

Consumer satisfaction with a federal health care service in Nigeria

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Original Article

ABSTRACT

Objective: There is the paucity of information on patients' satisfaction with psychiatric services and reduced levels of health care service delivery, in Nigeria. The aim of this study is to examine one of the dimensions of outcome, patient-satisfaction with the quality of services at the Federal Neuropsychiatric Hospital, Maiduguri.

Materials and Methods: We conducted this descriptive and prospective study, using an adapted version of the Service Satisfaction Questionnaire (SSQ-30) to assess patient satisfaction with mental health care services at the Federal Neuropsychiatric Hospital, Maiduguri, Borno state, Nigeria. Consecutive, insightful and clinically stable follow-up outpatients of the hospital were recruited into the study that lasted one-week. We then subjected the data obtained to descriptive statistics using appropriate statistical packages the EPI-info (2002), to report averages.

Results: The study found that respondents were generally satisfied with health services at the hospital, the overall general assessment of services was 83.8%. In addition, respondents were satisfied with the location and accessibility to psychiatric services (60.1%), and appearance and physical structure of the facilities (71.3%). However, we observed discrepancy between the overall assessment and other indices of patient satisfaction with services such as collaboration between service providers (48.8%), arrangement for after an hour emergency (50%) and waiting period before seeing the practitioner (51.3%).

Conclusion: Despite the limitations of this study it suggests the need for more health systems research in Nigeria.

Key words: Patient, satisfaction, mental health, services, Nigeria

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Satisfaction du consommateur avec un gouvernement fédéral service de soins de santé au Nigéria par

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Résumé

Objectif: Il y a la rareté des informations sur les patients étaient satisfaits des services psychiatriques et une diminution des niveaux de prestation de services de soins de santé, au Nigéria. L'objectif de cette étude est d'examiner l'une des dimensions du résultat, patient-satisfaction à l'égard de la qualité des services au niveau fédéral hôpital neuropsychiatrique, Maiduguri.

Matériels et méthodes: Nous avons mené ce descriptif et étude prospective, en utilisant une version adaptée du Service Questionnaire de Satisfaction (SSQ-30) afin d'évaluer le patient satisfaction avec services de soins de santé mentale au niveau fédéral hôpital neuropsychiatrique, Maiduguri, état de Borno, Nigeria. Consecutives, perspicace et cliniquement stable suivi ambulatoire de l'hôpital ont été recrutés dans l'étude qui a duré une semaine. Nous avons ensuite soumis les données obtenues de statistique descriptive utilisant des progiciels statistiques l' EPI-info (2002), rapport de moyennes.

Résultats: L'étude a révélé qu' en général, les répondants étaient satisfaits des services de santé à l'hôpital, l'évaluation générale des services était 83,8%. En outre, les répondants étaient satisfaits de l'emplacement et l'accessibilité aux services psychiatriques (60,1 %), et de l'apparence et la structure matérielle des installations (71,3 %). Toutefois, nous avons observé discordance entre l'évaluation globale et d'autres indices de satisfaction des patients avec des services tels que la collaboration entre les prestataires de services (48,8%), arrangement pour après une heure d'urgence (50%) et la période d'attente avant de voir le médecin (51,3 %).

Conclusion: Malgré les limites de cette étude, elle suggère la nécessité d'une plus grande recherche sur les systèmes de santé au Nigéria.

Mots clés: Patient; Satisfaction; santé mentale; Services; Nigéria

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INTRODUCTION

Liberal economic social organization of health services placed the patient in the status of a consumer who consumes a product- health service (1). The evaluation of patients' satisfaction with health services is a rapidly developing area of research (2). Studies, in different psychiatric settings, including inpatient and outpatient clinics showed an association between the patient satisfaction and improved clinical outcomes (3). Patient satisfaction, therefore, evaluates the effectiveness of a method of care, and the overall performance of a health service centre. Measurement of patients' satisfaction in psychiatric hospitals correlated with improved clinical outcomes and administrative measures of (4), high quality care, which allows organizations to identify areas of service delivery that need to be improved (3).

In Nigeria, the Service Compact Unit (M.S.U.) of the Federal Ministry of Health and the National Health Insurance Scheme (N.H.I.S.) stress on the importance of patient involvement in health care service delivery (5). Health care providers must understand the aspects of practice that are relevant to patients. Measures of patient's satisfaction help improve the quality and outcome of care. Patient satisfaction research is changing the paradigm of the health care giver-patient relationship since hospitals require information on patients' satisfaction as a performance measure. Satisfaction with services enhances compliance and yields better outcome. Instruments that measure patients' satisfaction with services failed to address patients' needs, quality of life, and service satisfaction (2).

