

PATIENTS' SATISFACTION WITH SERVICES OBTAINED FROM AMINU KANO TEACHING HOSPITAL, KANO, NORTHERN NIGERIA

Z Iliyasu, IS Abubakar, S Abubakar, UM Lawan, AU Gajida

Department of Community Medicine, Aminu Kano Teaching Hospital & Bayero University Kano, Nigeria

ABSTRACT

Objective: Periodic patient satisfaction surveys provide feedback to hospital management and staff regarding the quality of services rendered. These surveys have become routine as part of total quality management in developed countries. We assessed patient satisfaction with services provided in a teaching hospital in northern Nigeria.

Method: Structured questionnaires were administered on a cross-section of 201 patients and two focus group discussions were held with patient relatives at Aminu Kano Teaching Hospital.

Results: Overall, 83% of the patients were satisfied with the services received from Aminu Kano Teaching Hospital, while the remaining 17% were dissatisfied. Specifically, 88%, 88%, 87% and 84% of the patients were satisfied with patient provider relationship, in-patient services, hospital facilities and access to care. However, 30% and 27% of the patients were dissatisfied with waiting time and cost of treatment respectively. Patients and their relatives complained about delayed appointments, missing folders, missing laboratory results and long appointments for ultrasound and other radiological investigations.

Conclusion: The high patient satisfaction notwithstanding, health workers need to consider patients as customers by being friendly and reducing waiting time for consultation and investigations. Widespread implementation of the National Health Insurance Scheme will also reduce the cost of services and drugs to patients.

Key Words: Patient, satisfaction, hospital services, Kano, Nigeria

(Accepted 19 October 2009)

INTRODUCTION

Patient satisfaction is the extent to which the patients feel that their needs and expectations are being met by the service provided.¹ Interest in assessing patient satisfaction with healthcare arose with the consumer movement of the 1960s.² Over the next 25 years, health service researchers reported that satisfied and dissatisfied patients behaved differently; satisfied patients were more likely to comply with treatment^{2,4}, keep follow up appointments^{1,2,5,6} and utilize health services. Such behavioral consequences related to satisfaction could affect outcome of care^{1,2} and health-seeking behaviour. Health care recipients in developing countries are particularly sensitive to perception of the quality of health care delivery compared with those in advanced countries.^{1,7} While our patients will use traditional or alternative care without voicing their dissatisfaction with the services received, patients in advanced countries have formed strong consumer protection groups that demand for quality care.⁷ This is particularly important in our environment where the populace is suspicious of western medicine.

Approaches to measuring patient satisfaction can be indirect or direct. In the indirect method, periodic field surveys sample the general population and patients from alternative health care delivery systems. The direct approach is to ask patients to evaluate their satisfaction with encounters in particular health care facilities or with specific providers in form of exit interviews.^{8,9} The direct method is less cumbersome and provides information for total quality management and is the focus of the current study.

In Nigeria, services provided at public health facilities are generally perceived by members of the public as being very poor¹⁰ with phrases such as 'mere consulting clinics' used to describe the state of such facilities.^{10,11} Even health care providers have been generally dissatisfied with the perceived quality of care and have for many years used their professional associations to demand for increased government funding of the health sector.^{10,11} Despite the recent introduction of service compact with all Nigerians (SERVICOM) for improved service delivery in the public sector, periodic patient satisfaction surveys are not yet routine in our hospitals. The out-patient department in any hospital is considered to be the shop window of the hospital.^{12,13} There are various

Correspondence: Dr Z Iliyasu
E-Mail: ziliyasu@yahoo.com

problems faced by the patients in the out-patient department like over crowding, delay in consultation, lack of proper guidance that leads to patient dissatisfaction. Nowadays, the patients are looking for hassle-free and quick services in this fast growing world. This is only possible with optimum utility of the resources through multi-tasking in a single window system for better service delivery.^{14,15} This study became necessary because of the need to incorporate feedback from periodic patient satisfaction surveys into service improvement plans in Aminu Kano Teaching Hospital - a major referral center located in the most populous Nigerian state inhabited by over 9 million people.¹⁶ The objectives of the study were to assess the satisfaction of patients and their relatives with services received from the hospital. Satisfaction was considered from the following perspectives; ease with which patients' accessed care, perception of waiting time, patient-provider relationship, payment and hospital facilities/environment.

