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Quality Healthcare Delivery and Patients' Satisfaction in State Hospitals, Ibadan, Oyo State, Nigeria

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ABSTRACT

This survey analyzed the effects of healthcare quality dimensions on patient satisfaction in Oyo State Hospitals in Ibadan. The study 422 healthcare professionals and patients, using structured questionnaires. The survey collected socio-demographic data and evaluated levels of patient satisfaction, and perceptions of healthcare quality. Patient satisfaction, a key measure of healthcare quality, significantly impacts healthcare choices and fosters trust, especially in developing nations. Despite its importance, quality care and patient satisfaction levels in Nigeria face challenges in primary and secondary care settings. Statistical methods; multiple regression analyses were applied to measure the impact of healthcare quality on patient satisfaction, with a 95% confidence level. The sample consisted of 50.9% female and 49.1% male respondents, with most aged 26-35 (37.9%) and 36-45 (34.1%). Married respondents made up 49.1%, and 75.1% had 1-10 years of hospital experience. Quality healthcare delivery similarly enhances satisfaction, with a 0.185-unit increase per quality improvement. The findings suggest a need for targeted strategies to enhance healthcare quality standards, to improve patient experiences and satisfaction levels in Nigerian state hospitals.

***Keywords**: Patient Satisfaction, Quality of Health Care, Healthcare Delivery, Primary Health Care*

INTRODUCTION

Patient satisfaction is the level of service satisfaction that patients experience from having used a health service from a health facility. The quality assurance and accreditation process in most countries requires that the service satisfaction of patients be measured regularly (Amporfro & Boah, 2022). As a result, patient feedback is important to identify problems in health services that need to be resolved to improve patient satisfaction (Getahun, Demissie & Baraki, 2024). Patient satisfaction with seeking health services is considered as

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one of the necessary outcomes of health systems and a measure of health service quality which is directly linked with utilization of the services (World Health Organization, Organisation for Economic Co-operation and Development & The World Bank, 2018). Therefore, patient satisfaction with a service is a primary indicator of measuring the effectiveness of health care delivery (Getahun, Demissie & Baraki, 2024). Health systems have to be responsive to the health needs of the patient and the community. The major beneficiaries of a good healthcare system are clearly patients. Actually, it is difficult to measure patients' satisfaction and responsiveness of health systems directly. It importantly depends on the clinical outcomes of patients from health care treatment received (Ferreira, Vieira, Pedro, Caldas & Varela, 2023).

Several studies mentioned that satisfied patients are likely to be loyal to their providers and build good relationship with the health system which eventually leads to improved services, loyalty and high satisfaction rate (Amporfro & Boah, 2022). One of the importance of satisfaction is paying attention to feedback from patients who visit various healthcare facilities as it leads to improvement on the care delivered, effectiveness and efficiency of the provider and overall patient satisfaction[1]. It is also suggested that in the context of health care, providers must be concerned and ensure eliminating dissatisfaction drivers and focusing on satisfaction.

A higher level of patient satisfaction results in patients' decisions to choose a health service, to have an intention to return to a particular health facility, or to follow up health professional's appointment or a recommended treatment option. In most developing countries, patients' satisfaction has been remarkably low although there are several published reports of how quality care in these countries can be delivered. Healthcare facilities in Africa have to be patient-centred and focus on service marketing to ensure sustainability of their services. Maintaining high standards and improving service quality in healthcare in Africa is central to patient satisfaction (Reginald, Tsey, Adu-Gyamfi, Tetteh-Ahinakwa, & Kyei, 2021).

Whilst a lot of studies in Africa have implemented customer satisfaction surveys, the factors that precisely satisfy patients are mostly unidentified and therefore organisations are called upon by key stakeholders to pay critical attention to patients' feedback (Markos, Hussen & Tegegne, 2022). However, it is important to keep in mind that hospitals and other locations where health services are provided are complex environments, combining various professional groups that, because of the current economic changes, have limited templates of work, and diminished resources. As a result, health professionals constantly experience symptoms of exhaustion and discontentment which result in an increased number of conflicts, the number of disagreements, the number of complaints and invariably the quality of healthcare. This group of employees called healthcare professionals play a pivotal role in this industry.

