

Chapter One

Introduction

1.1 Background to the Study

Healthcare satisfaction is a critical indicator of the quality of care provided by hospitals, influencing not only patient outcomes but also the perception of healthcare systems as a whole. As public health systems across the globe grapple with increasing demand and resource limitations, patient satisfaction emerges as a key measure of the effectiveness of health services ¹. In Nigeria, particularly in Ibadan, Oyo State, public hospitals serve as the primary source of healthcare for a significant portion of the population. However, challenges related to the structure, process and outcomes of care often affect the satisfaction levels of patients utilizing these services ²

The concept of healthcare quality can be understood through framework, which highlights three major dimensions: structure, process, and outcome. Structure refers to the physical and organizational characteristics of the healthcare setting, including facilities, equipment, and staffing. Process encompasses the interactions between patients and healthcare providers, covering the appropriateness, efficiency, and effectiveness of care provided. Outcome refers to the results of healthcare interventions, which can be measured in terms of patient recovery, health improvement, and overall satisfaction ³ Patient satisfaction is a key measure of the quality of healthcare services. Understanding patient satisfaction with the structure, process, and outcome of care in public hospitals is crucial for improving service delivery and enhancing the overall quality of healthcare. By identifying the key factors that influence satisfaction, healthcare providers and policymakers can implement targeted interventions aimed at addressing the specific needs and expectations of patients ⁴.

Patient satisfaction has become a critical indicator in evaluating the quality of healthcare services, reflecting the ability of healthcare systems to meet the needs and expectations of patients. In healthcare systems, the perceived care quality often determines whether patients feel satisfied with the treatment they receive ¹. Particularly in public-owned hospitals, where resources and service delivery processes may be constrained, patient satisfaction remains a primary concern. In Ibadan, Oyo State, public hospitals are essential in providing healthcare access to a large population, but the quality of care delivered is frequently scrutinized due to structural, procedural, and outcome-related challenges ². Evaluating patient satisfaction through the lenses of effectiveness, acceptability, efficiency, access, equity, and relevance within the context of healthcare structure, process and outcomes is crucial for enhancing the performance of public hospitals.

Effectiveness in healthcare refers to the extent to which care interventions achieve the intended health outcomes. It relates directly to how well healthcare services deliver the desired health benefits and improve the patient's condition. For public hospitals in Ibadan, assessing the effectiveness of care requires an understanding of how well treatments, diagnoses, and interventions contribute to patient recovery and well-being⁵. The effectiveness of care is often compromised by a lack of modern medical equipment, undertrained staff, and the unavailability of essential medications, leading to suboptimal patient outcomes ⁶. Patients may perceive the effectiveness of care differently based on their recovery experiences, contributing to their overall satisfaction with the healthcare services they receive.

The acceptability of healthcare services refers to how well the services provided align with the cultural, ethical, and personal expectations of patients. In many public hospitals in Ibadan, cultural sensitivity and patient-provider relationships are important aspects of care that influence

satisfaction ⁷. Patients are more likely to express satisfaction when healthcare services respect their beliefs, preferences, and values. The acceptability of care is also shaped by how healthcare providers communicate and engage with patients, ensuring that treatments and procedures are explained in a manner that patients find understandable and respectful. When these expectations are met, patient satisfaction increases, highlighting the importance of acceptability as a dimension of quality care ⁸.

Efficiency in healthcare involves the optimal use of resources to achieve the best possible outcomes for patients. In the context of public hospitals in Ibadan, efficiency challenges include long waiting times, delayed treatments, and inadequate staffing, which can significantly impact patient satisfaction ⁹. Patients attending public hospitals often express frustration with inefficiencies such as overcrowding, slow administrative processes, and prolonged waiting times for appointments and treatments ⁶. An efficient healthcare system ensures that resources are used judiciously, care is delivered promptly, and patients do not experience unnecessary delays. Improving efficiency is crucial for enhancing patient satisfaction, as well as maximizing healthcare outcomes and resource utilization.

Access to care refers to the ease with which patients can obtain healthcare services when needed. In Ibadan, public hospitals are often the primary healthcare providers for many citizens, especially those from low-income backgrounds. However, barriers such as geographical distance, cost of services, and inadequate transportation systems hinder access to these facilities ². Additionally, limited availability of specialists and necessary medications further restricts access to appropriate care. Patients attending public hospitals may perceive reduced access as a significant factor contributing to dissatisfaction, particularly when compared to private healthcare institutions that may offer more timely services. Ensuring equitable access to care is

essential for improving patient satisfaction and ensuring that healthcare services reach all segments of the population ⁶.

Equity in healthcare refers to the fairness in the distribution of healthcare services, ensuring that all individuals have the opportunity to receive quality care regardless of their socio-economic status, gender, or ethnicity. In public hospitals, equity is a critical issue, as disparities in care can lead to dissatisfaction among patients who feel they are receiving lower-quality services compared to others ². Patients attending public hospitals in Ibadan often come from diverse backgrounds, and equity in care ensures that these hospitals provide the same level of care to all, without discrimination. The perception of unequal treatment, whether due to financial constraints or social biases, can lead to lower satisfaction and a decline in trust in public healthcare systems ⁸.

Relevance in healthcare refers to the alignment of services with the health needs of the population. For public hospitals in Ibadan, ensuring that care provided is relevant to the pressing health concerns of the community is essential for improving patient satisfaction ⁹. Relevant healthcare services address the most common and critical health issues affecting the population, including maternal and child health, infectious diseases, and chronic conditions such as diabetes and hypertension. When patients perceive that the care they receive is targeted towards addressing their specific health problems, they are more likely to express satisfaction with the services ⁵. Relevance also implies that the health interventions offered are current, evidence-based, and capable of addressing the evolving health needs of the population.

Also, the quality of service encounters in healthcare is a vital determinant of patient satisfaction and overall healthcare outcomes. Service encounters refer to the interactions between patients and the healthcare system, encompassing both tangible and intangible aspects of care ¹. In public-owned hospitals in Ibadan, Oyo State, service encounters are critical to shaping patients'

perceptions of the quality of healthcare they receive. Tangible aspects such as hospital infrastructure, medical equipment, and cleanliness, alongside intangible aspects like patient-provider interactions, empathy, and communication, significantly influence the overall healthcare experience ⁹. As the demand for public healthcare services continues to grow, evaluating the tangible and intangible aspects of service encounters becomes essential for improving patient satisfaction and health outcomes.

Tangible aspects of healthcare services refer to the physical and material components of the hospital environment that patients can directly perceive. These include the hospital infrastructure, the availability of medical equipment, cleanliness, and the general physical appearance of the healthcare facility. In public hospitals in Ibadan, tangible aspects such as the state of the buildings, the condition of waiting areas, and the maintenance of medical equipment play a significant role in how patients assess the quality of care ⁶. Patients tend to associate well-maintained, clean, and modern facilities with higher standards of care, which can positively influence their overall satisfaction with the healthcare services provided ⁵.

Another critical component of the tangible aspects of service encounters is the availability and condition of medical equipment. In many public hospitals, outdated or insufficient equipment is a common problem, leading to delays in diagnosis and treatment, which frustrates patients and healthcare providers alike ⁸. The availability of adequate medical supplies, such as drugs and diagnostic tools, is essential for delivering timely and effective care. When patients encounter broken or unavailable equipment, it diminishes their confidence in the hospital's ability to provide quality care, contributing to dissatisfaction.

Cleanliness and hygiene in healthcare settings are other vital tangible factors that impact patient satisfaction. Cleanliness in hospital wards, restrooms, and waiting areas is often a major concern

for patients. In Ibadan's public hospitals, inadequate cleaning staff and insufficient resources for maintaining hygiene can lead to perceptions of neglect and poor service quality⁹. Patients expect hospitals to maintain high standards of cleanliness to prevent infections and promote a comfortable healing environment. A lack of attention to these physical aspects can significantly affect patient trust and overall satisfaction with their care.

Intangible aspects of healthcare services, although less visible, are equally important in shaping patient experiences. These include the quality of interactions between healthcare providers and patients, empathy shown by staff, communication effectiveness, and the overall emotional environment within the hospital. In public hospitals in Ibadan, where resources may be limited, intangible aspects of service encounters can play a pivotal role in compensating for some of the shortcomings in tangible aspects⁹. For instance, patients who feel respected, valued, and listened to during their hospital visits are more likely to rate their care experience positively, regardless of the physical conditions of the hospital.

Effective communication between healthcare providers and patients is a cornerstone of intangible service quality. Clear, compassionate, and timely communication ensures that patients understand their diagnosis, treatment options, and any necessary follow-up care. In the public hospital setting, communication breakdowns often occur due to overcrowded facilities and overworked staff, leading to patient frustration and dissatisfaction⁸. When healthcare providers take the time to explain medical procedures, answer questions, and reassure patients, it fosters a sense of trust and comfort, which enhances the overall service experience.

