

Evaluation of patients' satisfaction with quality of care provided at the National Health Insurance Scheme clinic of a tertiary hospital in South- Eastern Nigeria

GUP Iloh, JN Ofoedu, PU Njoku, FU Odu, CV Ifedigbo, KD Iwuamanam
Department of Family Medicine, Federal Medical Centre, Umuahia, Abia State, Nigeria

Abstract

Background: The umpteenth threats to change of healthcare provider by dissatisfied patients on formal sector health insurance are well known and can be a proxy indicator for the need for quality improvement in service delivery.

Objective: This study was aimed at evaluating patients' satisfaction with quality of care provided at the National Health Insurance Scheme (NHIS) clinic of a tertiary hospital in South-Eastern Nigeria.

Materials and Methods: This was a descriptive study carried out on 400 NHIS patients from April 2011 to October 2011 at the general outpatient department of Federal Medical Centre, Umuahia. Patients were selected by simple random sampling using every second NHIS patient that registered to see the clinicians and who met the selection criteria. Data were collected using pretested, structured interviewer-administered questionnaire. Each satisfaction item was scored in a five-point Likert scale ordinal response, which was converted to percentage scale response. Satisfaction was measured from the following domains: accessibility, patient waiting time, patient-provider communication, patient-provider relationship, hospital bureaucracy, and hospital environment. Operationally, patients who scored 50% and above in the assessed domain were considered satisfied while those who scored less than 50% were dissatisfied.

Results: The overall satisfaction score of the respondents was 66.8%. Specifically, the respondents expressed satisfaction with patient-provider relationship (81.5%), patient-provider communication (79.9%), accessibility (74.2%), and hospital environment (68.2%) and dissatisfaction with hospital bureaucracy (48.8%) and patient waiting time (48.3%).

Conclusion: This study has shown that the overall patients satisfaction with the services provided was very good with patient-provider relationship rated highest and patient waiting time the lowest. There is need to improve on the current level of patients satisfaction while effort should be made to address the identified domains of dissatisfaction.

Key words: Health insurance, Nigeria, patients, quality of care, satisfaction, tertiary hospital

Date of Acceptance: 02-Feb-2012

Introduction

Nigeria is a federation consisting of federal, state, and local tiers of governments. Health as a social service is on the concurrent and exclusive lists of the Federal Republic of Nigeria as a result of its importance to the teeming population. In the recent years to date, government-owned tertiary hospitals in Nigeria have received the highest level of negative comments, both by the patients and the society. These negative comments range from poor quality of service

delivery to service delay, discontinuity of care, indifferent staff attitude, and bureaucratic procedures. These negative comments have led to poor public confidence in healthcare and made the government hospitals unattractive to the consumers of hospital services. These unwholesome comments on the quality of care in government hospitals led to the proclamation and signing of a social contract

Address for correspondence:

Dr. GUP. Iloh,
Department of Family Medicine, Federal Medical Centre,
Umuahia, Abia State, Nigeria.
E-mail: ilohgup2009@yahoo.com

Access this article online

Quick Response Code:



Website: www.njcponline.com

DOI: 10.4103/1119-3077.104529

PMID: 23238200

with all Nigerians in March 2004, popularly known as the SERVICOM (Service compact with all Nigerians).^[1] The SERVICOM is predicated on the fact that the ultimate purpose of governance is to serve the citizens and service is well delivered only when the citizens are satisfied.

Access to healthcare in many developing countries has progressively deteriorated resulting in the introduction of health sector reform.^[2] Accordingly, health insurance is a health social security system that guarantees the provision of needed health services to persons on the payment of token contributions at regular intervals.^[3] In Nigeria, National Health Insurance Scheme (NHIS) was formally launched in Abuja on October 15, 1997, with the sole objective of providing health services by insurance arrangement with the hope to achieve an efficient, innovative, and competitive healthcare system aimed towards improving the health status of Nigerians. Participation is optional except for workers in the public and private sectors who will contribute 5% of their basic salary to the scheme while their employers pay 10% for each worker, which entitles a contributor, a spouse, and 4 children to access medical care from any approved service provider.^[3]

In Nigeria, with the introduction of NHIS, private involvement in health service delivery is expected to increase substantially, thereby increasing the level of competition. The contextual paradigm of current healthcare service delivery globally has recognized the importance of patient's satisfaction with quality of care received in a health facility.^[4] If satisfaction with the structure, process, and outcome of care are the critical elements of quality of care, then the way in which care is delivered should be evaluated through the eyes of the patients.^[5] Measurement of patient satisfaction is therefore one of the ways to learn more about these aspects of quality of care. Patient satisfaction has been observed as one of the reasons why some patients prefer to seek treatment from complementary and alternative medical practitioners. However, healthcare assessed to be of high quality according to the provider defined criteria may be far from the ideal high quality if the patient is dissatisfied with it. The dissatisfied patient of one health facility may have received better care than the satisfied patient of another hospital.

