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Patient Centered Benchmarking for Satisfaction with Quality of Care among NHIS Enrollees in Primary Care: The Impact of Past Experience on Satisfaction and Rated Importance of Service Components.

Abah Vivien O.
Dept. of Family Medicine University of Benin Teaching Hospital, Benin City. Edo State Nigeria.

Abstract:
Background: *Social health insurance provides an efficient and equitable mechanism to achieve universal health coverage and improve the health of populations. These goals cannot be achieved without Continuous Quality Improvement (CQI) ensuring acceptability, patient satisfaction, service utilization and positive health outcomes. A CQI framework and patient centered benchmarking are currently lacking in the NHIS.*
Aim*: to determine the pattern of enrollees' satisfaction with service components, the calculated service gaps and the interaction between the rated satisfaction and importance of service components.*
Materials and Methods*: Three hundred randomly selected participants were studied using the SWOPS and a customized questionnaire in a cross- sectional survey. P value <0.05*
Results*: Overall satisfaction with treatment and clinic services was average at 3.41/5 and 3.30/5 and positivelycorrelated to educational status. Satisfaction with health professional components was average and highest for Nurses but with a disconnect between the rating of clinical parameters and professionalism for doctors. Process and structural components of services had low scores. Rated importance of Service components prioritized drugs /facilities, ease of administrative process and environment above staff competence. Calculated Service Gaps were high for all components especially structural and process factors. Decision factor for choice of clinic emphasized Quality of Care.*
Conclusion*: the rating of enrolleesatisfaction with the quality of services in this clinic was fair and within the range of peer facilities in the NHIS but showed evidence that negative modulation of expectations consequent upon previous experience resulted in "good" satisfaction rating despite established high calculated service gaps requiring urgent intervention.*
KeyWords*: Health insurance, patient-satisfaction, expectation, experience, service quality.*

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I. Introduction

Social health insurance provides a mechanism to achieve Universal Health Coverage (UHC), reduce inequities in health care distribution, the risk of catastrophic health expenditure for individuals and families and strengthen government commitment and responsibility for the health of the citizenry.[1,2,3] This is particularly important for low and middle income countries with poorly developed health care systems consequent upon poorly developed socio political structures.[1,2] Social health insurance (SHI) provides a pool of funds to finance the health systems.[1,2] The operations of SHI brings to the fore the issues of quality, efficiency, monitoring and regulation to ensure the achievement of the goals of UHC.[4,5] These goals beyond coverage numbers include a positive impact on the health status and productivity of the population and depend to a large extent on the quality of services delivered.[4,6] The WHO has stated clearly that "there can be no UHC without quality health care.[7] The patient experiences of service determine their health outcome, satisfaction and continued utilization of the services.[1,8] Studies on patient satisfaction among National Health Insurance Scheme(NHIS)enrollees in Nigeria have produced varying results with majority showing that clients are unsatisfied.[9,10,11,12] This has been attributed to many factors, among which are poor attitude of healthcare providers, unavailability of drugs and poor process and structural components of services.[3] Insured healthcare among its many advantages includes the capacity of health management organizations or payers to push for improvement in quality and efficiency of the services provided.[14] The National Health Insurance Scheme (NHIS) guidelines includes minimum requirements for accreditation and re-accreditation of health facilities in the scheme.[15] These regulations however, are very basic benchmarks on the qualification of health care providers, structure of facilities and equipment. There is no mechanism built into the framework for patient satisfaction measurement and continuous quality improvement which would ensure user satisfaction, improved health indices of the population and create

the foundation for improving the health system.[4] The health system of the country has not been well funded or structured both in terms of availability and distribution of facilities and personnel, the inefficient utilization of the various tiers of health facilities and the consequent massive waste of resources.[1,4] There is an urgent need for health managers both at facility and health system levels to embrace and implement continuous quality management to ensure that the massive roll out of resources for the Basic Health Care Provision Fund (BHCPF) and NHIS achieve the desired targets.[3,9,10,16] The governance needed to ensure quality of services and efficiency of resource utilization is lacking.[1,4,6,17]

Patient satisfaction is well known to be a function of expectation and experience of a service, all operating within a complex dynamic.[18,19,20,21] Both parameters are related to a multiplicity of factors among which are sociodemographic factors, experience of the index facility and other facilities, the prevailing socio cultural political and economic circumstances, personal values, desires and needs.[22,23,24] For service users, the realistic expectation of services is a product of calibration of existing realities depending on the above factors.[25,26] The measurement of expectation is complex but rated importance of service components by clients can serve as a proxy for rating of expectation and so can provide a benchmark for calibration of their satisfaction.[27,28] The difference between the client rated importance of service components and rating of their satisfaction with those components yields a calculated "Service Gap." This is necessary to provide objective basis for evaluating the satisfaction ratings assigned by clients and serve as a benchmark for measuring the impact of quality improvement intervention.[3,28]

The expectation of NHIS enrollees, their experiences and satisfaction need to be studied to generate vital data to guide the implementation of the UHC and BHCF to which to our government has pledged commitment.[1,3] Many studies in Nigeria demonstrated that low satisfaction was caused among many other factors by poor understanding of the scheme and consequently high expectations of benefits which were not met.[9,10] Developed countries have gone beyond measuring patient satisfaction to measuring patient experiences and utilizing these data to determine health facility ratings and service reimbursement.[28] Currently the NHIS provides for unsatisfied enrollees to change their providers.[15] Unfortunately, most of the hospitals in the scheme are poorly equipped and manned by staff without a quality oriented culture.[4] Hence, where health facilities in the system offer little choice in the quality of their services, the clients are left without the capacity to express their dissatisfaction and so continue utilization of the poor quality services and may express satisfaction consequent upon modulated expectations.[30] This however has negative impact on UHC and improvement of population health status as enrollees may choose to seek fee paying services with more satisfactory quality.[4,31]

