

Assessment Of Patients Satisfaction With Health Care Services From Primary Healthcare Facilities In Chanchanga Local Government, Minna, Niger State.

Otojareri KA^{1,2,3*}, Adefila Adewale A⁴

¹NHIS Unit, Federal Medical Centre, Bida, Niger State.

²Public Health Department, Newgate University, Minna, Niger State.

³Public Health Department, Minna Study Centre, National Open University of Nigeria.

⁴Johns Hopkins Center for Communication Program (JHCCP). The Challenge Initiative (TCI) Project Nigeria Hub.

* **Corresponding Author:** Otojareri KA, NHIS Unit, Federal Medical Centre, Bida, Niger State, Public Health Department, Newgate University, Minna, Niger State., Public Health Department, Minna Study Centre, National Open University of Nigeria.

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Abstract

Health care facilities at all level of care are required to provide healthcare services that will meet the patients' expectation. This however is not the case in this country, as there is poor provide – client relationship which was led to growing concern among patient about the quality of care received. And the has further leg to Nigeria health services recommending that there should be client satisfaction survey carried out by health facilities at least twice a year. The Aim of the study is to assess patient satisfaction with health care services and identify predictor of patient satisfaction at Chanchaga Primary Health Care facilities. A descriptive survey research design was carried out. The target population were patients who were 15 years and above at selected PHC facilities, sampling technique used was the purposive sampling technique. The PHC centres were elected with 50 participants from each primary health care facility. The sample size was 150. Closed ended questionnaire was used, which was divided into section A, B, and C. Result of study revealed majority 88% of the responded strongly agreed that the physician had high level of competence in their technical skills. The study went further to show that majority respondents (41%) strongly agreed that clear and sufficient instruction as regards diagnostic investigation and treatment are given and 56% strongly agreed to adequate level of primary is maintained during consultation with health care provider. These findings show that improve reliability capacity and responsive of services by ensuring service delivery adheres to the service chart requirement and continual identification of patients needs for improved patient satisfaction.

Keywords: Health facilitates, level of care, patients satisfaction

Introduction

Primary Health care forms the bedrock of the healthcare services of a country. It is the quality of health care available to the majority of the population which determine health status of the country and is the best indication for the level of social development of the country [21]. However, the quality of healthcare is defined in various ways (Danabedian, 2017) one of such qualities of health care is defend as that kind of care which is expected to maximize an inclusive measure of patient welfare after looking into the balance of expected gain and losses that attend the process of care in all its part [11].

A health care service is the fastest growing services in both developed and developing countries [9]. However, in recent year's health system change the way of care delivery with patient becoming the centre of the overall process and new organizational models are being applied to provide patient oriented services. The mission of health system has expanded to meet population's health needs and expectation regarding how patient should be treated by providers. Strategies

focussed on service quality live been developed since 2020's (WHO, 2020), patient feedback become an important source of evaluate the capability of health system to respond to patient needs.

Understanding satisfaction and service quality has been recognized as critical to developing service improvement strategies.

Improving quality on health facilities is a state used in developing countries to reduce communicable diseases which contributes significantly to attainment of strategic goals of the health system [13]. Patients are now seen as healthcare customers noting that individuals consciously make the choice to purchases the services and provider meets their health care needs. And related to the health care quality and patient satisfaction are two important health outcome and quality measures [22]. Patient satisfactory is seen as a super – ordinate construct and considered perceived service quality as an antecedent of satisfaction [3].

Patient satisfaction has also been seen as a health care recipient reaction to salient aspect of the context, process and result of their process experience (Pascoe, 2019). Aljumah Hassali and Alghatori (2019) defines it in term of two dumesome which are technical and experiential. The technical dimension associated with skills and techniques of the healthcare provider and experiential aspect deals with the subjective perspective of quality based on a patients experience with care.

Past studies have observed a caused relationship between perceived service quality and patient satisfaction. According to Caha (2017), service quality in a hospital is a strong influence of customer satisfaction and positive attitude towards the hospital.

This positive attitude towards the hospital its staff and competence influences its success in the society.

Improvement of hospital staff competence, hospital cost in relation to value received and quality of health facilitates in the hospital are all factor that are considered by clients/patients to gauge their satisfaction with the hospital.

Primary health care services should be efficient with regards to cost, techniques and organization should be readily accessible to these on caused, acceptable to community, severed at a reasonable/affordable cost.

Health care services should be available in a manner and language suitable to the community and population it serves and accommodating local traditions and customer at a price the population can afford.

Patient satisfaction linked to increased patient compliance, continuity of care, better clinical offered and greater service utilization and risk management.

Patient satisfaction is a key maker for the quality of health care delivery and a critical indicator for evaluation and improvement of health care services. Moreover, studies of patient satisfaction in health care originated in the USA (United State of America in the 1950's as the earliest studies attempted to identify patient characteristics such as age, gender and race to predict patient satisfaction level. According to Pephrah, 2021, the following factors play a critical role in the satisfaction of patients, the attitudes of nurses toward the patient, the capacity to deliver prompt services, with wasting time, thick disnutrition of information to patients and the availability of up to date equipment, ability to render reliable service, doctors explaining information on patients ailment to patients etc. meeting patients needs and creating healthcare standard, which are imperative to achieving high quality services [18].

