

Patients' Satisfaction with waiting time and healthcare givers' attitude: outcome of patient's compliance to treatment at the University of Benin Teaching Hospital and Central Hospital, Benin City Edo State, Nigeria.

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Abstract:

The growing concern about the importance of patient satisfaction as an essential tool in assessing the quality of care is a recent trend in the health sector in Nigeria. This study underscores the urgent need for a shift towards patient-centred care, a model that has proven successful in developed countries. The same cannot be said of developing countries like Nigeria and Ghana. This study evaluated patients' satisfaction with service delivery in tertiary and secondary health institutions in South-South Nigeria. It was a quantitative and qualitative study on 200 inpatients and outpatients at the University of Benin Teaching Hospital (UBTH) and Central Hospital, both located in Benin City, Edo state, Nigeria. Data were collected using a pretested structured questionnaire, Focus Group Discussion, and Non-participant Observation. Data from the quantitative study were analysed using the statistical package for Social Science (SPSS) version (20) in the form of frequencies, percentages and chi-square to determine the association among variables. Reports of Focus Group Discussions and Observations were written in summary paragraphs. Findings revealed that patients' dissatisfaction with waiting times and workers' attitudes did not deter them from complying with the treatment process; they continued using health units and recommended health units to others. Patients' satisfaction with waiting time and staff patients' relationships were poor. These, though, do not affect patients' compliance with the treatment process, continued utilisation of health units and recommendation of health units to others.

Keywords: attitude, patients-satisfaction, compliance-to-treatment, waiting-time and treatment-outcome.

1. Introduction

HEALTH seeking behaviour is a complex issue. Studies have shown that factors such as distances to health units, the cost of getting treatment, and the quality of services influence patients' choice of healthcare system. The non-availability of health care, lack of modern and functional health equipment, inadequate health workers, and high cost of treatment are some barriers many Nigerians face to proper seeking practice.

Despite the obstacles mentioned above to seeking health care, illness-related factors such as the degree of severity or the nature of the disease and how it disrupts the performance of social functions play a contributing role alongside the socioeconomic status of people (Abdosh, 2016; Aldane et al., 2021; Afolabi and Andaleeb, 2021; Akande, 2022; Airede, 2023; Erhun, 2023).

Patient satisfaction refers to the extent to which the patients perceive that their needs and expectations are met by those who provide health services. This involves giving the best health outcomes and making available resources consistent with patients' values and preferences. Patients' satisfaction evaluations measure health gains and what happens to patients who come to the hospital, unlike clinical measures that measure the rate of infection and cure rate achieved (Fawole et al., 2018;

Doyla and Haran, 2020; Iliyasu et al., 2020; Drain, 2021; Guy, 2022; Edwards et al., 2024).

The quality of healthcare service is one of the most important contributory factors influencing people's healthcare choices. There is, however, no agreement on how to define and measure the quality of healthcare service. There is no universally acceptable method of defining and measuring the quality of service delivery in hospitals. Existing literature has shown that the quality of service delivery is multi-dimensional in nature. Quality healthcare service delivery has been calculated from the perspective of patients' service providers and the perspective of health institution management by some authors (Anderson et al., 2017; Bleichet et al., 2019; Birhanu et al., 2020; Balthssen et al., 2022; Bannerman et al., 2022).

The assessment of quality service delivery has often measured just one out of the three outcomes, namely, medical outcomes, patients' satisfaction with the cost of treatment, and patient satisfaction with service delivery. However, with time, researchers have realised that measuring just one aspect of patients' satisfaction is inadequate to improve service delivery quality (Campbell et al., 2015; Brook et al., 2020).

In evaluating quality care delivery, variation exist between developed and undeveloped countries in terms of facilities service delivery, patients-staff relationship and waiting time for treatment. Despite the differences that may exist in the evaluation of quality service delivery, patients all over the

world are increasingly concerned about their health and are demanding improved service delivery (Joseph and Nicholas, 2017; Mcpake, 2020; Larrabee and Bolden, 2021; Mendoza et al., 2021).

The assessment of the quality of service delivery in public hospitals had traditionally been based on a cure. Some aspects of care, such as interpersonal dynamics, which involve Patient satisfaction, patient-staff relationships, quality service delivery and waiting time for treatment, should be addressed. Quality service delivery has been a recent issue in Nigerian public hospitals (Oforwwe and Ofili, 2015; Peltzer, 2019; Murray and Frank, 2020).

As government health policies continue to gear toward better health for the timid population of Nigeria, there is no doubt that more people will utilise public health services. As more people become aware of health matters, there is no doubt that they will demand better quality services. If satisfaction with structures, processes and outcomes of care are essential elements of quality service delivery in the health sector, then how services are rendered should be viewed from the lens of patients' satisfaction with service delivery (Rosenthal and Shannon, 2017; Sixma et al., 2018; Smith and Engelbrecht, 2018; Perla, 2021; Stainsewska, 2024; Uzochukwu et al., 2024).

A good understanding of patients' perception of quality service delivery is needed to help develop strategies for improved service delivery. Against this background, this study examined patients' perceptions of health service delivery at the University of Benin Teaching Hospital (UBTH) and Central Hospital, both in Benin City. This study evaluated patients' satisfaction with healthcare delivery, especially their satisfaction with waiting for time and staff relationships regarding the utilisation of healthcare units.

