have to do with the physical but at times the psychological and spiritual aspects.

According to klitzman, (2021) religion and spirituality is a necessary tool and if medical healthcare providers want to really engage in treating their patients and given the fact that health is not only about test and injections but about understanding exactly the physical and spiritual need of patients and trying to resolve them, it can only be possible if the patient's religious needs are

known. Klitzman (2021) explains that there are a certain number of questions that patients ask their health providers but they actually have no responses because the health workers are empty in that domain, some of which are whether decision making is giving by GOD while some want to know what really exist after this life but since the doctor might be lost, he will rather send them to hospital chaplain are rather instruct them to ask only strict medical questions or rather still just maintain their silence

When we talk of prayers, it has been observed that many institution neglect prayers in public institution, Linda (2019). In a religious setting, prayer has to do with making requests to a divinity(God) in times of need. A number of religious organizations claim that praying for someone who is sick can have positive feedback on the person's health. Religious people do intercessions when their health situations are deteriorating. There have been no direct writings on the effectiveness of prayers on health though most people depend on it. Never the less, after prayers they still go for medical checks which could be concluded that prayer is an additional medical coverage to the drugs people take. The Greek god Asclepius was often consulted in the ancient times to rescue people with health issues. In our days, people pray to the god of the Bible, the god of the Quran and to other deities when they are down in health.

#### **2.1.5. INFORMATION AND COMMUNICATION**

Healthcare information is an asset for quality management in hospitals, Ramo (2020). Information is vital in the process of health care provision. Doctors have to inform their patients on the current status of their health, on the best means for them to stay better like by advising them on the types of food they need to eat so as to stay healthier. Most at times, patients complain that they were not well informed about their health status and prognosis and as such, Picker in his eight principles of patient centered care suggests 3 types of doctor-patient information which are; Information on clinical status, Information on the process of care, Information to facilitate autonomy, self-care and health promotion. With the evolution of healthcare institutions, there is an increasing need for communication. Healthcare organization implement communication systems to as a marketing strategy, Chichirez, (2018).

### **2.1.6. PATIENT COMPLAINTS**

Patients are always sensitive to things that happen around them while seeking for health care. “Health care receive huge volumes of complaints”, Tom (2014). Patients complain surrounds the fact that they do not get what they expected from the care center where they find themselves hence they turn to express their grievances against a health care system. At times, patients are not satisfied with the services they get from health workers, and centers. The nature of patient complaints varies depending on their various expectations, while some right down their grudges, others speak it out directly to the health service centers. The most common causes of patient complaints are untimely treatment, negligence, long waiting hours before reception, insufficient communication and information from doctors. Patients complaints are very necessary because they serve a source for monitoring and improving patient safety, Tom (2014) due to patient complains, a lot of ameliorations have been made in health service centers but never the less, it still remains a challenge to completely solve the issue of patient complaints due to the fact that circumstances change and need also change.

Communication between nurses and family members is very important in a health system, this is because the sickness of a family member doesn't only affect the sick person but his entire family as they feel for him such that at times some can even enter traumatic experiences due to the sick nation of one of theirs and at times, they also feel so bad for the conditions of their patient. According to research, it has been proven that communication in intensive care units (ICU) is inadequate and of poor quality whereas it could be a very important tool to increase the psychological wellbeing of the family members, which entails that a better communication in I.C.U can affect patients and the family members in a positive way.

### **2.1.7. PATIENT AUTONOMY AND SATISFACTION**

Several issues arise on this aspect of patient autonomy in medical centers since a lot of patients never even know their rights when seeking for solutions to their health problems. It happens to be that they turn to accept everything extended to them by their care giver who is seen as someone who has complete authority over them during their treatment season. The nature and state of patient has to change at the time they come to the hospital to the time they leave the hospital Lindbergh (2004). Patient autonomy is the idea that patients have the right to determine who they prefer as their caretaker, the type of treatment to take, in short the right of a patient to choose his

medical health care without the influence of the care giver. It doesn't restrict medical practitioners from educating their patients sufficiently but rather it prevents them from making the decisions of behalf of the patients. A lot of health seekers face great problems of autonomy when it comes to privacy especially.

The issue of privacy is related to the fact at times rooms get crowded with patients and as such, patients can't have their privacy respected and moreover, doctors and nurses often burst into patient wards without even knocking at the door. To add to this problem of privacy, considering the technological improvement in the world today, all patient data are put into a computer where by with the use of a username and a password, all patient data will be available for someone to read whereas some patients really want their data to kept secret as much as possible and this makes confidentiality doubtful. Patients due to one situation or another can need them to demand that their presence in a hospital should be kept secret but for the fact that hospitals always need to put in records, it gets difficult but it should be noted that patient's preferences first before any other thing when it comes to patient autonomy.

People are different from animals in the bushes or better still domestic animals which should just be given drugs and allowed to the mercies of nature. The need of man does not end only at the biological level but to the emotional and spiritual dimensions Klitzman, (2021)

It is true that in most cases, the patients' views about healthcare seems to be largely ignored by care management especially in developing countries, Yildiz (2004). In most of this developing countries, the possibility for patients to express their minds is really low and even when they try to do, it always ends up not considered. There are suggestion boxes at times in the healthcare facilities but many people hardly use them because they understand how useless it is to write something which in the end still not be considered. Seeing the amount of people switching from one hospital to another during moments when they get sick is a sure sign that they were not satisfied with the service they received in the previous health organization where they went to. In well-structured health service organizations, patients always want to return to a particular hospital if they fell sick and this is because they got satisfied with the level of care they got from that hospital as they went seeking for health care provision.



### **2.1.8. ACCESS TO HEALTH**

Healthcare and access to healthcare are debates that mark a lot of writers today. To capability for one to get quality healthcare in time remains a great challenge to many countries. If there are services and people have the ability to obtain these services, it means that there is access but never the less, access does not limit only to the availability of services, it also deals with affordability, accessibility and many other aspects. Hospitals might have a good number of health personnel, but they are not trained to handles the health needs of the different patients they receive. Access to health can also be limited by financial, social and cultural barriers and different people might not have access to one health service because of the financial limitations Gulliford (2002).

Affordable healthcare remains a challenge in many localities as prices keep on souring higher as time passes. Many people who are of the “peasant” class find it difficult to even pay for their healthcare bills and most decide to consult street medicine and local herbs to avoid spending money they do not have. The cost of healthcare is driven by the health conditions of people and government polices as regards medical services. Most complaints given about the cost of medical services are related to private hospitals as the government tries to subsidize their own hospitals thereby reducing the cost of health in government hospitals whereby in private hospitals, they fend for themselves and also pay tax from the money they gain from costumers; as such, the heavy weight of cost rather falls on the patients. With the high prizes in healthcare, not everyone has the opportunity and equal rights to access healthcare facilities because of income levels. It is therefore necessary for healthcare to reform in other to permit equality in accessing healthcare Fan (2009) Access to health cannot be a topic to talk on if there is no availability of equipment needed to handle. It has been noticed that many hospitals open now and most of them lack sufficient equipment required for the handling of their patients.

### **2.1.9. HOSPITAL TRANSFER**

Moving one patient from one hospital to another or from on part of the hospital to another in that same hospital for the improvement of care is something many people have not really seen as a phenomenon kulshresther (2016). The need of transferring a patient from one care unit to an important aspect of care and should be done on the basis of better maintainers and good outcome of service the patient is to receive. Patients can be transferred when there is lack of the service in charge to take care of a particular health situation, when there are no specialists in the domain. All

internal and external transfer of patients are aimed at ensuring quality health provision to the patient who is being transferred and it should also be noted that handing patient transfer in the wrong way can negatively impact the health condition of a patients.

When a patient is about to be transferred, it is very necessary for the medical personnel in charge to inform the patients relative s on the importance and the risks involved in the transfer of the patient. It will then be for the family to decide if they see it in the interest of their patients for him to be transferred. When patients and their relatives are not informed of the importance and necessity for them to be moved to another center for better care, patients can just feel that their conditions are actually worst and that they might not make it to good health and for that reason, the quality of health of patents will fall.

#### **2.1.10. PATIENT MANAGEMENT**

When we use the words patient management, we generally refer to two broad domains of healthcare systems which are the software tools which deal with medical record and the other is the complete system of care which includes patients and medical practices. With the rapid growth in technology, it is something worth marking a plus to the automation of service and the creation of different types of robots and software which, if brought into healthcare systems, can improve performance in healthcare delivery. The importance of patient management tools cannot be undermined since it helps in reducing human workload and reduce human errors, Ruskin (2020). Is also provides a base for the recording of patient information, it allows patient follow up through online programs and also the booking of appointment with medical team. This information is of great importance both to the patient and the health practitioner who has an obligation to keep them safe and available on hard drives, cloud storage or note recorders in case of future need. This management involves the collection of medical records, selecting administration care methods to handle patient conditions and also gives way to understand the most essential need of a patient.

A good patient management scheme will ease the control of patient and reduce stress for the care providers and it absolutely increases positive response to treatment by the sick person this it to say it increases positive health outcomes. A care management system could boost positive responses from patients if it was automated, Engleson (1996). This is to say that permitting machines to perform some task in health care systems will provide quicker services as compared to those that are done manually. The need for an active presence of medical personnel every time

before a service is supposed to be provided reduces the efficiency of labor in most cases were there exist limited health workers. If we choose to take the case of communication as an example, in a situation of follow up where humans are required to follow up their patients from home, it get hard since they will have to spend more time on their machines or electronic gadgets to follow up the correspondents rather than providing health services for others. In the contrary, where the system is automated, robotic responses can be giving to patients who are followed up while the care provider moves on with other activities.

#### **2.1.11. EMOTIONAL SUPPORT FOR PATIENTS**

A lot of people nowadays undergo emotional challenges and are stressed up, some due to fear, what they have seen or heard and even due to a terminal disease. It can be difficult at times for patients who are going through emotional distress because it can even slow down their healing process and for this reason, health workers need to assist out with supporting these patients recover from their emotional issues. There exist the basic and advanced level of providing emotional support for patients though most health practitioners hardly provide the advanced level of emotional support. Altogether, every health practitioner should practice at least the basic level, Robert (2013). The basic level through which physicians can show emotional support consist of introducing themselves to their patients, exercise politeness and create friendly ties with their patients while the advanced level consists of making the patients to feel accompanied in their pain, throughout the treatment process and making them fell special and carrying out specific gestures that can make them feel concerned for such as holding their hands if possible.

#### **2.1.12. MEDICINE**

We can define medicine as a science and practice of catering for patients, managing, consulting, diagnosing preventing and treating diseases. Medicine contains a variety of health practices. There are a good number of medical types such are mainstream medicine, conventional and combined medicine. Communities have always fought against disease and it spread for hundreds of centuries past. Long even before prehistory times, medicine had been practiced and medicine men used herbs and prayed to their different gods for healing.

**Picture 1:** Asclepius, the Greek god of medicines



**Source:** [Wikipedia.org/wiki/medicine](https://www.wikipedia.org/wiki/medicine) (June 8, 2021)

Above we see the god who was prayed to for medicine holding his rod with the snake round on it. In the world health organization logo, we also notice this snake symbol and it which makes reference to Asclepius who was the provider of health according to the Greeks. With the growth of technology, medical systems have changed over time and what we have today as scientific medicine or bio medicine has taken a greater hand over traditional medicine but never the less, many people still use alternative or traditional medical practices all the time. Below we have the two main types of medicine;

### **2.1.13.1. TRADITIONAL MEDICINE**

According to the W.H.O (2018), traditional medicine is “the sum total of the knowledge, skills and practices based on the theories, beliefs, and experiences indigenous to different cultures,

whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness”. Several different communities used different traditional medicine operations such as; acupuncture, Ayurveda. Traditional African medicine. Given that humans are both biological and social animals, they are also cultural animals, Good (2010). This means that that have their way of practicing healthcare systems in their different communities not by instincts but by a set of rules passed on to them by the society and their ancestry. Traditional medicine produces an encouraging level of health improvement though the W.H.O. warns that an inappropriate use of it can cause damage rather than good. According to Fokunang (2011), Cameroon is one of the riches in Africa when it has to do with traditional medicine as they have 90% of the African ecosystem which provides them which rich plant and landmarks for the practice of traditional medicine.

Traditional medicine is called alternative or complimentary medicine when it is used outside of its traditional culture Marobela (2017). People adopt alternative medicine when their own systems seems ineffective for the cure of their diseases, this is the case with covid 19 and some countries like Russia came to Madagascar to collect remedies for corona virus. Most countries of today continue to rely on their own traditional medicine to meet up with their primary health needs. Traditional medicine is passed down from generation to generation mostly through verbal teaching Marobela (2017).

### **2.1.13.2. CONVENTIONAL MEDICINE**

Conventional medicine also called orthodox medicine or western medicine is a medical system where healthcare professionals treat disease and symptoms with drugs tested and produces in laboratories. In the orthodox system, patients are referred to healthcare professionals who are specialists in their domain of service. In our present days, most people have lost faith in orthodox medicine and only appear there if their health conditions become worst, louis (2011).

### **2.1.13.3. MEDICAL MALPRACTICE**

The AMA states that at least one clinician one in 3 clinicians will be sued due to medical malpractice, Michael (2021). A medical malpractice is any action carried out by a health provider in non-accordance, omission or negligence of service which causes injury to the patient. Patient safety relies on the concept of reliability, Myers (2011). Malpractice affects patients and this is

due to negligence. This negligence can either be at the level of diagnosis, treatment, aftercare or health management. The Hippocratic oath which was considered a gold standard in medicine seems to have lost its place, Vishal (2019). The elements of medical malpractice case are; a duty to the patient, a negligent failure to render proper medical care, harm caused by the negligence and hence damage, Medlaw (2017). Medical malpractice can give a bad name to a hospital which can lead to lack of trust for people who might want to come there sometime later. It can lead to the patients getting severe health injuries and also lead to the loss of employment by the care provider. Medical malpractice is not acceptable in any health institution and a good handling of patients will lead to the popularity of the hospital and therefore provide more customers.

#### **2.1.13.4. MEDICAL ETHICS**

The Nuremberg code (1947) and the declaration of Helsinki (1964) are two of the most known and accepted documents that contribute to medical ethics. Medical ethics is a subset of ethics that guides the way medical provision centers should function. They are the set of values medical practitioners should follow and they involve autonomy, non-maleficence, beneficence and justice. Medical doctrines existed since long ago (2011). These principles help medical groups to create treatment plans that will suit both patients and doctors. Whatever the case, medical ethics has not been exact in every culture as it is culture relative. Different communities possess their own ways of ensuring patient satisfaction, making healthcare accessible and promoting good health.

#### **2.1.14. DOCTOR-PATIENT RELATIONSHIP**

In doctor patient relationship, patients take a contract to abide by doctor's commands, Hassan (2016). We talk about a patient-physician relationship when a physician serves the medical needs of a patient. A D.P.R. is seen to be a major element in the ethical principles of medicine. A number of medical organizations have provided guides on how to form a good D.P.R. the quality of medical treatment depends on DPR, Rose (2018). Doctor patient relationship is very central in medical practices and commands the doctor to attend to the medical needs of patients usually through consent, communication and understanding of both patients and doctors side. Some of the aspects of doctor patient relationship include;

#### **2.1.14.1. INFORMED CONSENT**

Informed consent is a concept used in daily medical life, Christine (2017). In performing tasks on patients, the doctor needs to be truthful to the patient and their family members with regards to decision making that will affect the patient. The concept of consent was used to reinforce the concept of autonomy, Mallardi (2005). In the past, it was always considered that the doctor knows best and that whatever they say is final but as time passed on, decision making shifted from doctors and patients detained certain rights in accepting the care that is to be rendered to them before it is provided. Informed consent is not only a signature on a paper but a decision taken by the person involved, Sheldon (2005). Patient need to understand the favorable and unfavorable outcomes of a medical process and from there choose to go for it or not. Hence, the physician has to be honest and make know what he wants to do to his patient. Never the less, at times it becomes difficult for informed consent to work on some patients who might find a medical procedure either hard to undergone or not acceptable to them. In such situations, providing some deceiving words can be of help but the deception must be for the good of the patients and not the doctor.

#### **2.1.14.2. COMMUNICATION STYLE**

The communication style of physicians affects health outcomes, Richard (2007). Patients centered communication would therefore involve asking open ended questions to enable the patient to express their minds. Using encouraging words to make patients feel accompanied and providing the assurance of care for the patient's life by the doctor. Proper listening and imparting information to patients is important in healthcare, Lisa (2021). It has been proven that a good communication between the patient and the doctor can change the perception patients have about doctors and positively impact the treatment process. There also exists a type of communication where doctors expose personal information to patients. This was prohibited in the early times of medicine on the grounds that it didn't tie to medical ethics. Communication in medical centers is affected by the attitudes of health workers, Swastika (2021).

It should also be noted that the type of personal information a doctor release to his patients should be those related to medicine and not information that could be inappropriate to the patient. The manner in which patients respond to the questions asked by their patients also plays a major role in the communication between the doctor and the patient. Medical doctors with a sense of

duty has to respond to patients with absolute concern and this will then help the patients in feeling more easy to discuss sensitive issues with their health providers.

#### **2.1.14.3. DECEPTION AND TRUST**

About 75% of clinicians hold back information from their patients, Chuen (2018). It is common to find lies in a medical milieu either the patient is lying to the doctor or the doctor is lying to the patient. Deception has been adopted by the American psychological code of conduct, Aaron (2020). Patients lie to their doctors concerning their health issues and this is common because they lack trust in the confidentiality doctor. They also lie because they feel ashamed to explain exactly what is happening to them especially if the situation is one that carries a stigma by the community. At times, some lie about finances so as to receive some help form the health service. On the part of the medical doctors, they lie mostly about failed medical outcomes so as not to carry the blame and described as incompetent. Deception is very detrimental in a hospital milieu as it reduces trust either for patients or for the doctor and this makes good DPR difficult to achieve. Patients are the ones to carry the duty of trust more and every patient has to trust their healthcare provider so as to confidently discuss their health issues. When patients trust their physicians, they are bound to abide to the doctor's guidelines and this can be a great plus to D.P.R. and it improves health quality. Whenever lies and deception sets in, trust and confidence gets broken.

#### **2.1.14.4. PROFESSIONAL BOUNDARIES**

In order for a good DPR to be established and maintained, doctors need to understand and follow the limits of the profession. Breaking professional boundaries in health can affect trust and harm patients, Valente (2017). Doctors need to avoid entering into things that do not pertain to their profession such as asking patients personal information or sex related issued which might not directly concern their medical procedure. This builds a disgust in patients about the doctor and reduces DPR. Nurses can teach patients what their boundaries are and the consequences of crossing them, Sheet (2000),

#### **2.1.15. PATIENT ADMISSION**

Patient admission can refer to the process of permitting patients to have access to a hospital and it services, it also provides facilitating methods for this entry into the hospital. In order words,



patient admission is the state of allow patients to stay in the hospital for better checkups and medication. Most at times, patients are only admitted when their health conditions need more attention. We can talk of two types of admission which are;

#### **2.1.15.1. EMERGENCY ADMISSION**

Emergency admission refers to an automatic admission of a patients due to a situation that and severe and creates is a threat to the patient's life. Emergency admission includes cases such as accidents, stroke, seizure, and any other health issue that might cause serious damage if care is not quickly provided. The pure intentions of an Emergency Admission Unit (EAU) is to increase patient's safety during transition periods, Necek (1990).

#### **2.1.15.2. ELECTIVE ADMISSION**

This is a type of admission that is cases that are not urgent, it is rather a special arranged program and the date and delay of the patient in the hospital is already well determined. Elective care makes it possible for reservation of space in the hospital unlike emergency cases which might even occur when there is no space for the patient in the hospital.

#### **2.1.16. STD STIGMA**

Stigma is according to Goffman's theory of social stigma is "an attitude, behavior, or reputation which is socially discrediting in a particular way" Goffman (1963) sexually transmitted disease refers to diseases that can be contracted through sexual intercourse and practices. Generally, most sexual diseases carry a particular stigma in different communities. A lot of people are being rejected and reproached for being infected with and std. Most commonly in Yaounde, we have HIV/AIDS which carries a great stigma and people living with it find it a little challenging to associate with others especially when it is known that they are carriers. Most at times stds are not as deathly as malaria, among others which people consider is minor diseases yet people have to leave with the notion that they are rejected meanwhile it should not be the case. In most scenarios, people have ways of preventing and reducing the chance of contacting a sexually transmitted disease, and this is done by using contraceptives. At times hospitals also encourage the use of contraceptives by distributing them for free and even teaching on how to use it and their importance. With all these, most mission hospitals consider the use of contraceptive only as a last

option and rather promote abstinence from sex for those who are not yet married to prevent the contraction of these diseases or unwanted pregnancies.

