

Patients' Treatment Satisfaction: Experiences of HIV Patients in a Tertiary Hospital in Southwest Nigeria

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Abstract: According to the World Health Organization, about 40 Million people are living with HIV/ AIDS, where two-third resides in the African region and about 2 Million of them are from Nigeria. Hence, this study assessed the satisfaction of patients with services provided in a tertiary hospital in southwest Nigeria. This is due to the fact that the satisfaction of patients is a measure used to evaluate the quality of health care delivery of a hospital and from health care services providers. It is a cross sectional study that employed purposive and convenience sampling methods using well-structured questionnaires to retrieve information from HIV/ AIDS patients. A total of 143 respondents participated fully and whose data were analyzed using Statistical Package for Social Science (SPSS version 20), where the level of patient's satisfaction was measured. The patients' satisfaction was based on Service Quality (SERVQUAL) framework. Result from the study revealed that the patients were currently satisfied with the services being offered them, at a grand mean of 4.46 and standard deviation of 0.52. Also, the respondents ranked responsiveness dimension of SERVQUAL framework first with an average mean of 4.53 and standard deviation of 0.47. They ranked Empathy dimension as the lowest dimension, with an average mean of 4.36 and standard deviation of 0.58. Thus, the study recommends that health workers should be trained by the government on how to convey affection while providing services to HIV/ AIDS patients.

Keywords: Patients Satisfaction, HIV, AIDS, and SERVQUAL

1. Introduction

Healthcare service delivery is an essential mandate for the achieving health targets for sustainable development goals (SDGs) and the satisfaction of patients is a measure of evaluating the quality of healthcare delivery, especially epidemics like HIV/ AIDS [1]. The sustainable development goal three (SDG 3) is a measure of improving life expectancy

of citizens of different countries and thus necessitates reduction of life threatening disease such as HIV/ AIDS [2]. As a result, improving the health status of people places a demand on countries to strengthen their healthcare system. This is necessary to tackle high mortality rate which caused by several factors which include the burden of HIV/ AIDS.

According to World Health Organization [1], there are 1.9 Million people living with HIV/ AIDS in Nigeria, which is an improvement from 3.2 Million people as at 2016. However, according to the National Agency for the Control of AIDS [3] resources available to drive HIV/AIDS treatments for the people are limited, hence available resources must be strategically distributed. This strategic deployment of resources has led to about 52% Nigerians who are still unaware of their HIV status [4]. Hence, the need to look at the efficiency of services rendered to people with HIV/ AIDS to avoid transmission to people without HIV/ AIDS.

Also, Nigeria is the fourth country in the world with the highest number of people living with HIV/ AIDS (PLWHA) exceeding South Africa, Mozambique and India [5]. Consequently, PLWHA in the country are confronted with different challenges such as access to health care services, shortage of manpower in the health service centers, congested health care facilities, knowledge gap among health care providers and sides effect of the drugs used for treatment, high cost of treatment and fluctuating funding of the different programs for PLWHA by the Federal government of Nigeria [3, 6, 7]. Moreover, patients are confronted with other barriers, such as patients' low socio-economic status, long waiting times, inadequate knowledge of HIV, user fees, stigma and discrimination, and interference with antiretroviral (ART) therapy [8, 9].

To assess the quality of service delivery, patients' satisfaction constitutes a key measure through the feedback from the service utilizers. Today, patients are conscious of their rights in terms of healthcare services rendered by the service provider [10]. Patients' satisfaction often determines the extent at which they adhere to medical advice, care and prescribed treatment schedule [11]. Dissatisfaction with health services can have serious consequences which may result in patients not following treatment regimens, failing to go for follow-up care and spreading negative information to discourage others from using a healthcare service [12]. Healthcare facilities are required to offer quality service to improve the health status of the patients and maintain a healthy population [10, 13].

According to the National Agency for the Control of AIDS [3], effective performance of health care delivery have a tremendous effect on critical HIV intervention that impacts on HIV risk, transmission, morbidity and mortality. This will help in attaining the United Nations of 90 – 90 – 90 targets and the goal of ending AIDS epidemics by 2030. Therefore, this study investigated the satisfaction of PLWHA as regards the services rendered to them. This will evaluate current strategies of services being rendered to the patients and thus give insights into better ways of improving health care services to optimize PLWHA socio-economic contribution. Consequently, to minimize the spread of HIV/AIDS in Nigeria, there is need to assess the level of satisfaction of patients with service delivery in HIV/AIDS healthcare facilities. This will assist in minimizing mortality rate thereby contributing to the socio- economic development of the nation.

