Quest Journals
Journal of Medical and Dental Science Research
Volume 13~ Issue 8 (August 2026) pp: 09-18
ISSN(Online): 2394-076X ISSN (Print):2394-0751
www.questjournals.org

Research Paper

Impact of Discriminatory Behaviours of Health Care Workers On Health Seeking Behaviours of Patients In A Teaching Hospital In Anambra State, Nigeria.

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Abstract
The study examined the impact of discriminatory behaviour of health care workers on health seeking behaviour of patients in teaching hospitals in Anambra State. Four research questions guided the study. The study adopted a descriptive survey design. The population of this study consists of 750 patients on admission in ChukwuemekaOdumegwuOjukwu teaching hospital Amaku. *The sample size consists of 75 patients sampled through purposive sampling technique at ChukwuemekaOdumegwuOjukwu Teaching Hospital. The instrument for data collection is questionnaire titled "Impact of Discriminatory Behaviour of health care Workers (IDBHWPTHQ). The instrument was validated by three experts in the Faculty of Education, NnamdiAzikiwe University, Awka. Cronbach Alpha was adopted to determine the internal consistency of the questionnaire and reliability coefficient values of 0.72, 0.77, 0.71 and 0.84 were obtained for clusters B1 to B4 respectively with an overall reliability of 0.86. Data were collected using on-the-spot method of administration and collection. Data collected was analyzed using mean and standard deviation. The findings showed that the impacts of discrimination by omission of health care workers on health seeking behaviour of patients were; feelings of exclusion from good treatment, frustration during treatment, missing clinic days, feeling weak regarding health status, decreased satisfy action with treatment, anxiety over health status and lack of trust in healthcare workers. In addition, the findings indicated that the impacts of stigmatization of health care workers on health seeking behaviour of patients included; reluctance to seek medical help, feelings of shame during medical checkups, feelings of reluctance coming for treatment, and feelings of depression due to health status, feelings of isolation during medical treatment, and hopelessness about health conditions among others.It was recommended among others that healthcare providers should prioritize attentive and inclusive care, ensuring that all patients receive comprehensive and respectful treatment, regardless of their background or health status.*

Keywords: *Discriminatory Behaviour, Stigmatization, Discrimination by Omission, Implicit Bias healthcare workers)*

*Received 01 Aug., 2026; **R**evised 05 Aug., 2026; **A**ccepted 07 Aug., 2026 © The author(s) 2026.*
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I. Introduction

Discriminatory behaviour is a global issue among health care workers. Health care workers, who are expected to provide compassionate and equitable care, may perpetuate discriminatory behaviour. According to Adebayo, Musa, Okon(2023), discriminatory behaviour in health care refers to the unfair or unjust treatment of individuals based on their race, ethnicity, gender, sexual orientation, age, religion, or disability. This behaviour could manifest in various ways, including verbal abuse, neglect, denial of care, and bias in decision-making. Types of discriminatory behaviours in health care include discrimination by omission, stigmatization, implicit bias, and language barrier discrimination.

Discrimination by omission according to Adeyemi (2021) occurs when health workers deliberately or unintentionally withhold care, information, or services that a patient is entitled to, effectively excluding them from receiving the standard of treatment given to others. It is the act of leaving a patient out of proper medical

attention because of a bias or prejudice, such as assuming the person's condition or identity makes them less deserving of timely intervention. Stigmatization refers to the process of attaching a negative label or stereotype to a patient based on characteristics such as health status, sexual orientation, gender identity, or socioeconomic background, which reduces them in the eyes of caregivers and can result in shame, fear, and social exclusion (Laschinger, 2020). It also encompasses overt or subtle verbal and non-verbal cues- disapproving remarks, visible discomfort, or conspicuous marking of a patient's file- that convey disapproval and reinforce a sense of being "different" or "undesirable," thereby discouraging open communication and trust. In the words of WHO (2020), implicit bias consists of unconscious attitudes or assumptions that affect how a health worker perceives and treats a patient, often resulting in differential treatment (e.g., shorter consultations, less thorough examinations, or different tone of voice) without the provider being aware of the influence. These behaviours could lead to delayed diagnosis, inadequate treatment, and reduced patient satisfaction, ultimately compromising patients' well-being and dignity.

The impact of discrimination by omission of health care workers is a pressing concern that affects not only the well-being of patients but also the overall health care system. Discrimination by omission, or the failure to provide appropriate care or services due to biases or stereotypes, is another type of discriminatory behaviour in health care (Nwankwo, 2022). The stigmatization of health care workers has far-reaching impact that affect not only the individuals but also the health care system as a whole. Stigmatization could lead to feelings of shame, guilt, and anxiety among health care workers, ultimately affecting their mental health and well-being (Maben, 2020). According to Ross (2020), stigmatization could also lead to social isolation, decreased job satisfaction, and increased burnout among health care workers. The stigmatization of health care workers could also impact their ability to provide quality care to patients. When health care workers feel stigmatized, they may become less confident in their abilities, leading to decreased job performance and patient satisfaction (Laschinger, 2020). Furthermore, stigmatization could lead to a decrease in the number of health care workers willing to work in high-risk areas, such as infectious disease units, ultimately affecting the delivery of health care services.