## **2.2. THEORETICAL FRAMWORK**

A theory according to Merriam Webster dictionary is a “plausible or scientifically acceptable general principle or body of principles offered to explain phenomena” by plausible, we mean reasonable or rational principle that has gain acceptance in the explanation of social, cultural economic and religious phenomenon. All along our work, we will use two theories two theories for the interpretation and analysis of our work. These theories are those of structural functionalism and symbolic interactionism. Structural functionalism will enable us to understand the rile doctor patient relationship plays in enhancing health quality of patients. It will also permit us to understand the different roles different factors like drugs, environment, money play in healthcare provision. We will also use symbolic interactionism which will permit us to understand the different meaning people give to colors, actions, and situations that surrounds them.

### **2.2.1. STRUCTURAL FUNCTIONALISM**

It is “an approach that explains social phenomenon in terms of their integrative relationships and contributions to the maintenance of society”, Makiyighome (2009). Functionalism according to spencer relates the function an individual, institution or norms of a given community has to play to ease the smooth and continues functioning of the community. He believes that every item in a community has a very vital role which cannot be replaced by another and if at all there is a replacement, the functioning seizes to be smooth and it becomes malfunction. In the same light in the domain of health, we have the nurses, doctors, cleaners and a good number of separate departments running the hospital similarly to the patients and their family members who come to seek for healthcare interventions, the medical team have their roles to play while those seeking for health have their own roles to play and it is important to mark that if one plays the role of another, there will be inefficiency in the process. All these have vital roles to play as far as health is concerned.

Patients, family member and friends have their own functions to play while the health staff have their own roles too in the process of healthcare provision. In the advent where on avoids playing their functions correctly, there will surely be a lack in the full process. It is word

understanding if nurses know their reasons for integrating the health service and if they understand the role they are supposed to play as nurses. To know about how the function nurses are to play will increase efficiency and the role health and environment plays is always very important, the different factors that that are considered to influence the concept health should be well understood, Long et al (2001)

The prominent Emile Durkheim used functionalism to explain the different divisions of labor and the role every social element had to play for labor to be efficient. Function can be seen as a carburetor and the function it has in a car which indeed is to mix air and fuel so as to enable the car to run smoothly. It is with this that we want to understand those that have greater roles to play and to understand if any atom in the medical field is playing the needful part it has to play for smooth functioning. Following the structural functionalism of Herbert Spencer, we will understand the indispensable role every individual and norms play in the process of health care.

Mostly, people have limited the roles of health care systems to only restoration of life meanwhile the functions go beyond that. According to the National Institute of Health (NIH), the functions of health surpasses just restoring life but preventing diseases from communicating, building coping strategies for health problems, and caring functions. On the other hand, patients also limit their functions to a great extent by believing all they have to do is to pay for their services and forget that it is their role to communicate properly their issues to the care giver and to also choose the medical procedure that suits them. The function money has to play in a health seeking process is never to be undermined similarly to the role accessibility and acceptability play.

### **2.2.2. SYMBOLIC INTERACTIONISM.**

The second theory used in our work was symbolic interaction conceived by Georges Herbert Mead and Charles Horton Cooley. The theory of symbolic interaction deals with experiences and relation with nature and the attribution of subjective meanings to signs, symbols and colors, objects and languages. Objects do not have meaning on their own but rather get meaning from the social actor Askan (2009). While the word seems complex, it is rather a more direct theory that tries to explain positive, negative and indicative roles of numbers, letters, sign and symbols as earlier said. For example, the red color could just be a color of love to someone who used red roses on a loved one while to another it might mean pain probably due to the fact that they lost someone and that person was buried in red attire. The symbols here are rather interpreted subjectively because there

is no basis for the analysis of signs which vary in different communities. While we go about Etoug-Ebe Baptist hospital, we have a good number of signs and words that will probably have different meaning to different people for example the word “express” which might mean fast but when some people see it, they think bribe due to their experiences maybe in the production of the id cards and passports. The bottom line here is the fact that the meaning we give to any symbol is due to the interaction we have had with it in the past.

Talking about social interaction, it is important to mention the fact that race and ethnicity plays major roles. Colorism also matters since different ethnic groups give different meanings to colors based on their experiences or what they inherited from their forefathers. The way different communities see the world have changed their understanding about it either for the fact that is better than the taught or worst. Different communities and different people at different points in life have had a lot of experiences with hospital environments and healthcare services. The multicolor uniforms of different departments in the hospital of Etoug-Ebe calls for a meaning surely because people see even through those colors.

### **2.3. DEFINITION OF CONCEPTS**

This section of work was dedicated to the definition of concepts key to our research.

#### **2.3.1. HEALTHCARE**

According to WHO (1948), health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Healthcare can be defined as an organized provision of medical care to individuals or communities. People fall ill at different moments in life and needs health interventions. Healthcare organizations provide information relevant and necessary for the betterment of life.

#### **2.3.2. PATIENT**

According to Cambridge dictionary, a patient is a person who is receiving medical care, or who is cared for by a particular doctor or dentist when necessary. Merriam Webster dictionary defines a patient as “an individual awaiting or under medical care”. Patients are helpless most at times and need to be cared for by able people. Patients use health providers who have proven to be effective by other people or by themselves. Patients use different means to attain health quality.

### **2.3.3. PERCEPTION**

Perception is defined by Miriam Webster dictionary as “the way you think or understand someone or something”. People have different ways of viewing a situation either due to their experiences and cultures. The way people understand and consider situations in health organizations are not the same. A better satisfaction for someone will change their thoughts about and institution. Many people view healthcare as centers of making money while some see it as places for the improvement of health.

Finally, this chapter covers various books, articles, internet pages we consulted to gather already existing knowledge on our topic. We also showed the theoretical framework consisting of two theories. We enlisted structural functionalism and symbolic interactionism. And finally the definition of concepts key to our study.

**CHAPTER THREE**

**PATIENT HEALTHCARE IN ETOUG-EBE BAPTIST HOSPITAL**

This chapter treats general elements that represents EBH which is our case study. It shows an inside view and permits us to know what EBH is and things we can find around. It demonstrates the interactions of patients, doctors and medical elements in the hospital.

### **3.1. THE NOTION OF HOSPITAL**

According to Merriam Webster dictionary (2012) a hospital is an institution where the sick or injured are given medical or surgical care. During the early years of Christianity, the benevolent group of the church took upon themselves to take care of the sick, feed the poor, take care of widows and children. They did this by providing what to eat, offering accommodation and hospitality to strangers. This practice continued till the middle ages where monasteries took the idea and added wards. They saw care as giving comfort and spiritual sustenance to those in need. In the mid-1700s, the united states established isolated hospitals and almshouses which were to serve the needs of the sick and the infirm. The first hospital to treat medical conditions in America was led by Benjamin Franklin and it was the Pennsylvania hospital of 1751. Developed countries are somehow advanced in medical procedures since they have trained personnel and medical equipment needed to serve the care demands of the growing population. As time moves on, they invest into more advanced medical technologies such as automated services and computerized information systems.

In some African countries like Yemen, 65% of the population lack access to primary healthcare left alone hospital services Mohgha (1999). In Chad, about 70% of the population find access to healthcare difficult, Mohgha (1999) due to educational, financial and demographic reason. Home childbirths are still very common in most developing countries which consist of the majority of the world's population. There are a good number of hospital in underdeveloped countries though they lack trained personnel and equipment for running diagnoses and handling several health issues. The life expectancy of most African and other developing countries is generally low due to the lack of good public health facilities, Pamela (1954). Hospitals from the past till date vary from a great number of perspectives such as ownership, size of the hospital, types of services offered, and stay duration.

Hospitals were created with the aim of taking care of the needy and housing pilgrims and those in pain. The conception of hospitals has been a life changing scenario for mankind since the early periods of its creation till date. A lot of human have gained hope, received quality care by

Christian organizations who took upon themselves the task to cater for the afflicted. Thanks to this Christian organization who created these hospitals as charity homes, hospitals spread over the world. “many hospitals arose in Europe thanks to churchmen, noble men and kings” Riva (2013). Moreover, with the evolution of hospitals, more services entered into the hospitals and it became a complex medical and educational center for physicians. Most hospitals now have developed their own administrative procedures and while the government open up hospitals for the public, private individuals, Religious and non-religious organizations also open theirs with different intentions though related to the provision of healthcare services.

In government hospitals, the government provides subsidies which make is less expensive compared to those of private hospitals who need money from their patients to pay for drugs and take care of the working personnel Felix (2021). Due to affordability, government hospitals receive larger numbers of patients on daily bases. Nevertheless, hospitals turn to appear as business centers for many nowadays and that pre-idea of charity behind the conception of hospitals seems to be ignored.

### **3.2. THE ROLE OF MISSION HOSPITALS**

With the growth of Christianity, Islam and other religions, many religious organizations have seen it necessary to open their own hospitals as a center of care for patients. In Europe and Africa, there exist several religious hospitals who do not function as churches or mosques. They are not discriminatory generally in their treatments. They use the name of the religious institution to carry out healthcare practices though some differences can be seen between the later and non-religious hospitals. Among these religious organizations, we have Christian mission hospitals in many areas around the world such as the united states of America, Britain, Israel. In African counties like Nigeria, south African and Cameroon have mission hospitals. In Cameroon, we have Christian missionary hospitals such as Catholic, Presbyterian, protestant hospitals around the country who serve the needs of the local population. In the Baptist, there is an organization in Cameron that controls the activities of the Baptists called the Cameroon Baptist convention (C.B.C).

The CBC works in a trinity which consists churches, hospitals and schools. The wing that controls the affairs of hospitals is called the Cameroon Baptist Convention Health Services (C.B.C.H.S.). The oldest hospital service center of the CBCHS is in Bansa, Bingo Baptist Hospital



(B.B.H.). Bango Baptist hospital is the oldest and second largest hospital of the Cameroon Baptist convention. The CBCHS provides holistic health care services, integrating physical and spiritual care, including curative, preventive and rehabilitative medicine.

In Yaounde, the first CBCHS to be created is Etoug-Ebe Baptist hospital which serves the community of Yaounde since its creation. Historically, it was in December 1983 that the CBC health board took a decision to create a health center in a swampy area of Etoug-Ebe. On the 19<sup>th</sup> of march, they wrote to the minister of health for a health center and a reply was granted on June 18<sup>th</sup> 1984. Finally, construction works started in 1985 and by the 15<sup>th</sup> of September that same year, healthcare staff was sent there to start the center. After the creation of the center, it was supervised by the ministry of health and an authorization to open then center was given under declaration NO. 097/MSP of 18<sup>th</sup> march 1986. The center faced problems of water, mosquitoes, electricity and road access.

**Picture 2:** Etoug-Ebe Baptist hospital



**Source:** Fieldwork (May, 2021)

When we look at the above image of Etoug-Ebe Baptist hospital, we see that it is colored in yellow and thick red which are attractive colors and can be noticed from a distance. The hospital has many rooms and windows that permit ventilation. The small building in front is for information concerning hospital reception. For those who have never been there and are not able to find themselves around, the information room is the place for them to get clarification on how to move about the hospital. We also see two wheelchairs which are used to carry those who enter the hospital in critical condition and might not be able to move. The wheelchairs carry the helpless people from one place to another as they enter the hospital till they leave.

The hospital comprises of hundreds of staff and is built 3 upper floors on the base building. The hospital is painted mostly yellow and has 50 numbered rooms whereby the numbering begins from the basement and ends at the top. It is made up of two inpatients wards that is one for the women and the other for men and children. Each ward consists of 10 beds making a total of 20 beds in the observation room. The hospital is made up of a total work force of 243 workers consisting of 163 women and 80 men, 16 trained medical doctors, nurses, cleaners, guards and chaplains.

### **3.3. ETOUG-EBE BAPTIST HOSPITAL MISSION STATEMENT**

“The CBC health board ... seeks to assist, in the provision of care to all... who  
 Need it as an expression of Christian love... and as a means of witness  
 In order that they might be brought to God (3x)  
 Through Jesus Christ  
 Thus the health board shall provide, exemplary healthcare with genuine compassion,  
 Overriding purpose of evangelical witness...  
 This is the health board mission statement  
 In order that they might be brought to God (3x)” (EBHY, May 2021)

In the mission statement of the hospital, we see the desire to help every individual in need of healthcare services as a sign of love. This helping of patients will be a demonstration of God’s love and a way of witnessing to unbelievers. This is an indication that the role of the hospital is not limited to medication but also evangelism, following the bible which commands Christians to go forth and make disciples. The hospital shall be an example to others when it comes to healthcare

provision. The mission statement puts the hospital at a sort of first position as it is supposed to be exemplary. If the hospital is supposed to use its premises as a place for evangelism, it will mean that their actions will reflect those of Christ who came evangelizing and healing people along the line of his ministration.

The mission statements directly indicate that the services offered there are to be exemplary and to bring people to God through Jesus Christ. This is a favor to Christians but it creates a problem given that Muslims might not want to listen to Christianity. One of our respondents told us that everyone has the right to practice their religious while in the hospital. This brings up the question of how should a religious institution permit other religious believes to be practiced in the institute? During encounters with patients, the only message that is shared is that of Christ which preventing other religious believers from accessing their own spiritual nutrition. The hospital uses different activities to meet up with their mission statement. These activities are;

### **3.3.1 MORNING CHAPEL MEETING**

Etoug-Ebe Baptist hospitals opens 24 hours from Mondays to Sundays and every single day apart from Sundays, the start in the early morning period of 6:40. Over 80% of the staff are present for the chapel meeting which takes place in the nearby church, Etoug-Ebe Baptist church and is controlled by the hospital chaplain. This meeting is held with the respect of covid-19 barrier measures such as wearing face masks and maintaining a one-meter distance sitting position from each other. The church marked the different sitting positions with numbers to ease positioning of members. During the chapel meeting, there is praise and worship, followed by bible devotion taught by the staff in charge for that week. The chapel is divided into 4 weeks and two weeks handled by two hospital workers and the remaining two weeks, by the two chaplains. Every Mondays, the chapel sings the hospital anthem and a hymnal from sacred songs and solos (S.S&S). On Wednesdays, the chapel does more of bible study than other days while on Saturdays, it is general prayer sessions for different concerns. After the lesson is over, the chaplain comes up to give a general conclusion for the lesson and give encouragement to the staff to better perform their duties as missionaries of Christ. During the chapel meeting, a journalist in charge of giving information to the staff about current happenings in the hospital passes his announcements. He provides relevant news concerning the country and the world at large. At the end, offerings are

collected, intended for the support of patients who are in need. The offering collected is given to the social workers.

**picture 3:** Chapel meeting.



**Source:** Fieldwork (May,2021)

The chapel meeting consists purely of medical personnel and no patients is present. This is because during the meeting, vital information concerning medical personnel is discussed and are not supposed to be known by patients. At this time, the staff is cautioned to do their service properly and avoid bad behaviors such as drinking wine which has been the topic for the month of May and June. During this chapel, new members are presented and the part of the staff who are not for chapel stay back in the hospital to take care of patients. It is done this way since early hours usually have few patients available. When the chapel meeting is over, the staff disperse to their various areas of duty and the two hospital chaplains go about different departments to have devotionals and pray with the patients. Since the chaplains are of a Christian religious background,

their lessons are picked out from portions of the bible and shared with all patients present in the early hours for consultation and clinical procedures.

### **3.3.2 LANGUAGE AND COMMUNICATION**

Language is a hindrance to proper communication between patients and doctors in EBH. Considering the fact that Yaounde is more of a French speaking zone, most of its citizens speak the French language meanwhile, most recruited doctors and medical personnel are English speaking. Even with the use of interpreters, some patients still find communication difficult. People who go seeking health care interventions in Etoug-Ebe Baptist hospital use a range of communication languages to talk with their practitioner about their health issues. Given that most patients might not be able to speak the same language with the healthcare provider information is misunderstood at times. While at the hospital, we noticed that many newly recruited health workers especially females found it difficult to catch up with the communication needs of the patients because of language differences. The common known pidgin English is the most used language of communication in the center as it permits both educated and non-educated to understand. Nevertheless, not only the pidgin English is used but French and English are also widely used. In cases where patients and doctors find it hard to understand each other, there are interpreters in the hospital who assist this communication. The issue here is that the interpreters are not trained linguists but rather health staff who are somehow bilingual.

### **3.3.3. UNIFORMS OF HOSPITAL WORKERS**

In a general note, it is most at times observed that doctors and nurses put on a white jacket on their attire anytime they are on duty. There exist not only nurses and doctors in Etoug-Ebe Baptist hospital and as such, the staff are expected to dress in respect to their different department be it the financial, the guard, the dentist, doctors, social workers and the cleaners. This is such that one can quickly identify people working in a specific department. All the cleaners in the hospital put on their brown clothes, the guards put on yellow, the financial team put on the blue shirt and black trousers/skirts and all others branches have their own uniforms. Never the less, the staff are supposed to put on their white robes so as to be recognized as health workers before their separate departmental wears. On the white attires, there are marks to differentiate one department from another for example the chaplains put on a white with black on the chest pocket, the social workers put on white with blue, the nutritionists put on white with green on their chest pockets. It is true

that many people look at the uniforms without actually paying attention to what they might symbolize. The white attire doctors put on does not only reflect the desire to be recognized as doctors but have hidden meaning. The white color mostly symbolizes purity and for doctors, it's a sign of purity in duty. White in some cases symbolizes cleanliness and as such, the doctors identify themselves with the whites as a means of accepting call of taking proper care of patients. It makes it possible for stains on the whites to be visible and easily cleaned when noticed.

### **3.4. GENERAL FUNCTIONING OF ETOUG-EBE BAPTIST HOSPITAL**

Same as other social institutions, every hospital has particular activities that they do so as to serve the purpose of its existence and serve client's needs. Some of the activities EBH carries out for a better functioning are the following;

#### **3.4.1. NUMBER PICKING**

Given that all patients can not arrive the hospital at the same time plus the fact that medical personnel have to do morning devotions, patients have to pick numbers in order of arrival. This is done so as to permit the first people to be treated first. While the majority of doctors are holding the morning prayers, patients start picking number to keep their position. Some even pick a number for themselves and for others so as to permit them get earlier position. Some still pick and estimate the time their number can be called up and after that, they go home and come back later so as not to delay in the hospital waiting for their numbers to be called. The use of this numbering is to permit order in the reception room so that early people will not be handled after late comers.

#### **3.4.2. PRAYERS**

After the chapel is over, the two hospital chaplains go around the different departments to pray. They pray general prayers with patients in the different departments and have a bible lesson of about 20 minutes with the patients. This prayers and devotions is a way of evangelizing to the patients and telling them about God. Not everyone concentrates during the prayers as some are Muslims. The prayers and devotionals are from the bible and other religious organizations like Muslims are not attended to in the domain of prayers given that it is a Baptist hospital. They pray and commit the patients into God's control hoping that the patients will receive their desired health outcomes.

### **3.4.3. HEALTH TALKS**

Health talks are done in EBH in specific departments like the treatment department, maternity and prenatal reception room. Nurses are assigned each day to carry out health talks on topics like exercise, eating habits, impacts of alcohol, cigarette and sleeping habits. These health talks are meant to provide information to patients so as to help them get protected from disease preventable diseases.

### **3.4.4. DISEASE PREVENTION**

Disease prevention which is one of the major activities of hospitals consists of making sure that the spread of disease and infections be limited and also control the infections that are available already. In our field of research, we found out that the most and common manner of prevention the spread of diseases is regular and proper washing of hands, and it is practiced though to a minimal level. The hospital prevents diseases at three stages namely. The hospital environment has water sources for people to wash hands as often as possible

#### **3.4.4.1. PRIMARY PREVENTION.**

This stage has to do with carrying out health interventions before health effects can occur possibly through vaccination, controlling eating behaviors. One of the activities of primary interventions carried out these days by most hospitals is the vaccination against poliomyelitis a common virus that risks causing paralysis and is prevented with the polio vaccine. To this is also the vaccine against Hepatitis B virus which consists of 3 vaccines to prevent the chances of getting infected by the virus for those who have not been infected yet. The hospital organizes seminars of this primary health prevention in secondary schools, churches and community zones.

