An official publication of Enugu State NMA

Annals of Medical & Health Sciences Research

Dr. Asfandyar Khan Niazi.
University of Dundee,
College of Medicine, Dentistry and Nursing,
Dundee, UK.
a.z.niazi@dundee.ac.uk

Dr Johnson Amu
Department of Obstetrics and Gynecology
Royal Oldham Hospital Manchester
UK

Dr Ndudi Amanambu
Mount Ayliff Hospital
Private bag x504
Mount Ayliff. 4735
South Africa

Dr Osita Nwaneri
Department of Pediatrics
Graduate Medical Education
University of Minnesota
420 Delaware st. se, mmc 391
Minneapolis, mn 55455
USA

Dr Ian Louis Ross
Division of Diabetic Medicine and Endocrinology
Department of Medicine
University of Cape Town and Groote Schuur Hospital
South Africa

Dr Isreal T Odetunde
Department of Pediatrics
College of Medicine, University of Nigeria, Enugu Campus
Nigeria

Mr Egolum Rowland
Institute of Developmental studies
University of Nigeria, Enugu campus
Nigeria

Original Article

Assessment of Parents' Satisfaction with Paediatric Surgery Services at a Tertiary Hospital in South West Nigeria: A Quality Control Check

Adesoji O Ademuyiwa, Samuel K Mosaku[2], Raphael E Ogbolu[3], Yewand O Oshodi[4] and Chris O Bode[1]

Paediatric Surgery Unit, Department of Surgery, Faculty of Clinical Sciences, College of Medicine & Lagos University Teaching Hospital, Idi Araba, Lagos, Nigeria, [1]Paediatric Surgery Unit, Department of Surgery, Faculty of Clinical Sciences, College of Medicine & Lagos University Teaching Hospital, Idi Araba, Lagos, Nigeria, [2]Department of Psychiatry, College of Health Sciences, Obafemi Awolowo University, Ile Ife, Osun state, Nigeria, [3]Department of Psychiatry, Lagos University Teaching Hospital, Idi Araba, Lagos, Nigeria, [4]Department of Psychiatry College of Medicine, University of Lagos &Lagos University Teaching Hospital, Lagos, Nigeria

Corresponding author:
Adesoji O Ademuyiwa,
Paediatric Surgery Unit,
Department of Surgery,
Faculty of Clinical Sciences,
College of Medicine, University of Lagos, Idi Araba, Lagos PMB 12003,
Idi Araba, Lagos,
Tel: 234-234-7055787110;
Email: aoademuyiwa@cmul.edu.ng

Abstract

Background: Patient satisfaction is an important link in the chain of patient-physician interaction, patient care experience and patient health outcome. Patient satisfaction is relevant in the evaluation of quality of services received in health institutions based in low and middle income countries, and can provide important feedback for service improvement in such resource-poor settings. **Aim:** This study aimed to examine the patient's level of satisfaction with pediatric surgery services in a Teaching Hospital. **Subjects and Methods:** Setting: Paediatric Surgery Unit of the Lagos University Teaching Hospital**.** Prospective questionnaire based survey. Consenting literate parents of paediatric post-op patients were serially recruited from the pediatric surgery unit of the Lagos University Teaching Hospital. The consent of the Institution's Research Ethics' Committee was sought and obtained. Using a general sociodemographic questionnaire and the patient satisfaction with services scale, patient experiences were obtained. Results were expressed as simple percentages and presented in tables. **Results:** One hundred and thirty-four post-op cases participated in this study. These participants were parents of children with varied surgical conditions such as: hernia (24.6%, 33/134), hydrocoele (8.2%, 11/134), among other conditions. Majority of the cases were follow-up cases (75.4%, 101/134), compared to 24.6% being new cases. Most respondents (parents/guardians) rated the 'assistance from the records officer' as good/very good/excellent (82.1%, 110/134), while 14.9% (20/134) rated it as fair/poor. Respondents were quite satisfied with the 'amount of information given about the health problem' with 82.9% (111/134) rating it as good/very good/excellent and 8.2% (11/134) as fair/poor. The 'suitability of the treatment plan to needs was considered good/very good/excellent by 61.9% and fair/poor by 9.0%. However, the 'overall quality of care' was rated as fair/poor in 12.0%, and good/very good/excellent by 88.0% of respondents. **Conclusion:** In conclusion, the study serves as a useful feedback tool which provides important information on certain aspects of patient satisfaction, it identifies aspects which respondents find less satisfying and as such need improvement.

