

Health Care, Care Provider and Client Satisfaction: Transforming Health Care Delivery System for Improved Health Care Seeking Behaviour

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Abstract: Health care seeking behaviour is central to the health status of individuals and groups in any society. All nations of the world rely on its human capital to drive national developmental effort. Societal growth and development cannot be guaranteed if the human resources needed to drive developmental effort are not operating at their zest. Seeking health care is greatly influenced by factors at the individual and the health care delivery system levels. This study investigated the influence of quality of health care, cost and convenience on the health care seeking behaviour of undergraduates in the University of Ibadan. The study employed the descriptive survey research design and simple random sampling technique was used to select 1122 accommodated undergraduates as respondents. Data were collected using a self developed and validated questionnaire which yielded a reliability index of 0.78 on the Cronbach alpha scale. Collected data were analyzed using descriptive statistics of frequency counts and percentages as well as inferential statistics of simple and multiple regressions at 0.05 alpha level. Findings indicated that quality of care, cost and convenience significantly influenced health seeking behaviour. Transformation of the health care delivery system to improve on the quality of care as well as make care accessible through affordability and convenience was recommended.

Key words: health care seeking, cost of care, quality of care, development, transformation

1. Introduction

Development constitutes one of the greatest aspirations of every country of the world. With emerging challenges, there is corresponding developmental need. Development is said to be sustainable when present developmental effort does not jeopardize future development. For individuals and groups in the society to maximally contribute their quota to developmental effort, they must be healthy. This assertion is premised on the fact that one can perform only to the extent to which his health status supports. The human system can be likened to the machine which can and does break down. Accumulated stress, hazards, infection or even genetic material can impinge on an individual's health status thereby exposing him to a health problem.

Absolute health status is considered utopian as an individual can hardly maintain a state in which he can be said to be totally "whole". Man therefore operates on a health continuum that ranges from poor health to optimum

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health. Movement towards the right hand side of the continuum is desirable and tends to optimum health while when movement is in the reverse case; it tends to morbidity and mortality. When there is movement in the continuum towards the negative side, there is always a corresponding response by the individual concerned. Various responses shown during this situation can be categorized into three. First, efforts are made to restore balance without prompting and this effort can be desirable or otherwise. Second, action is delayed by the individual as he tends to ignore the signs and symptoms and third, actions are taken based on the direct advice or cohesion of a significant other or one's perception of what action a significant other would have taken. The responses of individuals when their health is threatened is known as health seeking behaviour.

The issue of health care-seeking behaviour is central to health systems and status of people in all society. Ward, Mertens, and Thomas (1997) defined health seeking behaviour as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. Where, how and when health care is sought determine to a great extent the level to which a diseased individual survives. Foster and Anderson (1980) contributed immensely to unraveling the process of health seeking behaviour. While tracing the process of health seeking behaviour, they tied it to the explanatory model. According to them, the explanatory model of a particular illness consists of signs and symptoms by which the illness is recognized; presumed cause of the illness and prognosis established. Accordingly, these are in turn interpreted by individuals and or significant others on labeling the problem; proceed to address it appropriately through recommended therapies.

The factors determining health seeking behaviours, according to Shaikh and Hatcher (2005) may be seen in various contexts: physical, socio-economic, cultural and political. There is a growing literature on health seeking behaviours and the determinants of health services utilization especially in the context of developing countries. Shaikh and Hatcher (2005) thus opined that the utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions, and the disease pattern and health care system itself. The issue of the health care system as it is presently in Nigeria needs serious overhaul. This overhauling which needs to be multifaceted has health care providers' attitude as a very significant facet if health seeking in hospitals is to be improved.

The problem of care providers' poor attitude to work and provision of care is not totally unconnected with the fact that many, if not most of these hospitals are grossly understaffed. As such, these centres are meant to carry more load in terms of provider-consumer ratio as well as facilities/equipment and consumer ratio. It might not also be unconnected with the low level of motivation especially among health care providers in public hospitals who vent the spleen of their work stress and frustration on ailing consumers who in no least way has purposely contributed to their plight. When attitude towards work is poor, the quality of care provided is greatly affected. In health care provision, even nostrums can work wonders when the right attitude is employed in administering them. Cases abound where clients manifest preference to a particular provider in a given facility and would not want to be attended to by any other provider. This, in some instances, is built on the provider-client rapport which may lie in the hands of the provider to build.