Empathy and emotional support are other critical intangible aspects that influence patient satisfaction. Patients appreciate when healthcare providers show genuine concern for their well-being, offer emotional comfort, and demonstrate kindness in their interactions. In busy public

hospitals, however, the emotional needs of patients are sometimes overlooked due to the high patient load and limited time for individual consultations⁸. Patients who perceive a lack of empathy or emotional care from healthcare staff may feel neglected, leading to negative perceptions of the service they receive, regardless of the clinical outcomes.

The intangible aspects of service encounters also include how efficiently hospital staff manage patient flow, resolve complaints, and provide a caring atmosphere. These elements contribute to a patient's overall experience and can determine whether they feel valued as individuals or merely processed as numbers in a bureaucratic system. Hospitals that prioritize patient-centered care, addressing both the emotional and logistical aspects of the patient experience, tend to report higher levels of patient satisfaction ⁹.

Tangible and intangible aspects of service encounters are interdependent in shaping the overall healthcare experience. The physical environment of a hospital, such as cleanliness, modern facilities, and adequate equipment, creates a foundation for positive patient perceptions. However, these tangible aspects must be complemented by strong intangible elements like effective communication, empathy, and emotional support ¹. When patients receive care in a clean, well-equipped hospital, but are treated dismissively by staff or receive poor communication about their health status, their overall satisfaction will still be negatively impacted ⁹. Conversely, in cases where physical resources are limited, patients may still report positive experiences if they perceive that healthcare providers are attentive, empathetic, and communicative.

In public hospitals in Ibadan, the challenge is to strike a balance between improving tangible resources and fostering intangible qualities among healthcare staff. Addressing both elements simultaneously is essential for ensuring that patients feel satisfied with their care experience.

When the hospital environment is clean and well-maintained, and healthcare providers offer compassionate, clear communication, the combined effect results in a more holistic and positive patient experience ⁶. Studies demonstrate that patients tend to express higher satisfaction when they view healthcare practitioners as attentive, polite, and communicative ¹⁰. The service encounter, a fundamental component of the process, is crucial in influencing patients' overall impressions of care quality.

Ultimately, outcomes signify the final results of healthcare services, including both clinical outcomes and patient-perceived advantages such as pain alleviation, recovery, or enhanced quality of life ¹¹. Superior outcomes, encompassing diminished complication rates and efficacious treatments, substantially enhance patient satisfaction. Nonetheless, even with favourable clinical outcomes, negative experiences throughout the care process or insufficient healthcare infrastructure can reduce patient satisfaction. A comprehensive strategy that encompasses structure, procedure and outcomes is vital for enhancing patient happiness and overall healthcare quality.

1.2 Statement of the Problem

Patient satisfaction is a crucial measure of the quality and efficacy of healthcare services, with a direct impact on patient outcomes, adherence and the overall efficiency of the healthcare system. Various factors, such as patients' perceptions of treatment and their actual service experiences, influence patient satisfaction in government owned hospitals in Ibadan, Oyo State. Gaining a comprehensive understanding of these factors is crucial for enhancing the provision of healthcare and achieving positive results for patients in these specific environments.

Although patient happiness is crucial, there is a significant lack of research on how patients' perceptions and actual experiences with healthcare services at public hospitals in Ibadan affect

their overall satisfaction. The perception of care being how patients perceive and interpret healthcare services based on their expectations, beliefs, and past experiences, which ultimately influence their attitudes towards these treatments is crucial. Service encounters encompass the face-to-face interactions patients experience with healthcare practitioners and the healthcare system. These interactions involve aspects such as the effectiveness of communication, promptness, understanding and compassion, and technical proficiency.

Public hospitals frequently meet a range of difficulties, including limited resources, large numbers of patients, and inconsistent quality of care. These obstacles can have negative impacts on both public opinion and the overall patient experience. These problems might result in discontent, reduced patient adherence, and inferior health results. It is imperative to address this matter, since content patients are more inclined to comply with treatment regimens, attend subsequent sessions, and participate in preventive health practices. Currently, there is a lack of comprehensive and situational data regarding the impact of patients' attitudes and service experiences on their satisfaction with care in public-owned hospitals in Ibadan. The absence of information impedes the capacity of healthcare administrators and policymakers to implement specific enhancements and changes that can augment patient satisfaction and the overall quality of service.

The issue at hand pertains to the necessity of a thorough comprehension of the correlation between patients' perspectives, their interactions with healthcare providers, and their level of contentment with the quality of care provided in public hospitals in Ibadan, Oyo State. Without this comprehension, endeavors to enhance patient contentment may be misguided or ineffectual, perpetuating a pattern of discontent and subpar healthcare results. Hence, this study investigated

the influence of perceived care, service encounter and patients' satisfaction in government owned hospitals in Ibadan Oyo State, Nigeria.

1.3 Aim and Objectives of the Study

This study aimed at investigating perceived care, service encounter and patients' satisfaction in government owned hospitals in Ibadan Oyo State, Nigeria. The objectives were to:

- i. identify the level of patients' satisfaction in government owned hospitals in Ibadan, Oyo State.
- ii. identify the level of perception of care received by patients attending government owned hospitals in Ibadan, Oyo State.
- iii. identify the level of service encounter by patients attending government owned hospitals in Ibadan, Oyo State.
- iv. examine the influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan, Oyo State.
- v. establish the influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan, Oyo State.
- vi. examine the combined influence of perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan, Oyo.

1.4 Research Questions

The following research questions were answered:

- i. What is the level of patients' satisfaction in government owned hospitals in Ibadan, Oyo State?
- ii. What is the level of perception of care received by patients attending government owned hospitals in Ibadan, Oyo State?

iii. What is the level of service encounter by patients attending government owned hospitals in Ibadan, Oyo State?

1.5 Research Hypotheses

The following hypotheses were tested at 0.05 alpha level:

H₀₁: There will be no significant influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan, Oyo State.

H₀₂: There will be no significant influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan, Oyo State.

H₀₃: There will be no significant combined influence of perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan, Oyo State.

1.6 Significance of the Study

This study would be of great significance particularly in the context of public-owned hospitals in Ibadan, Oyo State, where patient satisfaction plays a crucial role in healthcare delivery and outcomes. The results will offer essential knowledge to healthcare professionals, administrators, and legislators, informing their efforts to improve the quality of service and patient satisfaction in these crucial ways:

1. **Improving Healthcare Quality:** By understanding how perceptions and service encounters affect patient satisfaction, healthcare providers and administrators can identify specific areas needing improvement. This knowledge will enable targeted interventions to enhance the quality of care, thereby increasing patient satisfaction and overall healthcare outcomes.

2. **Enhancing Patient-Centered Care:** The study will contribute to the broader goal of implementing patient-centered care practices. By prioritizing patients' needs, preferences, and experiences, healthcare providers can foster a more supportive and responsive healthcare environment, which is essential for improving patient satisfaction.
3. **Informing Policy and Practice:** The findings will provide evidence-based insights that can inform healthcare policies and practices in public hospitals. Policymakers and hospital administrators can use the study's results to develop and implement strategies aimed at addressing the specific factors that influence patient satisfaction, leading to more effective and efficient healthcare services.
4. **Resource Allocation:** Understanding the key drivers of patient satisfaction will help in the optimal allocation of limited resources. By focusing efforts and resources on the aspects of care that matter most to patients, hospitals can achieve better outcomes without necessarily increasing costs.
5. **Promoting Patient Compliance and Outcomes:** Satisfied patients are more likely to adhere to treatment plans, attend follow-up appointments, and engage in preventive health behaviors. By enhancing patient satisfaction, the study will contribute to improved patient compliance and health outcomes, which are critical for the success of healthcare interventions.
6. **Benchmarking and Continuous Improvement:** The study will provide a benchmark for patient satisfaction in public-owned hospitals in Ibadan. This benchmark can be used for continuous monitoring and evaluation, helping healthcare providers to track progress over time and make necessary adjustments to maintain high standards of care.

7. **Academic Contribution:** The research will add to the existing body of knowledge on patient satisfaction in healthcare, particularly in the context of public hospitals in Nigeria. It will provide a foundation for future research on patient satisfaction and healthcare quality, encouraging further studies in this important area.

1.7 Scope of the Study

The scope of this study encompassed several key dimensions related to the perceived care, service encounter and patients' satisfaction in public-owned hospitals in Ibadan, Oyo State. The primary concepts investigated in this study are patients' perceptions of care, their actual service encounters and overall patient satisfaction. Perceptions of care include patients' expectations, beliefs and prior experiences with healthcare services. Service encounters refer to direct interactions with healthcare providers, including the quality of communication, timeliness, empathy and technical competence.

