ORIGINAL RESEARCH

AREAS OF DISSATISFACTION WITH PRIMARY HEALTH CARE SERVICES IN GOVERNMENT OWNED HEALTH FACILITIES IN A SEMI URBAN COMMUNITY IN NIGERIA

OLUSIMBO KEHINDE IGE and CYNTHIA C. NWACHUKWU

Department of Community Medicine, University College Hospital, Ibadan, Nigeria.

Corresponding author: Dr Olusimbo Kehinde Ige (drsimbo@yahoo.co.uk)

ABSTRACT

Objective: This study was carried out as part of a recent evaluation of the upgrading of primary health care centres in rural and semi urban communities in south-western Nigeria. The aim of the study was to identify reasons for dissatisfaction with primary health care services in a semi-urban community in south-western Nigeria. Methods: A community based descriptive cross-sectional study of 393 respondents was conducted using a semi structured questionnaire. Results: Over half of the respondents (227; 57.8%) were males. Age ranged between 18 and 73 years with a median age of 35 years. About one third of participants had a total household income of more than ₦20,000 per month (US$1= ₦160). The main reasons for dissatisfaction were waiting time 188 (48%) and availability of drugs 154 (39.2%). Overall 8.9% (95%CI 4.86-12.9) of participants were dissatisfied with the general quality of the service. Being male, middle aged, having income above ₦ 20,000 monthly and having tertiary level of education were factors found to be associated with dissatisfaction (P<0.05). Those who were generally satisfied with services were more likely to utilize the health facilities again (P<0.001) and to recommend the services to others (P<0.001). Conclusion: Waiting time and availability of drugs were the most prominent concerns of respondents. It is essential that regular evaluation of primary health care services is conducted to encourage utilization by clients. Regular evaluation will hopefully promote client-oriented health services.

KEYWORDS: Dissatisfaction; Primary care; Nigeria; Health care; Service; Africa.

SUBMITTED: 8 October 2009; ACCEPTED: 27 February 2010

INTRODUCTION

Assessment of the quality of health care through assessment of the satisfaction of the needs of patients is a priority area of research worldwide. Various scientists have identified the level of patient satisfaction as being an important determinant in the assessment of quality of care (El Shabrawy and Eisa, 2005). Previous studies on patient satisfaction, quality of care and utilization of health services identified the following determining factors. Attitude of staff, affordability of cost of care, time spent at the hospital, as well as availability of doctors, drugs, equipment and laboratory facilities. Other factors included location of the health facility and the doctor-patient communication (Zaky et al 2007; Ofovwea et al, 2005; Al-Doghaither et al, 2000).

Previous studies revealed that patients who were dissatisfied with the cost of treatment and waiting time were less likely to continue to utilize primary health care (PHC) services (Katung, 2001, Basset et al, 1998). The importance of clients' perception of quality was also demonstrated by Akin and Hutchinson, who found that ill and poor people by-passed free or subsidised services in facilities they perceived to be offering low quality (Akin and Hutchinson, 1999). A recent study from south-western Nigeria revealed that only 44% of respondents utilized primary health care facilities. This was attributed to various factors causing dissatisfaction with services rendered at these centers (Sule et al, 2008).

Since patient dissatisfaction leads to less utilization, it hampers the attainment of health for all. In spite of the increasing emphasis on the quality of health services globally, detailed information about client perception of the quality of health services provided is less often investigated; in particular in populations where these investigations are most needed. For instance in Nigeria, where healthcare service delivery is largely based on the primary health care system, few studies have addressed the issue of the client satisfaction. Since a majority of the Nigerian population live in suburban and rural communities with access to orthodox medical care mainly through the primary health care centres (Nigerian health review, 2007), information derived from clients on areas of dissatisfaction are needed to achieve the desired goal of increasing utilisation of public health services in the country.

This study aimed to identify reasons for dissatisfaction with PHC services. The results will assist in maintaining and improving the quality of PHC services through policy development and targeted improvement in delivery of health services in rural and suburban communities in the country.

