

Satisfaction Of Clients With Care Provided At The Out-Patient Department By Health Workers Of The Niger Delta University Teaching Hospital, Okolobiri, Bayelsa State

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Abstract

Background: Patients' satisfaction assesses the fulfilment of a need or desire or allayment of anxiety in respect to the quality of health care received. Patients' satisfaction refers to patients' valued judgments and subsequent reactions to what they perceive in the health care environment just before, during, and after the course of their stay or clinical visit. The study aims to assess patients' satisfaction with health services at the general outpatient clinic of Niger Delta University Teaching Hospital (NDUTH), Okolobiri, in Bayelsa State. A cross-sectional study was carried out at the Outpatient Clinics of NDUTH, Okolobiri.

Material and Method: A total of 206 patients were interviewed using an interviewer administered questionnaire to obtain information on several dimensions of perceived quality of care and patient satisfaction. The data collected was analysed using SPSS version 20 statistical software. Over 90% of the respondents had good perception of the various healthcare workers in this facility.

Result: The highest level of satisfaction among respondents was from cleanliness, provider-interaction, privacy and drug availability. The major sources of dissatisfaction were from waiting time for assessing services (68.4%) followed by cost of service (14.6%) and queues for services (7.3%). More respondents had a history of conflict with members of the nursing staff (10.6%) than other health providers. Overall, 93% of the respondents were satisfied with the services received. A large number of patients were satisfied with the health care services they received in the study facility.

Conclusion: There is the need to however, shorten waiting time by employing more personnel and reduce the cost of services in order to enhance patient satisfaction with health care service delivery.

Key Word: Satisfaction of Clients, Care Provided, Out-Patient, Health Workers

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I. Introduction

Health worker involvement is a key factor in assessing healthcare quality, as patient satisfaction reflects the effectiveness of providers in meeting patients' needs (Morris et al., 2013). Patient satisfaction is defined as the alignment between expected quality of care and the actual care received. Satisfaction with nursing care is particularly critical for healthcare organizations, as nurses represent the majority of healthcare providers and are responsible for patient care around the clock (Aiken et al., 2013). Satisfaction can be understood as the degree to which a patient's experiences align with their expectations (Raza et al., 2010). It arises from the interplay between patients' hopes and the actual services delivered. If the care provided by health workers does not meet expectations, patient satisfaction diminishes; on the other hand, fulfilled expectations contribute to positive experiences. Thus, patient satisfaction is a measure of the difference between what a patient anticipates and what they experience during nursing care (Asghar et al., 2013).

Today's patients are more informed and have higher expectations from the healthcare system, making it increasingly important to address service delivery issues (Sofaer et al., 2018). Positive perceptions of health

workers can lead to improved patient outcomes, while negative attitudes and dissatisfaction can result in poor compliance and even discourage others from seeking care (Renzi et al., 2010). This ultimately impacts the quality and effectiveness of patient-centered healthcare delivery. Consequently, patient satisfaction serves as a valuable indicator of the performance of healthcare workers and the overall health system (Prakash & Aesthet., 2010). Nursing care is a fundamental component of healthcare services (Buchanan et al., 2015). Patients' satisfaction with nursing care is consistently recognized as a crucial predictor of overall satisfaction with hospital services and as an essential objective for any healthcare organization (Goh et al., 2016). Evaluating patient satisfaction with nursing care can help improve the quality of nursing services by establishing care standards and monitoring both outcomes and patients' perceptions of care (Akin & Erdogan, 2007). Nurses play a vital role in providing emotional and psychological support to patients and their families, guiding them through diagnoses and ensuring optimal care. In addition to delivering technical care, nurses must possess the necessary professional knowledge, attitudes, and skills to offer informational, emotional, and practical support (Akhtari Zavare et al., 2010). The Outpatient Department (OPD) serves as the initial point of contact between patients and the hospital, significantly affecting patient satisfaction levels (Tasneem et al., 2016). The quality of nursing care in the OPD is indicative of the hospital's overall service quality, as reflected in patient satisfaction. Common patient grievances in the OPD include unsuitable service hours, long wait times, delays in consultations, insufficient guidance, inadequate drug supply, accessibility issues, poor toilet facilities, high treatment costs, and inadequate provider-patient interactions. While patient satisfaction remains a key topic for enhancing OPD services, there is still a need for improvement in the delivery of nursing care (Arshad et al., 2012).

