

**Original Article****Assessment of Patients' Satisfaction of Care and Associated Factors among Outpatients at a Private Tertiary Clinic in Ogun State, Nigeria**

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Abstract**Background:** *Patient satisfaction is the extent to which the patients feel that their needs and expectations are being met by the service provided. It is a measure of the quality of care and gives providers insights into the various aspects of service delivery.***Aims/ Objectives:** *Aim was to assess the degree of satisfaction of care and assess the association between sociodemographic and patient satisfaction among General Outpatient Clinic attendees.***Methodology:** *This was a descriptive cross-sectional study carried using a validated self-administered adapted questionnaire. Data collected included age, gender, occupation, religion. Quality of care was assessed using a 5 steps likert scale. Analysis was done with SPSS Version 20. Continuous variables were assessed using mean and standard variation and categorical variables were assessed in frequencies and percentages. Association between variables was assessed with Chi-square at level of significance of p-value < 0.05.***Results:** *250 respondents consisting of 122 (44.4%) males and 148 (53.8%) females took part in this study. The mean age was 31.5±14.046. Majority of respondents (n=70, 25.5%) opined that physicians were the most professional among different categories of health care staff. Most respondents (75.3%) were satisfied with the care received in the facility. 14.9% strongly agreed that the cost of care is reasonable for the care provided by the facility. 74.2% and 77.1% of respondents will continue to use the facility for their health care needs and recommend the facility to someone else. The study also showed a significant relationship between respondents' gender and satisfaction with the care received and the desire to continue to use the facility for future health care needs by the respondents.***Conclusion:** *The level of patients' satisfaction of care in this study though comparable to other studies done in the developing countries, more can be done and changes be made to ensure that a developing country like Nigeria delivers quality health services to its citizenry.***Keywords:** *Assessment, Care, Professionalism, Satisfaction.*

Introduction

In recent years, consumer-oriented health care delivery has become the main model of service delivery. This involves an efficient blend of clinical and managerial input with the consumer perspective¹. Like other products, health care is a commodity that is subject to a competitive market and the interplay of demand and supply. Patient satisfaction is the extent to which the patients feel that their needs and expectations are being met by the service provided². It is a measure of the quality of care and gives providers insights into the various aspects of service delivery, including the effectiveness of care and measure of empathy³. Patient views are often subjective and personal⁴.

Improving satisfaction of patients decreases the duration of patients' visits and wait time and also reduces treatment costs⁵. It also increases productivity, as physician and staff often spend a lot of time responding to complaints and dealing with non-complaint clients, which impact office efficiency negatively. In contrast, satisfied patients are more compliant and have fewer grievances, this makes their care easier and more rewarding⁵. Satisfied patients are more inclined to follow medical advice, provide medically relevant information to the provider, and continue using medical services⁶.

Research have shown that good service quality leads to the retention of existing customers and the attraction of new ones, reduced costs, an enhanced corporate image, positive word-of-mouth recommendation, and, ultimately, enhanced profitability⁷. Patient satisfaction enhances hospital image, which translates into increased service use and patronage and market share⁸. Improving patient satisfaction can help to mitigate malpractice, reduce malpractice suits and attending costs as minimum satisfaction score is significantly associated with malpractice act⁹.

Measurement of patient satisfaction fulfills three distinct functions: understanding patients' experiences of health care, identifying problems in health care, and evaluation of health care¹⁰. Ware *et al* argued that patient characteristics are

the determinants of satisfaction, whereas interpersonal manner, technical quality, accessibility, cost, efficacy, continuity, the physical environment, and availability of resources are the components of satisfaction². Satisfaction during a health care encounter is related to the relationship between the patients' expectations and experiences¹¹. In Nigeria, services provided at public health facilities are generally perceived by members of the public as being very poor¹². The reasons for this are varied. Health personnel are still over stressed in the Nigeria health sector. World Health Organization (WHO) has promulgated desirable doctor–population ratio as 1:1,000¹³. However in Nigeria, the ratio of doctor to patient ratio is 1: 2753 which translates to 36.6 medical doctors per 100,000 persons¹⁴. Patients often have to be on sitting down queuing for hours to be attended to¹⁵. The commonest reason for the long waiting time in the GOPD was the large number of patients with few healthcare workers¹⁶. Furthermore, the staffs of hospitals are not adequately motivated like their counterparts in more civilized nations and this have reflected in the quality of service delivered¹⁵. This study was designed to assess the degree of satisfaction of care and assess the association between sociodemographic and patient satisfaction among General Outpatient Clinic attendees at Babcock University Teaching Hospital.

