Assessment of Patients' Satisfaction with the Quality of Care Received at the General Outpatient Department of a Tertiary Hospital, South-West Nigeria

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Abstract: *Background: The level of patients' satisfaction has become a very important benchmark by which healthcare services are evaluated and improved. As against what obtains in developed world, periodic satisfaction surveys are yet to become a regular practice by health systems in many developing countries including Nigeria. Objectives: This study determined the level of satisfaction with quality of care among patients attending the outpatient department of a teaching hospital in south-west Nigeria. Methodology: A cross-sectional study involving 400 respondents recruited by simple random sampling. Data was obtained with a questionnaire incorporating a satisfaction scale with items on different domains of care. Factors associated with satisfaction were determined using cross-tabulations and calculation of unadjusted odds ratios (OR). A multivariate logistic regression model was then used to identify the independent predictors of satisfaction. Results: Overall, 301 (75.2%) were satisfied with the quality of the services they received. In the various sub-domains of care, doctor-patient interaction (4.37±0.50) and accessibility (4.35±0.49) had the highest mean satisfaction ratings while three domains with the lowest ratings were; pharmacy service (3.98±0.82), waiting time (3.96±0.66) and the environment (3.94±0.59). The factors associated with being satisfied were; older age (OR: 3.23, CI: 2.02–5.17) and being married (OR: 1.87, CI: 1.18–2.97) while having formal education was associated with lower odds of being satisfied (OR: 0.32, CI: 0.13 – 0.78). The only factor that independently predicted the level of satisfaction was patient's age. (AOR: 2.31, CI: 1.35 – 3.97). Conclusion: The overall level of satisfaction was fairly good although suboptimal. The areas with the greatest need for improvement are pharmacy service, waiting time and hospital environment.*

Keywords: *Nigeria, Hospital, Patients, Quality of care, Satisfaction*

INTRODUCTION

Over the years, the level of clients' satisfaction has become a critical measure by which the quality of health care services is appraised and has been defined as a subjective evaluation of the service received against the individual's expectations, (Nabbuye-Sekandi et al. 2011; Sitzia and Wood, 1997). Hence, while there are other technical and professional indices of the quality of care rendered to healthcare consumers, the measurement of the efficiency and effectiveness of service delivery is incomplete without taking the patients' perception into

consideration. In other words, healthcare service cannot be said to be said to be of high quality unless the patient is satisfied, (Nabbuye-Sekandi et al. 2011; Campbell et al., 2000). Thus, quality monitoring and improvement for service excellence requires regular feedback from the patients. It is crucial that health care services are patient-centred, user friendly such that the consumers' needs and expectations are satisfied and for this to be so, the voice of the patients must be heard and their views elicited, (Campbell et al., 2000; Donabedian, 1988).

The measurement of patient satisfaction can be said to be an attempt to appraise their perception of various elements or dimensions of the quality of care against the background of their expectations. These dimensions include: accessibility and convenience, physical environment, waiting time, the caring attitude, competence and interpersonal skills of healthcare professionals, patient-provider communication, the cost of care and the availability of requisite technical facilities, (Nabbuye-Sekandi et al. 2011; Sitzia and Wood, 1997; Campbell et al., 2000; Donabedian, 1988; Grogan et al., 2000). These elements and a number of other factors determine patients' overall level of satisfaction. Studies have shown that certain socio-demographic and clinical characteristics influence the degree of patient's satisfaction with healthcare service. These include age, gender, profession, educational status, socio-economic status, the purpose of the visit and severity of illness among others, (Nabbuye-Sekandi et al. 2011; Ilioudi et al., 2013; Young et al., 2000; Al-Dewachi et al., 2015; Udonwa and Ogbonna, 2012; Quintana et al., 2006).

In developed countries, patient satisfaction surveys are done on routine and regular basis and the information garnered are utilized by health care professionals, managers and policy makers in the generation of initiatives for improvement of services quality but this approach is yet to be adequately institutionalised in the African setting, (Nabbuye-Sekandi et al., 2011). There is no gainsaying that there is still so much work to be done with regards to the need for improvement in the quality of health care in the sub-Saharan Africa in general and Nigeria in particular. An important component of the information that needs to be incorporated into such improvement plans has to emanate from surveys of patients' perception and level of satisfaction. Policy makers need such data to facilitate the identification of problem areas and to guide the generation of appropriate patient-centred solutions, (Iliyasu et al., 2010).