#### **3.4.4.2. SECONDARY PREVENTION.**

This is the stage where diagnosis and screenings for the identification of diseases are done. At this level, there is actually no major signs or symptoms of illness but individuals are tested to be sure of their health balance. One of the tests Etoug-Ebe carries out for this stage of health prevention is blood pressure. This stage proves important in the stage of disease prevention because if any issue is found, it can directly be treated or treatment procedures will start hence reducing the risk of the disease from becoming more severe.

### **3.4.4.3. TERTIARY PREVENTION**

At this level, the patient is already infected but the medical personnel put in place measures to increase life span and quality of life by reducing complications and containing the present disease so as to reduce the damages it causes. This is seen in the treatment center of the hospital where our study was carried out. Patients with HIV aids come for this service and they are giving their monthly medications. This helps them to even look healthier and still have hope in life with the advice they receive from the doctors. What health workers mostly do at this level is that they educate their already infected patients on proper and timely intake of their drugs so they stay strong.

### **3.4.5. HEALTH PROMOTION**

The first health promotion international conference was held in Ottawa in 1986 (Ottawa charter for health promotion) as it was to enable health organizations focus on improving health quality of communities. In 2016, the Shanghai conference was held and three principles of health promotion were laid down among which were healthy literacy, healthy cities and good governance. Health promotion can be said to be the activities of increasing people's abilities to have control and improve their health conditions by sensitizing them. The WHO Ottawa charter of 1986 defines health promotion as "the process of enabling people to increase control over, and to improve their health..." for individuals to be able for this task, it needs that they understand and identify potential harms and health benefits of the environment they live in and how to control eating, sleeping, drinking habits. Etoug-Ebe mostly carries out her sensitization health promotion campaigns in churches especially Baptist churches though at times they move to other denominations, giving out essential and basic hygiene to be practices while home, methods of cooking food, importance of doing sports and even how to eat healthy diets. These activities help the people to avoid common illnesses due to lac of their knowledge about it.

### **3.4.6. REHABILITATION**

According to the national cancer institute's dictionary, rehabilitation in healthcare are the special services that can help someone to regain physical, mental and/or cognitive (thinking and learning) abilities which were lost or impaired as a result of an injury or disease. Rehabilitation services are available in our study zone as patients are taken in when their conditions become more



critical. Nonetheless, it should be noted that the services of rehabilitation are relative to the conditions of the patients. In cases that are more severe, the hospital refers for better rehabilitation in different hospitals. Some common disease which calls for rehabilitation in the hospital are stroke, joint conditions, trauma and spine injuries. The hospital does its best to see into it that patients are not sent home when there is still uncertainty as to whether they are fine to go or not.

### **3.5. SERVICES RENDERED AT ETOUG-EBE BAPTIST HOSPITAL**

All hospitals and health district have specific services they offer to the local population and this is because is it difficult for one health organization to offer all available health services for patients due to lack of space, finance, trained personnel and many other factors such as time, for this reason, we are going to give a list of some principal services offered by hospitals among which we have;

#### **3.5.1. GENERAL CONSULTATION**

This is a meeting point between a patient and his physician where they turn to provide all the information possible about their health issue. The number of clients who come for consultations increase as days go by. While on the field of studies, we found out that the number of clients who visit the center have seen a rapid increase in number since its creation till date. The increase has been within the range of 2300 consultations per month during its birth to an average of 11000 monthly in the year 2020. Consultations are carried out for a variety of health issues such as tooth, eye, stomach, back pain before specialists carry on their laboratory tests.

In every healthcare organization, there is at least a consultation center which creates the first links between patients and health providers and permit the health provider to find out the problem faced by their client. The consultation can determine If the patients' needs just drug to go back, advice or medical checkup and possible admission into the hospital. It is a duty for a consultant to have a fair relationship with other physicians so as be able to refer the client to the right person without being biased to better serve the interest of the patient. The consultation room consist of variety of medical issues, it could be dental, antenatal, bone, eye, spine, sexually transmitted disease (stds). Sometimes, it happens that the problems of the patients are not actually physical or biological rather they are psychological and need more of counselling than drugs or tests as one of our respondents told us;

“One woman gets assaulted by the husband and what we take care of is the bruises the woman brought and we don’t look at how you feel when you are bitten by your own husband? That is another big thing to take, that’s another thing to discuss. What about the husband who beat and who is still even there, i am going back to meet? Those are some things” (Felix, May 2021)

### **3.5.2. EXPRESS CONSULTATION**

Talking about express consultation, we refer to the ability for someone to be consulted as fast as possible without having to wait for long. Never the less, it doesn’t mean consultation or biological test will take shorter time to finish as compared to others. It rather refers to the fact that the patients will be attended to before others and clear the issue of waiting long to see the physician. It is important to know that money and influence has a role to play as far as express consultation is concerned. The prizes are elevated beyond normal consultation fees so as to enable only those who are ready to pay extra charges to go for it. Looking at the situation, we can see that the objective of this is to make more money looking back into a Cameroonian system of paying extra charges to receive items like identity cards, passports earlier than the normal time. We also saw that influential people have an upper hand to receive treatment earlier as compared to others as one of the respondents told us

“The advantage is to the patient and not to the doctor, if someone has something to do at home he can consult faster and go” (Ayeah, June 2021)

Another respondent told us about a director of communication who was attended to as soon as he entered/ another affirmed that people like traditional rulers and government authorities cannot be delayed on the waiting line with others due to their influence in society. The express services therefore can respond to the fact that money has an impact on patient delay in the hospital.

Most at times, express services used to be an integral aspect of government hospital but never in religious organizations particularly in Baptist hospital. The integration of this service in Baptist hospital surely reflects the fact that money is at the back mind of the hospital

### **3.5.3. PHARMACY**

This service provides medications prescribed by the practitioner in charge different patient. In most hospitals, their pharmacies are often linked to the hospital while others do not have pharmacies. Some only prescribe medication and the patient goes and buys them elsewhere. Etoug-Ebe has 3 integrated pharmacies, one general pharmacy found down the lower floor of the building. The other two are the dental and eye pharmacy, then a second general pharmacy on the second floor of the building.

### **3.5.4. DENTAL SERVICES**

The hospital is capable of providing dental consultations, tooth treatment and replacement. The hospital provides a team or workers who can perform minor surgeries in the domain of the teeth. This department get saturated daily with a wide majority being adults who complain of tooth pain and come for tooth replacements. The reception hall people always get saturated and there is barely space for others to pass.

### **3.5.5. ANTENATAL CLINICS**

Etoug-Ebe provides antenatal care clinics for pregnant women. This service provides advice necessary for pregnant women. It tells them how to control their eating habits, sporting activities and how to keep the baby in good condition. The mothers are checked to ensure that they have no disease which can be transferred to the baby during childbirth. If a case is found, the mother is kept under more checks. This is done to prevent infections from mothers to be transmitted to their children at childbirth.

### **3.5.6. CHAPLAINCY AND SOCIAL SERVICES**

The chaplains in the chaplaincy serve as advocates between patients and doctors though they support patients more. This means they try to understand what patients go through and defend their interest face to medical staff. The chaplain attends all hospital decision making meetings to make sure that decisions taking should not reflect only finances issues but favor religion and the interest

of patients. The hospital chaplains dress with white robe as other nurses and doctors though there is a difference between them. Their white has black attachment on the chest pocket and the back horizontal line which is meant to differentiate them from other medical professionals. In as much as the black attachment on the white robes of the chaplains play the role of differentiating them from other departments, the black is a symbol for clergies. Most clergymen put on black robes during baptisms, lord suppers and church services. Hence, this black reflects the clergymen in the duties of the chaplains.

The social service is a branch in the hospital that works with patients and doctors to insure the satisfaction of both parties. It helps resolve some psychological and financial issues of patients. The social service workers keep money given to the hospital as contribution from churches, individuals and medical workers. They use this money to assist those who have difficulties in taking care of their bills. It should be clear that they take time to analyze the situation of a patients who is in need before offering help. The help they give are not always complete. The social workers take commitments with their clients and pay of some bills so that when the clients are better financially, they can come back and refund;

“Maybe 50.000, 100.000, we cannot just pay. Most at times what we do is that we take a commitment with the client and the client goes then from time to time he comes and pay instalmentally” (Social workers E.B.H, June 2021)

From clear indications, the social service is there to provide a sort of medical loan so that their patients can pay later. They do not actually pay completely for those who have no ability to afford for their medical bills. Most of the patients who visit this department are those who find the medical bill higher than what they had expected. Money is donated by the church and at times workers in the hospital give out contributions to support the needy. It ends up that they do not give out the money for complete support to those who need it.

### **3.6. HOSPITAL HYGIENE**

One of the major dimensions of quality care is hygiene in health provision facilities. Patient satisfaction can also be gained through their perception of the environment in which they find themselves. To keep hospital environments clean does not have benefits only on patient satisfaction but it also prevents the transmission of infections. The spread of infectious and contagious diseases can be curved down when a hospital milieu is clean. Every hospital has its ways of maintaining hygienic conditions. In Etoug-Ebe Baptist hospital, there are a good number of cleaner who work all day in respect to their shifts. The cleaners take care of the environment by cleaning inner and outer space of the hospital, they also wash used bed sheets. The washing of bed sheets is done on the top floor of the building and this is to prevent people who walk around from touching it with unclean and possibly infected hands.

Toilets are also available in the hospital with waste bins to prevent people from throwing dirt everywhere around the hospital premises. Hospital workers also play roles in keeping the environment clean by properly disposing of the test and lab materials they use. Hospital cleaners play the role of maintaining good and healthy environment for hospital functioning. Never the less with the efforts put in place to keep hospital environment clean, the beds, rooms are clean at times. In the air, hospital environments are usually not safe to eat since the air is mostly contaminated and can hardly be cleaned.

### **3.7. COVID-19 CONTAINMENT**

Covid-19 is a worldwide pandemic that started in china and finally extended to virtually all parts of the world. The pandemic went on causing a loss of thousands of lives on the entire globe. Many different organizations developed strategies to limit the propagation of this disease. Governments put serious restrictions to limit physical contacts between individuals so as to curve down the spread of the virus. Countries such as Malaysia, have taken into a serious lockdown so as to limit movements. In like manner, the government of Cameroon provided preventive strategies to fight against this deathly virus. Some of these methods include obligatory wearing of facemasks before going to gatherings, regular washing and disinfecting of hands, reduce the meeting of people to 50 people maximum in any social gathering. Some of the rules have been taken serious by some Religious, educational and health organizations. In Etoug-Ebe Baptist hospital for example, there are over 50 boxes containing hand sanitizers for patients and medical personnel.

More to that, there is a sanitizer at least in every office and public room which serves the purpose of disinfecting hands after have come in contact with people. Wearing of the face mask is obligatory to anyone who wants to get consulted or wants to carry out any activity in the hospital. The masks provide a coverage for the mouth and the nose which are considered vulnerable parts of the body for the transmission of the covid-19 virus. It is true that maintaining social distancing remains a challenge due to the overpopulation of patient and staff. The number of people waiting in the maternity at times exceed 50 and even when they are less in other departments such as the eye and dental department, they are still tight together due to insufficient space. The movement of hundreds of patients and staff from one place to another with insufficient space makes it challenging to maintain the rule of social distancing.

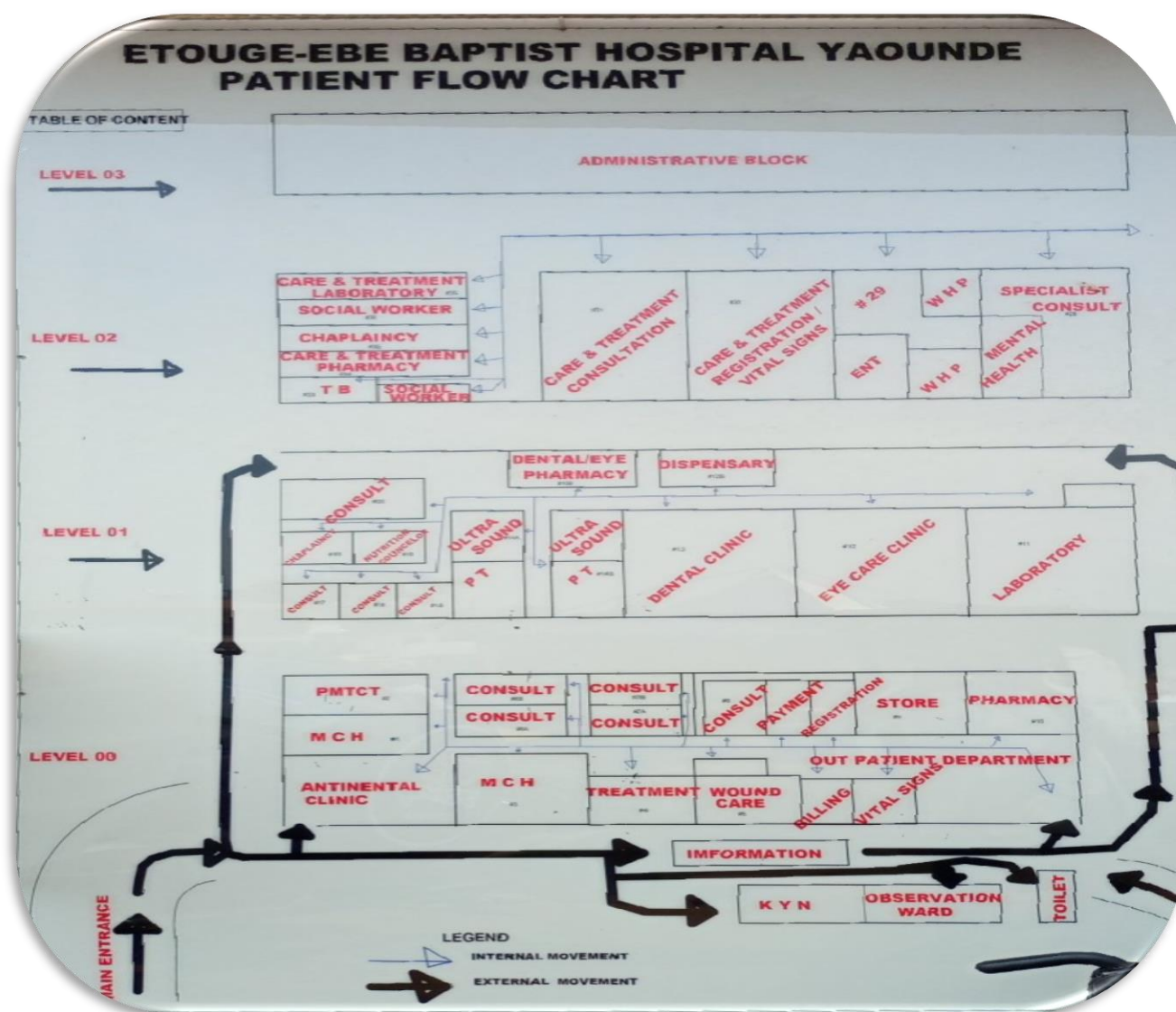
### **3.8. FOOD AND NUTRITION CENTER**

This is a branch of the hospital that deals with food and nutrition of patients. The nutritionist takes notes of patient's weight, size and advise them to eat more or to reduce their levels of eating. When there is a case that need the nutritionist services, the nutritionist provides the needed food for the patients until their stay is over in the hospital. Those who provide these medical nutrition therapies are also called dietitians. They are the ones in charge of evaluating patient's nutritional needs and provide nutritional guides and implement them for the patient. The nutritionists of the hospital cook food at times for some patients who really need food for their health betterment. They also provide them with health advice for people to either gain weight or lose it.

Food is vital in the lives of every living organism and as the need to take good care of one's physical body, one has to eat good food. Good food here is in terms of quantity and quality to strengthen the bodies for more activities. In the hospital area, there are a number of food items at the entrance of the hospital. Some of these foods are fruits and cooked food and most of the fruits common are cucumber, banana, garden eggs and cabbage. People also sell meals commonly called in Cameroonians in the names; corn chaff, eru, achu and corn fufu. There are provision stores that provide items like books, masks, pens among other items. These items are provided for hospital staff, patients, student who go to Etoug-Ebe Baptist school and for the nearby church attenders. The number of people who enter the area either for church, hospital or school activities are in numbers and thus provide a good market for those who are selling. When the department of nutrition recommends some fruits as it is the case most at times, the food items are gotten directly

from the nearby sellers. Among the provision stores that exist in the hospital area, one of them is owned by the hospital and in this their store, they sell a variety of food items and accessories. They also do money transactions like withdrawals, transfers and deposits of money through MTN mobile money business. The withdrawals permit people to withdraw money from the hospital without going far. During these transactions, there are percentages of profit going to the accounts of the hospital. The hospital uses the store and mobile money services as a means of increasing their income which is common with other health services.

**Picture 4:** Patient flow chart



**Source:** EBH July, 2021

Talking about a patient flow chart, we refer to what indicates the process of movement in and out of the hospital. A flow chart is also a systematic visual display of the element of a process. Etoug-Ebe Baptist hospital is made up of many rooms and different health departments located in different areas of the buildings. It is difficult for someone who is visiting the hospital for their first time to access their departments of concern. For this reason, the patient flow chart was created and positioned at the entrance of the hospital so that patients can read and know how to find their way around the hospital building. For some patients who can hardly read or notice the position of the patient flow chart, the hospital has security guards dressed in yellow who can help them find their way around. The patient flow chart functions as a guide for patients, it assists patients to find their way easily around the hospital and to easily locate different departments at different levels of the building. On the flowchart, we also notice two different types of arrows, one thicker than the other and this is to ensure that one doesn't move outside to look for a service that is supposed to be inside. The lighter arrow indicates movements that are in the building meanwhile the thicker ones indicate movements out of the building

### **3.9. MENTAL HEALTH**

When defining health according to the UNO (1948), we understand that health is not only a physical wellbeing but also a mental and social wellbeing of an individual. When looking at the domain of healthcare, our minds mostly go to the physical. However, there is more to health than the physical aspects of it. Studies have proven that there is a direct relationship between the physical and mental health. This is to say both react in similar manner and if one is not well, it automatically affects the other too. Mental health is an aspect of health that deals with our emotional, psychological and social wellbeing. It determines the way we think and make choices, overcome stress, depression and associate with people around us in a particular society. There are lots of people suffering from mental health issues in our societies. Over half of the entire American population suffering from one mental issue or another. Etoug-Ebe hospital has a mental health service where they deal with people who are challenged mentally. Most of this consultations are done in a very calm place where other patients hardly pass. This is done to avoid the stigma madness carries.



### **3.10. HOSPITAL SHIFT**

In hospital systems, there are two work shifts which are the day shift and the night shift. Hospital function all round the clock because people fall sick in the day same as in the night. For this reason, hospital doors are left open throughout the day and night.

#### **3.10.1. DAY SHIFT**

The day shift starts from the early hours of 6:00am and doctors who work in the day shift carry out all activities like consultations, treatment, lab tests and admissions for people who come during the day. Nurses and doctors of the day shift rest at night and resume effective duty every morning and end around the early evening hours of 6:00 am.

#### **3.10.2. NIGHT SHIFT**

It is known that people fall sick in the night same as in the day and need to be treated without necessarily waiting for the morning hours to arrive especially when the situation is serious. Since patients need services at night too, hospitals leave their doors open to receive patients. Night services help in the continuity of care. The night shift starts from the period of 6:00 pm throughout the night to 6:00 am. Mostly, night shifts do not have as many people as the day shift and for that reason, only few nurses are selected to work the night shift. In case of an emergency that needs the assistance of a professional medical doctor, calls will be made.

Night shift services at times get difficult for some nurses who either find themselves sleeping rather than working due to sleepiness in them. When we asked one of our respondents about sleep habits of night shift workers, she told us most of the departments sleep when they have no work to do. This statement proves that nurses could be sleeping because they are not receiving new members meanwhile the problem lies at the level of those who are already admitted. This means that for the said department, when their patients are asleep, there is no one to look after them which could be a danger to the patients. On the part of the nurses, it is said that night shift work can also be a danger for as they rather sleep at unfavorable moments, characterized by noise, lights and temperatures. Lack of quality sleep can have an adverse effect on the quality of healthcare provision of nurses and also affect their mental performance, Akerstedt (2007)

### **3.11. PATIENT FEEDBACK**

Some hospitals have a system whereby patients write down their observations about the services they obtain while in the hospital. This decision to write a feedback is not compulsory and patients only write at their own convenience. While looking at some of the feedback of patients,

we notice a good number putting down negative complaints. Some of these included distracted patients, cost, and time management.