Conceptually, patient satisfaction has been defined as patient's judgment on the quality and goodness of care.^[4] It means the best health outcomes that are possible given the available resources and should be consistent with patient values and preferences. Several methods of assessing quality of care have been described.^[6,7] However, there is no universally accepted method of measuring quality of care, but there is growing consensus that measuring quality of care should be based at least on patients' satisfaction studies.^[5]

Quality of care requires that healthcare providers constantly check whether the care offered is effective, humane,

and patient centered,^[8] and that the health consumer's expectation and needs are satisfied.^[1] This is a professional responsibility owed to the consumers of healthcare goods and services. There may be evidence of the success of certain hospital services, but if they are not being tailored to patients' needs and satisfaction they are of no use to the patients. Despite the importance of NHIS in Nigeria, there is paucity of published research in the South-Eastern Nigeria on how NHIS patients are satisfied with the quality of care they receive under the scheme. It is against this background that the researchers assessed NHIS patients' satisfaction with quality of care using selected indices of satisfaction in the hospital. The main focus is to meet the health consumers' need and expectations as a means of attaining organizational objectives of the hospital and incorporating periodic patient satisfaction studies into the quality improvement plan in the service delivery in Federal Medical Centre, Umuahia. This study was, therefore, generally aimed at assessing overall patients' satisfaction with quality of care in a NHIS clinic and specifically ascertaining their satisfaction with some selected quality of care indices like accessibility, patient waiting time, patient-provider communication, patient-provider relationship, hospital bureaucracy, and hospital environment in a tertiary hospital in South-Eastern Nigeria.

Materials and Methods

This was a descriptive study carried out on 400 NHIS patients from April 2011 to October 2011 at the general outpatient department of Federal Medical Centre, Umuahia, a tertiary hospital in Umuahia, Abia State, South-Eastern, Nigeria.

Federal Medical Centre, Umuahia, is located in the metropolitan city of Umuahia, capital of Abia State. It is a tertiary hospital established with the tripartite mandate of service delivery, training, and research, and serves as a referral centre for primary and secondary public health institutions as well as missionary and private hospitals in Abia State and neighboring states of Imo, Ebonyi, Rivers, and Akwa Ibom States of Nigeria. All adult patients excluding those who need emergency healthcare services, pediatric patients, and antenatal women are first seen at the general outpatient clinic where diagnoses are made. Patients who need primary care are managed and followed up in the clinic while those who need specialist care are referred to the respective core specialist clinics for further management. The relevant and sensitive service windows of the hospital for the study included medical records, nursing services, laboratory and investigation, and pharmacy services.

The inclusion criteria included adult NHIS patients aged 18 years to 60 years who gave informed verbal consent and had accessed care at the general outpatient clinic and specific sensitive and general service windows of the hospital like medical records, nursing services, laboratory,

and pharmacy services. These patients must have accessed these services altogether for at least six visits at different occasions. This would have afforded the patients the opportunity to have passed through all the most relevant and sensitive service windows offered by the hospital. These patients were likely in a better position to evaluate the quality of care in the hospital. The exclusion criteria included critically ill patients, antenatal patients, pediatric patients, staff and their relations, and all the patients used in pre-testing of the questionnaire who may be influenced by their previous interaction with the content of the questionnaire.

The sample selection was by random sampling using every second NHIS patient that registered to see the clinicians on each consulting day during the study period excluding weekends and public holidays and who met the selection criteria. Sample size estimation was determined using the formula^[9] for estimating minimum sample size for descriptive studies when studying proportions with entire population size > 10,000. The estimated minimum sample size assuming 50% maximum satisfaction response variability was 384. This minimum sample size was, however, increased to 400 to improve the precision of the study.

