



■ Original Research Article

Mothers' Satisfaction with Attitude of Health Care Workers in A Teaching Hospital in South- South Nigeria

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Abstract:

Introduction: Getting clients to assess their satisfaction with the attitude of health care providers towards them in any given health facility has become an integral part of self-audit by managements of hospitals the world over. **Materials and Methods:** This study set out to request mothers to assess their satisfaction with the attitude of health care providers who attended to them during their accessing maternity care in the study centre. The research was designed as an exploratory study that was questionnaire based. **Results:** Two hundred and eighty-seven mothers were surveyed and 234 (81.3%) were aged below 35 years, 259 (91.5%) were multiparous women, while 246 (85.7%) were educated to post-secondary level. Only 27.4% of the mothers were attended to within 30 minutes waiting time at the Antenatal clinic (ANC), as against 94.7% of them who received attention within 15 minutes of arrival at the delivery suites. Most (95.4%) of the mothers expressed satisfaction with the attitude of health care providers towards their care. A vast majority (82.8%) of the mothers expressed willingness to continue to access ANC and 90.2% were willing to deliver in the centre in subsequent pregnancies. **Conclusion:** The waiting time at the ANC was unduly long for many mothers, even though an impressive short waiting time was achieved at the delivery suites. Most of the mothers expressed satisfaction with the attitude of health care providers, and they were willing to continue to access maternity care in the study centre in subsequent pregnancies. **Key words:** Perception, health care providers, attitude, satisfaction, clients, mothers, maternity care.

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Introduction

A health facility is an institution designated and equipped with necessary material and human resources to cater for the health needs of the people of a given society. Some authorities have identified a four level model of the health care system, which are the individual patient, the health care team, the health facility, as well as the political and economic environment.^[1,2] The political and economic environments determine the quality and standard of health care available in a given health facility.^[2] However, the orientation and attitude of personnel of the health care team essentially influences positively or negatively the quality of health care available to end users in the health facility. Such attitude towards health care leaves an enduring impression on the psyche of the end users.

The World Health Organization (WHO) recommends a strategy of patient-centred care, which should be focused on evidence-based patient-satisfied best practice protocols.^[3,4] Such a strategy is intended to make available to clients and patients the best standard of health care, tailored towards satisfying the needs of the end users, both physically and psychologically. Based on the four level model of the health care system, the clinician and the patients emerge as the primary human elements, whose relationship determines the effectiveness of the health facility. That means that the clinician and other health workers must be able to satisfy the patient's health needs.

In every maternity unit, a mother expects to receive wholesome antenatal care that keep her and her unborn baby healthy.^[3] Mothers expect to be supervised to carry their pregnancies to term and to deliver safely healthy infants at the end of their pregnancies.^[3,4] In the course of this care, mothers expect to be treated with a sense of dignity.^[4]

The Doctor-Patient relationship is a social contract, where the Doctor is obligated to satisfy the health needs of his patient.^[5] The relationship is consensual and mutual, and may be entered into expressly or by implication when the Doctor makes himself available to provide health care, and the patient meets the requirements of becoming his patient.^[5] The attitude of Doctors and other health workers in a health facility towards patient care determines the impression a patient might have as

regards her satisfaction with the health care she receives in a given health facility. Assessing the level of satisfaction of clients with the quality of health care they received from a given health facility has therefore become an integral part of self-audit by the managements of hospitals the world over.^[6,7] While the level of equipping and cleanliness of a health facility may be adequate, the attitude of health care providers to their work and the way they attend to their clients can make or mar the corporate image of the health facility.^[7,8] Available evidence suggests that people prefer to attend health facilities where health care workers are well cultured and polite towards their clients.^[9,10] Since every hospital is established to attend to the health needs of patients, patient attendance is therefore of immense importance to the sustenance of any health facility. In developed countries of the world where resources are optimal in hospitals, health workers have equally been found to be well cultured and polite in the way they attend to their clients; this helps to boost the psychological and emotional wellbeing of their clients.^[9] Consequently, this has a positive influence on patient patronage, as well as progress and development of the health facility.^[9,10] In developing countries on the other hand, health facilities are often resource constrained, and clients' dissatisfaction with the care available could result in low patronage.¹⁰

The Maternity Unit of the University of Uyo Teaching Hospital is a referral centre for pregnant women across Akwa Ibom State of Nigeria and its environs, with a potentially large clientele base; however, anecdotal evidence suggests that the turnover of clients in the unit has been fluctuating over the years. This study was designed to assess the level of satisfaction of clients with the attitude of doctors and other health care workers at the antenatal clinic and delivery suites of the unit. Findings of a research of this nature could guide the management of the hospital in ensuring reorientation of her health workforce in order to reinforce appropriate professional ethics and a courteous approach to patient care. Such a development is in the interest of the patients and overall corporate image of the hospital.

