

# PATIENTS' PERCEPTION OF THE QUALITY OF EYE CARE AT THE UNIVERSITY COLLEGE HOSPITAL, IBADAN

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## SUMMARY

**Objective:** To determine patients' perceptions about the quality of care and possible factors that may prevent adequate utilization of services at the study centre and therefore make recommendations for improvement in service utilization.

**Materials and methods:** A cross sectional survey of patients from the Eye Clinic and Eye Ward of the University College Hospital, Ibadan, was carried out using a standardized questionnaire between May and June 2001.

**Results:** A total of fifty respondents were interviewed: 33 (66%) were male, while 17 (34%) were female. Their ages ranged from less than 10 years to more than 80 years, with a mean age of 46.5 years. The majority of the patients (78%) lived within Ibadan, while 22% lived outside Ibadan. Over half of the respondents (56%) were gainfully employed. Others included retirees (20%) and students (20%).

Thirty-eight of the respondents (88%) experienced some obstacles before and/or on presentation at the hospital. Notable obstacles to the optimal use of facilities include: frequent strikes embarked on by hospital workers (66% of respondents), long wait before seeing the eye doctor as reported by 36% of respondents; high cost of services 8%, fear of the outcome of surgery reported by 12% of those who had surgery; and the unfriendly attitude of some staff. Recommendations by respondents for improving the quality of health service delivery include: provision of more equipment in the eye clinic (68%) and the employment of more eye doctors (64%). Other suggestions include reduction in the cost of surgery and other services (12%), and the

need for records staff and nurses to be more humane and show understanding to patients, especially those from out of town (4%).

**Key words:** quality, care, barrier, obstacle, cost, service

## INTRODUCTION

The University College Hospital (UCH) Ibadan is a tertiary health institution whose primary functions include teaching of medical students, resident doctors and other health professionals, and the provision of services, especially within its catchment area. Thus, it serves as a referral centre, provides primary and secondary healthcare through the General Out Patient Department (GOPD) and some outreach centres affiliated to the hospital.

The hospital serves the people of Ibadan town, the surrounding towns in Oyo State, the neighbouring states of Ogun, Osun, Lagos and Kwara, in addition to people from other geographical zones of Nigeria. However, there are barriers to optimal service utilization at UCH, Ibadan. Programme planning to improve service utilization in order to increase the quantity and quality of cataract surgery procedures requires a knowledge of the barriers in each service area, whether they relate to cost, distance, cultural/social factors, anxiety/fear, or any other area, and finding creative ways to overcome them.<sup>1</sup>

A similar study at the Jos University Teaching Hospital, Nigeria identified delay by porters in taking

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patients to the theatre as a barrier to increasing the cataract surgical rate.<sup>2</sup> Thus, the aim of this study is to determine factors preventing adequate utilization of eye services at UCH, Ibadan and make recommendations for improving service utilization at the hospital.

**MATERIALS AND METHODS**

A cross sectional survey of patients in the Eye Clinic and eye ward (West One) at UCH was carried out using a standardized questionnaire and patients' case notes between May and June 2001. All the patients at the interview venue consented to be recruited for the study. Information obtained include demographic data. The subjects were also asked about any barriers they encountered before or on coming to the hospital. Those who had surgery were asked if they suffered any postponement of their surgeries and the reason for such delays. All subjects were encouraged to make recommendations for improving service delivery. The diagnosis of the interviewed subjects was obtained from the patients' case notes.

**RESULTS**

Fifty respondents were interviewed, 33 (66%) were male while 17 (34%) were female. Their ages ranged from less than 10 years to over 80 years with a mean age of 46.5 years. Majority (66%) of the subjects were however above 50 years of age. Further details about age distribution are as shown in table 1.

**Table 1.** Age distribution of respondents

Age in years	No. of subjects	Percentage %
<10	3	6
10-20	5	10
21-30	7	14
31-40	5	10
41-50	2	4
51-60	12	24
61-70	10	20
71-80	4	8
>80	2	4
Total	50	100

Fifty-six per cent of the respondents were gainfully employed with regular income. Others included retirees (20%) who were either retired administrators, bankers, policemen, security men, teachers or artisans. Others without regular income included students and the unemployed. Details are as shown in table 2.

**Table 2.** Occupational distribution of respondents

Occupation of subjects	No.	Percentage
Trader	15	30
Student	10	20
Retirees	10	20
Civil servant	4	8
Farmer	3	6
Artisan	3	6
Clergy	1	2
Unemployed	1	2
Pre-school	1	2
Soldier	1	2
Security man	1	2
Teacher	1	2
Total	50	100

Seventy-eight per cent of the patients lived within Ibadan, while 22% lived outside Ibadan – with some coming from places as far as Lagos, Bauchi, Akwa-Ibom, Osun State, Benin, and others from towns closer to Ibadan, such as Shaki and Ifo. The ocular diagnosis of interviewed subjects ranged from cataract (40%) to hypertensive retinopathy (2%). Details of the ocular diagnosis of interviewed subjects are shown in table 3.

