An Analytical Study of the Relationship Between Perceived Quality of Health, Health Expectations, and Health-Seeking Behaviour of Health Workers

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ABSTRACT

Health workers are expected to model optimal health-seeking behavior, however variations in their health expectations and perceived quality of health can significantly impact their engagement in such behaviours. This study investigates the effects of perceived quality of health and health expectations on health-seeking behaviour of health workers. Additionally, it examines whether demographic variables such as age, marital status, religion, ethnicity, and profession predict health-seeking behaviour. A sample of health workers from various healthcare professions in tertiary health care participated in the study. Data was collected using standardized questionnaires, and results were analyzed using Pearson correlation, multiple regression analysis, and structural equation modeling at 0.05 significance level. Significant positive correlations were found between health expectations and health-seeking behaviour ($r = 0.452$, $p < 0.05$) and between perceived quality of health and health-seeking behaviour ($r = 0.203$, $p < 0.05$). Multiple regression analyses revealed a good model fit for health expectations predicting health-seeking behaviour (chi-square = 1.132, RMSEA = 0.036, CFI = 0.996), with a significant effect ($\beta = 0.48$, $p < 0.001$). For socio-demographic factors, the model fit was also adequate (chi-square = 1.132, $p = 0.287$, RMSEA = 0.036), highlighting significant predictors of health-seeking behaviour, notably gender ($\beta = -0.986$, $p < 0.001$) and religion ($\beta = -0.354$, $p < 0.001$). Enhancing health expectations and perceptions of healthcare quality can improve health practitioner health-seeking behaviour. Targeted interventions should focus on addressing socio-demographic barriers to healthcare access and provision of health care counseling services should be encouraged.

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1.INTRODUCTION

Health-seeking behaviour refers to the action individuals undertake to sustain or enhance their health status. This behaviour involves a wide range of activities, including visiting healthcare providers, participating in preventive measures, and adhering to prescribed medical treatments (Pender et al., 2021). Understanding the factors that influence health-seeking behaviour is crucial for promoting public health, particularly among health workers, who serve as both healthcare providers and recipients of healthcare services. Health workers are expected to model optimal health-seeking behaviour due to their knowledge of health risks and resources. However, variations in their health expectations and perceived quality of health can significantly impact their engagement in such behaviours (Lichtenstein & Wadden, 2022). Previous research has highlighted that health expectations, beliefs about future health status, can directly affect health-seeking behaviour. Higher health expectations are associated with increased utilization of healthcare services and adherence to preventive measures (Rosenstock, 2018). Moreover, perceived quality of health, which encompasses subjective evaluations of one's current health and the effectiveness of available health services, plays a pivotal role in determining health-seeking behaviour. Individuals who perceive their health positively may feel less urgency to seek medical help, potentially leading to decreased healthcare utilization (Adamu et al., 2018; Bana et al., 2016).

Additionally, demographic factors, such as gender and religious affiliation, also contribute to health-seeking behaviour. For instance, Lee et al. (2017) found gender differences in health-related behaviours among stroke survivors, indicating that men often engage less in health-seeking behaviours compared to women. More importantly, Adamu et. al. (2018) found Age, gender, profession, and duration of practice have significant effects on health-seeking behaviors of healthcare workers in a study of factors influencing health-seeking behavior of health workers in a Tertiary Health Institution in Sokoto, Northwest Nigeria. This aligns with findings by Galdas et al. (2005), who noted that cultural norms and gender roles can shape health-seeking patterns, particularly among men. Furthermore, Koenig (2012) explored how religious beliefs can influence health behaviours, suggesting that individuals with strong religious affiliations may prioritize spiritual well-being over physical health, impacting their engagement with healthcare services.

