

PATIENTS WELFARE FOUNDATION FOR SUSTAINABLE DEVELOPMENT: A STUDY OF USMANU DANFODIYO UNIVERSITY TEACHING HOSPITAL, SOKOTO NIGERIA

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Abstract

This study dwells on the role of patients' welfare foundation in promoting sustainable development. The broad objective was to identify, assess and examine the nature of roles carried out by the Patient Welfare Foundation of Usmanu Danfodiyo University Teaching Hospital Sokoto, towards promoting Sustainable Development. Siporin's (1975) basic helping approach was adopted for the retrospective study. The method for data collection was quantitative. Findings of the study revealed that plethora of services are rendered by the foundation for promoting Sustainable Development. Equally, the study demonstrated various economic and non-economic factors that influence health and wellbeing towards promoting Sustainable Development. The study recommends amongst other things, that more priority should be given to children, women, and at the same time, Affluent, Non-Governmental Agencies (NGO's) and Governmental Agencies (GA's) at all levels are call upon to contribute to Patient Welfare Foundations so as to promote Sustainable Development.

Key words: Development, Patients, Sustainable and Welfare.

Introduction

This study is also a retrospective study but for three years (2017-2019), with a view to find out the contribution of the foundation toward Sustainable Development. The secondary data was retrieved from the record of Funds granted to the foundation by Sokoto State Zakat and Endowment Commission to ease the conditions of Patients in the Hospital.

The aim and objectives of the study include: to identify the nature of roles carried out by patient welfare foundation towards health and wellbeing; to determine the major beneficiaries of the services provided to the patients; to assess the frequency and pattern of social support and assistance rendered to patient; to analyses the retrospective work done from 2017 to 2019 and to point out its major implications towards Sustainable Development.

The term Health and Wellbeing are two different concepts; though, used interchangeably (Cheprason, 2017). Health, according to World Health Organization (1948) is defined as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Wellbeing, on the other hand, is about "feeling good and functioning well and

comprises individuals' experiences of their lives and comparison of life circumstances with social norm and values" (Burge, 2017). Hence, wellbeing is more than the absence of illness or pathology; it has objective (ascribed) and subjective (self-assessed) dimensions. This implies, that wellbeing has both subjective and objective dimensions that needs to be taken in to considerations.

Similarly, wellbeing can be measured from individual or society (societal) angle. Furthermore, wellbeing accounts for a satisfaction element of life that cannot only be explained, defined or affected by economic development (Allister, 2005).

The term wellbeing and wellness are also being used interchangeably in this context. Wellness transcends the concept of health, and as such served as an expanded idea of health. Health is considered crucial in relation to discussion of wellbeing, that is why, WHO recorded various relevant improvement in relation to access to health care services across the globe, yet the challenges of wellbeing still remain immense (Burge 2017). No doubt, financial predicaments have great effect in relation to patient's health care and physical wellbeing (Chuma et al., 2007; Leive and Xu, 2008; WHO, 2012).

Based on the above background, there is need for a sound policy that focus on wellbeing cutting-across various institutions be it political, social or economic, and the likes in order to improve the general wellbeing of society for better Sustainable Development. This could be achieved by having programmes and interventions that aimed at reducing the sufferings of less privilege people, and hence, the role of patients' welfare foundation services. There is no doubt that, health and wellbeing are among the key goal (s) of every reasonable government, and her policies on wellbeing, should focus on alleviation of poverty, ensuring national integrity and fostering economic development (Jakab, 2011).

As the cost for healthcare was proved to be a very significant challenge to most of less privilege people, it was estimated that, over 100 million people are below poverty line due to financial burden of diseases. This then indicates that financial constraint deprived many people access to healthcare services (Chuma et al, 2007; WHO, 2012; Humphreys, 2010; Ezeok et al., 2012; Onoka et al., 2012). Meaning to say, Patient's Welfare Foundation, whose role is to assist poor people in addressing their health challenges, are contributing immensely in promoting sustainable development. The situation is worst, as most people who do not have cogent plans for their medical bills; sometimes, resort to selling their valuable properties to take care of hospital bills (Humphreys, 2010; Onoka et al., 2012; Ezeoke et al., 2012; Ogundipe, 2013).