The study was conducted in public-owned hospitals within Ibadan, the capital city of Oyo State Nigeria. These hospitals serve a diverse population and are representative of public healthcare facilities in the region. The public hospitals that were selected include, Adeoyo Maternity Teaching Hospital, Yemetu Ibadan, Jericho Nursing Home, Jericho, Ibadan, Ring Road State Hospital, Ring Road, Ibadan, Government Chest Hospital, Jericho, Ibadan and Jericho Specialist Hospital Jericho, Ibadan. The study focused on adult patients who have received care in the selected public-owned hospitals in Ibadan. Both inpatients and outpatients were included to provide a comprehensive understanding of patient satisfaction across different types of healthcare encounters.

1.8 Limitation to the Study

In course of administering the questionnaires, some of the respondents were unable to read and understand the English version of the questionnaire. Efforts were made by the researcher with the help of research assistants to interpret for such respondents, specifically in Yoruba. Moreover, some of the respondents felt reluctant in the process of administration of questionnaires. However, the affected respondents were persuaded and assured by the researcher on the confidentiality of their responses.

1.9 Operational Definition of Terms

Patient: An individual who receives or is registered to receive medical treatment or healthcare services in a public-owned hospital, including both inpatients and outpatients.

Perception: The way patients interpret and understand their healthcare experiences, influenced by their beliefs, attitudes, expectations, and previous experiences.

Satisfaction: The extent to which patients feel their expectations and needs have been met by the healthcare services provided. This includes emotional responses and overall contentment with the care received.

Care: The services and treatment provided by healthcare professionals to maintain or improve a patient's health. This includes medical interventions, preventive measures, and supportive services.

Services: The range of medical and non-medical activities provided by the hospital to support patient health and well-being. This includes diagnostic tests, treatments, consultations, administrative processes, and ancillary services.

Patient Satisfaction: The degree to which patients feel that their healthcare needs and expectations have been met by the services provided in public-owned hospitals. This includes overall contentment with the quality of care, interactions with healthcare providers, and the healthcare environment.

Perception of Care: Patients' attitudes, beliefs, and expectations regarding the healthcare services they receive. This includes preconceived notions based on past experiences, cultural beliefs, and information received from various sources.

Service Encounter: The direct interactions and experiences that patients have with healthcare providers and the healthcare system during their visit. This encompasses all touchpoints, from initial contact with reception to interactions with medical staff and the discharge process.

Public-Owned Hospitals: Hospitals that are funded and managed by the government, providing healthcare services to the general population. These hospitals are typically part of the public healthcare system and aim to offer affordable medical care.

Healthcare Providers: Medical professionals and support staff who deliver healthcare services to patients. This includes doctors, nurses, laboratory technicians, administrative personnel, and other healthcare workers involved in patient care.

Quality of Care: The standard of healthcare services provided to patients, measured by the effectiveness, safety, and patient-centeredness of care. Quality of care includes clinical outcomes, adherence to clinical guidelines, and patient experiences.

Accessibility of Services: The ease with which patients can obtain healthcare services, including factors such as location, availability of appointments, affordability, and the efficiency of service delivery.

Empathy: The ability of healthcare providers to understand and share the feelings of their patients, demonstrating compassion and support throughout the healthcare experience.

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Endnotes

1. D. M. Berwick *Healthcare Quality and Patient Satisfaction: Exploring the Connection*. **The New England Journal of Medicine**, 385(10), 2021:863-870.
2. A. O. Adekanbi, S. A. Adebayo, & A. O. Olaitan *Public Healthcare Infrastructure and Patient Satisfaction in Southwestern Nigeria*. **Journal of Public Health Management**, 9(1), 2022. 23-35.
3. A. Donabedian. *Explorations in Quality Assessment and Monitoring: The Definition of Quality and Approaches to Its Assessment* (Vol. 1). **Health Administration Press**. 1980
4. Abimbola, S., Aruna, O., & Ibrahim, M. *Challenges in public healthcare delivery in Nigeria: A case study of Oyo State hospitals*. **International Journal of Healthcare Research**, 12(3), 2023. 101-110.
5. A. Adedokun, & O. S. Akinyemi. *Evaluating healthcare outcomes in public hospitals: A case study from Oyo State*. **Journal of Health Economics and Policy**, 7(2), 2022:59-71.
6. O. O. Ogunleye, O. A. Akinyemi, & B. M. Ojedokun. *Impact of healthcare service delivery on patient satisfaction in public hospitals*. **Journal of African Health Policy**, 11(1), 2023 45-56.
7. F. O. Akinwumi. *Cultural sensitivity and healthcare satisfaction in Nigerian public hospitals*. **West African Journal of Health Services**, 11(3), 2022. 87-99.
8. A. O. Obafemi. *Equity in Nigerian healthcare systems: A case study of Ibadan*. **African Journal of Public Health Policy**, 14(2), 2023. 112-127.
9. A. Ojedokun, & R. F. Aramide. *Comparing patient satisfaction in public and private hospitals in Oyo State*. **West African Journal of Medical Sciences**, 15(4), 2021:223-234.
10. K. Otani B. Waterman, & W. C Dunagan. *Patient satisfaction: How patient health conditions influence their satisfaction*. **Journal of Healthcare Management**, 57(4), 2012. 276-292.
11. O. A. Arah, G. P. Westert, J. Hurst. & N. S. Klazinga. *A conceptual framework for the OECD health care quality indicators project*. **International Journal for Quality in Health Care**, 18(suppl_1), 2006. 5-13.

Chapter Two

Literature Review

This chapter deals with the review of related literature. This was done both theoretically and empirically and the following sub-headings were discussed:

2.1 Conceptual Review

2.1.1 Perceived Care

2.1.2 Service Encounter

2.1.3 Patients' Satisfaction

2.2 Theoretical Review

2.2.1 Patient Satisfaction Theory

2.2.2 Service Encounter Theory

2.2.3 SERVQUAL Theory

2.4 Conceptual Model

2.5 Summary of Reviewed Literature

Endnotes

2.1.1 Perceived Care

Patients' perception of care is a crucial aspect of healthcare delivery that encompasses the patients' views and experiences regarding the quality of care they receive. This perception significantly impacts patient satisfaction, adherence to treatment plans, and overall health outcomes. Understanding patients' perceptions can help healthcare providers improve service delivery, enhance patient experiences, and foster better health outcomes. Patients' perception of care directly influences their level of satisfaction. Satisfaction is a key indicator of the quality of healthcare services and is closely linked to patients' expectations and experiences. Patient satisfaction is a major indicator of the quality of care in healthcare settings, reflecting the extent to which patients' expectations are met¹.

Perceived care in public-owned hospitals in Ibadan is shaped by several factors, including the effectiveness, acceptability, efficiency, and access to healthcare services. While skilled professionals offer the potential for effective care, infrastructural limitations and resource constraints frequently undermine service delivery. Acceptability and access are influenced by socio-economic factors, with lower-income patients often more accepting due to the affordability of care, despite the challenges faced. Efficiency remains a significant concern, driven by systemic inefficiencies and staffing shortages. Addressing these issues through better resource allocation, infrastructural development, and policy reform will be critical to improving the quality of care in public hospitals across Ibadan.

Effectiveness in healthcare is a crucial measure of how well medical services meet the expected outcomes, particularly in public hospitals. Recent studies highlight that many patients attending public hospitals in Ibadan perceive care to be moderately effective. Key indicators such as treatment success rates and patient satisfaction with clinical outcomes have shown improvements

due to increased governmental intervention and investment in the healthcare sector ³. However, challenges remain, particularly in areas like specialized care where resources are constrained, often leaving patients dissatisfied with long-term outcomes ^{2,3}. Effectiveness of Care in Public Hospitals The effectiveness of care in public-owned hospitals has been widely examined, with studies focusing on outcomes like patient recovery rates and treatment success. A study found that while public hospitals in Ibadan are equipped with a large pool of skilled healthcare providers, infrastructural deficiencies negatively impact the overall effectiveness of care delivery^{4,5}.

Patients have reported inconsistent access to specialists, with some indicating that this gap affects the overall effectiveness of the care they receive ⁴. These findings suggest a need for ongoing improvement in healthcare delivery to match growing patient expectations in the public healthcare sector. Effectiveness in healthcare refers to the ability of hospitals to provide treatments that lead to improved patient outcomes. Studies on public hospitals in Ibadan have shown mixed results in this regard. A study found that while many public hospitals are staffed with well-trained medical professionals, limitations in resources often hamper the effectiveness of care. Equipment shortages, lack of essential drugs and delays in treatment are cited as major factors that compromise the perceived effectiveness of these hospitals⁵.