Statement of the Problem: the NHIS has failed to achieve a reasonable level of coverage (less than 10% of population) and improvement in national health outcomes in its 14 years of existence.[1,32] There is evidence of widespread dissatisfaction attributed to poor quality care.[9,10,11,12] The capacity of the scheme to achieve its objective of UHC and the attendant improvement in health indices of the nation depends to a large extent on the quality and efficiency of the services delivered to the enrolees.[1,4,6] Patient satisfaction is an important dimension of quality of care and should play a vital role in driving continuous quality improvement.[6,33] However, the measurement and benchmarking of patient satisfaction and continuous quality improvement have not been adequately incorporated into the operational framework of the NHIS.[3,15] There is need to develop a framework for measuring patient expectation and satisfaction and setting benchmarks for facility specific continuous quality improvement as a means of rapidly driving the desired positive changes in the NHIS and our health system. This study aims to study patient satisfaction using rated importance of service components and rated satisfaction with the experience of those components to determine service gaps that would serve as benchmarks for continuous quality improvement in the index NHIS health facility. This is proposed to provide a patient centered metric that incorporates our existing realities and unique values in determining the service gaps, driving quality improvement and patient satisfaction.[27,28]

Aim and Objectives: to determine the pattern of rated patient satisfaction with the services in the clinic, the rated importance of service components and the service gaps (difference between rating of importance and satisfaction with experience).

II. Materials and Methods

Study Area: The University of Benin Teaching hospital is an 850 bedded tertiary health facility in Benin City. The primary care unit of the NHIS services is in the General Practice Clinic located at one extreme of the hospital. It offers outpatient services to enrollees everyday including weekends. It opens for services from 8am to 6pm on weekdays and from 9am to 5pm on weekends. Cases requiring secondary and tertiary care are referred to the appropriate units in the hospital. After- hours services are rendered to the patients at the Accident and Emergency department of the hospital. The clinic is run by medical officers and has its own records, nursing, administrative and pharmacy units. It shares revenue, laboratory units and canteen with the Family Medicine Clinic serving the fee- paying clients. A 10% charge is required of the patients on the cost of drugs.

Sample Population:

This is made up of all clients that attend the clinic in the study period. Most of the clients are the staff of the hospital and students in her training schools, the University of Benin and other federal government parastatals in the city. About 4000 patients were seen in a month.

Selection Criteria:

All patients or patient relatives above 10 years who consented to participate were recruited into the study. All patients or relatives who were too ill or refused to participate were excluded.

Sample Size: A total of three hundred subjects were recruited for the study.

Research Instruments:1) The Satisfaction with Out-Patient Services Questionnaire (SWOPS)[19]was used with modification to include assessment of Pharmacist care. The SWOPS is a standardized self -administered instrument developed by Seibert et al 1996 for measuring patient satisfaction with services in outpatient departments. It has six sections covering, Registration process, Nursing Care, Physician care, Information, Testing services and Overall satisfaction. The various dimensions have Cronbach alpha scores ranging from 0.84 -0.95. The parameters were rated on a 5 point Likert scale.

2) A customized semi structured questionnaire to capture sociodemographic data, determinants of decision to use the clinic and rated importance of service components (rated on a 5point Likert scale same as the SWOPS rating). The instrument was interviewer administered for illiterate participants.

Sampling Method: Random sampling method by simple balloting was used.

Study duration: The calculated sample size of 300 was recruited over a period of October 2017 to February 2018.

Study Procedure: About 5 patients were recruited each day. The selected participants had the study explained to them. Informed consent was obtained, and they filled the questionnaire at their own pace as they went through the clinic for their care. The questionnaires were retrieved at the pharmacy which is the last service point in the clinic. Participants who were illiterate were assisted by a trained research assistant.

Ethical Consideration:

Ethical Approval was obtained from the hospital Research and Ethics Committee. PROTOCOL NUMBER: ADM/E 22/A/VOL.VII/1480. Informed consent/ assent was obtained from all the participants. Confidentiality was maintained in data collection, collation, analysis and reporting.

Data Analysis:

The data was collated using Microsoft Excel and analyzed with SPSS version 21. P value was set at 0.05. The distribution of satisfaction with the various components of services was done using frequencies and percentages. The 5 points Likert scale was scored 1-5 from poor to excellent. The mean of the scores for all the participants on each parameter was calculated as the satisfaction score for the parameter. Spearman correlation was used to determine the relationship between rating of service components and satisfaction. The mean score of the rated importance of service components was used as benchmark score to compare the mean satisfaction scores of related service components to calculate the Service Gaps. The one sample t test was used to test the significance of Service Gaps.

III. Results

Distribution of Sociodemographic Variables(Table 1).

Most of the respondents were adults aged between 20-59 years (52. 4%) adolescents (24.3%) and elderly (23.3%) of the sample population. Gender distribution was almost equal. Majority of the respondents were Christians (95.0%) and were educated. Tertiary education (73.7%) secondary education (4.3%). Most of the respondents were students (36.7%), civil servants (31.7%) pensioners (12.7%), self-employed (11%). The least represented were unemployed (1%), professionals (1.3%), health workers (2.3%), artisans (3.3%).

Table 1: Distribution of Sociodemographic Variables among the Respondents.

Variable	Frequency	Percentage
Age		
10-19	**73**	24.3
20-29	42	14.0
30- 39	47	15.7
40-49	50	16.7
50—59	18	6.0
60—69	36	12.0
70>	34	11.3
Sex		
Male	**159**	**53.0**
Female	141	47.0

Educational Status		
None	**2**	**0.7**
Primary	64	21.3
Secondary	13	4.3
Tertiary	221	73.7
Religion		
Christianity	**285**	**95.0**
Islam	15	5.0
Occupational Status.		
Artisans	**10**	**3.3**
Civil servants	95	31.7
Health workers	7	2.3
Pensioners	38	12.7
Professionals	4	1.3
Self Employed	33	11.0
Student	110	36.7
Unemployed	3	1.0

Mean Scores of Rated Satisfaction with Service Components(Table 2).

