



How satisfied are patients attending a Nigerian eye clinic in University of Calabar Teaching Hospital

Emmanuel O. MEGBELAYIN^{1*}, Yewande O. BABALOLA², Musbahu S. KURAWA³, Ibeinmo OPUBIRI⁴, Sunday N. OKONKWO⁵

¹Department of Ophthalmology, University of Uyo Teaching Hospital, Uyo, Nigeria

²Department of Ophthalmology, University College Hospital, Ibadan, Nigeria

³Department of Ophthalmology, Aminu Kano University Teaching Hospital, Kano, Nigeria

⁴Department of Ophthalmology, Niger Delta University Teaching Hospital, Okolobiri, Nigeria

⁵Department of Ophthalmology, University of Calabar Teaching Hospital, Calabar, Nigeria

*Corresponding author email: favouredolu@yahoo.com

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Abstract

Background: Satisfaction surveys are periodically necessary to evaluate services rendered to clients/patients as a means of quality assurance and service improvement.

Aim: To determine satisfaction to services rendered to ophthalmic patients in an outpatient eye clinic.

Material and methods: It was an observational study carried out with validated questionnaires complemented with a focused group discussion. Statistical Package for Social Sciences (version 15.0) was used for data analysis.

Observation: A total of 251 questionnaires were analyzed comprising 139 males and 112 females (M: F= 1: 0.8). Age range and mean age were 17-92 years and 37.2 ± 15.6 years respectively. Overall satisfaction with quality of services was 80.1%. Specifically, 95.6%, 92%, 80.9%, 70.9%, and 59.8% were satisfied with cleanliness of hospital premises, doctors' willingness to listen to complaints, nursing care; doctors' following-up on treatment, and time nurses administered treatments respectively. However, only 37.8%, 38.6%, 39.8%, and 47.4% were satisfied with drug costs, cost of transportation to hospital, laboratory charges, and record keeping profile respectively.

Conclusion: Costs of uptake of eye care services and record keeping profile were key sources of dissatisfaction in this study.



Key words

Nigeria, Calabar, Ophthalmic patient, Satisfaction, Eye clinic.

Introduction

Today's users of health care services in Nigeria are better informed, a condition being driven by greater levels of information available to them through telecommunication revolution since the year 2000. Dissatisfaction has far-reaching implications including failure to follow treatment regimen, non-compliance to medications and dissuasion of others from accessing local health facilities [1, 2, 3, 4, 5, 6, 7, 8, 9]. About 78 billion naira (over \$500 million US dollars) is spent by Nigerians annually to seek health care services overseas largely from perceived shortcomings in the local healthcare delivery system [10].

Satisfaction surveys are fraught with inability to compare empirical results due to lack of methodological standardization and non-uniformity of definitional framework [11, 12, 13, 14, 15, 16, 17]. Consequently, the definition of satisfaction should be contextually adapted [18, 19]. The current study therefore considers satisfaction in the context of patient-provider relationships, ease with which patients accessed care, socio-demographic characteristics, costs of services, and state of providers' facilities. This study sought to determine the influence of these parameters on satisfaction to services rendered to ophthalmic patients in University of Calabar Teaching Hospital outpatient eye clinic.

Material and methods

It was an observational study using pre-tested questionnaires in the eye clinic of the University of Calabar Teaching Hospital. This public eye clinic is an integral part of the tertiary hospital

located in the capital city of Calabar and serves as a referral center of eye care for patients in Cross River state and neighboring Akwa-Ibom, Abia, Enugu and Benue states. Patients also present on their own without formal referrals.

Ethical approval was obtained from the hospital's Ethics Committee. Written and oral informed consents were sought from every participant in line with the tenets of Helsinki declaration. Inclusive of 10% attrition rate, 239 was the calculated minimum sample size. Patients below 16 years were excluded as adults' appreciation of service provided is more likely to be objective. Consecutive registered new and old patients were recruited to give broad-based assessment of satisfaction on heterogeneous groups of patients with varied experiences to hospital facilities.

