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ALO, Ebenezer A.
Department of Business Administration, College of Social and Management Sciences, Achievers University, Owo, Ondo State, Nigeria

AKINWUMI, Adeboye A.
Department of Banking and Finance, College of Social and Management Sciences Achievers University, Owo, Ondo State, Nigeria

Correspondence:
ALO, Ebenezer A.
Department of Business Administration, College of Social and Management Sciences, Achievers University, Owo, Ondo State, Nigeria

Healthcare Delivery and Patients' Satisfaction: An Empirical Analysis of Patients' Perception of Excellent Healthcare Service in Southwest, Nigeria.

ALO, Ebenezer A., AKINWUMI, Adeboye A.

Abstract
Quality healthcare delivery has increasingly become a factor that influences patients' patronage in the Nigeria heathcare centres. A formidable excellent medical care system enables healthcare providers to deliver better quality and value to patients. This study examined patients' perception of healthcare delivery and satisfaction in selected medical centres in Southwest Nigeria. The population of the study consisted patients/patient's relatives with a sample size of 720 drawn from the six selected medical centres in equal proportion... A total of 720 copies of questionnaire were designed and administered on the respondents from the six selected hospitals in equal proportion, using convenience sampling technique; out of which 680 copies, representing 94.4% were returned and anlysed. The statistical tools of analyses employed were Factor Analysis, T-Test and Regression Model. Findings revealed that availability/accessibility of service; reliability of service; security/safety; timeliness of service; affordability/cost of service; comfort/convenience; quality of service and courteousness of frontline staff significantly affect patients' satisfaction of excellent medical services ($R2 = 0.871$, $F = (8, 112) = 94.321$, $P < 0.01$). The study concluded that a statistically significant relationship existed between excellent heaithcare service and patients' satisfaction in the selected medical centres. The study recommended that the relevant government agency in-charge of healthcare delivery should adopt a strategy of formulating health policies that would embrace the eight service dimensions found to be critical to healthcare delivery and improve on them.

Keywords: Healthcare, Healthcare Delivery, Patients' Satisfaction, Quality of Care

1. Introduction

The healthcare sector of the Nigeria economy has become increasingly receptive to the notion that service quality and consumer satisfaction are critically important factors in the success of healthcare delivery (Juwaheer & Kassean, 2006). The desired need to gauge the patients' unique perspective has been largely driven by the rise in the health consumer movement which suggests that patient satisfaction is one of the articulated goals of healthcare delivery.

In order for this sector of the Nigeria economy to gain a better competitive advantage or best practice, the perception of patients for quality service has to be measured deeply by setting quality strategies as priority by management of healthcare facilities (Camgoz-Akdag & Zineldin, 2010). Quality healthcare delivery has increasingly become a factor that influences patients' patronage in the Nigeria heath centres. It is therefore the responsibility of hospital staff to create a healthy environment that will make the patients comfortable in receiving cares (Wensing, Laurant, Franx, Jacobs &Versteeg, 2012).

Patient's satisfaction is the patient's view of services rendered and the outcome of the treatment received by the healthcare (Kleinman, 2012). Programme evaluators use service quality to enhance the healthcare provider's ability to render medical services that are in tandem with the patient's need. There is a uniform acknowledgement by society on the importance of the views of users in assessing services. The healthcare sector has used range of methods to identify the views of patients.

Three major reasons why patients' satisfaction is important have been identified. First, when a patient is fulfilled (satisfied) with the service rendered by medical personnel, there is the possibility that such a patient will maintain a consistent relationship with the provider. Second, by identifying sources of patient satisfaction, an organization can address system weaknesses, thus improving its risk management and third, an adequately fulfilled patient might adhere to some certain medical legislations and therapeultic regimen (Dansky & Milles (2007).

