

Patients' Satisfaction with Quality of Care in General Hospitals in Ebonyi State

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Abstract

The provision of quality health services is indispensable, yet health care delivery system in Nigeria is characterized with the problems of the quality of care and accessibility to care. Patient satisfaction is an essential parameter in the assessment of quality of care and health care facility performance. There is dearth of data on a holistic patients' satisfaction at health facilities in Ebonyi state. Thus, the study investigated patients' satisfaction with quality of care in General hospitals in Ebonyi state, South East, Nigeria. Cross sectional descriptive study design was employed. Data were collected using 32-item structured and open-ended patients' satisfaction questionnaire. Four hundred patients (18 years and above) in general hospitals were selected using multi-stage sampling technique. The analysis was done using mean score (\bar{x}), standard deviation, t-test and analysis of variance (ANOVA). Results showed that most patients were satisfied with time spent to reach the hospital, hospital location, cost of service, waiting time, communication with staff and competency of staff while most patients were dissatisfied with the means of transportation to the hospital. Socio-demographic characteristic such as gender and occupation were significant to patients' satisfaction. Thus, the study recommended the need for continuous evaluation of service through bi-annual surveys and further studies on in-patients' satisfaction.

Keywords: Patients Satisfaction, Gender Occupation, Quality of Health Care

Introduction

Patient's satisfaction is a very crucial indicator in assessing the quality of health care in health facilities. Patient's satisfaction is defined as the number of patients or percentage of total patients, whose report knowledge with an establishment, its goods, and services (rating) exceeds particular fulfilment goals. It is a word commonly used in business to assess how goods and services of an organization meet up or exceed client anticipation (Chirdan, Lar, Afolaranmi, Inalegwu, Igoh and Adah, 2014). Also, Akins, Alhmed and Adzimah (2014) stated that the extent of one longed service as against persons' expectation is known as satisfaction. Quality of care is the extent to which health services for persons and the masses are improved and the use of more health services and the likelihood of expected health outcomes are inconsonance with recent scientific information. Quality of care is having the best care possible for one's illness or condition. Client satisfaction is a crucial factor in health care, and is a way to ascertain success and quality of care. Contrastingly, patient satisfaction or dissatisfaction is not an emotion or feeling but the assessment of an emotion. There are two categories of patients; in-patients and out-patient. In-patients are those that are on admission in the hospital while outpatient are those that are seen at out-patient department (GOPD) and they don't stay overnight in hospital.

Variables such as gender and occupation affect patient's satisfaction on access, waiting time, communication, empathy, competence and cost. Hanan, Awardet and Adel (2015) stated that female patients were more pleased with the nursing care they got compared to males. Green, Wysocki, Espinosa and Scali (2016) observed that gender may predict level of patients' satisfaction. Occupation of patient is also another significant determinant in patient satisfaction (Abodurin, Adeomi and Adeoye 2014; and Chen, Li and Zhang 2016). Saeed, Mohammed, Magzous and Al-Doghaither (2001) observed that unskilled labourers showed significantly high satisfaction which was contrasted by report of Sunkung, Onyeka, Kyungah and Less (2015) that civil servants

were more satisfied than other categories. Gavran, Jaarevio and Hasanica (2013) explored patients' satisfaction with primary health care in Zenica and found that most males, within the age group 41-60 years were satisfied with waiting time. They concluded that there is high level of patients' satisfaction with the family medicine units of primary health care.

Murante, Vainieri, Rojas, and Wuti (2014) conducted a study of patients' satisfaction in 26 hospitals in Italy and concluded that there is a statistical patients' perception between communication, health services and the level that health professional are known and adapt to their character with regards to these beliefs. Although, variables like age, gender, and health condition powerfully influence patients' satisfaction. Hence health administrator should lay more emphases to the result of patient survey because providing information of the result to employees will lead to improve output.

Afzal, Rizvi, Hussain, Rajput, Khan and Tariq (2014) conducted a cross sectional study to determine patients' fulfillment and its relationship with variation in demographic characteristic in an outpatient section of Rawalpindi teaching hospital. Overall patients' satisfaction was seen in age between of 25-35 years, females, and high level of education while lesser satisfaction was observed on single parents, under matriculation class and low-income earners. It was concluded that total satisfaction was related with age, gender, education and level of income.

Soliman, Kassam and Ibrahim (2015) conducted a cross sectional correlation study between patient satisfaction and nurses' caring behaviour at Mansoura University Hospital Egypt using structured questionnaire. Results indicated that female patients were more pleased with nursing care than males and there is a negative correlation between nurse caring behaviour (performance) and patient satisfaction. They concluded that patients' satisfaction with nursing care may be influenced by many variables and recommended further qualitative studies to fully capture the realities of these variables.

