

Patients Characteristics and Perception of Quality of Care in a Teaching Hospital in Anambra State, Nigeria

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ABSTRACT

INTRODUCTION: Patients' assessment of quality of health care despite its importance in uptake of available services has not been closely examined in developing countries.

The main objective of this study was to assess patient's perception of the quality of healthcare services as offered at the General Outpatients Department (GOPD) of a Teaching Hospital in order to obtain rational information for effective policy formulation on improved patient care in our hospitals.

METHODOLOGY: This was a four - week duration descriptive cross-sectional study involving three hundred and ninety (390) new adult patients seen at the General Out-Patients' Department of Nnamdi Azikiwe University Teaching Hospital, Nnewi. Using a self-administered pre-tested, semi-structured questionnaire in English language, relevant information was obtained from the participants.

RESULTS: A total of 390 adult new patients with mean age 31.4 years participated in the study of which females 216 (55.5%) were slightly more than males 174 (45.5%). About 225 (57.7%) of the respondents received at most a primary school education. The major reasons for seeking care at the GOPD were expectations of being attended to by qualified doctors and nurses (38%); receiving efficient and quality service (36%) and obtaining cheaper and affordable drugs (14.5%).

A quarter of the patients (25%) waited for up to one hour to register, while 38% spent more than an hour before being attended to by a doctor. Seventy percent (70%) of the patients opined that the nurses were friendly, 94.5% of the patients rated the doctors as being friendly while 82.5% expressed satisfaction with the care received from the doctors. The conditions of the waiting hall were deemed very comfortable by 42%, and 42% felt that it was uncomfortable. In all 79% of the patients felt that the quality of care was good and 82% were willing to return for consultations in future if need be.

CONCLUSIONS: The waiting time for obtaining the patients' card and doctors' consultation appeared to be unacceptably long in this hospital and some respondents were not satisfied with the services rendered. Further studies should be directed at ascertaining the cause of their dissatisfaction and strategies put promptly in place to reverse them.

KEY WORDS: quality of care, policy formulation, patient consultation, GOPD, rational information

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INTRODUCTION

Globally, healthcare is receiving increasing attention not only for its tremendous impact on economic resources available to population but also for its elementary value to the specific population. In many countries presently, regardless of their size or wealth, the health of the population and how healthcare is provided is a major concern of all people. Studies on quality of health care conducted in the third quarter of the last century show that quality of care varies remarkably and that neither government nor private sector initiatives to improve quality have succeeded significantly.¹

Those who manage healthcare strive to achieve the highest quality of care possible with the resources available. Evaluation of quality of care and service delivery is therefore necessary in order to identify where improvements can be made¹. Evaluating performance is an important function in organizations and few decisions are made in organizations that are not subject to some performance review and evaluation.

Patients' experiences with health care providers are a central component of their quality of care, complementing more technical aspects of care such as the appropriate use of medications and procedures.² During the last 15 years, survey methods have been developed to assess patients' experiences with care while hospitalized or enrolled in managed care plans.³⁻⁶ The focus on demonstrating high quality medical care is intense and growing. Society now acknowledges the importance of the view of users in improving quality of care in the health sector.

The general outpatient department (GOPD) of tertiary hospitals is the first port-of-call for new patients who present with non-emergency medical problems. It will therefore be expected that patients seen in this department constitute a significant percentage of the number attended to at tertiary health facilities. These patients expect quality care from these health facilities and failure to obtain such quality services may leave them with the option of either seeking commensurate services at private hospitals if they can afford them or with quacks (with the attendant health consequences).

It was argued some decades ago that defining quality in

the health care sector was impossible. However today experts agree that rigorous quality measures can be used to systematically assess care across groups of patients.⁷ The Institute of Medicine in the United States of America has defined quality of care as “the degree to which services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”⁸.

Different conceptual frameworks for defining quality stress different dimensions of health care delivery. Donabedian's classic framework delineated three dimensions⁹: structure or characteristics of a health care setting, process or what is done to the patient, and outcome or how patients do health care interventions.

In order to improve, every organization has to continuously measure its performance. This can be done by, looking within an organization or comparing oneself with the best in the field. The process of measuring the products, services and practices of an organization against their toughest competitors or against the industry leaders is termed benchmarking. Health professionals and policy makers continually seek to improve quality at the level of the individual provider; at the level of particular hospitals for specific intervention; and at the level of the health sector as a whole¹⁰.

Quality of health care has become an international policy issue¹¹. Decades of studies worldwide have shown the need for improvement in quality of care and the need for health professionals to disclose more information about quality of care. These led to formation of numerous organizations, such as United States Agency for Healthcare Research and Quality Forum, the Institute of Medicine, to report on quality issues¹².

