

Patterns of Health-Seeking Behaviour and Self-Medication Among Healthcare Professionals in a Nigerian Tertiary Hospital

The PENKUP Collaboration

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ABSTRACT

Background

Healthcare professionals are expected to demonstrate appropriate health-seeking behaviour due to their medical knowledge and access to healthcare services. However, evidence increasingly suggests that many healthcare workers engage in self-medication and rely on informal consultation pathways rather than structured healthcare utilisation. These behaviours may have important implications for occupational health, patient safety, and healthcare system performance.

Aim

This study examined patterns of health-seeking behaviour and self-medication among healthcare professionals in a tertiary health facility in Ekiti State, Nigeria, with particular emphasis on consultation practices, informal healthcare utilisation, and self-medication behaviours.

Methods

A descriptive cross-sectional study was conducted among 260 healthcare professionals in a tertiary health institution in Ekiti State. Data were collected using a structured self-administered questionnaire assessing healthcare utilisation patterns, self-medication practices, and informal consultation behaviours. Descriptive statistical analysis was performed using frequencies, percentages, means, and standard deviations.

Results

The findings revealed that 41.9% of respondents demonstrated improper health-seeking behaviour. Formal doctor consultations remained the most frequently utilised healthcare pathway, although substantial reliance on informal healthcare practices was observed. Self-medication was common among respondents, while informal consultations frequently occurred through phone calls, corridor discussions, and home-based consultations with colleagues. Phone consultations emerged as the most prevalent informal consultation pathway. The coexistence of formal healthcare utilisation alongside self-medication and undocumented peer consultations suggests that healthcare professionals operate within a complex behavioural environment shaped by convenience, occupational pressures, and professional culture.

Conclusion

Improper health-seeking behaviour remains prevalent among healthcare professionals despite their clinical expertise and institutional access to healthcare services. The widespread use of self-medication and informal consultations highlights important occupational and public health concerns. Healthcare institutions should strengthen staff health services, reduce barriers to formal healthcare utilisation, and address organisational cultures that normalise informal care pathways among healthcare professionals.

Keywords: Health-seeking behaviour; self-medication; healthcare professionals; informal consultations; occupational health; healthcare utilisation; tertiary hospital; Nigeria; behavioural health; public health.

INTRODUCTION

Health-seeking behaviour remains a central concern within public health because it shapes how individuals recognise illness, decide when to seek care, and utilise available healthcare services. Appropriate health-seeking behaviour promotes early diagnosis, timely treatment, continuity of care, and improved health outcomes. In contrast, inappropriate practices may contribute to delayed treatment, irrational drug use, antimicrobial resistance, and avoidable morbidity (Adeke et al., 2025; PENKUP Collaboration, 2026). Although considerable attention has been directed toward health-seeking patterns in the general population, comparatively less emphasis has been placed on healthcare professionals themselves, despite their critical role within health systems.

Healthcare professionals occupy a distinctive position in the healthcare environment. Their clinical training, familiarity with disease processes, and access to medical resources

theoretically place them in a stronger position to engage in rational health-seeking practices. However, emerging evidence suggests that medical knowledge alone does not necessarily translate into appropriate personal healthcare utilisation. Studies conducted in Nigeria and other low- and middle-income countries continue to report substantial levels of self-medication, delayed consultation, and reliance on informal healthcare pathways among healthcare workers (Adewoye et al., 2019; Adeke et al., 2025). These findings challenge assumptions that professional expertise automatically leads to healthier personal behaviours.

Self-medication has become a particularly important concern within this context. The World Health Organization defines self-medication as the selection and use of medicines by individuals to treat self-recognised illnesses or symptoms without professional supervision. While limited forms of responsible self-care may reduce

pressure on overstretched health systems, inappropriate self-medication carries significant risks, including incorrect diagnosis, masking of serious illnesses, adverse drug reactions, polypharmacy, and antimicrobial resistance (Adeke et al., 2025). Among healthcare professionals, access to pharmaceuticals, confidence in clinical judgement, and familiarity with treatment guidelines may further normalise self-directed treatment behaviours.