METHODS

The study was carried out in Igbo-Ora, the larger of the two towns that make up Ibarapa Central Local government. Igboora has an estimated population of about 80,000 people according to the 2006 Nigerian population census. The Yorubas are the major inhabitants. Farming and trading are the predominant occupations similar to the occupations of about 52% of the Nigerian population who are living in rural and semi urban communities. The town is divided into six suburbs. There are five government hospitals which offer primary health care services in Igbo-Ora. These are spread out amongst the six

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suburbs of the town. These hospitals are located in strategic areas for easy accessibility.

The MOH/Director of Primary Health Care was approached and permission was obtained to conduct the survey. The study was a community based descriptive cross-sectional study. A minimum sample size of 369 was required to estimate single proportions with appropriate precision. A representative sample of 410 adults was surveyed to make allowance for about 10% of non-responders. Individuals above 18 years who had utilized any of the public primary health care centres in the town either personally or for their children in the last one year were interviewed.

A multistage sampling technique was employed by initially selecting an enumeration area from a sampling frame of enumeration areas in each suburb by balloting. Following this, households were selected systematically from each enumeration area; one respondent was subsequently selected by balloting from each household who meet the inclusion criteria.

Information on socio-demographic characteristics, reasons for dissatisfaction and perceived areas in need of improvement in PHC services were collected using a pretested semi structured questionnaire adapted from the client satisfaction questionnaire (CSQ-8) and a modified version of The Agency for Healthcare Research & Quality CAHPS Clinician & Group Survey Adult Primary Care Questionnaire. Five-point Likert-scaled items were used to measure the satisfaction of clients. The questionnaire was translated to Yoruba which is the local language and back-translated to English to ensure that the original meaning was retained. An interviewer assisted method was employed, after informed consent had been obtained from the respondents. Ten trained medical students collected data over a 4 week period in June 2009.

Data was analyzed with SPSS version 15.0 (SPSS Inc, Chicago, Illinois). Frequencies were generated and associations explored with Chi-square tests. The level of significance was set to 5%.

RESULTS

Description of participants

A total of 410 questionnaires were administered, 393 people (95.9%) responded with sufficient information on variables of interest to be included in the present analysis. Table 1 shows the socio demographic characteristics of the respondents. There were slightly more male respondents (57.8%). Half of the respondents (50.1%) were in the 30 to 49 year age group. About one third of the respondents had a total household income of more than ₦ 20,000 (US$ 125) per month.

Table 1: Socio-demographic characteristics of 393 respondents.

CHARACTERISTICS	N= 393 (%)	CHARACTERISTICS	N= 393 (%)
Sex		Level of education	
Male	166 (42.2)	None	36 (9.2)
Female	227 (57.8)	Primary	97 (24.7)
		Secondary	117 (29.8)
		Tertiary	143 (36.4)
Age		Marital status	
<30	148 (37.9)	Single	86 (21.9)
30-49	196 (50.1)	Married	299 (76.1)
50-69	44 (11.3)	Separated	3 (8)
>70	3 (0.8)	Divorced	1 (1)
		Widowed	0
Religion		Income per month (₦)	
Islam	216 (55.0)	<5,000	43 (11.0)
Christianity	174 (44.3)	5,000 – <10,000	90 (23.1)
Traditional	1 (0.3)	10,000 - <15,000	47 (12.1)
Others	2 (0.5)	15,000 - <20,000	32 (8.2)
		>20,000	129 (33.1)
		Not applicable	52 (12.6)
Ethnicity		Occupation	
Yoruba	368 (93.6)	Professional	9 (2.3)
Ibo	159 (3.8)	Technical	96 (24.6)
Hausa	4 (1.0)	Non manually skilled	16 (4.1)
Others	6 (1.5)	Manually skilled	32 (8.2)
		Partly skilled	148 (37.9)
		Unskilled	41 (10.5)
		Others (students, unemployed, housewives)	49 (12.5)

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Reasons for dissatisfaction

Figure 1 shows the main reasons for dissatisfaction with health services as reported by respondents. The most frequent reasons were waiting time 188 (48%), availability of drugs 154 (39.2%), emergency care services 142 (36.1) and availability of educational materials 142 (36.1%). In answer to the question on general level of satisfaction a total of 35 (8.9%) people said they were dissatisfied with the general quality of service while the majority 358 (91.1%) said they were satisfied.

