



# Assessment on the attitude of health personnel towards hygiene practice: a case study

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### ABSTRACT

The study aimed to establish the attitudes of professional health personnel on hygiene practice toward patients at University of Maiduguri Medical Center. Simple descriptive research design method was used to elicit information due to the nature of the questions that query personal values and attitudes. Self-administered questionnaire was adopted to ensure equal representation of patients from the total population (63677) registered from January 2014 to February 2023. Simple random sampling technique was used to arrive at the required sample size of 200 respondents. However, n=133 (73.08 %) students, n=49 (26.92 %) staffs, out of the 200 administered questionnaire were retrieved. The study outcome indicated 70% of the respondents agreed that health personnel working at the school medical center had very positive attitudes towards hygiene practice and to their patients. However, certain percentage respondents disagree and alleged that the health personnel do have ill-attitude towards hygiene practice and to their patients. Nonetheless, the % of the respondent's views that were not in support of the attitude of health personnels, which reveals that the health care personnel do have negative attitude towards hygiene practice and to their patients should not be neglected. In health care setting there is serious need to look into even 1% gap hygiene and attitudes of health personnels issues for it's a profession that deals with life and death. The attitudes toward hygiene practice by health care personnel would have a negative or positive influence on the organizational performance. The study recommend often supervision, use of surveillance technologies, The management should organize quarterly or time-time awareness sessions to patients (staff and students) within the campus on work ethics, hygiene practice and sanitation. The management of the medical center should adhere to a zero tolerance to hygiene practice especially by the health personnel, patients satisfaction and look into possibilities of ending conflict of interest, third party players practice by some of the health personnels.

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## Introduction

Over the years, researchers in the field of water sanitation and hygiene (WASH) had conducted extensive studies on hygiene and sanitation towards addressing poor hygiene practice by health practitioners Akpabio & Rowan, (2021). The provision of water sanitation and hygiene (WASH) is critical to reducing infection and enhancing the quality of health care services Rina et al., (2014). Mismanagement of infectious waste results in environmental pollution and unpleasant odours due to harmful pathogens that may develop many infections such as typhoid, cholera, tuberculosis and other diseases namely, Hepatitis and HIV/AIDS. Zhang HJ et al., (2013). Although, the quantity of infectious waste produced is less as compared to the overall health care waste, but the poor waste management practices by health care workers mix this waste with non-infectious waste and contaminate whole lot as infectious waste Sharma A, (2013). Health workers, patients, waste handlers, waste pickers and general masses are prone to develop these infections. Hence this is an urgent need to have all kinds of wastes be treated properly. Infectious Health care waste is composed of the materials that are produced from medical treatment in the medical units such as offices of general practitioner and dental clinics, chiropractors, acupuncture, at home patient care, from harm reduction programs for drug addicts, maternity homes, diagnostics laboratories, immunization and scientific research. Nema (2011). All health care workers have a moral obligation to help their patients maintain proper hygiene in any hospital, government at all level and the society to ensure proper hygiene and sanitation of the hospital as well as personal hygiene Ramesh et al., (2013). It is generally held that health personnel should always act in the best interest of their patients Alshahrani W (2018). The proliferation of litigations towards health personnel in Nigeria may reflect gaps in their level of awareness and basic knowledge of medical ethics as well as hygiene and sanitation practice Bolarinde et al., (201). Many researchers believed that public hospitals emerging from developing countries are professed to be not performing very well and were regarded as less trust low-quality hospitals compared to the private hospitals despite the fact that the public hospitals were funded by government. The organizational factors and its impact on government hospital performance, discovered that funded health services were recurrently of poor hygiene and sanitation practice Yaser et al., (2017).

The private or self-funded hospitals best performance is attributed to the fact that the adherence to the tradition of competition, proper monitoring and management than the government

funded hospitals. Government or public funded hospitals are continuously facing distrustfulness on the side of the public in terms of the quality of services they are providing especially to less privilege populations. The wealthy population in uncertainty to get proper medical services they resort to private hospitals or travel abroad for treatment Yaser et al., (2017). The hygiene and sanitation practice of the private hospitals is also a point of concern compared to the ill-handling of sanitation and hygiene in public hospitals. The private hospitals always maintain quality delivery and ensures the availability of water supply so as to certify proper sanitation and hygiene of the hospitals, whereas the public hardly safeguard the water system and the availability of water supply which is key in maintaining the tidiness of the hospitals. Rina et al., (2014). The imprint of negative attitude to hygiene practice and poor handling of water sanitation and hygiene (WASH) is leading the government funded hospitals back and given the chances or reasons to distrust and preference of private hospitals not only because of the best treatment but for the proper maintenance of water sanitation and hygiene (WASH) and the good attitude of the health workers which lead to a very good organizational performance.

