



Full Length Research Paper

Patients' Satisfaction and Quality of Care in a Tertiary Institution in Southeast Nigeria

Jane C Umeano-Enemuoh^{*1,2}, Obinna E Onwujekwe^{1,3}, Benjamin SC Uzochukwu^{1,2,3},
Ogochukwu P Ezeoke³

¹Health Policy Research Group, Department of Pharmacology and Therapeutics, College of Medicine, University of Nigeria, Enugu, Nigeria

²Department of Community Medicine, College of Medicine, University of Nigeria, Enugu, Nigeria

³Department of Health Administration and Management, College of Medicine, University of Nigeria, Enugu, Nigeria

*Corresponding author e-mail: jane.umeano@yahoo.com

Abstract

To determine the factors enhancing and deterring patients' satisfaction in a tertiary institution and the quality of care in southeast Nigeria. The study was a cross sectional study in which 360 systematically selected participants completed 5 point likert scale self-administered questionnaire to rate their satisfaction level and quality of services provided, as well as factors of importance where best service was provided. Overall, participants were quite satisfied (Mean score = 3.75) with the services provided by the different service providers. Respondents also indicated that overall the quality of care of the health facility was good (mean score = 3.45). Pharmacy received the highest satisfaction level with a mean rating of 4.1. Over a third participants (38%) rated the services provided by the doctors as best despite giving the highest quality ratings with a mean of 3.9 to pharmacy compared to mean ratings of 3.4 for the doctors. Respondent's greatest displeasure was with the time spent at the facility as 63.9% of them were displeased. More than a third (36.9%) was most pleased with information given to them as a factor of importance. Participants were quite satisfied with the services provided as well as the quality of care by the different service providers of the health facility. There is a need for interventions in terms of time spent at the facility which would promote good customer focused service delivery.

Keywords: Health services, satisfaction, patients, quality of care.

INTRODUCTION

Patient satisfaction is an element of health status and a measure of the outcome of care widely used in evaluating distinct dimensions of patients' health care (Torcsn P, 2005). This could be considered in the context of contentment with services, and expectations in health care. Most often, expectation come with efficiency of services received and this is important in their satisfaction (Ofili AN, Ofovwe CE, 2005). Such efficiency of services include waiting time before consultation, duration of consultation, amount of time spent with health care

provider during consultation and treatment, communication with patients and quality of treatment given to patient (Ofili AN, Ofovwe CE, 2005; Asekun-Olarinmoye et al., 2009 and Bhattacharya A et al., 2006) an African researcher suggested that time spent in a tertiary health system could affect patients satisfaction if it cuts into income generating operation Asekun-Olarinmoye et al., 2009.

Seeking patents' opinion while providing treatment improves their responses to respective treatment (Ahmed

et al., 2004) continued accessing health care in health care facility, return for other health care assessment and even pay out of their pocket for services offered to them without grudges (Jawaid et al. 2009). Satisfaction surveys done in some developed countries showed greater satisfaction and quality of care from patients whose views were sought in tertiary institutions (Asekun-Olarinmoye et al., 2009 and Benjamin G, 1999). This is in line with one of objective of health care team to provide the best quality of health care and service to patient in Qatar (Emadi et al., 2009). Other studies in Lagos, Calabar, Osun state Nigeria revealed that infrastructure, irregular electricity, poor and inadequate water supply, stock-out of essential drugs and long waiting hours between 3-4 hours contributed to patients dissatisfaction (Olatunji et al., 2008; Odebiyi et al., 2009 and Uzochukwu et al., 2004). These factors poses as a catastrophic barrier and have been drastically decreased the utilization of tertiary health care institutions in Nigeria. Long waiting time before consultation in health care institution which is the most important factor in patient satisfaction could worsen an illness or lead to death. A major problem can be seen when the ill health is serious and requires immediate attention but could result to frustration due to long waiting time

Time spent before a patient is being attended to, poor availability of drugs and lack of trained personnel can also affect patient satisfaction and quality of care. This could be the reason for much health care assessment in other countries by Nigeria patients depending on their socio-economic statue. Patient with illness that requires specialized care such as diabetes, cancer, stroke, kidney/liver infections and transplant travel to other countries to seek for adequate health care with short waiting time. These treatments are assessed at a cost higher than what will be obtained in tertiary health institution in the country. A Nigeria study done in Enugu state suggests that 99% of the patient were willing to pay for health services charged if drugs were available and quality of health care is improved (Buvinic et al., 2006). This could be a major reason for patients involved in NHIS to choose or change to other health management organization for better access to quality of care.

