


Original Research Article

Patients' satisfaction with eye care services in University of Calabar Teaching Hospital

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Abstract

Background: Monitoring of patients' experiences and satisfaction provide the health institution one of several parameters to measure quality of services and determine areas where improvement and or additional services are needed.

Aim: To determine patients' satisfaction regarding the services in the ophthalmic out-patient clinic in University of Calabar Teaching Hospital.

Materials and methods: A descriptive cross sectional study was conducted among patients attending the eye clinic of the department of ophthalmology, University of Calabar Teaching hospital, Calabar from 1st October to 31st December 2016. All consecutive registered adult patients who gave consent, along with consenting guardians of patients who were younger than 18 years were included in the study and interviewed. An Interviewer-administered pretested and validated questionnaire was used for data collection. Data obtained were analyzed using SPSS (Statistical Package for Social Sciences version 20 software). Frequencies and percentages were used. Parametric analyses included bivariate analysis and multiple logistic regressions and Pearson coefficient of correlation with p 0.05 being considered statistically significant.

Results: The level of satisfaction with accessibility to the hospital and medical care in the eye clinic was very high 95.4%. On time spent in clinic, majority of respondents (50.8%) felt that the waiting time for emergency treatment was good. However, only 39.9% of the respondents felt that the waiting time to be attended to by a doctor in the routine clinic was short. Waiting time for performing an investigation and subsequently getting the result was reported as poor by 62.5% and very poor by 69% respectively.

Conclusion: This study demonstrated that only 35.2% of respondents were satisfied with the overall quality of the medical care service received from the eye clinic of the UCTH, Calabar.

Key words

Patient satisfaction, Eye Care Services, Outpatient clinic, Quality of health care, Health institution.

Introduction

Health care quality is a global issue. The health care industry is undergoing rapid transformation to meet the ever-increasing needs and demands of its patient population [1]. Quality of health care services was traditionally based on professional practice standards, and outcomes, but in the last decade there has been a change in thinking, with patient-based assessments of medical care being used as an important indicator for measuring health care services [2, 3]. Patient satisfaction is the extent to which the patients feel their needs and expectations were met by services provided [2]. The main reason for the establishment of health institutions is the patients/clients, and their satisfaction is therefore uppermost in service delivery [4]. Their experiences with the health system will determine their attitude toward the health institution; their return visits, compliance with treatment and achievement of good treatment outcomes [5]. Therefore monitoring of patients' experiences and satisfaction provide the health institution one of several parameters to measure quality of services and determine areas where improvement and or additional services are needed [6].

Satisfied patients are more likely to come back for services and recommend same to others which will boost revenue and profile of the health institution [7]. The multiplier effect of this in the 'social media' age cannot be underestimated. It is estimated in USA that a loss of a patient due to dissatisfaction can result in a loss of over 200,000 US dollars [8]. Research on patients' satisfaction with medical care can be tracked to the late 1960s. Initially, researchers focused on patient satisfaction as an intermediate condition in order to reach desirable clinical outcomes such as patient compliance with

recommended treatment. Gradually, patient satisfaction was shifted to a final outcome for evaluating and improving health and care services [9].

The concept of ascertaining patients' satisfaction through survey was then brought to the fore by Irwin Press and Rod Ganey in 1985 [10], and this has resulted in improve clinical and business outcome for health care organizations. Conducting patients' satisfaction survey in a health institution is an important issue both for evaluation and improvement of healthcare services [11], and for governance as information gotten if used properly can truly serve as a diagnostic tool for the institution. It is also an invaluable means for improving communication between providers and patients, helping increase patient safety, reduce liability, and perhaps even serving as a marketing tool [12, 13].

The components of patients' satisfaction can be summarized to include:- [14]

- The quality and accessibility of medical care; which includes competent health professional, availability of adequate infrastructure and health services, appropriate diagnostic and therapeutic procedures.
- Affordability of costs which consist of reasonable costs and affordable health insurance system for the individual and the community
- Participative approach to care and prevention (integration of the patient and his family in the decision procedures).

Patients' satisfaction involves likes and dislikes in relation to services or care rendered and received in the health facility. However, what constitutes a satisfactory health service to one

patient may not be for another [15]. Therefore a continuous measuring and grading system of clients' or patients' satisfaction has become an integral part of hospital management strategies across the globe [16].

While patients in developing countries may 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 [17]. Patients are customers to the hospital and have the right to choose where to go for their medical care and this will depend on the level of satisfaction they get from a given health care facility. Health services that provide excellent services such as timely appointments, adequate and quick responses to emergencies, prompt diagnosis and treatment, accurate follow up of patients as well as short waiting time, lower cost of care and good attitude of staff will likely have higher patronage [18]. This will lead to patient's loyalty and consistency, profitability of health facility and increased staff morale.

