

PATIENTS' PERCEPTION OF QUALITY OF HEALTHCARE SERVICE RECEIVED AT THE UNIVERSITY OF NIGERIA TEACHING HOSPITAL, ITUKU OZALLA, ENUGU STATE

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Abstract— The assessment of the quality of healthcare delivery is largely dependent on the satisfaction of the patients. The totality of patient's view portrays in a strategic way, the quality of care and the limits of satisfaction attainable at the care center. This study examined the treatment standards at UNTH from the perspective of the patients. It also aims at finding out the satisfaction level of the patients and identifying areas of improvement at UNTH. This is a cross-sectional study that used pre-tested self-administered questionnaires and interviews in the data collection. The variables explored were patients' perception of healthcare delivery relative to cost, assessments of the staff and their recommendation of the center to others. The study was done at the University of Nigeria teaching hospital using patients in the emergency units, wards and out-patient clinics. A calculated sample size of 247 patients was studied using the prevalence rate from a previous study. Results showed that majority of the patients at UNTH are satisfied with the services they received. 64.78% were satisfied with the care services relative to cost, 78% liked the staff, 63.6% proclaimed the nurses friendly and 59.92% would recommend the center to others. Based on the findings from this research, the quality of care at UNTH is very good as majority of the respondents acclaimed that. In all, decrement of the waiting time should be considered, waiting areas should be more pleasant and better patient-staff interactions should be grossly encouraged.

Index Terms— Patient's Satisfaction, Patient's perception, Quality of care, Healthcare service, Healthcare research, Improvement of healthcare, hospital management.

1 INTRODUCTION

The assessment of the quality of health care, which has long been based on the application of professional standards, is now increasingly tending to incorporate patients' perception.

In recent times, the measurement of quality of health care is largely dependent on the satisfaction of patients with the care that they receive. This is because patients constitute an essential and even exclusive source of information about accessibility or effectiveness of care. ¹A patient's opinion directly influences his/her compliance with treatment and the continuity of the patient-physician relationship and hence, cares outcomes. ²Taking into consideration patient views is thus increasingly considered to be a useful complement, indeed a necessary component of the evaluation of the quality of care.

The concept of quality is complex and value laden. It is a multifaceted subject which can be viewed from different angles. Different stakeholders may define quality differently depending on their various perspectives. There is, however, a general agreement that the goal of quality should be that of maximizing outcomes which may also vary depending on who is defining quality. In healthcare, the definition of quality largely rests on the perception of the client, the provider, the care manager, the receiver, the payer and so forth. Whereas the client expects the best care possible, hospital administrators and managers focus on clinical outcomes such as length of stay and the cost involved. ³

The current trend now is to measure quality from the perspective of consumers (patients/clients) - the client-oriented approach. Issues such as patient satisfaction with care and per-

ceptions of care have taken the center stage of defining quality of service. They are now regarded as very important indicators in assessing quality of care. ⁴

⁵ Davis (1994) defined quality as a continuous striving for excellence and conformity with specifications or guidelines.

Quality care means care provided in a technically appropriate manner that is beneficial and meets the expectations of the population.

Quality of care is defined in the light of both technical standard and client's expectations since both consumers and providers have both vested interest in it. (Davis, 1994)

For this study, "perception" refers to cognitive component and means belief or knowledge about the source of health care.

1.2 STATEMENT OF PROBLEMS

Some questionnaires deal more specifically with patient perception following just a visit to a doctor. These questionnaires vary in their presentation, content and type of services targeted.

Problems are usually encountered in re-evaluating and adjusting the content of these questionnaires to suit the local socio-cultural and linguistic realities.

More so, the approach used in the questionnaires can also pose a problem. Some might be addressing the satisfaction of the patient rather than the quality of the care service received by the patient. Patient's evaluation of quality of care is not necessarily expressed in terms of satisfaction, ⁶and the measurement of satisfaction doesn't necessarily reflect the perception that the patient has as regards quality of care.

In a study done by Bridget Sweeny on "the ecology of the

patient experience: physical environment, patient-staff interactions, staff behaviours and quality of care" in 2008, reported having language problems which slowed down the data acquisition. The study was done in a health facility in New York.

Also, another study done by B.S.C. Uzochukwu et al on "community satisfaction with the quality of maternal and child health services in southeast Nigeria" in June 2004, reported setbacks on their inability to classify their respondents' perception.

In this study, we hope to overcome the problem of language by explaining and interpreting the questionnaires to the local language. With the help of knowledgeable people in the language, we hope to adequately explain the purpose of our study to them.