Alongside self-medication, informal consultations have increasingly emerged as alternative pathways through which healthcare professionals manage illness. These consultations often occur through telephone calls, corridor discussions within hospital environments, brief peer interactions, or home-based professional advice. Although such interactions may appear convenient and culturally embedded within clinical environments, they frequently bypass standard diagnostic procedures, documentation processes, and continuity-of-care mechanisms. Previous Nigerian studies have shown that informal consultations are common among doctors and nurses, particularly where workload pressures, time constraints, and confidentiality concerns discourage formal clinic attendance (Adewoye et al., 2019). These patterns raise broader questions regarding professional culture and occupational health practices within healthcare institutions.

The persistence of inappropriate health-seeking behaviour among healthcare professionals has important implications beyond individual wellbeing. Healthcare workers experiencing untreated illness, inappropriate medication use, or delayed care may face impaired productivity, burnout, reduced clinical performance, and increased risk of medical errors (Haas, 2023; Nwobodo et al., 2023; Alsabri et al., 2024). The health behaviours of healthcare professionals may also influence patient attitudes and public trust, particularly where clinicians advocate behaviours that they do not personally adopt. Consequently, understanding how healthcare workers seek care for themselves is both an occupational health issue and a broader health systems concern.

In Nigeria, structural constraints within the healthcare system may further shape these behaviours. Long waiting times, heavy clinical workloads, shortages of personnel, dissatisfaction with healthcare services, and limited access to confidential staff healthcare may discourage formal care utilisation even among professionals working within hospitals (Iduh, 2025). Previous evidence from tertiary hospitals in Southwest Nigeria reported high awareness of appropriate health-seeking behaviour among doctors and nurses, yet simultaneously documented widespread self-medication and poor uptake of regular medical check-ups (Adewoye et al., 2019). This disconnect between knowledge and practice suggests that behavioural choices are influenced not only by knowledge but also by organisational culture, accessibility, professional identity, and perceived convenience.

Against this background, the present study examines patterns of health-seeking behaviour and self-medication among

healthcare professionals in a tertiary health facility in Ekiti State, Nigeria. Particular attention is given to consultation behaviours, prevalence of self-medication, and the use of informal consultation pathways such as phone-based and corridor consultations. A notable contribution of the study is the identification that 41.9% of respondents engaged in improper health-seeking behaviour despite working within a healthcare environment. The study therefore contributes to growing discussions on occupational health, professional behaviour, and healthcare utilisation within low- and middle-income settings.

METHODS

Study Design

This study employed a descriptive cross-sectional design to examine patterns of health-seeking behaviour and self-medication among healthcare professionals in a tertiary health facility in Ekiti State, Nigeria. The design was considered appropriate because it enabled the assessment of prevailing behavioural patterns, consultation practices, and medication use within the study population at a specific point in time. Cross-sectional approaches have been widely used in behavioural and occupational health research where the objective is to describe healthcare utilisation patterns and associated practices within defined professional groups (Setia, 2016).

Study Setting

The study was conducted in a tertiary health facility located in Ekiti State, Southwest Nigeria. The institution functions as a major referral centre within the state and provides specialist healthcare services across multiple disciplines. The hospital also serves as a training centre for healthcare professionals and accommodates a diverse workforce comprising doctors, nurses, pharmacists, laboratory scientists, physiotherapists, dietitians, and other allied health personnel.

Study Population

The study population consisted of healthcare professionals working within the tertiary institution during the study period. Eligible participants included clinical and allied health staff directly involved in healthcare delivery. Administrative staff and non-healthcare personnel were excluded from the study because the focus was specifically on trained healthcare professionals and their personal health-seeking practices.

Sample Size and Sampling Procedure

A total of 260 healthcare professionals participated in the study, representing a response rate of 96.3%. The sample included professionals from different departments and occupational categories within the institution.

Participants were selected using the sampling procedure outlined in the original dissertation to ensure adequate representation across professional groups.

