Assessment of students' satisfaction with university health care services in a medical university in southern Nigeria

*Adejumo O.A.¹, Abolarin O.S.², Akinbodewa A.A.¹, Enikuomehin O.C.¹, Lawal O.M.¹

Abstract

Objectives: Assessment of patients' satisfaction with health services helps to identify deficiencies in health care delivery and provides invaluable feedback to health care providers. Level of satisfaction of students with the health services provided by a University in Southwest Nigeria was assessed with the aim of providing feedbacks to the health workers.

Methods: The study is a cross-sectional descriptive study that assessed satisfaction of students with University health services between April 2016 and March 2017 using the Short Assessment of Patient Satisfaction (SAPS) questionnaire. Data generated was analyzed using the statistical package for social sciences version 17.0.

Results: One hundred and forty-one students participated in this study with male: female ratio of 1:1.6 and mean age of 18.70 ± 3.25 years. Their mean SAPS score was 18.70 ± 3.25 . One-hundred and ten (78%) of the respondents were satisfied with the effect of the treatment received, 95(67.4%) were satisfied with their communication with the doctors, 102(72.4%) were satisfied with physical examination by their doctors, 105(74.6%) were satisfied with their involvement in decision making concerning their health, 83(58.9%) were satisfied with the respect accorded to them by the doctors, 57(40.4%) were satisfied with duration of time spent by the doctor with them. Overall satisfaction using the total SAPS scores showed that 73(51.7%) were satisfied with the care.

Conclusion: About half of the respondents were satisfied with the health services received. Domains with the lowest scores were those related to short duration of time spent with patients during consultation and respect for patients.

Keywords: Students, satisfaction, University, healthcare, services

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Évaluation de la satisfaction des étudiants à l'égard des services de santé universitaires dans une université de médecine du sud du Nigéria

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Resume

Objectifs: L'évaluation de la satisfaction des patients à l'égard des services de santé permet d'identifier les lacunes dans la prestation des soins de santé et fournit une précieuse rétroaction aux prestataires de soins de santé. Le degré de satisfaction des étudiants à l'égard des services de santé fournis par une université du sud-ouest du Nigéria a été évalué dans le but de fournir des informations en retour aux agents de santé.

Méthodes: L'étude est une étude descriptive transversale qui a évalué la satisfaction des étudiants à l'égard des services de santé universitaires entre avril 2016 et mars 2017 à l'aide du questionnaire d'évaluation de la satisfaction du patient (SAPS). Les données générées ont été analysées à l'aide du logiciel de statistiques pour la version 17.0 des sciences sociales.

Résultats: 141 étudiants ont participé à cette étude avec un rapport hommes: femmes de 1: 1,6 et un âge moyen de $18,70 \pm 3,25$ ans. Leur score SAPS moyen était de $18,70 \pm 3,25$. Cent dix (78%) des répondants étaient satisfaits de l'effet du traitement reçu, 95 (67,4%) étaient satisfaits de leur communication avec les médecins, 102 (72,4%) étaient satisfaits de l'examen physique effectué par leurs médecins, 105 (74,6%) étaient satisfaits de leur participation à la prise des décisions concernant leur santé, 83 (58,9%) étaient satisfaits du respect que leur accordaient les médecins, 57 (40,4%) étaient satisfaits du temps passé par le médecin avec leur. La satisfaction globale en utilisant les scores totaux au SAPS a montré que 73 (51,7%) étaient satisfaits des soins.

Conclusion: Environ la moitié des répondants étaient satisfaits des services de santé reçus. Les domaines présentant les scores les plus bas étaient ceux liés à la courte durée passée avec les patients pendant la consultation et au respect des patients.

Mots-clés: étudiants, satisfaction, université, santé, services

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INTRODUCTION

The health status of a group of individuals is an important factor that determines their productivity. Patients' satisfaction is the extent to which patients feel that their needs and expectations are being met by the service provided (1). Patients' satisfaction with health care has been identified as an important index for health service qualification (2). Previous studies have reported that satisfied patients were more likely to comply with treatment, keep follow up appointments, utilize health services and have better outcomes (3-6). Assessment of patients' satisfaction helps to know the expectations of clients and to identify the deficiencies of the health system that requires to be addressed.

The assessment of patients' satisfaction has become increasingly necessary to clearly identify the overall level of performance of health institutions (7-10). It provides useful information for hospital management to solve organizational and operational problems. There is also a close association between students' health, school health programmes and academic achievement (11). Therefore, one of the ways of improving academic performance is to improve health programs and services by identifying and remedying deficiencies through assessment of satisfaction with health services provided.