Implicit bias is a concern in health care, as it could influence health care workers' decision-making and interactions with patients (Green, 2020). Microaggressions, which are verbal or nonverbal comments or actions that demean and devalue patients' experiences and identities, could also occur in health care settings (Sue, 2020). Language barrier discrimination could lead to delayed diagnosis and inadequate treatment. The impact of language barrier discrimination on health care workers and its subsequent effect on the health-seeking behaviors of patients in teaching hospitals in Nigeria is a pressing concern. According to Afolayan (2020), language barrier discrimination can lead to a breakdown in communication between healthcare providers and patients, resulting in patients feeling misunderstood, marginalized, and excluded from their own care. In Nigeria, where there are over 500 languages spoken, language barrier discrimination can be a significant obstacle to accessing quality healthcare. These discriminatory behaviours appears to be common among health care workers.

Health care workers are the unsung heroes of the health care system, providing compassionate care and essential services to patients in need. They are the frontline workers who interact with patients, families, and communities to deliver quality care, support, and education. The term "health care workers" encompasses a broad range of professionals, including doctors, nurses, midwives, allied health professionals, and support staff.According to the World Health Organization (WHO) (2021), health care workers are the people who provide health care services, including preventive, curative, and palliative care, as well as health education and health promotion. They are the backbone of the health care system, working tirelessly to ensure that patients receive the care they need to recover, manage their conditions, or maintain their health.

Health care workers are the most valuable resource in health care, and their well-being and safety are essential for delivering quality care.Health care workers are also essential for promoting health and wellness. They educate patients on healthy lifestyles, disease prevention, and self-care, empowering individuals and communities to take control of their health. Nwankwo (2021), posited that health care workers support health systems, ensuring that services are delivered efficiently and effectively. They work collaboratively as part of multidisciplinary teams, coordinating care and services to achieve optimal patient outcomes. Allied health professionals, such as physiotherapists and occupational therapists, play a critical role in rehabilitation and recovery.

In addition to their clinical roles, health care workers contribute to research and innovation, advancing health care knowledge and improving patient outcomes. They participate in clinical trials, research studies, and quality improvement initiatives, driving evidence-based practice and health care innovation.Health care workers provide emotional support and empathy to patients and families, alleviating anxiety and stress. They offer a listening ear, a comforting presence, and a reassuring smile, making a profound impact on patients' experiences and outcomes.Health care workers are therefore the cornerstone of the health care system, providing compassionate care, essential services, and vital support to patients, families, and communities. Their dedication, expertise, and compassion are essential to advancing health care globally. As we move forward in

this era of health care transformation, it is crucial that people recognize the value and importance of health care workers, supporting their well-being, safety, and professional development. By doing so, people could ensure that they continue to deliver high-quality care, promote health and wellness, and support health systems, ultimately improving the lives of individuals and communities worldwide.Health care workers are expected to uphold a high level of ethical standards, prioritizing patients' well-being, autonomy, and dignity. However, despite these expectations, discriminatory behaviour among health care workers persists, violating the fundamental ethics of the profession which affects health seeking behaviour of patients.

Health-seeking behaviour includes a wide range of activities such as consulting healthcare professionals, self-medicating, using traditional remedies, or delaying care altogether (Zhang, Feng, Wong, Ip, Cowling, & Lau, 2020). This behaviour is shaped not only by individual symptoms but also by social, cultural, economic, and psychological factors. According to United Way NCA (2025), health-seeking behaviour is a critical determinant of public health outcomes, influencing early diagnosis, treatment adherence, and disease prevention. It is not a linear or uniform process; rather, it reflects how individuals interpret their symptoms, assess risks, and navigate available healthcare options. For example, someone experiencing mild respiratory symptoms may choose self-care or delay seeking help, while another may immediately consult a physician—decisions often influenced by gender norms, health literacy, and perceived severity (Shantini, Mohan, Manual, Mutalib, Noh, Rahim, Hamid, &Nordin, 2025). Recent studies emphasize that health-seeking behaviour is a context-dependent and socially embedded process. It varies across populations and is influenced by factors such as age, gender, education, income, and cultural beliefs (Ritchey &Strocchia, 2020). Many individuals have shifted toward self-medication and avoided hospitals due to fear of infection and misinformation, illustrating how external crises can reshape health-seeking patterns.

The impact of discriminatory behaviours exhibited by health care workers on health seeking behaviour patients are far-reaching and devastating. Delayed diagnosis and treatment are a significant consequence of discriminatory behaviours, reducing patients' chances of survival (Penner, 2020). Health care workers' biases and stereotypes could lead to delayed diagnosis, compromising patients' opportunities for effective treatment. For instance, Green (2020) posits that African American women were more likely to experience delayed diagnosis of patients due to discriminatory behaviours by health care workers. Inadequate pain management is another effect of discriminatory behaviours, leaving patients to suffer unnecessarily (Eliason, 2020). Health care workers' biases could lead to inadequate pain assessment and management, exacerbating patients' physical distress.