Instrument for Data Collection

Data were collected using a structured self-administered questionnaire developed to assess:

- socio-demographic characteristics;
- consultation practices when ill;
- patterns of healthcare utilisation;
- self-medication behaviour;
- informal consultation practices;
- and perceived factors influencing health-seeking behaviour.

The questionnaire comprised both closed-ended and multiple-response items. Measures relating to improper health-seeking behaviour included reliance on self-medication, informal consultations, and avoidance of formal healthcare pathways.

Validity and Reliability

The instrument underwent validation procedures prior to administration. Content validity was established through expert review to ensure relevance, clarity, and adequacy of questionnaire items in relation to the study objectives. Pretesting was also conducted to improve comprehensibility and consistency of responses. These procedures enhanced the suitability of the instrument for capturing behavioural patterns among healthcare professionals.

Data Collection Procedure

Questionnaires were distributed directly to eligible healthcare professionals within their respective departments after obtaining necessary institutional approvals. Participation was voluntary, and respondents completed the questionnaires anonymously to minimise social desirability bias and encourage honest reporting of personal healthcare practices.

Study Variables

The primary outcome variable was health-seeking behaviour, categorised as either appropriate or improper based on

respondents' healthcare utilisation patterns. Improper health-seeking behaviour included behaviours such as:

- self-medication without formal consultation;
- use of informal consultation pathways;
- and avoidance or delay of structured clinical care.

Additional variables examined included consultation preferences, frequency of self-medication, and forms of informal consultation utilised by respondents.

Data Analysis

Data analysis was conducted using the Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistical methods were employed to summarise the findings. Frequencies, percentages, means, and standard deviations were used to present demographic characteristics and behavioural patterns among respondents.

Results relating to consultation practices, self-medication, and informal consultations were presented using tables and figures to facilitate interpretation. The prevalence of improper health-seeking behaviour was calculated as a proportion of the total study population.

Ethical Considerations

Ethical approval was obtained from the Department of Community Medicine, Afe Babalola University, Ido-Ekiti. The management of the Federal Teaching Hospital, Ido-Ekiti, also granted permission to conduct the study. Participants were informed about the purpose of the study, and written informed consent was obtained before participation. Confidentiality and anonymity were maintained throughout the study, and respondents were assured that participation was voluntary and that no identifying information would be disclosed.

RESULTS

A total of 260 healthcare professionals participated in the study, representing a response rate of 96.3%. The findings reveal considerable variation in consultation behaviour, with substantial reliance on self-medication and informal healthcare pathways. Figure 1 presents the overall distribution of health-seeking behaviour.