Data were collected using pretested, structured interviewer-administered questionnaire designed by the authors using information from literature review and previous studies on patients' satisfaction and quality of care.^[1,6,10,11] The questionnaire tool contained information on basic demographic variables such as age, sex, marital status, and level of education. The dimensions of care evaluated included accessibility, patient waiting time, patient-provider relationship, patient-provider communication, hospital bureaucracy, and hospital environment. Each satisfaction item was scored in a five-point Likert scale ordinal response, which was converted to percentage scale response as follows: excellent = 5 points (100%), very good = 4 points (80%), good = 3 points (60%), fair = 2 points (40%), and poor = 1 point (20%) with the following operational percentage range definitions: excellent (90%–100%), very good (70%–89%), good (50%–69%), fair (30%–49%), and poor (0%–29%). Pretesting of the questionnaire was done internally at the general outpatient clinic of Federal Medical Centre, Umuahia. Twenty NHIS patients were haphazardly used for the pre-testing of the questionnaire, which lasted for 3 days. The pretesting was done to assess the applicability of the questionnaire tool internally. All the patients used for the pretesting of the questionnaire instrument gave valid and reliable responses, confirming the clarity and applicability of the questionnaire tool and questions were interpreted with the same meaning as intended. The questionnaire was administered by three resident doctors who were trained and recruited for the study. The questionnaire was administered once to

each eligible respondent when the respondent came for follow-up clinic visit at the general outpatient clinic rooms designated for the interview.

Operationally, overall satisfaction was defined by the authors as the average score of 50% and above in all the domains evaluated while overall dissatisfaction refers to the score of less than 50%. Specifically, satisfaction refers to the score of 50% or more in specific domain of care evaluated.

Accessibility refers to provision of ready access to services and ease of location of the hospital and service windows of the hospital. In a Likert scale response, patients were asked the following questions on the ease and satisfaction with the level of ease of accessing care at the hospital and service windows of the hospital: Indicate the level of ease with which you are able to access care in the hospital? Indicate the level of ease with which you are able to access care at the service windows of the hospital? How do you rate your satisfaction with the level of ease at which you are able to locate the hospital? How do you rate your satisfaction with the level of ease at which you are able to locate the service windows of the hospital? Patient-provider relationship refers to the staff attitude including listening and response to questions from the patients while patient-provider communication refers to giving information to the patients after they have explained their problems. Patient waiting time refers to the perception of the service delay by the patient in the area where he or she waited more than expected. Hospital environment refers to the cleanliness of the rooms of the selected service windows of the hospital and surrounding environment of the hospital while hospital bureaucracy refers to the official procedures and processes involved in accessing care ranging from obtaining cards, consultations, investigations, and collection of medications.

The study was approved by the Ethics Committee of Federal Medical Centre, Umuahia, and informed verbal consent was obtained from the participants.

Statistics

The results generated were analyzed using software Statistical Package for Social Sciences (SPSS) version 13.0, Inc. Chicago, IL, USA, for the calculation of mean, frequencies, and percentages.

Results

The age of the respondents ranged from 18 to 60 years with mean age of 34.8 ± 11.3 years. Majority of the respondents were middle-aged adults (40–60 years) (67.7%). There were 181 (45.3%) males and 219 (54.7%) females with a male-to-female ratio of 1:1.2. Majority of the respondents were married (66.0%) and had secondary education (74.4%) [Table 1].

Generally, the overall average satisfaction score of the respondents was 66.8%. Specifically, the respondents expressed satisfaction with patient-provider relationship, which had highest average score of 81.5% for the domain, with medical doctors rated highest (88.8%) and medical records staff the lowest (68.0%). This is followed by patient-provider communication, which has average score of 79.9%, with medical doctors rated highest (88.8%) and medical records staff rated the least (68.0%). The accessibility had average score of 86.2% while hospital environment had average score of (68.2%). Hospital bureaucracy had score of 48.8 while patient waiting time had 48.3% [Table 2].

