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## **PATIENTS' SATISFACTION AND NATIONAL HEALTH INSURANCE SCHEME IN UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY, NIGERIA**

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### **ABSTRACT**

*This study evaluated patient satisfaction with services accessed under the National Health Insurance Scheme at the Consultant Outpatient Department in University of Benin Teaching Hospital located in Benin City, Nigeria. It specifically aimed at ascertaining patients' satisfaction with medical record services, laboratory services, clinical services and pharmaceutical services. It also examined patients' satisfaction with doctors and nurses of outpatient clinic; compare patients satisfaction with various services at Consultant Outpatient Department; ascertain doctors and nurses' politeness and friendliness; ascertain the overall perception of patients; find out the waiting time it takes the patients to consult with the doctors and also examined the influence of demographic variables (gender, age, education, occupation and income) on patients' satisfaction. Questionnaire containing 31 questions was developed to measure the demographic profile of the respondents and the different dimensions of patients' satisfaction. Data obtained were coded and analyzed using means, standard deviation, frequency distributions, T-test and Analyses of Variance (ANOVA). The findings revealed that patients are satisfied with the various dimensions of customer service. Demographic variables (gender, age, education, occupation and income) do not have significant relationship with patients' satisfaction. The paper recommend among others that NHIS should ensure that health institutions act in accordance with the NHIS operational guideline through regular monitoring, appraisal and quality measures to ensure that services provided are in consonance with NHIS standards. The facilities of the hospital should further be expanded to accommodate the increasing needs of patients. The welfare of workers should be improved so as to reduce the brain drain in the hospital. Also improving the welfare of workers will go a long way to making them to be more committed to their jobs and hence improve the level of patient satisfaction.*

**KEY WORDS:** National health insurance scheme, patient, perception, satisfaction, hospital

## **INTRODUCTION**

Satisfaction is a critical focus in the health care sector because human life is involved. In order for the patients to be satisfied, there is the need for the health institution to offer services which give the patients maximum value and attention. Customers choose quality services as one of the important criteria in selecting health care institutions, especially with the introduction of National Health Insurance Scheme (NHIS) where there is keen competition among health care institutions. High quality service has become the main determinant of their survival (Coo & Verma, 2002).

In the service sector generally, the quality of service rendered by service providers determines the level of satisfaction the customer will derive. Rendering quality service is important because a customer will relate his dissatisfaction to eleven people while a satisfied customer will only communicate his satisfaction to three people according to the finding by (Gilbert, 1987). Understanding the needs and behaviour pattern of the customer is fundamental in offering goods and services that will be acceptable in the market place and doing it better than competitors in the industry.

A lot of studies have been done in the extant literature that compared service delivery in public and private hospitals in Nigeria. Notable examples are the studies by Figen and Ebru (2010); Adesanyan, Gbolahan, Ghannan, Miraldo, Petel, Verma and Wong (2012). Agbonifoh and Agbonifoh (2015) examined quality of service delivery in public and private hospitals in Benin City and found that private hospitals perform better than public hospitals in terms of tangibility, reliability, responsiveness, assurance and empathy. Similarly, Agbonifoh and Odia (2014) investigated customer satisfaction with university health services in Benin City. Furthermore, Oluwadare (2012) examined clients' perception of quality in hospital of Ekiti State and found that the overall perception of patients was relatively high in public hospitals with over 70 percent affirming quality on most of the service dimensions. Umeano-Enemuoh, Onwujekwe, Uzochukwu and Ezeoke (2014), equally carried out a study on patients satisfaction and quality of health care in Southeast Nigeria and they found that a large number of the respondents were satisfied with the services provided by different public hospitals. However, a deep review of marketing literature showed that not much research has been done to investigate patients' satisfaction with National Health Insurance Scheme at the Consultant Out-patient Department in University of Benin Teaching Hospital. In view of the significant impact that satisfaction health care have on the quality of life of the citizenry, this study is of utmost importance.