This study is done out of the need to assess the quality of health care services in tertiary institution. This will enable health care manager to identify and quality of health services rendered (Sajid M, 2007).

METHODOLOGY

Study area

The study was undertaken in Enugu, Enugu State, Southeast Nigeria. It was conducted on exist patient in a

general hospital in Enugu. The study area was selected because different health care services are offered in it and it represents a tertiary hospital. Enugu state is an inland state with seventeen official LGAs and population of 3,257,298 as at 2006 (Federal republic of Nigeria, National Population Commission, 2006). The people of Enugu are of Igbo ethnicity although other inhabitants live there. The major language they speak is Igbo language. The major income generating activities they are involved in farming, trading and artisan jobs. However, in the urban area, there is a high rate of educated men and women in different age groups. Malaria transmission occurs all year round in the state.

Study design and sampling

The study was a cross sectional study. It involved data collection activities in which 360 systematically selected participants completed a self-administered questionnaire to rate their satisfaction level and quality of services provided, as well as factors of importance where best service was provided

The study was conducted within six months. 40% of exist patients in each day within the study period were selected by a method of simple random sampling. The respondent were exist patients and the questionnaire was administered by trained and educated interviewers previously trained before the study was undertaken.

Instrument

A semi-structured questionnaire was developed in English language, translated to Igbo language by trained interviewers and translated back to English language during entering of the information. The questionnaire was used to obtain information on socio-demographic characteristics. Also, the respondent were questioned on the quality of care given to them, quality of services provided and time spent with the doctor in the hospital and at the pharmacy. A verbal consent was obtained from the respondent to prove their willingness to participate in the study.

Data analysis

Collected data was entered in computer Software Package for Social Sciences (SPSS) version 15.0 for analysis. The response was rated in a 5 point Likert scale "strongly agree", "agree", "I don't know", "disagree", and "strongly disagree". Non parametric data were analyzed and includes the socio-demographic characteristics of the group and group displeasure with time spent at the facility. Test of mean was used to examine the mean score of satisfaction and quality of care by different

Table 1. Socio- demographic characteristics of the sample

Characteristics	Number of patients (%) (N = 360)
Sex	
Male	110 (30.5)
Female	250 (69.4)
Educational status	
No formal education	101
Primary	86
Secondary	103
University degree	70
Total	360

Table 2. Mean scores of satisfaction and quality of care by different service providers

Overall Satisfaction	Mean scores
Services provided	3.75
Quality of care	3.45
Satisfaction at services provided	
Pharmacy	4.1
Quality rating	
Pharmacy	3.9
Doctors	3.4

Table 3. Respondent displeasure with time spent at the facility

Services	Number of respondents (%) (N=360)
Rating of services provided by Doctors.	136(38)
Displeasure with time spent at facility	230 (63.9)
Pleased with information given at the facility	133 (36.9)

service providers. Analyzed data was presented using tables.

Ethical considerations

The study received ethical approval from the Ethical Committee, University of Nigeria Teaching Hospital, Enugu. Permission was also obtained from the general hospital in order to conduct the study. The authors had no conflicting interest with the contents of this paper

Results

In the study, a total of 360 respondents participated. One hundred and ten (30.5%) of the respondent were males, while two hundred and fifty (69.4%) of the respondent were females (Table 1). A few of the respondent 86(23.9%) completed primary education only, 103(28.6%) completed secondary education, 70(19.4%) had either university degrees or other qualification from tertiary institution of learning. Some of the respondent

had no formal education and were 101 (28%) (Table 1). In the overall, patients were satisfied with the services provided by different health care providers and had a mean score of 3.75 while satisfaction on quality of care was 3.45 as shown in table 2. Services received at the pharmacy had the highest satisfaction level with mean rating of 4.1.