Unfortunately, such information in the published literature in this clime are few and far in between, neither have they been routinely collected by the various levels of healthcare institutions, (Nabbuye-Sekandi et al., 2011). There is thus a crucial need for such regularly updated data. This study is situated within this context, with the objective of evaluating the level of satisfaction with the quality of care received by patients attending the outpatient department of a tertiary hospital in South-West Nigeria. It also identified the associated factors and predictors of satisfaction among the respondents.

Methods

Study design

This was a descriptive cross-sectional study carried out among patients at the outpatient department of a tertiary hospital in South-West Nigeria. The outpatient clinic of the hospital provides primary care for adult patients within its catchment area. This include Osun state and parts of the Ekiti, Ondo, Oyo and Edo states of Nigeria. The target population for the study were all the adult patients that presented to the clinic during the period of the study. Apart from antenatal and paediatric patients and those who require emergency attention, the outpatient clinic is the first port of call for all adult patients. Many of these patients are managed and followed up at this level while others who require further specialist care are appropriately referred. The relevant service windows these patients usually have contact with include medical records, nursing, laboratory and pharmacy services.

Selection criteria

The study subjects consist of patients who met the inclusion criteria i.e. adult patients aged 18 years, gave informed consent, had accessed care at the outpatient clinic and had contact with each of the specific service window least once in the three months prior to the study.

Sample size and Sampling technique
The calculation of the sample size was done with the use of the formula for estimating a population proportion. The minimum sample size, using a previous prevalence of patient satisfaction of 52% (Adamu and Oche, 2014) was 384 which was increased to 400 in order to enhance the precision of the study. A simple random sampling method was adopted each day to select the respondents from among the patients that attended the clinic during the period of the study.

Data collection
Data was collected using pre-tested self-administered questionnaire which was designed from combination of review of the literature and previously used questionnaires, (Nabbuye-Sekandi et al., 2011; Sitzia and Wood, 1997). The questionnaire elicited the socio-demographic characteristics of the respondents including the reason for the visit and had a satisfaction scale with sets of questions to assess patients' satisfaction across a range of health care services.

Study measures
Satisfaction with dimensions of care and service were evaluated under the following eight subscales or domains i.e. accessibility, hospital environment, waiting time, medical records, nursing, patient-doctor encounter, pharmacy and laboratory services. The responses were recorded on a five-point Likert scale and awarded scores as follows: 'Very dissatisfied' = 1 point, 'Dissatisfied' = 2, 'Indifferent' = 3, 'Satisfied' = 4 and 'Very satisfied' = 5.

Data analysis
Data analysis was done using the IBM Statistical Package for Social Sciences (version 20). Descriptive statistics was used to summarize the data, frequency counts and percentages for categorical variable, means and standard deviation for continuous variables. The total and mean scores obtained by each respondent in each domain were calculated and the same was done for the overall score. For each satisfaction item, the level of satisfaction was dichotomized thus: those who picked 'very dissatisfied', 'dissatisfied' and 'indifferent' (i.e. 1 – 3 points) were categorized as *'not satisfied'* with that item while those who picked 'satisfied' or 'very satisfied' (i.e. 4 – 5 points) were categorized as *'satisfied'*. In same vein, for the overall level of satisfaction, those with an overall mean rating of 4 points and above were categorised as being 'satisfied' while those with a mean rating that is less than 4 points were 'not satisfied'.

At the bivariate level, in addition to cross-tabulations, crude or unadjusted odds ratios (OR) with 95% confidence intervals were calculated to determine the socio-demographic and clinical variables that were associated with the respondent's level of satisfaction. The significant factors were thereafter included in a multivariate logistic regression model to determine the independent predictors of level of satisfaction, the results were expressed as adjusted odds ratio (AOR). The significance level for all the analyses was set at $p \leq 0.05$.

Ethical consideration and approval
Ethical clearance was obtained for the study from the ethics and research committee of the hospital. Permission was also obtained from the heads of the outpatient department and of the clinical services. All the respondents gave informed consent.