Patients often express dissatisfaction with the length of time it takes to receive care, which can lead to poorer health outcomes. However, despite infrastructural challenges, some departments, particularly those related to maternal and child healthcare, showed positive results in terms of patient recovery and reduced mortality rates⁶. This suggests that the effectiveness of care in public hospitals may vary significantly depending on the type of service and the resources allocated to specific departments. Further studies emphasized the need for increased government

funding to enhance healthcare delivery in these facilities, noting that proper funding could help alleviate many of the resource constraints affecting treatment outcomes⁷. Moreover, researches highlighted that the level of effectiveness is also tied to hospital management efficiency. Hospitals with well-organized management structures tend to demonstrate higher levels of patient satisfaction and improved health outcomes, even in the face of limited resources⁷. This is in line with findings that leadership in healthcare institutions plays a significant role in determining the overall effectiveness of services. Despite these challenges, the availability of highly skilled healthcare providers means that, under the right conditions, public hospitals in Ibadan have the potential to offer effective care to their patients⁸.

Acceptability refers to the degree to which patients are satisfied with the services provided in healthcare settings. Public hospitals in Ibadan have seen a fluctuating level of patient acceptability over the years, influenced by factors such as the demeanor of healthcare professionals, waiting times, and the hospital environment⁵. In a study by it was found that while most patients appreciate the affordability of public hospitals, some feel that the attitude of healthcare workers could be improved, particularly in the area of patient communication and respect⁶. Moreover, a finding noted that acceptability is often compromised by the long queues patients must endure before receiving care, which can deter some from utilizing public hospitals altogether. Patients with higher expectations regarding service delivery may perceive the care as less acceptable, especially when compared to private healthcare institutions. These perceptions underscore the importance of improving service delivery standards to enhance patient acceptability in public hospitals⁵.

Efficiency in public healthcare systems refers to maximizing available resources to deliver optimal care. Public hospitals in Ibadan have been criticized for inefficiencies, particularly

concerning resource allocation and time management ⁴. A Research indicated that inefficiency manifests in the form of prolonged waiting times, a shortage of medical supplies, and inadequate staffing levels, which negatively impacts patient satisfaction and healthcare outcomes. Efficiency in healthcare relates to the optimal use of resources to achieve the best outcomes ⁷. Studies indicate that public hospitals in Ibadan often struggle with inefficiency due to systemic issues like bureaucratic delays, poor maintenance of equipment, and an insufficient supply of medical materials. It was found that inefficiencies in public healthcare systems contribute to longer patient stays and reduced satisfaction ⁵.

On the other hand, some positive strides have been observed with the introduction of health reforms aimed at improving administrative processes ⁴. Nevertheless, studies point to persistent inefficiencies in outpatient services, where patients often wait several hours for brief consultations⁸. These inefficiencies not only affect patient experiences but also strain the healthcare workforce, further exacerbating challenges in service delivery.⁷ Additionally, an imbalance between patient load and available medical personnel severely hampers the efficiency of care in public hospitals. While health workers are often skilled, the overwhelming number of patients seeking treatment in public hospitals contributes to delays and compromised service delivery. Solutions such as better funding, staff training, and improved resource allocation are essential for enhancing the efficiency of public hospitals in Ibadan. Access to healthcare is a key determinant of public health outcomes, particularly in developing regions like Ibadan. Studies have shown that while public hospitals in Ibadan are more accessible in terms of location and affordability, significant barriers still exist. These include financial constraints, geographical challenges for rural populations, and long waiting times, which limit the ability of patients to access timely care⁷.

Acceptability of care refers to the extent to which patients feel comfortable with and trust the services provided. Research highlights that while public hospitals in Ibadan offer affordable healthcare, patients often report dissatisfaction with the non-medical aspects of care, such as communication with healthcare providers and waiting times⁸. The perception of care is closely tied to the degree of empathy and professionalism demonstrated by hospital staff. Patients are more likely to accept care if they feel their concerns are adequately addressed. Findings found that patients from lower socio-economic backgrounds reported higher levels of acceptability due to the affordability of care, despite some challenges⁹. However, middle-class patients expressed concerns about the long waiting times and perceived indifference from staff, which reduced their overall acceptance of public healthcare. These findings suggest that improving communication and reducing waiting times could significantly enhance the acceptability of care in public hospitals. Access to healthcare is also influenced by the availability of medical personnel and the level of infrastructural development within hospitals. Patients from lower socioeconomic backgrounds often face greater difficulty accessing care, particularly for specialized treatments.⁶ Improving access requires addressing these socioeconomic and infrastructural barriers to ensure that all patients, regardless of their financial standing, can receive the care they need.

Equity in healthcare means that every patient, regardless of their socioeconomic status, receives the same quality of care. In Ibadan's public hospitals, however, disparities persist. Research from recent years points to inequities in service delivery, with wealthier or more connected patients often receiving faster and more attentive care. This raises concerns about social justice and fairness in healthcare access and treatment⁹. Addressing equity issues requires more than policy adjustments. It demands systemic reform to ensure that all patients, especially those from marginalized communities, receive equal attention and care. In the current system, vulnerable

populations such as the elderly and rural dwellers often face more difficulties accessing adequate healthcare, which exacerbates health disparities within the region ⁹. Relevance in healthcare refers to the extent to which services provided align with the health needs of the population. Studies conducted in Ibadan show that while public hospitals generally offer services that are relevant to the common health concerns of the population, there are gaps in meeting the needs of patients with less prevalent conditions ⁹. For instance, patients with non-communicable diseases such as diabetes and hypertension often perceive care as less relevant, citing the lack of specialist care and regular follow-up services ³.

Furthermore, there is a growing need to expand healthcare services to address emerging health issues such as mental health, which remains under-resourced in public hospitals ⁸. The relevance of healthcare services can be improved by ensuring that public hospitals are equipped to handle both common and complex medical conditions in a way that aligns with the evolving health needs of the community. Quality care continues to be a significant "true north" indicator of the healthcare system. The quality of the healthcare system is a consolidated parameter that is indicative of patient safety and satisfaction, service delivery efficiency, cost competitiveness, and sustainability. Consequently, the healthcare system's responsiveness to the patients' needs and agility are preserved by evaluating the quality of treatment, a critical practice that guarantees the ongoing improvement of the aforementioned parameters¹⁰. For example, the quality of the healthcare system can be evaluated by examining the perspectives of healthcare delivery professionals, the perceptions and satisfaction of patients, or a combination of the two.

The demand for more patient-centric and volume-to-value delivery models necessitates the measurement of patient perceptions and experiences, despite the complexities and multi-

dimensionalities that underlie them. The patients' perspective can provide valuable insights into the healthcare system's responsiveness and sensitivity to the expectations and requirements of patients. In other words, patients are considerably more satisfied with the quality of hospital services and the efficiency of delivery when they receive personalized and comprehensive care. Furthermore, they are more inclined to be self-assured and inclined to comply with the treatment plan and course of action that have been established¹¹.

2.1.2 Patients' Clinical Service Encounter

The clinical service encounter represents a crucial touch point in healthcare, where patients experience both tangible and intangible aspects that shape their perceptions of care quality. This interaction encompasses not only the physical or "tangible" aspects but also the "intangible" elements that contribute to overall patient satisfaction and healthcare outcomes¹³. Understanding both dimensions is essential for healthcare providers aiming to improve patient experiences and outcomes. Both tangible and intangible elements play significant roles in shaping patients' clinical service encounters. While tangible aspects such as cleanliness, medical technology, and staff appearance are immediately visible and measurable, intangible factors such as empathy, communication, and trust have profound impacts on the overall patient experience. Future improvements in healthcare service delivery must account for both dimensions to ensure comprehensive care that meets patients' expectations and needs.

Tangible elements refer to the physical aspects of the service environment that patients can perceive through their senses, such as the appearance of facilities, equipment, and personnel. In the healthcare setting, these elements significantly influence patients' perceptions of quality care. The physical environment, including cleanliness, is one of the first tangible cues patients notice when they enter a healthcare facility¹⁴. Studies from Trinidad and Tobago suggest that well-

maintained facilities positively influence patient perceptions of service quality, especially in public hospitals where overcrowding and poor maintenance often lead to dissatisfaction ¹⁵. The availability and modernity of medical equipment are critical components of tangible service quality. In a study conducted in Jamaica, patients reported higher satisfaction in clinics that utilized updated medical technology, as it reassures them of receiving competent care ¹⁶. The presence of advanced diagnostic tools, for example, can reduce patient anxiety and enhance trust in healthcare providers.