MATERIALS AND METHODS

Setting

Established in 1988, the Aminu Kano Teaching Hospital commenced clinical services in 1994 at a temporary site in Murtala Mohammed Specialist Hospital, Kano and later moved to the permanent site in 1997. Situated in the largest commercial nerve centre of northern Nigeria with over 9 million people¹⁶, this 500-bed hospital receives patients from within Kano, the neighbouring states of Jigawa, Katsina, Kaduna, Bauchi and Zamfara states. The majority of patients are indigenous Hausa Fulani, although the Ibo and Yoruba ethnic groups also constitute a substantial proportion of the clientele. Most of the people are farmers, traders, businessmen and civil servants. The hospital has 17 departments and provides outpatient consultations and inpatient services to patients presenting to the hospital from other levels of care or on self referral. Outpatients are mainly seen in the General Outpatient Department, specialty clinics, Emergency Paediatric Unit and Accident and Emergency unit. There were 194,258 outpatients and 10,236 inpatients in 2006.¹⁷

Study design

The study was cross sectional and descriptive in design.

Sample size and data collection

The required sample size of 210 was obtained using an appropriate statistical formula for estimating minimum sample size in descriptive health studies [$n = Z^2 pq/d^2$]¹⁸ and findings from a previous study¹¹ where 86% of patients were satisfied with services. The minimum sample size was inflated by 10% to take care of non-response, incomplete responses and

refusals. A multistage sampling technique was used. In the first stage seven clinical departments [Surgery, Obstetrics & Gynaecology, Paediatrics, Ophthalmology, Family Medicine, Medicine and Otorhinolaryngology] were selected using balloting. In the second stage, a stratified sampling technique with proportionate allocation was used to select 35, 41, 33, 18, 42, 27 and 14 patients from these respective departments. Finally, systematic sampling technique was used to select respondents from among out patients and inpatients in the sampled clinical departments. Patients that were too ill to participate in an interview were excluded from the study. Ethical clearance was obtained from the Aminu Kano Teaching Hospital institutional review board. Informed consent was sought and obtained from each participant or parent/guardian in case of paediatric patients. A pre-tested structured questionnaire containing questions on socio-demographic characteristics, ease with which patients accessed care, perception of waiting time, payment, patient-provider relationship and adequacy of facilities in the hospital. The questionnaire consisted of five points Likert scale items, with 1 and 5 indicating the lowest and highest levels of satisfaction, respectively. Patients indicated their level of satisfaction by selecting responses ranging from poor=1, fair=2, good=3, very good=4 and excellent=5. Those who chose poor and fair were considered dissatisfied while those who selected good, very good and excellent were considered satisfied. The items were adapted from existing instruments used in previous patient satisfaction surveys.^{19,20} Patients were also asked if they had specific complaints or recommendations regarding their encounter in the hospital. The questionnaire was validated through a pre-test study conducted in Abdullahi Wase Specialist Hospital, Kano. Outpatients were interviewed during their exit from the clinics while inpatients were interviewed on the wards. The interviews were continued until the required number of respondents was obtained in each of the departments. Four Hausa speaking medical students specifically trained in the conduct of interviews collected the data.

This was supplemented with two Focus Group Discussions (FGDs) using FGD guides and held separately with relatives of inpatients and outpatients. The authors supervised the data collection process. The data from the questionnaires were entered and analysed using SPSS version 12 software²¹ in form of frequencies and percentages. For the FGDs, tapes of the sessions were transcribed and summarized by the research team to identify important themes and concepts that emerged from the focus group discussions. Common themes were extracted from the notes and transcriptions.

