Original Article

Patient's Perception and Satisfaction with Healthcare Professionals at Primary Health Care Facilities in Onelga (Ogba Egbema Ndoni LGA)

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ABSTRACT

Background: *This study investigates the patient's perspective and contentment with healthcare professionals at primary health care facilities in Onelga (Ogba Egbema Ndoni LGA). Employing a survey research design, data was collected from 100 healthcare professionals using a structured questionnaire. The study's objectives include assessing patient satisfaction with healthcare services, exploring the correlation between physician behavior and healthcare services, and determining factors influencing satisfaction levels in the study area.*

Methods: *Demographic data analysis reveals the majority of respondents are male, aged above 60, with educational backgrounds ranging from FSLC to MSC/PGD/PHD.*

Results: *Patient satisfaction findings indicate a significant proportion agreeing or strongly agreeing with positive sentiments regarding healthcare services, physician behavior, and facility cleanliness. Additionally, statistical tests affirm a significant relationship between healthcare services and patient satisfaction. The study concludes that patient satisfaction is influenced by efficient service delivery, physician behavior, and facility infrastructure.*

Conclusion: *Recommendations include regular assessment of patient satisfaction, enhancing healthcare service efficiency, and addressing factors influencing patient contentment. This research contributes to the broader understanding of patient perspectives in healthcare settings, facilitating improvements in service quality and overall patient experience.*

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Introduction

Patients' perceptions of the quality of health care received evaluate the fulfillment of a need or desire, as well as the alleviation of worry. Patients' satisfaction relates to their valued assessments and subsequent reactions to what they experience in the health care setting right before, during, and after their stay or clinical visit (Lliyasu, Abubakar, Lawan, & Gajida 2010). It is an important outcome metric for health care. Patient satisfaction data are crucial indications for the quality of care and treatment provided by physicians, paramedical personnel, and the hospital as a whole (Lliyasu et al., 2010). This could be

examined in light of service satisfaction and health-care expectations. Most of the time, expectations are associated with the efficiency of the services received.

Patient satisfaction is influenced by the efficiency with which services are provided. This covers the promptness with which patients are cared for, the duration of waiting time (i.e. the time a patient spends between registration and the commencement of consultation), consultation time, quick reaction to crises, quick medicine dispensation, and fast and accurate laboratory tests. Satisfied patients are more inclined to follow doctors' orders and advise; they are also more likely to return for more care as needed and may be more prepared to pay for services. The efficiency of services can be classified depending on infrastructure, such as environmental cleanliness and hygiene, waiting room convenience, and waiting time before consultation. Several studies in Nigeria have found that outpatient clinics have excessive wait times, which leads to dissatisfaction with the treatments provided. This observation has been attributed to the lack of a time-specific appointment mechanism (Bamgboye and Jarallah, 2014).

Among the child survival measures explored worldwide, childhood vaccinations have been recognized as the most appropriate and effective technological solution. One of the public health "best buys" is immunization (Goel S, Lenka, Shailainder, Singh, 2016). Therefore, vaccination chain audits on a regular basis are necessary to oversee and guarantee qualitative development, which includes customer satisfaction with immunization services. During the national immunization coverage survey, caregivers in this area most frequently cited a lack of vaccines at health facilities (17.9%), vaccination sites that were too far away (10.5%), and a lack of knowledge about the need for immunization (9.2%) as the reasons their children had not received the recommended vaccinations (Al-Teheawy, Foda, 2012).

The country's fragile primary health care system, suboptimal service delivery at health facilities, skill gaps among health workers, and weaknesses in data collection and analysis have all been identified as challenges that must be overcome in order to achieve acceptable immunization coverage (FMOH, 2014; Abebe, 2016). The level of client satisfaction will provide proof as to whether or not the appropriate immunization services are provided at the appropriate time, location, manner, and by the appropriate staff. This will give baseline data for the evaluation of quality improvement efforts, which will result in an increase in immunization coverage across the country. Patient satisfaction is a measure of the extent to which a patient is content with the health care they received from their health care provider. Patient satisfaction is one of the most important factors to determine the success of a health care facility.

