

Inpatients' Perception of Doctors' Attitude towards the Management of Their ill Health in a Nigerian University Teaching Hospital

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Abstract

Background: Patient's view about healthcare service delivery is a neglected subject in many developing countries. They are viewed as passive beneficiary of healthcare services without a voice. This paper assesses patients' perception of the quality of care they received at University of Port Harcourt Teaching Hospital (UPTH). It will also suggest possible ways to better the quality of care rendered to patients.

Methodology: It was a descriptive cross sectional prospective study conducted in the University of Port Harcourt Teaching Hospital from the month of January 2011 to July 2011. The study population consisted of patients admitted into the paediatric, surgery, medicine and obstetrics and gynaecology wards of the hospital. A sample size of 110 patients was selected from the target population. A period of three weeks was used for the distribution and retrieving of questionnaire from the respondents. Data was analysed by manual sorting and tallying. Simple statistical tables and graphs were used to illustrate the data.

Results: Out of the total sample population of 110, 58.2% were females while 41.8% were males giving M: F ratio of 1: 1.4. The greatest population were seen among the age group 15 -19 years, with a frequency of 20.9%. The mean age is 30.7. Sixty percent of the patients were admitted through the various clinics while 40% were admitted through the accident and emergency ward. Also 70.9% of the patients say that they were attended to nicely by the workers at the reception while 29.1% say otherwise. Furthermore, 31.8% of the patients spent longer than 1 hour waiting to see the doctors. Majority (91.8%) of the respondents were seen by a doctor every day. majority (90.9%) of the patients said that the doctors attitude towards them and work was good. majority (96.4%) of the patients were satisfied following doctor's examination while 3.6% were not.

Conclusion: This study showed a high level of satisfaction of patients and their relatives with services obtained from this tertiary center. There is however a need to develop service improvement plans that will address the issues of waiting time. Periodic patient satisfaction survey should be institutionalized to provide feedback for continuous quality improvement.

Keywords: Patients perceptions, Doctor's attitudes, Ill health, Tertiary hospital, Port Harcourt.

I. Introduction

The World Health Organization defines health as a state of complete physical, mental and social well being and not necessarily the absence of disease.¹ The components of health which are physical, social and mental are inter-related each of these components is dynamic. Health is value based. Healthcare is the prevention and treatment of illness. It is delivered by professionals in medicine, nursing, pharmacy, dentistry and allied medicine¹.

The Nigeria health system operates three levels of health care, namely, the primary, secondary and tertiary levels, which interact through a referral system.² The primary health care (PHC) is the entry point to health care system and ideally should be able to provide majority of the essential and basic health care services. The secondary level hospitals are to provide general out- and in-patient services accepting referrals from urban and rural PHC, while tertiary hospitals are to provide specialized services to referrals from secondary hospitals. The national health policy is based on the principle of equity and social justice and the PHC has been recommended as the tool to achieve this.

By this, everyone, irrespective of geographical location and socioeconomic status, is expected to have access to quality health care service. however, the Nigeria health system is faced with the challenge of "inverse care law" in which case people who need healthcare the most have the least access to it mainly as a result of

poor administration and management.² The under utilization of the PHC has over burdened the higher levels of care and sometimes these higher levels find it difficult to compulsorily demand for referral before attending to patients, which should have been the ideal situation.² In Nigeria, the referral system can be said to be at best non-operational and there is just no continuity of care and this contributes especially to increased maternal and child morbidities and mortalities. patient's satisfaction has long been considered as an important component when measuring health outcome and quality of care.³ A satisfied patient is more likely to develop a deeper and longer lasting relationship with their medical provider, leading to improved compliance, continuity of care and ultimately better health outcome.³ Recent advances in healthcare management regard patients as customers, whose expectations have to be met by the quality standards imposed by the hospital. According to Walters and Jones, the healthcare sector is a market, which shares some of the characteristics of the business markets.⁴ On a functional market, competition determines business success. Thus, issues as customer retention, customer loyalty are significant for the case of hospitals as well, and their attainment, similar to business, depends on efficient quality management.

