

# Patient Satisfaction With Health Services At The Out-patient Department Of A Tertiary Hospital In Nigeria

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## Abstract

**Introduction:** The patient's view as a recipient of health care service is rarely taken into consideration in assessing the quality of healthcare service delivery in many developing countries. The views and opinions of patients on the quality of service, coupled with their satisfaction with health care services can assist management and policy makers in the design, implementation and evaluation of services in order to improve health care service delivery to the populace. This study was aimed at assessing patient satisfaction with healthcare services received at a tertiary hospital in Nigeria.

**Methods:** A cross-sectional study was carried out at the Outpatient Clinics of the hospital during the study period. A total of 349 patients were interviewed using a pretested questionnaire to obtain information on several dimensions of perceived quality of care and patient satisfaction. The data collected was analysed using SPSS statistical software.

**Results:** A total of 290 (83.1%) patients were satisfied with the overall services received at the hospital. The association between the level of satisfaction, the female gender and employment status was statistically significant.

Patients who were satisfied with the service had a shorter waiting time than those who were not. In addition, patients who were satisfied with the health care services had a longer consultation time compared with those who were not.

**Conclusion:** A large number of patients were satisfied with the health care services they received in the study facility. Longer waiting time and shorter consultation time were negatively associated with patient satisfaction. There is the need to shorten waiting time and improve time for interaction between the health care professional and the patient in order to enhance patient satisfaction with health care service delivery.

Keywords: patient satisfaction, health services, Nigeria

## Introduction

Patient satisfaction reflects the extent to which expectations of service standards are met and is usually determined by asking patients about general satisfaction with care received.<sup>1</sup> Patient's satisfaction reflects personal preferences much more than ratings of specific aspects of quality. The patient's satisfaction and perception of the quality of service have certain things in common. While satisfaction is generally viewed as a broader concept, the patient's perception of the quality of service focuses on dimensions of service.<sup>2</sup>

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The patient's perception of the quality of service is described as a key determinant of a health care organization's success; due to its primary role in achieving patient satisfaction and hospital profitability.<sup>3</sup> Empirical evidence exists that supports the causal relationship between perception of the quality of health care services and patient satisfaction.<sup>4</sup>

Patient satisfaction has been observed to lead to higher rates of patient retention because satisfied patients become loyal clients of the organization. These patients also serve to promote the image of the organization through 'word of mouth' advertising/referrals.<sup>2</sup> This in turn leads to increased profitability to the health institution. Patient satisfaction has also been directly linked to utilization of health services. In addition, patient satisfaction is an invaluable criterion in the design and redesign of health care delivery systems. Patients are the end users of health care services and should have an input in the assessment of the overall quality of service.

In developed countries, patient satisfaction surveys have been used to address issues of access and performance. They have also been used to help government agencies identify target groups, clarify objectives, define measures of performance and develop performance information systems. However in most African countries including Nigeria, the patient's view is rarely taken into consideration in the planning, implementation and evaluation of health care services. This is because they are seen as passive beneficiaries of the health service. This study was therefore aimed at assessing patient satisfaction with health care services at the outpatient department of a tertiary hospital in Nigeria.

This will assist policy makers in reviewing the factors contributing to patient satisfaction or otherwise, so as to improve the quality of health care services.

### Methodology

A cross-sectional study was conducted at the Olabisi Onabanjo University Teaching Hospital, Sagamu, for two consecutive weeks to assess patient satisfaction with health care services; using a pre-tested, structured questionnaire.

A total of 349 adult patients at the outpatient department of the hospital were interviewed using a pre-tested questionnaire. In assessing general patient satisfaction, three questions were introduced which were (a) overall, how satisfied were you with the service you received at the hospital today? (answers varied from very unsatisfied to very satisfied); (b) How willing would you be to recommend the hospital to a friend/ (answers varied from very unwilling to very willing) and (c) how willing will you be to return to the hospital in future if there is a need? ( answers varied from very unwilling to very willing). The responses were also rated on a Likert five scale point.