Health professionals are personnel who maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring for the

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populations they serve. These professionals are now being considered an endangered species because of the great risk of exposure to activities that now deplete their population such as the so-called burnout syndrome (due to its high degree of relationship with the patient) (Goldfarb, Grinstein-Cohen, Shamian, 2021). Healthcare personnel represent the most important component of healthcare services and include different groups and professions in a healthcare organization. From the point of view of satisfaction with the quality of services, it is very important that healthcare professionals keep proper interpersonal relationships with patients in a dynamic, continuous, and timely manner. In this context, the perception of patient satisfaction depends almost entirely on the care received from healthcare personnel (Chang, Shyu, Wong, Friesner, Chu & Teng, 2015).

Also, worsening global shortage of healthcare professional turnover, the decision to leave the profession and consequences such as stress, anxiety, lack of autonomy and excess workload, there is a growing concern about the definition and evaluation of professional commitment in this industry. Professionals perceived stress as emotions of irritation and a loss of control, which was exacerbated by the type of information and the way it was conveyed. Work overload and close contact with infected patients drove health care professionals to make mistakes. Medical teams receive a large number of instructions, which frequently causes anxiety and uncertainty. As a result, it is important to carefully weed out irrelevant material (Hsu, Wang, Lin, Shih & H. Lin, 2015). Health care professionals suffer from the confluence of an increased workload, stress, and an unending stream of shifting information. As such, organizations must set up a system for supporting their employees' mental health both during and after a pandemic. Health organizations should prioritize encouraging dialogues, anxiety-reduction techniques, explicit instructions over recommendations, and a reduction in misinformation. The variation in healthcare policies across institutions, cultural differences, and evolution of contemporary of work and educational methods and other personal factors has added to grey areas surrounding the definition of professional commitment. Many attempts have been made to define the ‘professional commitment in the healthcare construct’. These studies aim to increase the performance of professionals, the quality and safety of healthcare provision, and financial returns, and to study the ethical and moral realm of professional responsibility. Professional commitment positively influences job performance and when high, promotes positive outcomes for the patients.

Due to its applicability, the phrase "patient satisfaction" has gained popularity in the previous several decades in the healthcare industry. By identifying issues, patient satisfaction surveys allow for beneficial adjustments in the standard of healthcare delivery. Incorporating patient perspectives into the way a health service operates enhances both service management and the behaviours of health professionals, who then use this information to establish appropriate policies and management protocols, prioritize resource allocations, and identify areas for training[6]. Patient decisions to select a health service, want

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to return to a specific hospital, schedule follow-up meetings with doctors, or adopt a recommended course of treatment are all influenced by a higher degree of patient satisfaction (Ayaz-Alkaya, Yaman-Sözbir & Bayrak-Kahraman, 2018).

2.0 Methodology

2.1 Research Plan

This study was employed a descriptive survey research design. A descriptive survey is a non-experimental research method commonly used to gather data on the characteristics, behaviours, or opinions of a group of people. It allows for the examination of a subset of a community to infer generalizations about the entire population. This design is appropriate for investigating the commitment of health professionals, the quality of healthcare delivery, and patient satisfaction in state hospitals in Ibadan.

2.2 Study Population

The study population consisted of patients in all state hospitals (secondary and tertiary) managed by the Oyo State Hospitals Management Board (HMB) within Ibadan. The geographical scope of the study is limited to state hospitals in Ibadan, Oyo State while the respondents are the patients of the state hospitals. In addition, healthcare professionals were used for the quantitative aspect of the study.

2.3 Sample Size Calculation

The sample size was four hundred and twenty-two (422) outpatients of the selected hospitals. The sample size for this study was determined using the Morgan and Krejcie table, which provides a method for determining sample sizes for different population sizes[3] and ten percent attrition rate. Therefore, using ten percent attrition rate, thirty-eight (38) outpatients was gotten and was added to three hundred and eighty-four (384) gotten from Krejicie and Morgan formula and this yields a total of four hundred and twenty-two (422) outpatients. Below is the calculation:

Attrition Rate: 10/100 x Sample Size
$10/100 \times 384 = 38$.
Therefore, the sample size for outpatients was four hundred and twenty-two (422) outpatients which will be used for the study

2.4 Data Collection Method and Instrument

The instrument that was used to collect data for this research is a self-administered questionnaire. The Questionnaire was categorized into four sections, with each sections assessing the concerned variables. Section A covered the demographics of respondents such as: gender, age, and educational qualification. Section B elicit information on the

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professional commitment of the healthcare workers. This instrument is based on the Commitment theory that considers three domains of commitment: the affective, continuance and normative commitment [4]. Section C addressed the quality of health care delivery across State-owned hospitals in Ibadan. The standardised HEALTHQUAL instrument will be utilized in this assessment. The instrument assessed quality in five domains: empathy, tangibles, safety, efficiency and improvement of care service [5]. The last section, Section D provided a quick assessment of patient satisfaction using the 8-item CSQ Questionnaire. This was according to the consonance theory of patient satisfaction.

