An Investigation of Quality of Healthcare Services at Federal Medical Centre Makurdi, Benue State, Nigeria

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Abstract

The top quality of healthcare service distribution in Nigeria is far listed below what is obtainable in the Western globe, where there are often, the advanced clinical innovations and cutting-edge drugs. People commonly experience long waiting time, majorly due to a considerable variation between client and also clinical personnel ratio. This study therefore set to investigate quality of healthcare delivery in Federal medical centre Makurdi taking into cognizance the tangible reliability and responsive. The multi stage sampling method was adopted. The sample size of the study was 384. The instrument for data collection was the structured questionnaire using SERVQUAL scale. The instruments were distributed to the respondents, and only 332 questionnaires were returned for analysis. The data was analysed with the use of SPSS version 21. It was found that the hospital provides average service particularly in the area of tangible, reliability and responsive. However, the services provide should be improved to meet out with the national and international standard. The government and relevance health managers should intensify to ensure on an improve service delivery.

Keywords: Quality Healthcare Delivery, Tangible, Reliability, Responsive,

Introduction

Any kind of company solutions, or items that desire growth and also sustainability in the hypercompetitive environment of the 21st century, must have the ability to supply product and services that can meet the ever-changing needs of consumers. To be able to obtain competitive advantage, an organization should provide high quality services that can create clients' complete satisfaction as well as commitment (Zarei et al, 2012). Hereof, the construct of high quality is usually based upon a "worldwide judgment, or attitude, connecting to the quality of service." According to Parasuraman, Zeithaml, & Berry (1985), a gap frequently exists in between monitoring as well as consumers' understanding of service high quality. As an example, administration assumption of consumers' expectations could be at variance since administration may not always understand what the customers wish from the company.

The top quality of healthcare service distribution in Nigeria is far listed below what is obtainable in the Western globe, where there are often, the advanced clinical innovations and cutting-edge drugs (Abiodun, 2010). In Nigeria, there is a paucity of training for clinical personnel along with absence of distinguished as well as well-appointed medical attire (Fatunde, 2009). People commonly experience long waiting time, majorly due to a considerable variation between client and also clinical personnel ratio. Interaction between people and medical team is typically bad, as well as often the experiences between patients and also clinical staff are so poor that a button from one medical facility to one more or from one physician to an additional ones to be needed with a couple of choices offered for the patients (Adepoju, 2018). These buttons can cause severe disturbances in the connection of care with an unfavourable impact on the end result of treatment. The people are usually much less informed as well as much less experienced regarding what makes up high quality service from clients' perspective. Besides, the person mix has additionally changed tremendously. Hospitals typically encounter widely traveled people that are significantly a lot more knowledgeable about what healthiness care service entails.

These individuals continually demand better high quality service. To remain competitive as well as sustainable, the stipulation of high service top quality by health service system comes to be essential. Although several researchers have researched solution top quality in several industries consisting of the health industry and made their payments offered in the literature, there is a shortage of information on high quality in health sector from countries in sub-Saharan Africa particularly in Nigeria (Arries &Newman, 2008).

Delivering of effective and top quality healthcare is crucial to accomplishing enhanced health advantages, patient security and also a positive patient experience of health care. This post offers insight on the quality of the health care delivery in Nigeria and objective to reveal if top quality healthcare in Nigeria is a fact or a misconception (Carr, 1999). There is not yet a consensus on the definition of quality of care however there is a convergence of sights that the interpretation of high quality of treatment need to include treatment qualities such as treatment efficiency, reputation, effectiveness, the suitability of health treatments in addition to equity (Sohail, 2013). Health is a multi-dimensional construct with varied aspects along with numerous factors. Amongst aspects that could affect the health end result is the competence of health services which in numerous settings are designed to be

available, inexpensive, accessible, and ideal along with being equitably dispersed (Coulter, 2016). These services could be delivered from multi-tier system and also from privately or openly had health facilities. For either public or personal health facilities, there continues to be the problem of whether health services are supplied in a manner that warranties optimum customers and also various other stakeholders' complete satisfaction with services provided.

Thus, the general purpose of this research study breaks down into 3 primary purposes. First, we attempt to revalidate SERVQUAL to look for its original dimensionality within the research context. Second, we examine the clients' perceived healthcare solution top quality provided by Federal medical centre, Makurdi, Nigeria to help these healthcare facilities take advantage of on existing technological developments to bridge or minimize the existing space between patients' expectation and understanding of the service top quality given to maintain its relevance both to the people as well as investor.

