

**PERCEPTION AND SATISFACTION WITH HEALTH CARE SERVICES AMONG  
OUT-PATIENTS IN UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH),  
NIGERIA: A DESCRIPTIVE CROSS-SECTIONAL STUDY**

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**FEBRUARY, 2024**

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**BEING A ONE-YEAR PROJECT PRESENTED TO THE DEPARTMENT OF PUBLIC  
HEALTH AND COMMUNITY MEDICINE, COLLEGE OF MEDICINE, UNIVERSITY  
OF BENIN, BENIN CITY, EDO STATE, NIGERIA**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF  
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY(MBBS), IN THE  
UNIVERSITY OF BENIN, BENIN CITY**

**FEBRUARY, 2024**

## **DECLARATION**

We hereby declare that this project work titled “Perception and satisfaction with health care services among out-patients in University of Benin City Teaching Hospital (UBTH), Benin city, Edo state, Nigeria.” was conducted under the supervision of Professor Obehi Hilda Okojie and has not been submitted or published anywhere else for the award of a degree, certificate or for any other purpose.

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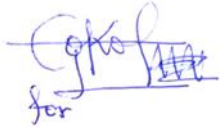
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## CERTIFICATION

This is to certify that this research work titled “**PERCEPTION AND SATISFACTION WITH HEALTH CARE SERVICES AMONG OUT-PATIENTS IN UNIVERSITY OF BENIN TEACHING HOSPITAL (UBTH), BENIN CITY, EDO STATE**” was conducted by **CHEGWE CHUKWUAMAKA NORA** with matriculation number **MED1505164** under supervision of Professor Obehi Hilda Okojie in the Department of Public Health and Community Medicine, College of Medicine, University of Benin as part of the requirements for the award of Bachelor of Medicine and Bachelor Surgery (MBBS) degree.



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## **DEDICATION**

This project is dedicated to the Almighty God, whose infinite grace, mercy, and strength sustained me from the inception of this project to its completion. Additionally, i dedicate this project to my dear parents, sister and friends.

## ACKNOWLEDGEMENT

Firstly, my profound gratitude goes to the Almighty God; without whom this project would not have been possible and to the Department of Public Health and Community Medicine, School of Medicine, University of Benin for giving me the opportunity to carry out this research. I wish express my sincere gratitude to my supervisor, Prof. Obehi Hilda Okojie for the detailed supervision of this research and to Dr. Gregrey Oko-obo for his patience, guidance and tutelage throughout the course of this research.

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I am also deeply grateful to Samuel, Vincent, Emmanuella, Dr. Itua, Christiana and all my incredible friends for not only making this research work a wonderful experience but also my entire Medical school journey.

“Last but not least i want to thank me. I want to thank me for believing in me. I want to thank me for doing all this hard work. I want to thank me for having no days off and i want to thank me for never quitting”. My determination, diligence and resilience brought me this far and i am beyond proud of myself and my entire Medical school journey.

## LIST OF ABBREVIATIONS

<b>ANOVA:</b>	Analysis of Variance
<b>COHSASA:</b>	Council for Health Service Accreditation of Southern Africa
<b>EORTC QLQ-C30:</b>	European Organization for Research and Treatment of Cancer Quality of
<b>HCAHPS:</b>	Hospital Consumer Assessment of Healthcare Providers and Systems Life Questionnaire
<b>OPD:</b>	Out-patient department
<b>OUT-PATSAT35 CT:</b>	Out-patient Satisfaction with Care questionnaire for chemotherapy
<b>PSQ-18:</b>	Patient Satisfaction Questionnaire-18
<b>SERVQUAL:</b>	Service Quality
<b>UBTH:</b>	University of Benin Teaching Hospital

## ABSTRACT

**Background:** The need and demand for health care services is a constant part of our lives in the modern day world and both patients' perception of and satisfaction with the quality of care they receive influence several aspects of how they interact with the health care system. With the backdrop of notable challenges facing the health care sector in our environment including being overburdened by common communicable and non-communicable diseases, poor infrastructure, poor availability of personnel, under investment in the sector and a very high prevalence of out-of-pocket payments which may all contribute to poor satisfaction and perception of health care facilities

**Objectives:** To assess the perception of and satisfaction with health services among out-patients in the University of Benin Teaching Hospital, Benin City in order to improve out-patients' experience with health care services.

**Materials and Methods:** A descriptive cross-sectional study design was utilized for this study. Three hundred and forty participants were selected using multi-stage sampling techniques. Data were collected using a structured interviewer-administered questionnaire comprising both opened ended and closed questions. Data was analyzed using IBM SPSS version 25.0 and a  $p < 0.05$  was considered significant.

**Results:** The mean age group of the respondents was  $37.14 \pm 12.38$  years. Out of the total respondents, 336 (98.8%) had good perception with UBTH out-patient services while 4 (1.2%) had poor perception with UBTH out-patient services. Three hundred and twenty three (95.0%) of them had good satisfaction while 17 (5.0%) had poor satisfaction with UBTH out-patient

services. It was identified that religion and level of education were the significant factors affecting perception as their p value were  $< 0.05$ . Also, from the study religion, level of education, skill level and number of clinic visit were positively associated with satisfaction regarding UBTH out-patient services.

**Conclusion:** Majority of the respondents had good perception and satisfaction about out-patient services in UBTH. This is due to the attitude and behavior of the healthcare professionals which plays a significant role in out-patient satisfaction. The study demonstrated that individuals' religious affiliations, gender, level of education, and the frequency of clinic visits collectively contribute to shaping their experiences within the healthcare system.

**Keywords:** Perception, Satisfaction, Out-patients

**Word Count:** 363

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Perception refers to the subjective opinion of the health care user of their experience while attempting to access health care services. When considered in the background of the patient's expectations of quality of care, it creates an opportunity to consider satisfaction with the service(s) received which is the difference between expectation and perception.<sup>1</sup> It is becoming increasingly important to consider the quality of health care while looking through the eyes of the patient and not just based on the viewpoint of the health care professional. This represents the drive towards patient-centered care. This is because while the health care provider is more likely to focus on provision of sound medical skills, the patient focuses on the extent to which their needs and expectations are met.<sup>2-5</sup>

Patient satisfaction, which relies on their perception of quality care, has been found to be a reliable measure of quality of health care services.<sup>6-7</sup> It has been found to be determined by factors such as the attitude and behavior of health care staff, communication skills and openness of health care staff, availability of prescribed medications and services, waiting time, cost of services, infrastructure available, comfort and emotional support provided, inclusion in decision making and respect for preferences.<sup>1-2,8</sup> Perception has been found to be dependent on socio-demographic characteristics such as marital status, age, level of education, socioeconomic circumstances, cultural background, clinical characteristics and past experiences.<sup>1,6,9</sup>

Measuring patient satisfaction has been found useful in multiple ways. It is an essential tool for research, administration and planning and reflects the efficiency of the hospital administration.

Assessing satisfaction with different domains of care can help point out areas requiring improvement.<sup>2</sup> Satisfaction have also been found to affect health outcomes It has been found that the more satisfied a patient is with health care received, the more the likelihood of adherence to therapy recommended by the doctor and other health care staff, the more the collaboration with the health care team and the less likely the patient is to take legal action against the health staff or institution. Summarily, assessing satisfaction helps drive improvement and better quality of health care.<sup>10-11</sup>

The Outpatient department is most likely the first point of call for patients attempting to utilize health care services. This places it as a pivotal point for forming an opinion of the quality of care provided in the health care facility as a whole.<sup>12</sup> The different aspects of accessing care at a health care facility outpatient department such as booking an appointment, consultation with the doctor, access to drugs and other treatment, cost of services, waiting time, attitude of the staff all interplay in forming the perception of and satisfaction with the outpatient health care services and facility. Identifying areas of interest can aid policy and decision makers make adjustments that improve quality of health care and hence perception and satisfaction of attendees at the outpatient clinic.

## **1.2 Statement of problem**

The need and demand for health care services is a constant part of our lives in the modern day world and both patients' perception of and satisfaction with the quality of health care they receive influence several aspects of how they interact with the health care system.<sup>13</sup> Apart from the implications on the behavior of patients with satisfied patients being more likely to comply with treatment, keep follow-up appointments, and utilize health services as found by previous studies, the perception of quality of care at a particular health care facility determines if the

patient is willing to return there for care or refer others.<sup>14</sup> This makes the assessment of perception and satisfaction essential for formulation of policies and addressing challenges of utilization of health care services extending as far as poor health seeking behavior that is prevalent in our environment.<sup>15</sup>

Quality of healthcare facility incorporates both affordability and availability of health care, absent or minimal side effects and relief of symptoms or achieving cure. While the quality of medical services that the patients receive is difficult to assess directly, the satisfaction of patients toward the health care they receive is easier to assess and is a reliable tool for drawing conclusions on health care quality and determining effectiveness especially in the aspect of predicting utilization.<sup>9</sup> Despite this obvious importance, it is often easy to overlook this all-important avenue for assessing quality of health care. With the backdrop of notable challenges facing the health care sector in our environment including being overburdened by common communicable and non-communicable diseases, poor infrastructure, poor availability of personnel, under investment in the health care sector and a very high prevalence of out-of-pocket payments which may all contribute to poor satisfaction and perception of health care facilities. Highlighting problem areas that affect satisfaction will assist the policy makers to make appropriate changes and encourage drive towards universal health coverage in the country. Yet, these same problems contribute to less and less such surveys and may lead to designing programs that are divorced from the needs of the health care seekers and therefore not translate to lasting solutions.<sup>16</sup>

The Nigerian Health system has been said to be one of the most inefficient in the world.<sup>17</sup> Also, comparably with other health care systems around the world, quality of services provided has been noted to be unsatisfactory. This has led to more individuals resorting to alternative medicine

including non-proven cures which leads to poorer health indices as a whole for the country. Failure of such cures may eventually lead to later presentations and put greater burden on the already ailing health system further driving down quality, perception and satisfaction with health care since an important aspect of satisfaction deals with health outcome.<sup>18</sup>

Despite the challenges of the health care sector, it is necessary to state that it is not just enough to provide health care, it is important to maintain the quality of care.<sup>3</sup> Hence, the need for feedback channels like this study to assess the care received from the viewpoint of the end-user.