2.5 Ethical Consideration

The University's research and ethical committee approval was sought for this study. Questionnaires were administered to only health workers who consent to participate in the study while responses were handled with maximum confidentiality. Names of the respondents was not be required in this study. The respondents were not harmed in any form, no invasive procedures were performed. The research outcome would be of benefit to all health care clients. The outcome would assist in improving the quality of care. The participants had the full details concerning the research before taking part in it so as to ensure that he or she fully understands the research and is willing to take part in it. No participant was coerced to participate in the study.

2.6 Tool for Gathering Data

A semi structured interviewer administered questionnaire was use for the study. The questionnaire was administered by research assistants, the questionnaire included:
Section A covered the demographics of respondents such as: gender, age, and educational qualification. Section B elicit information on the professional commitment of the healthcare workers. This instrument is based on the Commitment theory that considers three domains of commitment: the affective, continuance and normative commitment [4]. Section C addressed the quality of health care delivery across State-owned hospitals in Ibadan. The standardised HEALTHQUAL instrument will be utilized in this assessment. The instrument assessed quality in five domains: empathy, tangibles, safety, efficiency and improvement of care service [5]. The last section, Section D provided a quick assessment of patient satisfaction using the 8-item CSQ Questionnaire. This was according to the consonance theory of patient satisfaction.

2.7 Analysis of Data

Numbers were used to code each response category, open-ended questions were grouped and coded as appropriate, and frequencies, percentages, and means of variables were generated. Data collected from questionnaires were checked for errors, cleaned, coded, and analyzed using the Statistical Package for Social Sciences (SPSS) software version 28. Data

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checking and cleaning were carried out daily to ensure that missing items were accounted for and variables not properly entered were corrected. Descriptive statistics (tables, charts, frequencies, and percentages) were used to analyze the data. At the 5% level of significance.

3.0 Results

3.1Summary of Results

Table 4.1: **Demographic Characteristics of Respondents**

Demographic Variables	**Frequency (n)**	**Percent (%)**
Gender		
Male	207	49.1
Female	215	50.9
Total	422	100
Age		
16 – 25 years	80	19.0
26 – 35 years	160	37.9
36 – 45 years	144	34.1
46 – 55 years	26	6.2
56 – 65 years	12	2.8
Total	422	100
Marital status		
Married	207	49.1
Single	170	40.3
Separated	17	4.0
Widowed	28	6.6
Total	422	100
Years of using healthcare facility		
1 – 5 years	160	37.9
6 – 10 years	157	37.2
11 – 20 years	81	19.2
21 – 30 years	20	4.7
31 years and above	4	0.9
Total	422	100

Source: Researcher's Field Survey, 2024

The table above indicates that a greater number of responses were received from female patients (50.9%) compared to male respondents (49.1%). The highest response rate came from individuals aged 26 to 35 years (37.9%), while the lowest was from those aged 56

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years and older (2.8%). Regarding marital status, the data show that 49.1% of the respondents are married, and 40.3% are single. The respondents were also asked about the duration of their clinic visits, with 75.1% reporting they have been visiting for 1 to 10 years, 19.2% for 11 to 20 years, 4.7% for 21 to 30 years, and 0.9% for 31 years or more. This analysis indicates that a significant portion of outpatients has been visiting the hospital for at least five years, suggesting that the respondents are relatively experienced. Given their age and length of time at this healthcare facility, the researcher believes that the responses are credible.