Factors associated with dissatisfaction

Table 2 shows the significant factors associated with dissatisfaction. There were no further significant associations with other socio-demographic variables such as marital status or occupation ($p>0.05$, respectively). There was also no difference in the frequency of dissatisfaction between different health centres. Those who were generally satisfied with services were more likely to utilize the health facilities again ($p<0.001$) and the satisfied were also more likely to recommend the services to others ($p<0.001$).

Figure 1: Reasons for dissatisfaction

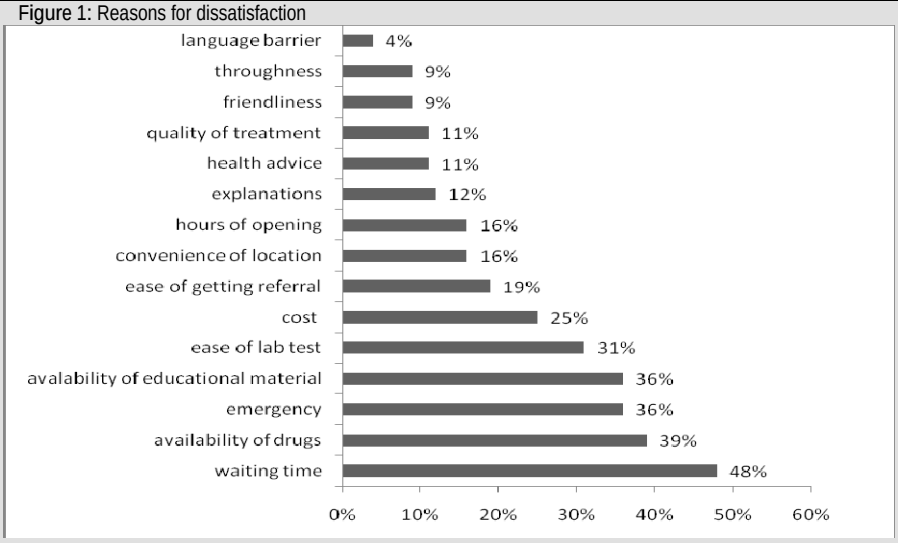

Table 2: Associations between socio demographic characteristics and reasons for dissatisfaction

Variables	Areas of dissatisfaction		X^2	p-value
	Emergency care			
	Satisfied	Not satisfied		
Age: 30-49 years	37.7%	62.3%	22.974	0.006
Other age groups	57.1%	42.9%		
	Waiting time			
Income (>20,000)	3.2%	96.8%	32.163	0.006
Income (<20,000)	14.4%	85.6%		
	Availability of drugs			
Income (>20,000)	49.7%	50.3%	22.331	0.014
Income (<20,000)	62.9%	37.1%		
	Educational materials			
Income (>20,000)	5.9%	94.1%	42.848	<0.001
Income (<20,000)	37.1%	62.9%		
	Educational materials			
Education: Tertiary	9.8%	90.2%	22.491	0.032
Education: Secondary or below	14.6%	85.4%		
	Educational materials			
Male	4.0%	96.0%	10.443	0.015
Female	14.9%	85.1%		

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Table 3: Areas of desired improvement

	N= 393 (%)
Number of health professionals	363 (92.3)
Availability of health facilities	361 (91.9)
Provision of essential drugs	360 (91.6)
Waiting time	343 (87.2)
Obtaining needed treatment	307 (79.3)
Control of locally endemic diseases	294 (75.8)
Treatment of common diseases	286 (72.8)
Maternal health services	251 (63.9)
Communication between patient and medical staff	250 (63.8)
Child health services	251 (63.7)

Areas of desired improvement

Table 3 shows the areas of desired improvement as suggested by the respondents. The area in which most respondents desired improvement were increased number of health personnel (92.3%), the availability of health facilities (91.9%) and provision of essential drugs(91.6%).