Research further suggest that much of the remaining variation in health system satisfactions after adjusting for factor commonly used to measure the concept of client satisfaction in a reflector of patient experience.

However, hypothesized that patients experiences account for only a small fraction of the unexplained variation in health system

satisfaction ever after adjust adjustment for demographic, health and institutional factors.

Meaning client satisfaction has become an integral part of health facility management strategies aches the globes [20].

The success of a health facility depend on clients perception of health care quality bearers of the impact of has on client satisfaction based on services provided by health professionals satisfaction of clients not only ensures compliance with treatment and institution about their illness, but also influences utilization of health facilities.

Jabnoun (2018) noted that old ways of carry for sick patients looking at the disease centred approach has given way to patient centred style approach.

Hence healthcare in Nigeria has over the year been characterized by poor provider – client relationship where made client and some providers raise serious concern.

Provision of high quality client – centred call is therefore one of the greatest challenges of the Ministry of Health (MOH, 2018).

The MOH (2018) in its national health policy document identifies complaints from users about the abusive and humility, treatment by the treatment by the health care providers and shortages of equipment consumable supplies and some essential drug as some of the challenges of the health services poor customer services decreases patient satisfaction and increase inefficiency [13].

In the Chachange Local Government, the largest referral Health care centre has over 50% of patients rated the quality of health services provided as poor (Musa, 2017).

Few studies have been done in this area and this is reason why the study is carried out to assess patients' satisfaction with health care services in Chachange Local Government, Niger State.

The Aim of the study is to assess patient satisfaction at Chanchange Primary Health care facilities.

Study Location

The location of the study is Chanchange Local Government Area in Niger State, North Central Nigeria. Local government area is assessable along the Minna Daiko road.

Population of Chanchange Local Government Area is put at 138,434 inhabitants with majority of two dwellers being from Nupe and Gbagyi tribes.

The common practiced religions are Christianity and Islam while the Gbagyi and Nupe language are widely spoken in the area.

Study Design

A descriptive survey research design was used.

Study Population

The target population of the study was patients who were 15years and above at some selected primary health care facilities in Chanchange Local Government Area.

Sampling Size And Sampling Techniques

A purposive non probability sampling techniques was used and three PHC centres were selected with 50 patients each who were 15years and above were selected, making the sample size 150.

Instrument of study was closed ended questionnaire which was used comprising of section A, B, and C, with section a Consisting of demographic data of respondents while section B and C consists of the research questions.

A pilot study was carried out at a private clinic in Kpakungun, where about ten (10) questionnaires were administered to 10 participants and refereed back within a few days before administering other questionnaires to the general respondents.

The pilot study helped in connecting and adjusting questions, participants could not respond to, in a way validating the questionnaire.

The Instrument For Data Collection

The closed ended question was after administering it to respondents was collected and the respondents' responses were measured based on five points likert scale.

Data collected were analysed in consonance with research objective simple frequency percentage and table were used in preparation and analyses of the collected data.

Ethical approval was gotten from Chanchaga Local Government Council, the PCH Managers and the individual respondents.

Results and Findings

A total of 150 questionnaires were distributed, all were returned and analyzed using simple percentages and likert scale.

Table 1: Demographic Characteristics

S/N	AGE/GENDER	CATEGORY	FREQUENCY	PERCENTAGE (%)
1	Age (years)	15 – 24	48	32
		25 – 34	61	41
		35 – 44	30	20
		50 and above	11	7
		Total	150	100
2	Sex	Male	45	30
		Female	105	70
		Total	150	100
3	Marital Status	Married	114	76
		Single	31	21
		Divorce	5	3
		Total	150	100
4	Religion	Christian	52	35
		Islam	95	65
		Others	0	0
		Total	150	100
5	Tribe	Gbagyi	63	42
		Hausa	30	20
		Other	12	8
		Total	150	100
6	Educational Level	Primary	48	32
		Secondary	31	41
		Tertiary	18	5
		No Education	32	21
		Total	150	100
7	Occupation	House Wife	108	72
		Civil Servant	10	7
		Private	5	3
		Others	27	18
		Total	150	100