Health is a fundamental human right of all persons. The right to health has been well defined to include the right to highest attainable standard of living (12). The right to health is guaranteed in regional and international treaty provisions. The principle of access is at the core of the right to health. The principles of access include the provision of qualitative, accessible and affordable services to all persons (13). It is thus essential to assess not just quality of care but, also the perceptions and level of satisfaction derived by end users of health services.

There are varied reports on level of satisfaction with health services in different parts of Africa and Asia. For instance, Derebe et al (14) reported that overall satisfaction level of health services in a hospital facility in Ethiopia was 39.3% while Yawson et al (15) reported that 89% of clients were satisfied with health services received in a large tertiary hospital in Ghana. High level of satisfaction was reported among majority of students in a Jordanian University by Muhammad (16). In Manica province of Mozambique, Newman et al (17) reported that 55% of clients were satisfied with outpatient health care services.

The purpose of this research was to assess

University of Medical Sciences students' satisfaction with the quality of health services provided at the designated temporary University Health Centre. The findings of this study provided feedbacks to health workers on the clients' view on effectiveness of their treatment and it assisted in improvement of service provision. It also provided valuable information about the expectations of the students; this was helpful and indeed, formed the basis for discussions with the pioneer staff of the permanent University Health Centre which was established in July, 2017.

MATERIALS AND METHODS

Study Setting: This was a cross-sectional study conducted in the University of Medical Sciences, Ondo City, Ondo State Nigeria. The study participants were students of the University who received medical care between April 2016 and March 2017 at the Kidney Care Centre, Ondo which was designated as the temporary University Health Facility.

Kidney Care Centre is a 20- bedded hospital that offers primary, secondary and tertiary health care to patients. The hospital has two consultant physicians, six medical officers, forty nurses and well equipped laboratory and pharmacy departments. The laboratory services offered included urinalysis, malaria test, full blood count, hemoglobin electrophoresis, viral screening, culture studies, renal function test, liver function test and blood transfusion services.

Sample Size Calculation and Study Participants: The minimum sample size was determined using the formula for estimating required sample size in a population less than 10,000 for descriptive studies (18). The total number of students who received medical care during the period of study was 210.

The proportion of students expected to be satisfied with health services was taken as 60.6% from a previous study (19). After including 10% attrition rate, a minimum sample size of 134 was required, however 141 respondents participated in the study. A simple random technique was adopted in selecting the participants who had received medical care from the Kidney Care Centre.

Data Collection: The Short Assessment of Patient Satisfaction (SAPS) questionnaire was used to assess satisfaction of students who received health care at Kidney Care Centre, Ondo City. This is a short, reliable standardized

questionnaire. It has been validated in clinical settings and its reliability is Cronbach alpha of 0.86 (20). It correlates well with other measures of patients' satisfaction and indicators of treatment outcomes. The questionnaire had sections A and B. Section A consisted of questions on socio-demographic information, number of days spent on admission for those who received in-patient care. Section B consisted of 7 items that assessed the core domains of patients' satisfaction; level of satisfaction with the doctors evaluation, respect by doctor, time spent with the doctors, effect of treatment/care, communication about results of treatment, participation in medical decision making and satisfaction with overall treatment in the health care facility, using a 5-point Likert scale. The Likert scales were answered on a 5-point scale from "very dissatisfied (0)" to "very satisfied (4)". The total score of all seven questions was calculated with a maximum score of 28. Level of satisfaction was determined based on the total score as follows: 0-10: very dissatisfied, 11-18: dissatisfied, 19-26: satisfied, 27-28: very satisfied (20).

Ethical consideration: Ethical clearance was obtained from the Ethical and Research Committee of Kidney Care Centre Ondo City, Ondo State. Informed consent was obtained from each participant. All questionnaires were coded (*without names*) and confidentiality of responses was ensured throughout the study.

Data Analysis: Data generated was analyzed using the statistical package for social sciences (SPSS) version 17.0. Results were presented in tabular form. Univariate analysis was used in description of demographic characteristics of the study population. Discrete variables were presented as frequency and percentages. Chisquare test was used to determine the significance of observed differences for categorical variables. P values < 0.05 were considered significant.