I. OBJECTIVES OF THE STUDY

This study aimed to determine patients' perceptions of the quality of healthcare delivery at the University of Benin Teaching Hospital and Central Hospital.

The specific objectives include:

- i. to ascertain whether patients' satisfaction with waiting time affects their level of compliance with the treatment process and continuous use of the health care system; and
- ii. to investigate if patients' satisfaction with health workers' attitudes affects their compliance with the treatment process and continuous use of the health care system.

2. Methodology

A. Study design

This study was descriptive. The study made use of quantitative and qualitative methods. The quantitative method involved the use of structured questionnaires, while the qualitative method involved the use of focus group discussion and non-participant observation.

B. Area of the study

This study was conducted at the University of Benin Teaching Hospital (UBTH) and Central Hospital, both public health institutions in Benin City, Edo State, Nigeria. UBTH is

in Ugbowo, while Central Hospital is at Sapale Road, Benin City. UBTH is a tertiary health institution, while Central Hospital is a secondary health institution.

C. Population/sampling

A total of 200 patients were purposively selected and interviewed from both hospitals. 140 (70%) patients were interviewed in UBTH, while 60 (30%) patients were interviewed in Central Hospital. The following departments in UBTH were purposive: General Practice Center (GPC), Ophthalmology, Orthopedic, Maternity Ward, Consultant-Out Patients (COPD), Surgical Out-Patients (SOP), Main Laboratory, GPC Pharmacy, Ear Nose and Throat Unit (ENT) and Accident and Emergency Unit (A & E). For Central Hospital, the following departments were purposively selected: the General Outpatient Department (GOPD), Pharmacy, Female ward and Maternity Complex.

D. Method of data collection

The structured questionnaires covered the sociodemographic distribution of patients, frequency of their visit to the health care unit, their first experience at the hospital, their first impression of staff attitude, frequency of being addressed in a friendly manner by staff, their degree of satisfaction of workers' attitude, general opinion of workers attitude and their suggested advice for good health care delivery.

Focus Group Discussions were held in the Maternity ward (MI) at the University of Benin Teaching Hospital and the Female ward in Central Hospital with patients in March 2023 and April 2023, respectively. The Focus Group Discussion provided information on service performance, promptness of attention, and health workers' attitudes towards patients. The information provided by the discussants was in agreement with those of the survey interview. The discussants were patients admitted to wards and their relatives who volunteered. Each Focus Group was made up of nine persons. The proceedings of the discussions were written in field notes after the participants' permission was given.

Non-participant observation was conducted in the General Practice Center (GPC), Surgical Out-Patient (SOP), Ophthalmology unit, Orthopedic unit, Maternity ward, Main laboratory, GPC Pharmacy, Accident and Emergency unit, Consultant Out-Patients Department (COPD) and Ear Nose and Throat unit (ENT) at the University in UBTH. In Central Hospital, the following units were used: Female ward, Maternity complex, Pharmacy and General Out-Patient Department (GOPD). The researcher observed patients admitted to the wards and outpatients. Three hours were allotted to each observation section, which ran for two months, a total of 70 hours. Observations were scheduled for outpatients in the morning, while patients admitted in the wards were scheduled for afternoon and evening. Detailed structure field notes were kept. Observation of the interaction between patients and health workers (doctors, nurses, and others), health workers' attitudes toward patients, and the waiting time before patients got attention were recorded. In repeated observations, the result of earlier observations shaped the content of later observations. Patients and health workers were not aware that they were observed. Although contexts differed between the University of Benin Teaching Hospital and Central Hospital, major thematic

issues were shared, and results were down from all settings.

E. Research validity and reliability

A Pilot study used 10 patients in the General Practice Center in UBTH to validate the research instrument (questionnaire).

The reliability of the questionnaire was confirmed using an alpha coefficient of 0.95, which indicated the internal consistency as acceptable.

F. Method of data analysis

Data analysis was done in one stage using SPSS 20 software. Descriptive statistics, i.e., frequency and percentage, were used to describe the data. Chi-square was used to test the significance of the variables that were measured. The focus group discussions were recorded, replayed, listened to, and themes were identified. Direct quotations from the discussants were used to support the themes in writing the report. The report of the non-participant observation was written based on what was observed by the researcher.

This study spanned six months of field research, consisting of the study's quantitative and qualitative aspects. The study took place from February 2023 to July 2023.

3. Results

3.1 Sociodemographic Variables of the Respondents

The age of respondents ranged from 15 years to 70 years and above. Results (Table 1) indicated that 20 (10%) were within 15-19 years. 26 (13%) were within 20 – 24 years. 29 (14%) were within 25 – 29yrs. 31 (15%) were within 30 – 34 yrs. 16 (8%) were within 35 – 39yrs. 18 (9%) were within 40 – 44yrs. 12 (6%) were within 45-49yrs. 9 (4.5%) were within 50 – 54yrs. 7 (3.5%) were within 55-59yrs. 14 (7%) were within 60 -64yrs 10 (5%), 20 (10%) were within 65-69yrs while 8 (4%) were 70 years and above. Most respondents were females, with 119 (59.5%), while males, 81 (40.5%). All the respondents were Nigerians 200 (100%).