The physicians understanding of their patients' health beliefs, values, and preferences is a fundamental feature of patient centred care.⁵ First, a key, empirically supported tenet of health behaviour theories is that a patient's beliefs about health (e.g., cause of disease, controllability of a condition, value of different remedies) predict health behaviours such as medication adherence, utilization of health care services, and lifestyle decisions.⁵

A better awareness of a patient's health beliefs could help physicians identify gaps between their own and the patient's understanding of his or her health situation and lead to treatments decisions better suited to the patient's expectations and needs. Second, physicians' skill at hearing and understanding patients' perspectives is also a key component of empathy, the expression of which contributes to perceptions of higher quality care and more effective communication.⁵ Finally, some research has shown that patient satisfaction, commitment to treatment, and perceived outcomes of care are higher when physician and patient achieve a shared understanding on issues such as the patient's role in decision-making, the meaning of diagnostic information, and the treatment plan.⁵

Current evidence indicates that physicians often have a poor understanding of their patients' perspectives with respect to patients' preferences for involvement in decision-making, desire for information, perceived health status, interest in life-sustaining treatments, beliefs about treatment effectiveness and prognosis, level of health literacy, and emotional states.⁵ Because perceptions of patients can influence physicians' communication and decision-making and because physicians often have limited awareness of their patients' perspectives, research is needed to explicate factors that contribute to better physician understanding of what patients believe and value.

Patient's view about health care service delivery is a neglected subject in many developing countries.⁶ Patients are viewed as passive beneficiary of health care service without a voice. However, the views and opinions of patients on perception of service quality and satisfaction of health care services can assist management and policy makers in design, implementation and evaluation of services which in turn can be used to better improve and deliver qualitative health care services to the populace.

In developing countries, people generally are not confident about the quality of care that is delivered in most health care institutions. This lack of confidence is often attributed to long waiting hours, doctor/nurses unruly behaviour while communicating with patients, lack of necessary diagnostic equipments, thus affecting their attitude towards full participation in their management processes. As a result, they often seek alternative treatment; the elites travel abroad while those who cannot afford this are left with the options of herbal medicine, native doctors, and road side chemist. For the latter, it does them more harm than good and this chain of events eventually leads to an increase in morbidity and mortality.

This paper assesses patients' perception of the quality of care they receive at University of Port Harcourt Teaching Hospital (UPTH). Knowledge of patient's perception of the healthcare they receive will go a long way in devising means to better the management of these patients and encourage better compliance of the patient in their treatment management processes. This study will provide the evidence needed for the University of Port Harcourt Teaching Hospital (UPTH) to make care a priority in order to achieve patient satisfaction throughout the duration of their hospitalization. Furthermore, this research will help make strategies for the policy-makers of the institution to improve and optimize patient satisfaction with care, especially by placing emphasis on enhancing the interpersonal relationships between health workers and patients than is currently done.

II. Methodology

Study Design

It was a descriptive cross sectional prospective study.

Study Area

This study was conducted in the University of Port Harcourt Teaching Hospital from the month of January 2011 to July 2011. the University of Port Harcourt Teaching Hospital is located in Alakahia in Obio Akpor local government of Rivers State, a third generation University Teaching Hospital which was established in 1975 by the federal military government of Nigeria. It is a tertiary health institution and handles referral cases. It is a 500 bed hospital that receives patients from within Rivers State, and the neighbouring states. Outpatients are mainly seen in the general outpatient department, specialty clinics, emergency paediatric unit and accident and emergency unit.

Study Population

This consisted of patients admitted into the Paediatric, Surgery, Medicine and Obstetrics And Gynaecology wards of the hospital.

Inclusion Criteria

- All patients who were admitted in the paediatric, surgery, medicine and obstetrics and gynaecology wards who consented to participate in the study.
- Patients who have just been discharged from the paediatric, surgery, medicine and obstetrics and gynaecology wards who consented to participate in the study.

Exclusion Criteria

- All outpatients in UPTH

Sample Size Determination

A sample size of 110 patients who were admitted in the selected wards was selected from the target population.