### **1.3 Justification of study**

By adding to the body of knowledge and providing the needed information on perception and satisfaction of those utilizing out-patient health care services in UBTH, the study fills a needed gap. Though previous such studies may have been carried out in the center and other similar centers, periodic assessment will highlight changing trends, emerging problem areas and/or unique opportunities in this particular health care facility for improving health care quality. The health care facility also tends to a wide coverage area and therefore has a high out-patient load. Therefore, findings may be beneficial for designing programs that can even be used in other tertiary health care institutions in the country or for designing nationwide interventions to improve out-patient perception of and satisfaction with the health care services delivery system.

Studying out-patient satisfaction can help pinpoint the aspects of healthcare service delivery in the institution that require attention and improvement. Addressing the concerns of out-patients can enhance overall quality of care and out-patient experience while accessing health care. Identifying areas requiring improvement will also help in resource and personnel allocation. Furthermore, in view of the drive towards patient-centered care, receiving patient input through

quality assessment surveys such as this study, ensures that healthcare providers and administrators consider patient preferences while rendering services and developing health care programs.

The study also aims at identifying the factors that may contribute to out-patient perception and satisfaction with health services. These will include factors related to patient-provider relationship such as effective communication, empathy, and shared decision-making as well as patient socio-demographic characteristics. This knowledge can guide healthcare professionals in building stronger, more trustful relationships with their patient.

Finally, patient satisfaction is considered a reliable indicator of healthcare quality and performance for the health care institution. The information from this study will serve as a benchmark for future assessments allowing for comparisons and tracking of progress made in different aspects of the healthcare delivery in the University of Benin Teaching Hospital.

#### **1.4 Research questions**

1. What is the perception of health care services among out-patient in UBTH, Benin City?
2. What is the level of satisfaction with health care services among out-patients in UBTH, Benin City?
3. What factors contribute to the level of satisfaction with health care services among out-patients in UBTH, Benin City?

## **1.5 Aims and objectives**

### **1.5.1. General objectives**

To assess the perception of and satisfaction with health services among out-patients in the University of Benin Teaching Hospital, Benin City in order to improve out-patients' experience with health care services.

### **1.5.2. Specific objectives**

1. To assess the perception of health care services among out-patients in UBTH, Benin City.
2. To determine the level of satisfaction with health care services among out-patients in UBTH, Benin City.
3. To identify the factors that contributes to satisfaction with health care services among out-patients in UBTH, Benin City.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

Patient centered-care is achieved through promoting patient involvement in healthcare decisions and the designing of healthcare services to meet the actual health needs and the perceived needs of the patients. A key area of patient engagement is through obtaining feedback during or after the process of healthcare service use.<sup>18</sup> Patient feedback has been used to assess their perception of the care received and how satisfied they were. These have been identified as indicators of the quality of care offered and a performance indicator for the healthcare facility where care was received.<sup>1</sup> Level of patient involvement itself has been identified as an important aspect of the healthcare seeking process that affects patient satisfaction with more involved patients reporting higher levels of satisfaction.<sup>19</sup> Other aspects include communication with health staff, empathy received, the ease of accessibility of care, the waiting time, health outcomes, method of payment as well as the patient socio-demographic, socio-economic and health status. All of these factors are pivotal in considering or adjudging health care services received in terms of its quality.<sup>3</sup>

Patient perception of care received is a function of their expectation and is a subjective assessment of the care by the patient. It exists within the concepts of past experiences with the healthcare system or the particular healthcare facility. Patient satisfaction stems from the interplay between patient expectation and their perception of care received.<sup>1</sup> Level of patient satisfaction can be used to determine the quality of care, adherence to prescribed care, health outcomes and invariably the health indices of the population at large. Assessing perception of

care and patient satisfaction give an insight to the concept of quality care from the patient perspective thereby enhancing the idea of patient-centeredness in healthcare service provision.<sup>6</sup>

## **2.1 Perception of health care services among out-patients**

The perception of care is the subjective way the healthcare user views their healthcare seeking experience. It varies from person to person and could vary with socio-demographic characteristics. It affects the outlook of the patient on the care they receive and likely play a defining role in adherence to care, thus making it an important item to study.

A longitudinal survey was carried between 2016 – 2019 using data from the household survey ‘Health Index’. The study was aimed at determining the perception of outpatient care quality by healthcare users in Ukraine. A multi-stage sampling technique was used to select respondents randomly. The data was collected using a pretested semi-structured questionnaire which was interviewer administered and over 10,000 responses were collected during the study duration. The mean age of the participants was 47–48 years old. Overall, 45.1–45.2% of men and 54.8–54.9% of women took part in the survey. Most of the respondents were of the opinion that the two most important aspects of health care quality were ‘the effectiveness of treatment i.e. the correct diagnosis, adequate treatment and qualified medical personnel using modern and safe treatment methods. The study also found that female respondents with low income and good self-reported health status were more inclined to define health care quality as treatment effectiveness and courteous communication was of less important to respondent with low income. ‘Free-of-charge drugs’ is a less important aspect for respondents with specialized education, low income, and to those who live in cities but more important for people over 50 years old. Explanations clarity from healthcare personnel’s is less important for female respondents. It is also more important for a household with two and three people compared to single-person

households. The hygienic state of the healthcare facility is more important for female respondents and respondents with low and middle income. Hygienic procedures is more important for employed respondents and urban citizens.<sup>1</sup>

A descriptive cross-sectional study was conducted among children attending children's outpatient clinics of University of Nigeria Teaching Hospital Ituku-Ozalla, Enugu. The study was aimed at assessing the perception of end-users of the quality of clinical services rendered to children attending pediatric out-patient clinics at the facility. Data for the study was collected using an exit point pre-tested/semi-structured interviewer administered questionnaire. Assessment of perception of quality of care was undertaken in three service areas; waiting time, attitude of staff and comfort of the waiting hall. A total of 367 respondents were interviewed. Over 50% of them were generally satisfied with overall quality of care. 329 (89.6%) were very satisfied with quality of doctors' services, while the least satisfaction was with the quality of medical records services 139 (37.9%). Majority of the respondents 197 (53.7%) spent between 3 – 6 hours for each clinic visit and most of the waiting time spent was in the medical records and consultation.<sup>21</sup>

A descriptive cross-sectional study was conducted from March to May 2013 to assess the client perception of service quality at the outpatient clinics of Randle General hospital, Lagos. A multistage sampling technique was used to select 400 respondents. The data was collected with the aid of modified SERVQUAL questionnaires. The SERVQUAL framework utilizes 5 criteria in assessing service quality: tangibles (physical facilities, equipment and appearance of personnel), reliability (ability to perform promised service dependably and accurately), responsiveness (willingness to help consumers and provide prompt service), assurance (knowledge and courtesy of employees and their ability to inspire trust and confidence) and empathy (caring, individualized attention provided to consumers). The mean age was 40 years

with a standard deviation of 15.2 yrs. The highest mean score of 4.35 out of a possible maximum of 5 was recorded in assurance domain while the lowest mean score of 4.00 was recorded in the responsiveness domain. The overall mean score of all the domains was 4.20 with standard deviation of 0.51. Overall majority (80.8%) of respondents rated the overall service quality as good/ very good. After linear regression, the assurance domain was the most important predictor of the overall perceived service quality ( $p < 0.001$ ).<sup>22</sup>

A descriptive cross-sectional study was conducted among patients' to assess the perception of service quality offered at COHSASA-accredited private hospitals in Nigeria. The study aimed at determining patients' perception of service quality offered at the clinic and discovers any existing gaps between patients' expectation and perception. The dimensionality of the SERVQUAL framework was re-examined as well. A total of 300 respondents were selected using systematic random sampling technique from which 228 valid questionnaires were recovered giving a response rate of 76% and quantitative research was conducted using self-administered questionnaires. The results obtained pointed out that perceived quality was significantly lower than expected quality despite being accompanied with positive levels of satisfaction and repurchase intentions. SERVQUAL was found to be a three-factor variate comprising the following: tangibility, reliability, and sensitivity.<sup>23</sup>

## **2.2 Level of satisfaction with health care services among out-patients**

Satisfaction with health care services is interplay between patient expectation and the perception of their healthcare seeking experience. It is a key performance indicator and can be used to assess the quality of care received in a facility. Studying the level of satisfaction, especially with different aspects of the health seeking experience and in general can help pinpoint areas requiring attention.

