Professional Commitment, Quality Healthcare Delivery and Patient Satisfaction in State Hospitals, Ibadan, Oyo State, Nigeria

Opeyemi Yanmife BELLO-ZION
LCU/PG/003075

Being a MSc Thesis Submitted to the Department of Information Management, Faculty of Communication and Information Sciences, Lead City University, Ibadan, Oyo State, Nigeria

In Partial Fulfilment of the Requirements for the Award of Master of Science Degree (MSc) in Health Information Management

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CERTIFICATION

This is to certify that this thesis was carried out by Opeyemi Yanmife BELLO-ZION with Matriculation number LCU/PG/003075, a student in the Department of Information Management under my supervision in the faculty of Communication and Information Science, Lead City University Ibadan, Nigeria

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Head of Department

DEDICATION

This thesis is dedicated to Almighty God for His Mercy over my life and also to my darling husband.

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ABSTRACT

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, with a notable lack of research on how professional commitment shapes these outcomes in primary and secondary care settings. This research seeks to analyze the effects of professional commitment and healthcare quality dimensions on patient satisfaction in Ibadan's state hospitals. Employing a cross-sectional, mixed-methods design, the study surveyed 422 healthcare professionals and patients, using structured questionnaires. The survey collected sociodemographic data and evaluated levels of patient satisfaction, perceptions of healthcare quality, and professional commitment. Statistical methods; multiple regression analyses, were applied to measure the separate and combined impact of professional commitment and 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. The findings reveal that each unit increase in professional commitment boosts patient satisfaction by 0.434 units ($p = 0.000$). Quality healthcare delivery similarly enhances satisfaction, with a 0.185-unit increase per quality improvement ($p = 0.001$). Combined, these factors account for 26.6% of patient satisfaction variance ($R^2 = 0.266$), confirming a significant joint impact ($F(2,163) = 29.513$, $p = 0.000$). The findings suggest a need for targeted strategies to enhance both professional commitment and healthcare quality standards, with the goal of improving patient experiences and satisfaction levels in Nigerian state hospitals.

Keywords: Patient Satisfaction, Quality of Health Care, Health Personnel Attitudes, Professional Commitment, Healthcare Delivery, Primary Health Care

Word Count: 244

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Chapter One

Introduction

1.1 Background to the Study

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 on a regular basis[1]. As a result, patient feedback is important to identify problems from health services that need to be resolved in improving patient satisfaction[2]. Patient satisfaction with seeking health services is considered as one of the necessary outcomes of health systems and a measure of health service quality which is directly linked with utilization of the services. Asking patients for what they think about the health service and treatment they have received is an important step for improving the quality of service and for assuring that local health service deliveries are meeting patients' service needs[3]. Therefore, patient satisfaction with a service is a primary indicator of measuring the effectiveness of health care delivery[2]. 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[4].

Quality Healthcare is defined as the extent to which health services delivered for the population and especially patients increase the health outcomes consistent with modern knowledge[5]. The quality of healthcare and for that matter healthy population can be achieved if the healthcare provided is of highest standard, universal, affordable and to a larger population of the community[6]. Perceived service quality is based on the decisions formed by customers of the expected services of the healthcare provider[7]. The actual service delivered

by providers confirms the perception of its patients and this could be positive confirmation or disconfirmation. Different elements leading to patient expectation includes adequate service, desired service, tolerance and predicted service that falls between expected service and adequate service levels[8]. 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[1, 4, 9]. 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[1].

Understanding satisfaction and service quality has long been seen as essential to creating service improvement plans. 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. It is vital for the healthcare organization to have accurate information about the patient's expectations to satisfy not only the customer's requirements but also that of accreditation and certification organizations[10]. 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[11].

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[12, 13]. 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, the health professionals constantly experience symptoms of exhaustion and discontentment which result in 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 to the populations they serve. These include, medical doctors, nursing and health information management professionals, traditional and complementary medicine professionals, paramedical practitioners, veterinarians and other health professionals (dentists, pharmacists, environmental and occupational health and hygiene professionals, physiotherapists, dietitians and nutritionists, audiologists and speech therapists, optometrists and ophthalmic opticians) [14]. These professionals are now being considered an endangered species because of 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)[15]. 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[16].

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[17].

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, the 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. Variables that influence professional commitment include gender, age, and monthly salary as well as educational level and years of experience[18].

Professional commitment has received a great deal of interest worldwide. It has been studied often in isolation. Professional commitment is defined as a congruency between a person's personal beliefs and the goals of a profession, with greater congruency leading to greater individual efforts on behalf of the profession[19]. Individuals who find greater commonality between their personal beliefs and their profession are more likely to care about the future of

their profession and remain in it. Moreover, studies have established a link between professional commitment and both job satisfaction and career retention[20]. In the healthcare industry, professionalism of the healthcare employees plays an important role in improving patient safety and providing quality of care. The construct of professional commitment, developed from the more established construct of organizational commitment and the study of professional commitment has taken a similar evolutionary pathway to that of organizational commitment[21].

The theory of professional commitment suggest that the more investment one make in a committed line of actions, the more difficult it is to renege on the commitment[6]. It has been suggested that professional commitment is composed of three aspects, affective commitment, continuance commitment, and normative commitment. Affective commitment is defined as an employee's emotional attachment to, and personal identification with the profession. Continuance commitment describes an employee's perceived benefits and costs of switching to another profession (for example, the opportunity costs of practicing as a nurse)[22]. Normative commitment is defined as an employee's perceived obligation to remain in the profession. Thus, affective commitment describes an employee's implicit motivation (as framed by his/her belief system) to practice, while normative commitment describes how social and environmental factors externally motive the practising of the profession. The continuance commitment frames the economic incentives for remaining in the profession[9].

Patient safety focuses on preventing medical errors and adverse events, reducing risks, and minimizing incidences that may cause physical or emotional harm to patients. As an important indicator for health care outcomes, patient safety is a high priority for health organizations. In almost all countries, there is a form of health care accreditation council that provides national accreditation and is based on preventing errors, adverse events and harm to patients. Hospital accreditation plays an important role in improving the quality of care and

safety of health care, mainly due to introducing technology, changing treatment patterns, opening opportunities for nurses to attend educational and training programs that enhance their knowledge and skills, and introducing standardization of care, such as incident reporting and safety policies.

In addition, low frequency of adverse medical events, patients' perceptions, and patient evaluation have all been used in numerous earlier studies to indicate the quality of care received. On the other hand, some other studies discovered that the frequency of unfavourable events did not accurately reflect the standard of care. Additionally, it has been suggested that patient evaluation and perception are too subjective to be used to gauge the calibre of care. The knowledge of this relationship could help hospital managers understand the dynamics of optimum service delivery in health institution.

The past 20 years have been called a golden age for global health. Fuelled by a major increase in domestic health spending and donor funding, Low- and Middle-Income Countries (LMICs) have vastly expanded access to health determinants (for example, clean water and sanitation) and health services alike (for example, vaccination, antenatal care, and HIV treatment)[6]. These expansions have saved the lives of millions of children, men, and women, largely by averting deaths from infectious diseases. However, these past decades were not as favourable for preventing deaths from non- communicable diseases and acute conditions, such as ischaemic heart disease, stroke, diabetes, neonatal mortality, and injuries, for which mortality stagnated or increased. The lowest-income countries and the poorest people within countries generally had the worst outcomes, despite considerable efforts to increase use of health care. The strategy that brought big wins for child health and infectious diseases will not suffice to reach the health-related Sustainable Development Goals (SDGs). The newly ascendant health conditions, including chronic and complex conditions, require more than a single visit or standardised pill pack; they require highly skilled, longitudinal, and integrated

care. Such care is also needed to address the substantial residual mortality from maternal and child conditions and infectious diseases. In short, it is becoming clear that access to health care is not enough, and that good quality of care is needed to improve outcomes[6].

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 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[22].

1.2 Statement of the Problem

The quality of health care across State-owned hospitals is dwindling[24]. This is closely linked to the worsening indices of patient satisfaction across these health care institutions. This unhealthy trend holds unpleasant health outcomes in the present and untold dilemma in years ahead if not critically considered. There is a need to investigate the influence of professional commitment, quality of healthcare and patient satisfaction across the landscape. The studies that currently deal with these concepts with specific respect to primary and secondary level of care are few, and most studies have been done in tertiary health facilities and referral centres.

This leaves a knowledge gap as regards the level of professional commitment in the primary and secondary tiers of health care. Ironically, more than eighty percent of the current population in low- and middle-income countries visit these primary and secondary health care centres for health services[24]. Some other studies examined professional commitment on a

large scale with no specific reference to the healthcare sector. There is paucity of data on how professional commitment alone and in combination with the quality of health care delivery affect patient satisfaction in a state government-owned health institution in Nigeria. Hence, this study aimed to investigate the influence of professional commitment and quality healthcare on patients' satisfaction in selected state hospitals in Ibadan, Oyo State.

Aim and Objectives of the Study

This research aimed to investigate the influence of Professional Commitment (affective, continuance and normative commitment) and quality healthcare (safety, effectiveness, timeliness, patient-centredness, efficiency and equity) on patient's satisfaction in State hospitals across Ibadan, Oyo State. The objectives are to:

i. identify the level of satisfaction among patients visiting state government hospital in Ibadan,

ii. identify the level of professional commitment among health professionals practising at state government hospital,

iii. examine the quality of health care delivery in state government hospitals in Ibadan,

iv. ascertain the influence between the level of professional commitment on patient's satisfaction in state hospitals within Ibadan,

v. determine the influence of the quality of health care delivery on the level of patient satisfaction across state government-owned hospitals in Ibadan, and

vi. determine the combined influence of between Professional Commitment and quality health care on patient satisfaction

1.3 Research Questions

The following research questions were answered in this study:

i. What is the level of professional commitment in state hospitals, Ibadan?

ii. What is the level of quality of healthcare delivery in state hospitals, Ibadan?

iii. What is the level of patient satisfaction in state hospitals, Ibadan?

1.4 Research Hypotheses

The following hypotheses were tested:

$H_0$1: There will be no significant influence of Professional Commitment on patient's satisfaction in state hospitals, Ibadan.

$H_0$2: There will be no significant influence of quality healthcare delivery on patient's satisfaction in state hospitals, Ibadan.

$H_0$3: There will be no significant combined influence of Professional Commitment and quality healthcare delivery on patient's satisfaction in state hospitals, Ibadan.

1.5 Significance of the Study

This study would be of significant benefit to individuals and organizations. Precisely, the study would be of benefit to the patients, the healthcare professional, the Oyo State hospitals management board, and other health policy makers. The study is expected to provide healthcare professionals with a level of understanding of how professional commitment influences on the quality of healthcare delivery and overall patient satisfaction. The study will equip the employers of labour in the health sector, particularly, the hospitals management board on how to boost the morale of their workforce to enhance their job performance, such as establishing some ethical behaviours that health workers have to follow.

The results of this study can guide quality improvement programs within state hospitals. By ensuring that these programs are evidence-based and effectively address identified issues, the study supports the design and implementation of targeted initiatives aimed at improving healthcare quality. The broader healthcare system benefits from this research by gaining insights into systemic issues that may impede quality care. The study promotes a culture of continuous improvement and accountability within state hospitals, which is essential for maintaining high standards of healthcare delivery.

This study will bring to the fore the prevailing level of satisfaction experienced by patients visiting these hospitals, the variation across these facilities and the possible factors that may be responsible for the variation. Additionally, this study will advance knowledge by presenting empirical data on the current quality of health care obtainable across State hospitals in the Ibadan metropolis and then the level of patient satisfaction.

1.6 Scope of the Study

The study focused on the impact of Professional Commitment, and quality healthcare delivery on patients' satisfaction in State Hospitals, Ibadan, Oyo State, Nigeria. Affective commitment, continuance commitment, and normative commitment are the standards established for assessing the Professional Commitment. The measures of quality of healthcare delivery are empathy, tangible, safety, efficiency, and improvements of care service. The measures for patient satisfaction are expectations of care, actual outcome and outcome of care. 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.

1.7 Limitation to the Study

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.

1.8 Operational Definition of Terms

Patient satisfaction*:* A multi-dimensional evaluation of patients' attitudes toward physicians and medical care, comparing their subjective standards to their actual health service experience. **Expectations of care:** What patients anticipate or desire from their healthcare experience, which significantly influences their satisfaction and behaviour. They encompass three domains: health outcome, individual health professional, and healthcare system.

Actual care*:* The implementation of evidence-based health interventions that respond to a patient's needs, preferences, and values, ensuring the care provided aligns with what patients expect and desire.

Outcome of care: Factors impacting patients' health, well-being, and overall healthcare experience, including health status, quality of life, attitudes, behaviors, new evidence, treatments, and care models.

Professional Commitment*:* The dedication to acquiring knowledge and skills for providing high-quality care, recognizing the autonomy, self-regulation, and responsibility of the profession.

Affective commitment: An emotional connection and active participation among healthcare professionals that improves healthcare delivery. It is multidimensional, dynamic, and can be influenced by cultural factors.

Continuance commitment*:* refers to a sense of loyalty healthcare professionals feel toward their organization due to limited alternatives or high costs of leaving.

Normative commitment: refers to the sense of moral duty and responsibility that healthcare professionals feel toward their job or organization, contributing to employee retention and organizational stability.

Quality healthcare: The application of medical science and technology to maximize health benefits without increasing risks, involving patient safety, timeliness, patient-centeredness, equity, efficiency, effectiveness, and accessibility.

Empathy*:* The ability to understand and share the feelings of patients, fostering trust and improving outcomes by connecting with patients on a deeper level.

Tangibles: Physical aspects of healthcare services, including facilities, equipment, and the appearance of personnel, which shape patients' perceptions of quality.

Safety*:* The absence of preventable harm to patients and the reduction of risks associated with healthcare.

Efficiency*:* The ability to maximize the benefit of resources while minimizing waste. It includes optimizing processes, workflows, and resource use to achieve better outcomes without unnecessary delays or costs.

Degree of improvement of health services*:* The assessment of how much healthcare services have improved over time.

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Chapter Two

Literature Review

The review of related literature was carried out in this chapter. The review was presented under the following headings:

2.1 Conceptual Review

2.1.1 Patient Satisfaction in Healthcare Delivery

2.1.2 Professional Commitment

2.1.3 Quality Healthcare Delivery

2.2 Theoretical Framework

2.2.1 Consonance Theory

2.2.2 Commitment Theory

2.2.3 Healthqual Theory

2.3 Review of Empirical Studies

2.3.1 Professional Commitment and Patient Satisfaction in State Hospitals

2.3.2 Quality Healthcare Delivery and Patient Satisfaction in State Hospitals

2.4 Conceptual Model

2.5 Summary of Literature Reviewed

Endnotes

2.1 Conceptual Review

2.1.1 Patient Satisfaction in Healthcare Delivery

Patient satisfaction on healthcare quality plays a vital part on the assessment of healthcare frequently. All healthcare providers should realize the fact, that the main beneficiary of healthcare- system is clearly the patient. Patients who are satisfied stay with the hospital for long term, and also come back or recommend the hospital for others. The term "patient satisfaction" is rapidly changing to "customer delight". The degree of patient satisfaction plays like a vital tool in the assessment of quality care provided. Since healthcare is growing rapidly and patients‟ knowledge level about their rights is increased, they are demanding that hospitals meet their needs. The key factors that affects patients' satisfaction are admission procedure, diagnostic services, employees' behaviour towards them, cleanliness, nursing care, food, communication, interpersonal manner of the physicians, housekeeping, technical services, accessibility and convenience[1].

It is however important to note that some quotas think there is a fundamental problem with continuously using patient satisfaction as a proxy for how well a patient believes a health service is being provided. The healthcare industry may find that the solution to this conundrum lies in concentrating on the perceived quality of health services while considering the particular ideas and models contained in the literature on services marketing[2]. Differentiating and standardizing the criteria and constructs for satisfaction and perceived quality of health services in the healthcare industry is crucial, as is incorporating them into any upcoming health services research. In addition to undermining the value of research, the persistent usage and maintenance of terminology interoperability prevents important questions about how effectively to define and assess health service quality from the viewpoint of the patient from being answered. Furthermore, given the highly intense nature

of the service delivery process in the health industry, the continuation of the focus on patient satisfaction as a measure of service outcome and service quality is seriously flawed. This is because there is evidence to support the idea that patient satisfaction is an unpredictable construct, and that the only valid construct is perceived service quality[2].

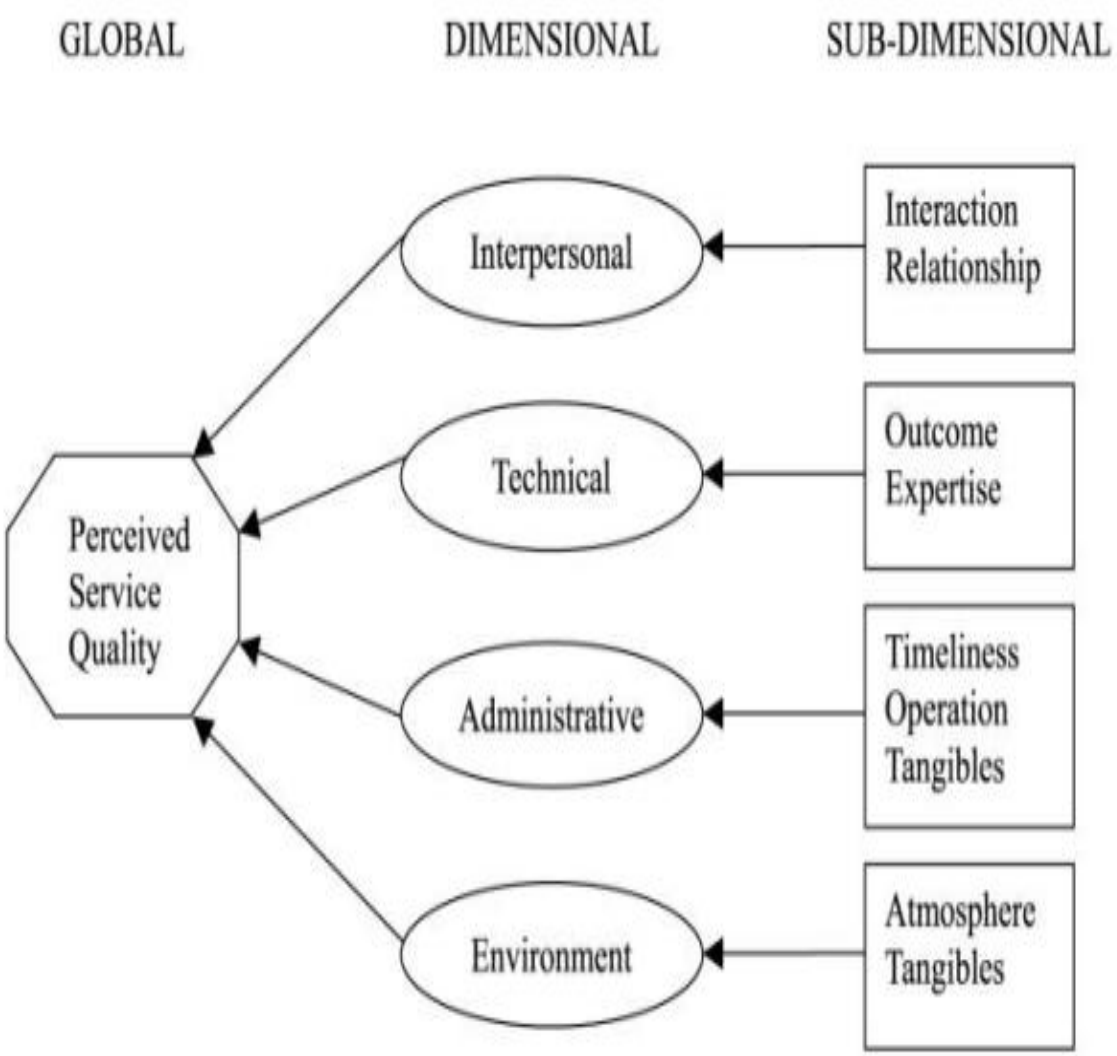

Figure 2.1: Dimensions and components of Perceived health care [2]

Furthermore, the literature on services marketing has recognized the significance of perceived service quality in the healthcare industry and has provided some direction for addressing the intricate research issues related to this concept[3]. Consequently, collaborative interdisciplinary research and knowledge exchange may be a great means of producing a standardized and conclusive instrument for assessing the quality of health services as perceived by patients.