The study design covers some interrelated parts as follows: introduction, brief history of the foundation, overview of related concept (health, wellbeing and sustainable development) theoretical framework, methodology, results, discussion of findings, conclusion and recommendations.

Brief History of the Foundation

Patients' welfare foundation was formerly known as Patients Welfare Committee. The foundation is humanitarian non-governmental organization initiated by Staff of Usmanu Danfodiyo University Teaching Hospital Sokoto (UDUTH's); domiciled in northwestern part of Nigeria, Sokoto metropolis in Wamakko Local Government area, at UDUTH's in Medical Social Services Department.

The mission of the foundation is to assist needy and pauper patients. The foundation existed for more than 22 years and operates without any discrimination based on tribe, location and/or religion. The foundation was established in 1997 (Almu and Kanmodi, 2017) and registered with Nigerian corporate affairs.

The objective of the foundation is to provide social services to the UDUTH's patients. These services include provision of welfare to patients, linking patients with individual philanthropists and donor agencies, alleviating patients' sufferings and standing in for them where they cannot stand for themselves to the access services. Other services relate to protection of patient's right and dignity, providing material support, psychosocial support and financial assistance. The criteria for membership is restricted to only UDUTH's Staff.

The Foundation is funded by Individual Philanthropist, Hospital Staff, Government Organization (particularly, Sokoto State Zakat and Endowment Commission), Non-Governmental Organization (like Al'umma Funds, Patients and Destitute Welfare Organization (PADWO) from Kebbi State and Almasakin Foundation) etc.

Health, Wellbeing and Sustainable Development: An Overview

Cheprasor (2017) viewed Health as the overall mental and physical state of a person. It is also viewed as a *"state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (Erinosho, 2012). Therefore, numerous factors contribute to health disparities, and include income and education, culture and life style, access to appropriate health care, discrimination, geographical location, biology, as well as genetics, and disability to mention but a few (National Center for Health Statistic, 2004). Consequently, large number of people living in northwest axis are in one way or the other affected by one of those factors. Hence, the activities of UDUTH patient welfare services, to a greater extent help and assist needy, and thereby promoting Sustainable Development.

Maintaining health is an ongoing process, and it comprises factors like the nature of food an individual is taking. Diet contributes nutrients to the body and determine energy, and serves as strength to the bones and muscles. It also regulates the blood pressure (Garrido, 1993). This implies that, societies with good diet have better tendency for quality health. Exercise is also another factor that relates to health, and helps in maintaining the physical fitness, thereby improving the stage of individual capability (Garrido, 1993). Thirdly, Sleeping is very important. A study reveals that, people who do not accurately sleep have the tendency for weight lost deprivation (Garrido, 1993). On contrary, a number of obstacles may serve as hindrance to effective health in northwest axis. These include insurgency, cattle rustling, arm banditry and poverty crisis. As a result, the children were malnourished due to lack of balanced diet. Equally, the poverty is increasing due to inability of farmers to do their farming activities because of banditry and other insecurity related tensions. This then means that for any sustainable development to be achieved, certain basic needs have to be met including food and security of lives and property. This further indicated the significant role of UDUTH Patient Welfare Foundation to sustainable development, as they not only, provide medical assistance, but go further to assist patients even with food.

Wellness on the other hand, refers to the state of being in optimal mental and physical health (Cheprasor, 2017). This implies living full life and behaving proactively so as to control factors that can lead to any harm. Several situations can lead a person to be healthy but not in a state of wellbeing. For instance, alcoholism can lead to liver damage; smoking can lead to lung cancer and unprotected sex can lead to so many nasty sexually transmitted diseases like HIV/AIDS, Hepatitis,

sexually transmitted infections (STI) among others. In line with the above, wellbeing seems to be crucial to healthcare system, because it influences quick recovery, positive outcome and reduces the burden of healthcare. Most of the worst cases happened as a result of inability to start medication at early stage due to financial constraints. This research observed based on experience, that some patient's relations used to fast because of their inability to have three square meals. Sometimes patients rely on other neighboring patients for food. Some cannot afford medications, surgery bills, nursing charges, bed fee and investigations charges among others.