A descriptive cross-sectional study was conducted to measure the levels of patient satisfaction and to ascertain any service gaps in OPD of a tertiary care teaching hospital, Mysuru, India between November 2017 and November 2018. A total of 600 randomly selected patients attending the OPDs of general medicine, general surgery, orthopedics, and cardiology participated in this study. A structured and pre-designed questionnaire was used to collect data. The questionnaire tested satisfaction of patients toward OPD services: -reception and registration, physical facilities, doctor patient interaction, nursing staff interaction, experiences with pharmacy services, experiences with laboratory services, overall services offered, and perception of waiting time at various services. The overall satisfaction rate in this study was 97.2%. based on the different domains, major satisfiers were courtesy and behavior of doctors, explanation about medications (98.5% of respondents), explanation about disease and treatment by doctor's (97%), and behavior and courtesy of nursing staff (98.5%) at OPD's. Major dissatisfies were cleanliness of toilets (17.3%), explanation from the pharmacy staff's (21.8%), no availability of prescribed medications (16%), and inadequate information given before the sample collection (10.3%).<sup>2</sup>

A descriptive cross-sectional study was carried out to assess patient satisfaction levels in the COVID-19 era and explore its determinants among patients at the outpatient department of a tertiary care hospital in Jammu, UT of J&K, India. A total of 220 patients were interviewed using consecutive sampling. The tool used to assess patient satisfaction was the PSQ-18 which is a valid, reproducible, Likert scale questionnaire used to assess patient satisfaction in seven dimensions: general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with the doctor, and accessibility and convenience. Tests of significance used were ANOVA and t-test. The overall mean satisfaction score was found to be

2.91 ± 0.17 and it was highest in the communication domain (3.12 ± 1.50), whereas it was lowest in the accessibility and convenience domain (2.73 ± 1.17).<sup>14</sup>

A descriptive cross-sectional study conducted to measure patients' satisfaction with care from Nigerian Federal capital territory's public secondary hospitals. Between November 2013 and June 2014, a pretested structured 28-item questionnaire, adapted from the HCAHPS (20) was administered to the participants to test 9 key domains: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care. Three-hundred and eighty-two out-patients were interviewed. The study found that overall, the respondents rated the hospitals at high satisfaction level. On a scale of 1 to 10, 73% of respondents scored the hospitals 7 and higher for overall performance.<sup>24</sup>

### **2.3 Factors contributing to satisfaction with health services among out-patients**

Factors that could affect patient satisfaction can range from their socio-demographic characteristics to their health status to aspects of patient-provider relationship and partnership to outcome of the care received. Some of these factors are modifiable and can be improved upon. Highlighting such factors through a study can foster needed adjustments that will culminate to improved patient satisfaction, quality of care, health outcomes and health indices of the population.

A descriptive cross-sectional study was done among cancer out-patients receiving chemotherapy at the oncology day hospital of Fundació Althaia, Manresa, Spain to assess the association between their satisfaction and quality of life. The study also determined the factors that were

contributory to the satisfaction of the patients. In the study, 119 patients undergoing out-patient chemotherapy completed the EORTC QLQ-C30, the Cancer OUT-PATSAT35 CT, and an item on loyalty. The study showed that overall satisfaction was high with a mean score of 90.1. The study also found that patients treated for tumor recurrence and those undergoing palliative treatment manifested significantly lower overall satisfaction. Correlation between the EORTC QLQ-C30 and the OUT-PATSAT35 CT was not statistically significant, although patients with better health status reported higher satisfaction in several subscales.<sup>9</sup>

A descriptive cross-sectional study was conducted to measure patients' satisfaction with care from Nigerian Federal capital territory's public secondary hospitals. A pretested structured 28-item questionnaire adapted from the HCAHPS (20) was administered to the participants to test 9 key domains: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care. Three-hundred and eighty-two out-patients were interviewed. The study found that overall, the respondents rated the hospitals at high satisfaction level. The factors that were found to influence the satisfaction of respondents were: careful listening of care providers ( $p = 0.003$ ) and the perception of being valued and appreciated by the hospital staff ( $p = 0.001$ ).<sup>24</sup>

A descriptive cross-sectional survey was carried out to analyze the satisfaction of primary out-patient service in rural Western China, and explore the factors affecting out-patients' satisfaction. A total of 2,754 outpatients completed the questionnaire, giving a response rate of 88.7%. A questionnaire composed of nine 5-Likert items was applied to survey outpatient satisfaction among randomly selected samples in 11 provinces of Western China. The results of the study showed that sample hospital type ( $P < 0.05$ ), age ( $P < 0.001$ ), education level ( $P < 0.05$ ), occupation

( $P < 0.01$ ), monthly income ( $P < 0.05$ ), and chronic disease conditions ( $P < 0.01$ ) were factors significantly associated with satisfaction (both dimensional and overall).<sup>25</sup>

A descriptive cross-sectional study was carried out to assess patient satisfaction levels in the COVID-19 era and explore its determinants among patients at the outpatient department of a tertiary care hospital in Jammu, UT of J&K, India. A total of 220 patients were interviewed using consecutive sampling. The tool used to assess patient satisfaction was the PSQ-18. Tests of significance used were ANOVA and t-test. The overall mean satisfaction score was found to be  $2.91 \pm 0.17$  and it was highest in the communication domain ( $3.12 \pm 1.50$ ), whereas it was lowest in the accessibility and convenience domain ( $2.73 \pm 1.17$ ). Except for religion, which was found to be statistically significant ( $p < 0.05$ ) with overall mean satisfaction score, other socio-demographic variables (occupation, marital status, and monthly family income) were found to be statistically insignificant ( $p > 0.05$ ) as factors contributing to the satisfaction among the respondents.<sup>14</sup>

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Study Area**

This study was carried out among out-patients in University of Benin Teaching Hospital (UBTH), Benin City, Edo State. Edo State is one of the six states in the South-South geopolitical zones of Nigeria. Edo state is bounded by Ondo State to the West, Kogi State to the North-East and Delta State to the South. It was formed on August 27, 1991 from the northern portion of Bendel State; the southern portion becoming Delta State. It has an area of 17,802 square miles. Edo State has 18 local government areas and its slogan is the heartbeat of Nigeria. The predominant occupations in Edo State are trading, artisanry and farming. Benin City is the capital of Edo State with a land mass of approximately 1,204km<sup>2</sup> (6°20'00"N 5°37'2 0"E) and a projected population of 1,905,000 in 2023. There are 3 local government areas in Benin City, namely Egor, Oredo and Ikpoba-okha local government areas.<sup>26</sup>

#### **3.2 Study Design**

A descriptive cross-sectional study design was used for this study.

#### **3.3 Study Population**

The study was carried out among out-patients in University of Benin teaching hospital, Benin City, Edo state.

#### **3.4 Selection Criteria**

##### **3.4.1 Inclusion Criteria**

1. Only out-patients in UBTH were included in the study.

2. Out-patients in UBTH who consented to participate were included in this study.

### 3.4.2 Exclusion Criteria

1. Out-patients who were visiting UBTH out-patient clinic for the first time at the time of the study were excluded.

### 3.5 Duration of the Study

This study was carried out between 2023 to 2024.

### 3.6 Sample Size Determination

The minimum sample size (n) was calculated using the Cochran formula for a cross-sectional study.<sup>27</sup>

$$n = \frac{Z^2 pq}{d^2}$$

Where;

n = Minimum Sample size

Z = Standard normal deviate set at 1.96 (at 95% confidence interval)

p = Prevalence rate of 89% for patients satisfaction with medical personnel professionalism in a hospital in Lagos state, Nigeria.<sup>28</sup>

$$= 0.89$$

q = The complementary probability = 1-p

$$1-q = 1-0.89 = 0.11$$

d = Degree of precision set at 0.05

Hence:

$$n = \frac{(1.96)^2 \times (0.89)(0.11)}{(0.05)^2}$$
$$n = 150.4$$

Since a multi stage sampling technique was employed in selecting the respondents, the calculated sample size was multiplied by a design effect of 2.

$$150.4 \times 2 = 300.9 = 301$$

To make room for non-response or incomplete response, 10% non-response rate was added to the minimum sample size;

$$301 + 30.1 = 331.1$$

Approx. 331

The final minimum sample size for the study is 331. However for the purpose of this study a sample size of 340 was used.

### **3.7 Method of Sampling**

A multi stage sampling technique comprising of three (3) stages was used for this study.

#### **Stage 1: Selection of Tertiary Hospital**

A list of tertiary hospitals in Edo state was obtained and a tertiary hospital was selected by simple random sampling by balloting.

## **Stage 2: Selection of Departments**

In the selected hospital there are 34 Departments which includes Internal Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Mental health, Community Health, Family Medicine etc. Using simple random sampling by balloting the following departments were selected; Medicine, Surgery, Obstetrics and Gynecology, Family Medicine, Community Medicine.

The sample size was shared equally among the departments selected by balloting.

## **Stage 3: Selection of Respondents**

Respondents from each selected clinic were chosen using simple random sampling by balloting.

### **3.8 Data management**

#### **3.8.1 Tools for data collection**

**Questionnaires:** A quantitative tool (questionnaire) was used for this study. It was structured to comprise of close ended and open ended questions and divided into the following sections: <sup>29, 2</sup>

##### **Section A:** Socio-demographic characteristics of respondents

This section was designed to gather information regarding the respondent's sociodemographic characteristics. These characteristics included age, sex, marital status, religion, occupation, skill level etc.

##### **Section B:** Perception of health care services among out-patients

This section assessed out-patients perception of health care services in UBTH.

##### **Section C:** Satisfaction with health care services among out-patients

This section assessed the out-patients satisfaction with health care services in UBTH.

## **Section D:** Factors contributing to satisfaction with health care services among out-patients

This section assessed factors that contribute to out-patients satisfaction with health care services in UBTH.

### **3.9 Methods of Data Collection**

Data collection for this study was done using an interviewer-administered questionnaire. Informed consent was obtained from respondents and they were assured of confidentiality.

#### **3.9.1 Pre-testing**

The questionnaire was pre-tested among out-patients at Edo Specialist Hospital in Benin city, Edo state as it has out-patients that have similarities with the study population. Ten percent (10%) of the minimum sample size was used for pre-testing. The aim was to test the questionnaire for correctness and appropriate understanding by respondents. Necessary corrections were made where applicable before commencement of the survey.