The composite satisfaction scores ranged from 3.03-3.46. Scores of perception of waiting time (79.7% of respondents rated "Good"/satisfied) and registration process (72% of respondents satisfied) were least and information provision was highest (97.3% of respondents satisfied). Overall satisfaction with treatment was rated 3.41 (95.7% of respondents) satisfaction with clinic services 3.30 (92.7% of respondents). The mean of composite scores for the service components is 3.17 +/- 0.1298(SD). At mean + 1SD=3.30, the only service component that was rated high (>3.30) was information provision. Components that had low rating (<3.04) were registration process and perception of waiting time. All other components had "average" satisfaction ratings.

Table 2: Distribution of Mean Scores of Rated Satisfaction with Service Components.

S/No.	Service Component	Mean Satisfaction Score	% of Respondents rating satisfaction =/> good (=/>score of 3)	Remark
1	Registration Process	3.03	72.0	Low
2	Attitude of Registration clerk	3.06	76.3	Average
3	Privacy of registration	3.06	77.4	Average
4	Quality of waiting area	3.05	80.4	Average
5	Canteen facility	3.09	83.3	Average
6	Perception of Waiting time	3.03	79.7	Low
7	Nurse professional	3.30	94.7	Average
8	Doctor professional	3.28	95.0	Average
9	Ease of getting Lab tests	3.29	91.4	Average
10	Sign posting to the Lab	3.14	93.4	Average
11	Cleanliness of Lab Area	3.18	92.0	Average
12	Information	3.46	97.3	High
13	Pharmacists professional	3.25	89.9	Average
14	Overall Satisfaction with treatment	3.41	95.7	High
15	Overall Satisfaction with Clinic services	3.30	92.7	Average
16	**Mean rating for all service components**	**3.17 +/-0.1298**		
17	Mean +/- 1 SD	3.04-3.30		

Correlation between Sociodemographic Characteristics and Satisfaction with Service Components. (Tables 3-7)

There was a weak positive correlation between educational status and satisfaction with information provision in the clinic. All the other process quality components had no significant correlation with these sociodemographic variables.

Table 3: Correlation between Sociodemographic Characteristics and Satisfaction with Process Quality Service Components.

Sociodemographic variable	Registration process	Privacy of registration	Perception of waiting time	Ease of getting lab result	Signposting to lab	Information
Sex	-.048 .404	.004 .947	-.070 .225	-.073 .266	.006 .933	-.068 .239
Age	.063	.014	.076	.098	-.079	.032

	.278	.815	.189	.135	.232	.587
Educational Status	.021 .713	-.012 .840	.003 .954	.114 .082	-.005 .942	.235** .000

*sig <.05

Structural Quality Service Components (Table 4).
There was no significant correlation between structural quality service components and sociodemographic characteristics.

Table 4:Correlation Between Sociodemographic Characteristics and Satisfaction with Structural Quality Service Components.

Sociodemographic Variable	Quality waiting area	Canteen Facility	Cleanliness lab area
Sex	.024 .681	-.031 .594	-.003 .969
Age	.040 .486	.034 .555	.058 .383
Educational Status	.014 .808	.037 .518	.047 .477

*sig <.05

Interpersonal and Professional Rating of Nurses and Registration Clerk (Table5).
There was weak positive correlation between educational status and satisfaction with interpersonal and professional rating of nurses. There was no significant correlation between perception of registration clerk attitude and sociodemographic variables.

Table 5:Correlation Between Sociodemographic Characteristics and Satisfaction with Interpersonal and Professional Rating of Nurses and Registration Clerk.

Sociodemographic Variable	Nurse Helpful	Nurse Polite	Nurse Caring	Nurse Professional	Registration Clerk attitude
Sex	.076 .190	.001 .988	.042 .467	.055 .346	.013 .826
Age	-. 002 .978	.054 .347	.047 .415	-.008 .891	-.006 .912
Educational Status	.127* .027	.124* .032	.137* .017	.162** .005	-.008 .890

*sig <.05 ****sig < .005**

Interpersonal and Professional Rating of Doctors and Pharmacists (Table 6).
Among the doctors, there was a significant weak positive correlation between educational status and perception of politeness and weak negative correlation between educational status and perception of helpful attitude.

Among pharmacists, educational status had weak positive correlation with perception of rofessionalism and interpersonal skills except for caring attitude. Age and sex had no significant correlation with these parameters.

Table 6: Correlation Between Sociodemographic Characteristics and Satisfaction with Interpersonal and Professional Rating of Doctors and Pharmacists.

Sociodemographic Variable	Doctor Helpful	Doctor Polite	Doctor Caring	Doctor Profess.	Pharmacists Helpful	Pharmacists Polite	Pharma Caring	Pharma Profess.
Sex	-.053 .363	-.062 .285	.056 .337	-.054 .354	-.015 .804	.013 .831	-.002 .977	.006 .926
Age	.027 .643	.008 .888	-.024 .684	.005 .928	-.039 .510	.029 .622	-.038 .517	-.005 .938
Educational Status	-.133* .021	.123* .034	.111 .054	.094 .106	.194** .001	.150* .011	-095 .108	.137* .020

***sig <.05, **sig < .005**

Overall Satisfaction Scores (Table 7).
There was significant weak positive correlation between age and overall satisfaction with services. Educational status had significant weak positive correlation with overall satisfaction with treatment and clinic services. Sex had no significant correlation with these parameters.

