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Perception of Health Care Service Delivery in a Tertiary Hospital in South-Western Nigeria

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Abstract

Utilisation of healthcare services may be largely predicated on how the users perceive the quality of service delivery. A healthcare service may be available, accessible and even affordable, yet patients may not utilise it if there is a negative perception of the quality of service delivery. This study examined determinant factors for patients' perception of health care service delivery at University College Hospital, Ibadan, Oyo State. It adopted a descriptive cross-sectional survey using the questionnaire to study 506 respondents. The study used the systematic sampling technique to select the individual respondents on a household basis. The data was analysed using descriptive statistics as the relationships between variables were determined at a 5% level of significance. Results revealed that certain socio-demographic characteristics like age, sex marital status, religious affiliations, occupation and duration of visit to the hospital had no significant effects on perception of health care service delivery among the patients. However, the educational qualifications of the respondents, ethnic identity, and capacity of visit to the hospital had significant effects on the perception of the health care services received by the patients. It also showed that wait time was significantly associated with perception of health care service at the hospital. Monitoring patients' perception of health care service delivery was considered as important to health care facility managers in order to evaluate their performances and subsequently improve them. Attention should be paid to some demographic variables, including time factor that may influence patients' perception of service delivery.

Keywords: Perception, Healthcare Service, Waiting time, Manner of attendance.

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Introduction

Perception may be a signpost for behavioural exhibition in the actual sense of the word. As a trans-disciplinary concept, perception is literally understood to mean the act of being conscious of "one's environment with the aid of physical sensation," which symbolises a person's capacity to comprehend. It should be noted that perception is more than what we can see, feel through our five senses, the cognitive process is also very important, it is in this regard that some scholars described perception as a set of inner sensational cognitive processes of the brain at the subconscious cognitive function layer that detects, relates, interprets and examines internal cognitive information in the mind[1];[2];[3]. It is also viewed as the process by which things are regarded, understood, or interpreted. is also viewed as the process by which things are regarded, understood, or interpreted[4].

Interestingly, health care service delivery could be evaluated based on users' or patients' perceptions. The outcome of this could help managers of health care facilities improve service delivery[5];[6]. Perception of healthcare services is the way in which patients understand and interpret the healthcare services that are provided at the hospital. It is the organisation, identification, and interpretation of information that the patients gather in the course of their visit to the hospital in order to understand the environment. The hospital is part of the environment and it is not out of place for people or users to interpret or give meaning to the healthcare services that are provided.

Utilisation of healthcare services may be largely predicated on how the users perceive the quality of service delivery. A healthcare facility may be available, accessible and even affordable, yet, patients may not utilise it if there is a negative perception of the quality of service. In other words, perception affects utilisation. The availability and utilisation of health care services for every community in Nigeria is very essential. Without adequate health care services and their proper utilisation, people's health may be jeopardised, leading to declining economic productivity in both proximal and distal terms[7]. The availability of healthcare services and their utilisation promote and protect the health of the individual, as well as prevent the spread of diseases and other ailments that may affect people. Perception also affects clients' attitude towards healthcare service delivery and their level of satisfaction with the services

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available. Perception by clients may determine the utilisation of the services available. In this context, the perceived quality of services can also be a determining factor that may encourage or discourage clients from seeking health care services at the University College Hospital (UCH), Ibadan. When the quality of services provided is perceived to be good enough, it can encourage patients to use available health care services. In light of the foregoing, the study examined the perception of health care service delivery at UCH, Ibadan, South-Western Nigeria. However, the specific objectives were to: describe the relationship between socio-demographic characteristics and perception of healthcare service delivery; examine the relationship between perception of time spent, manner of attendance, and perception of healthcare service delivery.