Literature Review

Quality healthcare delivery

Awareness of the principle of top quality of health services gets on the boost recently on the part of the general public and also consequently on the Federal government, companies of health care and also various other arising stakeholders (Coulter, 2016). The demand for enhanced healthcare top quality and boosted performance in health care is driven by the incorporation of both product as well as procedure innovations right into the healthcare distribution system. It has actually been reported that regardless of having a good number of technologies in the healthcare market which are evidence-based, the issue of appropriate circulation of such innovations remains an issue (Rao, Stewart & Sincore, 2014). Quality of health care includes the following elements of treatment: acceptability/patient centredness, the appropriateness of healthcare delivery, treatment effectiveness, performance of treatment in addition to fair distribution of the healthcare solutions (Donabedian & Arbor, 2008).

Acceptability/patient centredness in the distribution of health services, Reputation of health services can be referred to as provision of health services in a manner or way that conforms to the pre-conceived dreams and assumptions of people and their family members (Rao, Stewart & Sincore, 2014). When pre-conceived assumptions are satisfied by the healthcare provider, the clients and also family members see the services as appropriate (Donabedian & Arbor, 2008). The opposite holds true if these assumptions are not met and also a person or the family members describe the health services as inappropriate. Such adverse experiences have straight impact on future usage of the health services (Sitzia, 2015). Various other elements known to influence the acceptability of health services include lack of trust fund and also regard between the treatment service provider and the client, poor inter-cultural connections etc. Part of the solution would certainly need the healthcare supplier to as long as possible give patient-centred health care which offers the client the power to make choices regarding what health services to make use of as well as which health facility to make use of these solutions (Lwanga & Lemeshow, 1991). The relevance of the person should be a key consideration in an optimal working healthcare system. This is needful because of prospective discordance in between the assumptions of the client or relative which of the health care suppliers. However, with patient-centred care, the health care service provider is felt confident that the very best possible healthcare which brings about enhanced health outcomes is made hence leading to ideal acceptability of treatment by the individual; which consequently makes optimum contentment as well as viewed high quality of care (Sitzia, 2015). This ideal fulfillment with health services as a result of patient-centred care will certainly additionally enhance the fulfillment of the treatment carrier and their ability to continue to exercise patient-centred care (Lwanga & Lemeshow, 1991).

In the Nigerian context, there are records of poor reputation of healthcare solutions as a result of bad accessibility to care as a result of infrastructural as well as workers shortages; physical and also emotional discomforts etc; have actually been made. This subsequently has actually affected the degree of usage of Nigerian health services by the populace as confirmed by the raised patronage of trado-medical practitioners (Rao, Stewart & Sincore, 2014). This shows the demand for better individual-.centred health care campaigns in wellness preparation, plan production for health and wellness as well as the delivery of healthcare to the people.

Methods

Study design

A descriptive cross-sectional study to assess client perception of service quality at the Benue State University Teaching Hospital, Makurdi

Study population: clients attending the outpatient clinics of the Benue State University Teaching Hospital, Makurdi

Sample size determination: sample size was calculated using the formula for descriptive studies

$N = (Z^2 PQ)/d^2$;

where N = minimum sample size;

Z= Critical value corresponding to 95% confidence level= 1.96;

P= Proportion with parameter (client satisfied with service = 50% assumption);

Q= 1-p; D= precision

So N= (1.96)2* 0.5* 0.5/ (0.05)^2

N= 3.84 X 0.25/0.0025

N= 384

The minimum required sample size is 384.

Sampling methodology

A multi-stage sampling method was used for the study. In stage one, five (4) clinics were selected from the various clinics. The selected clinics were the medical outpatient clinic, surgical outpatient clinic, general outpatient clinic, and Obstetrics and Gynaecological clinics. In stage two, a systematic sampling method was used to select respondents in the selected clinics. The number of clients to be selected in each clinic was determined by proportionate allocation based on the statistics for the previous year. In each clinic, a sampling interval was calculated at each clinic based on the average clinic attendance.

Data collection tool and procedure

A customized SERVQUAL questionnaire was adapted for the study. The tool has been validated for use in the health sector (Youssef, Jones, Hunt, Nel, & Bovaird, 2009). The SERVQUAL structure uses five standards in evaluating service top quality, especially Tangibles, Reliability, responsiveness, assurance and also empathy. Tangibles- describes the physical centres, devices as well as look of personnel Integrity describes the capability to do promised service reliably and also precisely. Responsiveness describes the determination to help customers/clients and also provide timely services. Assurance or security is the expertise and courtesy of employees as well as their capability to motivate and count on as well as confidence. Compassion-caring, individualised focus provided to customers (Youssef, Jones, Hunt, Nel, & Bovaird, 2009).

