



Research Article

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Surgical patient's satisfaction with services at a tertiary hospital in south -south state of Nigeria

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Abstract

Background: Healthcare managers now incorporate patient centered care as a major component in the healthcare mission using patients assessment of the services rendered. These surveys have become routine as part of total quality management in developed countries. Periodic patient satisfaction surveys provide feedback to hospital management and staff regarding the quality of services rendered. **Aims and Objectives:** Our objective therefore was to investigate patients assessment and satisfaction of services rendered in the University of Uyo Teaching Hospital, Uyo, using the Surgery department as a case study. Study Design: cross-sectional. Setting: Surgical units and accident and emergency (A/E) unit of the University of Uyo teaching hospital. **Materials and Methods:** Structured questionnaires were administered on a of 130 surgical patients using systematic random sampling method, out of which 108 completed the questionnaire/interview and were included in the study. **Results:** Overall, 86.85% of the patients were satisfied with the services received from the University of Uyo Teaching Hospital, while 18.9% were dissatisfied, the remaining 4.45% non respondents. In assessing the service units; 82.61%, 90.00%, 83.00%, 70.59%, 85.72%, 77.97%, 84.64% and 96.60% of the patients were satisfied with services rendered at accident and emergency unit, Pharmacy, laboratories, blood bank, surgical wards, surgical outpatient department (SOPD), medical records and theatre units of the hospital respectively. In provider relationship, 91.90%, 93.7%, 90.63%, 86.20%, 92.30% and 84.20% were satisfied with the conducts of Doctors, Nurses, Pharmacies, Medical Records, Medical Laboratory Scientist, and administrative staff respectively. Patients were generally satisfied with the ease of assessing care in the hospital. However, waiting time of more than one hour for services at the SOPD, A&E, Laboratories, Blood bank, medical records, and pharmacy were 41.7%, 22.72%, 31.03%, 21.05%, 16.67%, and 14.29% respectively. Also, 37.51% and 22.25% of the patients were dissatisfied with cleanliness of conveniences and charges in the hospital respectively. Some others (7.4 %) of respondents were not happy with electricity supply in the hospital. **Conclusion:** There is high patient satisfaction in the University of Uyo Teaching Hospital, health workers need to be more responsive by reducing waiting time for consultation, improving electricity supply and keeping the conveniences more tidy and comfortable for patients. A more robust plan should be put in place to sustain and enhance patients care in this hospital.

Keywords: Patient, Satisfaction, Hospital, Services, Waiting time.

INTRODUCTION

Healthcare industries have seen recent movements towards continuous quality improvement and this has gained momentum since 1990 and according to Donabedian's declaration for incorporating patient perception into quality assessment, healthcare managers thus incorporate patient centered care as a major component in the healthcare mission ^[1]. The healthcare managers that endeavor to achieve excellence take patient perception into account when designing the strategies for quality improvement of care. Recently, the healthcare regulators shifted towards a market-driven approach of turning patient satisfaction surveys into a quality improvement tool for overall organizational performance ^[2]. In 1996, evaluation of patient satisfaction was mandatory for all French hospitals ^[3]. Laurent et al. in 2006 conducted a study in a tertiary teaching hospital in France aiming to assess the opinions of clinical staff towards the effect of in-patient satisfaction surveys on the quality improvement process. A favorable result of 94% revealed that the patient was able to judge hospital service quality, especially in its relational, organizational and environmental dimensions ^[3]. In Germany, measuring satisfaction has been required since 2005 as an element of quality management reports ^[4]. Since 2002, the Department of Health (DOH) has launched a national survey program in which all National Health Service (NHS) trusts in England have to survey patient satisfaction on an annual basis and report the results to their regulators ^[5]. Therefore, measurement of patient satisfaction is a legitimate indicator for improving the services and strategic goals for all healthcare organizations ^[6].

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Patient satisfaction is the extent to which the patients feel that their needs and expectations are being met by the service providers^[7].