In today's competitive global marketplace, service quality has become the pivotal force for enhancing business sustainability (Kumasey, 2014). However, high quality service has been viewed to be instrumental to the success of any healthcare services. Hence, service quality is a key strategy for customer-focused firms for evaluating customer satisfaction.

It is imperative that hospitals in Southwest, Nigeria, provide quality services which are in tandem with patients' expectations by adopting appropriate strategies which must be implemented and controlled within hospital healthcare systems to satisfy the anticipations of customers. It is therefore imperative that medical personnel understand the expectations of their patients.

Health care services in southwest Nigeria seldomly conduct researches in order to familiarise themselves with the perceptions and expectations of patients in their hospitals. Invariably, this has led to their inability to provide a quality service delivery. Aldana (2001) conducted a study on clients' expectation, degree of satisfaction and quality healthcare in rural Bangladesh. A total of 1,913 persons chosen through a systematic random sampling were used for the study. Finding from the study revealed that respect and politeness were the most essential predictors of patient satisfaction.

It is to be noted, however, that a continuous monitoring and evaluation of the policyholder's views on excellent medical service is paramount for quality improvement purposes in Southwest Nigeria. This will provide some kind of feedback to health professionals and policy makers. It is in this regard that this study provided answers to the following questions: (i) what are the dimensions of healthcare service that contribute to patient's satisfaction? (ii) to what extent does the quality of medical services affect patients feeling of satisfaction and (iii) how satisfied are patients with healthcare services in Southwest, Nigeria?

2. Literature Review

According to Zeithaml and Bitner (2006), patient satisfaction refers to the relationship subsisting between individual patient's perception of the performance of the service rendered and his or her expectations. Patient's satisfaction is a measure of expectations, past experiences and encounters with marketing stimuli by the patient. A highly fulfilled or satisfied patient is one whose experience exceeds his or her expectations while a dissatisfied patient is one whose experience falls below expectation. When the expectations of a patient equal the performance, such a patient is said to be fulfilled (satisfied). Thus, a highly satisfied patient is the one whose performance exceeds his or her expectations.

Zeithaml and Bitner (2006) see patient satisfaction as the relationship between individual patient's perception of the performance of the service and his or her expectations. It is the relationship between patient's satisfaction and patient expectations, past experiences and encounters with marketing stimuli (Zeithaml & Bitner, 2006). A patient feels unfulfilled or dissatisfied when his or her experience falls below expectations. On the other hand, when a patient's experience surpasses his expectations, such a patient is delighted and feels fulfilled.

O'Connor and Shewchuck (2003) opined that majority of the work on patient satisfaction was based on simple descriptive and correlation analysis instead of a theoretical foundation. They posited that health services should measure technical and functional quality as opposed to patient satisfaction.

The study by Spencer and Campbell (2014) which was aimed at analysing the observed variance in the medical service provided to patients in the United States of American hospitals revealed that 12 out of 15 measures of quality carried out privately insured patients had lower risk-adjusted mortality rates than medicare enrollees. The study further found a significant vulnerability between medicare patients inferior care received. It was thus, recommended that adequate measure and control should be carried out by hospitals in order to reduce disparitiees in healthcare delivery.

Cooper, Gray, Wilson, Lines, McCannon and McHardy (2015) identified the implications of some forces holding back the improvement of the quality of healthcare provided for patients in the UK policy using 11 selected multi-disciplinary groups from the NHS Egland Healthcare Trust. The result revealed a limited focus on patient-centred services in the eleven groups. It was therefore recommended that, managers and policy makers should embark on evaluative health policy to ameneorate the quality of healthcare centred on patients' needs.

Larsson and Wilde-Larsson (2010), conducted a study to investigate the methodological issues and the determinants of satisfaction in the health sector. 37 and 138 methodological issues and determinants of satisfaction were used respectively. Finding from the study revealed that the understanding of the process by which a patient becomes satisfied or dissatisfied remains unchallenged.