The majority of patients visit general outpatient clinics in Nigeria between the hours of 7:00 and 10:00, which causes doctors to become extremely overwhelmed by the volume of patients waiting to be seen. As a result, time-specific appointments are not typically offered in these clinics (Ogunfowokan, Mora, 2012). The effectiveness of the services provided to patients is one of the variables that affects patient satisfaction. The promptness of patient care, wait time (i.e., the amount of time a patient spends from the time of registration until the start of consultation), consultation time, promptness in responding to emergencies, prompt drug dispensing, and rapid and accurate laboratory testing are all examples of how

efficient the services are. Any hospital's outpatient department serves as its storefront, therefore patients' opinions of the services they receive there often represent the hospital's services as a whole (Kunders, 2018). Nonetheless, the study primarily looks at how satisfied patients are with their primary care providers in Ogba Egbema Ndoni Local Government Area, River State, and their perceptions of those providers.

Nigeria accounts for almost 20% of all Africans, meaning it plays a major role in the region's overall burden of diseases that can be prevented by vaccination. Therefore, it is sufficient to say that Nigeria's immunisation rate would directly impact the region's ability to control vaccine-preventable illnesses (WHO/AFRO, 2015). Healthcare management in developing nations appear to have paid little attention to patients' opinions about healthcare systems, and physicians are not well-trained or informed enough to deal with patients' expectations (Yildlz, Erdogmus, 2014; Rozenblum, et al., 2011). Studies have shown that long waiting time appears to be the primary challenge. Other factors include discomfort in the waiting area, attitude of healthcare providers and poor infrastructure (Fouzia, Gobind, and Nawaz, 2012).

Assessing the level of customer satisfaction will reveal whether or not the appropriate immunisation services are being given by the appropriate staff at the appropriate time, location, and method. This will give baseline data for evaluating quality improvement initiatives, leading to a rise in the nation's vaccination rate. Hence, this study is conducted to investigate patient's perception and satisfaction with healthcare professionals at primary health care facilities in Ogba Egbema Ndoni Local Government Area in Rivers State. The main objective of this study is to investigate patient's perception and satisfaction with healthcare professionals at primary health care facilities in Ogba Egbema Ndoni Local Government Area in Rivers State.

Methods

For this study, the survey research design was adopted. The choice of the design was informed by the objectives of the study as outlined in chapter one. This research design provides a quickly efficient and accurate means of assessing information about a population of interest. It intends to study patient's perception and satisfaction with healthcare professionals at primary health care facilities in Onelga (Ogba Egbema Ndoni LGA). The study will be conducted in Rivers State.

The population for this study were healthcare professionals at primary health care facilities in Onelga, Ogba Egbema Ndoni LGA, Rivers state, Nigeria. A total of 134 respondents were selected from the population figure out of which the sample size was determined. The reason for choosing Rivers State is because of its proximity to the researcher. The sample size therefore is 100 respondents.

Data for this study was collected from primary and secondary sources. The primary source of data collected was mainly the use of a structured questionnaire which was designed to elicit information on patient's perception and satisfaction with healthcare professionals at primary health care facilities in Onelga (Ogba Egbema Ndoni LGA). The secondary source of data collections were textbooks, journals and scholarly materials.

The instrument of this study was subjected to face validation. Face validation tests the appropriateness of the questionnaire items. This is because face validation is often used to indicate whether an instrument on the face of it appears to measures what it contains. Face validations therefore aims at determining

the extent to which the questionnaire is relevant to the objectives of the study. In subjecting the instrument for face validation, copies of the initial draft of the questionnaire will be validated by supervisor. The supervisor is expected to critically examine the items of the instrument with specific objectives of the study and make useful suggestions to improve the quality of the instrument. Based on his recommendations the instrument will be adjusted and re-adjusted before being administered for the study.

The coefficient of 0.81 was considered a reliability coefficient because according to Etuk (1990), a test-retest coefficient of 0.5 will be enough to justify the use of a research instrument.

This study is based on the two possible sources of data which are the primary and secondary source.Primary Source of Data: The primary data for this study consist of raw data generated from responses to questionnaires and interview by the respondents. econdary Source of Data: The secondary data includes information obtained through the review of literature that is journals, monographs, textbooks and other periodicals.