## Impact of water sanitation and hygiene practice in health care facility

The sustainable Development Goal SDG targets aim for universal access to WASH services. This calls for greater attention to WASH services beyond the household, including institutional settings such as schools, health care facilities and workplaces. Global efforts towards education for all recognize the role that WASH in schools plays in improving access to education and learning outcomes, especially for girls. UNESCO, (2017). The JMP published the first global assessment of WASH in schools. Likewise, the status of WASH in health care facilities, and the links with health outcomes, have received increasing attention in recent years. This report presents the first global assessment of water, sanitation, hygiene, health care waste management and environmental cleaning services in health care facilities and establishes baseline estimates for monitoring progress during the SDG period. WHO/UNICEF (2012). It is complemented by another WHO and UNICEF report that outlines practical actions countries can take to improve WASH in health care facilities.

Workers in health care facilities need sufficient quantities of safe water to provide health care services. Drinking and cooking, hand hygiene, showering and bathing, and a variety of general and specialized medical uses all require reliable supplies of safe water. Water is also essential for cleaning

rooms, beds, floors, toilets, sheets and laundry. It is central to patient experiences of health care, as it enables them to remain hydrated, to clean themselves, and to reduce the risk of infections. Families and care-givers also need water to tend to patients and their own needs. Without water, a health care facility isn't a health care facility. Different health care facilities have different water requirements depending on the type of health services offered and the scale of the facility. The quantity and quality of water available, the location and accessibility of water points within the health facility, and the reliability of the water supply over time, are all important aspects of water services. However, most facility assessments and health management information systems only collect limited information about water services in health care facilities. WHO and UNICEF, Geneva, (2019).

Health care facilities are classified as having basic water services if they use water from an improved source located on the premises, and from which water is available at the time of the assessment. Health care facilities with an improved water source not located on the premises (but still within 500 metres) or that don't have water available at the time of the assessment are classified as having limited water services. Health care facilities with no water source, or that take water from an unimproved water source, or use an improved water source more than 500 metres away are classified as having no water service. UNICEF/SwSC (2022).

This study is seeking to investigate the attitude of health personnel towards hygiene practice at University of Maiduguri Medical Centre. The study will be significant and will enlighten the general public on the ethical attitude of health personnel towards hygiene practice in University of Maiduguri Medical Centre considering the hitches and prospect. The findings of the study will also serve as a resource base to other scholars and researcher's interest in carrying out further research in this field subsequently, if applied; it will go to an extent to provide new explanation to the public.

## Materials and Methods

This study was delimited to the attitude of health personnel towards hygiene at the University of Maiduguri Medical Centre and it is also delimited to two hundred (200) respondents as sample for the study. Literature on the area was consulted through examination of their contents and selection of ideas that discussed relevant areas of the study.

This study utilized a simple descriptive research design as its main aim resonated with the overall purpose was to describe the attitudes of health

personnel towards hygiene practice. The population of a study refers to the entire set of individuals or objects, having some common characteristics Polit and Beck, (2008). The population of this study include staff whom were duly registered by National Health Insurance Scheme (NHIS) and Students of the university. In order to ensure equal representation of patients from the total population of sixty-three thousand, six hundred and seventy-seven (63677) patients registered from January 2014 to February 2023 incorporating staff and students at the University of Maiduguri Medical Centre for treatment, simple random sampling technique using random number in Microsoft excel 2016 was used to arrive at the required sample size of 200 respondents.

The research instrument used in obtaining the valuable data for the purpose of this study is self-developed questionnaire. The questionnaire consists of forty (40) itemed they were divided into section A-E. The respondents were to decide on his/her views provided in the questionnaires to tick either Agree, Strongly Agree, Disagree, Strongly Disagree or Neutral as their decision. In the division of the parts the study has the following:

*Section A:* Deals with the respondent's socio-demographic variables.

*Section B:* Perception on the attitude of health personnel towards hygiene practice.

*Section C:* Factors responsible for the attitude of health personnel to hygiene practice.