Discussion

This study has shown that the overall patients' satisfaction with the quality of care they received was generally very good despite other domains of dissatisfaction. However, studies have shown that users of health facility differ in their satisfaction with the quality of care^[12] and that socio-demographic factors^[13] influence the perceived quality of care in hospitals. Although overall patients' satisfaction score in this study was very good, it was skewed to the lower end of the satisfaction percentage and ordinal scale. This score is lower than the overall satisfaction score of 83% reported in Kano, Northern Nigeria,^[11] and excellent rating reported in Trinidad and Tobago.^[14] However, the overall satisfaction in this study is higher than 3.4 (good) reported in Eastern Ethiopian study.^[12] This finding of overall very good satisfaction score could be attributed to the patient-provider related dynamics such as patient-provider relationship,

patient-provider communication, accessibility, and the hospital environment. Satisfied patients of this hospital are likely to recommend the hospital to others in the society, as it is known that information travels faster and are more believed by patients when coming from their relations and friends than from the health worker who is considered part of the hospital. Gone are the days when the formal society had fewer hospital choices and less information about performance standards. The increasing awareness of the consumers of healthcare goods and services on the quality of care, therefore, should leave no room for dissatisfaction because it is dangerous to allow patients' discontent with service delivery to go unaddressed, especially in the milieu of alternative sources of care, more demanding patients' expectation, and stepped up competition among healthcare providers in the environ. This will invariably guide the hospital into position of strength for future growth.

The satisfaction of the patients with the provider relationship was very good in this study. Although the attitude of the medical doctors were rated highest, this finding is similar

Table 1: Basic socio-demographic characteristics of the respondents

Characteristic	Frequency	Percentage
Age (years)		
18-39	129	32.3
40-60	271	67.7
Total	400	100.0
Sex		
Male	181	45.3
Female	219	54.7
Total	400	100.0
Marital status		
Single	101	25.3
Married	264	66.0
Separated/divorced	8	2.0
Widowed	27	6.7
Total	400	100.0
Educational status		
None	0	0.0
Primary	13	3.3
Secondary	298	74.4
Tertiary	89	22.3
Total	400	100.0

Table 2: Patients satisfaction with selected domain of care in the hospital

Care parameter	Average score (%)
Patient-provider relationship (attitude)	
Medical doctors	88.8
Pharmacy staff	88.6
Nursing staff	88.2
Laboratory staff	74.4
Medical records staff	68.0
Average score	81.5
Patient-provider communication (information)	
Medical doctors	88.8
Nursing staff	88.2
Pharmacy staff	82.0
Laboratory staff	72.6
Medical records staff	68.0
Average score	79.9
Accessibility	
Easy access to the hospital	76.0
Easy access to hospital service windows	72.4
Average score	74.2
Hospital environment	
Service windows	68.8
Ambient	67.6
Average score	68.2
Hospital bureaucracy	
Waiting time	48.8
Waiting time	
Medical doctors section	66.6
Nursing service section	62.0
Pharmacy section	58.2
Laboratory/investigation section	28.8
Medical records section	26.0
Average score	48.3
Overall average satisfaction score	66.8

to the report from Benin City, Edo State^[15] and is dissimilar to the low rating of patient–provider attitude reported in Ilorin^[16] and Eastern Ethiopia.^[12] The findings of this study could be attributed to the activities of the management of the hospital through its public relations and SERVICOM units, which emphasize the display of professional attitude in relating with the patients and their relatives. This staff attitudinal and behavioral disposition to patient care could influence the health-seeking behavior of these patients, resulting in their content with the care they received in the hospital. It is therefore necessary to sustain and improve on this aspect of patient–provider relationship because reports have shown that good patient–provider relationship improves adherence to treatment, illness behavior, and coping mechanisms and overall quality of life of patients.^[17,18]

This study has demonstrated that patients were satisfied with communication with the staff. This finding of very good patient–provider communication is at disparity with low rating of patient–provider communication reported in Ilorin^[16] and Eastern Ethiopia.^[12] This very good patient-provider communication in this study helps the patient appreciate the bureaucratic processes and procedures in the hospital. The patient is made familiar with the expectations of what service that is delivered, entitlement to quality service delivery, and the recourse when service delivery fails. This is in agreement with the documentation that patient–provider communication results in greater patients' satisfaction and compliance with healthcare processes and procedures.^[16-18] The finding of very good satisfaction with accessibility to the hospital was higher than 84% satisfaction reported from Kano, Northern Nigeria.^[11] This finding could be attributed to the strategic location of the hospital in Umuahia municipality. By virtue of this location, the hospital has good catchment population who has easy access to care in the health facility. Although the accessibility rating was very good, other patient'-related factors such as distance and travel time to the hospital could have affected their response on accessibility of the hospital. This accessibility is in line with the principle of NHIS, which is predicated on easy access to care and is one of the strategic thrusts articulated in the health sector reform after a nationwide consultative process.^[4]