Area A documented some facets of the process such as waiting time, and appointment time while section C recorded the customer understanding of numerous domains of service top quality based on the SERVQUAL device. The instrument was pretested at General hospital North Bank, Makurdi and needed modifications were impacted. The tool was administered by two (2) research assistants. The assistants were skilled research aides with a minimum of a Bachelor's level in Social sciences and also they were trained over a someday duration through duty plays and, presentations to make sure that top-quality information is gathered. Data collection took place over 6 weeks. Each facility was gone twice a week so as to obtain an ideal representation of patients attending the centres. On participant days in each facility, the very first individual was selected randomly while subsequent individuals were selected based on the calculated sampling period. Some clients were interviewed at the end of the facility assessment.

Data analysis

The data collected was entered and analysed with EPI-INFO 2002 version 3. Windows Results were presented in tables and figures. The frequency and Standard deviation were used for the various domains of service quality. The cut-off mark of 1.5 and above was considered good, and below the cut-off mark was regarded as poor. Linear regression was used to determine which domain of service quality was the most important contributor to the overall client perception of service quality.

Ethical considerations

Ethical approval was obtained from the health research ethics committee of federal medical centre. Informed consent was obtained from the client attending the clinic. The confidentiality of the information collected was secured by restricting access to the data collected by investigators and research assistants.

Result

Table 1: Respondents' perception of the tangible domain of Service quality FMCM (N=332, %=100)

Variable	SD (N%)	D (N %)	UC (N %)	A (N %)	SA (N %)	SD
The clinic is clean	52(15.7)	40(12.0)	10(3.0)	125(37.7)	105(31.6)	1.54
comfortable environment	38(11.4)	86(25.9)	4(1.2)	108(32.5)	90(27.1)	1.67
information brochure	45(13.6)	211(63.5)	6(2.0)	30(16.6)	40(19.7)	1.23
Privacy is observed	45(13.6)	34(10.2)	3(1.4)	98(29.5)	155(46.7)	1.52
Staff are neat in appearance	10(3.0)	16(4.8)	6(1.8)	160(48.2)	140(42.1)	1.64
Well-maintained medical facilities	105(31.6)	90(27.1)	6(1.8)	30(9.0)	101(38)	1.34

Source: fieldwork, 2022 (Overall SD total=1.44)

This table is about the test on the tangible domain of Service quality in the hospital. The data shows that the majority of the respondents 37.7% said the hospital was neat, the majority 32.5% agreed that the environment was comfortable, majority 63.25% also disagreed that there was an information brochure, the majority 46.7% agreed that privacy was observed, majority of the respondents 48.2% said staff were neat in appearance, and lastly the majority 31.6% disagreed that facilities in the hospital are well maintained. The overall SD was partially high low indicating good tangible delivery. However , there is need to be improvement for maximal score.

Table 2: Respondents' perception of reliability domain of service quality at FMCM (N=332, %=100)

Variable	SD( )	D(N)	UC(N%)	A (N %)	SA (N%)	SD
Services are provided at the appointed time	56(16.8)	158(47.6)	10(3.0)	45(13.5)	63(18.2)	1.30
Services are carried out right the first time	105(31.6)	20(6.0)	7(2.1)	150(45.2)	50(15.1)	1.51
Doctors are professional and competent	56(16.8)	26(7.8)	2(0.6)	200(60.2)	48(14.5)	1.64
There is fast retrieval of document	56(16.8)	20(18)	6(1.8)	150(45.2)	100(30.1)	1.73
There is the consistency of service charges	26(7.8)	75(22.6)	1(0.3)	70(21.1)	160(48.2)	1.43

Source: Fieldwork, 2022   **Overall SD= 1.52**

The table presents the respondents' perception of the reliability domain of service quality. The row data indicate that majority of the respondents 47.6% disagreed that services are provided at the appointed time, and 45.2% agreed that services are carried out right the first time. The majority of the respondents 60.2% strongly agreed that doctors are professional and competent. The table indicates that the majority of the respondents 45.2% agreed that there was fast retrieval of a document, and the majority 48.2% strongly agreed that there was the consistency of service charges. The overall SD on the reliability domain of service quality of 1.52 was relatively low signifying a poor result.