2. Literature Review

Patient Satisfaction

Patient satisfaction is a multidimensional concept, based on a relationship between experiences and expectations. The term patient satisfaction as used herein means the positive emotional reaction to the consultation and the positive experience of the treatment in its various aspects. It has also been described as the gap between what patients expect to receive as a service and what they actually get [14]. Generally, it is how happy the patients are with their transaction and overall experience with the company. By and large, it is a very subjective concept that can be hard to measure, but which is of great importance in health care. This is because it gives direct feedback to service providers, as an important indicator of quality of services and shows the relationship between services and treatment outcomes [15]. It can also be valuable competitive tools that helps to improve patient's quality of life and helps service providers determine customer's specific problems that require attention [12].

According to Beattie, Pinto, Nelson and Nelson, [16] patient's satisfaction relates to the results of the treatment they have received while their satisfaction with the care focuses on their satisfaction with the services they have received. In order to achieve the satisfaction, it is discovered that most of the patients' concerns revolve around the health care facilities which include access, cost of the treatment and treatment time [16]. Moreover, Beattie, Turner, Dowda, Michener and Nelson [17] found that overall patient satisfaction was more related to the degree at which healthcare providers answered the patients' questions and the respect they give them during the care. The same researchers found that patients acknowledged the value of their interaction with the health care provider especially when they discussed relevant information related to their problems with them.

The Servqual framework

A range of studies have described patient satisfaction differently and have used a variety of tools and dimensions to measure patients' satisfaction with health services [14, 18, 19, 20, 21, 22]. Many studies in both developed and developing countries have successfully used the SERVQUAL tool / framework. For example a study conducted by Parasuraman *et al.* [23], and another study that was done in Bangladesh which identified the determinants of patient satisfaction with public, private and foreign hospitals used a modified SERVQUAL framework Andaleeb *et al* affirms this [12]. Variables that had the greatest impact on satisfaction were the doctor composite, tangibles, nurse composite and hospital procedures, but these varied between the types of hospitals. SERVQUAL has also been used to measure quality of dental health care in the United Kingdom, comparing private and public facilities [24]. The results were judged to be significant for the managing partners in the dental surgeries as they demonstrated patient expectations and perceptions.

The SERVQUAL tool is used to measure service quality

by assessing five dimensions of a service provided, that can influence clients' satisfaction. Although originally developed as a marketing tool, it has been adapted by many authors for use in assessing patient satisfaction with health care. Generally, a diversity of areas of health care have been studied using SERVQUAL, including general health services; eye treatment; comparing group and solo clinic practices; chronic kidney disease screening; public and private laboratory services for HIV related testing and HIV/AIDS clinical care in a government hospital [25, 26].

An adaptation of the SERVQUAL framework, established by Parasuraman *et al.* was used [24]. The main dependent variable was patient satisfaction with HIV/AIDS care. This was influenced by various predictors, that is, reliability of services, assurance of staff, tangibles within the health facility, staff responsiveness and empathy. These predictors influence the outcome as well as each other sometimes. For example, when a staff member makes proper prescriptions the first time (reliability) this may show that they are knowledgeable and skilled (assurance) while this knowledge is also needed before hand in order for them to make proper prescriptions.

Most of these studies identified SERVQUAL as being useful in measuring service quality and patient satisfaction and recommended its use. Other advantages of SERVQUAL include the fact that it was tested and found to have strong reliability (total scale reliability often close to 0.9) and validity (face, content and convergent validity). In addition, it can be adapted or supplemented to fit the situation when necessary. Below are brief explanations of the predictors of SERVQUAL;

a) Tangibility

According to McDougall & Snetsinger tangibility is defined as the degree to which a product or service can provide a clear concrete image"[27]. They investigate in the definition further that tangibility has both a physical and a mental component. Early discussions were more concerned with the physical components because theorists were more interested in a customer's examination and evaluation before subscribing to a service. The mental component refers to customers' ability to grasp mentally what they will receive if they purchase the service. Tangibility features focus more on the ability to visualize the service [28].