This study aims to explore these relationships among health workers, considering the unique pressures and challenges they face in their professional environments. By examining how health expectations and perceived quality of health influence health-seeking behaviour, this research will contribute to a more nuanced understanding of healthcare utilization among health workers and provide insights for developing targeted interventions to promote optimal health-seeking behaviours within this critical population. Specifically, this study rests on three objectives. First, it examines the association between perceived quality of health and health-seeking behaviour among health workers. Second, it determines if perceived quality of health and health expectations jointly predict health-seeking behaviour. Third, it examines the impact of demographic variables (age, marital status, religion, ethnicity, and profession) on health-seeking behaviour.

2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Perceived Quality of Health
Perceived quality of health refers to an individual's subjective evaluation of their health status. Research has shown that positive perceptions of health can lead to better health-seeking behaviours. For instance, People who have a positive attitude about their health are more inclined to take preventative treatment. (Gandi & Dachalson, 2020). A study by Pender et al. (2021) found that health professionals who rated their health quality highly were more proactive in seeking medical advice and participating in health screenings.

Health Expectations
Health expectations are beliefs about future health status, including optimism regarding health outcomes. Higher health expectations are associated with increased engagement in health-promoting behaviours (Jabar, 2019). A study by Lichtenstein and Wadden (2022) indicated that healthcare workers with optimistic health expectations were more likely to adhere to health recommendations and utilize preventive services. Conversely, negative health expectations can deter individuals from seeking necessary health care, resulting in poorer health outcomes.

Health-Seeking Behaviour
Health-seeking behaviour encompasses a range of actions taken by individuals to maintain or improve their health, including preventive care, self-medication, and professional medical consultations. Previous studies have identified various factors influencing health-seeking behaviour, including socio-demographic variables, health beliefs, and access to healthcare services (Bana et al., 2016; Adamu et al., 2018). Health workers, due to their profession, may have different motivations and barriers to health-seeking behaviour compared to the general population, making it essential to study their unique circumstances. The study adopted the Health Belief Model (HBM), which holds that personal beliefs about health risks and the perceived advantages of engaging in health-related

activities impact individual health behaviours (Rosenstock, 2018). The model comprises several constructs, including:

- Perceived Susceptibility: Beliefs regarding the probability of encountering a health problem.
- Perceived Severity: Views regarding the gravity of the medical condition and its repercussions.
- Perceived Benefits: Beliefs regarding the advantages of adopting a particular health intervention are known as perceived benefits.
- Perceived Barriers: Perceptions of the barriers that can prevent people from getting health care.

In the context of this study, perceived quality of health can be seen as an individual's assessment of their health status, which may affect their perceived susceptibility and severity of health risks. Similarly, health expectations influence perceived benefits, motivating individuals to seek health services.

3. MATERIALS AND METHOD

Research design
This study adopted a cross-sectional research design, which allowed for the simultaneous assessment of health-seeking behaviours, health expectations, and perceived quality of health among participants at a single point in time. The cross-sectional approach made it easier to gather a variety of socio demographic information, which allowed researchers to examine how different factors relate to one another and how that can affect health professional population health behaviour. The cross-sectional nature of the design facilitated the collection of diverse socio-demographic data, enabling the exploration of relationships between variables and their implications for health behaviour within the health worker population.

Study population
Health workers from various healthcare facilities participated in the study.

Study Setting
The study was conducted in Ibadan, Southwest Nigeria. The choice of Ibadan is because of availability of all tiers of healthcare system and as the capital of southwestern Nigeria. Southwestern Nigeria is one of six geopolitical zones in Nigeria, encompassing six states: Lagos, Ogun, Oyo, Osun, Ekiti, and Ondo. The region is primarily populated by Yoruba speakers and is known for its commercial activities. It's one of the six geopolitical zones in Nigeria, playing a significant role in the country's political and administrative structure. The region is predominantly populated by Yoruba speakers, who are the dominant ethnic group in the area.