136 (38%) rated the services provided by the doctors as best despite giving the highest quality ratings with a mean of 3.9 to pharmacy compared to mean ratings of 3.4 for the doctors. 230 (63.9%) of the respondent's showed greatest displeasure with the time spent at the facility while . More than a third 133 (36.9%) was most pleased with information given to them as a factor of importance (Table 3).

DISCUSSIONS

Majority of the respondent involved in this study are females which is significantly different from the male

respondent. This could imply that females access health care services frequently either for medical advice or treatment of childhood illness. Some studies suggests that it could be as a result of greater health needs of females (women and girl child), ranging from pregnancy, occupational health needs, children related illness, abuse and violence effect, communicable and non-communicable diseases (Kumari et al., 2009). This is in contrast with a study in Benin City, Nigeria where the proportion of male respondent was not significantly different from the female respondent that seeks health care services (Emadi et al., 2009). However, a study in United States argued that women do not seek for health care because of the difficulty in paying for high cost of health care services more than the men especially in chronic conditions, but agreed that more women seek health care in minor illness more than men (Courtenay W, 2000; Seshamani M, Provide year and Bellamy et al., 2007).

The study revealed that a large number of the respondents were satisfied with the services provided by different health care providers, although, it was slightly different from the quality of care they received in the facility. This rating on quality of health care they received was good and is a major concern on health improvement and increased assess of health service in health care delivery system. Some researchers argued that patient satisfaction can be influenced by the healthcare providers' expertise (Olatunji et al., 2008) quality of care they receive which improves their health condition (Seshamani M, Provide year), adherence to treatment (Anwar I, 2009) and continuity of care and increased use of health service (Bellamy et al., 2007). This was could be as a result of the standard of care given to patients in the tertiary institution. It could also be as a result of the psychological, and communication approach, understanding of health needs and the quality of information given to them. This is similar to an Indian study where communication was regarded as a factor of importance in patients' satisfaction (Bhattacharya A et al., 2006). A Nigerian study suggested that high satisfaction in quality of health care given to patient could result to continued access of HMOs that provide health care services as part of NHIS.

A high level of satisfaction was perceived from patient on the quality of service they received in the pharmacy. This shows the level of responsibility pharmacists hold in health care delivery services in finding out drug prescription overlap and choosing cheap drugs in place of expensive ones. Doctors are usually overworked and have small knowledge on drugs compared to pharmacists, thereby making the pharmacist take a bigger role in health care services. This could lead to a greater number of patients utilizing the services from

the pharmacy ranging from medication, weight and blood pressure control etc. This is similar to a Nigerian study where patients perceive that pharmacist contribute immensively on health care improvement (Asekun-Olarinmoye et al., 2009).

The percentage of satisfaction the patient got from the services of the doctors was rated as best despite the highest rating given to the pharmacy (Bhattachacharya et al. 2003 and Mcauley et al., 2009). It would encourage patients to return to the health care facility whenever there is a health care need, especially for patients who use NHIS, the HMOs will retain their patients without losing them to other health facilities and improve on the services they offer to their patients by maintaining good and constant relationship with them as their health conditions are improved (Shafiu et al., 2011).

A greater percentage of respondents were not satisfied with the time spent at the facility. This time could be argued to be the time taken to be registered as a new patient or the time waiting to be attended to by a doctor, nurse or health worker for medical treatment. The time spent such as long waiting time and was found to be the major reason for patients' dissatisfaction (Derek et al., 2008). It could be argued to be a s result of limited human resources in the form of health workers, doctors and nurses. A Nigerian study argued that long waiting time was as a result of overcrowding of patients with minor health problems that could have been taken care of at other lower level of health care (Akanke T, 2004). This is one of the major reasons for international health care assessment in advanced (Derek et al., 2008; Bernstein et al., 2009 and Bankauskaite V and Saarelna O, 2002).

Finally, the respondents were most pleased with information given to them as a factor of importance. This shows that the patients were treated with utmost importance. This is similar to the London study in which the patient rated the information given to them highly and of greater importance (Georgalas at al., 2008).

