Original Research Article

Quality of Healthcare Services and Patients' Satisfaction in University of Benin Teaching Hospital

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Abstract
This study analysed the relationship between service quality and patients' satisfaction with healthcare services rendered in the University of Benin Teaching Hospital (UBTH). The survey research design was adopted through the use of the questionnaire. The population of study covers all patients visiting the health facilities in three major clinics (General Out-patient clinic, Maternity clinic and Dental clinic) of the University of Benin Teaching Hospital (UBTH). Out of 150 copies of the questionnaire administered, only 147 copies were found usable. The questionnaire was used as the research instrument. Statistical tools such as mean, standard deviation, correlation and regression analyses were used for data analyses through the use of Statistical Package for Social Sciences (SPSS) software. The results showed that that the service quality dimensions (assurance, empathy, reliability, tangibility and responsiveness) have a positive and significant relationship with patients' satisfaction. The study recommends that the hospital management should provide up-to-date equipment for effective management of patients. It is also recommended that healthcare providers should render services in a manner that instils confidence in patients by making them feel hospitable.

Keywords: Assurance, Clinics, Empathy, Patients, Satisfaction,

JEL Classification Codes: I1, I18

1. INTRODUCTION

Patient satisfaction in healthcare service has been a major concern to both the healthcare providers and the patients themselves. There have been several complaints by patients about the quality of services they receive and the level of satisfaction they derive. There is also a general impression that many patients feel disappointed after visiting either a clinic, pharmacy or other healthcare service outlets based on the poor services received. Even though the hospital has been criticised, there is no empirical evidence on how patients respond to service quality. Many healthcare providers have been making efforts to improve services to ensure that their patients obtain the best possible care and service. However, some of these efforts have not been able to achieve the desired results. In order to achieve the desired result, different studies have been carried out to determine the factors promoting service quality and eventually, patient satisfaction with healthcare service. For example, Parasuraman, Zeithaml and Berry (1998) identified five dimensions of service quality which include: tangible, reliability, responsiveness, assurance, and empathy. Hulka, Zyzanski, Cassel, and Thompson (1970) based their assessment of service quality into three dimensions, namely: personal relationship, convenience and professional competence. Andaleeb (1998) focused his study (service quality) on five dimensions which are cost, facility, competence, communication, and demeanour. Abscond

According to Alhashem, Alquraini, and Chowdhury (2011:250), "the quality of medical care services has become a primary concern for patients, and in order to provide better services to patients, service quality has become increasingly important for hospitals in respect of satisfying and retaining patients". For example, Meehan, Bergen, and Stedman (2002) posited that the evaluation of the quality of hospital service by patients helps in improving the healthcare system and promote quality service.

The inability of hospitals to appreciate the importance of quality service rendered to patients may lead to delivering poor services thereby causing loss of patients (Amarantou, Chatzoudes, Kechagia, & Chatzoglou, 2019; Padma, Rajendran, & Lokachari, 2010). In this situation, patient satisfaction has been regarded as a fundamental determinant in maintaining a long-term patient relationship (Oliver, 1980; Zeithaml, Berry & Parasuraman, 1996; Anthanassopoulos, Gounaris & Sathakopoulos, 2001). In other words, the more satisfied patients are, the higher the patient retention (Anderson & Sullivan, 1993; Fornell, 1992). Also, patients are becoming more aware of their rights. According to Agbonifoh, Ogwo, Nnolim and Nkamnebe (2007), an enlightened consumer is better able to protect his rights in the market place.

Since patients are becoming more open to competitive advances and more familiar with healthcare services, service quality may be necessary to ensure a long-term relationship between the patients and the hospital (Gaur & Agrawal, 2006). In other words, given that competition is on the

increase, rapid growth and changes in technology in the healthcare sector and the fact that patients nowadays possess a certain level of awareness about healthcare, the services providers need to make more efforts to improve service quality in order to achieve a significant fulfilment of patients' expectation (Chahal & Kumari, 2010).

Against this backdrop, this study focuses on examining service quality concerning patient satisfaction in terms of service assurance, empathy, reliability, tangibility, responsiveness, and satisfaction in the healthcare service sector using the University of Benin Teaching Hospital as a case study.