Data was collected from the respondents by four trained interviewers who were not staffs of the hospital and had no medical training or qualifications in order to avoid introduction of bias in the study. In the analysis, patients who respond as 1 (very dissatisfied), 2 (dissatisfied) and 3 (Neutral) were classified as dissatisfied while those who respond 4 (satisfied) and 5 (very satisfied) were classified as satisfied. All data were analyzed using SPSS Version 10. Frequency distribution and other descriptive statistics were presented using tables. Significant association between independent variables and patient satisfaction was tested using multiple logistic regressions.

## Results

A total of 349 persons attending the hospital during the study period were interviewed.

Table 1 illustrates that majority of the respondents were females (78.5%) and in the age group 21-30 years (44.8%). The females were significantly younger than males ( $31.02 \pm 7.399$  vs  $35.14 \pm 14.88$ ;  $p=0.000$ ). Most of the users were married (72.5%), had post-secondary education (54.4%), employed (69.9%), were living in Sagamu (63%) and were attended to by a male doctor (78.5%). The overall mean waiting time was  $106 \pm 88.4$  mins, while the average consultation time reported by the patients was  $13.98 \pm 8.49$  mins. A total of 290 (83.1%) patients were satisfied with overall service received at the hospital.

Table 2 describes the socio-demographic characteristics associated with patient satisfaction. On bi-variate analysis, females, married and employed patients were significantly more satisfied compared to males, unmarried and unemployed patients respectively. Patient who were satisfied spent comparably shorter waiting time than patients who were not satisfied. Patients who were satisfied spent significantly more time with the physician compared with those not satisfied with the service. However, during multivariate analysis in Table.3, only sex and employment status were significantly associated with patient satisfaction.

Figure 1 shows that there is a statistically significant relationship between waiting time and patient satisfaction.

Those satisfied had a shorter waiting time compared with those not satisfied. Figure 2 describes that those who were satisfied spent a longer time of consultation with the physician compared to those who were not satisfied. The relationship was statistically significant.

**Table 1: Socio-demographic characteristics of respondents**

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age group(in years)</b>		
≤20	27	7.7
21-30	169	48.4
31-40	93	26.6
41-50	48	13.8
51-60	9	2.6
>60	3	0.9
<b>Sex</b>		
Male	75	21.5
Female	274	78.5
<b>Educational Status</b>		
No formal education	6	1.7
Primary	45	12.9
Secondary	108	30.9
Post Secondary	190	54.4
<b>Marital Status</b>		
Not married	96	27.5
Married	253	72.5
<b>Employment status</b>		
Employed	244	69.9
Not employed	105	30.1
<b>Place of Residence</b>		
Within Sagamu	220	63.0
Within Ogun state	81	23.2
Outside Ogun State	49	13.8
<b>Gender of Health worker</b>		
male	274	78.5
female	75	21.5
<b>Type of visit</b>		
Accessing care for the first time	169	48.4
Accessed care more than once	170	51.6

**Table 2: Socio demographic characteristics associated with satisfaction with health care service**

Factors	Satisfied N= 290	Not satisfied N=59	Chi square	O.R(95% CI)	P value
<b>Age</b> <30 >30	163 127	33 26	0.000	1.01(0.55- 1.84)	0.969
<b>Sex</b> Male female	51 239	24 35	15.49	0.31(0.16- 0.59)	0.0001*
<b>Marital status</b> Married Not married	227 63	26 33	28.77	4.57(2.45- 8.56)	0.0001*
<b>Employment Status</b> Employed unemployed	204 76	30 29	11.04	2.59(1.4- 4.79)	0.0001*
<b>Educational status</b> No formal edu/primary Secondary Post secondary	39 85 166	12 23 24	5.5	-	0.06
<b>Residence</b> Within Sagamu Within Ogun State Outside Ogun State	185 66 42	35 15 6	0.82	-	0.66
<b>Type of visit</b> First time More than once	146 144	23 36	2.53	1.89(0.86- 2.92)	0.111
	<b>Mean (SD)</b>	<b>Mean (SD)</b>	<b>t-test</b>		
<b>Waiting time</b>	99.24±82.4 min	151.67±108.19 mins	3.358		0.001*
<b>Consulting time</b>	14.59±8.8min	11.07±5.9	2.55		0.011*

