

Original Research Article

Patients Satisfaction with the Quality of Service in Clinical Pathology Laboratory in Jos University Teaching Hospital (JUTH)

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Abstract: Background: Clients satisfaction have gained increasing attention as meaningful and important sources of information for identifying gaps and developing an effective action plan for quality improvement in healthcare organizations. However, there only very few published studies reporting of the improvement resulting from feedback information of patient surveys, and in most cases, these studies are not in line with their findings. The patients become the main strategy for the main strategy for the organization of health services. This is the era of patients centre care. The study attempts to evaluate patients satisfaction with quality of service offered by clinical pathology Department in JUTH.

Materials and methods: 150 Subjects were recruited after consent by random sampling through an inquiry conducted anonymously during the months of January and May 2017. The age range is between eighteen to seventy years. The inquiry was in form of questionnaire with the following questions: accessibility to the laboratory, cleanliness of the laboratory, patients-staff interpersonal relationship, waiting time and turn around time (TAT), labeled 1,2,3,4,5 respectively. Classification of the calculation results of questionnaires was carried out in three categories, namely good service quality, service quality is good enough, and the quality of service is not good.

Results: This study showed very high overall satisfaction of patients on service in clinical pathology laboratory (80.4%). The levers of cleanliness, communication level and TAT have the highest satisfaction with 99%, 95% and 93% respectively. Those with good enough falls into the category of accessibility and time taken with 52% and 63% respectively. The overall degree of satisfaction is 80.4%.

Conclusion: The patients satisfaction in the lever of cleanness, communication, and TAT was the highest (good quality service) and the lowest of the levers are accessibility and time taken. The hospital management is advised to clearly indicate the direction to the laboratory and relocation of the O.P.D. collection centre close to the main laboratory. In the face of dwindling resources and increasing demand there is a challenge reach the population with satisfactory health services.

Key words: Satisfaction, Tat=turn around.

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INTRODUCTION

The future responsibility of laboratory Medicine in greatly and equally challenged by economic and new technological pressures, it is imperative to take a broad general view of the discipline and present to the administrators and other decisions makers the full spectrum of activities and benefits laboratory Medicine can provide.

Patients satisfaction have gained increasing attention as meaningful and important sources of information for identifying gaps and developing an effective action plan for quality improvement in healthcare organizations. However, there only very few published studies reporting of the improvements

resulting from feedback information of patients surveys, and in most cases, the studies not in line with their findings.

In 21st century, the patients become the main strategy for the organization of health services. We are now in the era of patients-centered care [1-3].

Measurement of quality, focused on access issues and clinical care process waiting times and disease-specific indicators or overall mortality (the ultimate outcome)

Quality is generally defined as the degree to which the system (clinical laboratory) is able to meet the customer's expectations [3].

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Quality in hospital settings is affected by both patients-staff and staff-staff interpersonal relationship and the quality of the hospital amenities and the environment. Indeed some of the debate around patient-centered care has shifted towards the need for care that is relationship-centered.

The problem related to clinical laboratory are worsened particularly at peripheral at peripheral level due to lack of properly designed laboratory rooms, shortage of short term and long term training for laboratory staff, lack of water and electricity, shortage of equipment and supplies, absence of effective maintenance and spare parts and lack of follow-ups and supervision [3-5].

Patients satisfaction assists in the evaluation of health care services from the patients' point of view. Monitoring patient's satisfaction is an important and useful quality improvement tool for clinical laboratory in particular and health care organization in general [7].

This work is a multi-dimensional healthcare construct affected by many variables. These variables are the levers used.

It assess client's satisfaction with laboratory services in JUTH through the levers of accessibility to the laboratory, cleanliness of the laboratory, patients-staff interpersonal relationship, waiting time and turnaround time (TAT).

A study on patient satisfied with a clinical laboratory service in Nekemte Ethiopia, 60.4% were dissatisfied in cleanliness and location of latrines in the hospitals. Another study in Addis ababa Ethiopia showed that the whole availability of the request tests were found to have significant association with overall satisfaction of the patient in clinical laboratory [6].

A study is selected government hospital in eastern Ethiopia showed an overall degree of customers satisfaction to be right.

MATERIALS AND METHOD

Study Design and Setting

This study was carried out in two areas of chemical pathology laboratory. One is the dynamic test room where OGTT is done and the other is the main laboratory collection room of chemical pathology laboratory JUTH which is one of the tertiary health care in north-central Nigeria.

Data Collection

150 Subjects were recruited after consent by random sampling through an inquiry conducted anonymously during the months of January and May 2017. The age range is between eighteen to seventy years.

The inquiry was in form of questionnaires with the following questions: accessibility to the laboratory, cleanliness of the laboratory, patients-staff interpersonal relationship, waiting time and turnaround time (TAT), labeled 1,2,3,4,5 respectively.