The paper is organised as follows. Section One focuses on the introduction of the subject matter while Section Two provides a review of the related literature. The third section addresses methodological issues used in the study. The fourth section presents the results and discussions while the last section focuses on conclusion and recommendations.

2. LITERATURE REVIEW
Service Qualityand its dimensions
Inegbenebor (2006) defined service as an intangible benefit provided to individuals, businesses, government establishments and other organisations through the performance of a variety of activities or the provision of physical facilities, product or activity for another's use. In a similar vein, Stanton, Etzel and Walker (1998) described services as" identifiable, intangible activities that are the main object of a transaction designed to provide want-satisfaction to customers."Services are characterised by intangibility, inseparability, heterogeneity, perishability and ownership.

Service quality can be defined as the overall assessment of service by the customer (Eshghi, Roy & Ganguli, 2008). It is the extent to which service providers meet the needs or expectations of customers. Parasuraman, Zeithaml and Berry (1985, p.22) define service quality as "the discrepancy between consumers' perceptions of services offered by a particular firm and their expectations about firms offering such services". The quality of service is seen to be low if what is perceived is below expectations and vice versa. Hoffman and Bateson (2006) define service quality as an attitude formed by long-term, overall evaluation of a firm's performance.

Elmayar (2007) suggests that service quality improvement can be addressed by both customers and organisation perspectives. To achieve this, Ghobadian (1993) identifies the key strategies of service quality improvement to include market and customer focus, motivated and well-trained frontline staff, a well-designed process, delegation of responsibility and authority to front line staff, a clear definition of quality, and effective external communications among others.

Service quality depends on the service provider in terms of the timing of rendering the service, the location where the service is rendered and how the service is provided (Emel, 2014). The quality of the service received by the customers varies from one person to another and from place to place (Gnanapala, 2015). However, there are different dimensions of service quality, therefore, service quality is known to be based on multiple dimensions (Gronroos, 1990). Parasuraman *et al,* (1998) identified five dimensions of service quality, which include tangible, reliability, responsiveness, assurance and empathy. According to

Parasuraman *et al* (1998), "tangible, means the physical assets needed to provide service; reliability means to perform the service in the promised way; responsiveness means a willingness to provide prompt service which satisfies the customers; assurance means the knowledge and courtesy of the employees (service providers) and their ability to inspire trust and confidence of service; and empathy dimension means the caring and individualised attention of firm to its customers".

This study uses the SERVQUAL model developed by Parasuraman *et al.* (1988) to measure service quality. SERVQUAL is based on five dimensions of service quality. These include assurance (knowledge and courtesy of employees and the ability to inspire trust and confidence); empathy (caring or the individualised attention a hospital provides its patients); reliability (this simply refers to hospital ability to keep the service promise); tangibility (this is the appearance of physical facilities, equipment, and personnel appearance. The tangibles in the hospital may include: clean environment especially the wards were patients are kept in order to receive treatment, hospital equipment, toilets/convenience, registration venues, among others);and responsiveness (this refers to hospital's willingness to help patients; timeliness of services, setting up appointment and call patients promptly). The patient assesses the hospital if they perform the service right the first time if they maintain or insist on error-free records if they can solve patient problem sincerely if they provide services at the time it promises to do so and (Budiono, 2009; Isibor & Odia, 2014).

Patient Satisfaction

The healthcare sector is highly competitive (Dayel, Debrah & Mulyata, 2020). Therefore, discussing issues relating to patient's satisfaction is germane (Singh, 2010). It is worthy of note that in the healthcare service, the consumers are the patients; thus, customer satisfaction is referred to as patient satisfaction. According to Strasser (1991), the patient satisfaction is the patients' value judgment and subsequent reaction to the stimuli they perceive in the health environment just before, during, and after the course of their clinical visit.

The area of dissatisfaction as asserted in Fekadu's (2011) study agrees with Oche (2011), which are lack of drugs and supplies, inadequate information provision, long waiting time, poor cleanliness, lack of privacy and short visiting hours, were found to be the major causes of dissatisfaction in these studies. However, Ibrahim (2009) indicated that there is documentary evidence that has shown that health service delivery in Nigeria is as low as 30% and other indicators such as waiting times, staff attitude to work and public confidence in the health sector have declined significantly over the years.

