RESEARCH PROPOSAL

PATIENT SATISFACTION OF HEALTHCARE SERVICE PROVISION IN PRIMARY HEALTHCARE CENTERS IN JOS NORTH LGA, PLATEAU STATE

BY

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INTRODUCTION

BACKGROUND

The growing concern about health and enhanced socio-economic levels as a result of modern civilization have intensely improved the healthcare demand and shifted trend of the population towards attaining a healthier lifestyle[1]. As a result, the demand on health care is beginning to exert stress on the healthcare service system as well as creating competition among health facilities and providers. This evolving scenario in the health care system is beginning to create among patients the similarly evolving scenario where patients are beginning to make the best choices in selecting any hospital/health facility for health care[2].

In the past decades, the quality of healthcare service provision was a rare topic in service studies in developing countries like Nigeria. Improved patient care has however become a priority for all health care service providers with the objective of achieving a high degree of patient satisfaction[3]. Currently, on account of expectations for improved services and increased customers' needs, it is obligatory for health facilities to give quality health care services to the patients and to fulfill their requirements[4].

Patient satisfaction is one of the most important factors that determines the success of a health care facility. It is a measure of the extent to which a patient is contented with the healthcare they receive from their health care providers[2]. Thus, patient care, as the basic function of every health service provider, is one of the standards to measure efficiency and effectiveness of a health care facility. System and services. The efficiency of a health care facility is associated with the provision of service delivery and quality care[5]. Patient satisfaction is the actual evidence of the effectiveness of healthcare service provision[6].

Since patient satisfaction is a renowned standard to evaluate the effectiveness of health services being provided in health care facilities, it can be seen as an important benchmark by which the delivery of health care service is the measure[7]. Patients' opinions are considered as a key factor in the decision of treatment and delivering of health care services. Patient opinion, is in fact, important in the improvement process of a health care delivery system. Patient satisfaction is the state of pleasure or happiness that the patients experience while using a health service[2].

Patient satisfaction must be noted to be closely linked to and often co-dependent on patient experience. These terms carry entirely different meanings for and among healthcare professionals. It is very important to understand and align one's work with the right interpretation of these terms. Patient's experience refers to the interaction a patient has with the system of healthcare, with every aspect of healthcare (like the yield from health plans, the behavior of doctors and medical staff, various healthcare facilities, and physical tests)[8]. Delivering quality care is the most important part of the patient experience. Patient experience is actually a measurement concept introduced for the evaluation of patient-centered care, which itself is defined as "a respectful response to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions"[9]. Ensuring good patient experience means to meet up with patient's expectations in times of need. Patient satisfaction,

as a subjective healthcare measure, offers information on the provider's success at meeting clients 'expectations and is a key determinant of patients' perspective behavioral intention[8,10]. By subjective, it means that different patients will have different levels and perception of satisfaction for the same quality of healthcare owing to different kinds of expectations. So, it is difficult to look at patient satisfaction as an official measure for improvement and this is because patient satisfaction depends on as little as the layout of a room to the degree of cure a particular service can bring about[8]. Thus, patient satisfaction is the balanced measure of the quality of care whereas patient experience focuses on the way the healthcare facilities are perceived by the patient.

The six underlying metrics which patient satisfaction can be measured are quality of medical care, interpersonal skills displayed by medical professionals, transparency and communication between care provider and patient, financial aspects of care, access to care providers, and accessibility of care.

Generally, health services can be accessed through two (2) routes - patients can first use the health services provided by Primary Health-care Centers (PHCs) and subsequently be referred to secondary care; alternatively, patients can bypass the PHCs to receive care at the emergency department (ED), followed by visits to outpatient clinics for further secondary care[9]. The centrality of PHC coordination in the organization of health systems and networks has been increasingly evident. It has a strong association with increased access, continuity and quality of care, patient satisfaction, better use of available financial resources and positive impacts on the health of the population[11]. Therefore, the need to study several issues of patient satisfaction, including healthcare provider-patient communication and care coordination in the PHC, with the aim of assessing the quality of PHC service is paramount especially in Nigeria [9].

PROBLEM STATEMENT

Nigeria is placed at 142 out of 195 countries according to a Lancet report´s ranking of health systems performance using healthcare access and quality as its criteria and it also ranks poorly based on the World Bank's Universal Health Coverage Service Coverage Index[12,13]. Although access to healthcare for all Nigerians through the basic minimum package of health services is backed by the National Health Act, there have been huge challenges in its dissemination and implementation as several state governments are lagging behind in operationalizing it at ward levels[14]. Some of these challenges include under-investment in health systems, poor healthcare infrastructure, inadequate funding and policy frameworks, and insufficient implementations of Public-Private-Partnerships (PPPs). These, among other challenges, may contribute to poor satisfaction with health services experienced by Nigerian patients[15].