Results

A total of 400 patients participated in the study. The mean age of the respondents was 46.1±17.6 years with the highest proportion of 91 (22.8%) in the age group of those 30 years and below (Table 1). About two-thirds (60.2%) were females and about the same proportion (63.8%) were married. With regards to the purpose of visit, majority came either for a new complaint (43.2%) or for follow-up visit for review of investigation results.

Table 1: Respondents' Socio-demographic Characteristics (N = 400)

	Frequency (n)	Percentage (%)
AGE		
≤30	91	22.8
31-40	83	20.8
41-50	61	15.2
51-60	84	21.0
≥60	81	20.2
SEX		
Male	159	39.8
Female	241	60.2
ETHNICITY		
Yoruba	376	94.0
Hausa	7	1.8
Ibo	17	4.2
EDUCATION		
None	56	14.0
Primary	50	12.5
Secondary	126	31.5
Tertiary	168	42.0
MARITAL		
Single	83	20.8
Married	255	63.8
Separated/Divorced	17	4.2
Widow	45	11.2
REASON FOR VISIT		
New Complaint	173	43.2
Drug Refill	21	5.2
Result Follow up	179	44.8
Med. Certificate	27	6.8
INCOME		
Less 18,000	364	91.0
18,000 Above	36	9.0

Level of satisfaction

Table 2 shows the mean satisfaction rating of each of the dimension and domains of care by the respondents. The two areas with the highest rating were the domains of 'doctor-patient encounter' (4.37±0.50) and 'accessibility' (4.35±0.49). On the other hand, the two domains with the lowest ratings were; 'environment' (3.94±0.59) and 'waiting time' (3.96±0.66). The overall mean satisfaction rating across the entire satisfaction scale was 4.15±0.48.

Table 2: Mean satisfaction ratings across the domains (N=400)

DOMAINS	MEAN (SD)
Accessibility	4.35 (0.49)
Waiting time	3.96 (0.66)

Environment	3.94 (0.59)
Medical records	4.18 (0.64)
Nursing service	4.16 (0.67)
Laboratory service	4.09 (0.65)
Doctor-patient encounter	4.37 (0.50)
Pharmacy service	3.98 (0.82)

In order to further highlight the domains with the lowest mean satisfaction scores i.e. waiting time and the environment, the dichotomized responses to the specific items in both domains are presented in table 3. The respondents expressed the lowest rate of satisfaction with the availability and cleanliness of conveniences.

Table 3: Responses to Line Items in the Waiting Time and Environment Domains (N=400)

		Satisfied n (%)	Not Satisfied n (%)
Waiting Time			
1	The time it took before being attended to at the payment point	323 (80.8)	77 (19.2)
2	The time it took before being attended to at the medical record registration point	361 (90.2)	39 (9.8)
3	The time it took before being attended to by the nurses	361 (91.0)	36 (9.0)
4	The length of time between getting to the hospital and when able to see a doctor.	334 (83.5)	66 (16.5)
5	The time it took before being attended to at the pharmacy	312 (78.0)	88 (22.0)
6	The time it took before being attended to at the laboratory	333 (83.2)	72 (16.8)
Environment			
1	Appearance of the physical structure of the hospital	361 (90.2)	39 (9.8)
2	Cleanliness of the hospital environment	372 (93.0)	28 (7.0)
3	Cleanliness of the waiting area	372 (93.0)	28 (7.0)
4	The space and seats provided in the waiting area	361 (90.2)	39 (9.8)
5	Condition of the consulting room	352 (89.2)	43 (10.8)
6	Availability and cleanliness of toilets/conveniences	182 (45.4)	218 (54.5)

Overall level of satisfaction
Among the respondents. **301 (75.2%)** were satisfied with the overall quality of the care and service they received while **99 (24.8%)** of them were not satisfied.

Factors associated with level of satisfaction
At the bivariate level of analysis expressed as unadjusted odds ratio, three factors were significantly associated with the level of satisfaction. These include patient's age, marital status and educational status. Those who were 40 years and above were more likely to be satisfied that the younger ones (OR: 3.23, CI: 2.02 – 5.17). In a similar vein, married patients were more likely to be express satisfaction than the unmarried counterparts (OR: 1.87, CI: 1.18 – 2.97). However, respondents with some level of education were significantly less likely to be satisfied compared to those without any education (OR: 0.32, CI: 0.13 – 0.78).