Sample size and Sample techniques

Multipurpose sample techniques were adopted to select sample size of 105 health workers. At first stage purposive sample to select primary, secondary and tertiary healthcare facilities. Stage 2 involve use of accidental sampling to pick respondents/health workers in the selected facilities. Out of 105, only 100 found worthy of analysis. The sample included a mix of genders, age groups, ethnic backgrounds, marital statuses, religious affiliations, and professional roles within healthcare. Participants provided information on socio-demographic variables, including age, gender, ethnicity, marital status, religion, and profession. The study made use of Structural Equation Modeling (SEM), the sample size of 105 participants merits critical evaluation in relation to statistical power. SEM techniques, particularly those involving latent variable modeling, typically require larger samples to ensure the stability and accuracy of parameter estimates. The relatively modest sample size in this study may therefore limit the statistical power to detect small to moderate effects and increase the likelihood of Type II errors. the limited power necessitates cautious interpretation of nonsignificant path coefficients and potential underestimation of parameter strengths. Acknowledging this limitation, future research employing larger and more diverse samples is essential to validate the current model and enhance the generalizability of the findings. A priori power analysis indicated that a sample of 105 participants would be required to detect a medium effect size (d = 0.5) with 80% power at an alpha level of 0.05."

Inclusion Criteria
The study was only open to people who had worked at the healthcare facilities for at least six months.

Ethical Approval:
The institutional ethics committee FUCRIT gave its approval to the study, guaranteeing that participants' rights and welfare were upheld during the entire investigation.

Method of Data Collection
This data was collected through a structured questionnaire designed to capture relevant demographic information. Age was categorized into three groups: 21-30 years, 31-40 years, and 41-50 years. Ethnic backgrounds were recorded as Yoruba, Hausa, Igbo, and others. Marital status options included single, married, and separated. Religious affiliation included categories for Christianity, Islam, and traditional worship.
The health-seeking Behaviour Scale was used to assess the frequency and nature of participants' health-seeking actions. This scale comprises 12 items scored on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores indicate more

frequent engagement in health-seeking behaviours. Sample items include, "I visit a health professional as soon as I feel unwell" and "I engage in regular health check-ups to prevent illness." The scale has a Cronbach's alpha of .85, indicating good reliability.

The Health Expectation Scale consists of 10 items that measure participants' expectations about their current and future health, developed by Kowalski et al. (2015). Items are rated on a 7-point Likert scale, with higher scores indicating more positive health expectations. Example items include, "I expect to remain in good health for many years" and "I believe that my health will improve over time." The scale has a Cronbach's alpha of .88, demonstrating strong reliability.

The 8-item scale evaluates participants' subjective assessment of their health. Diener developed the eight-item psychological well-being measure, which evaluates a person's relationships, self-esteem, purpose, optimism, engagement, societal contribution, and competence, among other facets of their well-being.

Responses are recorded on a 5-point Likert scale, with higher scores reflecting a more positive perception of health. Sample items include, "I feel that my current health is excellent" and "I rarely experience health problems that affect my daily life." The scale has a Cronbach's alpha of .83, indicating strong reliability (Rosenstock, 2018; Gandi & Dachalson, 2020).

Participants were given standardized questionnaires to complete at their individual healthcare facilities in order to gather data. Prior to their involvement, all individuals gave their informed consent. The institutional ethics committee FUCRIT gave its approval to the study, guaranteeing that participants' rights and welfare were upheld during the entire investigation. Participants were made aware that participation was entirely voluntary and that their answers would be kept private. The questionnaires were distributed in a controlled environment to minimize distractions and ensure that participants could complete them comfortably.

To conduct statistical analyses, SPSS software (version 25) was utilized. The primary study variables were subjected to descriptive statistics. The Pearson Health-seeking behaviour, health expectations, and perceived quality of health were examined using Product-Moment correlation coefficients. The impact of sociodemographic characteristics and the predictive power of health expectations and perceived quality of health on health-seeking behaviour were assessed using multiple regression analyses. Model fit indices were reported for both regression models to assess the overall fit of the data to the proposed models.