b) Reliability

It is the ability to perform the promised service dependably and accurately. Customers want to count on their providers; therefore health care service provider best efforts are better spent making service reliable [29]

c) Responsiveness

Responsiveness concerns the preparedness of health professional in proving service to patients. Timeliness of activities of health professionals, making sure clients go through successful review, providing immediate services to patients/clients/payment of suppliers [30, 31].

d) Assurance

Assurance concerns with knowledge and courtesy of health professionals and their ability to convey trust and

confidence. Service providers are expected to be experts of the service they are delivering. SERVQUAL research showed it's important to communicate that expertise to customers [29]. In assurance, the skills and politeness of health professions needs to be impact believe and hope by clients.

e) Empathy

Health professionals should have client's best interest at heart, and should therefore understands their specific needs. The hospital provides care and individualized attention to its clients.

Overall, SERVQUAL has been demonstrated as a valuable tool in assessing quality of health care services [32]. It is a powerful tool, as it allows one not only to estimate the overall level of satisfaction but also to identify dimensions where experience transcends expectations and dimensions where experience falls short of the expectations [32]. It was chosen for this study basing on the preceding reasons

3. Research Methodology

The study was conducted at the University of Medical Sciences Teaching Hospital (UNIMEDTH), Ondo state in Southwest Nigeria. The teaching hospital is a major health care facility in Ondo State, which comprises of the two major former State's government hospitals in the state precisely (Ondo town and Akure city) constitutes the two centers for the hospitals.. Hence, the patients are those that attend the two centers. The study population are patients living with HIV/ AIDS in Ondo state. The study is a cross sectional study using purposive and convenience sampling methods. A total of one hundred and fifty (150) HIV/ AIDS patients were selected from both Ondo town and Akure center of the UNIMEDTH constituted the sample size. The study used a well-structured questionnaire to collect data from the respondents.

However, not all the patients were selected based on the study inclusion and exclusion criteria. The inclusion criteria are HIV/ AIDS positive clients ≥ 18 years old, clients who voluntarily given written informed consent to participate, clients who are able to communicate in either English or Yoruba language and clients who enrolled for treatment at the teaching hospital. The Exclusion criteria are clients who visit the teaching hospital but did not give consent to get involved in the study, clients who could not communicate in English or Yoruba and clients who are seriously sick.

Hence, to achieve the objective of this research paper, one hundred and fifty (150) questionnaires were distributed to the HIV/ AIDs patients and one hundred and forty – three (143) was properly completed and returned, representing a percentage of 96%. Moreover, according to Moser and Kalton (2017), the result of a survey could be considered significant, if the response rate is not lower than 30 – 40%, which validates the response rate for this paper. However, before proceeding with data analysis, preliminary test were carried out to identify missing data and to ascertain data normality, using SPSS and Microsoft excel software. Missing data were identified and replaced with their mean according

to the research work of Hair, Black, Babin and Anderson (2010) in order to retain both their quantitative and qualitative attributes.

Ethical Clearance

The study and the collection of data were granted ethical approval by the Ministry of Health, Ondo State ethical clearance committee after a thorough scrutiny of the study's proposal and questionnaires. The researchers ensured that all participants in the study consented to the survey without coercion after clearly introducing the study objectives to them. Respondents could refuse to participate or not in the survey at any time and this does not affect their continuation of health care services. Also, confidentiality was ensured as there was no name requested from the respondents or any other personal information unrelated to the study objectives.

Measures and Instruments

The study research instrument was questionnaires, which were divided into two parts, where part 1 addressed the social demographic information of the respondents and part 2 sought questions on the satisfaction of patients using SERVQUAL framework consisting of five dimensions; Tangibles, Reliability, Responsiveness, Assurance, and Empathy. A five (5) point Likert scale was used to measure the response of the nineteen (19) indicators for the five (5) dimensions. The Likert scales ranges from 5 – strongly agree, 4 – Agree, 3 – Undecided, 2 – Disagree and 1 – Strongly Disagree. The data collected were analyzed using Statistical Package for social science (SPSS version 25.0), using research tools of frequency, percentage, and Mean Score rating.