In the healthcare sector, quality is generally described in terms of patients' expectations and perceptions. Therefore it is relevant to review the patient's expectations and perceptions briefly. It is also essential to know that understanding what patient's perceptions and expectations are in the field of healthcare services would make it easier for healthcare service providers to understand how customers perceive service quality and how to measure service quality

and thus increase the level of patient satisfaction. (Ndannsa, 2013) opined that understanding patient's perceptions and expectations are essential if quality service has to be delivered.

Expectations are generally, forecasts about what is going to happen or the likelihood that something is going to happen and how it might happen (Ndannsa, 2013). According to Parasuraman, *et al.*(1988), expectations are seen as predictions from consumers about what is going to happen in the future. However, (Oliver,1981:33) posits that "expectations are consumer-defined possibilities of the occurrence of positive and negative events if the consumer engages in some behaviour"

Patients' expectation can be described as the guesses about the future occurrence that is from general belief to an actual experience about a particular product or service (Diehl & Poynor, 2010). Patent's perception, on the other hand, is used to refer to the assessment of patient's expectations and actual performance of service. According to Parasuraman *et al.* (1985), patient's perception of service quality is based on the assessment of their expectations that is, what patients think service providers should deliver considering their perceptions of the performance of the service provider. Patients assess expected service and what is provided by the service provider. Patients' perception of the service acquired or consumed plays a significant role in the level of satisfaction.

Importantly, expectations act as bases for assessment. Patient expectations enable judgment on the level of satisfaction when these expectations are compared with patients' perceptions. What a patient expects to have or consumed can only be rated if it meets desires when it is compared with what the patient perceived (Forsythe, 2012). In the healthcare service sector, patient's expectations could be viewed as what patients desire as healthcare services from the healthcare service provider. Patients who are consumers of health care services might set their expectations based on experience, reputation or positive word of mouth and many other means since it is difficult to evaluate or judge a service that is intangible (Khan, 2009).

Service Quality and Patient Satisfaction in the Healthcare Industry

The concepts of service quality and patient satisfaction have received increasing attention in the healthcare industry. "However, because the healthcare industry has its specific traits, its attitude towards patients and service quality differs somewhat from the attitude in other industries. It is believed that, in addition to certain specific circumstances determined by the healthcare system in which organisations operate in different countries, differences are evident in terms of healthcare products and healthcare consumers. First of all, the products and services that makeup healthcare products are unique, and patients perceive them as a complex mix of services (Thomas, 2011).

Until recently it was considered that the consumers of health services were only sick people, but after the 1990s the emphasis shifted from sick people to address those who are stakeholders, like patients' relatives (Thomas, 2011). It is also believed that motives that encourage people to access healthcare institutions are not only diagnosis, prevention and treatment of disease, but also a desire to enhance well-being or quality of life. According to Tjiptono and Chandra (2016) stated that

service quality is the expected benefits and control over the level of excellence to meet customer desires. Thus the service quality of health care in an effort to fulfil the needs and desires of the customer as well as the accuracy of delivery according to customer expectations. The new generation of healthcare consumers, such as patients, families of patients and potential patients, demand improved quality of service, increased satisfaction, medical error reduction, and prevention of diseases (Lee, Lee & Yoo 2012). Findings from Alrubaiee and Alkaa'ida (2011) and Ramez (2012) indicated that patient perception of healthcare quality has a strong and positive relationship with patient satisfaction." Therefore, it is germane to discuss how service quality can impact on the satisfaction of patients in hospitals.

3. METHODOLOGY
The survey research design was used for this study because of its high flexibility of data collection, potential to build a rapport and a high degree of diversity of questions to capture various perceptions of respondents (Malhotra, Birks & Wills, 2013).The population of the study covers all patients visiting the health facilities in three major clinics, namely: General Out-Patient Clinic, Maternity Clinic and Dental Clinic of the University of Benin Teaching Hospital (UBTH). The population is infinite. A sample of 150 patients was randomly drawn from UBTH across the three clinics. Convenience sampling, a non-probability sampling method, was used to select accessible patients of the hospitals mentioned above in the different

departments examined. Convenience sampling was used because it gives room for easy access and interaction with respondents that filled questionnaire.

