

An Audit of Patients' Perception of Urology Outpatient Services in a Nigerian University Teaching Hospital

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ABSTRACT

Background: There is increasing recognition that patients' perceptions and experience of healthcare service delivery by medical personnel are important indicators of satisfaction from the care received, subsequent attendance at follow-up visits, and referrals of friends and family. The goals of this study were to determine the reasons for patients' attendance at our outpatient urology clinic, and satisfaction level to ultimately help develop measures to improve the service. **Methodology:** This study was done in the outpatient urology clinic of a teaching hospital. A cross-sectional descriptive study involving all patients attending the urology outpatient clinic. The patients completed pre-tested questionnaires following consultation with a urology consultant or senior registrar. The data obtained was analysed using the international business machines, statistical package for social sciences (ibm-spss) version 25. **Results:** There were 142 patients who completed the questionnaires; of which 45.2% were follow-up visits, 25.2% for change of catheter, 14.3% for first clinic appointments, 4.8% for hormonal injections for cancer, 4.8% for wound dressing, and 2.4% for other unspecified reasons. The clinic schedule was convenient for 90.9%. There was a perception of a long delay before seeing the doctor by 61.8%. However, 97% felt the reception team was friendly. All the patients (100%) reported that the consultation process with the doctors and nurses met their expectations. About 94.1% were likely to return for follow-up visits while 93.9% were likely to refer a friend or family member to the clinic. **Conclusion:** The patients attended the urology clinic for a variety of reasons, the commonest being for a change of catheter. All the patients reported a satisfactory level of experience, though a significant majority reported delays. However, only a few were unlikely to attend follow-up visits or not refer a friend or family member.

Keywords: Audit; Clinic; Patient Satisfaction; Urology.

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INTRODUCTION

Globally, there is increasing attention to patient-centered care. An important factor is the patient's experience as an indicator of healthcare quality. A systematic review by Batbaatar E. et al^[1] reported that "health providers' interpersonal care quality" was the most important determinant of patient satisfaction. The impact of other quality markers such as wait times before consultation, consultation duration, physician communication, environmental cleanliness, the comfort of facilities, promptness of staff, proactivity of management, attitude of record clerks, organization of the clinic, health education talk, and cost of the services was inconclusive. The demand for urological clinic consultations has been on a steady increase globally and more so in low-income countries where the number of facilities and urologists is largely inadequate to satisfy the increasing demand.^[2] In the evaluation of the quality of healthcare, there have been concerns that increasing scarcity of resources may negatively impact the patients' experience but increased consultation time correlates with patient satisfaction.^[3,4] Improvements in the medical staff's communication with patients, perceived technical competence, welcoming approach, and body language improved patient satisfaction in outpatient clinics.^[5,6] In a study involving several hospitals in Nigeria, it was concluded that surgeon communication, promptness of staff, environmental cleanliness, the comfort of facilities, and costs are determinants of patient satisfaction.^[7] Furthermore, the delivery of relevant health education talk while waiting for consultation improves patient satisfaction.^[8] Long waiting times, missing case notes, missing laboratory results, and long appointments for radiological investigations are other factors that negatively correlate with patient satisfaction.^[9] Following a clinic encounter, satisfied patients are more likely to pay for services, comply with treatment recommendations, and schedule follow-up appointments.^[10] The organization of the clinic, the attitude of record clerks, and the consultation

process negatively impact the patients' experience.^[11] The ideal waiting time from arrival to being seen by the consultant is 30 minutes.^[12] The availability of prescribed drugs, information on diagnosis, and privacy also affect patients' satisfaction.^[13] Therefore, it has been suggested that hospital managers should be proactive to inculcate the foregoing research evidence to improve patient satisfaction.^[14]

Consequently, to improve patient experience, regular feedback should be collected from the service users and evaluated against the set standards to determine areas where the quality of the service needs strengthening and improvement.