Client satisfaction questionnaire (CSQ-8) [20] was adopted and modified to suit study's objectives. Among others, questions contained in the questionnaire included socio-demographic characteristics, ease with which patients accessed care, payments, and patient-provider relationships. "Non-applicable" and "No-Response" were included in a 7-point modified Likert scale. Patients indicated their level of satisfaction by the following options: agree, strongly agree, disagree and strongly disagree. Those who chose disagree and strongly disagree were considered dissatisfied while those who selected agree and strongly agree were considered satisfied. Focus Group Discussions using (FGD) held in batches during clinic sessions to clarify ambiguous questions.

The data from questionnaires were coded, entered and analyzed using SPSS (Statistical



Package for Social Sciences version 15 software) in form of frequencies and percentages. Parametric analyses included bivariate analysis, multiple logistic regressions and Pearson coefficient of correlation with p-value less than 0.05 being considered statistically significant.

Results

A total of 251 patients were analyzed comprising 139 males (55.4%) and 112 females (44.6%) with a male to female ratio of 1: 0.8. The ages of the patients studied ranged from 17 to 92 years with a mean of 37.2 ± 15.6 years. Ages of participants were broadly classified into two: ≤ 40 years and >40 years. The adoption of this age grouping was not on any pre-determined statistical bias but on the premise that each category shares similar ideologies and likely to perceive experiences in a similar fashion. The 17-40 years sub-class constituted the highest age group.

Cross tabulation of sex with age, marital status, occupation and educational status showed p-values of 0.047, 0.008, 0.044 and 0.323 respectively. Only the p-value of educational status was not statistically significant. Satisfaction with overall quality of services was 80.1%. Overall satisfaction was cross-tabulated with individual variable in a bivariate analysis. None of the parameters showed statistical significance. With age and sex as co-variables in a multiple logistic regression analysis, place of domicile, courtesy by nurses and record profile became statistically significant as per **Table - 1**.

As per **Table - 2**, level of satisfaction ranged from 168 (66.9%) for doctors appropriately discussing patients' condition to 231 (92%) for doctors showing willingness to listen to patients' complaints. As per **Table - 3**, 203 (80.9%) subjects were satisfied with nursing care and only a modest number of (59.8%) were satisfied with the time nurses administered treatments.

As per **Table - 4**, 240 (95.6%) were pleased with the hospital's cleanliness.

Discussion

There is paucity of patient satisfaction surveys especially among ophthalmic patients in Nigeria [21]. This has implications on how health care services are ultimately perceived or utilized. In Nigeria satisfaction to public health care is considerably low [22]. While the plethora of approaches to studying patient satisfaction represent intense interest in giving voice to the patients in the developed world, satisfaction surveys in developing countries such as Nigeria, patients have very little voice [1, 2, 3, 4]. The present study used patients' responses to compare with related local and international studies on similar subjects.

The age distribution of the patients showed that majority 159 (63.3%) were 40 years or less similar to a study by Illiyasu in Kano, Northern Nigeria [22]. In African settings, males are more economically empowered being the working group and able to afford hospital bills. Perhaps this explains the preponderance of male in this study similar to the finding of Olawoye in South-Western Nigeria [21].

The overall satisfaction recorded in this study was 80.1%. Patient satisfaction surveys across Nigeria have been reported as 84% [21], [22], 75% [23], and 53% [24]. These studies [21, 22, 23, 24], cutting across multi-ethno religious Nigeria, with inequality in the distribution of social amenities, the diverse satisfaction figures reported were not unexpected. The different sampled population, study definition and settings could also have been contributory. The above average patient satisfaction reported by various Nigerian studies is yet to translate to improved medical tourism. Perhaps patient satisfaction is multi-faceted relying not only on



questionnaire-generated responses from patients attending out-patient clinics. Patients' behavior with regards to accessing health care or seeking health care providers appears dynamic requiring some indeterminate variables.

About 84% were satisfied with the ease of access to the eye clinic. This is the same as the 84% recorded by Iliyasu et al but differs from 49% in Ile-Ife, 53% in Enugu, and 56% in Benin City, Nigeria [21, 22, 24, 25]. Teaching Hospitals are often conspicuously located wherever they are cited as to make access to them easy. However, the sheer size of these referral hospitals could make location of a unit daunting. While some centers enhance accessibility to various units and departments by use of colour codes, billboards bearing names of units/departments in local languages others do not. This might be responsible for differences recorded in this study and other teaching hospitals.