4. Results and Discussion

Demographic Information of Respondents

Table 1 revealed the demographic information of patients living with HIV and AIDS, whose level of satisfaction with HIV treatment services were assessed. The table 1 revealed that 26.6% of the respondents are male, while female make up the remaining 73.4% of the respondents. This shows that more than two – thirds of the respondents are female. The Table 1 further revealed that majority of the PLWHA are between the ages of 30 – 39, constituting 53.15%, while below 20 years constitutes 1.39%, 20 – 29 years constitutes 13.28 and 32.17% of the respondents are above 40 years. This further revealed that more than 80% of the respondents are above 30 years old, representing an adult population, who have the mental knowledge of what they are saying. Also, Table 1 revealed that 65% of the respondents are married, 13.3% are single, 8.4% are divorced and 13.3% are widowed. Also, 8.4% of the respondents did not attend any level of school, 21% stopped schooling at primary school, 54.5% stopped their education at secondary schools, 2.8% are still in tertiary institutions, 11.2% are graduates and 2.1% are post graduate students. Also, looking at the economic status of the respondents, 36.4% are skilled workers, 26.6% are semi – skilled workers, 23.8% are unskilled workers and 13.3% are

unemployed. This occupational statistics revealed that 63.7% of the respondents have staggering economic conditions.

Furthermore, 86.7% of PLWHA are in the Asymptomatic stage of the disease and 13.3% are in the symptomatic stage, which shows that majority of the respondents don't have HIV symptoms again. Also, 97.9% of the respondents are on ART and 2.1% are not on ART (perhaps because they are freshly diagnosed). Moreover, the average years of the respondents that have been living with HIV is 5 years according to Table 1 and graphically represented in figure 1.

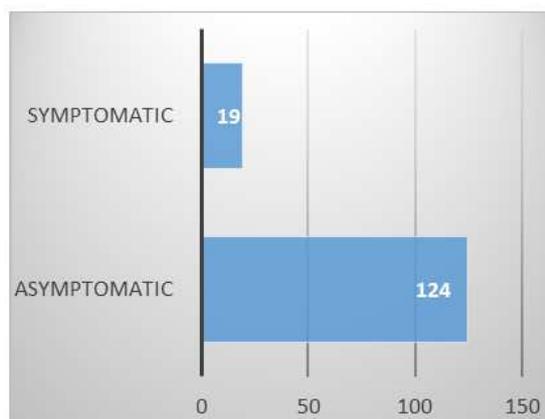


Figure 1. HIV/AIDS STAGING.

Table 1. Demographic Information of Respondents.

		Frequency	Percent (%)
Gender	Male	38	26.6
	Female	105	73.4
	Total	143	(100.0)
Age	Below 20 years	2	1.4
	20 – 29 years	19	13.28
	30 – 39 years	76	53.15
	Above 40 years	46	32.17
	Total	143	100
Marital Status	Married	93	65.0
	Single	19	13.3
	Divorced	12	8.4
	Widowed	19	13.3
Education Level	None	12	8.4
	Primary	30	21.0
	Secondary	78	54.5
	Tertiary	4	2.8
	Graduate	16	11.2
Occupation	Post - Graduate	3	2.1
	Skilled worker	52	36.4
	Semi – Skilled worker	38	26.6
	Unskilled worker	34	23.8
	Unemployed	19	13.3
HIV/ AIDS stage	Asymptomatic	124	86.7
	Symptomatic	19	13.3
ART	Yes	140	97.9
	No	3	2.1
Years of Diagnosis	Frequency	Percentage	
	0 – 5	80	55.94
	6 – 10	53	37.06
	11 – 15	9	6.29
	16 – 20	1	0.7
	Total	143	100%

Level of Patients Satisfaction

Table 2 revealed the level of satisfaction the patients have with HIV treatment service rendered to them. The satisfaction was measured based on SERQUAL dimensions of Tangibles, Reliability, Responsiveness, Assurance and Empathy [13, 33, 34].

From Table 2, the Responsiveness dimension has an average mean of 4.53 and a standard deviation of 0.47 depicting the willingness and eagerness of the staff of the health facilities to render adequate service to the patients. However, the first indicator with a mean of 4.56 and standard deviation of 0.51, shows that 56.6% of the patients strongly agree about the availability and prompt administration of retroviral drugs while 42.7% disagrees. Also, the second indicator with a mean of 4.54 and a standard deviation of 0.54, have 97.9% of the respondents agreeing that equipment used during service delivery are available, functional and quickly put together those equipment for the well-being of the patients. Moreover, in the interpretation of Laboratory results during the process of treatment, 98.6% of the patients believes that health workers correctly interprets their results and explain to them in an understandable formats, constituting a mean of 4.50 and a standard deviation of 0.58.