II. Material And Methods

This chapter outlines the research design, study setting, target population, sampling techniques, sample size determination, instrumentation for data collection, validity and reliability of instruments, data collection methods, data analysis, and ethical considerations.

Study Design: a descriptive cross-sectional study design

Study Location: The research was conducted at the Niger Delta University Teaching Hospital, located in Okolobiri, Bayelsa State.

Study Duration: February 2023 to August 2023.

Sample size: 206 respondents.

Sample size calculation: The sample size was calculated using Cochran's formula for cross-sectional surveys (refer to Appendix for calculation details). To account for potential non-responses, an additional 10% was added to the calculated sample size. This resulted in an estimated sample size of $187 + (10\% \text{ of } 187) = 187 + 19 = 206$ respondents

Subjects & selection method: The target population for this study consisted of patients seeking health services at the outpatient department of the Niger Delta University Teaching Hospital, Okolobiri, Bayelsa State. This indicates that every 11th patient was selected for participation. The minimum required sample size per day was calculated as $206 / 15 \approx 14$ patients. The first participant was randomly selected from the first 11 patients visiting the outpatient department each day using a simple random sampling method (balloting). Following this, every 11th patient on the clinic register was enlisted into the study after obtaining informed consent. If a patient declined or did not meet the inclusion criteria, the next eligible patient was approached for participation.

Inclusion criteria:

1. patients seeking health care services at the outpatient departments
2. both male and female

Exclusion criteria:

1. Pregnant women;
2. Patients with genetic disorders.
3. Patients with a history of drug or alcohol abuse.

Procedure methodology

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To establish the face and content validity of the questionnaire, feedback was solicited from the project supervisor and three faculty members from the Faculty of Nursing Science at Niger Delta University, Bayelsa State. Their expert opinions were sought to determine the relevance of the questionnaire items in relation to the study objectives. Suggestions and revisions were integrated into the final version of the instrument.

Reliability of the Instrument

The reliability of the questionnaire was evaluated using the test-retest method with 20 patients attending outpatient clinics at the Federal Medical Centre, Yenagoa. Clinical staff were trained as research assistants to administer the instrument. This pre-test phase offered an opportunity to identify ambiguities and challenges associated with the questionnaire items. Adjustments were made based on the responses, and the questionnaire was readministered. The reliability was analyzed using the Product Moment Coefficient of Reliability (r), yielding a coefficient of 0.82, indicating satisfactory reliability for the instrument.

Method of Data Collection

Questionnaires were administered directly to participants by the researcher, who provided instructions on how to complete them. Completed questionnaires were collected immediately to ensure data integrity and minimize follow-up issues.

Method of Data Analysis

Data analysis was performed using the Statistical Package for Social Sciences (SPSS) software version 21.0 (SPSS Inc., Chicago, USA). The results were presented in numerical and graphical formats, including frequency tables and percentage distributions to effectively summarize the findings.

III. Result

This chapter focuses on the examination and representation of data gathered from health workers, displayed using charts and tables. A total of 206 questionnaires were distributed at the Outpatient Department of the Niger Delta University Teaching Hospital, with all responses collected.

Table 4.1: Demographic Profile Of Participants

VARIABLE	NUMBER OF RESPONDENTS (N=206)	PERCENTAGE (%)
AGE GROUP (years)		
20 – 29	22	10.7
30 – 39	64	31.1
40 – 49	83	40.3
50 – 59	31	15.0
60 – 69	6	2.9
AVERAGE AGE (± S.D.)	41.3 ± 8.8	
MARITAL STATUS		
Single	31	15.0
Married	160	77.7
Separated	4	1.9
Widowed	11	5.3
GENDER		
Female	94	45.6
Male	112	54.4
EDUCATION LEVEL		
Primary	5	2.4
Junior Secondary	15	7.3
Senior Secondary	54	26.2
Tertiary	132	64.1
RELIGIOUS AFFILIATION		
Christianity	160	77.6
Islam	30	14.6
Traditional	10	4.9
Other	6	2.9
EMPLOYMENT STATUS		

Farmer	20	9.7
Trader	50	24.2
Civil Servant	70	33.9
Health Workers	20	9.7
Students	25	12.1
Other	21	10.19

The demographic data indicates that participants ranged in age from 24 to 64 years, predominantly falling within the 40-49 age bracket (40.3%). There were slightly more male participants (54.4%) compared to female participants (45.6%), with the majority being married (77.7%). Educationally, 2.4% had only primary education, 26.2% secondary education, and 64.1% pursued higher education.

