



HEALTHCARE SERVICE DELIVERY AND PATIENTS' SATISFACTION IN PUBLIC HOSPITALS IN AKWA IBOM STATE

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ABSTRACT: *This study is centred on healthcare service delivery and patients' satisfaction in public hospitals in Akwa Ibom State. We formulated two specific objectives and hypotheses to guide this investigation. We also adopted a cross-sectional research approach and selected the respondents using simple random sampling. Given the study's infinite population, we used the Topman formula to determine the sample size. The data assembled from the participants was analysed using the simple linear regression technique. Findings from the study demonstrated that patient waiting time (PWT) and healthcare provider-patient communication (HCP-PC) have positive and significant effects on patient satisfaction in selected public hospitals in Akwa Ibom State, Nigeria. The researcher's conclusion is that healthcare service delivery has a significant positive effect on patients' healthcare satisfaction in the studied public hospitals in Akwa Ibom State. Based on these findings, public hospitals should prioritise the proper management of patient administrative concerns, as this could potentially reduce patient waiting times. Given that patients place their trust in healthcare workers, it is important for healthcare providers in the studied public hospitals to respect their private healthcare information.*

KEYWORDS: Healthcare service delivery, Patients' waiting time, Healthcare provider-patients communication, patients' healthcare satisfaction, Queuing theory.



INTRODUCTION

Patients, also called hospital customers or clients, are the most essential part of the healthcare system. If healthcare practitioners handle their patients well, they can control their outcomes and experiences (Ramdurai, 2020). Specifically, these ideas pertain to the provision of holistic care in medical facilities. Vahid *et al.* (2015) believe that holistic care will address patients' physical, emotional, social, economic, and spiritual needs, as well as, strengthen healthcare practitioners' dynamic capacities in healthcare service delivery. Thus, it is imperative that the services rendered fulfil the requirements and anticipations of the patients. Efficient service delivery is an essential component of successfully operating a business. It gives an organisation the chance to impress its customers and demonstrate the value it provides (Etuk *et al.*, 2021). Developing a strong rapport with clients can be beneficial in establishing and maintaining their loyalty (Sampson *et al.*, 2022; Usani *et al.*, 2021).

To cultivate a service delivery culture that meets all expectations, it is essential to provide value and actively involve both staff and consumers (patients). Service delivery is a business concept and structure that focuses on providing services from a seller to a buyer (Usani and Eko, 2021). This entails the constant back-and-forth between the company providing the service and the customer making the purchase (Etuk *et al.*, 2022). This category includes everything from the first contact to onboarding, setup, and any subsequent communications. In this context, service delivery is how well the listed hospital meets or surpasses the expectations of its customers, who are the patients. Healthcare providers should give significant thought to providing high-quality healthcare services that boost patient satisfaction and loyalty while also generating long-term economic benefits (Juhana *et al.*, 2015). Diverse perspectives exist regarding the delivery of healthcare services. Uwanyiligira (2021) defines service delivery as ensuring customers are completely satisfied. In light of the foregoing, it is simple to see that the product and the usual means of delivery are both part of the service.

Service delivery and patient satisfaction are the very fundamental concepts of service marketing literature, and they are the mainstream of modern relationship marketing research. Scholars such as Sampson *et al.* (2022) and Etuk *et al.* (2024) had all explored service delivery concepts with a view to obtaining insight into their underpinnings. Osundina and Opeke (2017) adopted patient waiting time (PWT) and healthcare provider-patient communication (HCP-PC) as proxies of service delivery for the public sector's performance. In this study, the researchers also adopted the dimensions used by Osundina and Opeke to measure patient satisfaction in public hospitals in Akwa Ibom State.

Patient waiting Time (PWT) and Healthcare Provider-Patient Communication (HCP-PC) are important variables in healthcare service delivery (Osundina and Opeke, 2017). Biya *et al.* (2022) define PWT as the total duration a patient spends in a hospital facility, starting from their arrival at the registration desk and ending with their final service. It also illustrates the duration between a patient's enrollment on a waiting list and the provision of that service. HCP-PC is a process that involves the sharing of healthcare information between healthcare professionals and patients which leads to patients' healthcare satisfaction (Priya and Devi, 2020). The emphasis on HCP-PC stems from the fact that acknowledgement of patients' contributions, suggestions, and emotional needs is crucial in rendering quality healthcare service. Thus, when healthcare providers make concerted efforts to engage in communication with patients, know their healthcare preferences, ask them key questions, and seek their



opinions on their health concerns, this will improve patients' trust in healthcare providers, resulting in higher healthcare service satisfaction (Chandra and Mohammadnezhad, 2021).