CONCLUSION

Patient satisfaction and quality health care is very important in improving the health condition of patients and their proper utilization of health institution especially the tertiary institutions. This could be seen with the satisfaction given by some of the patients on Some of the respondent showed satisfaction on the services they received from some health care providers but the long waiting time in the health facility has shown to be an impediment to satisfaction and quality of care received. Patient's satisfaction improves the health condition of patient. Improved services especially reducing the long waiting time will motivate patients to continue to utilize

the tertiary health institution. It will also encourage patients to stick to the HMOs for the NHIS.

Our study is restricted to the views of the users of tertiary health institution and did not include the views of health service providers. We could not also classify how long a patient or respondent has used the tertiary health institution. These are some of the limitation of our study; this could have been classified to get a better professional aspect of satisfaction and quality of care.

However, the study has identified a major problem that need to be addressed in a tertiary health service delivery and other health care delivery centers especially those that health services for NHIS. It also assessed the responses of patients over different service delivery, which will lead to an improvement in health management and reduced unsatisfied patients.

REFERENCES

- Torcson P (2005). Patient satisfaction: the hospitalist's role. The society of hospital medicine journal. Available at <http://www.the-hospitalist.org>. Date assessed (29/10/10)
- Ofilii AN, Ofovwle CE (2005). Patients' assessment of efficiency of services at a teaching hospital in a developing country. *Annals of African Medicine*. 4(4):150-153. Available on <http://tspace.library.utoronto.ca>. Date accessed (29/10/10)
- Asekun-Olarinmoye E, Bamidele J, Egbewale B, Asekun-Olarinmoye I, Ojofeitimi E (2009). Consumer assessment of perceived quality of antenatal care services in a tertiary health care institution in Osun State Nigeria. *J Turkish- German Gynecol. Association*. 10:89-94.)
- Bhattacharya A, Menon P, Koushal V, Rao K (2006). Study of patient satisfaction in a tertiary referral hospital. *J. Acad. Hosp. Admin*. 15(1) Pp1-6
- Ahmed SA, Amir AH, Haran D(2004). Association between perceived health status and satisfaction with quality of care: evidence from users of primary health care in oman. *Family practice*. 21(5):519-527. Available at www.fampra.oupjournals.org Date accessed (29/10/10)
- Jawaid M, Ali I, Rizvi B and Razzak H (2009). Patient satisfaction: a survey of dental outpatients at the Lagos University Teaching Hospital, Nigeria., *The Internet J Surg*. 22(1):1. Available at <http://www.ncbi.nlm.nih.gov>. Date accessed (29/10/10)
- Benjamin G (1999). Patient satisfaction and administrative measures as indicators of quality of mental health care. American psychiatric publishing inc. Available at www.APPI.ORG Date accessed (29/10/10)
- Emadi N, Falamarzi S, Al-Kuwari M, Al-Ansari A (2009). Patient satisfaction with primary health care services in Qatar. *World family Med. J*. 7(9) Pp4-9. Available at <http://www.mejfm.com/journal.htm>. Date accessed (29/10/10)
- Olatunji T, Ogunlana M, Bello M, Omobaanu S (2008). Assessment of patient's satisfaction with physiotherapy care. *J. Nig. society of physiotherapy*. Available at <http://www.thefreelibrary.com> Date Accessed (10/11/10)
- Odebiyi D, Aiyejunsunle C, Ojo T, Tella B (2009). Comparison of patient satisfaction with physiotherapy care in private and public hospitals. *Journal of the Nigerian society of physiotherapy*. 17:1-7. Available at <http://www.jnsp.org>. Date Accessed (10/11/10)
- Uzoichukwu B.S, Onwujekwe O and Akpala C (2004). Community satisfaction with the quality of maternal and child health services in southeast Nigeria, *East Afr. J*. 81(6):293. Available at <http://ajol.info/index.php>. Date Accessed (29/10/10).