RESULTS

One hundred and forty-one students participated in this study comprising of 55 males and 86 females. The mean age of respondents was 18.70 ± 3.25 years. Majority (85.8%) of respondents were between the ages 15 and 20 years. One-hundred and thirty-five (85.7%) of the respondents were Christians while 6(4.3%) were Muslims. Seventy-one (50.4%) were in 100 level, 62(44%) in 200 level and 5(5.6%) in 300 level. (Table 1)

Fifty-three (37.9%) of the respondents

were in Faculty of Clinical Sciences, 15(10.7%) in Faculty of Dentistry, 37(26.4%) in Faculty of Basic Medical Sciences, 23(16.4%) in Faculty of Sciences and 11 (8.6%) were in Faculty of Allied Health. (Table 1)

Thirty-one (32%) of the respondents received in-patient care while 110 (68%) received out-patient care. The mean SAPS score of the respondents was 18.70±3.25. The domain with the highest score was level of satisfaction with effect of treatment by the doctors (2.84±0.91) while the domain with the lowest score was satisfaction with time spent by the doctors with the respondents (1.98±1.15). (Table 2)

One-hundred and ten (78%) of the respondents were satisfied with the effect of the treatment received, 95(67.4%) were satisfied with their communication with the doctors, 102(72.4%) were satisfied with physical examination by their doctors, 105(74.6%) were satisfied with their involvement in decision making concerning their health, 83(58.9%) were satisfied with the respect accorded to them by the doctors, 57(40.4%) were satisfied with duration of time spent by the doctor with them and 106(75.1%) were satisfied with overall care at the hospital. (Table 3)

Assessment of overall satisfaction using the total SAPS scores showed that 6(4.3%) of the respondents were very dissatisfied with care, 62(44.0%) were dissatisfied with care, 72(51.0%) were satisfied with care and only 1(0.7%) was very satisfied with the care. (Figure 1)

There was no significant association between the level of satisfaction according to SAPS scores and age, gender, class level or the type of care received. (p > 0.05). (Table 4)

DISCUSSION

This study showed that 51.7% of the students who received medical care at the temporary University Health Centre were satisfied with the health services. This agrees with the study by Shagaya (21) who reported that 53% of students were satisfied with the health services received from their University Health Centre in Northern Nigeria. However, this is slightly lower than 60.6% reported by Obiechina et al (19) in a study done at a University Health Centre in Southwest Nigeria.

The finding of our study is however at variance with that of Rezaian et al (22) who reported that 73% of their respondents were unsatisfied with the health services in a

Malaysian University. This difference may be attributed to the difference in tools used in these studies. In addition, the respondents in the study by Rezaian et al (22) were international students with different cultural backgrounds and diverse expectations from the services rendered at their University health centre. Also, there was a difference in educational classes of respondents in both studies; the respondents in our study were undergraduates while those of Rezaian et al (22) were all post-graduate students. Previous report showed that people with higher educational classes were more dissatisfied with health services probably because they had higher expectations (23).

There were more female respondents in our study which may be because females had better health seeking attitude than males or because there were more female students in our University. There was no significant association between level of satisfaction and demographic characteristics such as gender and age in this study which is similar to some previous studies (22, 24). However, at variance to the findings of this study, Cohen et al (25) reported higher satisfaction in males, although the study was not conducted amongst University students.

About 41% of our respondents were satisfied with the time spent with the doctors. This domain also had the lowest mean score amongst the seven domains that were assessed using the SAPS questionnaire. There was obvious deficiency in this aspect of care which may be due to high pressure of work arising from understaffing at the Center. More so, since this hospital also offers tertiary health services, there may be more critically ill patients competing for the physician's attention. Consultation time has been reported to have a direct relationship with patients' satisfaction, (26) therefore there is need to improve on this aspect of care by increasing the staff strength.

About two-thirds of the respondents were satisfied with communication with the doctors that attended to them. This is comparable with the report by Adamu and Oche (27) who found that 65% of patients seen in an out-patient clinic in a tertiary hospital in Northern Nigeria were satisfied with the doctors' explanation of their condition during consultation. This is in contrast to report by Khamis et al (28) where majority of the patients in their study were dissatisfied with communication with their doctors. However, the proportion of clients (78.5%) who were satisfied with their doctors' communication in a study by Amerion et al (29) was higher compared to our study. There is still room for improvement in effective physicianpatient communication. Effective clinician communication has been linked to greater satisfaction during consultation (30). Regular training on effective communication for health workers is necessary to improve communication to patients (31).

About 73% of the respondents were satisfied with how they were physically examined by the doctors. Obler et al (32) reported that majority of clients were expectant to be physically examined and undergo investigations when they go for consultation. Previous studies have reported that patients who underwent physical examination by clinicians were more likely to be satisfied (33-36).

In this study, high proportion (74.5%) of the respondents were satisfied with their involvement in decision making relating to their health. Patients' information and participation in decision making on issues relating to their health are embedded in the principles of the fundamental right to health to which all patients are entitled. It is indeed an international gold standard which health care workers must ensure in delivery of health care services. Patients' participation has been defined by Eldh et al (37) as trust, understanding, preservation of feeling of control and recognition of responsibility of one's self as a patient. Benefits of patients' participation in their care includes better satisfaction with management, quality of life, reduced anxiety and better decision making by the health workers (38).