According to Chahal and Kumari (2010), patient's loyalty could be determined using three dimensional parameters: PAST (Providers Again for the Same Treatment); PADT (Providers Again for Different Treatments and RPO (Referring Providers to Others). It was found that loyalty is dependent on the quality-of-service delivery.

Findik and Unsar (2010) conducted a cross sectional study on 1100 bed hospital in Turkey. The study assessed the relationship between patient satisfaction and nursing care using patients' characteristics. 229 patients who were not less than 18 years of age and have been hospitalised for not less than two days were sampled for the study.The study revealed that the type of ward, sex, income, and education independently affected the satisfaction with Nursing Care Scale.

It can be concluded from the foreoing that past researchers have conducted one study or the other on patients' satisfaction across the globe. However, understanding of the effect of excellent medical care delivery on patients' satisfaction especially in Southwest, Nigeria medical centres has not been adequately researched. The present study adressed this gap in literature.

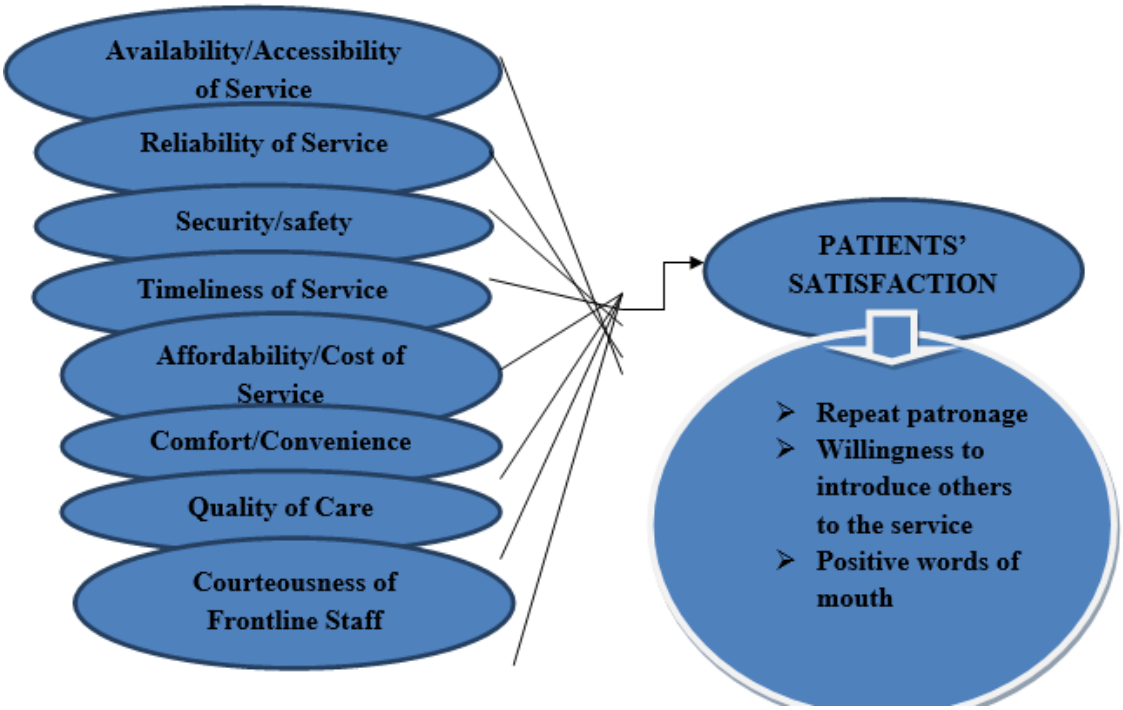

Fig. 1: Relationship between Quality Healthcare Delivery and Patients' Satisfaction

3. Material and Methods

This research gathered data through a close-ended questionnaire and most of the data were numeric and the methodical approach of the research was quantitative. Survey research design approach was employed in this study. The population of the study consisted of male and female patients drawn from six different wards/units in Government medical centres in Southwest Nigeria. The six selected hospitals are: University College Hospital, Ibadan, Oyo Satae; Wesley Guide Hospital, Ilesa, Osun State; Lagos University Teaching Hospital (LUTH), Lagos State; Federal Medical Centre FMC, Owo, Ondo State; Federal Medical Centre, Ado Ekiti and Federal Medical Centre, Abeokuta, Ogun State.