In spite of evidences that the country has more PHC centers than secondary and tertiary health care providers (the Federal Ministry of Health estimated a total of about 23,640 health facilities in Nigeria, of which 85.8% are primary, 14% secondary and 0.2% tertiary), PHCs provision accounts for only about 5-10% of its potential patient load and satisfaction[16]. Given the availability of PHCs, adequate use of service provision would clearly abate the prevailing poor health condition in the country. However, the low patronage raises concern as to why most

persons do not seek healthcare from PHC centers, and what is more alarming, is the slow pace of Nigeria's implementation of universal health coverage[15,16].

Nigerian Government continues to search for ways to restructure the welfare of a changing population to meet the demand and expectation. Poor state of the nation's healthcare services, poor integration of private health facilities in delivery of services, dependence on government provided facilities, declining funding of healthcare services and dependence on out-of-pocket expenses to purchase health informed the establishment of health insurance scheme. Yet it has not adequately met patients' demand and expectation[17].

JUSTIFICATION

In many cases, certain facets of the functioning of a health facility remain unaddressed due to inadequate patient feedback and lack of information regarding those issues faced by patients while availing themselves for consultation and treatment. Thus, it is necessary to conduct a patient satisfaction survey and that is what this research seeks to achieve[18].

Mapping and tracking a patient's journey are important if effective patient care at every point of patient's interaction with medical staff and the health facility at large must be ensured. Understanding and monitoring patient satisfaction also fosters effective patient care, as it helps improve visibility into the operational efficiency of the health facility. This can then be used to bridge the identified gap[19].

The PHC facilities remain the portal of entry for Nigerian people into the country's health system. These dot the landscape of the country. Obtaining data about patients' satisfaction regarding their use will help give an insight into patients' perspectives of the health care service delivery at this level of Nigerian health system, and the level of recommendation they will give to prospective healthcare seekers. Timely services can then be offered, transparency in service and care provided and ill-treatment by personnel of the health care facility known out and dealt with[18,19].

Limited work on patient satisfaction on primary health care has been done in this part of the country. Findings from this study will therefore aid the understanding on patient satisfaction of healthcare service provision, and the outcome aid in improving health care provided patient. Therefore, this study which will be conducted amongst service recipients of Primary Health Care in Jos North Local Government Area, Plateau State, will go a long way in improving primary care services to the people within the study setting.

RESEARCH OBJECTIVES

Main Objective – To ascertain the profile of patient satisfaction of healthcare service provision in Primary Healthcare Centers in Jos North Local Government Areas, Plateau State, Nigeria.

Specific Objectives

i. To assess patient satisfaction of healthcare service provision in PHC facilities in Jos North LGA of Plateau State, Nigeria.

ii. To determine the factors that determine the profile of patient satisfaction of healthcare service provision in PHC facilities in Jos North LGA of Plateau State, Nigeria.
iii. To make recommendations based on study outcomes.

METHODOLOGY

BACKGROUND TO THE STUDY

The study will take place in Jos North Local Government Area (LGA), Jos, Plateau State, Nigeria. Plateau State, with an estimated population of 4,433,501 spread across an area of 27,147 km^2 is located in north-central part of Nigeria[20]. Known for its variety of fruits and other crops such as potatoes and variety of grains, the state is famous for such mineral resources such as Tin, Columbite, Lead, Coal, Clay, Kaolin, Marble, Gemstone, Barytes and Zinc. The state is bordered on the north by Bauchi State, while on its south, east and west by Nasarawa, Taraba and Kaduna States. Its administrative capital is Jos which itself is divided into three Local Government Areas namely: Jos North, Jos South, and Jos East. The state is a multi-ethno-linguistic state, the predominant ones being Berom, Afizere, Amo, Anaguta, Aten, Bijim, Bogghom, Buji, Jipal, Mhiship, Irchip, Fier, Gashish, Geomai, Irigwe, Jarawa, Jukun, kadung, Kofyar (comprising Doemak, Kwalla and Mernyang), Montol, Mushere, Mupun, Mwaghavul, Ngas, Piapung, Pyem, Ron-Kulere, Bache, Talet, Tarok, and Youm, and these are predominantly farmers and have similar cultural and traditional ways of life. People from other parts of the country have come to settle in Plateau State.