Also, for the classification of the respondents' perception, we hope to document it manually and accurately. Using appropriate computer soft wares, we hope to represent the data gotten in bar charts, pie charts, histograms etc. and properly analyze them.

1.3 JUSTIFICATION OF STUDY

This study will use a credible scale for measuring the quality of health care in UNTH using patients' perception of their service delivery. The scale is basically based on the patients' experience with staff, the waiting areas, exam rooms and overall assessment.

Health care givers execute their services without any knowledge of the quality of their service delivery. This study would provide useful information that could be used by hospital managers and healthcare givers in the UNTH and elsewhere to improve the quality of their service delivery.

2. LITERATURE REVIEW

Several studies have been conducted on the issue of patient's satisfaction with health care globally. For example, in a study carried out among 201 patients by Iliyasu et al., 83% of the patients were satisfied with the services rendered from Aminu Kano Teaching Hospital while the remaining 17% were dissatisfied. Specifically, 88% were satisfied with patient-provider relationship, 88% with inpatient services, 87% with hospital facilities, 84% with access to care, 70% were satisfied with waiting time and 73% with payment for services. 12%, 12%, 13%, 16%, 30% and 27% respectively were dissatisfied. Patients and their relatives complained of delayed appointments, missing folders, missing laboratory results and long appointments for ultrasound and other radiological investigations. Reduction in waiting time for consultation and investigations was recommended and widespread implementation of National Health Insurance Scheme to help decrease cost of services also.⁷

In another study done by Emelumadu et al., involving 390 new adult patients seen at the General Outpatients Department (GOPD) of Nnamdi Azikiwe Teaching Hospital Nnewi. The major reasons for seeking care at the GOPD were expectations of being attended to by qualified doctors and nurses (38%); receiving efficient and quality service (36%) and obtain-

ing cheaper and affordable drugs (14.5%). 25% of the patients waited for up to one hour to register, while 38% spent more than an hour before being attended by a doctor. 70% of the patients opined that the nurses were friendly, 94.5% of the patients rated the doctors as being friendly while 82.5% expressed satisfaction with the care received from the doctors. The conditions of the waiting hall were deemed very comfortable by 42% and 42% felt that it was uncomfortable. The remaining 6% were noncommittal in their response. In all 79% of the patients felt that the quality of care was good and 82% were willing to return for the consultations in future if need be.⁸

In a similar study conducted Ariba et al., on 129 adult patients who had received emergency care at the Accident & Emergency (A & E) unit of Olabisi Onabanjo University Teaching Hospital (OOUTH), Sagamu, 91% of the respondents regarded available equipments as very adequate, 38.8% perceived the overall quality of care as sub-optimal. Many of the patients were displeased with their interactions with care providers. They longed for urgent improvement in waiting time, speed of issuing drugs, inter-personal relationship with health workers and attending to emotional distress of emergency victims. They also wished to have free treatment during emergencies.⁹

Oyo-Ita et al. conducted a study on patients' perception of obstetric practice in Calabar, Nigeria. One hundred and forty (97.2%) of the mothers were satisfied with at least one aspect of care received. Areas of satisfaction mentioned by the mothers include attitude of health staff 114 (81.4%), clinical care received 85 (60.7%), sanitation of the facility 61 (43.6%), and basic amenities 47 (33.6%), poor sanitary condition of the health facility and lack of basic amenities were the major causes of dissatisfaction. Few mothers, 31 (22%) disagreed with dorsal position during second stage of labor. Most mothers, 92 (63.9%) would want pain relief in labor; 19 (13.2%) did not appreciate shaving of pubic hair and 50 (34.7%) felt episiotomy was not necessary for safe delivery.¹⁰

Ademola-Popoola et al., assessed patients' assessment of the quality of eye care in University of Ilorin Teaching Hospital, Ilorin, and Kwara State, Nigeria. A total of 124 respondents were interviewed. Majority (89.4%) reported long waiting time particularly for doctors' consultation. Missed clinic appointment was mostly due to healthworkers strike. Two-thirds of patients procured their prescribed drugs outside the Hospital due to hospital bureaucracy. However, most patients reported having received adequate explanation on their ailment from the health workers. Despite the shortcomings in services received most of the patients expressed satisfaction with the quality of care received.¹¹

