

Assessing the Level of Clients' Satisfaction on Outpatient and Inpatient Health Care Services, in a Tertiary Institution in North Central Nigeria

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ABSTRACT

Introduction: Clients perception of satisfaction in a health system has been be a very effective tool in assessing health care deliveries in Nigeria. Patients' and clients' satisfaction with health care is an integral component of quality monitoring in health care systems. Quality of health care includes characteristics such as efficiency, efficacy, effectiveness, equity, accessibility, comprehensiveness, acceptability, timeliness, appropriateness, continuity, privacy and confidentiality.

Material and Methods: In this study the methodology employed was a descriptive cross sectional approach. The study was carried out among inpatient and outpatients respondents from January 3rd to 12th 2017, on a sample of 255 service users of the hospital using systematic random sampling technique. Data were collected using structured questionnaires and analysed by SPSS for windows version 20. Statistical tests such as Chi χ^2 and frequency tables were employed where necessary. P-values of ≤ 0.05 were considered as statistically significant.

Results: Overall 53% and 61.5% of the respondents were satisfied with food and courtesy and respect respectively while 49.2% were dissatisfied with cleanliness of the wards and 42.8% with beddings. There were statistically significant associations between age (0.042), educational status (0.005), payment status (0.003) and address (0.000).

Conclusion: Efforts must be made to provide health facilities with the necessary infrastructure and maintain high level of cleanness since these can ultimately influence users positively or negatively in the way they use the services provided by the hospital.

Key words: Perception, Quality, Teaching Hospital, Nigeria.

services has not being used compared to when the services are experienced. In Nigeria most hospitals have incorporated tools for assessing clients' satisfaction into their programmes. Hospitals in Nigeria are affiliated to various professional bodies nationally and internationally and this necessitates the assessment of patients satisfaction routinely.^{1,3} Resources are highly limited in developing countries and scares resources are allocated to hospitals to maximise patients' satisfaction. As a result routine clients' satisfaction are done to enable hospital management attract more funds for investment.^{2,3} Patient satisfaction surveys in developing countries are increasingly, being promoted as a means of understanding health care quality. Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and ensure local health services are meeting patients' needs.² It is an established fact that satisfaction influences whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with health care practitioners.^{3,4} It therefore reflects the gap between the expected service and the experience of the service, from the client's point of view. Measuring client or patient satisfaction has become an integral part of hospital/clinic management strategies across the globe. Moreover, the quality assurance and accreditation process in most countries requires that the satisfaction of clients be measured on a regular basis.^{1,3} Ensuring the quality of health care services has in recent years become a major concern for developing countries policy and research. This is the result of a recognition that severe resources constraints and institutional factors (in particular, poor incentive structure) often result in public health care of very low quality, which in turn reduces both utilization of and the benefit from these services. These developments in turn have motivated an expansion of efforts to measure and

INTRODUCTION

The concept of quality health care involves all aspects of disease prevention at primary, secondary and tertiary levels.¹ The way clients utilize health services in Nigeria is being assessed periodically. The outcomes from these surveys are used to upgrade the standards of health facilities in the country. Probing clients about the way they were received and the kind of treatment they were given in a health facility would indicate weather users needs had been met.² It has been shown that when clients are happy with the quality of services obtained from a hospital they accept medical counselling by taking their medications appropriately and maintain cordial relationship with the hospital staff.^{3,4} Satisfaction to a large extent is a measure of difference of anticipated quality of service a client gets when the hospital

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monitor service quality via surveys of health care providers and their patients.^{2,3} In recent decades increased attention have been paid to the quality of health care in general.^{1,4} Improvement of health outcomes could be an indicator of quality of health care.

There are different methods for measuring and improving the quality of processes in health service such as audit, certification and quality hand book.⁴ Measuring patient satisfaction can also be a means to measure the quality of health process. For health care in general, some authors argued that patient satisfaction is not merely an indicator of quality of health care but that it is a desired outcome of care and therefore an essential part of its quality.⁴ This means that satisfaction of patients can be considered an important aspect of quality of health care.