Picture 5: Patient feedback

Source: PMEL Etoug-Ebe Baptist hospital

### **3.12. INTENSIVE CARE UNIT**

Intensive care units are hospital wards that are meant to provide specialized care and treatments for people. It works with available monitoring and specialized experts with equipment needed for serious cases. I.C.U centers are made up of qualified personnel in different specialty of medicine and know how to handle special equipment. It is most necessary to have an intensive care unit so as to handle severe problems. Most common issues that requires the services of an ICU are health conditions like breathing disorder, heart attacks and severe accidents. When people are in an ICU, they are well check at looked after from time to time to make sure no severe conditions starts up when no one is aware. On our field of research, we found out that there is no ICU center in Etoug-Ebe Baptist hospital and when there is need for someone to be in an ICU, the hospital will consult, try to stabilize the case then refer to another hospital for better handling.

### **3.13. VISITING PATIENTS IN ETOUG-EBE BAPTIST HOSPITAL**

When talking about hospital visit, we refer to situations where people go to the hospital to visit either a family relative or a friend who is sick. At times, on hearing that a friend or relative is sick, most people just go to the hospital directly without thinking if the person is in the right position to see them or not. For hospitals, in order to make sure that patients receive quality and undisturbed treatments, they put visiting hours to limit the ways and times people visit their facilities. In Etoug be Baptist hospital, the visiting hours are set from 12:00pm to 8:00pm and in between this time, people can visit. Never the less, we observed that many people still visit out of the visiting hours. This visiting hours are meant for the maternity and the Ward but at the periods of about 8:00 in the morning, we see people in the wards already visiting their patients.

To sum up, this chapter is a presentation of EBH and we have seen the different activities and mode of functioning of the hospital. We have seen elements such as express consultation, which push patients to think that there is a degree of discrimination at the level of finance. This is because rich people can assess health provision quicker as compared to the poor. We have also seen prayers, number picking and how it influences the smooth functioning of the hospital.

**CHAPTER FOUR**

**FACTORS INFLUENCING HEALTHCARE IN ETOUG-EBE  
BAPTIST HOSPITAL**

This chapter permits our understanding of the nature of care in hospitals, what it is all about, what determines access to quality care and patient rights and responsibilities. In this chapter, we will also be examining what primary and secondary care in hospitals is and we will focus in E.B.H. We will also see how the hospital operates in and outpatient services and the measure complaints of patients while in hospitals.

#### **4.1. THE ROLE OF PRIMARY HEALTHCARE.**

Primary care is the initial point of contact between a patient and a healthcare system. Here, essential information and resources needed to improve health outcomes is shared. Primary care has to do with the practitioner studying symptoms of malfunction on their patients to know if they are to be referred to a health specialist or not. People in charge of primary care are physicians specialized in first contact with patients. They are trained in comprehensive skills and their main duties are to diagnose symptoms and signs of health concerns be it emotional, psychological or biological.

Primary care is charged with the provision of patient information, counseling, the maintenance and promotion of health. It is the initial stage of a patient's treatment process and an attempt to understand what patients are going through to determine what could be the issue with them. This is mostly done in the consultation room where the patient is face to face with their clinician who puts them through a series of questions. The clinician at his level can carry out basic tests like taking the weight of the patients, and checking their blood pressure. In a sum, primary care puts us in a situation where the primary care physician provides first solutions and recommendations to a patient at first contact and is responsible to see that the patient is sent forward for more lab testing if necessity arises.

Most patients gain relief during their early as their primary care begins. When they are told their problem can be handled, they turn to feel more confident of their health outcome. The main aim of primary care is to improve public health by facilitating access to medical care and this doesn't focus on the organ that is not feeling well but on the entire human. Primary healthcare benefits are; providing improved quality care, providing preventive health strategies, and it increases better access to health. In most cases when situation seem complicated, patients don't want medics to talk to them, the only thing they want is the start of treatments. One respondent told us

“Some come in complaining only pain, pain, pain and they are not wanting to hear anything from the doctors apart from treatment to start and that is how it is” (Felix, May 2021)

## **4.2. THE ROLE OF SECONDARY CARE**

Secondary care can be seen as the support giving by a specialist in a particular given health domain such as tooth, eye or brain. After a patient finishes their primary consultation and the primary care giver deems it necessary to forward the patient for better checkup, it is the secondary care provider who carries out the medium tests to help the patient regain good health. Secondary health care is so important as it provides an effective and a better understanding of care, and this is done by extending access to consultations and specialized procedures. Most at times, patient end at the level of secondary care as their issues are already solved. Only very few move on to the next stage which is tertiary care which needs them to be admitted for further treatments giving that that conditions are more serious.

## **4.3. INPATIENT CARE.**

According to Wu (2021) inpatient care is “any medical service that requires admission into a hospital”. Mostly, inpatient care turns to go in the direction of more severe medical conditions that require more time in the hospital for more observation and treatment. Going by inpatient care, patients are assigned a room and a bed depending on the critical nature of their ailment. A lot of hospital face the challenge of admitting patients due to lack of space and available personnel to carry on the treatment on those who are admitted considering the fact that most admission are done due to the fact that the situations are acute and simply giving drugs may not help and Etoug-Ebe also faces this challenge of admitting a lot of people due to lack of space to keep them as they have only space for 20 admission beds Some of the cases that push in for admission are cases that may need surgery, cases of stroke, brain injuries, severe bone damage.

Since some hospitals cannot provide necessary health personnel or equipment to carry some health treatment procedures, they are bound to send them to another health service center than can provide the care needed. Etoug-Ebe Baptist hospital had an admission works for women,

and men and children and this admission room is for observation and if the cases become complicated, they will be forwarded to Bingo Baptist hospital or Bansa Baptist hospital. Inpatient care becomes more expensive than outpatient care since it requires special observation and the keeping of a patient in the hospital care room and even more expensive if the admission is due to surgical purposes. One patient in the women ward was complaining to her daughter in my presence about the price she didn't understand saying.

“Why are these bills only increasing since I entered this ward? I have received several bills with different amounts and they only keep increasing, why can't I have one simple bill?” (Suzanne, May 2021)

The billing system of the hospital seems to be incomprehensible as Suzanne explains and not only are they increasing, there is no explanation as to why the bills get different daily.

#### **4.4. OUTPATIENT CARE.**

Outpatient service is a concept that works opposite to inpatients services in the sense that it relates to medical cases that are not too severe and acute and do not need admission or any specialized observatory stage. It mostly has to do with patients who come and collect their drugs, do their tests and go back to their houses and can only return for more checkups. So long as one has the opportunity to leave the hospital the same day, it still remains an outpatient service. The advantage with outpatient services is that they are usually less expensive as compared to inpatient services since it requires no need for a patient to stay in the hospital. The hospital offers about over 85% of its services to outpatients since there is limited space for inpatient services. When cases are more severe and needs admission, they forward to other branches for hospitalization if their 20 beds are already occupied.

#### **4.5. OUTPATIENT DEPARTMENT (O.P.D)**

An OPD in a hospital is a department that bridges the link or makes the first contacts with patients and from there decide on which other department patients need to visit for their health issues. The OPD offers basic services like diagnoses, minor surgeries, medical tests, medical advices, provides admission into the hospital and give illness related preventive measures. In the

Etoug-Ebe Baptist hospital, on entering the hospital, there is a room called the information room facing the big story building and in this room, patients are given directives on where to locate different facilities in the premise be it the eye, tooth departments and the ward close to this information room is the OPD section which is greatly saturated with a multitude of people of different health conditions on daily bases. It is close to the maternity and the general pharmacy of the hospital. In this department, most people who are visiting the hospital for their first time are found there and they make first contacts with the practitioners who then guides them on the next steps or areas they need to visit.

With the popular adage by Andrew Grant, “you never get a second chance to make a first impression” and given the fact that first impression counts, the fact that every first contact or at every start of something, the memories always remain and from the first impression someone gets about you, they can put in place many positive or negative judgments. The OPD has a duty to play warm reception to patients so as to get them feel good about the environment. The OPD has so many patients and family members who accompany their sick members to the hospital and is an open block linking access to the pharmacy and to the ward.



#### 4.6. PATIENT RECEPTION ROOM

**Picture 6:** Postnatal care reception room



**Source:** Fieldwork, (May, 2021)

From the image above, we can see how the room is saturated with women and their new born babies, each waiting for their turn to be received. In the early morning periods, the room is always very saturated and by afternoon, the crowd reduces as empty chairs can be seen in the image. The manner in which patients are received and the environments that receives them places a great rule to the patients as long as they are in the hospital. The facility for patient reception could be a physician's room, a waiting room, or a healthcare organization. Nevertheless, the place dedicated to receive patients is supposed to be in good order and presentable to the patient. The level of receiving patients in the waiting room or sit desk by a medical assistant influences a patient's perception of the entire facility, the form and nature of care they are going to receive.

Patient reception rooms are supposed to be well equipped for the comfort of patients and receptionist should make it possible for patients to have no complications in accessing care programs in the healthcare facility rather in most hospital, it is just an open place with sit which ended up stressing patients due to the congestion and the movement of medical personnel and patients seeking healthcare

Those who are in charge of patient reception need to have a good communication approach and be open to all those who come in and more to that, they have as duty to ensure that the reception room is appreciable by the patients. The patient reception room is like a welcome room for all who come in and when someone is well accepted into a facility, they turn to feel more comfortable about the outcomes which they feel will be positive since the start was good. It is also important that patient reception rooms be less time consuming for patient, this is to say the services need to be done with the consideration of not letting other patients wait for long and also taking into consideration cases that are more of emergencies.

In most cases, patient go to physician due to great distress and the receptionist need to be in place to take them in and make sure they try their possible best to make the presence of the patient pleasant which can go a long way to reduce their suffering even before consultation time. This first time is also very important because it can lead the patient to refer more people to the healthcare facility if they have been well received. Most patient complain that their presence is often ignored and they are rather the ones struggling to find nurses or doctors to take them in since no medical workers is ready to welcome them in and this is mostly due to the lack of knowledge about the importance of first contact between patients and nurses. When health workers are committed to making patients feel welcomed and their basic focus is to assure patients care, success of the clinical procedure becomes undeniable.

#### **4.7. ACCESS TO CARE IN HOSPITALS**

Access to healthcare can be defined as the ability for a health system to reach the people without exception or excluding some from benefiting the services offered. According to a report by Foundation Pierre Fabre, the declaration of Alma-Ata aimed at promoting protecting and promoting the health of all people by the year 2000 was a failure and they also say “Access to medicine and treatment of infectious diseases... Remains problematic in many parts of the world”

it is visible that in most underdeveloped countries, the possibility to obtain quality health is very slim.

Access to quality healthcare is very important as it provides the possibility to maintain and promote quality health, preventing and controlling diseases, providing the possibility to cut down on unnecessary disabilities and also makes healthcare services achievable for every individual. If access to healthcare is maximized and open to all, many lives will be saved as compared to when access is limited to a particular social class, race or gender. There are a good number of factors that influence the access to health care as some respondents provided such as finance, education, relationship. According to Penchansky (1981), the concept of “Access” has often been used when it comes to health care and the case is same nowadays. What determines access to health by Penchansky and Thomas were regrouped into what we call the 5 As of access to health which are Affordability, Accessibility, Accommodation, Availability and Acceptability. In E.B.H, access to care is granted to everyone. The doors of the hospital accept every one mindless of their ethnic or religious background. Never the less, the only restrictions come at the level of diseases they cannot treat or handle and the have to refer to other hospitals. While at the hospital, we observed that about 600 people visit the hospital on daily basis and this could be an indication that access is open.

#### **4.7.1. AFFORDABILITY**

It relates to how the health care system determines it prizes and how much they charge for their services in relation to the ability of the client to pay for the service. Mindless of the fact that affordability of healthcare is subjective and means different to different families, workers, social class, patients employees ad payers, most people complain of difficulty to pay their hospital bills. Affordability is in general the cost of health care and while some consider that one cannot pay for health care due to the fact that life is very precious and no amount is too much to maintain, others think the prizes need to be considerate due to the fact that peoples’ financial statuses are different. The prizes of healthcare provision and medication has seen a rapid growth as years pass by. According to Priya Bathija’s understanding affordability and value in health care (American hospital association trustee services), one in every 4 Americans complain of not being able to pay for their medical bills and 1 in every three American complain of not being able to access medical care due to financial constraint. In African where the rate of unemployment is increasingly

growing, most families find difficulties to feed themselves talk less of affording for their hospitals bills.

In E.B.H, most patients talk about the high cost of medication while responding to patient feedback. The views of patients who visits this hospital give us and idea on the fact that healthcare in E.B.H. is costly to them and that is a major problem for them. Most at times patient are not discharged from the hospital even when their treatments are finished due to of money to pay for their bills. At times patients have to visit the social welfare departments to lend them money to pay for their medications while preparing to refund the money later.

#### **4.7.2. AVAILABILITY**

The concept of availability has to do with the potentials for a health institution to provide the essential needs for health care service such as drugs, personnel, technology and infrastructure. According to the world health organization global health force alliance, availability to healthcare is “the sufficient supply and appropriate stock of health workers, with competencies and skills-mix to match the health needs of the population” according to this definition of access to health by WHO GHWFA in order for patients to have access to a health care provision facility, the facility should be able to provide a good number of staff who are ready and willing to serve the demands of the population and more to that, the workers available must have the skills needed to suit the demands of the population. Availability cannot be complete if skills does not complement the workers.

In our hospital, there is shortage when it comes to medical personnel relatively to the numbers of patients seeking healthcare services. Due to lack of automated services to assist the few personnel that exist, the hospital finds it difficult to provide the complete equipment and personnel to handle some cases. The hospital therefor is short of professionals in domains of brain, heart.

#### **4.7.3. ACCESSIBILITY**

Accessibility to care has to do with the geographical location of the center offering healthcare. It deals with if there are roads, railways, and the possibility for the client to reach there. The demographic location of a health care infrastructure has a great role to play when it comes to access granting into healthcare. When health institutions are distant from the population, located

on hilly places where cars and bikes can hardly access, it becomes really difficult for people to get to these facilities to seek for healthcare interventions. Most hospitals in urban area pretty much accessible as compared to those in rural areas though the problems faced here are issues of traffic jams at times when situations are chronic. Etoug-Ebe Baptist hospital is located close to the Biyem Assi road which makes it possible for people to even see when passing and the entrance to the hospital is tared making it easy to get into the hospital. The interurban road can lead people to the hospital given that it is not hilly or in a deep valley. The road and signboards acts as indicators for people to quickly access the roads. Geographically, the hospital is found on a sloppy hill that makes possibility for people to access on foot, bikes, taxis and even helicopters.

#### **4.7.4. ACCOMMODATION**

Accommodation of patients has to do with receptiveness, how the hospital can receive and host clients who come seeking for healthcare services. If a hospital is such that carries out inpatient services, it should have a certain amount of space to admit and keep patients with critical conditions nevertheless, even if the health center doesn't offer inpatient services, it should have the capacity to hold patient who come to seek healthcare. In most cases, due to small infrastructure of hospitals, patients at times have to stand outside waiting for others so they can finish. Patients privacy can hardly be maintained if accommodation space is small and this makes it such that some examinations carried out by the physician on a patient is seen by other patients. EBH has accommodation challenges the four story building is getting more crowded with patient and waiting rooms are always saturated. The admission words are made up of ten bed and the two consists 20 beds. This twenty beds have to receive patients in and we were told that some patients get discharged earlier at times to create space for new patients to come in even if the latter is not completely well yet. When it gets difficult to higher numbers of people in need for admission, E.B.H then refers some to other Baptist hospitals like Ekounou Baptist hospital

#### **4.7.5. ACCEPTABILITY**

Acceptability is linked to the fact that patients are comfortable with the provider of the services and also the reverse, how the service provider feels comfortable with the client, and some of these acceptability criteria are things like sex, age, social class and ethnicity. Acceptability is a key point as to when concerns access to health for the simple fact that if a healthcare provision center is accessible, available yet not accepted for one reason or the other, the facility will hardly

be used. The ability and characteristics of the health workers must be accepted for someone to go seek for health care in a given center and such of the characteristics may include the ability for to communicate properly in some languages, the capability to accept different sex, culture, ages and social class plus the possibility to treat each and every patient with dignity and respect. While consulting patients, the patients should feel belonging and comfortable to explain what they are going through and at the same time, the physician should be capable to handle emotional, psychological distress to a certain level before being able to refer to for better counselling. In Etoug-Ebe, every consultation beyond the physical is carried to the chaplaincy where the chaplain continues with the consultation. At times, patients come with spiritual problems and here is where the chaplain takes over. The chaplain prays and carry on deliverance process on the patient.

#### **4.8. EMERGENCY HANDLING**

It is with no doubt that there are some cases that need immediate attention in the domain of health. Situations of natural disaster, accidents, heart attacks and strokes are examples of common medical issues that needs a quicker response. Emergencies are situations that need quick attention if not there can be a possibility of damage to human life or organs of an individual such of this emergencies could be labor pain, heart attacks, stroke, breathing difficulty epileptic seizure and serious accidents leading to severe bleeding. The providers of health care are so careful to deal with emergency cases and allow those that are not too urgent. According to Ramanayake (2014), “A medical emergency is an injury or illness that is that is acute and poses an immediate risk to a person’s life or long term health and it extremely important to attend to these patients immediately” emergencies are part of primary care and those who receive such cases most be doctors and medical care personnel who are very much aware and updated on the different degrees of urgencies so as to better handling and is also important to have the emergency room well equipped for used rather that preparing it when an emergency is presented. It is rather unfortunate that most primary care givers are not updated on the increasingly growing emergency cases and who to go about them and this puts patient’s life at risk.

#### **4.9. PATIENT’S RIGHTS AND RESPONSIBILITIES IN THE HOSPITAL**

While seeking healthcare, there are very essential things patients need to do which only they can better do and in the other hand, they also have right which unfortunately most patients do

not know that they have these rights as most of them always feel that the health care provider is absolute and they only have to do what he says. Most patients don't know their rights and even when it is put on hospital walls, most hardly read them at times due to incapability to read. One of our respondent when asked about the knowledge patients have about their rights replied;

“I don't really think that patients know their rights, we try to paste it everywhere so they can see... We have it somewhere... I don't think it is in both languages”  
(Immaculate, June 2021)

Just like in the past, most patients of our days see the health providers as absolute and even forget that they could possibly make some choices because they also have rights tied to their autonomy. This respondent out of service relates that most patients act in total accordance to the rules of the healthcare provider with no objection no matter how much it goes against their own personal values.

#### **4.9.1. PATIENT RESPONSIBILITIES IN SEEKING HEALTHCARE**

According to the code of medical ethics opinion 1.1.4, it is understood that for medical care to be successful, the collaboration between patient and physician is very much required. For this reason, to ensure a better care for patients, patients have the following responsibilities to perform;

It is the responsibility of all patients to give or explain clearly what their health issue is or what they are suffering of and it is most important that they make sure the explanations are complete such that the health care provider can better assist them in their pain. Patients and doctors share a very common relationship which makes it needful for the doctor to know the situation of the patient, their medical records, family history, patient's lifestyle and at times even believe so as to be able to give them the best of treatments. Mostly, patients have this fear of explaining some certain conditions which seems to be denigrating to them maybe because of their level of education, ethnicity or believes and it can also be due to gender difference. Taking an example of a male doctor consulting a female patient, it becomes difficult to fully explain the situation since they are not too comfortable sharing female life with a male consultant but nevertheless, if patients

need to be well catered for and has best health outcomes, they are supposed to provide all information about their health.