The above indicates that patients equally, need health counselling for them to achieve maximum wellbeing, in this regard, UDUTH patient welfare foundation, contributes to sustainable development through their routine programmes of patients health counselling which has saved the lives of many patients and promote their wellbeing.

Additionally, wellbeing can be explained from two angles or dimensions; that is objective and subjective domains of wellbeing, and they are the two main approaches to measure wellbeing (Allister 2005, Cheprasor, 2017). Subjective has to do with personal evaluation, and since people varies, some have self-satisfaction regardless of their conditions while others do not. Subjective wellbeing can be psychological, emotional, physical and material etc. Objective wellbeing on the other hand, has to do with assessment based on human needs (food, physical health, education, security). In other words, an objective measure of wellbeing has to do with the survey of data related to material and social circumstances. It can be related to housing standard, poverty, income, employment, educational attainment and so on. These are often termed as 'social indicators' of wellbeing (Allister, 2005). The above highlighted certain social indicators, which may serve as measurement of sustainable development, and UDUTH patient welfare foundation has greatly help their poor and needy patients in the area of medical bills, food, health counselling and the so on, which will go a long way in improving and promoting their wellbeing.

Health and wellbeing are guided based on certain principles (Burge, 2017). They include justified claim to life, health care options and participation in decision of health care. Health and personal decisions must be with the consent of the individual, good interpersonal relationship with the family and friends, physical, emotional and spiritual potentials and intellectual development. It is also important to note that, the terms 'wellbeing', 'happiness', 'life satisfaction' and 'quality of life' are often used interchangeably (Allister, 2005). These differences could be attributed to varieties of global assessment of satisfaction of the concept of 'Wellbeing'.

Wellness is sub divided into different types (Cheprasor, 2017), like physical wellness, intellectual wellness, emotional wellness, interpersonal wellness, spiritual wellness and environmental wellness. Physical wellness has to do with physical fit (ability to eat, to move around, to do exercise and perform expected responsibility to assist others). Intellectual wellness has to do with the ability to think and reason based on critical thinking, so as to decide on best alternative way to solve particular problem. Emotional has to do with been confident, empathetic, self-esteem has to do with the ability to cope with challenges despite the circumstances. Interpersonal dimension has to do with the capability to establish good effective communication and engage in good interpersonal relations with family and friends. Spiritual has to do with self-dealing of compassionate, ability to forget and forgive, having sense of purpose and at the same time what life is all about. Environmental on the other hand, has to do with living in hygienic environment, eating hygienic food, shelter and avoiding consumption of unnecessary things that can cause problem to human being.

Sustainable Development on the other hand, has been defined by Munn (1989) cited in Abdulqadir (2016) as “Quality enhancement of human and other matters by achieving their basic need”. In addition, it is also defined as “preservation of natural resources which could fulfill current development goals and at the same time would not prevent future generations meeting their basic needs”.

Broadly speaking, for one to fully understand the relationship between the concepts of health, wellbeing, sustainable development and assistance rendered to patients in the hospital, one needs to examine the relationships that do exist when patients are admitted in the hospital; observe patient’s and his relations; observe patients relationship with healthcare providers; observe and consider patient’s economic status; observe his capability to withstand hospital charges vis-a vis his family burden; observe his ability to maintaining cordial relationship, and consider the capability of patients to achieve productivity in relation to human development.

However, studies observed that the connections between the health, wellbeing and sustainable development are often weak, and require urgent intervention (Allister, 2005). Notwithstanding, there are influence of other institutions, where research findings reveals that, income, human relationships, employment, and administration among others, have tremendous impact toward social wellbeing (Allister, 2005). It is against this background that UDUTH Patients’ Welfare Foundation intervention has been conceptualized, formulated and implemented with a view to helping patients on admission in the hospital, in the areas of food provision, medical bills settlement, health and wellbeing counselling, all in a bid to enhance, promote and improve their conditions which will inevitably translate to sustainable human development.

Theoretical Framework

The patient’s welfare foundation worked in line with diagnostic/assessment sub theory by Siporin (1975), which is one of the theories of basic helping approach. The major dimensions of the theory centered on the assessment of the patients as a needy (pauper); identification of the patient problem; and providing solution to the menace. The theory believed that, individuals regardless of their status might fall into a problem due to stressful condition or lack of resources at a particular moment, where immediate available assistance might help them scale out of the crisis.

