



Caregivers/Patients Perception and Satisfaction with Outpatient HIV Services at the University of Port Harcourt Teaching Hospital (UPTH), Port Harcourt, Nigeria

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Authors' contributions

This work was carried out in collaboration with both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Background: Patient perception and satisfaction is an indicator used to evaluate the quality of healthcare. This study aimed to assess patients'/caregivers' perception and satisfaction with outpatient HIV services.

Methodology: This was a cross sectional study carried out at the Paediatric HIV clinic of the University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria. Purposive and convenient sampling methods were used to recruit 152 out patients just before they exit the outpatient department (OPD). Exit interviews were conducted with a three-point Likert scale using a Pretested self-administered questionnaire. Participation was voluntary and consent was obtained from all participants. Obtained data was analysed using epi info version 7, Chi-square test was used to test the association between the overall satisfaction level and sociodemographic characteristics of the patients. Statistical significance for the chi-square test was set at $p < 0.05$.

Results: A total of 152 caregivers/patients participated in the study, only 31 (20.4%) were patients, aged 15-18years, 77 (50.7%) were aged from 26 and 41 years, 111(73%) were females, 99 (65.1%) were married and 76(50.0% had secondary level of education. Majority of the patients

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(130, 85.53%) were satisfied with the provider interpersonal skills followed by the physical environment at the OPD (118, 77.63%). However, only 53.29% were satisfied with the waiting and consulting time. The overall satisfaction rate was 73.68% based on the three domains measured. The results showed a statistically significant association between the overall level of satisfaction and the female gender ($X^2= 4.67$, $p = 0.0306$) and those with tertiary educational level ($X^2= 14.48$, $p= 0.0001$) of the patients/caregivers.

Conclusion: The level of satisfaction with outpatient HIV services at the UPTH is high. Program managers review of patients' appointment time and use of electronic consultation tool will reduce the consulting and waiting time and further improve patient's satisfaction.

Keywords: Caregivers/patients; satisfaction; HIV-services; UPTH.

1. INTRODUCTION

Patient satisfaction is an indicator used to measure and evaluate the quality of healthcare. [1,2] It can be defined as the degree of congruence between patients' expectations and their perceptions concerning the care received; in other words, it embodies the patient's perceived needs, expectations, and experiences of healthcare. [3,4] Patient satisfaction has emerged as an increasingly important health outcome and is currently used for the following purposes: (i) to compare different health-care programs or systems; (ii) to identify which aspects of a service need to be changed to improve patient satisfaction; (iii) to assist organizations in identifying consumers likely to disenroll and (iv) to evaluate the quality of care [5].

Patient satisfaction has been shown to influence health-care utilization as patients may seek care elsewhere when the quality of care does not meet their expectation and can be a predictor of subsequent health-related behaviour such as whether patients are willing to recommend their health-care provider to others and his/her compliance with treatment and clinical outcome. [6,7,8] In general, patient satisfaction is a useful measure in assessing patterns of communication among clients, health providers, and health managers.

Traditionally, decisions about health services were made on the basis of the health authorities and health providers views on what they think is the best interest of the patient [4]. This was informed by the perception that the general public lack the requisite technical knowledge to make informed decisions themselves. However, even though patients may lack the ability to judge specific technical aspects of health services, they serve as the best source of accurate information regarding clarity of explanations, helpfulness of

information that they receive, barriers to accessing care or their relationship with health-care providers [4,9].

In assessing patients' satisfaction, medical, emotional and social needs of the patient must be considered. Factors like physician's skill and interpersonal communication skills, sufficient drugs, hospital comfort, the attitude of hospital staff, access to facilities, waiting time, and the physical environment of the facility affect patient satisfaction and perception of quality of care [10-12]. Patients therefore expect healthcare providers in addition to professional proficiencies to communicate in a language they understand, act cordially, be empathetic, show care, and good manners [2]. This is because an exhibition of good interpersonal and communication skills builds an approachable environment within a facility where patients are free to seek clarification from healthcare providers regarding their treatment [11]. Therefore, health care services should be positioned to meet these needs of the patients and also, since HIV is a chronic illness requiring prolonged clinic attendance and care, patient satisfaction needs to be studied regularly as satisfaction affects retention in care and ART adherence. Aldana et al. [13] found that health care provider's behaviour towards patients, mainly respect and politeness, were the most important predictor of patient satisfaction. It was rated higher than the provider's technical competency.

