

Patients' Perception and satisfaction of cost of treatment and health facilities at the University of Benin Teaching Hospital and Central Hospital, Benin, South – South, Nigeria

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Abstract:

Patients' satisfaction is the extent to which patients perceive their health needs are met by the institution saddled with the responsibility of, meeting the health needs of the people. The quality of facilities, quality of services rendered, cost of treatment are factors that influenced the continuous utilization of health care. This study examined the perception of patients on quality of health care delivery in relation to cost of treatment, health facilities, compliance to treatment process, utilization of health care, recommendation of health for others in two government hospitals in Benin city. A descriptive cross-sectional study was carried out and patients' views were sought and obtained by use of structured questionnaires and focus group discussions. Data were analyzed using the statistical package for social sciences (SPSS) version (21) to determine association among variables. Focus Group Discussion reports were written in summary paragraphs. Results indicated that patients' perception of quality of health care delivery in terms of cost of treatment, facilities and service performance correlated with utilization of health services, compliance to treatment process and recommendation of health care system to others. Other factors like patient desire to get well, perceived result achieved, availability of expertise doctors and lack of better alternatives to patients were also determinants. The qualities of facilities present in each hospital and amount charged for treatment have direct and indirect impact on patients' level of utilization of that hospital. Understanding the implication of these factors and how they affect the quality of health care delivery in public hospitals and elsewhere will go a long way in improving the quality of health care delivery.

Keywords: Perception of hospital facilities, Satisfaction of hospital services, Cost-of-treatment in hospital, Hospital service-performance, Quality-care of hospital, Utilization of hospital.

1. Introduction

NIGERIA like many developing countries place emphasis on the establishment of government own health institutions. These governments owned hospitals are miniature society comprising of people of different socio-economic backgrounds. The tertiary hospital is the apex of all hospitals, and it is viewed by patients with high expectations to deliver quality health care services. There are growing numbers of private hospitals that are profit driven [1-5].

Patients utilize different health services when they are ill. Differential use of health services by patients is shaped by several factors such as: quality of facilities available in health units, cost of treatment, availability of service delivery and socio-economic status of patients. Studies have shown that socio economic status may not pose a bearer to the utilization of health care when patient perceive that the benefit of services outweigh the cost [6-9].

Patients' satisfaction is the extent to which patients perceive their health needs are met by those who provide health care was the likelihood of making patients comply to treatment, keep up with appointments, make informed decisions about health service providers and recommend health units for others. Patients' satisfaction is important to the hospital because it is generally assumed to be a significant determinant of repeat visit and patients' loyalty. Patients' perceptions about health service seem to be largely ignored by health providers in

underdeveloped countries. Perception especially about service quality tends shape the incidence and subsequent behavior of patients regarding choice of hospital [10-15].

One of the functions of health institution is responsive that is, the ability of health system to meet up with the expectations of those who use them. Government health policies emphasize optimal impact of health at an affordable cost. The questions that remain unanswered include: how responsive are the health institutions in Nigeria? How widespread is the National Health Insurance Scheme? How beneficial is the scheme to them? Those not covered by the scheme, at what cost do they get health care from government owned hospital? How effective are the facilities in these governments owned hospitals? These questions are begging for answers because of the poor state of public hospitals [16-19].

In Nigeria, service delivery at government owned hospitals are perceived to be generally poor. Most public hospitals are seen as mere consulting clinics. Health providers in this public hospital particularly doctors have overtime demanded for proper funding of these hospital. Patients who utilize public hospitals continue to face array of problems such as overcrowding, delay in getting attention and poor service delivery. This is in contrast with what is obtained in hospitals in advanced countries [20-25].

This study therefore aimed at determining patients' satisfaction of quality care in relation to cost of treatment, health facilities as they affect patients' compliance to treatment,

eagerness to continue with the use of health care and recommending of health care for others in a tertiary and secondary hospitals in Benin city. It is specifically designed:

1. To determine the relationship between patient satisfaction of health facilities and their continued utilization of health services.
2. To determine the relationship between patients' satisfaction of cost of treatment and their continued utilization of health services.