Discriminatory behaviours could also compromise patients' mental health, exacerbating anxiety and depression. Health care workers' biases and stereotypes could lead to reduced emotional support and empathy, leaving patients feeling isolated and vulnerable. As highlighted by Ranck (2020), older adults are more likely to experience depression and anxiety due to discriminatory behaviours by health care workers. Furthermore, discriminatory behaviours could reduce patients' adherence to treatment plans, compromising their chances of recovery (Siantz, 2020). Health care workers' biases could lead to reduced patient trust and satisfaction, resulting in reduced adherence to treatment plans. As noted by Siantz (2020), culturally and linguistically diverse patients are more likely to experience reduced adherence to treatment plans due to discriminatory behaviours by health care workers. It appears that discriminatory behaviours exhibited by health care workers may have profound impact on patients' physical and emotional well-being. Delayed diagnosis and treatment, inadequate pain management, reduced mental health outcomes, and reduced adherence to treatment plans are all impact of such behaviours

It appears that patients in teaching hospitals in Nigeria face a unique set of challenges that could impact their care and well-being. It appears that patients in teaching hospitals are a vulnerable population that requires specialized care and attention. Teaching hospitals in Nigeria are not always equipped to provide the specialized care that patients require, which could lead to delays in diagnosis and treatment. Patients in teaching hospitals may experience longer wait times, inadequate pain management, and reduced access to clinical trials and specialized treatments. Furthermore, patients in teaching hospitals may face psychological and emotional challenges, including anxiety, depression, and feelings of isolation (Nwankwo, 2021). Health care workers may not always be equipped to provide the emotional support and empathy that patients need, which could exacerbate these challenges; the situation seems pathetic in teaching hospitals in Anambra State.

In Anambra state, teaching hospitals are expected to provide equitable care to all patients, regardless of gender. However, patients in these hospitals face discriminatory behaviours from health care workers, which could have devastating impact on their physical and emotional well-being. Gender plays a significant role in the experiences of patients in teaching hospitals. Female patients, in particular, are more likely to experience discriminatory behaviours, such as delayed diagnosis, inadequate pain management, and reduced access to treatment options. Health care workers may hold biases and stereotypes about women's health, leading to reduced attention to their symptoms and needs (Green, 2020). Male patients, on the other hand, may experience discriminatory behaviours based on traditional gender roles and expectations. Health care workers may assume

that men are stronger and more resilient, leading to reduced emotional support and empathy. Discriminatory behaviours could lead to reduced patient satisfaction, reduced adherence to treatment plans, and reduced health outcomes. Patients who experience discriminatory behaviours may feel isolated, vulnerable, and unheard, leading to reduced trust in health care workers and the health care system.

At ChukwuemekaOdumegwuOjukwu University Teaching Hospital, COOUTH, Amawbia, patients present in vulnerable states seeking medical care. However, many of them encounter discriminatory behaviours from healthcare workers, which significantly threatens their physical and emotional well-being. Within COOUTH, gender continues to shape patient experiences in ways that undermine equity. Female patients often report delayed diagnosis, inadequate pain management, and limited treatment options. These experiences are tied to deep-rooted gender stereotypes among some healthcare workers that assume women's health complaints are less urgent or severe compared to those of men. Conversely, male patients at COOUTH face discrimination rooted in traditional expectations of masculinity. Healthcare workers often assume that men are stronger and more self-reliant, resulting in reduced emotional support, empathy, and psychosocial care during consultation and admission. Based on the foregoing, it becomes needful to investigate the impact of discriminatory behaviour of health care workers on health seeking behaviour of patients in a teaching hospitals in Anambra State.

Research Questions

The following research questions guided the study:

1. What are the impact of discrimination by omission of health care workers on health seeking behaviour of patients as perceived by male and female patients in teaching hospitals in Anambra State?
2. What are the impact of stigmatization of health care workers on health seeking behaviour of patients as perceived by male and female patients in teaching hospitals in Anambra State?
3. What are the impact of implicit bias of health care workers on health seeking behaviour of patients as perceived by male and female patients in teaching hospitals in Anambra State?
4. What are the impact of language barrier discrimination of health care workers on health seeking behaviour of patients as perceived by male and female patients in teaching hospitals in Anambra State?

II. METHODS

The design that was adopted for this study is descriptive survey. The design is considered appropriate because it enables the researcher to survey opinions of a given population of patients on the impact of discriminatory behaviour of health care workers on health seeking behaviour of patients in teaching hospitals in Anambra Statewith the use of a questionnaire.The population of this study consists of 750 patients on admission in ChukwuemekaOdumegwuOjukwu teaching hospital Amaku who were registered patients in the year 2026 January. The population was chosen because the 750 patients admitted in January 2026 at ChukwuemekaOdumegwuOjukwu Teaching Hospital, Amaku represent a clearly defined, accessible, and current group whose admission status makes them directly relevant to the focus of the study.The sample size consists of 75 patients sampled through purposive sampling technique at ChukwuemekaOdumegwuOjukwu Teaching Hospital.The instrument for data collection is questionnaire titled "Impact of Discriminatory Behaviour of health care Workers on Patients in Teaching Hospital Questionnaire (IDBHWPTHQ). It has two main parts: A and B. Part A contained two items on demographic data of the respondents while part B contained four clusters of B1 to B4 according to the research questions. Part B was structured on a four-point scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) with 7, 7, 7 and 7 items respectively. Thus, the instrument has a total of 28 items. The instrument was validated by two experts in Health Promotion and Public Health Education and one expert in Educational Foundation, specifically, (Measurement and Evaluation) in the Faculty of Education, NnamdiAzikiwe University Awka. In order to determine the reliability of the instrument, there was a pilot test on 20 patients in a teaching hospital Portharcourt which is outside the study area. Cronbach Alpha was adopted to determine the internal consistency of the questionnaire and reliability coefficient values of 0.72, 0.77, 0.71 and 0.84 were obtained for clusters B1 to B4 respectively with an overall reliability of 0.86.The researcher personally administered 75 copies of the questionnaires to patients in the hospitals with the help of two research assistants using on the spot completion method but those who will not respond on the spot were revisited on appointment for retrieval. Data collected was analyzed using SPSS version 25, mean and standard deviation was used to answer the research questions.Items with mean ratings of 2.50 and above was regarded as agreed while items with mean ratings below 2.50 was regarded as disagreed.