Short waiting time and staff respect for patient privacy during consultation and treatment were also endorsed as powerful predictors of patient satisfaction. Another study reported a significant association between patient satisfaction and convenient opening hours, facility cleanliness, and privacy. In the study, facility cleanliness and privacy were the most important determinants of patient satisfaction [14]. Additionally, a patient satisfaction survey in Tanzania showed that

patients were dissatisfied with clinician's inability to prescribe good drugs, proper prescription of medications, lack of essential drugs, seats, and toilets at OPD, and lack of compassion by OPD staff [7]. Paying attention to the needs of patients and use of affordable and tested methods that are safe is an essential quality of care demanded of healthcare professionals and this can lead to a better outcome in patient care.

One of the main objectives of Health care delivery is to improve the quality of health care service at all delivery points and this is well promoted in the health system [15]. Evidence suggests that poor quality healthcare leads to loss of lives, low provider self-confidence, and contributes to the poor image of a healthcare facility [15]. The assessment of patient satisfaction and perception of healthcare services has become imperative since patient perception presents several advantages for the evaluation of the extent to which patient expectations are met [8]. Furthermore, the present-day patient is well educated, has abundant access to information and it is, therefore, very important to address issues related to patient satisfaction and quality of healthcare if we are ever going to meet the expectations of patients in the twenty-first century [3]. The aim of this study was to assess patients'/caregivers' perception and satisfaction with outpatient HIV services at the University of Port Harcourt Teaching Hospital (UPTH), Port Harcourt Nigeria. Findings from our study will provide useful information to assist the clinical and non clinical staff as well as the management of the hospital to develop quality enhancement strategies and interventions that will improve the quality of healthcare and patient satisfaction in the hospital, thus ensuring patient retention in care.

2. METHODOLOGY

2.1 Study Area

The study area is in Port Harcourt, the capital of Rivers State in Nigeria. Rivers State is one of the 36 states of Nigeria and it lies between latitude 40 15' and 50 45' north and longitude 60 20' and 70 35' East. Port Harcourt, a cosmopolitan city, is one of the 23 Local Government Areas of Rivers state, have diverse Nigerian ethnic groups and foreigners living in the city. The University of Port Harcourt Teaching Hospital (UPTH) is a tertiary hospital in Port Harcourt and offers medical services to the host communities, non-indigenous and neighboring states.

2.2 Study Procedure

This was a cross sectional study carried out over nine Months from September 2018 to May 2019 at the Paediatric HIV clinic of the UPTH, Port Harcourt, Nigeria. A sample size of 152 was determined based on the assumption of 50% patient satisfaction with HIV services, 95% confidence interval, 5% margin of error, and a 20% attrition rate. Purposive and convenient sampling methods were used to recruit out-patients older than 15 years or caregivers of younger patients just before they exit the outpatient department. Exit interviews were conducted with a three-point Likert scale (agreed, not sure, disagreed) using a pretested self-administered questionnaire on patient/caregivers' perception and satisfaction with provider interpersonal skills (6 items), waiting and consulting time (7 items) and physical environment (4 items). Information on socio-demographic characteristics such as age, sex, marital status, and educational level were also retrieved. The questionnaire was pretested on 50 outpatients in another facility with similar characteristics as the study hospital prior to actual data collection and amendments made to improve the questionnaire. Furthermore, the internal consistency of the questionnaire was estimated using Cronbach's alpha coefficient [16]. The Cronbach's alpha coefficient for all the three dimensions of outpatient healthcare services measured was 0.81, indicating acceptable internal consistency. The researchers and their trained research assistants approached and explained the study to eligible patients or their caregivers after they had received healthcare services and were about to exit the outpatient department. Patients or caregivers who consented to participate in the study completed the 17-item questionnaire with the researchers and assistants nearby to offer explanations when required. Participation was voluntary and consent was obtained from all participants. Patients unwilling to give consent were excluded. For participants who could not read or understand English language, the questions were asked in a local English language (called pidgin English) which is understood by all residents in the study area, and the response recorded by the research team. All members of the research team spoke fluently in both languages. The principal investigators supervised the data collection process to ensure consistency and completeness of data. Obtained data was entered and analysed using epi info version 7. Percentages and frequencies were