2.0 METHODOLOGY

A descriptive study with the use of mixed research methods namely, qualitative and quantitative methods with the use of structure questionnaires and focus group discussion was adopted in this study. This study was carried out at the University of Benin Teaching Hospital (UBTH) and Central Hospital, and both were public health institutions located in Benin City, Edo State, Nigeria. UBTH is in Ugbowo while Central Hospital is located at Sapale Road in Benin City. UBTH is a tertiary health institution facilitating treatment of patients and research works. This study spanned 4 months field research, consisting of the quantitative and the qualitative aspect of the study, it took place from August 2023 to November 2023

Two hundred patients were purposively selected and interviewed. 140 (70%) of them were from the University of Benin Teaching Hospital while 60 (30%) were from Central Hospital. The following departments in UBTH were purposively selected for the study. Consultant-Outpatient department (COPD), Surgical Outpatient (SOP), Ophthalmology, Maternity ward, General practice Center (GPC), Accident and emergency unit (A&E), Ear, Nose and Throat unit (ENT), main laboratory and GPC pharmacy. In central Hospital the following departments were also purposively selected. Female Ward, General Out-Patients Department (GOPD), Maternity Complex and Pharmacy.

The questions covered wide area such as: socioeconomic distribution of respondents; frequency of visit to the hospital, number of units visited satisfaction of health facilities, satisfaction of cost of treatment, eagerness to continue with the use of health care services and suggested advice for good health care delivery. The proceedings of the discussion were written down in field note upon the participants consent.

A pilot study using in patient in the General Practice Center (GPC) in UBTH was used to validate research instrument and the reliability of the questionnaire was confirmed using an alpha coefficient of 0.95, which indicated the internal consistency as acceptable.

Focus Group Discussions were held in maternity ward (MI) at the University of Benin Teaching hospital and Female Ward is Central Hospital respectively. The focus group discussions provided insight into issues relating to health care services, health care facilities and cost of treatment. The information given by the discussants agreed with the findings of survey interview. The discussants were inpatients and their relatives who volunteered. Each focus group was made up of nine persons.

Data was analyzed at one stage using SPSS 20 software. Descriptive statistics, i.e., frequency and percentage, were used to describe the data. Inferential statistics, i.e., chi square to test the significance of the variables that were measured. The focus group discussions that were recorded, replayed, listened to, and identified themes. Besides, direct quotations from the discussants supported the themes in the written report.

3.0 RESULTS

Majority of the respondents (Table 1) were female 119 (59.9%) while males were 81 (40.5%). The age range of respondents was between 15 years – 70 years and above.

TABLE 1
DISTRIBUTION OF RESPONDENTS BY THEIR
SOCIODEMOGRAPHIC VARIABLES

Sociodemographic variables	Frequency (200)	Percentage (100%)
Gender		
Female	119	59.5%
Male	81	40.5%
Age		
15 to 19 years	20	10%
20 to 24 years	26	13%
25 to 29 years	29	14.5%
30 to 34 years	35	17.5%
35 to 39 years	16	8%
40 to 44 years	18	9%
45 to 49 years	12	6%
50 to 54 years	9	4.5%
55 to 59 years	7	3.5%
60 to 64 years	14	7%
65 to 69 years	10	5%
70 years and above	8	4%
Nationality		
Nigerian	(200)	(100%)
Non-Nigerian	0	0%
Ethnic group		
Binis	72	36%
Igbos	40	20%
Ishans	33	16.5%
Hausas/Fulanis	6	3%
Yorubas	4	2%
Others	45	22.5%
Education	200	100%
University degree holders	102	51%
Senior secondary	39	19.5%
Junior secondary	7	3.5%
First school leaving certificate	14	7%
No formal education	19	9.5%
Others	19	9.5%
Occupation	200	100%
Teachers	45	22.5%
Traders	18	9%
Farmers	19	9.5%
Students	39	19.5%
Engineers	7	3.5%
Accountants	11	5.5%
Health workers	15	7.5%
Lawyers	1	0.5%
Others	45	22.5%
Income	200	100%
Less than N10,000	65	32.5%
Between N10,000 and N29,000	80	40%
Between N30,000 and N49,000	19	9.5%
Between N50,000 and N69,000	15	7.5%
Between N70,000 and N99,000	8	4%
Between N100,000 and N129,000	9	4.5%
Between N130,000 and above	4	2%

Respondents between 15 – 19 years were 20 (10%). Those within 20 – 24 years were 26 (13%). 29 (14.5%) were within 25 – 29 years. 35 (17.5%) were with 30 – 34 years. 16 (8%) were within 35 – 39 years. 18 (9%) were within 40 – 44 years. 12 (6%) were 45 – 49 years. 9 (4.5%) were within 50 – 54 years. 7 (3.5%) were within 55 – 59 years. 14 (7%) were within 60 – 64 years. 10 (5%) were with 65 – 69 years while 8 (4%) were 70 and above. All the respondents were Nigerians that is, the entire participants 200 (100%). Majority of the respondents were Binis, that is, 72 (36%). 40 (20%) were Igbos 33 (16.5%) were Ishans. 6 (3%) were Hausas/Fulanis 4 (2%) were Yorubas while 45 (22.5%) fell under the category of others.