Sampling Method

A non random, quota sampling method was used. The study area was structured into the paediatric, surgery, medicine and obstetrics and gynaecology wards. Questionnaires were distributed to the various wards proportionately. a period of three weeks was used for the distribution and retrieving of questionnaire from the respondents.

Study Instrument

A structured, interviewer-administered questionnaire was designed and used to collect information relating to inpatients perception of the quality of care they receive in the hospital by the researchers. The questionnaire has 8 sections (Appendix i).

Ethical clearance was obtained for this study and informed written consent was collected from the participants.

Pretesting of the Questionnaire

A pre-test was carried out before the main study. The aim was to detect errors in the questionnaire and these were promptly corrected. The questionnaires were pretested on eligible patients in ophthalmology, ENT, accident and emergency, and children emergency wards.

Data Analysis

Data was analysed by manual sorting and tallying. Simple statistical tables and graphs were used to illustrate the data

Limitations of the Study

Some patients in the wards refused to participate in this study because they were too ill, and for other personnel reasons. Furthermore, there could be bias when the respondents are answering the questions (fear of being not treated properly by the doctors if they give unfavorable answers).

III. Results

A total of 110 interviewer administered structured questionnaires were used to collect information from patients in the paediatric, surgery, medicine and obstetrics and gynaecology wards of the hospital. All the questionnaires were filled at the end of the study, giving a response rate of 100%.

Socio-Demographic Data

Out of the total sample population of 110, 58.2% were females while 41.8% were males. Of the sample population, 65.5% of the study population reside in Port Harcourt, 23.6% reside in the outskirts of Port Harcourt, while 10% reside outskirts of rivers state. 93.6% of the sample population were Christians while 6.4% were Muslims. On the educational level of the study population, 52.7% has had tertiary education, 28.2% secondary education, 10.9% primary education, and 8.2% with no formal education. 54.5% of the sample population were married while 45.5% were single (Table 1)

Table 1: Socio-Demographic Data

Gender	Frequency	Percentage (%)
Female	64	58.2
Male	46	41.8
Total	110	100
Residence Of Respondents		
Outskirts Of Port Harcourt	26	23.6
Outskirts Of Rivers State	11	10.0
Port Harcourt	72	65.5
Total	110	100
Religion		
Christian	103	93.6
Muslim	7	6.4
Total	110	100
Level Of Education		
No Formal Education	9	8.2
Primary	12	10.9
Secondary	31	28.2
Tertiary	58	52.7
Total	110	100

Age Group Distribution of the study Population

The greatest population were seen among the age group 15 -19 years, with a frequency of 20.9% (23 respondents), and the least seen among the age group of 5-9 years with a frequency of 1.8% (2 respondents). The mean age is 30.7 while the modal age group is 15-19 years (Table 2).

Table 2: Age Group Distribution of the study Population.

Age Group	Frequency (%)
5-9	2(1.8)
10-14	4(3.6)
15-19	23(20.9)
20-24	16(14.5)
25-29	15(13.6)
30-34	9(8.2)

35-39	13(11.8)
40-44	10(9.1)
45-49	3(2.7)
50-54	5(4.5)
55-59	3(2.7)
60-64	4(3.6)
65-69	2(1.8)
70-74	0(0)
75-79	1(0.9)
Total	110(100)

Mean=30.682; Variance=198.402; Standard Deviation=14.086

Quality of care received on Reception/Admission

Sixty percent of the patients were admitted through the clinics while 40% were admitted through the accident and emergency ward (figure 1). Also 70.9% of the patients say that they were attended to nicely by the workers at the reception while 29.1% say otherwise (figure 2). Time taken to secure a bed 90% was within 24 hours while 10% was after 24 hours (figure 3). 16.4% of the respondents spent less than 15 minutes before being attended to at the reception, 33.6% of the respondents spent 15 minutes – 30 minutes, 37.3% spent 30 minutes – 1 hour, 12.7% spent more than 1 hour (Figure 4).