The patients were satisfied with the sanitation and cleanliness of the hospital service windows and environment. This finding is similar but lower than the report from Kano, Northern Nigeria, where 87% of the respondents were satisfied with the hospital environment,^[11] and in South Trinidad where the rating was generally very good.^[17] However, the finding of good satisfaction score of this study was higher than the finding from Eastern Ethiopia^[12] where the patients were least satisfied with the cleanliness of the health facility. This finding has buttressed the fact that environmental factors may influence perception of quality of care and patients' satisfaction.^[12,14]

This study has shown that patients were not satisfied with the hospital bureaucracy. This is attributed to the formalism involved in obtaining hospital goods and services. These bureaucratic procedures could be a reflection of the medical center as a tertiary hospital with departmentalization and unitization of services that allows various cadres of health personnel and professionals to contribute to the process of patient care. The organizational structure of the hospital has inherent bureaucratic arrangement with assignment of specific set of functions to the administrative and line professional staff of the hospital. The implication of this is that the hospital should be conscious of the effect of bureaucracy on patients' expectation and efficient delivery of health services. Patients on NHIS expect that they should spend as short a time as possible when they come for treatment; yet, due to the effect of bureaucracy these patients often spend countless hours before receiving treatment. Hence, some NHIS patients may prefer to receive treatment from registered private healthcare providers who they believe will not take much of their time, thereby making these patients to develop negative attitudes toward the hospital. Although bureaucracy is universally applied on every complex organization such as the tertiary hospital and is also the basis of organizational order, if not carefully applied it might produce service delay and dissatisfaction.

This study has demonstrated that patients were not satisfied with the waiting time at all the selected service windows in the hospital. Although the actual patient waiting time at the studied service windows was not measured or estimated quantitatively, patients' perception of the waiting time at the service windows was subjectively and qualitatively assessed. This subjective assessment of the waiting time personalizes the interpretation of the waiting time and its consequences.^[19] Dissatisfaction with waiting time by patients has been reported in Kano, Northern Nigeria,^[11] Benin City, Edo State,^[15] Ibadan,^[19] and Eastern Ethiopia.^[12] The long waiting time in the clinic and the service windows could be attributed to the growing number of patients accessing care in the hospital. This hospital as a NHIS tertiary centre functions as primary, secondary, and tertiary healthcare provider and receives patients who could have been attended at the primary and secondary levels of care. In addition, the location of the hospital strategically in Umuahia municipal has led to easy access and rapid influx of patients from within and outside the state, leading to the increase in patient load. Although, patient waiting times are inevitable in a bureaucratic social organization such as tertiary hospitals, their reduction should be an important social marketing strategy in a milieu of competitive healthcare delivery system. Time is money, so says an adage, and is an important dimension of healthcare resources and services. Delay in hospital implies loss of time. In view of this, timeliness of care is the second most important driver of patients' satisfaction after service delivery based on SERVICOM index. Patients' experience of waiting time can therefore influence their perception of quality of care, and

efforts should be made to make it less burdensome for them. Excessive patient waiting undermines the quality of care and leads to patient dissatisfaction, and this may result in loss of patronage in a competitive healthcare delivery system, and a hospital that cannot offer quick service might lose customers because patients will have a wider choice of healthcare providers.^[20]

Study implications

The underlying threats to change of healthcare provider by dissatisfied patients on NHIS are well known. However, because of market imperfection in the public and private health sector, the recommended principles of NHIS and SERVICOM often fail to improve the quality of care. In recent years, specific strategies for improving health services and strengthening the health system have been launched as part of the process of modernizing and reforming the public health sector. Healthcare providers are, therefore, becoming more accountable for the performance of health services by promoting and improving standard of care with greater responsiveness to consumers satisfaction. This study is therefore used to obtain users' view about the quality of care they receive from the healthcare provider. This study when undertaken continually can collect data that can be useful as regards SERVICOM and NHIS service charters and will provide the feedback necessary to ensure improved quality of care and continuous quality management.