Majority of the respondents were University degree holders 102 (51%). 39 (19.5%) were holders of senior secondary school certificate. 7 (3.5%) were holders of junior's secondary school certificate. 14 (7%) had no formal education while 19 (9.5%) fell under the category of others. On the occupation of respondents 45 (22.5%) were teachers. 18 (9%) were traders. 19 (9.5%) were farmers. 39 (19.5%) were students. 7 (3.5%) were engineers. 11 (5.5%) were accountants. 15 (7.5%) were health workers. 1 (0.5%) was a lawyer while 45 (22.5%) fell under the category of others.

On the level of income earned by respondents, the following were their income distribution: 65 (32.5%) less than N10 000 monthly. 80 (40%) earn between N10 000 – N29 000 monthly. 19 (9.5%) earn between N30 000 – N49 000 monthly. 15 (7.5%) earn between N50 000 – N49 000 monthly. 15 (7.5%) earn between N50 000 – N69 000 monthly. 8 (4%) earn between N70 000 – N99 000 monthly. 9 (4.5%) earn between N100 000 – N129 000 while 4 (2%) earn between N130 000 and above.

The number of respondents who visited hospital every time

(13.5%), those who visited four units was 22 (11%), then 2 (1%) had visited five units. while 4 (2%) had visited six units.

The number of participants that were very satisfied with health facilities (Table 3) were 25 (12.5%), those that were satisfied were 70 (35%), participants who said the health facilities were quite okay were 71 (35.5%), those who said they were not satisfied with facilities in the hospital were 29 (14.5%) while 5 (2.5%) were very dissatisfied with health facilities. On their reasons for satisfaction or dissatisfaction of health facilities, the number of participants who did not give any reason for their satisfaction or dissatisfaction were 60 (30%), those who said when compared to other hospitals around, the university of Benin Teaching Hospital (UBTH) was better were 3 (1.5%), those who said the facilities in the hospital they utilized worked efficiently were 19 (9.5%), those who said facilities were available in the hospital they utilized but service delivery was poor were 8 (4%), those who said the space between patients beds in the central hospital was too close were 6 (3%), those who said facilities were available but some staff could not operate them were 2 (1%), those who said some equipment in the hospital they utilized were not working were 7 (3.5%), those who said the mode of operation in the hospital was outdated were 7 (3.5%), the respondent who said toilets in the hospital that he utilized were very dirty was 1 (0.5%), the participants who said doctors were not adequate were 6 (3%). The participants who said hospital the utilized not the best, but the facilities served their purpose of coming to the hospital. were 12 (6%). Those who said there were ultra – modern facilities in the hospital they utilized were 26 (13%). Those who said there were adequate facilities to carry out diagnosis and treatment were 4 (2%). Those who said there were many

TABLE 2
DISTRIBUTION OF RESPONDENTS BY THEIR FREQUENCY OF VISIT TO THE HOSPITAL AND NUMBER OF UNITS VISITED

Respondents	Frequency of visit to hospital and number of units visited (200)	Percentage
Visit the hospital every time for checkup	23	11.5%
Visit the hospital when they fell sick	63	31.5%
Visited when sickness is serious	77	38.5%
Seldom visit the hospital	37	18.5%
Number of Unit Visited	200	100%
Visited one unit	64	32%
Visited two units	81	40.5%
Visited three units	27	13.5%
Visited four units	22	11%
Visited five units	2	1%
Visited six units	4	2%
Level of satisfaction	200	100%
Very satisfied	25	12.5%
Satisfied	70	35%
Quite okay	71	35.5%
Not satisfied	29	14.5%
Very dissatisfied	5	2.5%

(Table 2) for checkup was 23 (11.5%), those who visited hospital when they fell sick was 63 (31.3%), those who visited hospital when sickness is serious was 77 (38.5%) while 37 (18.5%) seldom visit the hospital. On the number of units visited 64 (32%) had visited one unit. Those who had visited two units was 81 (40.5%), those who had visited three units was 27

facilities in the hospital they utilized were 9 (4.5%). The participants who said doctors sometimes recommend that patient go for scan and X-ray outside the hospital an indication that radiological equipment was not functioning properly were 17 (8.5%). Those who said seats were not enough for patients because of the in flocks of patients were 3 (1.5%). While

