ORIGINAL ARTICLE

Patients' satisfaction with eye care services in a Nigerian teaching hospital

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Abstract

Background: Understanding the patients' perception of services received is essential as the parameters important to the patient may be quite different from that to the eye health provider.

Aim: This study aims to evaluate patients' satisfaction with the care received from the pioneer teaching hospital in south-eastern Nigeria and use it to audit services.

Materials and Methods: This was a descriptive cross-sectional study. An interviewer-administered questionnaire was administered to 307 consecutive consenting patients seen at the eye clinic of the University of Nigeria Teaching Hospital Enugu in April 2013. The questionnaire asked questions regarding satisfaction with the time spent in the clinic, attitude of various categories of staff, physical facilities, cleanliness of the clinic and willingness to come again to the clinic or recommend it to others.

Results: The respondents were more satisfied with the attitude of the doctors and nurses than that of revenue and medical records clerks (P = 0.001). Most patients, 288 (93.8%) expressed satisfaction with the overall cleanliness of the eye clinic; 220 (71.7%) and 288 (93.8%) were not satisfied with the toilet facilities and cost of services, respectively. Only 140 (45.6%) participants will recommend the hospital to others strongly, 145 (47.2%) will do so hesitantly.

Conclusion: Majority of the patients were satisfied with the services received. The major dissatisfaction points were cost of services and inadequate toilet facilities.

Key words: Developing country, eye care services, patient satisfaction

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Introduction

Determinants of quality of patient care include quality of infrastructure, quality of training, competence of personnel and efficiency of operational systems.[1] Improvement in quality of care constitutes part of the day-to-day duty of an eye health facility. [2] Rao [1] stated that the patient is the most important person in a medical care system. Understanding the patients' perception of services received is essential as the parameters important to the patient may be different from that of the eye health provider. In rural Bangladesh, the most powerful determinant of client satisfaction with the government services was a provider behavior especially respect and politeness.[3] This was rated much more important than provider technical competence. Elsewhere,

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the major factors affecting patient satisfaction were physical comfort, emotional support and respect for patient preferences.^[4] Assessing patients' satisfaction regarding care services provided enables administrators to know, which areas to pay attention to in improving service delivery.

Studies on patient satisfaction with eye care services from different parts of the world have used varied questionnaire for data collection. [5.9] Some of these questionnaires have been developed from the literature review and some from patients' perspective of satisfaction based on analysis of complaints lodged by the patients in the complaint box of the institution.[7]



The patient is the end-user of medical and health care services. Patients overall satisfaction (or otherwise) with the services offered in a particular health facility will determine their continued use or otherwise of the facility. It has been noted that both medicals aspects of care (such as treatment outcome, trained personnel, use of newer technologies) and nontechnical care (such as kindness of the nurse and cleanliness) are important determinants of patients' overall satisfaction with the care received. [1,10]

The authors from central India^[5] concluded their study by remarking that "patient satisfaction surveys should be encouraged in hospitals for better accountability and also for strengthening the quality of eye care services." One of the major dissatisfaction points is long waiting period in the clinics.^[5,6,8,11]

There have been studies from North-Central and South-Western Nigeria assessing patients' satisfaction with eye care services provided. [8,9] University of Nigeria Teaching Hospital, Enugu is the pioneer tertiary eye care center in South-Eastern Nigeria, serving the south-east and parts of north-central Nigeria. It is important to evaluate the patients satisfaction with care received at this center with a view to evolving ways of better service delivery. This should also be of benefit to similar institutions in resource limited countries.

Materials and Methods

Ethical clearance was obtained from the Ethics and Health Research Committee of the University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu.

This was a descriptive cross-sectional study. With a 59.8% patients satisfaction rate from a previous local study, ^[6] assuming 95% confidence interval and a 5% margin of error the calculated sample size was 283; 14,000 patients are seen annually in this eye clinic. An interviewer-administered questionnaire was administered to 307 consecutive consenting patients seen at the eye clinic of the University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu in April 2013. Informed written consent was obtained from each participant prior to administering the questionnaire. Accompanying adults (parent, sibling or other relation) answered for children.