Methodology

Study Area

We carried out a descriptive cross-sectional study from June 10, 2022 to June 19, 2022 (over ten days) among patients attending the General Outpatient Clinic (GOC) at a private tertiary hospital in Ogun State, Nigeria. Babcock University Teaching Hospital (BUTH), Ilishan-Remo, is one of the foremost private teaching hospitals to be built in Nigeria. Ogun State is one of the states located in the southwestern region of Nigeria with a population of 6.15 million and density of 263.9/km². The hospital is a 200-bed

referral facility seeing an average of 100-150 patients in outpatient clinics daily and the hospital caters for residents of three southwest states of Ogun, Oyo and Lagos.

Study Participants

The study population consisted of teenager, adolescent and adult males and females who attended the GOC during the period of the study.

Sampling Technique

We employed the systematic random sampling technique in this study. Every fourth patients were chosen. With 100 patients attending the GOC daily, minimum of 25 respondents were daily until the calculated sample size of 250 was reached. In the event of declined or did not meet the eligibility criteria, the next patient was recruited for the study.

Sample Size Estimation

In a finite sample population of 1000 patients, where the outcome variable is the proportion of patients attending the GOC, the sample size calculation was calculated with a prevalence of 83.1%^[16], at 95% confidence level and precision level of 5%. The calculated sample size was 216 but we used 250 subjects who fulfilled the inclusion criteria in this study providing for non-response rate of 15%.

Data Collection Tool

A pretested and validated self-administered questionnaire was given to patients to fill after consultation at the general outpatient clinic. The questionnaire was adapted from PSQ18 questionnaire. Information obtained included age, gender, occupation, and religion. Respondents were asked to assess the quality of care using the 5 steps likert scale ranging from strongly agreeing to strongly disagreeing with the statement in the questionnaire.

Data Analysis

Data collected was edited for accuracy, readability, consistency and completeness. Thereafter, it was entered into a computer using the IBM Statistical Package for Social Sciences (SPSS) statistics for windows, Version 20 (IBM Corp, Armonk, N.Y. USA).

The patient satisfaction, sociodemographic and the factors associated with patient satisfaction factors were analyzed using Descriptive statistics such as mean for continuous variables and frequency and proportions for categorical variables.

Level of statistical significance will be set at $p < 0.05$ with a 95% Confidence interval. Results will be presented in tables, graphs and charts.

Ethical Approval

Ethical approval was applied for and gotten from Babcock University Health Research Ethical Committee (BUHREC/097/22). Patients were informed prior to being recruited, provided their consent to voluntarily participate by filling the questionnaire. There was no compensation for participation and patients were informed of their right to opt out at any stage without any penalty. They were assured of their privacy and confidentiality concerning information provided.

Results

The mean age of respondents in this study was 31.5 ± 14.046 (Figure 1). The gender distribution revealed that 122 (44.4%) respondents were males, while 148 (53.8%) were females. However, 1.8% did not indicate their gender. Religion distribution reveals that 88.7% are Christians, 8.4% practise Islam, 0.7% practise Hindu, while 0.7% are agnostics, 1.8% did not indicate their response. Only 1.8% ($n=5$) respondents did not have a formal education, 1.1% ($n=3$) had primary level of education, 12% ($n=33$) had secondary level and majority ($n=231$, 84.0%) attained tertiary level of education. It can thus be concluded that most of the participants of this study had tertiary education (Figure 1).

Majority of respondents ($n=94$, 34.2%) were students, and 67 (24.4%) were University staff. Only 22 (8.0%) were civil servants, 63 (22.9%) were self-employed. Respondents' place of residence showed that only 38 respondents (13.8%) resided within university campus. Majority ($n=87$, 31.6%) resided in Ilisan town while 79 respondents (28.7%) resided in other parts of Ogun state. The remaining resided in

other south west states (n=48, 17.4%) and other parts of the country (n=10, 3.6%).

The tables 2 and 3 showed the general summary of respondents concerning the facility. From the survey, 70 respondents opined that physicians were professional in their service, 56 respondents opined that its nurses, 45 said its pharmacy, 30 said it's the record unit and 46 said it's the laboratory unit. However, most respondents indicated that all the units in the facility were professional in their service. Most respondents (75.3%) were satisfied with the care received in the facility as 50.2% agreed to this and 25.1% strongly agreed to the statement. 44.4% of respondents agreed that the cost of care is reasonable for the quality of care provided, 14.9% strongly agreed to the statement, there for it can be said that most respondents who participated in the survey opined that the cost of care is reasonable for the care provided by the facility. 74.2% of respondents opined that they will continue to use the facility for their health care needs. 77.1% of respondents opined that they will recommend the facility to someone else.