### **OBJECTIVES OF THE STUDY**

The main objective of the study is to investigate patients' satisfaction with the services offered by the National Health Insurance Scheme in the University of Benin Teaching Hospital. The specific objectives are to:

1. investigate patients' satisfaction with medical record services, laboratory services, clinical services and pharmaceutical services;
2. examine patients' satisfaction with Doctors and Nurses of Consultant Outpatient Department (COPD);
3. compare patients satisfaction with various services at COPD;
4. ascertain doctors and nurses' politeness and friendliness TO PATIENTS;
5. ascertain the overall perception of patients with the scheme at UBTH;
6. find out the waiting time it takes the patients to consult with a doctor;
7. examine the influence of demographic variables (gender, age, education, occupation and income) on patients satisfaction.

### **THE RESEARCH HYPOTHESES**

The research hypotheses tested in this study include:

$H_{01}$ : There is no significant difference between doctors and nurses' politeness and friendliness with patients;

$H_{02}$ : There is no significant difference in the offered in the different units of COPD;

$H_{03}$ : There is no significant relationship between respondents' demographics (gender, age, education, occupation and income) and services offered in the different units of COPD.

### **LITERATURE REVIEW**

#### **Customer Satisfaction**

Services contribute over 80 percent of Gross Domestic Product (GDP) in developed countries, and 50 percent in developing countries (Sayeda, Rajendran & Lokachari, 2010). Service can be defined from business perspective as "intangible benefits provided to individuals, businesses, government establishments and other organizations through the performance of a variety of activities or the provision of physical facilities, product or activity for another's use" (Inegbenebor, 2006, p. 165). In a broadened concept Kotler and Armstrong (1989) defined service as any activity or benefit that one party can offer to another that is essentially intangible and that does not result in the ownership of anything.

Delivering quality service is essential for the success and survival of service organisations (Noone & Namasivayam, 2010). In a turbulent and competitive global business environment,

organisations face considerable pressure to meet or exceed customer expectations by delivering services that are of the highest quality (Dorsch, Yasin & Czuchry, 1997). Service quality is a critical requirement for the success of an organization in a competitive environment, where any failure in customer satisfaction due to poor service quality should be a matter of concern (Moletsane, Klerk, & Bevan-Dye, 2014). Customers have high expectations and are aware of rising standards in service, prompted by competitive trends in the business environment (Frost & Kumar, 2000). Even public sector organizations have come under increasing pressure to deliver quality services (Randall & Senior, 1994) and improve efficiencies (Robinson, 2003). Teicher, Hughes and Dow (2002), note that customer needs and expectations are changing when it comes to governmental services and their quality requirements. Delivering services of high quality is an important pursuit for service providers that seek to create and provide value to their citizens (Gronroos & Ravald, 2011).

Consumer satisfaction is the key factor that drives when the performance of the product or service exceeds expectations. Satisfaction is a post-purchase state of consumer's mind that mirrors how much the consumer likes or dislikes the service after experiencing it (Woodside et al., 1989). In the extant literature, there are two conceptualizations of consumer satisfaction: first is transaction-specific satisfaction, and second is cumulative satisfaction (Woodside et al., 1989). Transaction-specific satisfaction relates to the one that results from a single purchase of a product or service and its use. Cumulative satisfaction relates to the overall satisfaction with a product or service after several purchases and their experience over time, which leads to consumer loyalty. Another definition states that consumer satisfaction is consumer's response to the evaluation of the perceived discrepancy between prior expectations and the actual performance of the product or service after consumption. Consumer's satisfaction may be a guide for monitoring and improving the current and potential performance of businesses (Zairi, 2000). Customer's satisfaction leads to customer's loyalty, recommendation and repeat purchase.

Customer satisfaction is imperative to achieve long-term business success and survival (Zeithami et al., 1996). To safeguard market share/profit, organizations need to overcome competitors through offering high quality goods or services to ensure consumer satisfaction (Tsoukatos & Rand, 2006). Besides, Oliver (1980) indicates that customer satisfaction requires meeting customer expectations of products and services. When performance matches or exceeds customer expectations for service, they are satisfied. If not, they are not satisfied.