Table 7: Correlation Between Sociodemographic Characteristics and Overall Satisfaction Scores.

Sociodemographic Variable	Overall Satisfaction with Treatment	Overall Satisfaction with Clinic Services
Sex	-.070 .227	-.098 .090
Age	-. 025 .669	.114* .049
Educational Status	.265** .000	.183** .001

*sig <.05

Registration Clerk Parameters (Table 8).

Attitude of the registration clerk had an average rating of 3.06 and had strong positive correlation with perception of registration process (.789**) and moderate correlation with overall satisfaction with clinic services (.378**).

Table 8: Mean Score and Correlation of Rating of Attitude of Registration Clerk with Registration Process and Satisfaction with Clinic Services.

Variable	Mean Score	Registration Process	Satisfaction with Clinic Services.
Attitude of Regist. Clerk	3.06	.789 ** .000	.378 ** .000

****sig <.005**

Nurse Parameters (Table 9).

Among Nurses, politeness and caring were rated lower (3.26, 3.28) than helpfulness (3.30) but had very strong and higher correlation with rating of Nurse professionalism (.709**,.781**) Nurse professionalism had moderate positive correlation with overall satisfaction with treatment (.377**) and overall satisfaction with clinic Services (.362**).

Table 9: Mean Scores of Nurse Parameters and Correlation with Satisfaction Ratings.

Variable	Nurse Helpful	Nurse Polite	Nurse Caring	Nurse Professional	Overall sats. Treatment	Overall sats. Clinic Services
Mean Score	3.30	3.26	3.28	3.30	3.41	3.30
Nurse Professional	.656** .000	.709** .000	.781** .000	1.000	.377 ** .000	.362 ** .000

****p<.005**

Satisfaction with Clinical Care Components (Table10).

Rating of doctor professionalism(3.28) had moderate positive correlation with clinical care components: Instruction on medication (3.47) had the strongest correlation (.524**) followed by explanation of care (3.49, r=.479**), answers after visit (3.47,r=.472**), thoroughness (3.50 r=.457**), health talk (3.47, r=.424**), Time spent with doctor had the least correlation (3.52 r=.382**). Perception of professionalism (3.28) strongly correlated with overall satisfaction with medical care (3.22, r=.797**) but had weak correlation with satisfaction with treatment (.276**).

Overall assessment of doctor's care had the strongest correlation with instruction on medication (.442**), health talk (.407**), thoroughness of care (.401**). Answers after visit (398**), time with doctor (.380**).

Satisfaction with outcome of consultation was very strongly correlated with answers after visit (.905**), explanation of care (.872**) health talk (.814**), instruction on medication (.826**) and thoroughness of care (.793**).

Table 10: Mean Scores and Inter Correlation Between Rating of Clinical Care Components by Doctors and Satisfaction Ratings.

	Time with Dr	Thorough care	Instruction on meds	Hlth Promo talk	Explanation of care	Answers after Visit	Outcome of consultation	Pro. rating	Overall sats. Med. Care
Mean score	3.52	3.50	3.47	3.47	3.49	3.47	3.49	3.28	3.22
Outcome	.677** .000	.793** .000	.826** .000	.814 ** .000	.872** .000	.905** .000	1.000	.440 ** .000	.391** .000
Overall sats. med. Care	.380 ** .000	.401** .000	.442 ** .000	.407 ** .000	.382 ** .000	.398 ** .000	391** .000	.797 ** .000	1.000
Professional	.382 ** .000	.457 ** .000	.524** .000	.424 ** .000	.479 ** .000	.472** .000	.440 ** .000	1.000	.797** .000
Satisfaction treatment	.410** .000	.435** .000	.413** .000	.409** .000	.409** .000	.437** .000	.414** .000	.276** .000	.235** .000
Sats. clinic services	.341** .000	.425** .000	.418** .000	.319** .000	.401** .000	.428** .000	.410** .000	.312** .000	.296** .000

**p<.005.

Interpersonal Skills of Doctors (Table 11).

Among doctors, inter personal skills were rated average (3.29-3.30) and had very strong correlation with Professionalism: Caring attitude (.953**) politeness (.907**) and helpfulness (.843**). Interpersonal skills correlation with overall rating of doctor's care was very strong, with helpful attitude (.790**) being higher than politeness (.770**) and caring (.773**). Correlation with perception of outcome of consultation was moderate: caring being the highest (.462**). Correlation with Satisfaction with treatment was also weak: caring attitude (.303**), helpfulness (.320**) and politeness (.305**).

Table 11: Mean Scores and Inter Correlation Between Interpersonal Skills of Doctors and Rating of Professionalism and Satisfaction.

Variable	Helpful	Polite	Caring
Mean scores	3.29	3.30	3.29
Outcome of consultation	.421 ** .000	.429 ** .000	.462** .000
Overall sats. Med. care	.790 ** .000	.770 ** .000	.773** .000
Professional	.843** .000	.907 ** .000	.953 ** .000
Satisfaction treatment	.320 ** .000	.305 ** .000	.303 ** .000
Satisfaction Clinic Services	.306** .000	.315 ** .000	.288 ** .000

**p<.005.

Pharmacist Parameters and Satisfaction Ratings (Table 12).

Among Pharmacists interpersonal skills were rated average (3.18- 3.34) with caring attitude being the least. Caring however had the highest correlation with ratings of professionalism (.864**), overall pharmacist care (.768**) but the lowest correlation with satisfaction with treatment(.307**).

All Interpersonal Skills had moderate to strong correlation with overall satisfaction with pharmacist care (score 3.29, r=.598**-.768**), lower than correlation with professional rating (score 3.25, r=.650**-.864**). Information delivery by pharmacist had very strong correlation with rating of professionalism (.854**) and perception of overall pharmacy care (.865**), but weak correlation with satisfaction with treatment (.395**)

Table 12: Mean Scores and Inter Correlation Between Pharmacist Parameters and Satisfaction Ratings.