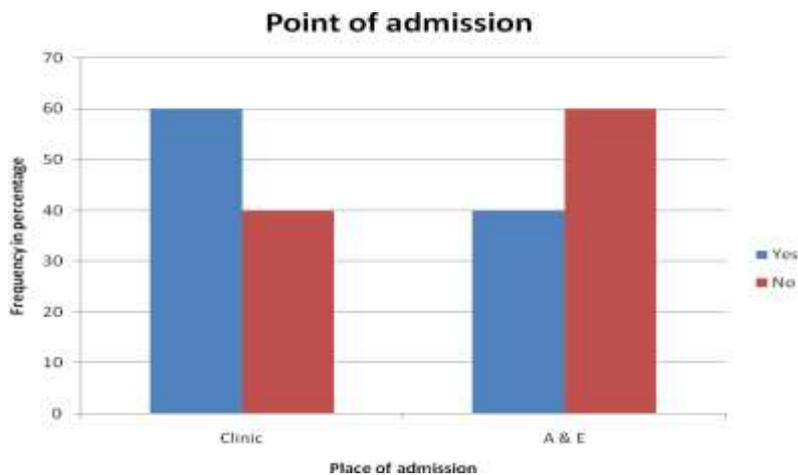


Figure 1: Point of admission of Respondents.