The study showed that a significant relationship existed between respondents' gender and their satisfaction with the care received at BUTH

($p=0.05$). the study also revealed no significant relationship between respondents' level of education and their satisfaction with the care received at BUTH as the p - value was > 0.05 . From the p -value, it can be concluded that there was a no significant relationship between respondents' gender and cost of care being reasonable with the quality of care received at BUTH ($p=0.24$). Also, there was no significant relationship between respondents' level of education and cost of care being reasonable with the quality of care received ($p=0.469$). There was a significant relationship between respondents' gender and continuing to use the facility for their health needs as the p value was 0.02. However, there was no significant relationship between respondents' level of education and continuing to use the facility for their health needs ($p=0.456$). From the study, it can be concluded that there was a significant relationship between respondents' gender and patients' satisfaction with the care received, and patient's continued use of facility for future health care needs. Conversely, there was no significant relationship between respondents' gender and recommendation of BUTH to someone else as the p -value is greater than 0.05.

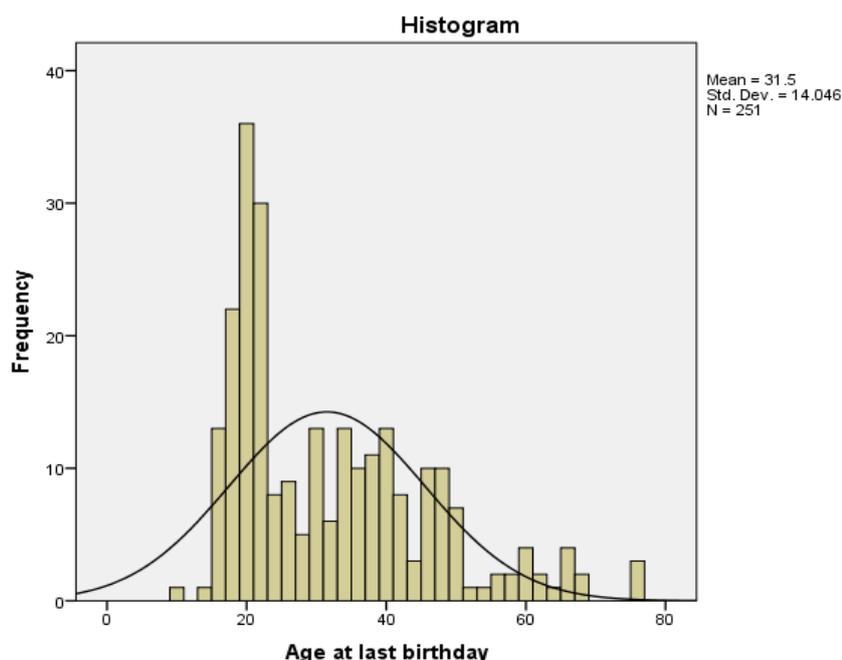


Figure 1 shows the age distribution of respondents

Table 1 shows the socio-demographic data of respondents

Variables	Response	Frequency(%) N=275
Gender	Male	122(44.4)
	Female	148(53.8)
	No response	5(1.8)
Religion	Christianity	244(88.4)
	Islam	23(8.4)
	Hindu	1(0.4)
	Agnostic	2(0.7)
	No response	5(1.8)
Level of Education	No formal education	5(1.8)
	Primary	3(1.1)
	Secondary	33(12.0)
	Tertiary	231(84.0))
	No response	3(1.1)
Nature of work	University staff	67(24.4)
	Civil servant	22(8.0)
	Self-employed	63(22.9)
	Unemployed	9(3.3)
	Students	94(34.2)
	Others (retirees, casual workers.)	13(4.7)
	No response	7(2.5)
Place of residence	University Community	38(13.8)
	University Town (Ilishan)	87(31.6)
	Ogun state	79(28.7)
	Southwest States (Lagos, Oyo, etc)	48(17.4)
	Other States	10(3.6)
	No response	13(4.7)

Source: field survey (2021)

Table 2 shows the assessment of professionalism of various units in the hospital by respondents

Variables	Response	Frequency (%) N=275
These units were the most professional in their service	Physicians	70(25.5)
	Nurses	56(20.4)
	Pharmacy	45(16.4)
	Record unit	30(10.9)
	Laboratory	46(16.7)
	No response	28(10.2)

Table 3 shows a summary of respondents’ assessment of the quality of care received in Facility.

Variables	Response	Frequency (%) N=275
I am satisfied with the care received in this facility	Strongly agree	69 (25.1)
	Agree	138 (50.2)
	Neutral	43 (15.6)
	Disagree	9 (3.3)
	Strongly disagree	3(1.1)
	No response	13(4.7)
The cost of care is reasonable for the quality of care provided	Strongly agree	41(14.9)
	Agree	122(44.4)
	Neutral	64(23.3)
	Disagree	24(8.7)
	Strongly disagree	8(2.9)
	No response	16(5.8)
I will continue to use this facility for my healthcare needs	Strongly agree	63(22.9)
	Agree	141(51.3)
	Neutral	43(15.6)
	Disagree	5(1.8)
	Strongly disagree	3(1.1)
	No response	20(7.3)
I will recommend this facility to someone else	Strongly agree	78(28.4)
	Agree	134(48.7)
	Neutral	32(11.6)
	Disagree	11(4.0)
	Strongly disagree	1(0.4)
	No response	19(6.9)