Variable	Pharmacist Helpful	Pharmacist Polite	Pharmacist Caring	Pharmacist Information	Pharmacist Professional	Overall Pharmacist Care
Mean Scores	3.34	3.26	3.18	3.28	3.25	3.29
Professional	.650** .000	.726** .000	.864** .000	.854** .000	1.000	.859** .000
Overall Ph. Care	.598** .000	.661** .000	.768** .000	.865** .000	.859** .000	1.000
Satisfaction treatment	.384** .000	.367** .000	.307** .000	.395 ** .000	.329** .000	.433** .000
Satisfaction clinic services	.364** .000	.422** .000	.432 ** .000	.468 ** .000	.421** .000	.502** .000

**p<.005

Provider Professionalism and Satisfaction with Treatment and Clinic Services (Table 13)

Among the health providers, Nurses were rated highest (3.30) on professionalism and had the highest correlation with satisfaction with treatment. Doctors were next (score=3.28), but had lowest correlation with satisfaction with treatment (.276**) and clinic services (.312**) pharmacists were rated least (3.25) with weak correlation with satisfaction with treatment (.329**) but highest correlation with satisfaction with clinic services (.421**).

Table 13: Correlation Between the Rating of Provider Professionalism and Satisfaction with Treatment and Clinic Services.

	Nurse Professional	Doctor Professional	Pharmacist Professional
Mean Score	3.30	3.28	3.25
Satisfaction treatment	.377 ** .000	.276 ** .000	.329** .000
Satisfaction clinic services	.362 ** .000	.312 ** .000	.421 ** .000

**p<.005

Administrative Process Parameters, Information Parameters and Satisfaction with Clinic Services (Table 14).

Rating of administrative processes was poor (3.03-3.29). Perception of waiting time and registration process were rated the least. Ease of getting lab tests was rated highest and had highest correlation (.366**) with satisfaction with clinic services. Information provision was rated high (3.46) and had moderate correlation with satisfaction with clinic services (.396**). Signposting to the Lab was rated average at 3.14 and had moderate correlation with clinic services (.396**).

Table 14: Mean Scores and Inter Correlation Between Rating of Administrative Process Parameters, Information Parameters and Satisfaction with Clinic Services.

	Waiting time	Registration Process	Ease of Lab tests	Information provision	Signposting to Lab
Mean Score	3.03	3.03	3.29	3.46	3.14
Sats. Clinic services	.331 ** .000	.311 ** .000	.366 ** .000	.396 ** .000	.396 ** .000

**p<.005

Environmental Parameters and Satisfaction with Clinic Services (Table 15).

The environmental components were rated low: canteen facility 3.09, quality of waiting area 3.05, privacy of registration 3.06, cleanliness of lab 3.18. They had moderate correlation with satisfaction with clinic services. Lab cleanliness (.385**), quality of waiting area (.338**), privacy of registration (.304**) and canteen facility (.302**).

Table 15: Mean Scores and Inter Correlation Between Rating of Environmental Parameters and Satisfaction with ClinicServices.

	Privacy of Registration	Quality of Waiting Area	Canteen Facility	Cleanliness Lab Area
Mean Score	3.06	3.05	3.09	3.18
Satisfaction with clinic Services	.304 ** .000	.338 ** .000	.302 ** .000	.385 ** .000

**p<.005

Rated Importance of Service Components (Table 16).

The mean scores of rated importance of service components ranged from 3.62 (affordable cost) – 3.71(facilities /drugs available). Staff competence (3.69) rated lower than facilities and drugs available (3.71), ease of administrative processes (3.70) and hospital environment (3.70) but higher than patient –provider relationship (3.62).

Table 16: Pattern of Mean Scores of Rated Importance of Service Components.

Service Components	Number of Respondents	Range	Sum	Mean	Standard Deviation
Staff competence	300	1-5	1106	3.69	1.029
Ease of admin process	300	1-5	1109	3.70	1.017
Hospital environment	300	1-5	1110	3.70	1.030

Facilities/drugs available	300	1-5	1114	3.71	1.020
Patientt/ Provider Relationship	300	1-5	1089	3.63	1.005
Affordable Cost	300	1-5	1087	3.62	1.029

Determination of Service Gaps:

Service Gap for Staff Competence (Table 17).

The difference between the mean rated importance of provider competence and rated satisfaction with professionalism for nurses, doctors and pharmacists was highly significant at p= .000 for all three professional categories. The Service Gap for Nurses was lowest -.390. next for Doctors -.410 and highest for Pharmacists =-.440.

Table 17: Staff Competence: t test of Significance of the Difference Between Rated Importance and Rated Satisfaction of Staff Professionalism.

	Observed Mean	SD	Sample size	Null hypothesis	Diff. in mean	t-statistic	Df	P-value	95%CI for mean
Nurse professional	3.30	0.667	300	3.69	-.390	-10.128	299	.000	-.47—-.31
Doctor professional	3.28	.613	300	3.69	-.410	-11.578	299	.000	-.48—-.34
Pharmacist Professional	3.25	0.714	287	3.69	-.440	-10.414	286	.000	-.52—-.36

Service Gaps for Administrative Process Parameters (Table 18).

The difference between the mean of rated importance of administrative processes and rated satisfaction of related parameters was large for all three parameters and significant at p= .000. The Service Gap was highest for registration process = -.670, and waiting time = -.670. Ease of getting lab results = -.410.

Table 18: Administrative Process Parameters: t test of Significance of the Difference Between Rated Importance and Rated Satisfaction for Related Service Components.