A total of 720 patients were selected for this study based on certain criteria. The criteria were based on the inclusion of: (i) patients or patients' relatives who had enjoyed services and were willing to participate; (ii) patients or patients's relatives who could read and understand English Language (iii) patients who were to be discharged on the day of data collection and (iv), patients or patient's relatives whose ages were above 18 years.

A total of 720 copies of questionnaire was designed and administered on patients or patients' relatives from the six selected hospitals in equal proportion through convenient sampling techniques. Out of this, only 680 copies, representing 94.4% were retreived and analysed. The statistical tools of analysis employed included the Factor analysis, T-Test and the Regression model.

Statistically, the regression model was represented by the equation:

$$QHCD = \beta_0 + \beta_1 AVAIL + \beta_2 RS + \beta_3 SEC + \beta_4 TIM + \beta_5 AFFOR + \beta_6 COM + \beta_7 QU + \beta_8 COUR + \varepsilon$$

Where;
QHCD = Quality Healthcare Delivery/Patient Satisfaction
AVAIL = Availability/Accessibility of Service
RS = Reliability of Service
SEC = Security/safety
TIM = Timeliness of Service
AFFOR = Affordability/Cost of Service
COM = Comfort/Convenience
QUAL = Quality of Care
COUR = Courteousness of Frontline Staff
E = error term
Apriori expectations = a positive response is expected between all the variables

4. Analysis and Interpretation

Table 4.1: Multiple Regression Analysis to Determine the Relationship between Excellent Medical care and Patients' Feeling of satisfaction

Analysis of Variance					
	Sum of Squares	Df	Mean Square	F	Significance
Regression	3610.149	8	451.269	94.321	.000[b]
Residual	535.851	112	4.784		
Total	4146.000	120			
Coefficients					
Independent variables	Beta	T	Significance	Collinearity Statistics	
				Tolerance	VIF
Avail	.544	8.803	.000	.302	3.314
RS	.182	2.123	.036	.157	6.374
SEC	-.176	-.983	.328	.036	27.835
TIM	1.239	3.697	.000	.010	97.317

AFFOR	.868	5.132	.000	.040	24.792
COM	-.418	-1.755	.082	.020	49.160
QUAL	-1.447	-5.120	.000	.014	69.198
COUR	-.714	-2.910	.004	.019	52.107
Correlational Statistics					
Dependent variable	Multiple R	R^2	Adjusted R^2	S.E of Estimate	Durbin Watson
PFS	.933[a]	.871	.862	2.18732	.357

Source: Researcher's Field work, 2020

Multiple regression was adopted to test the relationship which existed between excellent medical care and patients' feeling of satisfaction in the selected hospitals in Southwest, Nigeria. The factors considered were quality healthcare delivery/patient satisfaction, availability/accessibility of service, reliability of service, security/safety, timeliness of service, affordability/cost of service, comfort/convenience, quality of care, and courteousness of frontline staff.

The analysis from Table 4.1 revealed a multiple linear regression of the relationships between excellent medical care and patients feeling of satisfaction. The patients feeling of satisfaction was significantly predicted at R^2 = 0.871, F = (8, 112) = 94.321, P < 0.01. The model explained 87.1% disparity in patients feeling of satisfaction.