*Section D:* Effect of unethical attitude to hygiene practice and sanitation to patients.

*Section E:* Possible ways to curtail negative attitude indulge by health personnel to hygiene practice.

Permission to continue with the study was granted by the University of Maiduguri through the University of Maiduguri Medical Center. The questionnaire was administered personally to patients (staffs and students) and carefully retrieved back after some days less than a week or within the day of issuance of the questionnaire. A covering note was attached to each questionnaire assuring the respondents of strict confidentiality of their comments and responses. Descriptive statistic was used in the research where the characteristic of a group or groups and a typical score in a group of scores are described using percentages was used to analyse the data collected.

## Results

**Table 1.** Section A: Socio-demography of the respondents.

| S/n. | Items                  | Responses         | Sum of Frequency | Average of Percentage |
|------|------------------------|-------------------|------------------|-----------------------|
| 1.   | Status                 | Staff             | 49               | 26.92%                |
|      |                        | Student           | 133              | 73.08%                |
| 2.   | Gender                 | Male              | 71               | 39.01%                |
|      |                        | Female            | 111              | 60.99%                |
| 3.   | Age Range              | 18-20             | 56               | 30.77%                |
|      |                        | 20-25             | 95               | 52.20%                |
|      |                        | 25- and above     | 31               | 17.03%                |
| 4.   | Marital Status         | Single            | 146              | 80.22%                |
|      |                        | Married           | 28               | 15.38%                |
|      |                        | Divorced          | 5                | 2.75%                 |
|      |                        | Widow             | 3                | 1.65%                 |
| 5.   | Number of Children     | 1                 | 13               | 7.14%                 |
|      |                        | 2                 | 8                | 4.40%                 |
|      |                        | 3                 | 5                | 2.75%                 |
|      |                        | >4                | 6                | 3.30%                 |
|      |                        | <10               | 4                | 2.20%                 |
| 6.   | Academic Qualification | Secondary         | 113              | 62.09%                |
|      |                        | NCE/Diploma       | 39               | 21.43%                |
|      |                        | Degree/HND        | 17               | 9.34%                 |
|      |                        | Masters and above | 13               | 7.14%                 |

Table 1 indicated majority of the respondents were females n=111 (60.99%) and males n=71 (39.01%). The results further depicted that a significant number of them were within the age-bracket 20 to 25 (52.00 %, n = 95) and majority of the responded were single (80.00% n=146). the academic qualification of the respondents where (62.08% n=113) Secondary, (21.43% n=39) NCE/Diploma, (9.34% n=17) Degree/HND and (7.14% n=13) masters and above.

**Table 2.** Section B: Perception on the attitude of health personnel towards hygiene practice.

| Remarks           | Frequency  | Percentage % |
|-------------------|------------|--------------|
| Agree             | 126        | 69.%         |
| Disagree          | 12         | 7.%          |
| Neutral           | 5          | 3%           |
| Strongly Agree    | 32         | 17%          |
| Strongly Disagree | 7          | 4%           |
| Total             | <b>182</b> | <b>100%</b>  |

Table 2 response to perception on the attitude of health personnel towards hygiene practice. 69% agree and 17% strongly agree shows the health personnel do have positive attitude towards hygiene practice. 7% disagree and 4% strongly disagreeing is showing that there is still an element of truth regarding the attitude of health personnel towards hygiene practice. 3% being neutral means they are neither in support nor against the investigation on the hygiene practice.

The data were analysed using Microsoft Excel 2019 using sum of frequency and average of percentage, the entire data collected from question one to six are on demographic information of the respondent, while item seven to forty were related to finding solution to the raised problem. The presentation of the data is based on responses of the respondents and the data are all tabulated in percentage for basic interpretation the total of two hundred questionnaire were distributed and were all retrieved. Below are the tables and their interpretation accordingly

## Discussion

The attitudes especially towards hygiene practice

portrayed by health care personnel would have a negative or positive influence on the organizational performance. The University Medical center is mainly for staff and students working within the university limited to duly registered patients under the national health insurance scheme (NHIS). However, ad hoc staff and nearby community also access the medical center for treatment under emergency condition. The outcome of the study reveals that feedback from patients were taken seriously, patients do have good reception and health personnel do have good hospital relationship with patients. Similarly, findings on perception on the attitude of health personnel towards hygiene practice at the University of Maiduguri Medical centre" the results reveal health personnel are mindful to hygiene practice, 70% of