The dimensions of quality necessary for adequate and appropriate patient care include:

1. Technical competence, which refers to skills capability and actual performance of health care providers, managers and support staff.
2. Access to services, which means that health care services are unrestricted to geographic, economical, social, cultural, or language groups.
3. Effectiveness, meaning that health services improve health.
4. Interpersonal relations which refers to the interaction between healthcare providers and their patients
5. Efficiency, i.e. cost effectiveness of care
6. Continuity, meaning that the patient receives the complete range of health services that he or she needs without interruption, cessation, or unnecessary repetition of treatment
7. Safety, which means minimizing the risk of injury, infection, harmful side effects or other dangers related to the delivery of health services.
8. Amenities, refers to features of health services which

do not directly relate to clinical effectiveness but may enhance the patients satisfaction and willingness to return to the facility for subsequent healthcare needs.

9. Hence quality of care can be measured by assessing whether healthcare is effective, accountable, safe, fair and accessible to patients in order to influence their perspectives and opinion concerning the quality of care being rendered.

It is argued that for a patient to be able to participate in their care, information should be made available to them on quality of health care by various organizations and this is a major challenge to the health care industry.

Literature on the socioeconomic status, racial, and ethnic differences in health has focused on health status, care-seeking behavior, and health care provision differences, illustrating significant disparities in health status and provision of care by socioeconomic status, race, and ethnicity¹³⁻¹⁵. Research mainly in the United States of America highlights significant differences in perceived quality of care by race, socioeconomic status, and ethnicity¹⁶⁻²². For example, levels of satisfaction were significantly lower in Hispanics and Asians compared with blacks and whites¹⁶. In a recent report, Farmer and Ferraro confirmed the significant association of race and socioeconomic status with a variety of health variables and further show them each to have a distinct and separate influence on health²³.

In a study of patients' assessment of quality of eye care in a Teaching Hospital in Ilorin, majority reported long waiting time particularly for doctors' consultation. Missed clinic appointment was mostly due to health workers strike. Two-thirds of patients procured their prescribed drugs outside the hospital due to hospital bureaucracy. However, most patients reported having received adequate explanation on their ailment from the health workers. Despite the shortcomings in services received, most of the patients expressed satisfaction with the quality of care received²⁴.

The general outpatient department (GOPD) of tertiary hospitals is the first port-of-call for new patients who present with non-emergency medical problems. It will therefore be expected that patients seen in this department constitute a significant percentage of the number attended to at tertiary health facilities. These patients expect quality care from these health facilities and failure to obtain such quality services may leave them with the option of either seeking commensurate services at private hospitals if they can afford them or with quacks (with the attendant health consequences).

This study therefore is set out to assess patient's perception of the quality of services rendered at the General Outpatients Department (GOPD) of Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi, in order to obtain rational information for effective policy changes for improved patient care in the hospital.

METHODOLOGY

The study is a cross-sectional, descriptive study carried among new patients attending the General Out-patient Department of Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi between June 8th and July 6th 2009. This is a tertiary healthcare institution comprising specialist departments like Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology, Community Medicine and the General Outpatients Department (GOPD). The hospital patient catchment area is mostly inhabitants of Anambra State and beyond.

Using this sample size determination formula for a descriptive study²⁵ $N = \frac{Z^2 \times P \times Q}{d^2}$

a total of 390 consecutive new adult patients were enrolled into the study.

A pre-tested, semi-structured, questionnaire was used to collect data from the patients. Information collected included socio-demographic data of the respondents, whether they have been to the GOPD before, their reason(s) for coming to GOPD, their assessment of staff attitude, their perception of the quality of care at the clinic, and whether they will be willing to return to the clinic for treatment or recommend the clinic to their friends and relations. The actual time spent in the clinic by each respondent from time of arrival at the clinic to point of leaving the doctor (waiting time) was determined.

Data analysis was done using Epi-6 version 3.5.1 statistical software.

Permission to carry out this survey was sought for and obtained from The Ethical Committee of Nnamdi Azikiwe University Teaching Hospital.

RESULTS

Three hundred and ninety patients were interviewed. Their socio-demographic characteristics are shown below (Table 1).

Table 1: Demographic Characteristics of Respondents.

Age(years)	No.	%
<24	92	23.6
25-34	162	41.5
35-44	81	20.8
45 -54	50	12.8
55 and above	5	1.3
Total	390	100.
Sex		
Males	174	44.5
Females	216	55.5
Total	390	100.0
Educational Status		
None	105	26.9
Primary	120	30.8
Secondary	134	34.4
Above secondary	31	7.9
TOTAL	390	100.0

Nearly three quarters of the respondents had some sort of formal education with 34.4% having the minimum of a secondary education. Their age range was 21-43 years while their mean age was 31.4(±4.8) years. One hundred and seventy four (44.5%) males and 216 (55.5%) females participated in the study giving a male : female ratio of 1:1.3

Table 2: Reasons for coming to the GOPD

Reasons	No	%
Qualified Healthcare personnel available	148	38.0
Expectation of efficient/quality service	140	36.0
Desire cheaper and affordable drugs	55	14.0
Referred by another health institution	39	10.0
No particular reason	8	2.0
Total	390	100.0

The majority 148 (38%) of the patients came to the GOPD because of the availability of qualified doctors and nurses, 140 (36%) came expecting efficient and quality service while 8 (20%) had no particular reason for their choice of hospital.

