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HEALTH CARE EXPECTATIONS OF OUT-PATIENTS IN UNIVERSITY OF ILORIN TEACHING HOSPITAL (UITH), NIGERIA

BY

Odebode, Aminat Adeola (Ph.D.)
aadeola.odebode@gmail.com

Adegunju, Kabiru Adewale
Kabeeradegunju78u@ymail.com

Muhammed, Shuaib Abolakale
muhammadshuaib7@gmail.com

Department of Counsellor Education
Faculty of Education, University of Ilorin

Abstract

Patients going for consultations have expectations towards accessing medical services. The inability of health personnel to meet patients' expectations may lead to poor consultation outcomes and patients' dissatisfaction. The objective of this study is to investigate the health care expectations of out-patients of UITH, Nigeria and to examine the influence of gender and age on respondents' views. Descriptive survey research design was adopted for the study. The population for this study was all out-patients in UITH, Nigeria. A total of 900 respondents were selected using a three-stage sampling procedure which comprised simple random sampling, purposive and systematic random sampling techniques. The instrument used for data collection was a self-designed questionnaire titled "Health Care Expectations Questionnaire". The validity of the questionnaire was established by Five experts in the Departments of Counsellor Education, Behavioural Sciences and Tests and Measurement, University of Ilorin, Nigeria. The reliability of the questionnaire was determined using split-half method and a correlation coefficient of 0.78 was obtained. Analysis of Variance (ANOVA) and t-test statistical tools were used to test the formulated hypotheses at 0.05 alpha level. The findings showed that the expectations of out-patients in teaching hospitals in Nigeria include functional equipment, appropriate treatment, appropriate care, efficient staff, clean environment, and friendly staff. Significant difference was found on the basis of age. The study concluded that government should provide modern equipment in hospitals through appropriate funding. Counsellors should help patients meet with expectations; they should assist patients to cope with unmet expectations.

Key words: Health care; Expectations; Out-patients; UITH

Introduction

Patients are customers and users of the products and services of a hospital and as a customer, they have hope on the service they wanted (Brody, Miller, Lerman, Smith, Lazaro and Blum, 2010). Noting the expectations of patients can be useful in preventing the following: promoting their health care and decreasing health officials'

exposure to experience indebtedness. Patient who had been disappointed may never open up to the health personnel adequately and might not follow up the guardianship of the physicians (Taylor, Wolfe & Cameroon, 2001). However, the components of patients' safety and well-being, assessing satisfaction of patients, taking precautions, timely laboratory result review among others should

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be taken into consideration when health care providers are planning to meet patients' expectations (Lateef, 2010).

Majority of patients regard the general practitioner as first port of call for health needs and they are hopeful to receive unfeigned advice and treatment. Every patient who comes for consultation has expectations that are centered on his or her understanding of illness. The expectations of the patients towards medical care are also influenced by cultural background, gender, experience, beliefs, attitudes and level of understanding (Farooqi, 2005). How far the doctor reaches an understanding of patient expectations, feelings, and social context of his/her illness has an impact on the successful outcome of consultations. When doctors' perceptions and patients' preferences are not the same, it results in dissatisfaction of patients and poor outcomes of consultation. As stated by Farooqi (2005), the general purpose of managing expectation is to have as little or no difference between patient expectations and their actual experience. This implies that medical personnel need to assess and seek patients' expectation before commencing treatment to enhance quality delivery and patients' satisfaction.

Patients' evaluations of medical encounters and health care providers are made, at least in part, relating to their expectations for care (American College of Preventive Medicine, 2009). The doctor's

knowledge of patient's expectations is more able to satisfy the patient's desires and to initiate honest discussions about those expectations that are unrealistic, leading to more productive clinical decisions. Ntuli, Julieth and Sia (2011) and Bell, Kravitz, Thom, Krupat and Azari (2002) noted that communication strategies for minimizing unmet expectations are known but physicians often ignore their patients' concerns and expectations. This, according to Barry, Bradley, Britten, Stevenson, and Barber (2000) is a shortcoming that negatively affects quality health delivery.