RESULTS

Overall, 201 out of 210 patients gave consent and were interviewed giving a response rate of 95.7%. One hundred and nine respondents were out patients while 92 were in patients. Similarly, 91 (45.3%) of the respondents were males while 110 (54.7%) were females giving a sex ratio of 1:1.2. Their age ranged from 15 to 61 years with a mean age of 31.912.0 years. The average age (\pm SD) of the male and female respondents, respectively, was 31.5 (\pm 13.0) and 32.3 (\pm 10.1) years. Table 1 shows that over 70% of the respondents were between 20 and 39 years. Most respondents 88.1% resided in urban areas. The majority of the respondents (74.6%) were Muslims most 79.1% of whom belong to the Hausa/Fulani ethnic group. A quarter of the respondents were employed by government, 19 (9.5%) were engaged in the private sector, while 66 (32.8%) were students, 36 (17.9%) were housewives, 11 (5.5%) were farmers and 16 (7.9%) were unemployed. Ninety five (47.3%) of the respondents had tertiary education, 21.9% had secondary school education, 29 (14.4%) had primary school education while 33 (16.4%) had no formal education. Most respondents 105 (52.2%) were married, 72 (35.8%) were single, 15 (7.5%) were widowed and 9 (4.5%) were divorced.

Patients' satisfaction with access to care

In assessing patients' perception of ease of getting care, they were asked to consider location, hours of operation, ability to get in to be seen, drug availability and follow up appointments. The proportion of patients indicating that these aspects of care were excellent, very good and good were 33.2%, 26.9% and 23.7% - indicating that 84% of patients were satisfied. In contrast, 12.1% and 3.9% of them selected fair and poor respectively showing that 16% were dissatisfied as shown in Tables 2 and 3.

Patients' perception of waiting time

The proportion of respondents indicating that waiting time was excellent, very good and good were 21.4%, 27.6% and 21.3% respectively - a total of 70% satisfied patients. In contrast, 18.0% and 11.7% of them indicated that waiting time was fair and poor respectively - constituting 30% dissatisfied patients.

Patients' satisfaction with payment for services

With regard to payment for services, majority of the respondents 73% (this include 22.2%, 23.4% and 27.8% of the respondents that selected excellent, very good and good) were satisfied with what they paid, while 27% (including 19.0% and 7.8% of the respondents selecting fair and poor) were dissatisfied.

Patients' satisfaction with patient-provider relationship

When assessing respondents satisfaction with the service providers, they were asked to indicate if the

physicians were courteous, listened to their complaints, took enough time with them, explained what they wanted to know and gave them good advice and treatment. In this aspect of care, 90% of respondents were satisfied (this comprises 46.2%, 30.2% and 13.5% of the respondents selecting excellent, very good and good respectively). On the other hand 10% of the respondents were dissatisfied (this comprise of 7.5% and 2.7% choosing fair and poor respectively).

The same questions were asked regarding the relationship between patients and other health workers (nurses, pharmacists, laboratory personnel and ward attendants). In this regard, 27.9%, 32.5% and 25.2% of the respondents indicated that their relationship with these workers were excellent, very good and good respectively, this makes 86% of the satisfied group. The remaining 9.2% and 5.2% selected fair and poor respectively and this number makes up 14% dissatisfied patients.

Patients' satisfaction with the hospital facilities and environment

Concerning satisfaction of the respondents with the facilities in the hospital and cleanliness of the hospital environment, 40.2%, 30.2%, 17.0% chose excellent, very good and good respectively while 9.4% and 3.5% said they were fair and poor in that order. This indicates that 87% of the patients were satisfied with the hospital facilities and environment while 13% were not.

Satisfaction with inpatient services/facilities

When assessing the satisfaction of the 92 in-patient respondents with regard to; ward, doctors' ward rounds, cleanliness of bed linen, ventilation in the wards, catering services and neatness of the toilet facilities, 38.5%, 32.6%, 16.5% selected excellent, very good and good respectively (constituting 88% satisfied patients). In contrast, 9.0% and 3.3% of the in-patient respondents chose fair and poor in that order (showing 12% dissatisfied patients).

Overall satisfaction with services

If those that selected excellent, very good and good are pooled across the categories, it shows that 83% of the patients were satisfied with the services received from Aminu Kano Teaching Hospital, while the remaining 17% were dissatisfied.