Another key tangible aspect is the appearance and demeanor of healthcare professionals. Uniforms, badges, and overall professional appearance contribute to patients' first impressions of competence and trustworthiness ¹⁷. A study emphasized that well-groomed and professional-looking staff were perceived more positively by patients, directly impacting their satisfaction levels ¹⁸. The professionalism of healthcare providers, including their demeanor, attentiveness, and respect for patient privacy, plays a vital role in shaping positive service encounters. Research highlights that patients place a high value on professionalism during clinical interactions, associating it with competence and trustworthiness. Healthcare workers who demonstrate empathy and respect for patients' concerns foster a trusting relationship, which enhances the overall care experience ¹⁵. On the contrary, patients who encounter rude or dismissive attitudes are less likely to trust their providers, which can negatively impact their willingness to seek future care or adhere to medical advice ^{19, 20}. Therefore, maintaining high standards of professionalism in patient interactions is crucial for positive clinical service encounters.

Intangible elements are less visible and harder to measure but equally crucial in shaping the overall patient experience. These include interpersonal interactions, empathy, and communication, which significantly influence how patients perceive their clinical encounters.

Empathy is a critical intangible element in healthcare service encounters. According to a study conducted in the Bahamas, patients who felt that healthcare professionals showed genuine concern for their well-being were more likely to express satisfaction with their care, even when treatment outcomes were not optimal ¹³. Empathy is often demonstrated through attentive listening, non-verbal communication, and emotional support.

The professionalism of healthcare providers, including their demeanor, attentiveness, and respect for patient privacy, plays a vital role in shaping positive service encounters. A research highlights that patients place a high value on professionalism during clinical interactions, associating it with competence and trustworthiness ¹⁵. Healthcare workers who demonstrate empathy and respect for patients' concerns foster a trusting relationship, which enhances the overall care experience ¹⁹. On the contrary, patients who encounter rude or dismissive attitudes are less likely to trust their providers, which can negatively impact their willingness to seek future care or adhere to medical advice²⁰. Therefore, maintaining high standards of professionalism in patient interactions is crucial for positive clinical service encounters.

Trust is an intangible element that builds over time, based on the patient's perceptions of competence, empathy, and ethical behavior. A study found that trust in healthcare providers positively correlates with patient satisfaction and adherence to medical advice ²¹. This study underscores the importance of intangible qualities like honesty and integrity in healthcare relationships. Effective communication between healthcare providers and patients is another important intangible factor. A study revealed that clear and transparent communication significantly improves patients' perceptions of care quality, especially in complex cases requiring detailed explanations ²². The way information is shared—whether it is done with clarity, patience,

and respect—can affect patients’ understanding of their health conditions and treatment plans, thus impacting their overall satisfaction.

Effective communication between healthcare providers and patients is foundational to a positive clinical service encounter. A study by indicated that clear communication, particularly when explaining diagnoses and treatment options, significantly improves patient satisfaction ²³. Patients who feel listened to and well-informed are more likely to trust their healthcare providers and follow medical advice ²⁴. Conversely, communication breakdowns often result in misunderstandings and dissatisfaction, leading to poor adherence to treatment and lower health outcomes ²⁵. Thus, improving communication skills among healthcare professionals remains essential for enhancing patient experiences during clinical encounters. The efficiency of clinical service delivery, particularly in terms of waiting times and the promptness of care, directly impacts patients' perceptions of their clinical encounters. Studies show that prolonged waiting times in clinics or hospitals negatively affect patient satisfaction, even if the quality of care is high ²⁵. A recent study in Nigerian public hospitals noted that long queues and delays in attending to patients contributed to frustration and a feeling of neglect among patients ²⁶. Efficiency in patient service encounters, therefore, extends beyond the clinical aspect to include administrative processes that ensure timely delivery of care ²⁷. Reducing waiting times is a key strategy in improving overall patient satisfaction with clinical services.

Patient involvement in clinical decision-making is increasingly recognized as a critical component of quality healthcare service encounters. Studies show that when patients are actively involved in decisions regarding their treatment, they report higher satisfaction and better health outcomes ²⁸. A study demonstrated that shared decision-making fosters a sense of empowerment and improves patient compliance with treatment plans. However, the level of patient

involvement often depends on the communication skills of healthcare providers and their willingness to engage patients in meaningful dialogue ²⁴. The move toward patient-centered care emphasizes the need for clinicians to involve patients more in their healthcare journeys to ensure optimal service encounters. Cultural competence in healthcare refers to the ability of providers to understand and respect diverse patient backgrounds, including their cultural, linguistic, and religious differences. Recent studies emphasize that culturally competent care is essential in improving the patient experience, especially in multicultural societies ²⁹. In a study of clinical encounters in public hospitals, patients from minority backgrounds reported feeling more respected and understood when healthcare providers demonstrated cultural awareness ³⁰. This suggests that healthcare systems must invest in training for cultural competence to ensure that all patients receive equitable and respectful care during their clinical encounters.

The clinical service encounter, also known as the patient-provider interaction, is a pivotal component of healthcare delivery. It encompasses all aspects of the patient's experience during their visit to a healthcare facility, including communication, clinical examination, diagnosis, treatment, and follow-up care. The quality of this encounter significantly affects patient satisfaction, adherence to treatment plans, and overall health outcomes. Patients' clinical service encounters are a vital aspect of healthcare delivery that significantly impact patient satisfaction, adherence to treatment, and health outcomes. By focusing on effective communication, empathy, clinical competence, and patient involvement, healthcare providers can enhance the quality of these encounters. Implementing recommendations such as training programs, patient-centered care practices, and continuous feedback mechanisms can further improve patient experiences and overall healthcare quality. Service encounters represent the moment of truth for service firms in that how agents apply their knowledge to resolve customers' problems and how organizations

facilitate agents to overcome certain managerial situations has substantial impact on the successes of service firm. However, service encounters are dynamic and evolutionary business processes that many service firms have succeed in the past without having sounded theoretical background or analytical model³¹. They are approaching academics to advance their understandings on their successes and discover opportunities on service improvements and innovations³².

Service encounters can be defined as a period of time in which service agents directly interact with customers to fulfill an organizational assignment. The interactions in the context of service encounters include communications between agents and customers, agents and other participants, and agents and supportive technologies³³. Especially in service industries, many of the communications are implicit and cultural-oriented that an explicit description of such complex service encounters is difficult to obtain³⁴. Additionally, customer situations are varies in service encounters that even experienced agents can hardly describe in details regarding how they handle customer situations in different service encounters. Many service encounter descriptive methods have been used for explicit service descriptions, such as a service blueprint describing front line and back end service operations and service script depicting agent and customer interactions. However, activities involving implicit interactions and cultural developments in service encounters remain poorly understood³⁵.

The quality of clinical service encounters is directly linked to patient satisfaction. Positive experiences enhance satisfaction, while negative encounters can lead to dissatisfaction and distrust in the healthcare system³⁶. A study found that effective communication during clinical encounters is a key determinant of patient satisfaction. Patients who have positive clinical encounters are more likely to adhere to prescribed treatments and follow-up recommendations. A

previous study found that good patient-provider communication can improve treatment adherence by up to 19%. Quality clinical encounters can lead to better health outcomes through accurate diagnosis, effective treatment, and patient education. The study by Stewart et al showed that patients who experienced patient-centered clinical encounters had better health outcomes^{37, 38}.

The interactive relationship between service providers and customers during service encounters has attracted attention over the past few years in the marketing and management literature. Healthcare industries in developing countries such as Nigeria are growing at a relatively fast pace with a higher demand for services from both foreign and local patients. However, people in Ibadan tend not to assess the relationship between service encounters of outpatients and other variables³⁹. Since the 1990s, customer orientation has become a crucial concept in the marketing field. The Taiwan healthcare system enables healthcare practitioners to provide excellent service quality and establish long-term and favorable relationships with their patients through service encounters, which are thus prerequisites for success⁴⁰. Although the national health insurance program is being reformed continuously and the medical environment is transforming rapidly, the medical market has become highly competitive over time⁴¹. Hence, the medical industry began valuing the importance of the service management concept. The management concept of medical institutions has since been transformed into providing a healthcare “service encounter” to encourage patients to engage in word-of-mouth (WOM) communication⁴². Thus, present medical institutions are no longer confined to providing only medical treatment, but also ensuring that customers enjoy the comfort and protection of medical professional services.

In the professional service area, placing attention on medical care is imperative. In recent years, because of advancements in public health medicine and higher education levels, the national health standard has generally improved⁴³. A service recipient assesses the service quality on the

basis of the actual service and interaction with the service provider. Interaction with a service provider is a crucial element that influences overall patient satisfaction. In common service encounter situations with consumers, professional service providers focus on effectively delivering services. Providers also expect to gain the trust of a service recipient, which induces the recipient to recommend the service to other consumers for sustainable patronage⁴⁴. Therefore, in the course of service delivery, face-to-face interaction between service providers and outpatients creates positive consumer perceptions toward the service quality provided and enables proper planning and appropriate guidance regarding the customers' perceptual judgment. These service encounters are also a favorable strategy for any marketing recommendation or endeavor⁴⁵.