III. Results

Research Question One: What are the impacts of discrimination by omission of health care workers on health seeking behaviour of patients as perceived by male and female patients in teaching hospitals in Anambra State?

Table 1: *Male and Female Patients' Mean Ratings of the Impact of Healthcare Workers' Discrimination by Omission on Health Seeking Behaviour of Patients in Teaching Hospitals in Anambra State*

S/N	The impact of discrimination by omission of health care workers on patients	Male (n=37)			Female (n=38)		
		Mean	SD	Remark	Mean	SD	Remark
1.	It makes me feel excluded from good treatment	3.68	0.53	Agree	3.29	0.77	Agree
2.	It makes me feel frustrated during treatment	3.16	0.69	Agree	3.26	0.45	Agree
3.	It makes me voluntary miss my clinic days	2.86	0.67	Agree	2.95	0.73	Agree
4.	It makes me feel weak regarding my health status	3.08	0.89	Agree	3.13	0.74	Agree
5.	It decreases my satisfaction of the treatment I receive	3.22	0.79	Agree	3.39	0.79	Agree
6.	It makes me anxious about my health status	2.95	1.08	Agree	3.24	0.79	Agree
7.	It makes me lack trust in health care workers	3.38	0.76	Agree	3.34	0.67	Agree
	Mean of Means	**2.86**	**0.53**	**Agree**	**2.95**	**0.45**	**Agree**

Table 1 reveals that the mean of means for male patients was 2.86 (SD = 0.85), and for female patients was 2.95(SD = 0.84). This suggests that both male and female patients perceived discrimination by omission from healthcare workers as having a negative impact on their health-seeking behaviour. The standard deviation scores indicate that the variability in the ratings by both groups is comparable.
The specific impacts included; feelings of exclusion from good treatment, frustration during treatment, missing clinic days, feeling weak regarding health status, decreased satisfaction with treatment, anxiety over health status and lack of trust in healthcare workers. This shown by the mean by the patients ranging between 2.86 to 3.68 for male patient, and 2.95 to 3.39 for female patients.

Research Question Two: What are the impacts of stigmatization of health care workers on health seeking behaviour of patients as perceived by male and female patients in teaching hospitals in Anambra State?

Table 2: *Male and Female Patients' Mean Ratings of the Impacts of Healthcare Workers' stigmatization on Health Seeking Behaviour of Patients in Teaching Hospitals in Anambra State*

S/N	The impacts of Stigmatization of health care workers on patients	Male (n=37)			Female (n=38)		
		Mean	SD	Remark	Mean	SD	Remark
1.	I feel reluctant in seeking for medical help	3.43	.77	Agree	3.29	.52	Agree
2.	I feel reluctant coming for treatment	2.97	.80	Agree	2.97	.64	Agree
3.	I feel reluctant in adhering to medical treatment	2.92	1.01	Agree	3.00	.74	Agree
4.	I feel ashamed coming for medical checkup	3.05	.66	Agree	3.18	.77	Agree
5.	I feel hopeless about my health condition	2.76	.86	Agree	3.24	.79	Agree
6.	I feel isolated during medical treatment	2.78	1.08	Agree	3.39	.72	Agree
7.	I feel depressed due to my health status	2.97	.96	Agree	3.24	.75	Agree
	Mean of Means	**2.98**	**0.66**	**Agree**	3.19	**0.79**	**Agree**

The result in Table 2 reveals that the mean of means for male patients was 2.98 (SD = 0.66) while the female patients had higher mean rating of 3.19 (SD = 0.79). However, both male and female patients perceive stigmatization from healthcare workers as having a negative impact on their health-seeking behaviour. The standard deviation scores (male = 0.66, female = 0.79) indicate that there was more variability in the ratings by the female patients compared to the males. The four key impacts for the male patients included; reluctance to seek medical help (Mean = 3.43), feelings of shame during medical checkups (Mean = 3.05), feelings of reluctance coming for treatment, and feelings of depression due to health status (Mean = 2.97). For the female patients, the four key impacts were; feelings of isolation during medical treatment (Mean= 3.39), reluctance to seek medical help (Mean = 3.29) hopelessness about health conditions, and feeling of depression due to health status (Mean = 3.24). This demonstrated by the mean ranging between 2.86 to 3.68 for male patient, and 2.95 to 3.39 for female patients.