Table 3: Respondents' perception of responsiveness domain of service quality at FMCM (N=332, %=100)

Variable	SD (N%)	D(N%)	UC(N%)	A(N%)	SA(N%)	SD
Patients are given prompt service	56(16.9)	70(21.1)	6(1.8)	110(33.1)	90(27.1)	1.54
Doctors are responsive to clients' needs	56(16.9)	69(20.8)	6(1.8)	80(24.1)	121(36.4)	1.51
Nurses are responsive to client needs	53(16.0)	102(30.7)	7(2.1)	80(24.1)	90(27.1)	1.27
The attitude of doctors instils confidence in clients	92(27.7)	60(181)	1(0.3)	109(32.8)	70(21.1)	1.51
The attitude of nurses instils confidence in clients	96(28.4)	126(38.0)	10(3.0)	55(16.6)	45(13.6)	1.22
Waiting time does not exceed one hour	190(572)	42(12.7)	0(0)	55(16.6)	45(13.6)	1.12

Source: Fieldwork, 2022   **Overall SD= 1.51**

Table 3 shows the respondents' perception of the responsiveness domain of service quality. Almost half 33.1% of respondents agreed that clients are given prompt service. The majority 36.4 % of respondents strongly disagreed that doctors are responsive to client needs. Similarly, 30.7 % of respondents disagreed that nurses were responsive to client needs. The majority 32.8% of respondents strongly agreed that the attitude of doctors instils confidence in clients while 838.0% of them disagreed that the attitude of nurses instils confidence in clients. The majority 57.2 % of respondents strongly disagreed that the waiting time does not exceed one hour. Similarly, the overall SD score for the perception of responsiveness domain of service quality was 1.44 which is below the cut-off mark of 1.5. This shows an average responsive domain in the hospital. This are also need improvement.

Table 6: Multiple linear regression of overall perception of quality of service quality at FMCM based on domains of service quality

Domains of service quality	Coefficient	standard error	F-TEST	P-value
Tangibles	-0.240	0.075	0.623	0.076
Reliability	- 0.0166	0.304	0.197	0.057
Responsiveness	-0.129	0.091	2.033	0.042

Source: Fieldwork, 2022

Linear regression showed that tangible, reliability, responsiveness, assurance, empathy, affordability and accessibility as a predictor of perceived overall service quality in the hospital as shown in the table was very low (0.076, 0.057, 0.042). This signifies that an average service delivery in FMCM. However, there needs to improve hence clients were not all that satisfied with their service delivery.

Discussion

This research study made use of the customized SERVQUAL Set of questions to assess health quality in Federal Medical Centre, Makurdi Benue state. This research has offered the possibility to identify the area of strengths and weakness in the high quality of healthcare offered in this hospital. The quality of service was examined using the 5 SERVQUAL measurements areas of Tangibles, Dependability, responsiveness, assurance, and empathy. The overall mean rating of Tangibles dimensions with a standard deviation of 1.44. This usually suggests that the hospital had a average environment. This is the area of weak point that can be surpassed by the medical facility management through the manufacturing of pamphlets and information pamphlets detailing the tasks in each particular centre. The General mean rating in the integrity domain was 4.18 with a standard deviation of 0.57 suggesting a great performance. The lowest score of 3.85 was videotaped on the issue of exactly how fast documents are obtained and also whether services are given at the selected time. These areas need to be improved upon by the administration via an assessment of the current procedures in the document area of the healthcare facility for identifying ways to minimize the moment invested in the access of documents such as instance documents. The total mean score for the responsive domain with a standard deviation of 1.51 suggests a generally good and efficient. Some of the things in the domain name had a mean score below 1.5 with suggests a weak and poor efficiency. The research ought to be sustained to guarantee that clients are not guaranteed a high degree of quality healthcare delivery. This suggests that clients regarded that health employees had not been the effective rate of interest of customers in mind as well as misunderstood the details demands of the customer.

In addition, Coulter & Jenkinson, (2005) and Coulter, (2016) pointed out that although the ideal treatment is typically offered by the best service providers at the ideal place as well as at the correct time by those that can pay for such services. Nonetheless, the high prevalence of the technique of out-of-pocket payments for health paired with reduced government investment in the health funding system of Nigeria, disproportionate circulation of healthcare funds, regional inequity in healthcare expense and also a high level of hardship is making the best care not to get to the ideal client at the right time.

Conclusion/ Recommendations

The requirement for better healthcare quality and also raised effectiveness in healthcare is driven by the consolidation of both product and procedure innovations into the healthcare delivery system. It has actually been reported that despite having a good variety of innovations in the healthcare sector which are evidence-based, the trouble of sufficient circulation of such advancements remains a problem. Top quality of healthcare includes adhering to aspects of treatment: acceptability/patient-centredness, the appropriateness of healthcare delivery, treatment performance, the efficiency of treatment along with equitable distribution of the healthcare facilities.

This study, which made use of the modified SERVQUAL device, showed that clients viewed the service quality at the FMCM facility to be good. However there is need for improvement for maximal service delivery. The federal government through the ministry of Health, stakeholders, workers and other relevant authorities should take relented efforts to improve the quality health service in FMCM. To the health personnel they should ensure and provide effective, quality and client-centred medical services to the people.

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