It was reported that using a customer (patients) relationship network in WOM marketing is crucial for gaining an advantageous position in a fiercely competitive market. Hospitals should effectively capitalize on the use of a customer (patient) relationship network to generate positive effects that advertisements cannot produce. From a medical service encounter perspective, the present study examined the differences in patients' considerations of doctor treatment and the physical environment; specifically, this study investigated how patients' considerations affect their satisfaction with treatment services and how a local medical practitioner uses basic medical resources to create a unique WOM recommendation for inducing patients to visit the medical service again^{46,47}.

Effective communication is one of the cornerstone of a successful clinical service encounter. It involves listening to patients, explaining medical conditions and treatments, and ensuring patients understand their care plans. Effective communication is critical in ensuring patient understanding and adherence to medical advice⁴⁸. Clear communication helps patients

understand their conditions, treatment options, and the importance of adherence to medical advice. A study found that better communication was associated with improved patient recovery and better emotional health. Patients who feel heard and understood are more likely to be satisfied with their care⁴⁹. This satisfaction can lead to increased trust in healthcare providers and adherence to treatment plans. Miscommunication can lead to misunderstandings, incorrect diagnoses, and inappropriate treatments. Effective communication helps reduce these errors, thereby improving patient safety. Healthcare providers should use clear and simple language, avoiding medical jargon when possible. This ensures that patients of all literacy levels can understand the information being provided⁵⁰.

Effective communication in patients' clinical service encounters is essential for delivering high-quality care. By focusing on clarity, active listening, empathy and cultural competence, healthcare providers can enhance patient outcomes and satisfaction⁵¹. Ongoing training, the use of technology, and patient education are crucial for maintaining and improving communication standards in healthcare settings. Health care Providers should practice active listening, which involves paying full attention to the patient, acknowledging their concerns, and responding appropriately. This fosters a supportive environment and ensures that the patient's needs are fully understood⁵². Compassionate communication helps build rapport and trust. Understanding and respecting cultural differences are essential for effective communication⁵³. This includes being aware of different health beliefs, language barriers, and non-verbal communication styles.

Research has consistently shown the benefits of effective communication in healthcare settings. For example, a study found that physicians who engaged in patient-centered communication were more likely to have patients adhere to their treatment regimens. Additionally, the Agency for Healthcare Research and Quality (AHRQ) has developed tools and surveys to measure

patient-provider communication, such as the CAHPS (Consumer Assessment of Healthcare Providers and Systems) surveys⁵⁴. Health care providers should receive training in communication skills, including active listening, empathy, and cultural competence. Regular workshops and continuing education can help reinforce these skills. Use of telemedicine and electronic health records (EHRs) can facilitate communication by providing easy access to patient information and allowing for more frequent patient-provider interactions. Providing clear, easy-to-understand educational materials can help.⁵⁵

Demonstrating empathy and compassion helps build trust and rapport with patients. A previous highlighted that empathy in clinical encounters leads to higher patient satisfaction and better compliance with treatment. The provider's knowledge, skills, and ability to diagnose and treat medical conditions effectively are crucial for a positive clinical encounter. Clinical competence and the perceived expertise of healthcare providers are key factors influencing patients' trust and perception of care quality. Involving patients in decision-making processes regarding their care fosters a sense of control and satisfaction⁵⁶. The study showed that shared decision-making enhances patient satisfaction and compliance⁵⁷. Research consistently shows that patient-centered care improves clinical service encounters. This approach emphasizes respect for patients' values, preferences, and needs. The Institute of Medicine reported that patient-centered care improves patient satisfaction and health outcomes. Training healthcare providers in communication and interpersonal skills has been shown to enhance the quality of clinical service encounters. It was found that communication training programs for healthcare providers significantly improve patient satisfaction and clinical outcomes⁵⁸.

There are many ways that has been employed in measuring the quality of clinical service encounters including patient satisfaction surveys, interviews and clinical outcomes⁵⁹. These

surveys assess various aspects of the clinical service encounter, including communication, wait times, and overall experience. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is widely used to measure patient satisfaction in hospitals. The HCAHPS survey provides standardized data on patients' perspectives of hospital care⁶⁰. The qualitative methods such as interview provide deeper insights into patients' experiences and perceptions of clinical service encounters. Qualitative methods such as patient interviews and focus groups offer detailed insights into patients' perceptions of care. Also, by tracking clinical outcomes, such as recovery rates and adherence to treatment can indirectly measure the effectiveness of clinical service encounters. Clinical outcomes data can reflect the quality of care provided during clinical service encounters⁶¹.

In other to improve clinical service encounters health care services need to enhance communication skills: Implement training programs for healthcare providers focused on effective communication and interpersonal skills⁶². Training healthcare providers in communication skills is essential for improving patient-provider interactions and patient perceptions of care. Also, there is need to foster empathy and compassion as this will encourage healthcare providers to practice empathy and compassion in all patient interactions. Implementing empathy training workshops can help providers better understand and address patients' emotional needs. Those that adopt patient-centered care practices that involve patients in decision-making and respect their values and preferences tends to satisfy their patients better. Patient-centered care, which prioritizes patient involvement and preferences, is key to improving patient perceptions of care quality⁶³. Continuous professional development and training for healthcare providers is needed to ensure to maintenance of high levels of clinical competence. Continuous education and training are necessary to maintain clinical competence and ensure high-quality care. Regular collection

and analyzing of patient feedback to identify areas for improvement in clinical service encounters is expected to be imbibed. Patient feedback is a valuable tool for identifying areas for improvement and enhancing the quality of clinical service encounters⁶⁴.

Tangible elements refer to the physical aspects of the service environment that patients can perceive through their senses, such as the appearance of facilities, equipment, and personnel. In the healthcare setting, these elements significantly influence patients' perceptions of quality care. The physical environment, including cleanliness is one of the first tangible cues patients notice when they enter a healthcare facility ²². Studies from Trinidad and Tobago suggest that well-maintained facilities positively influence patient perceptions of service quality, especially in public hospitals where overcrowding and poor maintenance often lead to dissatisfaction ¹⁵. The availability and modernity of medical equipment are critical components of tangible service quality. In a study conducted in Jamaica, patients reported higher satisfaction in clinics that utilized updated medical technology, as it reassures them of receiving competent care ¹⁶. The presence of advanced diagnostic tools, for example, can reduce patient anxiety and enhance trust in healthcare providers. Another key tangible aspect is the appearance and demeanor of healthcare professionals. Uniforms, badges, and overall professional appearance contribute to patients' first impressions of competence and trustworthiness ¹⁷. A study emphasized that well-groomed and professional-looking staff were perceived more positively by patients, directly impacting their satisfaction levels ¹⁸. Providing emotional support is an often-overlooked intangible element. Patients who receive psychological comfort during their clinical encounters report better overall experiences, even when facing serious health challenges ⁶⁵. This support can be as simple as a reassuring word or the provision of psychological counseling during treatment processes.

2.1.3 Patients' Satisfaction

Patients' satisfaction is a critical metric in assessing healthcare quality, encompassing factors such as access, treatment effectiveness, interaction quality, and overall patient experience. In public hospitals, where resources may be stretched, understanding patient satisfaction is particularly vital to improving care outcomes and system efficiency. The literature indicates that satisfaction is influenced by several factors, including interpersonal relationships, wait times, facility cleanliness, and treatment effectiveness⁶⁶. Patient satisfaction in healthcare is a complex, multi-dimensional construct that extends beyond clinical outcomes to encompass the holistic experience within a healthcare facility. Studies indicate that patient satisfaction is impacted by the degree to which healthcare services meet the patient's expectations and needs⁶⁷. For instance, patients' expectations of quality care, dignity, and respect significantly influence their satisfaction levels⁶⁸. Therefore, patient satisfaction in public hospitals not only reflects the quality of clinical care but also serves as an indicator of patients' experiences and perception of care quality in the hospital setting⁶⁹.

Patients' interactions with healthcare providers significantly affect their satisfaction. Studies suggest that courteous and empathetic communication fosters patient trust and improves their perception of care quality⁷⁰. Effective patient-provider communication, where providers listen to and respect patients, positively impacts satisfaction, particularly in public hospitals where patients might experience communication barriers with medical staff. Lengthy waiting times are frequently reported as a major dissatisfaction factor in public hospitals. Research indicates that patients in Ibadan public hospitals often face long wait times due to high patient volumes and

limited resources. Reducing wait times and improving the efficiency of service delivery, particularly in high-demand hospitals, could considerably enhance patient satisfaction⁷¹.