There were inconsistencies in the satisfaction reported on treatment costs in this study. In the more affluent Western world, health care consumers have become much more sensitive to costs despite health insurance coverage [26, 27]. In the developing world, especially Nigeria, cost is a perennial concern among those seeking health care service given their low earnings. Such costs include consultation fees, laboratory test charges, travel, drugs and accommodation. While basic health care service is supposed to be free in public hospitals, patients end up bearing the costs of medicine and laboratory tests, as well as some additional unseen costs.

In the current study, satisfaction was expressed with consultation fee of three hundred naira, N300 (about 2 US dollars) but not with lab test fees, drug costs or travel costs to the hospital. There is wide variation in what patients pay for

lab, drug, or transport fares. These will depend on type of investigation, nature of drug prescribed and distance patients have to travel to the hospital. Distance was a major impediment to accessing health care facilities in Uganda as only 13% referred to a district hospital attended citing long distance for non-attendance [28].

The National Health Insurance Scheme (NHIS) that ensures patient pays 10% of total treatment cost has been attributed to patients' satisfaction to cost of health services in a Nigerian satisfaction survey [22]. Perhaps the cost of patient dissatisfaction in the current study might be that qualified patients were not taking advantage of NHIS. The misgivings of some patients attending public health facilities is that all services should be provided by the government free and as such regardless of the amount paid, such patients were not satisfied [21]. It is also likely that if the money paid is commiserate with services rendered or expectation, patient may express satisfaction despite paying exorbitant prices [29]. The contribution of service affordability to patient satisfaction, therefore, appears not to be mutually exclusive.

Hospital environment, doctors' and nurses' service orientations and appearances constitute notable sources of patient satisfaction in our study. Two hundred and twenty six (90%) found the hospital environment appealing similar to 87% reported in Kano [22]. However, patients' records and retrieval system were identified sources of dissatisfaction. Less than half of the patients interviewed were satisfied with the manner their records and case files were kept. Complaints due to missing case files alone contributed 19 (30.2%) to overall complaints to service windows in a similar institution [22]. Electronic Health Records (EHR), where patients' profile and medical history can be kept is not yet



popular in our environment. This could have made access to patients' information less laborious [30].

Conclusion

In conclusion, as health care is becoming increasingly economically competitive in Nigeria and patients' consciousness of rights evolving, a robust health system which is patient-centered and affordable is advocated.

Recommendation

We recommend that grievances redressal system be available for dissatisfied patients. EHR or decentralized health record such that eye department has its own manageable and less cumbersome record unit should become available. National Health Insurance Scheme (NHIS) can be further explored and revamped to ease access to health services by indigent populace who constitute the majority in Nigeria. Additionally, exit suggestion boxes should be strategically located at patients' departure points to solicit suggestions on how services could be improved upon. Finally, periodic patient satisfaction survey should be institutionalized to provide feedback for continuous quality improvement.

Limitation

As a limitation of this study, perception of satisfaction cannot be measured quantitatively while the qualitative alternative we employed could be difficult to interpret because of its subjective nature. Secondly, our study was hospital-based and biases that bother on representation cannot be completely ruled out.

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Table - 1: Multiple logistic regressions.

S/N	Variables	df	F	p-value
1	Marital status	3	0.290	0.832
2	Occupation	3	1.166	0.325
3	Education	3	1.241	0.297
4	Place of domicile	3	6.153	0.001
5	Hospital was clean	3	0.410	0.746
6	Doctor spent enough time with you.	3	0.148	0.931
7	Doctors were courteous.	3	0.038	0.990
8	Nurses were courteous.	3	2.863	0.039
9	Nurses were quite willing to work	3	0.375	0.771
10	Pharmacists were courteous	3	0.228	0.877
11	Lab scientists were courteous	3	0.546	0.652
12	Other hospital staff were courteous	3	1.732	0.163
13	It was easy to locate eye clinic	3	2.616	0.054
14	Patient records were well maintained	3	3.937	0.010
15	Consultation fee was high.	3	0.098	0.961
16	Lab test fee was high.	3	0.665	0.575
17	Drug cost was high.	3	0.401	0.753
18	Travel cost to hospital was high.	3	1.048	0.374

Table - 2: Classification of respondent based on doctors' service orientation.