The reliability dimension has an average mean of 4.51 with a standard deviation of 0.47, depicting that there is a high level of satisfaction with healthcare facilities and services. The dimension first indicator has a mean of 4.59 and standard deviation of 0.53, which further revealed that 97.9% of respondents agreed that proper description and dosage of drugs are given by healthcare workers in University of Medical sciences teaching hospital. Also, all the respondents (100%) agreed that there are regular supply of drugs for treatment at the healthcare facilities, which is the second indicator, having a mean of 4.57 and a standard deviation of 0.49. The last indicator for the reliability dimension has a mean of 4.37 and standard deviation of 0.65, revealed that 92.4% of the respondents agrees that health workers that provides services to them are also supervised to ensure they are given adequate and proper treatment and service.

The tangible dimension of Table 2, has an average mean value of 4.49 and standard deviation of 0.57 reflecting the physical appearance of the health facilities and the neatness of their staff. The dimension's first indicator has a mean of 4.49 and standard deviation of 0.65, revealing that 98.6% of the patients opined that the staff dresses well and neatly. The second indicator has a mean value of 4.49 and standard deviation of 0.82, where 96.5% agreed that the environment of health facilities is hygienic and always clean. The third indicator has a mean of 4.48 and standard deviation of 0.54,

of which 99.3% of the respondents agreed that equipment for treatment are modern and available.

Moreover, the Assurance dimension in Table 2 has an average mean of 4.42 and standard deviation of 0.49, showing the ability of the health workers to convey trust and confidence in an acceptable manner to the respondents. The first indicator of the dimension has a mean of 4.52 and standard deviation of 0.54, where 99.3% of the respondents agreed that a health worker provides explanation to them in a confident manner. The last indicator of the dimension has a mean of 4.32 and standard deviation of 0.79, where 95.1% of the respondents are of the opinion that staff of the teaching hospital are fair, hence they can be trustworthy. Also, Table 2 revealed that the last dimension, Empathy has an average mean of 4.36 and standard deviation of 0.58, revealing that health workers of healthcare facilities shows compassion in rendering services. The first indicator of the dimension has a mean value of 4.41 and standard deviation of 0.71, where 97.3% agreed that health workers shows adequate care when attending to patients. The last indicator with a mean of 4.36 and standard deviation of 0.58, of which 94.4% of the respondents agreed that health workers provides personal care and mental support.

Furthermore, Table 3 revealed the ranking of the dimensions measuring the satisfaction of the patients according to their mean response rating and standard deviation. The Table 3 revealed that the first ranked dimension is Responsiveness with a mean of 4.53 and a standard deviation of 0.47. The second dimension is Reliability, with a mean value of 4.51 and standard deviation of 0.47. The third dimension is Tangible with a mean of 4.49 and standard deviation of 0.57. The fourth dimension is Assurance, with a mean value of 4.42 and standard deviation of 0.49. The fifth dimension is Empathy with a mean value of 4.36 and Standard deviation of 0.58. The ranking by the respondents revealed that, they are satisfied more with the enthusiasm of staff that gives them treatment, which is usually done in a pleasant manner and done without wasting time. It also revealed that the health worker sometimes does not show compassion to the patients in their attitudes and most especially their body language.

However, the respondents agreed that they have a high level of satisfaction with services delivered by the healthcare workers. The overall level of satisfaction is revealed in the Grand mean of Table 2 and Table 3, which is 4.46 and a standard deviation of 0.52. This revealed that majority of the respondents are satisfied with the level of the service rendered to them. This is in conformity with the research work of Ndayongeje and Kazaura in Tanzania, where they have high level of satisfaction with HIV treatment [35].

Table 2. Level of Patients Satisfaction.