Sysorones, Marcauley and Kruk (2014) conducted a cross-sectional survey in rural Liberia to determine their confidence in healthcare with a sample of 1435 respondents. Overall, 50.56% responded needed service for men and children, assurance in ability to obtain care increased with education; there were no connection between health system, being female, age, formal health sector use and closeness to the clinic. It concluded that patients experience with healthcare system has a greater association with their confidence in obtaining needed healthcare than access to excellence of medical equipment in health clinic.

Chirdan, Lar, Afolaranmi, Inalegwu, Igoh and Adah (2014) conducted cross-sectional study in Jos metropolis using a health facility. Results showed statistically significant association; $p < 0.0001$ with the two as it concerns with waiting time, comfort and cleanliness of the reception hall. Utilization of maternal health services and educational level were most statistically significant, $p < 0.0001$.

Abodurin, Adeomi and Adeoye (2014) conducted a cross sectional study to determine contentment with excellence of healthcare received by mothers attending child welfare clinics in Orodu L.G.A. Otosun of Osun state Nigeria using a seven structured questionnaire. Results showed that out of 200 mothers, 194 (97%) were satisfied with the handling of their children, level of sanitation of the toilets while two thirds had low level of satisfaction. They concluded that effort must be enhanced on amenities in health facilities as these affect the mothers' happiness.

Li, Zhang, Wang, Li and Chen (2014) conducted a cross-sectional survey in China with medication-related services in hospital setting to patients on 18 tertiary general hospitals. There is significant difference ($p < 0.01$) on patient satisfaction observed in "consideration and explanation. Authors concluded that low patient satisfaction with financial aspect of medication related service, and recommended effect on improving the clinical and financial outcome of treatment and other services.

Ghorbani, Raeissi, Saffari and Reissi (2015) conducted a study on patient happiness with family doctor services in Iran using 41 centres providing healthcare services in rural and urban areas on a sample of 1263 people. Results showed no significant different as related to gender, location, level of education and marital status. Also, rural inhabitants were smaller than urban patients and concluded that level of patients' satisfaction with family doctor was moderate on services such as waiting time, cost, welfare facilities, accessibility, and on the service providers team instead patients' personal uniqueness.

Lannazzi, Kahn, Zhang, Gesting, Noyes and Monson (2015) conducted a study on patient satisfaction in surgical patients using HCAHPS in New York and reported overall patients' satisfaction and 90% differences was positively associated with an intensive care unit provider. Clinical course has impacts on patients' satisfaction and so need for greater interactions between surgeon and nurse patient.

Gustafsson, Martinsson, Walivaara, Vikman and Stegan (2016) conducted a cross sectional study on patient satisfaction in Northern Sweden using a questionnaire on 500 randomly selected callers. Results showed that young callers were significantly less satisfied with their care. Both men and women rated the severity of their symptoms equally, with 66.1% of cases showed a lower level of care than initial intended. It was concluded that personalized care rather than referred to a general practitioner influences patient satisfaction negatively; also

feeling reasoned after consultation is strongly related to satisfaction which in turn measures the chances of engaging in self-care activities.

Chen, Li and Zhang (2016) conducted a cross-sectional study on patients' satisfaction in public hospitals in Shanghai China using structured questionnaire on sample 878 inpatients at A-5-point likert scale and revealed that gender, occupation, age and residence had significant association with satisfaction while monthly income and marital status did not. Also, statistical results showed that attitudes of doctors and nurses, costs and environment were found to have an impact on the inpatient satisfaction. It was concluded that sex, behaviour of doctors and nurses, expenditure and environment had influence on patients' satisfaction and recommended health department should take more interest to patient satisfaction and improvement on the quality of appropriate health services.

Patients most times don't get the desired services when they go to health facilities for care. For most countries, research of patients' satisfaction and patients' experience with hospital are done most often and the feedback gotten are made available to the public together with other indicators of health care quality. The hospitals in the developed countries are aware of the consequence of delivering patient approval as a tactical variable and a vital determinant of long-term feasibility and success (Amole, Oyatoye and Kuye, 2014).

In Nigeria, there is no official policy on patient satisfaction that has been launched to the best of the researcher's knowledge. However, the Federal Government (FG) has done something close to proper service in any formal institutions (The SERVICOM Book, 2006).

In Ebonyi State only one study was conducted in Abakaliki Urban in four ultrasound centres (Ugwu, Ahamefula, Egwu and Okafor (2007).

Moreover, in Ebonyi State patients don't use health facilities for most of their ailment because of difficulty in accessing health care and inadequate health workers. The state has 13 General Hospitals, to take care of the entire population of 2,427,349, implying that one general hospital has to provide health care for 186,719 people. There are also 803 nurses and nine out of this number trained on Live Saving Skills (LSS), implying a ratio of one nurse to 151 pregnant women and one to 665 women of childbearing age (Ebonyi State Malaria Report, 2011). This situation may lead to lack of patient's satisfaction to the quality of care provided.