A study was conducted by Umar et al., on patients' waiting time in Usmanu Danfodiyo University, Sokoto, Nigeria. A total of 384 new patients were selected for the study. A total of 118 (31%) of the patients waited for less than an hour in the waiting room, while 371 (96.6%) spent less than 30 min with

the Doctor. More than half, 211 (55%) of the respondents were satisfied with the service delivery in the hospital, while only 63 (16%) of the respondents admitted to being given health talks while waiting to be seen by the doctor. Although majority of the patients waited for more than 1 hour before being attended to, more than half of them were however satisfied with the services rendered to them. There is the need for health care institutions and providers to put in place measures aimed at reducing waiting time and ensuring patient satisfaction.¹²

Uzochukwu et al. carried out a study on Community Satisfaction with the Quality of Maternal and Child Health Services in Southeast Nigeria. A random sample of 405 households from a sample frame of primary health care house numbers and another purposive sample of women and males were involved. Most respondents (90.6%) rated the services to be at least good. Another 95.9%, 94.3% and 95.8% of the respondents were, satisfied with the childhood immunization, antenatal care and childbirth services respectively. Eighty nine percent of respondents were willing to pay for health services if drugs were readily available, while 92.4% would pay if there is overall improvement in quality. Majority of them were also able to pay for services. However, long waiting queues, providers' behaviors and lack of doctors militated against the utilization of maternal and child health services.¹³

PT Turkson carried out a study Perceived quality of health care delivery in a rural district of Ghana. 803 patients from the Komenda-Edina-Eguafo-Abrem District were studied. The mean expected maximum waiting time for seeking medical help was 1 hr. About 98% said they were asked to explain their problem. However, lower proportions, 74%, 43% and 46% were physically examined, told what was wrong, or given advice about their illness respectively. About 90% of the respondents were satisfied or very satisfied with the care given during their visit to the health facility. The participants perceived poor attitude of some health workers, long waiting times, high cost of services, inadequate staff, policy of payment for health services, frequent referrals to hospitals, and lack of ambulances at facilities as being detrimental to effective delivery of quality healthcare.¹⁴

Hutchison et al. conducted a study on patient satisfaction and quality of care in walk-in clinics, family practice and emergency department in the Ontario health care system. 433 patients were interviewed based on patient centered communication, physician attitude and any delay in waiting time. Results showed that the adjusted mean quality of care scores were significantly higher for emergency department and walk-in clinics than for family practice with scores of 73.1, 69.9 and 64.1% respectively. It was also found that walk-in clinic patients were significantly more satisfied than emergency department patients on all 3 satisfaction scales, and family practice patients were more satisfied than emergency department patients on all three satisfaction scales, but this difference was only significant for satisfaction with waiting time. Both family practice and walk-in clinics were perceived more positively

than emergency department on all 3 dimensions of satisfaction.¹⁵

Sahin et al., analyzed factors affecting patient satisfaction among asthma patients in Ankara, Turkey. They grouped the satisfaction items into five Dimensions: a doctor competency, provision of information, quality of care, waiting time, and hospital quality. Findings showed that the five satisfaction dimensions were all significantly correlated with each other, and that patients' general satisfaction was also significantly correlated with all five satisfaction dimensions. The study found that the levels of patient care were influenced by Provider characteristics rather than patient characteristics and that only 32.4% of general patient satisfaction was explained by the variables used in the study.¹⁶

Jallow et al. conducted a study on women's perception of antenatal care services in public and private clinics in the Gambia. Six public and six private health facilities in the Gambia were used for the study. The sample size was five hundred and two pregnant women. The satisfaction rate with antenatal services was 79.9% for public facilities and 97.9% for private facilities. Pregnant women's poor perception with public facilities (after adjustment) included their unhappiness, with the following dimensions of antenatal care (ANC): inadequate privacy, inadequate space and neatness and inadequate communication with care providers.¹⁷

Bickell et al. conducted a study on the quality of breast cancer care: perception versus practice. They assessed women's perceived quality of care and perceived quality of the process of getting care, such as getting referrals, test results, and treatments; we abstracted records to determine the actual quality of care. Of the 374 new patients with early-stage breast cancer enrolled onto the RCT, only a slight majority of women (55%) perceived their quality of care as excellent; 88% actually received good-quality, guideline-concordant care. Excellent perceived quality ($P < .001$) was significantly associated with patients' perception of the quality of the process of getting care (adjusted relative risk [RR], 1.78; 95% CI, 1.65 to 1.87). Also associated with perceived quality-and mediated by race-were trust in one's physician (adjusted RR, 1.43; 95% CI, 1.16 to 1.64) and perceived racism, which affected black women more than women of other races/ethnicities (black race-adjusted RR for perceived racism, 0.33 [95% CI, 0.10 to 0.87]; black race-adjusted RR for trust, 1.61 [95% CI, 0.97 to 1.90]; $c = 0.82$ for the model; $P < .001$). Actual quality of care provided did not affect perceived quality of care received.¹⁸

Periodic patient satisfaction surveys provide feedback to hospital management and staff regarding the quality of services rendered and help them make amends where necessary.