The quality of health care dropped in many African countries (6), and the World Health Organization rated Nigeria 187th out of the 191-member countries. Patient satisfaction is a key variable that evaluates psychiatric services, and improve measures of other outcomes. The present study aims to examine one of the dimensions of outcome, patient-satisfaction with the quality of services at the Federal Neuropsychiatric Hospital, Maiduguri.

METHODOLOGY

We conducted this descriptive, prospective study at the Federal Neuropsychiatric Hospital (FNPH), Maiduguri, Borno state, Nigeria. The catchment area for the hospital included Borno, Yobe, Adamawa, Gombe, Taraba and Bauchi States in northeastern Nigeria, the republics of Chad, Niger and Cameroun. Consecutive, insightful and clinically stable follow-up outpatients (in the one-week study period) participated in the study. The Ethics and Research Board of the FNPH Maiduguri provided ethical approval, and informed consent obtained from the patients or their parents/guardians in case of respondents below 18 years. We ensured confidentiality by using codes and not names of participants on the study instruments.

Measure

Respondents completed an adapted version of Service Satisfaction Scale (SSS-30) (7), a multi-dimensional instrument that measures services in physical and mental health and addiction settings. It has 30 items including items that ask demographic information, close-ended questions, and three open-ended questions for feedback on the instrument itself. The scale contained both quantitative and qualitative components. The quantitative section included close-ended questions rated on a 5-point Likert-type scale: 5 = delighted, 4 = mostly satisfied, 3 = mixed, 2 = mostly dissatisfied and 1 = terrible. We averaged the responses to these items to create a total score. The qualitative component comprised of open-ended questions (free response items) that asked respondents who rated items as "terrible" or "dissatisfied" to explain why, to improve the rating. SSS-30 has four subscales: Practitioner Manner and Skill (nine items), and Perceived Outcome (eight items), Office Procedures (five items) and Service Accessibility (four items).

Two groups of lecturers of the Department of Languages and Linguistics, College of Education, Maiduguri translated the scale into Hausa and Kanuri languages, and another two groups of lecturers of the

department back translated it into English. The translators took into account the custom and cultural practices of the patients. They replaced the 'Naira' currency with the 'Dollar.' The translated version conveyed the general idea of 'mental illness' in English language or 'kəndondi hangalbə' in Kanuri, or 'tabin hankali' in Hausa language, and derogatory terms; 'madness' or 'zori' in Kanuri language, and 'hauka' in Hausa language.

We pilot tested the instrument on ten patients during a clinic day and examined their responses, to determine whether they understood the questions and answered honestly. Two of the researchers administered the scale, and all the participants including the three respondents with no education responded to two of the open-ended questions: "what respondents liked most," and "changes in the service." However, they refused to respond to the third question on: "what respondents liked least about the services at the hospital." The adapted scale, therefore, excluded this question.

We then subjected the data obtained to descriptive statistics using appropriate statistical package of EPI-info (2002), and reported frequencies and percentages for the quantitative component. We analysed, and summarized the responses of the open-ended questions and organized them into main themes.

RESULTS

Socio-demographic characteristics of patients (Table 1):

At the time of analysis, 80 of respondents had returned questionnaires, indicating a response rate of 88.9%. More females (72.4%), seen during the study period than males (27.6%), aged less than 40 years. Concerning their level of education six (6.98%), had primary education only; another twenty-eight (34.39%), had secondary education. Nineteen (24.69%), had tertiary education; while twenty-seven (34.05%), had no training at all. Sixty-six (83.6%), Moslems and fourteen (16.94%), Christians participated in the study. Twenty-five (30.7%), of the patients married; and

fifty-five (69.3%), single. More than one-third, of the participants were Kanuri; and twelve (15.4%), from neighboring countries of Chad, Cameroun and Niger.

Table 2: Elements of health responsiveness

There is a general satisfaction with elements of health responsiveness by the consumers; however, less than half (48.8%), of the consumers mostly satisfied/delighted with collaboration between the hospital and other service providers. Furthermore, half (50.0%), of the participants confirm satisfaction/delighted with the arrangement for after hours emergencies, and forty-one (51.3%), satisfied/delighted with waiting period before seeing the practitioner. There was a general satisfaction with perceived outcome of services. About two-thirds, delighted with the location and accessibility to the service; about three-quarters, mostly satisfied with appearance and physical structure of the facilities.

Table 3: Relationship between gender and general assessment of services at the hospital

There is no statistical relationship between gender and general assessment of services at the hospital ($\chi^2=0.009350$, $\rho=0.9230$)

Figure 1: Degree of satisfaction with distance from the Hospital

Sixty-four (80%) were 25 km or less from the hospital.