In the past communities where health facilities are located are contented that such government edifices boost the image of communities nationally and internationally. In recent years community perceptions of hospitals are changing. This is so because: 1) Hospitals use an increasing proportion of scarce community resources. 2) There are increasing questions about quality and effectiveness.⁵ It has been shown that quality of care can be improved significantly if hospitals have good community mobilization and participation team in place, good patients- customer relationship and proper management of information.^{6,7}

A recent study from Bangladesh reported that the most powerful predictor for client satisfaction with health services was provider behaviour, especially respect and politeness.⁵ Studies have shown that most hospitals in developing countries have enormous material, manpower and monetary challenges and are inadequately prepared to solve such problems.⁸ A study done in Tanzania showed that clients preferred a good quality hospital with well educated staff well cultured and good prescriptions to poor hospitals with low quality staff, inadequate prescriptions, and arrogant staff.⁹ Furthermore, studies in Ethiopia showed that poor economic indices such as gross domestic product and annual economic growth rate etc have linear relationship with quality of health care services provided to the people.^{10,11}

Several studies conducted in Out Patient Departments of different hospitals in Ethiopia revealed client satisfaction level ranging from 22.0% in Gondar to 57.1% in Jimma.^{12,13,14} Long waiting hours during registration, visiting of Doctors after registration, laboratory procedures and re-visiting of the Doctor for evaluation with laboratory results failure to obtain prescribed medications from the hospitals' pharmacies and difficulty to locate different sections were the frequently faced problems affecting utilization leading to dissatisfaction.^{13,15}

Patient satisfaction, considered as one of the most important dimensions and key success indicator in health care is defined as an emotional response.¹⁰ It is the extent to which patients feel that their needs and expectations are being met by services provided. Other angle clients' satisfaction can be studied is patients' overall experience in terms of expectations and perceptions in a health care setting. Patients' satisfaction

with health care services is influenced by several factors including the efficiency of services rendered to the patient, provider-patient relationship, hospital facilities/environment, inpatient services/facilities, cost of services, socio-demographic factors etc.¹¹ The experience of satisfaction may also be connected to happiness, wealth, prosperity and quality of life. Hence, satisfaction tends to mirror the quality of health services delivered. It is also a psychological notion that can be easily understood but difficult to define. In its technical attribution, it is a judgment set by the customers of a service, documented after the consumption experience.¹² Approaches to measuring patients' satisfaction are a difficult task. It can be direct or indirect. In the direct method, the encounters of the patient in a particular health care facility or with specific health care providers are evaluated.¹³ In the indirect method, periodic field surveys sample the general population and patients from alternative health care delivery system.

This study would have an important input in assessing the level of clients' satisfaction on outpatient as well as inpatient health care services, identify the factors affecting the clients' satisfaction, and provide a recommendation on an improved health service delivery that will be helpful to fill research knowledge gaps which ultimately contribute to enhance quality of patient services in the hospital and improve the level of clients' satisfaction.

MATERIAL AND METHODS

This study was a cross sectional descriptive study conducted to assess the perceived levels of clients' satisfaction with health services rendered at Benue State University Teaching Hospital (BSUTH), Makurdi, North Central Nigeria. BSUTH is three years old and is a referral as well a teaching hospital. BSUTH has bed capacity of over 320 and total staff exceeding 400. It provides services for approximately 2,500 inpatient, 3200 accident and emergency cases and 5,300 outpatient attendants each year.