**Table 3.** Diagnostic distribution of respondents

Diagnosis	No. of subjects	Percentage %
Cataract	20	40
Trauma	5	10
Refractive error	4	8
Glaucoma	3	6
Hypertensive retinopathy	1	2
Allergic conjunctivitis	1	6
Orbital cellulitis	1	2
Anterior staphyloma	1	2
Keratitis	1	2
Pterygium	2	4
Aphakia	1	2
Uveitis	1	2
Optic neuropathy	1	2
Total	50	100

Only 6% of the subjects had presented promptly at UCH and at the onset of their problems. The remaining 94% of the patients presented to other hospitals from where they were referred to UCH, Ibadan.

**Barriers to the Use of Hospital Services**

Thirty-eight (88%) of the respondents experienced some barriers or obstacles before and/or on presentation to UCH. These are outlined in table 4 below. The frequent strikes embarked on by hospital workers, including doctors, nurses and other health care providers, constituted the most frequent barrier encountered by 66% of the respondents. Other obstacles to service uptake include, the long wait before seeing the eye doctor as reported by 36% of respondents. Less important barriers were the high cost of services (8%), and the high cost of transportation (4%).

**Table 4.** Barriers to effective use of hospital eye services

Barrier	No. of respondents	Percentage
Frequent strikes by hospital workers	33	66
Long wait before seeing eye doctor	18	36
Long distance to hospital	8	16
Ignorance of eye services at UCH	6	12
Unfriendly hospital workers	6	12
Fear of hospital environment	5	10
High cost of services	4	8
High cost of transportation	2	4
Fear of outcome of treatment	4	8
Female gender-related problem	4	8
No barrier	6	12

Multiple responses were allowed

**Barriers to Surgery**

Twenty-five (50%) of the subjects interviewed had previously undergone surgery (mostly cataract extraction). Eight of these patients had some difficulties, which they regarded as barriers, which had led to the

postponement of their surgeries. These barriers to surgical service uptake include, frequent strike action by hospital staff cited by 6 (24%) of the operated respondents, the fear of the outcome of surgery (12%), and the high cost of surgery (12%). Two of the operated patients felt that the investigations done pre-operatively were time consuming. This was partly attributed to the fact that they had to repeat conjunctival swabs whenever there were positive bacterial cultures or if surgery had to be rescheduled for any reason, so as to have a recent result. Other details are shown in table 5.

**Table 5.** Barriers to surgery amongst 25 operated respondents

Barrier to Surgery	No. of respondents	Percentage
Frequent strikes by health workers	6	24
Fear of outcome of surgery	3	12
Investigations too cumbersome	2	8
High cost of surgery	3	12
High cost of transportation to hospital	2	8
Loss of work during hospital stay	1	4
High cost of transporting a carer	1	4
Cancellation of list due to lack of sterile linen, oxygen / theatre space	1	4
Female gender-related problem	1	4
No obstacle / barrier	17	68

**Recommendations by Respondents**

The recommendations made by the respondents on how to reduce the barriers to the uptake of eye services provided at UCH and thereby improve the utilization of service include, the provision of more equipment and the employment of more eye doctors, by 68% and 64% of respondents respectively. Other suggestions include reductions in the cost of surgery and other services (12%), and the need for records staff and nurses to be more humane and friendly to patients, especially those from out of town (4%). Other details of the recommendations from the respondents are shown in table 6.

**Table 6.** Respondents' recommendations to reduce barriers to eye service

Recommendations	No. of respondents	Percentage
Provision of more equipment in the eye clinic	34	68
Employment of more eye doctors	32	64
Reduction in the cost of surgery	6	12
A more considerate and humane attitude by hospital staff	2	4
Provision of interpreters in case of language barriers	1	2
Improvement in quality of food service for patients on admission	1	2
Health workers should refrain from strike action	1	2

**DISCUSSION**

Strikes and disputes by health workers lead to discontinuity in the provision of services and thus serve as serious barriers to the uptake of services in any hospital. There is a need for government to improve industrial relations with health workers and to encourage them by building up their jobs and promoting excellence.<sup>3</sup> Suggestions on ways to prevent industrial strikes include:

- Establish a good working relationship between the workers' unions and the hospital management.
- Establish a joint consultative committee of hospital management and the unions.
- Hospital management should take staff welfare more seriously.
- Establish an industrial unit with trained staff.
- Carry out a 'post mortem' after any industrial action
- Enforce the 'no-work-no-pay' rule.<sup>4</sup>

The long waiting period before seeing the ophthalmologist was reported by 36% of respondents in this series. They claimed they had to go through the General Outpatient Department before being transferred to the Eye Clinic. Upon reaching the Eye Clinic, many complained that they were not seen immediately, but given an appointment at some future (often distant) date by the records clerk. When the patients came back on the long-awaited appointment day, some were turned back by the nurses because they came late or because there were too many other new patients to be seen by the few consultants available in the clinic. Respondents also

complained about having to wait a long time before seeing a doctor at the Eye Clinic during their first visit and during follow-up visits. They attributed this to the inadequate number of doctors at the clinic and the queuing by doctors and their patients to use the limited number of equipment in the clinic. Long waiting periods may be reduced by computerization of the records department, and ensuring strict implementation of bookings done for none emergency referrals to the clinic. The employment of more doctors and the provision of more equipment in the Eye Clinic would also help to reduce the time spent by patients before they see the ophthalmologist.