Table 2: Descriptive Analysis on the Patient Satisfaction in State Hospitals, Ibadan, Oyo State

	VHE	HE	LE	VLE	Mean
Assurance					**3.11**
As a patient I get the kind of healthcare service I wanted	175 (41.5%)	222 (52.6%)	25 (5.9%)	0	3.36
Health services provided meet my need as a patient	178 (42.2%)	217 (51.4%)	22 (5.2%)	5 (1.2%)	3.35
I can recommend the services to a friend in need of similar help	85 (20.1%)	290 (68.7%)	47 (11.1%)	0	3.09
The amount of healthcare help received is satisfactory	83 (19.7%)	215 (50.9%)	124 (29.4%)	0	2.90
As a patient I get the kind of healthcare service I wanted	52 (12.3%)	250 (59.2%)	120 (28.4%)	0	2.84
The healthcare services helped to deal more effectively with my health challenges	33 (7.8%)	356 (84.4%)	33 (7.8%)	0	3.00
I would rate quality of healthcare service received in my hospital as satisfactory	38 (9.0%)	346 (82.0%)	38 (9.0%)	0	3.00
In general sense, the healthcare services received are satisfactory to me has patient	73 (17.3%)	235 (55.7%)	114 (27.0%)	0	2.90
I be happy to come back to seek healthcare help again	62 (14.7%)	255 (60.4%)	105 (24.9%)	0	2.90
Grand Mean					**2.81**

Source: Researcher's Field Survey, 2024

Table 4.3 provides a comprehensive analysis of patient satisfaction within state hospitals in Ibadan, Oyo State, evaluating various dimensions of healthcare service delivery through a structured categorization of responses: Very High Extent (VHE), High Extent (HE), Low Extent (LE), and Very Low Extent (VLE). The data indicate a generally favorable perception of healthcare services among patients, as reflected in the mean scores, which range from 2.81 to 3.36. Notably, the highest mean score of 3.36 is associated with the statement "As a patient I get the kind of healthcare service I wanted," whereby a substantial 52.6% of respondents reported a high level of satisfaction. This finding suggests a significant alignment between patient expectations and the healthcare services rendered,

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indicating that a considerable portion of the patient population feels their needs are effectively addressed.

However, the analysis reveals critical areas necessitating attention. For instance, the mean score for the statement "The amount of healthcare help received is satisfactory" stands at a lower 2.90, with 29.4% of respondents indicating dissatisfaction. This discrepancy highlights a potential gap in service delivery, suggesting that while the quality of care may be appreciated, the perceived adequacy or quantity of that care falls short of patient expectations. Such insights are vital, as they underscore the importance of not only delivering quality healthcare but also ensuring that the volume of services meets the demands of the patient population.

Moreover, despite 84.4% of respondents affirming that the healthcare services effectively aided them in managing their health challenges—resulting in a mean score of 3.00 for that particular statement—there exists a notable reluctance regarding the recommendation of these services to others. Only 20.1% of respondents expressed a very high likelihood of recommending the hospital, which suggests that, notwithstanding some positive experiences, many patients harbor reservations about endorsing the services provided. This hesitance could adversely impact the hospital's reputation and its capacity to attract new patients.

The overall grand mean score of 2.81 signifies a moderate level of satisfaction, indicating that while several aspects of patient experiences are positive, there remain substantial opportunities for enhancement. The findings from this table underscore the imperative for state hospitals in Ibadan to address specific areas where patient satisfaction is identified as lacking, particularly in ensuring that the adequacy of healthcare services aligns more closely with patient expectations. By prioritizing improvements in both the quality and quantity of care provided, hospitals can enhance patient satisfaction, thereby fostering greater loyalty and trust within the patient community. In conclusion, Table 4.3 serves as a critical resource for understanding patient perceptions and guiding strategic improvements in healthcare delivery to more effectively meet the needs of the population.

Table 3: Descriptive Analysis on Quality Healthcare Delivery in State Hospitals, Ibadan, Oyo State

Empathy	**VHE**	**HE**	**LE**	**VLE**	**Mean**
I feel that the staff at the hospital are polite towards me	144 (23.8%)	265 (43.7%)	149 (24.6%)	48 (7.9%)	2.83
The staff at the hospital take time to explain things to me in detail.	202 (33.3%)	199 (32.8%)	146 (24.1%)	59 (9.7%)	2.90