Interest in assessing patient satisfaction with healthcare arose with the consumer movement of the 1960s^[8]. Over the next 25 years, health service researchers reported that satisfied and dissatisfied patients behaved differently; satisfied patients were more likely to comply with treatment^[8,9,10] keep follow up appointments^[7,8,11,12] and utilize health services. Such behavioral consequences related to satisfaction could affect outcome of care^[7,8] and health-seeking behaviour. Health care recipients in developing countries are particularly sensitive to perception of the quality of health care delivery compared with those in advanced countries^[7,13]. While our patients will use traditional or alternative care without voicing their dissatisfaction with the services received, patients in advanced countries have formed strong consumer protection groups that demand for quality care^[13].

Approaches to measuring patient satisfaction can be indirect or direct. In the indirect method, periodic field surveys sample the general population and patients from alternative health care delivery systems. The direct approach is to ask patients to evaluate their satisfaction with encounters in particular health care facilities or with specific providers in form of exit interviews^[14,15]. The direct method is less cumbersome and provides information for total quality management.

In Nigeria, services provided at public health facilities are generally perceived by members of the public as being very poor^[16] with phrases such as 'mere consulting clinics' used to describe the state of such facilities^[16,17]. Even health care providers have been generally dissatisfied with the perceived quality of care and have for many years used their professional associations to demand for increased government funding of the health sector^[16,17]. Despite the recent introduction of service compact with all Nigerians (SERVICOM) for improved service delivery in the public sector, periodic patient satisfaction surveys are not yet routine in our hospitals^[18].

The need for continuous improvement of quality and safety in the provision of patient care has become axiomatic. The resultant paradigm shift from an acceptance of the status quo to a drive for constant improvement in clinical practice has required the engagement of multiple monitoring and improvement strategies. Patients and their relatives are the only source of data for information on the dignity and respect with which they are treated^[19] and the best source of information on patient education and pain-management^[19]. Assessment, monitoring and exploration of patient complaints and patient satisfaction data provide one indicator of quality of care^[20] can contribute to clinical care improvement strategies^[21] and provide health care consumers input into improvement of health care services and delivery^[22].

This study became necessary because of the need to incorporate feedback from periodic patient satisfaction surveys into service improvement plans in the University of Uyo Teaching Hospital, Uyo, a major Tertiary Health facility located in the South-South State of Nigerian. The objective of the study was to assess the satisfaction of surgical patient's with the services rendered in the university of Uyo teaching hospital.

MATERIALS AND METHODS

Setting

Established in 1994, by the Akwa Ibom State government, the University of Uyo Teaching Hospital Uyo, Akwa Ibom State commenced clinical services in 1996. It was renamed Sani Abacha Specialist Hospital that year, and in 1997 it was renamed by the federal government as Federal Medical Center, Uyo. When the medical school started in 2001 at the University of Uyo, it formed the focus for the training of medical

students for the new medical school till 2008, when it became a full University Teaching Hospital. The only tertiary hospital in Akwa Ibom state till 2015 when the Ibom Specialist Hospital was commissioned. Akwa Ibom state Lies between Latitudes 4° 32" and 5° 33" North and Longitudes 7° 35" and 8° 25" East, the State is bounded on the East by Rivers State, the West by Cross River, the North by Abia State and the South by the Gulf of Guinea. Akwa Ibom State currently covers a total land area of 7,249 square kilometers. The area does not take into consideration disputed territories. It is the 10th largest State in Nigeria in terms of landmass. About 13.4% of the 960km of Nigeria's Atlantic Ocean coastline runs through Akwa Ibom State. Based on the 2006 National Population Census, the State has a population of 3,902,051 people. Over 70% of the people live in the rural areas. With the current annual growth rate of the population projected at 3.4%, the 2013 projected population is estimated at 4,931,019 people. The average population density is 680 inhabitants per square kilometer^[23].

Study design

The study was a descriptive cross-sectional study using structured questionnaire.