Introduction

Health care organizations are similar to organizations in other sectors in that they also provide services and products to customers, who in this case are patients and their relatives. As such they also face the problem of a dissatisfied customer and like other sector organizations, the issue of customer/patient satisfaction should be taken seriously. Patient satisfaction is a major component of the quality of health care.

Customer satisfaction has been defined as "the number of customers, or percentage of total customers, whose reported experience with a firm, its products, or its services (ratings) exceeds specified satisfaction goals".[1] Patient satisfaction is the extent to which the patients feel that their needs and expectations are met by the service provided.[2] While the two definitions are not too dissimilar, patient satisfaction may be considered more complex than customer satisfaction.

According to Ware,[2,3] surveys of patient satisfaction have

How to Cite this Article: Ademuyiwa AO, Mosaku SK, Ogbolu RE, Oshodi YO, Bode CO. Assessment of Parents' Satisfaction with Paediatric Surgery Services at a Tertiary Hospital in South West Nigeria: A Quality Control Check. Ann Med Health Sci Res. 2017;7:42-46.

usually been fielded for one of two purposes. First, the data have been used to evaluate provider services and facilities, on the assumption that patient satisfaction is an indicator of the structure, process, and outcomes of care. Secondly, satisfaction data have been used to predict consumer behaviour (e.g. use of services), on the assumption that differences in satisfaction influence what people do.[3]

As noted by Iliyasu and colleagues[4] periodic patient satisfaction surveys have become routine as part of total quality management in developed countries, thus providing feedback to hospital management and staff and can be used as a template for improving the quality of services.

Patient-physician interaction and communication is perhaps more important to the patient and the satisfaction perceived than the physician's technique. This patient-physician relationship needs improving as studies have found that, when asked to identify the physician in charge of their care at the time of discharge, up to 90 percent of medical inpatients are unable to correctly name their treating physician[5].

Report from studies in Nigeria has shown that patients feel generally satisfied with services. Iliyasu[4] reported overall patient satisfaction of 83% while Iloh *et al*.[6] in another study reported 66.8% patients' satisfaction with services. Factors reported as affecting patient satisfaction include waiting time, cost of treatment, delayed appointment, missing folders, missing laboratory results, illness understanding after hospital visit, and improved health after consultation. Orenuga *et al*.[7], reported that patient satisfaction was affected by physical infrastructure such as poor electricity and water supply in a survey of dental outpatients in a tertiary institution. Ogunfowokan and Mora also reported that reducing waiting time and meeting patients pre-visit expectations improve overall patient satisfaction[8].

The experience of patients' satisfaction varies with the discipline of medicine concerned since a key component of satisfaction is patient expectation. Patient expectation cannot be the same since treatment outcomes often differ. To the authors' knowledge, there is no study on patients' satisfaction with surgical services from Nigeria hence the motivation for this study.

Various methods have been used to study patient satisfaction, such as the use of questionnaires[7,10], use of focal group discussion (FGD)[4,11]. For this study, the modified form of the Charleston Psychiatric Outpatients' Satisfaction Scale (CPOSS) [12] was used because it's psychometric properties have been described among Nigerians.[13]

The aim of this study is to determine patients' parents' satisfaction with paediatric surgery services at the Lagos University Teaching Hospital using the satisfaction with services scale.

Subjects and methods

This study was conducted at the paediatric surgery outpatient department of the Lagos University Teaching Hospital (LUTH) over a 6month period. The clinic attends to an average of 50 to 70 (new and follow up) patients during the weekly clinic. The unit is staffed by 3 consultants, 5 resident doctors and 15 nurses.

One hundred and thirty-four post-op cases were serially recruited from the pediatric surgery unit. The consent of the hospital's Health Research Ethics Committee was sought and obtained. Two categories of patients' parents were recruited – New patients and Follow up patients. New patients were those patients who have had emergency surgery but were visiting the clinic for the first time. Follow up patients were those patients who had been seen in clinic, have had surgery and were visiting the clinic following surgery.