Our study was undertaken prior to the introduction of a timed appointment system in the ophthalmic outpatient clinic of UCTH. It is our hope that the results of this study will stimulate adequate interest not just in our institution, but other similar institutions in Nigeria, such that hospital managements will make patient Satisfaction an integral component of their '360 degrees evaluation' and audit protocol not just for ophthalmic services but for other services.

Materials and methods

A descriptive 3 months cross sectional study was conducted among patients attending the eye clinic of the department of ophthalmology, University of Calabar Teaching hospital, Calabar from 1st October to 31st December 2016.

Ethical approval for study was obtained from the Ethical Review Committee of the University of Calabar Teaching Hospital. Permission to carry

out the study in the ophthalmology Out-patient clinic was obtained from the Head of the Department. Written informed consents were obtained from all consenting participants.

All consecutive registered adult patients who gave consent, along with consenting guardians of patients who are younger than 18 years coming for ophthalmic services were included in the study and were interviewed. Excluded from the study were patients that were too ill to participate in interview, non-consenting patients, Patients younger than 18 years and not accompanied by guardians.

An Interviewer-administered questionnaire was used for data collection and administered to every consecutive new and old patient. Participants were interviewed after receiving care, just prior to being given an appointment for their next visit. Interview was conducted by two trained Research Assistants.

The questionnaire used for the study was adapted from PSQ-18 questionnaire after having been pretested and validated. The domains to be evaluated include technical quality, interpersonal manner, communication, time spent by patients, convenience and accessibility of services. Data from questionnaires were pre-coded and entered into Microsoft Excel 2010 and transferred to SPSS (Statistical Package for Social Sciences version 20 software) for analysis. Frequencies and percentages were used. Parametric analyses included bivariate analysis and multiple logistic regressions and Pearson coefficient of correlation with $p < 0.05$ being considered statistically significant.

Results

A total of 398 consecutive consenting patients were interviewed. The demographic characteristics of the study population as presented in **Table - 1** revealed majority 37.4% of respondents were age group between 21 to 40 years whereas 17.3% were between >60 years of age with a mean age of 39.91 ± 19.50 . There

were 185 (46.5%) males and 213 (53.5%) females with a male to female ratio of 1:0.8. Most respondents 303 (76.1%) resided in the urban area. A little above a quarter of them had tertiary education 186 (47.4%). Majority of respondents 274 (68.8%) were unemployed with 285 (71.6%) having no health insurance.

Table - 1: Socio-demographic characteristic of respondents.

Age group (Years)	Number (%)
≤ 20	70 (17.6)
21-40	152(38.2)
41-60	107(26.9)
>61	69(17.3)
Total	398(100)
Sex	
Male	185 (46.5)
Female	213 (53.5)
Total	398 (100)
Educational status	
None	24(6.0)
Primary	47(11.8)
Secondary	137(34.5)
Tertiary	186(47.7)
Others	4(1)
Total	398(100)
Occupation	
Armed forces	41(10.3)
Legislator	2(0.5)
Professional	2(0.5)
Technicians	6(1.5)
Clerks	3(0.8)
Service workers	89(22.4)
Skilled agric & fishery	43(10.8)
Craft & others	4(1.0)
Operators	8(2.0)
Elementary occupations	122(30.7)
Student	69(17.3)
Others	9(2.3)
Total	398(100)
Place of residence	
Urban	308(77.4)
Rural	90 (22.6)
Total	398(100)

Employment status	
Yes	121(30.4)
No	277(69.6)
Total	398(100)
National Health Insurance	
Yes	108(27.1)
No	290(72.9)
Total	398(100)

Satisfaction with accessibility and time spent in the clinic

The level of satisfaction with accessibility to the hospital and medical care in the eye clinic was very high 95.4% as shown in **Table - 2**. It also showed the time spent in clinic, majority of respondents (50.8%) felt that the waiting time for emergency treatment was good for they were attended to in good time. Also 39.9% of the respondents expressed that the waiting time to be attended to by a doctor was short. Waiting time for performing an investigation and subsequently getting the result was poor 62.5% and very poor 69% respectively.

Satisfaction with various cadres of staff

Table - 3 showed that majority of respondents agreed that the doctors were courteous (61.9%) and patient (82.1%) with them. Also 57.7% were very often satisfied with communication and the explanation given by the doctor about their condition and subsequent management though 45.6% of respondents were not satisfied with the diagnostic acumen of the doctors.

