Volume: 1, Issue: 2
Page: 21 - 29
2020

International Journal of Medicine, Nursing & Health Sciences (IJMNHS) ® (IJMNHS.COM)

Factors Determining Clients' Satisfaction with The Quality of Antiretroviral Therapy Services in Ekiti State, Nigeria

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Abstract:

The study examined the factors determining clients' satisfaction with the quality of antiretroviral therapy services in Ekiti State, Nigeria. The research designed used for the study was descriptive design of the survey type. The study targeted PLWHA who assess health care in Ado-Ekiti local government area. The sample size for the study was determined using the formula for calculating single proportion by Abrahamson and Gahlinger. Multistage sampling procedure was used to select the 345 respondents. A semi-structured instrument designed by the researcher was used to collect the needed data for the study. The instrument was validated before administration. The data obtained were analysed using the Statistic Package for Social Sciences (SPSS) where the research questions were answered descriptively through descriptive statistics. The findings of the study revealed that accessibility to care, good perception, quality service and accessible service are major factors determining clients' satisfaction with the quality of ART services. In addition, it was revealed that the barriers affecting clients' satisfaction with the quality of ART services are difficulty asking the doctor questions, feeling that the doctor and

IJMNHS
Accepted 20 December 2020
Published 29 December 2020
DOI: 10.5281/zenodo.4454877

client did not understand each other sufficiently, little devotion of time by doctors, difficulty attaining referrals for diagnostic tests and difficulty attaining referrals to specialists. It was recommended among others that there should be creation of social media support groups by health personnel so that clients can share their burdens with one another and improve the level of their interaction.

Keywords: Factors, Satisfaction, Antiretroviral Therapy Services,

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Introduction

HIV/AIDS is a global catastrophe of immense economic and social proportion with Sub-Saharan Africa alone accounting for over 70% of those infected (UNAIDS 2020). HIV/AIDS presents many challenges to health care systems and policies, particularly to the healthcare service delivery staff, family, and the entire community who care for People Living with HIV/AIDS (PLWHA). Attempts to promote behaviour change and provision of care in the household and at the community levels are key objectives in AIDS prevention and care programmes (WHO 2017). The rapid expansion of antiretroviral treatment in Nigeria has dramatically reduced HIV-related morbidity and mortality, and transformed HIV into a chronic illness (WHO, 2017). There are many antiretroviral treatment centres in hospitals across Nigeria that offers services ranging from diagnosis, staging, routine investigations treatment and routine follow-up (Kagashe & Rwebangila, 2011; Crane et al., 2007).

Client satisfaction is a multi-dimensional concept that has various definitions. By and large, it is a very subjective concept that can be hard to measure, but which is of great importance in health care. This is because it gives direct feedback to service providers, is an important indicator of quality of services and shows the relationship between services and treatment outcomes (Rapkin et al. 2008). It can also be a valuable competitive tool; helps to improve patients' quality of life and helps service providers determine customers' specific problems that require attention (Crane et al. 2007). Client satisfaction is potentially a direct indicator of system performance.

Client satisfaction is a major outcome measure for health care so monitoring it is crucial. Generally, it helps clients get a say in health care provision, evaluation and improvement. Different dimensions of client satisfaction have been assessed during various studies. For example, one set of dimensions includes clinical effectiveness and outcomes; access to services; organization of care; humanity of care and the environment (Wouters et al., 2008); while another includes tangibles; reliability; responsiveness; assurance and empathy (Wolfe et al. 2010). For this study, client satisfaction was defined as the gap between what clients expect to receive as a service and what they actually get.

There is a difference between perceived service quality and client satisfaction. Perceived service quality is a global judgment or attitude relating to the superiority of the service while satisfaction is related to a specific transaction (Olowookere et al. 2008). Nonetheless, the two are inextricably linked. Perceived service quality influences patient behaviour like satisfaction, referrals, choice and usage to a great extent (Alemayehu, et al., 2009). In a study in Bangladesh, it was revealed that the dimensions of service quality assessed significantly explained patient satisfaction and they were recommended for use in evaluating hospital services from the patient's view point (Shaikh, et al 2017). However, that study was not done within a health facility setting, but rather, involved interviewing people from the general population who had used a hospital in the past 12 months. This study differed by interviewing a sample of clients currently using a health facility.

The general objective of the study examined the factors determining clients' satisfaction with the quality of antiretroviral therapy services in Ekiti State, Nigeria. The study specifically:

i. assessed the factors affecting clients' satisfaction with the quality of ART services offered in Ado-Ekiti Local Government Area; and

ii. determined the barriers affecting clients' satisfaction with the quality of ART services offered in Ado-Ekiti Local Government Area.

Research Questions

The following research questions were raised for this study

1. What are the factors affecting clients' satisfaction with the quality of ART services offered in Ado-Ekiti Local Government Area?
2. What are the barriers affecting clients' satisfaction with the quality of ART services offered in Ado-Ekiti Local Government Area?

