

Factors Influencing Quality Health Care Services in Ekiti State, Nigeria

¹BOLARINWA, Marcus Olurotimi (Ph.D) & ²IBIKUNLE, Ayisat Arike

¹Department of Human Kinetics, Faculty of Education, Ekiti State University, Ado-Ekiti, Ekiti State, Nigeria

²Department of Physical Health Education, College of Education, Ekiti-Ekiti, Ekiti State, Nigeria

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ABSTRACT: *Quality healthcare service is one of the major health issues worldwide. Over the years the quest for quality healthcare has been on the increase due to increasing population and awareness. This study assesses the factors influencing quality healthcare services in Ekiti State, Nigeria. Simple random sampling technique was used to select a total sample of 500 respondents (394 patients and 43 health workers) across the 16 Local Government of Ekiti State, Nigeria. The respondents were interviewed using structured closed questionnaire. Descriptive statistics and frequency distribution were used for the analysis with three formulated null hypotheses of interest. The result further shows that there is significant increase in the availability of healthcare facilities with the need to subsidize cost, strengthen and improve manpower for easy accessibility.*

Key Words: *Healthcare services, population, growth, treatment and communication*

INTRODUCTION

Quality health care is concerned with the degree to which the resources for health care or the services included in health care correspond to specific standards. Those standards if applied are generally expected to lead to desired health results (Oluwadare, 2012). While according to the Institute of Medicine (WHO); quality health care is the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. The paper examined the health care resources in terms of quality, standard, availability, and accessibility, health care activities like the type, efficiency, level and the quality. While factors such as individual perception, income level and awareness are rarely considered as there are perceived as breed factors. The health care delivery system has undergone great change over the past few decades (NCHS, 2003). Factors that influence the quality of health care services could be considered as those parameters that influence the satisfaction of the individual and as well motivate the health care worker for effective disposition of duty.

Roener and Montaya-Aguilar (1988) affirmed that the initial concern about quality health care has been from the clinical viewpoint. The major concern for quality health care is for client's satisfaction in terms of surviving and living in good health, being attended to as fast as possible, treated with respect, reliable prescriptions and information from health care provider and equity. As rightly cautioned by Yinger *et al.*, (2012) in a simple review of client-centered quality care, that, "Clients satisfaction may not necessarily mean that quality is good, it may indicate that expectations are low" or "they want to please the interviewer or fear of the consequence of complaining. They further maintained that clients' perception is shaped by their cultural values, previous experiences, perceptions of the role of the health system, and interactions with providers.

According to Good Health Weekly, Vanguard News (Feb. 21, 2017), "Nigerians are in dire straits as far as access to healthcare services is concerned. Millions are reeling under the onslaught of the economic down turn even as cost of healthcare has shot up above average means, forcing man to resort to preventive health. The program maintains that the cost of healthcare services has tripled in the last one year. These are indeed trying times and would be ill advised to fall ill. The increase in cost is all encompassing. From needles and syringes, drugs, medical equipment, hospital consumables, and so on, everything has increased by a margin of 300 percent, leaving practitioners with increase in complicated birth deliveries and low patronage." Increase in the cost of healthcare services could be seen as setback to quality healthcare delivery or service. In his article, Healthcare cost Facts; Kimberly (2019) argued that most people paid the bills as they could, over time. But 16.5 percent took longer than a year to pay them off. Another 8.9 percent just couldn't pay them at all. Sixty percent used up their savings. More than 40 percent took on extra work to pay the bills.

The healthcare providers in terms of quantity, quality, readiness to service and passion in the state were also a concern in the subject matter. A major problem afflicting the healthcare system in Nigeria is the

so-called “brain drain” of doctors and medical staffs. It is estimated that there are four doctors for every 10,000 inhabitants. Highly-trained experts often leave the country in order to pursue their profession in countries with better infrastructure or higher wages (InterNations, 2019). High-quality providers are critical to producing high-quality outcomes. Healthcare managers should have distinctive approaches for the attraction and the retention of qualified physicians that are able to deliver the highest-quality care (Mosadeghrad, 2013).

Similarly, these parameters were also identified in study by Oluwadare (2012) on the subject matter of “Clients’ Perception of Quality Hospital Service in Ekiti State, Nigeria.” Where two levels of quality health care were examined, the first been the general conceptualization which involves the system of health care itself and includes the resources, activities, management and the outcomes of the health care in terms of its merit or excellence. The second conceptualization was more specific and restricted; it is more on the resources and activities in relation to standards compliance. This paper extensively identifies the major factors that influence quality health care service in Ekiti State, Nigeria using the perspective of both the health care service consumers and the providers. The findings are further used to recommend the best measures to improve the quality of health care delivery service in the state.

