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KNOWLEDGE OF AVAILABLE HEALTH CARE AND HEALTH CARE SATISFACTION AMONG INPATIENTS IN A TERTIARY HOSPITAL IN BENIN CITY EDO STATE

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ABSTRACT: *User's health care satisfaction is an important determinant of repeat patronage of health care services and the sustenance of any health care facility. Since little is known about user's knowledge of available health care services and health care satisfaction in tertiary hospital, this study represents an attempt to fill this lacuna in literature. This study investigated knowledge, perception of available health care services and user's health care satisfaction in the University of Benin Teaching Hospital Benin City, Nigeria. Sick role model guided the study. The research design was descriptive cross-sectional survey conducted between January and April 2014 on a sample of 420 inpatients using Multi-stage sampling technique in the five units of the facility. A semi structured questionnaire was designed to elicit information on respondents' socio-demographic characteristics, level of knowledge of the available health care services using a 19 point knowledge scale and user's health care satisfaction using 20 variables measured on a five point Likert scale. Both quantitative and qualitative data were collected from the inpatients. Whereas the quantitative data were analyzed with descriptive statistics, Chi-square and logistics regression at P< 0.05, thematic analysis was applied to the qualitative data. The study found that there were variations in the levels of knowledge of available health care services. In general, the findings revealed that 90% of the respondents possessed high level of knowledge of the available health care services. Ninety-Five percent indicated a moderate level of health care satisfaction from the health care services received. Chi-square test (X^2=22.400) revealed that a significant relationship existed between marital status and inpatient satisfaction with health care service. This study demonstrates the need for the provision of adequate health education on different aspects of available health care services from all providers of health care in the facility bearing in mind users' prior knowledge so as to be able to address the desired health care satisfaction from the health care services during the period of accessing and utilization of such services in the hospital.*

KEYWORDS: Knowledge, Satisfaction, Teaching Hospital, Health care.

INTRODUCTION

Interest in health care satisfaction among users of health care services has become critical particularly in developing countries in Africa. In Nigeria, for instance, despite the available health care professionals, some reports of the studies carried out in Nigeria have shown that health care services provided at public health facilities are generally perceived by members of the society as being very poor (Afolabi *et al*., 2003). Health care satisfaction been viewed as an overall attitude or as a set of attitude components**.** Stimson and Webb (1975) opined that health care satisfaction is related to perception of outcome of care and the extent to which it meets users' expectation. Usually, expectations and even knowledge prior to the use influence such services. When there is an achievement of what we want in line with the expectations and

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also that it did not fall short of our desires we are not only satisfied but have a feeling of contentment. Linn, Stein and Linn (1982) have reported that users who have health care satisfaction derived from health care received behave in different ways from one country to the other. These differences from one country to another have been attributed to several factors such as availability of health care, type of institution, referral process, admission process as well as fractionalization of services and continued patient quality of care in the health institutions. Users of health care services who are satisfied with the care received will not only maintain the use but will sustain follow up appointments which they have been given. Previous studies show that users are significantly satisfied after their consultations with the doctor if they felt that the doctor had showed them some form of sympathy (Little 2001; Owumi, 1989). In some previous studies conducted in tertiary Institutions, in Indian, respondents declared high levels of health care satisfaction with health care received (Kulkami, Dasgupta, Deoke & Nayse, 2011). Some other studies carried out in Nigeria also reported high levels of satisfaction with delivery of care provided by doctors and nurses (Ajayi, 2000; Oyediran, 2005; Iliyasu *et al*., 2010). In an intervention program study conducted by Alliyu *et al.* (2005) in Otukpo, Alaide and Sagamu to examine the care services received in public and private hospitals in the areas, findings revealed that of the 462 respondents, about 73% rated high their satisfaction with doctors discussion during consultation. Further, analysis shows that women were less satisfied than the males with regards to the cost and affordability of treatment provided. Reports of Studies in Nigeria have shown that health care services provided at public health facilities are generally perceived by members of the public as being very poor (Afolabi *et al*. 2003). Generally User's satisfaction with health care services is viewed by individuals receiving health care serwlevices (treatment) in a given environment from their own point of view during a specific time period (Zoller & Lackland, 2001; Purtilo & Haddad, 2002). This seems to occur when there is a match between expected care and the care which they actually received (Greenley, Mechanic & Cleans, 1987). Other researchers opine that people who are satisfied with health care services are more likely to complete a course of treatment (Baker, 1974; Alliyu *et al.* 2005). In a cross-sectional study aimed at assessing waiting time, cost of treatment and course of treatment as well as other factors affecting satisfaction with health care provided to in-patients in the Amino Kano Teaching Hospital, Kano, Northern Nigeria findings show that majority of them were dissatisfied when waiting time is longer than expected (Iliyasu *et al*., 2010). Perception and expectation of shorter periods of consultation time produced relatively higher satisfaction. Users' knowledge of health care and outcome of the use remains a problem. Research studies have not focused much on user's knowledge and outcome of use in the tertiary hospital. The specific objectives of this study therefore are to: 1.Assess the users' socio-demographic profile, 2.Assess the level of knowledge of the users' about available health care services in the study area. 3. Investigate the users' levels of health care satisfaction with health care services received.