presented for descriptive analysis of patients' sociodemographic characteristics and their perceptions and experiences with outpatient healthcare services. For purposes of the analysis, 'not sure' and 'disagree' were categorised as 'disagree'. Participants responses were therefore dichotomised as 'agree' and 'disagree'. To estimate patients' satisfaction level, each 'agree' response was scored 1 while a 'disagree' response was scored 0. Scores for each of the three dimensions (provider interpersonal skills, waiting and consulting time, and physical environment) were determined and patients overall satisfaction level categorised as "satisfied" and "dissatisfied" based on an 80% cut-off point. Chi-square test was used to assess the association between the overall satisfaction level (dependent variable) and sociodemographic characteristics (age, sex, marital status, education level) of the patients. Statistical significance for the chi-square test was set at $p < 0.05$.

3. RESULTS

3.1 Sociodemographic Characteristics of the Study Population

A total of 152 caregivers/patients participated in the study, only 31 (20.4%) were patients, aged 15-18 years, 77 (50.7%) were aged from 26 and 41 years, 111 (73.0%) were females, 99 (65.1%) were married and 76 (50.0%) had secondary level of education Table 1.

3.2 Patients'/caregivers' Perceptions of and Experience with HIV Outpatient Healthcare Services

Table 2 shows the patients' perceptions of and experience with HIV outpatient services. Among the six item that rated the health staff interpersonal skill, doctors were rated the highest; 148 (97.4%) of the participant said that doctors paid enough attention to them, while 144 (94.7%) felt they were in good hands while they were with the doctors. One hundred and thirty five (88.8%) and 131 (86.2%) admitted that the records and accounts staff respectively were friendly.

Regarding the waiting and consulting time; One hundred and one (64%) said they spent little time to get their drugs, while 108 (71.1%) said little time was spent with the nurses to check their vital signs (temperature, pulse, respiration, and blood pressure), 126 (82.9%) subjects believed doctors dedicated enough time to them during physical examination and a similar proportion, 128 (84.2%) indicated they were informed of their diagnosis by the doctors, however, 50 (32.9) disagreed to spending little time waiting to see the doctor.

For the physical environment; Most (90.8%) of the patients agreed that it was easy to locate the clinic area, while 145 (95.4%) and 136 (89.5%) admitted that the consulting and general environment respectively were clean.

Table 1. Sociodemographic characteristics of the study population

Variables	Frequency (n =152)	Percent
Age groups		
<18 years	31	20.4
18 - 25 years	15	9.9
26 – 33 years	36	23.7
34 – 41 years	41	27.0
42 – 49 years	23	15.1
50 and above	6	3.9
Gender		
Female	111	73.0
Male	41	27.0
Marital status		
Divorced	1	7.0
Married	99	65.1
Single	39	25.7
Widow/Widower	13	8.6
Education		
Primary	19	12.5
Secondary	76	50.0
Tertiary	57	37.5

Table 2. Patients'/caregivers' perceptions of and experience with HIV outpatient healthcare services