The majority of the respondents were Binis 72 (38%). 40 (20%) Igbo. 33 (16.5%) were Ishan. 6 (3%) were Hausa/Fulani. 4 (2%) were Yoruba, and 45 (22.5%) fell under the category of others. The majority of the respondents were Christians, that is, 171 (85.5%), Muslim 9 (4.5%), African traditional religions worshippers 18 (9%), while 2 (1%) fell under the category of others. The educational qualification of the respondents showed that the majority of the respondents were university degree holders. That is, 102 (51%), 39 (19.5%) were senior secondary certificate holders, and 7 (3.5%) were junior secondary school certificate holders. 14 (7%) were first school-leaving certificate holders, 19 (9.5%) had no formal education, and 19 (9.5%) fell under the category of others. Majority of the respondents were teachers 45 (22.5%). 39 (19.5%) were students. 19 (9.5%) farmers. 18 (9%) traders. 15 (7.5%) were health workers. 11 5 .5% were accountants. 7 (3.5%) engineers, 1. (0.5%) were lawyers, while 45 (22.5%) fell into the category of others. The monthly income earned by the respondents revealed that 65 (32.5%) earned less than N 10,000. 80 (40%) earned between N10, 000 and N29, 000. 19 (9.5%) earned between N30,000 - N49000. 15 (7.5%) earned between N50,000 and N69,000. 8 (4%) earned between N 70,000 to N 99,000. 9 (4.5%) earned

between N 100,000 - N 129,000 while 4 (2%) earned N130, 000 and above.

TABLE 1
DISTRIBUTION OF RESPONDENTS BY THEIR
SOCIODEMOGRAPHIC VARIABLES

Sociodemographic Variables	Age	Frequency (200)	Percentage (100%)	
Age	15 to 19 years	26	13%	
	20 to 24 years	29	14%	
	25 to 29 years	31	15%	
	30 to 34 years	16	8%	
	35 to 39 years	18	9%	
	40 to 44 years	12	6%	
	45 to 49 years	9	4.5%	
	50 to 54 years	7	3.5%	
	55 to 59 years	14	7%	
	60 to 64 years	10	5%	
Gender	65 to 69 years	20	10%	
	70 years and above	8	4%	
Gender	Male	81	40.5%	
	Female	119	59.5%	
Nationality	Nigerian	200	100%	
	Non- Nigerian	0	0%	
Ethnic Group	Bini	72	38%.	
	Igbo	40	20%.	
	Ishan	33	16.5%.	
	Hausa/ Fulani	6	3%.	
	Yoruba	4	2%.	
	Others	45	22.5%	
Religious Affiliation	Christianity	171	85.5%.	
	Islam	9	4.5v	
	Africa Traditional Religion	18	9%.	
	Others	2	1%.	
Educational Qualification	No Formal Education	19	9.5%.	
	First School Leaving Certificate	14	7%.	
	Junior Secondary School	7	3.5%.	
	Senior Secondary School	39	19.5%.	
	University Degree	102	51%.	
	Others	19	8.5	
	Occupation	Teacher	45	22,5%
Student		39	19.5%	
Farmer		19	9,5%	
Trader		18	9%	
Health worker		15	7.5%	
Accountant		11	5.5%	
Engineer		7	3.5%	
Lawyer		1	0.5%	
Others		45	22.5%	
Income Level		Less than # 10,000	65	32.5%
		# 10,000 to # 29,000	80	40%
	# 30,000 to # 40,000	19	9.5%	
	# 50,000 to # 69,000	15	7.5%	
	# 70,000 to # 99,000	8	4%	
	# 100,000 to # 129,000	9	4.5%	
	# 130,000 and above	4	2%	

TABLE 2
DISTRIBUTION OF RESPONDENTS BY THEIR FREQUENCY OF VISIT TO THE HOSPITAL, NUMBERS OF UNITS VISITED AND REASONS FOR THE VISIT

Frequency of Visit to the Hospital, Numbers of Units Visited and Reasons for the Visit		Frequency (200)	Percentage (100%)
Frequency of Visits to the Hospital	Visit the Hospital All the Time for Check	23	11.5%
	Visit the Hospital When Sick	63	31.5%
	Visit Hospital When the State of Sickness is Serious	77	38.5%
	Seldom Visit the Hospital	37	18.5%
Number of Hospital Units Visited	One	64	32%
	Two	80	40%
	Three	27	13.5%
	Four	22	22%
	Five	2	1%
	Six	4	2%
Reason for Visit to the Hospital Unit	Referred From another Hospital.	62	31%
	Friends and Family Members Asked Me to Visit	39	19.5%
	I Make the Choice on My Own because I Think I Can Get the Best Care Here	78	39%
	I Visit because the Hospital I Close to where I live	20	10%

3.2 Frequency of Visit to the Hospital, Numbers of Units Visited and Reasons for the Visit

On the frequency of respondents' visits to the hospital (Table 2), 23 (11.5%) visited the hospital all the time for checkups. 63 (31.5%) visited when they fell sick. 77 (38.5%) visited when their state of sickness was severe. 37 (18.5%) seldom visit. For the number of units visited, 64 (32%) had visited one, and 80 (40%) had visited two. 27 (13.5%) had visited three units. 22 (11%) had visited four units. 2 (1%) had visited five units, and 4 (2%) had visited six units. Regarding the reasons for the respondents' visit, 62 (31%) said they were referred from another hospital. 39 (19.5%) said their friends and family asked them to come. 78 39% said they chose independently because

they thought they could get the best care there. 20 (10.5%) said they went because the hospital was close to their home.