Data collected will be analyzed using frequency table, percentage and mean score analysis while the nonparametric statistical test (Chi- square) was used to test the formulated hypothesis using SPSS (statistical package for social sciences). Haven gathered the data through the administration of questionnaire, the collected data will be coded, tabulated and analyzed using SPSS statistical software according to the research question and hypothesis. In order to effectively analyze the data collected for easy management and accuracy, the chi square method will be used for test of independence

Results

Table 1. Gender of Respondents

		Frequency	Percent	Cumulative Percent
Valid	Male	65	65.0	65.0
	Female	35	35.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 2 above shows the age grade of the respondents used for this study. Out of the total number of 100 respondents, 15 respondents which represent 15.0percent of the population are between 20-30years. 10respondents which represent 10.0percent of the population are between 31-40years. 25respondents which represent 25.0percent of the population are between 41-50years. 20respondents which represent 20.0percent of the population are between 51-60years. 30respondents which represent 30.0percent of the population are above 60years.

Table 2. Age range of Respondents

		Frequency	Percent	Cumulative Percent
Valid	20-30years	15	15.0	15.0
	31-40years	10	10.0	25.0
	41-50years	25	25.0	50.0
	51-60years	20	20.0	70.0
	above 60years	30	30.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 3 above shows the educational background of the respondents used for this study. Out of the total number of 100 respondents, 20 respondents which represent 20.0percent of the population are FSLC holders. 25 which represent 25.0percent of the population are SSCE/GCE/WASSCE holders. 35 which represent 35.0percent of the population are OND/HND/BSC holders. 15 which represent 15.0percent of the population are MSC/PGD/PHD holders. 5 which

represent 5.0percent of the population had other type of educational qualifications.

Table 3: Educational Background of Respondents

		Frequency	Percent	Cumulative Percent
Valid	FSLC	20	20.0	20.0
	WASSCE/GCE/NECO	25	25.0	45.0
	OND/HND/BSC	35	35.0	80.0
	MSC/PGD/PHD	15	15.0	95.0
	OTHERS	5	5.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 4 above shows the marital status of the respondents used for this study. Thirty (30) which represent 30.0percent of the population are single. 55 which represent 55.0percent of the population are married. 5 which represent 5.0percent of the population are divorced. 10 which represent 10.0percent of the population are widowed.

Table 4: Marital Status

		Frequency	Percent	Cumulative Percent
Valid	Single	30	30.0	30.0
	Married	55	15.0	45.0
	Divorced	5	20.0	65.0
	Widowed	10	15.0	80.0
	Total	100	100.0	

Source: Field Survey.

Table 5 shows the responses of respondents if patients are satisfied with the healthcare services provided. 30 respondents representing 30.0 percent strongly agreed that patients are satisfied with the healthcare services provided. 42 respondents representing 42.0percent agreed that patients are satisfied with the healthcare services provided. 10 respondents representing 10.0 percent were undecided. Ten (10) respondents representing 10.0 percent disagreed that patients are satisfied with the healthcare services provided. 8 respondents representing 8.0 percent strongly disagreed that patients are satisfied with the healthcare services provided.

Table 5: Patient are satisfied with the healthcare services provided

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	30	30.0	30.0
	Agree	42	42.0	72.0
	Undecided	10	10.0	82.0
	Disagree	10	10.0	92.0
	Strongly disagree	8	8.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 6 show the responses of respondents if time spent with doctors during consultation is the most powerful determinant of the overall patient satisfaction. 10 of the respondents representing 10.0percent strongly agree that time spent with doctors during consultation is the most powerful determinant of the overall patient satisfaction. 15 of the respondents representing 15.0percent agree that time spent with doctors during consultation is the most powerful determinant of the overall patient satisfaction. 5 of them representing 5.0percent were undecided. 40 of the respondents representing 40.0percent disagree that time spent with doctors during consultation is the most powerful determinant of the overall patient satisfaction. Thirty (30) of the respondents representing 30.0percent strongly disagree that time spent with doctors during consultation is the most powerful determinant of the overall patient satisfaction.