The theory adopted is applicable to UDUTH Patient Welfare Foundation operations. For instance, the foundation consider giving assistance, to people who travel alone and engage in accident, where nobody know them when the incidence happened and they might be unconscious. They also consider patients who came from far places and lost their relation’s, by assisting them with transport and burial expenses. Similarly, the foundation assists patients from very poor background. Consequently, the foundation employ diagnostic/assessment theory. Where patients were to undergone assessment, by identifying their problem; and later provide solution to it. The theory advanced that, individuals regardless of status might fall into a problem due to stressful condition or lack of resources at a particular moment, where any available assistance might help him scale out of the crisis.

At this juncture, one can confirm the strength of this theory in practical terms, as most of the people who benefited from foundation’s emergency services, regarded their status as better-off, and hence saving the lives of several people. On the other hand, considering the limited resources in the country in general, and the foundation in particular, individuals from very poor background could not enjoy the full assistance due to the limitation of the resources.

Methodology

The study design was a retrospective study and quantitative. The data were collected based on the nature of assistance the foundation render to patients, where the major source of foundation's revenue came from the contribution given by the Sokoto State Zakat and Endowment Commission. The study's location was in North West sub region, in a Federal Teaching Hospital- Usmanu Danfodiyo University Teaching Hospital, Sokoto (UDUTHS). The population of study constitute the total beneficiary of patient's welfare foundation services during the period under review (2017-2019). The secondary data collected from the foundation was analyzed with the aid of Statistical Package of Social Sciences Software (SPSS). A Helsinki declaration guideline was observed and the foundation granted permission to access the data ethically.

Result

From 2017 to 2019, Secondary data of 8357 patients were checked, and the data of 8,265 patients were used for the study. The patient's data has been scrutinized and analyzed, and the result is presented in this study.

TABLE 1: 2017-2019 Demographic Characteristic of Patients

DEMOGRAPHIC VARIABLES		FREQUENCY			TOTAL	(%)
		2017	2018	2019		
GENDER	Male	2531	1493	732	4756	57.54%
	Female	1683	1170	656	3509	42.46%
Total		4214	2663	1388	8265	100%
AGE	Children (1day-12years)	417	422	223	1062	10.85%
	Adolescent & adult (13yrs above)	3797	2241	1165	7203	87.15%
Total		4214	2663	1388	8265	100%
PATIENTS	In-patients	2488	1742	1036	5266	63.71%
	Out-patients	1726	921	352	2999	36.29%
Total		4214	2663	1388	8265	100%

Source: Patients' Welfare Foundation Database, Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria (2021).

Table 1 indicates that male are the major beneficiaries of the welfare services by the foundation through Zakat and Endowment commission and this category accounts for 57.54% while females on the other hand accounts for 42.46%. Categorization based on age indicated that, adults are the major beneficiaries of the services rendered with wide merging of 87.15%; while children on the other hand, had small portion of 10.85% respectively. Categorization based on the nature of patients indicated that patients on admission are the major beneficiaries of the services and this accounts for 63.71%. Outpatients on the other hand accounts for 36.29%.

Table 2: Year 2017-2019 Distributing of Respondents by Nature of Assistance

S/N	NATURE OF ASSISTANCE	FREQUENCY			TOTAL	%
		2017	2018	2019		
1.	Provision of Drugs	1737	1293	792	3822	46.24
2.	Feeding Assistance	816	619	181	1616	19.55
3.	Investigations	834	412	217	1463	17.70
4.	Theatre	132	102	64	298	3.61
5.	Physiotherapy Services	43	39	35	117	1.42
6.	Provision of Transport	509	117	30	656	7.94
7.	Burial Services	90	32	17	139	1.68
8.	Heamodialysis	33	4	6	43	0.52
9.	Consultation	12	16	12	40	0.48
10.	Wheel Chair	3	6	2	11	0.133
11.	Bed Fee	5	17	24	46	0.56
12.	Others	-	6	8	14	0.17
Total Valid Data		4214	2663	1388	8265	100%
Discarded Data		49	37	6	92	
Total Number Treated		4263	2700	1394	8357	

Source: Patients' Welfare Foundation Database, Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria (2021).