3.3 The Respondents' Experiences in the Units They Visited and Their Impressions about Health Workers Attitude

On the view of the respondents on what they experienced in the hospital when they visited, 23 (11.5%) did not respond. 5 (2.5%) said attention in the ward was slow and irregular. 34 (17%) said service delivery was fair. 4 (2%) said the hospital was better regarding treatment than the private hospital they visited before. 7 (3.5%) said there needed to be more prompt attention, like that of private hospitals. 10 (5%) said they were dissatisfied with service delivery. 2 (1%) said doctors needed to

TABLE 3
DISTRIBUTION OF RESPONDENTS BY THEIR EXPERIENCES IN THE UNITS THEY VISITED AND THEIR IMPRESSIONS OF HEALTH WORKERS ATTITUDE

The Respondents' Experiences in the Units They Visited and Their Impressions about Health Workers Attitude		Frequency (200)	Percentage (100%)
Experience in the Hospital	No Response	23	11.5%
	Attention in the Ward was Slow and Irregular.	5	2.5%
	Service Delivery was Fair	34	17%
	The hospital was Better in Terms of Treatment than the Private Hospital I Visited Before	4	4%
	There was No Prompt Attention like that of private hospital	7	3.3%
	I am dissatisfied with the service delivery		
	Doctors are inexperienced and nurses are careless	10	5%
	I am satisfied with the service delivery	2	1%
	Relatives of patients are not allowed to stay in the hospital.	58	26%
	Service delivery is quite okay, but there is a delay in getting attention.	16	8%
	The majority of the staff are not polite	24	12%
	Staff are well-organised and serious with their duties		
	There is apathy on the part of workers.	7	3.5%
		5	2.5%
		5	2.5%
Impression of Attitude of Staff	Record attendants, nurses and doctors are pretty friendly	111	55.5%
	The majority of the staff were very unfriendly and indifferent		
	Nurses are impatient, doctors are indifferent	55	27.5%
	All the health workers are unfriendly	25	12.5%
	7	3.5%	

TABLE 4
DISTRIBUTION OF RESPONDENTS BY THEIR LEVEL OF SATISFACTION AND DISSATISFACTION OF HEALTH WORKERS ATTITUDE TO WORK AND REASONS

Level of Satisfaction and Dissatisfaction of Health Workers Attitude to Work and Reason		Frequency (200)	Percentage (100%)
Level of Satisfaction and Dissatisfaction of the Attitude of Staff	Very satisfy	13	6.5%
	Satisfy	38	19%
	Fair	76	38%
	Not satisfy	60	30%
	Very dissatisfy	13	6.5%
Reasons for Satisfaction and Dissatisfaction of the Attitude of Staff	No response	81	42.5%
	Some staff are nice while others are not	21	10%
	Some staff are lazy and discuss things on duty instead of doing their work.	4	2%
	Some staff are very reluctant to answer patients' questions	6	3%
	Some staff are indifferent to patients		
	Staff are fair in dealing with patients; they give no preferential treatment to anyone	12	6%
	The majority of the staff are unfriendly.	2	1%
	Many of the staff have a nonchalant attitude	20	10%
	Some members of staff are very rude to patients.	1	0.5%
	Staff behave differently because of attitudinal differences	7	3.5%
	Many of the staff do not have a manner of approach	5	2.5%
	Some staff are not fair in their dealings; they give preference to those patients known to them, while others are left unattended to	15	7.5%
	Some staff are impatient and harsh	5	2.5%
	7	3.5%	

be more experienced and nurses were careless. 58 29% said they were satisfied with service delivery. 16 (8%) said relatives of patients were not allowed to stay in the hospital. In Table 3, 24 (12%) said service delivery was quite okay, but there was a delay in getting attention. 7 (3.5%) said most staff needed to be more polite. 5 (2.5%) said staff were well-organised and serious with their duties, while 5(2.5%) said workers were apathetic. On respondent's first impression of the attitude of staff, 111 (55.5%) said record attendants, nurses and doctors were quite friendly, 55 (27.5%) said the majority of the staff were very unfriendly and indifferent, 25 (12.5%) said nurses were

impatient 7 (3.5%) said doctors were indifferent. In comparison, 2 (1%) said all the health workers were unfriendly.

3.4 The Level of Satisfaction and Dissatisfaction of Health Workers Attitude to Work and Reasons

13 6.5% were very satisfied with the attitude of the health workers. 38 (19%) were satisfied with the attitude of health workers. 76 (38%) rated health workers attitude as fair. 60 (30%) were not satisfied with workers' attitudes, while 13 (6.5%) were very dissatisfied. On the reasons for their satisfaction and dissatisfaction with workers' attitudes, 81

TABLE 5
DISTRIBUTION OF RESPONDENTS BY THEIR LEVEL OF SATISFACTION/DISSATISFACTION OF WAITING TIME

The Level of Satisfaction and Dissatisfaction Waiting Time and Reasons for Satisfaction and Dissatisfaction Waiting Time and Reasons		Frequency (200)	Percentage (100%)
Level of Satisfaction and Dissatisfaction Waiting Time	Very satisfy	11	5.5%
	Satisfy	21	10.5%
	Quite satisfy	41	20.5%
	Not satisfy	84	42%
	Very dissatisfy	44	22%
Reasons for Satisfaction and Dissatisfaction	No response	73	36.5%
	Wait for so many hours before getting attention	87	43.5%
	When one goes to the hospital early one is sure to get attention on time	11	5.5%
	There is a delay in treatment because of so many patients that come to the hospital	11	5.5%
	The treatment process is fast	4	2%
	There is a delay because doctors are inadequate	4	2%
	There is a delay because doctors and nurses are not punctual to work	4	2%
	There is a delay in getting treatment because staff do not do their work but discuss on-duty	4	2%
	Doctors are not regularly on duty	2	1%