A search of the literature over the last decade revealed no information on the audit of the patient experience specifically related to urology outpatient clinics in Nigeria and West Africa. Audit of patient experiences is one of the important tools in evaluating the quality of health care. It assesses the interaction of patients with healthcare processes and forms a basis for which patients become satisfied or dissatisfied with the services received.^[15-14] The outpatient clinic is one of the pathways to accessing care in the hospital. Patients' perception of their healthcare experience has gained increasing attention over the past 20 years.^[15] Healthcare experience has served as a method of creating effective action plans for quality improvement in healthcare organizations.^[16] The evaluation of factors that may lead to lower levels of satisfaction may help to improve patients' compliance.^[17,18]

In our teaching hospital, there is increasing demand for specialist urological services. On a weekly basis each of the four consultants (latterly five) consults between 40 – 80 patients in the clinic. Consequently, there have been long waiting times for appointments and consultations with pressure on consultation duration. It is unclear to what extent these have impacted patient experience and overall quality of care.

This study sets out to determine the reasons for attendance and patient satisfaction with the care received from our Urology Outpatient Clinic. The

findings will help identify areas of the outpatient healthcare process that require strengthening and improvement.

METHODOLOGY

This study was carried out in the outpatient Urology clinic, of a major Nigerian teaching hospital, a 930-bed tertiary hospital serving a catchment population of about 1.5 million. Two urology clinics are held weekly on Mondays and Fridays respectively. The Monday and Friday clinics are run by two and three consultants respectively, supported by two senior registrars and at least two nurses.

Descriptive cross-sectional study. Consecutive adult patients attending the urology outpatient clinic of UBTH in September 2022 who agreed to complete the questionnaire. All patients including parents of children presenting to the urology outpatient clinic of UBTH were eligible except those lacking in capacity or did not give consent. A pre-tested exit survey questionnaire, enquiring about patient age, sex, and the questions addressing the aims of the study was given to patients or parents of children to complete immediately after consultation with a consultant or Senior Registrar. The questionnaire included an explanatory note on the aims of the study which was further explained to participants during verbal consent.

The data obtained was analysed using the International Business Machines for Statistical Package for the Social Sciences (IBM SPSS) version 25. Categorical variables were presented using frequency and percentage. Results were expressed using tables and charts.

RESULTS

One hundred and forty-two (142) patients completed the survey. The age-range was from 2 months – 96 years (Mean: 57 +/- 8years). There were 126 (88.7%) males and 16 (11.3%) females. The reasons for attendance in the clinic are shown in Figure 1, and the patients' experience in Table 1.

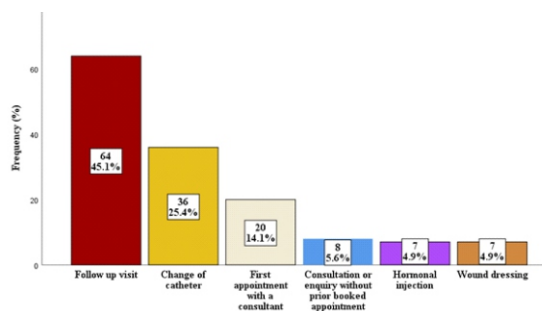


Figure 1: Reasons for Visit to the Urology Clinic

Table 1: Patients' experience in urology outpatient clinic

	Strongly agree	Agree	Disagree	Strongly disagree
Clinic appointment times are convenient (n=142)	47(33.1)	82(57.7)	9(6.3)	4(2.82)
Reception team is friendly (n=142)	60(42.2)	77(54.2)	5(3.52)	0(0.0)
Waiting times before seeing the doctor in clinic was appropriate (n=142)	5(3.5)	26(18.3)	73(51.4)	38(26.8)
Well attended to by nurses (n=142)	56(39.4)	86(60.6)	0(0.0)	0(0.0)
Well attended to by the doctors (n=142)	105(73.9)	37(26.1)	0(0.0)	0(0.0)
Given clear instructions about the treatment plan (n=142)	90(63.4)	47(33.1)	5(3.52)	0(0.0)
Would return to the urology clinic (n=142)	75(52.8)	59(41.5)	4(2.9)	4(2.8)
Would likely refer a friend/family to the urology unit if necessary (n=142)	73(51.4)	60(42.3)	9(6.3)	0(0.0)

DISCUSSION

The urology outpatient clinic catered to a wide age range of patients of both sexes during the study from 2 months - 96 years and mean age 57+/-8 years (Table 1). This demographic was similar to the results of an outpatient Urology clinic survey in London on patients' satisfaction with a mean age of 65 years. [19] In this study, there was a male preponderance, 88.7% also similar to the findings by Lucas et al [19] In this study, aside from consultations of new and follow-up patients, the urology clinic catered to other patients attending for catheter change, minor procedures such as hormonal injection for cancers, wound inspection, and dressings including attending to patients without a prior booked appointment (Figure 1).