Patient complaints

Table 4 shows the complaints about services in the different service windows. Specifically, 104 patients complained about services obtained from the Radiology Department. The most frequent complaint include delay in attending to patients 49 (47.1%) and long appointment periods 28 (26.9%). Out of 89 patients that complained about laboratory services, most of them 39 (43.8%) complained about long delays before getting results

of investigations. Regarding the health records, most of the complaints were about missing or misplaced folders 19(30.2%). The unavailability of some drugs 21 (32.8%) and high cost of drugs were complained about in relation to the pharmacy 19 (30.6%).

Focus group discussion with patients' relatives

Waiting time

When asked about the time spent before a doctor saw their relatives, there were varied responses, while one of the respondents said *“the very first time we came to this hospital, we spend less than 1 hour before a doctor saw my relative and we were immediately admitted in the Accident and Emergency unit, where we received special care and my relative has improved remarkably”*. Another respondent said *“Actually a lot of time was spend before the doctor saw my relative, because we came to this hospital around 10.00am and apart from the nurses that measured his blood pressure, nobody came to see us till 2.00pm”*.

Cost of services

One of the patients' relatives said *“we were initially admitted in amenity ward after paying N40,000 and N25,000 for admission and surgery respectively, but when the doctor came, the amount was reduced to N15,000 for admission on the general ward, I think they are doing their best compared to what private hospitals charge”*. In contrast, another patient relative said *“the truth is that there are lots of problems because some patients have to sell their goats, farm produce and land for them to raise enough money for hospital charges. I know of patients who could not pay their hospital charges and had to abandon their belongings in the hospital and abscond from the hospital”*.

Provider-patient relationship

When asked how they considered the relationship between doctors and patients, a patient relative said *“The doctors try their best, they use to come late at night simply to make sure that patients with problems are taken care of. The only problem is with the way the doctors' teams are constituted. Some teams are more serious than others; they come early for ward rounds and conduct more frequent ward rounds than others. They also take their patients for operation early. Some teams, for example, the one managing my relative, come for ward round occasionally and even then they come in small numbers and they are always in a hurry, they normally keep their patients for a long period without operation. I believe that is why up to now they have not bothered to explain my relative's problem to me”*.

When asked about nurses, one of the patient relatives said *“the nurses take good care of our relatives, for example, they regularly come to check the intravenous fluid when it is about to finish, when we*

Table 1: Socio-demographic Characteristics of Respondents (n=201)

Characteristic	No.(%)		Total
	Male	Female	
Age group			
<20	6 (6.6)	8 (7.2)	14 (7.0)
20-29	49 (53.8)	47 (42.7)	96 (47.8)
30-39	19 (20.9)	34 (31.0)	53 (26.3)
≥40	17 (18.7)	21 (19.1)	38 (18.9)
Place or residence			
Rural	15 (16.4)	9 (8.2)	24 (11.9)
Urban	76 (83.5)	101 (91.8)	177 (88.1)
Education			
Non-formal	14 (15.4)	19 (17.4)	33 (16.4)
Primary	11 (12.1)	19 (17.4)	29 (14.4)
Secondary	20 (21.9)	24 (21.7)	44 (21.9)
Tertiary	46 (50.5)	49 (44.5)	95 (47.3)
Religion			
Muslims	74 (81.3)	76 (69.1)	150 (74.6)
Christians	17 (18.7)	34 (30.9)	51 (25.4)
Marital status			
Single	30 (33.0)	42 (38.2)	72 (35.8)
Married	51 (56.0)	54 (49.1)	105 (52.2)
Widowed	5 (5.5)	10 (9.1)	15 (7.5)
Divorced	5 (5.5)	4 (3.6)	9 (4.5)
Ethnicity			
Hausa	65 (71.4)	60 (54.5)	125 (62.2)
Fulani	6 (6.6)	28 (25.5)	34 (16.9)
Yoruba	8 (8.8)	6 (5.5)	14 (7.0)
Igbo	6 (6.6)	2 (1.8)	8 (4.0)
Others	6 (6.6)	14 (12.7)	20 (9.9)
Occupation			
Teacher	4 (4.4)	6 (5.5)	10 (5.0)
Civil servant	29 (31.9)	21 (19.1)	50 (24.9)
Petty trader	3 (3.3)	9 (8.2)	12 (6.0)
Farmer	6 (6.6)	5 (4.5)	11 (5.5)
Students	41 (45.0)	25 (22.7)	66 (32.8)
Housewives	Not Applicable	36 (32.7)	36 (17.9)
Unemployed	8 (8.8)	8 (7.2)	16 (7.9)