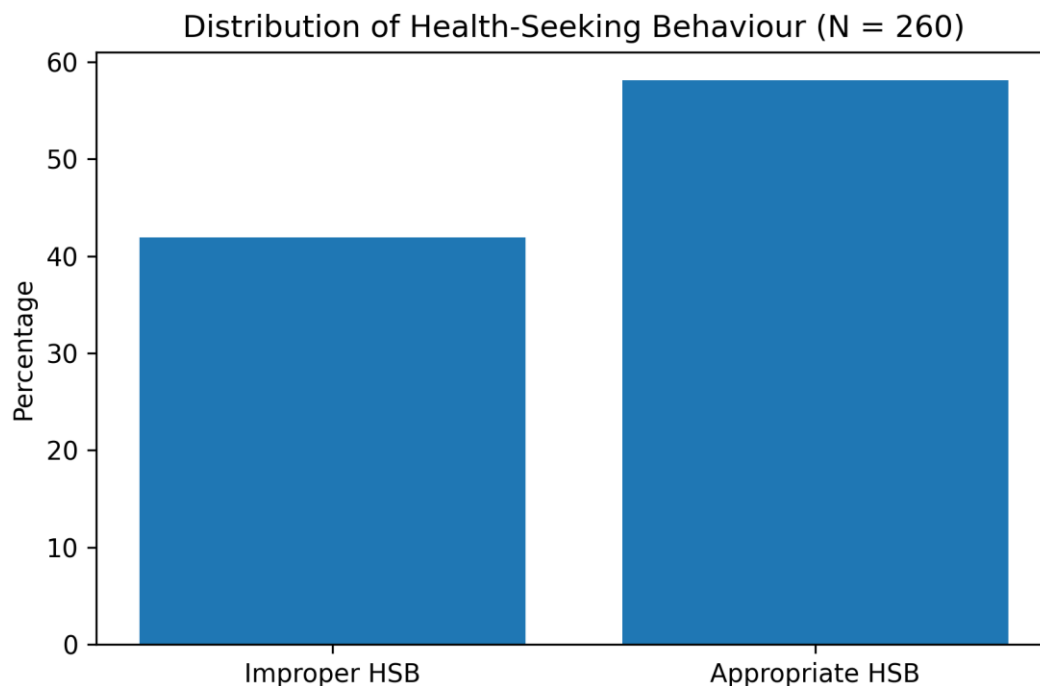


Figure 1: Distribution of Appropriate and Improper Health-Seeking Behaviour Among Respondents (N = 260)

As illustrated in Figure 1, 41.9% of respondents demonstrated improper health-seeking behaviour, while 58.1% adhered to more appropriate healthcare utilisation pathways. The relatively high prevalence of improper behaviour is notable given the respondents' professional background and access to institutional healthcare services.

Patterns of consultation behaviour across healthcare options are presented in Table 1 and Figure 2. Formal consultations with doctors remained the most frequently utilised pathway, although multiple informal and semi-formal alternatives were also observed.

Table 1: Consultation Behaviour Across Healthcare Options (N = 260)

Healthcare Service	Every time n (%)	Very often n (%)	Often n (%)	Rarely n (%)	Never n (%)
Doctor's clinic	48.1	15.8	18.8	8.5	8.8
Pharmacy shop	13.1	6.9	2.7	16.9	60.4
Patent medicine vendor	4.2	20.0	12.3	23.5	40.0
Traditional healer	0.0	1.5	1.2	6.5	90.8
Spiritual healer	0.0	1.2	6.9	18.1	73.8
Self-medication	13.8	9.2	5.0	13.8	58.1
Friends/colleagues	6.2	12.7	6.5	32.3	42.3

N.B.: Values represent percentages of respondents within each category.