Data Processing and Analysis

Classification of the calculation results of questionnaires was carried out in three categories, namely good service quality is good enough, and the quality of service is not good. Categories of health care quality from the perspective of external customers acquired each component of the study variables was determined by the following criteria:

a. By determining the highest percentage calculation:

$$\frac{\text{The maximum score}}{\text{The maximum score}} \times 100\%$$

$$\frac{5}{5} \times 100\% = 100\%$$

$$5 \times 100\% = 100\%$$

5

Category criteria quality of patient care

No	Percentage score	Criteria
1	20%-46.6%	Quality of service Not good
2	46.7%-72.13%	Quality of service good enough
3	72.14%-100%	Quality of service good

The highest percentage is 100% the lowest percentage is 20%, the percentage is 80% range, and the interval between classes percentage is 26.7%. criteria category of quality of health care in the external customer perspective contained in the above table.

RESULTS

Table 1 shows the percentage of patients that are satisfied according to the levers assessed. The lever

of cleanliness, communication level and TAT have the highest satisfaction with 99% and 93% respectively. Those with good enough falls into the category of accessibility and time taken with 52% and 63% respectively. The overall degree of satisfaction is 80.4%

Figure 2 depicts a pie chart with widest curve in cleanliness, communication levels and TAT and the most narrow curves in accessibility and TAT.

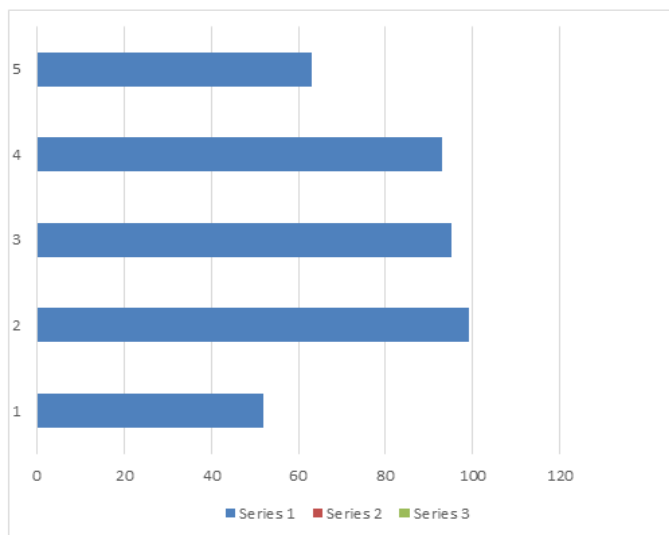


Table 1: Bar chart showing the patients satisfactory with various levers

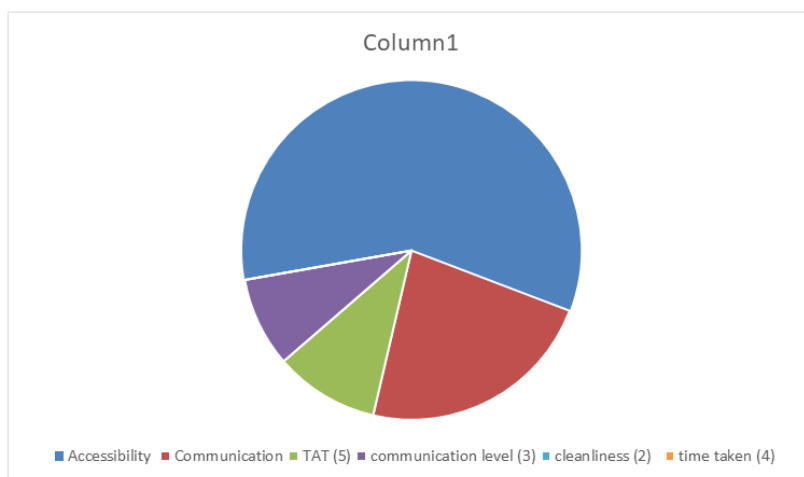


Figure 1: Pie chart of Distribution

DISCUSSION

One of the major outcome measures for health care services is patient satisfaction which serves as successful quality improvement tool.

This showed very high overall satisfaction of patient on services in clinical pathology laboratory (80.4%).

This is higher than that found in Oromia Ethiopia at 60.4% it is probably due to low accessibility, the sample collector and lack of much availability of request tests.

The research into satisfaction of different people depends on the time the service took them. The satisfaction in the lever of time taken to serve was 63% which is good enough compare to 50% waiting time for specialized Hospital in Addis Ababa Ethiopia.

In this work cleanliness took 95% much higher than Jaya pura with 63.8% for direct evidence.

The lever of cleanliness was high in this area because this hospital uses hired cleanliness who work round clock with strict supervision.