call them, they always leave what they are doing to solve our problem first (even late at night), they also come early in the morning to give our relatives drugs and food. I believe there is good relationship between nurses and the patients; I also believe they are trying their best”. Another patient relative said *“There is a good relationship between the nurses, patients and even us the patient relatives. They monitor our patients even more closely than the doctors; they establish good rapport with patients earlier even before the patient recognizes that the doctors are managing them. Some patients feel more relaxed with nurses than doctors.*

Table 2: Patients' Rating of Different Aspects of Care at Aminu Kano Teaching Hospital, Kano, 2008 (N=201).

Aspect of care	Patient rating				
	Excellent	Very good	Good	Fair	Poor
Ease of accessing care	33.2%	26.9%	23.7%	12.1%	3.9%
Waiting time	21.4%	27.6%	21.3%	18.0%	11.7%
Payment	22.2%	23.4%	27.8%	19.0%	7.8%
Patient-doctor relationship	46.2%	30.2%	13.5%	7.5%	2.7%
Patient relationship with other health workers	27.9%	32.5%	25.2%	9.2%	5.2%
Hospital facilities/Environment	40.2%	30.2%	17.0%	9.4%	3.5%
*In-patient services/facilities	38.5%	32.6%	16.5%	9.0%	3.3%

*Only 92 in-patient respondents

Table 3: Patients' satisfaction with services at Aminu Kano Teaching Hospital (n=201).

Aspect of care	Satisfied	Dissatisfied	Total
	No. (%)	No.(%)	No.(%)
Access to care	169 (84.0)	32 (16.0)	201 (100.0)
Waiting time	141 (70.0)	60 (30.0)	201 (100.0)
Payment	147 (73.0)	54 (27.0)	201 (100.0)
Patient-Provider relation	177 (88.0)	24 (12.0)	201 (100.0)
Hospital facilities	175 (87.0)	26 (13.0)	201 (100.0)
*Inpatient services/facilities	81 (88.0)	11 (12.0)	92 (100.0)

*Only inpatients were interviewed

Table 4: Patients' Complaints about Different Service Windows.

Service window	Frequency No.(%)
X-ray/Ultrasound (n=104)	
Delay in attending to patients	49 (47.1)
Long appointments	28 (26.9)
Expensive	14 (13.5)
Delayed reports	9 (8.7)
Missing reports	4 (3.8)
Laboratory (n=89)	
Waiting for test results	39 (43.8)
Delay in attending to patients	23 (25.8)
Missing results	16 (17.9)
Expensive tests	11 (12.4)
Health Records(n=63)	
Long appointment	26 (41.3)
Missing folders	19 (30.2)
Unfriendly staff	11 (17.5)
Delay in attending to patients	7 (11.1)
Pharmacy (n=62)	
Unavailability of some drugs	21 (32.8)
Expensive drugs	19 (30.6)
Long delay in serving customers	13 (20.9)
Unfriendly staff	9 (9.8)

Laboratory, X rays, records and pharmacy

When asked to comment about services provided by the laboratory, x-rays and pharmacy, a patient relative said “we use to encounter problems with retrieving laboratory results, it takes too long and some results are missing even after taking several samples. Secondly, when we go for ultrasound scanning we use to encounter long queues and no preference is given to disease severity or whether the patient is an inpatient or outpatient. We have problems with missing or misplaced folders and long appointment dates even if it is a first visit. With respect to the pharmacy, there is inadequate drug supply. Sometimes patient relatives have to go outside the hospital to buy drugs that are not available in the pharmacy. This is very dangerous because we have to cross the busy roads surrounding the hospital”.