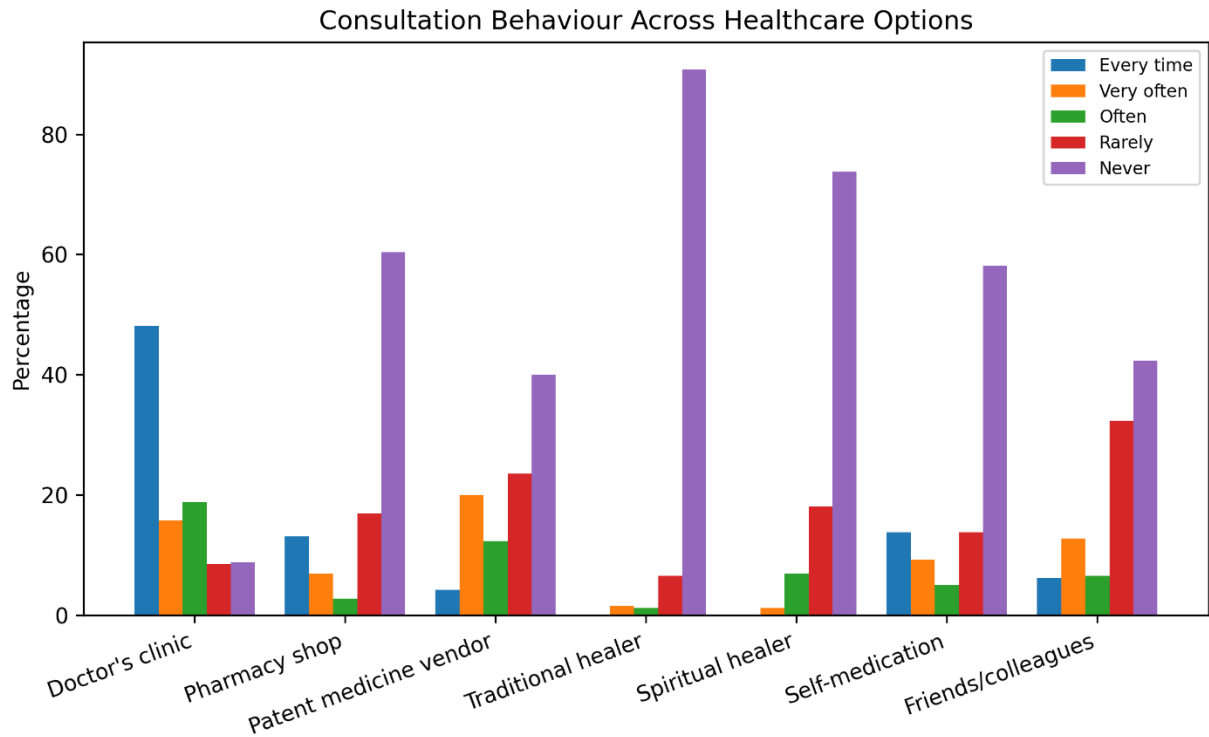


Figure 2: Consultation Behaviour Across Healthcare Options

Doctor-led consultations showed the strongest pattern of regular utilisation, with 48.1% of respondents reporting that they visited a doctor’s clinic every time they became ill. However, self-medication remained highly prevalent, with 13.8% indicating that they self-medicated every time they experienced illness symptoms. Frequent engagement with

pharmacy shops and patent medicine vendors was also observed. Traditional and spiritual healers were rarely utilised.

The study also identified widespread use of informal consultation channels. Figure 3 summarises the prevalence of these practices among respondents.