Materials and Methods

This was an exploratory study of mothers' satisfaction with the attitude of health care providers in the Maternity unit of the University of Uyo Teaching Hospital during their antenatal care at the clinic and at the delivery suites in the course of labour and delivery. The study was conducted in the postnatal ward of the hospital over a three months period, from 1st July 2019 to 31st September 2019. The University of Uyo Teaching Hospital is located in Uyo, the state capital of Akwa Ibom State, which is situated in the South-east health zone of Nigeria. It is one of two specialist hospitals providing tertiary level maternity care in the state. Mothers who present themselves at the antenatal clinic (ANC) of the hospital for antenatal care have to first be received by the nurses, from where their clinical folders are retrieved by the record officers for nurses to make entries. In the course of nursing care, certain laboratory tests are done and health talks given. Thereafter, the mothers proceed to consult their Doctors at the clinic. At the delivery suites, mothers are often attended to briefly by nurse midwives, thereafter by Doctors on duty. Hospital assistants are often on ground to retrieve mothers' clinical folders from the records unit.

The study population was made up of mothers from Akwa Ibom State, and the neighbouring states of Abia, Cross River, Imo and Rivers states. Mothers who received antenatal care and delivered in the study centre, who gave their informed consent to participate were recruited into the study. Mothers who declined to participate and others who were severely ill in the course of pregnancy were excluded from the study. Akwa Ibom state covers a land mass of 7,245,935 square kilometers with an estimated population of 5.5 million people.^[11]

The minimum sample size was determined using the Kish Leslie formula, which is given by $N = Z^2Pq$ over d^2 and 'N' represents the sample size, 'Z' is the standard normal deviate set at 1.96, 'q' is given by $1 - P$ and 'd' is the degree of accuracy set at 5%. The value of 'P' was 81.4% obtained from a similar study in Calabar, which is in the same health zone as the study centre.^[12] The calculated minimum sample size of 231.5 respondents was obtained. The study population was deliberately increased to 287 in order to improve the reliability of results obtained from the study. Missing data were negligible, so were eliminated from data analysis.

Data Collection

Anecdotal evidence shows that an average 180 deliveries occur in the maternity unit of the study centre every month. Mothers were therefore surveyed postpartum thrice per week, after every two days with the aid of pretested structured questionnaires. The questionnaire was pretested at the maternity unit of St. Luke's Hospital, a secondary level health facility in Uyo. Clients were recruited into the study population through a simple random sampling technique by lottery. The postnatal ward has 22 beds and 287 mothers were successfully surveyed over the 3 month period of the study. On each survey day, before recruitment, mothers were counselled by trained research assistants on the nature and purpose of the study. Informed consent was obtained from willing clients who were then noted and numbered serially. The total number of consenting mothers were noted on each survey day and recruited using the lottery technique.

A number lying between 1 and 9 was picked at random, starting with this number, ballot papers were numbered according to the number of clients present and folded into a basket. The ballot papers were shuffled and presented to each client to pick one till the last client had picked a ballot paper. Mothers were then asked to open their ballot papers, those who picked even numbers were recruited into the study and issued questionnaires. This lottery technique was employed on each survey day till the number of clients included in the study population was attained.

Mothers were advised to complete each question, and explanations and clarifications were provided by the research assistants. Clients who could not read and write were assisted to complete the questionnaires by the research assistants. Information sought by the questionnaire included, demographic characteristics, obstetric parameters, mode of delivery and neonatal health status. The questionnaire based survey of mothers' satisfaction with the conduct of health workers that attended to them at the ANC were as follows: How would you assess the conduct of the Nursing staff? the Records staff? and the Doctor who attended to you at the ANC? The respondents were to choose independently for each category of staff from 7