Variable	Agree	Disagree	Total
Provider interpersonal skills			
Record Staff friendly	135 (88.8)	17 (11.2)	152 (100.0)
Account staff friendly	131 (86.2)	21 (13.8)	152 (100.0)
Nurses friendly and patiently	139 (91.4)	13 (8.6)	152 (100.0)
Doctor paid enough attention	148 (97.4)	4 (2.6)	152 (100.0)
Felt I was in good hand	144 (94.7)	8 (5.3)	152 (100.0)
Pharmacist paid attention	133 (87.5)	19 (12.5)	152 (100.0)
Waiting and consulting time			
Spent little time for folder	107 (70.4)	45 (29.6)	152 (100.0)
Little time for vital signs	108 (71.1)	44 (28.9)	152 (100.0)
Little time waiting to see Doctor	102 (67.1)	50 (32.9)	152 (100.0)
Spent enough time with the Doctor	131 (86.2)	21 (13.8)	152 (100.0)
Enough time spent on examination	126 (82.9)	26 (17.1)	152 (100.0)
Told my Diagnosis	128 (84.2)	24 (15.8)	152 (100.0)
Spent little time for drugs	101 (66.4)	51 (33.6)	152 (100.0)
Physical environment			
Easy to locate the clinic area	138 (90.8)	14 (9.2)	152 (100.0)
Waiting room is comfortable	140 (92.1)	12 (7.9)	152 (100.0)
Consulting room was comfortable and clean	145 (95.4)	7 (4.6)	152 (100.0)
General environment clean	136 (89.5)	16 (10.5)	152 (100.0)

3.3 Patients' Level of Satisfaction with HIV Outpatient Healthcare Services

Table 3 shows the patients satisfaction level with the different variables. Most of the patients (85.53%) were satisfied with the provider interpersonal skill. The next highest satisfaction level was the physical environment of the clinic (77.63%), however, only 53.29% of the patients were satisfied with the waiting and consulting time measured in this study. Overall, 26.32% were dissatisfied with the HIV services offered (Fig.1).

3.4 Overall Patients Satisfaction Levels and Socio-demographic Characteristics

More than 70% of the surveyed age groups were satisfied with the HIV services except for the 18-25 years and 50years and above age groups where 46.67% and 50.00% were satisfied respectively with the offered services. More females (78.38%) than males (60.98%) were satisfied with the services offered and this difference was statistically significant ($X^2 = 4.67$, $p = 0.0306$). There was also a statistically significant association between the overall level of satisfaction and the educational level ($X^2 = 14.48$, $p = 0.0001$). Of those with tertiary level of education, 43.86% were dissatisfied with the services offered compared to 15.79% among

those with primary and secondary school education.

Table 3. Patients' satisfaction level of outpatient healthcare services

Characteristics	Satisfied	Dissatisfied
	N (%)	N (%)
Provider interpersonal skills	130 (85.53)	22 (14.47)
Waiting and consulting time	81 (53.29)	71 (46.71)
Physical environment	118 (77.63)	34 (22.37)

4. DISCUSSION

Patient satisfaction, is a positive evaluation of the dimensions of health care and also a subjective perception that may be considered a reflection of reality [4]. This subjective concept of patient satisfaction is an important outcome of healthcare delivery, as it can instrumentally affect health outcomes by determining long term retention in care as well as adherence to prescribed treatments. [17] In this study to appraise the perception and level of satisfaction of patients/caregivers with HIV services at the Paediatric HIV outpatient clinic, UPTH, we assessed the proportion of patients/caregivers who expressed satisfaction with the overall