Source: field survey (2021)

Table 4 shows the association between assessment of patients’ satisfaction and socio-demographic characteristics of respondents

Variables	Responses (n=275)	Gender assigned at birth		p-value	Educational level	p-value
		Female (n=148)	Male (n=122)			
I am satisfied with the care received in this facility	Agree	5	6	0.05*	13	0.414
	Disagree	72	63		138	
	Neutral	5	4		9	
	Strongly disagree	32	11		43	
	Strongly agree	33	36		69	
	No Response	1	2		3	
Cost of care is reasonable for the quality of care provided	Agree	7	7	0.24	16	0.469
	Disagree	70	51		122	
	Neutral	13	11		24	
	Strongly disagree	30	34		64	
	Strongly agree	21	18		41	
	No Response	7	1		8	
I will continue to use this facility for my health needs	Agree	10	7	0.02*	20	0.456
	Disagree	77	63		141	
	Neutral	3	2		5	
	Strongly disagree	29	14		43	
	Strongly agree	28	34		63	
	No Response	1	2		3	
I will recommend this facility to someone else	Agree	9	7	0.00*	19	0.573
	Disagree	73	60		134	
	Neutral	9	2		11	
	Strongly disagree	22	10		32	
	Strongly agree	35	42		78	
	No Response	0	1		1	

Discussion

Patient satisfaction is an attitudinal response to quality of care received by patients in a facility. Evaluation of this attitude is an essential part of health care delivery geared towards receiving feedbacks from hospital clients, in order to improve the overall experience of patients attending such facility¹⁷. Although this does not guarantee that the patient will remain loyal to the hospital, it is still a major factor motivating the patient to continue to use such facility. Patient satisfaction is an indirect indicator of how well a hospital or care providers are performing. The patients will continue to expect continuous improvement in service delivery as service does not stand still, it must continue to improve¹⁸.

The mean age of respondents of 31.5 ± 14.046 years in our study is similar to findings in other studies in Port Harcourt¹¹ and Kano² in which the mean ages were 31.6 years and 31.9 years respectively. Females were more than males (53.8%) and (44.4%) respectively, which is consistent with other studies done in Nigeria^{2,11,16,19,20}, Ethiopia²¹ and, Ghana²². This could be because females access health care services more frequently either for medical advice or treatment of childhood illness.

Most respondents (75.3%) were satisfied with the care received in the facility, similar to findings in Abuja²³ and Port Harcourt¹¹, Nigeria. However, this is lower than the scores in findings from Germany⁴, and South Africa²⁴. These may probably be as a result of high patient doctor ratio found in developing country compared to developed countries, which increased waiting time and consequently lead to lower satisfaction rating⁴. Higher rates was reported in a study done in public hospitals in Ibadan²⁵. This may be due to the fact that patients attending public hospitals have a lower expectation than those attending private hospitals.

Concerning the professionalism of attending staff, majority of respondents 25.5% opined that physicians were the most professional in their practice, followed by nurses, pharmacy, laboratory

staff and medical record staff. This is similar to the finding in a similar study in South east Nigeria²⁶. Most respondents (59.3%) agreed that cost of care is reasonable for the quality of care provided by the facility. This is lower than 73% in a study done in Kano²⁷, which may be due to the effect of the social welfare department and the retainership clinic which resulted in reduction of cost of care. Most respondents (74.2%) opined that they will continue to use the facility for their health care needs and 77.1% opined to recommend the facility to someone else, lower than findings in Abuja²³, and in South Africa²⁴.

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Authors' contributions

AEL participated in the conception and design of the study, literature review, data collection, analysis, and interpretation, drafting of the manuscript, and review of the draft of the manuscript for sound intellectual content. JOO participated in the conception and design of the study, literature review, data collection, analysis, and interpretation, drafting of the manuscript, and review of the draft of the manuscript for sound intellectual content. OAO participated in the conception and design of the study, literature review, data collection, analysis, and interpretation, drafting of the manuscript, and review of the draft of the manuscript for sound intellectual content. SCE participated in the design of the study, literature review, data collection, analysis, and interpretation, drafting of the manuscript, and review of the draft of the manuscript for sound intellectual content. OOO participated in the design of the study, literature review, data collection, analysis, and interpretation, drafting of the manuscript, and review of the draft of the manuscript for sound intellectual content. VTO participated in the

design of the study, literature review, data collection, analysis, and interpretation, drafting of the manuscript, and review of the draft of the manuscript for sound intellectual content. All the authors approved the final version of the manuscript.

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