
High Usage Low Satisfaction: Older Adults' Experience in Secondary/Tertiary Healthcare Facilities in Ekiti State, Nigeria

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ABSTRACT:

Background: Patient satisfaction is an important indicator of healthcare quality. This is more so among older adults who often require frequent healthcare services

Objective: This study was designed to assess levels of satisfaction and the mitigating factors among older adults utilizing secondary/tertiary public healthcare facilities in Ekiti State, Nigeria

Methods: This was a cross-sectional study conducted among older adults attending secondary/tertiary public healthcare facility in Ekiti State. Data on patient satisfaction, waiting time, staff attitude, and service organization were collected using a structured questionnaire. Descriptive analyses were performed.

Results: Secondary/tertiary public hospitals were most preferred by the older adults; however, overall satisfaction with services was low. The most frequently reported reasons for dissatisfaction were attitude issues especially from medical record unit, prolonged waiting time, and cost of drugs. Clinical care was less frequently cited as a reason for dissatisfaction.

Conclusion: Despite being the most patronized, secondary/tertiary public health facilities in Ekiti State fail to meet the service experience expectations of older adults. Interventions must target staff-patient interaction and administrative efficiency to improve patient satisfaction and promote age-friendly health services.

KEYWORDS: Patient satisfaction; older adults; secondary/tertiary healthcare facilities; service quality.

INTRODUCTION

As the global population ages, it becomes the primary responsibility of government to institute policies to safeguard the health of older adults who often utilized healthcare facilities more than younger age group as a result of age-related conditions.¹⁻³ While equity in healthcare access can reasonably be expected in the developed world, most developing countries can be overwhelmed by the increasing older population due to lack of institutional framework for the care of older adults and the economic effect of the demographic change.⁴⁻⁶

The principle of social contract between the government is binding on all responsible government.^{7,8} This places the responsibility of safeguarding the health of citizens on the government.^{9,10} However, in a mixed economy, private investment in health is permitted. Therefore, in Nigeria, private health institutions also contribute to healthcare provision.^{8,11} The public hospital are established and run by the government while the ministry of health plays an oversight role for both public and private health institutions to set and maintain standard of practice.¹²

Public hospitals are in three categories which are the primary, secondary, and tertiary healthcare levels. The primary facilities are the least equipped but enough to take care of the primary healthcare needs and supposed to be the point of entry to the healthcare system from where referrals to secondary levels are expected to be initiated. The tertiary levels facilities are supposed to be strictly referral hospitals and highest in the hierarchy.¹³ However, the order is not usually followed and often times the secondary and tertiary hospitals are the first point of call. For patients, even those with mild conditions¹⁴

The choice of which healthcare facility to patronize is freely determined by individuals. Such decisions can be influenced by many factors which can include accessibility, quality of care, cost of care, attitude of healthcare providers, policy enforcement and many others.^{15,16} Knowledge of the contributory factors to the choice of healthcare facilities among population will tremendously influence policy and service delivery in order to ensure equitable access to healthcare.

Healthcare facilities were categorized into primary, secondary/tertiary, and private facilities. While the primary health centre still maintains its functional identity, same cannot be said of the secondary and tertiary facilities. This is due to poor implementation of the linkage system and people often prefer to visit the secondary and tertiary hospitals.¹⁴

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METHODS

Study design and setting

This was a descriptive cross-sectional design conducted at the Outpatient Clinic of the department of Family Medicine, Ekiti State University Teaching Hospital (EKSUTH) in Ado-Ekiti, located in southwest Nigeria. EKSUTH is a tertiary healthcare institution affiliated with the College of Medicine at Ekiti State University, providing specialized care to residents of Ekiti State as well as referral services to the neighbouring states of Osun, Ondo, Kwara, and Kogi. The outpatients' clinic in the Department of Family Medicine attends to all age groups making it an ideal setting for assessing the burden of health service utilization among older adults

Study Population

The study population consisted of older adults aged 60 years and above who visited the outpatient clinic between June to August 2025. Two hundred and eighty-six older adults aged 60 years and above who consented to participate in the study during the study period were consecutively selected.