### **Historical Background and Mondus Operadi of National Health Insurance Scheme**

The NHIS was established under the National Health Insurance Scheme Act, Cap N42, with the aim of increasing access to health care and improving the quality of basic health care services for all inhabitants, particularly the poor and susceptible at an affordable cost through many prepayment arrangements. It is committed to securing wide coverage and access to adequate and affordable healthcare in order to improve the health status of Nigerians. The key stakeholders are the government, the private sector, agencies appointed by government and international donors (Ele, Ogbonna, Ochei and Odili, 2017). Health insurance is a social security mechanism that guarantees the provision of needed health services to persons on the payment of some amount at regular intervals. It is designed to pay the costs associated with health care by paying the bills and therefore to protect people against high cost of health care by making payment in advance of falling ill. The scheme therefore protects people from financial hardships occasioned by large or unexpected medical bills (Adefolaju, 2014).

An employer registers itself and its employees with the Scheme. Thereafter, the employer affiliates itself with an NHIS-approved Health Maintenance Organization(s) (HMOs), who now provide(s) the employees with a list of NHIS-approved Health Care Providers (public and private). The employee registers himself and dependants with such Provider of his/her choice. Upon registration, a contributor will be issued an identity card with a personal identification number (PIN). In case of sickness, the contributor presents his/her identity card to his/her chosen Primary Health Care Provider for treatment. The contributor will be able to access care after a waiting period of sixty (60) days to enable the completion of all administrative processes. The contributor should be able to access healthcare after a week. In reality, contributors still have to pay 10% of services or drugs dispensed by the health provider, thus, where the contributor does not have the required percentage of fees, he/she might be unable to get the drugs.

The NHIS as conceived was meant to bridge an existing gap and widen opportunities for access to qualitative healthcare with strong private sector participation, and with government defining its policy and framework. However, the generality of the populace are yet to benefit from the scheme. Several factors are militating against the successful implementation of the scheme. Healthcare is on the concurrent legislative list as such states are not under compulsion to embrace the NHIS (Ayanleye, 2013). People in the rural areas even if they wanted to cannot benefit from the scheme as a result of lack of health providers. Many towns and villages do not have standard health facilities that may qualify as health providers under the scheme. To participate, people in the rural areas may have to travel several kilometers to reach a health

provider. Most of the private hospitals in the country are ill equipped and without adequate staff. It is not uncommon to find that it is only the doctor/proprietor of a private clinic in Nigeria that has the requisite training. Most of the people who parade themselves as nurses in these hospitals do not attend the regular school of nursing or midwifery (Ayanleye, 2013)

## **METHODOLOGY**

### **Population of the Study**

The population of study consists of the totality of patients who are registered with NHIS in University of Benin Teaching Hospital, Benin City, Edo state, Nigeria. Various formulae/methods have been proposed by different scholars for determining what the exact sample size for a study should be. For this study, however, none of the existing formulae/methods was used for determining the sample size because it was impracticable to have a sampling frame of all users of the services. Therefore, on the basis of convenience sampling (a non- probability sampling method), we used a sample size of 300 respondents. Three hundred questionnaires were distributed to registered patients of NHIS. The questionnaires were administered for six working days, that is, fifty questionnaires were administered each day. This was to ensure access to many NHIS participants in the hospital who formed the sample frame of the study.

The instrument that was used for data collection is a questionnaire. The 31-item questionnaire was divided into three (3) parts. The first part which is section A was a covering letter, the second part, that is, section B captured respondents' selected demographic and socio-economic characteristics such as gender, occupation, age, educational qualification and income. The third part of the questionnaire which is section C contained items measuring customer service and customer satisfaction respectively.