A structured questionnaire was used as a research instrument for collecting data. The questionnaire was divided into two sections of A and B. Section A is concerned with the personal bio-data of the respondents among which are gender, age, educational qualification, and the clinic in which the patients received healthcare services. Section B contains 26 question-items measuring service quality dimensions and patient satisfaction. Data generated from the use of the structured questionnaire were analysed using descriptive statistics such as frequency distribution, percentages and mean. Correlation and regression analyses were used to analyse the relationship between service quality and patients' satisfaction with healthcare services rendered in general out-patient, maternity and dental departments of the selected hospitals in UBTH. All analyses were conducted using Statistical Package for Social Sciences (SPSS 24.0 Version) at 5% level of significance.

4. ESTIMATION RESULTS AND DISCUSSION OF FINDINGS
This section contains the analyses of data collected from the fieldwork in line with the research objective.

Respondents demographics
This section contains the description of the background information of the respondents that filled the questionnaire.

Table 1: Description of background information

Variable	Category	Frequency	Percent	Cumulative Percent
Gender	Male	61	41.5	41.5
	Female	86	58.5	100.0
	Total	147	100.0	
Age	Under 20years	22	15.0	15.0
	21-30years	34	23.1	38.1
	31-40years	54	36.7	74.8
	41-50years	19	12.9	87.8
	51-60years	7	4.8	92.5
	Above 60years	11	7.5	100.0
	Total	147	100.0	
Educational qualification	Primary	9	6.1	6.1
	SSCE/WAEC	29	19.7	25.9
	OND/NCE	41	27.9	53.7
	HND/B.Sc	58	39.5	93.2
	Postgraduate	10	6.8	100.0
	Total	147	100.0	
Type of clinic	General out-patient	74	50.3	50.3
	Maternity	47	32.0	82.3
	Dental	26	17.7	100.0
	Total	147	100.0	

The results in Table 1 shows that 61 (41.5%) of the respondents were male patients, while 86 (58.5%) were female patients. Thus, majority of the respondents were female patients. Majority of the respondents (54, 36.7%) are between 31-40years. This is followed by respondents in the age group of 21 – 30years (34, 23.1%). 15% of the respondents are less than 20years old. Only 37 (25.2%) of the respondents were 41years and above. Majority of the respondents hold HND/B.Sc degree (58, 39.5%). This is followed by OND/NCE holders (41, 27.9%). Respondents that have SSCE/WAEC and primary school certificates account for 19.7% and 6.1% respectively. Patients with postgraduate qualifications account for

6.8%. The clinic type shows that majority of the respondents (74, 50.3%) were receiving services in general out-patient clinic at the time they filled the questionnaire. This is followed by respondents in maternity clinic which accounts for 32%. Only 26 (17.7%) of the respondents were in the dental clinic when they filled the questionnaire.

Patients' perception of service quality and satisfaction
This section describes the different service quality dimensions and patient satisfaction examined in this study using mean and standard deviation. The results are shown in Table 2:
Table 2: descriptive statistics of research variables

S/N	Statement	Mean	Std. Deviation
	Assurance		
1	Employees are polite with me	3.22	1.059
2	I always get treated whenever I visit the clinic	3.44	1.086
3	The behavior of employees instill confidence in me	3.42	1.104
4	I am sure of seeing nurses attend to me whenever I visit the clinic	3.69	0.911
5	I feel confident and safe when receiving medical treatment from a service provider	3.76	0.841
	Overall mean and standard deviation	3.51	0.600
	Empathy		
6	Doctors treat me in a very friendly and polite manner	4.03	0.860
7	I am given the opportunity to fully explain how I feel about the illness and ask questions	4.03	0.925
8	Doctors pay attention to my privacy when receiving treatment	3.98	0.910
9	Employees in the hospital give patients individual attention	3.24	1.149
10	The nurses are friendly in their approach	3.24	1.190
11	The doctors and other health workers are always willing to help	3.50	0.996
	Overall mean and standard deviation	3.68	0.640
	Reliability		
12	I always get all the prescribed drugs from the Pharmacy	2.47	1.278
13	The hospital provides services at the promised time	2.71	1.299
14	I am satisfied with the medical care that I receive	3.27	1.168
15	The hospital performs service right the first time	3.06	1.325
	Overall mean and standard deviation	2.88	1.022
	Tangibility		
16	The hospital has up-to-date equipment	3.00	1.159
17	Employees in the hospital are neatly dressed	3.67	0.980
	Overall mean and standard deviation	3.34	0.844
	Responsiveness		
18	Employees are never too busy to respond to me	2.98	1.230
19	Nurses are willing to answer questions of patients	3.44	1.215
	Overall mean and standard deviation	3.28	0.974
	Patient Satisfaction		
20	The hospital delivers 24 hours of service quality all the time	3.43	1.135
21	I am satisfied with the attitude of healthcare service providers.	3.14	1.228
22	I am satisfied with the level of care I receive from the healthcare provider.	3.25	1.232
23	I am satisfied with the waiting time.	2.26	1.141
24	I am satisfied with the medical bills I pay	2.58	1.375
25	I am satisfied with the interaction between the healthcare providers and me.	3.31	1.181
26	I am satisfied with the environment and the physical facilities	3.53	1.112
	Overall mean and standard deviation	3.01	0.901