This dimension measures patients' experience in respect to the quality of care delivered by doctors, nurses, paramedical staff and support staff. The medical encounter between a doctor and a patient requires intensive levels of interaction where it has a greater impact on patient satisfaction. There is a long-term relationship between the doctor and patient with the doctor having a significant discretion in meeting patient needs. Many studies have highlighted the vital contribution of nurses to the quality of patient care. Skills and behaviour of the para-medical and support staff also plays a major role in measuring quality, with regard to the behaviour of staff, that influences patient satisfaction [1].

A patient/attendant judges a hospital, the moment they lay eyes on it. Before a service experience even begins, the patient usually has already decided whether they will be returning to the hospital again. On understanding the connection between the quality in physical facilities and patient satisfaction, one can know that it can have lasting impact on both hospital's performance and its ability to provide quality care. Quality in lobby, out-patient clinics, inpatient rooms, operating rooms, exam/procedure rooms, support areas, reception counters, administrative areas contribute to patient satisfaction. Delay in diagnostic services leads to dissatisfaction amongst patients. Diagnostic facilities include laboratory and radiology services.

Hospital administrators say the focus on food has gained extra importance among patients. There are many food management companies that specialize in healthcare facilities since they are getting more requests from hospitals. Food plays a vital role of game changer in the hospitals. Many patients hate dietary food style in hospitals, so the management has to take steps along with dietary counsellors in order to satisfy the patient taste without disturbing their nutritious diet.

One area that has greater impact on hospital quality is patient perception towards cleanliness. Cleanliness includes environmental cleanliness, hygiene, hand washing techniques and everything. Interaction by administrators to patients will make them understand the efforts taken by staff to keep their hospital clean. This helps in boosting the satisfaction of patients on cleanliness which serves as a key element in attaining quality services.

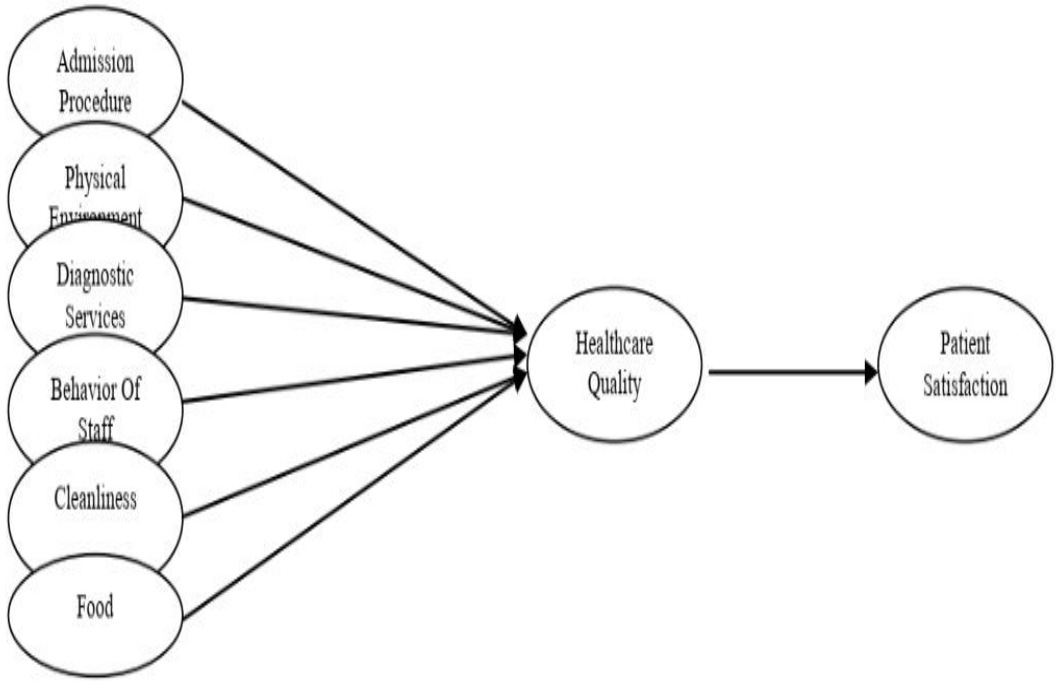

Figure 2.2: Summary of factors influencing patient satisfaction [1].

2.1.2 Professional Commitment

Healthcare services are an intangible good that cannot be physically touched, felt, seen, counted or measured like produced products. It is frequently challenging to replicate consistent healthcare services since they vary between producers, clients, locations and times. Because different health professionals provide the service to patients with diverse needs, there may be heterogeneity in the population[4]. Furthermore, healthcare services cannot be saved for later use; they are generated and used immediately.

Healthcare services deal with matters of life and death. Unlike many other services, the consequences of errors or lapses in healthcare can have profound and immediate impacts on individuals' well-being. In healthcare, the production and consumption of services often occur simultaneously. Medical care is delivered in real-time, making it challenging to separate the creation of the service from its consumption. Healthcare services are intangible; they cannot be touched or physically possessed. Unlike goods, which can be inspected before purchase, healthcare services often involve a level of uncertainty and reliance on professional expertise. Each patient is unique, and healthcare services must be tailored to individual needs. The heterogeneity in patient conditions, preferences, and responses makes healthcare delivery more complex compared to services with more standardized processes.

There is often a significant information asymmetry in healthcare, where healthcare professionals possess specialized knowledge that patients may not fully understand. This dynamic requires a high level of trust between providers and patients. Healthcare services are often time-sensitive, and delays can impact outcomes. Additionally, the perishability of time-sensitive interventions means that opportunities for certain medical procedures or treatments may expire. Healthcare is subject to extensive regulations and compliance requirements. Government agencies, accreditation bodies, and legal frameworks impose stringent standards to ensure patient safety, confidentiality, and quality of care. Healthcare services involve complex ethical considerations, such as respecting patient autonomy, maintaining confidentiality, and ensuring equitable access to care. These ethical dimensions are often more pronounced in healthcare than in many other service sectors.

The delivery of healthcare services depends heavily on the expertise and judgment of healthcare professionals. Decisions made by clinicians, based on their training and experience, significantly influence the quality and outcomes of care. Healthcare services often extend beyond discrete, isolated transactions. Instead, they involve a continuum of care, requiring

coordination and collaboration across various providers, specialties, and settings. Healthcare experiences are inherently emotional, involving individuals' well-being and often eliciting strong emotional responses. This emotional dimension adds complexity to the delivery and receipt of healthcare services. The distinctiveness of healthcare services has prompted the creation of a number of `concepts and initiatives intended to try and standardize them. The perceived level of patient satisfaction, the quality of the healthcare services provided, and the professional commitment of healthcare personnel are some of the emerging concepts currently under discussion[3].

Professional commitment (PC) is the belief in and acceptance of professional goals and values, willingness to exert considerable effort on behalf of the profession, and a strong desire to maintain professional membership. Professional commitment is the intent to build a career that is meaningful and a lifelong pursuit. It is observed that this process is dynamic and has a variety of patterns and styles[5]. Before delving into the definition of professional commitment, it is important to establish the distinctions between the concepts of career, profession, and occupation, as they are utilized in the definition of professional commitment. Professional commitment is the belief in and acceptance of professional goals and values, willingness to exert considerable effort on behalf of the profession, and a strong desire to maintain professional membership.

An occupation or vocation refers to the mastery or acquisition of knowledge and skills related to the production of goods or the delivery of services. On the other hand, a profession encompasses a set of characteristics that can vary across different occupations. These characteristics include high involvement, a sense of identity, autonomy, and a strong adherence to professional objectives and values. A career, on the other hand, encompasses both occupations and professions and involves a sequence of jobs within a particular field. To be considered a profession, an occupation must meet several criteria. These include restricted

entry, dedication, extended preparation, possession of esoteric knowledge, acceptance of a specific code of ethics and practices, and autonomy within the occupation[6].

A profession is a special type of occupation, one whose members exhibit high levels of such characteristics as expertise, autonomy, a belief in the regulation of the profession by its members. A professional community is professionals' self – identification with a profession not any others, that determines a professional community. Members of a professional community regards other members of the same profession as their major reference group, with whom they share a common set of belief, values and norms and they look to one another for support and confirmation of the meanings they ascribe to events around them, for approval and disapproval of patterns of behaviours and for evaluation of their professional performance. People prefer to associate with other members of their profession than with outsiders, and people carry work activities, interest and relationship into leisure.

There is significant relationship between team sense of community and the element of affective professional commitment. It has been discovered that social cohesiveness and effective collaboration play a major role in enhancing health care professionals. In times of crisis, teamwork—which is crucial for sharing knowledge and avoiding mistakes—becomes even more important. It helps handle complex challenges, lowering anxiety and boosting members' sense of self-efficacy. Social cohesiveness during a crisis, however, can also result in tiredness and a lack of teamwork as people recognize how little time they have to deal with the epidemic as a medical team. For instance, during the COVID-19 pandemic [7], it is becoming evident that a fresh, all-encompassing strategy is required to assess nurses' dedication and figure out how to optimize it, and consequently, their professional performance. Thus, to reinforce cooperative feeling among workers the following methods seem to be beneficial[6]: establishing an open and vast social communication among employees; establishing a friendly atmosphere based on cooperation rather than competition; and finally,

establishing educational programs to increase workers' communication ability between individuals and their listening skill and team dependency.

Professional commitment is the extent to which an individual is engaged in carrying out specific tasks within their current work environment and the importance that work plays in their life. It can range from the level of identification and involvement with the profession to the willingness to exert considerable effort on behalf of the profession and the desire to maintain membership in the profession. Professional commitment refers to the level of engagement, identification, and effort exerted by individuals in carrying out tasks within their profession. It involves a belief in the goals and values of the profession, a willingness to invest effort on behalf of the profession, and a desire to maintain membership in the profession.

In a study on accountants' professional commitment, Aranya, Pollack, and Amernic explored the strength of their identification and involvement in the profession. They modelled their study after research on organizational commitment by substituting the word "profession" for "organization." Professional commitment, in this context, indicates belief in and acceptance of the goals and values of the profession, willingness to exert effort on behalf of the profession, and a desire to maintain membership in the profession. This commitment leads to the internalization of the profession's success or failure as personal success or failure[6]. Resilience in health organizations is also impacted by organizational commitment, particularly in dire circumstances. By fostering the best possible internal communication, which supports trust and a sense of control, resilience can be fostered in both ordinary and emergency situations. Maintaining team performance over time will increase the organization's resilience by making sure that employees have time off, paying attention to their personal needs, and supporting them as professionals and individuals [7].

Commitment to excellence is an acknowledged goal for all physicians and other health care providers such as the Health Information Management Officers. Such commitment entails being available and responsive when 'on call', accepting inconvenience to meet the needs of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, advocating the best possible care regardless of the ability to pay, seeking active roles in professional organizations and volunteering one's skills and expertise for the welfare of the community. Commitment is a psychological bond that is characterized by the members' feeling of attachment, obligation and loyalty to a given organization. Commitment also describes the level of employees' acceptance of the organization's goals and the willingness they have to work towards these goals[8].

The concept of professional commitment includes professional concerns, involvement, loyalty, relationships, recognition, beliefs, ethics, internal satisfaction, professional growth, and job involvement. This concept of professional commitment can be grouped into three main categories: willingness to make an effort, appraisal of continuing one's career, and belief in goals and values. The willingness to make an effort describes the extent to which the health professional is willing to exert considerable effort on behalf of the organization. Appraisal in continuing one's career measures the degree to which employees feel that they should remain in their current jobs. Belief in goals and values measures the extent to which nurses had strong beliefs in and acceptance of the organization's goals and values[8].

The concept of professional commitment has evolved from the established construct of organizational commitment. Just like organizational commitment, professional commitment suggests that the more invested one is in a particular line of work, the more difficult it becomes to break that commitment. The key indicators of organizational effectiveness which may be applicable to professional commitment include strategy; structure, roles and capability; leadership; people, systems and processes, culture and values; employee

engagement and customer satisfaction. Other indicators include communication of vision to employees and their buy-in of the vision, employee commitment, communication effectiveness, employee care, sense of accountability for results, customer centricity, customer satisfaction, growth and survival, organizational learning and innovation[8].

Researchers in the field of organizational behaviour have started to examine both occupational and professional commitment. These two types of commitment are similar in that they involve groups of people who have expertise in specific occupational tasks. Professionals are seen as a subset of occupational communities, which are groups of people who consider themselves to be engaged in the same type of work. These occupational communities form part of their identity, and their mastery of specific tasks is a key aspect of that identity.

Organizational commitment is characterized as a shared belief and acceptance of the values and goals of the organization. It is also manifested as the eagerness to go above and beyond the call of duty to enhance the organization's goals and values, as well as the desire to maintain membership with the organization. Achieving an elevated level of employee organizational commitment is considered as one of the main goals of human resources management in many companies including those in the health sector. Indeed, there is a general conviction that organizational commitment has a positive impact upon business performance of an organization. Organizational commitment is an ongoing process through which organization’s members devote their effort for the organization and its continued success and well-being. So

commitment represents one useful indicator of the effectiveness of an organization[9].

The quality of health systems critically depends on the size, skill mix and commitment of the health workforce. Commitment has a strong association with employee retention and job

performance in health professions. For the organization, the rewards of commitment can mean increased employee tenure, limited turnover and reduced costs. In addition, it enhances greater employee job satisfaction, acceptance of organization's demands, and the meeting of organization's goals such as high quality of care[10].

In different researches, different factors are considered that affect professional commitment such as the following: organizational commitment, professional organization conflict, satisfaction with rewards, and tertiary training is likely to affect the development professional commitment at the pre- employment stage[10]. Completion of professional training is likely to affect the development of professional commitment at the entry/socialization stage. Organizational culture is likely to affect professional commitment at the entry/socialization stage, professional membership requirements and services, which should primarily affect PC during the advancement / stabilization stage. It as an indisputable fact that every employee expects a reward or recognition from his employer. Every professional normally prefers a place where their performance is assessed and rewarded accordingly. Professional commitment increases by the work experience. As employees move to higher levels in their professional and receive increased rewards and status, the costs of leaving the profession may increase and leading to higher PC[6].

Further, there is an improvement in customer satisfaction because long-tenure employees have better knowledge of work practices, and customers like the familiarity of doing business with the same employees It has been noted that a profession is a special type of occupation characterized by high levels of expertise, autonomy, and a belief in self-regulation by its members. This aligns with the concept of occupational communities and the idea that professionals have a unique set of characteristics within their respective fields.

Wallace defined professional commitment similarly to Allen and Meyer's definition of organizational commitment. Three dimensions of professional commitment: affective, continuance, and normative were identified. However, Wallace concluded that the models of organizational commitment do not fully explain professional commitment. Studies noted there is an indirect relationship between professional commitment among health professionals and the patient satisfaction and quality of health services delivered[5].

Affective professional commitment is a critical component of organizational commitment, refers to the emotional attachment and identification that employees feel towards their work, colleagues, and the organization as a whole. It is one of the three dimensions of the widely recognized Three-Component Model of Organizational Commitment proposed in 1991, alongside continuance and normative commitment[5]. Affective professional commitment is characterized by employees' positive emotional connection to their work and organization. It reflects an individual's genuine enthusiasm, passion, and sense of belonging to the organization. Employees with high levels of affective commitment tend to identify with the organization's goals and values, experiencing a deep emotional investment that goes beyond mere job satisfaction[8].

It is characterized by a strong desire to stay in the profession because individuals feel a sense of belonging and fulfilment. Individuals with high APC are more likely to experience higher intrinsic and extrinsic job satisfaction, engagement, and organizational commitment. They are also more likely to engage in extra-role behaviours and exhibit higher levels of performance[11]. Professional commitment and job satisfaction have more influence on nurses remaining in the profession than other forms of commitment. It has been suggested that individuals with higher willingness to make effort, appraisal in continuing one’s career, and belief in goals and values are more likely to experience a higher level of job satisfaction. By extension, professional commitment moderates the influence of burnout on job satisfaction. Intrinsic

factors are motivating factors (that is, personal achievement, recognition, responsibility, advancement, growth, and the work itself). Although the absence of these factors is not necessarily dissatisfying, when present, they can be a motivational force. Extrinsic factors are related to the external working environment (that is, supervision, working conditions, co-workers, pay, policies and procedures, job security, status and personal life)[11].

A number of factors contribute to the development of affective professional commitment. Organizational Support is a notable antecedent of APC. Perceived support from the organization, including fair treatment, recognition, and opportunities for professional development, have been shown to enhance employees' emotional connection. Closely related to this is the leadership provided. Effective leadership, characterized by transparency, inspirational communication, and supportive behaviour, fosters a positive emotional climate that nurtures affective commitment. Also relating to the organization is the organization culture which can favour APC. A positive and inclusive organizational culture that aligns with employees' values and promotes a sense of belonging strengthens affective commitment.

The job characteristics and the satisfaction derived from it play a role towards affective professional commitment. Meaningful and challenging job roles, opportunities for skill development, and autonomy contribute to employees' emotional investment in their work. Affective commitment and job satisfaction are interconnected. Higher job satisfaction often leads to increased affective commitment. Also important are the positive relationships with colleagues and a supportive work environment build a sense of community, which, in turn, enhances affective commitment[11]. The implications of affective professional commitment include increased job performance, reduced turnover intentions and enhanced organizational behaviour, improved employee well-being, and organizational resilience.

Employees with high affective commitment are likely to go above and beyond their job requirements, resulting in increased job performance. Affective commitment serves as a strong predictor of reduced turnover intentions. Employees who are emotionally attached to their organization are less likely to seek alternative employment. Affective commitment is positively correlated with OCB, as employees feel a sense of responsibility and willingly contribute to the organization's success beyond their formal job requirements. Higher levels of affective commitment are associated with improved psychological well-being, job satisfaction, and overall life satisfaction. Affective commitment contributes to organizational resilience by fostering a workforce that is dedicated, motivated, and willing to weather challenges together.

In order to foster affective professional commitment, effective leadership development must be emphasized. It is important to invest in leadership development programs that focus on emotional intelligence, communication skills, and creating a positive work environment. Involving employees in decision-making processes and providing opportunities for their input fosters a sense of ownership and commitment. Additionally, it will offer continuous learning and development opportunities that allow employees to enhance their skills and advance in their careers within the organization. Open and transparent communication from leadership regarding organizational goals, changes, and developments helps build trust and reinforces commitment[5].