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I feel that the staff at the hospital listen to my concerns.	280 (46.2%)	232 (38.2%)	53 (8.7%)	41 (6.8%)	3.24
I feel that the staff understand and consider my situation.	133 (21.9%)	211 (34.8%)	158 (26.1%)	104 (17.2%)	2.62
I feel that the hospital understands what patients want.	137 (22.6%)	232 (38.3%)	160 (26.4%)	77 (12.7%)	2.71
Weighted Mean					2.86
Safety	**VHE**	**HE**	**LE**	**VLE**	**Mean**
My hospital provides a comfortable and safe environment for my treatment.	149 (24.6%)	275 (45.4%)	107 (17.7%)	75 (12.4%)	2.82
I do not feel that doctors in my hospital would misdiagnose me.	307 (50.7%)	224 (37.0%)	41 (6.8%)	34 (5.6%)	3.33
I do not feel that nurses in my hospital would make mistakes in my care.	234 (38.6%)	230 (38.0%)	83 (13.7%)	59 (9.7%)	3.05
I have confidence in the medical proficiency of my hospital.	279 (46.0%)	243 (40.1%)	36 (5.9%)	48 (7.9%)	3.24
I feel that the hospital environment is safe from infections.	241 (39.8%)	249 (41.1%)	59 (9.7%)	57 (9.4%)	3.11
Weighted Mean					3.11

Efficiency	**VHE**	**HE**	**LE**	**VLE**	**Mean**
I feel that unnecessary medications are prescribed at my hospital.	266 (43.9%)	276 (45.5%)	29 (4.8%)	35 (5.8%)	3.28
My hospital uses appropriate treatment methods for my condition.	323 (53.3%)	201 (33.2%)	52 (8.6%)	30 (5.0%)	3.35
The medical expenses at my hospital are reasonable.	231 (38.1%)	255 (42.1%)	66 (10.9%)	54 (8.9%)	3.09
I find the cost of medical services at my hospital to be inappropriate.	231 (38.1%)	241 (39.8%)	92 (15.2%)	42 (6.9%)	3.09

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The treatment procedures at my hospital are convenient for me.	246 (40.6%)	210 (34.7%)	98 (16.2%)	52 (8.6%)	3.07
Weighted mean					3.18
Weighted mean for Pedagogical Skills					3.05

Decision rule 1.00 – 1.49= very low, 1.50 – 2.49= low, 2.50 – 3.49 = high, 3.50-4.00= very high.

Source: Field Survey Results (2024)

Table 4.5 provides a comprehensive descriptive analysis of quality healthcare delivery in state hospitals in Ibadan, Oyo State, with a focus on three key dimensions: Empathy, Safety, and Efficiency. Each dimension is assessed through specific statements, with responses categorized into Very High Extent (VHE), High Extent (HE), Low Extent (LE), and Very Low Extent (VLE), accompanied by mean scores that reflect patient perceptions of the quality of care received.Starting with the dimension of Empathy, the data reveals mixed sentiments among patients regarding the interpersonal aspects of care. The mean score for Empathy is 2.86, which falls within the moderate range, indicating that while some patients feel adequately cared for, there are significant areas of concern. For instance, the statement "I feel that the staff at the hospital are polite towards me" received a mean score of 2.83, with 43.7% of respondents indicating a high extent of agreement. This suggests that politeness is generally observed, yet the significant percentage of patients (24.6%) expressing low satisfaction highlights a gap that needs to be addressed. Furthermore, the statement "I feel that the staff listen to my concerns" garnered a more favorable mean score of 3.24, with nearly half (46.2%) of respondents affirming this sentiment. This indicates that a substantial number of patients feel their voices are heard, which is crucial for effective healthcare delivery.

However, the responses to the statements regarding understanding and consideration of patients' situations reveal more challenges. The statement "I feel that the staff understand and consider my situation" received a lower mean score of 2.62, indicating that many patients do not feel adequately understood by the staff. Additionally, the perception that the hospital understands what patients want scored a mean of 2.71, further illustrating the need for improvement in the hospital's responsiveness to patient needs and preferences. Overall, while there are positive aspects related to empathy, the findings suggest that state hospitals must enhance their efforts in fostering genuine understanding and connection with patients. In the dimension of Safety, the weighted mean is higher at 3.11, suggesting a generally positive perception of safety in the healthcare environment. Notably, the statement "I do not feel that doctors in my hospital would misdiagnose me" achieved a mean score of 3.33, with over half (50.7%) of respondents expressing strong confidence in the diagnostic abilities of the medical staff. This reflects positively on the perceived competence of healthcare providers. Similarly, the statement "I have confidence in the medical proficiency of my

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hospital" received a mean score of 3.24, reinforcing the notion that patients trust the skills and expertise of the staff. However, while confidence in doctors is high, the responses regarding nurses revealed a slightly lower mean score of 3.05 for the statement "I do not feel that nurses in my hospital would make mistakes in my care." This suggests that there may be lingering concerns about nursing practices that require attention. Additionally, the perception of the hospital environment's safety from infections scored a mean of 3.11, indicating that while many patients feel safe, there are still some who harbor concerns about infection control measures. Overall, the safety dimension reflects a generally positive perception, but there remain specific areas where reassurance and improvement are necessary.