Data Collection

Information was obtained from respondents with the aid of an interviewer administered questionnaire. The data collected included the patient's sociodemographic characteristics and the preferred healthcare facility when the respondent needed healthcare. Respondents' satisfaction was assessed with a single direct question asking the patient to rate his/her satisfaction on a scale of 1-10.¹⁷ A response of 5 or less was followed with the reason(s) for the non-satisfaction.

Ethical approval for this study was obtained from the Ethics and Research Committee of Ekiti State University Teaching Hospital, Ado Ekiti, Nigeria.

RESULTS

Healthcare facility preference among the respondents

More than two-thirds (76.2%) of respondents preferred secondary/tertiary healthcare facility. Only 7.7% of older adults utilized primary healthcare facility. (Figure 1) Less than one-third of older adults were satisfied with the services provided at the secondary/tertiary healthcare facility. (Figure 2) More than half of the respondents were dissatisfied with the attitude of the medical record staff. This was followed by the long waiting time and high cost of drugs. Dissatisfaction with the consultation with physician and nurses' conduct accounted for little proportions respectively. (Figure 3)

Table 1: Healthcare facility preference among respondents

Facility type	N	Percentage	Cumulative percentage
Secondary/tertiary	218	76.2	76.2
Any (Flexible)	35	12.2	88.5
Primary Health Centre	22	7.7	96.2
Private health facility	11	3.8	100.0
Total	286	100.0	

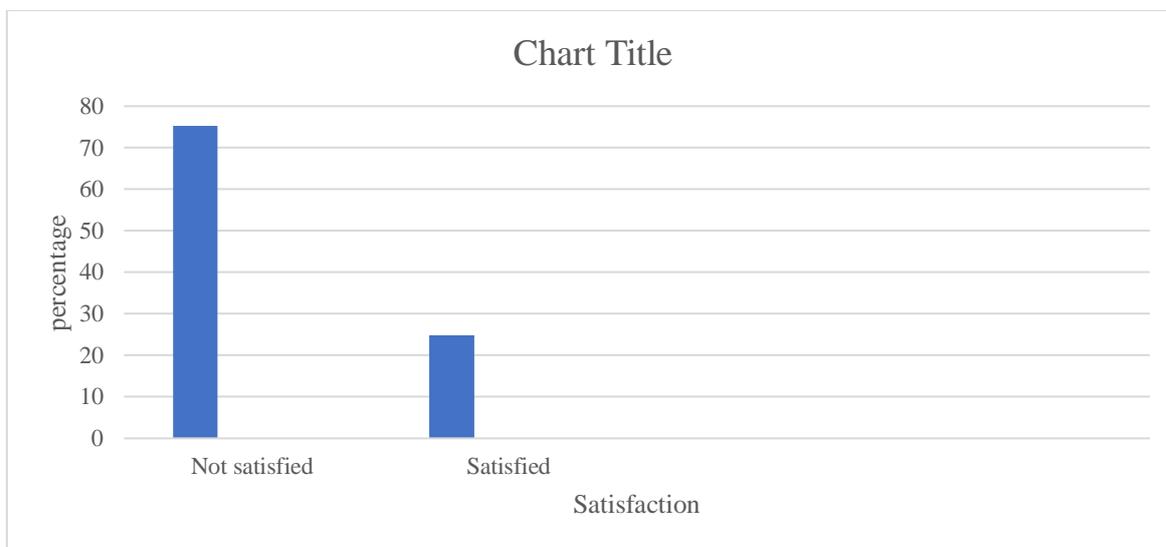


Figure 1: Satisfaction with services at secondary/tertiary healthcare facility among respondents