Table 2 shows the mean and standard deviation of the different dimensions of service quality used in this study. The order of patients' perception with the different

variables are as follows: empathy ($\bar{X}$=3.68, SD=0.640), assurance ($\bar{X}$=3.51, SD=0.600), tangible ($\bar{X}$=3.34, SD=0.844), responsiveness ($\bar{X}$=3.28 SD=0.970), and reliability ($\bar{X}$=2.88, SD=1.022). The result shows that patients are moderately satisfied with the different dimensions of service quality except for reliability, that has a mean score of less than 3.

Relationship between service quality and patients' satisfaction

Table 3: Pearson Correlations of the research variables

		PSAT	ASS	EMP	REL	TAN	RESP
Patients' Satisfaction	Pearson Correlation	1	.563**	.669**	.739**	.454**	.717**
	Sig. (2-tailed)		.000	.000	.000	.000	.000
	N	147	147	147	147	147	147
Assurance	Pearson Correlation	.563**	1	.559**	.416**	.254**	.614**
	Sig. (2-tailed)	.000		.000	.000	.002	.000
	N	147	147	147	147	147	147
Empathy	Pearson Correlation	.669**	.559**	1	.591**	.291**	.647**
	Sig. (2-tailed)	.000	.000		.000	.000	.000
	N	147	147	147	147	147	147
Reliability	Pearson Correlation	.739**	.416**	.591**	1	.316**	.715**
	Sig. (2-tailed)	.000	.000	.000		.000	.000
	N	147	147	147	147	147	147
Tangibility	Pearson Correlation	.454**	.254**	.291**	.316**	1	.325**
	Sig. (2-tailed)	.000	.002	.000	.000		.000
	N	147	147	147	147	147	147
Responsiveness	Pearson Correlation	.717**	.614**	.647**	.715**	.325**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	147	147	147	147	147	147

**. Correlation is significant at the 0.01 level (2-tailed).

Table 3shows that patients' satisfaction is positively and significantly related to assurance (r=0.563, p < 0.05), empathy(r=0.669, p < 0.05), reliability (r=0.739, p < 0.05), tangibility (r=0.454, p < 0.05) and responsiveness(r=0.717, p < 0.05). Bryman and Cramer (1997) stipulated that Pearson's correlation coefficient (r) should not exceed 0.80; otherwise the independent variables that show a relationship in excess of 0.80 may be suspected of having multi-collinearity. The results in Table 2 show none of the correlation coefficients is up to 0.80. This outcome rules out any form of multi-collinearity in the model.

Table 4: Regression results[a]

Variables	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	-.916	.303		-3.021	.003
Assurance	.215	.092	.143	2.339	.021
Empathy	.286	.092	.203	3.122	.002
Reliability	.339	.061	.384	5.593	.000
Tangibility	.196	.053	.184	3.727	.000
Responsiveness	.151	.073	.163	2.080	.039

a. Dependent Variable: Patients' satisfaction
R-square = 0.701; Adjusted R-Square = 0.690; F-Statistic = 66.063; Prob (F-Statistic) = 0.000

Table 4 reveals that all the service quality dimensions [assurance (β = 0.215, $p < 0.05$), empathy(β =0.286, $p < 0.05$), reliability (β =0.339, $p < 0.05$), tangibility (β =0.196, $p < 0.05$) and responsiveness(β = 0.151, $p < 0.05$)] are positively and significantly related to patients' satisfaction at 5% level of significance. The R-square value of 0.701 indicates that the independent variables (assurance, empathy, reliability, tangibility and responsiveness) jointly explained 70.1% of the variation in the dependent variable (patients' satisfaction). The table shows that the F-statistic of 66.063is significant at $p<0.05$. This means that there is a statistical significant relationship between the service quality dimensions and patients' satisfaction.