The inclusion criteria were consenting parents of consecutive patients who could read and understand English language sufficiently to respond to the questionnaire and the caregiver must have been involved in the care of the patient from the point the patient was brought for care until discharge and must have brought the patient for follow up in the clinic at least once. The exclusion criteria were refusal to give consent or parents of children who had not had surgery performed on their children/ wards.

The instrument used was a sociodemographic questionnaire which collected data on age, sex, occupation of respondents and patients' diagnosis and adapted a validated Charleston Psychiatric Outpatients' Satisfaction Scale (CPOSS)[12]. The scale consists of 16 items which asked the respondent to rate the items on a scale of 0 – 5 with 5 being excellent, 1 being poor and 0 being 'does not apply'. The first 14 items are those related specifically to satisfaction with different aspects of healthcare service provision, while the last two items asked if the respondent would recommend the place (item 15) and opinions about the need to improve services which is rated on a scale of four from 'Definitely not' to 'Yes definitely' (item 16)[13].

A rating of "Good", "Very Good" and "Excellent" was considered as meaning satisfied, while a rating of "Fair" and "Poor" was considered dissatisfied.

Data obtained was analyzed using the SPSS and included frequencies, percentages and means.

Results

Majority (75.4%, 101/134) of the cases were follow-up cases compared to 24.6% (33/134) being new cases. The response rate to all the 16 items on the scale was 96.6% (129/134).

The commonest diagnostic group was hernia (24.6%, 33/134), followed by hydrocoele (8.2% (11/134)), intestinal obstruction and hypospadias (6.0% each, 8/134), testicular disorders/ problems (5.2%, 7/134), urethral problems (4.5%. 6/134)) appendix-related problems (3.7%, 5/134)) and other conditions.

The satisfaction of patients' parents in response to the validated 16-item questionnaire is as shown in table 1. More than 75% (101/134) of respondents rated their satisfaction as Good, Very Good or Excellent for each of the following services - helpfulness of records officers, provision of adequate information by clinicians about their health problems, overall rating of quality of care, appearance of the consulting room, assessment of working hours and location of clinic service. Services rated as Poor or Fair with frequencies of respondents

Table 1: Frequencies of respondent (including those who declined certain questions in the questionnaire)

	Satisfied	Not Satisfied	Not Applicable/Declined
	Frequency (%)		
	Good- Excellent	Poor- Fair	Not Applicable/Declined
Helpfulness of records	110 (82.1)	20 (14.9)	4 (3.0)
Payment Information	81(65.3)	31 (25.0)	12 (8.6)
Waiting time	77 (57.5)	52 (38.8)	5(3.7)
Information on health problems	111 (82.9)	11 (8.2)	12(8.9)
Respect for opinion	92 (68.6)	8 (6.0)	34(25.4)
Suitability of treatment	83 (61.9)	12 (9.0)	39 (29.1)
Helpfulness of treatment	84 (62.7)	4(3.0)	46 (34.3)
Overall rating of quality of care	98 (73.1)	19 (14.2)	17 (12.7)
Appearance of waiting area	89(66.4)	40 (29.9)	5 (3.7)
Appearance of consulting room	95 (70.9)	23 (17.2)	16 (11.9)
Assessment of working hours	116 (86.6)	11 (8.2)	7 (5.2)
Location of service	110 (82.1)	16(11.9)	8 (6.0)
Parking Area	79 (59.0)	8 (6.0)	47 (35.0)
Clarity of Bills	14 (18.9)	33 (44.6)	27 (36.5)
Recommendation of service	Yes 112 (85.1)	No 12 (8.9)	Not Applicable/Declined 8 (5.9)
Services could be improved	75 (56.0)	35 (26.2)	24(17.8)

higher than 20% (27/134) were payment information, waiting time and appearance of waiting area.

More respondents (30.6%, 34/110) felt the services could definitely be improved upon, 25.4%(28/110) felt probably it could be improved, 18.7% (21/110) felt probably not, and 7.5% (8/110) felt definitely not. The follow-up cases were more likely to rate the recommendation of the service as very good (25.4%) or excellent (26.9%) compared to new cases (6.0% and 3.0% respectively)

Table 2 shows percentages of actual respondents to the questionnaire excluding those who declined. From the table, the satisfaction of parents with services increased in those who actually responded to the questions compared with the whole population of respondents.