The main purpose of the study was to determine patients' satisfaction with quality of care in General Hospitals in Ebonyi State. Two hypotheses were tested on gender and occupation

Research Design

Survey design was used to ascertain patient satisfaction with quality of care in general hospitals of Ebonyi State. The area of study is Ebonyi State Nigeria. The population of the study was 1,363,633 all adults from 18 years and above (Ebonyi State Ministry of Health, 2016). The sample size was 400 respondents drawn from the out patients attending the state-owned General Hospitals in the thirteen LGAs using Taro Yamene's formula.

The instrument used in collecting data was a self-structured questionnaire titled patients satisfaction with quality of care in general hospitals in Ebonyi State. Three experts established the face validity of the instrument. This ensured clarity of instructions to the respondents. The reliability of the instrument was established using data collected from 30 patients in Nsukka General Hospital, Enugu State. The internal consistency of the instrument was computed using Cronbach alpha. The process yielded an overall reliability of the coefficient of 0.795. The researcher administered 400 copies of the questionnaire to the respondents in the various hospitals at out-patient department during various clinics assisted by six research assistants to interpret the questions in the local language to the non-literates patients. This was to ensure proper completion and return of the copies of the questionnaire. Data were analyzed using t-test and Analysis of Variance (ANOVA). Mean score was used to answer all the research questions. While, t-test was used to test hypothesis 1 and ANOVA was used to test hypotheses 2 at 0.05 level of significance.

Results

Table 1: Patients' Satisfaction Score with Respect to Gender

Variables	Gender	N	\bar{x}	SD
Waiting time	Male	156	2.72	0.81
	Female	240	2.91	0.56
Communication	Male	156	2.93	0.78
	Female	240	3.15	0.49
Empathy	Male	156	3.00	0.70
	Female	240	3.20	0.45

Competency	Male	156	2.98	0.77
	Female	240	3.13	0.51
Cost	Male	156	2.64	0.86
	Female	240	2.78	0.68
Access	Male	156	2.62	0.98
	Female	240	2.54	0.84

The above results show that level of satisfaction with quality of care can be influenced by gender. The negative t-values implied that the direction of the observed difference in the gender were tilted to females and thus this shows that female respondents are more satisfied with quality of care than the male respondents.

Table 2: Patients' Satisfaction Score with Respect to Occupation

Characteristics	N	Mean						
		Waiting Time \bar{x}	Communication \bar{x}	Empathy \bar{x}	Competency \bar{x}	Cost \bar{x}	Access \bar{x}	Grand Mean
Trading	136	2.75	2.97	3.03	2.94	2.69	2.52	2.82
Artisan	65	2.86	3.13	3.19	3.05	2.76	2.56	2.93
Farming	127	2.89	3.10	3.15	3.20	2.81	2.67	2.97
Civil servant	68	2.89	3.10	3.16	3.09	2.57	2.50	2.89

Farmers are the most satisfied group with the grand mean of 2.97 followed by artisans who are satisfied mostly in communication ($\bar{x} = 3.13$) and empathy ($\bar{x} = 3.19$) with the grand mean of 2.93.

Table 3: Independent Sample t-test Table on Patients' Satisfaction with Quality of Care based on Gender

Variables	Gender	N	\bar{x}	SD	t.cal	Df	p-value	Dec
Waiting time	Male	156	2.72	0.81	2.65	394	0.008	S
	Female	240	2.91	0.56				
Communication	Male	156	2.93	0.78	3.52	394	0.000	S
	Female	240	3.15	0.49				
Empathy	Male	156	3.00	0.70	3.44	394	0.001	S
	Female	240	3.20	0.45				
Competency	Male	156	2.98	0.77	2.24	394	0.026	S
	Female	240	3.13	0.51				
Cost	Male	156	2.64	0.86	1.74	394	0.75	NS
	Female	240	2.78	0.68				
Access	Male	156	2.62	0.98	0.83	394	0.42	NS
	Female	240	2.54	0.84				

*p<0.05

Table 1 shows the responses on male and female respondents to the patients' satisfaction index. The analysis indicated that there is a significant difference in patients' satisfaction with waiting time, communication, empathy and competency of health workers ($p < 0.05$).

The negative t-values implied that the direction of the observed difference in the gender were tilted to females and thus this showed that female respondents are significantly more satisfied with waiting time, communication, empathy and competency than the male respondents.

Hence, the null hypothesis that there is no significant difference in patient satisfaction based on gender should be rejected for waiting time, communication, empathy and competency; and accepted on the other hand for cost of services and access to health facilities.