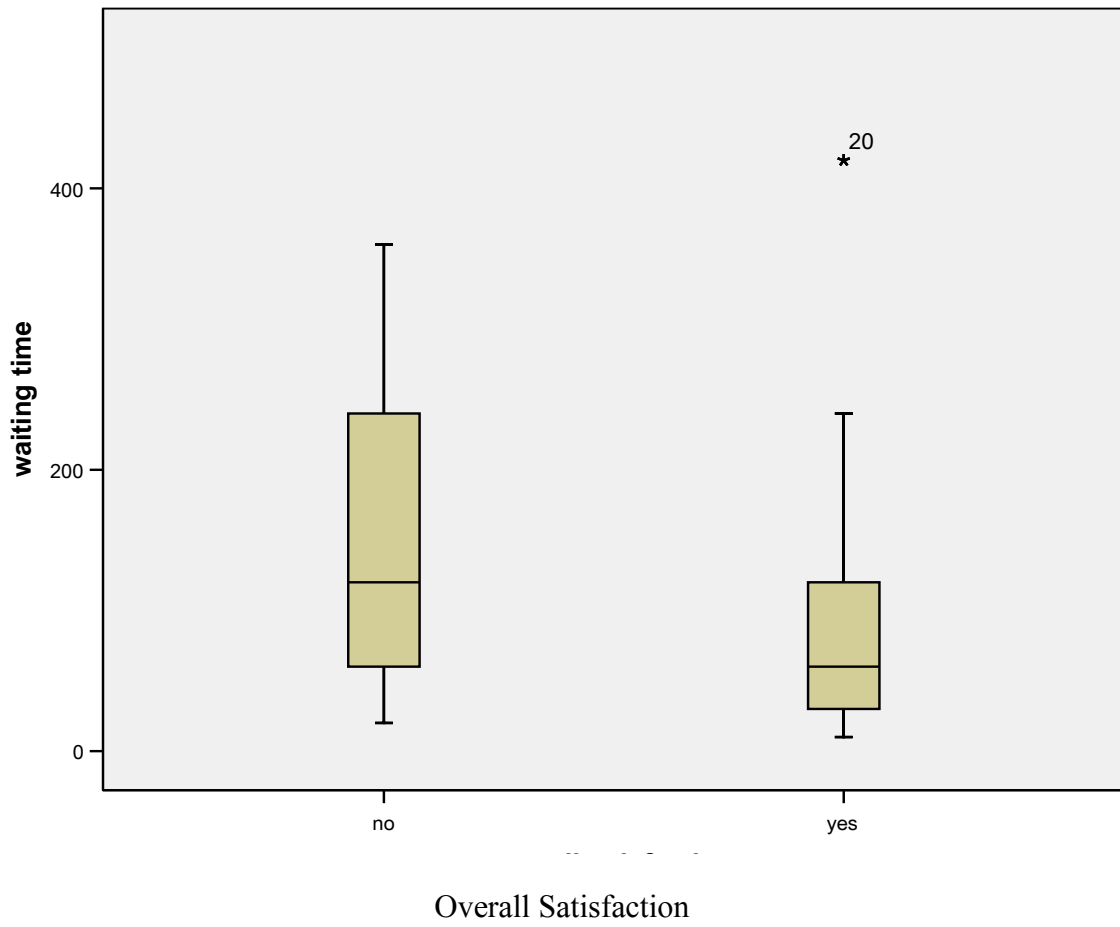
\*=statistically significant  $p < 0.05$