#### **3.10 Data Analysis**

Data was collated and screened for completeness and numbered serially. The data was entered into and analyzed using the IBM Statistical package for Social Sciences for Windows (V 25.0). Univariate analysis was done to assess the distribution of the variables. Bivariate analysis was done to determine the association between socio-demographic variables and perception and satisfaction with out-patients health care services. Multivariate analysis was done to determine the predictors of out-patients satisfaction with health care services. A p-value of  $<0.05$  was considered statistically significant.

### **3.10.1 Scoring**

#### **Perception of Healthcare Services among Out-patients**

Perception of health care services was assessed using a total of twelve (12) questions. A score of one (1) was given for correct response and a score of zero (0) for wrong response. A total score of greater than or equal to 6 was good perception while a score of less than 6 was poor perception.

#### **Satisfaction with Healthcare Services among Out-patients**

Patients' satisfaction was assessed using the 5-point Likert scale with 23 items. Very satisfied was given a score of five (5), Satisfied a score of four (4), Undecided a score of three (3), Dissatisfied a score of two (2) and Very Dissatisfied a score of one (1). The maximum total score was 23 while the minimum score was 0. The scores were converted to percentage and graded as follows:

Scores 50% or greater = Good satisfaction

Scores 49.9% or less = Poor satisfaction

### **3.11 Data Presentation**

Data was presented in the form of prose and frequency tables.

### **3.12 Ethical Consideration**

Ethical clearance was obtained from the University of Benin Teaching Hospital Ethical committee. Permission was obtained from the Head of department, Department of Public health and Community Medicine, School of Medicine, University of Benin. Written consent was also

obtained from the respondents after they had been educated on the purpose of the study and assured of confidentiality.

### **3.13 Limitations of Study**

The study relies on information that was provided by the respondents but may be limited by errors due to recall bias and poor knowledge on the availability of some services.

## **CHAPTER FOUR**

### **RESULTS**

A total of 340 out-patients participated in this study with a 100% response rate. The results are in the following sections in line with the specific objectives.

**SECTION A:** Socio-demographic characteristics of outpatients in University of Benin Teaching Hospital.

**SECTION B:** Perception of health care services among outpatient in University of Benin Teaching Hospital.

**SECTION C:** Satisfaction with health care services among outpatients in University of Benin Teaching Hospital.

**SECTION D:** Factors contributing to satisfaction with health care services among out-patients in University of Benin Teaching Hospital.

**Table 1: Socio-demographic Characteristics of Respondents**

<b>Variable</b>	<b>Frequency (n=340)</b>	<b>Percent</b>
<b>Age</b>		
< 20	12	3.5
20 – 29	94	27.6
30 – 39	110	32.4
40 – 49	73	21.5
50 – 59	22	6.5
60 and above	29	8.5
<b>Sex</b>		
Male	174	51.2
Female	166	48.8
<b>Ethnic group</b>		
Benin	135	39.7
Esan	92	27.1
Yoruba	46	13.5
Igbo	45	13.2
Others	22	6.5
<b>Religion</b>		
Christianity	323	95.0
Islam	14	4.1
African Traditional Religion	3	0.9
<b>Marital status</b>		
Married	217	63.8
Unmarried	123	36.2
<b>Level of education</b>		
Primary	2	0.6
Secondary	57	16.8
Tertiary	281	82.6
<b>Skill level</b>		
Skill Level 0	2	0.6
Skill Level 1	12	3.5
Skill Level 2	16	4.7
Skill Level 3	52	15.3
Skill Level 4	258	75.9
<b>Monthly income</b>		
< #40,000	41	12.1
#40,000 and above	299	87.9
<b>Clinic visited</b>		
Medicine	261	76.8
Surgery	33	9.7
Obstetrics and Gynaecology	24	7.1
Family Medicine	20	5.9
Community Medicine	2	0.6
<b>Number of clinic visits</b>		
Twice	65	19.1
Three and above	275	80.9

Mean Age  $\pm$  S.D = 37.14  $\pm$  12.38

Table 1 shows the socio-demographic characteristics of the out-patient in UBTH. The mean age of the respondents was  $37.14 \pm 12.38$  SD. Majority of respondents were young 94(27.6%) aged 20-29 years, 110(32.4%) aged 30-39 years while only 22(6.5%) were aged 50-59. Dominant sex was males at 174 (51.2%) while females were 166(48.8%).

Most 135(39.7%) of the respondents were Benin, followed by Esan 92(27.1%) while only 22(6.5%) belonged to other ethnic groups. Christianity was the most common religion with 323(95.0%) of respondents. Majority 217 (63.8%) of respondents were married. Majority 281(82.6%) of the respondent had tertiary level of education

Majority 258(75.9%) of the respondents had skill level 4 while only 2(0.6%) had skill level 0.

Majority of the respondents 299(87.9%) had monthly income of #40,000 and above. Majority 261(76.8%) attended Medicine clinic while only 2(0.6%) attended community medicine clinic.

Most 218(64.1%) of the respondents visited clinic four time and above while 57(16.8%) visited clinic thrice

**Table 2: Perception of Respondents with UBTH Out-Patient Healthcare Services**

<b>Variables</b>	<b>Yes Freq (%)</b>	<b>No Freq (%)</b>	<b>I Don't Know Freq (%)</b>
UBTH provides quality health care services to out-patients	324(95.3)	7(2.1)	9 (2.6)
UBTH is reliable in handling out-patients health care needs	303(89.1)	25(7.4)	12(3.5)
UBTH cares for out-patients as promised	235(69.1)	94(27.6)	11(3.2)
UBTH health care service providers are courteous and respectful	316(92.9)	17(5.0)	7(2.1)
Health care service providers in UBTH have enough knowledge and skill to cater for your health care needs	329(96.8)	2(0.6)	9(2.6)
UBTH health care service providers ensure confidentiality	315(92.6)	2(0.6)	23(6.8)
Health care service providers in UBTH show care and concern during your hospital visits	322(94.7)	14(4.1)	4(1.2)
Health care service providers in UBTH provide clarity on diagnosis and treatment process	325(95.6)	8(2.4)	7(2.1)
You have a good doctor-patient relationship with your doctor	310(91.2)	27(7.9)	3(0.9)
UBTH has is a conducive and hygienic environment	327(96.2)	9(2.6)	4(1.2)
UBTH is well equipped to cater for your health care needs	309(90.9)	21(6.2)	10(2.9)
UBTH health care service providers ensure professionalism when tending to your health care needs	340(92.9)	12(3.5)	13(3.8)

Table 2 shows that almost all 324(95.3%) of the respondents feel that UBTH provides quality health care services to out-patients. Majority 303(89.1%) of the respondents feel that UBTH reliable in handling out-patients health care needs. Majority 235(69.1%) of the respondents feel that UBTH care for out-patients is as promised. Majority 316(92.9%) of the respondents feel that UBTH health care service providers are courteous and respectful. A large proportion 329(96.8%) of the respondents think that health care service providers in UBTH have enough knowledge and skill to cater for your health care needs. Majority 322(94.7%) of the respondents feel that UBTH health care service providers ensure confidentiality. Almost all 325(95.6%) of the respondents feel that health care service providers in UBTH provide clarity on diagnosis and treatment process. Majority 310(91.2%) of the respondents feel that they have a good doctor-patient relationship with their doctors. Majority 327(96.2%) of the respondents think that UBTH has is a conducive and hygienic environment. Majority 309(90.9 %) of the respondents think that UBTH is well equipped to cater for your health care needs. A large proportion 340(92.9%) of the respondents think UBTH health care service providers ensure professionalism when tending to their health care needs.

**Table 3: Satisfaction of Respondents with UBTH Out-Patients Healthcare Services**

<b>Variables</b>	<b>Very Satisfied Freq (%)</b>	<b>Satisfied Freq (%)</b>	<b>Undecided Freq (%)</b>	<b>Dissatisfied Freq (%)</b>	<b>Very Dissatisfied Freq (%)</b>
<b>Reception and registration process</b>					
Queue system	4(1.2)	239(70.3)	11 (3.2)	63(18.5)	23(1.2)
Staff courtesy and behavior at reception and registration	29(8.5)	221(65.0)	10(2.9)	51(15.0)	29(8.5)
Information for patient queries	23(6.8)	144(42.4)	98(28.8)	61(17.9)	23(6.8)
Registration process	9(2.6)	231(67.9)	10(2.9)	57(16.8)	33(19.7)
<b>Physical facilities</b>					
Sitting area and arrangement	31(9.1)	299(87.9)	5(1.5)	5(1.5)	0(0.0)
Cleanliness at OPD area	35(10.3)	295(86.8)	7(2.1)	3(0.9)	0(0.0)
Toilet facility	0(0.0)	95(27.9)	71(20.9)	147(43.2)	27(7.9)
Consulting room	27(7.9)	294(86.5)	12(3.5)	7(2.1)	0(0.0)
<b>Doctors and Nurses</b>					
Courtesy and behavior of the doctors	41(12.1)	286(84.1)	4(1.2)	8(2.4)	1(0.3)
Courtesy and behavior of nurses	30(8.8)	251(73.8)	8(2.4)	29(8.5)	22(6.5)
Consultation time spent	22(6.5)	297(87.4)	4(1.2)	15(4.4)	2(0.6)
Counseling on diagnosis and treatment	29(8.5)	295(86.8)	12(3.5)	4(1.2)	0(0.0)
Empathy of doctors	33(9.7)	290(85.3)	7(2.1)	7(2.1)	3(0.9)
Empathy of nurses	14(4.1)	262(77.1)	14(4.1)	28(8.2)	22(6.5)
Comfort and privacy during examinations	17(5.0)	293(86.2)	22(6.5)	6(1.8)	2(0.6)
Follow up on care instructions	18(5.3)	52(15.3)	77(22.6)	189(55.6)	4(1.2)
<b>Laboratory services</b>					
Location/distance of the laboratory	23(6.8)	182(53.5)	57(16.8)	72(21.2)	6(1.8)
Staff courtesy and behavior	26(7.6)	197(57.9)	56(16.5)	47(13.8)	14(4.1)
Cleanliness of sample collection area	25(7.4)	244(71.8)	61(17.9)	10(2.9)	0(0.0)
Report/result collection	8(2.4)	130(38.2)	56(16.5)	115(33.8)	31(9.1)
<b>Pharmacy services</b>					
Courtesy and behavior of staff	28(8.2)	290(85.3)	7(2.1)	9(2.6)	6(1.8)
Location of pharmacy	17(5.0)	308(90.6)	11(3.2)	3(0.9)	1(0.3)
Availability of prescribed drugs	7(2.1)	240(70.6)	32(9.4)	29(8.5)	32(9.4)

Table shows 3 that majority 239(70.3%) of the respondents were satisfied with the queue system of the reception and registration process. Majority 221(65.0%) of the respondents were satisfied with the staff courtesy and behavior at reception and registration. About two-fifth 144(42.4%) of the respondents were satisfied with the information for patient queries of the reception and registration process. Majority 231(67.9%) of the respondents were satisfied with the registration process.