Sample Size Determination

The minimum sample size was determined using the formula for estimating required sample size in a population less than 10,000 for descriptive studies^[24].

$$Nf = n/1 + (n/N)$$
$$Nf = n/1 + (n/N)$$
$$NF = 282/1 + 282/600 = 105$$

Data collection

One hundred and eight surveys were completed by respondent/interviewer and their questionnaires returned and it formed the basis for this report. Analysis was done using simple descriptive statistics and presented as tables, percentages and frequency. Respondents were selected using systematic random sampling method of patients seeking care at the surgical outpatients, accident and emergency, surgical wards. Systemic random sampling of every 5th patient; who was registered at the outpatient and accident and emergency unit was used. Patient on every 5th bed was used in surgical wards. The interview lasted between July and December, 2014. An information sheet was distributed to respondents alongside the questionnaire. This contained the objectives of the survey and states that information given by any respondent would be handled with utmost confidentiality, strictly for research purpose and would not be disclosed to external parties except with due permission of respondent. Approval for the study was from the ethical committee of the University of Uyo Teaching Hospital Uyo. Consents was also gotten from the patients and adequate explanation of the questionnaire and the reason for the study was given to patients before filling the questionnaire either by themselves or by our assistance. Patients relative were also allowed to contribute their experiences during the interview. Patients that were too ill to participate in an interview were excluded from the study.

We collected data using a set of structured questionnaire, which sought information on socio-demographic characteristics of participants, point of service, reason for choosing the hospital, frequency of obtaining services from the hospital, wait time, satisfaction of surgical patients with services rendered in different units that attended to them, satisfaction of personnel cadre like nurses, doctors and others in the hospital, challenges faced by patients in the hospital and the assessment and satisfaction of surgical patients with services rendered in the hospital. The questionnaire was validated through a pre-test study conducted at the University of Uyo Health Center, Uyo.

RESULT

In all 130 patients gave consent and were given the questionnaire or were interviewed, out of which 108 patients returned the form or completed the interview; a response rate of 83.08%. Sixty eight (62.06 %) of the respondents were males while 22(20.31%) were females giving a female: male ratio of 1:2.8. Respondents within the age range of 0 to 20 were 12(11.11%), 21-40 were 36 (33.33%), 41-60 were 22(20.37%) and Others did not indicate their age. The majority of the respondents 86(79.68%) were Christians, 58 (53.70%) of the respondents were Ibibios and 12(11.11%) were Annangs. Other tribes were Oro, 2(1.85%), Efik 6(5.56 %), Igbo 6(5.56%), Yoruba 6(5.56%), Higi, 2(1.85%), Urhobos 2(1.85%) and Obolo 2(1.85%). Others did not indicate their ethnicity, 12(11.11 %).

Occupation: Eighteen (16.67%) were students 12(11.11%) were civil servants, 34 (31.48%) were traders and business people, six (5.56%) were medical personnel, four (3.70%) were either drivers or cyclist, others did not fill their occupation.

Educational status: Fourteen (12.96%) of the respondents had tertiary education, 30 (27.78%) had secondary school education, 24 (22.22%) had primary school education while four (3.70%) had no formal education.

Distribution of respondents

Out of the 108 respondents 26 (24.07%) were in accident and emergency, 27(25.00%) were in Surgical outpatient, 50 (46.30%) were in surgical wards and 5 (4.63%) were in NHIS outpatient clinic.

When asked why they choose this hospital over others; a total of 88 patients responded; 18 (20.00%) said they were referred from other hospitals, four (4.55%) preferred the hospital because of better equipments, 56(63.64%) preferred the hospital because they have consultant specialist. For others; it was because their services are cheap six (6.82%), they lived close to hospital two (5.00%) , and for two (5.00%) they had no alternative.

Patients' length of stay in accident and emergency (A&E) unit

When asked how long did you spend in A&E before moving to the wards; out of the 25 patients that indicated their length of stay in A&E, five (20%) spent one day, six (24%) spent 2days, two (8%) spent less than one week, six (24%) spent 2 weeks, four (16%) spent 3 weeks and two (8%) spent above 3 weeks in the accident and emergency unit.

Patients visit history

When patients were asked how many times they had visited the hospital in the last 12 months.

Twelve (11.11%) indicated that the interview day was their first visit, for 42 (38.89%) it was their second visit, it was the third and fourth visit for eight (8.14%) and six (5.56%) patients respectively, while 36 (33.33%) had visited more than 5 times.