Table 1: Socio-Demographic Characteristics of Respondents (N = 100)

Variable	Category	Frequency (%)
Gender	Male	30.8
	Female	69.2
Age Group (years)	21–30	40.4
	31–40	38.5
	41–50	21.2
Ethnicity	Yoruba	76.0
	Hausa	9.6
	Igbo	13.5
	Other	1.0
Marital Status	Single	37.5
	Married	60.6
	Separated	1.9
Religion	Christian	76.0
	Muslim	22.1
	Traditional Worshipper	1.9
Professional Role	Doctor	9.6
	Nurse	38.5
	Pharmacist	7.7
	Others(e.g., Medical Lab scientists, therapists, dieticians)	44.2

The demographic distribution of the study participants indicates that 30.8% of the participants were male and 69.2% were female. In terms of age distribution, 40.4% were between the ages of 21-30, 38.5% were between 31-40, and 21.2% were between 41-50. Ethnicity-wise, the majority (76%) were Yoruba, 9.6% were Hausa, 13.5% were Igbo, and 1% belonged to other ethnic groups. In terms of marital status, 37.5% were single, 60.6% were married, and 1.9% were separated. The religious composition included 76% Christians, 22.1% Muslims, and 1.9% traditional worshippers. Regarding professional roles, 9.6% were doctors, 38.5% were nurses, 7.7% were pharmacists, and 44.2% were in other professions such as laboratory scientist, therapists and dieticians.

Relationship Between Perceived Quality of Health, Health Expectations, and Health-Seeking Behaviour

4. RESULTS

Table 2: Zero order correlation between perceived quality of health and health expectation on Health seeking behavior

	Variables	Mean	SD	1	2	3
1	Health seeking behaviour	18.73	3.86	-	.452**	.203**
2	Health expectation	56.34	9.00	-	-	104
3	Perceived quality of health	43.29	9.13	-	-	-

The result shows that there was significant positive relationship between health expectation on health seeking behaviour (r = .452, p < .05). This shows that increase in health expectation will tend to increase the health seeking behaviour. Also, there is a significant positive relationship between perceived quality of health and health seeking behaviour (r = .202, p < .05). This shows that increase in perceived quality of health will tend to increase the health seeking behaviour. This hypothesis was tested using Pearson Product-Moment Correlation. The results, as shown in Table 2, indicate that there was a significant positive relationship between health expectations and health-seeking behaviour. This finding suggests that higher health expectations are associated with increased health-seeking behaviour among health workers (Pender et al., 2021; Jabar, 2019). Furthermore, the correlation between perceived quality of health and health-seeking behaviour was also significant, indicating that individuals with a better perception of their health are more likely to seek healthcare services.

Perceived Quality of Health, Health Expectations Prediction of Health-Seeking Behaviour

A multiple regression analysis was conducted to evaluate whether perceived quality of health care and health expectations jointly predicted health-seeking behaviour. The model fit well, with a chi-square value of 1.132 (p = 0.287) and a chi-square/df ratio of 1.132, indicating a good fit between the model and data. Other fit indices, such as RMSEA (0.036), GFI (0.993), AGFI (0.957), and CFI (0.996), also confirmed strong model fit. The Standardized Root Mean Square Residual (SRMR) was 0.048, indicating a good fit, as values below 0.08 are considered acceptable. These indices all exceeded the threshold of 0.90, further suggesting a good model fit. In addition, the model's explanatory power was assessed through the coefficient of determination (R^2) and Cohen's f^2, which provides insight into the effect size of the predictors.