The duration of this research was between 3rd January 2017 and 12th January 2017. All clients visiting the hospital for health services within this period constituted the sampling frame. The required sample size (n) for this study was obtained using the formula $Z\alpha^2 P(1-P)/d^2$ where n= sample size, $Z\alpha$ =standard deviation at 95% confidence level= 1.96, d= precision at 5% (0.05), P=un-standardized prevalence of client satisfaction studies of 50% and 10% attrition rate. The total sample size was 255 respondents. The respondents for this study were recruited by the use of systematic random techniques. The proportional sample size for inpatient was 123 and shared equally among Internal medicine, Surgery and Paediatric wards. For Outpatient services the sample size was 132 and divided among OPDs of the above mentioned departments. Questionnaire was administered to every 3rd of outpatient clients who received treatment and completed their visit and similar exit interview was administered to every other inpatient clients on their discharge date.

Data were collected using interviewer administered structured questionnaire by two medical students. The

Features		No (%)
Sex	Male	123(48.2)
	Female	132(51.8)
Age (in years)	15–25	32(13.5)
	26–35	79(35.7)
	36–45	75(33.6)
	46+	39(17.2)
Marital Status	Single	38(17.0)
	Married	153(68.0)
	Widowed	14(6.3)
	Divorced	20(8.7)
Educational Status	Illiterate(cannot read or write)	102(45.0)
	1–6	55(24.5)
	7–12	45(20.1)
	Diploma and above	23(10.4)
Occupational status	Farmer	119(53)
	Merchant	39(17.5)
	Government employ	21(9.4)
	No occupation	5(2.1)
	Student	23(10.2)
	Others	18(7.8)
Address	Rural	146(65.0)
	Urban	79(35.0)
Payment status	Free	135(60.2)
	Paying	90(39.8)
Reason for visit	Illness	196(87.0)
	Family planning	20(9.1)
	Others	9(3.9)
Frequency of visit	New visit	90(40.1)
	Repeat visit	135(59.9)
Religion	Christianity	219(97.3)
	Muslims	6(2.7)
Ethnicity	Tiv	154(68.3)
	Idoma	68(30.4)
	Others	3(1.3)

Table-1: Socio-demographic features of respondents BSUTH January, 2017(n=255)

student assistants were trained for one day during which the aims, objectives and how to administer the questionnaires were explained to them. The questionnaires had different components such as socio-demographic features, waiting time to get the services, courtesy and respect of the health workers, and cleanliness of waiting areas, toilets and wards of the hospital. The authors applied and got approval from the ethical committee of Benue State University, Makurdi. Verbal consent was obtained from the respondents before questionnaires were administered to them.

STATISTICAL ANALYSIS

Data consistency and completeness were ensured and data analysed by means of statistical package SPSS version 21. Descriptive statistics were represented by tables and frequencies while Chi square test was used for associations at 0.05 level of significance.

RESULTS

All the questionnaires were correctly filled giving a response rate of 100%. The socio-demographic characteristics of the respondents are shown in Table 1. Most of the respondents (35%) were between 26 and 35 years of age. A total of 255 clients were enrolled in the study and there was comparable gender distribution with slight female predominance 51.8%. Most of the respondents (45%) were not able to read and write, while, (68%) were married. Farmers account for 53.0% and (65.0%) of the respondents were from the rural areas. Out of the total respondents, 59.9% were revisiting and 87.0% came because of illnesses. Majority of the respondents (60.0%) received the services free of charge. Among the Outpatient respondents, cleanliness of the toilets was the aspect where satisfaction was rated highest (66.7%) and satisfaction was rated lowest (30.0%) with the cleanliness of the wards. Over 30% of the respondents opined that they were not satisfied with the information provision about the hospital services and the flow. As high as 42.8% were