The participants were interviewed at the end of receiving care at the clinic, i.e., just prior to being given an appointment for the next visit. They were interviewed in private by two research assistants adequately trained for the study. These were not hospital staff. This is to enable the patients have the freedom to express their true level of satisfaction not having to fear retribution from a hospital staff.

The questionnaire had a section for biodata and asked questions regarding satisfaction with the time spent in the clinic, attitude of various categories of staff, physical facilities, cleanliness of the clinic and willingness to come again to the clinic or recommend it to others. The questionnaire was pretested and validated on a clinic day outside the study period. These patients were excluded from the study.

The level of satisfaction for each question was graded from points 1-5 (1 = don't know, 2 = poor, 3 = average, 4 = good and 5 = excellent). 1 and 2 were rated as "not satisfied", 3 as fairly satisfied and 4 and 5 as well/highly satisfied.

Data were cleaned and double entered into a computer at the end of each day. Data entry and analysis were done using Statistical Package for Social Sciences version 17. Chicago, Illinois, USA All statistical calculations were done at the significance of P < 0.05; Chi-square was used for the test of significance.

Results

A total of 307 consecutive consenting patients were interviewed. The age range was 1-90 years and the mean (±standard deviation) was 41.12 (±21.73) years. Children (0-15 years) constituted 17.6% of the participants.

The distribution of the sample according to age, sex, educational status, and occupation is shown in Table 1.

Table 1: Distribution of study sample according to baseline characteristics

Baseline characteristics	Number (n)	Percentage						
Age group (years)								
01-10	23	7.5						
11-20	48	15.6						
21-30	41	13.4						
31-40	32	10.4						
41-50	45	14.7						
51-60	42	13.7						
61-70	57	18.6						
71->80	19	6.2						
Total	307	100.0						
Sex								
Male	147	47.9						
Female	160	52.1						
Total	307	100.0						
Educational status								
None	20	6.5						
Primary	92	30.0						
Secondary/commercial	91	29.6						
Tertiary	104	33.9						
Total	307	100.0						
Occupation								
Self employed	108	35.2						
Civil servant	53	17.3						
Private sector but not self employed	11	3.6						
Student	96	31.3						
Unemployed/housewife	39	12.7						
Total	307	100.0						

Ninety-one participants (29.6%) were referred to the eye clinic by health workers, 104 (33.9%) were self-referred, while 112 (36.5%) visited the clinic based on the recommendation by friends/relatives.

The patients' level of satisfaction with the attitude of various categories of staff is shown in Table 2. They were more satisfied with the attitude of the health personnel (doctors and nurses) than the nonhealth personnel (revenue and medical records clerks). This difference was statistically significant (P = 0.001).

The level of satisfaction with the time spent in the clinic and the physical facilities of the clinic is shown in Table 3. Eleven (3.6%) patients were not satisfied with perceived doctors' competence, 46 (15.0%) were satisfied and 250 (80.4%) were fully satisfied. Most patients, 288 (93.8%) expressed satisfaction with the overall cleanliness of the eye clinic. In contrast, majority, 220 (71.7%) were not satisfied with the toilet facilities. Two hundred and eighty-eight (93.8%) patients were not satisfied with the cost of services in the eye clinic; 7 (2.3%) were fairly satisfied and only 12 (3.9%) were well satisfied. Nonetheless, most of the patients, 279 (90.9%) were willing to visit the eye clinic again if necessary. When asked to rate overall satisfaction with the services received at UNTH eye clinic, 20 (6.5%) were not satisfied, 42 (13.7%) were satisfied and 245 (79.8%) were well satisfied. In spite of this, only 140 (45.6%) patients will recommend the hospital to another patient strongly, 145 (47.2%) will do so hesitantly; 6 (5.2%) patients will not recommend it.

Discussion

Most of the participants expressed satisfaction with the overall quality of eye care received from the clinic; 93.5% (satisfied plus well satisfied) in this series compares with 94.2% from another tertiary eye care center in north-central Nigeria^[6] and 96.9% from central India.^[3] It is noteworthy that 79.8% were in the well satisfied category; the corresponding values for the aforementioned studies were 34.4% and 48.1%, respectively. Jenkinson *et al.*^[4] commented that overall satisfaction provides overoptimistic evaluation of patients' experiences of healthcare. They concluded that patient satisfaction and willingness to recommend a medical facility does not imply that all aspects of care were successfully delivered.