The multiple coefficients of variation (R) 0.933 depicted a very strong and positive relationship between excellent medical care and patients feeling of satisfaction. Moreover, the F ratio of 94.321 was statistically significant at 0.01 level. The beta weights (β), showed that timeliness of service (TIM) has the highest (1.239) impact on patients' feeling of satisfaction, this was followed by affordability (AFFOR) with (0.868), availability (AVAIL) was (0.544), and the least impact came from reliability of service (RS) with (0.182). It was noted, however, that all other variables have an undesirable effect on the patients feeling of satisfaction; quality of care (QUAL) was -1.447; courteousness of frontline staff (COUR) was -0.714; comfort/convenience (COM) -0.418, and security/safety -0.176.

The Durbin Watson statistic was used in discovering an evidence of serial correlation. A Durbin Watson value of less than 1.5 is an indication of serial correlation. A value greater than 1 or less than 2 is recommended (Fahad, 2012). The multiple linear regression model was employed to check for autocorrelation and multicollinearity. The result of the Durbin Watson (DW) was 0.357 which indicates autocorrelation between the residuals from the regression model. The multicollinearity of the model was further verified by Tolerance (Tol.) which showed satisfactory values for only availability and reliability which were greater than 0.10 while all other variables were less than (0.1). Also, the outcome of the VIF was satisfactory only for availability and reliability (< 10 while all other variables were not satisfactory (> 10).

Based on the results, since the positive beta (β), outweighs the negative, it was concluded that there existed a statistically significant relationship between excellent medical care delivery and patients' feeling of satisfaction in the selected medical centres in Southwest, Nigeria.

Table 4.2: T-Test Analysis to Determine the Levels of Satisfaction of Patients with Healthcare Delivery in the Selected Hospitals

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
Avail	121	34.7603	2.50674	.22789
RS	121	17.4380	1.83436	.16676
SEC	121	12.5041	1.30463	.11860
TIM	121	30.9008	3.12358	.28396
AFFOR	121	29.3058	5.63892	.51263
COM	121	29.4298	2.71363	.24669
QUAL	121	17.2727	2.69877	.24534
COUR	121	26.2066	2.15993	.19636

Source: Researcher's Fieldwork (2020)

One-Sample Test						
	Test Value = 0					
	T	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Avail	152.534	120	.000	34.76033	34.3091	35.2115
RS	104.570	120	.000	17.43802	17.1078	17.7682
SEC	105.429	120	.000	12.50413	12.2693	12.7390
TIM	108.820	120	.000	30.90083	30.3386	31.4631
AFFOR	57.168	120	.000	29.30579	28.2908	30.3208
COM	119.297	120	.000	29.42975	28.9413	29.9182
QUAL	70.403	120	.000	17.27273	16.7870	17.7585
COUR	133.464	120	.000	26.20661	25.8178	26.5954

Source: Researcher's Fieldwork (2020)

Furthermore, given that the data in the study were symmetric, the t-statistic was computed to investigate whether excellent medical care dimensions were identically different from zero. The table 4.2 indicated that calculated value for avail was 152.2., after necessary adjustment for the degree of freedom. The table of the t statistic was 1.96. Since the t-calculated was greater than the t-tabulated in absolute value, it was affirmed that there was a statistically significant difference between the availability of service and the level of satisfaction with medical care delivery among patients in the selected hospitals in Southwest, Nigeria. In addition, the results also indicated that the t statistic for the reliability of service, security and safety, timeliness of service, affordability of cost, comfort/convenience and quality of care were 104.5, 105.4, 108.8, 57.1, 119.3, 70.4 and 133.5 respectively. These values were also greater in absolute terms than t tabulated value at 5 percent. Therefore, it was concluded that excellent medical care delivery was independently different from the level of satisfaction with medical services in Southwest, Nigeria.

5. Discussion of Findings

The study evaluated patients' satisfaction of quality healthcare delivery in Southwest, Nigeria. Primary data was used through the administeration of questionnaire. A total of 720 copies of questionnaire was designed and administered on patients or patients' relatives from the six selected hospitals in equal proportion through convenient sampling techniques. Out of this, only 680 copies, representing 94.4% were retreived and analysed. The statistical tools of analysis employed included the Factor analysis, t-test and the Regression model.