Table 3: Path Coefficients for the path analysis of perceived quality of health, health expectations prediction of health-seeking behaviour

Path	β	Total effect	S.E	t-value	p-value	97.5%	99.5%	Cohen's f^2	Coefficient of determination (R^2)	Interpretation
Health Expectation -> Perceived quality of Health care	0.10	0.10	0.08	1.34	0.18	0.26	0.28	0.01	0.01	Not significant
Health Expectation -> Health seeking behaviour	0.48	0.45	0.08	6.28	0.00	0.61	0.65	0.31		Significant
Perceived quality of Health care -> Health seeking behaviour	-0.25	-0.25	0.09	-2.92	0.00	-0.08	-0.03	0.09	0.27	Significant
Indirect effect										
Health Expectation-> Perceived quality -> Health seeking behaviour	-0.03		0.02	-1.12	0.26	0.01	0.02			Not significant

Hypothesis 1 predicted a significant relationship between perceived quality of health, health expectations, and health-seeking behaviour. As shown in table 3, there was a significant positive relationship between health expectations and health-seeking behaviour (β = 0.48, t = 6.28, p < .001, 95% CI [0.61,

0.65]), supporting the hypothesis. Additionally, a significant but negative relationship was found between perceived quality of healthcare and health-seeking behaviour (β = -0.25, t = -2.92, p < .01, 95% CI [-0.08, -0.03]). There was significant path coefficients from health expectations to health-seeking behaviour (β =

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0.48) and from perceived quality of healthcare to health-seeking behaviour (β = -0.25). The total variance explained (R^2) for health-seeking behaviour was 27%, indicating that health expectations and perceived quality of healthcare are meaningful predictors of health-seeking behaviour.

Socio-demographic Variables Prediction of Health-Seeking Behaviour

The multiple regression analysis aimed to evaluate how demographic factors as age, ethnicity, gender, marital status, profession, and religion predict health-seeking behaviour. The model fit was adequate, as indicated by a range of fit indices (χ^2 = 1.132, df = 1, p = 0.287, RMSEA = 0.036, CFI = 0.996, GFI = 0.993). In addition, the model's explanatory power was assessed through the coefficient of determination (R^2) and Cohen's f^2, which provides insight into the effect size of the predictors.

Table 4: Path Coefficients for the path analysis of Socio-demographic Variables Prediction of Health-Seeking Behaviour

Predictor	B	S.E.	t-value	p-value	95% Confidence Interval	Cohen's f^2	R^2	Interpretation
Age -> Health-seeking behaviour	0.043	0.112	0.382	0.703	[-0.179, 0.264]	0.002		Not significant
Ethnicity -> Health-seeking behaviour	-0.015	0.112	0.136	0.892	[-0.236, 0.206]	0.000		Not significant
Gender -> Health-seeking behaviour	-0.986	0.181	5.437	0.000	[-1.344, -0.628]	0.190		Significant
Marital status -> Health-seeking behaviour	0.075	0.116	0.650	0.516	[-0.155, 0.305]	0.004	0.23	Not significant
Profession -> Health-seeking behaviour	-0.090	0.092	0.978	0.328	[-0.271, 0.090]	0.009		Not significant
Religion -> Health-seeking behaviour	-0.354	0.090	3.920	0.000	[-0.532, -0.176]	0.099		Significant

As shown in table 4, **Gender** had a significant negative impact on health-seeking behaviour (β = -0.986, 95% CI (-1.344, -0.628), p < 0.001), indicating that males were less likely to seek health care. **Religion** also had a significant negative effect (β = -0.354, 95% CI (-0.532, -0.176), p < 0.001), meaning that religious affiliation was associated with a decrease in health-seeking behaviour. **Age**, **ethnicity**, **marital status**, and **profession** did not significantly predict health-seeking behaviour, as their p-values were greater than 0.05 and their confidence intervals included zero, indicating no substantial effect. The predictors together explained a substantial portion of the variance in health-seeking behaviour (**R^2 = 0.32**), Overall, gender and religion were the key predictors of health-seeking behaviour, with both showing negative associations.