Methodology

The research designed used for the study was descriptive design of the survey type. The study targeted PLWHA who assess health care in Ado-Ekiti local government area. Ado-Ekiti is the Ekiti State capital and headquarters of the Ekiti state in the southwest Nigeria, and one of the 16 local government areas in Ekiti. The inclusion criteria were those who are HIV positive; those who were 18 years and above during the time of the study; those who were attending the health centre in Ado-Ekiti local government area and those who consented to the study. The exclusion criteria were HIV positive patients who are too sick to volunteer information and HIV positive patients with suspected mental disorder.

The sample size for the study was determined using the formula for calculating single proportion by Abrahamson and Gahlinger. The total number of HIV positive clients receiving health care within Ado-Ekiti LGA will be above 10,000. Therefore, the sample size formula

$$n = \frac{p(1-p) \times Z\alpha^2}{d^2}$$

was used where n is the minimum sample size, Zα is standard normal deviate corresponding to 95% confidence level at which Z is 1.96 for a two-tailed test, *p* is the proportion in the target population that will be estimated to have a particular characteristic, and *d* is degree of accuracy desired or maximum allowable difference from true proportion which was set at 5%

$$n = \frac{(0.34 \times 0.66 \times (1.96)^2}{(0.05)^2} = 345$$

Multistage sampling procedure was used to select the 345 respondents.

A semi-structured instrument designed by the researcher was used to collect the needed data for the study. It consisted of two sections namely sections A and B. Section A sought for the demographic data of the respondents while section B consisted of items on factors affecting quality of ART services. The instrument was validated before administration. The data obtained were analysed using the Statistic Package for Social Sciences (SPSS) where the research questions were answered descriptively through descriptive statistics.

Results

Research Question 1: What are the factors affecting clients' satisfaction with the quality of ART services in Ado-Ekiti Local Government Area?

Table 1a: Accessibility to care

Variable	Strongly Disagree	Disagree	Unsure/ Indifferent	Agree	Strongly Agree
Was it easy to make an appointment with doctor at a convenient time	4(1.2%)	35(10.1%)	166(48.1%)	129(37.4%)	11(3.2%)
Were the nurses nice and polite during registration	0(0.0%)	2(0.6%)	33(9.6%)	190(55.1%)	120(34.8%)
Did you have to wait too long in the waiting room for your visit	14(4.1%)	88(25.5%)	169(49.0%)	69(20.0%)	5(1.4%)

Table 1a depicts 53.0% of the total respondents agree that the nurses were nice and polite during registration. 43.0% of the total respondents strongly agree that the nurses were nice and polite during registration. 3.0% of the total respondents were unsure. 1.0% of the respondents disagree. Four respondents strongly disagreed that it was easy to make an appointment with a doctor at a convenient time representing 1.2% of the total respondents. Thirty five respondents also disagree with it, equivalent to 10.1% of the total respondents. One hundred and sixty six respondents were indifferent equivalent to 48.1% of the total respondents. One hundred and twenty nine respondents agreed that it was easy to make an appointment with a doctor at a convenient time representing 37.4% of the total respondents. Eleven respondents also strongly agreed that it was easy to make an appointment with a doctor at a convenient time equivalent to 3.2% of the total respondents.

Table 1b: Good perception versus Poor perception

Perception	Frequency	Percentage
Poor perception	11	3.2
Good perception	334	96.8
Total	345	100

Table 1b shows that three hundred and thirty four respondents representing 96.8% of the total respondents have good perception of the service provided. Eleven respondents representing 3.2% of the total respondents have poor perception of the service provided

Table 1c: Satisfied clients versus Not satisfied clients

Satisfaction	Frequency	Percentage
Not satisfied	25	7.2
Satisfied	320	92.8
Total	345	100

Table 1c shows that three hundred and twenty respondents equivalent to 92.8% of the total respondents are satisfied with the service provision. Twenty-five respondents representing 7.2% of the total respondents are not satisfied with the service provision.

Table 1d: Good quality service versus poor quality service

Quality	Frequency	Percent
Poor quality	15	4.3
Good quality	330	95.7
Total	345	100

Table 1d depicts three hundred and thirty respondents feel that the service provided is of good quality equivalent to 95.7% of the total respondents. Fifteen respondents feel that the service provided is of poor quality representing 4.3% of the total respondents.

Table 1e: No Barrier and Difficulty versus presence of barrier and difficulty

Difficulty	Frequency	Percent
No difficulty	308	89.3
Difficulty	37	10.7
Total	345	100

Table 1e shows that three hundred and eight respondents feels that there is no difficulty in accessing health care representing 89.3% of the total respondents. Thirty seven respondents feel that there is difficult in accessing healthcare representing 10.7% of the total respondents.

Table 1f: Accessible services versus not accessible services

Accessibility	Frequency	Percent
Not accessible	6	1.7
Accessible	339	98.3
Total	345	100

Table 1f shows that three hundred and thirty nine respondents feel that ART service is accessible representing 98.3% of the total respondents. Six respondents feel that ART service is not accessible

Research Question 2: What are the barriers affecting clients' satisfaction with the quality of ART services in Ado-Ekiti Local Government Area?