**Table 3.** Section C: Factors responsible for the attitude of health personnel to hygiene practice.

| Remarks           | Frequency | Percentage % |
|-------------------|-----------|--------------|
| Agree             | 136       | 75%          |
| Disagree          | 17        | 9%           |
| Neutral           | 6         | 3%           |
| Strongly Agree    | 19        | 10%          |
| Strongly Disagree | 4         | 2%           |
| Total             | 182       | 100%         |

Table 3 shows respondents' response factors responsible for the attitude of health personnel to hygiene practice. 75% agree and 10% strongly agree confirm that the items were factors responsible to the health personnels attitude towards hygiene practice. While 9% disagree and 2% strongly disagree reflects the respondents having contrary opinion on the factors responsible for the health personnels attitude towards hygiene practice. However, 3% of the respondents shows neutrality on the arguments.

**Table 4.** Section D: Effect of unethical attitude to hygiene practice and sanitation to patients.

| Remarks           | Frequency | Percentage % |
|-------------------|-----------|--------------|
| Agree             | 121       | 66%          |
| Disagree          | 12        | 7%           |
| Neutral           | 6         | 3%           |
| Strongly Agree    | 27        | 15%          |
| Strongly Disagree | 16        | 9%           |
| Total             | 182       | 100%         |

Table 4 relates on the effect of unethical attitude to hygiene practice and sanitation to patients. 66%, 15% agree and strongly agree respectively affirm the effects of the unethical attitudes to hygiene practice, sanitation to patient. However, 7% disagree and 9% strongly disagree of the people's response that the items were not related to the effects of hygiene practice and sanitation. 3% were neutral to all the items for the research question.

**Table 5.** Section E: Possible ways to curtail negative attitude indulge by health personnel to hygiene practice.

| Remarks           | Frequency | Percentage % |
|-------------------|-----------|--------------|
| Agree             | 133       | 73%          |
| Disagree          | 16        | 9%           |
| Neutral           | 3         | 2%           |
| Strongly Agree    | 19        | 10%          |
| Strongly Disagree | 11        | 6%           |
| Total             | 182       | 100%         |

Table 5 relates on possible ways to curtail negative attitude indulge by health personnel to hygiene practice. 73% agree and 10% strongly agree respondents affirm that the items were possibles ways to bring an end to the negative attitude of the health personnel to hygiene practice. Nevertheless, 9% and 6% disagree and strongly disagree response shows the respondents have second thought on the items contrary to the view of agree and strongly agree. 2% response were neutral to all the items.

the respondents agreed that health personnels were exhibiting apt attention to hygiene practice and their patients. Majority of the respondents responds to the items in affirmative which is a clear indication that the health personnel are heedful to hygiene practice and their patients. This is in line with studies in the Journal of Medical Research and Health Education (2018) that revealed both patients and doctors alike agreed to the fact that nurses were competent in carrying out their duties except on the issue of having good knowledge about the patient's condition where majority of the doctors disagreed i.e. 48.6% as against the 45.7% that agreed. The finding is also similar to the findings of Schmalenberg et al., (2008) where the physicians rated the competency levels of nurses 8.9 out of 10,

a value even higher than what the nurses rated themselves.

Nevertheless, the percentage of the respondent's views agree and strongly disagree that is not in support of the attitude of health personnels, which reveals that the health care personnel do have negative attitude towards hygiene practice and to their patients should not be neglected. In health care setting there is serious need to look into even 1% gap hygiene and attitudes of health personnels issues for it's a profession that deals with life and death. This outcome of the study was in line with the results of the study conducted by Walusimimbi, Okansky, (2004) and Ozakgul et al, (2013) that reveal negative attitudes are more prevalent among

professional health care personnel through labelling, ignorance, communicating in a minimal way, verbal harassment, avoidance and using unsuitable isolation techniques, and refusing to care for patients Lillo Augustinus Kuape (2016). Karassavidou, Glaveli, & Papadopoulos, (2008), Alharbi, (2014), also agreed that Healthcare organizations operating in the public sector are experiencing increasingly low trust on the part of the patients in terms of the quality of care provided. Furthermore, personal attitudes are often influenced by the perception of how other individuals in a social group behave and may also result from a blend of social reality and personal interpretation (Li, Comulada, Wu, Ding and Zhu, 2011: 105).