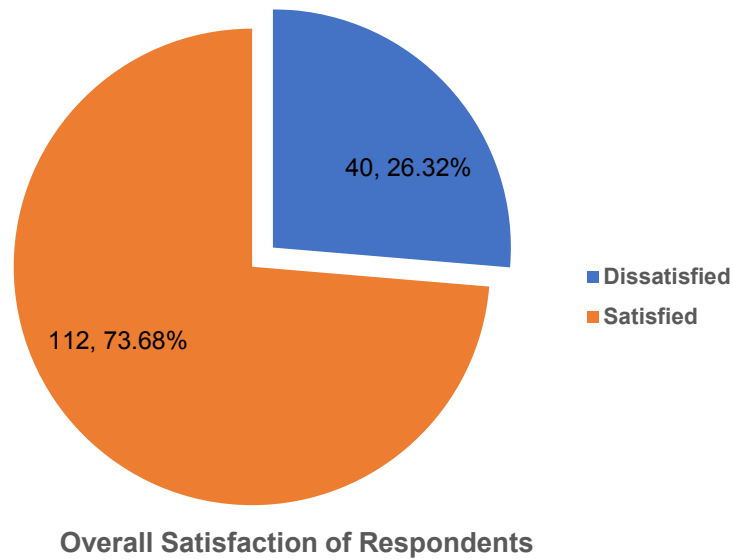


Fig. 1. Overall satisfaction of the study participants

Table 4. Overall patients satisfaction levels and socio-demographic characteristics

Variables	Satisfied (n, %)	Dissatisfied (n, %)	Total	Chi-square (p-value)
Age groups				
<18 years	25 (80.65)	6 (19.35)	31 (100.00)	9.41 (0.0935)**
18 - 25 years	7 (46.67)	8 (53.33)	15 (100.00)	
26 - 33 years	28 (77.78)	8 (22.22)	36 (100.00)	
34 - 41 years	30 (73.17)	11 (26.83)	41 (100.00)	
42 - 49 years	19 (82.61)	4 (17.39)	23 (100.00)	
50 and above	3 (50.00)	3 (50.00)	6 (100.00)	
Gender				4.67 (0.0306)*
Female	87 (78.38)	24 (21.62)	111 (100.00)	
Male	25 (60.98)	16 (39.02)	41 (100.00)	
Education				14.48 (0.0001)*
Primary	16 (84.21)	3 (15.79)	19 (100.00)	
Secondary	64 (84.21)	12 (15.79)	76 (100.00)	
Tertiary	32 (56.41)	25 (43.86)	57 (100.00)	
Marital Status				3.192 (0.3629)**
Divorced	1 (100.00)	0 (0.00)	1 (100.00)	
Married	77 (77.78)	22 (22.22)	99 (100.00)	
Single	25 (64.10)	14 (35.90)	39 (100.00)	
Widow/Widower	9 (69.23)	4 (30.77)	13(100.00)	

services at the centre, using provider interpersonal skills, waiting and consulting time and the physical environment.

The overall patient satisfaction level of 73.68% observed in this study was high and the highest contribution was from the interpersonal skills of the care providers where 85.53% were satisfied.

The level of satisfaction observed in this study was higher than the satisfaction rate of 61.2% observed by Abdul-Malik et al. [12] but lower than 91.2% and 94.7% reported by Wung et al. [18] and Kagashe et al. [19]. In this study, all staff, both medical and non medical had high scores among the six items that rated their interpersonal skill. Interpersonal skill in this study

looked at the friendliness, patience and attention paid to the patients /caregivers at the different service points. The doctors were rated the highest, that they paid enough attention to the patients and patients /caregivers felt they were in safe hands while with the doctors. This high rating of all cadre of staff, implies that patients perceived that health workers had their best interest at heart and understood some of their specific needs. This is a positive development that should be encouraged and sustained to ensure that patients are assured of a high level of quality healthcare delivery. The interpersonal skills of health care providers and the quality of communication between patients and health care provider have a strong influence on patients' satisfaction and perception of quality of health care. A good provider interpersonal skill and attitude towards patients was rated higher than the health care provider's technical proficiency and as the most important predictor of patients' satisfaction in a study by Aldana et al. [13].