Table 4: Factors Associated with Satisfaction Among Respondents

	Satisfied n (%)	Not satisfied n (%)	Unadjusted Odds Ratio (CI)	p value
Age				
< 40 years	100 (62.1)	61 (37.9)	1	
40 and above	201 (84.1)	38 (15.9)	3.23 (2.02 – 5.17)	< 0.001

Gender				
Male	121 (76.1)	38 (23.9)	1	
Female	180 (74.7)	61 (25.3)	0.93 (0.58 – 1.48)	0.75
Marital				
Not married	98 (67.6)	47 (32.4)	1	
Married	203 (79.6)	52 (20.4)	1.87 (1.18 – 2.97)	0.007
Ethnicity				
Yoruba	285 (75.8)	91 (24.2)	1	
Igbo/Hausa	16 (66.7)	8 (33.3)	0.64 (0.26 – 1.54)	0.32
Education				
No Education	50 (89.3)	6 (10.7)	1	
Educated	251 (73.0)	93 (27.0)	0.32 (0.13 – 0.78)	0.01
Income				
< 18,000	276 (75.8)	88 (24.2)	1	
18,000 above	25 (69.4)	11 (30.6)	0.72 (0.34 – 1.53)	0.40
Purpose of visit				
New complaints	124 (71.7)	49 (28.3)	1	
Follow-up/Drug refill	160 (80.0)	40 (20.0)	1.58 (0.98 – 2.55)	0.06
Medical certificate	17 (63.0)	10 (37.0)	0.67 (0.29 – 1.57)	0.36

Predictors of satisfaction

The significant factors from the bivariate analysis were included in a multivariate logistic regression model. The only factor that remained significant as an independent predictor of the level of satisfaction was the patient's age (AOR: 2.31, CI: 1.35 – 3.97).

Table 5: Logistic regression of the predictors of satisfaction

	Beta	Standard Error (SE)	P value	Adjusted Odds Ratio	95% confidence Interval (CI)
Age					
<40 years				1	
40 and above	0.838	0.276	0.002	2.31	1.35 – 3.97
Marital Status					
Not married				1	
Marital	0.431	0.269	0.110	1.54	0.91 – 2.61
Education					
No Education				1	
Educated	- 0.824	0.491	0.093	0.44	0.17 – 1.15

Discussion

The assessment of patients' perception regarding the quality of healthcare services is indeed a valuable source of feedback for the evaluation and improvement of such services since it is based on the direct experiences of the users, (Velikj-Stefanovska and Stefanovska-Petkovska, 2014; Ahmad et al., 2011). This study evaluated the level of satisfaction with care received by the respondents and it revealed varying levels of satisfaction across the different dimensions of care.

The domain of doctor-patient encounter received the highest mean satisfaction ratings. Good communication between patients and care providers has been described as one of the most important components that fosters good patient satisfaction, (Iliyasu et al., 2010). The doctor-patient encounter as assessed in this study encompassed patient's perception with regards to the sufficiency of time spent with the doctor, ability of the doctor to listen to all of client's concerns and the effectiveness of communication of the necessary explanations

to the client. The level of satisfaction with this aspect of their experience is consistent with findings from previous studies within the country and from other parts of the world, (Iliyasu et al., 2010; Velikj-Stefanovska and Stefanovska-Petkovska, 2014; Abioye et al., 2010; Laurent et al., 2006; Abodunrin et al., 2015; Ofili and Ofovwe, 2005; Oyo-Ita et al., 2007). Some other studies have however reported that patients were dissatisfied with this crucial aspect of heath care service delivery, (Alzolibani et al., 2011; Kambala et al., 2011).

In contrast to what had previously been found by some authors, (Abodunrin et al., 2015; Eze et al., 2006), ease of access to services received relatively high satisfaction ratings among the respondents in this study. The patients' opinion in this case were apparently influenced by such factors as its location along a major road which is easily accessible from different parts of the town and its environ, the arrangement of the various service windows in a contiguous manner and the presence of appropriate signages giving directions to patients. This finding was similar to that of Iliyasu et al., (2010) in the northern part of the country and Ekpe and colleague, (Ekpe and Peter, 2016) in the south-south Nigeria.