Duration of stay before being attended to in service areas

When patients/relatives were asked how long they had to wait in each department before being attended to, the results were as follows:

Medical records; out of the 48 patients that gave their experience; 14(29.17%) waited less than fifteen minutes, 12(25.00%) waited less than 30 minutes, 14(29.17%) waited less than one hour, eight (16.67%) waited for more than one hour.

Accident and emergency: out of the 22 patients that gave their experience; six (27.21%) waited less than fifteen minutes, five (22.72%)

waited less than 30 minutes, six (27.21%) waited less than one hour, five (22.72%) waited for more than one hour.

Surgical outpatient; out of the 24 patients that gave their experience; two (8.33%) waited less than fifteen minutes, six (25.00%) waited less than 30 minutes, six (25.00%) waited less than one hour, 10(41.67%) waited for more than one hour.

Surgical ward; out of the 48 patients that gave their experience; 28(58.33%) waited less than fifteen minutes, eight (16.67%) waited less than 30 minutes, 10 (20.83%) waited less than one hour and two (4.17%) waited for more than one hour.

Pharmacy; out of the 28 patients that gave their experience; nine (32.14%) waited less than fifteen minutes, 13 (46.43%) waited less than 30 minutes, two (7.14) waited less than one hour and four (14.29%) waited for more than one hour.

Laboratory; out of the 29 patients that gave their experience; seven (24.14%) waited less than fifteen minutes, three (10.34%) waited less than 30 minutes, 10 (34.48%) waited less than one hour and nine (31.03%) waited for more than one hour.

Blood bank; out of the 38 patients that gave their experience; 8(21.05%) waited less than fifteen minutes, 14(36.84%) waited less than 30 minutes, 8(21.05%) waited less than one hour and 8(21.05%)waited for more than one hour.

Theater; out of the 28 patients that gave their experience; eight (28.57%) waited less than fifteen minutes, six (21.43%) waited less than 30 minutes, six (21.43%) waited less than one hour and eight (28.57%) waited for more than one hour.

NHIS OUTPATIENT; of the five patients in NHIS three spent less than fifteen minutes and two spent less than 30 minutes.

Complaints from patients

When asked to comment freely on any area of care, eight (7.41%) patients were worried about electricity supply in the hospital and three (2.77%) complained about the charges in the hospital.

Patients' level of satisfaction with services rendered in the hospital

When they were asked what their level of satisfaction with the services rendered in the hospital was: the level of satisfactions were 82.53, 77.77%, 85.72%, 90.00%, 93.00% for A&E, SOPD, surgical ward, pharmacy and laboratories respectively. Others were; 83.47%, 70.59%, 96.60%, 87.76%, 90.00%, 59.38%, 71.42% for medical records, blood bank, theater, comfort of waiting area, cleanliness of waiting area, cleanliness of toilets and charges in the hospital respectively. When respondents were asked what their overall satisfaction was with the services rendered in the hospital; 86.57% of the respondents were satisfied with the services in the hospital. The result is as shown in table 1.

Patients' level of satisfaction with the ease of doing transacting business in the hospital

When they were asked what their level of satisfaction with ease of transacting business in the hospital: the level of satisfactions were 89.47%, 88.57%, 81.57%, 78.78%, 64.70%, and 53.15% for ease of registration, ease of payment for services, ease of doing a laboratory test, ease of retrieving a laboratory result, ease of getting blood for transfusion, and ease of getting a POP cast done respectively. As shown in table 2

Patients' level of satisfaction with conduct of different professional cadre in the hospital

When they were asked what their level of satisfaction with conduct of different professional cadre in the hospital that had attended to them: the level of satisfaction were 91.90%, 93.76%, 90.63%, 86.20%, for

Doctors, Nurses, pharmacy and Medical records respectively. Others were; 92.30%, and 84.20% for Medical laboratory scientist and administrative staff respectively. As shown in table 3.