Characteristics	V. sat (%)	Sat. (%)	Neut. (%)	Dissat (%)	V.dissat (%)
Information provision by health workers	14.3	53.8	18.4	12.1	1.4
Time spent to see a Dr	6.2	49.2	10.3	30.3	4.0
Courtesy and respect	11.7	61.9	13.2	10.9	2.3
Privacy	13.3	41.9	13.1	23.7	8.0
Access to latrines	8.6	56.5	17.2	14.2	3.5
Cleanliness of latrines	5.8	66.7	7.5	15.2	4.8
Cleanness of wards	15.0	30.0	3.9	49.2	1.9
Cleanness of bedding	4.3	45.6	5.9	42.8	1.4
Queue process to see a Doctor	6.4	50.6	12.8	30.1	0.1
The way the Doctor examined	28.1	51.7	5.4	12.4	3.4
Confidentiality	9.1	55.6	19.2	12.7	3.4
Availability of drugs	22.0	40.0	13.6	20.7	3.7
Food	7.1	53.0	20.0	17.0	2.9
Overall waiting time	2.4	43.5	19.4	33.5	1.2
Visiting hours	3.5	40.5	14.0	20.2	21.8
Way questions and queries dealt by staff	7.1	37.5	10.0	43.3	2.1
Overall level of satisfaction	6.5	67.5	9.2	15.2	1.6

v.sat = very satisfied, sat = satisfied, neut = neutral, dissat = dissatisfied, v.dissat = very dissatisfied Multiple responses applied

Table-2: Respondents level of satisfaction with amenities and services provided at BSUTH, January, 2017(n=255)

Characteristics		Satisfied N0 (%)	Dissatisfied N0 (%)	p-value
Sex	Male	97(80.0)	26(20.00)	0.571
	Female	115(87.00)	17(13.00)	
Age in years	15 – 24	21(65.00)	11(35.00)	0.042
	25 – 34	65(82.3)	14(17.70)	
	35 – 44	60(80.40)	15(19.60)	
	45+	33(84.20)	6(15.80)	
Educational status	Illiterate	89(87.20)	13(12.80)	0.005
	1 – 6	43(78.60)	12(21.40)	
	7 – 12	35(78.50)	10(21.50)	
	Diploma and above	19(82.90)	4(17.10)	
Address	Urban	113(77.30)	33(22.70.)	0.001
	Rural	68(86.70)	11(13.30)	
Payment class	Fee paying category	67(62.20)	39(36.80)	0.004
	Non- paying category	127(85.20)	22(14.80)	
Occupation	Farmer	100(84.40)	19(15.60)	0.004
	Merchant	25(65.20)	14(34.80)	
	Governmental Employee	17(79.30)	4(20.70)	
	Student	18(70.30)	8(29.70)	
	Others	15(77.20)	5(22.80)	

Table-3: Comparison of overall level of clients' satisfaction with health services rendered at BSUTH by selected socio - demographic characteristics, JANUARY 2017.

Characteristics		Satisfied N0 (%)	Dissatisfied N0 (%)	p-value
Sex	Male	89(72.40)	34(27.60)	0.309
	Female	100(75.80)	32(24.20)	
Age in years	15 – 24	29(79.20)	11(20.80)	0.541
	25 – 34	53(61.70)	34(38.30)	
	35 – 44	61(76.50)	22(23.50)	
	45+	29(64.4)	16(35.60)	
Level of education	No education	116(78.90)	31(21.10)	.007
	1 – 6	60(74.10)	21(25.90)	
	7 – 12	38(56.70)	29(43.30)	
	Diploma and above	22(59.50)	15(40.10)	
Address	Urban	98(67.00)	48(33.00)	0.003
	Rural	64(81.10)	15(18.90)	
Payment status	Free	75(55.40)	60(44.60)	0.002
	Paying	78(87.20)	12(12.80)	
Frequency of Visit	New	77(85.40)	13(14.60)	0.02
	Repeat	95(70.20)	40(29.80)	

Table-4: Respondents' satisfaction on availability of drugs by selected sociodemographic characteristics, 2017.

dissatisfied with the cleanliness of the beddings while 30.1% were dissatisfied with the queue process to see the doctor. More than one-third, and 43.3% of the respondents were not satisfied with the overall waiting time and ways questions and queries were dealt with. The result also showed that association between respondents satisfaction and age was statistically significant ($p=0.005$), occupational status of the respondents, ($p=0.004$), address of the respondents ($p=0.000$), payment scheme of the respondents ($p=0.003$) and waiting time to see a doctor ($p=0.000$) (Tables 2, 3, 4)