MATERIALS AND METHODS

Ekiti State, Nigeria

Ekiti State is a state in the Southwest Nigeria created on October 1, 1996. It consists of 16 Local Government Areas with a high rate increase in population as shown in table 1 below from the National Population Commission (NPC) and National Bureau of Statistics. The main occupation of the people is farming with a heterogonous population system in the state capital (Ado-Ekiti) where business and administration activities are dominant. Over the years, the population of the state has grown and likewise the demand for quality health care services as to improve the health and life of the people living in the state.

Table 1: The population development in Ekiti State as well as related information and services

Name	Status	Population Census 1991-11-26	Population Census 2006-03-21	Population Projection 2016-03-21
Ekiti	State	1,535,790	2,398,957	3,270,800
Ado Ekiti	Local Government Area	156,122	313,690	427,700
Aiyekire(Gbonyin)	Local Government Area	...	147,999	201,800
Efon	Local Government Area	...	87,187	118,900
Ekiti East	Local Government Area	...	138,340	188,600
Ekiti South West	Local Government Area	140,183	165,087	225,100
Ekiti West	Local Government Area	...	179,600	244,900
Emure	Local Government Area	...	94,264	128,500
Ido-Osi	Local Government Area	...	160,001	218,100
Ijero	Local Government Area	95,365	221,873	302,500
Ikere	Local Government Area	58,612	148,558	202,500
Ikole	Local Government Area	119,796	170,414	232,300
Ilejemeje	Local Government Area	...	43,459	59,300
Irepodun/Ifelodun	Local Government Area	110,259	131,330	179,100
Ise/Orun	Local Government Area	...	113,951	155,400
Moba	Local Government Area	...	145,408	198,300
Oye	Local Government Area	115,244	137,796	187,900

Source: National Population Commission of Nigeria (web), National Bureau of Statistics (web).

Note: The population projection above assumes the same rate of growth for all Local Government Areas within the state. The figures may show high error rate with dispute but the growth rate certainly has its effect on the quality of health care service in the state.

Material and Survey Process

The study used the structured closed survey system and personal interview method, where a random sample of 500 respondents (457 patients and 43 health workers) across the 16 Local Government of Ekiti State, Nigeria were selected. The personal interview was mostly carried out on the health workers (with 57% been doctors) due to their busy schedule, while few could excuse themselves to respond to the question schedule administered. Duration of data coalition and gathering within the 16 Local Government Areas was 2 months and 4 days. Data were strictly from primary source and collected by the researcher and as such, believing to be of high precision and reliable.

Meanwhile, all participants were well informed about the purpose of the study and their voluntary participation and their rights to self-determination were guaranteed. Privacy issues in this study involved the assurance of confidentiality and anonymity of the participants and their responses. Out of the 500 respondents, 437 were eligible for analysis while 63 were discard due to improper and incomplete responds. Data was analyzed using descriptive and frequency distribution.

RESULTS

Respondents’ Characteristics and Demographic Variables

Female respondents constituted 52.9 percent while male respondents were 47.1 percent. The age frequency distribution showed the age range of 26-35 years been the highest frequency of 91 with 20.9 percent, followed by 36-45 years at 19.5 percent of 85 as the frequency. Meanwhile, other considerations such as reasons for visiting the health care center by the respondents and degree of condition were theoretically taken and absorbed for other projects.

From the educational qualification distribution, more than 59.6 percent have higher education qualification with NCE been the highest (21.7%) followed by HND (15.8%) with others the least (2.5%) as showed in the table 2 below. Other characteristics such as marital status and occupation were considered and reserved for further study.

Table 2: Respondents’ Demographic Variables

		Frequency	Percent
Gender	Male	206	47.1
	Female	231	52.9
	Total	437	100
Age	18-25	75	17.2
	26-35	91	20.9
	36-45	85	19.5
	46-55	77	17.7
	56-65	60	13.8
	65 and above	48	11.0
	Total	437	100
Academic Level	Primary Sch. Cert	47	10.8
	Secondary Sch. Cert	65	14.9
	NCE	95	21.7
	OND	67	15.3
	HND	69	15.8
	B.Sc.	40	9.2
	Masters	28	6.4
	Ph.D.	15	3.4
	Others	11	2.5
	Total	437	100

Considered Factors for Quality Health Care Services

In order to ascertain the factors that influence quality health care service in the state, 15 questions were scheduled with major focus on availability of resources, communication, waiting time, cost of drug and affordability of service, doctor’s availability and accessibility. Responses were highly strictly to single option of either “Yes” or “No” to keep the research straight, simple and efficient.

Hypothesis 1: Available healthcare facilities and resource will not significantly improve health care service in the state.