Respondents' background data (Section B) were presented using frequency distribution table, percentages and means. The hypotheses were tested using T-test and Analysis of Variance (ANOVA). The Statistical Package for the Social Sciences (SPSS 20.0) was used for all the analyses. All tests were carried out at 5% level of statistical significance.

## **DATA ANALYSIS AND RESULTS**

### **Characteristics of the Respondents**

Three hundred copies of the questionnaire were distributed and all the questionnaires were retrieved and found usable. This represents a response rate of 100.00 per cent. This was made possible because the questionnaires were personally administered by the researchers and with the help and cooperation of the nurses in the hospital.

Table 1 presents the demographic characteristics of the respondents. The table shows that 153 (51.0%) of the respondents were males, 143 (47.7%) were females while 4(1.3%) did not indicate their gender. The majority of the respondents were in the age group of 25 – 31 years (26.0%); this was closely followed by the group, 18– 24 years (21.3%). A total of 133 respondents (44.3%) had B.Sc., B.A., HND or equivalent degrees while 67 respondents (22.3%) had postgraduate degree. In terms of occupation, the majority of the respondents were self-employed (31.0%) while the remaining were civil/public servants (19.3%), students (23.3) and others (6.0%). The monthly incomes of the majority of the respondents (24.3%) were below ₦50, 000.

**Table: 1 Characteristics of the Respondents**

<b>Demographic Characteristics</b>	<b>Categories</b>	<b>Frequency</b>	<b>Percent</b>
<b>Gender</b>	Male	153	51.0
	Female	143	47.7
	No Response	4	1.3
	<b>Total</b>	<b>300</b>	<b>100.0</b>
<b>Age</b>	18-24	64	21.3
	25-31	78	26.0
	32-38	53	17.7
	39-45	21	7.0
	46-52	4	1.3
	53-60	6	2.0
	Above 60	34	11.3
	no response	40	13.3
<b>Total</b>	<b>300</b>	<b>100.0</b>	
<b>Education</b>	Primary	6	2.0
	SSCE/WAEC or Equivalent	48	16.0
	OND/NCE or Equivalent	5	1.7
	B.Sc./BA/HND or Equivalent	133	44.3
	Postgraduate degree	67	22.3
	No response	41	13.7
<b>Total</b>	<b>300</b>	<b>100.0</b>	
<b>Occupation</b>	Students	70	23.3
	Self-employed	93	31.0
	Civil/public servant	58	19.3

	Employee in private sector	28	9.3
	Others	18	6.0
	no response	33	11.0
	<b>Total</b>	<b>300</b>	<b>100.0</b>
<b>Income</b>	Below 50000	73	24.3
	50001-100000	45	15.0
	100001-150000	9	3.0
	150001-200000	28	9.3
	200001-250000	71	23.7
	250001-300000	9	3.0
	300001-350000	11	3.7
	Over 350000	19	6.3
	No response	35	11.7
	<b>Total</b>	<b>300</b>	<b>100.0</b>

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**Source: Researchers' fieldwork (2018)**

**Patients' Satisfaction with Medical Record Services, Laboratory Services, Clinical Services and Pharmaceutical Services**

The objective here was to ascertain the level of patients' satisfaction with various health services provided by COPD in UBTH. The results are shown in Table 2. The mean indices presented in Table 2 indicate that patients were very satisfied with all the medical service dimensions. Patients were mostly satisfied with Laboratory services with the highest mean score of (4.27); this was closely followed by Medical records services with a mean score of (4.10); followed by Clinical services with a mean score of (4.07) and lastly Pharmaceutical services with the lowest mean score of (3.98).