DIMENSIONS	Measures	Frequency (%)	Mean	Standard Deviation	Rank
RESPONSIVENESS					
Retroviral drugs are always available and administered as required	Strongly Agree	81 (56.6)	4.56	0.51	
	Agree	0			
	Undecided	1 (0.7)			

DIMENSIONS	Measures	Frequency (%)	Mean	Standard Deviation	Rank
The service equipment are always available and functional	Disagree	61 (42.7)	4.54	0.54	
	Strongly Disagree	0			
	Strongly Agree	80 (55.9)			
	Agree	60 (42.0)			
	Undecided	3 (2.1)			
Health workers correctly interpret laboratory results to the patients	Disagree	0	4.50	0.58	
	Strongly Disagree	0			
	Strongly Agree	76 (53.1)			
	Agree	65 (45.5)			
	Undecided	0			
Disagree	2 (1.4)	4.53	0.47	1 st	
Strongly Disagree	0				
Responsiveness total Mean					
RELIABILITY					
Health workers give proper description of how the drugs are to be used	Strongly Agree				88 (61.5)
There is regular drug supply at the health center	Agree	52 (36.4)	4.57	0.49	
	Undecided	3 (2.1)			
	Disagree	0			
	Strongly Disagree	0			
	Strongly Agree	82 (57.3)			
Health workers are adequately supervised to ensure proper care process	Agree	61 (42.7)	4.37	0.65	
	Undecided	0			
	Disagree	0			
	Strongly Disagree	0			
	Strongly Agree	65 (45.5)			
Reliability total mean	Agree	67 (46.9)	4.51	0.47	2 nd
	Undecided	10 (7.0)			
	Disagree	1 (0.7)			
	Strongly Disagree	0			
	TANGIBLES				
The staff at the health facilities dresses neatly and professionally for the services delivered.	Strongly Agree	77 (53.8)	4.49	0.65	
The environment of the health facilities is hygienic and always clean.	Agree	64 (44.8)	4.49	0.82	
	Undecided	0			
	Disagree	0			
	Strongly Disagree	2 (1.4)			
	Strongly Agree	86 (60.1)			
The health facilities ensures that the required equipment is available and up – to – date (modern) to attend to patient's needs.	Agree	52 (36.4)	4.48	0.54	
	Undecided	0			
	Disagree	0			
	Strongly Disagree	2 (1.4)			
	Strongly Agree	72 (50.3)			
Tangibles Total mean	Agree	70 (49.0)	4.49	0.57	3 rd
	Undecided	0			
	Disagree	1 (0.7)			
	Strongly Disagree	0			
	ASSURANCE				
Health workers provide explanation to the patients when required	Strongly Agree	76 (53.1)	4.52	0.54	
Heath workers correctly diagnose disease	Agree	66 (46.2)	4.47	0.54	
	Undecided	0			
	Disagree	1 (0.7)			
	Strongly Disagree	0			
	Strongly Agree	69 (48.3)			
Health workers are courteous and respectful to patient	Agree	73 (51.0)	4.45	0.67	
	Undecided	0			
	Disagree	1 (0.7)			
	Strongly Disagree	0			
	Strongly Agree	74 (51.7)			
Heath workers observe privacy and confidentiality with patents information	Agree	63 (44.1)	4.41	0.82	
	Undecided	2 (1.4)			
	Disagree	4 (2.8)			
	Strongly Disagree	0			
	Strongly Agree	77 (53.8)			

DIMENSIONS	Measures	Frequency (%)	Mean	Standard Deviation	Rank
Heath workers correctly interpret laboratory results to the patients	Agree	58 (40.6)	4.38	0.79	
	Undecided	0			
	Disagree	6 (4.2)			
	Strongly Disagree	2 (1.4)			
Staffs are fair	Strongly Agree	70 (49.0)	4.32	0.79	
	Agree	66 (46.2)			
	Undecided	2 (1.4)			
	Disagree	4 (2.8)			
Assurance Total Mean EMPATHY	Strongly Disagree	3 (2.1)	4.42	0.49	4 th
	Strongly Agree	62 (43.4)			
	Agree	74 (51.7)			
	Undecided	2 (1.4)			
Health workers show adequate care when attending to patients	Disagree	1 (0.7)	4.41	0.71	
	Strongly Disagree	4 (2.8)			
	Strongly Agree	69 (48.3)			
	Agree	70 (49.0)			
Health workers are attentive and always give patients enough time to discuss their medical problems.	Undecided	0	4.40	0.66	
	Disagree	2 (1.4)			
	Strongly Disagree	2 (1.4)			
	Strongly Agree	66 (46.2)			
Health workers are understanding and sympathetic	Agree	73 (51.0)	4.33	0.77	
	Undecided	2 (1.4)			
	Disagree	0			
	Strongly Disagree	2 (1.4)			
Health workers provide personal care and mental support	Strongly Agree	61 (53.1)	4.29	0.76	
	Agree	76 (53.1)			
	Undecided	2 (1.4)			
	Disagree	0			
Empathy total mean	Strongly Disagree	4 (2.8)	4.36	0.58	5 th
	Strongly Agree	57 (39.9)			
	Agree	78 (54.5)			
	Undecided	3 (2.1)			
GRAND MEAN	Strongly Disagree	3 (2.1)	4.46	0.52	