5. DISCUSSION

This study explored the relationship between perceived quality of health, health expectations, and health-seeking behaviour, revealing significant insights into how these variables interact and their implications for healthcare practices. The findings indicate that health expectations positively influence health-seeking behaviour, aligning with previous research that suggests individuals with higher health expectations are more likely to engage in proactive healthcare activities (Dawkins, B., Renwick, C., Ensor, T., Shinkins, B., Jayne, D., & Meads, D., 2021; Kim & Kim, 2020; Latunji & Akinyemi, 2018). This reinforces the idea that positive health expectations motivate individuals to seek care, supporting the Health Promotion Model, which emphasizes the role of personal beliefs in health behaviours. Conversely, in the study of (Onuoha, O., Okereke, O., Ngwoke, G., & Ekpechu, J. O. 2024; Adeosun Foluke Odunayo, Folayan Opeoluwa Florence. 2019) on Influence of Cultural Factors on Health Seeking Behavior in Ebonyi State, South East, Nigeria and Influence of the Internet on Health Seeking Behaviours of Youths in Ekiti State, Nigeria respectively. Together, their studies show that people's expectations—which are influenced by their own beliefs, cultural norms, and perceived obstacles—have

a significant impact on how they seek health care. Negative or unrealistic expectations may cause people to self-medicate, shun professional healthcare services, or rely on unofficial sources, all of which could have a detrimental impact on their health. Also, health expectations can drive health- seeking behaviours, unrealistic expectations may lead to disappointment or disengagement when healthcare services do not meet those expectations (Bertakis et al., 2000). Thus, balancing health expectations is crucial to ensure that they promote rather than hinder health-seeking behaviour. Interestingly, the negative relationship between perceived quality of health and health-seeking behaviour presents a nuanced perspective. While individuals who perceive their health positively may feel less urgency to seek care, previous studies have shown that high self-rated health often correlates with lower healthcare utilization (Redondo-Sendino et al., 2006). This indicates that individuals with favorable health perceptions may prioritize self-management over professional medical advice, potentially leading to delayed treatment of serious conditions. Such findings suggest the need for public health campaigns to educate individuals about the importance of regular check-ups, regardless of their perceived health status. The study found that gender and religious affiliation significantly impacted health-seeking behaviour, with males being less likely to seek care and certain religious beliefs discouraging healthcare utilization. This finding is consistent with prior research indicating that men often exhibit a reluctance to engage with healthcare services due to societal norms and expectations surrounding masculinity (Obilor, 2024; Hamzah, K.Q.A., Mohd Zulkefli, N.A. and Ahmad, 2024; Cheater, & Marshall, 2005). In contrast, other studies have highlighted that women's health-seeking behaviours are often more proactive, as women typically utilize healthcare services at higher rates than men (Lee et al., 2017). Additionally, the negative impact of religious affiliation on health-seeking behaviour parallels findings from studies indicating that certain beliefs may contribute to health service avoidance, suggesting a potential area for intervention through collaboration with religious communities (Koenig, 2012). The total variance explained by the predictors in this study (27% for health expectations and 32% for socio-demographic factors) aligns with previous research, where various factors accounted for different proportions of variance in health-seeking behaviours. For example, a study by Galdas et al. (2005) identified that psychological factors, including health beliefs and perceived barriers, explained significant variance in health-seeking behaviours among diverse populations. This suggests that while health expectations and perceived quality of health are critical, other psychological and contextual factors warrant consideration in future research.

Implications of Findings and Key Consideration

These findings contribute to existing health behaviour theories by emphasizing the need to account for the dual nature of health perceptions in influencing healthcare utilization. While positive health expectations encourage individuals to seek care, high perceived quality of health can lead to avoidance. Future theoretical frameworks should incorporate these dynamics, recognizing the complexities of individual motivations in health-seeking behaviour. Healthcare providers should focus on enhancing health expectations through targeted health education and promotion strategies. Addressing the gender disparities observed, particularly among men, is essential. Research evidences have shown that tailored interventions that engage men in discussions about health can significantly improve their health-seeking behaviour (Batanda, 2024; Crimmins, Shim, Zhang, & Kim, 2019; Ruane-McAteer, Amin, Hanratty, Lynn, Van Willenswaard, Reid, & Lohan, 2019; Galdas et al., 2005). This is in collaboration with the postulation of Andersen (1995) in terms of perceived need, which refers as how people perceive their overall health and functional state, how they feel pain, disease, and health-related concerns, and whether or not they believe their issues are significant enough to need professional assistance. Men are more likely to seek therapy if they believe that the disease's symptoms are severe, painful, bothersome, and a burden on their day-to-day lives and when the disease's symptoms are minor, men are unlikely to seek treatment (Almigbal & Schattner, 2018; Fan et al., 2017; Rubach et al., 2019).