Satisfaction is also closely linked to patients' perceptions of the quality of care they receive, which includes the effectiveness of medical treatments, timely intervention, and access to necessary resources⁶⁸. A study conducted in Nigerian public hospitals suggest that patients who perceive the quality of care as high are more likely to report satisfaction with the services⁷². The cleanliness and overall environment of the hospital play a significant role in shaping patients' perceptions of care quality. Unkempt environments or poor sanitation can lead to dissatisfaction, as patients may associate a clean environment with better care quality and safety⁶⁹. Public hospitals in Ibadan face challenges related to facility maintenance due to budget constraints, affecting patients' satisfaction. A growing body of literature emphasizes the importance of involving patients in their own healthcare decisions as a factor in satisfaction. Patients who feel informed and involved in decision-making tend to report higher satisfaction levels⁷¹. However, public hospitals may face challenges in providing comprehensive patient education due to staff shortages and limited resources, impacting patients' satisfaction.

Research in Ibadan has shown that patients in public hospitals have mixed satisfaction levels, often due to the disparity between the demand for healthcare services and the available resources⁷⁰. Studies show that while patients generally appreciate the affordability of public healthcare services, they often express dissatisfaction with the crowded facilities, lengthy wait times, and limited availability of specialized care⁷². For instance, report that many patients in Ibadan's public hospitals express satisfaction with the clinical competence of healthcare providers but are dissatisfied with the non-clinical aspects, particularly waiting times and facility conditions⁶⁹.

To improve patient satisfaction in public hospitals, targeted interventions are essential. Implementing strategies to reduce wait times, improve facility conditions, and enhance communication between healthcare providers and patients could lead to significant improvements in satisfaction levels. Training healthcare providers on the importance of interpersonal skills, increasing resources for facility maintenance, and implementing policies to involve patients in healthcare decisions have been identified as effective ways to improve satisfaction^{68 69}. Patient satisfaction in public hospitals in Ibadan, Oyo State, is influenced by multiple factors, including quality of care, communication, wait times, and facility conditions. Addressing these factors through targeted interventions could improve patients' overall experience and perception of care quality. The literature underscores the need for continuous quality improvement initiatives to meet patients' expectations and foster trust in public healthcare institutions.

Public hospitals in Ibadan, Oyo State are pivotal in providing healthcare services to a wide spectrum of the population. However, the perceived quality of care in these hospitals has raised concerns, particularly in the context of overcrowding, resource limitations, and patient satisfaction. Understanding the dynamics of patient perception is crucial, as it influences healthcare utilization and outcomes. The quality of care in public hospitals has been a focal point of discourse in recent studies.⁷³ argue that patients often perceive the quality of care in public hospitals as suboptimal due to overcrowded facilities and prolonged waiting times. In their study, they found that many patients expressed dissatisfaction with the level of attention they received from healthcare providers. This sentiment was echoed by a study that noted that the sheer volume of patients seeking care often overwhelms medical staff, leading to shorter

consultation times and a sense of neglect among patients⁷³. Despite these challenges, some patients still recognize the expertise of medical personnel, particularly in specialized services.

Conversely, revealed that patients who frequented departments with better resources and staffing, such as maternity and pediatric wards, reported more positive experiences. These findings suggest that the perception of care quality is not uniform across all departments in public hospitals. Departments with adequate staffing and resources tend to deliver better outcomes and higher patient satisfaction, indicating that targeted improvements in certain areas could significantly enhance overall patient perception of care. Patient satisfaction is a critical measure of healthcare performance, and recent studies have identified several factors influencing satisfaction levels in public hospitals. ⁷⁴ found that while the affordability of services in public hospitals is a major attraction, patients are often dissatisfied with the non-medical aspects of care, such as the attitude of hospital staff and the cleanliness of facilities. The study revealed that although patients appreciate the low cost of services, they often feel that the care they receive is impersonal and rushed, reducing their overall satisfaction⁷⁴.

In contrast, highlighted the importance of effective communication between healthcare providers and patients in enhancing satisfaction. Their study found that when healthcare providers took the time to explain diagnoses and treatment plans thoroughly, patients were more likely to rate their care experience positively, even when other aspects of service delivery were lacking. This underscores the role of communication in shaping patient perception and satisfaction in public hospitals⁷⁵. Accessibility remains a major concern in public healthcare facilities, particularly in Ibadan, where high patient volumes often lead to overcrowded waiting areas. Research noted that the geographical distribution of public hospitals in Ibadan does not adequately cater to the city's growing population, resulting in long queues and delayed access to care⁷⁶.

Patients from rural areas are particularly disadvantaged, as they often travel long distances to receive medical attention, exacerbating the strain on urban public hospitals. However, argued that despite these challenges, public hospitals remain the preferred option for low-income earners due to the affordability of services⁷⁷. The authors suggested that improving transportation infrastructure and expanding healthcare facilities in rural areas could help reduce the burden on urban hospitals and improve overall accessibility for patients. The efficiency of healthcare delivery in public hospitals has also been scrutinized, particularly in relation to how quickly patients receive care. ⁷⁸ A study found that inefficiencies in patient registration and the management of medical records contribute significantly to delays in treatment. Their study revealed that the manual processing of patient information often results in long waiting times, which frustrates patients and negatively impacts their perception of care. They recommended the implementation of electronic medical records to streamline patient flow and improve the efficiency of service delivery. Similarly, a study found that the allocation of healthcare resources also affects the efficiency of public hospitals. Their research showed that departments with adequate medical supplies and staffing levels tend to provide faster and more efficient care, while under-resourced departments struggle to meet patient needs in a timely manner. Addressing these resource disparities is crucial for enhancing the overall efficiency of public hospitals in Ibadan⁷⁵.

Recent government initiatives aimed at improving healthcare delivery in public hospitals have yielded mixed results. It examined the impact of the Health Insurance Scheme on patient perception and found that while the scheme has increased access to healthcare for many, it has not significantly improved patient satisfaction in public hospitals⁷⁹. The study noted that patients

covered by the insurance scheme still face the same challenges of long waiting times and resource shortages as those without insurance, indicating that policy reforms must go beyond financial access to address structural issues within the healthcare system. In another study, it was recommended that government policies focus on improving hospital infrastructure and training healthcare providers on patient-centered care practices⁸⁰. Their findings suggest that investing in both the physical and human resources of public hospitals is essential for improving patient perception and ensuring that public hospitals can meet the growing healthcare demands in Ibadan.

The structure of healthcare services refers to the attributes of the settings where care occurs, which includes the physical facilities, equipment, and human resources available. Studies have consistently shown that well-organized healthcare facilities with adequate staffing and modern equipment significantly enhance patient satisfaction. According to a study, hospital structure, including the availability of advanced medical technology and proper workforce allocation, plays a crucial role in determining the quality of care and clinical outcomes⁸¹. Similarly, highlighted the importance of a well-maintained healthcare infrastructure, noting that outdated facilities and a lack of resources contribute to delays in treatment and patient dissatisfaction⁸². Moreover, emphasize that organizational structure, including clear communication lines and proper management, is essential for improving the clinical service encounter⁸³. Healthcare systems with a strong structure can provide timely and efficient services, resulting in better patient outcomes. Therefore, structural aspects, such as hospital size, bed availability and accessibility of medical professionals, are important factors that impact patient experiences and perceptions of care quality.

The process aspect of clinical service encounters includes the actual delivery of care, encompassing everything from the initial patient interaction to treatment and follow-up.⁸⁴ A

study emphasize that patient-centered communication and shared decision-making significantly enhance the patient experience during clinical encounters. Furthermore, studies argue that clinical processes, including timely diagnosis and the availability of appropriate treatments, directly influence the perception of service quality⁸⁵. Patient engagement during clinical interactions has also been a major focus of recent studies. For instance, it was found that healthcare providers who foster a participatory environment, where patients can ask questions and are actively involved in their care decisions, tend to achieve higher satisfaction rates⁸⁶. It was further elaborated on this by demonstrating that poor communication and long waiting times negatively affect patient satisfaction and treatment adherence. Thus, the process of healthcare delivery, particularly the efficiency, timeliness, and communication strategies used by healthcare providers, are critical to the overall service encounter⁸⁷.

The outcome refers to the effects of healthcare on patient health status and satisfaction following the service encounter. Besides, it was argue that successful clinical outcomes, such as reduced readmission rates and effective symptom management, are closely tied to the quality of the patient's interaction with healthcare providers ⁸⁸. Additionally, a study noted that patient outcomes are significantly influenced by the level of patient-centered care provided during the clinical service encounter⁸⁹. Their research indicates that positive health outcomes are more likely when healthcare providers actively engage patients in treatment decisions and deliver personalized care. Research emphasize that outcome metrics, such as mortality rates, patient recovery times, and overall well-being, are essential indicators of the quality of healthcare services⁹⁰. Moreover, they suggest that improvements in the structural and procedural aspects of care lead to better outcomes, thus enhancing the overall patient experience. In summary, the perceived care among patients attending public-owned hospitals in Ibadan is influenced by

multiple factors, including the quality of care, patient satisfaction, accessibility, and efficiency of service delivery. While public hospitals provide essential healthcare services to a large segment of the population, particularly low-income patients, challenges such as overcrowding, resource limitations, and poor communication continue to affect patient perception. Addressing these issues through targeted government interventions, improved resource allocation, and enhanced provider-patient communication is critical to improving the perceived care in these institutions.