Majority 299(87.9%) of the respondents were satisfied with the sitting area and arrangement of UBTH. Majority 295(86.8%) of the respondents were satisfied with the cleanliness at OPD area. About two-fifth 147(43.2%) of the respondents were dissatisfied with the toilet facility. Majority 294(86.5%) of the respondents were satisfied with the consulting room. Majority 286(84.1%) of the respondents were satisfied with the courtesy and behavior of the doctors. Majority 251(73.8%) of the respondents were satisfied with the courtesy and behavior of nurses.

Majority 297(87.4%) of the respondents were satisfied with the consultation time spent.

Majority 295(86.8%) of the respondents were satisfied with the counseling on diagnosis and treatment. Majority 290(85.3%) of the respondents were satisfied with empathy of doctors.

Majority 262(77.1%) of the respondents were satisfied with empathy of nurses. Majority 293(86.3%) of the respondents were satisfied with the comfort and privacy during examinations.

About half 189(55.6%) of the respondents were dissatisfied with the follow up on care instructions. About half 182(53.5%) of the respondents were satisfied with the location/distance of the laboratory. About three-fifth 197(57.9%) of the respondents were satisfied with the laboratory staff courtesy and behavior Majority 244(71.8%) of the respondents were satisfied with the cleanliness of sample collection area. About one-third 130(38.2%) of the respondents were satisfied with the report/result collection. Majority 290(85.3%) of the respondents were

satisfied with the courtesy and behavior of pharmacy staff. Majority 308(90.6%) of the respondents were satisfied with the location of pharmacy. Majority 240(70.6%) of the respondents were satisfied with the availability of prescribed drugs

**Table 4: Perception and Satisfaction of Respondents with UBTH Out-Patient Services**

<b>Variable</b>	<b>Frequency (n=340)</b>	<b>Percent</b>
<b>Perception</b>		
Good perception	336	98.8
Poor perception	4	1.2
<b>Satisfaction</b>		
Good satisfaction	323	95.0
Poor satisfaction	17	5.0

Table 4 shows that majority 336(98.8%) of the respondents had good perception of UBTH out-patient services while only 4(1.2%) had a poor perception. Most 323(95.0) of the respondents had good satisfaction with UBTH out-patient services while only 17(5.0%) had poor satisfaction

**Table 5: Determinants of Perception among Respondents**

Variable	Perception		$\chi^2$	p-value
	Good Freq (%)	Poor Freq (%)		
<b>Age group</b>				
< 20	11(91.7)	1(8.3)	7.783	0.170
20 – 29	93(98.9)	1(1.1)		
30 – 39	109(99.1)	1(0.9)		
40 – 49	73(100)	0(0.0)		
50 - 59	22(100)	0(0.0)		
60 and above	28(96.6)	1(3.4)		
<b>Sex</b>				
Male	172(98.9)	2(1.1)	0.002	0.999
Female	164(98.8)	2(1.2)		
<b>Religion</b>				
Christianity	322(99.7)	1(0.3)	49.464	< 0.001
Islam	12(85.7)	2(14.3)		
African traditional religion	2(66.7)	1(33.3)		
<b>Marital status</b>				
Married	216(99.5)	1(0.5)	2.642	0.137
Unmarried	120(97.6)	3(2.4)		
<b>Level of education</b>				
Primary	1(50.0)	1(50.0)	41.692	0.023
Secondary	56(98.2)	1(1.8)		
Tertiary	279(99.3)	2(0.7)		
<b>Skill level</b>				
Skill Level 0	2(100.0)	0(0.0)	10.070	0.066
Skill Level 1	11(91.7)	1(8.3)		
Skill Level 2	16(100.0)	0(0.0)		
Skill Level 3	50(96.2)	2(3.8)		
Skill level 4	257(99.6)	1(0.4)		
<b>Monthly income</b>				
< #40,000	40(97.6)	1(2.4)	0.639	0.403
> #40,000	296(99.0)	3(1.0)		
<b>Clinic visited</b>				
Medicine	258(98.9)	3(1.1)	1.525	0.655
Surgery	32(97.0)	1(3.0)		
Obstetrics and Gynaecology	24(100.0)	0(0.0)		
Family Medicine	20(100.0)	0(0.0)		
Community Medicine	2(100.0)	0(0.0)		
<b>Number of clinic visits</b>				
Twice	63(96.9)	2(3.1)	2.497	0.166
Three and above	273(99.3)	2(0.7)		

Table 5 shows all respondents (100.0%) aged 40-49 and 50 - 59 years had good perception of UBTH out-patient services as compared to 8.3% of those aged >20 years who had bad this was not statistically significant. Almost all 98.9% of males good perception of UBTH out-patient services unlike females who had 1.2% of them with bad perception and this was not statistically significant. Almost all 99.7% of respondents who were Christians had good perception of UBTH out-patient services unlike the African traditionalist who had 33.3% of them with bad perception and this was statistically significant. Majority 99.5% of married respondents had good perception of UBTH out-patient services unlike respondents who were cohabiting who had 14.3% of them with bad perception and this was not statistically significant. Almost all 99.3% of respondents with tertiary level of education had good perception of UBTH out-patient services unlike those with primary level of education who had 50.0% of them with bad perception and this was statistically significant. All 100.0% respondents with skill level 2 had good perception of UBTH out-patient services compared to respondents 8.3% with skill level 1 who had bad perception and this was not statistically significant. Almost all 99.0% with a monthly income of > #40,000 had good perception of UBTH out-patient services unlike respondents with monthly income of <#40,000 who had 2.4% of them with bad perception and this was not statistically significant. All 100.0% of the respondents obstetrics and gynecology, attending family medicine and community medicine clinics had good perception of UBTH out-patient services compared to respondents 3.0% attending surgery clinic with poor satisfaction. Almost all 273(99.3%) respondents who attended clinic three times had good perception of UBTH out-patient services unlike those that attended only twice who had 1.2% of them with poor satisfaction and this was not statistically significant.

**Table 6: Determinants of Satisfaction among Respondents**

Variable	Satisfaction		$\chi^2$	p-value
	Good Freq (%)	Poor Freq (%)		
<b>Age group</b>				
< 20	11(91.7)	1(8.3)	5.405	0.351
20 – 29	86(91.5)	8(8.5)		
30 – 39	106(96.4)	4(3.6)		
40 – 49	72(98.6)	1(1.4)		
50 – 59	21(95.5)	1(4.5)		
60 and above	27(93.1)	2(6.9)		
<b>Sex</b>				
Male	165(94.8)	9(5.2)	0.022	0.999
Female	158(95.2)	8(4.8)		
<b>Religion</b>				
Christianity	322(99.7)	1(0.3)	49.464	< <b>0.001</b>
Islam	12(85.7)	2(14.3)		
African traditional religion	2(66.7)	1(33.3)		
<b>Marital status</b>				
Married	210(96.8)	7(3.2)	3.975	0.067
Unmarried	113(91.9)	10(8.1)		
<b>Level of education</b>				
Primary	1(50.0)	1(50.0)	10.931	<b>0.020</b>
Secondary	52(91.2)	5(8.8)		
Tertiary	270(96.1)	11(3.9)		
<b>Skill level</b>				
Skill Level 0	2(100.0)	0(0.0)	17.692	<b>0.009</b>
Skill Level 1	9(75.0)	3(25.0)		
Skill Level 2	16(100.0)	0(0.0)		
Skill Level 3	46(88.5)	6(11.5)		
Skill level 4	250(96.9)	8(3.1)		
<b>Monthly income</b>				
< #40,000	39(95.1)	2(4.9)	0.001	1.000
> #40,000	284(95.0)	15(5.0)		
<b>Clinic visited</b>				
Medicine	247(94.6)	14(5.4)	1.344	0.854
Surgery	31(93.9)	2(6.1)		
Obstetrics and Gynaecology	23(95.8)	1(4.2)		
Family Medicine	20(100.0)	0(0.0)		
Community Medicine	2(100.0)	0(0.0)		
<b>Number of clinic visits</b>				
Twice	56(86.2)	9(13.8)	13.240	<b>0.001</b>
Three and above	267(97.1)	8(2.9)		

Table 6 shows most respondents 72(98.6%) aged 40-49 years had high satisfaction with UBTH out-patient services as compared to 8.3% of those aged < 20 years who had poor satisfaction this was not statistically significant. Almost all 95.2% of females high satisfaction with UBTH out-patient services unlike males who had 5.2% of them with poor satisfaction and this was not statistically significant. Almost all 99.7% of respondents who were Christians had high satisfaction with UBTH out-patient services unlike the African traditionalist who had 33.3% of them with poor satisfaction and this was statistically significant. Majority 96.8% of married respondents had high satisfaction with UBTH out-patient services unlike respondents who were widowed who had 5.2% of them with poor satisfaction and this was not statistically significant. Almost all 96.1% of respondents with tertiary level of education had high satisfaction with UBTH out-patient services unlike those with primary level of education who had 50.0% of them with poor satisfaction and this was statistically significant. All 100.0% respondents with skill level 2 had high satisfaction with UBTH out-patient services compared to respondents 25.0% with skill level 1 who had poor satisfaction and this was statistically significant. Almost all 95.1% with a monthly income of <#40,000 had high satisfaction with UBTH out-patient services unlike respondents with monthly income of >#40,000 who had 5.0% of them with poor satisfaction and this was not statistically significant. All 100.0% of respondents attending family medicine and community medicine clinics had high satisfaction with UBTH out-patient services compared to respondents 6.0% attending surgery clinic with poor satisfaction and this was not statistically significant. Majority 267(97.1%) respondents who attended clinic three or more times had high satisfaction with UBTH out-patient services unlike those that attended only twice who had 13.8% of them with poor satisfaction and this was statistically significant.