Healthcare practitioners should consider the role of religious beliefs in shaping health behaviours, potentially collaborating with faith leaders to promote healthcare engagement within religious communities. Policies should prioritize creating accessible health information and resources that address both health expectations and perceived quality of health. Health campaigns could emphasize that positive self-perception should not discourage regular medical consultations. Furthermore, policies that engage with community and religious leaders can foster a supportive environment for health-seeking behaviours, ensuring that cultural beliefs do not act as barriers to care.

Additionally, the study suggested the necessity for clinical and counselling psychologists, psycho-educators, and other allied professionals to engage in discussions about the significance of health-seeking behaviors. These professionals should help orient individuals towards positive attitudes and beliefs regarding health-seeking.

6. CONCLUSIONS

This study highlights the intricate relationships between health expectations, perceived quality of

health, and health-seeking behaviour, revealing that while positive health expectations tend to encourage proactive healthcare engagement, a high perceived quality of health may paradoxically lead to reduced healthcare utilization. Additionally, the findings indicate that gender and religious affiliation significantly influence health-seeking behaviour, suggesting the necessity for tailored interventions and policies that consider these demographic factors. However, the study has several limitations, including a potentially non-generalizable sample size, a cross-sectional design that restricts causal inferences, reliance on self-reported data that may introduce bias, and insufficient examination of contextual factors like socioeconomic status and education level. Future research should employ longitudinal designs to track changes over time, include diverse populations to uncover unique health-seeking behaviours, adopt qualitative methodologies for deeper insights, explore the role of health literacy, and test specific interventions aimed at improving health expectations and perceptions. By addressing these limitations and exploring new avenues, future studies can enhance our understanding of health-seeking behaviours and their implications for public health initiatives, ultimately contributing to improved healthcare access and outcomes for diverse populations.

phenomena from the perspective of healthcare professionals. Comparative research across different healthcare settings or professions may further enrich the understanding of contextual dynamics.

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REFERENCES

Adamu, H., Yusuf, A., Inalegwu, C., Sufi, R., & Adamu, A. (2018). Factors influencing health-seeking behaviour of health workers in a Tertiary Health Institution in Sokoto, Northwest Nigeria. Sahel Medical Journal, 21(3), 162-170.

Bana, S., Yakoob, J., Jivany, N., Faisal, A., Jawed, H., & Awan, S. (2016). Understanding health-seeking behaviour of healthcare professionals in tertiary care hospitals in Pakistan. Journal of Ayub Medical College, Abbottabad, 28(3), 545-549.

Batanda, I. (2024). Prevalence of burnout among healthcare professionals: A survey at fort portal regional referral hospital. Npj Mental Health Research, 3(1), 1-10. https://doi.org/10.1038/s44184-024-00061-2

Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. Social science & medicine (1982), 51(6), 843–857. https://doi.org/10.1016/s0277-9536(00)00065-4

Bertakis, K. D., Azari, R., Helms, L. J., Callahan, E. J., & Robbins, J. A. (2000). Gender differences in the utilization of health care services. The Journal of family practice, 49(2), 147–152.