**Table 2: Patients' Satisfaction with Medical Record Services, Laboratory Services, Clinical Services and Pharmaceutical Services**

	Variable	Very Satisfied	Satisfied	Unsure	Dissatisfied	Very Dissatisfied	Total	Mean Index
	<b>Health Services</b>							
1	Laboratory services	168 (56.0)	49 (16.3)	62 (20.7)	5 (1.7)	6 (2.0)	290	4.27
2	Clinical services	93 (31.0)	128 (42.7)	64 (21.3)	5 (1.7)	-	290	4.07
3	Medical records services	114 (38.0)	97 (32.3)	74 (24.7)	5 (1.7)	-	290	4.1
4	Pharmaceutical services	84 (28.0)	123 (41.0)	70 (23.3)	4 (1.3)	4 (1.3)	285	3.98

Source: Researchers' fieldwork (2018)

**Patients Perception of Service Performance of Doctors**

The perception of patients regarding the performance of doctors was examined. Perception is basically how patients evaluate the doctors' performance. The results are shown in Table 3. The results showed that patients were satisfied with all the services render by the doctors. Patients were mostly satisfied with the "quality of doctors" with a mean score of (4.17). The "quality of service rendered by doctors" and "the attitude of doctors with respect to politeness and friendliness" had a mean tie of (4.10) respectively. "The relationship between doctors and patients" and "the competence and professionalism of doctors" equally had a mean tie of (4.05) respectively. "The availability of doctors" was rated last with a mean score of (3.96).

**Table 3: Patients Perception of Doctors**

	Variable	Very Satisfied	Satisfied	Unsure	Dissatisfied	Very Dissatisfied	Total	Mean Index
1	The relationship between doctors and patients	105 (35.0)	106 (35.3)	75 (25.0)	4 (1.3)	2 (0.7)	292	4.05
2	The quality of doctors with respect to efficiency	129 (43.0)	77 (25.8)	60 (20.0)	8 (2.7)	2 (0.7)	276	4.17

3	The availability of doctors	60 (20.0)	150 (50.0)	67 (22.3)	2 (0.7)	-	279	3.96
4	The quality of service rendered by doctors	96 (32.0)	125 (41.7)	55 (18.3)	6 (2.0)	-	282	4.1
5	The competence and professionalism of doctors	82 (27.3)	132 (44.0)	64 (12.3)	2 (0.7)	-	280	4.05
6	The attitude of doctors with respect to politeness and friendliness	111 (37.0)	92 (30.7)	64 (31.3)	7 (2.3)	2 (0.7)	276	4.1
7	The thoroughness of doctors when attending to patients	70 (23.3)	120 (40.0)	70 (23.3)	15 (5.0)	-	275	3.89

**Source:** Researchers' fieldwork (2018)

#### **Patients Perception of Nurses Services**

The objective here was to ascertain patients' satisfaction with nurses' services. Table 4 shows that patients were very satisfied with patients services. Patients were mostly satisfied with "the competence and professionalism of nurses" with the highest mean score of (4.07); followed by "the attitude of nurses with respect to politeness" with a mean score of (4.04); next is "the response of nurses to patients' needs" with a mean score of (4.03). This is followed by "the quality of services rendered by nurses" with a mean score of (3.98) and lastly, "the availability of nurses" with the lowest mean score of (3.96).

**Table 4: Patients Perception of Nurses Services**

	<b>Variable</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Unsure</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Total</b>	<b>Mean Index</b>
1	The availability of nurses at duty post	77 (25.7)	121 (40.3)	67 (22.3)	10 (3.3)	-	275	3.96
2	The quality of services rendered by nurses	78 (26.0)	121 (40.3)	68 (22.7)	2 (0.7)	4 (1.3)	273	3.98
3	The response of nurses to patients' needs	87 (29.0)	115 (38.3)	60 (20.3)	10 (3.3)	-	272	4.03
4	The competence and professionalism of nurses	89 (29.7)	116 (38.7)	59 (19.7)	2 (0.7)	2 (0.7)	268	4.07
5	The attitude of nurses with respect to politeness	98 (31.3)	108 (36.0)	61 (20.3)	11 (3.7)	-	274	4.04

**Source:** Researchers' fieldwork (2018)

**Comparative Analysis of Patients Satisfaction with Various Health Services**

The face value of the mean in Table 5 shows that patients' are more satisfied with laboratory services with the highest mean score of (4.27), followed by medical records services (4.10). Next is clinical services (4.07) and lastly, pharmaceutical services (3.98). The Analysis of Variance test with F-statistic of 5.638 and p-value of 0.001 are clear evidences that variation exist in patients' satisfaction with the four service dimensions rendered by COPD.