A good proportion (77.63%) of the study participants were also satisfied with the physical environment. The health care environment of a hospital has a strong influence on patient satisfaction and perception of the quality of care as many patients derive their first impression of a health facility by its physical environment and appearance. [11] Of the measured domains, physical environment measured next to provider's interpersonal skill in the overall satisfaction score. Majority of the participants were satisfied with the comfort and cleanliness of the consulting rooms, waiting area and general environment. The clinic area was also easy to locate without much difficulty in the hospital. The comfort and cleanliness of the clinic and its waiting environment can positively affect the waiting time, especially where children friendly services and play areas are available so that coming to the hospital creates a good memory for these children and their caregivers as well. Ogunnowo et al. [20] and other studies [21,22] reported similar findings on the positive influence that cleanliness, comfort, and attractiveness of the physical environment of a hospital could have on a patient's perception of waiting time and quality of healthcare.

Although, over 50% of the participants were satisfied with the waiting time, a significant proportion (46.71%) of the patients were dissatisfied with the waiting time. More time was spent waiting to see the doctors, searching for the patient's case notes by the record staff and

waiting for the nurses to check their vital signs. This is partly a reflection of the low doctor/health worker: patient ratio and is a common finding in many developing countries like Nigeria. It is not uncommon in many developing countries like ours for patients who seek care or who come for follow up in a public hospital to spend an entire day. This abnormal phenomenon that now seem like the norm adversely affects patient's retention in care especially the affluent ones from these centres. Accepted that the patient load in these centres are high and that manpower may not be at its best, this long waiting time need to be addressed through patient flow analysis, proper organisation and scheduling of appointment times and use of electronic consulting platforms. These in addition to improving the required manpower will shorten the waiting time. Studies have shown that in centres where consultation is done electronically and patients appointments staggered to different time, patient waiting time is less. the man hour time lost seeking medical care in these centres tantamount to huge economic loss. Services and patients' flow should be managed in a convenient manner, in order to reduce waiting time.

However, 53.29% of the patients/caregivers in this study were satisfied with the waiting time. These are probably patients who arrive early to the hospitals, those that turn in dressed in their school attire and those that are acutely ill. Those in the last two categories are triaged to be seen fast so they would receive urgent care or leave early for school, while those who come early are naturally seen fast.

When we looked at the level of satisfaction with sociodemographic characteristics, our findings revealed that gender and the educational level of the participants were significantly associated with patient satisfaction. More females and those without tertiary level of education were more likely to be satisfied than others. This is similar to the study of Tran and Nguyen who found the female gender to have a statistical association with satisfaction with HIV services in Vietnam. [23] Wung et al. [24] also found that being of female gender had statistically significant associations with overall patients' satisfaction with HIV clinic services. It is possible that because women are more emotionally attached to their children and always want the best for them in terms of accessing these free antiretrovirals (ARVs), they have lowered their standard of satisfaction. Also, the levels of satisfaction among females in this study could be

influenced by their perceptions of adverse future variations in services if they reported being dissatisfied. It seems natural that more educated persons would demand better and quality service from any system, the Health system inclusive. It is therefore, not surprising that more proportion of the participants with tertiary education in this study were less satisfied. Among other determinants, higher educational status was a unique determinant of patient satisfaction in a previous study by Tateke et al. [25] in Ethiopia. More of the married participants in this study expressed being satisfied with the services offered but this was not statistically significant. Other previous studies have shown a higher satisfaction among married participants because of better support system. This study found no statistically significant association between age and level of satisfaction, however, a French study showed that older patients were more satisfied with outpatient services than younger ones.

5. CONCLUSION

In conclusion, a high proportion of participants expressed satisfaction with outpatient HIV services at the UPTH, however, some dissatisfaction is masked in this high satisfaction level such as long consulting and waiting time. Therefore, in scaling up HIV treatment and care, programme managers should not only focus on increasing number of patients on treatment to decrease HIV-related mortality but also on aspects of treatment delivery that could affect patient's satisfaction.

CONSENT AND ETHICAL APPROVAL

Ethical approval for the study was obtained from the Research and Ethics committee of the University of Port Harcourt Teaching Hospital. All patient/caregivers gave a written consent for the study.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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