DISCUSSION

The response rate for SSS-30 was 88.9% (N=80). The sample was mostly females 72.4% (N=58), aged less than 40 years. Twenty-seven (34.05%) had no education, and 83.6% (N=66) of them were Moslems. Thirty-one (39%) of the participants were Kanuri, and 15.4% (N=12) from neighbouring countries of Chad, Cameroun and Niger (Table 1).

Table 2 shows positive skew ratings of satisfaction scores. More than 70% of the respondents highly rated the services offered, effect of the services, office procedure, publicity or information about services

offered, handling and accuracy of records, effect of the services in maintaining well-being and preventing relapse, confidentiality, cost of services, perceived outcome, and amount of assistance received by the patient. Fifty-seven (71.3%) of the participants were “Mostly satisfied” or “Delighted” with appearance and physical structure of the facilities. The overall global assessment of services at the hospital was 83.8%.

Respondents in this study highly rated the services offered by the hospital; the data negatively skewed. The negative skewed nature of service satisfaction reported by some studies, accurately reflect the true nature of service satisfaction (8,9). This indicates that the measure is useful in identifying respondents (including those with no education) dissatisfied with mental health services but unhelpful in distinguishing those highly satisfied with services (8).

The overall satisfaction with services by respondents in this study contradicts the 2000 AD World Health Report (5) that rated Nigeria 187th out of the 191-member countries. It suggests a large gap between patient awareness and the report, but this requires further investigation. Aarons and colleagues pointed out that negative skew is a result of social benefit and not true satisfaction (10). However, the Service Satisfaction Scale failed to distinguish patient perceptions of aspects of the services (8). We conducted this study at the only federal psychiatric hospital in northeastern Nigeria (a remote region, under-resourced relative to the rest of the country; the population is poor, and ill-educated). Respondents highly rated the poor services at the hospital because they were unable to compare services.

Sixty-four (80%) respondents resided about 25 Km from the hospital (Fig. 1). We found a skewed distribution of responses to the location of the service, similar to the finding of Bickman et al. (8). However, a previous pilot study of different items of Service Satisfaction Scale (7) found that the location of the service had a less skewed distribution of responses.

This study also revealed aspects of the services that mattered a lot to patients, which include the following: Sixty-seven (83.8%) of the participants suggested an overall satisfaction (“mostly satisfied” or “delighted”) with collaboration between the hospital and other service providers. Only 8.8% (N=7) felt the services were terrible and 50.0% (N=40) suggested, “Mostly satisfied” or “Delighted” with the provision for after-hours emergencies. Similarly, forty-one (51.3%) participants suggested, “Mostly satisfied” or “Delighted” with the waiting period before seeing the practitioner. Participants perceived the outcome of services as satisfactory.

Twenty-five (25%) and 33.7% of respondents provided responses to the two open-ended questions. The open-ended responses reflected the opinions of only the respondents that responded to the questions on elements of health responsiveness. The first open-ended question asked respondents who rated items of elements of health responsiveness “terrible” or “mostly dissatisfied” to explain why (N=20). The main themes of the first open-ended question included the following: Majority of the respondents (90%, N=18), expressed satisfaction with the hospital staff and the care they received, 80% (N=16) expressed dissatisfaction with the long waiting period before seeing the practitioner. Similarly, 75% (N=15) of the respondents expressed dissatisfaction with provision made for after-hours emergencies and 85% (N=17) expressed dissatisfaction with collaboration between the hospital and other service providers.

The second open-ended question asked respondents what could be changed in order to improve the ratings for items they rated as “terrible” or “mostly dissatisfied” (N=25). The main themes were 80 (N=20) respondents appreciated the staff and the care they received, and another 80% (N=20) required change in the long waiting period before seeing the practitioner. Similarly, 72% (N=18) of the respondents suggested change in the arrangement made for after-hours emergencies, and 68% (N=17) improvement

on the collaboration between the hospital and other service providers.

Respondents overall indicated satisfaction with the service and care they received. The aspect of service that received the highest rating was manner and skill of staff. This included the technical skills (services offered, confidentiality, effectiveness of services in helping the consumer deal with his/her health problem etc.). Respondents expressed dissatisfaction with collaboration between the hospital and other service providers, long waiting period before seeing the practitioner and arrangement made for after-hours emergencies. The open-ended responses were consistent with these findings.