Accordingly, patients' satisfaction explains the degree of congruence between patients' ideal expectations of healthcare services and the actual healthcare services they receive (Kalaja, 2023). According to Manzoor *et al.* (2019), patients' satisfaction indicates the level of happiness or pleasure they experience when using a particular healthcare system. Recently, patients have started to perceive themselves as the primary asset of hospitals (Manzoor *et al.*, 2019). Recognising this fact necessitates respect for certain patients' rights, underscoring the need for quality healthcare service delivery (Juhana *et al.*, 2015). Thus, the evaluation of healthcare service delivery from the patients' perspective has currently received greater attention, especially in public hospitals. Given the importance of this subject, studies in this direction deserve adequate consideration. Despite efforts to provide high-quality service delivery, patients are still unsatisfied with our public hospitals. To this end, public hospitals now seek ways to improve their service offerings to enhance patients' satisfaction. Consequently, studies on service delivery and patient satisfaction have increasingly gained momentum (Abodunrin *et al.*, 2018).

Statement of the Problem

Patients are critical stakeholders in the hospital system, including public hospitals in Akwa Ibom State. Hospitals' level of effectiveness in delivering healthcare services directly impacts patient satisfaction, as well as increasing the likelihood of repeat patronage. However, the decline in service quality observed in public hospitals in Akwa Ibom State has raised significant concerns regarding healthcare service delivery. Initial investigations conducted by the researcher revealed that patients experience prolonged waiting times and encounter poor communication between healthcare workers in many instances. As a result, affected patients voice numerous complaints, vow not to return, and promise to patronise private hospitals in the future, all of which are indicators of increased healthcare dissatisfaction among patients. This dissatisfaction ultimately leads patients to resort to self-medication, posing a potential risk to public health in Akwa Ibom State. This concern necessitates a study in this direction on healthcare service delivery and patients' satisfaction.

Objectives of the Study

The main objective of this study was to examine the influence of healthcare service delivery on patient satisfaction in public hospitals in Akwa Ibom State.

The specific objectives include:

- i. ascertain the influence of patient waiting time on patient satisfaction in public hospitals in Akwa Ibom State;
- ii. determine the effect of Healthcare Provider-Patient Communication (HCP-PC) on patient satisfaction in public hospitals in Akwa Ibom State;



Research Hypotheses

The following hypotheses were formulated to guide this study:

- i. **H₀₁:** Patients waiting time has no significant influence on patient satisfaction in public hospitals in Akwa Ibom State; and
- ii. **H₀₂:** Healthcare provider-patient communication (HCP-PC) has no significant effect on patient satisfaction in public hospitals in Akwa Ibom State.

Scope and Significance of the Study

When PWT and HCP-PC receive proper care, quality healthcare service delivery improves patients' satisfaction in public healthcare systems. Given this fact, this study would benefit healthcare personnel in the studied public hospitals by enabling them to provide value-added services to their patients in a timely manner. Additionally, the study's findings would be beneficial to the management of the studied public hospitals, enabling them to make informed decisions on critical healthcare service delivery variables that require the utmost attention, thereby successfully improving the quality of healthcare service delivery in the hospital.

This study's content focuses on the concept of healthcare service delivery and its proxies (PWT and HCP-PC) and how they affect patients' satisfaction. Geographically, this study was restricted to Akwa Ibom State, Nigeria. This study was conducted in three public hospitals in Akwa Ibom State, Nigeria, namely the University of Uyo Teaching Hospital, Ikot Ekpene General Hospital, and Ikot Ekpene and General Hospital (Iquita) Oron, respectively. The study was limited to patients who have received healthcare services in the aforementioned three (3) public hospitals located in the three (3) senatorial districts in Akwa Ibom State. The researchers selected these locations to facilitate interactions with respondents, who provided pertinent attitudinal responses for the study. The study's unit of analysis focused on patients who visited public hospitals in Akwa Ibom State. The unit of analysis included patients who had encountered public hospitals and those who had visited and interacted with public hospitals within the state.

REVIEW OF RELATED LITERATURE

The Concept of Healthcare Service Delivery

World Health Organization (WHO) defines healthcare service delivery as all healthcare systems, individuals and all actions that are taken with the objective of promoting, restoring or maintaining health (WHO, 2018). Mosadeghrad (2014) maintained that it refers to the consistency of healthcare professionals in providing cost-effective healthcare services that are in tandem with clinical guidelines and standards, which meets patients' satisfaction. Though what amounts to effective service delivery in healthcare studies lacks harmonious conceptualisation, nevertheless, assessment of effective healthcare service delivery involves more of a cognitive evaluation. It requires a deep focus on process and structure such as the professional skills and communication ability of healthcare providers, patients' trust, chances of protracted long queues due to appointments, emergency care, and availability of hospital facilities and other resources (Appiah, 2019). As earlier emphasised, PWT and HCP-PC are



healthcare service delivery variables that affect patients' satisfaction. These proxies and their effects on patients' satisfaction are explained in the subsequent sub-headings.