Table 2: The Predictors Of Patients Satisfactory

S/N	Characteristics	CATEGORY	FREQUENCY	PERCENTAGE (%)
1	The waiting time for consultation is favourable	Strongly agreed	123	82
		Agreed	20	13
		Disagreed	7	5
		Strongly Disagreed	0	0
		Undecided	0	0
		Total	150	100
2	I was treated with respect and dignity at the health care facility	Strongly agreed	51	34
		Agreed	30	20
		Disagreed	54	36
		Strongly Disagreed	15	10
		Undecided	0	0
		Total	150	100
3	There is always ease of procedure scheduling	Strongly agreed	110	73
		Agreed	38	25
		Disagreed	2	2
		Strongly Disagreed	0	0
		Undecided	0	0
		Total	150	100
4	Patient are involved in decision making as regards to their treatment	Strongly agreed	108	72
		Agreed	34	23
		Disagreed	8	5
		Strongly Disagreed	0	0
		Undecided	0	0
		Total	150	100
5	Clear and sufficient instruction as regards to diagnostic investigation and treatment are given	Strongly agreed	61	40
		Agreed	58	39
		Disagreed	15	10
		Strongly Disagreed	6	4
		Undecided	10	6
		Total	150	100
6	Adequate level of privacy is maintained during consultation with the health care provider	Strongly agreed	84	56
		Agreed	42	28
		Disagreed	15	10
		Strongly Disagreed	9	6
		Undecided	0	0
		Total	150	100
7	The physicians have high level of competence in their skills	Strongly agreed	132	88
		Agreed	11	7
		Disagreed	7	5
		Strongly Disagreed	0	0
		Undecided	0	0
		Total	150	100

8	The physicians are empathetic	Strongly agreed	60	40
		Agreed	66	44
		Disagreed	24	16
		Strongly Disagreed	0	0
		Undecided	0	0
		Total	150	100

Discussion Of Findings

This study assessed patient's perception and satisfaction with health services at Chanchaga PHC facilities. A total of 150 patients who were 15 years and above were Involved in this study, 150 questionnaires were distributed and the same were completed did returned, the analysis of the data and interpretation of results gave rise to the following findings:

The study revealed that the majority (76%) of the respondents were married, this was in accordance with the married people were more satisfied with waiting time in health facilities, also the same study revealed that people having a low educational level were found to be satisfied with the adequacy of equipment and amenities, this corresponded majority of the respondent (41%) having secondary education. Only (5%) of the respondents have tertiary education, this is in conjunction with a study by Argentero et.al., 2020 in Bangladesh, that high educational status was associated with low satisfaction score, a study also in Zineldin (20117) shows that satisfaction decreases with higher educational level.

The study further revealed that 72% of respondents were involved in decision making as regards to their health, this is in accordance with the study carried out by [9] that medical quality consist of appropriate interventions and effective treatments as well as elements such as good communication patients satisfaction and consideration for patients preferences that it is not sufficient to consider only the technical competence of those providing care.

The study further revealed that the majority (88%) of the respondents strongly agreed that the physicians have a high level of competence in their technical skills, this is in accordance with a study carried out by Brown (2021), the nine quality dimension of health care delivery includes; effectiveness, efficiency, technical competence, etc. The study also revealed that majority of the respondents (35%) strongly disagree to the hospital environment been clean and tidy, this is in line with the condition of the office environment and received lower weighting score.

The study indicated that the majority of respondent (41%) strongly agreed that clear and sufficient instructions as regards to diagnostic investigations and treatment are given and also (56%) strongly agreed to an adequate level of privacy is maintained during consultations with health care provider, this was in accordance with a study conducted by Argentero (2020) that individual's variables such as length of consultation time, ensuring privacy when needed, physical examination, information on health problem and advice given by the

service provider, all of these were positively associated with patient's satisfaction.

Majority of the respondents(52%) agreed that the health facility have adequate amenities for delivering health care services, this corresponded with a study carried out by (Donabedian, 2020) that quality involves three distinct factors; structure, process and outcome; where structure refers to amenities of the organization providing care. Majority of the respondent (82%) strongly agreed that the waiting time for consultation was favourable, this is in agreement with a study by Melver (2019) proposed accessibility, waiting time, waiting environment, attitude of staff and its information as critical components of satisfaction.

Most of the respondents (36%) disagreed to being treated with respect and dignity at the health care facility, this is in accordance with a study by Mittal and Baldare (2017) measures the effect of certain quality factor in a physician practice and found out that physician competence, communication, respect, caring and taking time to learn history and following treatment were weighted more heavily if patients were not satisfied.

Only (5%) of the respondents have tertiary education, this is in conjunction with a study by Argentero et al 2020 in Bangladesh, that high educational status was associated with low satisfaction score, a study also in Trinidad and Tobago(sing) et al (2029) shows that satisfaction decreases with higher educational level.

Conclusion

Results revealed an average patient satisfaction (56%) with perceived quality of services. Patient's satisfaction rated highest on empathy and reliability of the services offered. Satisfaction and positive perception increased with the age of the patients. A similar finding by other researchers was attributed to the increased likelihood of older people being unemployed and of low educational and economic status. The present study also indicates a higher level of satisfaction with adequate skill and competence of health care professional, willingness to listen, courtesy, consideration and advice. This study has highlighted certain areas that should be subjected to scrutiny by health care administrators, and has demonstrated that, notwithstanding the limitations of the System, user satisfaction with health care professionals remains high in Chanchaga Local government area.

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