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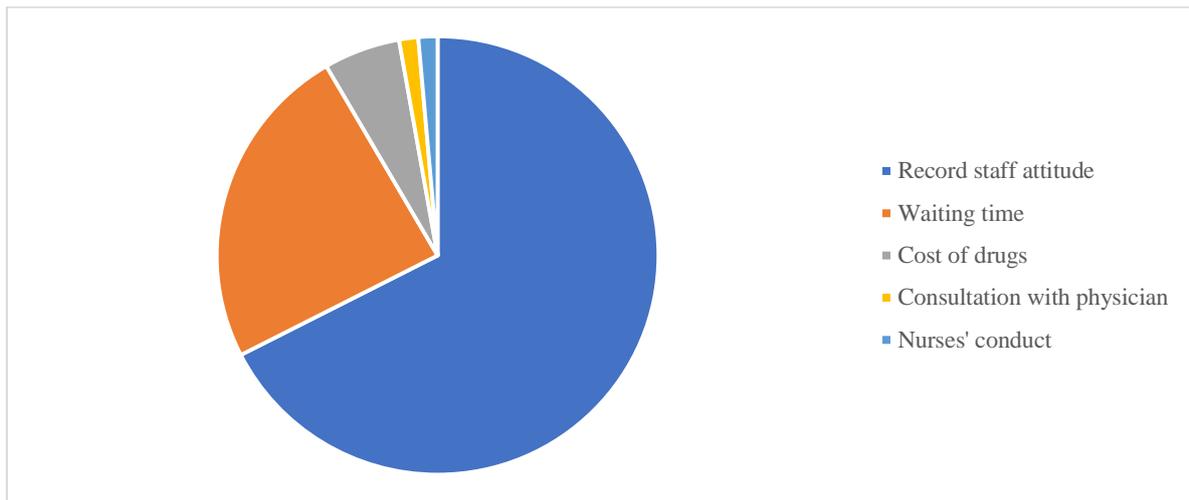


Figure 2: Reasons for non-satisfaction among respondents

DISCUSSION

Despite the high utilization of higher level healthcare facilities, the finding that over two-third of respondents expressed dissatisfaction with the services they received is an important finding. This has shown that satisfaction with healthcare is a complex issue and that high patronage does not imply the provision of satisfying services. Previous reseraches have demonstrated many factors that influence satisfaction with healthcare servies.^{15,18,19} Speecifically among older adults, satisfaction with healthcare services utilization is influenced by many factors.^{20,21}

Attitude of the record staff stands out as the major barrier against patient satisfaction among the study pupolation. This may be because the medical record is the first contact in the hospital when patients want to access care. Their routine include obtaining patient biodata which some patients may see as time wasting can be annoying to patients when the staff conducts are perceived as non-satisfactory. In a study by Okolougu in a teching hospital in Enugu, Nigeria, satisfaction with the conduct of the record staff was lowest compared to nurses and the doctors.²²

Waiting time before being attended to by a physician is next to record atitude as reason for dissatisfaction. This is the total duration of time a patient spends from arrival in the hospital untill they receive service. It is a time spent in the clinic before being seen by a clinical staff.²³ In a study conducted among outpatients in Teaching Hospital in Enugu, Nigeria, satisfaction was least for waiting time while about two-third of respondents were satisfied with the attitude of the record staff.²⁴ Owusu et al. in a research among outpatients in selected hospital in Ghana found that long waiting time and perceived rude and irritating provider lower the odd of satisfaction.²⁵

Other factors that contributed to older adults' disasistfaction include cost of drugs, physicians' attitude during consultation, and nurses' conduct while taking vital signs. Ahmed et al in Nigeria found financial burden of medical care as one of the factors influencing older adults' satisfaction with healthcare service.²⁰

Patient satisfaction has been used as a measure of the quality of care and influnces health outcome. Satisfied patient are likely going to adhere to treatment and attend clinic rgularly.²⁶It is therefore important to institute measures to ensure patient satisfaction. Jijo Paul in his work on healthcare leadership went a step further than patient satisfaction and talked about patient loyalty. He itemized many factors that can influence satisfaction and loyalty including high qualty services, favourable price, value, infrastructure, patient waiting time, responsiveness, patient education, and effective communication among others.²⁷ Chowdhury et al highlighted further areas that needed to be addressed in order to improve patient experience and satisfaction.²⁸

This work has corroborated findings among other populations and will serve as a reference for policy formulation by the hospital administrators and policy makers to improve on the low level of satisfaction established in this study.

Conclusion and limitation

Findings in this work have highlighted sup-optimal quality of services received at the secondary/tetiary health facilities. Suggestion to improve satisfacton have also been offered. Being an hospital based study, findings need to be generalized among the entire population with caution. However, the respondents were community dwelling older adults which may reflect what obtains in the community. The findings may have implications for similar older adult populations in secondary/tertiary hospitals.

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