Theoretical Perspective

The study is anchored on "Sick role model" and "Social action" Theories. Both theories provide explanations for the understanding of subjective expectations of the users of health care services. Sick role model was advanced by Parsons (1957) and emphasized the social dimension of illness (sick role) and social expectation. The main thrust of the theory is on how social expectations surrounding sickness influence how the sick person behaves within the social context.

Parsons' (1957) concept of the sick role explains patient/physician relationship during illness

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within the frame work of social roles and expectations. Parsons' concept of the sick role describes the four basic categories of aspects of the rights and privileges of the sick role status, when assumed by the sick person.

1. The sick person is exempted from normal social role. An individual's illness is ground for his exemption from normal role performance and social responsibilities. The exemption depends on the severity of the illness. Exemption requires legitimating by the physician as the authority on what constitutes sickness.

2. The sick person is not responsible for his/her condition. An individual's illness is usually thought to be beyond his own control and for which they should not be blamed. They therefore have the right to be looked after by others. Therefore some cultivated process apart from personal will power or motivation is needed to be provided. Zola (1973) argues that people whose condition demanded a rationally positive action of use of treatment may refuse to take such action even when their lives could seriously be in danger. He notes further that consideration should be given to their background, which may have disturbed their rationality; otherwise they would seek and use such services.

3. The sick persons should try and get well as soon as possible. They must accept that the situation they are in is undesirable. The first two aspects of the sick role are conditioned on this third aspect which is recognition by the sick person. According to Parsons (1957), the rights of the sick role in the first two aspects are completely dependent on the sick person undertaking some obligations, if not, their illness is not regarded as legitimate and are seen as unfairly appropriating the sick role.

4. The sick persons should seek technically competent professionals for help and co-operate with the physicians to get better. Thus the sick persons are therefore expected to seek professional treatment in a hospital.

The obligation on the part of the sick to get well involves a further obligation to seek technically competent help usually from a physician (doctor) and the nurse. The sick person is also expected to co-operate with the physicians and nurses in the process of trying to get well. In applying the theory to the users of health care services and in the role of patients, the sick (patient) and members of the public also, enter into a social relationship with the medical and health professionals-the doctors and nurses.

In applying the theories to explain the relationship between the patient and the doctor or the nurse, between the patient and other health care providers in assessing the available health care services, the role of the patient is passive but complementary to the role of the doctor/nurse and others. There is shared value system to which different parties subscribe. The patient accepts the doctors' authority in the belief that the doctor will always act in a manner to safe guide the health status with feeling of health care satisfaction as outcome.

MATERIALS AND METHOD

The study was conducted between February and June 2014. A cross-sectional descriptive research design was adopted as the research design for this study. The study was conducted in the University of Benin Teaching Hospital and amongst the inpatients who were admitted into the five units of the hospital. The research utilized both quantitative and qualitative approaches

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of in-depth interviews (IDI) and key Informant interviews (kll). The formula for descriptive study $n=z^2 pq/d^2$ was used to calculate minimum sample size, prevalence of 86% obtained in a previous study was used and 10% was added to make provision for attrition. A Multi-stage sampling technique was used to select 420 inpatients from the five units. A semi-structured questionnaire was distributed to the participants to obtain information on their socio-demographic profile, knowledge about available health care in the teaching hospital and the level of satisfaction obtained from the health care services received.