Discussion of Findings
The study reveals that there is a significant relationship between service quality and patient satisfaction in the healthcare services offered by the hospital. This corroborates the findings from the studies conducted by Alrubaiee and Akaa'ida (2011) and Ramez (2012), which indicated that patient perception of healthcare service quality has a strong and positive relationship with

patient satisfaction. Also, in a study by Paprah (2014), it was found that service quality plays a critical role in the satisfaction of patients. Patient satisfaction is a reaction to the value received and an indication that patient satisfaction can build a long-term relationship. The results are consistent with research conducted by Lim *et al.* (2010) which shows that customer services significantly influence patient satisfaction. This indicates that patient satisfaction will be higher if the perceived value and quality that exceeds the expectations of patients. The results also showed that there is a significant influence of service quality on patient satisfaction. This indicates that service quality can improve patient satisfaction. Therefore, there is a positive relationship between service quality and patient satisfaction in healthcare services.

The aspect of service quality that patients are most satisfied with is empathy. This is followed by assurance, tangibility and responsiveness. This corroborates previous studies that have shown similar results. Peprah (2004) conducted research that shows that the attitude of nurses towards

patients (empathy), the capacity to deliver prompt service (assurance) and the ability to disseminate information play a critical role in the satisfaction of patients. Also, Ramsaran-Fowdar's (2005) study shows that communication is one of the dimensions of service quality which patients are satisfied with. Therefore, empathy, assurance and communication are the most highly rated dimensions of service quality by patients.

Empathy is simply the ability of hospital staff to care for patients. From this study, healthcare providers' empathy and understanding of patients' problems and needs greatly influence patient satisfaction. Patients will be delighted if adequate attention is given to them by healthcare providers. Patients desire doctors to be attentive and understanding towards them. Similarly, patients expect nurses to provide personal care and mental support to them. This reflects service providers' empathy. The more compassion received from the service provider, the higher the satisfaction of the patients. This gives them a level of hope that they will get maximum attention.

On the other hand, assurance is the confidence and trust that a patient has in the healthcare provider. This is supported by the views of Blery, Batistatos, Papastratou, Perifanos, Remoundaki, and Retsina (2009) who also opined that assurance could be developed by the level of information, knowledge and gentle treatment by the employees in offering the services and their capability to build trust and confidence in clients. These feelings reflect employees' experience and knowledge and their capability to be confident in themselves and build confidence in the patients themselves.

5. CONCLUSION AND RECOMMENDATIONS

From the research findings, patients are moderately satisfied with the healthcare service that they receive from the hospitals. This can be attested to by their overall general assessment of the service that they received. To achieve the patients' expectations, the quality of health care services needs to be improved through improving patient-provider relationships, waiting time, the appearance of physical facilities, availability of equipment and drugs and affordability of hospital bills. Also, from the study, it is evident that there is a significant relationship between service quality and patient satisfaction. This indicates that the better the quality of service provided by the hospitals, the higher the level of satisfaction of patients. Empathy and assurance are the most highly rated service quality attributes by patients, while reliability is the least rated attribute. The following recommendations are made based on the findings of the research:

Healthcare service providers should uphold quality service, which is the key to patient satisfaction. Hospital Management should provide up-to-date equipment for effective management of patients. The healthcare physical healthcare environment such as physical facilities, equipment, personnel should be appealing to patients. This can be made appealing by proper maintenance. That healthcare policymakers should formulate patients-oriented policies attitude that will make healthcare providers render services in a manner that instils confidence in patients by making them feel hospitable. This can be achieved through interpersonal relationships. Also, measures should be put in place to eradicate poor patient service by monitoring the attitude/activities of healthcare providers. This study uses the

out-patient clinics of the sampled hospitals. Further studies should cover both the out-patient clinics and hospital wards patients.

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