TABLE 6
DISTRIBUTION OF RESPONDENTS BY THEIR CONTINUOUS UTILIZATION OF HOSPITAL, REASONS, EAGERNESS TO COMPLY WITH TREATMENT AND REASONS FOR COMPLIANCE AND NON-COMPLIANCE WITH TREATMENT

Continuous Utilization of Hospital, Reasons, Eagerness to Comply with Treatment and Reasons for Compliance and Non-compliance with Treatment	Frequency (200)	Percentage (100%)	
Continuous Utilization of Hospital/ Non-Continuous Utilization of Hospital	108 92	54% 46%	
Reasons for Continuous and Non-Continuous Utilization of Hospital	No Response	60 30%	
	Continue with the health unit because of the friendly attitude of some staff	6 3%	
	I would prefer a better alternative	5 2.5%	
	I will not continue because the majority of the staff are rude	6 3%	
	I will continue with the use of the health unit because I would like to get well.	8 4%	
	I will continue because there are experienced doctors.	29 14.5%	
	I will not continue because health workers are not cooperative.	18 9%	
	I will not continue because of the nonchalant attitude of the staff.	6 3%	
	I will not continue because their delay was too much	15 7.5%	
	I will not continue because of the slow response	10 5%	
	I will continue because they render better services.	29 14.5%	
	I will continue because of the friendly staff.	9 4.5%	
	Eagerness to Comply with Treatment	Eager to comply	179 89.5%
		Not eager to comply	21 10.5%
Reasons for Compliance and Non-compliance with Treatment	No Response	68 34%	
	I will not comply with the treatment process because of the nonchalant attitude of some staff	3 1.5%	
	I will comply with treatment because I want to get well.	66 33%	
	I will comply with the treatment process because I have no other better alternative.	20 10%	
	I will comply with treatment process because of the expertise and best care they render	21 10.5%	
	I will comply with treatment process because I don't like failing treatment appointment.	2 1%	
	I will comply with treatment process because the hospital is close to where I live	1 0.5%	
	I will not comply with treatment process because of the disappointment I had faced in their previous visit.	8 4%	
	I will comply with treatment process because of the good and up-to-date facilities in the hospital.	8 4%	

(42.5%) gave no response. 21 (10%) said some staff were nice while others were not 4 (2%) said some staff were very lazy and they discussed on duty instead of doing their work. 6 (3%) said some staff were very reluctant to answer patients' questions. In Table 4, 12 (6%) said some staff were indifferent to patients. 2 (1%) said staff were fair in dealing with patients; they gave no preferential treatment to anyone. 20 (10%) said the majority of the staff were unfriendly. 1 (0.5%) said many staff had a nonchalant attitude. 7 (3.5%) said some staff were rude to patients. 5 (2.5%) said the staff behaved differently because of attitudinal differences. 15 (7.5%) said many staff did not have a manner of approach. 5 (2.5%) said they were not fair in their dealings, they preferred those patients known to them while others were left unattended, and 7 (3.5%) said some staff were impatient and harsh.

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3.5 Level of Respondents Satisfaction/Dissatisfaction of Waiting Time and Reasons

11 (5.5%) were very satisfied with waiting time. 21 (10.5%) were satisfied with waiting time. 41 (20.5%) said they were quite satisfied with waiting time. 84 (42%) were unhappy with waiting time, while 44 (22%) were very dissatisfied. Of the reasons for their satisfaction and dissatisfaction, 73 (36.5%) did not respond. 87 (43.5%) said they waited so long before getting attention. 11 (5.5%) said if one goes to the hospital early, one is sure of getting attention on time. 11 (5.5%) said there was a treatment delay because so many patients came to the hospital. 4 (2%) said treatment was fast. 4 (2%) said there was delay because doctors are inadequate 4 (2%) said there was delay because doctors and nurses were not punctual to work. 4 (2%) said there was a delay in getting treatment because staff did not do their job but discussed it on duty. 2 (1%) said doctors are not

TABLE 7
DISTRIBUTION OF RESPONDENTS BY THEIR WILLINGNESS TO RECOMMEND AND NOT RECOMMEND HOSPITAL TO OTHERS AND REASONS

Willingness to Recommend Hospital to Others and Reasons	Frequency (200)	Percentage (100%)	
Willingness to Recommend Hospital to Others	Willing to recommend health care unit to others	152	76%
	Not willing to recommend health care unit to others	48	24%
Reason for Recommending and Not Recommending Hospital to Others	No response	57	28.5%
	I am willing because of some friendly staff	36	18%
	I am not willing because of the delay in getting treatment	4	2%
	I am willing because, it is better than going to private hospitals where I am not sure of getting better care.	8	4%
	I am willing because of the qualified doctors to the hospital.	21	10.5%
	I am willing because of some staff that are up and doing with their work.	10	5%
	I am not willing because of the unfriendly and nonchalant attitude of the staff.	13	6.5%
	I will rather recommend private hospitals		
	I will recommend the health unit because it seems to be the best around	8	4%
		16	8%
	I will recommend because of the good and up-to-date facilities	15	7.5%