The study population comprised all inpatients admitted into the hospital and spread across five units/categories/wards according to the classification of illness types in the hospital organization and this consisted of 26 wards in the hospital as shown below: (1) Medical unit (2) Surgical unit (3) Obstetric and Gynecological unit (4) Pediatric unit and (5) Emergency unit with bed complements of 587 in-patients. In-depth interviews (IDI) was organized among ten significant others and fifteen care givers who were willing and knowledgeable. The purpose was to obtain in-depth information from those who stood proxy in the peadiatric unit. Key Informant interviews (kll) were conducted among the five stake holders. The selected key Informants included consultant doctors and nurse leaders in the five units. These were selected to provide key information on available healthcare services in the facility

Ethical consideration was emphasized throughout the period of the study. First, approval and

permission to use the facility was obtained from the consultants in change of the different units Ethical approval for the study was obtained from the Joint Institutional Review Board (IRB) of the University of Ibadan and the Ethical committee of the University of Benin Teaching Hospital, Benin City. The data collection lasted four weeks. Participation was voluntary, written informed consent was obtained prior to participation in the study; the right to withdraw at any time was fully acknowledged and respected. In addition their confidentiality was guaranteed to the extent that the information obtained could never be traced to these subjects.

The instrument for data collection was a pretested semi-structured questionnaire, four research assistants were recruited and trained to assist in the distribution of the questionnaires assist also those who had difficulty while completing the questionnaires in the field. The administration of the questionnaires was carried out in the month of February 2014 and were distributed to the respondents who met the eligibility criteria after proper information on the purpose of the study.

Measurement of key survey variables

Knowledge of inpatients about the available health care available in the tertiary hospital was measured by adding the scores of the 19 items scale in the questionnaire on knowledge and awareness about health care services for each respondent. Composite scores that were obtained from the computation were used to categorize in-patients knowledge and awareness about available health care services as low (those who score below (<) 6.3), moderate between 6.4 and 12.6 and high level of knowledge for those who scored between 12.7 and (>) above) (measured as described in section 3.6.1).

Level of satisfaction of in-patients

Respondents were provided with a five point Likert Scale (1-5) where (1) indicates the lowest and (5) indicates the highest on which to indicate/categorize their satisfaction levels. Respondents are to indicate their level of satisfaction by selecting responses ranging from 1-5 to categorise their satisfaction with health care services.

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The dependent variable is a discrete indicator of patient satisfaction with health care services and includes ; (1) no satisfaction , (2) very low in-patient satisfaction with health care services, (3) low in-patient satisfaction with health care services, (4) high in-patient satisfaction with health care services, and (5) very high in-patient satisfaction with health care services.

Indicators of the independent variable include two sets of variables that influence in-patient satisfaction with health care services.

Demographic variables; which are age, sex, marital status, occupation, level of education, religion and income were selected on the basis of previous research in which association of patient satisfaction with health care was detected.

Data analysis involved the use of Statistical Package for Social Sciences (SPSS) version 20. Firstly, data were summarized using frequency tables and percentages. The hypotheses were tested using Chi-square at 0.05 significant level to determine association between variables.

RESULTS

Thirty-nine percent (39%) were male while (61%) were female that were on admission at the time of the study. A little less than half 42% of the respondents had secondary school education and 22% had primary school education. Findings also revealed that 7% had no formal education level of education. There were only 29% of the respondents that possessed post-secondary education (tertiary) (e.g. colleges, polytechnic and university degrees and other additional qualifications). Marital status showed that majority 70% were married and 21% were single. Occupations of the Users reveal that 44% were self-employed, civil servants were 25%, the unemployed were 21% while the house wives were 9%.

Overall 95% of respondents with primary, secondary and tertiary education had high level of knowledge about health care services.

Majority 97% expressed the knowledge that patients are discharged by doctors after recovering. The findings further show that 91% of the respondents had knowledge of the illness that the doctor diagnosed type of illness; 79% could identify the prescribed treatment for their illness and 82.9% know the disease they were treated for.