TABLE 3
DISTRIBUTION OF RESPONDENTS BY THEIR LEVEL OF SATISFACTION OF HEALTH FACILITIES AND REASONS

Level of satisfaction	Frequency	Percentage
Reasons given by respondents for satisfaction/dissatisfaction of Health facilities	(200)	(100%)
Participants who gave no reasons Behind their Satisfaction /Dissatisfaction of Health Facilities	60	30%
Participants who said the facilities in the Hospital they visited were better, when compared to other hospitals around.	3	1.5%
Participants who said the Facilities worked efficiently.	19	9.5%
Participants who said the Facilities were available, but service delivery was poor	8	4%
Participants who said the space between patients' beds in the central hospital was too close.	6	3%
Participants who said the Facilities were available, but some staff could not operate them.	2	1%
Participants said some equipment were not working	7	3.5%
Participants who said the mode of operation in the hospital was outdated	7	3.5%
Participants who said toilets were very dirty	1	0.5%
Participants who said doctors were not adequate.	6	3%
Participants who said the hospital visited was not the best though, but the facilities served the purpose	12	6%
Participants who said facilities in the hospital were ultra – modern	26	13%
Participants who said facilities were adequate to carry out diagnosis and treatment	4	2%
Participants who said facilities were many in the hospital they utilized.	9	4.5%
Participants who said doctors sometimes recommend that patient go for scan and X-ray outside the hospital.	17	8.5%
Participants who said seats were not enough for patients.	3	1.5%
Participants who said there were more qualified doctors in the hospital they utilized.	12	6%

participants who said there were more qualified doctors in the hospital, they utilized than in private hospital were 12 (6%).

Participants who said the cost of treatment (Table 4) was very expensive were 58 (29%). Participants who said cost treatment was expensive were 65 (32.5%). Participants who said cost treatment was moderate were 64 (32%) while Participants who said cost treatment was cheap were 13 (6.5%) On their reasons for satisfaction or dissatisfaction of cost of treatment, participants who gave no reason for their satisfaction or dissatisfaction of cost of treatment were 87 (43.5%). Participants who said cost of treatment was above the reach of many patients were 15 (7.5%). Participants who said drugs and laboratory test were expensive were 10 (5%). Participants who said when compared with the charges in private hospitals, cost of treatment is cheap were 28 (14%). Participants who said cost was still within the reach of patients were 6 (3%). Participants who said the hospital they utilized was cheap because government had subsidized the cost were 4 (2%). Participants who said it was patients' income level that would determine how cost would be rated were 2 (1%). Participants who said patients were charged for everything done in the hospital that

charges were too much were 6 (3%). Participants who said massive bills were given to patient who were on admission during discharge were 7 (3.5%) while participants who said cost of treatment was very expensive despite hospital being owned by the government which was not supposed to be were 27 (13.5%).

Participants who said they were ready to comply with treatment process (Table 5) were 179 (89.5%) while participants who said they were not eager to comply with treatment process were 21(10.5%). On their reasons for compliance and non – compliance with treatment process, participants who gave no reason for their compliance or non – compliance with treatment process were 68 (34%). Participants who said they would not want to come back to the hospital because of the nonchalant attitude of most of the staff were 3 (1.5%). Participants who said they would comply with treatment process because they want to get well were 66 (33%). Participants who said they would comply since there was no better alternative available to them were 20 (10%). Participants who said they would comply because of the expertise and best care the hospital renders were 21 (10.5%). Participants who said

TABLE 4
DISTRIBUTION OF RESPONDENTS BY THEIR PERCEPTION OF COST OF TREATMENT AND REASONS

Cost of Treatment	Frequency (200)	Percentage (100%)
Very expensive	58	29%
Expensive	65	32.5%
Moderate	64	32%
Cheap	13	6.5%
Reasons		
Participants gave no reason for their opinion on the cost of treatment.	87	43.5%
Participants who said cost of treatment was above the reach of many patients	15	7.5%
Participants who said Drugs and laboratory test were expensive	10	5%
Participants who said when compared with the charges in private hospitals, cost of treatment is cheap	28	14%
Participants who said cost was still within the reach of patients	6	3%
Participants who said cost of treatment was cheap because government had subsidized the cost.	4	2%
Participants who said it was patients' income level that would determine how cost would be rated	2	1%
Participants who said patients were charged for everything done in the hospital	6	3%
Participants who said massive bills were given to patients who were on admission during discharge	7	3.5%
Participants who said cost of treatment was very expensive despite hospital being owned by the government	27	13.5%