Majority 55.4% of respondents answered that they were often satisfied with the friendliness of the nurses and 48.9% were very satisfied with the communication and explanation given to them by the nurses during health talk and after they have seen the doctor.

Table - 3 also revealed that 74.2% of respondents observed that the optometrists were friendly and 69.8% of them were satisfied with the explanation given to them by the optometrist.

Overall Patient satisfaction

Table – 4 showed that 35.2% of respondents were satisfied with the quality of overall medical

care received, with the young (36.6%) more satisfied than the elderly (32.5%).

Table - 2: Satisfaction with accessibility and time spent in the clinic.

	Very poor %	Poor %	Fair %	Good %	Very Good %
Accessibility to hospital and medical care	1.4	3.2	3.8	64.6	27.0
Waiting for emergency treatment	11.5	10.2	24.7	50.8	2.7
Waiting to see a Doctor	22.5	16.3	7.6	14.3	39.3
Time spent in consulting room	1.3	49.5	24.9	9.8	14.5
Time spent doing investigation	10.5	62.5	18.2	7.3	1.5
Time spent waiting for result	69.0	19.6	4.1	6.6	0.7

Table - 3: Satisfaction with various cadres of staff.

	Never	Sometimes	Fairly	Often	Very often
Doctors					
Accessibility	27.1	9.0	19.7	32.2	12.0
Friendliness	0	0.3	1.1	36.7	61.9
Empathy	0.8	1.4	12	19.4	66.3
Patience	0.3	0.5	1.6	15.5	82.1
Listening skill	43.0	2.7	1.1	13.9	39.3
Communication and explanation	0.5	0	2.2	42.6	54.7
Care during eye examination	2.0	2.3	4.5	16.7	74.5
Diagnostic acumen	45.6	4.0	4.0	24.0	22.4
Nurses					
Friendliness	0	1.1	0.3	55.6	43.3
Listening Skills	1.2	1.2	5.3	36.9	55.3
Communication and explanation	0.6	0.6	21.6	28.2	48.9
Optometrist					
Friendliness	0	1.0	1.7	74.2	23.2
Listening skills	0	0	32.5	46.8	20.8
Communication and explanation	0.7	0.3	18.0	69.8	11.2
Medical record staff					
Friendliness	0.3	1.1	0.5	63.6	34.5

Discussion

Health services that are provided in institutions need to be patient focused so as to deliver the intended effects of the services to the patients. Patient satisfaction measurement serves many purposes, but the most important are evaluation of health care services using patient's perspective, deficient or weak areas and generating ideas that can be used in solving identified gaps [1].

Patient satisfaction surveys on eye care services are few and varied, especially in developing countries like Nigeria. This study has demonstrated that 35.2% of respondents were satisfied with the quality of the overall medical care service received from the eye clinic of the UCTH, Calabar. This contrasts with similar studies conducted in Calabar (80.1%) [19], Enugu (93.5%) [20], and Brazil (92.6%) [21] where higher levels of patient's satisfaction have been reported. This difference in the satisfaction

level maybe due to variation in survey tools used, services available, study population, socio cultural differences and level of literacy. The variation in methodology could also explain the differences.

Table - 4: Overall satisfaction.

	Very poor	Poor	Fair	Good	Very good
Affordability of hospital service	26.1	22.5	4.9	9.1	37.4
Young ≤ 50 years	24.5	23.0	5.6	11.2	35.7
Old >50 years	28.4	21.1	3.7	5.5	41.2
$X^2=3.096, p=0.542$					
Male	24.0	21.3	3.3	10	41.3
Female	28.0	23.6	6.4	8.3	33.7
$X^2=2.344, p=0.672$					
Financial honesty	17.8	2.3	31.1	21.0	27.9
Young ≤ 50 years	15.5	2.8	26.8	23.2	31.7
Old >50 years	22.1	1.3	39.0	16.9	20.8
$X^2=7.222, p=0.125$					
Male	13.5	1.9	32.7	21.2	30.8
Female	21.7	2.6	29.6	20.9	25.2
$X^2=2.765, p=0.603$					
Willingness to recommend the eye clinic to others	0	0	2.0	28.4	69.7
Young ≤ 50 years	0	0	2.4	22.8	74.8
Old >50 years	0	0	1.4	38.6	60.0
$X^2=5.954, p=0.051$					
Male	0	0	3.1	26.0	70.8
Female	0	0	1.0	30.7	68.3
$X^2=1.510, p=0.470$					
Quality of overall medical care	35.8	14.3	14.6	25.1	10.1
Young ≤ 50 years	37.5	10.6	15.3	27.8	8.8
Old >50 years	32.6	21.4	13.7	20.5	12.0
$X^2=5.671, p=0.225$					
Male	35.0	16.6	10.8	28.0	9.6
Female	36.5	12.4	18.0	22.5	10.7
$X^2=3.098, p=0.541$					
Availability of complete treatment	2.6	2.0	19.5	48.7	27.1
Young ≤ 50 years	3.2	2.3	16.8	51.8	25.9
Old >50 years	1.7	1.7	24.0	43.8	28.9
$X^2=2.653, p=0.617$					
Male	1.8	3.0	17.1	48.2	29.9
Female	3.4	1.1	21.8	49.2	24.6
$X^2=2.466, p=0.651$					