Furthermore findings showed that 98% know that doctors recommend medical investigation for patients on admission. There were 97% respondents who are aware that doctors explained the cause and treatment regimen of illness and ascertained doctors' role to explain the cause and treatment regimen of illness and prescribed treatment for illness.

Over half (71%) of the respondents rated the satisfaction achieved with health care as high satisfaction.

Among the users of health care, findings, reveal that over half (71%) of the respondents rated the satisfaction achieved from health care,as high satisfaction. This finding supports the views Jegede (2010) that users of health care services who had the support of their spouses were satisfied with health care services received.

This view captures what most participants said :

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I'm satisfied with the services offered in UBTH. I communicated well with my Doctors and Nurses. Drugs are available to buy. Patients have good interpersonal relationships with Doctors. (IDI/Male medical unit/UBTH/2014).

Similarly, a female respondent who was responding well to treatment said:

As you can see, this is the caption picture of me when I was brought to this hospital. I couldn't walk. I suffered from partial stroke. But now I can move my legs and arms better than before. What do you want of health care that you don't get here? I'm satisfied. I'm responding well to treatment (IDI/F medical unit/UBTH/2014).

DISCUSSIONS AND RECOMMENDATIONS

The study aimed to assess knowledge of inpatients about and health care and the resultant health care satisfaction obtained from utilizing the health care services in a teaching hospital in Benin.

The result of this study carried out among the inpatients showed high level of knowledge of available health care services in the tertiary hospital such as knowledge about nurses' assessment of patients before doctors' consultation, the doctors' role to listen to patient's complaints, and doctor recommended medical investigations for patients. Though majority of them 50% of the respondents were aware and had the knowledge of service provision by core health care providers before their admission into the hospital regarding health care service provision from the doctors, nurses, and pharmacists in pharmacy department and who constitute core health care providers reveal that the respondents were knowledgeable about health care services, over 10% of the respondents were not aware and had no knowledge of service provision by core health care providers (the Doctors and Nurses). Lack of knowledge of health care services is attributed to one of the major causes of high death rate in Africa and Nigeria in particular according to Owumi, 1989; Erinosho, 2005.It is often said that prevention is better than cure. The proportion of the respondents (9.5%) who indicated lack of knowledge about available health care services in the teaching hospital could account for the major causes of high mortality in Africa and Nigeria in particular. This is similar to the results of studies in Otukpo, Alaide and Sagamu by Alluyi, and Oduwole (2005). The occurrence of ignorance about these health care services in the community calls for attention and intervention of both the Doctors and professional nurses. This finding supports the views of Owumi, (1998) and Erinosho, (2005) that there should be introduction of program to health educate the populace with regards to the benefits to be derived from the knowledge and use of tertiary hospital. Further, the findings which showed that 98.1% know that doctors recommend medical investigation for patients on admission is a reflection that the majority were aware that doctors explained the cause and treatment regimen of illness and this ascertained doctors' role to explain the cause and treatment regimen of illness and prescribed treatment for illness. There is a likelihood that the majority who had knowledge were also those who were able to identify that those doctors prescribe treatment for illness according to diagnosed type of illness they were being treated for. This is similar and consistent with the findings from other studies such as conducted by IIiaysu (2010) in similar teaching hospital settings in Nigeria. This is not surprising as there may be some cultural/societal norms, it also suggest that there may be contextual factors that are affecting knowledge of health care services and the utilization outcome. These factors are restrictive in nature especially to the female gender seeking

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orthodox health care services outside of the usual traditional settings. In view of the high mortality associated with ignorance and lack of knowledge, it is important to reinforce the need for health education. Good health education, ante-natal and post natal health care services in this country will provide good and effective ways of reducing mortalities in Nigeria. Health care services in teaching hospitals in Nigeria need to target both male and female gender health care satisfaction as outcome of care received. This result suggests that efforts at providing care may have been focused disproportionately on the males who generally command more respect in our communities. Overall majority of the respondents expressed moderate level of health care satisfaction with the health care received. This finding supports the views of Owumi (1989) and Jegede (2010) that users of health care facilities who had the support of their spouses were satisfied with health care received. It is highly recommended that there should be review of communication approach between care providers and recipients with focus on socio-cultural factors as they affect health care satisfaction from users point of view by;- communication/explanation of illness type for the users benefit, involvement in good interpersonal relationship during care provision by the professionals. There is urgent need for health education during the provision of health care services. The expectations of users of health care services should be put into consideration by health care providers especially in the organization of medical and nursing practices and redesign of appropriate and evidence-based health care services expected by users of health care services

