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Care of Hospitalized Patients in Nigeria: The Need for Review and Overhaul

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A critical characteristic of health profession is caring, which includes meeting the physical, emotional, and spiritual needs of those who are ill. The health workers may look beyond the automatic reaction of doing something, anything, to prolong life. Although many patients are attended to on ambulatory basis, in severe cases the patients are often hospitalized. In this respect, different types of care are known in the hospital environments and these include:

Acute Care --- involves generally short overnight stays for serious health problems. This service provides diagnostic, medical care and surgery for serious or life-threatening conditions such as a heart attack or stroke. 'Maternity and paediatric care' falls under this type of care

Chronic and complex care (or Complex Continuing Care) --- provides services for patients with medically complex conditions who no longer need acute care, but whose condition still requires a hospital stay, including regular on-site physician care and assessment, and active care.

Emergency care --- in many hospitals, care of accident cases is often combined with this type of care as Accident and Emergency care. While a patient is in the emergency department, physicians and nurses may be

diagnosing or treating his/her condition, or ordering tests and waiting for results in order to determine what treatment to provide.

Mental health care --- this provides care for psychiatric disorders, including schizophrenia, mood disorders, anxiety disorders, eating disorders, concurrent disorders (a condition in which a person has both a mental illness and a substance use problem), and dual diagnosis (an individual with a mental illness and a co-occurring developmental disability). This type of care provides assessment, stabilization and discharge planning for individuals who experience acute, severe psychiatric-related problems, while specialty hospitals provide more comprehensive care to individuals with more complex needs requiring longer lengths of stay.

Rehabilitation care --- being a a progressive, dynamic, goal-oriented and often time-limited process, rehabilitation enables an individual with an impairment to identify and reach his/her optimal mental, physical, cognitive and/or social functional level.

Whatever the type of service that is offered, the vision of adequate service to the patients is very vital. It is not surprising therefore that in many parts of the world, the health care

industry is experiencing a system-wide overhaul of the care of the hospitalized patient. In this direction, the tertiary health care facilities in Nigeria undoubtedly face a myriad of challenges as they seek to provide quality health care to the populace. These challenges adversely affect the functions of the hospitals, which are supposed to be at the forefront of health care in the country, many of which are at present a shadow of their true essence. For example, a recent report indicated that majority of patients hospitalized in a teaching hospital died within 6 months of first admission [1]. In describing the state of most of Nigerian teaching hospitals, it has been noted that "If you know the state of Nigerian Hospitals you will prefer to take "agbo" (herbal medicine) for a disease than go to one of those things we call hospitals" [2]. There are indications that other than lack of adequate facilities, some doctors are egotistic-over-nothing and lack the adequate knowledge, skills and motivation to work effectively [2,3]. The management of the hospitals has become over-politicized to the point that indiscipline is the other of the day. Many hospital consultants do not often attend to patients but leave the patients for their resident doctors and house officers while they go about doing other businesses. It is not uncommon to see a patient struggling for survival in a hospital bed while the nurse on duty feels unperturbed. There are cases where prescribed medications are not delivered for use by the nurses for more than 24 hours, even to critically ill patients, on the ground that there are no 'ward orderly' available to transfer the prescription to the pharmacy department. Some doctors have also found ways of diverting patients from government hospitals to their private clinics only for the same patients to be returned back to the same hospital at the dying moments. Understaffing is often a serious bottleneck. To complicate the entire problems, strikes due to poor conditions of service are frequent and often lead to several preventable deaths. These are products of government insensitivity to effective health care delivery.

There are indications that the federal government has made some efforts in the past few years to improve the conditions of the hospitals through renovation, restructuring and purchase of modern equipments in several hospitals. Nevertheless, there is still a gap and until that gap is filled, patients will still be suffering. In view of the mounting loss of lives occasioned by poor health care service delivery in Nigeria, concerted efforts should be made to resuscitate all the ailing teaching hospitals in the country. At the level of individual cases, health care workers can avoid being part of the problem. There are numerous articles in the medical literature that have discussed the growing trend in inpatient care: groups of hospitalists --- physicians who specialize in the care of inpatients that are becoming increasingly visible both in academic and community hospitals [4,5]. These specialists are currently not visible in Nigeria's health care system and may be needed to improve the care of inpatients in our various hospitals. Improving efficiency in service delivery can make inpatient care more cost-effective while also improving the quality of that care [4-6].

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