The results also depicted 75% and 10% response on factors responsible for the attitude of health personnel to hygiene practice." the results reveal and affirm a study by conducted by (Chikaodiri and Yadav et al 2015.) that the determinants of health professionals' attitudes towards their patients include deeply rooted cultural beliefs and traditions as well as the amount of exposure to patients, any existence of mental illness in their own families and personal traits, including age and level of education C Ewhrudjakpor (2009). (Zaroui et al. 2016) urther pointed out that improper attitudes of health personnel as people who are in touch with patients impose more pressure on patients and time without number patients were complaining about the lack of courtesy by the health personnel. Similarly, on the effects of unethical attitude to hygiene practice and sanitation to patients the outcome of the study showed 66% agree and 15% strongly agree of the respondent's views to the items' indicated patients were optimistic that ill attitude of health personnel has a very strong effect to the patients and to the professional medical health personnel as well, many of the respondents were positive to that effect. The finding of the study was in line with (Journal of Medical Research and Health Education Vol.2 No 1:5 Alshahrani W 2018) and (Corrigan et al. and Wahl 2018) negative attitudes are suppressed by the majority of primary care physicians.

In addition, even productive physicians harbouring minor negative attitudes can be involved in such unwanted behaviour as discrimination. As far as healthcare service quality is concerned, Bergman and Klefsjo (2010) argue that long-term success in quality improvement requires changes in attitude as well as behaviour, but attitudes come first considering the well-established link between the two constructs of attitudes and behaviour. In support of this view about the relationship between attitudes and behaviour, Siverbo, Eriksson and Raharjo (2014) revealed that the construct of attitudes is significantly associated with the change

of the behaviour toward quality improvement in the targeted hospitals. (Hindawis-Nursing Research and Practice 2016) observed in the centres and clinics that some health workers lacked the skills to communicate well with clients. Medical doctors and nurses in the clinics sometimes talked harshly to clients at the least provocation. They easily became angry with clients they considered to be troublesome or irritating and talked to or yelled at them angrily. This description fits with the observations made by (Jewkes et al. 2016) on the way nurses communicated with patients during the provision of obstetric services in South Africa. The authors contend such attitudes serve as a barrier for delivery of health services to patients.

A person's attitude is a precipitating factor for the formation of actions against a particular object. Attitude is a reaction or response to the stimulus or objects and is an emotional reaction to social stimulus. Attitude is not an action or activity, but it can affect actions or behaviour. Wahid I (2007). Knowledge on hygiene practice, infectious waste management among the qualified health workers like the medical doctors and nurses was more as compared to the sanitary workers and paramedics; these findings have been supported by other similar kind of studies. Janjua NZ (2003) This difference is due to many factors like the level of education, working experience, training and their practical involvement in the hospital waste handling. Rao PH (2008). The consequence of possible ways to curtail negative attitude indulge by health personnel towards hygiene practice, the investigation reveals about 73% and 10% of the respondents agreed with the items as possible avenue to bring an end to the ill-attitude of professional health personnel towards hygiene practice. This is similar to a study conducted by (Shadiullah Khan 2015) who assert that, there are multiple reasons to study the concept of patient satisfaction. It is considered as an important outcome of the quality of healthcare. Getting views of the patients on the care services is a much realistic tool to evaluate and improve the health care services since it is based on direct experiences of the users.

The rising strength of consumerism and quality consciousness in the society with a shift from doctor-to-patient relationship to modern provider client attitude has highlighted the importance of recording patient views on healthcare delivery. The results of the study were also supported by Habibullah Khan (2015) who noted that patient satisfaction results in enhanced compliance of the patients to the medical regimens, appropriate use of medical resources and quick recovery from illness. Besides, evaluation by the patients makes medical staff aware about their shortcomings. The employees understand that they will be held

accountable to the patients as well as administration. As a result, care providers tend to acknowledge patient rights and involve them in treatment decisions. Patients' suggestions also help policy makers and planners to identify bottlenecks in the system, thereby introducing customized improvements in the services. Good doctor-patient relationship was important for the patient satisfaction. Respect, politeness, communication skills and technical competence were strong predictors of patient satisfaction. Whereas on the contrary the study by (Khan 2015) showed that most patients did not like the behaviour of nurses and had negative experience as they observed the nurses were not attentive to their needs.