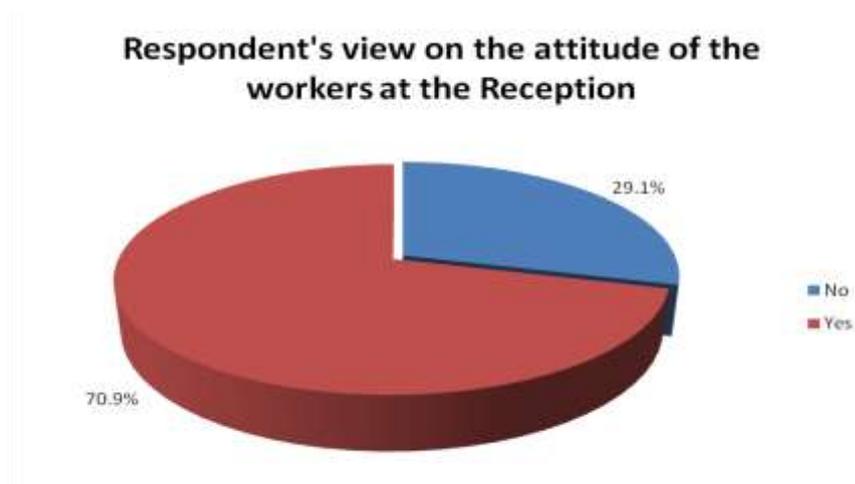


Figure 2: Respondent's view on the Attitude of the workers at the Reception

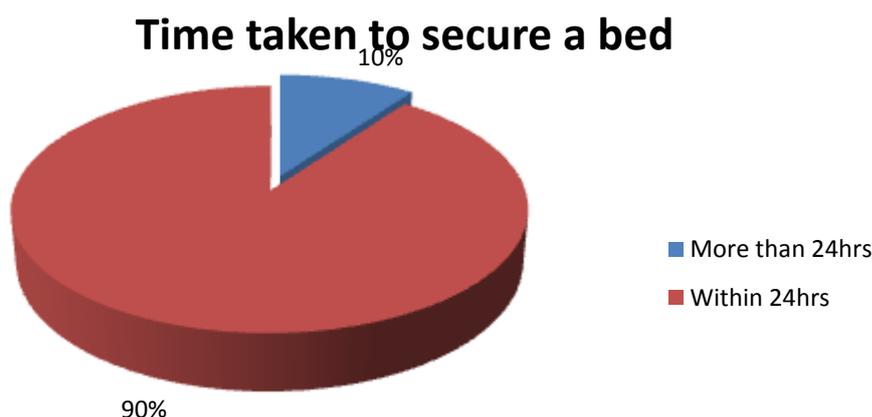


Figure 3: Time taken to secure a bed

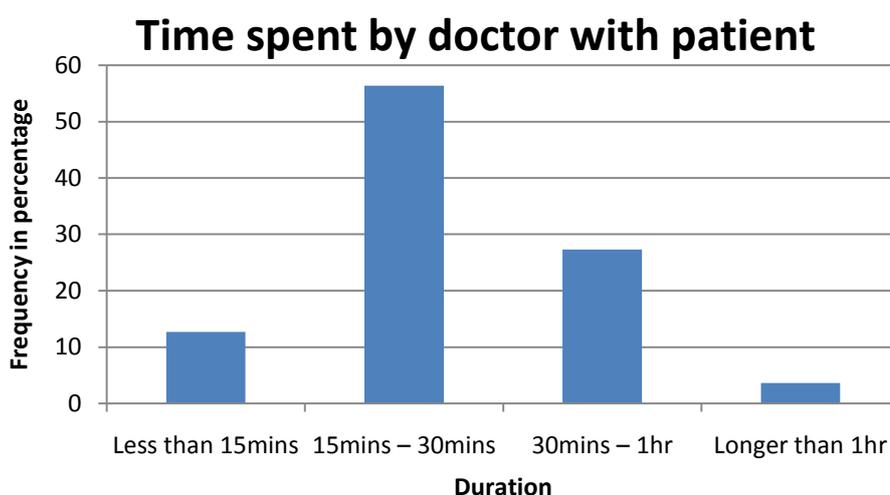


Figure 4: Time spent by Doctor with patient

Respondent's opinion about cost of treatment

30.9% said the cost of treatment in the hospital was expensive, 66.4% said it was affordable, and 2.7% said it was cheap (Table 3).

Table 3: Respondent's opinion about cost of treatment

Cost Of Treatment	Frequency	Percentage (%)
Affordable	66.4	66.4
Cheap	2.7	2.7
Expensive	30.9	30.9
Total	100	100

Table 4: Condition of the wards in UPTH

Condition Of The Ward	Frequency	Percentage (%)
Fair	35	31.8
Good	64	58.2
Poor	11	10.0
Total	110	100

Duration of time spent while waiting for a doctor in the ward after admission

Out of the 110 respondents, 14.5% of them spent less than 15 minutes waiting to see the doctors, 27.3% spent 15 – 30 minutes, 26.4% spent 30minutes – 1 hour, and 31.8% spent longer than 1 hour waiting to see the doctor (table 5). 91.8% of the respondents were seen by a doctor everyday, 0.9% of the respondents were seen once a week, while 7.3% were seen more than once a week (table 6). 90.9% of the respondents said that the

doctors attitude towards them and work was good, 8.2% said it was fair, while 0.9% said it was poor (table 7). 96.4% of the respondents were satisfied following doctor's examination while 3.6% were not (Figure 5).

Table 5: Duration of time spent while waiting for doctor in the ward after admission..

Time Spent Before Seeing The Doctor	Frequency	Percentage (%)
Less Than 15mins	16	14.5
15mins – 30mins	30	27.3
30mins – 1hr	29	26.4
Longer Than 1hr	35	31.8
Total	110	100

Table 6: Frequency of doctor's visit

Frequency Of Doctors Visit	Frequency	Percentage (%)
Everyday	97	91.8
More Than Once A Week	8	7.3
Once A Week	1	0.9
Total	110	100

Table 7: Doctor's attitude towards the patients ill health.

Doctor's Attitude	Frequency	Percentage (%)
Fair	9	8.2
Good	100	90.9
Poor	1	0.9
Total	110	100