The age distribution of the patients showed that majority 149 (37.4%) were 40 years or less similar to a study by in Nigeria [21]. Although it

differed from the Enugu study where majority of participants were 41 years and above [20].

This study found high proportion of respondents (98.6% ,99.8% and 97.4% respectively) were satisfied with the friendliness of the doctors, nurses, optometrists. They were particularly satisfied with the listening, explanation and communication skills of all categories of staff, as well as the doctor's advice and treatment; this is consistent with finding in studies carried out in Calabar, Enugu and Nepal [1, 20-22]. Good communication between patients and care providers has been described as the single most important component of good medical practice, not only because it identifies problems quickly and clearly, but it also defines expectation and help to establish trust between the clinician and the patient [1, 22]. However, using patient survey to assess professionalism of staff is seen to be limited by patients' knowledge, training, and comprehension [20].

Up to half of the respondents (51.4%) were satisfied with the cost of hospital services and could afford them. This was lower compared to the Nepal study (76.8%) [1], but far higher than the finding in the Enugu study (6.2%) [20]. The remaining respondents (48.6%) in this study were not satisfied and could not afford the some of the services offered. The disparity may be due to the fact these set of respondents had not taken advantage of the National Health Insurance Scheme (NHIS) which ensures that patients pay only 10% of total treatment cost. Also there is a misgivings amongst 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 [23].

The main dissatisfaction factors observed were the time spent doing investigations (62.5%) and waiting for the results (69%). These were attributed to poor and inconsistent electricity supply and faulty equipment. Patient waiting time in outpatient clinics is often the major reason for patients' complaints regarding their experiences in outpatient clinics. Therefore, patient satisfaction with waiting time plays a crucial role in the overall satisfaction with

services [22]. Result from this study revealed that more than half of the respondents 21 .9% and 39.3% were satisfied and very satisfied respectively as regards the waiting time to see a doctor, hence only 38.3% were dissatisfied. This compares with 30.3% in the study documented in Enugu [20]. It is thought that the group of respondents satisfied with the waiting time to see a doctor was more or less occupied by the television in the reception hall which provided entertainment and made the time spent in the clinic more acceptable. Nonetheless, efforts need to be made to further reduce the waiting time as this has been noted to significantly affect patients' satisfaction [20]. In contrast, long waiting time in clinic was a major dissatisfaction point in the studies in Nepal and Kano [1, 22]. In eye care services the waiting time is more unlike in other clinical departments because of the need to do various ocular investigations. A detailed fundus evaluation under mydriasis is needed in patients especially attending the glaucoma and retina clinics and these patients may have to wait for a longer time [1].

A paradox was observed in this current study. It was noted that in spite of the low level of overall patient satisfaction, 69.6% of the respondents still would strongly recommend the clinic to other people. This differed with the study done by Ezegwu, et al. [20], where the opposite was documented. The contradiction in this study between the overall patient satisfaction and recommending the eye clinic to others could be that most respondents (95.4%) were satisfied with the accessibility of the hospital and to medical care received in the eye clinic. Also majority of various cadre of staff were courteous and most respondents were satisfied with communication and the explanation given by the doctors and nurses about their condition and subsequent management. The lack of tandem between satisfaction and recommendation in these studies only show that patient dissatisfaction or satisfaction with a medical facility does not imply that all aspects of care were unsuccessfully or successfully delivered. Perhaps as the dissatisfaction areas are

addressed, more patients will recommend the clinic strongly to others.

Conclusion

Overall, the study revealed that majority of respondents were satisfied with the accessibility of the hospital and to medical care received in the eye clinic, the attitude of staff, affordability of hospital service and waiting time. Dissatisfaction points were time spent doing investigations and obtaining results. Hence, there is need to develop service improvement plans that will address these dissatisfaction. Periodic patient satisfaction survey should be institutionalized; this will serve as a valuable tool to audit services and help to improve quality of care from patients' perception.

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