A large percentage (78%) of the patients in this series live in Ibadan; presumably access is not a problem to them. However, 16% of the patients complained of the long distance to UCH as being a barrier. Research on access to service has been dominated by two assumptions: (1) The nearer one is to the service, the greater the utilization and vice-versa. (2) The people living in areas with more services (eg, physicians) have greater access to health care.<sup>1,5</sup> Most ophthalmologists live in urban areas while most cataract patients live in rural areas, therefore a frequent reason for delay in elective surgery is poor access to care, either due to lack of transportation to surgical facilities or lack of a companion to bring the visually impaired to the hospital or eye camps.<sup>6</sup> Distance as a barrier, reported by 16% of the respondents, can be reduced by setting up outreach programmes in the rural areas, thereby extending the reach of services into the community and reducing the burden of travel costs for the patient.<sup>1,7</sup> Unnecessary travel and time costs for the patient can also be reduced by limiting the number of follow-up visits.<sup>7</sup>

Fifty-six per cent of the patients in this study were gainfully employed and presumably have a regular income. The question, however, is whether the income is enough to enable the patient to pay the cost of health care services, especially in a depressed economy with poor wages. Cost, which was expressed as a barrier by 8% of respondents can be reduced by implementing different pricing mechanisms where wealthier patients pay more thereby subsidizing poor patients through the offering of value-added services (eg, private rooms).<sup>8</sup> The cost of services like cataract surgery can also be reduced by cutting down the cost of supplies, equipment and improving efficiency.<sup>8,9</sup>

High cost of transportation as a barrier can be reduced by the community organizing transportation from the villages directly to the hospital and back. The lack of knowledge of available eye care services

expressed by some patients can be remedied by adequately enlightening the community about available services at UCH, and other hospitals, using educational campaigns through available media resources. Health workers (including community-based health workers) and/or traditional healers can also be used to find, screen, and educate patients about available services. Successfully treated patients could also be co-opted as educators and motivators.<sup>10,11</sup>

Gender-related problems which affect women, such as lack of personal finance or support from the husband and the added family responsibility of caring for the children and household were reported barriers to prompt uptake of services. Gender-related problems are not limited to developing countries like Nigeria. In the United States, women were found to have less access to health care resources than men, since women were often uninsured or underinsured; they may thus be disadvantaged by the choice of health care available to them.<sup>12</sup> The Non Governmental Organisation Forum held in Vienna in 1994, as a preparatory European meeting for the Beijing Conference, recommended that 'gender-sensitive' health care should be available and adequate.<sup>7</sup> Barriers which may prevent the utilization of services by women can be reduced by targeting educational efforts at women's associations to keep them informed and by creating support mechanisms for them.

The most frequent reasons given for delaying elective surgery in this series were the fear of the outcome of surgery (12%), the high cost of surgery (12%) followed by the high cost of transportation to the hospital for surgery and the preoperative investigations being time consuming. In a survey to study the distribution and determinants of blindness in Nepal,<sup>7</sup> it was found that the most frequent reason for delay in elective surgery (in 37.5% of respondents) was the cost of the procedure, followed by the lack of transportation for the patients and a carer (in 17% of respondents), lack of knowledge of surgery (in 14%), and the fear of blindness and death in 6.3% of respondents. The fear of the outcome of treatment may stem from poor quality surgery outcomes. This can be reduced by the continuous medical education of ophthalmic surgeons to ensure that surgery (especially cataract surgery) is of high quality. A better regime for monitoring the outcome of surgeries would also reduce these fears.<sup>13</sup>

Hospital workers should be encouraged to be courteous, patient and considerate to all patients', in spite of the tight work schedule, thus making services more user friendly and reducing patients fear of the

hospital environment. The hospital management should aim at providing quality health care services, which are client-centred in terms of convenience, comfort and respect for right and dignity. They should also ensure the proper functioning of existing facilities, such as the central sterilizing unit, which would reduce the delay in operating patients already admitted.

## CONCLUSION

This study has helped to highlight some of the barriers to the utilization of eye care services at UCH, Ibadan. These include frequent industrial disputes by health care personnel, long waiting periods before seeing the eye doctor, unfriendly hospital environment, fear of the outcome of surgery and high cost of surgery among others. Implementing some of the recommendations made including procurement of more equipment and employment of more doctors would definitely reduce some of these barriers thereby making service provision and utilization more worthwhile.

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