Table 3: Frequency Distribution on Availability of health care facilities resources

Question	Response	Frequency	Percent	Remark
There are Adequate Facilities and resources in Health center	Yes	209	47.8	
	No	228	52.2	
	Total	437	100	
Doctors are always on seat	Yes	198	45.3	Statistics

	No	239	54.7	Yes =209.6
	Total	437	100	
The Health Center is far from me	Yes	224	50.9	
	No	213	49.1	No =227.4
	Total	437	100	
There are enough doctor on board to attend to patients	Yes	211	48.3	
	No	226	51.7	
	Total	437	100	
Doctor prescribed drugs are available in health care center	Yes	206	46.8	
	No	231	53.2	
	Total	437	100	

From the above, the hypothesis 1 test on the availability of health care facilities and resources in terms of health workers, quantity, nearness and accessibility, and availability of the prescribed drugs within the health care center. The Frequency Distribution on Availability of health care facilities resources showed that health care facilities and resources are relatively unavailable in most of the health care centers in the state with positive affirmations “YES” =209.6, (46.7%) while negative responses “NO” =227.4, constituted 53.3% showing that low quality health care services may be as a result of inadequate health care facilities and resources.

Hypothesis 2: The untimely attention of health workers, high cost and unavailability of prescribed drugs in health care center will not significantly improve the quality of healthcare service in Ekiti state.

Table 4: Frequency Distribution on Cost and Availability of Drugs in health care centers

Question	Response	Frequency	Percent	Remark
Cost of drugs is expensive	Yes	223	51.7	Statistics
	No	214	48.3	
	Total	437	100	
I can afford the prescribed drugs	Yes	256	58.7	Yes =227.4
	No	181	41.3	
	Total	437	100	
I was attended to on time	Yes	216	49.1	No =209.6
	No	221	50.9	
	Total	437	100	
Test result was given to me on time	Yes	237	54.5	
	No	200	45.5	
	Total	437	100	
Doctor prescribed drugs are available in health care center	Yes	206	46.8	
	No	231	53.2	
	Total	437	100	

The above test is significant with the first parameter “Cost of drugs is expensive” (51.7%), Delay of service to patients (50.9%) and no availability of prescribed drugs in health care center at 53.2%. The parameters showed that high cost and unavailability of prescribed drugs in health care center will not improve the quality of health care service in the state. Meanwhile, the 51.7% that can afford the cost of prescribed drugs could probably do so at a forgoing and debt-cost.

Hypothesis 3: The politeness, listening ability, effective communication and competence of health workers are insignificant to the improvement of quality health care services in the state.

Table 5: Frequency Distribution on manpower and skills in health care services

Question	Response	Frequency	Percent	Remark
Health workers needs training	Yes	339	76.7	
	No	98	23.3	
	Total	437	100	
I was given opportunity to explain my condition	Yes	308	70.5	
	No	129	29.5	
	Total	437	100	
Can you trust your doctor with confident	Yes	266	60.9	Statistics

information	No	171	39.1	Yes =227.4
	Total	437	100	
I can tell doctor all my worries	Yes	239	54.7	
	No	198	45.3	
	Total	437	100	No =209.6
The health care policies in the center are Ok and friendly	Yes	237	54.2	
	No	200	45.8	
	Total	437	100	

The above distribution shows that effective communication and keeping secret (patient’s privacy) are paramount skill set needed by health care providers with the second parameter **“I was given opportunity to explain my condition”** constituted 70.5%, followed by the third (60.9%) and the fourth (54.7%). This affirmed that quality health care services can be influence by competent manpower skill set.

Discussion

From the findings above in the Frequency Distribution on Cost and Availability of Drugs in health care centers, the variable “cost of drugs expensive” at 51.7% is an affirmation of previous research works according to Oluwadare (2012) “The challenge of availability is compounded by the cost and affordability of the drugs by the clients in a state that has one of the least GDP per capital in Nigeria and 52.4 percent of the population with absolute poverty (UNDP 2008; National Bureau of Statistics, 2012). The State government will do well to revitalize the drug revolving scheme and make it more affordable and available in all health facilities in the State.”

While hypothesis 3 is significant, the distribution shows that effective communication and courtesy to patients could influence quality health care services in the state. As showed by the first parameter in table 5, **“Health workers needs training”** constituted 76.7% meaning there is need for manpower building and improvement on health care providers in the state.

Conclusion and Recommendations

In order to make health care service more standard and to meet its mandate of safeguarding the health the people of the state, selflessness and readiness of public health care providers must be established. Strict measures and sanctions should be put in place to control nonchalance of public health care providers in the state as most respondents to the second parameter in table 5 were met in public health care centers. Also, medical personnel and health care providers especially the doctors and other paramedics must be made to apply all the elements of patient-focused quality service delivery so as to ascertain their problems.

Government should invest more into the health care service of the state and also seek partnership from private investors to help equip and build more health care centers in the state. As part of health sector reform, government should implement people oriented programs to create awareness and also start training and development programs on client oriented services for all staff in order for them to be updated with the relevant and modern skill set required to meet global standard

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