The study proposed eight service quality dimensions. They are: Comfort/Convenience, Timeliness of service, Quality of care, Courteousness of frontline staff, Security/ Safety, Availability/Accessibility of service, Affordability/Cost of service and Reliability of service. The factor analysis might be inadequate if the KMO value was small because the relationship among the variables might not be adequately measured. Therefore, only the statistics from the selected healthcare service dimensions were done and the value from the KMO range from 0.566 -0.794. This suggested that the result of the factor analysis was reliable in measuring excellent medical care delivery.

The analysis of the regression model revealed astatistical significant difference between patients' satisfaction and excellent medical care among patients in the selected hospitals. This agreed with the study of Fahad (2012) who conducted a survey study of a random sample of 420 patients to determine the extent of patient satisfaction in India; the study revealed a huge difference in the dimension of key services quality in the Indian health system. It was also in the same direction with Wagner and Bear (2009); Findik and Unsar (2010) and Andaleeb (2011) who made similar conclusions in their studies.

Furthermore, the study is similar to Fentiman (2007) and Kamra, Singh and Kumar (2016) who found that each dimension of service quality in the medical industry differs in their degree of influencing patient's satisfaction and the quality of services provided.

Finally, the study found that there was a significant relationship between excellent medical care services and patients' feeling of satisfaction in the selected hospitals in Southwest, Nigeria. This was in tandem with Boshoff and Gray (2004); John (1991); Gill and White (2009); Chahal and Kumari (2010); and Urden (2002) who used SERVEQUAL model to measure patient's satisfaction in various hospitals and found that a significant relationship existed between medical services and patients' feeling of satisfactions.

6. Conclusion

The study examined the perception of excellent medical care delivery and patients' satisfaction in selected hospitals in Southwest, Nigeria. The study specifically examined the extent of patients' satisfaction with the medical care services provided by the selected medical centres in Southwest, Nigeria. The factors considered in the study were quality healthcare delivery/patient satisfaction; availability/accessibility of service; reliability of service; security/safety; timeliness of service; affordability/cost of service; comfort/convenience; quality of care and courteousness of frontline staff.

Findings from the multiple linear regression analysis showed a statistically significant relationship between excellent medical care delivery and patients' satisfaction. This was predicted at $R^2 = 0.871$, $F = (8, 112) = 94.321$, $P < 0.01$. The model also explained 87.1% disparity in patients feeling of satisfaction. The multiple coefficients of variation (R) 0.933 depicted a very strong and positive relationship between excellent service delivery and patients' satisfaction.

Moreover, the F ratio of 94.321 was statistically significant at 0.01 level. The beta weights (β), showed that timeliness of service (TIM) has the highest (1.239) impact on patients' feeling of satisfaction, this was followed by affordability (AFFOR) with (0.868), availability (AVAIL) was (0.544), and the least impact came from reliability of service (RS) with (0.182). It was noted, however, that all other variables have an adverse effect on the patients' satisfaction; quality of care (QUAL) was -1.447; courteousness of frontline staff (COUR) was -0.714; comfort/convenience (COM) -0.418 and security/safety -0.176. The study concluded that a significant difference existed between patients' satisfaction medical service delivery

Findings from the study further established a statistically significant relationship between excellent medical service and patients' satisfaction in the selected medical centres. The study also concluded that the result of the factor analysis was reliable in measuring excellent service delivery.

7. Recommendations

Based on the findings and conclusion of the study, the current study recommended that since the eight (08) proposed service quality dimensions sufficiently described the existing healthcare service attributes in Southwest Nigerian hospitals, the relevant government agency should adopt this as a strategy for formulating health policies. The study discovered that the reponses from the help centre was not encouraging; hence, the call/help centre should improve on their response rate.

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