**Table 5: Comparative Analysis of Patients Satisfaction with Various Health Services**

	<b>Laboratory services</b>	<b>Clinical services</b>	<b>Medical services</b>	<b>Pharmaceutical services</b>	<b>F</b>	<b>Sig</b>
Satisfaction Indices	4.27	4.07	4.1	3.98	5.638	0.001

Post-hoc-test using Students- Newman-Keuls (S-N-K) was conducted to categorize COPD services based on patients' satisfaction. The result of the SNK multiple range test ranked pharmaceutical services, medical services and clinical services as one while in group II, only laboratory was paired as the most preferred service dimension. By implication laboratory services was evaluated as eliciting satisfaction to patients more than pharmaceutical services, medical services and clinical.

**Table 6: Post-hoc-test using Students- Newman-Keuls**

		Subset for alpha= 0.05	
Health Services	N	I	II
Pharmaceutical services	285	3.98	
Medical services	290	4.10	
Clinical services	290	4.07	
Laboratory services	290		4.27
<b>Sig.</b>		<b>0.198</b>	<b>1</b>

**Source:** Researchers' fieldwork (2018)

**Comparison of Doctors and Nurses' Attitude With Respect to Politeness and Friendliness**

The result in Table 7 shows that the overall mean value of doctors' attitude (4.12) is higher than that for nurses (4.05) with respect to politeness and friendliness. However, the t-value of 1.566 and p-value of (0.119) indicates that there is no statistically significant difference between doctors and nurses' attitude with respect to politeness and friendliness at the 0.05 level of significance.

**Table 7: Comparison of Doctors and Nurses' Attitude With Respect to Politeness and Friendliness**

	N	Mean	Std Dev.	T	P-value	Decision
Attitude of doctors	270	4.12	0.886	1.566	0.119	Not Sig
Attitude of nurses	270	4.05	0.854			

**Source:** Researchers' fieldwork (2018)

**Patients' Perception of Consultant Out-patient Department in UBTH**

Eight questions were raised to ascertain patients' perceptions of Consultant Outpatient Department in UBTH. The results presented in Table 8 shows that patients were very satisfied with all the services as all the mean score were above 3.00 measured on a scale of 5. Patients were mostly satisfied with "the speed of tracing patients files" with a mean score of (4.04), next is "accuracy in providing the needed services" (4.00), followed by "staff apparent knowledge of their jobs" (3.99), followed by "ability to provide prompt services" (4.97); next is "the availability of drugs" and "respect for patients/customers" which had a mean tie of (3.94) respectively; followed by "swiftness of action on complaints" (3.91) and lastly, "ability to act satisfactorily on complaints" (3.84).

**Table 8: Patients Perception of Consultant Outpatient Department in UBTH**

	<b>Variable</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Unsure</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Total</b>	<b>Mean</b>
1	The speed of tracing patients files	71 (23.7)	138 (46.0)	61 (20.3)	-	-	270	4.04
2	The availability of drugs	57 (19.0)	143 (47.7)	66 (22.0)	4 (1.3)	-	270	3.94
3	Accuracy in providing the needed services	62 (20.7)	151 (50.3)	57 (19.7)	-	2 (0.7)	272	4.00
4	Staff apparent knowledge of their jobs	74 (24.7)	123 (41.0)	69 (23.0)	4 (1.9)	-	270	3.99
5	Ability to provide prompt services	67 (22.3)	132 (44.0)	63 (21.0)	6 (2.0)	-	268	3.97
6	Ability to act satisfactorily on complaints	48 (16.0)	141 (47.0)	64 (21.3)	7 (2.3)	4 (1.3)	264	3.84
7	Swiftness of action on complaints	60 (20.0)	135 (45.0)	60 (20.0)	9 (3.0)	2 (0.7)	266	3.91
8	Respect for patients/customers	81 (27.0)	108 (36.0)	63 (21.0)	14 (4.7)	2 (0.7)	268	3.94