options, namely Disgusting, Very bad, Bad, Average, Good, Very good, Excellent. Responses that ranged from 'Good' to 'Excellent' were graded as 'Satisfied', while responses that ranged from 'Disgusting' to 'Average' were graded as 'Unsatisfactory'. Each category of staff was further assessed through the following questions. Was the staff courteous towards you? Did the staff give you adequate attention? Did the staff maintain a friendly disposition throughout your encounter with him or her? Respondents were to answer 'Yes' or 'No'. A respondent was ultimately graded to be 'Satisfied' if her response was initially graded to be satisfied and her answers were in the affirmative to all 3 last questions. With regard to delay interval, they were asked. How long did it take from arrival before you could consult your Doctor at the ANC? Interval ranges were provided for the respondents to choose from. At the delivery suites, the following questions were asked. When you arrived at the delivery suites, did a staff welcome you and ushered you to a seat? The options were, Yes or No. How long did it take before you were attended to at the Delivery Suites? Intervals ranges were provided for the respondent to choose from. How would you assess the conduct of the Doctors? the conduct of Nurses towards you at the Delivery Suites? Respondents were to choose for each category of staff from the 7 options, which were Disgusting, Very bad, Bad, Average, Good, Very good or Excellent. Responses that ranged from Good to Excellent were graded as Satisfied, while responses that ranged from 'Disgusting' to 'Average' were graded as 'Unsatisfied'. Was the Nurse courteous in attending to you? Did the Nurse give you adequate attention? Did the Nurse maintain a friendly disposition throughout your encounter with her? Each client was to answer 'Yes' or 'No'. Respondents who answered in the affirmative to all 3 last questions were graded to be satisfied. The same set of questions were asked to assess Doctors' attitude.

Approval to conduct the study was obtained from the Ethical Committee of the University of Uyo Teaching Hospital. Informed consent was obtained from every client that was recruited into the study. Information collected from the clients for the study were handled with utmost confidentiality. Data generated are expressed in Arabic numerals, simple proportions, percentages and frequencies.

The results are presented in tables and bar charts. Data obtained were analyzed with descriptive statistics using deductive principles.

Results

A total of 287 mothers participated in the study during the 3 months period of the survey. Three of the mothers surveyed did not receive antenatal care in the unit. The mean age of the mothers was 29.89 ± 5.31 years. Their median gestational age was 30 weeks and the median parity of the mothers was 2. Table I shows the demographic and obstetric parameters of mothers' in the study population. The majority 234 (81.3%) of the mothers were aged below 35 years of age, with most 259 (91.5%) of them being married women. A large proportion 246 (85.7%) of the mothers were educated to post-secondary level, with a vast majority 251 (87.4%) having booked and obtained antenatal care in the study centre. More than two thirds 189 (65.9%) of the mothers were multiparous women.

A high proportion 226 (67.6%) of the mothers found the attitude of record officers towards their care at the antenatal clinic to range from good to excellent, which was interpreted to mean satisfactory. While only 61 (21.3%) mothers found their attitude to be unsatisfactory.

Figure 1 shows mothers' perception of nurses' attitude towards their antenatal care. The majority 192 (66.3%) of the mothers found nurses' attitude to range from good to excellent, which was interpreted to mean satisfactory. Only 64 (22.7%) of the mothers found nurse's attitude to be unsatisfactory.

Mothers' perception of the attitude of Doctors towards their care at the antenatal clinic is shown in Figure 2. The vast majority 138 (82.9%) of the mothers found the attitude of Doctors at the antenatal clinic to range from good to excellent, which was interpreted to mean satisfactory. Only 18 (6.2%) of the mothers found Doctors' attitude towards clients at the antenatal clinic to be unsatisfactory.

Figure 3 shows mothers' perception of the attitude of nurses towards them at the delivery suites. A vast majority 238 (80.3%) of the clients perceived attitude of nurses at the delivery suites to range from good to excellent, which was graded to