Research Survey (2019)

Table 3. Ranking of dimensions measuring patient satisfaction.

DIMENSIONS	MEAN	SD
responsiveness	4.53	0.47
reliability	4.51	0.47
tangibles	4.49	0.57
assurance	4.42	0.49
empathy	4.36	0.58

5. Conclusion and Recommendation

The study concludes that majority of the patients with HIV/ AIDS are satisfied with the level of treatment offered to them and the manner in which they are offered, through the prism of the five (5) SERVQUAL dimensions. Moreover, during the period of carrying out the survey, the patients emphasized that the health workers called them on their mobile phones whenever they miss their clinic days and also to check/ remind them about their drugs and when to take such drugs.

The study recommends that staff should be encouraged and trained to show more affection to the patients, the health care facility should be expanded and spacious enough to accommodate more patients on clinic days to stop patients from standing and hanging around the clinic venue and staff involved in HIV/ AIDS treatment should be provided with incentives to boost their morale.

References

- [1] World Health Organization, WHO (2020). Global Health Observatory (GHO) data. https://www.who.int/gho/hiv/epidemic_status/deaths/en
- [2] Roser, M. (2018). Life Expectancy. Retrieved from ourworldindata.org: ourworldindata.org/life-expectancy
- [3] NACA. (2019). Revised National HIV and AIDS Strategic Framework: 2019-2021.