Table 6: Time spent with doctors during consultation is the most powerful determinant of the overall patient satisfaction

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	10	10.0	10.0
	Agree	15	15.0	25.0
	Undecided	5	5.0	30.0
	Disagree	40	40.0	70.0
	Strongly disagree	30	30.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 7 show the responses of respondents if there is a correlation between physician's behavior and healthcare services. 60 of the respondents representing 60.0percent strongly agree that there is a correlation between physician's behavior and healthcare services. 25 of the respondents representing 25.0percent agree that there is a correlation between physician's behavior and healthcare services. 10 of them representing 10.0percent were undecided. 5 of the respondents representing 5.0percent disagree that there is a correlation between physician's behavior and healthcare services.

Table 7: There is a correlation between physician's behavior and healthcare services

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	60	60.0	60.0
	Agree	25	25.0	85.0
	Undecided	10	10.0	95.0
	Disagree	5	5.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 8 shows the responses of respondents if the level of patients' satisfaction depends on the healthcare services provided to the patient. 25 of the respondents representing 25.0percent strongly agree that the level of patients' satisfaction depends on the healthcare services provided to the patient. 32 of the respondents representing 32.0percent agree that the level of patients' satisfaction depends on the healthcare services provided to the patient. 13 of the respondents representing 13.0percent were undecided. 15 of the respondents representing 15.0percent disagree that the level of patients' satisfaction depends on the healthcare services provided to the patient. 15 of the respondents representing 15.0percent strongly disagree that the level of patients' satisfaction depends on the healthcare services provided to the patient.

Table 8. The level of patients' satisfaction depends on the healthcare services provided to the patient

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	25	25.0	25.0
	Agree	32	32.0	57.0
	Undecided	13	13.0	70.0
	Disagree	15	15.0	85.0
	Strongly disagree	15	15.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 9 show the responses of respondents if the more the patient perceives the hospital as being neat the higher the level of satisfaction, they derive from the services they receive. 65 of the respondents representing 65.0percent strongly agree that the more the patient perceives the hospital as being neat the higher the level of satisfaction they derive from the services they receive. 30 of the respondents representing 30.0percent agree that the more the patient perceives the hospital as being neat the higher the level of satisfaction they derive from the services they receive. 3 respondents representing 3.0percent were undecided. 3 of the respondents representing 3.0percent disagree that the more the patient perceives the hospital as being neat the higher the level of satisfaction they derive from the services they receive. 2 of the respondents representing 2.0percent strongly disagree that the more the patient perceives the hospital as being neat the higher the level of satisfaction they derive from the services they receive.

Table 9. The more the patient perceives the hospital as being neat the higher the level of satisfaction they derive from the services they receive

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	65	65.0	65.0
	Agree	30	30.0	95.0
	Disagree	3	3.0	98.0
	Strongly disagree	2	2.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 10 shows the responses of respondents if patient satisfaction boils down to communication, provider empathy, and care coordination. 30 respondents representing 30.0percent strongly agreed that patient satisfaction boils down to communication, provider empathy, and care coordination. 42 respondents representing 42.0percent agreed that patient satisfaction boils down to communication, provider empathy, and care coordination. 10 respondents representing 10.0 percent were undecided. 10 respondents representing 10.0percent disagreed that patient satisfaction boils down to communication, provider empathy, and care coordination. 8 respondents representing 8.0percent strongly disagreed that patient satisfaction boils down to communication, provider empathy, and care coordination.

Table 10. Patient satisfaction boils down to communication, provider empathy, and care coordination

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	30	30.0	30.0
	Agree	42	42.0	72.0
	Undecided	10	10.0	82.0
	Disagree	10	10.0	92.0
	Strongly disagree	8	8.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 11 show the responses of respondents if there are several healthcare services. 10 of the respondents representing 10.0percent strongly agree that there are several healthcare services. 15 of the respondents representing 15.0percent agree that there are several healthcare services. 5 of them representing 5.0percent were undecided. 40 of the respondents representing 40.0percent disagree that there are several healthcare services. 30 of the respondents representing 30.0percent strongly disagree that there are several healthcare services.