The percentage obtained in the dimension of reliability that is patient – staff interpersonal relationship of 95% included in the category of service quality as quiet good. Unlike work done in Jayapura (68.7%) with quality good enough.

Assessment conducted at research includes, patients receive procedure and serves quickly and accurately, with readiness officer serving patient at any time.

The lever of time taken focuses on the ability to help consumers and to improve the speed of service. The percentage obtained in time taken of 63% included in the category of good enough quality service. Enough availability to help customers respond and to provide fast services.

Assessment of responsiveness on the study includes being friendly and customers officers pay attention to the needs and complaints of the patients. Based on this assessment the majority of respondents are satisfied with services as quite good.

In Verna research into satisfaction of different people on the time the serve took them. Also all of the patient who visited Teheverna laboratory are pleased with the time that was devoted to them (72%) which is higher than this study (63%). In this study the higher percentage of satisfaction was in the levers of cleanliness, communication between staff which is the same (i.e English and Hausa).

A study on patients satisfaction in Nekemta, Ethiopia reveal 60.4% were dissatisfied in cleanliness and location of the latrines in the hospital.

In today intensively competitive health care environment, any laboratory should have a written policy focusing on customer satisfaction and should periodically estimate and evaluate patients satisfaction. For the main reason of fulfilling moral obligation and strive for a better services and remain in competition with other hospitals and at last get accreditation. In the face of dwindling resources, increasing demand there is a challenge to reach the world population with adequate health care services.

CONCLUSION

This study evaluated the level of patient satisfaction on clinical laboratory services for patient and enable this institution to fill the gap and to maximum services satisfaction and to strive towards accreditation.

The overall patient satisfaction with laboratory service was highly (80.4%). It was lowest in the lever of accessibility to be the laboratory. This is because of distance, poor labeling and lack of direction to the laboratory. Therefore, the administration should strive more to enhance satisfaction in labeling and showing colored arrows for direction. All other levers were quite good.

RECOMMENDATION

The overall recommendation is that this institution should try to maintain the high standard it has in order to keep the patient satisfied with the servicers they receive.

As a national referral hospital, this institution is the final destination for most patients. Very few are referred outside the country.

JUTH is equipped with most highly trained health professionals and can provide the best medical care in the face of these dwindling recourses. So let the patent experience such care.

REFERENCES

1. Panteghini, M. (2004). The future of laboratory medicine: understanding the new pressures. *The Clinical Biochemist Reviews*, 25(4), 207-215.
2. Kesowe, A., Rantetampang, A., & Togodly, A. (2015). Patient Perception to the Service Quality in Clinical Pathology Installation of Jayapura Regional Hospital, *IJSBAR*, 24(5), 265-274.
3. Walsh, G., Hennig-Thurau, T., Wayne-Mitchell, V., & Wiedmann, K. P. (2001). Consumers' decision-making style as a basis for market segmentation. *Journal of Targeting, Measurement and Analysis for Marketing*, 10(2), 117-131.
4. Georgieva, E., Tsankova, G., Kaludova, V., & Ermenlieva, N. (2014). Patientsatisfaction with laboratory services at selected medical-diagnostic laboratories in Varna. *Journal of IMAB—Annual Proceeding Scientific Papers*, 20(2), 500-501.
5. Luxford, K. (2012). What does the patient know about quality?. *International Journal for Quality in Health Care*, 24(5), 439-440.
6. Tadele, G., Ejeta, E., Desalegn, M., Abere, S., & Elias, K. (2014). Patients satisfaction on clinical laboratory services at Nekemte Referral Hospital, Oromia, Ethiopia. *Food Science and Quality Management*, 30, 25-30.
7. Teklemariam, Z., Mekonnen, A., Kedir, H., & Kabew, G. (2013). Clients and clinician satisfaction with laboratory services at selected government hospitals in eastern Ethiopia. *BMC research notes*, 6(1), 1-7.
8. Roy, A. (1992). Carr-Hil the management of patients satisfaction, *J Pub Health*, 14(3), 236-249.
9. Abera, R. G., Abota, B. A., Legese, M. H., & Negesso, A. E. (2017). Patient satisfaction with clinical laboratory services at Tikur Anbessa specialized hospital, Addis Ababa, ethiopia. *Patient preference and adherence*, 11, 1181-1188.
10. Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman medical journal*, 29(1), 3-7.
11. Panteghini, M. (2004). The future of laboratory medicine: understanding the new pressures. *The Clinical Biochemist Reviews*, 25(4), 207-215.
12. Zeithaml, V. A. (2000). Service quality, profitability, and the economic worth of customers: what we know and what we need to learn. *Journal of the academy of marketing science*, 28(1), 67-85.

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