Table 2: Summary of Analysis of Variance (ANOVA) on Patients' Satisfaction based on Occupation

Source of Variance	Sum of Squares	Df	Mean Square	of F-cal	p-value	Dec.
Waiting Time						
Between Groups	1.498	3	0.499			
Within groups	178.668	392	0.456	1.096	0.351	NS
Total	180.166	395	0.955			
Communication						
Between Groups	1.700	3				
Within groups	153.909	392	0.567	1.443	0.230	NS
Total	155.609	395	0.393			
Empathy						
Between Groups	1.764	3				
Within groups	127.359	392	0.588	1.810	0.145	NS
Total	129.123	395	0.325			
Competency						
Between Groups	4.444	3				
Within groups	152.493	392	1.481	3.808	0.010	S
Total	156.937	395	0.389			
Cost						
Between Groups	2.790	3				
Within groups	223.839	392	0.930	1.629	0.182	NS
Total	226.629	395	0.571			
Access to facilities in the Hospital						
Between Groups	2.055	3	0.685	0.845	0.470	NS
Within groups	317.711	392	0.810			
Total	319.765	395				

*p<0.05

Table 2 shows the analysis of variance (ANOVA) among respondents of different occupations in their responses on patients' satisfaction items. The analysis recorded that there is no significant difference among different occupations with their satisfaction with waiting time, communication, empathy, cost of service and access to facilities ($p > 0.05$).

Furthermore, there is a significant difference among respondents' occupations with competency of the provider ($p < 0.05$). Hence, the null hypothesis that there is no significant difference in patient satisfaction with waiting time, communication, empathy, cost of service and access will be accepted whereas the null hypothesis that there is no significant difference on patient satisfaction with competency of the provider will be rejected.

Discussion

The findings of this study revealed that female patients were more satisfied with waiting time, communication, empathy and competency than the male respondents (Table 1). This is consistent with Dhyana and Venkatesh (2005), El-Nasser and Mohammed (2013) who found that, in relations to gender with level of satisfaction that females are more satisfied than males. Also Soliman, Kassam and Ibrahim (2015) opined that female patients were more satisfied with nursing care than males. This assertion was also supported by Vasudevan, Arachchi, Daniel and Langenberg (2013). Furthermore Chen, Li and Zhang (2016), Jalil, Zaka, Zaka and Fischer, Kim, Shin, Lee, Lee, Kim, Choi, Park, Lee and Ha (2017) reported that females are more satisfied than males.

The above assertions are in contrast with previous studies which demonstrated males as being more satisfied than females (Sharifi, Barazi Mohammadi, Ramezzni and Vardanjani 2012). Male patients were recorded to be more satisfied by Vidhya and Rajakumar (2014), supported by Abdelhafez, Al-quarashi, Al-Ziyadi, Kwair, Shobki and Mograbi (2012). Similarly, Gavran, Jaarevio and Hassmica (2013) and Bener and Ghuloum (2013) reported that males were more satisfied. Shariti, Baraz, Mohammad, Rainezani and Vardanjani (2012) reported more satisfaction in men. Adekanye and Adefemi (2013) opined that men had their expectations met.

In another vein, several other studies have reported no statistically significant difference on gender in patients' satisfaction. According to Karabulut, Aktap, Gurpayir, Yilmaz and Goken (2011), Udonwa and Ogbonna (2012), gender did not show any statistically significant relationship with patients' satisfaction. Svsorones, Marcauley and Kruk (2014) reported no correlation on gender in patients' satisfaction. Heather (2014), Ghorban Raeissi, Saffari and Reissi (2015), Iannazzi, Kahn, Zahng, Gesting, Noyes, and Monson (2015)

Gustafsson, Matinsson, Walivaara, Vikman and Stegan (2016), opined that there is no statistically significant difference in male and female respondents which was supported by Murante, Vaineri, Rojas, and Wuti (2014). The study reported high satisfaction among farmers ($\bar{x} = 2.97, p < 0.05$) (Table 2) which was contrasted by Saeed, Mohammed, Magzous and Al-Doghaither (2001) reported that unskilled labours showed significantly high satisfaction. Similarly, Sunkung, Onyeka, Kyungah & Less (2015) reported that civil servants were more satisfied than other categories. However, Abodurin, Adeomi and Adeoye (2014); Chen, Li and Zhang (2016), Kim, Shin, Lee, Lee, and Ha (2017), Jalil, Zaka and Fischer (2017) stated that occupation is significant determinants in patients' satisfaction.

Conclusions

Conclusively, the patients were satisfied with waiting time, access, empathy, communication, competency and cost of services. Evidence abounds that socio-demographic characteristics such as gender and occupation were significant to patients' satisfaction.

Recommendation

There should be continuous evaluation of patient's satisfaction at least bi-annually, employment of more qualified health workers and sensitization on health seeking behaviour.

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