TABLE 8:
DISTRIBUTION OF RESPONDENTS BY THEIR GENERAL OPINION ABOUT HEALTH WORKERS' ATTITUDE

General Opinion about Health Worker Attitude	Frequency (200)	Percentage (100%)
No response	42	21%
Fair	50	25%
Poor	23	11.5%
Workers are not friendly, impatient and indifferent	21	10.5%
Workers are friendly, warm, polite and helpful	12	6%
Workers are lazy, not serious with their duties	10	5%
Workers are not considerate	5	2.5%
Workers are very ill-mannered while	8	4%
Quite impress with worker attitude	7	3.5%
Total	200	100%

TABLE 9
DISTRIBUTION OF RESPONDENTS BY THEIR SUGGESTED ADVICE FOR BETTER HEALTHCARE

Suggested Advice for Better Healthcare	Frequency (200)	Percentage (100%)
No Response	44	22%
Staff should do their work well.	1	0.5%
Health workers should improve on service delivery	31	15.5%
Lazy staff be sacked	2	1%
Health workers should imitate western system of care	2	1%
Facilities in accident and emergency unit be improved	5	2.5%
National Health Insurance Scheme (NHIS) be provided in all units in the hospital.	14	7%
More fund be provided in the health sector	3	1.5%
More facilities be provided, cost of treatment be reduced and more doctors and other health workers be employed.	44	22%
Nurses and other health workers be friendly to patients	7	3.5%
Treatment process should be fast	8	4%
Inefficient staff be disciplined.	3	1.5%
Treatment procedures be made less stressful	1	0.5%
Staff should be trained to develop good human relations skills.	30	15%
Doctors and other staff be punctual to work.	5	2.5%
Total	200	100%

regular on duty as reported in Table 5.

3.6 Eagerness for Continuous Utilization of Hospital, Reasons, Eagerness to Comply with Treatment and Reasons for Compliance and Non-compliance with Treatment

In Table 6, 108 (53.5%) said they would continue to utilize

health units, while 92 (46%) said they were not encouraged to continue using health units due to dissatisfaction with workers' attitudes. On their reasons for continued and non-continued use of health units, 60 (30%) gave no reason, and 6 (3%) said they would continue with the health unit because of the friendly attitude of some staff. 5 (2.5%) said they would prefer a better alternative. 6 (3%) said they would not continue because most

staff are rude. 8 (4%) said they would continue using the health unit because they want to get well. 29 (14.5%) said they would continue because there are experienced doctors. 18 (9%) said they would not continue because health workers are not cooperative. 6 (3%) said they would not continue because of the nonchalant attitude of staff. 15 (7.5%) said they would not continue because their delay was too much. 10 (5%) said they would not continue because of the slow response. 29 (14.5%) said they would continue because they render better services. 9 (4.5%) said they would continue because of the friendly staff.

179 (89.5%) said they were eager to comply with treatment while 21 (10.5%) said they were not eager to comply with treatment. 68 (34%) gave no response on their reasons for compliance and non-compliance. 3 (1.5%) said they would not comply with the treatment process because of some staff's nonchalant attitude. 66 (33%) said they would comply with treatment because they want to get well. 20 (10%) said they would comply with the treatment process because they had no other alternative. 21 (10.5%) said they would comply with the treatment process because of the expertise and best care they render. 2 (1%) said they would comply with the treatment process because they don't like failing treatment appointments. 1 (0.5%) said he would comply with the treatment process because the hospital is close to his home. 8 (4%) said they would not comply with the treatment process because of their disappointment in their previous visit. 8 (4%) said they would comply with the treatment process because of the good and up-to-date facilities.

3.7 Willingness to Recommend and No Recommending Hospital to Others and Reasons

152 (76%) said they were willing to recommend a healthcare unit to others, while 48 (24%) were not willing to recommend a health unit to others. Regarding their willingness or non-willingness to recommend the health care unit to others, 57 (28.5%) gave no response. 36 (18%) said they were willing because of the good healthcare delivery they had received. 4 (2%) said they were willing because of some friendly staff. 6 (3%) said they were unwilling because of the delay in getting treatment. 8 (4%) said they were willing because it is better than going to private hospitals where they are unsure of getting better care. 21 (10.5%) said they were willing because of the qualified doctors in the hospital. 10 (5%) said they were willing because some staff were up and doing their work. 13 (6.5%) said they were not willing because of the unfriendly and nonchalant attitude of the staff. 8 (4%) said they would rather recommend private hospitals. 16 (8%) said they would recommend the health unit because it seems the best around, while 15 (7.5%) said they would recommend it because of the good and up-to-date facilities, as seen in Table 7.

3.8 General Opinion about Health Worker Attitude

In the patient's general opinion of workers' attitude, according to Table 8, 42 (20.5%) gave no response. 50 (25%) said fair. 19 (9.5%) said poor. 23 (11.5%) said workers were not friendly, impatient and indifferent. 21 (10.5%) said workers attitude was good. 12 (6%) said workers were friendly, warm, polite and helpful. 10 (5%) said workers were lazy and not serious with their duties. 5 (2.5%) said workers were not

considerate, 8 (4%) said workers were very ill-mannered, while 7 (3.5%) said they were quite impressed with worker attitude.