The Review of Literature

Many studies have been conducted on the perception of healthcare, although most of them concentrated on a particular healthcare problem with more attention on the sick person. However, this study revolved around the perception of health care service delivery, not laying emphasis on a particular health problem. Beyond this, the study gathered relevant information about the experiences of the patients' caregivers. In light of this, a couple of studies found that perception of health services may be dependent on age, educational status, and income level[8];[9]; [10];[11]. This is in alignment with another study that reported age and gender as significant explanatory factors accounting for variability in service quality perceptions[12]. However, a reservation was expressed that since socio-demographic characteristics did not have clear-cut impacts on patients' perceptions of health care service quality hence; they should be ignored in the process of quality management[13].

Furthermore, time is a critical factor that influences the way and manner in which patients perceive health care services received. To this end, it was documented that longer wait times had a negative correlation with the perceived quality of care[14]. A university-based study in Nigeria has linked the health-seeking behaviour of the students to the nature of the ailment, waiting

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time in the health facility and the attitude of healthcare workers. In a different but related study, a scenario of dissatisfaction occasioned by waiting time in the hospital among some clients was documented[15]. Meanwhile, it was discovered that factors such as perceived poor attitude of healthcare workers, waiting times, service costs, and insufficient staff, among others, hampered the effective delivery of quality healthcare[16].

In another development, it was established that distance to the location of the health facility was the utmost essential factor that influenced the utilisation of health services in Ghana[17]. Regarding patient-centred perception, the level of patients' satisfaction may influence perception of healthcare service delivery and reinforce the tendency to utilise the services. Meanwhile, the hygienic environment of the hospital setting was said to influence the patients' perception[18].

In terms of hospital protocols, the amount of time patients wait to be seen by a doctor can make them develop a negative perception towards health care service delivery. Previous studies have shown that prolonged waiting time to see the doctor might provoke some patients to leave emergency departments without being attended to, thereby feeling dissatisfied with services rendered[19];[20];[21];[22]. Also, when patients think healthcare services are difficult, it can affect their health-seeking behaviour and utilisation of such healthcare facilities. The literature has further established that the amount of time a patient waits to be seen is an important factor which affects the utilisation of health care services[23];[24]. In the same but similar context, it was revealed that long waiting times constituted a barrier to the real utilisation of services[25]. Since time is an important factor in whatever people do, when so much of it is spent by patients receiving healthcare services, it can inform their negative

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perception of the service. It can therefore be inferred that in a competitively managed health care setting, waiting time plays an increasingly vital role in a clinic's ability to draw new business.

Technically, quality of health care could be defined to include efficiency, efficacy, effectiveness, equity, accessibility, comprehensiveness, acceptability, timeliness, appropriateness, continuity, privacy, and confidentiality. Other attributes that have been used to describe quality health care are: provisions of education for the patient and family about pertinent health issues, inclusion of the patient and family members in treatment planning, decision-making; and patients' satisfaction[26].

The Research Methods

Research Design

This study adopted a descriptive cross-sectional survey because the research exercise involved collecting or gathering data once on how the patients perceive health care service delivery at the hospital using questionnaires as the mode of data collection.

The Setting

The research was carried out in about seven (7) wards of Ibadan North local government. Ibadan North Local Government Area comprises 12 wards. The LGA had a population of 347,998 as at the 2010 census estimate, with a landmass of 132,500 square kilometres and a population density of 2628 people per square kilometre. It has an area of 27km2 and is divided into 12 administrative wards. The wards in the LGA include Oke-Are, Nalende, Yemetu, Agodi, Bashorun, Sabo, Sango, Ago-Tapa, Old Bodija, Samonda, and Agbowo. University College Hospital (UCH) is located within the Old Bodija ward. The local government headquarters is in Agodi. The local government comprises multi-ethnic groups including Igbo, Edo, Urhobo, Itsekiri, Ijaw, Hausa, Fulani, and other foreigners, with Yoruba constituting a substantial majority. The majority of those that resided in the area were traders, lecturers, artisans, civil servants, students, and so on**.** Meanwhile, the study population for this study were male and female adult members of the communities who received health care service delivery at the UCH in the last one year, either as patients or as the patients' relatives, friends, or neighbours who attended to the treatment needs of the sick person, in order to elicit data on how they perceived healthcare service delivery at the hospital when they last visited the hospital.