Taylor, Wolfe and Cameroon (2001) found in a study that 18% of the patients of a sample of internal medicine physicians had one or more unfulfilled expectations. Bell, Kravitz, Thom, Krupat and Azari (2002) were of the view that most immediate post-visit non-fulfillment of expectations for care were for physical examination (5.5%), followed by laboratory testing (5.2%), referrals to specialists (5.0%), history taking (4.9%), physician preparation for the visit (4.3%), and prescription of medications (3.6%). Bell, Kravitz, Thom, Krupat and Azari (2002) examined the unmet expectations of patients with physical complaints two weeks, after their visits; unmet expectations for tests and for referrals were held by 19% and 26% of patients, respectively. These unmet expectations were predictive of low patient satisfaction (Marple, Kroenke, Lucy, Wilder

& Lucas, 1997). Bell, Kravitz, Thom, Krupat and Azari (2002) also found unmet expectations for care to be associated with lower patient satisfaction, which is predictive of malpractice, litigation, doctor-switching, and poor adherence to therapy.

Patients who visit hospitals have a number of care that they hope to receive. This ranges from a desire for information or psychosocial and spiritual support to expectations for specific treatments. Fulfillment of patient expectations may affect visit satisfaction, influence health care utilization and costs, and can be used as an indicator of the quality of care (Dias, Gama, Cargaleliro & Martins, 2012). The PwC Health Research Institute in 2012 surveyed 6,000 consumers and gauged their opinions of health care as compared with other service-based industries. It was found that friendly staff and convenience are the highest expectation of patients regarding health care. Getting a friendly greeting when checking into a hotel is a sign of hospitality, but in the doctor's office, this can make or break a visit. The PwC Health Research Institute (2012) found that consumers are nearly twice as likely to express that staff friendliness and attitude indicate whether they have a good or bad experience in health care as compared to airlines, hotels and banks.

Nearly 70% of respondents want medical providers to offer multiple services in one

location, while 65% want the ability to exchange information online and through smart phones. Slightly more than half (53%) appreciate medical providers that offer on-line services like wireless internet access. In many respects, consumer expectations in health care are closely related with other industries (PwC, 2012). Convenience and speed are high on the list whether purchasing clothing or choosing a doctor. Doctors and other health care providers have a lot more at stake than other industries when it comes to bad user experiences.

According to Fuscaldo (2012), patients are less forgiving than retail customers, the survey found that patients rely more on words of mouth recommendations. 72% of the respondents that were surveyed reported that they were ready to share a good experience they had with a health personnel, this cannot be compared to 91% that would share a good experience they had in a hotel. In terms of sharing good experiences in general, the finding revealed that 70% of consumers would boast about a retailer, while 54% would boast in the health-care industry (Fuscaldo, 2012). According to PwC Research Institute (2012), positive attitude of health personnel and meeting patients' expectation is of paramount importance. Patients going for consultations have expectations towards medical services. Unfortunately, these expectations are not met most times. Because of the tight schedules of

medical doctors, patients are attended to in earnest and there is no time to explore the psychosocial needs of patients. Inability of health personnel to meet patients expectations usually lead to poor consultation outcomes,

Research Questions

In line with the statement of the problem, the following research questions have been raised:

1. What are the health care expectations of out-patients of UITH Ilorin, Nigeria?
2. Is there any difference in the health care expectations of out-patients in UITH Ilorin, Nigeria based on gender?
3. Is there any difference in the health care expectations of out-patients in UITH Ilorin, Nigeria based on age?

Hypotheses

Based on the research questions, the following null hypotheses have been formulated and tested at 0.05 alpha level:

1. There is no significant difference in the health care expectations of out-patients in UITH Ilorin, Nigeria based on gender.
2. There is no significant difference in the health care expectations of out-patients in UITH Ilorin, Nigeria based on age.

Methodology

Descriptive survey research design was adopted for this study. The population for this study comprised all patients of

patients' dissatisfaction and poor quality service delivery. In view of these limitations, there is the need to conduct a study on health care expectations of out-patients in UITH Ilorin, Nigeria.

University of Ilorin Teaching Hospital Nigeria, while the target population consisted of all out-patients in the 'General Out-Patient Departments (GOPD) of the hospital. In order to ensure representativeness, a Two-stage sampling procedure was employed to select the participants for the study. At stage 1, purposive sampling technique was used to select the General Outpatient Departments (GOPD) in the hospital. The clinic was selected because patients at the clinics might not be too sickly to be approached for the needed interactions and they were most likely going to be more heterogeneous in terms of their illnesses than the homogenous specialist clinics such as Cardiology, Nephrology, Dermatology clinics, among others. Similarly, the GOPD patients were more likely than other patients to see different medical personnel during consecutive visits and thus would be best to give their experience on attitude of health workers. At stage two, the systematic random sampling technique was used to select 900 respondents to participate in the study.