Table 4.2: Payment Methods For Medical Services

VARIABLE	NUMBER OF RESPONDENTS (N=206)	PERCENTAGE (%)
PAYMENT METHOD		
Self	172	83.5
Health care Insurance	34	16.5

A substantial proportion of participants (83.5%) utilized direct payment for medical services, whereas 16.5% benefited from insurance coverage.

Table 4.3: Frequency Of Outpatient Visits

VISIT INTERVAL (in months)	NUMBER OF RESPONDENTS (N=206)	PERCENTAGE (%)
1	-	-
2	64	31.1
3	78	37.9
4	33	16.0
5	24	11.7
6	6	2.9
7	1	0.5

All respondents indicated having visited the outpatient department between two and seven months, with the majority (37.9%) visiting during the third month.

Figure 4.1: Visitation Frequency In The Last Year

In the past twelve months, 64 respondents (31.1%) had visited the clinic at least once in the past two months. The visits fluctuated, with 78 respondents (37.9%) attending once in three months and just one visit reported for the seventh month.

Table 4.4: Professionals Who Provided Services During Last Visit

VARIABLE	NUMBER OF RESPONDENTS (N=206)	PERCENTAGE (%)
Nurses	Yes	206 (100.0)
Doctors	Yes	206 (100.0)
Laboratory Technicians	Yes	185 (89.8)

VARIABLE	NUMBER OF RESPONDENTS (N=206)	PERCENTAGE (%)
Pharmacists	Yes	183 (88.8)

Every respondent reported having interacted with doctors and nurses during their last visit, with 89.8% and 88.8% receiving services from laboratory and pharmacy staff, respectively.

Table 4.5: Respondents' Evaluation Of Healthcare Workers' Attitudes

VARIABLE	NUMBER OF RESPONDENTS	PERCENTAGE (%)
Nurses (N=206)		
Nurses treat me with professionalism	Yes	198 (96.1)
	No	6 (2.9)
	Not sure	2 (1.0)
I am satisfied with the appearance of the nurses	Yes	206 (100.0)
	No	0 (0.0)
I feel that nurses disrespect me	Yes	14 (6.8)
	No	190 (92.2)
	Not sure	2 (1.0)

Overall, 203 respondents (98.5%) expressed feeling professionally supported by doctors, while all rated nurses' appearance positively. However, 6.8% felt disrespected by nurses.

Figure 4.2: Incidence Of Prior Confrontations With Health Staff

The findings revealed that some respondents experienced both verbal and non-verbal confrontations with health personnel, with the nursing staff involved in the most verbal confrontations (9.7%).

Table 4.6: Respondents' Level Of Satisfaction With Health Services

VARIABLE	NUMBER OF RESPONDENTS (N=206)	PERCENTAGE (%)
Availability of medications	Unsatisfied	4 (1.9)
	Indifferent	21 (10.2)
	Satisfied	136 (66.0)
	Very satisfied	45 (21.8)
Service charges	Unsatisfied	34 (16.5)
	Indifferent	16 (7.8)
	Satisfied	146 (70.9)
	Very satisfied	10 (4.9)

A significant proportion of respondents reported satisfaction regarding medication availability (66% satisfied), with 70.9% expressing contentment with service costs. Cleanliness received the highest satisfaction ratings, with 100 (48.5%) participants reporting being very satisfied.

Figure 4.3: Overall Satisfaction With Engagements With Healthcare Providers

From the responses, 105 participants (51.0%) expressed satisfaction with their interactions with healthcare providers.

Table 4.6b: Primary Sources Of Dissatisfaction Among Respondents

VARIABLE	NUMBER OF RESPONDENTS (N=206)	PERCENTAGE (%)
Wait times	141 (68.4)	
Service charges	30 (14.6)	
Queue lengths	15 (7.3)	
Attitudes of health workers	7 (3.4)	
Availability of medications	6 (2.9)	

Waiting times emerged as the dominant source of dissatisfaction for 68.4% of respondents, followed by issues with service costs and wait times at the clinic.