CONCLUSION

This study on users' knowledge of available health care and health care satisfaction at the University of Benin Teaching Hospital has revealed varied levels of knowledge about health care received. The findings also indicate that there are different factors associated with health care satisfaction. This is attributed partly to respondents' knowledge of health care services prior to utilization, health care provided by health care professionals at individual levels of care provision and some socio-cultural factors as expressed by the patient themselves.

RECOMMENDATIONS

Based on the findings from this study, recommendations were made:

That there is need for the health institution to make adequate arrangement for provision of health education on illness types in the different units ensured that in-patients in UBTH visited the hospital repeatedly at regular interval for medical consultation (hospital appointments). The consider a reduction in the cost of the drugs made available to the indigent patients and users of the health care services as a proactive measure by which public health can be maintained and improved. Health education on illness type ensured that in-patients in UBTH visited the hospital repeatedly at regular interval for medical consultation (hospital appointments). The

Good Interpersonal relationship with the different health care providers. This is highly essential in utilization of modern health care services and this again this goes a long way to affect healing process positively. This will invariably lead to desired .health care satisfaction.

The hospital authorities should organize seminars and workshops woven around illness and disease management where professionals can update their current knowledge. In this regards

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appropriate intervention should be in place to address the challenges of users health seeking behaviour in utilizing health care services through different educational technology. This will invariably affect their knowledge base and awareness of availability of health care services.

Table 1: Socio-demographic Characteristics of Respondents

Demographic characteristics	**Attributes in Percent**			
Sex	Male (38.6)	Female (61.4)		
Age	Majority (26.4) 20-60yrs	(14.0) 40-49yrs	13.7 (50-59yrs)	Only (3.3) 60 & above
Marital Status	Single(Unmarried)(21.4)	Married (69.8)	Separated (2.6)	Widowed (3.1)
Educ. Qualification	No formal education (6.7)	Primary school (22.4)	Post Primary education (>40) possessed	Tertiary (28.6)
Religion	Christianity (96.4)	Traditional Religion (1.9)	Islam (1.0)	
Occupation	Unemployed (21.0)	Self employed (44.0)	Civil servant (25.4)	Housewife (8.8)

Table 1 shows details of Respondents' socio-demographic profile revealed that (39%) were male while (61%) were female, 42% had secondary school education and 22% had primary school education. Findings also revealed that (6%) had no formal education level of education. Marital status showed that majority 79% were married and 21% were single. Occupations of the users reveal that 44% were self-employed, civil servants were 25%, and the unemployed were 21% while 9% were the house wives.

Table 2: Respondents' knowledge of health care services by health care professionals

Health care services by Healthcare professionals	**Knowledge (%)**
Pre-consultation assessment on patients	90.0
Consultations	90.8
Medical diagnostic investigations	98.1
Prescription of treatment.	97.6 ascertained

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Table 2 shows details of Respondents' knowledge about available health care services in the hospital; Over 90% expressed the knowledge that patients are discharged by doctors after recovering. The findings further show that 91% of the respondents had knowledge of the illness that the doctor diagnosed type of illness; 79% could identify the prescribed treatment for their illness and 82% know the disease they were treated for.

Table 3: shows detail of inpatients' level of satisfaction with health care received.

Health care services of health care professionals	**Satisfaction experience expressed in Percent**
Diagnostic investigation	high (75.7) and low (21.2) satisfaction
Communication about illness condition	high (75.3) and low (19.5) satisfaction
Prescription of drugs	high (72.4) and low (24.0) satisfaction
Prescribed drugs administered	High (80.7) and low (15.9) satisfaction
Interpersonal relationship	High (75.3) and low (20.5) satisfaction

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