In line with the above findings, the objective of the university medical center of providing adequate healthcare services to the staff and students has been in good practice with few findings that are not in support of the attitude of the health personnel towards hygiene practice that need to be handle. The strategy for handling WASH adopted by the health personnel as revealed by the study were in good practice. Some of the shortcomings identified in the study are very instrumental in triggering negative attitude towards hygiene practice, which need to be handled carefully even if its 1% WASH gap for it's a profession that deals with life and death, unless there is a change in the attitude of the various attitudes identified responsible for attitude of health personnel towards hygiene practice. To summarize, there are many different concepts and definitions of what would constitute an attitude. An attitude to one person may be a value to another person depending on the context and situation, especially in healthcare. The outcome of the study reveals about 70% of the respondents have agreed that the health healthcare personnel do exhibit positive attitudes towards hygiene practice and sanitation couple with influx of patients during school session as contributing factors responsible for the unwanted negative behavior of the health personnel towards hygiene practice and patient. However, the percentage of the respondents that are not in support of the attitude of hygiene practice of the health personnel towards patients need attention, for health care setting is serious need to look into even 1% gap hygiene and ill-attitude issues for it's a profession that deals with life and death.

The organization would need to address any issues as these attitudes would relate to the performance and eventual development/progression of the healthcare system. On the whole, this study contributes to the body of knowledge regarding the relationships between attitudes towards hygiene practice by health personnel and organizational performance in University of Maiduguri Medical Centre. The sample size comprises of 200

respondents, the questionnaire was randomly distributed within the campus of University of Maiduguri to staff and students going to the school clinic for medical services. The study made use of simple table and percentage to examine the relationship between independent variables and dependent variable. Finally, this study revealed that there is a positive and significant association between attitudes towards hygiene practice to the healthcare service quality and organizational performance. Based on the above discussions and results, this study like previous studies, has some limitations. The study examined the relationship between attitudes towards hygiene practice by health personnel and thus, future research can focus on other variables that can improve the level of the healthcare settings performance. Therefore, it is recommended that future research take into account a third variable in order to give consistent results.

## Conclusion

The study aimed to establish the attitudes on hygiene practice by health personnel working at university of Maiduguri Medical center towards patients. However, the results of the study have actually showed that, 70% of the respondents have agreed that the health healthcare personnel do exhibit positive attitudes towards hygiene practice and sanitation couple with influx of patients during school session as one of the factors responsible for some of the negative behavior of the health personnel towards hygiene practice. However, there are many respondents that have very negative thought towards the attitude of hygiene practice of the health personnel that need attention. This is because in health care setting there is serious need to look into even 1% WASH gap and ill-attitude issues for it's a profession that deals with life and death. The results also revealed the effects of how the health care personnel attitudes to hygiene practice can be linked to healthcare service quality. The attitudes experienced by the patients (staff and students) would of course directly associate to how they perceive healthcare service quality. This finding is paramount as health personnel attitudes towards hygiene practice would affect the quality of the healthcare services depending on past experiences or current procedures that the clinic management would implement. The attitudes portrayed would have a negative or positive influence on the organizational performance. Recommendations: The following recommendations are made to eradicate the unethical attitude discovered in this study indulged by professional health care personnel.

- There should be often supervision by the management in order to ascertain and

correct the ill attitude practice by some of the health personnel.

- The management of the medical center should adhere to rewards and punishments method of appraising the attitude of workers towards hygiene practice.
- The study divulges influx of patients during school session as one of the factors responsible for the negative behavior of the health personnel, engaging more hands will go alone way to avert the future occurrence of unethical behavior to hygiene practice and sanitation in the University of Maiduguri Medical Center.
- The management should advance to use of surveillance technologies in order to apprehend and know the reason for the negative behavior towards hygiene practice by the medical personnel.
- The management of the medical center should organize quarterly or time-time awareness sessions to patients (staff and students) within the campus on ethics, hygiene practice and sanitation.
- The management of the medical center should adhere to zero tolerance to hygiene practice especially by the health personnel, patients' satisfaction and look into possibilities of ending conflict of interest, third party players practice by some of the health personnels.

### Contribution of authors

The Authors had made significant contribution by conceptualizing the study and identifying the gap in existing literature in respect to health personnel's attitudes towards hygiene practices. They conducted data collection, engaging directly with health personnel to gather insightful responses which was analysed to inform the meaningful conclusions and recommendation of the study.

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### Conflict of Interest

We declare no conflict of interest regarding the publication of this research paper titled "Assessment of the Attitude of Health Personnel towards Hygiene Practice: A case study."

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