The findings of this study should be interpreted cautiously because of the small sample size, and the use of self-reports. It is a hospital-based research and not a community survey; it is, therefore, wrong to generalize results to the rest of the country. Perhaps the most significant limitation is that the responses concerned experiences in the outpatient setting only, which may be different from in-patient setting. In addition, the timing of patient satisfaction survey might have influenced the results. The assessment probably excluded patients with right views after treatment. There is also the choice of selection bias among responders; we used a non-probability judgmental sampling technique. Since, the aim of the study is to learn how respondents feel about the programme, a representative sample of all patients, including dropouts would be more appropriate for the study.

Further studies should focus on aspects of care or activities in the clinic that are insufficient to the respondents. In this study, we highlight the following: collaboration between service providers, waiting period before seeing the practitioner, arrangement made for after-hour emergency and response to emergency or urgent needs during office hours. Furthermore, staffs need re-orientation and induction. In addition, patients' education and other interventions that serve to improve the quality of care require attention.

In conclusion, despite the limitations of this study it suggests the need for more health systems research, in Nigeria.

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Table I: Socio-demographic characteristics of patients

Variable	(N)	(%)
Gender		
Male	22	27.50
Female	58	72.50
Total	80	100.00
Age (years)		
Under 20	7	8.75
20-25	30	37.50
26-40	35	43.75
41-64	7	8.75
65+	1	1.25
Total	80	100.00
Marital status		
Currently married	25	31.25
Not married	55	68.75
Total	80	100.00
Educational Status		
No formal education	27	33.75
Primary school	6	7.50
Secondary school	28	10.00
College (polytechnic, college of education)	8	8.75
Quranic	7	5.00
University	4	100.00
Total	80	
Religion		
Islam	66	82.50
Christianity	14	17.50
Total	80	100.00
Ethnicity		
Kanuri	31	38.75
Hausa	7	8.75
Shuwa	7	8.75
Fulani	7	8.75
Babur/Bura	8	10.00
Marghi	3	3.75
Igbo	3	3.75
Yoruba	2	2.50
Others (including consumers from neighboring Ch Cameroun and Niger Republics)	12	15.00
Total	80	100.00

Table 2: Elements of health responsiveness

Indices	Mostly satisfied/ delighted N (%)	Mostly dissatisfied/terrible N (%)
<i>Elements of health responsiveness:</i>		
Services offered	73 (91.25%)	2 (2.5%) 8 (10.00%)
Confidentiality	58 (72.50%)	10 (12.50%)
Opportunity to choose which practitioner	53 (66.25%)	5 (6.25%)
Effect of services in helping the consumer deal with his/her health problem	62 (77.5%)	12 (15.00%)
Office personnel (e.g. Clerks, receptionist)	51 (63.75%)	3 (3.75%)
Office procedure	60 (75.00%)	18 (22.50%)
Waiting time before seeing the practitioner	41 (51.25%)	11 (13.75%)
Availability of appointment time that fits the respondents schedule	49 (61.25%)	10 (12.50%)
Handling and accuracy of records	60 (75.00%)	8 (10.00%)
Publicity or information about services offered	61 (76.25%)	5 (6.25%)
Help received by the consumer	64 (80.00%)	11 (13.75%)
Response to crisis or urgent needs during off hours	42 (52.50%)	9 (11.25%)
Arrangement made for after hours-emergencies	40 (50.00%)	5 (6.25%)
Appropriate use of referrals to other services	46 (57.50%)	9 (11.25%)
Collaboration between service providers	39 (48.75%)	14 (17.50%)
Cost of services	56 (70.00%)	
<i>The Perceived outcome:</i>		
Effect of the services in maintaining well-being and preventing relapse	59 (73.75%)	9 (11.25%) 8 (10.00%)
Effect of services in helping relieve symptoms	55 (68.75%)	7 (8.75%)
Contribution of services to achievement of life goals	49 (61.25%)	7 (8.75%)
Overall assessment of services	67 (83.75%)	
<i>Satisfaction with the location and accessibility to service:</i>		
Location and Accessibility to Service	48 (60.00%)	17 (21.25%) 10 (12.50%)
Appearance and physical layout of the facilities	57 (71.25%)	

N = number N.B.: The total number of responses is less than 80, because some respondents refused to answer some of the questions on type of services offered by the hospital.

Table 3 : Relationship between gender and overall general assessment of services at the hospital

Overall general assessment	Male	Female	Total	Chi square	ρ-value
Satisfied/Mostly delighted	18 (90.0%)	49 (90.7%)	67	0.009350	0.9230
Mostly dissatisfied/Terrible	2 (10.0%)	5 (9.3%)	7		
Total	20	54	74*		

NB:Six respondents refused to answer the question on overall assessment of services at the hospital.

Fig.1 Shows the distance from the hospital