3. METHODOLOGY

This study aimed at finding out patients' view on the quality of health care service delivery at UNTH has the following aims and objectives:-

- To determine treatment standards at UNTH, Enugu

- To find out the level of satisfaction of patients at UNTH
- To identify areas of improvement in the provision of health care services in UNTH
- To identify the nature and types of problems associated with accessibility, utilization and service delivery of health care in UNTH
- To develop and apply better policies that would enable better service delivery.

3.1 BACKGROUND

Enugu state is an inland state in south-eastern Nigeria (6°30'N 7°30'E) occupying a land area of 7.161km²(2,764.95sqm). The state is home to about 5,590,513 people according to the 2005 population census, the state had a population of 2,101,016 in the year 2003(males were 992,104 while females were 1,108,912). It was created on August 27, 1991 out of old Anambra state. It shares borders with Abia state and Imo state to the south, Ebonyi state to the east, Benue state to the northeast, Kogi state to the northwest and Anambra state to the west. Enugu state currently has 17 local government areas which include: Aninri, Awgu, Enugu east, Enugu north, Enugu south, Ezeagu, Igbo-etiti, Igboeze north, Igboeze south, Isi-uzo, Nkanu east, Nkanu west, Nsukka, Oji river, Udenu, Udi and Uzo-uwani. It is an Igbo-speaking state. The principal cities in the state are Enugu city, Agbani, Awgu, Udi, Oji and Nsukka. Enugu city is the capital and it is 3-hour drive away from Port-Harcourt, where coal shipments exited Nigeria. Enugu is also located within an hour drive from Onitsha, one of the biggest commercial cities in Africa and 2-hour drive from Aba, another very large commercial city, both of which are trading centres in Nigeria.

The average temperature in this city is cooler to mild (60°F) in its cooler months and gets warmer to hot in its warmer months (upper 80°F) and very good for outdoor activities with family and friends or just for family leisure. Enugu has good soil land and climate conditions all year round, sitting at about 223meters (732ft) above sea level, and the soil is well drained during the rainy seasons. The mean temperature in Enugu state in the hottest month (February) is about 87.16°F (30.64°C) while the lowest temperature occurs in the month of November, reaching 60.54°F (15.86°C). The lowest rainfall of about 0.16cubic centimetres (0.0098cu in) is normal in February, while the highest is about 36.7cubic centimetres (2.18cu in) in July.

In Enugu, healthcare services can be obtained at several institutions including the University of Nigeria Teaching Hospital UNTH, ESUT teaching Hospital (Park lane), General Hospital in Government residential avenue, Hansa Clinic on Awolowo street in Uwani, Niger Foundation Hospital and Diagnostic centre on presidential close in Independence layout and Ntasi Obi ndi no N'áfufu Hospital Organisation located on Enugu-Abor street in Achara layout among others. Some of the specialist hospitals in Enugu include the Psychiatric Hospital Enugu and the National Orthopaedic Hospital Enugu. Numerous private hospitals and clinics are also found in the state, there are seven district hospitals at Enugu urban, Udi,

Agbani, Awgu, Ikem, Enugu-Ezike, and Nsukka and at least one health centre or cottage hospital in every one of the seventeen (17) local government areas and thirty-nine (39) development centres in the state. The UNTH and the National Orthopaedic hospital are among some of the government-controlled hospitals in the city. The medical equipment for the UNTH was upgraded in 2009 as well as parts of the hospital which were renovated in the same year.

Enugu is home to the Ibos of south-eastern Nigeria and the religion is dominated by Christianity

Every community in Enugu state has at least one primary/elementary school and one secondary school funded and run by the state government. There are also large numbers of private nursery, primary and secondary schools in Enugu state. The Nigeria's first indigenous university, the University of Nigeria Nsukka UNN is located in Enugu state. The state also hosts other higher institutions like; ESUT, IMT, Enugu state College of Education Enugu, Caritas University Amorji-Nike, Renaissance University Ugboka, Federal Government College Enugu, Federal School of Dental Technology and Therapy etc.