IV. Discussion

The primary aim of this study was to assess the satisfaction levels of clients concerning various health services at the Niger Delta University Teaching Hospital, located in Okolobiri, Bayelsa State. A total of 206 respondents participated in the study through structured questionnaires.

The demographic analysis revealed that respondents' ages ranged from 24 to 64 years, with a significant concentration in the 40-49 age group and a mean age of 41.3 years (± 8.8). Notably, a greater proportion of male respondents (54.4%) participated compared to their female counterparts (45.6%). Additionally, the findings indicated that more than two-thirds of respondents utilized out-of-pocket payments for health services, in contrast to those with either National Health Insurance or private coverage. This trend may be attributed to the limited employment opportunities within the local populace that provide adequate insurance benefits.

Interestingly, the study found a generally low incidence of conflicts between clients and health workers within the hospital environment. While there were reports of both verbal and non-verbal confrontations, these were predominantly noted between clients and nursing staff. This aligns with findings from previous studies conducted in Botswana (Aiken et al., 2014) and Turkey (Turkson et al., 2009), where nursing staff were frequently associated with instances of verbal and physical confrontations. The likelihood of such encounters may be rooted in the extensive interaction time nurses typically have with patients and their role as the initial point of contact within healthcare settings. Furthermore, it is worth noting that the majority of nursing staff are women, which might lead clients to express dissatisfaction more readily towards female caregivers. Nevertheless, it is essential to acknowledge that the reported incidences of conflict may not fully represent the actual dynamics, as clients could have underreported their experiences to avoid bias in their healthcare interactions.

The respondents largely expressed a positive perception of health workers' attitudes, with many describing them as friendly, patient, empathetic, and courteous. However, a small number of respondents raised concerns about perceived rudeness and instances of favoritism among staff. This observation parallels findings from research in Ghana (Paridhi et al., 2017), which indicated that certain health workers were regarded as unfriendly or unapproachable. The noted impatience among some providers could stem from the overwhelming client volume they handle within limited time frames.

Regarding satisfaction levels across service delivery parameters, cleanliness emerged as the most positively rated aspect, with over half of the respondents indicating high levels of satisfaction. Following cleanliness, satisfaction ratings for provider-client interaction, privacy, drug availability, and cost of service also reflected positive perceptions. Notably, there was no significant statistical correlation found between the respondents' socio-demographic characteristics and their overall satisfaction with the services provided. This finding resonates with a study highlighting that strong patient-provider relationships often lead to heightened patient satisfaction (Saeed et al., 2010).

In identifying sources of dissatisfaction, waiting time was reported as the most significant issue by over two-thirds of respondents, followed by concerns over service costs, queue lengths, and attitudes of health workers. Similar conclusions were drawn in studies by Amataya et al. (2011), where prolonged waiting times

were identified as a key dissatisfaction factor. Interestingly, this contrasts with a study conducted in Enugu, Nigeria (Ezegwui et al., 2014), which identified the cost of services as the primary source of dissatisfaction, likely attributable to differences in respondent demographics and the specific services evaluated.

V. Summary

The findings indicate that client satisfaction with health services in the outpatient department is generally positive, with moderate levels of dissatisfaction reported in certain areas. Understanding patient satisfaction in healthcare settings is critical for enhancing service delivery, as it provides valuable insights that can inform healthcare providers of their strengths and weaknesses. Consequently, health workers and policymakers involved in healthcare planning and assessment should prioritize patient feedback in their strategic decisions.

VI. Conclusion

This study finds that participants expressed overall satisfaction with the services rendered along with the attitudes of various healthcare providers. The insights derived from this research are essential for addressing existing gaps to enhance patient attraction to the facility. The results indicate a generally favorable perception of service providers among clients, alongside a low incidence of confrontations. Cleanliness, provider interaction, privacy, and drug availability emerged as the areas with the highest satisfaction ratings. In contrast, the primary sources of dissatisfaction stemmed from waiting times for services, followed by service costs and queue lengths. While only a small fraction of clients expressed dissatisfaction, their concerns warrant serious attention from management to promote patient-centered care.

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