The major areas of satisfaction were attitude of the staff, perceived competence of the doctors and physical facilities of the clinic (such as ventilation within the clinic, seating facilities, medical facilities/equipment, illumination and entertainment facilities in the reception hall). Using patient survey to assess professionalism of staff, however, is limited by patients' knowledge, training, and comprehension. [12]

Surprisingly only 30.3% were dissatisfied with the overall time spent in the eye clinic. This compares with 30% documented in a study from Kano; [11] though, it constituted the highest dissatisfaction point in their study. In contrast, long waiting time in clinic was a major dissatisfaction point in some studies. [5,8] Perhaps, the television in the reception hall which provided entertainment was keeping the patients occupied and made the time spent in the clinic more acceptable. Nonetheless, efforts need to be made to further reduce the waiting time as this has been noted to significantly affect patients' satisfaction. [13] This can be achieved by adapting the total quality management study, [14] which was used in a tertiary eye facility in northern Nigeria to identify specific sources of delays during emergency eye care consultation in their center.

The main areas of dissatisfaction were the cost of service and toilet facilities. The former is unexpected as initial registration fee is approximately 1000 naira (N1000, 6USD) and consultation fee at subsequent visits is 500 naira (N500, 3USD). The fees in private eye clinics are much higher. In a study from Iran, ^[6] physician accessibility and technical quality were the strongest associations with patients' overall

Table 3: Patients satisfaction with time spent in clinic and physical facilities of the clinic

	Number (n)	Percentage	
Time spent in clinic			
Not satisfied	93	30.3	
Satisfied	123	40.1	
Very satisfied	91	29.6	
Total	307	100.0	
Physical facilities			
Not satisfied	38	12.4	
Satisfied	246	80.1	
Very satisfied	23	7.5	
Total	307	100.0	

Table 2: Patient's satisfaction with attitude of various categories of staff						
Satisfaction level	Doctors n (%)	Nurses n (%)	Medical records n (%)	Revenue clerk n (%)	Chi-square test	P value
Not satisfied	8 (2.6)	22 (7.1)	38 (12.4)	46 (12.4)	30.14	0.001*
Satisfied	29 (9.4)	133 (43.3)	170 (55.4)	176 (57.3)	109.37	0.001*
Well satisfied	270 (88.0)	152 (49.4)	99 (32.2)	85 (27.7)	159.35	0.001*
Total	307 (100.0)	307 (100.0)	307 (100.0)	307 (100.0)		

^{*}Statistically significant

satisfaction. The physical setting and financial aspects had the weakest associations. A little over three-quarters of that study sample had social security insurance and received completely free services.

Although, 33.6% of the respondents were satisfied with overall cleanliness of the clinic and a further 60.3% highly satisfied, majority expressed dissatisfaction with the toilet facilities in the clinic. There is only one toilet for the patients and there is no running tap. This may explain the high level of dissatisfaction. Inadequate toilet facility was also a dissatisfaction point elsewhere.^[5]

There was some paradox in the study. In spite of the high level of overall patient satisfaction noted in the current study, only 45.6% of the respondents will recommend the clinic strongly to another patient; 47.2% will do so hesitantly. As noted earlier, patient satisfaction with a medical facility does not imply that all aspects of care were successfully delivered. [4] Perhaps as the dissatisfaction areas are addressed, more patients will recommend the clinic strongly to others. Olawoye et al.[9] compared the patients' satisfaction with cataract surgical services in a public tertiary and a private (mission) secondary eye care facilities in Nigeria. Patients were more satisfied with the preconsultation time and cost of surgery at the mission secondary eye care hospital than at the public tertiary hospital. More patients were satisfied with overall care at the former than the latter; and therefore were more likely to recommend the hospital.

Conclusion

Majority of the patients were satisfied with the attitude of staff, competence of the doctors, overall cleanliness of the clinic and physical facilities of the eye clinic. The major dissatisfaction points were cost of services and inadequate toilet facilities. Patient satisfaction surveys serve as a valuable tool to audit services and help to improve quality of care from patients' perception. Such

surveys should be carried out periodically in eye clinics and other clinics.

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