Sample Size and Sampling Techniques

The sample size determination for this study was based on the extant formula and a study which put a population survey at a 95% confidence interval[27];[28].

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Based on the calculated sample size, a total of 384.2 were arrived at. Moreover, consideration was given to attrition and an increase of 40% of the total n (384.2) was added to the sample size, which showed 40% of 384.2 to be 153.68. Thus, the total sample size was expressed as 384.2+153.68 = 538. In other words, the total sample size for this study was 538 people.

Those included in this study are adult male and female patients who had received health care services at the UCH in the last year, coupled with relatives/friends/neighbours of the patients who attended to their treatment needs. In a related development, this study adopted a probability sampling technique (systematic sampling technique) with a sample interval of 5 used based on the number of households in each of the communities visited.

Method and Instrument of Data Collection

The questionnaire instrument was utilised to gather data from the respondents. The questionnaire had different sections, namely: section A, which contains the background information on the respondent's age, sex, marital status, religion, educational qualification, occupational status, and ethnicity. Section B bordered on the respondents' perception of healthcare service delivery at the hospital and section C dealt with the patients' opinions about waiting time in getting healthcare service. Four (4) research assistants were employed and trained for three days. During the training, the research assistants were exposed to the contents of the research instrument. However, before they were finally engaged, their level of competence was tested on the mastery of the administration of the research instrument. Research participants were administered an informed consent form to make an informed decision to voluntarily participate in the study.

Data Analysis Techniques

The copies of the data collection instrument were retrieved through the research assistants on daily basis by the researcher after a review meeting to correct things done wrongly and to affirm what was done rightly. Subsequently, the copies were collated, numbered, screened, recorded, and entered into the computer daily with a password. Meanwhile, the anonymity of the respondents was ensured. The data set was collated, numbered, coded, and cleaned using a Statistical Package for the Social Sciences (SPSS), version 20 for analysis.

Ethical Considerations

Ethical approval for this research was obtained from the University of Ibadan Social Sciences and Humanities Ethics Committee, and upon being granted, was assigned the number: **UI/SSHEC/2016/0023.** Besides, the informed consent of the respondents/participants which may be verbal or written was sought before the questionnaire was administered. Participation in the study was

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voluntary. The decision to be involved was left to the potential participants to determine. The right of the participants to freely participate or withdraw at any time deemed uncomfortable was respected all through the study.

Results

Table 1: The socio-demographic characteristics of the respondents

Variables	Categories	Frequency (%) n=506
Age	< 20	26 (5.1)
	20-29	147 (29.1)
	30-39	162 (32.0)
	40-49	105 (20.8)
	50-59	44 (8.7)
	60 above	22 (4.3)
Sex	Male	261 (51.6)
	Female	245 (48.4)
Marital Status	Single	160 (31.6)
	Married	311 (61.5)
	Separated	35 (6.9)
Religion	Christianity	262 (51.8)
	Islam	239 (47.2)
	Traditional	5 (1.0)
Educational Qualification	No Formal	25 (4.9)
	Primary	35 (6.9)
	Secondary	165 (32.6)
	Tertiary	269 (53.2)
	Others	12 (2.4)
Occupational Status	Not Employed	91 (18.0)
	Self Employed	172 (34.0)
	Private Organisation	113 (22.3)
	Civil Servant	130 (25.7)
Ethnicity	Yoruba	367 (72.5)
	Igbo	78 (15.4)
	Hausa	40 (7.9)
	Others	21 (4.2)
Duration of visit	6 months below	277 (54.7)
	7 months to 1 year	229 (45.3)
Capacity of visit	Patients	264 (52.2)
	Patients relative/friend	242 (47.8)

Source: Researchers' field survey, 2017

From Table 1 above, the majority of the patients (32%) were between 30-39 years of age while the aged accounted for only 4 %. Also from the study, the sex of the respondents shows that there are more males (52%) than females in the