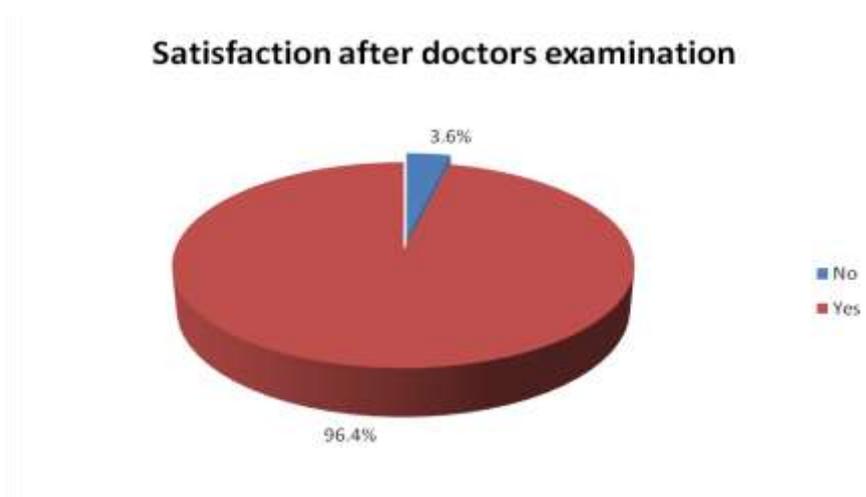


Figure 5: Respondent satisfaction after doctor's examination

IV. Discussion

This study found that a high proportion of patients were satisfied with care provided by doctors in UPTH. Patients were particularly satisfied with the quality time spent with doctors, frequency of visits by doctors and the cordial relationship that existed between them and the doctors.

Good communication between patients and care providers has been described as the single most important component of good medical practice not only because it identifies problems quickly and clearly but it also defines expectations and helps to establish trust between the doctor and the patient^{6, 7, 8}. In contrast, bad communication, particularly when the doctor appears indifferent, unsympathetic or short of time makes patients dissatisfied⁸. The high level of satisfaction in the present study may also be attributed to the fact that majority of the respondents had tertiary level of education and hence more likely to have a better understanding of what the health care provider is supposed to do.

Good doctor – patient relationship is itself therapeutic, and successful consultation with a trusted and respected practitioner will therefore have a beneficial effect irrespective of any other therapy given^{6, 7}. This might be the single most important reason for the respondent's high level of satisfaction with services obtained in University of Port Harcourt Teaching Hospital. The overall satisfaction of patients with care givers in this study is higher than some studies conducted in Nigeria and Trinidad and Tobago⁹ but similar to those reported from another study in Nigeria¹⁰.

Patient waiting time in the reception, pay points, points of collection of treatment cards, treatment folders, pharmacy, radiology and laboratory is often the major reason for patient's complaints regarding their experiences in the hospital. Therefore, patient's satisfaction with waiting time plays a crucial role in the overall satisfaction with services. In this study, majority of patients were able to secure hospital beds within 24 hours. The low level of satisfaction which some patients had with waiting time may be attributed to the fact that the hospital which is a tertiary centre is receiving patients who can be attended to at the lower levels of care (primary and secondary level). Also the hospital location in the oil rich rivers state has led to a rapid influx of patients from within and outside the state leading to an overstretching of the hospitals personnel and facilities. It will be nice if the appointment system used in the developed countries where definite time schedule is allocated to every patient indicating precisely when the patient is to see the doctor or collect laboratory results is introduced in our setting. Furthermore, it is important to explore, even on a pilot scale, the introduction of an appointment time in our hospital. This will definitely help to reduce patient waiting time.

Some of the factors that attract patients to a government health facility are the availability of facilities, low cost of treatment as revealed in this study, manpower/specialty, and cleanliness of the ward. These factors may also be responsible for recommending a hospital to friends or relatives^{11, 12, 13, 14}. In our study, 87.3% of the respondents were satisfied with the neatness and cleanliness of the hospital and 58.2% of them came because of the manpower/specialty. Majority of them believed the cost of treatment is low and treatment is affordable. This contrast with figures from other Nigerian centres and in some developing countries^{11, 12, 13}. It is however comparable with the reports by Iliyasu et al., in a study in Kano Nigeria¹⁴.

V. Conclusion

This study showed a high level of satisfaction of patients and their relatives with services obtained from this tertiary center. There is however, a need to develop service improvement plans that will address the issues of waiting time. Periodic patient satisfaction survey should be institutionalized to provide feedback for continuous quality improvement.

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