In a similar vein, Shaw, (2001) noted that for seeking health care, people must consider the symptoms of a health threat and have resources available. Meanwhile, Shaikh and Hatcher (2007) added that health care seeking behaviour is not only a matter of knowledge about the cause and treatment of the disease, but also of perceived seriousness and duration, cultural practices and socio-economic status while Shaikh, Haran, Hatcher and Iqbal

(2007) indicated that perceived quality of the health care expected, availability and cost of medicine, distance to hospital, and user fees charged are factors determining health seeking behaviour. However, Olenja (2003) believed that health seeking behaviour is preceded by a decision making process that is further governed by individual and/or household behaviour, community norms and expectations as well as provider related characteristics and behaviour. For this reason the nature of health seeking is not homogenous depending on cognitive and non-cognitive factors that call for a contextual analysis of care seeking behaviour.

A health care seeking model will therefore involve recognition of symptoms, perceived nature of illness, followed initially by appropriate home care and monitoring. This may necessitate seeking care at the health facility, medication and compliance. Treatment failure may require a return to the health facility or an alternative care provider. Thus client based factors, provider-based factors, caretaker perceptions; social and demographic factors, cost, social networks and biological signs and symptoms work synergistically to produce a pattern of health seeking behaviour (Olenja, 2003).

Citing Foster and Anderson (1980), Olenja (2003), established that underutilization of modern health services is rarely due to the influence of local beliefs or an aversion of western medicine but rather, it depends on the cost and availability of those services. In the University Health Services (Jaja Clinic) which is the health facility for staff and students in the University of Ibadan, the former (cost) is less likely to be a factor since health care services are received without cost after payment of school fees by students. Whereas availability and physical access is important, it has become apparent that students' perspectives on the quality of care as experienced through the client (student)-provider encounter is assumed to play a major role in health seeking behaviour of students.

An essential factor in determining whether a person seeking health care complies with treatment and maintains a relationship with the health facility and/or provider is client satisfaction. Client satisfaction may be described as the subjective assessment of quality of services received by the client. The assessment of client satisfaction, according to Ringheim (2002) is based on the verbal and non-verbal interaction that occurs between the health provider and individuals seeking information or services. Depending on the nature of the interaction, the physical environment and the provider attitude, this experience may influence the student's perspective of the quality of services and ultimately influence the subsequent health seeking behaviour of the student.

As stated earlier, all nations rely on its human capital in the creation and pursuit of growth and development. Bourne (2009) observed that the human capital will be able to accomplish societal objectives for growth and development only on the fundamental premise that the people are in good health. There is little or nothing one can achieve in a diseased state or in a state of low health status. At school, good health status is fundamental and germane to excellent academic performance, general well being and wholesome living. When health is threatened, there is corresponding response in form of health seeking. A cursory look at the health seeking behaviour of individuals and groups in the community reveals poor health seeking behaviour as self-medication is a common practice. The health care delivery system in Nigeria needs total transformation to ensure that quality health care service is provided at a cost that clients are able and willing to pay. It is also important to ensure that accessing health care at the various formal health care service centres is done without undue stress and hassle.

When clients are not satisfied with the quality of care they receive or consider the cost in resources, time and effort in accessing such care not commiserate with the service; they resort to seeking health in other settings. Various factors influence the health seeking behaviour of people in the community as earlier enunciated. For improved health care seeking behaviour, the formal health care delivery system must be transformed and

repositioned to provide quality service at a cost that individuals and groups in the community can afford without undue stress. With improved health care seeking behaviour, societal growth and development is guaranteed as the impact of morbidity on productivity will be greatly reduced. This study therefore examined the influence of quality of care, cost and convenience on the health care seeking behaviour of undergraduates in the University of Ibadan.

2. Objectives of the Study

The objectives of the study are:

- (1) To examine the settings where undergraduates in the University of Ibadan seek health care.
- (2) To examine the influence of quality of health care on the health care seeking behaviour of undergraduates in the University of Ibadan.
- (3) To examine the influence of cost of care on the health care seeking behaviour of undergraduates in the University of Ibadan.
- (4) To examine the influence of convenience on the health care seeking behaviour of undergraduates in the University of Ibadan.

3. Research Question

The study sought answer to the understated question:

What are the various settings where undergraduates in the University of Ibadan seek health care?