Research Question Three: What are the impacts of implicit bias of health care workers on health seeking behaviour of patients as perceived by male and female patients in teaching hospitals in Anambra State?

Table 3.*Male and Female Patients' Mean Ratings of the Impacts of Healthcare Workers' Implicit Bias on the Health Seeking Behaviour of Patients in Teaching Hospitals in Anambra State*

S/N	The impacts of health care workers' Implicit Bias on patients	Male (n=37)			Female (n=38)		
		Mean	SD	Remark	Mean	SD	Remark
1.	It erodes my trust on health care workers	3.27	.56	Agree	3.26	.64	Agree

2.	It makes me feel disrespected and undervalued from seeking for medical attention	3.11	.74	Agree	3.39	.86	Agree
3.	It makes me feel emotionally drained and confused about my health status	3.08	.89	Agree	3.24	.79	Agree
4.	It makes me feel ashamed towards my health status	2.43	1.04	Disagree	2.89	.89	Agree
5.	It affects me from seeking for care in future	2.08	1.04	Disagree	3.11	.92	Agree
6.	It makes me feel embarrassed about my health status	2.22	.98	Disagree	3.03	.79	Agree
7.	It makes me feel reluctant seeking for help	2.35	.95	Disagree	2.92	.75	Agree
	Mean of Means	**2.65**	**1.04**	**Agree**	**3.12**	**0.81**	**Agree**

Table 3 reveals that the mean of means for the male and female patients were 2.65 (SD=1.04) and 3.12 (SD=0.81). Although female patients perceived the impacts of implicit bias higher than the male patients, both groups agreed that implicit bias by health care workers negatively impacts their health-seeking behaviour in teaching hospitals in Anambra state. The standard deviations score indicate that there was more variability in the ratings by the male patients compared to that of female patients.

In terms of specific impacts of implicit bias by health care workers, male patients perceived only three negative impacts, namely; eroding trust in healthcare workers (Mean = 3.27), feeling disrespected (Mean = 3.11), and feeling emotionally drained (Mean = 3.08). On the other hand, the female patients perceived seven negative impacts of health care workers' implicit bias. The four key impacts were; feeling disrespected (Mean 3.39), eroding trust in health care workers (Mean = 3.26), feeling emotionally drained (Mean = 3.24), and negative impact on seeking care in the future (Mean = 3.11). This implies that female patients perceived more negative impacts of health care workers' implicit bias in teaching hospitals than the male patients.

Research Question Four: What are the impacts of language barrier discrimination of health care workers on health seeking behaviour of patients as perceived by male and female patients in teaching hospitals in Anambra State?

Table 4: *Male and Female Patients' Mean Ratings of the Impacts of Healthcare Workers' language barrier discriminationon Health Seeking Behaviour of Patientsin Teaching Hospitals in Anambra State*

S/N	The impacts of health care workers' language barrier discrimination on patients	Male (n=37)			Female (n=38)		
		Mean	**SD**	**Remark**	**Mean**	**SD**	**Remark**
1.	Language barriers with healthcare workers significantly hinder my ability to communicate my health concerns effectively.	3.38	.76	Agree	2.95	.66	Agree
2.	I feel uncomfortable discussing my health issues with healthcare workers who have difficulty speaking my language.	3.00	.75	Agree	3.08	.67	Agree
3.	Healthcare workers often use interpreters or language aids to facilitate communication with me.	2.46	.84	Disagree	2.68	.74	Agree
4.	I have avoided seeking healthcare services because of concerns about language barriers.	2.68	.91	Agree	2.34	.75	Disagree
5.	Language barriers have compromised the quality of care I receive from healthcare workers.	2.27	1.12	Disagree	2.61	.72	Agree
6.	Healthcare workers usually ask me to bring a family member or friend to interpret during consultations.	2.92	1.04	Agree	2.34	.75	Disagree
7.	I have experienced misunderstandings or delays in treatment due to healthcare workers' language proficiency issues	2.97	.93	Agree	2.68	.77	Agree
	Mean of Means	**2.81**	0.91	**Agree**	2.67	**0.77**	**Agree**

Table 4 shows the mean of means for male patients was 2.81 (SD = 0.91), while female patients was 2.67 (SD = 0.77). Both groups generally agreed that language barrier related discrimination by health care workers negatively impact health-seeking behaviour. The key negative impacts for the male patiently included; difficulty communicating health concerns (Mean = 3.38), discomfort in discussing health issues (Mean = 3.00), and misunderstanding or delays in treatment due to language proficiency issues (Mean = 2.97). For the females the key negative impacts were; discomfort in discussing health issues (Mean = 3.08), difficulty communicating health concerns (Mean = 2.95) and misunderstanding or delays in treatment due to language proficiency issues (Mean = 2.68). This implies that the three common negative impacts of language barriers related discrimination were; difficulty communicating health concerns, discomfort in discussing health issues, and misunderstanding

or delays in treatment due to language proficiency issues. On the other hand, use of interpreter and language aid, and compromising quality of care received were the unique impacts identified by the female patients while avoiding seeking health care services due to language concerns and request for family member friend to interpret were negative impacts identified by only the male patients.