Also, patients have as responsibility to report any form of change in their general health condition, new and changing symptoms, difficulty along the time of their treatment to the care provider. They also have to report if they are unable to understand a certain planed treatment program or what concerns them in the treatment procedure. If a patient is unable to report changes in their bodies to the health practitioner, it may get to and acute stage which may incur damage to body parts. In various hospitals today, healthcare seekers are very careful to report any strange change in them or their person who is sick during and after receiving treatment

Patients are also responsible for taking appointments seriously if they need their health to be regained as soon as possible and more to keeping to appointments, they have a major duty to keep up with the recommended treatment plan they chose. Sometimes, it so happens that patients select a specific treatment plan yet they do not follow it and their conditions last longer or disappear and come back shortly. This is very common in situations like people stopping to take their drug when they feel better though the dose was supposed to be taken till it's completion. It is also worth noting that patients are responsible for what so ever happens if they refuse to take their treatments accordingly. In case anything should happen to a patient due to their disrespect for the health professional's prescription, the patient is supposed to carry full responsibility and put no blame on the health care system or its workers as some patients do nowadays.



“This woman was not coming for her antenatal clinics as we prescribed even the drugs we asked her to buy she did not buy them... when she put to birth, the baby was not mature yet for delivery and few hours later, the baby died. She brought her husband and a policeman threatening to take us to court if we don't produce her baby. So we produced our record which showed that she was not taking her drugs and coming for checkups... she had to pay us and left” (Muluh, June 2021)

#### **4.9.2. PATIENT RIGHTS IN SEEKING HEALTHCARE**

Given the fact that patients are not animals who go to the hospital to receive treatment, they also possess some rights which should be respected by the provider of health in the health institution where they find themselves. According to the A.M.A. (American medical Association) Code of Medical Ethics Opinion 1.1.3, all health and well-being practices depends on patients and physicians and as well as patients have responsibilities while seeking healthcare. Among the rights of a patient are;

The right to information from his or her physician and to have the opportunity to be informed of the benefits, cost, risk of a particular given medical procedure and treatment. Patient have the right to fully be communicated the condition of their health and also have to be very well educated on the different treatments offered for their illness so that patients can select among the variety.

Patients have rights to dignity, confidentiality and privacy. This is to say that patients have to be treated with a special respect not just as sick people who have no decision. Patient privacy must be kept intact by their care. There is always violation of patient's privacy due to the fact that some medical personnel talk a lot and insufficient rooms to separate patients while doing consultations. Patient have the right to decide to see or talk to any visitor or not at any time and also wear any costume or item which could be traditional or belong to a cult as far as it doesn't interfere with the diagnostic procedure. It also extends to the level of requesting for a transfer to another room if they do not feel at ease in the room where they find themselves.

As a patient, one has the right to continuity of care. This means that once a medical procedure is started on someone, it has to be carried out till the end either by the same care provider or by different. This is to say that once a patient treatment process is started, it should not be left in the middle.

Patients also have rights to express any special preference which could be cultural, religious or spiritual need.

Patient also has the right to know the identity and profession of the person taking care of them

Refusal of treatment is also one of the rights of a patient. A patient can choose to refuse a particular treatment based on his believes or fears but it should be clear that if there is any damage for such refusal, the patient is the one to blame and not the care provider.

Patients also have a right to Access to care. Individuals are supposed to be given a complete access to care and accommodation facilities indicated and available in a particular given health unit regardless of their nationality, sex, age, belief or source of payment for their care.

#### **4.10. HEALTHCARE QUALITY OF CARE IN ETOUG-EBE BAPTIST HOSPITAL.**

“Healthcare service quality is associated with patient satisfaction”, Mosadeghrad (2014). For this very reason, it is therefore important to look for ways to improve the standard of care services offered by physicians to patients in other to meet the rising competitiveness of healthcare services. In quality health care provision, there are a good number of factors that influence the nature of the care provided. This factors could range from environmental to human factors, from the part of the patient and from the part of the care provider.

##### **4.10.1. MONEY**

Most patients can hardly afford for quality health services due to the fact that they lack finance. According to the statistics of the eye department, due to corona virus, the number of patients who used to visit the department reduced from a range of about 1800 to 1400 per month. According to Alidou (2021), this reduction in the numbers visiting the hospital is due to financial constraints. Some get to hospitals and after consultation, they even demand reduction of their drugs so as to reduce cost. Quality of care relates to giving out assistance to the patience which should also be timely. In a system where there exists express consultation, we see that those who have

money stand to be served first before those who do not have money. Quality can hardly be free “quality is not free” Mosadeghrad (2014) and for this reason, those who want quality should pay for quality. On the part of the health service, money is needed to motivate workers, buy needed equipment and provide infrastructural accommodation for clients.

#### **4.10.2. AVAILABILITY OF RESOURCES**

In many cases, the availability of resources in a medical context has a great impact on the quality of services provided. At times people could have the money but the available medical stocks are limited in supply and cannot reach the entire demanding population. In cases of African countries who barely produces their drugs by themselves and need to import from Europe and other continents, at times it gets difficulty when situations like the covid-19 make movement of goods difficult. In such cases, hospitals are supposed to do only with what they have since they can hardly have more supplies from outside to suit their demand. Available infrastructure, machinery, technology to collect and secure patient information highly influences the quality of health services that can be given out by a care center. Etoug-Ebe hospital has a limited amount of equipment needed to take care of their patients according to Alidou, (2021). The hospital has computers which the use to process their statistical data but lack machines like brain scan. With this lack, there is need for referral.

#### **4.10.3. COMMUNICATION BETWEEN DOCTORS AND PATIENTS.3**

Communication is also a vital instrument to improve the quality of care in medical center. In healthcare, patients have a duty to cooperate well with their physician and in the same way, physicians need to communicate well with their patients. The quality of a medical service is a production of cooperation between patients and physicians. If there exists a strain relationship between the physician and the patient, the quality of care will definitely be effected to the negative direction whereas if the relationship is positive, the outcome of healthcare provision will be of great and good quality. Quality of healthcare first of all is attributed to patient satisfaction and a study found out that there is a great relationship between employee satisfaction, quality of care and patient satisfaction, this is to say that they are work in collaboration. As communication sparks clean relationship between patients and physicians, it builds a base for patients to freely explain their situations and hence physicians can do what they are best for and the quality of healthcare delivered will be great. A number of patients in Etoug-Ebe Baptist hospital complain of the nature

of communication between patients and doctors. They say the communication is more of treatment with covered mouths.

#### **4.10.4. THE NATURE OF PATIENT ILLNESS**

Illness is any situation evoking a response that can be identified as part of the medical system, Ari (1998). The nature of the illness of the patient can also affect the quality of care they receive as some may cause depression or anxiety to the care provider. Take a case where a little boy is diagnosed with a terminal disease like cancer and the care giver knows he can do nothing to rescue the boy's life. Most at times some health conditions are hard to even identify and as such difficult to think of treating them. Hence, the higher the complicated nature of the patient's disease, the harder the availability of sufficient care as resources may not be available.

#### **4.10.5. SKILLS OF MEDICAL PERSONNEL**

The skills and training of nurses and doctors is a very important issue to look into as it plays a great role in the way the medical sector operates. According to a study by Norway Institute of Public Health (NIPH) in 2017, it was found that about "25% of personnel working in the municipal health and care services lacked a relevant Health-related education" this situation too is very common in African communities where people lack the finance to join medical school and follow structured medical educational programs and courses. At the same time with these unskilled levels of medical personnel, the need to care for patients is increase as days go by. In cases where physicians are unskilled and the level of knowledge about care provision is limited, the outcome of their services will automatically be of less quality.

In some hospitals in Cameroon and in the Baptist convention, people join the health administration without actually going into a medical school as the graduate from being hospital guards, hospital cleaners into assistant nurses and then nurses and as time goes by, they are sent to other district in the same convention and they are replaced at times with the qualified ones who are on work leave. Most of these category hardly understand a lot about quality care since they did not follow a complete training and for this reason, at times the services they do not really reflect quality in the context of care. Moreover, apart from teaching medical students only the art of medicine, it is also important to teach them the art of sympathetic care provision for patients as

most doctors may not poses a lot of qualities in sympathy as they only perform the job of drug admission and go and Arthur kleinman says in the illness narrative.

#### **4.10.6. CULTURAL TIES; ORIGINS AND RELATIONSHIP**

Cultural ties equally play a role in hospitals when it comes to the administration of quality care for patient. generally, when medical personnel get to find out that their patient is similar to them in culture traits like belief system and language, they turn to pay more attention to the latter. This is strengthened when the latter is from the same village as them. proper relationship with medical personnel also improves the quality of care provided by the doctor. In situations where doctors have common stories, live close to each other, drink and even meet in sporting activities together, they turn to treat this friends with more respect and caution for their satisfaction.

#### **4.11. PATIENT COMPLAINTS**

Patient complaint usually refers to an “expression of grievance and dispute within a healthcare setting”, Tom W Reader (patient complaint in healthcare systems). While seeking for medical interventions, patients turn to notice a lot of things about the care they receive and turn to complain if they are not satisfied, nevertheless, these complaints are not generally a sign of failure by the medical facility they are in but rather individual experiences. Both patients, family members and friends turn to complain about thing they observe in hospital settings which may not be in collaboration to their expectation of the outcome of a medical process. During the study, it was discovered that most patient have issues related to actions of staff and very few about the medications and the facility in general and complaints of patients is very important as it helps to improve the quality of care given out to patients if the complaints are deemed necessary. Some of the complaints brought forth by patients are as follows;

##### **4.11.1. COMMUNICATION**

Communication is seen to be very important tool to facilitate relationship between patient-doctor, doctor-doctor and patient-patient. Most patients have issues with the level of communication they receive. While health seekers, aspire to have as much information as needed concerning their health issue and medical procedures to be followed, the actually receive information which to them is not satisfactory. Most at times, even when the communication is

given out, it is not well explained by the medical personnel and if the patient turns for better explanation, they are ignored

“Sometimes somebody is telling you to wait, wait, wait and you don’t understand why they are telling you to wait and they don’t explain things for you the way you want for you to understand... communication is a challenge” (Su-uh, June 2021)

According to this respondent, it becomes frustrating when one has an information yet unable to understand what it means due to the method of communication and this communication carries various aspects like communicating the reasons for delays, explaining bills and Suzanne complains of her medical bills increasing as time passes and there is no one to explain the reason for these changes in her bills. While in the female ward, when observing what was happening inside, we noticed a woman talking to her daughter in a confused tone and asking her why her bills keep changing that every moment they pass around with a new bill and nobody is explaining why the bills are changing and says she prefers one bill at the end rather than so many confusing bills”

According to this observation, it is clear that no specialist is assigned to explain to the patients why their bill increase as they delay in the hospital and this get patients confused if they were waiting for a single complete bill at the time they are living the hospital. One of the respondents termed the system of care in EBHY as “curved mouth treatment” referring to the fact that no information is given to patients and there is no time and possibility for patients to discuss and ask questions to their care givers. This statement came up because the said patients gave out urine and excrement for test and after the test, nobody gave him the results of his test. Though he put in effort together with his wife and asked, nothing was given. Finally, the results were given in my presence a day after the tests were conducted though the result were available earlier.

“When I went to see my husband’s medical report, it was not shown to me I even begged to snap it yet I was still refused and my husband was helpless yet no one was explaining what was happening.” (Edith, May 2021)

Above are the words of that patient’s wife who was sad about why they would keep her husband’s results from him. The question here is to find out if patients results needs to be kept secret from them and we see that there might be a situation of negligence of duty by the care provider given that patients need to be communicated concerning their results.

#### **4.11.2. UNCLEAN ENVIRONMENT**

Hospital cleanings is vital in every hospital and talking of unclean environment is hospitals is a great call for concern. Kazi Stastna, reports “Deborah martins recalls her distress the day she walked in to a Kelowna, B.C., hospital to learn her 72-year-old mother had been left lying in bed sheets soiled with feces overnight” CBCNEWS, this situation is disturbing and Deborah case is only one among many cases where patients are left to lying on their own waste. An online survey was carried out by Fifth Estate as part of rate my Hospital and nearly a third of respondents including patients, relatives and health-care workers said hospital rooms and bedrooms were not kept clean. According to some respondents, rooms are not well taken care of as they see cockroaches running about the ward and passing on peoples’ beds and even on their food. This is not good according to our respondent because a hospital is full of bacteria. Hence, cockroaches could transmit them from one patient to another. From observation, we noticed that cleanings of hospital beds are done with less than 1 litter quantities of water. With this amount of water, the possibility for the rooms to get clean is limited from the views of patients.

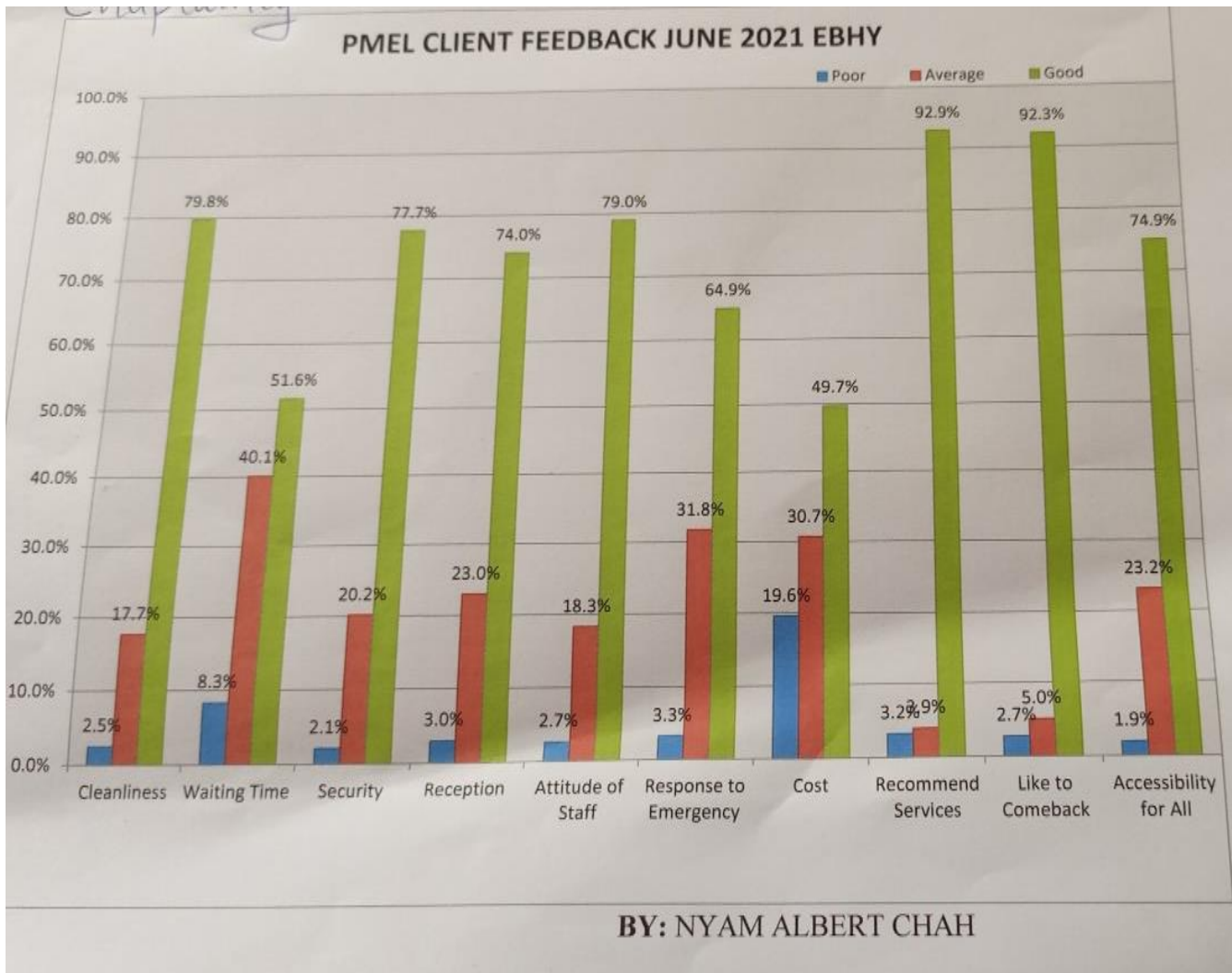
#### **4.11.3. HOSPITAL PRIZES**

Prizes of hospital care services have been a great issue all along the evolution of hospital services and as days go by, prizes for services keep increasing the value of health as some same is

priceless yet not everyone has the same level of income and for this reason, some people feel good with the prizes of health care services while others find it difficult to afford for their health care bill and it should also be taken into notice that the comparison of health care prices and compared by the present and the past and also from one hospital to another and many at times, both health workers and patients complain of the high prizes link to hospital services. Every single year, people spend huge sum of money for medical care and at times this people may find it difficult to acquire the money they are required to provide for a medical procedure and hence it becomes a heavy burden to them since the need for good health is high. According to a study by the Peterson and Kaiser foundations, the US spent about \$3.8 trillion on health care in 2019 and was expected to exceed \$4 trillion by 2020. Prizes increase due to an increasing population, the prevalence of diseases, use of medical services and taxes. Nevertheless, people complain of prizes that are high and wish they could be moderated for example in our zone of study in the early 2000s, consultation was done for 1000frs cfa but today consultations have increased to 2000 frs and above.



**Picture 7:** Client feedback graph June 2021



**Source:** PMEL (JUNE, 2021)

Looking at the graph above as a response to patient satisfaction, we see that there are three colors that explain the responses of patients relating to the services they receive. It is the feedback of patients who used the services of Etoug-Ebe Baptist hospital. We have the blue color for poor, the red color average and the yellow color for good. Talking about patient complaints, looking at the blues we notice that the blue with the highest percentage is cost, which has a percentage of 19.6 which is more than two times any other blue. This indicates that it is the greatest issue patients of Etoug-Ebe Baptist hospital face. When one respondent was asked what is their most common challenge or complain about the services in Etoug-Ebe, he responded with three words saying

“Price, price, price (Felix, May 2021)

Mentioning this “price” 3 times is actually for emphasis to bring better understanding, that is to make a remarkable point that the issue of prizes is not something to be taken lightly. He relates to the fact that people come thinking that it is a mission hospital and prices will be considerable but they rather discover that prizes are high and it becomes a challenge to some who were displaced by the Anglophone crises and even some residents of Yaounde.

#### **4.11.4. WAITING TIME AND LACK OF DUTY CONSCIOUSNESS**

Waiting time is another problem faced by thousands of patients who go seeking for health care interventions. Due to the structure and organization of hospital staff, patients turn to wait for long and which makes patients so annoyed and a good number of patients complain of waiting about 1 hour and even more. Some after waiting for long pack their things and leave hoping to come back another time or even go not having in mind to ever come back to that facility. The waiting hours are mostly notice in areas like consultation rooms, labs and in the pharmacy and the situation is made worst because the patients are not informed earlier that it may take longer to see their provider, maybe providers are on break or a meeting or on a shift but the patients are not informed and they spend reasonable time waiting for their providers. Some even expect to have an apology from their providers for the delay but unfortunately they receive nothing as apologies are concerned. Most at times patients get satisfied with treatment but the fact that they have to spend time in waiting room, waiting to see their providers get to annoy a lot of patients. One of the care provider reports that they are putting in their efforts to see to it that the waiting time is moderated.

“Like the issue of long waiting, we are struggling and making our best that we reduce their waiting time to a minimum in fact between 30 minutes some body in the hospital, in our services should not go up to an hour waiting on the bench to be attended to, that is achieved by having this room, the other one and the one outside. We have 3 Consultation rooms and this one is the reception. We make sure that we populate the room with the staff so that there is no delay and the consultants too are aware that you don’t need to keep somebody on your machine for a very long time” (Immaculate, May 2021)

This effort to reduce the waiting time of patients is proven potentially less effective because the issue still arises and it is one of the greatest of complaints of patients according to the patient feedback of Etoug-Ebe. The issue behind this is insufficient space and professional medical practitioners to make the work lighter and also due to the fact that some medical personnel instead of working spend their time on phones and following the television screen plays located in the building of the hospital plus their movements in and out of their service areas.