DISCUSSION

A survey of a rapidly urbanizing rural community similar in many respects to most communities in south-western Nigeria was conducted, to evaluate clients' perception of the public primary health services provided in the community by determining their main reasons for dissatisfaction. Overall only a few of our respondents were generally dissatisfied with primary health care services provided in the government hospitals in Igbo-Ora. This result is similar to previous studies on client satisfaction in Nigeria which also reported that over 80% of clients were satisfied with services provided (Oladapo et al, 2008; Ogunnowo et al, 2005). Findings from other developing countries such as Afghanistan and Bangladesh have also reported high levels of client satisfaction (Hansen et al, 2008, Aldana et al, 2001). This is in contrast to a study done in Saudi Arabia where 40% of respondents were dissatisfied (El-shabrawy and Eisa, 2005).

A possible reason for the high level of satisfaction among our respondents may be the recent improvements in the quality of care and facilities in PHC in the community. Another explanation may be the low level of expectation from government owned projects as identified by another study evaluating antenatal care services in a suburban community in south-west Nigeria. The study reported that clients generally expressed satisfaction with the quality of services despite the inconsistencies between received care and their expectations of the facilities (Oladapo et al, 2008).

Varying levels of dissatisfaction were however expressed with specific areas such as: waiting time, availability of essential drugs, ease of getting treatment in emergency situations and availability of educational materials. These reasons have also been previously reported by other Nigerian studies which revealed waiting time as one of the top reasons for dissatisfaction. These studies also reported dissatisfaction with the quality of health care received and with the attitude of health workers (Asekun- Olarinmoye et al, 2009; Ehiri et al, 2005). The latter did not rate high in the present study. It has been reported that one of the most powerful predictors of client satisfaction with government services is provider behaviour, especially respect and politeness. For patients this aspect seemed to be much more important than the technical competence of the provider. Furthermore, waiting time has repeatedly reoccurred as the one element with which users of primary health care services were dissatisfied. (Aldana et al, 2006).

Higher income, male gender, increasing age, and higher level of education were factors associated with dissatisfaction with specific areas of the PHC service in this present study. These findings are in agreement with the results from a previous study conducted in Kuwait which reported that income, sex, marital status and occupation were the most important predictors of the level of client satisfaction (Al-Doghaither et al, 2000). The present study has also shown that clients who were dissatisfied were less likely to utilise the health facilities or recommend them to others. Uzochukwu and co-workers in their assessment of client satisfaction of maternal and child health services in eastern Nigeria also reported that long waiting queues, providers' behaviours and lack of doctors militated against the utilisation of maternal and child health services (Uzochukwu et al, 2004). Other studies also found that consumers' satisfaction with health care services in Africa was one of the most important factors determining the utilisation of services (Haddad et al, 1998).

Even though, over all, our respondents claimed to be satisfied with the Primary Health Care Services, most of them desired improvement in almost all the areas of health services provided. This may be a subtle indication that the expressed level of satisfaction may not be as high as stated. As reported in an Indonesian study, often efforts to obtain useful information on patient satisfaction have been frustrated by a tendency of respondents to withhold critical comments and 95% of respondents typically answered they were 'fully satisfied'. These clients however expressed lower levels of satisfaction when asked about specific events they had experienced (Bernhart,1999).

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Limitations of study

This study employed a community based approach to minimise information bias. Only people who actually used the primary health care services during the previous year were included in the study. This approach potentially left out people who were dissatisfied with the service which might have led to an underestimation of dissatisfaction levels. A second potential bias was recall since the period of interest was one year and events may not be as vivid for those who had not used the PHC centres in recent time.

CONCLUSION

The success of strategies to revitalize primary health care services requires a response adapted to the expectations of the population, especially in terms of quality. It seems important that developing countries which promote client-oriented health services should carry out more in-depth research on the determinants of client satisfaction within their respective contexts. In order to ensure optimal utilization of available health facilities, there is a need to make PHC more patient-friendly. Ways to reduce waiting time and ensuring availability of prescribed drugs in the hospitals need to be further explored. Periodic evaluation of health services to enable continuous improvement in the quality of health services provided are recommended.

ACKNOWLEDGMENTS

We would like to acknowledge the medical students who helped to collect the data for this study for their efforts: Abu H.O, Adeusi I.S, Adeyi O.A, Atolagbe I.O, Emoruwa O.O, Obaitan I, Odejimi E.T, Okubanjo E, Olaleru R.O, and Uba-mgbemena O.

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