**Table 3: Multiple Logistic Regressions of socio-demographic predictors of patient satisfaction**

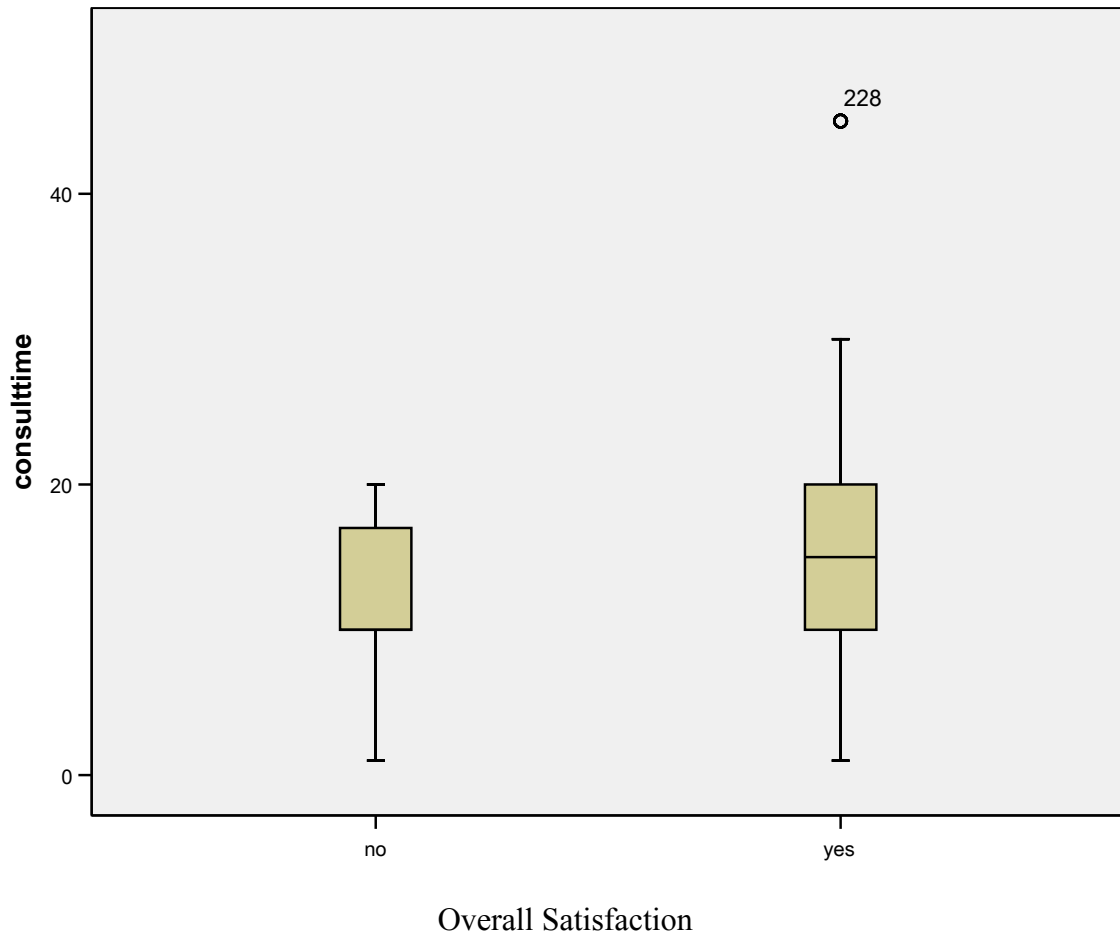
	B	S.E.	Wald	df	Sig.	Exp(B)
Age	-.013	.176	.006	1	.940	.987
Sex	1.104	.349	10.018	1	.002*	3.015
Marital status	.391	.371	1.115	1	.291	1.479
Employment status	.951	.358	7.055	1	.008*	2.588
Educational status	.321	.200	2.571	1	.109	1.378
Residence	-.014	.227	.004	1	.952	.986
Constant	-2.183	.944	5.345	1	.021	.113

Variable(s) entered on: age, sex, marital status, employment status, educational status,