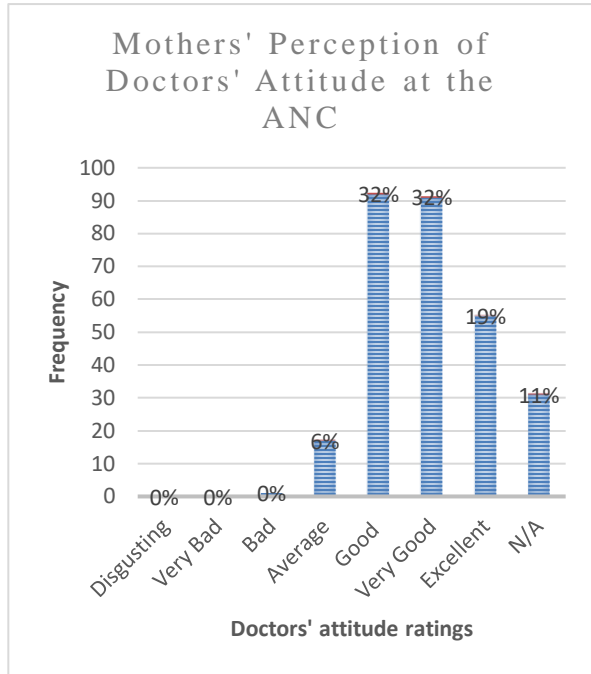


Figure 2 shows that mothers that were satisfied with the attitude of doctors at the ANC were 80.0%, whereas 20.0% were unsatisfied

mean satisfactory. Fifty-five (19.7%) of clients founds the nurse’s attitude at the delivery suites to be unsatisfactory.

Perception of mothers about the attitude of Doctors at the delivery suites is shown in figure 4. Most 260 (91.8%) of the mothers found attitude of the Doctors at the delivery suites to range from good to excellent, which was graded to mean satisfactory. Twenty- six (8.0%) clients adjudged Doctors’ attitude at the delivery suites to be unsatisfactory.

Table II shows the waiting interval at the antenatal clinic and the overall reaction of the mothers based on their impression of the standard of care they received. The highest proportion 99 (34.9%) of the mothers waited for over 120 minutes before they could consult their Doctors at the antenatal clinic, and only 78 (27.5%) were seen by their Doctors within 30 minutes of arrival at the antenatal clinic.

At the delivery suites, most 272 (94.7%) of the mothers were attended to within 15 minutes of their arrival. Only 3 (1.1%) of the mothers waited for over 60 minutes before being attended to at the delivery suites. Based on the general impression of the mothers about the attitude of health care workers towards their care, 271 (95.4%) expressed satisfaction, and 236 (82.8%) expressed their willingness to obtain antenatal care in the unit in subsequent pregnancies. Most 258 (90.2%) of the mothers were willing to deliver in the unit in subsequent pregnancies.

Table 1: Demographic and obstetric parameters of mothers in the study population

Variables	Frequency (N)	Percentage (%)
<u>Age</u>		
15 – 24	42	14.6
25 – 34	192	66.9
35 – 44	52	18.1
45 - 50	1	0.4
<u>Marital status</u>		
Married	259	91.5
Separated	17	6.0
Never married	7	2.5
<u>Level of education</u>		
Primary		
Secondary	11	3.8
Post-secondary	30	10.5
<u>Booking status</u>		
Booked	246	85.7
Unbooked	251	87.4
Referred	18	6.3
<u>Parity</u>		
1	98	34.1
2 – 4	174	60.7
5 - 7	15	5.2
	287	100.0

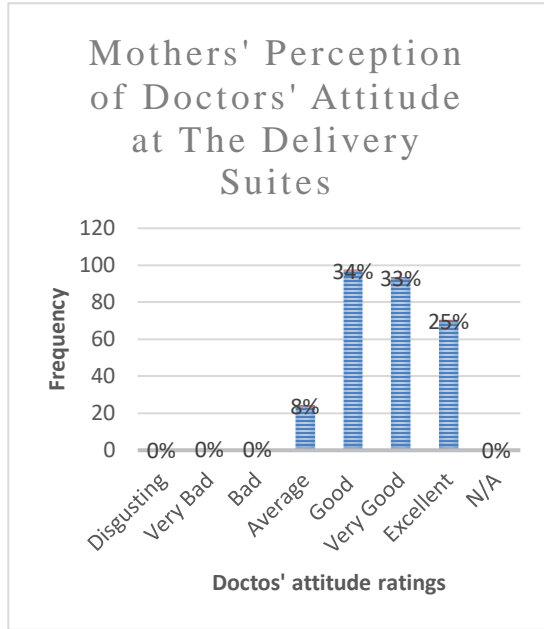


Figure 1: Shows that sixty-six percent of mothers express satisfaction with nurses' attitude at the ANC, whereas 23.0% were unsatisfied.