Secondly, recognition and rewards systems that acknowledge and appreciate employees' contributions will foster a sense of value and belonging. Other means include: implementing policies and practices that promote work-life balance, demonstrating an understanding and support for employees' overall well-being, cultivating a positive and inclusive organizational culture that aligns with employees' values and promotes a sense of community and purpose.

Continuance Professional Commitment (CPC) is based on the notion of perceived costs associated with leaving the profession. It reflects the extent to which individuals feel they have to stay in the profession due to factors such as investments made (for example, time, effort, financial resources), lack of alternative opportunities, and potential negative consequences of leaving (for example, loss of benefits, seniority). CPC is associated with lower job satisfaction and lower levels of engagement, as individuals may feel trapped or obligated to stay in the profession[8]. Unlike affective commitment, which is driven by emotional attachment, and normative commitment, which is rooted in a sense of moral obligation, continuance commitment centres on the tangible costs associated with leaving a profession.

Continuance commitment has negative correlation with desirable work behaviour. It is the willingness of employee to remain in organization because of fear of losing the benefits employee is acquiring from the job. An employee may stay in an organization because he/she feels that the individual costs of leaving are also high. In developing economies, organizational commitment shows the identification level of employees with their organizational willingness to leave them, where satisfaction is one of the premeditated matters in public, private and non-profit sector[12], continuance commitment is facilitated with only one factor of size of payment. Developing economies are currently faced with more competitive global environment[1]. Similarly, it has been postulated that the low pay, limit chances for up-gradation are qualities of government sectors which avert the most educated employees from residual government agencies. Continuance commitment is the second component of Meyer and Allen's model of organizational commitment. It refers to the "awareness of the costs associated with leaving the organization". Continuance commitment is the "profit associated with continued participation and cost associated with leaving the organization". It has an effect in nature because of employee's perception or weighing of

costs and risks associated with leaving the current organization. Moreover, it is further stated by Meyer and Allen that individuals who primary link to organization is based on continuance commitment remain because they need to do so[13].

Continuance commitment often develops when individuals perceive that there are no alternatives other than to remain in the organization. It has also been stipulated that continuance commitment can be considered as an instrument connected to the organization, where individual's associations with the organization is based on the assessment of the economic benefits gained. Accrued investments and poor employment alternatives tend to force individuals to maintain their line of action and are responsible to for those individuals being committed because they need to. Individuals stay in organization because of investments they accumulate due to the time spent in the organization, not because they want to[13].

In the past, research have discussed continuance commitment will lead to behavioural outcomes, lower turnover and high performance. Highly committed employees should have a weak intention to quit. Separate studies conducted concluded a negative relationship between turnover intentions and continuance commitment. The argument was uncovered by other studies who revealed a positive relationship between continuance commitment and job performance. Committed employees are more likely not only to remain with the organization but also likely to extent more efforts on behalf of the organizational work towards its success and therefore are also likely to exhibit better performance than uncommitted individuals. It stipulated that committed employees can benefit organization in a number of ways as it can improve performance. Individuals with high level of organizational commitment provide a secure and stable workforce and thus providing competitive advantage to organization. Continuance commitment results to employees who are more creative; they are less likely to leave an organization than those who are uncommitted. Continuance commitment improves

human capital by coming up with skilled and knowledgeable, and competent employees. Continuance commitment also improves social capital such as trust and confidence, communication and team work among employees[13].

Antecedents of Continuance Professional Commitment which are the several factors that contribute to the development of continuance professional commitment include: employees who have invested significant time, money, and resources in acquiring education, certifications, or specialized training for their profession are more likely to experience continuance commitment. The perceived financial losses associated with leaving the profession create a strong sense of obligation to stay.

Individuals who have accumulated benefits such as retirement plans, stock options, or other long-term incentives are likely to feel a sense of attachment to these rewards, increasing continuance commitment. The fear of losing these benefits may act as a deterrent to changing professions. The state of the job market can influence continuance professional commitment. In times of economic uncertainty or high unemployment, individuals may be hesitant to leave their current positions due to the perceived difficulty of finding a new job. This external factor can significantly impact an individual's commitment to their current profession. The policies and practices of an organization, such as restrictive non-compete agreements or policies governing the transfer of benefits, can contribute to continuance professional commitment. When organizations create barriers to exit, employees may feel constrained to remain in their current roles.

The implications of Continuance Professional Commitment may be highlighted thus: Continuance professional commitment contributes to organizational stability by reducing turnover rates. Employees who are committed to their profession due to the perceived costs of leaving are more likely to stay with their current organization, providing stability and

continuity. Organizations that understand and address the factors influencing continuance commitment can implement strategies to enhance employee retention. Recognizing and valuing employees' investments in their professional development can foster a sense of loyalty and commitment. While continuance professional commitment can benefit organizational stability, it may pose challenges to individual career development. Employees who feel overly bound by continuance commitment may be reluctant to explore new opportunities or make career transitions, potentially hindering their personal and professional growth. Continuance commitment can have both positive and negative effects on employee well-being. On one hand, the stability provided by committed employees can create a positive work environment. On the other hand, individuals who feel trapped in their current roles may experience stress and dissatisfaction, impacting their overall well-being. Healthcare providers also need a work environment in which they can succeed beyond graduation. Many healthcare providers face challenging conditions, including inadequate and delayed salaries, heavy workloads, ambiguous responsibilities, no opportunities for growth, and poor treatment by colleagues and patients. Not only do these conditions result in burnout, mental distress, and poor retention for providers, but they also result in poorer quality care. Motivated providers are less likely to make poor decisions or medical errors and are more likely to be empathic towards patients. Good working conditions, regular pay, clinical support, and opportunities to learn and grow are essential to maintain a workforce that is motivated and committed to providing high-quality care[14].

Normative professional commitment is a dimension of professional commitment that revolves around an individual's sense of moral obligation and duty toward their profession or organization. Unlike continuance commitment, which focuses on the perceived costs of leaving, and affective commitment, which involves emotional attachment, normative commitment centres on the ethical and moral aspects of professional relationships. This

dimension is driven by a sense of moral obligation and duty to the profession. It reflects the belief that individuals should stay in the profession because it is the right thing to do, regardless of personal desires or costs. Individuals with high NPC may feel a strong sense of loyalty and responsibility towards their profession, which can lead to higher levels of organizational citizenship behaviour and a willingness to go above and beyond their job requirements[8].

The antecedents of normative professional commitment include but not limited to: Organizational Values and Culture: the values and ethical culture of an organization significantly influence normative professional commitment. When an organization prioritizes and communicates ethical principles, employees are more likely to internalize these values, fostering a sense of moral duty and commitment to upholding ethical standards.

Personal Values Alignment: individuals with strong personal values that align with the ethical principles of their profession are more likely to exhibit normative commitment. The congruence between personal and professional values enhances the individual's sense of moral obligation and commitment to ethical behaviour.

The process of professional socialization plays a crucial role in shaping normative commitment. As individuals become integrated into their professional communities, they absorb the ethical norms and values prevalent in their field, contributing to the development of a strong sense of moral duty. Educational programs and training that emphasize ethical decision-making and behaviour contribute to the development of normative commitment. Professionals who receive comprehensive ethical education are better equipped to navigate ethical dilemmas and uphold ethical standards in their practice.

Normative professional commitment is characterized by an individual's internalization of ethical norms and values associated with their profession. It involves a sense of obligation to

adhere to ethical standards, act in the best interest of stakeholders, and contribute positively to the ethical climate of the organization. Normative commitment goes beyond contractual obligations and is rooted in an individual's personal and professional values. Normative commitment has a direct impact on the ethical climate of an organization. Employees who are committed to ethical principles contribute to a positive ethical environment, which, in turn, enhances the organization's reputation. Ethical organizations are more likely to attract and retain both clients and top talent. Individuals with high normative commitment are more likely to make ethical decisions and engage in behaviour that aligns with ethical standards. This positively influences not only their personal conduct but also contributes to a culture of ethical decision-making within the organization.

Normative commitment fosters trust among colleagues, clients, and other stakeholders. When individuals believe that their peers are committed to ethical behaviour, it strengthens interpersonal relationships and collaboration. Trust is a crucial element in building a positive and productive work environment. Employees who perceive their organization as ethically responsible and align their values with those of the organization are more likely to be engaged in their work. Normative commitment contributes to job satisfaction, as individuals find meaning and purpose in their work when it aligns with their ethical principles[11].

With the possibilities of positive impact of normative professional commitment, it will be important to highlight ways by which this level of commitment can be encouraged. The strategies that can foster NPC include: Leadership plays a pivotal role in shaping the ethical culture of an organization. Ethical leaders serve as role models, exemplifying the values and behaviours expected from employees. Organizations should prioritize the development and promotion of ethical leaders to foster normative commitment. To improve and guarantee commitment and quality care, good leadership and management competences must be buttressed by regulatory structures that create accountability. Strong regulatory mechanisms,

that is, so-called regulation with teeth—and transparency through good monitoring, measurement, and reporting practices—support accountability both internally within the health sector and externally with civil society and citizens. The accountability mechanisms, in turn, should be operated by leadership and management that can pull together a complex array of regulatory domains (such as workforce, facilities, products, and service delivery) that might be administered by multiple institutions. Lessons from the regulation of medicines suggest that multipronged collaborative approaches that include a suite of regulations, mechanisms for legal redress, and training of inspectors in the public and private sector are most likely to be effective in mixed health systems. These accountability mechanisms should also include monitoring of the flow of providers between private and public practice [14].

Implementing ongoing ethical training and development programs helps reinforce ethical behaviour and decision-making. These programs can include case studies, workshops, and discussions that encourage employees to reflect on ethical dilemmas and apply ethical principles in their work. Organizations should transparently communicate their values and ethical standards to employees. This involves incorporating ethical considerations into mission statements, codes of conduct, and other organizational documents. Clear communication fosters normative commitment by providing employees with a framework for ethical behaviour.

Acknowledging and rewarding employees for ethical conduct reinforces normative commitment. Recognition can take the form of awards, praise, or other incentives that highlight and celebrate individuals who consistently uphold ethical standards in their work. Providing resources and support for ethical decision-making is crucial for fostering normative commitment. Organizations can offer guidance through ethics committees, ombudsman services, or other mechanisms that help employees navigate ethical dilemmas and make principled decisions.

Normative professional commitment may become difficult in some instances to establish. These are the challenges or criticisms of NPC. One challenge in fostering normative commitment is the presence of ethical ambiguity in certain situations. Ethical dilemmas may arise where individuals must navigate conflicting principles, making it challenging to determine the most ethical course of action. External pressures within organizations, such as performance metrics and financial targets, may conflict with ethical considerations. Employees may face challenges in adhering to ethical principles when these principles are at odds with organizational goals. Different individuals may hold diverse personal and cultural values. Fostering normative commitment becomes challenging in organizations with a wide range of values, as finding a common ethical ground may be complex.

Normative professional commitment is a fundamental aspect of ethical behaviour within the workplace. It represents a commitment to uphold ethical standards and contributes to the creation of a positive organizational culture. Organizations that prioritize ethical leadership, transparent communication of values, and ongoing ethical training are better positioned to foster normative commitment among their employees. While challenges such as ethical ambiguity and organizational pressures exist, addressing these challenges through open dialogue and supportive structures can contribute to the cultivation of a strong sense of ethical responsibility within the workplace. Ultimately, normative professional commitment not only benefits individual professionals but also contributes to the overall ethical health and success of organizations.

These three dimensions of professional commitment can have different implications for individuals and their behaviour within their profession. Affective commitment is associated with higher job satisfaction, organizational citizenship behaviour, and lower turnover intentions. Continuance commitment, on the other hand, is related to higher levels of job embeddedness, which refers to the extent to which individuals feel connected to and

dependent on their job and organization. Normative commitment is associated with higher levels of organizational loyalty and a sense of duty to the profession[11].

Overall, professional commitment is a complex construct that encompasses the extent to which individuals identify with, want to stay in, and feel obligated to their profession. It involves a strong belief in the goals and values of the profession, a willingness to invest effort on behalf of the profession, and a desire to maintain membership in the profession. The three dimensions of professional commitment - affective, continuance, and normative - each play a unique role in shaping individuals' attitudes and behaviours within their profession.

These factors can have different effects on professional commitment and can lead to various outcomes. Higher organizational commitment can lead to higher professional commitment as individuals feel a stronger connection and alignment between their organization and their profession. Higher levels of professional organization conflict can decrease professional commitment as individuals may feel torn between the demands and values of their profession and those of the organization. Satisfaction with rewards can positively impact professional commitment as individuals feel valued and recognized for their contributions to the profession.

Tertiary training can contribute to the development of professional commitment by providing individuals with the necessary knowledge and skills to excel in their profession. Completion of professional education can enhance professional commitment as individuals feel a sense of accomplishment and expertise in their field. Organizational culture can influence professional commitment by shaping the values, norms, and support systems within the organization that align with the profession. Professional membership requirements and services can strengthen professional commitment as individuals feel a sense of belonging and support from their professional community. Rewards and recognition from employers can increase professional

commitment as individuals feel motivated and appreciated for their work. Work experience can enhance professional commitment as individuals gain a deeper understanding and connection to their profession through practical application and learning. Higher job levels and increased rewards and status can lead to higher professional commitment as individuals perceive greater costs associated with leaving the profession and may feel a stronger sense of loyalty and investment.

2.1.3 Quality Healthcare Delivery

Quality care has become an important aspect in the development of healthcare services. Measuring the value of any healthcare resources level refers to healthcare quality. The main aim of healthcare is to provide medical resources of high quality to all[4]. Most people would define healthcare quality as receiving best care possible for one's illness or condition, and for many, it also includes the entire experience of receiving care-including the avoidance of errors or mistakes. Healthcare quality has varying definitions for clients, professionals, managers, policy makers, and payers. Different stakeholders have their own perspectives, interests and definitions of quality, based on the importance they place on different health-services elements. However, a widely accepted healthcare-quality definition is required for its assessment and improvement. In a study, stakeholder perceptions of what constituted high-quality healthcare services were elicited and their findings confirmed the wide variation in the definition of health care quality. This led to the "Eight Rights" definition of quality healthcare. It is defined as the Right Care in the Right Way for the Right Individual in the Right Place at the Right Time by the Right Person and for the Right Price to achieve the Right Results[4]. The pluralistic evaluation from the study revealed that quality healthcare services have different meanings for clients, providers, managers, policy makers and payers. Those healthcare quality dimensions, important to every group involved in service provision,

should be a priority for managers and practitioners. If they want to satisfy their clients, then they need to perform well on these dimensions.

Right way relates to providing services efficiently using appropriate procedures. Right place means an accessible healthcare facility with available services. Right time means that services are provided when they are wanted or needed. Right provider refers to a competent, responsible, accountable, committed, supportive, kind, friendly and honest provider. Right individual means the service is provided to the right patient. Right price means the service is provided at a price that is reasonable to the provider and affordable for the customer. Right results refer to the best possible clinical outcomes. In other words, quality healthcare can be defined as: "Consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards, which meet patient needs and satisfies providers"[4].

Table 2.1: Variations in the definition of quality of health care[4]

Group	Definitions
Patients	Meeting needs and expectations
Relatives	Patient satisfaction and value
Providers	The "right thing" to do according to "guidelines" and "patient satisfaction"
Managers	Provider and client satisfaction and efficiency
Policy makers	Patient and provider satisfaction
Payers	Patient satisfaction and cost-effectiveness (value)
Accreditation staff	Conformance to standards and customer satisfaction
Suppliers	Doing the right thing

Quality health care refers to right health services described as: appropriate, acceptable, necessary, accurate, safe, effective, comprehensive, patient-centred and excellent. his definition integrates patient needs and technical healthcare service aspects – meaning that quality should always be based on changing customer expectations or functional requirements. In professional healthcare services, quality is a subjective, complex and multi-dimensional concept[4]. Quality measures enable us to see how we perform against benchmark. Quality reflects patient satisfaction[1].

Addressing the quality of healthcare is becoming pertinent as countries begin to implement the tenets of Universal Health Coverage (UHC) as contained in the Sustainable Development

Goals (SDGs). Universal Health Coverage (UHC) stands as a fundamental and transformative goal for societies worldwide, striving to ensure that all individuals have access to the quality health services they need without enduring financial hardship. Universal Health Coverage refers to a state where all individuals and communities receive the health services, they need without suffering financial hardship. It encompasses a broad range of services, including prevention, promotion, treatment, rehabilitation, and palliative care. UHC extends beyond merely ensuring access to essential health services; it also involves the provision of these services without causing financial distress, thereby contributing to a more equitable and just society. The significance of Universal Health Coverage anchors on the following principles: health as a human right, reducing health inequalities, economic and social development and prevention and control of epidemics [14].

University Health Coverage (UHC) aligns with the principles outlined in international declarations, asserting that health is a fundamental human right. The World Health Organization (WHO) identifies access to essential health services as an integral part of the right to health, emphasizing the importance of ensuring that everyone can enjoy the highest attainable standard of health. UHC plays a crucial role in mitigating health disparities within and between countries. By ensuring that all individuals have access to necessary health services, regardless of their socio-economic status, geographic location, or other determinants, UHC contributes to a more equitable distribution of health resources. A healthy population is fundamental to a nation's social and economic development. UHC promotes productivity by ensuring that individuals can access healthcare when needed, reducing the impact of preventable illnesses on workforce participation. Healthy populations are more likely to engage in education, work, and other activities that drive economic growth. UHC strengthens health systems, making them more resilient in the face of epidemics and pandemics. A robust healthcare infrastructure that reaches all segments of the population facilitates effective

disease prevention, surveillance, and response, thereby protecting both individual and collective health [14].