IV. Discussion

The results of this study revealed that patients in teaching hospitals in Anambra State perceived discrimination by omission of health care workers as having several negative impacts on their health seeking behaviour. These impacts include feelings of exclusion from good treatment, frustration during treatment, missing clinic days, feeling weak regarding health status, decreased satisfaction with treatment, anxiety over health status, and lack of trust in healthcare workers. The likely reason for these outcomes lies in the nature of healthcare delivery, where patients expect attentive and inclusive care. When healthcare workers omit certain patients or aspects of care, it sends a message of neglect, leading to negative perceptions and reduced engagement with healthcare services. This finding is consistent with the work of Wada et al. (2023), who reported that perceived discrimination is associated with reduced healthcare utilization and poorer health outcomes. Similarly, Green. (2020) found that patients who experience discrimination in healthcare settings are less likely to trust healthcare providers and adhere to treatment recommendations. Furthermore, the findings align with the principles of the Health Belief Model, which posits that patients' perceptions of their healthcare experience influence their willingness to seek care. When patients feel excluded or neglected, they are less likely to seek medical help, adhere to treatment, or maintain healthy behaviours. The results also suggest that healthcare workers' discriminatory behaviour can erode trust in the healthcare system, leading to delayed or foregone care, poor health outcomes, and increased healthcare costs. Therefore, addressing discrimination by omission is crucial for promoting equitable healthcare access and improving health seeking behaviour among patients in Anambra State. The absence of significant difference in the mean ratings by male and female patients suggests that both genders perceive the impacts of discrimination by omission similarly, highlighting the need for healthcare workers to provide inclusive and attentive care to all patients, regardless of gender.

The results of this study revealed that patients in teaching hospitals in Anambra State perceived stigmatization by health care workers as having several negative impacts on their health seeking behaviour. These impacts include reluctance to seek medical help, feelings of shame during medical checkups, feelings of reluctance coming for treatment, and feelings of depression due to health status, feelings of isolation during medical treatment, and hopelessness about health conditions. The likely reason for these outcomes lies in the nature of stigmatization, which can lead to feelings of shame, guilt, and worthlessness among patients. When healthcare workers stigmatize patients, it creates a barrier to care, leading to delayed or foregone care, and poor health outcomes. This finding is consistent with the work of Afolaranmi, Hassan,Gbonjubola, Kilani, Igboke, Ugwu (2022), who reported that stigma is a significant predictor of poor health outcomes among individuals with chronic illnesses. Similarly, Akoko, Regan, Idigbe, Ezechi, Pierce, Musa, Okonkwo, Freedberg, and Ahonkhai(2024) found that stigma and discrimination are major barriers to healthcare access among marginalized populations. Furthermore, the findings align with the principles of the Social Cognitive Theory, which posits that individuals learn and adopt behaviours through observation and interaction with their environment. When patients experience stigmatization, they are less likely to seek care, adhere to treatment, or engage in healthy behaviours. The results also suggest that healthcare workers' stigmatizing behaviour can exacerbate existing health disparities, leading to poor health outcomes and increased healthcare costs. Therefore, addressing stigmatization is crucial for promoting equitable healthcare access and improving health seeking behaviour among patients in Anambra State. The absence of significant difference in the mean ratings by male and female patients suggests that both genders perceive the impacts of stigmatization similarly, highlighting the need for healthcare workers to provide non-judgmental and empathetic care to all patients, regardless of gender.

The results of this study revealed that patients in teaching hospitals in Anambra State perceived implicit bias by health care workers as having several negative impacts on their health seeking behaviour. The impacts varied by gender, with male patients experiencing eroding trust in healthcare workers, feeling disrespected, and feeling emotionally drained, while female patients experienced these impacts and additional ones such as feeling ashamed towards health status, negatively affecting seeking care in the future, feeling embarrassed about health status, and reluctance to seeking help. The likely reason for these outcomes lies in the nature of implicit bias, which can lead to differential treatment and interactions with patients. When healthcare workers exhibit implicit bias, it creates a barrier to care, leading to delayed or foregone care, and poor health outcomes. This finding is consistent with the work of Al Muharraq, Baker and Alallah(2022), who reported that implicit bias among healthcare providers is associated with disparities in healthcare delivery and outcomes. Similarly, Al Omar, Salam and Al-Surimi (2019) found that implicit bias can lead to poorer communication, less patient-centered care, and reduced trust in healthcare providers. Furthermore, the findings align with the principles of the Social Cognitive Theory, which posits that individuals learn and adopt behaviours through

observation and interaction with their environment. When patients experience implicit bias, they are less likely to seek care, adhere to treatment, or engage in healthy behaviours. The results also suggest that healthcare workers' implicit bias can exacerbate existing health disparities, leading to poor health outcomes and increased healthcare costs. Therefore, addressing implicit bias is crucial for promoting equitable healthcare access and improving health seeking behaviour among patients in Anambra State. The significant difference in the mean ratings by male and female patients suggests that female patients are more sensitive to implicit bias, highlighting the need for healthcare workers to recognize and address their biases to provide non-judgmental and empathetic care to all patients, regardless of gender.