Table 2 shows that the major services rendered to patients are the provision of drugs. This category accounted for the highest percentage with 46.24%. Subsequent social services assistance is on patients feeding, which accounts for 19.55%. While investigations related to laboratories and radiology, accounts significantly for 17.70%. Other related services are provision of transport to patients which accounts for 7.94%. Assisting patients during theatre accounts for 3.61%; whereas assisting patients' relations for burial services of their patients' accounts for 1.68%; and physiotherapy services assistance accounts for 1.42%. In addition, payment for patient's bed fee accounts for 0.56%, payment for dialysis accounts for 0.52%, payment for consultancy accounts for 0.48% and other related services accounts for 0.17% only.

Table 3: Years 2017-2019 Distributing of Respondents by Wards and Clinics

S/N	WARDS/CLINICS	FREQUENCY			TOTAL	(%)
		2017	2018	2019		
1	General Outpatients Clinic	766	272	115	1153	13.95
2	Medical Outpatients Clinic	249	105	75	429	5.19
3	Surgical Outpatients Clinic	382	345	91	818	9.90
4	Urology Ward	123	120	57	300	3.63
5	Accidents And Emergency Ward	175	92	54	321	3.88
6	Male Medical Wards	161	119	97	377	4.56
7	Female Medical Wards	138	95	82	315	3.81
8	Female Surgical Ward	293	229	112	634	7.67
9	Gynecology Ward	68	117	54	239	2.89
10	Oncology Ward	129	74	45	248	3.00
11	Male Surgical Ward	236	179	90	505	6.11
12	Antiretroviral & Voluntary Testing Clinics	29	37	12	78	0.94
13	Male Neuro Trauma Ward	108	65	58	231	2.79
14	Trauma Ward	44	31	12	87	1.05
15	Eye Nose And Throat Ward	108	96	31	235	2.84
16	Pre/Post-Natal and Labour Room Wards	49	40	29	118	1.43
17	Psychiatric Ward	4	10	5	19	0.23
18	Physiotherapy Clinic	91	54	21	166	2.01
19	Pediatrics Surgical Ward	148	215	95	458	5.54
20	Neuro Surgical Outpatients Clinic	33	26	15	74	0.90
21	Pediatrics Neuro Ward	119	70	78	267	3.23
22	Emergency Pediatrics Unit	72	18	22	112	1.36
23	Pediatrics Medical ward	144	136	42	322	3.90
24	Hematology Day Clinic	8	18	17	43	0.52
25	Orthopedic Ward	39	27	28	94	1.14
26	Special Care Baby Unit	7	12	3	22	0.27
27	Male Neuro Surgical Ward	54	14	13	81	0.98
28	Trauma Centre	65	7	14	86	1.04
29	Other wards/units and unspecified cases	372	40	21	433	5.24
TOTAL		4214	2663	1388	8265	1 00

Source: Patients' Welfare Foundation Database, Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria (2021).

Table 3 indicated that, the more benefited ward is General Outpatients' Clinics. This category accounts for 13.95%. Surgical outpatient's clinic recorded 9.90%, female surgical ward accounts for 7.67%, male surgical ward accounts for 6.11%, pediatrics surgical ward had 5.54% and others that were not identified accounts for 5.245 accordingly. In addition, medical out-patients clinic accounts for 5.19%, male medical ward had 4.56%, pediatrics medical ward accounts for 3.90%, accident and emergency accounts for 3.88%, female medical ward had 3.81%, urology ward accounts for 3.63%, pediatrics neuro had 3.23% and oncology ward which accounts for 3.0%. Other categories are gynecology which accounts 2.89%, eye nose and throat had 2.84%, male neuro trauma ward accounts for 2.79%, physiotherapy clinic had 2.01%, pre-post- natal ward accounts for 1.43%, emergency pediatrics unit accounts for 1.36%, orthopedic ward had 1.14% and trauma centre accounts for 1.04%. Other wards are male neuro ward accounts for 0.98%,

antiretroviral therapy had 0.94%, neuro surgical outpatients' clinic had 0.90%, hematology day clinic accounts for 0.52%, special care baby unit had 0.27% and psychiatric ward accounts the least with 0.23%.