Respondents who showed no interest and those who are under age 18 were excluded from participating in the study.

The instrument for the study was a self-developed questionnaire titled "Health Care Expectations Questionnaire" (HCEQ). The questionnaire consists of two sections; viz A and B. Section A contained items on the personal data of respondent. Sections B contained 20 items seeking information on the health care expectations of patients. The validity of the questionnaire was established by five experts in the Departments of Counsellor Education, Behavioural Sciences and Tests and Measurement, University of Ilorin, Nigeria. The reliability of the questionnaire was

determined using split-half method and a correlation coefficient of 0.78 was obtained.

The questionnaire for the study was administered to the respondents by the researchers and three other trained research assistants to ensure ease of administration and retrieval of the instrument. A total number of 900 copies of the questionnaire were administered to the respondents. Prior to the administration of the instruments, the researcher got approval from the Ethical Review Committee (ERC), University of Ilorin Teaching Hospital, Nigeria. The Analysis of Variance (ANOVA) and t-test statistical tools were used to analyze the formulated hypotheses at 0.05 alpha level.

Results

Table 1: Distribution of Respondents by Gender and Age

Variables	Variables	Frequency	Percentage (%)
Gender:	Male	457	50.8
	Female	443	49.2
	Total	900	100.0
Age:	48years & above	312	34.7
	28 -37 years	238	26.4
	38 - 47 years	277	30.8
	18 – 27 years	73	8.1
	Total	900	100.0

Table 1 showed the distribution of out-patients by gender and age. The table indicated that 50.8% (457) of the respondents were males while 49.2% (443) of the respondents were females. This implies that more male out-patients participated in the study than the

female out-patients. The table also showed the distribution of out-patients by age. The table indicates that 8.1% (73) of the respondents were between ages 18-27 years, 30.8% (277) of the respondents were between ages 38-47 years, 26.4 (238) of the respondents were

between ages 28-37 years while, 34.7% (312) of the respondents were between ages 48 years and above. This shows that there were

more out-patients between ages 48 years and above participated in the study more than the out-patients of younger ages.

Research question 1: What are the health care expectations of out-patients in UITH Ilorin, Nigeria?

Table 2: Descriptive Analysis of the Health Care Expectations of Out-Patients

Item No.	I expect the following when I attend hospital:	SD	D	A	SA
1	functional equipment	1.0	2.0	7.0	90.0
3	appropriate treatment	2.0	2.0	6.0	90.0
17	appropriate care	3.0	2.0	5.0	88.0
19	efficient staff	4.0	4.0	5.0	87.0
16	a clean environment	6.0	4.0	4.0	86.0
7	in-depth information on my ailment	8.0	5.0	4.0	83.0
9	convenience	8.0	5.0	6.0	81.0
5	appropriate referral services	9.0	7.0	4.0	80.0
8	friendly staff	9.0	9.0	10.0	72.0
15	relief	9.0	9.0	12.0	70.0
18	prompt attention	8.0	8.0	12.0	72.0
20	rehabilitative information	6.0	10.0	10.0	74.0
2	psychosocial support	6.0	12.0	12.0	70.0
12	professional health counsellors	8.0	10.0	10.0	72.0
6	adequate preventive and rehabilitation centers	12.0	8.0	10.0	70.0
10	curative information	10.0	10.0	12.0	68.0
11	an environment that encourages self-disclosure	10.0	12.0	10.0	68.0
13	preventive information	10.0	14.0	10.0	66.0
4	involvement in my treatment plan	12.0	12.0	12.0	64.0
14	unconditional treatment	14.0	12.0	14.0	60.0

Table 2 showed the percentages of the health care expectations of out-patients in UITH Ilorin, Nigeria. The out-patients of teaching hospitals in Nigeria expressed that whenever they attend a hospital, they expect that functional equipment (97.0%) could be used for them; they expect to receive appropriate treatment (96.0%), they expect to receive appropriate care (93.0%), they expect to meet efficient staff (92.0%) and they expect to be attended to in a clean environment (90.0%) among others.