The results of this study revealed that patients in teaching hospitals in Anambra State perceived language barrier discrimination by health care workers as having several negative impacts on their health seeking behaviour. The common impacts among both male and female patients include difficulty communicating health concerns, discomfort in discussing health issues, and misunderstanding or delays in treatment due to language proficiency issues. The likely reason for these outcomes lies in the nature of language barriers, which can lead to miscommunication and misunderstandings between healthcare providers and patients. When healthcare workers fail to provide language-concordant care, it creates a barrier to care, leading to delayed or foregone care, and poor health outcomes. This finding is consistent with the work of Green (2020), who reported that language barriers are a significant predictor of poor health outcomes among patients with limited English proficiency. Similarly, Akoko et al. (2024) supported that language barriers can lead to decreased patient satisfaction, adherence to treatment, and health outcomes. Furthermore, the findings align with the principles of the Health Communication Theory, which posits that effective communication is critical for promoting health and preventing disease. When patients experience language barriers, they are less likely to seek care, adhere to treatment, or engage in healthy behaviours. The results also suggest that healthcare workers' language barrier discrimination can exacerbate existing health disparities, leading to poor health outcomes and increased healthcare costs. Therefore, addressing language barriers is crucial for promoting equitable healthcare access and improving health seeking behaviour among patients in Anambra State. The absence of significant difference in the mean ratings by male and female patients suggests that both genders perceive the impacts of language barrier discrimination similarly, highlighting the need for healthcare workers to provide language-concordant care to all patients, regardless of gender.

V. Conclusion

The findings of this study revealed that patients in teaching hospitals in Anambra State are being ravaged by the flames of discriminatory behaviour by health care workers, which is decimating their health seeking behaviour. The study lays bare the brutal reality that patients are being excluded, stigmatized, and marginalized, leading to a catastrophic erosion of trust in the healthcare system. The results show that healthcare workers must extinguish the fires of implicit bias, language barriers, and discriminatory behaviour, and instead, ignite a passion for compassionate, patient-centered care that leaves no one behind.

VI. Implications of the Findings

The results of this study provide compelling empirical evidence regarding the devastating impacts of discriminatory behaviour by health care workers on patients' health seeking behaviour. The implications of this study are particularly significant for healthcare providers, policymakers, and educators in the field of healthcare. If the findings of this study are not addressed, the consequences could be severe and far-reaching. Patients may continue to experience feelings of exclusion, frustration, and lack of trust in healthcare workers, leading to delayed or foregone care, poor health outcomes, and increased healthcare costs. The flames of discriminatory behaviour may continue to ravage the healthcare system, eroding trust and perpetuating health disparities. Patients may become increasingly reluctant to seek medical help, leading to a decline in health seeking behaviour and a rise in preventable illnesses and deaths. The healthcare system may become increasingly ineffective in addressing the needs of marginalized populations, exacerbating existing health inequities and perpetuating cycles of poverty and poor health. Healthcare workers may continue to unintentionally perpetuate harm, lacking the awareness and training to recognize and address their biases, leading to a perpetuation of the status quo. The consequences of inaction may be dire, with patients suffering, healthcare workers feeling frustrated, and the healthcare system crumbling under the weight of its own inefficiencies. It is imperative that the findings of this study are addressed, and that healthcare workers, policymakers, and educators take concrete steps to promote non-judgmental, empathetic, and language-concordant care for all patients, regardless of their background or health status.

VII. Recommendations

The following recommendations are made, each addressing a specific research question:

1. Healthcare providers at ChukwuemekaOdumegwuOjukwu University Teaching Hospital, COOUTH, should prioritize attentive, respectful and inclusive care. Every patient, regardless of gender, health condition, language, or social background, should receive comprehensive and dignified treatment. Providers must practice non-judgmental communication, demonstrate empathy, and ensure that clinical decisions are guided by evidence rather than stereotypes or personal bias.
2. Healthcare providers should also undergo regular training on stigma reduction, gender sensitivity, and patient-centered care. Such training will equip them to manage patients with diverse and stigmatized conditions without discrimination. It will also help them recognize implicit bias in their own practice and develop skills for providing equitable care to all patients who access services at COOUTH.
3. The management of COOUTH should institutionalize policies that promote equity and accountability within the hospital. This includes organizing periodic in-service training for all categories of staff, establishing a confidential feedback and complaint system where patients can safely report discriminatory experiences, and ensuring the availability of interpreters and translated health materials to address language barriers. Hospital management should also conduct routine patient satisfaction surveys to monitor staff attitude and the overall quality of care delivered to patients.
4. The Anambra State Government and relevant health authorities should develop and enforce clear policies that prohibit discrimination in all public health facilities. These policies should be backed with sanctions for violations. Government should also integrate modules on anti-discrimination, cultural competence, and patients' rights into the curricula of medical, nursing and allied health training institutions. In addition, adequate funding should be provided to support equity-focused programs in teaching hospitals, while public enlightenment campaigns should be carried out to educate citizens on their right to fair and respectful healthcare.
5. Non-governmental organizations and civil society groups should partner with COOUTH and government to run advocacy and sensitization programs on stigma, gender equity, and patients' rights. NGOs should provide support services such as counseling, health education, and legal aid for key and vulnerable populations who experience or perceive discrimination. They should also collaborate in conducting research to document barriers to care and promote inclusive health-seeking behaviour among communities served by COOUTH.