Discussion of Findings

Patient's Welfare Foundation render numerous services to patients. Perhaps, one can argue that, the most relevant contribution of this paper here is to demonstrate the economic and non-economic factors influencing health and wellbeing toward Sustainable Development. Where, this research has broadly succeeded in measuring and depicting indices, measurements and monitoring of both objective and subjective wellbeing in relation to health care system.

Table 1 indicates that major beneficiaries of the services are males (57.4%). This category have dominated their female counter part in all the years of retrospective study (2017, 2018 and 2019). Likely reasons for this may be, because, men are the breadwinners and hence, face more pressure and stress throughout the day, predisposing to variety of ailments. The same table indicated that, adults are the dominant respondents with 87.15%. This can simply indicate that a child commonly relies on his/her parents or caregivers unlike the adult. As such, this could be perhaps a reason for the domination. The table further indicated that, patients on admission are the major beneficiaries of the services in these three consecutive years with 63.71%. This could be as a result of foundation's principles of giving priority to in-patients first, as against the out-patients, though, the out-patients also recorded 36.29%.

Table 2 shows that, the most common assistance rendered to patients by the foundation is the provision of drugs with 46.24%. Provision for drugs has dominated the work of the foundation throughout the period (2017-2019). This was proven based on month-by-month analysis. It was also observed based on researcher's experience that, patients require things like disposable gloves, cannula, giving set, plaster, spirit, cotton wool and related infusions if the patients are at critical stage. In addition, in some cases, medical professionals recommend using drugs before undergoing surgery. These could be the possible reason behind the domination of drugs against other social support. The Table further reveals that, the second dominant assistance is feeding which had 19.55%. The researchers observed that, in some situations, patients and their relations used to fast due to lack of food. Furthermore, the Table reveals that investigations as the third dominant services provided to patients. These range from assistance for laboratory investigations which accounted for 17.70% out of total respondents. This investigation comprises laboratory and radiology investigations, where patients are normally required to do it immediately after first aid. Investigations are carried out for proper diagnosis in order to know the right prescription and also to identify if patient's are fit for treatments (like for surgery or cancer treatment). The study findings also revealed that transport fare is being provided to patients after discharge from the hospital as some patients due to long period of stay in the hospital do not have transport, and it accounts for 7.94%; while settling for theatre fee recorded 3.61%. Burial assistance is given to patients that came from far place and other patients came to hospital without a dime. As such they need help and support in that regard.

Looking at the most benefited wards, it is evident that the out-patients have consumed the highest percentage of assistance. The reason for that may perhaps be due to the higher number of the wards in in-patient departments. Followed by cases related to surgery, particularly, female surgical, pediatrics surgical and male surgical. Lastly, the medical wards is the third dominating category.

Conclusion

Patients' welfare foundation has been supportive to pauper patients in the Usmanu Danfodiyo University Teaching Hospital Sokoto. Precisely, adult patients on admission are the most favorable; notwithstanding, outpatients also recorded significant proportions. The most common form of assistance is the provision of drugs, feeding assistance, investigation, transport support for patients after discharge and theatre support. Similarly, other wards include, general out-patients clinic, surgical out-patients clinic, female surgical ward, male surgical ward, pediatrics surgical ward, trauma centre, medical out-patients clinic and male medical ward accordingly.

Recommendations

- i. More attention and special priority needs to be given to children.
- ii. More priority needs to be given to patients on admission, precisely wards, as against clinics
- iii. More support need to be given to female because they are more vulnerable and hence require more support.
- iv. To alleviate the sufferings of poor and needy, government should subsidize drugs or even provide drugs for free.
- v. There is need for wealthy individuals, Government Agencies and Non-Governmental organizations to support to pauper patients.
- vi. There is need to minimize social and economic inequalities by reducing the gap between haves and have not. Which could be realized by helping patients in poor conditions.
- vii. There is need to ensure justice, equity and fairness; provision of hygienic environment, secured places, as well as provision of basic amenities like school, portable drinking water, and access to health care services in order to achieve sustainable development.
- viii. There is need for further research to find out the perception of people on the support of the foundation.

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