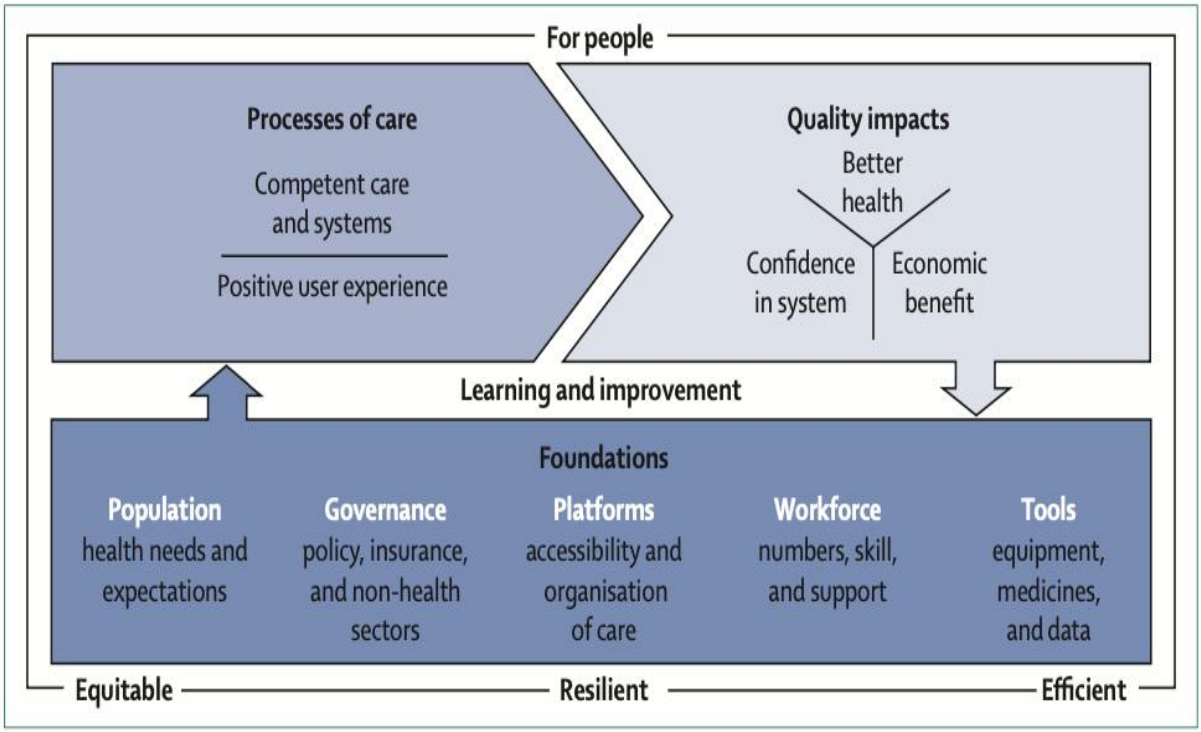

Figure 2.3: The UHC High-quality health system framework [14]

The components that make up a high-quality health system with the potential to drive high quality care are grouped into three domains. These framework domains are: quality impacts, processes of care and foundations [14]. The components within these domains are:

Better health includes level and distribution of patient-reported outcomes; function, symptoms, pain, wellbeing, quality of life, and avoiding serious health-related suffering. Confidence in the system includes satisfaction, recommendation, trust, and care uptake and retention Economic benefit includes the ability to work or attend school, economic growth, reduction in health system waste, and financial risk protection. Competent care and systems include evidence-based, effective care: systematic assessment, correct diagnosis, appropriate treatment, counselling, and referral; capable systems: safety, prevention and detection,

continuity and integration, timely action, and population health management. Positive user experience includes respect dignity, privacy, non-discrimination, autonomy, confidentiality, and clear communication; user focus: choice of provider, short wait times, patient voice and values, affordability, and ease of use. Population includes individuals, families, and communities as citizens, producers of better health outcomes, and system users: health needs, knowledge, health literacy, preferences, and cultural norms. Governance essentially addresses leadership, that is political commitment, change management; policies: regulations, standards, norms, and policies for the public and private sector, institutions for accountability, supportive behavioural architecture, and public health functions; financing: funding, fund pooling, insurance and purchasing, provider contracting and payment; learning and improvement: institutions for evaluation, measurement, and improvement, learning communities, and trustworthy data; intersectoral: roads, transport, water and sanitation, electric grid, and higher education.

Governing for quality also means recognising the importance of, and making space for, civil society in regulating the quality of care. Professional organisations that regulate their members have an important role to play in health system quality by promoting high-quality performance of their members and by sanctioning them when they fail to meet minimum standards. Self- regulation is underused in LMICs, where professional organisations mainly advocate for their membership. Experience in high-income health systems has shown that the privilege and responsibility of self-regulation promotes professionalism, the sense of accountability among professionals to people, and reduces transaction costs for governments. For example, in Canada, physicians successfully self-govern all aspects of the profession, from setting nationally uniform entrance exams to monitoring and remediating substandard clinical practice among practising physicians. However, self-regulation is not without its challenges, as exemplified by the UK, which has moved towards joint government–

professional oversight because of a series of widely publicised physician scandals. When professional groups have primary fiduciary responsibility, care should be taken to involve both practising clinicians and citizens in governance and to avoid unnecessary fragmentation of regulatory responsibilities. Professional organisations can also promote quality through continuing medical education and engaging directly with governments to address quality concerns. For example, the Philippine Medical Association has more than a century of experience in agitating for improvements in medical education, health facility infrastructure, and the regulation of pharmaceuticals [14].

Platforms include assets including the number and distribution of facilities, public and private mix, service mix, and geographic access to facilities; care organisation: roles and organisation of community care, primary care, secondary and tertiary care, and engagement of private providers; connective systems: emergency medical services, referral systems, and facility community outreach. Workforce includes the health workers, laboratory workers, planners, managers: number and distribution, skills and skill mix, training in ethics and people-centred care, supportive environment, education, teamwork, and retention. Tools such as the hardware: equipment, supplies, medicines, and information systems; software: culture of quality, use of data, supervision, and feedback.

The systematic examination of health-care quality began with the work of Avedis Donabedian, who proposed a framework for quality-of-care assessment that described quality along the dimensions of structure, process, and outcomes of care. Healthcare was defined quality as the application of medical science and technology in a manner that maximises its benefit to health without correspondingly increasing the risk. Three components were distinguished: technical quality – the effectiveness of care in producing achievable health gain; interpersonal quality – accommodating patient needs and preferences; and amenities – such as physical surroundings and organisation attributes. Currently, six dimensions of

quality of care are being focused on: safety, effectiveness, patient-centredness, timeliness, efficiency, and equity. In recent times, a seventh domain of accessibility is being added.

High-quality care involves thorough assessment, detection of asymptomatic and co-existing conditions, accurate diagnosis, appropriate and timely treatment, referral when needed for hospital care and surgery, and the ability to follow the patient and adjust the treatment course as needed. The concept of "high-quality care" is fundamental to the pursuit of optimal health outcomes, patient satisfaction, and overall excellence in healthcare delivery. It encompasses a multifaceted approach that goes beyond mere technical proficiency to incorporate aspects of safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.

High-quality care in healthcare is a comprehensive and dynamic concept that involves meeting or exceeding established standards of care across various dimensions. The Institute of Medicine (IOM) in the United States has identified six dimensions of quality: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. Each dimension contributes to the overall quality of care and reflects the intricate interplay of clinical expertise, patient preferences, and system-level considerations.

Safety is a paramount dimension of high-quality care, emphasizing the prevention of harm to patients. This includes measures to reduce medical errors, infections, and adverse events. A safe healthcare environment ensures that patients can trust that their well-being is a top priority. High-quality care is inherently effective, meaning that it achieves the desired health outcomes based on the best available evidence. This dimension emphasizes the application of evidence-based practices and the continuous evaluation and improvement of treatment modalities. Patient-Centeredness mean the patient is at the core of high-quality care. Patient-cantered care involves respecting and responding to individual patient preferences, needs, and

values. Effective communication, shared decision-making, and a focus on the patient's experience contribute to this dimension.

Timely care is a critical aspect of quality, encompassing both prompt access to healthcare services and the timely delivery of appropriate interventions. Avoiding delays in diagnosis, treatment, and follow-up contributes to improved patient outcomes. High-quality care is efficient, utilizing resources effectively to achieve the best possible results. This involves minimizing waste, reducing unnecessary costs, and optimizing workflows to enhance the overall delivery of care. Equity in healthcare emphasizes fair and just treatment, ensuring that all individuals have access to high-quality care irrespective of their socio-economic status, race, ethnicity, or other demographic factors. This dimension addresses disparities and strives for healthcare justice. A focus on equity means that high-quality health care needs to be available and affordable for all people, regardless of underlying social disadvantages. Measures of quality need to be disaggregated by stratifies of social power—such as wealth, gender, or ethnicity—and quality improvements should explicitly include poor and vulnerable people to redress existing inequities [14].

The quality of healthcare can be described in terms of excellence. t is most difficult to measure quality healthcare when defined as excellence (an elusive and abstract concept). Subjective attributes such as precision, perfection, flawlessness, reliability and safety make up the quality-composite in this category. These excellence attributes are likely to change over time. However, excellence-based definitions motivate healthcare providers to improve service quality. To achieve excellence, healthcare providers must strive for “zero defects” and “perfect” services[4]. Also, multiple healthcare-service attributes such as performance (effectiveness) and price are included in a value-based definition, which can be shown in the following equation: value = satisfaction/cost. Quality defined as value can lead healthcare providers to improve efficiency. However, they may neglect service effectiveness. Hence,

staff must concentrate on both effectiveness (conformance to specifications or meeting customer requirements) and efficiency to satisfy customers.

Quality can be described as conformance to standards and guidelines. This definition has an internal focus (that is, supply-side quality). Healthcare organisations can monitor progress towards their quality goals objectively by measuring healthcare process or outcome against predetermined criteria and standards. Objective measures can be designed to assess healthcare service quality. Therefore, provider definitions influence the kind of care they offer. However, setting appropriate specifications and standards is a challenge for healthcare providers. It depends on providers' ability to identify evidence-based standards based on patients' needs and expectations.

Quality is meeting customer needs and expectations – quality must ultimately be evaluated from the customer's perspective. This definition has an external focus (i.e. demand-side quality). Defining quality as the degree to which healthcare services meet or exceed patient expectations allows practitioners to include more subjective quality-attributes (i.e. courtesy, kindness, helpfulness and equity), critical to customer judgments. Determining and measuring customer expectations is a complex task because often customers do not know what their expectations are. Instruments can be developed to measure the gap between customer perceptions and expectations[4].

The primary goal of healthcare is to enhance patient well-being, and high-quality care is directly linked to improved patient outcomes. Effective and evidence-based interventions contribute to better health, reduced complications, and enhanced recovery. Patient Satisfaction is a key indicator of high-quality care. When patients feel heard, respected, and actively involved in their care, it contributes to a positive healthcare experience. Satisfied patients are more likely to adhere to treatment plans and engage in shared decision-making.

Trust is foundational to the patient-provider relationship. When patients receive high-quality care, they develop trust in their healthcare providers and the healthcare system as a whole. Trust is a crucial element in promoting open communication and collaboration. High-quality care is often associated with cost-effectiveness. By focusing on preventive measures, early intervention, and evidence-based practices, healthcare systems can optimize resource utilization and reduce the financial burden associated with preventable complications. Ensuring high-quality care contributes to broader public health outcomes. Effective disease prevention, early detection, and timely intervention not only benefit individual patients but also have a positive impact on community health, reducing the burden of illness and promoting overall well-being.

There are varying efforts to maximise the importance of high-quality care. Globally, there are specific efforts being made to ensure this. One of these is health information technology. The integration of health information technology, including electronic health records (EHRs) and data analytics, plays a vital role in promoting high-quality care. Health information technology supports seamless communication, improves coordination, and facilitates evidence-based decision-making. Other measures include continuous quality improvement (CQI), clinical guidelines and protocols, patient engagement and education, and interprofessional collaboration.

Despite the benefits of high-quality care across all levels and regions, there are a significant number of challenges to achieving this goal. These challenges have had greater impact in the low- and middle-income countries (LMIC), resulting into poor quality of health care. Poor-quality health has resulted into more than 8 million deaths per year in LMICs, leading to economic welfare losses of $6 trillion. Health providers in low-income and middle-income countries (LMICs) often do less than half of recommended evidence- based care actions, for

example, only two in five women who delivered in a facility were examined within 1 hour after birth [14].

Approximately one third of patients experience disrespectful care, short consultations, poor communication, or long wait times. Inadequate integration across platforms and weak referral systems undermines the ability of health systems to care for complex and emerging conditions. Less than one quarter of people in LMICs believe that their health system works well, compared with half of people in high-income countries. Clinics and providers with good performance can be found in every country and studying them can inform country- wide efforts for improvement. High-quality health care is inequitably distributed in many countries, with poor and vulnerable groups having worse quality care—both in terms of competent care and user experience. People can be especially vulnerable to poor-quality care based on particular settings of care, health conditions, and demographic factors [14].

These challenges therefore include:

Fragmentation of Care: fragmentation of care, where healthcare services are not well-coordinated, poses a challenge to high-quality care. Lack of communication among healthcare providers, especially in complex healthcare systems, can lead to gaps in care and compromised outcomes.

Resource Constraints: limited resources, both financial and human, can pose significant challenges to delivering high-quality care. Healthcare systems with constrained resources may struggle to invest in technology, infrastructure, and workforce development necessary for optimal care.

Health Disparities: disparities in access to healthcare services, often influenced by socio-economic factors, contribute to inequities in high-quality care. Addressing these disparities requires a concerted effort to promote inclusivity and reduce barriers to care.

Resistance to Change: implementing changes to improve the quality of care may encounter resistance from healthcare providers accustomed to established practices. Overcoming resistance and fostering a culture of continuous improvement are essential for achieving high-quality care.

Summarily, these challenges can be grouped into three main dimensions. They are dimensions which make people especially vulnerable to poor-quality care: settings of care, conditions, and demographic factors. Within settings of care, vulnerability is greater for individuals on the margins of mainstream services or displaced from home, such as those who are in a humanitarian crisis or in refugee camps, internally displaced, living in informal settlements, prisoners, and migrant populations. People with stigmatised conditions can face worse treatment in the health system than others; these conditions can include HIV and AIDS, mental health and substance abuse disorders, and some reproductive health services such as abortion. Finally, previously recognised social and demographic factors that indicate asymmetric power, such as gender, age, sexual orientation, ethnic group, disability, and insurance coverage, can predispose people to experiencing poor-quality care [14].

Perhaps paradoxically, because of the prevalence of poor-quality health care, patients in low-income and middle-income countries tend to report high satisfaction with the care received. In a study across eight low-income countries, 79% of patients and caregivers reported being very satisfied with the care received during consultations in which providers did less than half of essential clinical actions [14]. This percentage ranged from 75% for care of sick children to 85% for family planning. High satisfaction with health care is common across low-income and middle-income country surveys, but patient satisfaction as a measure of quality should be carefully interpreted. Although satisfaction is influenced by the quality of care, it is also influenced by care accessibility, costs, health status, expectations, immediate outcomes of care, and gratitude. Additionally, satisfaction measures can be subject to substantial survey

bias. Low expectations of what constitutes good quality might be a consequence of the prevailing poor-quality care, low agency, and inadequate functioning mechanisms to hold systems accountable. Other studies have also shown that patient satisfaction surveys are influenced by acquiescence bias [14].

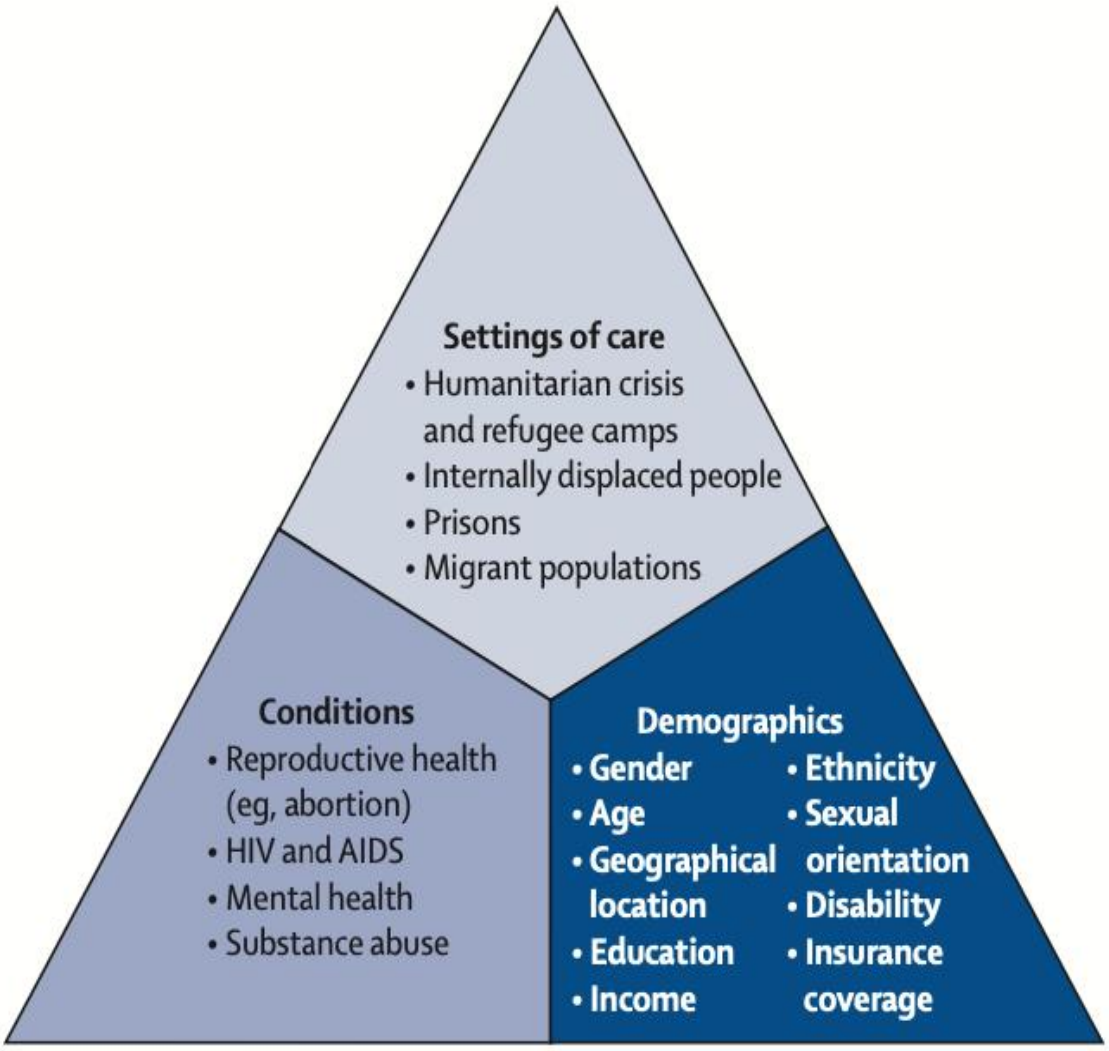

Figure 2.4: Dimensions of Challenges to Good Quality Health Care [14]

The quality of care that people receive also has important consequences for their confidence and trust in their government and health system, which can affect their decisions of when and where to seek care. In a study across 45 LMICs, only 24% of people stated that they believe that their health system worked "pretty well" and that only minor changes were necessary to

make it work better. In comparison, 47% of respondents agreed with the same statement in 11 high- income countries, ranging from 24% in the USA to 61% in the UK [14].

Patients' healthcare service-quality perception has been found to influence their choice of a healthcare setting or recommending it to family or friends. Therefore, healthcare managers and practitioners are continuously brainstorming on quality improvement programmes that will maintain high patient-satisfaction levels. These represent an environment to provide quality medical services and improving operational efficiency including leadership, operations management, human resource management, and information management. The continuity of medical services can be divided into the provider aspect for care services and the patient aspect as the recipient of healthcare. In case of the provider aspect, the following is included proper equipment and a physical environment for providing safe care; skills and qualifications of staff for implementing care service; and the appropriate use of medicine and equipment.

In contrast, for the patient perspective, the continuity of medical services can be regarded as the degree of care improvements for prevention and treatment of disease[15]. Healthcare organizations need to provide a safe and pleasant treatment environment to not only patients and employees but also to all the customers of the hospital. The care environment should be where patients can feel comfortable and safe for receiving needed services for disease treatments, diagnosis, and prevention. The provider must strive to understand what consumers need or want to meet or exceed their service expectations. Accordingly, healthcare organizations can achieve patient satisfaction by doing things right for quality care that exceeds customer expectations.

Suggested ways to improve the quality of health care include: Periodically testing the effect of innovations in the preservice education of health professionals on delivery of competent

and respectful care; evaluate effects of quality-centred health service design on health, user experience, equity of care, and health system function; explore individual and combinations of interventions to generate community demand for quality, including dissemination of locally relevant information and innovations that use new technologies; refine the best design for district-level learning strategies (for example, quality improvement collaboratives and other approaches); analyse the effects of legal, performance, and social mechanisms to promote accountability in low-income and middle-income countries; test management innovations and intrinsic and extrinsic approaches to motivate providers; and measure the costs and cost-effectiveness of improvement approaches and their sustainability.