4. Hypotheses

The following hypotheses were tested:

- (1) Quality of care will not significantly influence health care seeking behaviour of undergraduates in the University of Ibadan.
- (2) Cost of care will not significantly influence health care seeking behaviour of undergraduates in the University of Ibadan.
- (3) Convenience will not significantly influence health care seeking behaviour of undergraduates in the University of Ibadan.

5. Methodology

The descriptive survey research design was used in this study. The population comprised all accommodated undergraduates in the University of Ibadan in the 2011/2012 academic session in which the study was conducted. 1200 undergraduates were sampled across the halls of residence using simple random sampling technique. The research instrument was a self structured questionnaire with three sections and 23 items. The first section was on demographic data of respondents while the second was concerned with generating data on the health seeking behaviour with the last section focusing on factors that influence the health care seeking behaviour of respondents. The research instrument was subjected to experts' judgment for content and construct validity. The reliability estimate of the instrument yielded 0.78 index on the Cronbach alpha scale which was used to test the reliability of the instrument. However, analysis was based on 1122 questionnaires that were completely filled and returned.

Collected data were analyzed using descriptive statistics of frequency counts and simple percentages and inferential statistics of linear regression at 0.05 significance level.

6. Result

6.1 Research Question

What are the various settings where undergraduates in the University of Ibadan seek health care?

Table 1 Percentage Distribution of Respondents' Health Seeking Settings

SETTINGS WHERE HEALTH CARE IS SOUGHT	YES	NO
Public hospital (e.g., University Health Services)	963 (85.83%)	159 (14.17%)
Private hospital	554 (49.48%)	568 (50.52%)
Traditional healers' home	38 (3.39%)	1084 (96.61%)
Chemist shop (Patent medicine shops)	1044 (93.05%)	78 (6.95%)
Prayer houses	209 (18.63%)	913 (81.37%)

Table 1 revealed that patent medicine dealers enjoyed more patronage than the government owned hospital which is even located right inside the university community. The table revealed that a greater percentage of the respondents (93.05%) stated that they patronize patent medicine shops with a lesser percentage (85.83%) stating that they patronize government hospital. Findings indicated that traditional healers' home recorded the least patronage with a percentage of 0.31%.

6.2 Hypothesis One

Quality of care will not significantly influence health care seeking behaviour of undergraduates in the University of Ibadan

Table 2 Regression Table Showing Influence of Quality of Care on Health Seeking Behaviour

R			0.065		
R Square			0.004		
Adjusted R Square			0.003		
Std. Error of the Estimate			1.54172		
ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	11.475	1	11.475	4.828	.028
Residual	2664.519	1121	2.377		
Total	2675.995	1122			
a. Predictor: (Constant), QUALITY OF CARE					
b. Dependent Variable: HEALTH CARE SEEKING BEHAVIOUR					

Table 2 revealed that quality of care has significant influence on health care seeking behaviour of the respondents ($R = 0.65$, $p < 0.05$). The table further revealed that 0.3% ($\text{Adj. } R^2 = 0.003$) of the variance in health care seeking behaviour among undergraduates in the University of Ibadan were accountable for by quality of health care. Furthermore, the ANOVA results from the regression analysis showed that there was significant influence of the independent variable on the dependent variable; $F(1, 1121) = 4.828$, $P < .05$.

6.3 Hypothesis Two

Convenience will not significantly influence health care seeking behaviour of undergraduates in the University of Ibadan

Table 3 Regression Table Showing Influence of Convenience on Health Seeking Behaviour

R	0.234				
R Square	0.055				
Adjusted R Square	0.054				
Std. Error of the Estimate	1.50219				
ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	146.373	1	146.373	64.865	.000
Residual	2529.621	1121	2.257		
Total	2675.995	1122			
a. Predictor: (Constant), CONVENIENCE					
b. Dependent Variable: HEALTH CARE SEEKING BEHAVIOUR					

Table 3 revealed that convenience has significant influence on health care seeking behaviour of the respondents ($R = 0.234$, $p < 0.05$). The table further revealed that 5.4% ($\text{Adj. } R^2 = 0.054$) of the variance in health care seeking behaviour among undergraduates in the University of Ibadan were accountable for by convenience of seeking health. Furthermore, the ANOVA results from the regression analysis showed that there was significant influence of the independent variable on the dependent variable; $F(1, 1121) = 64.865$, $p < .05$.