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sampled population. The marital status of the respondents indicates that the majority of the respondents (61.5%) were married. Similarly, the highest percentage (51.8) of the respondents was identified as being Christians while on 1% professed as adherents of African Traditional Religion (ATR). The educational status of the respondents shows that 53.2% of the respondents are people with tertiary education. This finding could be attributed to the fact that the sample was collected in civilised communities within the study area cl Ethical approval for this research was obtained from the University of Ibadan Social Sciences and Humanities Ethics Committee, and upon being granted, was assigned the number: **UI/SSHEC/2016/0023.** Besides, the informed consent of the respondents/participants which may be verbal or written was sought before the questionnaire was administered. Participation in the study was voluntary. The decision to be involved was left to the potential participants to determine. The right of the participants to freely participate or withdraw at any time deemed uncomfortable was respected all through the study.ose to the hospital in Ibadan. Regarding the occupational distribution, the self-employed people were said to be the most dominant. In terms of ethnic identity, since the study location was in the heartland of the South-west, it was not accidental to report that the majority of the patients were of the Yoruba extraction.

Further results indicated that a little more than half of the respondents (54.7%) visited the hospital within the last six months. Thus, the majority of the respondents could be referred to as recent visitors Ethical approval for this research was obtained from the University of Ibadan Social Sciences and Humanities Ethics Committee, and upon being granted, was assigned the number: **UI/SSHEC/2016/0023.** Besides, the informed consent of the respondents/participants which may be verbal or written was sought before the questionnaire was administered. Participation in the study was voluntary. The decision to be involved was left to the potential participants to determine. The right of the participants to freely participate or withdraw at any time deemed uncomfortable was respected all through the study. to the facility. With this, the issue of recall bias in the data collection did not arise. Similarly, 52.2% of sampled respondents made a visit to the hospital in the category of Ethical approval for this research was obtained from the University of Ibadan Social Sciences and Humanities Ethics Committee, and upon being granted, was assigned the number: **UI/SSHEC/2016/0023.** Besides, the informed consent of the respondents/participants which may be verbal or written was sought before the questionnaire was administered. Participation in the study was voluntary. The decision to be involved was left to the potential participants to determine. The right of the participants to freely participate or withdraw at any time deemed uncomfortable was respected all through the study. a patient while the remaining 47.8% were patients' relatives, friends and neighbours who visited the hospital in order to attend to treatment needs of their loved ones. Therefore, in this survey, more of the interrogated respondents were patients and it was expected that the respondents in this category could describe their perception of and level of satisfaction with the healthcare service delivery at the hospital. However, information from the non-patients were also important because they were directly involved in the treatment service, attending to treatment needs of their relatives, friends/neighbours and it was expected that they also had their own perception about the healthcare service delivery.

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Table 2: Socio-demographic Characteristics and Perception of Health Care Service Delivery