	Observed Mean	SD	Sample size	Null hypothesis	Diff. in mean	t-statistic	Df	P-value	95%CI for mean
Registration process	3.03	1.050	300	3.70	-.670	-10.997	299	.000	-.79—-.55
Ease of getting Lab tests	3.29	0.736	233	3.70	-.410	-8.552	232	.000	-.51—-.32
Waiting time	3.03	0.857	300	3.70	-670	-13.603	299	.000	-.77—-.58

Service Gaps for Hospital Environment Parameters (Table 19).

The difference between the mean of rated importance of environmental factors and rated satisfaction with related parameters was large for all four parameters and significant at p=.000: The Service Gaps for privacy of registration process = -.640, quality of waiting area = -.650, canteen facility = -.610 and cleanliness of the lab = -.520.

Table 19: Hospital Environment Parameters: t test of Significance of the Difference Between Rated Importance and Rated Satisfaction with Related Service Components.

	Observed Mean	SD	Sample size	Null hypothesis	Diff. in mean	t-statistic	df	P-value	95%CI for mean
Privacy of reg. process	3.06	0.877	300	3.70	-.640	-12.704	299	.000	-.74—-.54
Quality of wait area	3.05	.860	300	3.70	-.650	-13.024	299	.000	-.74—-.55
Canteen Facility	3.09	0.788	300	3.70	-.610	-13.478	299	.000	-.70—-.52
Cleanliness of Lab	3.18	.647	228	3.70	-.520	-12.245	227	.000	-.61—-.44

Service Gap for Patient –Provider Relationship (Table 20).

The difference between the mean of rated importance of patient provider relationship and rated satisfaction with registration clerk, nurses, doctors and pharmacists were highly significant at p= .000 for all staff categories. Service gap was least for Doctors =-340., Nurses= -.350, Pharmacist =-.370, and largest for Registration clerk= -.570.

Table 20: Patient –Provider Relationship: t test of significance of the Difference Between Rated Importance and Rated Satisfaction with Related Service Components.

	Observed Mean	SD	Sample size	Null hypothesis	Diff. in mean	t-statistic	df	P-value	95%CI for mean
Reg. Clerk IS	3.06	.816	300	3.63	0.570	12.099	299	.000	.66—-.48
Nurse IS	3.28	0.734	300	3.63	-.350	-8.259	299	.000	.43—-.27
Doctors IS	3.29	.628	300	3.63	-.340	-9.377	299	.000	-.41—-.27
Pharmacist IS	3.26	0.787	286	3.63	-.370	-7.9508	285	.000	.46—-.28

Decision Factor for Using the Clinic (20).

Table 21 shows distribution of decision factor for using the clinic among the respondents. Quality related factors were determinants for majority of the respondents. Perceived availability of good care was the highest factor (30%) followed by availability of good professionals (20%), medical services, safe care and good environment. "Good doctors" was specified by only 26 respondents (8.7%) Cost was significant for 18.3% of the respondents.

Table 21:Distribution of Decision Factor for Using the Clinic among the Respondents

Decision Factor	Frequency	Percentage (%)
Good care	90	30
Good doctors	26	8.7
Safe care	14	4.7
Good professionals	60	20
Good environment	9	3
Good facilities/drugs/test	34	11.3
Best in town	21	7
"I like the clinic"	7	2.3
Affordable prices	55	18.3

IV. Discussion

The socio demographic distribution is in keeping with expectation for the population and reflects the characteristics of enrollees using the clinic. The hospital staff and students in the training schools are all enrolled in the clinic as well as staff from most federal government agencies in the town. This explains the high proportion of tertiary educated respondents and students and low proportion of unemployed people. The paucity of health workers among the respondents was probably due to refusal to participate. However, it served a positive purpose by removing any bias (such as protecting their colleagues) they might have introduced to the outcome of the study.

The Relationship between Sociodemographic Variables and Satisfaction Scores.

The overall satisfaction with treatment was scored average (3.41) but was higher than the mean score of the service components studied (3.17) and higher than overall satisfaction with services (3.30). This suggests that satisfaction with met needs was better than satisfaction with the structure and process in providing for those needs. The overall satisfaction rating for clinic services was average at 3.30 (92% of respondents rated "Good"/satisfied) relative to the mean score of service components. This rating is similar to findings by Iloh et al where overall satisfaction was rated 66.8%.[34] and higher than scores found in Abuja (59.9%) by Daramola et al.[35] However proportion of respondents expressing satisfaction with services was higher in this study than in other studies on NHIS services: 65.9% of respondents in Kano,[36]Onyedibe in Jos (61.5%3)[37], 42% in Zaria,[12] 27.1%- 46.7% in Sokoto, [9,10] 48.6% in UCH Ibadan.[11] These studies did not report the rating scores.

Among the sociodemographic variables, age had a weak positive correlation with satisfaction with services similar to findings by Daramola et al. in Abuja.[35] The elderly tend to be more tolerant of inadequacies in service provision probably due to experience of the system and appropriate calibration of expectations.[38] Educational status had a weak positive correlation with satisfaction with clinic services. This is contrary to expectation that education would have made the respondents more critical of service experience.[3,39] It suggests therefore that education made it possible for the respondents to calibrate their expectations in keeping with the existing realities of the clinic services and therefore express satisfaction in spite of their experiences of service. It could also suggest that the more educated clients were better able to demand and receive better service than

the uneducated. This corroborates the findings from other studies on the NHIS services that more educated persons were more satisfied with services and this was attributed to their better understanding of the scheme and what it offers.[9,10,35]

The same trend was found in the relationship between educational status and rating of nurses and pharmacists on interpersonal skills and professionalism. For Nurse professionalism, the correlation was highly significant ($p<.005$). and helpful attitude of Pharmacist ($p<.001$) suggesting that these attributes were highly valued by the respondents and perception of the experience was highly influenced by educational status. Again this could be that more educated persons are able to demand and receive better services. This suggests a possibility that educationally disadvantaged persons suffer less access to quality services and should be specifically investigated and addressed.