The dimension of Efficiency received a weighted mean of 3.18, indicating a favorable view of how efficiently care is delivered. The statement "My hospital uses appropriate treatment methods for my condition" scored the highest mean of 3.35, with 53.3% of respondents agreeing strongly, suggesting that patients feel their treatment is tailored to their needs. Conversely, the statement "I feel that unnecessary medications are prescribed at my hospital" received a mean score of 3.28, indicating that a significant portion of patients perceive a thoughtful approach to medication management, which enhances their trust in the healthcare system. However, financial perceptions present a mixed picture. The statements regarding the reasonableness of medical expenses and the appropriateness of service costs both garnered a mean score of 3.09, suggesting that while some patients find the costs reasonable, there remains a notable portion who feel otherwise. This duality is further emphasized by the statement "The treatment procedures at my hospital are convenient for me," which scored 3.07, reflecting general satisfaction with the efficiency of care delivery while indicating that there may be room for improvement in making services more accessible.

In conclusion, Table 4.5 highlights the varying perceptions of quality healthcare delivery in state hospitals in Ibadan. While there are positive indicators of empathy, safety, and efficiency, significant areas require attention to enhance patient experiences. Addressing the gaps in understanding patient needs, ensuring consistent safety measures, and managing financial perceptions will be essential for improving overall patient satisfaction and trust in healthcare services. The findings underscore the importance of continuous quality improvement initiatives aimed at fostering a patient-centered approach in healthcare delivery.

Table 4.6: Descriptive Analysis of significant influence of quality healthcare delivery on patient's satisfaction in state hospitals in Ibadan

a. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.466[a]	0.217	0.212	0.445

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a: a: Predictors: (Constant), quality healthcare delivery
b: Dependent Variable: Patient Satisfaction in State hospital, Ibadan

b. ANOVA[a]

Model		Sum of squares	Df	Mean square	F	Sig
1.	**Regression**	8.996	1	8.996	45.463	0.000[b]
	Residual	32.450	164	0.198		
	Total	41.446	165			

a. Dependent Variable: Patient Satisfaction in State hospital, Ibadan
b. Predictors: (Constant), quality healthcare delivery

c. **Coefficients[a]**

Model	Unstandardized B	Coefficients standard error	Standardized coefficients Beta	T	Sig.
1. (Constant)	1.812	0.250		7.248	0.000
Instructional Strategies	0.469	0.070	0.466	6.743	0.000

a. Dependent Variable: Patient Satisfaction in State hospital, Ibadan

Table 4.6 presents the results of the regression analysis investigating the influence of quality healthcare delivery on patient satisfaction in state hospitals in Ibadan. In the model summary, the correlation coefficient (R = 0.466) indicates a moderate positive relationship between quality healthcare delivery and patient satisfaction. The R Square value of 0.217 suggests that quality healthcare delivery accounts for approximately 21.7% of the variance in patient satisfaction. This means that while quality healthcare delivery is a significant factor, a substantial 78.3% of the variance in patient satisfaction is attributed to other variables not included in this model.

The ANOVA results further reinforce the significance of the regression model. The regression sum of squares is 8.996, with 1 degree of freedom for the model, while the residual sum of squares is 32.450 with 164 degrees of freedom. The F-value of 45.463, paired with a p-value of 0.000, indicates that the model is statistically significant at the 95% confidence level. This suggests that quality healthcare delivery has a substantial impact on patient satisfaction, demonstrating that the relationship is meaningful and not due to chance. The coefficients section provides detailed insights into the specific effects of quality healthcare delivery. The constant term (B = 1.812) represents the baseline level of patient satisfaction when quality healthcare delivery is zero. The coefficient for quality healthcare

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delivery is 0.469, indicating that for each unit increase in quality healthcare delivery, patient satisfaction is expected to rise by 0.469 units, holding all other factors constant. The standardized coefficient (Beta) of 0.466 suggests a strong effect size, indicating that quality healthcare delivery is a significant predictor of patient satisfaction. The t-value of 6.743 and the associated p-value of 0.000 further confirm the statistical significance of the coefficient.