For the Overall average rating for items 1 - 14 of the questionnaire, 82% (110/132) rated the services as Good, Very Good or Excellent while 18% (22/132) rated it as Poor or Fair [Table 3].

Discussion

Patient satisfaction with healthcare services is an essential aspect of healthcare delivery and its assessment will provide a valuable feedback to the healthcare team and institution. In this study, most of the cases were follow-up cases suggesting that they may have made multiple visits which put them in a good position to form opinions about the services. The response rate for the items is high and the cases were paediatric surgeries which were varied with the hernias being the commonest. This case mix is similar to published reports from our centre and others within Nigeria[14,15].

The highest satisfaction ratings were with assistance from the records officer, location of service, working hours, information about health problem, assessment of waiting area and overall quality of care. The least satisfaction was with; helpfulness of treatment and suitability of treatment plans to needs. It is noteworthy that no respondent reported dissatisfaction with helpfulness of the treatment, even though it was one of the items with which there was least satisfaction.

The overall satisfaction level was 82% which is considerably high when one considers that it is a paediatric surgery unit, where satisfaction is dependent on how parents perceive the child, who often cannot talk for him/herself, has done. Perhaps this high level is related to the type of surgeries commonly performed which involved swellings and discomfort which disappears following surgery. Parents' satisfaction from this study is higher than that from some other local studies such as that reported by Udonwa & Ogbonna which reported a satisfaction rate of 59.3%.[16]

Most respondents considered the place recommendable, which supports the high level of satisfaction observed. Slightly more than half of the respondents felt the services could be improved upon. Although it will appear [from Table 1] that users of the paediatric surgery services were satisfied with the services not directly related to the doctor-patient relationship, such as location of service and working hours and less satisfied with the aspects more directly related to the doctor-patient encounter such as suitability of treatment to needs, and helpfulness of treatment; the converse is actually the case when considering respondents who addressed the specific questions on doctor-patient relationship [Table 2]. However, considering the significant number of parents who abstained from such questions, the doctor-patient factors need further exploration and need to be improved upon.

The level of satisfaction with 'waiting time' is low (57.5%) and this comes as no surprise considering that it is one commonly complained-about aspect of health care visitations as seen in earlier studies.[4,17]

The overall level of satisfaction was less than that in a study in Northern Nigeria by Iliyasu [4] which was 83.0%, but higher

Table 2: Frequencies (percentages only) of responses by those who responded to the questionnaire.

	Satisfied	Not Satisfied
	Good- Excellent	Poor- Fair
Helpfulness of records	(84.6)	(15.4)
Payment Information	72.3	27.7
Waiting time	59.7	40.3
Information on health problems	91.0	9.0
Respect for opinion	92.0	8.0
Suitability of treatment	87.4	22.6
Helpfulness of treatment	95.5	4.5
Overall rating of quality of care	83.8	16.2
Appearance of waiting area	69.0	31.0
Appearance of consulting room	80.5	19.5
Assessment of working hours	91.4	8.6
Location of service	87.3	22.7
Parking Area	90.8	9.2
Clarity of Bills	29.3	70.7
Recommendation of service	Yes: 90.3	No: 9.7
Services could be improved	68.2	31.8

TABLE 3: Overall rating

Type of Case	Percentage	Satisfaction level
Poor	5.4%	Dissatisfied 18.0%
Fair	12.6%	
Good	39.3%	Satisfied 82.0%
Very Good	26.1%	
Excellent	16.6%	

than in the study by Iloh and colleagues [6], also in Nigeria which reported a satisfaction rate of 66.8%. Perhaps these differences are related to the difference in settings studied. Iloh studied National Health Insurance Scheme (NHIS) patients attending a clinic in South-Eastern Nigeria while Iliyasu studied in- and out-patient services as well as other general aspects of patient care in Northern Nigeria.

Some of the limitations of this study included lack of information of surgical outcome which could have made the study more robust. In addition, the lack of more items specifically aimed at the doctor-patient relationship is another limitation.