Variable	Perception of healthcare service delivery				Chi square figures		
	Negative perception	Positive perception	Indecision	Total	X^2	Df	P-value
Age							
< 20	11 (2.2%)	13 (2.6%)	2 (0.4%)	26 (5.1%)			
20-29	91 (18.0%)	52 (10.3%)	4 (0.8%)	147 (29.1%)			
30-39	102 (20.2%)	56 (11.1%)	4 (0.8%)	162 (32.0%)	6.855	10	0.739
40-49	64 (12.6%)	37 (7.3%)	4 (0.8%)	105 (20.8%)			
50-59	24 (4.7%)	18 (3.6%)	2 (0.4%)	44 (8.7%)			
60 above	14 (2.8%)	8 (1.6%)	0 (.0%)	22 (4.3%)			
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Sex	-	-	-	-			
Male	158 (31.2%)	94 (18.6%)	9 (1.8%)	261 (51.6%)			
Female	148 (29.2%)	90 (17.8%)	7 (1.4%)	245 (48.4%)	.158	2	0.924
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Marital status	-	-	-	-			
Single	89 (17.6%)	65 (12.8%)	6 (1.2%)	160 (31.6%)			
Married	199 (39.3%)	103 (20.4%)	9 (1.8%)	311 (61.5%)	4.527	4	0.339
Separated	18 (3.6%)	16 (3.2%)	1 (0.2%)	35 (6.9%)			
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Religion	-	-	-	-			
Christianity	162 (32.0%)	89 (17.6%)	11 (2.2%)	262 (51.8%)			
Islam	143 (28.3%)	91 (18.0%)	5 (1.0%)	239 (47.2%)	6.588	4	0.159
Traditional	1 (0.2%)	4 (0.8%)	0 (.0%)	5 (1.0%)			
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Educational qualification	**-**	**-**	**-**	**-**			
No formal	10 (2.0%)	14 (2.8%)	1 0.2%)	25 (4.9%)			
Primary	14 (2.8%)	20 (4.0%)	1 (0.2%)	35 (6.9%)			
Secondary	97 (19.2%)	64 (12.6%)	4 (0.8%)	165 (32.6%)	21.849	8	0.005
Tertiary	173 (34.2%)	86 (17.0%)	10 (2.0%)	269 (53.2%)			
Others	12 (2.4%)	0 (.0%)	0 (.0%)	12 (2.4%)			
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Occupational status	-	-	-	-			
Not Employed	54 (10.7%)	33 (6.5%)	4 (0.8%)	91 (18.0%)			
Self Employed	105 (20.8%)	63 12.5%)	4 (0.8%)	172 (34.0%)			
Private Organisation	65 (12.8%)	42 (8.3%)	6 (1.2%)	113 (22.3%)	3.946	6	0.684
Civil Servant	82 (16.2%)	46 (9.1%)	2 (0.4%)	130 (25.7%)			
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Ethnicity							
Yoruba	225 (44.5%)	128 (25.3%)	14 (2.8%)	367 (72.5%)			
Igbo	43 (8.5%)	33 (6.5%)	2 (0.4%)	78 (15.4%)			

Hausa	31 (6.1%)	9 (1.8%)	0 (.0%)	40 (7.9%)	15.796	6	0.015
Others	7 (1.4%)	14 (2.8%)	0 (.0%)	21 (4.2%)			
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Duration of visit							
6 months below	176 (34.8%)	91 (18.0%)	10 (2.0.5%)	277 (54.7%)			
7 months to 1 year	130 (25.7%)	93 (18.4%)	6 (1.2%)	229 (45.3%)	3.414	2	0.181
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Capacity of visit	-	-	-	-			
Patient	143 (28.3%)	113 (22.3%)	8 (1.6%)	264 (52.2%)			
Patient relative	163 (32.2%)	71 (14.0%)	8 (1.6%)	242 (47.8%)	9.956	2	0.007
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			

Source: Researchers' field survey, 2017

Presented above in Table 2 is the chi-square test of the relationship between socio-demographic characteristics and perception of healthcare service delivery at the hospital. The finding revealed that there was no significant relationship between the age of respondents and perception of healthcare service ($p>0.05$). In other words, age of respondents did not affect the respondents' perception of health care service delivery. Also, there is no significant relationship between the sex of respondents and perception of health care service delivery ($p>0.05$). Similarly, there was no significant relationship between the marital status of the respondents and the perception of health care service delivery ($p>0.05$).

On the other hand, educational qualification, ethnic identity and the capacity of visit to the hospital have a significant relationship with perception of health care service delivery. However, occupational status and duration of visit to the hospital did not show any significant association with perception of health care service.