When asked if they will recommend the hospital to others, a patient relative said “I will encourage other people to come to this hospital because of the remarkable improvement in my relative's condition”.

DISCUSSION

The overall satisfaction of patients with services received from this center [83%] is similar to the figures reported by Ofili and colleagues²² in Benin City but higher than those reported from other Nigerian centres. For instance, Olusina et. al¹¹ and Eze et. al²⁴ reported that 75% and 53% of patients in Ibadan and Enugu were satisfied with the services received from different units of their hospitals. Apart from variation in the way services are delivered, differences in study populations and hence patients' expectations could affect satisfaction levels. The latter could be affected by sociocultural differences and variation in levels of literacy. The cultural milieu and relatively lower level of literacy of our catchment population compared with the location of the cited hospitals could have reduced the threshold of satisfaction. In addition variation in methodology and timing of the studies could explain some of the differences. This calls for caution while comparing our findings with previous studies. Measuring patient satisfaction has many purposes, but there are three prominent reasons to do so.²⁵ Such interviews help to evaluate health care services from the patient's point of view, facilitate the identification of problem areas and help generate ideas towards solving these problems.

A high proportion of the patients were also satisfied with the ease of accessing care from this centre [84%]. This contrasts with findings from other studies, where lower proportions of patients were satisfied with ease of accessing care as exemplified by 56% in Benin city²², 41.2% in Ibadan²³, 49% in Ile-Ife¹⁰ and 53% in Enugu²⁴. In addition our findings contrast with those reported from Uganda²⁶ in which only 13% of those referred to the district hospital attended because of the distance to the referral hospital. This may not be unrelated with the fact that majority of the respondents lived within Kano metropolis thus making the hospital easily accessible. Similarly, with the outpatient respondents, who over time become familiar with the complexity of the hospital and the health care providers which are important determinants of increased satisfaction.^{1,2,6} The complex nature and size of the hospital also indicates the need to translate signboards, labels to the local language (Hausa) and Arabic. In addition, the use of color-coded lines for the laboratory, radiology department and other high traffic departments could help patients and their relatives in locating them with ease.

The high level of satisfaction with payment [73%] obtained in this study may have resulted from the safety net provided by the social welfare department, the public sector National Health Insurance Scheme (NHIS), the retainership clinic and the comparatively low charges in the hospital compared

to private health facilities.

Patient waiting time in outpatient clinics is often the major reason for patients' complaints regarding their experiences in outpatient clinics. Therefore, patient satisfaction with waiting time plays a crucial role in the overall satisfaction with services. In the present study, waiting time had the highest proportion of dissatisfied patients [30%]. Participants in the focus group discussion also lamented their ordeal with obtaining test results and waiting on the queue. The low level of satisfaction with waiting time may be attributed to the fact that the hospital which is a tertiary center is receiving patients who could be attended at lower levels of care. The hospital's location in the most populous state in the country has led to a rapid influx of patients from within and outside the state leading to over stretching of the personnel and facilities. Similarly, the appointment system used in the developed countries where definite time schedule is allocated to every patient indicating precisely when the patient is to come and see a doctor or collect laboratory results is not yet introduced in our setting. This has led to patients coming to the hospital long before opening hours and waiting for long periods before being seen, especially in the outpatient clinics, the specialty clinics and the antenatal clinic. It is therefore important to explore, even on a pilot scale, the introduction of appointment time in these clinics. This has been shown to substantially reduce patient waiting time at a SERVICOM pilot site at Federal Medical Centre Keffi, Nigeria.²⁷

This study found that a high proportion of patients [90% and 86% respectively] were satisfied with care provided by doctors, nurses and other health workers. Patients were particularly satisfied with physician's advice and treatment, explanation and their listening abilities. Good communication between patients and care providers has been described as the single most important component of good medical practice, not only because it identifies problems quickly and clearly, but it also defines expectation and help to establish trust between the clinician and the patient.^{2,3} In contrast, bad communication, particularly, when the doctor appears indifferent, unsympathetic or short of time make most patients dissatisfied.²⁸ The high level of satisfaction with providers in the present study may be attributed to the fact that majority of the respondents were students and civil servants who are literate and hence more likely to have better understanding of how the health care provider is suppose to be and what he is suppose to do. Good doctor-patient relationship is in itself therapeutic and successful consultation with a trusted and respected practitioner will therefore have beneficial effect irrespective of any other therapy given.^{2,28} This might