Most of these latter categories of patients, best cared for in a non-clinic setting, are some of the reasons for delays in seeing booked patients for new and follow-up appointments.

In this study, most participants were satisfied with the schedule of their appointments with 91% of participants either “strongly agree” or “agree.” It has been demonstrated that when appointment scheduling is designed and implemented based on patients' needs and wishes it improves their satisfaction and clinical outcomes.^[20,21] In this study, 42.5% and 54.2% of patients strongly agreed and agreed respectively that the reception team was friendly. Three percent disagreed. While acknowledging the overall satisfaction with the reception team in this study, there is evidence from the literature that staff behavior at the point of registration or point of first contact with the outpatient department improves patients' satisfaction.^[11] It is likely that these factors contributed to the high satisfaction rate. Consequently, it has been long advocated that the reception team should be trained in customer care service soft skills to improve patient satisfaction.^[22] Furthermore, Pawar et al^[23] reported that the friendliness and politeness of the paramedical staff improved overall patient satisfaction.

Most participants in this study, over 70% were unsatisfied with the waiting times before seeing the doctor after arrival in the clinic. Controversies exist as to the ideal waiting time in the clinic.^[19] The average waiting time in high-income or upper-middle-income countries^[24-26] has been demonstrated to be shorter than what obtains in middle and low-income countries like Uganda, Malaysia and Nigeria respectively.^[27-29] Long patient waiting time in clinic has been demonstrated to have an inverse correlation with patients' satisfaction.^[3] The ideal waiting time recommended in a report by O'Malley et al^[12] was 30 minutes. This recommendation was made by the Institute of Medicine (IOM) based on the evidence that prolonged waiting times usually led to dissatisfaction among patients. The delay in

waiting times in this study has been attributed to the peculiarities of inappropriate clinic appointments referred to. It has also been attributed to situations where healthcare providers are overwhelmed by large numbers of patients.^[30] and the increasing need for urology care globally.^[2]

In this study, most patients felt they were well attended to by the doctors and nurses. There is a significant positive correlation between patient satisfaction and the perceived length of consultation.^[31] It is unclear if this was due to the length of consultation which was not recorded in this study. The impact and usefulness of the length of consultation was corroborated by Lin et al^[32] and Cape et al.^[33] Lemon et al^[34] in a meta-analysis further suggested that the length of time is not the actual variable responsible for patients' satisfaction rather the exploration of patients' psychosocial factors, and the doctors' communication skills. Good communication between the patient and health care professionals helps to achieve a perception of quality care in patients.^[35] A good doctor/patient interaction and involvement in the decision-making process help in patient understanding of their disease and medical management plan with resultant improvement in compliance to treatment.^[19] In this study, almost all the patients, 97% indicated that they were given clear instructions on their treatment plan.

Satisfaction is an important determinant of patients' compliance to medical advice and treatment rendered, including utilization of medical services and continuity of care.^[36] This was corroborated by findings in this study where most participants, 94.2% indicated a willingness to continue care in the urology clinic. In this study 93.9% of participants were willing to refer a friend or family member to the outpatient Urology clinic, thus most participants have built trust and confidence in their urologists. This may be a reflection of patient satisfaction and trust developed from good communication with the medical staff as studies have shown that patients' trust and good communication skills are

independent determinants of satisfaction.^[37]

CONCLUSION

This study demonstrates that health professionals' communication skills and interpersonal relationships through shared decision-making are important determinants of patients' satisfaction in the urology outpatient clinic. Consequently, concerted efforts should be made by hospital management to support and train staff in communication and interpersonal skills. In addition, more resources should be provided for the urology clinic to strengthen the staffing requirements to match the patient load and the creation of separate treatment services for inappropriate clinic attenders will help to reduce demand.