2.2 Theoretical Framework

2.2.1 Consonance Theory

The consonance theory of patient satisfaction was proposed following deductions made from critical review of existing literature on patient satisfaction with respect to nursing care. This theory postulates that patient satisfaction is the outcome of the consonance between the patient's expectations of care and the actual care received[16]. This extends to the patient's health-related outcomes and the institution's quality of care. The theory recognises the active roles of patients and healthcare providers alike, and how their harmonious interaction can achieve a shared goal which is patient satisfaction. In essence, the theory provides a pragmatic way of understanding and achieving patient satisfaction as it relates to healthcare professionals[17].

The Assumptions of the Consonance Theory

1. The patient plays an active role in his or her care.
2. Patient's expectation of care dictates his or her level of satisfaction to actual care received.

3. Individualised care is based on patient's health care needs and is a precursor of patient satisfaction.

4. Patient satisfaction is both an outcome of care and a precursor of the patient's health-related behaviours and the institution's quality of care.

From the above assumptions, some key concepts are brought to the fore and their operational definitions are hereby discussed. These concepts are the building blocks of the consonance theory linked together by certain propositions. Care expectation refers to the patient's personal standard of care based on his or her health needs, previous care experience and perception of ideal care.

Individualised care: this refers to the care provided by the healthcare professional based on the assessment of the patient's needs and preferences. These aspects of individualised care vary among patients. The necessary information must be collected and utilised so the patients can experience their unique individuality. They appreciate when their individuality is being recognised and taken into consideration. It has three components namely: the clinical situation- which is the patient's individual reaction to the clinical aspects of their care; the personal life situation- which refers to the personal and background issues the patient may have; and the level of decisional control over care that the patient is able and willing to achieve.

Patient satisfaction: it refers to the outcome of the consonance between the patient's expectation of care and actual care received from the healthcare professional. This concept is also a precursor for health-related outcomes and the health institution's quality of care.

Institutional Quality of Care: it refers to the efficiency of services and systems of a health care institution. It is composed of variety of services such as the medical care, nursing care, and so on.

Health-related outcomes: it refers to the positive and negative behaviours that the patient obtains from interacting with the healthcare professionals. This is influenced by their satisfaction of the actual care received.

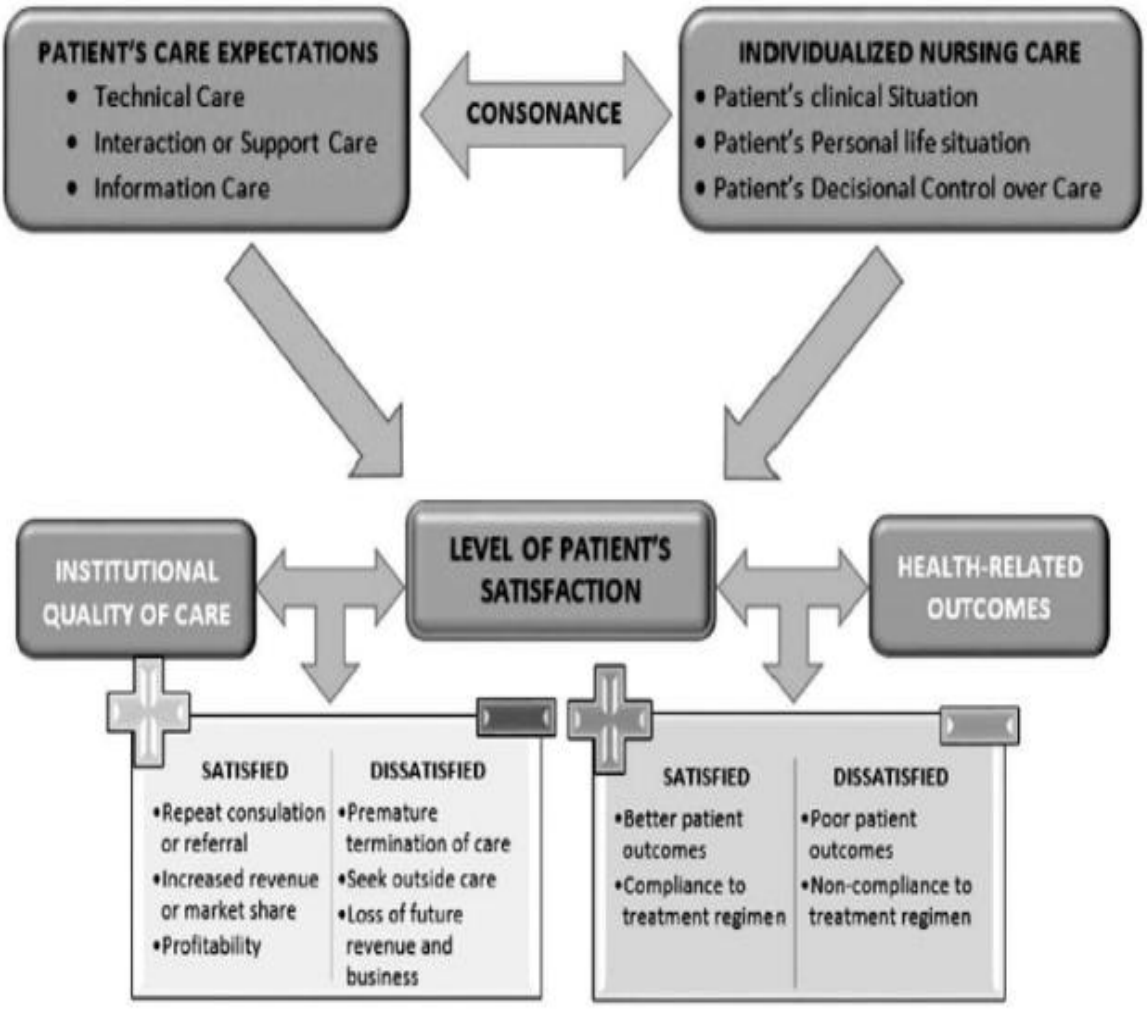

Figure 2.5: Theoretical model of Consonance Theory[17]

Propositions of the Consonance Theory

One of the propositions of the Consonance theory is that the healthcare professional has the responsibility of identifying the needs and expectations of a patient to provide individualised care. To ensure consistent patient satisfaction, information should be obtained before care is delivered, not at the end of a care episode. Assessing patient's preferences should be a part of

the initial assessment made by the healthcare professional. This helps to bridge the gap between the patient's and healthcare professional's perception of quality of care[17].

Individualised health care is designed in consonance to the needs and preferences of a particular patient at a particular time recognizing the context in which the care is provided. The context in which the care is provided must be recognised as such care requires the healthcare professional to take account of the patient's beliefs, values, hopes, needs and desires. The perception of individualised health care is the provision of support for individuality during specific interventions and care delivery generally. Individualised health care increases patient satisfaction and promote positive patient outcomes. Health-related outcomes are influenced by patient's satisfaction and the actual experience of individualised health care that is in consonance to his or her expectations of care. Patients who are satisfied with the care provided are important for the health institution because they will more likely comply with the instructions and advice of the healthcare professional and will most likely obtain better treatment results. Conversely, an unsatisfied patient will likely not cooperate during the care and treatment process[17].

Another proposition of the Consonance theory is that institutional quality of care is represented by the actual health care the patient received and this is determined by patient satisfaction. Patient satisfaction with health care services rendered is the most important predictor of patient's overall satisfaction with their hospital care. Prior to recent times, the quality of healthcare is usually defined by healthcare providers from a technical perspective. Today, literature is emphasizing the importance of patient's perspective in assessing the quality of care. Patient's perspective is increasingly being viewed as the meaningful indicator of health services quality and may represent the most important perspective. Patients' opinion about the care they receive are highly influenced by their experiences during hospitalization. Their opinions about the health care they received has been found to be an important outcome

indicator for quality health care. Furthermore, the assessment of quality of health care represents a complex mixture of needs, expectations of care and the experience of care. A satisfied patient is usually loyal to his healthcare provider and will use the services of the given healthcare facility if a need arises for it in the future. He will also likely recommend the facility to other customers. An unsatisfied patient prematurely ends treatment and looks for help elsewhere. The healthcare facility must then bear the costs linked with the loss of an unsatisfied patient and with obtaining new patients[17].

Patient satisfaction is the outcome of the consonance between the patient's expected of care and actual care received from the healthcare professional; as well as a precursor of patient's health-related outcomes and the institution's quality of care. Patient satisfaction is viewed both as a dependent variable of quality of care, as well as a predictor of subsequent health-related behaviour. It represents a complex mixture of perceived need, expectations of care, and the experience of care. Patient satisfaction is mainly determined by the patient's expectation regarding the care they should receive and their perception of delivered care services. The patient who experiences the quality of healthcare services provided as better than expected will report a higher level of satisfaction with his hospitalization. Dissatisfaction arises when patients' expectations were not fulfilled. Since patients' satisfaction is an indicator of institutions' quality of care, it is necessary to often evaluate patient satisfaction in order to determine the quality-of-care practices in particular and in general. When the patient has a positive experience with health care, it will be positive for the healthcare professional and the entire health institution as well[17].

Finally, on the propositions of the consonance theory, the harmonious relationship between the patient and the healthcare provider is an avenue for both to achieve their shared goal which is patient satisfaction. The goal of the healthcare professional is the patient's well-being, and this is realised through the interaction between them. This is an experience

transpiring in whatever cultural context or healthcare setting in the world. The bonding between the healthcare professional and the patient directly affects patient satisfaction, thus pointing to the importance of provider-patient relationship in bringing about the outcomes of care. Provider-patient bonding should be fostered and strengthened in every interaction to enhance patient satisfaction[17].

2.2.2 Commitment Theory

Patient commitment signifies a situation in which patients choose or use the healthcare institution for their services when they need healthcare services again[18]. Loyal patients might recommend the healthcare institution that they prefer to other people needing healthcare services and they will act more tolerant when they encounter problems with the healthcare institution in question. Non-loyal patients, on the other hand, may stop using the healthcare services provided by the institution and change their institution or physician[19]. For this reason, healthcare institutions pay attention to meeting the needs of patients and seeking to establish close relationships, which can attach importance to building trust among the patients[18]. If not, the negative experiences of the patients might harm their trust and commitment[20].

Trust is a concept closely related to the nature of the interactions among the patients, healthcare institutions, and systems while laying the foundation for a healthy society and maintaining the health of society[21]. In other words, patient trust denotes the belief of the patient that their physician will tend to their needs in the best way and that they will provide the proper medical care[22]. Furthermore, it signifies the way that the patient has faith in the services that they receive in order to regain their health.

Although patients are vulnerable and dependent on decisions made by healthcare providers, trust can reinforce the relationship between the patient and service provider by building cooperation and privacy in treatment[23]. The development of the patient's sense of trust can

affect the use of health because a patient with a developed sense of trust may apply to the healthcare institution for treatment at the first stage of the disease. However, if a patient has not developed a sense of trust, this patient may not apply to the health institution for treatment or seek healthcare for treatment unless his/her illness worsens[18]. At the same time, the patient's trust can both affect the service and/or be affected by the service as a patient having a sense of trust in the service provider can participate in every stage of the treatment and share his/her private information with the doctor easily. In addition, the doctor can provide the required treatment for the patient and avoid unnecessary examinations[18]. Thus, improving the sense of the patient trust can decrease their negative attitudes and behaviors[18].

2.2.3 Healthqual Theory

The HEALTHQUAL theory is a conceptual framework that aims to improve the quality of healthcare services provided to patients. It emphasizes the importance of patient-centred care, evidence-based practice, and continuous quality improvement. According to the HEALTHQUAL theory, healthcare quality is determined by several key factors. Patient-cantered care refers to providing care that is respectful of and responsive to individual patient preferences, needs, and values. It involves involving patients in their own care decisions, promoting shared decision-making, and ensuring that patients have access to information and resources to actively participate in their healthcare. Evidence-based practice is when healthcare providers should base their clinical decisions on the best available evidence from scientific research. This requires staying up to date with the latest research findings, critically appraising the evidence, and applying it to individual patient circumstances.

The HealthQual theory emphasizes the importance of ongoing monitoring and evaluation of healthcare services to identify areas for improvement. This involves collecting and analysing data on patient outcomes, patient satisfaction, and other performance indicators to identify

gaps in care and implement strategies to address them. The HealthQual theory also recognizes the importance of interdisciplinary collaboration and communication in delivering high-quality healthcare. It encourages healthcare providers from different disciplines to work together as a team, share information, and coordinate care to ensure optimal patient outcomes.

Managing quality in healthcare services requires an efficient and integral approach for collecting information about user care. In this sense, HEALTHQUAL is a multidimensional scale to measure the quality of services in modern medical care that evaluates items from the patient's perspective. The set of items considers dimensions such as improvement in care services, quality, efficiency, safety, and empathy and loyalty of healthcare users.

Since the first proposed the idea of measuring healthcare service quality, many dimensions have been used, and these have changed based on the direction of study. An effective and comprehensive strategy for gathering data regarding patient care is necessary for managing the quality of healthcare services. For many years, organizations in the health and other sectors have utilized SERVQUAL, a multidimensional scale with good validity and reliability, to evaluate quality. Furthermore, modifications made to the SERVQUAL scale for use in the healthcare industry have made it possible to assess how patients perceive the calibre of services and care provided in medical facilities[24].

Table 2.2: The Domains of HEALTHQUAL Theory[25]

Domain	*Description*
Environment	*Physical facilities, buildings, equipment, and HCPs.*
Empathy	*Interactions between HCPs and recipients, containing characteristics such as respect, courtesy, humility, empathy, help, and accountability.*
Efficiency	*Optimal use of resources, represented cost-outcome ratio, and involved factors such as waiting time, speed of service delivery, and value of services received for costs paid.*
Effectiveness	*Meeting the goals of customers (patients), incorporating safety and comprehensiveness of services received, pain relief, and expected health*
Efficacy	*The extent to which HCPs could achieve their goals.*

The HEALTHQUAL scale is actually an adaptation of the SERVQUAL scale for the context of use in health centres. The HEALTHQUAL scale has four variables that influence the perception of quality, which in turn points to satisfaction[26]. Although various existing scales include most of the items suggested by previous studies, HEALTHQUAL may require modifications or changes over time; thus, by continuous improvement, it can more precisely measure the quality of medical care provided to patients, considering different geographical areas, local cultures, and other factors. Therefore, although adaptations of the HEALTHQUAL survey are frequently used to measure perceived satisfaction, to date [6]. Studies using the HEALTHQUAL scale usually include four components, namely, healthcare personnel, efficiency measures, nonhealthcare personnel, and physical facilities, or include five components—empathy, tangibles, safety, efficiency, and improvements of care service[27].

The purpose of developing the HEALTHQUAL scale was to provide a diagnostic methodology for objectively evaluating all-encompassing care service quality of hospitals by internal and external customers. The dimensions of HEALTHQUAL include most important criteria for evaluating healthcare providers (public and private, clinics, specialty hospitals, etc.), such as multi-stage care delivery processes, facility and technology, and management systems[15]. As such, the following guidelines may be helpful in ensuring the most appropriate and effective use of HEALTHQUAL by all stakeholders:

1. The HEALTHQUAL scale can be used in its entirety as much as possible to measure care quality by both patients (customers) and medical staff/ administrators (providers). The patients can use the scale to express their opinions and perceptions of the care they received based on their experiences versus expectations. This information is of great importance to the administrators of the provider concerning how their care services are viewed by the customers. The scale used by medical staff/administrators of hospitals can be viewed as internal self-evaluation of their care quality. A comparative analysis of the two sets of evaluations (customers and medical staff/ administrators) can provide much insight about where the hospital should improve in providing better information to the patients, enhance care quality, and/or invest more resources to respond to customers' needs. The patients or potential patients can use the HEALTHQUAL scores of hospitals in their decision-making process in selecting the best care provider for treating their current medical issues.

2. The HEALTHQUAL scale includes most of the criteria suggested by previous studies and certification organizations. However, the scale items used may need modifications or change over time. Thus, the accumulated data of HEALTHQUAL will be very useful in continuously updating and improving the criteria used to objectively measure healthcare quality by both patients and medical staff.

3. The use of HEALTHQUAL can be fruitfully supplemented by additional qualitative and quantitative research to discover key problem care areas in different care conditions (e.g., different type of diseases, size and type of hospitals, different geographic areas) to customize the scale.

HEALTHQUAL can serve as an objective framework to conduct comparative studies of care quality performance among hospitals in different environments (regions, countries, ethnic groups, etc.) for continuous improvement in care quality.

2.3 Review of Empirical Studies

2.3.1 Professional Commitment and Patient Satisfaction in State Hospitals

Professional Commitment in hospitals refers to the dedication and loyalty of healthcare workers to their roles, responsibilities, and the organization they work for. It encompasses their engagement, motivation, and the extent to which they align with the hospital's goals and values. Organizational commitment is an integral part of effective human resources management, which can have a significant effect on customer satisfaction, since more committed health professionals provide better care, and that leads to better outcomes. In addition to these advantages, organizational commitment enables to reduce absenteeism and reduce staff turnover, which contributes to more cohesive organizations. In organizations with a high degree of complexity, such as healthcare organizations, organizational commitment must be given special attention, as the professionalization and retention of highly qualified staff is essential to maximize efficiency / productivity and, consequently, obtaining better health outcomes. Committed human power pushes an organization to achieve its goals, but non-commitment can lead to increased medical errors, prolonged inpatient admissions, and repeated hospitalizations leading to low quality of healthcare provision.

Previous studies have highlighted the significance of Professional Commitment in healthcare organizations. A study investigated the effect of healthcare workers' emotional commitment on performance through organizational trust among 420 health workers working in various hospitals. The result of the study's data analysis proved that continuance commitment and normative commitment have a positive effect on organizational trust. While continuance commitment had a positive effect on performance, normative commitment did not have a positive effect on performance. It was observed that organizational trust has a positive effect on performance. While the partial mediating effect of continuance commitment on performance through an organizational trust has been proven, there was no positive effect of normative commitment on performance through the organizational trust was observed[28].

The findings of a study observed that the affective commitment of the participants was high, whereas other organizational commitment perceptions were moderate. Participants' perceptions of organizational commitment differ according to gender, age, professional seniority, position and working duration. Previous studies have highlighted the significant impact of Professional Commitment on patient satisfaction in various types of hospitals[29]. Research has shown that organizational commitment among healthcare workers positively influences patient satisfaction in primary care settings. Additionally, patient satisfaction is crucial for evaluating healthcare quality, with satisfaction levels affecting loyalty and perceptions of service quality. A comparative study in the Kingdom of Saudi Arabia found that while overall patient satisfaction did not significantly differ between government and private hospitals, certain aspects like the attitude, behaviour, and communication of doctors and staff were rated higher in private hospital[29]. Moreover, patient satisfaction has been found to positively correlate with patient commitment, with satisfaction levels significantly impacting commitment to the healthcare institution visited[30].

Patient commitment in healthcare refers to the active role patients play in their own care, moving away from the traditional passive role. Patients' commitment involves engaging in decision-making processes, demanding quality services, and participating in treatment evaluations to improve healthcare systems globally[31]. Studies show that patient satisfaction is positively influenced by the organizational commitment of healthcare professionals, emphasizing the importance of a compassionate and respectful approach in providing high-quality care[32]. Furthermore, patient commitment is crucial in chronic conditions like heart failure, where strategies such as health coaching, public commitment, structured goal setting, peer accountability, and financial rewards can enhance self-management and promote healthier lifestyles among patients[33].