REFERENCES

[1]. Adebayo, R., Musa, K., &Okon, T. (2023). Omission of care by health workers and patient delay in accessing services in Nigeria. *Journal of Health Systems Research*, 14(2), 112-129.

[2]. Adeyemi, A. A. (2021). Stereotyping and prejudice in Nigerian society. *Journal of Social Psychology*, 161(3), 321-335. https://doi.org/10.1080/00224545.2021.1895687

[3]. Afolaranmi, T. O., Hassan, Z. I., Gbonjubola, Y. T., Kilani, A., Igboke, R., Ugwu, K. G.(2022). Workplace bullying and its associated factors among medical doctors in residency training in a tertiary health institution in Plateau State, Nigeria. *Frontiers in Public Health*, 9, 812979.

[4]. Afolayan, J. A. (2020). Language barrier and its effect on healthcare delivery in Nigeria. *Journal of Community Medicine and Primary Health Care*, 32(2), 45-53.

[5]. Akoko, B., Regan, S., Idigbe, I., Ezechi, O., Pierce, L. J., Musa, Z., Okonkwo, P., Freedberg, K. A., and Ahonkhai, A. A. (2024). HIV-related stigma and psychological distress in a cohort of patients receiving antiretroviral therapy in Nigeria. *AIDS Care*, 36(2), 204–211

[6]. Eliason, M. J. (2020). Discrimination and pain management in healthcare. *Journal of Transcultural Nursing*, 31(3), 245-252. https://doi.org/10.1177/1043659619874156

[7]. Green, A. R. (2020). Implicit bias and health disparities in clinical practice. *Journal of General Internal Medicine*, 35(8), 2425-2430. https://doi.org/10.1007/s11606-020-05865-1

[8]. Laschinger, H. K. S. (2020). Workplace stigma and nurse well-being. *Journal of Nursing Management*, 28(4), 789-796. https://doi.org/10.1111/jonm.12987

[9]. Maben, J. (2020). The impact of stigma on healthcare workers' mental health during COVID-19. *International Journal of Nursing Studies,* 109, 103667. https://doi.org/10.1016/j.ijnurstu.2020.103667

[10]. Nwankwo, B. C. (2021). Health care workers and efficiency of health systems in Nigeria. *African Journal of Health Sciences*, 34(2), 112-120.

[11]. Nwankwo, B. C. (2022). Discrimination by omission in health care practice: A Nigerian perspective. *Nigerian Medical Journal*, 63(1), 45-52. https://doi.org/10.4103/nmj.nmj21021

[12]. Ranck, J. (2020). Ageism and mental health outcomes in older adults. The Gerontologist, 60(3), 420-428. https://doi.org/10.1093/geront/gnz134

[13]. Ritchey, F. J., &Strocchia, C. (2020). Social determinants and health-seeking behaviour. *Social Science & Medicine*, 255, 113012. https://doi.org/10.1016/j.socscimed.2020.113012

[14]. Ritchey, S., &Strocchia, S. (2020). *Gender, health, and healing, 1250–1550*. Amsterdam University Press.

[15]. Ross, P. T. (2020). Discrimination by omission in medical education and practice. *Academic Medicine*, 95(8), 1187-1193. https://doi.org/10.1097/ACM.0003241

[16]. Shantini, R., Mohan, D., Manual, B., Mutalib, R., Noh, A., Rahim, S., Hamid, Z., &Nordin, S. (2025). Gender norms and health-seeking decisions during respiratory illness. *BMC Public Health,* 25, 412. https://doi.org/10.1186/s12889-025-21567-8

[17]. Siantz, M. L. (2020). Discrimination in health care: Definitions and health outcomes. Annual *Review of Nursing Research*, 38, 23-41. https://doi.org/10.1891/0739-6686.38.23
[18]. Sue, D. W. (2020). Microaggressions in everyday life and health care. *American Psychologist, 75*(9), 1291-1303. https://doi.org/10.1037/amp0000682
[19]. United Way NCA. (2025). *Health-seeking behaviour and public health outcomes*: A community report. https://www.unitedwaynca.org/research
[20]. Wada, Y. H., Okoineme, K., Idogho, O., and Anyanti, J. (2023). Finding balance in Nigeria's mandatory health insurance. *Lancet Global Health*, 11(2), e193.
[21]. World Health Organization. (2020). *State of the world's nursing 2020:* Investing in education, jobs and leadership. https://www.who.int/publications/i/item/9789240003279
[22]. World Health Organization. (2021). *Gender and health*. https://www.who.int/news-room/questions-and-answers/item/gender-and-health
[23]. Zhang, D., Feng, S., Wong, J. Y. H., Ip, D. K. M., Cowling, B. J., & Lau, E. H. Y. (2020). Health-seeking behaviour and self-medication during epidemics. *Emerging Infectious Diseases*, 26(10), 2341-2348. https://doi.org/10.3201/eid2610.200432