Table 2: Barriers affecting clients' satisfaction of ART services

Variable	Strongly Disagree	Disagree	Unsure/ Indifferent	Agree	Strongly Agree
I have difficulty asking the doctor questions	139(40.3%)	165(47.8%)	23(6.7%)	14(4.1%)	4(1.2%)
I had a feeling that the doctor and I did not understand each other sufficiently	153(44.35%)	171(49.6%)	13(3.8%)	2(0.6%)	6(1.7%)
The doctor devoted too little time to me	132(38.3%)	173(50.1%)	29(8.4%)	9(2.6%)	2(0.6%)
I usually have difficulty attaining referrals for diagnostic tests	151(43.8%)	159(46.1%)	27(7.8%)	6(1.7%)	2(0.6%)

I usually have difficulty attaining referrals to specialists	157(45.5%)	155(44.9%)	23(6.7%)	10(2.9%)	0(0.0%)
Were the nurses nice and polite during registration	0(0.0%)	1(0.3%)	11(3.2%)	184(53.3%)	149(43.2%)

Table 2 shows that one hundred and thirty nine respondents strongly disagree that they have difficulty in asking the doctor questions, representing 40.3% of the total respondents. One sixty five respondents also disagree that they have difficulty in asking the doctor questions, representing 47.8% of the total respondents. Twenty three respondents are indifferent about this. Fourteen and four respondents agree and strongly agree respectively that they have difficulty in asking the doctor questions. One hundred and fifty three respondents strongly disagree that they had a feeling that the doctor did not understand him/her representing 44.3% of the total respondents. One hundred and seventy one respondents also disagree that they had a feeling that the doctor did not understand him/her representing 49.6% of the total respondents. Thirteen respondents are indifferent about this. Two and six respondents agree and strongly disagree respectively about it. One hundred and thirty two respondents strongly disagree that the doctor devoted too little time to them representing 38.3% of the total respondents. One hundred and seventy three respondents also disagree that the doctor devoted too little time for them. Twenty nine respondents are indifferent about this equivalent to 8.4% of the total respondents. Nine respondents however agree that the doctor devoted too little time for them representing 2.6% of the total respondents. Two respondents also strongly agree.

One hundred and fifty one respondents strongly disagree that they have difficulty in attaining referrals for diagnostic tests representing 43.8% of the total respondents. One hundred and fifty nine respondents also disagree that they have difficulty in attaining referrals for diagnostic tests representing 46.1% of the respondents. Twenty seven respondents are indifferent about this equivalent to 7.8% of the total respondents. Six and two respondents agree and strongly agree respectively that they have difficulty in attaining referral for diagnostic tests. 46.0% of the respondents strongly disagree that they have difficulty in attaining referrals to specialists. 45.0% of the total respondents also disagree. 7.0% of the total respondents are unsure about this while 3.0% of them agree that they have difficulty in attaining referrals to specialists. 53.0% of the total respondents agree that the nurses were nice and polite during registration. 43.0% of the total respondents strongly agree that the nurses were nice and polite during registration. 3.0% of the total respondents were unsure. 1.0% of the respondents disagree.

Discussion

The findings of the study revealed that the nurses were nice and polite during registration and likewise it was easy to make an appointment with a doctor at a convenient time. The findings of the study also revealed that majority of the respondents (92.8%) are satisfied with the quality of ART services they received. In fact, 96.8% of them have a good perception about the services rendered to them. A similar trend was observed in a study done in South Africa that found high levels of patient satisfaction with ART-related services in the

public sector (Wouters et al. 2008). This is inconsistent with results of a study done in Ethiopia, evaluating the quality of HIV/AIDS clinical care in a referral hospital. Although 78% of patients expressed satisfaction, the other 22% did not (Alemayehu et al. 2009). This difference may be because clients in South Africa were satisfied with things like cleanliness of the facilities, yet in the current study, appearance of physical facilities scored very low.

The findings of the study also revealed that the barriers affecting clients' satisfaction with the quality of ART services are difficulty asking the doctor questions, feeling that the doctor and client did not understand each other sufficiently, little devotion of time by doctors, difficulty attaining referrals for diagnostic tests and difficulty attaining referrals to specialists. These findings are in consistent with the submission of Shaikh, et al. (2017), Wouters et al. (2008) and Wolfe, et al. (2010).

Conclusions

It could be concluded that the nurses were nice and polite during registration and likewise it was easy to make an appointment with a doctor at a convenient time. The study also buttressed that accessibility to care, good perception, quality service and accessible service are major factors determining clients' satisfaction with the quality of ART services. In addition, it is concluded that the barriers affecting clients' satisfaction with the quality of ART services are difficulty asking the doctor questions, feeling that the doctor and client did not understand each other sufficiently, little devotion of time by doctors, difficulty attaining referrals for diagnostic tests and difficulty attaining referrals to specialists.

Recommendations

Providing and managing HIV/AIDS care is a complex process, because people need life-long care, counselling and monitoring so they can take their drugs consistently and correctly and live positively to avoid further problems. Therefore, health facilities that are the focal point of this care need to ensure that it is of good quality and satisfactory to clients. Also, there should be creation of social media support groups by health personnel so that clients can share their burdens with one another and improve the level of their interaction.

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Cite this article:

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