DISCUSSION

This study was done to assess patients' satisfaction levels in a relatively young tertiary hospital in Makurdi, Benue state, Nigeria. On the whole the respondents' perception of satisfaction with the services offered in the facility was 67.5%. When compared to other studies done in Nigeria

and Mozambique this figure is more than the 52.4% and 55.0% respectively obtained from those studies above.^{16,17,18} Some studies done in areas of patients satisfaction levels in north east and south-south regions hospitals showed lower overall satisfaction of 30.2% and 53.4% respectively.^{13,16} Some studies from south west zone showed overall satisfaction level of 47.7%.¹⁴ The major factor contributing to the difference in our study and other works is because our study was conducted in a relatively new teaching hospital where there are better diagnostic facilities and qualified staff. Furthermore, the location of these hospitals may have contributed to the differences in clients satisfaction level. Benue state university teaching hospital is located in a highly urbanized setting and moderately funded while most of the other studies were rural based and poorly funded. The 60% of the respondents with prescription papers but

could not access their drugs from the hospital pharmacy contributed immensely to the level of clients dissatisfaction in this study. This work compares favourably with that of the study conducted in Okpoga General Hospital, where 59.1% of the clients lacked drugs from the hospital's pharmacies. It is also comparable to findings with some studies done in south eastern hospitals in Nigeria which reported on the average 63% of those clients with prescription paper for drugs but did not get them from hospital drug outlets.

Furthermore out of stock syndrome for drugs in studies done in south western region hospitals in Nigeria was 50.4%. This is however lower than the 60% recorded in this work.¹⁹ It had been affirmed by some studies done in South Africa and Mozambique that one of the best ways patients' satisfactions can be improved is having sufficient and appropriate drugs in hospital pharmacies.²⁰ Non availability of medicines and other consumables is one of the main reasons leading to patients not to be satisfied with services provided in hospitals in Nigeria. Dissatisfaction of patients due to non-availability of medicines in drug outlets in this hospital was statistically significant with the way patients pay for their drugs in the pharmacies ($p=0.002$); 33% of the clients from urban areas and about 44% of the paying clients were dissatisfied because of it. The perception of patients in Nigeria was that hospitals that were well stocked with medicines were of high quality.⁶ Twelve percent of patients in this study were dissatisfied with the provision of information about the hospital services and their health problems. This when compared with 46.7% of dissatisfaction rate in some studies done in Ethiopian hospitals is very low.¹⁴ The difference in these studies could be due to the numbers and types of health care providers in those mentioned service delivery places and the variety of activities they run in their respective areas. Some studies done in South Africa showed inappropriate communication to patients and incomplete messages were the major challenges against provision of satisfaction to patients in the various hospitals.²⁰

The state of cleanness of the toilets was highest in terms of satisfaction rate 66.6%. This high result could be expected in the study area hospital as it is a teaching centre. There is a very effective infection control unit in the teaching hospital. They carry out daily supervision of the toilets. Strict penalties are applied for non-compliance including withholding funds for poor quality jobs. On contrary the lack of respect and courtesy were among the major reasons for dissatisfaction in the Ethiopian study.¹³ In another study in South Africa, the comments made about the poor quality of the relationships with the practitioner included: lack of empathy, mistreatment, lack of respect and lack of communication.²⁰

In conclusion, the hospital management needs to understand the extent of the problem with drugs and supplies and plan to look for different mechanisms to keep adequate stock of essential drugs and supplies, fulfil human resource and standard medical equipment, establish an information desk at a convenient corner of the hospitals which would particularly be helpful for the majority of the clients who are illiterates, and avoid long waiting time and lack of privacy.

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