Conflict of Interest: None

REFERENCES

1. Batbaatar E, Dorjdagva J, Luvsannyam A, Savino MM, Amenta P. Determinants of patient satisfaction: A systematic review. *Perspect Public Health*. 2017 Mar;137(2):89-101.
2. Bleustein C, Rothschild DB, Valen A, Valatis E, Schweitzer L, Jones R. Wait times, patient satisfaction scores, and perception of care. *Am J Manas Care*. 2014 May;20(5):393-400. PMID25781568
3. Alarcon-Ruiz CA, Heredia P and Taype-Rondam A. Association of Waiting and consultation time with patient satisfaction: Secondary-data analysis of a national survey in Peruvian ambulatory care facilities. *BMC Health Serv Res*. 2009;19 439
4. Susan Lee, Sophie E. GroB, Holer Pfaff, Antje Dresden: Waiting time, communication quality and patient satisfaction: An analysis of moderating influences on relationship between perceived waiting time and the satisfaction of breast cancer patients during their in-patient stay. April 2020, vol.103(Issue 4) pg. 819-825.
5. Tateke T, Woldie M, Ololo S. Determinants of patient satisfaction with outpatient health services at public and private hospitals in Addis Ababa, Ethiopia. *Afr J Prim Health Care Fam Med*. 2012;4(1), Art, 384, 11
6. Okonta KE, Ogaji DS. Relationship between patient satisfaction and willingness to comply with physician's recommendation in referral surgical outpatient clinic in Nigeria. *Journal of Patient Experience* 2020, vol.7(6);1556-1562.
7. Adekanye AO, Adefemi SA, Okuku AG, Onawola KA, Adeleke IT, James JA. Patients' satisfaction with the healthcare services at a northcentral Nigerian tertiary hospital. *Nigerian Journal of Medicine* 2013; 22(3), 218-224.
8. Ikeoluwa O. Ajayi: Patients' waiting time at an outpatient clinic in Nigeria – can it be put to better use? *Patient Education and Counseling*, 47; (Issue 2) 2002 121-126.
9. Iliyasu Z, Abubaka IS, Abubaka S, Lawan UM, Gajida AU. Patients' satisfaction with services obtained from Aminu Kano Teaching Hospital, Northern Nigeria. *Niger J Clin Pract* 2010; 13:371-378.
10. Ofili AN, Ofovwe CE. Patient's assessment of efficiency of services at a teaching hospital in a developing country. *Am Afr Med* 2005; 4:150-153.
11. Ajayi IO, Olumide EA, Oyediran O. Patient satisfaction with the services provided at a General Outpatients' Clinic, Ibadan, Oyo State, Nigeria. *Afr. J. Med. Sci*. 2005; 34 (2):133-140.
12. O'Malley MS, Fletcher SW, Fletcher RH, Earp JA. Measuring patient waiting time in a practice setting: A comparison of methods. *The Journal of ambulatory care management*. 1983 Aug 1;6(3):20-7.
13. Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington (DC): National Academies Press (US); 2001.