Study limitations

The limitations of this study are recognized by the authors. First and foremost, the sample for the study was drawn from NHIS patients accessing care from the general outpatient clinic of the hospital. The findings of this study may not be general conclusions regarding other NHIS patients attending the outpatient clinics, in-patients facility, and emergency rooms of the hospital. However, this study gave some useful insight into the magnitude of NHIS patients' satisfaction since these out-patient clinics, in-patients, and emergency room patients utilize the same general, sensitive, and supporting services at the medical records, pharmacy, and laboratory units of the hospital. This study, therefore, provides useful baseline information for consultation and comparative purposes. Secondly, the questionnaire was researcher administered and this might have influenced the responses from the study participants. Some respondents may not have given true perceptions of the quality of care. They probably felt that their responses might affect the attitude of the staff towards them. However, the pretesting of the questionnaire internally did not reveal this limitation. In addition, the respondents were assured of confidentiality prior to the conduct of the interview.

Conclusion

This study has shown that the overall NHIS patients' satisfaction with the services provided was very good with

patient-provider relationship rated highest and patient waiting time the least. There is need to sustain and improve on the current level of patient-provider relationship, patient-provider communication, and hospital environment while effort should be made to address patient waiting time and hospital bureaucracy. The service windows with dissatisfaction scores should be the focal areas the hospital management should address as quality improvement processes are initiated, as they bear directly to what the patients feel.

References

1. Federal Government of Nigeria. The SERVICOM Index. In: The SERVICOM Book. Abuja, Nigeria: The SERVICOM Office, 2006. p. 1-25.
2. Palmer N, Mueller DH, Gilson L, Mills A, Haines A. Health financing to promote access in low income settings- how much do we know? *Lancet* 2004;364:1365-70.
3. National Health Insurance Scheme. National Health Insurance Scheme operational guidelines Abuja, Nigeria, NHIS 2005. p. 1-10.
4. Sixma HJ, Spreeuwenberg PM, van der Pasch MA. Patient satisfaction with the general practitioner: A two-level analysis. *Med Care* 1998;36:212-29.
5. Rosenthal GE, Shannon SE. The use of patient perceptions in the evaluation of health- care delivery systems. *Med Care* 1997;35 (11 Suppl):NS58-68.
6. Hermida J, Nicholas DD, Blummenfeld SN. Comparative validity of three methods for assessment of the quality of primary health care. *Int J Qual Health care* 1999;11:429-33.
7. Campbell SM, Roland MO, Buetew SA. Defining quality of care. *Soc Sci Med* 2000;51:1611-25.
8. Woodward CA. Issues in health services delivery- improving providers' skills. Evidence and information for policy, Department of Organization of Health Services Delivery. Geneva: WHO; 2000. p. 1-6.
9. Araoye MO. Sample size determination. Research Methodology with Statistics for Health and Social Sciences. Ilorin: Nathadex Publishers; 2004. p. 115-21.
10. Oforwwe CE, Ofili AN. Indices of patient satisfaction in an African population. *Public Health* 2005;119:582-86.
11. 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;13:371-8.
12. Abdosh B. The quality of hospital services in eastern Ethiopia: Patients' perspective. *Ethiop J Health Dev* 2006;20:199-200.
13. Butler D, Oswald SL, Turner DE. The effects of demographics on determinants of perceived healthcare service quality. The case of users and observers. *J Manag Med* 1996;10:8-20.
14. Singh H, Haqq ED, Mustapha N. Patients' perception and satisfaction with health care professionals at primary care facilities in Trinidad and Tobago. *Bull World Health Organ* 1999;77:356-60.
15. Ofili AN, Ofowwe CE. Patients' assessment of efficiency of services at a teaching hospital in a developing country. *Ann Afr Med* 2005;4:150-53.
16. Akande TM. Patients' perception on communication between patients and doctors in a teaching hospital. *Sahel Med J* 2002;5:178-81.
17. Joseph C, Nicholas S. Patient satisfaction and quality of life among persons attending chronic disease clinics in South Trinidad, West Indies. *West Indian Med J* 2007;56:108-14.
18. Perla L. Patients compliance and satisfaction with nursing care during delivery and recovery. *J Nurs Care Qual* 2002;16:60-6.
19. Afolabi MO, Erhun WO. Patients' response to waiting time in an outpatient pharmacy in Nigeria. *Trop J Pharm Res* 2003;2:207-14.
20. Anderson RT, Camacho FT, Balkrishnan R. Willing to wait? The influence of patient time on satisfaction with primary care. *BMC Health Serv Res* 2007;7:31.

How to cite this article: Iloh G, 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;15:469-74.
Source of Support: Nil, **Conflict of Interest:** None declared.