TABLE 5
DISTRIBUTION OF RESPONDENTS BY THEIR COMPLIANCE TO TREATMENT AND REASONS

Compliance with Treatment	Frequency (200)	Percentage (100%)
Reasons		
Participants who said they were ready to comply with treatment	179	89.5%
Participants who said they were not eager to comply with treatment	21	10.5%
Reasons for Compliance with Treatment		
Participants who gave no reason for their compliance or non-compliance with treatment	68	34%
Participants who said they would not want to come back to the hospital because of the nonchalant attitude of most of the staff.	3	1.5%
Participants who said they would comply with treatment because they want to get well.	66	33%
Participants who said they would comply since there was no better alternative available.	20	10%
Participants who said they would comply because of the expertise and best care the hospital renders	21	10.5%
Participants who said they would comply because they did not want to fail their appointments	2	1%
Participant who said he would comply because the hospital was close to where he lived.	1	0.5%
Participants who said they would not comply with treatment process because of the disappointment they had faced in the hospital.	8	4%
Participants who said they would comply because some of the staff who give proper attention to patients	8	4%
Participants who said they would comply because of the up-to-date facilities in the hospital.	3	1.5%

they would comply because they did not want to fail their appointments were 2 (1%). The (%). Participants who said he would comply because the hospital was close to where he lived was 1 (0.5%). Participants who said they would not comply with the treatment process because of the disappointment they had faced in the hospital were 8 (4%). Participants who said they would comply because some of the staff who give proper attention to patients were 8 (4%) while participants who said they would comply because of the up-to-date facilities in the hospital were 3 (1.5%).

To determine the relationship between patients' degree of satisfaction of health facilities and their eagerness to comply with treatment process, data were analyzed with chi – square analysis. The chi – square analysis produced a value of 9.826. The obtained Chi – square value of 9.826 was greater than 8.49 that were required for a 0.05 level of significance, thus, showing that patients' satisfaction of facilities correlated with their eagerness to comply with treatment.

To ascertain the relationship between patients' satisfaction of cost of treatment and their eagerness to continue with the use of health care, data were analyzed with chi – square analysis. The chi – square analysis, produced a chi - square value of 2.234. The obtained chi–square less than 7.82 that was required for 0.05 level of significant thus showing that cost of treatment does not correlate with patients' eagerness to continue with the use of health care.

3.1 Focus Group Discussion

When patients were questioned on their level of satisfaction with health facilities these were the general responses of the participants. “There is ultra – modern facilities for diagnosis and treatment in UBTH which may not be found in other hospitals around here.” One participant said, “The facilities are not adequate and some of them are not functioning.” A group of participants said, “Electricity supply in this central Hospital is a big problem. Most nights there is no power supply, and the hospital management seems not to be doing anything about the situation. They are supposed to make provision for fuel to power the available plant.” Three participants expressed their unanimous vies thus, “When you visit the radiology department

or laboratory, there are long queues because the equipment and manpower are not enough.” A participant said, “The arrangements of beds are too close to each other. There is supposed to be space between beds to avoid the spread of communicable diseases.” A group of participants noted, “With regard to the pharmacy, there is inadequate supply of drugs. Sometimes we must go outside the hospital to buy drugs for our sick relatives. Though outside drugs are cheaper but the fear of buying fake drug is there since UBTH store genuine drugs.” Two participants said, “Almost all the mosquito nets on the windows in these female wards are torn. At night mosquitoes bite my daughter.” A participant said, “I am not comfortable with the level of security in this Central Hospital. I wonder what the security men do at night. One night a mad man came into the female ward harassing patients. The nurses on duty locked themselves in their room for fear. It took the intervention of the husband of one of the patients who chased him out. You can imagine the lapse in security.”

When asked on suggested advice to improve facilities, these were the unanimous responses of the participants, “More facilities should be provided. The government should invest more in the health sectors, like their counterparts in developed countries.” Four participants unanimously said, “More manpower should be provided. The hospital management should recruit more workers since the hospital is understaffed.” A participant said, “Security is this Central Hospital should be improved.” Another participant said, “Drugs should be made available.”