Table 1: Patients' level of satisfaction with services in UUTH

S/N	Service area	Very satisfied	Satisfied	Undecided	Dissatisfied	Very dissatisfied	TOTAL
1	Accident/ emergency	15(65.22%)	4(17.31)	0(0.00)	2(8.70)	2(8.70)	23(100)
2	SOPD	26(48.15%)	16(29.62%)	4(14.29%)	8(14.82%)	0(0.00%)	60(100)
3	Surgical ward	20(71.43%)	4(14.29%)	2(7.14%)	2(7.14%)	0(0.00%)	32(100)
4	Pharmacy	36(60%)	18(30%)	0(0.00%)	6(10.00%)	0(0.00%)	60(100)
5	Laboratory	38(63.00%)	18(30.00%)	0(0.00%)	6(10.00%)	0(0.00%)	62(100)
6	Medical records	28(53.85%)	16(29.62%)	4(7.41%)	8(14.82%)	0(0.00%)	56(100)
7	Blood bank	24(70.59%)	0(0.00%)	2(5.88%)	8(23.53%)	0(0.00%)	34(100)
8	Theater	28(84.48%)	4(12.12%)	1(3.03%)	0(0.00%)	0(0.00%)	33(100)
9	Comfort of waiting area	66(67.35%)	20(20.41%)	0(0.00%)	6(6.12%)	6(6.12%)	98(100)
10	Cleanliness of service areas	24(60.00%)	12(30.00%)	2(5.00%)	2(5.00%)	0(0.00%)	62(100)
11	Cleanness of toilet	22(34.38%)	16(25.00%)	2(3.13%)	2(3.13%)	22(34.38%)	64(100)
12	Satisfaction with charges in the hospital	28(40%)	22(31.42%)	4(5.11%)	4(5.11%)	12(17.14%)	66(100)
13	Overall satisfaction with services in the hospital	38(56.72%)	20(29.85%)	4(3%)	2(2.99%)	4(5.97%)	(100)

Table 2: Patients' level of satisfaction with ease of transacting business in UUTH

S/N	Service area	Very satisfied	Satisfied	Undecided	Dissatisfied	Very dissatisfied	Total
1	Ease of registration	44(57.89%)	24(31.58)	0(0.00)	6(7.98)	2(2.63%)	76(100)
2	Ease of payment	48(68.57%)	14(20.0%)	0(0.00%)	6(8.57%)	2(1.40%)	70(100)
3	Ease of doing lab test	48(63.15%)	14(18.42%)	2(2.63%)	8(10.53%)	4(5.26%)	76(100)
4	Ease of retrieving lab results	30(45.45%)	22(33.33%)	2(3.03%)	8(12.14%)	4(6.06%)	66(100)
5	Ease of getting blood for transfusion	12(35.29%)	10(29.41%)	2(5.88%)	4(11.76%)	6(17.65%)	34(100)
6	Ease of doing POP cast/slab	6(42.86%)	2(10.29%)	4(28.57%)	0(0.00%)	2(14.57%)	14(100)

Table 3: showing services satisfaction by different professionals in UUTH

S/N	Service area	Very satisfied	Satisfied	Undecided	Dissatisfied	Very dissatisfied	Total
1	Conduct of Doctors	56(75.68%)	12(16.22%)	2(2.70%)	4(5.40%)	0(0.00%)	74(100)
2	Conduct of nurses	38(59.38%)	22(34.38%)	2(3.13%)	0(0.00%)	2(3.13%)	64(100)
3	Conduct of Pharmacist	32(50.00%)	26(40.63%)	0(0.00%)	4(6.24%)	2(3.13%)	64(100)
4	Conduct of medical record staff	28(48.27%)	22(37.93%)	0(0.00%)	6(10.34%)	2(3.41%)	58(100)
5	Conduct of medical lab scientists	20(38.46%)	28(53.84%)	0(0.00%)	2(3.85%)	2(3.85%)	52(100)
6	Conduct of admin staff	16(42.10%)	16(42.10%)	4(5.27%)	2(2.63%)	0(0.00%)	38(100)