**Table 7: Logistics Regression Model for Predictors of Satisfaction among Respondents**

Predictor	B (regression coefficient)	Odds Ratio	95% CI for OR		p-value
			Lower	Upper	
<b>Age</b>	-0.025	0.975	0.922	1.032	0.383
<b>Sex</b>					
Male		1			
Female	0.213	1.238	0.420	3.650	0.699
<b>Level of Education</b>					
Primary		1			
Secondary	3.017	20.430	0.412	1012.537	0.130
Tertiary	0.831	2.296	0.712	7.402	0.164
<b>Monthly Household Income (₦)</b>					
< 40,000		1			
≥40,000	-0.621	0.537	0.103	2.812	0.462
<b>Religion</b>					
Christian		1			
Islam	-1.686	0.707	0.185	10.351	0.411
ATR	-0.307	0.736	0.012	43.485	0.883
<b>Marital Status</b>					
Married		1			
Not married	-0.673	0.510	0.148	1.758	0.286

Table 7 shows for every one year increase in age, there is 0.975(95% CI = 0.922 - 1.032, p = 0.383) more likelihood of poor satisfaction. Female respondents were 1.238 (95% CI = 0.420 – 3.650, p = 0.699) times more likely to have poor satisfaction than male respondents.

Respondents with secondary level of education were 20.430 (95% CI = 0.412 - 1012.537, p = 0.130) times more likely to have poor satisfaction than respondents with primary level of education and this was not statistically significant.

Respondents with tertiary level of education were 2.296 (95% CI = 0.712 - 7.402, p = 0.164) times more likely to have poor satisfaction than respondents with primary level of education and this was not statistically significant.

Respondents who earned \$40,000 and above were 0.537 (95% CI = 0.103 - 2.812, p = 0.462) times more likely to have poor satisfaction than those who earned below \$40,000 and this was not statistically significant.

Respondents who were Christians were 0.707 (95% CI = 0.268 - 1.867, p = 0.484) times less likely to have poor satisfaction than those who were not Christians and this was not statistically significant.

Respondents who were unmarried were 0.510 (95% CI = 0.148 - 1.758, p = 0.286) times more likely to have poor satisfaction than those who were married and this was not statistically significant.

**Table 8: Main Suggestions from Out-Patients to Improve Satisfaction with Healthcare Services in UBTH**

<b>Suggestions</b>	<b>Frequency</b>	<b>Percent</b>
Improved hospital facilities (n= 377)*	168	49.4
Employment of more workers	160	47.1
Prompt services	16	1.8
Availability of drugs	14	0.6
Training of health care staff	20	0.6
Better patient service	9	0.6

\* Multiple responses

Table 8 shows the ways respondents think out-patient services in UBTH can be improved. Almost half 168(49.4%) of respondents wanted improved hospital facilities followed by 160(47.1%) who wanted employment of more workers while only 2(0.6%) wanted drugs to be available, training of healthcare staff and better patient service.

## CHAPTER FIVE

### DISCUSSION

About two third of the respondents are within the age group of 20-24 with mean age of  $37.1 \pm 12.4$ . This can be due to the fact that this age range is often associated with the transition from adolescence to adulthood, and some health conditions may emerge during this period. This is in contract to a study carried out in Ukraine to determine the perception of outpatient quality of healthcare where mean age of the participants was 47–48 years old.<sup>1</sup> The outpatient clinics' high utilization by young individuals may facilitate the early detection of health problems and allow for early intervention which will be crucial in preventing the progression of diseases and improving long-term health outcomes.

Majority of the respondents are had tertiary level of education. This is because regions with teaching hospitals often have a well-established educational infrastructure, including schools and colleges. This can contribute to a higher educational attainment among the local population. This finding is in contrast to a study carried out in China where most of the respondents had secondary level of education.<sup>30</sup> Individuals with higher education levels may have better access to healthcare information and resources. They will be more aware of the importance of regular check-ups and preventive care, leading them to visit out-patient clinics more frequently.

More than two third of the respondents had skill level 4 of occupation. Living near a large medical institution might increase the availability of skilled job opportunities, especially in healthcare-related fields. People may pursue careers that align with the services provided by UBTH. This is in contract to a study carried out in China where most of their occupation were grouped under skill level 2. People with skill level 4 might exhibit a proactive approach to health

needs, actively seeking medical advice and attending outpatient clinics for preventive care rather than waiting until a health issue becomes more severe.

Almost all of the respondents had good perception with UBTH out-patient services. Positive perceptions likely stem from the perceived or experienced high quality of healthcare services provided. If UBTH out-patient clinic offers competent and compassionate healthcare professionals, effective treatments, and a well-managed facility, patients are likely to have a positive view. This is similar to a study carried out to assess the client perception of service quality at the outpatient clinics of Randle General hospital, Lagos, where majority (80.8%) of respondents rated the overall service quality as good/very good.<sup>22</sup> A favorable perception of UBTH can facilitate public health education efforts. The community is more likely to engage with and absorb health information provided by the hospital, leading to increased health literacy and awareness. Clear and transparent communication about healthcare services, treatment options, and any changes is essential. Providing information in a way that is easily understandable helps in building trust.

It was identified that from this study, religion and level of education were determinant of the high positive perception of out-patient services in UBTH. Religious beliefs often play a significant role in shaping individuals' values and attitudes towards various aspects of life, including healthcare. People with similar religious beliefs may share common perspectives on health, healing, and medical practices, influencing their perception of UBTH services. Higher education can empower individuals to actively engage in their healthcare decision-making. Empowered individuals may perceive healthcare services, including out-patient services at UBTH, more positively. This is in contrast to a study carried out in Ukraine where factors like sex, income, education and treatment effectiveness were determinant of perception of out-patient

services.<sup>1</sup> Higher education levels and religious beliefs can contribute to more informed decision-making regarding healthcare. This leads to increased health literacy, better understanding of preventive measures, and informed choices about seeking healthcare services, ultimately promoting individual and community health. Addressing disparities in education and religious beliefs is crucial for achieving health equity. Public health efforts should aim to ensure that all individuals, regardless of their educational background or religious affiliation, have equal access to quality healthcare services.

Majority of the respondents had good satisfaction with out-patient healthcare service in UBTH. This is because out-patient services typically offer greater convenience as patients can schedule appointments at times that suit them. This flexibility reduces the disruption to their daily lives. This is similar to a study carried out to measure patients' satisfaction with care from Nigerian Federal capital territory's public secondary hospital in which majority of their respondents had good satisfaction with the out-patients services.<sup>2</sup> Good satisfaction with out-patient services promotes continuity of care. Patients are more likely to adhere to prescribed treatment plans, attend follow-up appointments, and engage in preventive healthcare measures, contributing to improved long-term health outcomes also while ensuring that out-patient services are easily accessible and offering convenient scheduling options. This can reduce barriers to healthcare utilization and improve overall patient satisfaction.

The determinant of good satisfaction that was identified in this study were religion, sex, level of education, and number of clinic visits. Gender can impact healthcare experiences and satisfaction. Studies have shown that men and women may have different healthcare needs, communication styles, and preferences. Understanding these gender differences can help healthcare providers tailor their services to better meet the needs of both men and women. The number of clinic visits

may be an indicator of the overall health status of the individual. It can also reflect the continuity of care and the effectiveness of the healthcare system in meeting the patient's needs over time. Individuals with more frequent clinic visits may have more opportunities to assess and evaluate the quality of outpatient services. This is in contrast to a study carried out in Abuja where the factors that determined the satisfaction with out-patient clinic were the hospital type, age, education level, occupation, monthly income, and chronic disease conditions were factors significantly associated with satisfaction (both dimensional and overall).<sup>14</sup> The frequency of clinic visits may affect patient satisfaction. Positive experiences over multiple visits may contribute to higher overall satisfaction. Efficient and well-managed appointment systems can positively impact patient perceptions.

## **CONCLUSION**

Majority of the respondents had good perception about out-patient services in UBTH. This is attributed to the hospital's commitment to delivering high-quality out-patient services which include well-trained and courteous staff, efficient processes, and a focus on patient satisfaction. Also, clear and effective communication from healthcare providers has enhanced the overall experience for patients. When patients feel informed and involved in their care, it can contribute to a positive perception.

Also, majority of the respondents had good satisfaction with the out-patient services in UBTH. This is due to the attitude and behavior of the healthcare professionals which plays a significant role in patient satisfaction. The healthcare personnel's at UBTH are courteous, empathetic, and demonstrate genuine concern for out-patients and their needs which has contributed positively to their overall satisfaction.