Among doctors, there was no significant correlation between educational status and rating of professionalism suggesting that the low rating assigned reflects the appraisal of all the respondents irrespective of educational status. A weak significant positive correlation was established between perception of doctors' politeness and educational status ($p< .05$) suggesting that more educated clients received more politeness from doctors. Perception of doctors' helpful attitude had a negative correlation with educational status suggesting that the more educated clients did not consider the doctors helpful. This is contrary to the findings among the nurses and pharmacists and suggests there is a deficiency in this attribute among the doctors detected by the more educated clients given the greater independence of opinion education confers on an individual.

Process and structural quality components had no significant correlation with any sociodemographic variable except for information provision which had a weak positive correlation with educational status. This can be attributed to the greater capacity of educated clients to demand and receive information as previously mentioned and similar to other studies as cited above.[9,35] The lack of correlation between these components and sociodemographic variables suggests that the low ratings assigned reflect the respondents' objective appraisal of the service components.

Perception of Provider Interpersonal Skills Resources (ISR) and Professionalism

The attitude of registration clerk was rated average at 3.06 with only 73.6% of respondents satisfied. These scores are among the least of all the service windows but had a very strong positive correlation ($r=.789$, $p=.000$) with perception of registration process confirming the importance of registration staff interpersonal skills in client perception of services. This is also an "expression of a service gap" depicting the mismatch between value attached(strong correlation) to the service component and rated satisfaction.[27] The correlation with satisfaction with clinic services was moderate ($r=.378$, $p=.000$) but higher than that of nurses, doctors and pharmacists suggesting there is a mismatch between the value attached and experience of registration clerk service requiring intervention. This is similar to findings in Pakistan.[40] Advocates of consumerism and business modelling of health services suggest that the "Front desk" is the face of the business and should be as important to the managers as the back end of business.[38]

Nurse professionalism was scored average at 3.30 (94.7% of respondents satisfied) relative to mean score of service components. The proportion of respondents satisfied is higher than in the kano study (84.9%).[36] This rating was moderately correlated with overall satisfaction with treatment (.377**) and overall satisfaction with clinic services (.362**). Compared to the parameters for registration clerk, there is a good match between rating of professionalism and correlation with satisfaction suggesting that the value attached to this component and experience were balanced. The interpersonal skills showed a mismatch in the caring and politeness domains which had lower scores (3.28, r=.781**, 3.26, r=.709) but higher correlation with rating of professionalism than helpful attitude (3.30, r=.656**). This expresses a service gap and suggests a need for intervention in these domains.

Among doctors, professional rating was average at 3.28(95% of respondents) and higher than rating of overall satisfaction with medical services (3.22). The clinical care components studied were rated relatively high including, perception of time spent with doctor (3.52), thoroughness of care (3.50) and information related components including instruction on medications (3.47), health promotion talk (3.47), explanation of care (3.49) and answers after visit (3.47). These ratings are similar to findings in the FCT by Daramola et al. where consultation was rated 69.9%.[35] These parameters had strong correlation with satisfaction with outcome of consultation. The information related components (r=.814**-905**) being higher than the other care components(r=.677**-.793**). This confirms the importance patients attach to health information from care providers and also among NHIS service users.[9,12,37,41] The value this impacts on outcome of care via direct influence on adherence to medication and self- care is well established.[22,41,42,43]

The correlation between clinical care components and rating of professionalism and overall satisfaction with medical care were moderate. The perception of time with doctor and thoroughness of care had lower correlation with both parameters than the information components. Satisfaction with the length of time spent with the doctor should be a reflection on the thoroughness of the examination and communication with the patient.[18,24,27,43] These scores should therefore match the score on satisfaction with medical care and

professionalism unlike the findings in this study. This could possibly be explained by lack of satisfaction with the content of the delivery of the doctors. Effectiveness of health literacy depends to a large extent on the knowledge and communication skills of the doctor.[41] Patients' ability to assess technical competence and professional disposition of their clinicians is established.[5] This expression of service gap suggests that intervention is needed to improve the certified capacity and skills of doctors in the clinic. Other studies on NHIS services showed similar rating of consultation. Daramola found satisfaction with doctor consultation was rated 69.9% similar to that in this study.[35]

The interpersonal skills of the doctors were scored average (3.29-3.30) and had strong correlation with professionalism (r=.843-953**) and overall satisfaction with medical care (r= .770- 773**) but moderate correlation with outcome (r=421-462**). This is in contrast with clinical care components which had strong correlation with outcome and only moderate correlation with rating of professionalism. This trend in correlations confirms that patient's perception of professionalism is driven more by perception of physician interpersonal skills resources than technical components of care as seen in other studies.[24,27] Humaneness is valued more than technical aspects of care among patients and are core attributes of professionalism as they relate to implementing trust in the patients and the public. [23.44,45]

The consistency in relating clinical care components to outcome and interpersonal skills to professionalism validates the astuteness of the respondents in their assessments.[27] The clinical care components also had a higher correlation with satisfaction with treatment than interpersonal skills further buttressing the validity of patient assessments. This also confirms the findings that patients value both competence and humaneness in their doctors unlike other health professionals where humaneness alone is key.