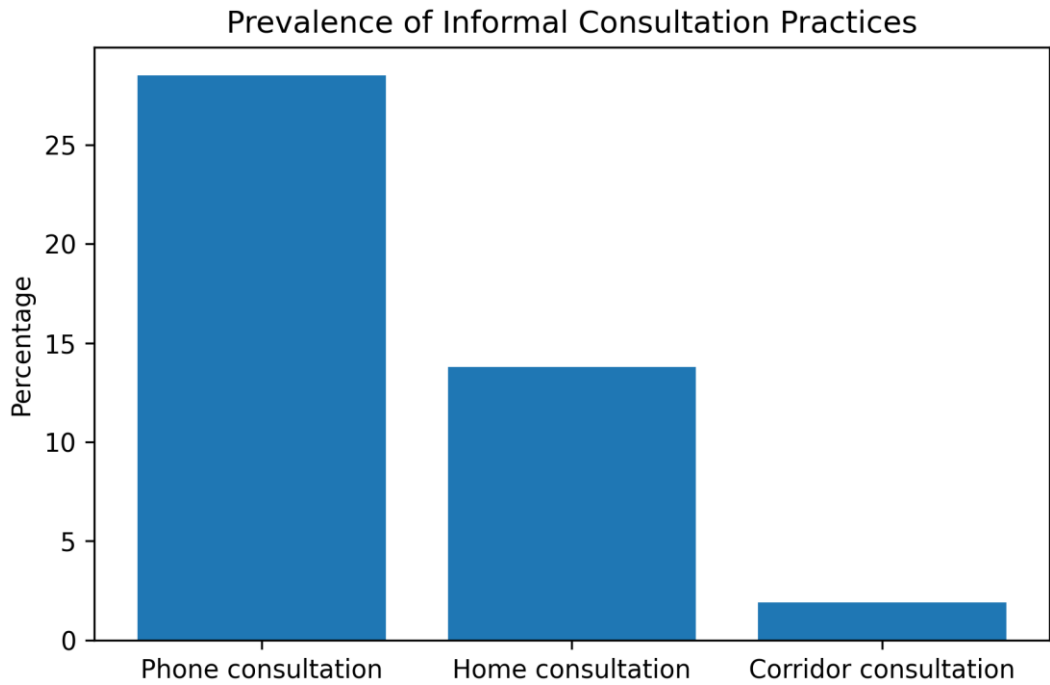


Figure 3: Prevalence of Informal Consultation Practices Among Respondents

DISCUSSION

The findings of this study reveal a substantial disconnect between professional medical knowledge and personal healthcare utilisation among healthcare professionals in a tertiary health facility in Ekiti State. Despite operating within a clinical environment and possessing direct access to healthcare knowledge and resources, a considerable proportion of respondents engaged in improper health-seeking behaviour, particularly self-medication and informal consultation practices. These findings reinforce growing concerns within occupational and behavioural health literature that healthcare professionals do not necessarily model the formal healthcare behaviours they promote to patients (Uchendu et al., 2020; Patey et al., 2023; DiMatteo et al., 2025).

One of the most important findings of the study is that 41.9% of respondents demonstrated improper health-seeking behaviour. This proportion is substantial given the respondents' clinical expertise and institutional proximity to healthcare services. The finding aligns with previous Nigerian studies reporting widespread self-treatment and avoidance of formal consultations among healthcare workers (Adewoye et al., 2019). Similar trends have also been documented internationally, particularly among physicians and nurses working within high-pressure clinical environments (Kay et al., 2008; Schulz et al., 2022; Demsie et al., 2025). These patterns suggest that professional knowledge may, paradoxically, increase confidence in self-diagnosis and self-treatment rather than encouraging engagement with structured healthcare pathways.

Self-medication emerged as a prominent behavioural pattern within the study population. Although healthcare professionals may perceive self-medication as efficient, practical, and timesaving, the long-term implications remain concerning. Existing evidence associates inappropriate self-medication with delayed diagnosis, masking of serious illnesses, adverse drug reactions, polypharmacy, and increasing antimicrobial resistance (Rather et al., 2017; Al-Omrani et al., 2023). The accessibility of pharmaceuticals within hospital environments may further reinforce these practices among healthcare workers. Importantly, the findings indicate that self-medication among healthcare professionals should not be interpreted merely as an individual behavioural choice but also as a reflection of institutional and occupational conditions that discourage formal care utilisation.

The widespread use of informal consultations adds another important dimension to the findings. Phone consultations, corridor discussions, and home-based consultations were frequently utilised by respondents as alternatives to formal clinic attendance. These practices appear deeply embedded within professional culture and may reflect a combination of convenience, trust in colleagues, familiarity within clinical teams, and reluctance to assume the role of patient within one's own institution. Previous research has similarly shown

that healthcare professionals often prefer undocumented peer consultations because they are perceived as faster, less bureaucratic, and more confidential than formal appointments (Laisi, 2025; Ankomanin et al., 2026).

However, informal consultations carry important clinical and ethical concerns. Such interactions frequently bypass core elements of safe clinical care, including comprehensive history taking, physical examination, documentation, continuity of care, and formal follow-up mechanisms. The normalisation of these practices within healthcare institutions may therefore contribute to fragmented care and delayed management of potentially serious conditions. Informal consultations may also reinforce occupational cultures in which healthcare professionals prioritise work responsibilities over their own health needs.

The findings can be interpreted through behavioural health frameworks. The Health Belief Model offers one useful explanation for the persistence of improper health-seeking behaviour among healthcare professionals. Respondents may have perceived themselves as sufficiently knowledgeable to manage illnesses independently, thereby reducing perceived susceptibility and diminishing motivation to seek formal care. At the same time, perceived barriers such as workload pressure, waiting time, concerns regarding confidentiality, and fear of professional judgement may have outweighed the perceived benefits of formal consultation (Rosenstock, 1974; Rosenstock et al., 1988; Alyafei & Easton-Carr, 2024). Andersen's Behavioural Model similarly highlights the influence of enabling and organisational factors on healthcare utilisation. Although healthcare professionals work within healthcare institutions, accessibility alone does not guarantee service utilisation where organisational culture and occupational pressures discourage formal engagement with care (Andersen, 1995; Alkhawaldeh, 2023).