The study reveals a nuanced understanding of healthcare perception and satisfaction, demonstrating that out-patients religious affiliations, gender, level of education, and the frequency of clinic visits collectively contribute to shaping their experiences within the healthcare system.

## **RECOMMENDATION**

### **TO THE FEDERAL GOVERNMENT**

- Allocate funds for the improvement and maintenance of healthcare facilities, ensuring they are well-equipped and have modern infrastructure.
- Ensure an adequate and well-maintained supply of medical equipment, waiting areas, and other essential resources to enhance the overall patient experience.

### **TO THE CHIEF MEDICAL DIRECTOR**

- Implement effective communication strategies to ensure that patients are well-informed about their conditions, treatment plans, and any necessary follow-up care.
- Encourage healthcare providers to interact with patients in clear and comprehensible languages, taking into consideration the diverse educational backgrounds of patients.

### **TO THE HEALTH CARE WORKERS**

- Provide clear and understandable information about the patient's condition, treatment plan, and any necessary instructions concerning the patients' health.
- Take the time to listen to patients' concerns and address any questions they may have.
- Be mindful of language barriers and cultural differences, using interpreters when necessary.

## REFERENCES

1. Anufriyeva V, Pavlova M, Stepurko T, Groot W. The perception of outpatient care quality by healthcare users in Ukraine. *International Journal of Healthcare Management*, 2022. Doi: <https://doi.org/10.1080/20479700.2022.2141685>
2. Nilakantam SR, Madhu B, Prasad MC, Dayananda M, Basavanagowdappa H, Rao JN. Quality improvement project to assess patient satisfaction toward outpatient services of a tertiary care teaching hospital, South India – A cross-sectional study. *Ann Afr Med*, 2021; 20:198-205
3. Busse R, Klazinga N, Panteli D, et al., editors. Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies. *Health Policy Series*, No. 53. Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2019. Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies. *Health Policy Series*, No. 53. [Internet]. Chapters 1 and 3.
4. Bombard Y, Baker GR, Orlando E, Fancott C, Bhatia P, Casalino S, Onate K, Denis J, & Pomey M. Engaging patients to improve quality of care: a systematic review. *Implement Sci*. 2018;13(1):98. Published 2018 Jul 26. doi:10.1186/s13012-018-0784-z
5. Tzelepis F, Sanson-Fisher RW, Zucca AC, Fradgley EA. Measuring the quality of patient-centered care: why patient-reported measures are critical to reliable assessment. *Patient Prefer Adherence*. 2015; 9:831-835. doi:10.2147/PPA.S81975
6. Qureshi FM, Bari SF, Siddiqui HJ, Tahir M, Khalid K, Rizwan S. Evaluation of Patient Satisfaction Level with Different Outpatient Department Services: A Situational Analysis

in A Tertiary Care Hospital. Pak Armed Forces Med J 2022; 72(2): 695-699. DOI:  
<https://doi.org/10.51253/pafmj.v72i2.5774>

7. Marzo RR, Bhattacharya S, Ujang NB, et al. The impact of service quality provided by health-care centers and physicians on patient satisfaction. J Educ Health Promot, 2021; 10:160. Published 2021 May 20. doi: 10.4103/jehp.jehp\_979\_20
8. Singh M, Dixit S, Ranjan R, Sharma R, Singla R, Goyal P. Correlation between waiting time and satisfaction among those attending outpatient departments of a tertiary care social security hospital, Faridabad, Haryana. Med J DY Patil Vidyapeeth 2020; 13:480-5.
9. Hervàs A, Montraveta R, Corral S, et al. Factors contributing to satisfaction with care in cancer outpatients. Support Care Cancer. 2021;29(8):4575-4586. doi:10.1007/s00520-020-05978-w
10. Ham HS, Peck EH, Moon HS, Yeom HA. Predictors of patient satisfaction with tertiary hospitals in Korea. Nurs Res Pract. 2015; 2015:749754. doi:10.1155/2015/749754
11. Sarwat A. The effects of waiting time and satisfaction among patients visiting medical outpatient department of a tertiary care hospital. J Pak Psychiatr Soc, 2021; 18(3):25-30.
12. Mohd A, Chakravarty A. Patient satisfaction with services of the outpatient department. Med J Armed Forces India. 2014;70(3):237-242. doi: 10.1016/j.mjafi.2013.06.010
13. Rodriguez SI, Mason A, Gutacker N, Kasteridis P, Santos R, Rice N. Need, demand, supply in health care: working definitions, and their implications for defining access. Health Economics, Policy and Law. 2023;18(1):1-13. doi:10.1017/S1744133121000293
14. Sultan N, Mahajan R, Kumari R, Langer B, Gupta RK, Mir MT, Chowdhary N, Sultan A. Patient satisfaction with hospital services in COVID-19 era: A cross-sectional study from

outpatient department of a tertiary care hospital in Jammu, UT of J&K, India. *J Family Med Prim Care* 2022;11: 6380-4 2022

15. Ayele Y, Hawulte B, Feto T, Basker GV, Bacha YD. Assessment of patient satisfaction with pharmacy service and associated factors in public hospitals, Eastern Ethiopia. *SAGE Open Med.* 2020; 8:2050312120922659. doi:10.1177/2050312120922659
16. Akunne MO, Okonta MJ, Ukwe CV, Heise TL, and Ekwunife OI. Satisfaction of Nigerian patients with health services: a protocol for a systematic review. *Syst Rev.* 2019; 8: 256. doi: 10.1186/s13643-019-1160-z
17. Balogun JA. A Comparative Analysis of the Health System of Nigeria and Six Selected Nations Around the World. In: *The Nigerian Healthcare System*. Springer, Cham, 2021. Doi: [https://doi.org/10.1007/978-3-030-88863-3\\_10](https://doi.org/10.1007/978-3-030-88863-3_10)
18. Hickmann, E., Richter, P. & Schlieter, H. All together now – patient engagement, patient empowerment, and associated terms in personal healthcare. *BMC Health Serv Res* 22, 1116 (2022). <https://doi.org/10.1186/s12913-022-08501-5>
19. Bombard Y, Baker GR, Orlando E, Fancott C, Bhatia P, Casalino S, Onate K, Denis J, Pomey M. Engaging patients to improve quality of care: a systematic review. *Implement Sci.*, 2018; 13: 98. doi: 10.1186/s13012-018-0784-z.
20. Ephraim-Emmanuel B, Adigwe A, Oyeghe R, Ogaji DS. Quality of health care in Nigeria: a myth or a reality. *International Journal of Research in Medical Sciences* 6(9):2875. DOI:10.18203/2320-6012.ijrms20183621
21. Eke CB, Ibekwe RC, Muoneke VU, Chnawa JM, Ukoha OM, Ibe BC. End - users' perception of quality of care of children attending children's outpatients' clinics of

University of Nigeria Teaching Hospital Ituku -Ozalla Enugu. BMC Research Notes 2014, 7:800. doi:10.1186/1756-0500-7-800

22. Ogunnowo BE, Olufunlayo TF, Sule SS. Client perception of service quality at the outpatient clinics of a General hospital in Lagos, Nigeria. Pan Afr Med J. 2015;22: 68. doi:10.11604/pamj.2015.22.68.6228
23. Mahmoud, AB, Ekwere, T, Fuxman L, & Meero AA. Assessing Patients' Perception of Health Care Service Quality Offered by COHSASA-Accredited Hospitals in Nigeria. SAGE Open, 2019; 9(2). <https://doi.org/10.1177/2158244019852480>
24. Lawal BJ, Agbla SC, & Ihaji E. Patients' Satisfaction With Care From Nigerian Federal Capital Territory's Public Secondary Hospitals: A Cross-Sectional Study. Sage Journals, 2018. Doi: <https://doi.org/10.1177/2374373517752696>
25. He X, Li L & Bian Y. Satisfaction survey among primary health care outpatients in the backward region: an empirical study from rural Western China. Patient Preference and Adherence 2018;12 1989–1996
26. History and departments of UBTH. Available from: [www.ubth.org/](http://www.ubth.org/). [Accessed 4 June, 2023]
27. Cochran W. Sampling Techniques. 3rd ed. New York: Wiley; 1977. Available from: <https://hwbddocuments.env.nm.gov/Los%20Alamos%20National%20Labs/General/14447.pdf> [Accessed April 2021]
28. Obamiro JK. Effects of waiting time on patient satisfaction: Nigerian hospitals experience. The International Journal of Economic Behavior-IJEB. 2013;3(1):117–126. Available from: [http://ijeb.faa.ro/download/472\\_7 - Obamiro.pdf](http://ijeb.faa.ro/download/472_7 - Obamiro.pdf)

29. Izogo E. Determining the impact of service quality on customer satisfaction and loyalty: A study of automobile repair services sector in Ebonyi State. [Internet]. 2013. Available from: [https://www.researchgate.net/figure/The-SERVQUAL-22-Scale-Items-Source-Parasuraman-et-al-1994-p207-c\\_fig4\\_305709072](https://www.researchgate.net/figure/The-SERVQUAL-22-Scale-Items-Source-Parasuraman-et-al-1994-p207-c_fig4_305709072) [accessed 23 Nov, 2023]
30. He X, Li L, Bian Y. Satisfaction survey among primary health care outpatients in the Backward Region: An empirical study from rural Western China. *Patient Preference and Adherence*. 2018 Oct;Volume 12:1989–96. doi:10.2147/ppa.s172021

## APPENDIX I

### QUESTIONNAIRE DESIGN

#### PERCEPTION AND SATISFACTION WITH HEALTH CARE SERVICES AMONG OUT-PATIENTS IN UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY, EDO STATE.