Table 11: There are several healthcare services

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	10	10.0	10.0
	Agree	15	15.0	25.0
	Undecided	5	5.0	30.0
	Disagree	40	40.0	70.0
	Strongly disagree	30	30.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 12 show the responses of respondents if healthcare services improve patient satisfaction. 60 of the respondents representing 60.0percent strongly agree that healthcare services improve patient satisfaction. 25 of the respondents representing 25.0percent agree that healthcare services improve patient satisfaction. 10 of them representing 10.0percent were undecided. 5 of the respondents representing 5.0percent disagree that healthcare services improve patient satisfaction.

Table 12: Healthcare services improves patient satisfaction

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	60	60.0	60.0
	Agree	25	25.0	85.0
	Undecided	10	10.0	95.0
	Disagree	5	5.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 13 shows the responses of respondents if the more information the physician provides to the patient the greater the satisfaction. 25 of the respondents representing 25.0percent strongly agree that the more information the physician provides to the patient the greater the satisfaction. 32 of the respondents representing 32.0percent agree that the more information the physician provides to the patient the greater the satisfaction. 13 of the respondents representing 13.0percent were undecided. 15 of the respondents representing 15.0percent disagree that the more information the physician provides to the patient the greater the satisfaction. 15 of the respondents representing 15.0percent strongly disagree that the more information the physician provides to the patient the greater the satisfaction.

Table 13: The more information the physician provides to the patient the greater the satisfaction

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	25	25.0	25.0
	Agree	32	32.0	57.0
	Undecided	13	13.0	70.0
	Disagree	15	15.0	85.0
	Strongly disagree	15	15.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 14 show the responses of respondents if medical staff service attitude and medical staff services technology are the major factors responsible for level of satisfaction. 65 of the respondents representing 65.0percent strongly agree that medical staff service attitude and medical staff services technology are the major factors responsible for level of satisfaction. 30 of the respondents representing 30.0percent agree that medical staff service attitude and medical staff services technology are the major factors responsible for level of satisfaction. 3 respondents representing 3.0percent were undecided. 3 of the respondents representing 3.0percent disagree that medical staff service attitude and medical staff services technology are the major factors responsible for level of satisfaction. 2 of the respondents representing 2.0percent strongly disagree that medical staff service attitude and medical staff services technology are the major factors responsible for level of satisfaction.

Table 14: Medical staff service attitude and medical staff services technology are the major factors responsible for level of satisfaction

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	65	65.0	65.0
	Agree	30	30.0	95.0
	Disagree	3	3.0	98.0
	Strongly disagree	2	2.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 15 shows the responses of respondents if hospital convenience determines patient level of satisfaction. 30 respondents representing 30.0percent strongly agreed that hospital convenience determines patient level of satisfaction. 42 respondents representing 42.0percent agreed that hospital convenience determines patient level of satisfaction. 10 respondents representing 10.0 percent were undecided. 10 respondents representing 10.0percent disagreed that hospital convenience determines patient level of satisfaction. 8 respondents representing

8.0percent strongly disagreed that hospital convenience determines patient level of satisfaction.

Table 15: Hospital convenience determines patient level of satisfaction

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	30	30.0	30.0
	Agree	42	42.0	72.0
	Undecided	10	10.0	82.0
	Disagree	10	10.0	92.0
	Strongly disagree	8	8.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 16 Test Statistics

	There is significant relationship between the health care services, like a laboratory and diagnostic care, preventive healthcare and prenatal care, to patient satisfaction in the public health sectors of Ogba Egbema Ndoni Local Government Area, Rivers State
Chi-Square	105.520[a]
Df	3
Asymp. Sig.	**.000**

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 25.0.

Since the p-value= 0.000 is less than the level of significance (0.05), we reject the null hypothesis and conclude that there is significant relationship between the health care services, like a laboratory and diagnostic care, preventive healthcare and prenatal care, to patient satisfaction in the public health sectors of Ogba Egbema Ndoni Local Government Area, Rivers State.

Table 17 Test Statistics

	There are specific factors responsible for the level of satisfaction with the various sections and services provided in Ogba Egbema Ndoni Local Government Area, Rivers State
Chi-Square	74.520[a]
Df	2
Asymp. Sig.	**.000**

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 25.0.

Since the p-value= 0.000 is less than the level of significance (0.05), we reject the null hypothesis and conclude that there are specific factors responsible for the level of satisfaction with the various sections and services provided in Ogba Egbema Ndoni Local Government Area, Rivers State.