Table 3: Time spent in obtaining services at different service points in the hospital.

	Frequency	Percentage
Time taken to obtain a card (minutes)		
≤15	129	33.0
16 - 30	143	37.0
31 - 60	98	25.0
> 60	20	5.0
Time spent before seeing a doctor (minutes)		
≤30	70	18.0
30 - 60	172	44.0
>60	148	38.0
Total	390	100.0

Most patients 143 (37%) waited between 16 minutes and 30 minutes before obtaining a card while 172 (44%)

Table 4: Respondents' Rating of Personnel and Waiting Rooms.

	No	%
Nurses' Attitude		
Friendly	273	70.0
Courteous	60	15.4
Rude	53	13.6
Indifferent	4	1.0
Doctors' Consultation Rating		
Friendly	369	94.5
Unfriendly	21	5.5
Condition of waiting rooms		
Very Comfortable	164	42.1
Mildly uncomfortable	119	30.5
Uncomfortable	45	11.5
Missing	62	15.9
Perception of quality of care		
Good	308	79.0
Poor	82	21.0
Willingness to revisit		
Yes	320	82.1
No	70	17.9

Many 308 (79%) of the patients felt that the quality of care was good. Similarly 273 (70%) of the patients opined that the nurses were friendly.

Three hundred and sixty-nine (94.5%) rated the doctors as being friendly and 320 (82/1%) were willing to revisit the GOPD of the facility if the need arises.

DISCUSSION

All the patients in this study were adults and 73.1% had formal education. Therefore their freely expressed opinions on the subject matter of this study were most likely to be reliable. Females (55.5%) were slightly more in number. This is in keeping with the demographics of attendance to government hospitals as documented by previous workers.²⁶ Men control the family resources since women are often less economically empowered than men. Thus public hospitals that charge lower fees for services are therefore preferred by women and children.

However the reasons for seeking care in a particular health facility are varied. In this study the major reasons for seeking care at the GOPD of the tertiary health facility included hope of being attended to by qualified doctors and nurses (38%); receiving efficient and quality service (36%) and obtaining cheaper and affordable drugs (14.5%). This shows that patients came to GOPD because they felt that they could obtain high class, healthcare services at affordable cost. This agrees with the results of the study carried out by Iliyasu Z et al in Kano, Nigeria.²⁷

Obtaining a hospital registration card is a prerequisite to seeing a doctor. Thus the time spent in securing hospital registration also counts in the assessment of care. In this study, it took more than half hour for 30% of the patients to register at the GOPD. The delay may be because of the large number of patients. The obsolete method of record keeping involving manual case filing and retrieval as obtains in this facility militates against rapid sorting of patients documents. It should be remembered that the medical records being the first port of call in any health care facility makes a first impression on patients and will determine how favorably or otherwise they rate the services in the entire institution.

Doctors and nurses constitute the major specialized manpower necessary in any hospital. While doctors are usually fewer, the nurses are often more numerous and more visible since they stay with the patients most of the time. They are expected to give quality and empathic care to ill persons even at the terminal stage of their lives.. It is therefore a cause for concern that 13.5% of the respondents opined that the nurses were rude to them. Frequent orientation courses for this vital group of health care manpower is recommended as a means of enhancing patient friendly services in our health care institutions.

Patients have waited longest to see the doctor. This was similar to the results of studies by other researchers in Nigeria^{25,26}. This is perhaps due to the fact that the non-emergency patient has to pass through some preliminary procedures involving other paramedical workers before being attended to by the doctor. The doctor is often the last health personnel to attend to the clinic patient. In waiting to see the doctor the patient actually calculates the entire time it took between entering the hospital and being examined by the doctor. In this study the apparently long wait to see the doctor is compensated by the very courteous and friendly attitude of the doctor as attested to by up to 94.5% of the respondents.

The outpatient departments of public hospitals are usually crowded and that of the NAUTH is no exception. It is therefore not surprising that many patients complain of uncomfortable waiting hall facilities. It is hereby recommended that the waiting hall should be improved to enhance patients' comfort. The majority of the patients (82%) would return to the GOPD for consultation This is encouraging and therefore points to the fact that in spite of some inadequacies in some service areas, patient care in this section of the NAUTH is reasonably good. The positive aspect of the current care process in this part of the hospital including human factor need be reinforced while the deficiencies should be amended.

Finally it should be emphasized that the GOPD is only one department in the teaching hospital. Therefore findings in this section may not be extrapolated and used to generalize about the quality of care at the NAUTH Nnewi. Further studies aimed at determining the specific reasons for some patients' dissatisfaction with the services are required.

CONCLUSIONS AND RECOMMENDATIONS

The findings of this study on patients' perception on the quality of care received at the GOPD of NAUTH have obvious policy implications for the Teaching Hospital Management as the following issues were brought to light in the course of this study: Long waiting time before receiving medical services especially at the records and consultation units coupled with the uncomfortable conditions of the waiting hall.

It is therefore recommended that the Records Unit of the Hospital be computerized to enable easy retrieval of patients' cards and also the provision of patient - friendly environment in the waiting halls.

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