**Source:** Researchers' fieldwork (2018)

#### **Turnaround/Waiting Time for Obtaining Services by Patients**

The objective here was to ascertain the turnaround/waiting time of patients to access medical services. Turnaround time refers to the length of time it takes a patient to get attended in the COPD in UBTH. This refers to the total amount of time it takes patient to get served, that is, from the time he or she presents himself/herself at the COPD medical records section up to the time he or she finishes after being attended to by the medical doctor.

Result in Table 9 shows that it took 11 people average of two hours to receive service. It took 12(4.00%) patients between 91-120 minutes to be attended to while only 68(22.7) patients were attended to less than 31 minutes. Lastly, 155 (51.7%) patients spent between 31-60 minutes to be attended to. The result shows that the average waiting time/turnaround time per patient is about

one hour 16 minutes as obtained from the calculated mode, median and mean statistics. This indicates that the level of patients' turnaround time is quite high.

**Table 9: Turnaround/Waiting Time for Obtaining Services by Patients**

Waiting Time	Frequency	Percent
Under 31 Minutes	68	22.7
31-60 Minutes	155	51.7
91-120 Minutes	12	4.0
Over 120 Minutes	11	3.7
No Response	54	18.0
<b>Total</b>	<b>300</b>	<b>100.0</b>

**Source:** Researchers' fieldwork (2018)

#### **Influence of Demographic Attributes on Customer Service and Customer Satisfaction**

The influence of demographic attributes on customer service and customer satisfaction is presented in terms of gender, age, educational qualification, occupation and income per month. The results are presented in Table 10. T-test was conducted to find out whether significant differences exist between gender and patient satisfaction. The result shows that gender { $t=0.079$ ;  $p= 0.335$ } does not significantly influence customer satisfaction at 5% level of significance. Analysis of Variance (ANOVA) is used to test whether significant differences exist between the remaining respondents' demographics (age, education, occupation and income) and patients' satisfaction with COPD in UBTH. The result in Table 10 shows that respondents' demographics such as age { $F= 1.658$ ;  $p= 0.132$ }, educational qualification { $F=3.020$ ;  $p= 0.019$ }, occupation { $t=1.995$ ;  $p= 0.096$ } and income level { $F=10597$ ;  $p= 0.137$ } do not significantly influence customer satisfaction at 5% level of significance. It can therefore be concluded that demographic variables such as gender, age, education, occupation and income do not significantly influence customer satisfaction of COPD in UBTH.

**Table 10: Influence of Demographic Attributes on Customer Service and Customer Satisfaction**

Variable	Categories	Freq.	Mean	Test Statistics	Decision
Gender	Male	153	3.98	t= 0.079 (0.335)	Not Sig
	Female	147	3.99		
Age	18-24	64	4.02	F= 1.658 (0.132)	Not Sig
	25-31	78	4.00		
	32-38	53	3.98		
	39-45	21	3.56		
	46-52	4	4.03		
	53-60	6	3.86		
	Above 60	34	3.99		
Education	Primary	6	3.58	F= 3.020 (0.019)	Not Sig
	SSCE/WAEC or Equivalent	46	4.21		
	OND/NCE or Equivalent	5	4.17		
	BSC/BA/HN or Equivalent	133	3.97		
	Postgraduate Degree	65	3.86		
Occupation	Students	70	3.94	F=1.995 (0.096)	Not Sig
	Self-employed	93	4.02		
	Civil/public servant	58	3.70		
	Employee in private sector	28	4.03		
	Others	18	3.97		
Income	Below 50000	71	4.049	F= 1.597 (0.137)	Not Sig
	50001-100000	45	3.982		
	100001-150000	9	3.981		
	150001-200000	28	3.909		
	200001-250000	71	4.089		
	250001-300000	9	3.986		
	300001-350000	9	3.463		
	Over 350000	19	3.825		