- PMID:25057539
14. Rozenblum R, Lisby M, Hockey PM, Levtzion-Korach O, Salzberg CA, Efrati N, et al. The patient satisfaction chasm: the gap between hospital management and frontline clinicians. *BMJ Quality & Safety*. 2013 Mar 1;22(3):242-50.
 15. Coulter A. *The Autonomous Patient: Ending Paternalism in Medical Care*. London: Stationery Office (for the Nuffield Trust), 2002:128
 16. Levine AS, Plume SK, Nelson EC. Transforming patient feedback into strategic action plans. *Qual Manag Health Care* 1997; 5:28-40
 17. White RO, Chakkalakal RJ, Presley CA, et al. Perceptions of provider communication among vulnerable patients with diabetes: influence of medical mistrust and health literacy. *J Health Commun* 2016; 21:127
 18. Egede LE, Michael Y. Medical mistrust, diabetes self-management and glycemic control in an indigent population with type 2 Diabetes. *Diabetes Care*. 2006 Jan;29(1):131-2. doi: 10.2337/diacare.29.1.131
 19. Lukacs S, Tschobotko B, Mukerji G, Vale J, Mazaris E. How to improve a Urology outpatient service? A survey of patient satisfaction. *World J Clin Urol* 2013;2(3):46-52
 20. Kamimura A, Ashby J, Myers K, Nourian MM, Christensen N. Satisfaction with healthcare services among free clinic patients. *J Community Health* 2015;40:62-72
 21. Wang WY, Gupta D. Adaptive appointment systems with patient preference. *Manuf Serv Oper Manag* 2011;13:373-389
 22. Surg Lt Cdr Athar Mohd, Brig Abhijit Chakravarty. Patient satisfaction with services of the outpatient department. *Medical Journal Armed Forces India*. 2014;70:237-242
 23. Pawar AA, Mukherji S. A Survey Cum Study on the level of satisfaction with the Quality and delivery of Health care at INHS Sanjivani. *J Mar Med Soc*. 2011;13:119-123
 24. Anderson RT, Camacho FT, Balkrishnan R. Willing to wait? The influence of patient wait time on satisfaction with primary care. *BMC Health Serv Res*. 2007;7:31
 25. Weissenstein A, Straeter A, Villalon G, Luchter E, Bittmann S. Parent satisfaction with pediatric practice in Germany: a questionnaire-based study. *Ital J Pediatr*. 2011;37:31
 26. Saucedo-Valenzuela AL, Wirtz VJ, Santa-Ana-Tellez Y, de la Luz Kageyama-Escobar M. Ambulatory health service users' experience of waiting time and expenditure and factors associated with perception of low quality of care in Mexico. *BMC Health Serv Res*. 2010;10:178
 27. Nabbuye-Sekandi J, Makumbi FE, Kasangaki A, et al. Patient satisfaction with services in outpatient clinics at Mulago hospital, Uganda. *Int J Qual Health Care*. 2011;23(5):516-523
 28. Raja Lexshimi RG, Zaleha MI, Shamsul AS, Suriawati G. Patient satisfaction on waiting time and duration of consultation at orthopedic clinic, University Kebangsaan Malaysia medical Centre. *Med Health*. 2009;4(1):35-46
 29. Oladapo OT, Iyaniwura CA, Sule-Odu AO. Quality of antenatal services at the primary care level in Southwest Nigeria. *Afr J Reprod Health*. 2008;12(3):71-92
 30. Umar I, Oche MO, Umar AS. Patient waiting time in a tertiary health institution in Northern Nigeria. *Journal of Public Health and Epidemiology*. 2011;3(2):78-82.
 31. Leow HT, Liew SM. Across sectional study on patient satisfaction and its association with length of consultation at the University of Malaya Medical Centre Primary Care Clinic. *Malaysian Family Physician*. 2022;17:2
 32. Lin CT, Albertsson GA, Schilling LM, et al. Is patients' perception of time spent with the physician a determinant of ambulatory patient satisfaction? *Arch Intern Med* 2001; 161 : 11 . 1437 - 1442 . Doi:10.1001/archinte.161.11.1437
 33. Cape J. Consultation length, patient estimated

- consultation length and satisfaction with the consultation. *Br J Gen Pract.*2002;52:1004-1006
34. Lemon TI, Smith RH. Consultation content not consultation length improves patient satisfaction. *J Fam Med Prim Care.* 2014; 3:333-339. doi:10.4103/2249-4863.148102
 35. Grol R, Wensing M, Mainz J, et al. Patients in Europe evaluate general practice care: an international comparison. *Br J Gen Pract* 2000;50:882-887
 36. Gansegeran K, Perianayagam W, Abdul Manaf R, Ali Jadoo SA, Al-Dubai SAR. Patient satisfaction in Malaysia's busiest outpatient medical care. *Sci World J.* 2015;2015. doi 10.1155/2015/714754
 37. Chandra S, Ward P, Mohammadnezhad M. Factors Associated With Patient Satisfaction in Outpatient Department of Suva Sub-divisional Health Center, Fiji 2018: A Mixed Method Study. *Front. Public Health.* 2019;7: 183.