Jos North, the proposed study area, is one of the state's 17 LGAs. With its headquarters in the city centre of Jos metropolis, the LGA has an estimated population of 429,300 as at the 2006 census and covers an estimated area of 291 km^2.[21]. The most populated LGA in the state, Jos North LGA, is inhabited chiefly by five ethnic groups (Anaguta, Bache Irigwe, Berom and Hausa-Fulani). The LGA is known for one major district Gwong and many villages under this district. It has a total of 24 government owned primary healthcare facilities and 21 privately owned health facilities spread across its 14 wards.

STUDY DESIGN

This is a descriptive cross-sectional study.

STUDY SITE

Twenty-five percent (25%) of the wards within the LGA will be randomly selected from which the PHC within them will constitute the study setting. Where there are more than one PHC in a ward, one will be randomly selected thereof. Overall, this will average a total number of four (4) PHC facilities from the four (4) wards.

STUDY POPULATION

The population of study are patients receiving healthcare services at each of the four (4) PHCs in the LGAs.

Inclusion Criteria

Adult male and female clients who were met and have just concluded receiving care personally from the facility care givers and just exiting on same day during study period.

Caregivers of children provided health care services at each of the selected PHC facilities and just exiting on same day during the study period.

Exclusion Criteria

To be excluded from direct recruitment will be children who have received care except their caregivers.

Patients in lying-in wards and those critically ill and on admission in the emergency unit.

SAMPLE SIZE

Sample size will be obtained using the Kish Formula (Cochran 1963)

$n = z^2pq/e^2$

Where:

- n = minimum sample size
- z = standard normal deviant at 95% confident interval of 1.96
- e = level of precision which is usually 0.05
- p = proportion of population having the characteristic of interest from a previous study – 78.5% or 0.785 [22].
- q = complementary probability calculated as 1-p. Thus, q = 1-0.785 = 0.215

Therefore,

$$n = \frac{(1.96^2 \times 0.123 \times 0.877)}{0.05^2}$$

$n = 259.34$

$n = 259$

This minimum sample size of 259 will be allocated amongst the PHC facilities on proportionate basis based on their known monthly patient load.

SAMPLING METHODS/PROCESSES

Participants who fulfill the eligibility criteria for inclusion will be recruited at the exit point of the PHCs and enrolled into the study via a convenient process on the basis of encounter between the hours of 8am and 4pm daily at each of the selected PHC facilities until the desired sample size of 285 was obtained. Each identified eligible participant will be provided with an identification card and it will be accompanied with a request to be seen anonymously within a designated private setting away from the care/service area after the conclusion of the day's service uptake. Such participants at the end of service uptake will be administered the questionnaire after an informed consent has been obtained. Participants will be requested to be

in possession of these card during subsequent clinic visit for identification to prevent double recruitment into study.

DATA COLLECTION TECHNIQUE

The collection of data will involve the use of a structured interviewer-administered questionnaire. The pre-tested questionnaires will be administered to each participant at the exit point from service uptake at the PHCs. Information to be collected will include participants' bio-demographic data (age, gender, tribe, religion, education and occupational status), their use and knowledge about the PHC, evaluation of different service points as well as the overall assessment of the healthcare facility.

DATA ANALYSIS

Analysis of collected data will be done via Statistical Package for Social Sciences (SPSS) Version 20.0 software. Microsoft Office Excel will be used to construct charts, tables and figures.

ETHICAL CONSIDERATION

Ethical Clearance will be obtained from the Bingham University Teaching Hospital Ethical Committee for the study.

A separate "Participant's Consent and Information" form outlining not just the information on the research but also solicitation of the participant's consent will be made available. On this, each participant was required to voluntarily affirm his/her consent and willingness to participate; with the assurance of no repercussions should he/she decide to opt out. Literate patients will be required to sign upon consent while the non-literate ones will give verbal consent. Only the document "Participant's Consent and Information" form will contain the identity of each consenting participant and will not be reflected in the questionnaire. Being an interviewer-administered questionnaire, no listing of respondent's identity will be needed though affirmation based on consent will be required prior to administration. Collected questionnaire and collated data will be domiciled in the protective custody of the principal researcher to avoid needless spread of participants' information with guided access only to research team. Database will be kept strictly with the researching team and will not be made available or known to anyone outside the team.

The essential monitoring plan will be in line with the supervisor's periodic review and meeting with the research team members. This plan will itemize the time for administration of questionnaire, data analysis, documentation (report writing) and submission.

Permission will be sought from the Office of the Local Government Chairman through the Director of the LG PHC.

LIMITATIONS TO STUDY

Possible poor response from the patients, due to fatigue and disinterest in answering questions after long hours spent in the healthcare facility.

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