Discussion

The study is on the patient perception and satisfaction with healthcare professional at primary health care facilities in Onelga. Two hypotheses were formed to test that there is no significant relationship between the health care services, like a laboratory and diagnostic care, preventive healthcare and prenatal care, to patient satisfaction in the public health sectors of Ogba Egbema Ndoni Local Government Area, Rivers State, also that there are no specific factors responsible for the level of satisfaction with the various sections and services provided in Ogba Egbema Ndoni Local Government Area, Rivers State. there is a significant relationship between the health care services, like a laboratory and diagnostic care, preventive healthcare and prenatal care, to patient satisfaction in the public health sectors of Ogba Egbema Ndoni Local Government Area, Rivers State

This project work titled the "patient perception and satisfaction with healthcare professional at primary health care facilities in

Onelga" with the objectives of the study were to; to determine patient satisfaction with healthcare services and encompass the physician's behavior as moderation between patient satisfaction and healthcare services. to measure the health care services, like a laboratory and diagnostic care, preventive healthcare and prenatal care, to patient satisfaction in the public health sectors of Ogba Egbema Ndoni Local Government Area, Rivers State. To determine the factors responsible for the level of satisfaction with the various sections and services provided in Ogba Egbema Ndoni Local Government Area, Rivers State.

Literature was also reviewed to support the claims made at the beginning of the study, the historical background of the study area was comprehensively captured as well and the historical overview of primary health care policy in Nigeria. The study was anchored on Critical theory by Oliver, 1990. Showing how people make different but valid sense of experience makes critical theory possible as a rational framework. Critical theory does not see society as a well-functioning organism—it sees society as a collection of many factions competing for power and resources. Doctors are partly agents of social control with divided loyalties that face them when, for example, they decide who is eligible for medical or psychiatric treatment for pain, or for sickness benefits. Instead of seeing deviants as a minority of outsiders, critical theorists show how large groups of people are constructed as inadequate or disabled through their circumstances, such as poverty, instead of through their own failings (Oliver, 1990).

Conclusion

In conclusion, Patients' perception assesses the fulfillment of a need or desire or allayment of anxiety in respect to the quality of health care received. Patients' satisfaction refers to patients' valued judgments and subsequent reactions to what they perceive in the health care environment just before, during, and after the course of their stay or clinical visit (Lliyasu, Abubakar, Lawan, Gajida, 2010). It is an important outcome measure for health services. Data on patient satisfaction are the key indicators for the quality of care and treatment delivered by the physicians, paramedical staff and the hospital as a whole (Lliyasu et al., 2010). This could be considered in the context of contentment with services, and expectations in health care. Most often, expectation comes with efficiency of services received and this is important in their satisfaction

One of the factors that influence patient satisfaction is efficiency of services rendered to patients. This includes promptness of the care given to patients, duration of waiting time (i.e. the time a patient spends since registration up to the time of the start of consultation), consultation time, quick response to emergencies, quick dispensation of drugs, fast and accurate laboratory tests. Satisfied patients are more likely to comply with prescribed treatment and advice from doctors; they are also more likely to return for additional care when necessary and may be more willing to pay for services. The efficiency of services could be categorized based on infrastructure; cleanliness and hygiene of the environment, convenience in waiting room, waiting time before consultation. Several studies in Nigeria have observed long wait time in outpatient clinics, thus leading to dissatisfaction with services offered in these clinics. Patients' satisfaction from healthcare decides the fate of healthcare providers and healthcare delivery system, and hence needs to be periodically measured to enhance the quality of services. Primary health cares must have complete responsibility, and credibility in diagnosis and medical services, and also must encourage and help the patients to explain their health problems, and focusing on mission of primary health cares, because it is humanity mission. Recommendations were made based on the findings. This study can possibly be used as a foundational study to conduct further research.

Authors Contributions

The manuscript benefited from the collaborative efforts of the authors, with one member contributing to study design and data collection, another member providing expertise in data analysis and interpretation, and a third member contributing to manuscript writing and editing. All authors have reviewed and approved the final manuscript version

Conflicts of Interest

We affirm that neither financial incentives nor personal relationships have interfered with the research process, guaranteeing the impartiality and accuracy of the findings presented.

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