**Figure 1: Boxplot showing waiting times versus level of satisfaction**



**Figure 2: Boxplot showing consultation time in relation to level of satisfaction**





## Discussion

The overall satisfaction level of the patients in this study was 83.1%. This is similar to the 88% obtained in a similar study<sup>5</sup> but was higher than 68% reported in Bangladesh;<sup>6</sup> 74% reported in Trinidad and Tobago;<sup>7</sup> and 54% in Ethiopia.<sup>8</sup> The high overall satisfaction may be as a result of the type of facility under study, which is a tertiary hospital that offers both general and specialized health care services. In Nigeria, patients sometimes access service in a tertiary facility without referral from a lower health care level. This is possible because of the near collapse of the primary health care system which is supposed to be the entry point into the health care system in the country. The primary health care system is bedeviled with issues of inadequate staff, lack of essential medicines and dilapidated health infrastructures to mention a few. This results in patients seeking care at the tertiary health facility as their first option of orthodox care, especially when the hospital is accessible. With the increasing number of patients accessing care at the tertiary facilities, the services in such hospitals are overstretched and may contribute to the long waiting time experienced by patients.

The reported average waiting time in this study was 1-hour 46 minutes. This is lower than 2 hours 40 minutes observed in a similar study<sup>7</sup> and higher than 30 minutes obtained in developed countries.<sup>9</sup>

The longer waiting time could be as a result of the wide disparity in the doctor/patient ratio which is prevalent in most developing countries, including Nigeria. In addition, it was noted that the average reported waiting time was far more than the expected optimal waiting time expressed by the patients. This could have led to the strong dissatisfaction expressed with regards to waiting time. Patients with a shorter waiting time were significantly more satisfied with the service in agreement with similar studies.<sup>7,10</sup> Some of the patients remarked that in order to shorten waiting time at the clinic, the management of the hospital should employ more physicians and enforce physicians to resume work on time.

The average consultation time reported was 14 minutes. This was more than the 3 minutes or less reported in Trinidad and Tobago.<sup>7</sup> The longer consultation time in this study allowed more time for provider-patient interaction and thus may be responsible for the higher satisfaction rate reported. It was also noted in similar studies that patients who had longer consultation time with the provider were more satisfied compared with those who did not.<sup>11,12</sup> In addition, the perceived optimal average consultation time of 20 minutes was a more realistic figure than 2 minutes reported by patients in Bangladesh.<sup>6</sup> The consultation time in this study is fairly reasonable for providers to establish a good rapport with the patient and to make the correct diagnosis and offer appropriate treatment.

Other studies assessing performance of providers have confirmed that a short consultation time did not allow for correct diagnosis or proper management of patients.<sup>14,15</sup>

The level of satisfaction was related to sex in our study, which concur with a similar study which found an association between sex and patient satisfaction.<sup>16</sup> This study revealed that women were significantly more satisfied with the quality of health care services compared with men. In the Nigerian society, men are often the breadwinners. Majority of women are either self employed or unemployed and as such have no pressure of time compared to men. Men are less likely to be comfortable spending a major part of the day in a health care facility. It has been observed that Nigerian women are more likely to seek health care services and comply with treatment compared with men who are breadwinners. In another study, there was no significant relationship between level of patient satisfaction and age, educational status, marital status and place of residence.<sup>17</sup> Surprisingly, this study observed a significant relationship between employment status and patient satisfaction. This may be due to public service structure, since many of the respondents are public servants. Wages are paid on a monthly basis, not putting into consideration the amount of hours the individual has put into the work. This is contrary to developed countries where individuals are paid only for the hours of work done. Thus, patients who are public servants can afford to spend the whole day in the clinic without any negative financial implication.

In conclusion, this study has stressed the importance of incorporating patients' views into the assessment of the quality of health care services. This will make health care services more responsive to patients' needs.

It also gives health care service users an opportunity to voice their opinion about the status of the health services. Involvement of patients in the evaluation of their health services will make providers more sensitive and alert to patients' needs.

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