One of the issues that affects waiting time in the hospital is linked to lack of duty consciousness on the path of the healthcare providers. It was noticed that during working hours, nurses pass their time on the phone instead of working to see to it that patients gets attended to. Below is an example of such a case;

**Picture 8:** Distracted health worker causing longer waiting time



Source: Fieldwork (May 2021)

#### **4.11.5. ARROGANT STAFF**

According to a study carried out by the National Health Service (NHS) under the quality of care, it was found that in every 5 patient complained, there is that of arrogant staff. Patients turn to complain negatively when they find out that staff of hospital services are treating them rudely. One of our respondents told us;

“We have had some few cases of workers who are rude to patients and it is a grievous offense here. If you are rude to a patient, you are given an incident paper yes. We are very open; you have the right to criticize us you have the right to say anything you say to us then we will see. If it is something to change then we will change... we had the case of one man who came to our office complaining to us that a worker was rude to him and this worker was supposed to be at the entry point and then we felt bad although the worker was explaining” (Felix, May 2021)

The reason for staff being rude vary from one staff to another and the relationship between the staff and the patient. According to one of the respondents, staff arrogance can be caused by the fact that

“One of the things that can make people disrespectful is one, if the staff maybe on coming is carrying burden from the house to work, he may come and then look where to throw it and then the next place to throw it is the patient, the person who is sick so as to relieve his own brain... staff arrogance is generally considered negligence of duty because it is actually that the staff has to work, give the best despite being under pressure without affecting patient Care. As far as staff mishandles patient maybe by being arrogant and being rude to the patient, it is still considered that the staff has done wrong whether you are carrying from your house or not” (Viban, June 2021)

From this words, we understand clearly that to a certain extent, penitent bear the consequences for the fact that medical personnel leave their houses with issues, it is sure to see that patients are therefore considered as the dumping ground for problems of the medical staff.

Moreover, staff also get aggressive because they are human and can get push to the wall beyond their own control. Nevertheless, Viban reports that staff need to under look the pressure from the patients and do their duties as care givers and be responsible. A common situation which also leads to staff arrogance is the feeling that they own authority over patients and any time a patient tries to give out a complaint, they turn deaf ears and upon insistence by the patient, they get annoyed and behave as if they had no single compassion for the patient. While at the hospital, we observed a medical personnel talking to a patient who was complaining of a service. She started talking without even given the patient a listening ear and when she had finished talking, she allowed the man to talk. The man did not want to talk anymore due to the fact that he was not even understood yet everything was thrown on him.

#### **4.11.6. ORGANIZATION OF HEALTH STAFF**

This is another issue that surrounds health organizations given the fact that most hospitals with a large number of staff go for the system where workers work in shifts, that is a worker can come in the morning and leave in the afternoon while another comes in the afternoon till evening and another from evening throughout the night till morning. This makes it hard for patients to be followed up by the principal care giver assigned to them.

While walking in the men/children ward, I saw one man complaining of his drip being blocked for hours yet no one cared to come and fix it up to him, nurses and doctors where moving in and out and finally when a doctor came, she said she thought that the man had been attended to already and this man was frustrated and helplessly asking if hospital functions by assuming or by checking to be sure” (Fuchu, June 2021)

From what I observed, I noticed that the physician working with this father did not inform the next person who took over her about where she ended with the man. On the other hand, the physician taking over did not go through the records to find out about the people she was to work with reason why she did not pass to check on this father. This was an indication that there was no coordination in working between staff and the fact that the new shift personnel assumed, could

cause harm to the patient. It was due to my presence in that ward that it was clear the man's drip had blocked since the man was narrating me the story and I saw it for myself.

#### **4.11.7. MIXED USE OF THE WARD.**

Another complain that came up was the fact that patients are mixed in the ward, when they say it is a male ward, children and women are brought there and added to that is the fact that both moderate and complicated health cases are admitted in one room. Since the room is boom, open and has several beds making it possible to see what happens to another patient on the other bed, one respondent complained of seeing other patients vomiting and excreting on their bed and on the floor which is not good to see according to the respondents. It causes patients to lose appetite and patients cannot eat comfortably after seeing such, he recounts that his wife had to leave the room being unable to see what had happened. And in addition to that, children come into the ward playing, crying and making noise which becomes a disturbance to other patients who might need silence to get some sleep.

#### **4.11.8. LACK OF PRIVACY**

Privacy is one important aspect about patients and physicians. The ability for the medical results of a patient to be kept safe from the eyes of people who are not concerned is very important. Even before talking about medical records, consultation, tests and briefings should be kept secret unless the patient decides who else can know about the results. Patients have the right to privacy but in most hospital cases, the level of privacy of patients is very minimal, people have reported cases of their medical results shared to outsiders by nurses and doctors which is not supposed to be so in health services. More to results, patients complain of being crowded in rooms at times and when one is taking tests, the others are seeing and others are able to hear the conversation between the patient and the caregiver. Wards are open and anybody enters at any time moving around with the ability to see all patients in the ward. Patients in some department complain of their doors staying open and anybody who passes sees them sitting and knows exactly their condition and so they feel uneasy due to the stigma of what their health issues are about. A respondent told us;

“At least if we can enter like that and the door... it’s a secret place nah, it will be good because someone is not supposed to know your secrets when they know it, you instead feel bad” (Alemnju, June 2021)

This respondent was discontented as many people turn to see her in her place of receiving treatment and know exactly what is wrong with her. In situations where the health condition has some certain stigma, it is nice to have the doors shut so no one apart from those of similar conditions and the health provider can know.

While talking to another respondent, he told us;

“That is actually a challenge, we do not. Actually to say it, we do not Have, we are talking of privacy, privacy we don’t practice it to the Highest level... not because of the number but because of the Infrastructure... like in the room, this patient is this way but he Still gets access to see that other patient” (Viban, May 2021)

In sum, this chapter was an explanation to the different factors influencing the quality of care in Etoug-Ebe Baptist hospital. We noticed that factors which influence the quality of care in Etoug-Ebe Baptist hospital are money, the level of education of the doctor, doctor patient communication and availability of resources. We looked at access to healthcare and saw that factors such as affordability, availability and accommodation are not to be under minded when we talk of access to health care.



**CHAPTER FIVE**  
**ANTHROPOLOGICAL INTERPRETATION OF PATIENT HEALTH**  
**CARE IN ETOUG-EBE BAPTIST HOSPITAL**

This chapter enables us to perceive and explain how hospitals, with Etoug-Ebe as example handles healthcare as expressed by its users. This is to say the way people see care and hope it should be administered to them. We will look at both patients and medical personnel's shared thoughts on the concept of care. It will also look at the different expectations of patients and their different experiences while seeking for health intervention. This chapter will also look at the factors that determine health, patient safety and patient satisfaction in relation to the health interventions they receive

### **5.1. DISCOURSE ON PATIENT EXPECTATIONS**

While seeking healthcare interventions, most people have different expectations. These expectations are based on the degrees of their illness, and their feelings. Expectations are tied to the beliefs they have about a healthcare institution. Patient expectation is a mental picture they have about what they should see or what should happen to them while in a hospital. Patient expectation is "the anticipation or the belief about what is to be encountered in a consultation or in the healthcare system" Lateef (2011) to understand patient expectations and to manage them well is to get patients to attain healthcare satisfaction. If the expected needs of a patient are met, the patient turns to be happy about the services.

Patients come to the hospital expecting to be attended to as soon as possible when their conditions are not favorable. This calls for the immediate response from the medical team to see to it that patients are served. At times, patients undergoing some particular difficulties which they consider as emergencies and should be handled quickly yet nurses care less about what is happening according to the patients. A lady who brought her husband to the hospital reported that she was expecting that her husband should be attended to as fast as possible because his condition was bad. No one cared while her husband was ruling in pain on the ground.

“The day we came here with my husband; he was in a very critical condition and emergency was not taken care of, we sat outside he was ruling there and we were trying to tell the nurses who were outside that at least we should enter they said no that we should follow the line order and we had to wait until out of a sudden one doctor just came and assisted us” (Mildred, July 2021)

Another expectation most patients have while seeking healthcare services is to return early, Suika (2021). Most patients intend to go to the hospital, do their test as fast as possible, and return early. It is difficult in most underdeveloped countries to assure this expectation since there is inadequate working personnel who can do services faster and more to that, some test may take hours and days which will keep the health seeking in the hospital beyond his expectations. Some get angry at times when they are delayed in waiting for their results or waiting to see the care giver. While some picture hospitals as the cleanest places that exists, they go seeking for health but turn to notice that the environments are rather not favorable as they thought. Some walk around to see bed dirty, cockroaches running around everywhere, even some medical personnel in unclean dresses and this shatters their belief in the hospital.

Patient also hope to be handled by caring and loving healthcare providers. At times the fear of falling in the hands of an arrogant staff is so recurrent and many wish it never happens, the attitudes of health staff can determine the desire for someone to come back another time or to never come back for health services.

“a nurse treated me with angel compassion and if not for anything, I will still come back because of the way the nurse treated me well. (PMEL, June 2021)

When the expectation of a patient is met, they feel happy about the institution and wish to return one day if they have another health complication. Looking at this respondent, we can see that the nurse who took care of her played her role reason why she got satisfied.

The need to be listened to is also one of the expectations of patients. “Actively listening conveys respect for a patient’s self-knowledge and builds trust and allows physicians to assume the role of trusted intermediary” Rana (2017). Patients go seeking for help hoping that their issues and pain should be heard. They just need someone who can listen to them with compassion and feel what they are feeling so as to better serve them. It is helpful for health organizations to engage in cultures that gives priority to patient’s voice. Instead of listening to patients, most nurses turn to impose their words and consider the voice of the patients are not important.

At times, patients expect things that can be difficult to obtain according to health personnel. This means they hope for things that might not be accepted in the hospital milieu such as

Feeling that doctors should do anything they need them to do like writing fake letters to permit them absent from work, produce fake medical reports for one reason or the other best known to the patient. A doctor recalled;

“I was asked by one pregnant woman to deliver her baby five weeks earlier to the normal time she was supposed to deliver. This demand is not just had but also to risky for the life of the baby and the mother”. (Muluh, May 2021)

Another respondent told us;

“A lady came one time here and asked me to write a letter to her home church to testify that she was a virgin meanwhile she was few weeks pregnant. This was because she wanted to get married and rumors were spreading that she was pregnant”. (Genesis, June 2021)

Looking at the above quotes, we see how patients demand doctors to perform some tasks which are not acceptable by Etoug-Ebe Baptist Hospital. These are not acceptable in Etoug-Ebe Hospital due to the fact that EBH is a religious hospital. Health personnel affirm that it is not just medical malpractice according to them but also in sin in view of their institution.

Exploring and managing patients' expectation is crucial for a good delivery of care to the health seeker. Expectations of patients keep on growing as days go by due to their interactions and perception about healthcare services. In most alternative treatment facilities, patients who have received care and follow up expect better. Most patients who are Baptist seeking healthcare expects a consideration in their bills yet they are not met. It is difficult to meet all the expectations of various patients due to the fact that hospitals are limited in many aspects and at the same time they can't always continue to listen to patients if not there will be a change of issues related to treatment. "every patient who comes for consultation has expectations based on his understanding of the illness, cultural background, health belief, attitudes and level of understand" Lateef (April 2011) and for this reason, patient's expectations should be treated separately.

Individual levels of education and social status also determines the expectations of individuals and care should be taken in managing these different people and their hopes. The price a healthcare institution will pay due to unsatisfied patient feedback is high. For this reason, it is important to pay off some time and understand patients so as to get them happy. Many hospitals nowadays care less about what the patient is hoping for and go about doing their duty as they feel as seen by some patients.

## **5.2. UNDERSTANDING PATIENT EXPERIENCES**

The Agency for Healthcare Research and quality (AHRQ) define patient experience as follows; "patient experience encompasses the range of interactions that patients have with the healthcare system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other healthcare facilities. As an integral component of healthcare quality, patients experience includes several aspects of healthcare delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with healthcare providers". More to this definition of patient experience by the AHRQ, the Beryl institute which is focused on the improvement of patient experiences defines it as "the sum of all interactions, shaped by an organization's culture, that influence patient perception across the continuum of care" Patient experience is an integrative component of quality care since it is by patient experiences that better methods can be adopted to serve the interest of the patients.

Patients are human who harbor pain and are entitled to proper treatment and care. Care which is define by the united nations organization as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” many at times, while visiting health institutions, patients encounter so many strange behaviors either from the medical team, other patients, or the environment itself. As a good number of hospitals consider patient satisfaction as key, they try to see into it that their sick clients and relations be giving quality care but never the less, patients experiences are always relative to their expectations this is to say that patients can only experience dissatisfaction if they are not treated the way they were expecting of turning it the other way, patients can be satisfied if they receive the kind of treatment solutions they were expecting from the health services.

### **5.3. PATIENT RESPONSE TO HEALTHCARE IN ETOUG-EBE BAPTIST HOSPITSL.**

With the extent to which a patient is happy with the consultation and treatment he receives in a hospital has a role to play. This is because the feedback of a patient can make a hospital popular or no. Patient satisfaction or dissatisfaction is strongly supported by the amount of care they receive. It is worth noting that it is with respect to their experiences that they turn to be happy or not about the healthcare services provided to them. Patients satisfied increases the knowledge as to if a hospital is doing fine or not.

In most cases, the common reaction of patients who are happy with the services they receive from a hospital is to speak good about the hospital to other people. Speaking good about a hospital is a sign that someone has enjoyed the services provided by that facility or that they know of someone with a good experience. When patients are satisfied with the services they receive, they turn to promote and recommend the said hospital whenever there is a case that needs hospital interventions and as such, their recommendations make the hospital increases popularity and makes it somehow more reliable. Apart from recommending the hospital, patients also manifest their satisfaction by writing down notes for the suggestion box describing their satisfaction as one wrote expressing how she would like to come back to the hospital just for the sake of the nurse who handled her. The relationship of patients and doctors also impacts the level of satisfaction patients have and can either create an inverse or adverse result on the health outcomes of the patient.

Patients manifest their satisfaction of a particular health outcome by passing by the hospital time to time to check on the doctor and appreciate them for the work they have done. The price of medications is not in most cases an issue especially when the patient is so happy with what they have receive. At times females go to test for pregnancy test and when the results are positive depending on different individuals who are either looking forward to have a child or those who are not willing to be pregnant, they are so happy that they don't even care about their bills if they ae high or not. It is also important to understand that satisfaction is one of the leading cause of people visiting.

Carrying out patient satisfaction surveys to understand if the quality of services is sufficient is done by many health institutions. Nevertheless, many hospitals carry out some surveys about patient's satisfaction but put in less efforts to better the situation. When situations of waiting, prizes and arrogant staff come up, practically nothing is done to change the situation which means the patients feedback dialogue box is just for formality and nothing serious about it since nothing is done to improve situation which should lead to patient satisfaction.

Most patient while annoyed with a medical personnel or service in the hospital, the start shouting in the hospital not taking note of other patients who may need silence while they are shouting, they explain their dissatisfaction about the personnel and the hospital without giving any body the space to talk or interrupt them. One of our respondents told us that when patients are angry, what they do is;

Shouting, they shout, many shout, they become arrogant, some speak to the peak of their voice and some will be talking not even giving room for explanation that is being given. They are talking they don't even give room for explanation and some may even be talking and just going them to their houses even when you are saying wait, wait, wait, nobody is trying to listen to you" (Viban, May 2021)

Another respondent told us

“I was sent out from the lab because a nurse asked me to explain what was on my booklet and I could not explain and it was the duty of the lab technician to read out the booklet and understand the test to give me” (PMEL, June 2021)

Patients have series of encounters of pleasure and displeasure with medical staff. Following some patient feed backs as seen above.

Some patients actually put up no physical expression of dissatisfaction when they are not happy with a hospital service. They simply finish their session and it is out of the hospital that they share their anger with family and friends and do not recommend the hospital services to other people and they themselves avoid visiting the area in case they are in need of a hospital service again,

“No!! I persevere and take the medication and go me” (Alemnju, June 2021)

Other patients who do not know how to keep calm or shout as others do, go to the hospital administration and lay their dissatisfaction to the board of directors and leave. Some also write down short and long notes and put them into the suggestion box of the hospital narrating their situation and how they felt about it.

#### **5.4. THE DIFFERENT DIMENSIONS OF CARE**

Looking at the word care, we see really complex notion which exploits different aspect of life and is also seen in a universal context. Many people look at the aspect of care from very different point of views and here we shall be discussing some of the possible ways the notion of care can be applied both from nursing perspective and patient’s perspectives. Nowadays many people talk about care in their daily lives yet very difficult to have a clear cut understanding on the concept of care. People turn to feel that care is when people are around someone in their times of need. The idea of cares varies from person to person based on their levels of education and



experiences in life. Many people have diverse thoughts as to what the true meaning of care is as a respondent reply saying;

“  
When I look generally, for example for us in Cameroon when we talk of care people focus on the physical they don't look at other aspects of care. I can give you many examples of the hospital” (Felix, May 2021)

While many focus mostly on the physical meaning of care, few also consider the emotional and psychological, spiritual, compassionate meaning of the word care. Following Giorgi's methodology of analysis which is one which seeks to understand the meaning of a phenomenon as experienced by a human through the identification of essential themes, 200 nurses wrote down stories which indicated that nursing goes far beyond technical skills and enlisted 7 dimensions of care, Sharon (march 2008)

#### **5.4.1. SPIRITUALITY.**

Caring about the spiritual needs of individuals is very important as some people are very tight to their religious believes. Research has proven that caring for patient's spiritual needs increases the quality of life of patients, Niels (2020). Studies have been carried out on the phenomenon of spirituality and it is proven that life threatening illness are generally linked to spirituality and as it is, some religious people rather go to see their religious heads to help them. Spirituality has to do with believes in the existence of a link between the physical and the spiritual and while some consider it the tie between heaven and earth, it is linked with prayers and faith. Prayer is a means communicate with a divinity one considers in his religious life and faith is according to the bible “the assurance of things hoped for, the conviction of things not seen”, Hebrews 11:1.

In some hospitals, nurses take time to talk about religion with their patients and encourage them most at times when they are of the same faith for example Christians, Muslims or Buddhist. This talks and prayers increase the link between the patients and their divinity and heals them spiritually which in turn reflects on their physical wellness. At times dyeing is not an issue for

some people but dying with a wrong connection to their god is the ultimate illness because wellness has to do with just more than the physical by including the spiritual. Most at times, the neglect of spiritual care is very high in non-religious health organization due to time, money and understanding of the need to handle this service meanwhile in religious hospitals, it is most at times considered though not really prioritized.

#### **5.4.2. COMMUNITY OUTREACH**

Community outreach services is a system whereby hospital doctors and nurses move out to the community carrying out health care interventions be it educating the community on proper health habits and the prevalence of diseases, carrying out consultation, massive vaccination against pandemics and arranging rendezvous with people having health issues. Generally, the function of outreach programs is to sensitize patients who don't have access and have not been visiting hospitals on the importance of medical care. Caring only for people who come to the hospital will not be enough since there are many out there with health conditions who do not even know. It is a way of following up people who have not come for medical checkups to assure that they are good.

There are tools used to carry out community outreach programs such as media. Over 70% of individuals use their phones and social media at the same time and it makes it easy for them to access information passed through this media which could be helpful to their health for example there have been many information on media talking about how to prevent a heart attack and also sleep. This information on outreach programs do very much as information is concerned and people get better outcomes to their health while following prescription given by outreach programs.

#### **5.4.3. COMPASSION**

Compassion in healthcare is the manner in which patients are handled through relationships their care providers. This handling should be with empathy, respect and dignity. Compassion actually seems to be very essential in patient care and the need for it keeps growing as days go by. Compassion here is means a patient's pain needs to be felt by nurse. They have to put themselves in the condition of the patients to better understand what they are going through and better handle them. Compassion provides patients with the confidence and a sense of support throughout their process of recovery. While at the hospital, I observed the aspect of compassion when one woman

lost her sick boy in the early hours of the morning and this caused both the woman and her husband who were present at the hospital to be emotionally sick and they were severely crying. To show compassion that the pain was also felt by the care givers, some of the nurses started crying and this made the family to feel the togetherness. Compassionate in care is very profitable not only to the patient and their families but also to the care giver as it promotes confidence, provides relief for fear, a sense of belonging to the patient and a sense of effective duty to the nurse or doctors.