Source: Researchers' fieldwork (2018)

### DISCUSSION OF FINDINGS

The findings of this study showed patients were satisfied with medical records services, laboratory services, clinical services and pharmaceutical services. The result of the present study

corroborated the finding by Agbonifoh and Odia (2014) who found that patients were satisfied with medical record services, laboratory services and clinical services except pharmaceutical services at the University of Benin Health Centre. However, the finding by Daramola, Adeniran and Akande (2018) contradicts the result of this study who found that patient' were dissatisfied with the availability of drugs in Tertiary Health Facility in FCT Abuja. The results obtained highlighted very positive perception of doctors by patients and the scores range from a minimum of 3.98 to a maximum of 4.27. The result of the present study appears to confirm the finding by Agbonifoh and Odia (2014) who reported a positive perception of doctors by patients in University of Benin Health Centre. The finding also indicated a very positive perception of nurses by patients and the scores range from a minimum of 3.96 to a maximum of 4.07. The result of the present study confirm the finding by Agbonifoh and Odia (2014) who reported a positive perception of nurses by patients in University of Benin Health Centre.

With respect to whether differences exist in patients' satisfaction with respect to various health services, the results showed that across all the four variables measuring patients' satisfaction, the results indicated that there is a significant difference in patients satisfaction This finding is supported by the study conducted in Benin City by Agbonifoh and Odia (2014) who found that patients were satisfied with the services of the University of Benin Health Centre.

Furthermore, no significant difference was found between the doctors and nurses attitude with respect to politeness and friendliness. The finding from this study contrasts sharply with Agbonifoh and Odia's (2014) finding who found that significant difference exist between doctors and nurses attitude. Also the finding in this study indicated that patients are dissatisfied with the turnaround/waiting time. The long waiting/turnaround time could be attributed to large number of patients accessing care in the hospital, tedious and manual processes and inadequate number of health personnel. This finding is supported by the study conducted in Abuja by Daramola, Adeniran and Akande (2018) who found that patients were dissatisfied with the waiting time in health care centres in Abuja, Nigeria.

Also, this study found that demographic variables (gender, age, education, occupation and income) do not have a significant relationship with patient service and satisfaction. The implication of this finding is that the demographic variables do not play a significant role in determining customer satisfaction. This simply means that they are not significant determinants of customer service and customer satisfaction. The finding supports Agbonifoh and Agbonifoh (2015) finding that demographic variables had no significant impact on patient satisfaction in public and private hospitals in Benin City. Our finding also contradicts Shabbir, Hans and Makassar

(2010) finding that demographic attributes had a significant impact on patient satisfaction in Pakistan.

### **CONCLUSION**

In conclusion, the study discovered a good level of patient satisfaction with services accessed under the National Health Insurance Scheme in the Consultant Outpatient Department in University of Benin Teaching Hospital. However, there was an aspect of dissatisfaction such as waiting/turnaround time and this need to be addressed by ensuring the availability of doctors, nurses and other health workers for consultation and other ancillary services. The outcome of the demographic variables indicates that there is no significant relationship with patient satisfaction. Since demographic variables do not appear to explain variation in patient satisfaction, researchers should look elsewhere in the search for determinants of such satisfaction.

### **RECOMMENDATIONS**

The NHIS should ensure that health institutions act in accordance with the NHIS operational guideline through regular monitoring, appraisal and quality measures to ensure that services provided are in consonance with NHIS standards. The facilities of the hospital should further be expanded to accommodate the increasing needs of patients. The welfare of workers should be improved so as to reduce the brain drain in the hospital. Also improving the welfare of workers will go a long way to making them to be more committed to their jobs and hence improve the level of patient satisfaction.

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