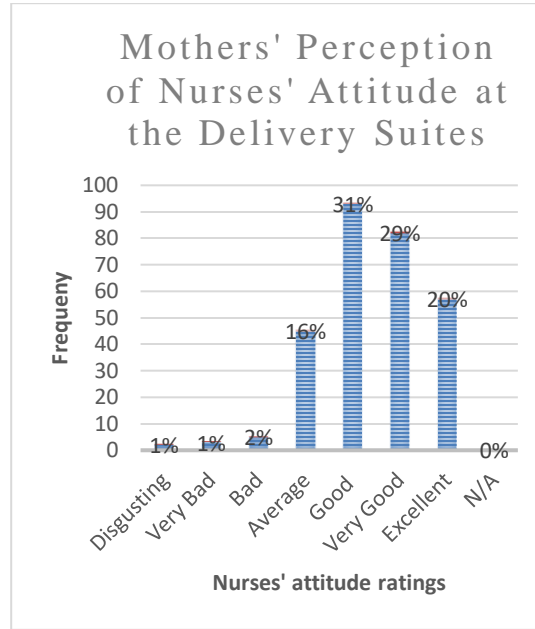


Figure 4 shows that mothers that were satisfied with the attitude of nurses at the delivery suites are 92.0%, while 8.0% were not satisfied

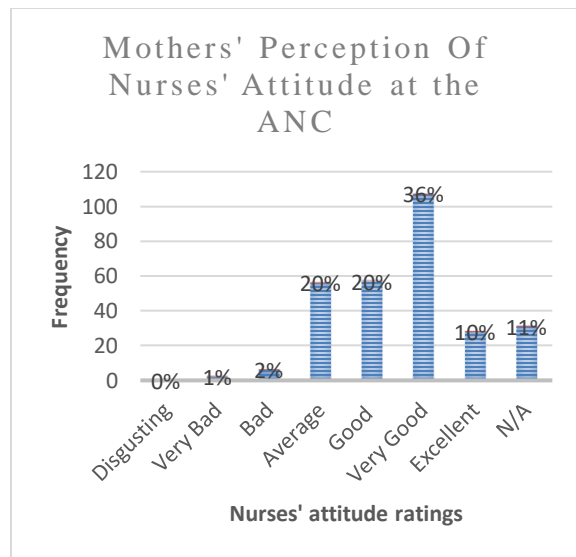


Figure 3 shows that 80.0% of mothers expressed satisfaction with the attitude of Doctors at the delivery 6.0% were unsatisfied.

Table 2: Mothers' Waiting Interval and Satisfaction with the Attitude of Health Care Providers at the Study Centre

Waiting interval (in mins.)	Number	Percentage
At the Antenatal Clinic		
≤30	78	27.5
31 – 60	28	9.9
61 - 90	20	7.0
91 - 120	30	10.6
>120	99	34.8
Not applicable	29	10.2
Total	284	100.0
At the Delivery Suites		
≤ 15	272	94.8
16 – 30	7	2.4
31 – 45	2	0.7
46 - 60	3	1.0
> 60	3	1.1
Total	287	100.0
Reaction of clients based on perception of overall conduct of health care providers		
Satisfied with attitude of personnel?		
Yes	271	95.4
No	13	4.6
Will you deliver here in your subsequent pregnancy?		
Yes	258	89.9
No	28	9.8
Not sure	1	0.3
Will you come back for ANC?		
Yes	235	82.7
No	49	17.3

Discussion

This study is the first of its kind in the study centre since its inception about 2 decades ago. A total of 287 mothers were surveyed and they had a mean age of 29.89 ± 5.31 years, a modal gestational age of 40 weeks and a median parity of 2. This probably reflects the peak demographic and obstetric profile of mothers in their active reproductive period in the target population. A detailed demographic profiling of the mothers revealed that a vast majority 234 (81.3%) of the mothers were aged below 35 years of age, most 259 (91.5%) were multiparous married women with 246 (85.7%) having attained post-secondary level of education. This finding where a vast majority of the respondents had attained post-secondary level of education with a high proportion being below 35 years of age are similar to results obtained from researches in other parts of southern Nigeria.^[12,13] However, findings from northern Nigeria had younger women in the majority with lower levels of educational attainment in their series.^[14]

The Institute of Medicine (IOM) recommends that at least 90% of patients should be seen within 30 minutes of their scheduled appointment.^[15] Notwithstanding, only less than one third 78 (27.5%) of mothers were seen within 30 minutes at the antenatal clinic (ANC) in this study, while over a third 99 (34.86%) of the mothers waited for over 120 minutes before they could consult their Doctors at the ANC. A similar result was found in a study in northern Nigeria, where only 31.0 % of the clients in that series were seen within 60 minutes.^[16] This study was conducted in an antenatal clinic where some laboratory testing and health enlightenment have to be provided to the mothers before consultation. Such pre-consultation activities take some time, thereby adding to the waiting time at the clinic. The recommendation of the IOM does not specify the outpatient clinic setting it applies, but it is apparent that it might not be applicable in a setting like the antenatal clinic.^[16] The sharply contrasting short waiting interval of 15 minutes for 272 (94.8%) of mothers who were attended to at the delivery suites in this study was possible because anecdotal evidence reveals that the labour ward operates as an

emergency unit to deliberately ensure prompt attention to mothers presenting in labour.