On patients' level of satisfaction of cost of treatment, these were the general responses of the participants, “Cost of treatment in UBTH is very expensive. It is even more expensive than private hospitals. The cost is too much, patient come here of their expertise in diagnosis and treatment.” A group of participants said, “We do not want to waste our time and money going to private hospitals where they may not be able to handle our cases, it is better we come here where we are sure of getting the best care.” A participant said, “I noticed that drugs sold here is more expensive than those sold outside. It is not supposed to be like that since this is a federal government owned hospital.”

A group of participants unanimously expressed, “Before patients are admitted, they are asked to deposit huge amount of money and during discharge, they bring massive bills. This is a federal government owned hospital which is supposed to be cheap. What do we ever enjoy from the government of Nigeria?”

On their suggested advice to the hospital, here were their unanimous responses: “Cost of treatment should be reduced.” The participants also said, “The National Health Insurance Scheme of the government should cover every citizen of the countries.” A participant said, “Drugs should be made available at avoidable cost.”

4.0 DISCUSSION

This study has shown that the overall satisfaction of patients with health facilities was good as shown in the study as most of the participants were satisfied with health facilities and the cost of treatment. Findings showed that patient’s satisfaction of health facilities are determining factors to their compliance to treatment and desire to continue with the use of health care services. Findings are supported with the report of the Focus Group discussions. Majority of the discussants were quite encouraged by quality of facilities present in the hospital. The findings if this study agrees with the studies of [5, 7, 12, 14, 18, 22] that perceived satisfaction with patients of health facilities and service delivery are strong factors that influence the pathway of health care that patients will adopt when they are sick. Patients who were satisfied with facilities in their previous visit are more likely to continue with the use of that given health service and will also recommend it to others in their community as it is known that information travels faster and are believed by patient when it comes from their relatives than from a health care provider who is part of the hospital.

This study however shows that some patients were not satisfied with facilities as they complained of poor service delivery, non – functioning equipment, outdated mode of operation, inadequate facilities and manpower, inadequate supply of drugs to the hospitals, inadequate security.

The overall satisfaction of patients with cost of treatment was low as majority of the patients were not satisfied with the cost treatment. Most of the participants rated the cost as either very expensive or expensive as against a minority who rated cost as moderate and cheap respectively. This was also supported by the focus discussion as majority of the discussants were not satisfied with the cost of treatment. Despite being dissatisfied with the cost of treatment, majority of the patients were eager to comply with the treatment and continue to utilize health care facilities as against minority who were not eager to comply with treatment process and continue with the use of health facilities. Findings revealed that factors other than cost such as: satisfaction of facilities, quality of service delivery, desire to get better result and expertise of doctors contribute to patient eagerness to comply with treatment and continue with the use of health facilities. In furtherance, the results of this study do not agree with the study of [4, 10, 13, 17, 25], that high cost of treatment charge in the hospitals make health service on accessible to patients particularly those with low income,

encourages self-medication and the use of traditional medicine.

4.1 RECOMMENDATION

The results derived from this study can be used for several policy recommendations:

1. For improvement from current position of satisfaction of health facilities and service delivery, management of these hospitals should set goals toward improving facilities and qualities of service delivery.
2. Up-to-date health facilities should be provided by the government.
3. Cost of treatment should be reduced to ensure easy accessibility of health to Nigerians.
4. The government should ensure that more Nigerians benefit from the National Health Insurance Scheme (NHIS).

CONCLUSION

This study has examined patients’ perception of health care delivery in public hospitals in Benin City. Findings show that the degree of patients’ satisfaction of health facilities and cost of treatment mostly affect their level of compliance to treatment keep up with appointment and continue with the use of health care services. The qualities of facilities present in a giving hospital and the cost charge for treatment have direct and indirect impact on patients’ level of utilization of that hospital. Understanding the implication of these factors and how they affect the quality of health care delivery in public hospitals and elsewhere will go a long way in improving the quality of health care delivery.

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ETHICAL STATEMENT

Although there were no ethical committees in the two health institutions used for the study, three senior health workers from the University of Benin Teaching Hospital (UBTH) comprising of one consultant, one 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. It was a verbal approval that was given, and no recording was provided. The participants for this study were not induced financially, cajoled or coerced to participate in the study; they were free to withdraw from participating anytime they wish. The confidentiality of the responses of the participants was maintained.

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