Hypothesis One: *There is no significant difference in the health care expectations of out-patients in UITH Ilorin, Nigeria based on gender*

To test this hypothesis, the participants' responses to section B of the Healthcare Expectation Questionnaire (HEQ) were scored, cumulated and subjected to t-test at 0.05 alpha level

Table 3: Means, Standard Deviations and t-value on Health Care Expectations of Out-patients in UITH Ilorin, based on Gender

Gender	N	Mean	SD	Df	Cal.t-value	Crit. t-value
Female	443	73.56	8.342	898	1.68	1.96
Male	457	73.03	8.091			

Table 3 showed the means, standard deviations and t-value on the health care expectations of out-patients of in UITH Ilorin, based on gender. The analysis showed that the critical t- value is greater than the calculated t-value. Therefore, the null hypothesis which stated that there is no significant difference in the health care expectations of out-patients in UITH Ilorin, based on gender, is accepted.

care expectations of out-patients in UITH Ilorin, Nigeria based on age.

To this hypothesis, the participants' responses to section B of the Healthcare Expectation Questionnaire (HEQ) were scored, cumulated and subjected to Analysis of Variance (ANOVA) at 0.05 alpha level.

Hypothesis Two: *There is no significant difference in the health*

Table 4: Analysis of Variance (ANOVA) Showing the Difference in the Health Care Expectations of Out-patients in UITH Ilorin, based on Age

Source	df	SS	Mean Square	Cal.F-value	Crit.F-value
Between Groups	3	19494.482	6498.161	107.56*	2.60
Within Groups	896	54127.36	60.410		
Total	899	73621.842			

*Significant $p < 0.05$

Table 4 shows the Analysis of Variance (ANOVA) showing the difference in the health care expectations of out-patients in UITH Ilorin, based on age. The analysis showed that the critical F- value is less than the calculated F-value. Therefore, the null hypothesis which stated that there is no significant difference in the health care expectations of out-patients in UITH Ilorin,

based on age, is rejected.

In order to determine the mean value(s) that contributed the significant difference observed in the ANOVA results of Table 4, the Duncan Multiple Range Test (DMRT) was used as a post-hoc test. The results of the DMRT procedure are displayed in Table 5.

may hinder either of the genders from expressing their expectations in the same manner.

Hypothesis two which stated that there is no significant difference in the health care expectations of out-patients of teaching hospitals based on age is rejected. The difference was brought about by out-patients between ages 48 years and above. This finding is against the findings of McNaughton et al. (2006) that patients irrespective of their ages and educational level expected to meet functional equipment, friendly and understanding health personnel. This difference could be attributed to higher experience; that is, a result of increase in age. It could also be that older out-patients are more tolerant than out-patients who are younger, hence the differences in their perceptions.

Conclusion and Recommendations

The findings of this study revealed that out-patients in UCH Ilorin, Nigeria expect to meet in hospitals, functional equipment, appropriate treatment, appropriate care, efficient staff, a clean environment, friendly staff and relief among others. Results also showed that there is no significant difference in the health care expectations of out-patients in teaching hospitals based on gender but, there was a significant difference based on age. Based on the findings of this study, the following recommendations are made:

1. Government should provide modern equipment in hospitals. Government should fund the health sector more, to equip hospitals with the basic amenities to make patients comfortable in the hospital and meet their expectations. This will in turn boost the productivity of the sector.
2. Government should employ counsellors to function in hospitals. Government should also place counsellors on good salary scale to motivate them to work. This would complement the efforts of other health personnel in meeting the expectations of patients in the hospital.
3. Doctors and other health personnel should increase the involvement of patients in their treatment plan. It is believed that when patients are part of the decision-making, healing process is facilitated.
4. Health institutions should make sure that patients' expectations such as meeting with friendly staff, neat and clean environment, comprehensive treatment, and functional equipment are met; this could be done thorough supervision of the *Odeboye, A. A., Adegunju, K. A. & Muhammed, S. A. institution.*
5. Health institutions should create avenues for feedback from patients. This would further strengthen the monitoring and supervision of health care facilities. It would also enhance updates and improvements.

6. Counsellors should help patients meet with expectations. Counsellors should assist patients to cope with unmet expectations where necessary.

7. Patients should try as much as possible to be patient with health workers as

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they are human beings like them. Invariably, patients should have healthy and realistic expectations and needs. Patients should not over burden the health personnel. Instead, they should cooperate with them.

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