People of Enugu state are warm, hospitable and highly enterprising, many are found engaging in trading all over the state. There are many big and small markets in the state.

3.2 STUDY AREA

The study area was the University of Nigeria Teaching Hospital Ituku Ozalla; Enugu.

The hospital began in the 20th century as a standard general hospital for Africans built by the colonial administrators. It was transformed into a specialist hospital from July 1, 1970 and became independent in July 1976.

Ozalla (61/3° N, 71/2° E, a town in Nkanu local government area) is the name of the town, the hospital is situated in. The hospital is located 21 kilometres from Enugu capital city along Enugu-port Harcourt express way.

The hospital covers about 500acres of the 747acres of land.

There are 41 main departments in the hospital with 3 outposts- comprehensive health centres at Obukpa Nsukka, Enugu state; Abagana in Njikoka local government area of Anambra state and Isuochi in Abia state.

3.3 Study population

The study respondents will be consenting out-patients and in-patients in UNTH, Ituku. Each of the respondents will be given self-administered questionnaires to fill.

3.4 Study design

A cross-sectional study aimed at ascertaining "patient's perception of quality of health care services received at the University of Nigeria teaching hospital, Enugu state".

3.5 Sampling size

The sample size was determined by the satisfaction rate in a similar study carried out in public facilities. The satisfaction

rate was 79.9%. The sample size was determined by this formula:

$$N = Z^2P(1-P)/D^2$$

Where, $Z = 1.96$ at 95% confidence limit

$P =$ Prevalence from previous study, 79.9% (0.799)

$D =$ Margin of error tolerated, 5% (0.05)

$N =$ Minimum sample size

$$N = 1.96^2 * 0.799 (1-0.799) / (0.05)^2$$

$$N = 3.8416 * 0.799 * 0.201 / 0.0025$$

$$N = 0.617 / 0.0025$$

$$N = 246.8$$

$$N = 247$$

3.6 Sampling method

Stratified sampling technique was adopted for this study based on:-

1. Type and scope of the study
2. Cost
3. Nature of the study population

The respondents were stratified according to their ages and the various appointments they had. The respondents were grouped into the strata so as to ease the analysis considering the heterogeneous population.

3.7 Instruments for data collection

Questionnaires was our instrument for the collection of data. It consisted of close-ended questions.

Consent of our respondents was sought then a questionnaire was given to each respondent. The content of the questionnaire and its requirements was properly explained, and attempts were made to clarify any problems.

3.7 Data analysis

Data was analyzed both manually and with SPSS program. It is here, presented in form of tables and pie charts. 95% confidence limit was applied in all the statistical tests.

3.8 Plans for reliability and validity of data

- o Detailed explanation of the objectives of study
- o Use of simple goal-directed questions
- o Ensuring the privacy of the respondent while filling the questionnaires
- o Assuring the respondents of the confidentiality of the questionnaires.

3.9 Ethical considerations

This study was clearly explained to the potential respondents. Official and verbal consent was appropriately sought and the filling of the questionnaire was strictly by choice.

4. DISCUSSION

One of the main factors that could affect the validity and reliability of the results is the lack of the willingness to participate in the study because of fear of an "unknown". However, the percentage of the unwilling patients was adequately compensated for by extended outreach to the emergency units.

From the results of the study, it showed that majority of patients at UNTH are satisfied with the services they receive in spite of the cost of their services.

From the study, 64.78% of the study population are satisfied while 17% believes otherwise. This result is in contrast with

the findings of Umar et al¹² where just 55% of the respondents were satisfied. It also shows an improvement when compared to an earlier study by Ariba et al⁹ where 38.8% of the respondents reported sub-optimal quality care. The result also showed that there's much improvement to be expected at UNTH especially when compared to the study done by Emelumadu et al⁸ where 79% of the respondents agreed to having received quality care.

According to Reicheld [2003], the most powerful way to measure customer loyalty is to assess customer's likelihood of recommendation of the firm to someone else. From our findings, just 7.29% of the respondents would not recommend the Centre. This result suggests that UNTH patients are quite loyal and will comeback for repeat visits as well as recommend the hospital to others. This is important for the administrators as this implies growing market and revenue. Perception of quality not withstanding its objectivity is mainly based on one's willingness to recommend a center once visited. In our cultural environment, it is very unusual to recommend a place one didn't get satisfaction from. It depends strongly on the outcome of one's previous visit(s) before recommendation to another. The result portrays how much the patients want their counterpart to experience the level of care they received at UNTH.