S/N	Question	S (%)	NS (%)	U (%)	NA %	NR (%)
1	Doctor was willing to explain your eye condition	222 (88.4)	2 (0.8)	9 (3.6)	5 (2.0)	13 (5.2)
2	Doctors showed willingness to listen to your complaints.	231 (92.0)	2 (0.8)	11 (4.4)	3 (1.2)	4 (1.6)
3	Doctors explained the test results.	179 (71.3)	16 (6.4)	25 (10)	28 (11.2)	3 (1.2)
4	Doctor gave clear advice to patients about the prescriptions.	209 (83.3)	11 (4.4)	19 (7.6)	6 (2.4)	6 (2.4)
5	Doctor used medical terms you did not understand.	173 (68.9)	45 (17.9)	18 (7.2)	9 (3.6)	6 (2.4)
6	Doctor was caring	225 (89.6)	6 (2.4)	12 (4.8)	4 (1.6)	4 (1.6)
7	Doctors provided logical answers to questions about my condition.	175 (69.7)	37 (14.7)	28 (11.2)	7 (2.8)	4 (1.6)
8	Doctor appropriately discussed your condition.	168 (66.9)	17 (6.8)	21 (8.4)	36 (14.3)	9 (3.6)
9	Doctor spent enough time with you.	197 (78.5)	28 (11.2)	16 (6.4)	5 (2.0)	5 (2.0)
10	Doctors were courteous.	210 (83.7)	9 (3.6)	17 (6.8)	7 (2.8)	8 (3.2)

(S=Satisfied, NS=Not Satisfied, U=Undecided, NA=Not Applicable, NR=No Response)

Table - 3: Classification of respondent based on nurses' service orientation.

S/N	Question	S (%)	NS (%)	U (%)	NA %	NR (%)
1	Nurses were caring.	203 (80.9)	24 (9.6)	16 (6.4)	2 (0.8)	6 (2.4)
2	Nurses were quite willing to respond when needed.	166 (66.1)	32 (12.7)	38 (15.1)	6 (2.4)	9 (3.6)
3	Nurses communicated patients' needs to doctors.	156 (62.2)	34 (13.5)	42 (16.7)	11 (4.4)	8 (3.2)
4	Nurses gave individual attention to patients.	167 (66.5)	39 (15.5)	29 (11.6)	10 (4.0)	6 (2.4)
5	Nurses administered treatment in a timely manner.	150 (59.8)	25 (10.0)	33 (13.1)	34 (13.5)	9 (3.6)

(S=Satisfied, NS=Not Satisfied, U=Undecided, NA=Not Applicable, NR=No Response)

**Table - 4:** Responses to sundry questions.

SN	Questions	S (%)	NS (%)	U (%)	NA (%)	NR (%)
1	Hospital was clean	226 (89.6)	10 (4.0)	5 (2.0)	2 (0.8)	8 (3.2)
2	Eye department was clean.	240 (95.6)	5 (2.0)	1 (0.4)	2 (0.8)	3 (1.2)
3	Records were well kept	119 (47.4)	85 (33.9)	25 (10.0)	17 (6.8)	5 (1.0)
4	Consultation fee	136 (54.2)	60 (23.9)	29 (11.6)	20 (8.0)	6 (2.4)
5	Lab test fee	100 (39.8)	44 (17.5)	45 (17.9)	54 (21.5)	8 (3.2)
6	Drug costs	95 (37.8)	73 (29.1)	42 (16.7)	32 (12.7)	9 (3.6)
7	Travel costs to hospital	97 (38.6)	84 (33.6)	25 (10.0)	29 (11.6)	16 (6.4)
8	Pharmacists were courteous	157 (62.5)	24 (9.6)	28 (11.2)	38 (15.1)	4 (1.6)
9	Lab scientists were courteous	122 (48.6)	18 (7.2)	46 (18.3)	60 (23.9)	5 (2.0)
10	Other staff were courteous	184 (73.3)	10 (4.0)	34 (13.5)	18 (7.2)	5 (2.0)

(S= Satisfied, NS= Not Satisfied, U= Undecided, NA= Not Applicable, NR= No Response)

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