3.9 Suggested Advice for Better Healthcare

On suggested advice for better health care, as seen in Table 9, 44 (22%) did not give any response. 1 (0.5%) said staff should do their work well. 31 (15.5%) said they should improve on delivery, 2 (1%) said lazy staff be sacked. 2 (1%) said they should imitate the Western system of care. 5 (2.5%) said accident and emergency unit facilities should be improved. 14 (7%) said N H I S be provided in all units in the hospital. 3 (1.5%) said more funds should be provided in the health sector. 44 (22%) said more facilities should be provided, the cost of treatment should be reduced, and more doctors and other health workers should be employed. 7 (3.5%) said nurses and other health workers are friendly to patients. 8 (4%) said the treatment process is fast. 3 (1.5%) said inefficient staff be disciplined. 1 (0.5%) said treatment procedures should be less stressful. 30 (15%) said staff should be trained to develop good human relations skills. 5 (2.5%) said doctors and other staff are punctual.

Data were analysed with a chi-square analysis. The chi-square analysis produced a chi-square value of 9.663. The obtained chi-square of 9.663 was greater than 8.49, which is required for a 0.05 level of significance, thus showing an association between patients' satisfaction with waiting time and their eagerness to comply with treatment.

Data on the relationship between patients' satisfaction with health workers' attitude and their likelihood to continue utilising healthcare units were analyzed using Chi-square. The chi-square analysis produced a chi-square value of 92.418. The chi-square of 92.418 was greater than 15.51, which is required for a 0.05 level of significance, thus showing a relationship between patients' degree of satisfaction with workers' attitude and their encouragement to continue to utilize healthcare units.

Data on the relationship between patient satisfaction with health workers' attitude and their likelihood of recommending a health care unit to others were analyzed with a chi-square analysis. Chi-square produced a chi-square value of 68.104. The chi-square of 68.104 is greater than 8.49, which is required for significance at 0.05 level, thus showing a relationship between patient satisfaction with health workers' attitude and their likelihood of recommending a health care unit to others.

3.10 Results of the Focus Group Discussion

The participants' views were similar when asked about their satisfaction with waiting time. Below were the unanimous responses of the discussants: "In every unit of this hospital you visit, you wait for a long time before getting attention. The workers are too slow, unconcerned about patients' plights, and so nonchalant." Another group of participants expressed thus, "Some of the staff here give preferential treatment to those patients they know. They attend to them promptly, while others are made to wait longer. The hospital advocates respect for all, but this does not seem to be the case here."

Regarding the suggested advice to improve waiting time, the participants' unanimous views were below: "Staff should be responsible for their duties. They should know they are being paid, so they should be serious with their work." Another group of participants said, "There should be proper supervision of

staff by management to ensure they are up and doing.” A participant said, “I think the hospital is understaffed, so they should employ more workers, particularly doctors.” A group of participants said, “Doctors should try to resume duty on time at least 9 am, not coming to work by 11 am or 12 noon.

When asked about their level of satisfaction with the supervision of interns and resident doctors by consultants, these were the unanimous responses of a group of participants, “We are not satisfied with the way consultants live patients for items to handle. When consultants come forward round in the morning, which is not even regularly, all through the remaining parts of the day, you only find interns and nurses in the ward.” Another participant said, “I don’t like how interns ask questions. Some of the questions they asked are not relevant. I think they like to use patience to experiment.” Another group of participants said, “Many of the residents’ doctors are not experienced. They handle cases too difficult for them and do not report to consultants for follow-up. A patient almost lost her life here because of their inexperience.”

Regarding their suggested advice for good supervision, the participants' general advice was below: "The supervision of residents and interns by consultants should be taken seriously.” Another group of participants said, “Consultants should always be regular, not living patients for interns and residents to handle.”

Regarding patients' satisfaction with workers' attitude, they responded: “We are very impressed about the doctors here. Many of them are quite friendly, their approach to patients is okay, and some even come around at night to see to the welfare of patients. However, some are not regular in coming to see to patients' welfare, and when they are around, they are always in a hurry to live.” A participant said, “I noticed during the ward rounds that some teams are more severe than others. They are always regular. They take time to examine patients, while on some teams, you will not see them around, like the one my daughter is under.” Another participant said, “I also notice many doctors do not take time to explain patients' conditions to them.” A group of participants said, “Only a few of the nurses are friendly and easily approachable; the majority of the nurses here are nonchalant, rude and impatient.” Another group of participants said, “Majority of the nurses turn down patients when they ask them questions.” A group of participants expressed their consensus view, thus, “Some nurses are very lazy. They sit down and discuss instead of them to do their work.” A participant said, “I must commend some of the nurses on night duties; they try their best to care for patients.”

On suggested advice, their responses were: “Doctors should not be in a hurry when attending to patients; they should take time to explain patients' situations to them.” “Nurses should learn proper ways of addressing patients. They should not be rude or unconcerned.” “Health workers should be effectively supervised by management to ensure they are doing their work.”

3.11 Result of Non-participant Observation

In all the outpatients, inpatient clinics, laboratories and pharmacy settings for the observations, patients spent 3 to 5 hours before being attended to. Patients were also observed getting up from their seats to the record and nursing units to complain to them that they had not been attended to. They were

often told to return to their seats so that they would be attended to in due time. Patients also looked worn out from long periods of sitting unattended to.

It was also observed that patients who visited the various clinics for the first time were easily known, as they were seen moving about in the record and nursing units asking questions on what to do. Those who had been coming to those clinics were also easily identified as they were seen dropping their cards in the appropriate boxes and taking their seats.