- [4] AllAfrica (2020): Many Nigerians still unaware of their HIV status. <https://allafrica.com/stories/201811280078.html>
- [5] Index Mundi (2019). Country Comparisons: People living with HIV/AIDS. Top 100. <https://www.indexmundi.com/g/r.aspx?v=35&t=100>
- [6] Okoye, U. O., Diekedie, A., & Afemikhe, O. A. (2015). Perceived Barriers to Accessing and Adhering to Antiretroviral Therapy by People Living with HIV/AIDS (PLWHAs) in Akwalbom State, Nigeria. *Research on Humanities and Social Sciences*, 5.
- [7] Saleh, J.-E. A., & Adamu, H. I. (2015). Barriers to HIV/AIDS Treatment in Nigeria. *American Journal of Health Research*, 3 (5), 305-309.
- [8] Caroline Wanjini Mwhoti (2015): Factors influencing Patient's satisfaction with HIV/AIDS care at Mbagathi District Hospitals Comprehensive care center – Kenya.
- [9] Hodgson, I., Plummer, M. L., Konopka, S. N., Colvin, C. J., & Jonas, E. (2014). A Systematic Review of Individual and Contextual Factors Affecting ART Initiation, Adherence, and Retention for HIV-Infected Pregnant and Postpartum Women.
- [10] Beedham, H. (1995). HIV and AIDS Care: Consumers' Views on Needs and Services. *J of Adv Nursing*; 22: 677-686.
- [11] Kwesiga, D. (2010). A Comparative analysis of client satisfaction among people receiving HIV/AIDS care from public and private health facilities in Kabale District.
- [12] Andaleeb, S., Siddiqui, N., & Khandakar, S. (2007). Patient satisfaction with health services in Bangladesh. *Health Policy and Planning*, 22, 263-273.
- [13] Adeleke, N. A., Adepoju, G. E., Olaitan, J., & Olowookere, S. (2014). An assessment of quality of care service provided to people living with HIV/AIDS by a secondary healthcare centre at Osogbo, Nigeria.
- [14] Lochoro P. Measuring patient satisfaction in Uganda Catholic Medical Bureau Health Institutions. *Health Policy and Development*, 2004; 2 (3): 243-248.
- [15] Boshoff, C. and Gray, B. (2004). The relationship between service quality, customer satisfaction and buying intentions in the private hospital industry. South Africa. *Bus. Management*, 35 (4): 29, 33. *Community intervention. BMC Int Health Hum Rights*. 2012; 12: 6.
- [16] Beattie, P. F., Pinto, M. B., Nelson, M. K., & Nelson, R. (2002). patient satisfaction with outpatient physical therapy: Instrument Validation.
- [17] Beattie, P., Turner, C., Dowda, M., Michener, L., & Nelson, R. (2005a). The MedRisk instrument for measuring patient satisfaction with physical therapy care: A psychometric analysis. *J of O & S Phy. Therapy*, 35 (1), 29-31.
- [18] Bond, S & Thomas, Lh 1992, 'Measuring patients' satisfaction with nursing care'. *Journal of Advanced Nursing*, 17, 52-63.
- [19] Feigenbaum, B. (2000). Keeping patients satisfied. [Online]. Available <http://www.expresshealthcaremgmt.com/20010316/hyderabad4.htm>
- [20] Friebel, R. (2017, August 24). Measuring quality of health care in the NHS: Giving a voice to the patients. Retrieved from The health foundation: <http://www.health.org.uk/blog/measuring-quality-health-care-nhs-giving-voice-patients>
- [21] Larsson, B. W., & Larsson, G. (2009). Patients' views on quality of care and attitudes towards re-visiting providers. *International Journal of Health Care Quality Assurance*, 22 (6), 600–611.
- [22] Linder-Pelz, S. (1982). Toward a theory of patient satisfaction. *So Sci Med*; 16: 577-582.
- [23] Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL. A multiple items scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 12-48.
- [24] Woodcock, A. and Bradley, C. 2001. Validation of the HIV treatment satisfaction questionnaire (HIVTSQ). *Quality of Life Research* 10 (6): 517-31.
- [25] Wouters, E., Heunis, C., et al. 2008. Patient satisfaction with antiretroviral services at primary health-care facilities in the Free State, South Africa--a two-year study using four waves of cross-sectional data. *BMC Health Services Research* 8: 210.
- [26] Thakur, S. (2014). Direct effect of service quality and customer satisfaction to customer re-patronage intention with reference to public sector. *ELK Asia Pacific Journal of Management and Retail Management*, 2 (1), 1–8.
- [27] McDougall, G., & Snetsinger, D. W. (1990). The intangibility of services: measurement and competitive perspectives. *The journal of Services Marketing*.
- [28] Magnusson, J., & Sundin, E. (2005). Service Tangibility and Customer Loyalty: is there a relationship
- [29] Arlen, C. (2008). The 5 Service Dimensions All Customers Care About. Retrieved from www.serviceperformance.com/the-5-service-dimensions-all-customers-care-about/
- [30] Groh, R, and Wensing, M. (2000). Patients evaluate general/family practice. The EUROPEP instrument. Equip, WONCA Region Europe
- [31] Wroblewski, M. T. (2018). What is Customer Responsiveness? Retrieved from www.yourbusiness.azcentral.com/customer-responsiveness-7789.html
- [32] Papanikolaou, V., & Zygiaris, S. (2012). Service quality perceptions in primary health care centres in Greece. 17 (2).
- [33] A. Anosike, B. O. Olakunde, D. A. Adeyinka, C. Ezeokafor, O. Amanze, O. Mathews, K. Alau, K. Ogungbemi,
- [34] Clients' satisfaction with HIV treatment and care services in Nigeria. *Public Health*. 2019; 167: 50-54
- [35] Mohd A, Chakravarty A. Patient satisfaction with services of the outpatient department. *Med J Armed Forces India*. 2014 Jul; 70 (3): 237-42. doi: 10.1016/j.mjafi.2013.06.010. Epub 2014 Jun 25. PMID: 25378776; PMCID: PMC4213903.
- [36] Ndayongeje, Joel & Kazaura, Method. (2017). Satisfaction of Patients Attending Public HIV or AIDS Care and Treatment Centers in Kinondoni District, Tanzania. *International Quarterly of Community Health Education*. 37. 0272684X1770126. 10.1177/0272684X17701264.