#### **5.4.4. PATIENT CARE AND COMFORT.**

Patient comfort is becoming a major issue in medical settings as it has a good number of benefits to the patients. In health care, medical personnel try to walk along their patients assuring them with empathy that they will get better. According to the National Institute of Health and Care Excellence Patient Experience guidelines 2012, comfort is considered as one of 7 outcomes of patient experience. Some patients defined care as;

“Patient care is occupying the patient, Accompanying  
The patient in a treatment” (Suzanne, May 2021)

“To me when you say care, to Care is to look after  
something” (Asongwed, May 2021)

Care is seen as many as looking after people and accompanying them in their times of difficulty and need and more to that, following them through their pain and making sure to be available in case your help is needed. A lot of people today still do not get all the aspects of care as some think it involves 3 dimensions;

We can talk of a three dimensions of care as suggests Felix, (2021). Looking at the physical needs of an individual and following him up to see that they get better is the responsibility of every caregiver. It is worth noting that this physical dimension has to do with the human body therefore, it is out to treat patient’s biological infirmities and the second dimension talks about the psychosocial aspect which relates to meeting the needs of patients in their mental system and social relationships this is because patients can often have problems which are not necessarily biological but mental or social due to over thinking that can bring about stress. The last dimension is the spiritual which tries to reconcile the sick person with a divinity which is very common as some

people believe in gods and ancestral being and a tie that is cut between the individual and his god can lead to a spiritual lack which is seen as sickness. It is also very common having cases that cannot be detected in hospital but are cured in religious organizations like churches, mosques and shrines.

### **5.5. PATIENT SAFETY AND HEALTH CONDITION**

According to world patient safety day 17<sup>th</sup> September 2019 it is a call that patients in healthcare should not be harmed yet 134 million adverse situations happen yearly due to unsafe care in hospitals of low income and middle income countries, contributing to 2.6 million deaths every year. Patient safety is defined by the WHO as “a healthcare discipline that emerged with the emerging complexity in health care systems and the resulting rise in patient harm in healthcare facilities”. It is true that healthcare is somehow more effective in our days as compared to the past but nevertheless, it is more complicated with the inventions of new machines and technologies for healthcare. According to the WHO, “the occurrences of adverse events due to unsafe care is like one of the ten leading causes of deaths and disabilities in the world” more medical personnel join the team for one reason or the other and the need for patients safety is high because they may come in contact with nurses who do not have a clear understanding of how to use machines or administer drugs which can lead to health damages especially in health institutions where there is insufficient health personnel. More to the fact that occurrences of adverse events due to unsafe care is like one of the ten leading causes of deaths and disabilities in the world, the WHO also indicates that “in high income countries, it is estimated that one in every ten patients is harmed while receiving hospital care. The harm can be caused by a range of adverse events, with nearly 50% of them being preventable”, WHO.

In developing countries, there is more patient harm as opposed to developed countries where there is a sort of advanced technology in medical practices which helps to reduce the rate of harming patients. To ensure that patients acquire safe services, it is important for health institution policy makers to produce clear policies and provide skilled medical care professionals and equipment. According to Rachel (2007), patients have a role to play in the improvement of their own health while seeking for healthcare services. As much as patient safety is concerned, they have a role to play in their own safety though the roles have some limits like selection of drugs in cases where the patients have limited knowledge about drugs. The involvement of patients

however should be a kind of addition to what already exist in the healthcare center rather than deciding new and different alternatives for their own safety.

## 5.6. MANAGING PATIENT HEALTH CONDITIONS

Managing patient health conditions starts from the arrival of the patient from his house to the hospital and throughout the hospital processes and back to his home after treatment. There are ways to manage patient health conditions from the consultation room, laboratory and in the pharmacy. We had a bigger look on how patient harm is avoided in the laboratory and we found out that the sharps used to carry out tests on patients have a particular place where they are discharged immediately the test is over. This is to prevent a patient from coming into contact with the tool in case of an accident, as one of the respondent replied;

There are sharp containers that when you want to... when you finish the collection of each sample you discard the sharps inside so that even if the patient was to be agitating, he will not... the sharps will not in turn cause an accident on the patient and the different dustbins too that we are having in the lab prevents soiled materials from being exposed in the environment by equally preventing the exposure of the patient in the environment” (Suika, July 2021)

In the laboratory, there are a lot of equipment used for the testing of different diseases and already used medical lab testing tools means danger to the patient and for this reason, should be kept in the most secured a distant place to avoid possible contact with a patient.

Another way to assure patient safety while in the lab is the use of sterile objects. The workers are asked to use sterile objects on every patient such as using different syringes for different patients and using a separate hand glove for each patient and also different and clean cotton so as to avoid transmitting materials from a glove to other patients. The use of the glove is to protect the care giver from coming into direct contact with the patient thereby limiting the risk of transferring, disease from the patient to the care giver and from the physician to the patient.

Also, to ensure that one's result is not given to another which can cause a lot of damage, the medical booklets are numbered and each number is linked to the owner's identity.

## **5.7. FACTORS INFLUENCING PATIENT HEALTHCARE IN ETOUG-EBE BAPTIST HOSPITAL**

Talking about patient health conditions, there are a number of factors that potentially lead to patient poor patient health conditions such as;

Negligence on the part of the care giver. While in Etoug-Ebe, we observed that many nurses pass their time discussing with other nurses while on duty rather than focusing on the work they have to do. The actions of health professional can cause damage if they are not conscious. Due to negligence, patients receive drugs or medication packages for other patient, Felix (may, 2021)

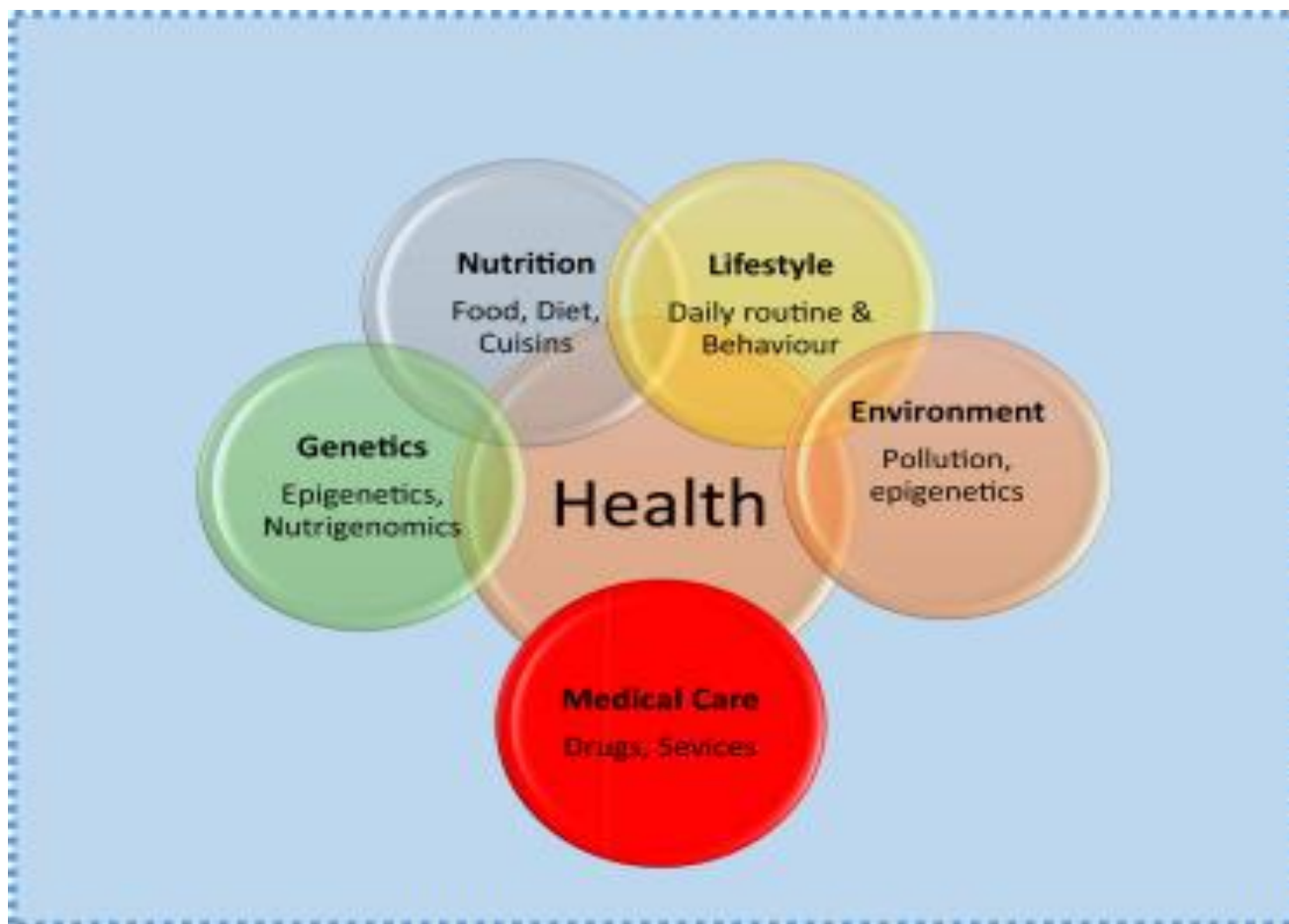
Another situation which affects patient health condition is inadequate communication on the part of a patient. Patient have to participate in their own health care safety by providing complete and clear information about their health conditions. If a wrong information is given, the care giver will work based on the information they receive. The end results may lead to the patient getting more severe health conditions. The care giver provides drugs based on what the consultant prescribed hence, if information on the drugs to be given are not too clear, patient will therefore be at risk.

Insufficient medical equipment and technical failures also contribute to a good number of patient harm. In some area where there are issues of electricity, machines could easily fail to do its function due to outage of light and results may be inappropriate. In similar light, lack of medical equipment is one of the factors that influence health conditions of patients nowadays.

## **5.8. FACTORS THAT DETERMINE HEALTH**

According to Bhushan (2015), determinants of health might range from biological, behavioral, sociocultural, economic and ecological factors. He explains that determinants of health can be grouped into four general categories which are: genetics, lifestyle, environment and nutrition. These are the four pillars of the determinants of health Bhushan (2015) and if one of them is tampered with, there is need for medical care intervention.

**Picture 9:** Determinants of health



**Source:** [science direct.com/topics/medicine-and-dentistry/determinants-of-health](https://www.sciencedirect.com/topics/medicine-and-dentistry/determinants-of-health) (July 11, 2021)

According to the above diagram, we notice that two of the factors; nutrition and lifestyle can probably be determined by individuals this is to say we have the power to control how and what we eat and drink and we can also control the type of lifestyle we live whereas for the other two, genetics and environment, we can control them. On another note, we see that the quality of life and health of an individual can be influenced by factors internal and external to the individual.

### 5.8.1. NUTRITION

Eating and drinking is a problem to many developing countries who use ancient agricultural techniques and their yields are most at times limited to take them through a year. And even in some areas where the food is available, they are of very expensive in prizes to the majority of the population who have no jobs or have salaries that can cover up for home expenses. For the past 5 years in Cameroon, the capital city, Yaounde has received a good number of people moving into

it from the two Anglophone regions of Cameroon that is the South West and the North West due to the Anglophone crisis. While in Yaounde, many hardly feed well due to no food or money to purchase the food and due to malnutrition, many turn to fall sick or their immune systems weakens and opens doors for potential illness to take over them.

According to Osuntokun (1976), energy calorie malnutrition is one of the most nutritional problem in developing countries. Due to non-proper feeding and lack of balanced diets caused by the poverty rate and agricultural issues, many contract nutritional based diseases and seek for health interventions in hospitals. In addition to insufficient food, the way of preparing food too is another cause of illness in the urban city of Yaounde as some turn to cook food and they are not completely ready for eating yet it is consumed as such for example cooking meat only for a very short period of time. Preservation of food too is another issue. Most sellers of food around the Yaounde neighborhood turn to sell food in practically unclean areas and these foods can get contaminated with flies that are food barely everywhere.

### **5.8.2. LIFESTYLE**

In the past, many people were suffering from communicable diseases like chickenpox and the life expectancy was low in both developed and developing countries but as time passed on, new technologies brought about medical systems that reduce the spread of these communicable diseases and life expectancy increased at least for those in the developed countries who have access to these facilities. In our present world, communicable diseases have reduced their damages greatly and now most chronic diseases are caused by the way of living of individuals. When talking about lifestyle, we can invoke two major aspects which are daily routing relating to what we do on daily basis and behavior, how we react to situations a good lifestyle can lead to good health while unhealthy daily routing can lead someone into becoming a lifetime patient. Unhealthy lifestyle such as smoking, alcohol intake, drug consumption, insufficient drinking of water, staying up late at night and not having enough sleep, lack of control on eaten habits and eating a lot of sweet thing since they are good without considering the effect of too much sugar in the system. A lot of people go to hospitals with issues like obesity due to lack of control on their eating habits. Smoking has become a common scenario among women and men both young and old and all of this lead to serious damages to the liver.



Some common diseases caused by bad lifestyle include: obesity due to lack of control in eating and the obesity can also lead to diabetes which is one of the leading cause of hospital visitation on Wednesday as the hospital carry out consultation on the diabetic patients. In the world, India is said to hold the top record of diabetic patients with about 40.9million followed by china with about 39.8 million. Carrying out sporting activities, eating the right quantity at the right time and having a balanced diet on a daily base can greatly improve and individual's health yet many especially in Africa fail to carry out some of these due to their business at work, not understanding about food management, and even finance to provide the healthy meals that are needed.

### **5.8.3. ENVIRONMENT**

In Cameroon and in other parts of the world environmental changes have always been an issue to look at. The type of environment people live in can determine the quality of health they have. With the growing rate of industrialization, a lot of companies and factories have been produce to ease production and transportation of goods. Most of this industries have lots of waste product and need on where to keep them and for this reason, river bodies have been considered a great dump yard for industrial waste. In addition to this wastes, without proper hygiene which is a common situation in some African countries, chemicals are used in different manufacturing industries and most of this chemical are toxic to the human body. The pollution of the air too makes health expectancy to be low, gaseous particles that remain in the air humans' breath such as smoke from cars, factories, and burning of biomedical waste are also harmful to humans who breath the same air.

Natural disasters are also very harmful to humanity, a good example is the lake Nyos in 1986 that lead to the suffocations of over one thousand people and many more injured and all of these calls for medical interventions. Environmental issues can be control to a certain extent but when it comes to natural disaster, no single human has the power to determine its outcome. One of the major causes of typhoid in the urban city of Yaounde is the prevalence of non-portable drinking water. Water is a necessity to every human and animal and man cannot do without but the lack of quality water in Yaounde is very high and people use bore well water for their daily activities since the few available taps are often on seizure and when they are even operational, they are yellowish in color, renouncing the characteristic of good water.

#### **5.8.4. GENETICS**

Talking about genetics, we refer to the properties a body is made of and what an organism looks like and how it survives. Human genetics are mostly transferred from forefathers to children and this makes it such that the children have the capacity to perform some acts just as the fathers did since they contain similar behavioral patterns. Most common visible gene patterns found in humans are, eye color, hair, and even tooth structure. Most genes we get from our parents are copies which probably work the same way as it works in our parents though at times they might not be exact. Genes have a very vital role when it comes to health and for that reason, looking at;

Epigenetics which is the influence of behaviors and environment affects our different genetics. When genetics are influenced properly, health outcomes are good but when the surrounding environment and lack of physical activities affects our genes, offspring can come along with birth deformation which can lead to long-lasting health difficulties for the newborn. Most children grow up as sickly due to the fact that they have the genetic disorder of their parents had an impact on them and they spend a lot of time in hospitals to take care of their situations, and

Nutrigenomics which is the study of the impacts of food and its constituting elements on our genotypes. Different communities around the world have developed their specific nutritional habits due to the availability in their respective zone. These nutritional elements have great impacts on mental health, skin colors, hair and eye color. Food constituents have functions they play as far as health is concerned as some go a long way to strengthen the body's immune system. Most industries and food producing factories concentrate on the production of food sweet to people's tastes like chocolates, sardines and forget the impacts of the consumption of these foods.

#### **5.9. BEHAVIORS OF HEALTHCARE STAFF**

It will be an obvious thing to say healthcare workers are humans and have their own ways of behaving or reacting to situations. The attitudes of healthcare workers are not only a problem or solution to them alone but also to the patients under their control as it either affects the quality of care positively or negatively. Healthcare workers are those who come in contact with patients and their way of behaving directly has an impact on the wellbeing and health outcomes of the patients. Most healthcare professionals who understand the need to play good with their patients most at times have a positive feedback from the patients as the patients turn to feel more

comfortable with them. In real life, people who are not good in handling patients always get a lot of dissatisfaction from patients and the process of healing gets slow are the patients themselves do not feel comfortable with their care provider. Different healthcare providers have different behaviors in terms of how they treat patients and this is because most of them have different trainings before integrating the healthcare service.

In the Baptist system, it is possible to integrate the healthcare service as nurses without having formal training. When someone gets employed to work as a cleaner, after working for some time, they will be allowed to participate in some health provision aspects like delivering people's children, and after some time, they will be accepted to work in the labor room and as such, they have become mid wives. When people get into the health board through this means which is like a means of survival, they really care less about the conditions of their patients or on the other hand, they know less concerning the handling of patients. Limited knowledge on the part of the healthcare provider makes it such that they believe the only thing needful is to provide medication for patients and for others, they lack a spirit of relating with people. In a case where a care provider is good in relating with people, his patients suffer the consequences as they will lack good relations to boast communication between them and their care givers.

## **5.9. RELIGION AND HEALTHCARE**

Most healthcare workers are religious people and follow the roles of their religion. Be it Islam, Christianity, Buddhism or whatever religion a health worker is, they turn to apply it in their duty especially those who are truly dedicated to their beliefs. According to Kim Jonas (2017), doctors are religiously conscious to the fact that they refuse carrying out some hospital functions just to maintain their beliefs and be upright for example refuse to give contraceptives to youths for pregnancy control, refuse to carry out abortion and consider masturbation as sin. Etoug-Ebe Baptist hospital is a religious hospital that is regulated by the Cameroon Baptist convention and they perform some of their duties different from other government and private hospitals. The hospital has chaplains and has morning meetings and prayers with the doctors though they focus more on medication and rather do not pray for patients who are sick for them to get well.

It is probable that hospitals with religious backgrounds actually just carry the name but still function as other non-religious hospitals given the fact that they do same things like express consultation, they have no specialized plans for their religious faithful and do not pray for patients

to get well as it is done in churches but rather follow the full medical process and rely on it. The cultures of religion are different among members who visit the hospital. Giving that all their ways of practicing religion are not objectively allowed, non-religious patients and starved religiously

### **5.10. EMOTIONAL HEALTH**

Emotional health is a branch of mental health which works with the ability to live and deal with negative and positive feeling about situations. Many people suffer from breakups either with their spouse, fiancés, and stress. Most people who suffer from long term emotional sickness turn out to developed other physical health conditions. Mental wellness and the ability to handle emotional stress depends on the types of situation, the experiences of individuals and those who can hardly handle the situation at times find other alternatives to relief the stress they are in such as drinking alcohol, smoking cigarettes which could possibly lead to cancer in the long run. People suffering from emotional health conditions always find it difficult to concentrate on whatever thing they are doing unless they are relieved of it. Hospitals try at their own level to see to it that this issues are treated but at times it becomes difficult because emotional disorder is tied to memories at times and whenever the person turns to think or remember the things that cause them the pain, it continues to trouble them. Emotion disorder can take a very long period like many months and even years depending on different individuals and for this reason, many health organizations organize counselling sessions with the said patients and continuously encourage them. Most common recommendations as far as the treatment of emotional disorder is concerned includes;

Getting enough sleep which studies have proven to have the capacity to helps the brain relax and gain the capacity to process more information and relief itself or stress. Many people undergoing emotional disorder even find it had to sleep well since they pass all the time thinking about the situations which lead to them distress and for this reason, health institutions recommend enough sleep like a means of reducing this stress.

Exercising which is another important activity that helps an individual to concentrate on something else and distract themselves from the pain they are going through. Most at times the exercises do not need to be intense for example simple deciding to go out for a walk on the street, get to a gym and lift some weight, do vocals. This helps the emotionally sick person to focus their energy on beneficial thing than the traumatic experiences they have had

Finding meaning in life is also a great way of escaping form emotional health issues. People are always satisfied when they do what they love doing or go to places that please them even if

there is no physical compensation but they feel satisfied. On the other hand, people have jobs, cars and luxury but it doesn't give them that calmness and for this reason, there is need for people to look for the things that make them happy the most and do it so as to help relieve them self from emotional disorder.

Finding a support group for the purpose of overcoming emotional challenges is very important. Most people in support groups face similar situations or have been in a similar situation before. They can help someone get better results in their conditions as the experiences and solutions of others can help out. In support groups, there are some leaders who only counsel and thus understand most solutions that have worked for others and can channel it to solve the situation.