It was observed that in outpatient clinics in UBTH, public health nurses were seen sensitising patients on health issues. This was not seen in Central Hospital.

Patients in the inpatient wards were seen on their beds, and nurses were in their sections. The nurses only got up when it was time to administer drugs or injections to patients. They were only seen routinely checking patients when their attentions were called. The majority of the nurses were very reluctant to answer patients and their relatives when they were asked questions. Nurses also sent Patients' relatives out of wards during ward rounds and shift changes.

4. Discussion

The Findings of this study revealed that the majority of the respondents rated their satisfaction of workers' attitudes as fair, not satisfied and very dissatisfied; that is, 76 (38%), 60(30%) and 13 (6.5%), respectively as against few respondents that are, 13 (6.5%) and 38 (19%) who rated health workers attitude to be were satisfied and very satisfied. The majority of the respondents used negative connotations such as lazy, reluctant, indifferent, giving preferential treatment to patients known to them, nonchalant, rude, impatient, harsh and having no manner of approach to describe the reasons for their dissatisfaction as against few respondents who said they loved the way health workers responded to them. Findings agreed with the focus group discussion where patients' health givers relationship was perceived as poor. The discussant perceived health workers as unfriendly, nonchalant, rude, unapproachable, impatient, and not having respect for patients. Though most respondents were not satisfied with workers' attitudes, they said they would continue to use health units, against a few respondents who would not continue with health units due to poor health workers and patient relationships and abysmal attitudes toward the work of nurses and record attendants.

The findings also revealed that the overall satisfaction with the waiting time of the participants of the study was abysmal, as shown by their degree of dissatisfaction. 84 (42%) were not satisfied. 44(22%) were very dissatisfied, as opposed to 11 (5.5%) and 21 (10.5%), who were very satisfied. The majority of the respondents that is, 87 (43.5%), complained of waiting for a very long time before being attended to. 11 (5.5%) said the delay in giving patients attention was a result of too many patients in the hospitals, other respondents attributed the delay of patients getting attention to the nonchalant attitude of health workers, as many of them discuss on duty without doing their work.

The study revealed that most respondents were eager to comply with the treatment process. However, their eagerness depended on their desire to improve; the hospital was considered the best alternative. The above findings did not

agree with the studies of; (Anderson et al., 2017 Sixima et al., 2018; Afolabi and Erhun, 2023, who observed that the degree of patient satisfaction with waiting time to a large extent determines their level of compliance to treatment process and their continued use of health care system.

The findings show that patients' continued use of health units depends on factors such as the expertise of doctors, the need to get well, and the desire to get better results. Findings are similar to those of; (Ofili and Ofovwe 2015, but do not agree with those of Abdosh 2016; Joseph, 2017; Iliyasu et al., 2020; Larrabee, 2021 Parle, 2021; Woodward, 2023), who observed that good patient-staff relationship improves compliance and adherence to the treatment process, illness behaviour, coping mechanism and overall quality of patients health.

Findings also revealed that most respondents would recommend health units despite their satisfaction with workers' attitudes, unlike a few who said they would not recommend health care units to others. Factors other than satisfaction of workers' attitude such as good facilities present in the health care units, expertise of doctors, better results gotten, not having a better alternative and hospitals perceived to be better than private hospitals in terms of ability to give proper treatment. The above findings were similar to those of (Ofovwe and Ofili, 2015; Murray 2020), who observed that patients take the expertise of doctors as the most important reason for using health facilities; however, in disagreement with the above-expressed ideas (Campbell et al., 2015; Brook et al, 2020; Doyla and Haran, 2020; Drain, 2021; Larrabee and Bolden, 2021; Edward et al., 2024; Stainszewska and Henderson, 2024) who opined that patients staff relation would determine their likelihood to continue with the use of hospital and also recommend it for others.

To a large extent, patients' satisfaction with the quality of health care delivery received in hospitals determines their health-seeking behaviour. Improvement in the quality of care is desirable. Still, it is unlikely to happen if those saddled with the responsibility of managing government-owned hospitals and other stakeholders, particularly health workers in government-owned hospitals, do not help create feedback necessary to improve their service quality. Based on the overall findings of this study, several recommendations are given:

1. Doctors, nurses and other health workers are punctual to reduce patients' waiting time.
2. More effective staff will be employed to make the treatment process faster and less stressful.
3. Supervision of staff to ensure they do their work effectively.
4. A forum will be created to train staff on good staff-patient relationships continually.
5. Management of the studied hospitals should conduct periodic assessments of quality care delivery to ensure patient satisfaction.

CONCLUSION

Patients' satisfaction with waiting time and staff patients' relationships were poor. These, though, do not affect patients' compliance to the treatment process, continued utilisation of health units and recommendation of health units to others because other factors like the expertise of doctors, up-to-date

facilities for diagnosis and treatment, results achieved, and no better alternative available to patients were significant determinants.

ETHICAL STATEMENT

Although there were no ethical committees in the two health institutions used for the study, five senior health workers from the University of Benin Teaching Hospital (UBTH) comprising two consultants, two senior nursing officers and one medical sociologist approved the study after careful consideration of the objectives of the study, the study methodology, particularly the research instrument. They acted as liaisons between the researcher and the participants of the study. Verbal approval was given, and no recording was provided. The participants for this study were not induced financially, cajoled or coerced to participate; they were free to withdraw from participating anytime they wished. The confidentiality of the responses of the participants was maintained.

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