Eighty-three (58.1%) respondents were satisfied with the respect accorded to them by the doctors. This is lower than 74.6% and 86.4% reported in some studies (25,33). Negative attitude of health workers towards patients has been identified as an important cause of patients' dissatisfaction with health services (28,42).

Majority (78%) of the respondents were satisfied with the treatment received at the University's designated health centre. This domain also had the highest mean score compared to other domains that were assessed in this study. This agreed with some previous studies where the patients were highly satisfied with the treatment given and overall performance of their physicians (29,39-41). The high level of satisfaction in our study may be partly due to the fact that two consultant physicians closely supervised the treatment of these students.

CONCLUSION

About half of the total respondents were satisfied with the health services received at the temporary University Health Centre. Domains with the lowest scores were those related to short duration of time spent with patients during consultation and respect for patients. We recommend that these findings be communicated to health workers providing care so as to improve level of satisfaction amongst the students.

Conflict of interest: The authors declare no competing interest.

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Characteristics	Frequency(%)		
Age group			
15-20 years	121(85.8)		
21-25 years	16(11.4)		
>25 years	4(2.8)		
Gender			
Male	55(39.0)		
Female	86(61.0)		
Level			
100	71(50.4)		
200	62(44.0)		
300	8(5.6)		
Faculty			
Clinical Sciences	53(37.9)		
Dentistry	15(10.7)		
Sciences	23(16.4)		
Basic Medical Sciences	37(26.4)		
Allied Health	12(8.6)		
Religion			
Christianity	135(95.7)		
Islam	6(4.3)		
Type of Care			
In-patient Care	31(32.0)		
Out-patient Care	110(78.0)		
out-patient Care	110(70.0)		

Table 2: Mean Scores of the 7 domains assessed by SAPS (N=141)

	Question	Mean score
1	Satisfaction with examination	2.80 ± 0.92
2	Satisfaction with communication	2.65 ± 1.10
3	Satisfaction with your involvement in decision making	2.70 ± 0.93
4	Satisfaction with respect for you	2.50 ± 1.27
5	Satisfaction with duration of time spent by the doctor with you	1.98 ± 1.15
6	Satisfaction with effect of treatment	2.84 ± 0.91
7	Satisfaction with overall care at the hospital	2.75±0.94

Table 3: Frequency of Responses of level of Satisfaction of the domain assessed in the Study (N=141)

	QUESTIONS	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
1	Satisfaction with effect of treatment	4(2.8%)	10(7.1%)	17(12.1%)	83(58.9%)	27(19.1%)
2	Satisfaction with communication	9(6.4%)	14(9.9%)	23(16.3%)	67(47.5%)	28(19.9%)
3	Satisfaction with examination	1(0.7%)	16(11.3%)	22(15.6%)	73(51.8%)	29(20.6%)
4	Satisfaction with your involvement in decision making	4(2.8%)	16(11.3%)	16(11.3%)	87(61.7%)	18(12.9%)
5	Satisfaction with respect for you	8(5.7%)	34(24.1%)	16(11.3%)	45(31.9%)	38(27.0%)
6	Satisfaction with duration of time spent by the doctor with you	16(11.3%)	37(26.3%)	31(22.0%)	48(34.0%)	9(6.4%)
7	Satisfaction with overall care at the hospital	7(5.0%)	7(5.0%)	21(14.9%)	85(60.2%)	21(14.9%)

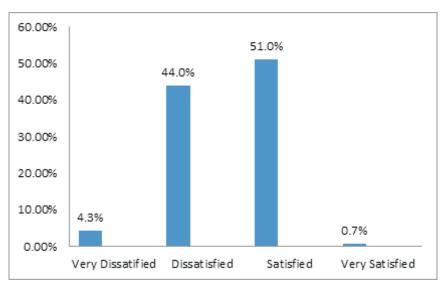


Figure 1: Frequency of Overall Level of Satisfaction with Health Services by Respondents (N=141)

	Dissatisfied N(%)	Satisfied N(%)	X ²	P-value
Gender	11(70)	1((/0)		
Male	29(52.7)	26(47.3)	0.47	0.49
Female	39(45.3)	47(54.7)		
Level				
100 level	33(46.5)	38(53.5)		
200 level	32(51.6)	30(48.4)	0.001	0.79
300 level	3(37.5)	5(62.5)		
Type of Care				
In-patient Care	52(47.3)	58(52.7)	0.05	0.82
Out-patient	16(51.6)	15(48.4)		
Age				
=20years	56(46.3)	65(53.7)	0.80	0.37
>20 years	12(60)	8(40.0)		

Table 4: Cross-tabulation of the level of satisfaction according to SAPS scores and age, gender, class level and the type of care received.(N=141)