Conclusion

The study serves as a useful feedback tool which provides important information on certain aspects of patient satisfaction, it identifies aspects which respondents find less satisfying and as such need improvement. Further exploration of specific items in the doctor-patient relationship will be the focus of future studies.

Source of funding

There was no funding for this study

Conflict of interest

No conflict of interest was declared by any of the authors

References

1. Farris W Paul, Neil T Bendle, Phillip E Pfeifer, David J Reibstein (2010). Marketing Metrics: The Definitive Guide to Measuring Marketing Performance. Upper Saddle River, New Jersey: Pearson Education, Inc. ISBN 0-13-705829-2.
2. Ware JE, Snyder MR, Wright R. Defining and measuring patient satisfaction with medical care. Eval. Prog. Planning. 1983; 6:247-263.
3. Ware JE, Davies-Avery A, Stewart AL. The measurement and meaning of patient satisfaction: a review of the literature health and medical care services review 1978.
4. Iliyasu Z, Abubakar IS, Abubakar S, Lawan UM, Gajida AU. Patients' Satisfaction with services obtained from Aminu Kano Teaching Hospital, Kano, Northern Nigeria. Niger J Clin Pract. 2010; 13: 371-378.
5. Arora V, Gangireddy S, Mehrotra A, Ginde R, Tormey M, Meltzer D. Ability of hospitalized patients to identify their in-hospital physicians. Arch Intern Med 2009; 169:199-201.
6. Iloh GU, Ofoedu JN, Njoku PU, Odu FU, Ifedigbo CV, Iwuamanam KD. Evaluation of Patients' satisfaction with quality of care provided at the National Health Insurance Scheme Clinic of a tertiary hospital in South-Eastern Nigeria. Niger J Clin Pract. 2012; 15:469-470.
7. Orenuga OO, Sofola OO, Uti OO. Patient satisfaction: a survey of dental outpatients at the Lagos University Teaching Hospital, Nigeria. Nig Q J Hosp Med. 2009; 19:47-52.
8. Ogunfowokan O, Mora M. Time, expectation and satisfaction: Patients' experience at National Hospital Abuja, Nigeria. Afr J Prm Health Care Fam Med. 2012; 4: 398.
9. Olusina AK, Ohaeri JU, Olatawura MO. Patient and staff satisfaction with the quality of in-patient psychiatric care in a Nigerian general hospital. Soc Psychiatry Psychiatr Epidemiol. 2002; 37:283-288.
10. Abiodun AJ. Patients' Satisfaction with Quality Attributes of Primary Health Care Services in Nigeria. Journal of Health Management. 2010; 12:39-54.
11. Ajayi IO, Olumide EA, Oyediran O. Patient satisfaction with the services provided at a general outpatients' clinic, Ibadan, Oyo state, Nigeria. Afr J Med Sci 2005; 34:133-140.
12. Pellegrin KL, Stuart GW, Maree B. A brief scale for assessing patients' satisfaction with care in outpatient psychiatric services. Psychiatric Services. 2001; 52:816-819.
13. Ukpong DI, Mosaku SK, Mume CO, Aloba O, Mapayi B. Reliability and Validity of a Satisfaction Scale in a Nigerian Psychiatric Out-Patient Clinic. Nigerian Journal of Psychiatry. 1:31-36.
14. Bode CO, Ademuyiwa AO, Ikhisemojie SO, Elebute OA. HIV Seropositivity among Paediatric Surgery patients at the Lagos University Teaching Hospital: What risk to the Surgeon? Surgical Science. 2011; 2:22-24.
15. Abantanga FA. Groin and scrotal swellings in children aged 5 years and below: a review of 535 cases. Pediatr Surg Int. 2003;19:446-450.
16. Udonwa NE, Ogbonna UK. Patient-related Factors Influencing Satisfaction in the Patient-Doctor Encounters at the General Outpatient Clinic of the University of Calabar Teaching Hospital, Calabar, Nigeria. Int J Family Med 2012;
17. Onifade PO, Somoye EB, Adamson TA. Wait Time and Service Satisfaction at the Outpatient Clinic of a Nigerian Psychiatric Hospital. Nigerian Journal of Psychiatry. 2010; 8:42-46.