Table 3: Time Spent, Manner of Attendance and Perception of Healthcare Service

Variable	**Perception of healthcare service delivery**				**Chi square figures**		
	Negative	**Positive**	**Indecision**	**Total**	X^2	**Df**	**P-value**
Perceived time spent to receive healthcare	-	-	-	-	-		-
Too long	170 (33.6%)	19 (3.8%)	1 (0.2%)	190 (37.5%)			
Moderate	96 (19.0%)	90 (17.8%)	7 (1.4%)	193 (38.1%)	117.045	4	0.000
Short	40 (7.9%)	75 (14.8%)	8 (1.6%)	123 (24.3%)			
Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**			
Manner of attendance	-	-	-	-		-	
Attended to promptly	117 (23.1%)	161 (31.8%)	10 (2.0%)	288 (56.9%)			
Not attended to promptly	172 (34.0%)	21 (4.2%)	3 (0.6%)	196 (38.7%)	123.479	4	0.000
Could not see care provider	17 (3.4%)	2 (0.4%)	3 (0.6%)	22 (4.3%)			

Total	**306 (60.5%)**	**184 (36.4%)**	**16 (3.2%)**	**506 (100.0%)**

Source: Researchers' field survey, 2017

It has been revealed in Table 3 that time spent before receiving health care service had a significant effect on patients' perceptions of health care service delivery. In the same vein, the manner of attendance has a significant effect on the respondents' opinions about the health care service delivery at the hospital.

Discussion of Findings

The study has revealed that most of the patients were within the age bracket of 30-39 years while the males were more than the females. Meanwhile, the socio-demographic characteristics like age, sex marital status, religious affiliations, occupation, and duration of visit to the hospital had no significant effects on the perception of health care service delivery. However, educational qualifications, ethnic identity, and capacity of visit to the hospital had significant effects on the perception of health care service received by the patients. However, findings from the existing literature on the effects of socio-demographics on health care service perception have been mixed. For instance, some scholars associated perception of health service with age, educational status and sex[29];[30];[31];[32];[33];[34];[35]. In contrast, a study cautioned that socio-demographic characteristics should not form the basis of the process of quality management[36]. Also, another study did not associate socio-demographics with perception of health care service[37].

The number of times patients wait to be seen by a doctor can make them form a negative opinion of the healthcare service delivery. Besides, such an experience

[29] Sari A, Suslu S, Ayaz O. et al. 'Quality of Life and Socio-demographic Characteristics of Patients on Health Service Perception'. KSU Medical Journal 15, No1 (2020):16-21.
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can lead to a decline in the utilisation of health services[38];[39]. It has been revealed that wait time has a significant association with the perception of health care service at the hospital. The finding is therefore, in tandem with some previous studies[40];[41];[42];[43]. However, when patients think health care service is difficult, this will affect their health-seeking behaviour and utilisation of such healthcare facilities. Other studies equally aligned with the current finding by affirming that the amount of time a patient waits to be seen is an important factor that affects the utilisation of health care services, including perception[44];[45];[46]. In a competitively-demanding health care setting, patient-waiting time plays an increasingly vital role in a clinic's ability to draw new business.

Time is an important factor in whatever we do. When the time spent to receive healthcare service delivery is too long, patients tend to have a negative perception of the service. This is reflected in this study as the majority 33.6% of those that spent a too long time to be seen by a doctor had a negative perception about the health care service delivery. Quality of health care can be defined to include characteristics such as efficiency, efficacy, effectiveness, equity, accessibility, comprehensiveness, acceptability, timeliness, appropriateness, continuity, privacy and confidentiality.

Conclusion

Monitoring patients' perception of health care service delivery is important for healthcare facilities to evaluate their performances and subsequently improve on them. The study has shown that the effects of socio-demographic characteristics on patients' perception of health care service delivery were mixed. However, educational status, ethnic identity and capacity of the visit to the hospital show some significant effects on the perception of health care service. In addition, time factor on the part of the patients had a significant association with the perception of health care service received. On this premise, it can be suggested that the hospital management board should pay attention to

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the effects of some demographic variables on the quality of health care service delivery. Also, the health care workers in the hospital should do a periodic waiting time evaluation concerning the patients receiving treatment. This can be achieved by being consciously sensitive to the feedback complaints from the patients after being attended to at the hospital. In other words, prolonged waiting time before receiving health care services can discourage regular utilisation of the health care service.

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