be the single most important reason for the respondents' high level of satisfaction with services obtained from Aminu Kano Teaching Hospital. This concurs with the recent rating of the institution by SERVICOM as the best federal tertiary institution in terms of effective service delivery.²⁹ The overall satisfaction of patients with caregivers in this study is higher than most studies conducted in Nigeria and Africa^{10,11,22,26} but similar to those reported from developed countries.^{30,31}

Some of the factors that attract patients to a health facility are the availability of facilities, qualified personnel and cleanliness of the hospital environment. It may also be responsible for recommending a hospital to friends and relatives. In the present study 87% of the respondents were satisfied with the neatness and cleanliness of the hospital. This contrast with figures from other Nigerian centers and in some developing countries.^{23,32,33} It is however comparable with reports by Rubin et. al³⁴ and Bain et. al³⁵ in some developed countries. The efforts of the staff of the Department of Environment and Horticulture in landscaping the hospital and keeping it tidy hardly escapes commendations by visitors to the hospital.³⁶ The department has received awards from the hospital management and the Kano State Government.

Overall, the study showed a high level of satisfaction of patients and their relatives with services obtained from this tertiary center. There is however a need to develop service improvement plans that will address the issues of waiting time, providing information in local Hausa language and enhanced customer care through more friendly staff attitude. Periodic patient satisfaction survey should be institutionalized to provide feedback for continuous quality improvement.

REFERENCES

1. **Ware JE, Snyder MR, Wright R.** Defining and measuring patient satisfaction with medical care. *Eval. Prog. Planning*, 1983; 6: 247-263.
2. **Reeder LG.** The patient-client as a consumer: Some observations on the changing professional-client relationship. *J. Health Soc. Behav.*, 1972; 13(4): 406-412.
3. **Wilson P, McNamara JR.** How perceptions of a simulated physician-patient interaction influence intended satisfaction and compliance. *Soc. Sci. Med.*, 1982; 16(19): 1699-1704.
4. **Linn MW, Linn BS, Stein SR.** Satisfaction with ambulatory care and compliance in older patients. *Med. Care*, 1982; 20 (6): 606-614.
5. **Hertz P, Stamps PL.** Appointment keeping behaviour re-evaluated. *Am. J. Public Health*, 1977; 67: 1033-1036.
6. **Hulka BS, Zyzanski SJ, Cassel JC, Thompson JS.** Scale for measurement of attitude towards physicians and primary medical care. *Med. Care*, 1970; 8(5): 429-436.
7. **Omaswa F, Burnham G, Baingana G, Mwebesa H, Morrow R.** Introducing quality management into primary health care services in Uganda. *Bull. World Health Organ.*, 1997; 75(2): 155-161.
8. **Pope CR.** Consumer satisfaction in a health maintenance organization. *J. Health Soc. Behav.*, 1978; 19: 291-303.
9. **Ware JE, Hays RD.** Methods for measuring patient satisfaction with specific medical encounters. *Med. Care*, 1988; 26: 393-402.
10. **Afolabi MO, Erhun WO.** Patients' response to waiting time in an outpatient pharmacy in Nigeria. *Trop. J. Pharm. Res.*, 2003; 2(2): 207-214.
11. **Olusina AK, Ohaeri JU, Olatawura MO.** Patient and staff satisfaction with the quality of in-patient psychiatric care in a Nigerian general hospital. *Soc. Psychiatr. Psychiatr. Epidemiol.*, 2004; 37(6): 283-288.
12. **Kunders GD.** Hospitals planning, design and management. Tata Mc Graw-Hill Publishing Company Ltd., New Delhi, 1998: 328-342.
13. **Jawahar SK.** A study on out patient satisfaction at a super specialty hospital in India. *Internet Journal of Medical Update*, 2007; 2(2): 3-5.
14. **Srinivasan AV.** Managing a modern hospital. Response Books - a division of sage Publishers India (P) Ltd., New Delhi, 2000: 53-69.
15. **Llewelyn R. Davies, HMC Macaulay.** Hospital planning and administration. WHO, Geneva, 1996: 105-111.
16. National Population Commission. National Census 2006 Provisional figures, Federal Republic of Nigeria, 2007.
17. Aminu Kano Teaching Hospital Annual Report (2006):23-24.
18. **Lwanga S, Lemeshow S.** Sample size determination in health studies: A practical manual, Geneva, World Health Organization 1991.