The implications of these findings extend beyond individual wellbeing. Healthcare professionals experiencing untreated illness, burnout, or inappropriate medication use may face reduced productivity, impaired decision-making, presenteeism, and increased risk of medical error. These consequences have direct implications for healthcare quality and patient safety. Furthermore, healthcare professionals often function as behavioural role models within society. Persistent reliance on self-medication and informal care pathways among clinicians may therefore weaken broader public health messaging regarding responsible healthcare utilisation.

Institutional interventions are therefore necessary. Healthcare facilities should strengthen confidential staff health services, improve occupational health systems, and create organisational cultures that normalise appropriate care-seeking among healthcare workers. Reducing

excessive workload pressures and facilitating easier access to structured healthcare services may also reduce dependence on informal and undocumented care pathways. Public health interventions targeting healthcare workers should move beyond knowledge-based approaches and address the behavioural and structural drivers underlying these practices.

Viewed collectively, the study demonstrates that healthcare professionals operate within a complex behavioural environment where professional identity, occupational pressures, convenience, and institutional culture interact to shape healthcare utilisation decisions. The coexistence of formal consultations, self-medication, and informal peer-based care highlights the need for targeted occupational health strategies capable of promoting safer and more appropriate health-seeking practices within the healthcare workforce.

CONCLUSION

This study examined patterns of health-seeking behaviour and self-medication among healthcare professionals in a tertiary health facility in Ekiti State, Nigeria. The findings reveal that inappropriate health-seeking practices remain common within this population despite respondents' professional training and institutional access to healthcare services. A substantial proportion of healthcare professionals engaged in improper health-seeking behaviour, particularly through self-medication and reliance on informal consultation pathways such as phone-based consultations, corridor discussions, and home consultations with colleagues.

The persistence of these behaviours highlights a significant gap between clinical knowledge and personal healthcare utilisation. The findings suggest that healthcare professionals do not make healthcare decisions solely on the basis of medical knowledge. Organisational pressures, workplace culture, convenience, confidentiality concerns, and professional identity appear to shape behavioural choices in ways that encourage informal and self-directed healthcare practices. These patterns indicate that inappropriate health-seeking behaviour among healthcare professionals is not simply an individual issue but also an institutional and occupational health concern.

The widespread use of informal consultations raises important implications for continuity of care, clinical documentation, diagnostic accuracy, and patient safety. Although informal pathways may provide rapid access to advice, they frequently bypass standard clinical safeguards and may contribute to delayed diagnosis or fragmented care. Similarly, sustained reliance on self-medication carries risks associated with inappropriate treatment, adverse drug reactions, and antimicrobial resistance.

The findings underscore the need for healthcare institutions to strengthen occupational health systems and improve staff access to formal healthcare. Interventions should go beyond awareness campaigns and address the broader behavioural

and structural conditions that deter healthcare professionals from seeking appropriate care. Confidential staff healthcare services, reduced administrative barriers, improved workload management, and organisational cultures that normalise healthcare utilisation among clinicians may help reduce reliance on informal and undocumented care pathways.

Considered as a whole, the study contributes important evidence to the growing literature on healthcare workers' wellbeing and healthcare utilisation in low- and middle-income settings. Promoting appropriate health-seeking behaviour among healthcare professionals is essential not only for protecting the workforce itself but also for strengthening healthcare quality, patient safety, and public confidence in health systems.

AUTHOR CONTRIBUTION

All authors contributed meaningfully to the development of this study and the preparation of the manuscript. The study was conceptualised and designed through joint discussions among the research team. Data collection, cleaning, management and analysis were carried out collaboratively, with each author reviewing analytical decisions to ensure accuracy and consistency. O.D.O. and K.O.O. led the drafting of the manuscript, including the introduction, methods, results and discussion. Co-authors contributed to the interpretation of findings, provided critical revisions and strengthened the clarity and coherence of the final text. All authors reviewed the full manuscript, approved the final version and agreed to be accountable for the integrity of the work.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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