Among Pharmacists, 89.9% of respondents were satisfied similar to the Kano study (82.5%).[36] The correlation of interpersonal skills rating with rating of professionalism was strong similar to the trend among doctors and nurses. Interpersonal skills were rated average with helpfulness being the highest and caring the least. Caring attitude had the highest correlation with professionalism and overall pharmacist care suggesting an expression of a service gap. It had the lowest correlation with satisfaction with treatment. Information provision by the pharmacists was scored average and had strong correlation with overall satisfaction with pharmacist care, professionalism, satisfaction with treatment and clinic services. This demonstrates the high value placed on health literacy by the patients similar to the findings among doctors and in keeping with literature.[27,41]

Among the professional care providers, the nurses had the highest rating of professionalism and the highest correlation with satisfaction with treatment and next to the pharmacists' highest correlation with satisfaction with clinic services. The impact of Interpersonal Skills Resources (ISR) of nurses on satisfaction is evidenced by the finding of higher correlation of perceived empathy and support of nurses with satisfaction than outcome.[46,47]

The finding that nurses scored highest on ISR in this study is contrary to others where nurses are assessed as the least performers in provider-patient relationship.[47] The doctors scored less than the nurses in professionalism and had the least correlation with satisfaction indices among all the providers. The corresponding low correlation suggests lack of expression of a service gap suggesting that the clients did not value professionalism among the doctors. Overall pharmacist care was scored higher than professional rating and had a stronger correlation with satisfaction with clinic services unlike the trend among doctors where overall medical care was rated lower than professionalism and had lower correlation with satisfaction indices. This trend is unusual and contrary to expectations as consultation with doctors is usually the primary aim of clinic visits. Satisfaction in this domain often offers a trade-off, yielding high satisfaction scores with services in spite of poor rating in other domains. [48,49] This could be attributed to past unsatisfactory experience with the doctors in this clinic modulating patient's expectation and therefore yielding low satisfaction scores without expression of a service gap.[22,23,26] It could also suggest that resignationto accepting what is available has set in. The impact of past experience on expectations and therefore satisfaction is well documented as major determinant in the dynamics between experience, expectation and satisfaction.[5] Also, where the aim of the clients is to access free drugs or gain access to higher levels of care as seen in the clinic (large proportion of the patients visit to get referrals to secondary and tertiary care), the clients would have their needs met and express satisfaction despite the actual performance of the doctors.[38]

Process and Structural Factors:

The process and environmental components were rated very low relative to mean scores but the score of about 60 % was similar to other studies.[34] The rating had a weak correlation with satisfaction with clinic services which indicated no service gaps. Again this seems to suggests that the patients did not have high value for the process and environmental components contrary to expectation and literature.[38,49,51] The explanation is most likely that poor past experience modulated expectation and consequently satisfaction rating.[22]

Waiting Time was rated least at 60.6% similar to other studies[34,35]. Relationship with satisfaction with clinic services was not significant in the cited studies similar to this study. The correlation with overall

satisfaction with clinic services was low expressing no service gaps. This suggests expectation has been modulated by past experience and prevailing realities and so does not impact satisfaction and inducing "resignation" among the respondents. Obamiro in his study with similar findings opined that Nigerians have become accustomed to a culture of long waits and despite this express satisfaction with services.[52]

Rated Importance of Service Components.

The rated importance of service components was generally low. Drugs /facilities were rated highest suggesting technical component most important. Cost of care was rated least important as expected since payment is restricted to 10% of drug cost only. Environment factors and administrative process were second followed by staff competence. Provider/ patient relationship was close to the least unlike evidence in literature.[23,44,45] The relatively low scores for both rated importance of service components and satisfaction with what was experienced suggests that expectations have been modulated by past poor experience as explained in literature.[5,22] This further buttresses the observed correlation of ratings of service components with overall satisfaction and the absence of expressions of service gaps and apparent resignation as noted above.

Calculated Service Gaps.

Despite the apparent resignation, Calculated Service Gaps (CSG) were established for competence of professionals with the least for Nurses compared to Doctors and Pharmacists unlike most literature.[48,49] The Service Gaps established for both structural components and process components were very high. This suggests that despite the low expectations of the respondents, the services still performed far from expectation expressing an urgent need for intervention. Using facility specific patient centred metric like the "Service Gap" for monitoring quality facilitates staff acceptance of improvement programs.[26] All service components were poorly rated without any compensating trade- offs from any of the components as often found in other studies. [27,50]

Decision Factor for using the Clinic.

The decision factor for choice of the clinic for care shows that majority based their decision on perceived availability of good care, good facilities and drugs and good professionals. Only 8.7% (26 respondents) specified "good doctors" as decision factor suggesting that this is least important to the patients which is contrary to literature.[48,49,53] This could be attributed to past negative experience with the doctors as evidenced by the scores in this study, causing the emphasis to shift to other decision factors especially where the patients feel they have limited choice and "voice" among the clinics within the NHIS which have been documented to offer services of limited quality.[9,10,11,12] This effect on patient priorities is buttressed by the fact that staff competence ranked 4th behind drugs and facilities availability, ease of administrative process and environment in the rating of importance of service components. This demonstrates that rated importance of service components reflects realistic expectation which has been shown to be significantly impacted by past experience and more related to patient satisfaction unlike ideal expectations.[5,22,23]

V. Conclusion

The rating of patient perception of the quality of services in this clinic is fair and within the range of peer facilities in the NHIS but showed evidence that negative modulation of expectations consequent upon previous experience resulted in "good" satisfaction rating despite established high calculated service gaps requiring urgent intervention.

Recommendations: the results from this study should serve as a patient centred benchmark for the index facility to embark on a global quality improvement program with urgent attention on the medical professionals as this is the main decision factor for choice of facility and usually offers a trade-off effect boosting user satisfaction.

There is an urgent need to develop a Continuous Quality Improvement framework within the NHIS which among others should use the Service Gap as a patient centred metric to monitor and enforce quality benchmarks in the system in order to improve UHC and efficiency of the Scheme.

More studies measuring Service Gaps in our health system are required to further develop its utility and further the understanding of the dynamics of patients' values, their experience and satisfaction with health services in the NHIS.

Limitations: Rated importance of service components does not capture the totality of the complex construct of patient expectation.

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