7. Discussion of Findings

Findings of the study revealed that although a substantial proportion of the respondents seek health care at the university clinic, self medication seem to be on the high side. Findings revealed that the percentage of respondents who seek health care at patent medicine shops surpasses those that use available health care service. This has serious implication for stakeholders as the negative effect of self medication to health is colossal. It is of utmost importance to reposition the health care system in order to maximize utilization among the populace. Client satisfaction is at the heart of service utilization as subsequent utilization might be forestalled by unsatisfactory service. Effort aimed at ensuring client satisfaction transcends delivery of quality service to the attitude of the service provider. The finding of this study corroborates the observation of Shaikh, Haran, Hatcher and Iqbal (2007) in which quality of care was reported as a significant determinant of health care seeking behaviour.

With regards to quality of care, the result indicated that quality of care has significant influence on the health care seeking behaviour of respondents. This confirms the fact that man as a rational being would always act purposefully. An individual in need of health care would normally consider all options open to him and make decision based on a thoughtful consideration of these options. The formal health care delivery system (hospitals) will enjoy patronage if individuals are convinced that the quality of care provided at a particular hospital is of high quality. People tend to make thoughtful decision in expending their hard earned cash and as such, no one would

want to waste resources to access care that is not commiserate with the cost in time, resources and effort expended in accessing such care. Again, purchasing power is central to health seeking behaviour as an individual might be deterred from seeking care in a formal setting or a particular formal setting due to lack of resources to foot the bill of such care. This finding of the study which established cost as a significant factor influencing health care seeking behaviour is in line with the findings of Shaw (2001) and Olenja (2003) which among other factors identified cost of accessing care as a major determinant of health care seeking behaviour. It also confirms the findings of Nyamongo (2002), Ha, Berman and Larson (2002) as well as the views of Park (2007) that purchasing power plays crucial role in utilization of health care services.

Furthermore, the result of this study revealed that convenience of seeking health care significantly influenced health care seeking among the respondents. Convenience is denoted by the ease with which health care is accessed. The present status of health care delivery system in Nigeria greatly falls short of this factor. This is not unconnected with the fact that most public hospitals are made to bear larger load as they could carry. This over stretches both the facilities and the number of care providers. For instance, accessing health care at the university health centre takes a whole lot of time and at the pre-study interview, a sizeable number of students cited time wasting as a major factor why they do not utilize the centre. It is therefore important to make health service accessible to people by transforming the health care delivery system through improved service delivery.

8. Conclusion

Based on the findings of the study, it is concluded that health care seeking behaviour of the respondents will be greatly improved if there is improved quality of care at an affordable cost. Transforming the health care delivery system would make health care available and accessible without hassle and this would also greatly improve health care seeking behaviour of the respondents.

9. Recommendation

An extensive sensitization campaign needs to be embarked upon to create awareness among the population on the dangers of self medication. The university community radio could serve as a good medium to this end. Apart from the university community radio, hand bills and posters could be distributed and strategically placed to carry the message of the dangers of self medication. It is also important to sensitize the population in particular and the university community in general on the need of seeking health care once any abnormally is sensed. This is built on the fact that the survival level of anyone experiencing a health threat is to a great extent built on where, how and when health care is sought. The University Health Services, the Office of the Dean of Students and departments and units in the university concerned with public health must as a matter of utmost necessity ensure that this sensitization is a reality as health is wealth.

Effort must be made to reposition the University Health Services for greater efficiency. The only room that can never be filled in life is the room for improvement, as such; the University Health Services must therefore spare no cost and effort in ensuring that it improves on its services. On the part of the university administration and the Federal Ministry of Health, the centre can be transformed to a centre of excellence to provide health care to members of the university community and beyond. Expansion in form of addition of more units and recruitment of more care providers might also prove very helpful in repositioning the centre. The University Health Services must instill confidence in members of the university community in terms of quality of care, cost in time and effort

as well as cost of drugs that are not in stock. Effort must be made to remove bureaucratic bottlenecks bedeviling the provision of health care that is of high quality at an affordable cost and care that can be accessed without undue stress. The University Health Services as a primary health care centre must strive to uphold the declaration of Alma Ata Conference of 1978 in which simplicity, acceptability and affordability were enshrined as basic tenets of first level health care service.

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