Professional Commitment and patient satisfaction play crucial roles in the healthcare system in Nigeria. Healthcare delivery in the present day involves not just treating the patient but also paying attention to the overall satisfaction the patient derives while obtaining the service. This has made satisfaction in healthcare services a top priority for both healthcare professionals and patients. However, the costs of healthcare services continue to be key sources of hardship for many households, hence the introduction of the National Health Insurance Scheme (NHIS) service in Nigeria to lessen the financial burden of accessing healthcare. Studies in various healthcare facilities in Nigeria have shown that patient satisfaction is significantly influenced by factors such as accessibility, reliability, waiting time, cleanliness, staff friendliness, and communication[34, 35, 36]. A study investigated how patient satisfaction is impacted by NHIS service in a teaching hospital in Nigeria. The study found that accessibility, reliability, and waiting time have a significant impact on patient satisfaction with NHIS services[34]. The study recommended that a more efficient and sustainable model should be designed and implemented in hospitals to minimise waiting time by engaging more health professionals and experts, as well as re-engineering the existing

patient flow should be incorporated into the model[34]. The study concluded that empirically investigating the quality of NHIS services and patient satisfaction in healthcare is important as it increases the understanding of service quality and patient satisfaction in particular, as well as service marketing in general, thereby laying the groundwork for future research. The management of healthcare organisations will be able to spot any unsatisfactory service elements, which will serve as the basis for designing effective strategies to raise service quality in the healthcare industry[34].

A study adopted a descriptive cross-sectional survey employing quantitative data collection method to assess patients quality of care and level of satisfaction in healthcare facilities in Cross River State, Nigeria. The study showed that majority of the respondents were satisfied with the services provided by healthcare professionals on their current admission; more than half of the respondents were satisfied with previous care received; about half of the respondents complained about long waiting time to be seen on admission; more than half of the respondents strongly disagreed that the hospital/ward environment into which they were admitted was clean and conducive, with a significant proportion who were unable to get all the prescribed drugs from the facility, while just of those not satisfied could recall some instances/aspects of healthcare they were not satisfied with where recalled poor attitude of healthcare professionals[35].

A study conducted among adult hypertensives attending the Medical OutPatient (MOPP) Clinic of the Federal Medical Centre, Asaba observed that patient satisfaction is not only linked to improved medication adherence but also impacts overall clinic satisfaction and healthcare outcomes, particularly in managing chronic conditions like hypertension[37]. Furthermore, the commitment of healthcare professionals to providing quality care, including addressing patients' healthcare issues, contributes to enhancing patient satisfaction and loyalty, ultimately improving the overall quality of healthcare services in Nigeria[38]. Efforts to

improve service quality, communication, and timeliness of care delivery are recommended to enhance patient satisfaction and healthcare outcomes in the Nigerian healthcare system.

Healthcare professional commitment plays a crucial role in patient satisfaction in Nigeria, particularly in the southern region. Studies emphasize that patient satisfaction is significantly influenced by factors such as accessibility, reliability, waiting time, and the quality of care provided by healthcare professionals[34, 39]. Additionally, the well-being and quality of work-life of healthcare professionals have been identified as key factors affecting the quality of care delivered to patients, highlighting the importance of ensuring improved work-related factors and the well-being of healthcare professionals to enhance patient satisfaction[40].

2.3.2 Quality Healthcare Delivery and Patient Satisfaction in State Hospitals

Quality healthcare delivery encompasses various essential aspects to ensure optimal patient outcomes and satisfaction. It involves providing safe, effective, timely, efficient, equitable, and patient-centered care[41]. Quality healthcare is characterized by a culture of excellence and the achievement of desired health outcomes[42]. This includes delivering services that are accessible, appropriate, available, affordable, integrated, and consistent with current professional knowledge[43]. To enhance healthcare quality, it is crucial to focus on continuous process improvement, defect prevention, and meeting patients' needs and desires[43, 44]. Quality indicators, such as cesarean section rates and the use of tools like the Robson classification, play a vital role in monitoring, evaluating, and improving the quality of care provided to patients[44].

Quality health delivery plays a crucial role in determining patient satisfaction across various healthcare settings. Studies have consistently shown a significant relationship between different aspects of healthcare service quality and patient satisfaction. A study highlighted the importance of embodiment, reliability, reassurance, responsiveness, and empathy in

achieving patient satisfaction[45]. The study utilized a quantitative research method with a cross-sectional design. It involved accidental sampling techniques to gather data from 66 respondents. The study's results revealed significant relationships between the quality dimensions and patient satisfaction. The analysis showed that 80.3% of the respondents were satisfied with the aspect of both embodiment (physical appearance of the facilities, equipment, and staff) and reliability (the accuracy and dependability of service delivery), the satisfaction level for responsiveness (the promptness and willingness of healthcare providers to assist patients), reassurance (covers the competence, courtesy, and credibility of healthcare providers), and empathy (encompasses the care and individualized attention provided to patients) was 75.8%, 90% and 83.3% respectively[45]. The statistical analysis confirmed that all these variables had significant p-values, indicating strong relationships with patient satisfaction. The study concluded that quality health services significantly impact patient satisfaction. Patients tend to feel more satisfied when they perceive that the healthcare services provided are reliable, empathetic, and responsive, and when the healthcare environment is physically appealing and reassuring[45].

A study further support these findings by demonstrating the relationship between patient satisfaction and reliability as well as responsiveness in healthcare services[46]. The study utilized a quantitative research method with an analytical survey approach, using a cross-sectional design. The population consisted of all BPJS patients in the Inpatient Room of Grandmed Lubuk Pakam Hospital. A purposive sampling technique was employed to select 50 participants. Data collection methods included primary data (collected through structured interviews with respondents) and secondary data (obtained from BPJS claims and Inpatient Registration at the hospital)[46]. The study found significant relationships between certain dimensions of health service quality and patient satisfaction. There was a significant relationship between reliability and patient satisfaction. Patients who experienced reliable

services were more likely to be satisfied. A significant relationship was also found between responsiveness and patient satisfaction. Patients valued prompt and responsive service. There was no significant relationship between tangible, assurance, and empathy dimensions with patient satisfaction (tangible, assurance, empathy)[6].

Additionally, a study delve into the unique context of military hospitals, showing how the interaction quality of service delivery influences patient satisfaction and loyalty, emphasizing the mediating role of patient satisfaction in this relationship[47]. The analysis was conducted using SmartPLS (Partial Least Squares Structural Equation Modeling) to assess the quality of the study instrument and to test the research hypotheses[47]. This method was employed to evaluate the link between the interaction quality of service delivery, patient satisfaction, and patient loyalty . he structural equation modeling outcomes revealed that the ability of health personnel to implement high-quality interactions during service delivery significantly influences patient satisfaction, patient satisfaction was found to mediate the relationship between interaction quality and patient loyalty, and high levels of patient satisfaction due to quality interactions lead to increased patient loyalty[47]. The study confirmed a strong interaction between the quality-of-service delivery, patient satisfaction, and patient loyalty[47].

Quality healthcare delivery in Nigerian hospitals is closely linked to patient satisfaction, as evidenced by various studies. Research in Cross River State and Oyo State revealed that patient satisfaction levels were notably high, with a significant proportion expressing satisfaction with healthcare services provided[35, 48]. A study found that patient satisfaction levels in the Ibadan South-west Local Government Area (LGA) of Oyo State, Nigeria were moderate, with an overall positive response rate of 67.9%[48]. The dimensions that recorded the highest positive response rates were communication (84.5% of the patient felt doctors were good at explaining medical tests and procedures) and interpersonal manner (75.7% of the patients felt doctors treated them in a friendly and courteous manner). The financial

dimension recorded a low response as over 37% of patients felt they had to pay more for medical care than they could afford[48].

This study assessed patients' quality of care and level of satisfaction in healthcare facilities in Cross River State, Nigeria[35]. Over 70% of respondents were satisfied with the services provided by healthcare professionals on their current admission. However, about half complained of long waiting times to be seen. More than half of the respondents strongly disagreed that the hospital/ward environment was clean and conducive, and a significant proportion (over 80%) were unable to get all the prescribed drugs from the facility. Factors associated with patient dissatisfaction included long waiting times, unclean healthcare environments, inability to obtain prescribed drugs, and poor attitudes of healthcare professionals[35]. These factors were linked to poor work environments and mental health issues among healthcare staff. The study recommended improvements in cleanliness and amenities in healthcare facilities, ensuring availability of drugs and supplies, reducing waiting times, and enhancing professional communication between healthcare providers and patients to improve patient satisfaction and quality of care[35].

Furthermore, the impact of the National Health Insurance Scheme (NHIS) on patient satisfaction in a teaching hospital in Nigeria highlighted the significance of factors like accessibility, reliability, and waiting time in influencing patient satisfaction with healthcare services, underscoring the need for efficient service delivery to improve overall patient satisfaction levels[34].

Patient satisfaction has been defined in a number of ways by various researchers. One of these definitions describes patient satisfaction as a perceived index of patient care measured by metrics such as expectations of care. In a study in Taiwan, they investigated how professional commitment could influence patients' perceived care[26]. Professional commitment positively influenced overall patient satisfaction and overall patient-perceived

care quality. Furthermore, professional commitment positively influenced all patient satisfaction Professional commitment also positively influenced care quality in terms of responsiveness.

A study more recently examined patient satisfaction in Ethiopia across varying health institutions. They precisely examined the variation in patient satisfaction between private and public health institutions. In public hospital, the patient satisfaction was affected by being in the age group of 41–50 years, duration of stay in the ward, cleanliness of the ward, and admission history. In private hospital, the patient satisfaction was affected by history of admission, ward space, the perceived capacity of nurses and pharmacy services[16]. In other words, the patient satisfaction towards nursing care in public hospital was lower compared to the private hospital, though no statistical difference observed. Illness history, cleanliness of the ward, nurses make adequate visits and get their support when needed, adequacy of ward space, the perceived capacity of nurses, and access to pharmacy services were positively associated with patient satisfaction.

Other patient-related metric often highlighted in many of these studies is patient safety. It is also a measure of the quality of health care delivery. A study designed a cross-sectional survey in Jordan to assess the level of professional commitment among Jordanian registered nurses and examine how professional commitment among nurses relates to patients' safety. Nurses' professional commitment was significantly and positively correlated with patient safety. Registered nurses perceived that their level of commitment was medium, with the highest mean recorded for nurses working in governmental hospitals. The level of perception of issues related to patient safety was slightly higher than the midpoint. Nurses' professional commitment was influenced by gender, nursing experience in current hospitals, current hospital sector, and monthly salary. Patient safety was influenced by nurses' educational level[49].

2.4 Conceptual Model

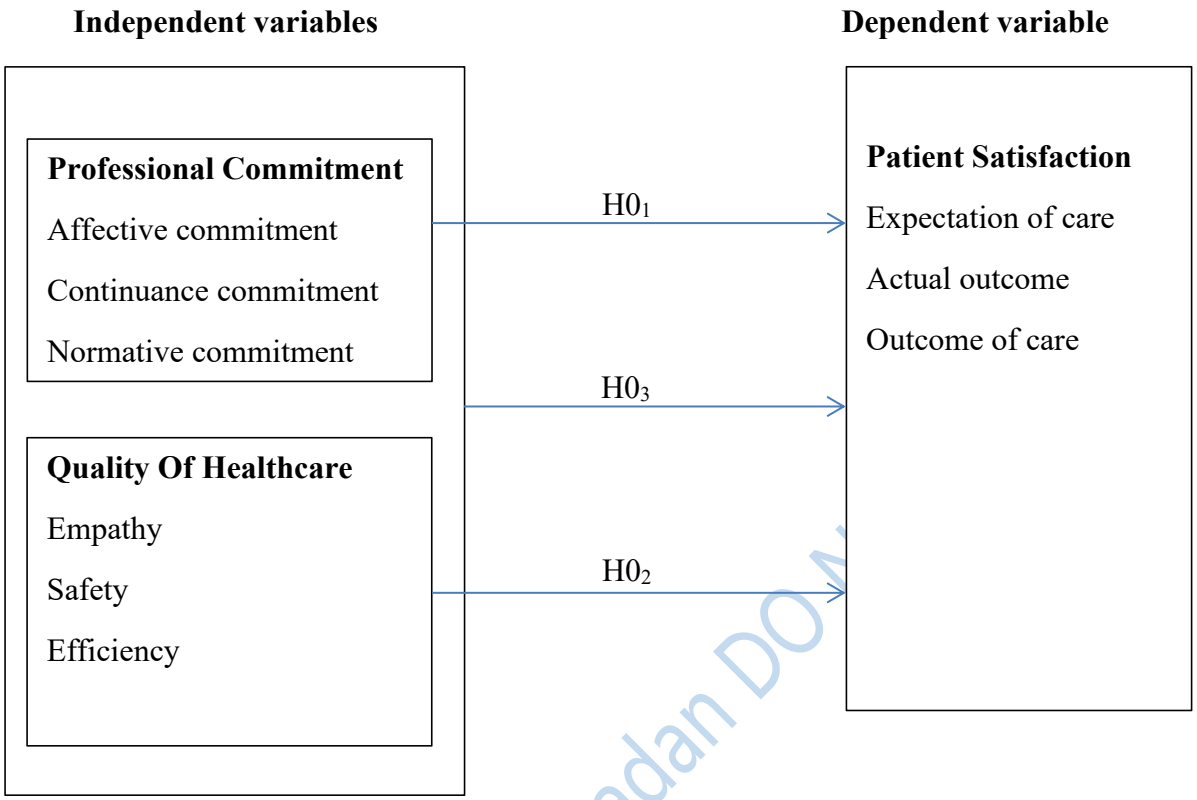

Fig. 2.6: Conceptual model showing the interaction of the independent variables with dependent variable.

Source: The Researcher, 2024

2.5 Summary of Literature Reviewed

This chapter has reviewed related literature relevant to this research work. The reviewed literature on the concept of service quality, professional health commitment, and patient satisfaction explores empirical findings and discusses different contexts and criteria of healthcare practices. Literature is replete with various meanings of service quality in the healthcare sector, with increased clamoring for quality service from all stakeholders involved, especially the health information management professionals. Healthcare organizations or institutions provide health-related services that encompass preventive, curative, and therapeutic services rendered to patients who are the healthcare consumers.

Patient satisfaction is a critical indicator of healthcare quality, reflecting the extent to which patients' expectations are met or exceeded. Patient satisfaction with healthcare quality plays a vital role in the frequent assessment of healthcare services. All healthcare providers should recognize that the main beneficiary of the healthcare system is clearly the patient. Satisfied patients are more likely to stay with the hospital long-term, return for future care, and recommend the hospital to others. The term "patient satisfaction" is rapidly evolving into "customer delight," reflecting the higher expectations of patients today. As healthcare grows rapidly and patients become more knowledgeable about their rights, they increasingly demand that hospitals meet their needs.

Key factors affecting patient satisfaction include the admission procedure, diagnostic services, employee behavior, cleanliness, nursing care, food, communication, interpersonal manner of physicians, housekeeping, technical services, accessibility, and convenience. Each of these factors contributes to the overall patient experience and can significantly impact their satisfaction with healthcare services. However, it is important to note that some experts argue there is a fundamental problem with continuously using patient satisfaction as a proxy for how well a patient believes a health service is being provided. They suggest that the healthcare industry should focus on perceived quality of health services while considering the

ideas and models from services marketing literature. Differentiating and standardizing the criteria and constructs for satisfaction and perceived quality of health services is crucial. Persistent usage and maintenance of terminology interoperability prevent important questions about defining and assessing health service quality from the patient's perspective from being answered. Furthermore, given the intense nature of service delivery in healthcare, relying solely on patient satisfaction as a measure of service outcome and quality is flawed. Evidence suggests that patient satisfaction is an unpredictable construct, and perceived service quality is the only valid measure.

Behavior of Staff measures patients' experiences concerning the quality of care delivered by doctors, nurses, paramedical staff, and support staff. The medical encounter between a doctor and a patient requires intensive interaction, significantly impacting patient satisfaction. There is a long-term relationship between the doctor and patient, with the doctor having significant discretion in meeting patient needs. Many studies highlight the vital contribution of nurses to the quality of patient care. The skills and behavior of paramedical and support staff also play major roles in influencing patient satisfaction. A patient or attendant judges a hospital the moment they lay eyes on it. Before a service experience even begins, the patient usually has already decided whether they will return to the hospital. Understanding the connection between the quality of physical facilities and patient satisfaction is crucial, as it can have a lasting impact on both hospital performance and its ability to provide quality care. Quality in the lobby, outpatient clinics, inpatient rooms, operating rooms, exam/procedure rooms, support areas, reception counters, and administrative areas contribute to patient satisfaction. Delays in diagnostic services lead to patient dissatisfaction. Diagnostic facilities include laboratory and radiology services, and timely, efficient service in these areas is crucial for maintaining patient satisfaction.

The concept of service quality in healthcare has been extensively studied, focusing on dimensions such as reliability, responsiveness, assurance, empathy, and tangibles. These dimensions are critical in assessing the overall quality of healthcare delivery. Studies have shown that professional health commitment significantly impacts service quality, emphasizing the role of healthcare providers' dedication and adherence to professional standards in delivering high-quality care.

Professional health commitment refers to the dedication and responsibility of healthcare professionals towards their patients and the overall healthcare system. It encompasses factors such as job satisfaction, professional ethics, and continuous professional development. The literature indicates that higher levels of commitment among healthcare professionals are associated with better patient outcomes and higher satisfaction levels. Affective professional commitment (APC) refers to the emotional attachment and identification that employees feel towards their work, colleagues, and the organization. This dimension, proposed by Meyer and Allen in their Three-Component Model of Organizational Commitment, emphasizes employees' genuine enthusiasm and sense of belonging to the organization. Employees with high APC experience intrinsic and extrinsic job satisfaction, engagement, and organizational commitment. They are likely to engage in extra-role behaviors and exhibit high performance. Factors contributing to APC include organizational support, effective leadership, and a positive organizational culture. The implications of APC are significant, leading to increased job performance, reduced turnover intentions, enhanced organizational behavior, improved employee well-being, and organizational resilience. To foster APC, organizations should focus on leadership development, involve employees in decision-making, offer continuous learning opportunities, and maintain open communication. Recognition and reward systems, work-life balance policies, and a positive organizational culture are also essential.

Continuance professional commitment (CPC) is based on the perceived costs associated with leaving the profession. It reflects the extent to which individuals feel obligated to stay due to investments made, lack of alternative opportunities, and potential negative consequences of leaving. Unlike affective commitment, CPC focuses on tangible costs and sacrifices. It is often associated with lower job satisfaction and engagement, as individuals may feel trapped in their profession. CPC can lead to behavioral outcomes such as lower turnover and higher performance, as employees may remain with the organization due to perceived high costs of leaving. However, CPC may also result in a less motivated workforce. Organizations should be aware of the balance between fostering APC and recognizing the role of CPC in employee retention.

Normative professional commitment (NPC) centers around an individual's sense of moral obligation and duty toward their profession or organization. It is driven by ethical and moral considerations, reflecting the belief that staying in the profession is the right thing to do. Individuals with high NPC may feel a strong sense of loyalty and responsibility, leading to higher levels of organizational citizenship behavior. NPC is crucial in healthcare, where professional commitment significantly impacts patient satisfaction and organizational outcomes. Studies have shown that organizational trust and professional commitment positively influence healthcare performance. To enhance NPC, healthcare organizations should emphasize ethical practices, foster a sense of duty, and promote a culture of responsibility among healthcare professionals.