Based on the results (Adjusted $R^2 = 0.212$, $F(1,164) = 45.463$, $p = 0.000$), the null hypothesis (Ho1), which posits that quality healthcare delivery does not significantly influence patient satisfaction, is rejected. Overall, the regression model indicates that quality healthcare delivery is a significant predictor of patient satisfaction in state hospitals in Ibadan, suggesting that improvements in the quality of healthcare services can lead to higher levels of patient satisfaction. This finding underscores the importance of healthcare management focusing on enhancing the quality of care provided to patients as a means to improve their overall satisfaction and experience within the healthcare system.

3.2 Discussion of Findings

The study achieved a remarkable 100% response rate, with all 422 distributed questionnaires returned and properly completed, reflecting a high level of engagement from respondents. The demographic breakdown reveals a slight majority of female patients (50.9%) compared to male patients (49.1%), with the largest age group being individuals aged 26 to 35 years (37.9%). This demographic information is crucial, as it provides context for understanding patient expectations and experiences. The significant proportion of respondents who have been visiting the hospital for 1 to 10 years (75.1%) suggests that these patients have a well-established relationship with the healthcare facility, which may enhance the credibility of their feedback.

The analysis of patient satisfaction indicates a generally positive perception of healthcare services in state hospitals. The highest mean score of 3.36 for the statement "As a patient I get the kind of healthcare service I wanted" suggests that a majority of patients feel their healthcare needs are being met. However, the lower mean score of 2.90 for "The amount of healthcare help received is satisfactory" indicates a notable gap between the quality of care and the adequacy of services. This discrepancy points to areas requiring improvement, as ensuring a sufficient volume of care is essential for meeting patient expectations. Despite a significant percentage (84.4%) of patients affirming the effectiveness of healthcare services in managing their health challenges, a low likelihood of recommending these services (20.1%) raises concerns about the overall patient experience. This cautious sentiment could be detrimental to the hospital's reputation and its ability to attract new patients, suggesting that hospitals must not only provide quality care but also foster an environment that encourages positive word-of-mouth referrals.

The overall grand mean score of 2.81 reflects a moderate level of satisfaction, highlighting both strengths and weaknesses within the current healthcare delivery system. These findings

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emphasize the need for state hospitals in Ibadan to address specific areas of patient dissatisfaction, particularly in aligning the volume of care with patient expectations.

The regression analysis focusing on quality healthcare delivery shows a robust relationship with patient satisfaction, with a correlation coefficient R=0.466R = 0.466R=0.466 and an adjusted R Square value of 0.217. This indicates that quality healthcare delivery accounts for approximately 21.7% of the variance in patient satisfaction. For each unit increase in quality healthcare delivery, patient satisfaction is expected to increase by 0.469 units. This finding emphasizes the critical role that the quality of healthcare services plays in shaping patient satisfaction and highlights the need for ongoing efforts to improve the delivery of care.

By fostering an environment that supports health professional engagement and prioritizes high-quality patient care, hospitals can potentially improve patient satisfaction levels. This is essential not only for enhancing patient experiences but also for building trust and loyalty within the patient community, which can lead to better health outcomes and a stronger reputation for the healthcare facility.

3.3 Study Limitation

The main limitation encountered during the collection of this data of the respondents were illiterate hence there was a need to interpret the questionnaire to the local dialect.

4.0 Conclusion

The study concluded that quality healthcare delivery are essential factors in enhancing patient satisfaction in state hospitals in Ibadan. Patients expressed generally positive views on the healthcare services provided, highlighting the effectiveness of the care they received while also identifying notable gaps in service adequacy. The regression analyses demonstrated that both quality healthcare delivery significantly predict patient satisfaction, emphasizing the critical role these elements play in shaping patient experiences.

These findings suggest that a comprehensive approach is necessary to improve patient satisfaction, combining efforts to foster strong health professional engagement with initiatives aimed at enhancing the quality of healthcare services. By prioritizing these areas, healthcare facilities can create a more supportive and effective environment that not only meets patient needs but also builds trust and loyalty within the community. The study underscores the importance of continuous evaluation and improvement of healthcare practices, which can serve as a model for other healthcare institutions aiming to enhance patient satisfaction and overall health outcomes.

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Competing Interests
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