Research studies have also made strong connection between patient's impression of staff interactions and their perception of the quality of care. Communication and staff interpersonal relationship with patients is the most important aspect of a patient's visit. It is often hard for patients to assess the service provider's technical competence as well as the immediate results of a treatment hence rely on "how" the delivery of care was.

From our research, majority of the respondents believe UNTH staffs are quite efficient. About 78% of the respondents agreed to the staff being helpful during their stay /visit, 63.6% opined the nurses as friendly while 59.2% believe the overall staff was caring and reassuring during their visit/stay. These results are in line with earlier study done by Emelumadu et al⁸ where 70% of the nurses were friendly. It also implies how remarkable an improvement UNTH staff needs especially when considering the study by Iliyasu et al⁷ where 88% of the respondents enjoyed a good patient-provider relationship.

More than half of the respondents had to wait over 30minutes before they could see the doctor while 0% could, at less than 5 minutes. 55% felt the waiting areas were pleasant. Leather et al found that the physical design of the waiting areas can buffer the negative impact of stress that is known to build in the waiting areas. Results from this study showed contrasts with the work done by Emelumadu et al^{viii} where 42% of the respondents felt the waiting areas were pleasant. It is an encouraging finding but still however implies the need for improvements. This research also support the idea of an attractive environment as it can help create and sustain a loyal patient population. It also enables healthcare organization justify the allocation of a limited resources to the improvement of facilities especially to areas like the check-in and waiting areas which contribute in patients' perception of visit.

5. CONCLUSION

The patient's perception of healthcare delivery quality at UNTH is encouraging especially as majority of them agreed to being well attended to and enjoyed the environment. Considering the delays, disappointments, cost and some critical issues experienced by the in-patient and out-patient respondents yet most still proclaimed their loyalty.

However, quality is engraved basically on the patient's experiences and willingness to return to the center. In order to continually improve patient's perceptions, the health providers should aim at improving the patient's experiences.

It can also be deduced from our result that patients want quality care in spite of its cost. The cost of some services would have been anticipated to deter patronization by patients but that proved otherwise considering the results of our research. This should encourage the administrators at UNTH to maintain optimal quality services at every unit.

5.2 RECOMMENDATIONS

The recommendations are actually those given by the respondents to an open-ended question in the questionnaire. The summary of the responses were:

5.2.1 Improvement of the check-in:

- Substitution of the manual methods of file and folders with computers. This is to reduce the amount of time spent opening folders and the cases of missing folders. Electronic registers and log-ins should be tried out.
- Friendlier and less business-like staff should be grossly encouraged especially in the emergency units and clinics. Workshops and seminars could be benefiting to the nurses working in those areas as they need to be in touch with what the patients expect.
- Credible methods of ascertaining the punctuality of patients can be practiced by the use of clock-ins. The machine mustn't be used as they could use clocks in the area as a reference. Whoever is clocked-in shouldn't leave as that annuls the time and so would redo the process. This would enable the nurses organize the patients adequately enough.
- More staff at the area would accelerate the check-in process.

5.2.2 Improvement of the waiting area:

- More distractions would help ease out the stress in the waiting areas. Distractions such as: televisions, cables, magazines, articles like health handouts, music etc.
- More comfortable seats and discarding of wooden seats in the waiting halls as it doesn't favour relaxation in any form especially for those waiting for over 30minutes.
- Time for cleaning the waiting area should never be during the periods for visits. The orderlies should have a good rooster and should be adequately punished when they fail to stick to it.

- Some of the waiting areas are rowdy and so would need ventilation to reduce the spreading of air-borne infections amongst patients. Air conditioners should be installed to correct this anomaly.

5.2.3 Other recommendations:

- Doctors should come early to work and should re-schedule their conferences to after work. This is to reduce the waiting time of patients in the halls.
- The number of students in consulting/exam rooms should be reduced as that is quite discomforting to the patients.
- Exam rooms and consulting rooms should be different especially for the ante natal clinic.
- Staff should be adequately disciplined for their lapses especially the doctors and nurses. Rude staffs should be identified and re-assigned.
- The protocols involved in obtaining drugs from the pharmacy should be reviewed appropriately and creation of more pharmacy could be useful in decongesting the existing ones.
- Adequate electricity and water supply in the wards should be ensured. Adding more stress of having to climb all the way down to get water should be looked into. Water should be made available in all the wards.

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