- Buvinic M, Medici A, Fernandez E, Torres A (2006). Gender differentials in health. NCBI. Available at <http://www.ncbi.nlm.nih.gov/books/NBK11729/>. Date assessed (28/12/10)
- Sajid M (2007). Quality of health care: an absolute necessity for public satisfaction. *The internet Journal of health care administration*. 4(2):20. Available at <http://www.ispub.com> Date accessed (22/12/10)
- Federal republic of Nigeria. National Population Commission (2006). Available at <http://www.population.gov.ng/>
- Kumari R, Idris M, Bhushan V, Khanna A, Agarwal M et al (2009). Study on patient satisfaction in the government allopathic health facilities of lucknow district, India. *Indian J. Comm. Med*. 34(1):35-42. Available at <http://www.ncbi.nlm.nih.gov>. Date accessed (22/12/10)
- Courtenay W (2000). Construction of masculinity and influence on men's well-being: a theory of gender and health. *Soc. Sci. Med. J*. 50(2000):1385-1401. Available on <http://www.sociology.ohio-state.edu>. Date accessed (22/12/10)
- Seshamani M (2009). Roadblocks to health care: why the current health care system does not work for women. Available <http://www.healthreform.gov/reports/women/women.pdf>.
- Bellamy C, Jarrett N, Adeyemi S (2007). Men's health help-seeking and implications for practice. *American Journal of health studies* 22(2) Pp88-95. Available at <http://www.britannica.com>. Date accessed (20/12/10).
- Seshamani M (2009). Roadblocks to health care: why the current health care system does no work for women. Available at <http://www.healthreform.gov/reports/women/women.pdf>
- Anwar I (2009). Perceptions of quality of care for serious illness at different levels of facilities in a rural area of Bangladesh 27(3):396-405. Available on <http://www.ncbi.nlm.nih.gov>. Date assessed (01/01/11).
- Bellamy C, Jarrett N, Adeyemi S (2007). Men's health help-seeking and implications for practice. *American Journal of health studies*. Available at <http://www.britannica.com>. Date accessed (20/12/10).
- Bhattachacharya A, Menon P, Koush V (2003). Study of patient satisfaction in a tertiary institution. *J. Acad. Hosp. Admini*. 15(1) Pp1-6. Available on <http://www.indmedica.com>, Date accessed (25/12/10).
- Mcauley J, Miller M, Klatte E, Shneker B (2009). Patients with epilepsy's perception on community pharmacist's current and potential role in their care. *Elsevier Journal* 14:141-145. Available on <http://www.epilepsyfoundation.org>. Date accessed (25/12/10)
- Shafiu M, Sambo M, Dong H (2011). Understanding client satisfaction with a health insurance scheme in Nigeria: factors and enrollees experiences. 9:20 <http://doi:10.1186/1478-4505-9-20> . Available at <http://www.health-policy-systems.com/content/9/1/20>
- Akande T (2004). Referral system in Nigeria: study of a tertiary health facility. *Annals Afr. Med*. 3 (3):139-133. Available at <https://tspace.library.utoronto.ca/bitstream/1807/4098/1/am04032.pdf>
- Derek Y, Hopman W, Paterson W (2008). Wait time for endoscopic evaluation at a Canadian tertiary care centre: comparison with Canadian association of gastroenterology targets. 22(7):621-626. Available at <http://www.ncbi.nlm.nih.gov>. Date assessed (21/12/11).
- Bernstein S, Aronsky D, Duseja R, Epstein S, Handel D, Hwang U, McCarthy M et al (2009). The effect of emergency department crowding on clinically oriented outcomes. *Academic emergency medicine*. 16(1):10. Available at <http://www.siumed.edu>. Date assessed (21/12/11)
- Bankauskaite V and Saarelma O (2002). Why are people dissatisfied with the medical care services in Lithuania? A qualitative study using responses to open-ended questions. *Int. J. quality in Health care*. 15(1):23-029. Available at <http://intqhc.oxfordjournals.org>. Date assessed (21/11)
- Georgalas C, Ganesh K and Papesch E (2008). The information and consent process in patients undergoing elective Ear Nose and

Throat surgery: a cross sectional study. 8(1):1-16 Accessed at <http://www.springerlink.com>. Date accessed (1/1/201)

How to cite this article: Umeano-Enemuoh J.C., Onwujekwe O.E., Uzochukwu B.S.C., Ezeoke O.P.(2014). Patients' Satisfaction and Quality of Care in a Tertiary Institution in Southeast Nigeria. Int. Res.J. Basic Clin. Stud. 2(2):14-19