Patients' Waiting Time and Patient Satisfaction in Public Hospitals

The amount of time that patients have to wait is a significant determinant of the standard of medical services that are provided in healthcare facilities (Osundina and Opeke, 2017). Osundina and Opeke (2017) further see it as patients' objective evaluation of the quality of healthcare services they received against their expectations. Generally, prolonged waits in healthcare facilities are often inevitable (Xie and Calvin, 2017). Patients, particularly in the outpatient department, have unequivocally ranked the challenge of waiting time in healthcare facilities as their top concern, surpassing personnel problems, interactions, conduct, and attitude, regardless of the causative factors (Oche and Adamu, 2013). Research has demonstrated that delays in patient waiting times in public health facilities, a crucial indicator of healthcare service delivery, impact the quality of a patient's time with a physician and the overall effectiveness of the healthcare system (Yang and Park, 2021; Ukizentaburuwe *et al.*, 2021). It affects patients' perceptions of a specific public hospital, as well as decreasing the likelihood of word-of-mouth referrals from patients (Jandavath and Byram, 2016). Similarly, long waits resulting from any kind of appointment can be both frustrating and agonizing for patients (Oche and Adamu, 2013). Unnecessarily keeping patients waiting can be a cause of stress for patients and physicians (Oche and Adamu, 2013). Depending on the patient's demographics and social factors, long waiting times can be interpreted by patients as poor organisation and a lack of respect on their part.

Healthcare Provider-Patient Communication (HCP-PC) and Patient Satisfaction in Public Hospitals

As maintained by Molina-Mula and Gallo-Estrada (2020), effective communication between healthcare professionals and patients are basically in three forms: verbal, non-verbal and Paraverbal. The authors opined that verbal form of such communication deals with the vocal content of the message; non-verbal features include body language features between the parties such as posture, facial expression, gesture, and spatial distance; while Paraverbal components include pitch, tone and volume of the voice between the parties. Healthcare Provider-Patients Communication (HCP-PC) has been conceived as a 'sacred arrangement' between healthcare professionals and patients (Mosadeghrad, 2014).

Nevertheless, one of the biggest challenges healthcare providers have in public hospitals is their inability to communicate properly with their patients so as to pass the right information (Mohammadnezhad, 2021). This challenge is more pronounced owing to the fact that both healthcare providers and patients are two individuals in public hospitals whose situations are not parallel. Thus, how healthcare professionals, especially the doctors, communicate with patients significantly determines patients' healthcare outcome(s) in public hospitals. For instance, Molina-Mula and Gallo-Estrada (2020) submit that it helps physicians to avoid being frustrated through proper patients' diagnosis and treatment. It has also been shown that it increases patients' satisfaction as healthcare workers get a better understanding of their ailment as well as the available treatments, improves patient' psychology and quality of life (Ramos-Vera *et al.*, 2022). It equally helps in delivering high-quality patient-centred care as well as improves doctors-patients' healthcare experience (Iloh *et al.*, 2017).



Concept of Patient Satisfaction

Manzoor *et al.* (2019) pointed out that patients' healthcare satisfaction entails the correlation between patients' healthcare expectations from health facilities and healthcare workers and the actual experiences of such treatments. Abodunrin *et al.* (2018) further defined it as the degree to which healthcare service consumers perceive congruence between healthcare service expectations and the actual service they receive. In the same vein, Sampson *et al.* (2022) believes that patient satisfaction is a measure of how well healthcare providers meet their patients' needs. The authors further assert that the most significant outcome of marketing is customer fulfilment, which connects the different points in the purchasing process. Patient satisfaction is the perceived pleasurable experience and totality of contentment patients receive due to the healthcare services they receive from health facilities and healthcare professionals. In simple, it is a function of healthcare service experience (Ogunnowoet *al.*, 2017 and Abodunrin *et al.*, 2018).