Healthcare professional commitment in hospitals encompasses the dedication and loyalty of healthcare workers to their roles and the organization. It is closely linked to patient satisfaction, which is a critical indicator of healthcare quality. Organizational commitment among healthcare workers positively influences patient satisfaction, reducing absenteeism and staff turnover. Studies have shown that factors such as accessibility, reliability, waiting

time, cleanliness, staff friendliness, and communication significantly impact patient satisfaction in healthcare facilities. In Nigeria, the introduction of the National Health Insurance Scheme (NHIS) aims to reduce the financial burden of healthcare access. Empirical investigations into NHIS services and patient satisfaction reveal that accessibility and reliability are key determinants of patient satisfaction. Healthcare organizations should focus on improving service quality, communication, and timeliness of care delivery to enhance patient satisfaction and healthcare outcomes. Ensuring the well-being and quality of work-life of healthcare professionals is also essential to achieving high patient satisfaction.

Quality care has become an important aspect in the development of healthcare services. Measuring the value of any healthcare resources level refers to healthcare quality. The main aim of healthcare is to provide high-quality medical resources to all. Most people define healthcare quality as receiving the best care possible for one's illness or condition, including the entire experience of receiving care and the avoidance of errors or mistakes. Healthcare quality has varying definitions for clients, professionals, managers, policy makers, and payers. Different stakeholders have their own perspectives, interests, and definitions of quality, based on the importance they place on different health-services elements. However, a widely accepted healthcare-quality definition is required for its assessment and improvement.

In a study, stakeholder perceptions of what constituted high-quality healthcare services were elicited and their findings confirmed the wide variation in the definition of healthcare quality. This led to the "Eight Rights" definition of quality healthcare. It is defined as the Right Care in the Right Way for the Right Individual in the Right Place at the Right Time by the Right Person and for the Right Price to achieve the Right Results. The pluralistic evaluation from the study revealed that quality healthcare services have different meanings for clients, providers, managers, policy makers, and payers. Those healthcare quality dimensions important to every group involved in service provision should be a priority for managers and

practitioners. If they want to satisfy their clients, then they need to perform well on these dimensions.

In other words, quality healthcare can be defined as: "Consistently delighting the patient by providing efficacious, effective, and efficient healthcare services according to the latest clinical guidelines and standards, which meet patient needs and satisfy providers." Quality health care refers to right health services described as: appropriate, acceptable, necessary, accurate, safe, effective, comprehensive, patient-centred, and excellent. This definition integrates patient needs and technical healthcare service aspects, meaning that quality should always be based on changing customer expectations or functional requirements. In professional healthcare services, quality is a subjective, complex, and multi-dimensional concept. Quality measures enable us to see how we perform against benchmarks. Quality reflects patient satisfaction.

Addressing the quality of healthcare is becoming pertinent as countries begin to implement the tenets of Universal Health Coverage (UHC) as contained in the Sustainable Development Goals (SDGs). Universal Health Coverage (UHC) stands as a fundamental and transformative goal for societies worldwide, striving to ensure that all individuals have access to the quality health services they need without enduring financial hardship. Universal Health Coverage refers to a state where all individuals and communities receive the health services they need without suffering financial hardship. It encompasses a broad range of services, including prevention, promotion, treatment, rehabilitation, and palliative care. UHC extends beyond merely ensuring access to essential health services; it also involves the provision of these services without causing financial distress, thereby contributing to a more equitable and just society.

The significance of Universal Health Coverage anchors on the following principles: health as a human right, reducing health inequalities, economic and social development, and

prevention and control of epidemics. UHC aligns with the principles outlined in international declarations, asserting that health is a fundamental human right. The World Health Organization (WHO) identifies access to essential health services as an integral part of the right to health, emphasizing the importance of ensuring that everyone can enjoy the highest attainable standard of health. UHC plays a crucial role in mitigating health disparities within and between countries. By ensuring that all individuals have access to necessary health services, regardless of their socio-economic status, geographic location, or other determinants, UHC contributes to a more equitable distribution of health resources.

A healthy population is fundamental to a nation's social and economic development. UHC promotes productivity by ensuring that individuals can access healthcare when needed, reducing the impact of preventable illnesses on workforce participation. Healthy populations are more likely to engage in education, work, and other activities that drive economic growth. UHC strengthens health systems, making them more resilient in the face of epidemics and pandemics. A robust healthcare infrastructure that reaches all segments of the population facilitates effective disease prevention, surveillance, and response, thereby protecting both individual and collective health.

Quality healthcare delivery encompasses various essential aspects to ensure optimal patient outcomes and satisfaction. It involves providing safe, effective, timely, efficient, equitable, and patient-centered care. Quality healthcare is characterized by a culture of excellence and the achievement of desired health outcomes. This includes delivering services that are accessible, appropriate, available, affordable, integrated, and consistent with current professional knowledge. To enhance healthcare quality, it is crucial to focus on continuous process improvement, defect prevention, and meeting patients' needs and desires. Quality indicators, such as cesarean section rates and the use of tools like the Robson classification,

play a vital role in monitoring, evaluating, and improving the quality of care provided to patients.

Quality healthcare delivery plays a pivotal role in determining patient satisfaction across various healthcare settings. Numerous studies have consistently highlighted a significant relationship between different facets of healthcare service quality and patient satisfaction. For instance, one study emphasized the critical roles of embodiment, reliability, reassurance, responsiveness, and empathy in achieving patient satisfaction. Results revealed that patients were satisfied with both embodiment (physical appearance of facilities, equipment, and staff) and reliability (accuracy and dependability of service delivery). The study concluded that high-quality health services positively impact patient satisfaction by meeting or exceeding their expectations. Each quality dimension—embodiment, reliability, responsiveness, reassurance, and empathy—individually and collectively influences patient satisfaction. Patients are more satisfied when healthcare services are perceived as reliable, empathetic, and responsive, and when the healthcare environment is physically appealing and reassuring.

Another study supported these findings by demonstrating the relationship between patient satisfaction and reliability, as well as responsiveness in healthcare services. Patients valued prompt and responsive service, while reliability also contributed significantly to their satisfaction. However, no significant relationship was found between tangible, assurance, and empathy dimensions with patient.

Further exploration into the unique context of military hospitals demonstrated how the quality-of-service delivery interactions influences patient satisfaction and loyalty. The results indicated that high-quality interactions by healthcare personnel significantly influence patient satisfaction, which in turn mediates the relationship between interaction quality and patient loyalty. High levels of patient satisfaction due to quality interactions led to increased patient

loyalty, confirming a strong connection between the quality-of-service delivery, patient satisfaction, and patient loyalty.

In the context of Nigerian hospitals, research in Cross River State and Oyo State revealed high levels of patient satisfaction, with a significant proportion of patients expressing satisfaction with the healthcare services provided. These findings highlight the critical importance of ensuring quality healthcare delivery to enhance patient satisfaction across diverse healthcare settings.

The consistent findings across different settings and populations reinforce the necessity of focusing on quality dimensions. This body of research provides a strong foundation for the present thesis, which aims to explore the interplay between professional health commitment, quality health delivery, and patient satisfaction in state hospitals in Oyo State. By examining these relationships, this research seeks to contribute to the ongoing efforts to improve healthcare service delivery and patient satisfaction in Nigerian hospitals, thereby justifying the need for this study.

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Chapter Three

Methodology

The methodologies used in this study are presented in this chapter. It provides a thorough research plan viz the study's population and location, the sampling strategy used, the sample size, the research instrument chosen and the approach for data analysis.

3.1 Research Design

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.

3.2 Population of the Study

The study population consisted of patients in all state hospitals (secondary and tertiary) managed by the Oyo State Hospitals Management Board (HMB) within Ibadan. There are two health institutions within Ibadan, distributed as follows:

Table 3.3

Population of Out-Patients

S/N	State Hospital	Month	Out-Patients
1	Adeoyo State Hospital	May	5273
		June	6101
		July	6501
		August	5821
		September	6212
		October	5890
	Total		**35798**
2	Jericho General Hospital	May	5901
		June	5818
		July	6702
		August	6101
		September	6512
		October	5812
	Total		36846

Source: Field Study (2024)

3.3 Sample size and Sampling Technique

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.

Table 3.1: Morgan and Krejcie Table for Determining Sample Size

Table for Determining Sample Size for a Given Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size
"S" is sample size.

Source: Krejcie & Morgan, 1970

Sample size is a statistical concept that involves determining the number of observations or replicates (the repetition of an experimental condition used to estimate the variability of a phenomenon) that should be included in a statistical sample. It is an important aspect of any empirical study that requires that inferences is made about a population based on a sample. A multistage random sampling technique was used to recruit patients from the health institutions. This method ensured that each hospital has a proportional representation in the sample.

Krejcie and Morgan

$$n = \frac{\chi^2 Np(1-p)}{e^2(N-1) + \chi^2 p(1-p)}$$

- n = sample size
- N = population size
- e = acceptable sampling error
- χ^2 = chi-square of degree of freedom 1 and confidence 95% = 3.841
- p = proportion of population (if unknown, 0.5)

$$n = \frac{X^2 \times P(1-P)}{e^2}$$

$$= \frac{3.841 \times 0.5 \times (1-0.5)}{0.0025}$$

= 384.16 approximately 384

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 × 384 = 38.

Therefore, the sample size for outpatients was four hundred and twenty-two (422) outpatients which will be used for the study.

3.4 Description of the Research 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 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.

3.5 Validity of the Research Instrument

To establish the validity of the instrument that was used for the study, the face and content validity of the questionnaire was scrutinised by the thesis supervisor and other experts in the department. The researcher's supervisor and other experts examined the instrument for comprehensiveness, relevance of contents, clarity of instructions and statements, possible ambiguities, errors and/or omission. They examined the instrument to ensure that the data that was collected using the questionnaire is useful in answering the research questions and in testing the hypotheses drawn for this study. Comments and the observations of these experts was considered in constructing the final copy of the questionnaire.

3.6 Reliability of the Research Instrument

Reliability means the instrument consistently reflects the construct that it is measuring by giving the same score if used over time or across multiple administrations. The reliability was tested through a pilot study involving 36 patients at the General Hospital, Osogbo, Osun-State who are outside the study scope. The data obtained was subjected to Cronbach's alpha test to establish the internal consistency of the questionnaire items. The results of the Cronbach alpha coefficient were reported.

S/N	Variables	No. of items	Cronbach's Alpha α
1	Patient Satisfaction	8	0.938
2	Professional Commitment	15	0.832
3	Quality Healthcare	15	0.897

Source: Field study (2024)

3.7 Data Collection

A letter of introduction was obtained from the Department of Information Management, Lead City University, Ibadan, to gain access and consent to conduct the survey from the workers that will be used for the study. The researcher recruited at least two research assistants who assist in the collection of data from patients. The researcher and the assistants will work to ensured maximum cooperation. Respondents was assured of confidentiality of their responses while briefing them on the need for adequacy of responses and advantages embedded in the findings of the study. The copies of the questionnaires were administered to respondents and retrieved within a period of two weeks and was collated for analysis.

3.8 Data Analysis

The questionnaires were numbered serially, and each answer were carefully entered. Also, a good coding guide was developed and used for the answered questionnaires. The data was analysed using Statistical Package for the Social Sciences (SPSS).

Descriptive statistics which include frequency counts and percentages were used to analyse the demographic information of respondents. Frequency counts, percentages, mean and standard deviation were used to analyse data to answer research questions 1, 2 and 3. Linear regression was used to test hypotheses 1 and 2, while multiple regression was used to analyse hypothesis 3. The three hypotheses were tested at 0.05 level of significance.

3.9 Ethical Approval

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.

Endnotes

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Chapter Four

Results and Discussion of Findings

This chapter focused on the presentation, analysis, and interpretation of the results. The analysis was structured around the specific objectives and hypotheses of the study. The first section presents descriptive analysis, with tables displaying percentages and interpretations provided below. The second section covers inferential statistics, followed by a discussion of the findings at the end of the chapter. The results were aligned with the research questions and hypotheses that the study aimed to address. Data analysis was conducted using SPSS version 25

4.1 Data Presentation

A total of 422 questionnaires were distributed, and 422 were returned. After reviewing the responses, 422 questionnaires were properly completed and deemed usable, resulting in a 100% response rate. This high response rate was achieved because the researcher, with the assistance of research aides, made significant efforts to personally engage the students and encourage their participation in the study. The response results are presented in Table 4.1

Table 4.1: Response Rate

Response Rate:	Frequency	Percent (%)
Returned and used	422	100%
Not Returned/Returned but not used	0	0%
No of distributed Questionnaire	422	100%

Source: Field Survey Data (2024)

Table 4.2: 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 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 4.3: 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, 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 4.4: Descriptive Analysis on Professional Commitment in State Hospitals, Ibadan, Oyo State

	VHE	HE	LE	VLE	Mean
Affective Commitment					3.58
will be happy to continue receiving care at my current ospital until I retire.	245 (62.8%)	140 (35.9%)	5 (1.3%)	0	3.62
enjoy talking about my hospital with people	250 (64.1%)	130 (33.3%)	5 (1.3%)	5 (1.3%)	3.60
do not feel any sense of belonging to my hospital	230 (59.0%)	155 (39.7%)	5 (1.3%)	0	3.58
do not feel emotionally attached to my hospital	215 (55.1%)	165 (42.3%)	10 (2.6%)	0	3.53
do not feel like "part of the family" at my hospital	245 (62.8%)	140 (35.9%)	5 (1.3%)	0	3.62
his hospital has a great deal of personal meaning for e	250 (64.1%)	130 (33.3%)	5 (1.3%)	5 (1.3%)	3.60
ontinuance Commitment					**3.55**
am concerned that another hospital may not offer me e same level of care as my current hospital	260 (66.7%)	120 (30.8%)	10 (2.6%)	0	3.64
iven my current situation, leaving my hospital is not option for me	225 (57.7%)	160 (41.0%)	5 (1.3%)	0	3.56
here are few other hospitals that can provide the same vel of care for me	235 (60.3%)	130 (33.3%)	25 (6.4%)	0	3.54
have the same opportunities as others to access rther care or services	185 (47.4%)	195 (50.0%)	10 (2.6%)	0	3.45
y care needs and preferences are considered by the ospital	260 (66.7%)	120 (30.8%)	10 (2.6%)	0	3.64
ormative Commitment					**3.4**

do not feel obligated to stay with my current hospital.	230 (59.0%)	155 (39.7%)	5 (1.3%)	0	3.58
ven if it were advantageous for me, I do not feel it is ght to leave my current hospital now	225 (57.7%)	160 (41.0%)	5 (1.3%)	0	3.56
would feel guilty if I leave my hospital now	200 (51.3%)	190 (48.7%)	0	0	3.51
y hospital deserves my loyalty	160 (41.0%)	215 (55.1%)	15 (3.8%)	0	3.37
would not leave my hospital right now because I have sense of obligation to the staff and services here	225 (57.7%)	160 (41.0%)	5 (1.3%)	0	3.56
feel I owe a great deal to my hospital for the care I ve received	200 (51.3%)	190 (48.7%)	0	0	3.51
eighted Mean for Institutional Support					3.28

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 4.4 offers a detailed descriptive analysis of Professional Commitment in state hospitals in Ibadan, Oyo State, categorizing responses into three key dimensions of commitment: Affective Commitment, Continuance Commitment, and Normative Commitment. Each dimension is evaluated through specific statements, with responses classified into Very High Extent (VHE), High Extent (HE), Low Extent (LE), and Very Low Extent (VLE), accompanied by mean scores that reflect the overall commitment levels.

Starting with affective commitment**,** which has a mean score of 3.58, the data reveals a strong emotional attachment among health professionals to their current hospital. For instance, the statement "I will be happy to continue receiving care at my current hospital until I retire" received a high response, with 62.8% of respondents indicating a very high extent of

agreement and a mean score of 3.62. This sentiment is further supported by the statement "I enjoy talking about my hospital with people," which also garnered a favorable response, with 64.1% expressing a very high extent of agreement and a mean score of 3.60. These findings suggest that health professionals not only feel a strong connection to their hospital but also take pride in their association, which is crucial for fostering a positive workplace environment and improving staff retention.

However, the responses to the statements concerning a lack of belonging or emotional attachment reveal a more nuanced picture. For example, the statement "I do not feel any sense of belonging to my hospital" had a mean score of 3.58, with a significant portion of respondents still affirming a sense of belonging despite the presence of some negative sentiments. Similarly, the statement "I do not feel emotionally attached to my hospital" scored a mean of 3.53, indicating that while many professionals feel committed, there are still some who struggle with feelings of attachment, which could impact their overall job satisfaction and engagement.

Moving to continuance commitment**,** which achieved a mean score of 3.55, the data suggests that health professionals are concerned about the potential consequences of leaving their current hospital. The statement "I am concerned that another hospital may not offer me the same level of care as my current hospital" received the highest agreement, with 66.7% of respondents indicating a very high extent of concern and a mean score of 3.64. This reflects a pragmatic approach to commitment, where professionals weigh their options and recognize the quality of care they currently receive. Additionally, the statement "Given my current situation, leaving my hospital is not an option for me" reinforces this commitment, with 57.7% expressing a high extent of agreement, indicating that many professionals feel a strong sense of necessity to remain in their current positions. In contrast, the statement "I have the

same opportunities as others to access further care or services" received a lower mean score of 3.45, highlighting a potential area of concern regarding equity in access to care. This suggests that while there is a strong sense of commitment stemming from perceived quality of care, there may be underlying issues related to fairness and opportunity that could affect overall job satisfaction.

Lastly, normative commitment**,** with a mean score of 3.40, reflects the sense of obligation health professionals feel toward their hospital. The statement "I do not feel obligated to stay with my current hospital" received a mean score of 3.58, indicating that while many professionals recognize an obligation to their hospital, there is still a notable portion expressing a lack of strong obligation. The statement "Even if it were advantageous for me, I do not feel it is right to leave my current hospital now" garnered a mean score of 3.56, suggesting that ethical considerations play a significant role in their decision-making process regarding employment. The lower score for "My hospital deserves my loyalty" at 3.37 indicates that while there is a sense of loyalty, it may not be uniformly strong among all respondents.

The overall weighted mean for institutional support is 3.28, suggesting a moderate to high level of commitment across the board. This indicates that while there are positive sentiments regarding attachment and obligation to the hospital, there are also areas that require attention, particularly in reinforcing feelings of belonging and ensuring equitable access to services. In summary, Table 4.4 illustrates a complex landscape of Professional Commitment in state hospitals, characterized by strong affective ties, pragmatic continuance considerations, and a sense of normative obligation. These insights highlight the importance of fostering a supportive and inclusive environment that enhances emotional attachment and addresses

equity concerns, ultimately contributing to improved job satisfaction and retention among health professionals in the region.

Table 4.5: 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
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	241	249	59	57	3.11

infections.	(39.8%)	(41.1%)	(9.7%)	(9.4%)	
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
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 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.