Dear Respondent,

I am a final year medical student of the University of Benin, Benin city carrying out a one-year project which is designed to assess perception and satisfaction with health care services among out-patient's in UBTH with a view to make recommendations that will improve health care services. Your participation is voluntary.

Please answer all questions as accurately as possible, as all information given will be treated with utmost confidentiality.

Thank you.

Date: \_\_\_\_\_

#### Section A: Socio-Demographic Characteristics

1. Age in years (as at last birthday): \_\_\_\_\_
2. Sex: Male [  ] Female [  ]
3. Ethnic group: Bini [  ] Esan [  ] Yoruba [  ] Igbo [  ] Hausa [  ] Others [Specify]  
\_\_\_\_\_
4. Religion: Christianity [  ] Islam [  ] African Traditional Religion [  ] Others[Specify]  
\_\_\_\_\_
5. Marital Status: Married [  ] Single [  ] Cohabiting [  ] Divorced [  ] Widowed [  ]
6. Level of Education: None [  ] Primary [  ] Secondary [  ] Tertiary [  ]
7. Employment status: Employed [  ] Unemployed [  ]
8. Occupation: Skill level 0 [  ] Skill level 1 [  ] Skill level 2 [  ] Skill level 3 [  ] Skill level 4 [  ]
9. Monthly income: <#40,000 [  ] >40,000 [  ]

**Section B: Perception of Health Care Services**

Please rate by ticking (✓) which you agree to with the following statements

- 10. What clinic are you visiting today? Medicine [ ] Surgery [ ] Obstetrics and Gynecology [ ] Family Medicine [ ] Community Medicine [ ]
- 11. How many times have you visited the out-patient clinic? Twice [ ] Thrice [ ] Four & above [ ]
- 12. Does UBTH provide quality health care services to out-patients? Yes [ ] No [ ] I don't know [ ]
- 13. Is UBTH reliable in handling out-patients health care needs? Yes [ ] No [ ] I don't know [ ]
- 14. Does UBTH provide prompt health care services to out-patients? Yes [ ] No [ ] I don't know [ ]
- 15. Are UBTH health care service providers courteous and respectful? Yes [ ] No [ ] I don't know [ ]
- 16. Do you think health care service providers in UBTH have enough knowledge and skill to cater for your health care needs? Yes [ ] No [ ] I don't know [ ]
- 17. Do UBTH health care service providers ensure confidentiality? Yes [ ] No [ ] I don't know [ ]
- 18. Do health care service providers in UBTH show care and concern during your hospital visits? Yes [ ] No [ ] I don't know [ ]
- 19. Do health care service providers in UBTH provide clarity on diagnosis and treatment process? Yes [ ] No [ ] I don't know [ ]
- 20. Do you think you have a good doctor-patient relationship with your Doctor? Yes [ ] No [ ] I don't know [ ]
- 21. Do you think UBTH has is a conducive and hygienic environment? Yes [ ] No [ ] I don't know [ ]
- 22. Do you think UBTH is well equipped to cater for your health care needs? Yes [ ] No [ ] I don't know [ ]
- 23. Do you think UBTH health care service providers ensure professionalism when tending to your health care needs? Yes [ ] No [ ] I don't know [ ]

**Section C: Satisfaction with Health Care Services**

Please rate by ticking (✓) which you agree to with the following statements

Characteristics	Very Satisfied	Satisfied	Undecided	Dissatisfied	Very Dissatisfied
<b>24. Reception and registration process</b>					
a) Queue system					
b) Staff courtesy and behavior					
c) Information for patient queries					

d) Registration process					
<b>25. Physical facilities</b>					
a) Sitting area and arrangement					
b) Cleanliness as OPD area					
c) Toilet facility					
d) Consulting room					
<b>26. Doctors and Nurses</b>					
a) Courtesy and behavior of the Doctors					
b) Courtesy and behavior of Nurses					
c) Consultation time spent					
d) Counseling on diagnosis and treatment					
e) Empathy of Doctors					
f) Empathy of Nurses					
g) Privacy during examinations					
h) Follow up on care instructions					
<b>27. Laboratory services</b>					
a) Location/distance of the laboratory					
b) Staff courtesy and behavior					
c) Cleanliness of sample collection area					
d) Report/result collection					
<b>28. Pharmacy services</b>					
a) Courtesy and behavior of staff					
b) Location of pharmacy					
c) Availability of prescribed drugs					

29. Do you experience any delay during your clinic visits? Yes [ ] No [ ]

30. **If yes in question 29**, at what point do you experience the delay?

Reception & registration [ ] Consultation [ ] Laboratory [ ] Pharmacy [ ]

31. How long do you spend in the hospital during your clinic visits? <60minutes [ ] 60-120minutes [ ] 120minutes & above [ ]

32. What do you think can be done to improve out-patients satisfaction with health care services in UBTH? .....

**THANK YOU FOR PARTICIPATING.**

## **APPENDIX II**

### **INFORMED CONSENT FORM**

**TITLE OF STUDY: PERCEPTION AND SATISFACTION WITH HEALTH CARE SERVICES AMONG OUT-PATIENTS IN UNIVERSITY OF BENIN TEACHING HOSPITAL(UBTH), BENIN CITY, EDO STATE.**

**INSTITUTION:** Department of Public Health and Community Medicine, College of Medical Sciences, University of Benin, Benin City, Edo State.

**PRINCIPAL INVESTIGATOR:** Chegwe Chukwuamaka Nora

**PARTICIPATION:** Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue your participation at any time without penalty or loss of benefits. The principal investigators may decide to withdraw you from the study if we are unable to obtain the necessary information.

**INTRODUCTION:** We are interested in the perception and satisfaction with health care services among out-patients in the University of Benin Teaching and only questions relating to this will be asked.

#### **PROCEDURES TO BE FOLLOWED:**

**QUESTIONNAIRE:** If you agree to participate, we will ask you questions about your age, sex, marital status, perception and satisfaction with health care services in University of Benin Teaching Hospital.

**BENEFITS:** To be able to add to the body of work on perception and satisfaction of health care services in University of Benin Teaching Hospital.

**COMPENSATION:** There is no compensation to volunteers for their participation.

**DURATION OF PARTICIPATION:** This study only requires the questionnaire, there is no follow-up or further information needed.

**WHO CAN PARTICIPATE IN THIS STUDY:** Out-patients who have visited the University of Benin Teaching Hospital out-patient clinic at least twice.

**ASSURANCE OF CONFIDENTIALITY OF VOLUNTEER'S IDENTITY:** Records relating to your participation in the study will remain confidential. Your name will not be used in any report in this study.

**PERSONS AND PLACES FOR ANSWERS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT:** If during the course of this study you have questions concerning the nature of the research or you believe you have sustained a research-related injury or assault; you should contact;

The under listed may be contacted in case you have clarifications to make:

Chegwe Chukwuamaka Nora(08184944544)

Department of Public Health & Community Medicine,

University of Benin Teaching Hospital.

PMB 1111

Benin City, Edo State.



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*B. Sc, (Hons)FJPM, Dip. Theo. AHAN*

**HEALTH RESEARCH ETHICS COMMITTEE  
APPROVAL**

**PROTOCOL NUMBER:** ADM/E 22/A/VOL. VII/14830112965

**PROPOSAL TITLE:** "PERCEPTION AND SATISFACTION WITH HEALTH CARE SERVICES AMONG OUT-PATIENTS IN UNIVERSITY OF BENIN TEACHING HOSPITAL, NIGERIA A DESCRIPTIVE CROSS-SECTIONAL STUDY"

**PRINCIPAL INVESTIGATOR(S):** CHEGWE CHUKWUAMAKA NORA

**DEPARTMENT/INSTITUTION:** DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY MEDICINE,  
COLLEGE OF MEDICAL SCIENCES, UNIVERSITY OF BENIN, BENIN  
CITY, EDO STATE, NIGERIA

**DATE CONSIDERED:** JANUARY 26<sup>TH</sup>, 2024

**DECISION OF THE COMMITTEE:** APPROVED

*THIS APPROVAL DATES 26/1/2024 TO 25/1/2025. IF THERE IS DELAY IN STARTING THE RESEARCH, PLEASE  
INFORM THE HREC SO THAT THE DATES OF APPROVAL CAN BE ADJUSTED ACCORDINGLY*

**REMARK:**

**CHAIRMAN:** PROF. (MRS) A.N. OFILI

**SIGNATURE & DATE:** *A.N. Ofili, 26/1/2024*

**SUPERVISOR (S):** PROF. OBEHI HILDA OKOJIE

**DECLARATION BY INVESTIGATOR(S):**

**PROTOCOL NUMBER** (please quote in all enquiries)

Note that no participant accrual or activity related to this research may be conducted outside of these dates. All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study. In multiyear research, endeavor to submit your annual re-port to the HREC early in order to obtain renewal of your approval and avoid disruption of your research. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the Code. The HREC reserves the right to conduct compliance visit your research site without previous notification.

**Signature & Date:** *A. Okojie, 31/02/2024*



**INTELLECTUAL PROPERTY & TECHNOLOGY TRANSFER OFFICE (IPTTO)**

Vice Chancellor's Office  
University of Benin  
PMB1154, Benin City, Nigeria

**CLEARANCE FORM**

DATE: 09/02/2024

NAME: Chegwe Chukwuamaka Nwora

MATRIC NO: MED1505164

DEPARTMENT: Medicine

FACULTY: School of Medicine

SESSION OF GRADUATION: 2021

**DIRECTOR**  
DATE .....  
**(PTTO VCO)**  
Head Of Unit (IPTTO)  
BENIN, BENIN CITY.