In sum, the situations experienced by both patients and doctors in Etoug-Ebe Baptist hospital were varied. Some were linked to worldviews while others to genetics, economics and social. We also observed the presence of misunderstanding among patients and doctors. Given the fact that man is surrounded with people and lean new cultures to add to his original culture, see medical care from different angles. Being unable to achieve most of the desired expectations, patients turn to feel worried about the services offered in Etoug-Ebe Baptist hospital. Given that Etoug-Ebe Baptist hospital could not offer the total needs of patients because some were contrary to the mission statement, we therefor understand why healthcare in Etoug-Ebe is a difficulty,



GENERAL CONCLUSION

Despite the growth in hospital and the increase in health work force, it seems the notion of quality care still remains a challenge to most health organizations both private and government. Many hospitals have immersed with several intensions some of which are different from the original ideology for the conception of hospitals which were to cater for needy, orphans, sick and strangers. The original name which referred to guest house was created by Christian religious organizations to take care of people in trouble. All along the growth and propagation of this hospitals, many people have integrated the field with different intentions such as money making. Most doctors care about their duty as health professionals and perform what they have learnt in schools to give out injections and drug prescription.

Our research titled “Perception of patient care in hospitals: the case of Etoug-Ebe Baptist hospital, Yaounde-Cameroon” was done in Yaounde, the political capital of Cameroon. It has a population growth rate of about 4% to 6% yearly according to macrotrends.net, mostly due to internal migration. Our study was carried out in Etoug-Ebe Baptist hospital with the objective to explore why patient healthcare is a problem in Etoug-Ebe Baptist hospital.

To avoid problems related to research ethics, we collected an authorization from the university of Yaounde I. We presented it to the Sub divisional officer of Yaounde VI, whose stamp was put on the school authorization. Both documents were then presented to the hospital for them to grant us clearance to work in their premises. The hospital demanded our research proposal with a sum of 45000frs which was paid into their research ethics committee. After 3 weeks, the hospital headquarters gave permission for us to go on with our work.

To better carry out our study, we came out with some potential questions that guided us to answers to our research. It consisted of one principal research question and three secondary research questions. Our principal research question was; How is patient health care in Etoug-Ebe Baptist hospital? From there, we had three subsidiary questions which were; (1) How do patients perceive healthcare in Etoug-Ebe hospital? (2) What factors determine quality patient care in E.B.H? (3) What are the consequences of patient healthcare in E.B.H?

As temporary responses to the above research questions, we had as response to our principal question that; Healthcare in Etoug-Ebe hospital does not depend on its mission context to provide exemplary care services to all its customers. To our specific questions; (1) it does not reflect the goal of a mission hospital which is its foundation. (2) money, relationship with medical personal,

social and political power. (3) patients wait for their turn with grudges and complaints, avoid going to EBH unless situations are severe and at times go to roadside medicine.

The study had a purpose to bring out responses to meaningful questions. Since we had just temporal answers to our questions, we set objectives which were going to guide our research and bring us the expected responses to clarify our doubts. We equally had one principal research objective and three subsidiaries which were as follows;

The main objective of this research was to explore why healthcare is a problem in Etoug-Ebe Baptist hospital. Our secondary objectives were; (1) To understand how patients perceive health care in Etoug-Ebe Baptist hospital (2) To know the factors which determine quality patient healthcare in E.B.H. (3) To know the outcomes of patient healthcare provision in E.B.H.

The methodology of our research was specifically qualitative in nature. Since we were more focused on understanding what different people think, we used a multiple of techniques to collect our data. For the collection of primary data, some of the techniques used were individual interviews, life history, observation and documentary review. To these techniques, we also added research tools such as interview guides, informed consent form, to ensure patients were aware of what they were about to respond to. Tape recorders, phone camera, notebooks to write down major points and pens. We used a white robe as permitted by the hospital to prevent patients from being afraid of whom they are giving information to. We also used theories to help us in the interpretation and analysis of our work. Theories used were functionalism to understand the function different elements in the hospital play to ensure patients are well cared for. We also used the theory of symbolic interactionism to understand the role of symbols based on human experiences and subjective attribution of meaning to signs and symbols and colors.

Our sample population constitute those who use Etoug-Ebe Baptist hospital's health services. Collecting our respondent in a stratified random sampling procedure was difficult. This was because we were dealing with people on sick beds so at some point in time. We met those who could barely talk and those who could talk were not sure of staying longer. We mainly used the stratified random sampling technique and divided the hospital into its different departments. We collected random respondents from the chosen departments which were the eye department, dental department, the ward, the social work service and the chapel.



At the end of the work, we did a manual transcription of data, we did the interpretation and analysis of data. This was with the aid of our two theories of functionalism and symbolic interactionism. From the results gotten, we saw that most people still find similarities between Baptist hospitals and other hospitals. They passed out their complaints explaining that patient quality care is still not available in the center as many violations against patient rights still exist. Besides, the Baptist church is not actually visible in the functioning of the hospital. Many patients still face distress and discomfort while in the hospital which should be less heard of considering that the hospital is out to give compassionate care to all as their motor says.

We went further to understand the different factors that influence the quality of care. We saw that money, the type of illness the patient is suffering from, the professional skill of the care providers and availability of resources influence quality care. We also looked at factors that influence access to healthcare among which we had affordability, accessibility, acceptability and accommodation of patients. We equally looked at the dimensions of care among which we had compassionate care consisting of the way patients are cared for, relative to their relationship with the care provider. More to that, patient comfort which is a necessary aspect in every hospital setting as patients need to feel they are not alone in their pain. Lastly, spiritual dimension which has to do with taking care of a patient's spiritual needs especially for patients who are religious.

Most patients still feel the lack of quality in care while they are in the hospital. Most patients are not satisfied with the services they get; their biggest complaints being cost of treatment. The nature of patient doctor relationship at times is not smooth and some arrogant behaviors of healthcare providers affects patients negatively. Other patient complaints were on waiting time which was considerably long to them. They expressed this anger mostly because there is inappropriate communication about why they have to wait for so long. Patients also express dissatisfaction for the nature of the rooms which. We noticed cockroaches moving in the ward which is not favorable as they can carry infections from one bed to another. To an extent, the level of catering for patient in their physical health condition is considerable but talking of psychological, emotional and spiritual care of patients, very little is done.

The grievances of patients at times leads to situations where patients start shouting all over the hospital to manifest their dissatisfaction with the kind of service they receive. Some leave the hospital and refuse to come back or listen to any body. Others stay quiet, bare the situation then

leave without hoping to come back another time. The notion of express consultation is found in the hospital and this is major aspect to look at. Given that the notion of express gives priorities to people who are better positioned in terms of finances, it leaves patients thinking that there is not equity of health in EBH. This express consultation was mostly found in government and non-religious hospitals but now it has integrated the Baptist hospital. The priority is not given to Baptist Christians who contribute to the standing and success of the hospital. It is rather given to those who have money to pay in and avoid waiting time. This is seen as a means of making money apart from cutting waiting time for some people. If time could be reduced for some people, why not make it easier for everyone. The problem of emergency was also raised by some patients and it was explained that nurses do not pay practical attention to some cases that need urgent attention.

The issue of patient rights, privacy of patients is not really respected and things are done in the open. Consultation is done in open rooms and patient B can hear the health situation of patient A which is not in accordance with the right to privacy of patients. Patients are also mixed up in the ward where men, children and women come in and out at will. One patient can see another on the other beds and at times the condition of one patients makes it uncomfortable for another patient to even eat. In cases where patients vomit and stool on their beds, it makes it had for other patients to even have appetite.

We also found out that many patients have different things they look up to while seeking healthcare services. Some of these expectations are difficult to realize for different reasons according to health professionals. The behaviors of health staff have an adverse consequence on the health and recovery of patients. Most health professionals carry problems from their home and dump it on patients. The level of education of patients and their passion for the service also plays an important role in the quality of care patients receive. It is seen that many join the health team not necessary for the passion they have to save lives rather because they are looking for a means a surviving.

This work focuses on the perception patients have on healthcare interventions they receive from Etoug-Ebe Baptist hospital. We accessed patient doctor relationship and how it improves the quality of health. The work is made up of an introduction, five chapters, and a general conclusion.



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List of informants with star on key informants.

NO	NAMES	AGE	SEX	MARITAL STATUS	PLACE OF INTERVIEW	OCCUPATION	CONTACT
1	SU-UH JESPA	34YRS	MALE	MARRIED	EBH	DOCTOR	67473874
2	SUZANNE CHONBGOU		FEMALE	SINGLE	EBH	BUYAM- SELLAM	671185971
3	DENGNE POKAM	28YRS	MALE	SINGLE	EBH		69897201
4	EMELDA KUKAH		FEMALE	SINGLE	EBH	HOUSEWIFE	677054900
5	IMMACULATE DUSHIR		FEMALE		EBH	NURSE	675143583
6	SHE FELIX T ★		MALE	MARRIED	EBH	CHAPLAIN	675376516
7	NLEND ANDREY	53YRS	MALE	MARRIED	EBH		681935384
8	VIBAN ALIDU AYENJIKA		MALE		EBH	DOCTOR	675008389
9	ASONGWED SYLVIE		FEMALE	SINGLE	EBH	STUDENT	6752729298
10	NGUSENGA MARCEL NGUH	49YRS	MALE		EBH		654982355

11	ELVIS EKO EKOSSE		MALE	MARRIED	EBH	TEACHER	656265464
12	YADIUE ACHILLE		MALE		EBH	farmer	653225950
13	ARNOLD JETENG		MALE		EBH	driver	690452597
14	SIMOU EDITH		FEMALE	MARRIED	EBH	Business woman	671404541
15	AYEA GENESIS	52YRS	MALE	MARRIED	EBH	NURSE	682506608
16	NUMFOR HENRY		MALE		EBH	DOCTOR	677612437
17	ANNE ALEMNJU		FEMALE	SINGLE	EBH	BUSINESS WOMAN	673601715
18	SUIKA BEATRICE		FEMALE		EBH	teacher	670565848
19	NYUYWIR ISAAC	31	MALE	MARRIED	EBH		671483132
20	BELDINE MULUH	35	FEMAL	SINGLE	EBH	NUTRITIO NIST	
21	WIRBA MILDRED	21	FEMALE	MARRIED	EBH		679579320
22	TANGONG CALEB ★	28	MALE	SINGLE	EBH	DOCTOR	67317084
23	NGEK PROMISE KWUKIA	33	MALE	SINGLE	EBH		670514997



**APPENDICES**

## **INFORMED CONSENT FORM**

This consent form is for a study in hospitals and those who use hospital services in the neighborhood of Etoug-Ebe, Yaounde We are inviting you to participate in a research titled “Perception of patient health care in hospitals: the case of Etoug-Ebe Baptist hospital, Yaounde-Cameroon, a contribution to medical anthropology”.

### **Introduction**

I am Fuchu calvin, a student in the university of Yaounde I, carrying out a research in the field of medical anthropology. I wish to find out the different views of patients and nurses on the phenomenon of care. Care in our community as we know is something everyone needs in other to feel they belong to a social environment. In this study, we seek to find out what people and family members who use hospital services find the situations under which they obtain their treatment.

This informed consent form may have words that you may not understand, please feel free to ask if you find a word disturbing as you read through the information and we will take the time to explain it well to you. Afterwards, if you have questions, you can ask us or other researchers.

### **Purpose**

In this locality, many people have been complaining of low quality health services provided to them when they go out to seek health interventions. Some complain of long waiting hours, others of high cost of treatment, some of slow interventions to serious cases. We would like you to help us provide any information you know about the nature of hospitals you have visited and of our target Hospital Etoug-Ebe Baptist Hospital. What you tell us shall help us to understand how people cope with the degrees of care they receive in hospitals. We also want to know about some health practices that involve care and how it is done since this knowledge might help us create awareness of the dissatisfaction of patients and see how to help the situations.

### **Type of research intervention.**

This research needs your time and attention to answer questions in a group discussion or a one on one interview.

**Participant selection**

We choose to have you participate in our research because we think that your experience and knowledge about some activities in clinical centers can be of great help to our study.

**Voluntary participation**

Your participation in this research is completely up to you. You will do this research only if you want to, it is not obligatory. It will not affect any of the services you receive in any hospital neither will it have an impact on your job or social life. If you choose to participate in the research, you can always stop at any point if you feel as to stop and all your information will be canceled. In case you accept to participate in the research, your participation will be highly useful.

**Procedure**

We are asking you to participate in our research which if you chose to participate, you will have to Participate in a group discussion whereby I will guide the research and make sure you are comfortable. We will have a discussion where we will ask question and you will have to answer based on your knowledge. We will not ask you to share opinion on belief or life issues you may feel uncomfortable sharing.

**Duration**

Our research will take a duration of about 45mins to 1:15mins in special cases.

**Risk**

During the research if it happens that some questions are inappropriate for you to answer, you can feel free and not answer since some could be on personal opinion. As such, if you wish you could tell us some of the issues you wouldn't like to talk about in public, we will see how to avoid them. However, some situations can prompt you to say what you never wanted to say but we do not wish for this to happen. In such case, be assured that your information shall be used strictly for educational purpose and full names and identity will not be disclosed unless by your permission.

**Benefit**

Well the research may not directly benefit you but it will greatly help us to find ways to improve on the experiences patients have when they visit hospitals. The study will help health personnel to improve on the quality of services the offer. The research will permit us to obtain a Master's Degree in Anthropology.

**Reimbursement**

As you participate in the research, you will be provided with what to eat and drink and at the end of the research, a small token will be given for transportation purpose since it is an individual work and not sponsored by the government or the school where I belong

**Confidentiality**

Due to the fact that the research may call attention, people may ask you questions. your information will be kept secret. On your response, we will put a number and not your name such that only the researcher can know who the respondent is. Your information will not be shared public and it shall only be known by school examiners. We shall secure your information in a safe and locked box where no one will have access to it apart from school examiners.

**Sharing the Results**

**Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public.**

**Right to Refuse or Withdraw**

You do not have to take part in this research if you do not wish to do so. choosing to participate will not affect your job in any way. You may stop participating in the discussion at any time that pleases you. I will give you an opportunity at the end of the discussion to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

**Who to Contact**

**If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following: 681561590 or [calvinyuknwi@gmail.com](mailto:calvinyuknwi@gmail.com)**

I have been invited to participate in a research on “perception of patient health care in hospitals: the case of Etoug-Ebe Baptist hospital, Yaounde-Cameroon, a contribution to medical anthropology”.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year



## INTERVIEW GUIDE

### Section I (for patients)

#### a. Patient-centered Care

1. What do you understand by the word care?
2. What is the general notion people have about care?
3. What can be considered as quality care for patients?
4. What activities should care providers carry out
5. What are the impact of quality care on patients?
6. What factors influence the quality of care?
7. How often should doctors check on patients?

#### b. Patient reception

8. How are patients welcomed in hospitals?
9. Does the manner of welcoming patients matter in health quality?
10. What is done at the reception?
11. What is the impression you got when you first entered here?
12. Can you tell your experience with Etoug-Ebe Baptist hospital?

#### c. Patient autonomy and satisfaction

13. Do you think patients have rights while seeking health interventions?
14. What are some of the things you think are rights of patients?
15. Are patients given freedom to choose the medical procedure they want?
16. Does every patient get satisfaction from health services they receive in hospitals?
17. What is the reaction of patients when they are not well treated in the hospitals?
18. How do patients react when they are satisfied with the services they receive?
19. Why do you think the level of care is sufficient or insufficient in hospitals?
20. According to you, what improve the standards of care for patients
21. What is the role patients need to play while seeking health services?
22. What are the responsibilities of a patient?

**Section II (For medical personnel)**


1. What is quality care?
2. What factors affect the quality of care?
3. What factors determine access to health?
4. What according to you are common complaint of patients
5. What reactions do patients put out when they are not satisfied with the services they receive?
6. How do medical teams encourage effective communication with their patients?
7. How do medical personnel respect patient rights?
8. Do patients know they have rights while seeking health interventions?
9. What is patient doctor relationship?
10. What is doctor-doctor relationship?
11. How can a doctor patient relationship improve the quality of life of patients?
12. Do patients know of autonomy?
13. What are some aspects of patient autonomy?
14. To you, are patient's rights respected by healthcare providers.
15. What factors motivated you to join the medical team?

## University research authorization

**UNIVERSITÉ DE YAOUNDÉ I**  
**THE UNIVERSITY OF YAOUNDE I**

**FACULTE DES ARTS, LETTRES ET  
SCIENCES HUMAINES**

DEPARTEMENT D'ANTHROPOLOGIE



**FACULTY OF ARTS, LETTERS  
AND SOCIAL SCIENCES**

DEPARTMENT OF ANTHROPOLOGY

Sous-Prefecture de Yaoundé VI<sup>e</sup>  
BIYEM-ASSI  
**COURRIER ARRIVEE**  
N° 306  
LE 05 MAI 2021

22 DEC 2020  
Yaoundé, le .....


**AUTORISATION DE RECHERCHE**

Je soussigné, Professeur **Paschal KUM AWAH**, Chef du Département d'Anthropologie de la Faculté des Arts, Lettres et Sciences Humaines de l'Université de Yaoundé I, atteste que l'étudiant **FUCHU Calvin YUKNWI**, Matricule **16B043** est inscrit en Master dans ledit département. Il mène ses travaux universitaires sur le thème : «*Treatment and care in hospitals: the case of Etough-Ebe Baptist Hospital, Yaounde-Cameroon* » sous la direction du **Dr Fonjong Lucy**.

A cet effet, je vous saurais gré des efforts que vous voudriez bien faire afin de fournir à l'intéressé toute information en mesure de l'aider.

**En foi de quoi la présente autorisation de recherche lui est délivrée pour servir et valoir ce que de droit.**

**Le Chef de Département**



*Paschal Kum Awah*

## CBCHS IRB Research Authorization

**CAMEROON BAPTIST CONVENTION HEALTH BOARD  
INSTITUTIONAL REVIEW BOARD**  
Baptist Centre, Nkwon, P.O. Box 1, Bamenda, Northwest Region

June 4, 2021

Fuchu Calvin Yuknwi  
University of Yaoundé I,  
Department of Anthropology  
calvinyuknwi@gmail.com

IRB study number: IRB2021-41  
Title of Protocol: Perception of patient care in Hospitals: The case of Etoug-Ebe Baptist Hospital Yaoundé-Cameroon.

IRB approval date: June 4, 2021  
IRB expiration date: June 4, 2022

Dear Calvin,

Your proposed research study is to explore the nature of care in a doctor-patient relationship, in order to understand the perceptions of people about care.

Your study protocol was reviewed by selected members of the CBC Health Board IRB and has been granted expedited approval this June 4, 2021. Your study will be presented to the entire Board during the next Board meeting and the final decision will be sent to you via email.

Please understand that this is the ethical and safety approval for your study. Also note that you are not authorized to observe a patient in the consultation room because this is a complete breach of confidentiality and patient privacy. You must present this IRB approval letter to the Hospital Administrator and Chief Medical Officer to carry out the study in the Institution(s).

If you make any changes in the research protocol, please immediately send the IRB an amendment specifying the changes proposed.

The Board grants approval for this study for a one-year time period. Thereafter, before June 04, 2022, you will please complete our renewal form/final report which will be attached to an email and return it to me. The completed form must be reviewed and approved by the Institutional Review Board prior to the expiration date of the current approval period. The fee to renew a study protocol is 10,000 cfa.

Your protocol has been assigned the above reference IRB protocol number. All correspondence to us should include:

1. The IRB protocol number,
2. Name of the principal investigator and,
3. full title of the study.

Finally, all abstracts, manuscripts, posters and presentations pertaining to the above protocol, must be submitted to the IRB for pre-publication approval. This approval is for academic research purpose only. If you will like to publish this in future, a CBC Health Service staff of the Department where the study was conducted must be Co-Principal Investigator.

Please feel free to contact me with any questions and/or concerns regarding the above. Copies of all correspondence regarding this proposal should be sent to me and to Zita Acha secretary, e-mail [cbchbirb@gmail.com](mailto:cbchbirb@gmail.com).

Sincerely,

   
Samuel Ngum, PGDip, MSc., (International Health Services)

Mr. NGUM Samuel, Chairperson, [Chaircbirb@gmail.com](mailto:Chaircbirb@gmail.com)  
Mrs. Acha Zita, Secretary, [cbchbirb@gmail.com](mailto:cbchbirb@gmail.com)

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