4.3. Test of Hypotheses

Table 4.6: Influence of Professional Commitment on patient's satisfaction in state hospitals, Ibadan.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.291[a]	0.085	0.076	0.481

a: Predictors: (Constant), Professional Commitment

b: Dependent Variable: Patient Satisfaction in State hospital, Ibadan

ANOVA[a]

	Model	Sum of squares	Df	Mean square	F	Sig
1.	Regression	3.520	1	3.520	15.219	0.000[b]
	Residual	37.926	164	0.231		
	Total	41.446	165			

Dependent Variable Patient Satisfaction in State hospital, Ibadan Predictors: (Constant), Professional Commitment

a. **Coefficients[a]**

Model	Unstandardized B	Coefficients standard error	Standardized coefficients Beta	T	Sig.
1. (Constant)	2.670	0.211		12.633	0.000
Learning Environment	0.241	0.062	0.291	3.901	0.000

Dependent Variable: Patient Satisfaction in State hospital, Ibadan

Table 4.6 presents the results of the regression analysis examining the significant influence of Professional Commitment on patient satisfaction in state hospitals in Ibadan, Oyo State. The findings indicate that Professional Commitment has a statistically significant relationship with patient satisfaction, as evidenced by the correlation coefficient (R = 0.291) and the p-value (0.000), which is less than the 0.05 threshold. The adjusted R Square value of 0.076 suggests that Professional Commitment explains approximately 7.6% of the variance in patient satisfaction, indicating that while this factor is important, a significant portion (92.4%) of the variance remains attributable to other variables not included in the analysis.

The ANOVA results further support this conclusion, showing an F-value of 15.219 and a corresponding p-value of 0.000, which confirms the statistical significance of the model at the 95% confidence level. This indicates that Professional Commitment does indeed have a meaningful impact on patient satisfaction, albeit with a relatively weak effect size. The regression coefficients reveal that for every unit increase in Professional Commitment, patient satisfaction is expected to increase by 0.241 units, assuming all other factors remain constant. This positive relationship underscores the importance of fostering Professional Commitment to enhance patient experiences in the healthcare setting

Given the statistical significance indicated by the adjusted R Square, F-value, and p-value, the null hypothesis (Ho1), which posits that Professional Commitment does not significantly influence patient satisfaction, is rejected. Overall, the regression model demonstrates that Professional Commitment is a significant predictor of patient satisfaction in state hospitals in Ibadan. This finding suggests that enhancing Professional Commitment could lead to improved patient satisfaction outcomes, reinforcing the need for healthcare management to prioritize and support the commitment of health professionals in their facilities.

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

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 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.

$H_0$3: There will be no significant combined influence of Professional Commitment and 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	0.516[a]	0.266	0.257	0.432

a: Predictors: (Constant), Professional Commitment, quality healthcare delivery

b: Dependent Variable: patient's satisfaction in state hospitals in Ibadan**.**

b. ANOVA[a]

Model	Sum of squares	Df	Mean square	F	Sig
1. Regression	11.018	2	5.509	29.513	0.000[b]
Residual	30.427	163	0.187		
Total	41.446	165			

a. Dependent Variable: patient's satisfaction in state hospitals in Ibadan**.**

b. Predictors: (Constant), Professional Commitment, quality healthcare delivery

c. **Coefficients[a]**

Model	Unstandardized B	Coefficients standard error	Standardized coefficients Beta	T	Sig.
1. (Constant)	1.315	0.286		4.599	0.000
Professional Commitment	0.434	0.068	0.431	6.338	0.000
Quality healthcare delivery	0.185	0.056	0.224	3.292	0.001

d. Dependent Variable: Patient's satisfaction in state hospitals in Ibadan**.**

Table 4.7 presents the results of the regression analysis examining the combined influence of Professional Commitment and quality healthcare delivery on patient satisfaction in state hospitals in Ibadan. The model summary indicates a correlation coefficient (R = 0.516), reflecting a moderate to strong positive relationship between the predictors (Professional Commitment and quality healthcare delivery) and the dependent variable (patient satisfaction). The R Square value of 0.266 suggests that approximately 26.6% of the variance in patient satisfaction can be explained by these two factors. This indicates that while Professional Commitment and quality healthcare delivery play significant roles, a considerable 73.4% of the variance in patient satisfaction is attributed to other factors not included in this analysis.

The ANOVA results in Table 4.7b further affirm the significance of the regression model. The regression sum of squares is 11.018, with 2 degrees of freedom for the model, while the residual sum of squares is 30.427 with 163 degrees of freedom. The F-value of 29.513 and the p-value of 0.000 demonstrate that the model is statistically significant at the 95% confidence level. This indicates that the combined influence of Professional Commitment and quality healthcare delivery has a meaningful impact on patient satisfaction, reinforcing the notion that these factors interact to enhance the overall patient experience.

In the coefficients section (Table 4.7c), the constant term (B = 1.315) indicates the baseline level of patient satisfaction when both predictors are at zero. The coefficient for Professional Commitment is 0.434, suggesting that for each unit increase in Professional Commitment, patient satisfaction is expected to increase by 0.434 units, assuming all other factors remain constant. This significant positive relationship underscores the importance of Professional Commitment in enhancing patient satisfaction. Additionally, the coefficient for quality healthcare delivery is 0.185, indicating that each

unit increase in quality healthcare delivery corresponds to an increase of 0.185 units in patient satisfaction, also holding other factors constant. Both coefficients are statistically significant, with p-values of 0.000 for Professional Commitment and 0.001 for quality healthcare delivery.

On the basis of these results (Adjusted $R^2 = 0.257$, $F(2,163) = 29.513$, $p = 0.000$), the null hypothesis (H03), which posits that there is no significant combined influence of Professional Commitment and quality healthcare delivery on patient satisfaction, is hereby rejected. Overall, the regression analysis indicates that both Professional Commitment and quality healthcare delivery significantly contribute to patient satisfaction in state hospitals in Ibadan, highlighting the critical need for healthcare management to focus on enhancing these areas to improve patient outcomes and satisfaction levels.

4.4 **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 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. Further insights are gained from the analysis of Professional Commitment, which is categorized into affective, continuance, and normative dimensions. The strong mean score of 3.58 for affective commitment indicates that health professionals feel a strong emotional attachment to their hospital. However, the nuanced responses regarding feelings of belonging and emotional attachment suggest areas for improvement in fostering a more inclusive and supportive workplace environment.

In terms of continuance commitment, the mean score of 3.55 reflects a pragmatic approach among health professionals, who express concern about the potential consequences of leaving their current positions. This finding underscores the importance of ensuring job satisfaction and addressing any equity issues related to access to care, as these factors can influence retention rates among healthcare staff. The normative commitment dimension, with a mean score of 3.40, reveals a sense of obligation among health professionals. However, the variability in responses indicates that while many feel a strong sense of loyalty, this sentiment is not uniformly shared among all staff members. This suggests that hospital management should focus on enhancing feelings of loyalty and obligation through supportive policies and practices. The analysis of quality healthcare delivery further underscores the

complexity of patient perceptions. The mixed results in the empathy dimension, with a mean score of 2.86, highlight the need for hospitals to improve interpersonal care aspects. While patients generally feel their concerns are listened to, there remains a significant gap in understanding their situations, indicating that staff training on empathy and communication could yield positive outcomes.

In the safety dimension, the higher mean score of 3.11 reflects positive perceptions regarding the healthcare environment, although concerns about nursing practices and infection control measures persist. Addressing these specific areas can help bolster patient confidence and enhance overall satisfaction. Finally, the efficiency dimension shows a favourable view of care delivery, yet financial perceptions remain mixed. While some patients find treatment costs reasonable, others express dissatisfaction, suggesting that hospitals must work to enhance transparency and address financial concerns to improve patient trust.

The findings from this study paint a comprehensive picture of patient satisfaction, Professional Commitment, and quality healthcare delivery in state hospitals in Ibadan. While there are positive indicators regarding care quality and staff commitment, significant gaps remain that necessitate focused interventions. By prioritizing improvements in the adequacy of care, enhancing communication, and addressing financial perceptions, state hospitals can foster greater patient satisfaction and trust, ultimately leading to better health outcomes and a stronger reputation in the community. The results of the regression analyses provide compelling evidence regarding the influence of Professional Commitment and quality healthcare delivery on patient satisfaction in state hospitals in Ibadan. The analyses reveal that both factors play significant roles in shaping patient experiences, with distinct yet complementary contributions.

The regression analysis indicates a positive relationship between Professional Commitment and patient satisfaction, with a correlation coefficient of R=0.291R = 0.291R=0.291 and a statistically significant p-value (0.000). The adjusted R Square value of 0.076 suggests that Professional Commitment

accounts for about 7.6% of the variance in patient satisfaction. While this may appear modest, the meaningful F-value of 15.219 reinforces the importance of fostering health professional engagement in enhancing patient experiences. Specifically, for every unit increase in Professional Commitment, patient satisfaction is expected to rise by 0.241 units. This underscores the necessity for healthcare management to prioritize initiatives that enhance the commitment of health professionals, recognizing that such efforts can lead to improved patient satisfaction outcomes.

Similarly, 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, suggesting a more significant impact compared to Professional Commitment alone. The F-value of 45.463, accompanied by a p-value of 0.000, confirms the statistical significance of this model at the 95% confidence level. 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. When both Professional Commitment and quality healthcare delivery are considered together, the model exhibits a correlation coefficient of R=0.516R = 0.516R=0.516 and an adjusted R Square value of 0.266. This indicates that approximately 26.6% of the variance in patient satisfaction can be explained by these two predictors, reinforcing their interactive role in enhancing patient experiences. The significant F-value of 29.513 and the p-value of 0.000 validate the importance of this combined model at the 95% confidence level. The coefficients from this analysis illustrate that for each unit increase in Professional Commitment, patient satisfaction increases by 0.434 units, while a unit increase in quality healthcare delivery corresponds to a 0.185 unit increase in satisfaction. Both coefficients are statistically significant, with p-values of 0.000 for Professional Commitment and 0.001 for quality healthcare delivery. This

suggests that Professional Commitment has a stronger effect on patient satisfaction compared to quality healthcare delivery when both factors are considered together.

These findings collectively reject the null hypotheses positing that Professional Commitment and quality healthcare delivery do not significantly influence patient satisfaction. The results highlight the critical need for healthcare management in state hospitals to implement strategies that enhance both the commitment of health professionals and the quality of healthcare delivery. 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. In conclusion, the analyses underscore the interconnectedness of Professional Commitment and quality healthcare delivery as pivotal factors influencing patient satisfaction. Addressing these areas through targeted management strategies will be crucial for state hospitals in Ibadan to meet the evolving needs and expectations of their patient populations.

Chapter Five

Conclusion

This chapter presents and discusses the summary of findings, conclusions and provides useful recommendation, contribute to knowledge and suggestions for further studies

5.1. Summary of findings

The summary of the study goes thus:

1. The study found that there was a moderate level of satisfaction among the patients indicating a need for improvement in service delivery.
2. The study found a generally positive perception of healthcare services among patients, particularly regarding their alignment with patient expectations, despite some gaps in perceived adequacy of care.
3. The study found that even though there is a positive indicators of quality healthcare delivery as indicated by empathy, safety, and efficiency; significant areas require attention to enhance patient experiences
4. The study found that Professional Commitment significantly influences patient satisfaction, with each unit increase linked to a 0.241 unit increase in satisfaction.
5. The study found that quality healthcare delivery has a stronger impact on patient satisfaction, with a 0.469 unit increase in satisfaction for each unit increase in quality.
6. The study found that the combined influence of Professional Commitment and quality healthcare delivery accounts for 26.6% of the variance in patient satisfaction, highlighting their interactive effects.

5.2 Conclusion

The study concluded that Professional Commitment and 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 Professional Commitment and 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.

5.3 Recommendations

Based on the findings, the following recommendations are hereby given:

1. Hospitals should implement programs that promote staff engagement and morale, such as recognition initiatives, professional development opportunities, and supportive management practices, to strengthen Professional Commitment and subsequently improve patient satisfaction.

2. Continuous training and resources should be allocated to healthcare providers to enhance the quality of care. This includes updating protocols, ensuring adequate staffing levels, and providing access to the latest medical technologies and practices.
3. Hospitals should actively seek patient feedback to identify specific areas of dissatisfaction and develop targeted strategies to address these concerns, ensuring that all patients feel they receive adequate care.
4. Creating a more welcoming and inclusive atmosphere within healthcare facilities can positively influence patient experiences. This includes improving physical spaces, ensuring clear communication, and fostering respectful interactions between staff and patients.
5. Implementing systematic evaluations of both Professional Commitment and quality healthcare delivery can help hospitals adapt to changing patient needs and expectations, ultimately enhancing patient satisfaction over time.
6. Hospitals should ensure that efforts to improve health professional engagement are aligned with quality care initiatives. This integrated approach can create a cohesive strategy that maximizes patient satisfaction and health outcomes.

5.4. Contribution to Knowledge

The study contributes significantly to the understanding of factors influencing patient satisfaction in state hospitals in Ibadan, Nigeria, by establishing a clear framework that identifies Professional Commitment and quality healthcare delivery as critical predictors. By examining these variables within the context of healthcare services, the study underscores how targeted enhancements in these areas can collectively improve patient experiences. This structured understanding can assist healthcare administrators and policymakers in developing

effective strategies and interventions aimed at elevating patient satisfaction and overall care quality.

Empirically, this research provides valuable, evidence-based insights into the relationship between Professional Commitment, quality of care, and patient satisfaction. The findings fill a notable gap in empirical research focused on healthcare delivery in Nigerian state hospitals, contributing specific data that reflect the unique challenges and dynamics of this context. By demonstrating the measurable impact of health professional engagement and service quality on patient satisfaction, the study challenges prevailing assumptions about healthcare effectiveness. Future research in similar healthcare environments can leverage these findings to validate or further explore these relationships, thereby enriching the broader discourse on patient satisfaction in healthcare settings.

Theoretically, the study advances knowledge in healthcare management and patient care by reinforcing existing models that link health professional engagement and quality service delivery to patient satisfaction outcomes. The findings are consistent with theories of patient-centered care, which emphasize the importance of staff commitment and high-quality interactions in fostering positive patient experiences. By empirically validating these theoretical constructs, this study enhances the academic discourse surrounding effective healthcare practices and their influence on patient perceptions. Furthermore, the use of regression analysis as a methodological tool demonstrates its efficacy in identifying and quantifying key predictors of patient satisfaction, providing a robust framework for future studies aiming to explore similar themes in healthcare research.

5.4. Suggestions for Further Research

Here are suggestions for further research in the specified format:

1. Future research could replicate this study in other regions of Nigeria or in different countries to determine if the findings regarding Professional Commitment and quality healthcare delivery as predictors of patient satisfaction are consistent across various cultural and healthcare contexts.
2. Conducting longitudinal studies could provide insights into how Professional Commitment and quality of care influence patient satisfaction over time, allowing for a deeper understanding of the dynamics involved in patient-provider relationships.
3. Additional research could explore potential mediating and moderating factors, such as patient demographics, health literacy, or the presence of chronic conditions, to understand how these variables interact with Professional Commitment and quality of care to affect patient satisfaction.
4. Investigating the impact of specific training programs for healthcare professionals on their commitment levels and subsequent patient satisfaction could provide valuable insights into effective strategies for improving care quality.
5. Future studies could examine the role of technology in enhancing healthcare delivery and patient satisfaction, particularly in the context of telemedicine and digital health tools, to assess their effectiveness as supplementary resources for healthcare professionals.
6. Research could also focus on patient feedback mechanisms, exploring how systematic collection and analysis of patient experiences can inform improvements in health professional practices and overall service quality.

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APPENDIX

LEAD CITY UNIVERSITY, IBADAN

FACULTY OF COMMUNICATION AND INFORMATION SCIENCE
DEPARTMENT OF INFORMATION MANAGEMENT

QUESTIONNAIRE

Dear Respondent,

I am a master's student from the above-named university and this questionnaire is designed to elicit information on **Professional Commitment, Quality Healthcare Delivery and Patient Satisfaction in State Hospitals, Ibadan, Oyo State.** Your timely response to issues outlined below will contribute immensely to meeting the set objectives of the research work. All information supplied will be treated with confidentiality and they will only be used for academic purpose. Thank you!

SECTION A: Personal Data

Please tick (√) the appropriate option and fill in the gap where necessary.

1. Name of Health Institution: ……
2. Gender: a. Male ( ) b. Female ( )
3. Age: a. 20-29 years ( ) b. 30-39 years ( ) c.40-49 years ( ) d. 50 years and above
4. Marital status: a. single ( ) b. Married ( ) c. Separated ( ) d. Divorced ( )
5. Educational Qualification: a. Diploma ( ) c. Bachelor ( ) d. Master e. others ( )

SECTION B: Patient Satisfaction

Please indicate with a tick (√) the extent to which you agree or disagree with the statement below. VHE= Very High Extent; HE= High Extent; LE= Low Extent; VLE= Very Low Extent

	Statements	**VHE**	**HE**	**LE**	**VLE**
57	As a patient I get the kind of healthcare service I wanted				
58	Health services provided meet my need as a patient				
59	I can recommend the services to a friend in need of similar help				
60	The amount of healthcare help received is satisfactory				
61	The healthcare services helped to deal more effectively with my health challenges				
62	I would rate quality of healthcare service received in my hospital as satisfactory				
63	In general sense, the healthcare services received are satisfactory to me has patient				
64	I be happy to come back to seek healthcare help again				

SECTION C: Professional Commitment

Please indicate with a tick (√) the extent to which you agree or disagree with the statement below. VHE= Very High Extent; HE= High Extent; LE= Low Extent; VLE= Very Low Extent

Affective Commitment		**VHE**	**HE**	**LE**	**VLE**
7	I will be happy to continue receiving care at my current hospital until I retire.				
8	I enjoy talking about my hospital with people				
9	I do not feel any sense of belonging to my hospital				
10	I do not feel emotionally attached to my hospital				
11	I do not feel like "part of the family" at my hospital				
12	This hospital has a great deal of personal meaning for me				
Continuance Commitment					
13	I am concerned that another hospital may not offer me the same level of care as my current hospital				
14	Given my current situation, leaving my hospital is not an option for me				
15	I would prefer to stay at my hospital because of the difficulties involved in moving to another hospital				
16	There are few other hospitals that can provide the same				

	level of care for me				
17	I have the same opportunities as others to access further care or services				
18	My care needs and preferences are considered by the hospital				
	Normative Commitment				
19	I do not feel obligated to stay with my current hospital.				
20	Even if it were advantageous for me, I do not feel it is right to leave my current hospital now				
21	I would feel guilty if I leave my hospital now				
22	My hospital deserves my loyalty				
23	I would not leave my hospital right now because I have a sense of obligation to the staff and services here				
24	I feel I owe a great deal to my hospital for the care I have received				

SECTION D: Quality of Healthcare Delivery

Please indicate with a tick (√) the extent to which you agree or disagree with the statement below. VHE= Very High Extent; HE= High Extent; LE= Low Extent; VLE= Very Low Extent

Empathy		**VHE**	**HE**	**LE**	**VLE**
25	I feel that the staff at the hospital are polite towards me				
26	The staff at the hospital take time to explain things to me in detail.				
27	I feel that the staff at the hospital listen to my concerns.				
28	I feel that the staff understand and consider my situation.				
30	I feel that the hospital understands what patients want.				
Safety					
37	My hospital provides a comfortable and safe environment for my treatment.				
38	I do not feel that doctors in my hospital would misdiagnose me.				
39	I do not feel that nurses in my hospital would make mistakes in my care.				
40	I have confidence in the medical proficiency of my hospital.				

41	I feel that the hospital environment is safe from infections.				
Efficiency					
43	I feel that unnecessary medications are prescribed at my hospital.				
44	My hospital uses appropriate treatment methods for my condition.				
45	The medical expenses at my hospital are reasonable.				
46	I find the cost of medical services at my hospital to be inappropriate.				
47	The treatment procedures at my hospital are convenient for me.				