19. **Ware, JE, Snyder, MK, Wright, WR.** Development and validation of scales to measure patient satisfaction with medical care services. Vol I, Part B: Results regarding scales constructed from the patient satisfaction questionnaire and measures of other health care perceptions. (NTIS Publication No. PB 1976:288-329). Springfield, VA. National Technical Information Service.
20. **Marshall GN, Hays RD.** The patient satisfaction questionnaire short-form (PSQ-18). RAND Corporation, Paper P1994:7865. Accessed at http://www.rand.org/health/surveys_tools/psq/index.html on 12th April 2007
21. **SPSS for Windows, Rel. 12.0.1. 2001. Chicago: SPSS Inc.**
22. **Ofil AN, Ofovwe CE.** Patients' assessment of efficiency services at a teaching hospital in a developing country. *Ann. Afr. Med.*, 2005; 4(4): 150-153.
23. **Olumide EAA, Ajayi IO.** Are patients safe and satisfied? Proceedings of the national conference on primary health care in Nigeria - the journey so far. Federal Ministry of Health, Abuja. 13th - 16th April 1999: 31-32.
24. **Eze CU.** Survey of patient satisfaction with obstetric ultrasound at University of Nigeria Teaching Hospital Enugu, Nigeria. *Niger. J. Health Biomed. Sci.*, 2006; 5(1): 93-97.
25. **Sitzia J, Wood N.** Patient satisfaction a review of issues and concepts. *Soc. Sci. Med.*, 1997; 45(12): 1829-1843.
26. **Whitworth J, Pickering H, Mulwany F, Ruberantwari A, Dolin P, Johnson G.** Determinants of attendance and patient satisfaction at eye clinics in south western Uganda. *Health Policy Plan.*, 1999; 14: 77-81.
27. **SERVICOM evaluation reports:** <http://www.servenigeria.com> Accessed 14th May 2008.
28. **Bush T, Cherkin D, Barlow W.** The impact of physician attitudes on patient satisfaction with care for low back pain. *Arch. Fam. Med.*, 1993; 2(3): 301-5.
29. **Daily trust online edition: AKTH rated best tertiary health institution.** <http://www.dailytrust.com> (accessed 4th November 2007)
30. **Boron EO, Dushenat M, Friedman N.** Evaluation of the consumer model relationship between patients expectation perceptions and satisfaction with care. *Int. J. Qual. Health Care*, 2001; 13(4): 319-321.
31. **Hutchison B, Ostbye T, Barnsley J, Stewart M, Mathews M, Campbell MK, et. al.** Patient satisfaction and quality of care in walk in clinics, family practices and emergency departments; the Ontario walk in clinic study. *CMAJ*, 2003; 168(8): 980-983.
32. **Zein A.** Operational study of the outpatient department at the public health hospital at Gondar, Ethiopia. *Ethiop. Med. J.*, 1978; 16: 45-52.
33. **Ashitey GA, Wurapa FK, Belcehr DW.** Donfa rural health center: its patients and services, 1970-71. *Ghana Med. J.*, 1972; 11: 266-273
34. **Rubin HR, Ware JE, Hays RD.** The patient judgements of hospital quality (PJHQ) Questionnaire. *Med Care*, 1990; 28(Suppl): 522-529
35. **Bain J, Kelly H, Snadden D, Staines H.** Day surgery in Scotland: patient satisfaction and outcomes. *Qual. Health Care*, 1999; 8 (2): 86-91
36. **Mbonu OO.** Medical practice in contemporary Nigeria. *AKTH News*, 2007; 1(2): 6-16