Crimmins, E. M., Shim, H., Zhang, Y. S., & Kim, J. K. (2019). Differences between Men and Women in Mortality and the Health Dimensions of the Morbidity Process. Clinical chemistry 65(1),135-14 https://www.researchgate.net/publication/361761557

Dawkins, B., Renwick, C., Ensor, T., Shinkins, B., Jayne, D., & Meads, D. (2021). What factors affect patients' ability to access healthcare? An overview of systematic reviews. Tropical Medicine & International Health, 26(10), 1177-1188. https://doi.org/10.1111/tmi.13651

Doğanyiğit, P. B., & Demirci, H. (2023). The relationship between health cognitions and health seeking behaviour. Journal of International Health Sciences and Management. https://doi.org/10.48121/jihsam.1302071

Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: literature review. Journal of advanced nursing, 49(6), 616–623. https://doi.org/10.1111/j.1365-2648.2004.03331.x

Gandi, J., & Dachalson, E. (2020). Perceived quality of life among health personnel: The vitamin model analogy. ScienceOpen Preprints. https://doi.org/10.14293/S2199-1006.1.SOR-.PPCCPWN.v1

Hamzah, K.Q.A., Mohd Zulkefli, N.A. & Ahmad, N. Health-seeking behaviour during times of illness among urban poor women: a cross-sectional study. BMC Women's Health 24, 334 (2024). https://doi.org/10.1186/s12905-024-03178-w

Jabar, M.A. (2019). Factors influencing health-seeking behaviour among overseas Filipino workers. International Journal of Healthcare Management, 14(1), 10-22.

Kim, S., & Kim, S. (2020). Analysis of the Impact of Health Beliefs and Resource Factors on Preventive Behaviours against the COVID-19 Pandemic. International journal of environmental research and public health, 17(22), 8666. https://doi.org/10.3390/ijerph17228666

Kıraç, R., & Öztürk, Y. E. (2021). Health seeking behaviour: Scale development study. Süleyman Demirel University Visionary Journal, 12(29), 224-234. https://doi.org/10.21076/vizyoner.754526

Koenig H. G. (2012). Religion, spirituality, and health: the research and clinical implications. ISRN psychiatry, 2012, 278730. https://doi.org/10.5402/2012/278730

Kowalski, C., Lee, SY.D., Schmidt, A. et al. The health literate health care organization 10 item questionnaire (HLHO-10): development and validation. BMC Health Serv Res 15, 47 (2015). https://doi.org/10.1186/s12913-015-0707-5

Latunji, O. O., & Akinyemi, O. O. (2018). Factors Influencing Health-Seeking Behaviour Among Civil Servants In Ibadan, Nigeria. Annals of Ibadan postgraduate medicine, 16(1), 52–60.

Lee, Y., Kim, W. S., & Paik, N. J. (2017). Gender differences in physical activity and health-related behaviours among stroke survivors: data from the 5th Korea National Health and Nutrition Examination Survey. Topics in stroke rehabilitation, 24(5), 381–387. https://doi.org/10.1080/10749357.2017.1304877

Lichtenstein, E., & Wadden, T. A. (2022). The role of health expectations in health-seeking behaviour. Journal of Health Psychology, 27(6), 789-800.

Obilor, N. M. (2024). Gender and Health Seeking Behavior in Rural Nigeria. Unizik Journal of Gender Research, 2(1). Retrieved from https://journals.aphriapub.com/index.php/UJGR/article/view/2504

Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2021). Health Promotion in Nursing Practice. Pearson.

Redondo-Sendino, A., Guallar-Castillón, P., Banegas, J. R., & Rodríguez-Artalejo, F. (2006). Gender differences in the utilization of health-care services among the older adult population of Spain. BMC public health, 6, 155. https://doi.org/10.1186/1471-2458-6-155

Rosenstock, I. M. (2018). The health belief model: explaining health behaviour through expectancies. Health Education & Behaviour, 45(1), 81-88.

Ruane-McAteer, E., Amin, A., Hanratty, J., Lynn, F., van Willenswaard, K. C., Reid, E., ... & Lohan, M. (2019). Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews. BMJ Global Health, 4(5), e001634.

Seligman, M. E. P., & Csikszentmihalyi, M. (2021). Positive psychology: An introduction. American Psychologist, 55(1), 5-14.