DISCUSSION

This study has shown that the overall patients' satisfaction with the quality of services rendered in this hospital and staff relationship with patients was good. This was higher than most other studies in Nigeria [17, 22, 25-27]. Similar to a study in Northern Nigeria by Iliyasu et al., 2010 [18]. The variations could be as a result of sociocultural differences and variation in levels of literacy. In addition variation in methodology and timing of the studies could explain some of the differences. The high level of satisfaction in this study might have been as a result of the conduct and responsiveness of health care providers which was very high in this hospital; 91.9% for doctors and 93.76% for nurses. A remarkable outcome of four studies conducted in tertiary hospitals in different countries revealed that the nurses' courtesy, respect, careful listening and easy access of care was particularly the strongest driver of overall patient satisfaction. These aspects of nursing care are highly ranked by patients compared to other independent factors such as

physician care, admission process, physical environment and cleanliness [4, 28, 29]. In addition, a study carried out in 430 hospitals in the USA found the nurse work environment and patient-nurse staffing ratio had statistically significant effects on patient satisfaction and recommendations [30]. It is also possible that the demographics of the study which had 51.85% comprising of traders, students, and drivers affected the result. This group of respondents might not have opportunities of visiting good private hospitals and as such are easily satisfied with the services rendered in this setting that is better than other public hospitals in Akwa Ibom State. This socio-demography is not a good reason for the high level of satisfaction because of the high rate at which patients went back to seek care in the hospital (33.33 % had visited more than five times). This was an indication that they are indeed satisfied with the services rendered in the hospital.

A high proportion of the patients were also satisfied with the ease of accessing care from this centre. This was similar to the findings in a

study by Iliyasu et al, 2010^[18], but contrasts with findings from other studies, where lower proportions of patients were satisfied with ease of accessing care^[31-35].

Patient waiting time in hospitals is often the major reason for patients' complaints regarding their experiences in assessing care^[18]. Therefore, patient satisfaction with waiting time plays a crucial role in the overall satisfaction with services. In the present study, patients had to wait for 30 minutes or more to assess care in most of the units. This is indeed a problem in Nigeria^[18,22]. The long waiting time may be attributed to the fact that the hospital which is a tertiary center is receiving patients who could be attended to at lower levels of care. The hospital was the only tertiary hospital in Uyo at the time of this study. Lateness to work, attitude to work and departmental seminar before outpatient clinic may have contributed. Similarly, the appointment system used in the developed countries where definite time schedule is allocated to every patient indicating precisely when the patient is to see a doctor or collect laboratory results is not yet introduced in our setting. This has led to patients coming to the hospital before opening hours and waiting for long periods before being seen, especially in the outpatient clinics^[18]. There is need for the hospital to find a way of reducing the long waiting time in the hospital.

The factors that attract patients to a health facility include; availability of facilities, qualified personnel and cleanliness of the hospital environment. It may also be responsible for recommending a hospital to friends and relatives^[18]. These factors were also important in the present study. Several patients were referred to the hospital, some went to the hospital because of specialist consultants and others because of better equipment. Being the only referral center in Akwa Ibom State it would be expected that high number of patients especially in the surgical department came in through a referral system, and a vast majority because of specialist care, due to the believe that specialist will better handle their ailments. About eighty-seven percent of the respondents were satisfied with the comfort and cleanliness of the waiting areas, similar to a center in Nigeria^[18], and some studies in developed countries^[36-37]. This was in contrasts to figures from other Nigerian centers and some developing countries^[26,32,38,39]. Respondents were dissatisfied with the cleanliness of conveniences in the hospital. The hospital should ensure that the toilets are refurbished and thoroughly cleaned for patients' comfort.

Some patients also complained of poor electricity supply in the hospital, this might be as a result of high cost of generating electricity using diesel engines in the hospital due to poor services by the national electricity company in Nigeria.

CONCLUSION

Overall, the study showed a high level of satisfaction of patients and their relatives with services obtained from this tertiary center. There is however a need to develop service improvement plans that will address the issues of waiting time, cleanliness of conveniences, electricity supply and ease of assessing blood, x-ray and ultra sound services in the hospital. Policy should be put in place to enhance continuous quality improvement.

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Conflicts of interest

None.

Authors' Contribution

EEE and PAI both conceptualized and designed the research. Both took part in literature search, data collection, analysis interpretation, drafting and approval of the final version of the manuscript.

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