It was interesting to note that most 271 (95.4%) of the mothers in this study expressed satisfaction with the attitude of health care personnel in the study centre and a vast majority 236 (82.8%) of them offered to patronize the hospital in subsequent pregnancies. This finding is in agreement with results from similar studies in other centres in Nigeria, which confirmed a high level of satisfaction by clients with the attitude of health care personnel and the desire to maintain maternity care in such study centres.^[12,13,14] It is however essential to note that out of these three study centres, in Calabar mothers were requested to assess only one aspect of care out of, attitude of health care personnel, quality of clinical care received, sanitation of the facility and availability of basic amenities.^[12]

A total of 226 (67.6%) of mothers in this study found the attitude of records staff at the ANC to be satisfactory, while 21.3% perceived their attitude to be unsatisfactory. Even though over two thirds of the mothers were satisfied with the attitude of records staff, anecdotal evidence in the study centre reveals that some delays occur in the process of clients retrieving their folders from the records unit before entries could be made by nurses and Doctors on each antenatal visit. With improvement in attitude towards client's care by the records officers and rededication to duty, this level of performance could be improved upon.

With regard to the attitude of nurses towards mothers at the ANC, 192 (66.3%) of the mothers found the attitude of the nurses to be satisfactory. This was comparable to the proportion of mothers who were satisfied with the attitude of the records officers in this study, but it contrasted with results from 2 other Nigerian centres and Ethiopia, where a higher proportion of clients 96.1%, 77.3% and 89.4% respectively, in their series expressed satisfaction with nurses' attitude.^[14,17,18]

Doctors' attitude towards health care at the ANC were adjudged by a vast majority 138 (82.9%) of the clients to be satisfactory, whereas 6.2% found their attitude to be unsatisfactory. A higher proportion of clients were satisfied with the attitude of Doctors (82.9%) than with the attitude of nurses (66.3%) and attitude of records officers (67.6%) at the ANC in

the study centre. This is in agreement with findings in a study in Ethiopia, where a higher proportion of clients (82.7%) in that study were satisfied with Doctors' attitude, especially in the way the Doctors clinically examined them.^[18] In other centres where a vast majority of clients expressed a high level of satisfaction with the attitude of Doctors towards their care, this had to do with Doctor-patient relationship, interpersonal rapport, accessibility of the Doctor and the Doctor's sense of compassion.^[19,20,21] Evidence has revealed that the Doctors' attitude towards clients significantly moderate the effect of health care services on the satisfaction of the patients.^[21] Significantly higher proportion of mothers expressed their satisfaction with nurses' attitude (80.3% vs 67.6%) and Doctors' attitude (91.8% vs 82.91%) towards their care at the delivery suites than at the ANC. This finding is perhaps a reflection of gains achieved from regular training of every health care personnel deployed to all emergency units in the hospital under review. Such personnel are trained on best practices in critical and emergency patient care, and this include courteous approach towards clients' care.

This study relied on client's subjective perception of the attitude of health care workers in the study centre, as against a quantitative assessment where a

ranking scale could be applied for greater objectivity.^[22] This reality may influence negatively the applicability of the results of this study.

In conclusion, this study has revealed that the waiting time by mothers at the ANC of the study centre was unduly long; notwithstanding the fact that the majority of the mothers expressed satisfaction with the attitude of health care personnel who attended to them. A large proportion of the mothers also expressed their desire to return to the study centre for subsequent ANC and childbirth. A comparable proportion of mothers were satisfied with the attitude of record officers and nurses at the ANC. A much higher proportion of mothers were satisfied with the attitude of Doctors at both points of care than with nurses. A higher proportion of mothers were satisfied with the attitude of health care providers at the delivery suites than at the ANC. Much more can be achieved in the study centre through regular reorientation of health care providers on best practices in patient care to reinforce professional and courteous approach towards patient care. This has a potential to foster proper conduct by health care providers towards patients care and could in turn result in clients' satisfaction and patronage of the health facility.

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