Theoretical Framework

Queuing Theory

Queuing theory was popularised in 1909 by a Danish mathematician known as Agner Krarup Erlang (Queueit, 2023). Queuing theory, therefore, is a mathematical model that studies arrivals, service rates and queue disciplines. It scrutinises all aspects of waiting in line of a system, including the capacity of the waiting area and average service completion time. In the overall study, the queuing theory helps to explain the association linking the independent variables (waiting time and healthcare provider-patient communication) and the dependent variable (patients' healthcare satisfaction) by providing a systematic understanding of patient flow dynamics and resource allocation in healthcare service delivery. By leveraging on queuing theory insights, hospitals in Akwa Ibom State can implement effective strategies to optimise patient flow, minimise waiting times, and enhance patient satisfaction.

Empirical Review

Natalia (2022) conducted a study to examine patients' satisfaction levels with the biosecurity protocols implemented at the University Of Costa Rica School of Dentistry to prevent COVID-19 infections during dental care. All patients who had received dental consultations at the School of Dentistry between April and September 2021 received a survey via email. The survey gathered information on socio-demographic factors (gender, age group, educational level, and place of origin) and sought to assess patients' perceptions of the effectiveness of the protocols in preventing COVID-19 infections during dental consultations. The researcher used descriptive statistics to analyse the frequency and percentage distribution of socio-demographic variables, as well as, patient satisfaction with the protocols. The Chi-square test was used to analyse the data. The study revealed that 95.9% of the respondents believed the biosecurity protocols were effective in preventing COVID-19 infections, and there were no statistically significant differences between patient satisfaction and socio-demographic variables.

Biya *et al.* (2022) examined the link between waiting time and its associated factors in patients presenting to outpatient departments at public hospitals in Jimma Zone, Ethiopia. The researchers adopted a cross-sectional research approach. The study randomly assessed the population, using 422 patients as samples. The primary data generated for the study was



analysed using logistic regressions. Results from the analysis showed, among other things, that patients who came far from the hospital were more likely to spend longer waiting times than those who came from the hospital's area.

Kalwaret *et al.* (2021) conducted a study on the statistical analysis of waiting time for patients using queuing techniques. The study focused on a large hospital in Pakistan. The aim of the study was to assess the duration of patients' waiting periods in the Outpatient Department (OPD) of Gastrology at ABC Hospital in Karachi. The study utilised a survey research design. The study included a cohort of 250 individuals, selecting 210 outpatients as representative samples. The data analysis was conducted utilising the measures of central tendency, specifically the mean, and dispersion, specifically the standard deviation. The study demonstrated that the waiting time for outpatients in the hospital differs among various demographic groups.

In a study conducted by Ukizentaburuwe *et al.* (2021), the researchers at Rwanda's Kibungo Referral Hospital looked at the factors impacting waiting times for outpatients. The purpose of this research was to examine the demographics of outpatients at Rwanda's Kibungo Referral Hospital in relation to wait times and other relevant variables. The investigation used a cross-sectional design. As a result of random sampling, 400 outpatients made up the study's population. We analysed the primary data that was obtained using the Chi-square (X²) method of data analysis. One of the main takeaways from the study was the correlation between patients' likelihood of waiting time and their visit to a specialised hospital compared to allied healthcare services.

Yang and Park (2021) assessed the relationship between waiting time and customer satisfaction in general hospitals. The study's aim was to investigate the interplay between waiting time and service value in hospitals. A total of 300 respondents served as the population of the study, while 265 respondents were used as samples for the study. Structural Equation Modelling (SEM) was used in analysing the generated primary data. Results from the analysis showed, among others, that waiting time did not affect perceived waiting time.

Chandra and Mohammadnezhad (2021) carried out a study on Doctor-Patient Communication in Primary Health Care: A Mixed-Method Study in Fiji. The objective of the study was to identify the factors affecting doctors' and patients' satisfaction in primary healthcare in Fiji. A survey research design was used in the study. The systematic sampling technique selected 20 of the 365 respondents from the study's population. A mixed method of data analysis was applied in order to test the formulated hypotheses. The results of the analysis revealed the doctors' attitude, approach, interaction with patients, and ability to provide an explanation.



METHODOLOGY

Since the study was descriptive research, we adopted a cross-sectional survey design approach. The design was appropriate for collecting data on a particular population at a specific point in time. The populations for this study were all patients who had received healthcare services in selected public hospitals in Akwa Ibom State in the past six months or so. However, during this period, it was difficult for the researchers to gather accurate records of in- and out-patients at these selected public hospitals. Hence, we considered the study population to be undefined from a statistical point of view. Using the Topman formula for an infinite population, this study had a sample size of 384. Simple random sampling method while Simple linear regression technique was used to analyse the data gathered. Therefore, we presented the basic linear regression models as follows:

$$PHS = f(PWT, HPC-PC) \quad \text{Equation 1}$$

Each Independent Variables and Regression parameters are presented and coded thus:

PHS = Patients' healthcare satisfaction. (Y)

PWT = Patients' waiting time. (X₁)

HCP-PC=Healthcare provider to patients communication. (X₂)

β_0 = Regression Intercept

β_1 = Regression Parameter

e = Stochastic Term

The simple linear regression model with parameter estimates was decomposed as:

$$PHS = \beta_0 + \beta_1 PWT + \dots\dots\dots e \quad \text{Equation 2}$$

$$PHS = \beta_0 + \beta_1 HCP-PC + \dots\dots\dots e \quad \text{Equation 3}$$



DATA ANALYSIS AND INTERPRETATION OF FINDINGS

Hypothesis 1

H₀₁: Patients waiting time has no significant effect on patient satisfaction in public hospitals in Akwa Ibom State.

Table 1: Summary of Simple Linear Regression Analysis Showing the Effect of PWT on PHS.

	B₁	SE	B₂	t-value	Significant (2 tailed)
Constant	4.133	.349		11.827	.000
PWT (X ₁)	0.644	.030	.759	21.606	.000
Dependent Variable: PHS					
R =	0.759				
R ² =	0.576				
Adjusted R-Square =	0.574				
	1.50330				
Std. Error of estimate =					
F-statistics =	466.809				
Probability (Significant p-value) =	0.000				

**significantly related at 5% (p<0.05). B₁= unstandardised beta, B₂= standardised beta, SE= standard error.*

Source: *The Researcher's Computation (2024).*

Table 1 shows a regression coefficient of $R^2 = 0.576$, which means that the independent variable accounted for 57.6% of the variation in PHS. In addition, an F-statistic value of 466.809 and a p-value of 0.000 suggest that PWT significantly predicts PHS. The beta coefficient, with $x_1 = 0.644$ and $p\text{-value} = 0.000$, indicates that every unit change in PWT leads to a 64.4% increase in PHS, holding all other factors constant. With reference to the decision rule, since the generated p-value (0.000) is less than 0.05 ($p\text{-value} = 0.000 < 0.05$), the null hypothesis is rejected. Therefore, we conclude that PWT significantly influences PHS in public hospitals in Akwa Ibom State.



Hypothesis 2

H₀₂: Healthcare provider-patient communication (HCP-PC) has no significant effect on patient satisfaction in public hospitals in Akwa Ibom State.

Table 2: Summary of Simple Linear Regression Analysis Showing the Effect of HCP-PC on PHS.

	B ₁	SE	B ₂	t-value	Significant (2 tailed)
Constant	6.052	0.416		14.552	0.000
HCP-PC(X ₂)	0.458	0.034	0.587	13.448	0.000
Dependent Variable: PHS.					
R =	0.587				
R ² =	0.345				
Adjusted R-Square =	0.343				
Std. Error of estimate =	1.86847				
F-statistics =	180.852				
Probability (Significant p-value) =	0.000				

*significantly related at 5% ($p < 0.05$). B₁ = unstandardised beta, B₂ = standardised beta, SE = standard error.

Source: *The Researcher's Computation (2024).*

Table 2 shows a regression coefficient of $R^2 = 0.345$, which means that the independent variable accounted for 34.5% of the variation in PHS. In addition, an F-statistic value of 180.852 and a p-value of 0.000 suggest that HCP-PC significantly predicts PHS. The beta coefficient, with $x_1 = 0.458$ and p-value = 0.000, indicates that every unit change in HCP-CP will lead to a 45.8% increase in PHS, holding all other factors constant. With reference to the decision rule, since the generated p-value (0.000) is less than 0.05 ($p\text{-value} = 0.000 < 0.05$), the null hypothesis is rejected. Therefore, we conclude that HCP-CP significantly influences PHS in public hospitals in Akwa Ibom State.

CONCLUSION

The study's findings revealed that patient waiting time and healthcare provider-patient communication (HCP-PC) have a positive and significant effect on patient satisfaction in selected public hospitals in Akwa Ibom State, Nigeria. However, while such an effect may exist, the regressed variables showed that patient waiting time (PWT) has a greater effect on patients' healthcare satisfaction in the studied public hospitals than other healthcare service delivery proxies. The study concluded that healthcare service delivery significantly enhances patients' healthcare satisfaction in the public hospitals in Akwa Ibom State.



RECOMMENDATIONS

The following suggestions are given in light of the study's results:

- i. Public hospital management should properly manage patient administrative concerns, as this could help reduce patients' prolonged waiting times.
- ii. Healthcare providers in the studied public hospitals should respect the patient's private healthcare information, as patients undoubtedly place their trust in them.

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