The lowest three satisfaction ratings were in the aspects of environment, pharmacy service and waiting time. The lower level of satisfaction with 'waiting time' correlates with findings from several other studies, (Iliyasu et al., 2010; Onifade et al., 2010; Daniel, 2013; Al-Assaf, 2009) and cannot be said to be unexpected in view the fact that it has been one of the most common cause of concern for clients especially in public health institutions, (Onifade et al., 2010). Our centre, being a tertiary referral hospital receives relatively large population of patients for consultation each day. The generally poor state of primary and secondary care facilities in the country tend to be a major contributory factor since many ailments and conditions that should ordinarily be taken care of at such levels find their way to the tertiary hospitals.

With regards to the environment, the same relatively low rating we found has been highlighted in studies among patients in other centres, (Adamu and Oche, 2014; Velikj-Stefanovska and Stefanovska-Petkovska, 2014) while it is inconsistent with the high level of satisfaction with this domain reported by some other authors, (Iliyasu et al., 2010; Ekpe and Peter, 2016) The low level of satisfaction with the environment in this study was particularly due to the high rate of dissatisfaction with the sub-component item of availability and state of the sanitary facilities, in addition to some other aspects of the environment which received suboptimal ratings.

This study, like most of the similar ones, (Iliyasu et al., 2010; Adamu and Oche, 2014; Abioye et al., 2010; Laurent et al., 2006) suggest that the overall level of patients' satisfaction is fairly high, though there are a number of areas requiring attention. The overall rate of satisfaction of 75.2% is however less than some previously reported figures ranging from 82% to 88.7% in surveys at other centres within and outside the country, (Iliyasu et al., 2010; Abioye et al., 2010; Laurent et al., 2006; Ekpe and Peter, 2016) On the other hand, it is higher than the 59.3% and 52% reported by Udonwa et al. in Calabar, (Udonwa and Ogbonna, 2012) and Adamu & Oche in Sokoto, (Adamu and Oche, 2014) respectively. These comparisons must however be interpreted with caution against the background of significant differences in the settings and the methods adopted across the different studies. For example, in the study by Iliyasu et al. (2010) in which 83% were satisfied with the services received, there was a lower level of education among their respondents when compared with those in this study. Usually, people with higher level of education tend to have higher expectations with regard to standard and quality of health care delivery, (Nabbuye-Sekandi et al., 2011). Thus, they more likely to feel dissatisfied when such expectations are not met, thus the lower degree of satisfaction in this study.

In many studies, the level of patients' satisfaction has been shown to be associated with a number of socio-demographic and clinical factors, (Nabbuye-Sekandi et al., 2011; Al-Dewachi and Al-Bakri, 2015; Udonwa and Ogbonna, 2012; Quintana et al., 2006). Our findings revealed a significant association between the degree of satisfaction and patient's age, marital status and level of education. There was a significantly lower rate of satisfaction among those who were educated and those who were below the age of 40. This pattern is generally consistent with previous reports, (Nabbuye-Sekandi et al., 2011; Al-Dewachi and Al-Bakri, 2015).

This is not unexpected because educated people and younger aged healthcare consumers are generally more critical in their thinking and assessment and are usually less patient when there is a delay in being attended to.

After multivariate analysis to adjust for the various significant co-variates, only patient's age remained significant as a predictor of the level of satisfaction among the respondents. The older patients were thrice more likely to be satisfied than the younger ones, similar to what had been found in some previous studies, (Laurent et al., 2006).

Limitations

The findings in this study may need to be interpreted in the context of certain limitations. The cross-sectional nature of the study is unable to account for the fact that patient's satisfaction, being a subjective measure, may vary from one visit to another depending on various patient-related or hospital-related factors.

Furthermore, the findings may not be generalizable to patients attending other clinics and departments or to the in-patients. Nonetheless, the study provided important insights into the potential hindrances to satisfaction across all categories of patients in view of the fact that all patients in the hospital utilize most of these same services windows.

Conclusion

This study showed that the overall level of satisfaction of patients with the services obtained was generally good although suboptimal against the background of what can be considered as desirable. It also identified some areas with the greatest necessity for improvement. There is thus the need for the development and implementation of plans and policies aimed at ensuring continuous quality assessment and enhancement. Particular attention must be paid to the specific aspects which respondents rated as less satisfying such as; waiting time, pharmacy service and the different components of the hospital environment.

Conflict of Interest

The authors declare no conflict of interests.

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