2.1.4. Determinants of Patient Satisfaction in Nigerian Public Hospitals:

The determinants of patient satisfaction in Nigerian public hospitals include factors related to healthcare service quality, communication, facility environment, and patient demographics. In addressing communication practices, enhancing healthcare quality, improving hospital facilities, and considering patient demographics and systemic challenges are critical for improving patient satisfaction in Nigerian public hospitals. Focusing on these areas can help policymakers and healthcare providers foster more positive patient experiences ^{91,93,94}. Recent studies emphasize several primary elements influencing patient satisfaction:

1. **Healthcare Quality:** Quality care—including effective treatment, timely service, and perceived staff competence—is crucial for patient satisfaction. Patients who feel their health concerns are comprehensively addressed report higher satisfaction levels. However, resource limitations in Nigerian public hospitals often hinder the delivery of consistent, high-quality care, leading to dissatisfaction in some cases ^{95 96}.
2. **Communication and Interpersonal Relations:** Effective communication between healthcare providers and patients significantly impacts satisfaction. Patients tend to value empathy, clear information regarding diagnoses and treatments, and attentive listening.

Studies indicate that when patients perceive inadequate communication or neglect, their satisfaction decreases ^{96 91}. This trend emphasizes the importance of interpersonal relationships in healthcare settings.

3. Facility Environment: The condition of hospital facilities—such as cleanliness, availability of amenities, and overall comfort—affects patient satisfaction. Many Nigerian public hospitals face challenges in maintaining ideal conditions due to financial constraints, which can impact patient experiences negatively. Research has shown that patients feel more comfortable and report higher satisfaction in well-maintained facilities ^{92, 93}.
4. Socioeconomic and Demographic Factors: Age, income, education level, and previous healthcare experiences influence patient expectations and satisfaction. Older patients, for example, often have different expectations compared to younger patients, and those with higher socioeconomic status may expect faster service and higher quality care ^{93 94}. These demographic factors shape patient expectations and influence satisfaction in varied ways across Nigerian healthcare settings.
5. Systemic Issues and Accessibility: Systemic challenges like long wait times, bureaucratic inefficiencies, and limited access to specialized care contribute to dissatisfaction among patients in Nigerian public hospitals. Streamlining administrative processes and improving accessibility are essential for enhancing patient experiences and satisfaction ⁹⁹,

¹⁰⁰.

2.1.5 Impact of Perceived Care and Service Encounters on Satisfaction

Satisfaction is a critical outcome in various service industries, including healthcare, hospitality, and retail. The impact of perceived care and service encounters on patient satisfaction is significant and multifaceted. Both perceived care and the quality of service encounters are critical determinants of patient satisfaction in healthcare settings. Fostering positive interactions and enhancing the perceived quality of care can lead to improved patient experiences and outcomes. Research indicates that the quality of perceived care—how patients view the empathy, attentiveness, and professionalism of healthcare providers—directly influences their overall satisfaction with the healthcare experience^{91, 92}.

Perceived care refers to the extent to which consumers feel valued and understood during service interactions. Research has demonstrated that perceived care significantly impacts customer satisfaction. For instance, a study found that when service providers exhibit empathy and attentiveness, customers are more likely to report higher satisfaction levels¹⁰¹. This aligns with the notion that emotional support during service encounters enhances the overall customer experience¹⁰². Studies show that when patients feel cared for, they report higher satisfaction levels. This perception can stem from effective communication, emotional support, and the ability of healthcare providers to address patient concerns adequately. For example, a research highlight that empathetic interactions significantly enhance patients' feelings of being valued and understood, leading to increased satisfaction⁹⁵. Service encounters are defined as direct interactions between service providers and customers. The quality of these encounters plays a crucial role in shaping customer perceptions. A study emphasized that positive service encounters, characterized by responsiveness and effective communication, lead to increased customer satisfaction¹⁰³. Furthermore, findings highlighted the importance of service encounter

quality in healthcare settings, showing that positive interactions with healthcare professionals significantly enhance patient satisfaction¹⁰⁴.

Trust is a mediating factor in the relationship between perceived care, service encounters, and customer satisfaction. According to a research, trust in service providers leads to increased customer loyalty, which in turn influences satisfaction¹⁰⁵. Their study found that when customers perceive high levels of care and have positive service encounters, their trust in the provider increases, fostering a sense of loyalty that further enhances satisfaction levels. The interactions between patients and healthcare providers—termed service encounters—are critical in shaping patient experiences. A positive service encounter, characterized by friendliness, responsiveness, and effective problem-solving, can enhance patient satisfaction^{96 95}. Conversely, negative encounters, such as perceived indifference or lack of attention from staff, can lead to dissatisfaction and reduced likelihood of follow-up visits.

The interplay between perceived care and service encounters creates a cumulative effect on patient satisfaction. Research indicates that when patients perceive high-quality care during positive service encounters, their overall satisfaction increases significantly^{97, 93}. This relationship suggests that improving communication and interpersonal skills among healthcare providers could be a strategic focus for enhancing patient satisfaction. Understanding the impact of perceived care and service encounters on satisfaction is vital for service organizations. Training staff to enhance their interpersonal skills can lead to improved customer experiences. For example, implementing empathy training programs for employees in healthcare settings can significantly improve patient satisfaction⁹⁸.

2.1.6 Challenges and Limitations in Nigerian Public Hospitals

The challenges and limitations faced by public hospitals in Nigeria are multifaceted, stemming from systemic issues in funding, infrastructure, workforce shortages, and governance. Addressing these challenges requires a coordinated effort involving policy reforms, increased funding, and community engagement to improve healthcare delivery and outcomes for the Nigerian population.

1. Inadequate Funding

Public hospitals in Nigeria often face severe financial constraints, leading to inadequate resources for medical equipment, staff salaries, and operational costs. Funding shortages result in the inability to maintain facilities and provide essential services. According to the World Health Organization, Nigeria allocates a low percentage of its Gross Domestic Product (GDP) to healthcare, impacting the quality of services¹⁰⁶.

2. Poor Infrastructure

Many public hospitals in Nigeria suffer from outdated infrastructure, including insufficient buildings, inadequate medical equipment, and poor sanitation. This lack of infrastructure hampers the delivery of quality healthcare services and can lead to unsafe conditions for both patients and healthcare workers¹⁰⁷.

3. Shortage of Healthcare Personnel

The healthcare workforce in Nigeria is inadequate to meet the demands of the population. A shortage of doctors, nurses, and allied health professionals contributes to long waiting times and substandard patient care. The World Health Organization reports that Nigeria has one of the

lowest doctor-to-patient ratios in the world, which exacerbates the challenges in public health delivery¹⁰⁶.

4. Limited Access to Essential Medicines

Access to essential medications and supplies is often limited in public hospitals due to poor procurement practices, inadequate supply chains, and corruption. Patients frequently experience stock outs of essential drugs, leading to increased morbidity and mortality ¹⁰⁸.

5. Corruption and Mismanagement

Corruption and mismanagement of resources are prevalent in Nigeria's public health sector, leading to the diversion of funds meant for healthcare services. This misappropriation results in inadequate service delivery, poor maintenance of facilities, and a lack of accountability ¹⁰⁹.

6. Inconsistent Policy Implementation

Despite having a framework for healthcare delivery, inconsistent policy implementation hinders the effectiveness of health services in public hospitals. There is often a lack of continuity in healthcare policies due to changes in government, which affects planning and the execution of health programs ¹⁰⁷.

7. Patient Overload and Long Wait Times

Public hospitals in Nigeria often face a high volume of patients due to a lack of alternative healthcare options. This overload leads to long wait times, which can compromise the quality of care and patient satisfaction. The pressure on healthcare providers can also lead to burnout and reduced quality of care ¹¹⁰.

8. Cultural and Socioeconomic Factors

Cultural beliefs and socioeconomic conditions significantly influence healthcare access and utilization. Many individuals may distrust public hospitals or prefer traditional medicine due to

cultural beliefs. Additionally, economic barriers can prevent patients from seeking care or adhering to treatment recommendations ¹¹¹.

9. Lack of Health Information Systems

The absence of robust health information systems impedes the ability to track health outcomes and manage resources effectively. Public hospitals often lack electronic health records and data analytics capabilities, making it difficult to assess the quality of care and improve services ¹¹².

2.1.7 Comparative Studies on Patient Satisfaction in Private vs. Public Hospitals

Comparative studies on patient satisfaction in private versus public hospitals reveal significant differences in quality of care, access to services, staff interactions, and facility environments. While private hospitals generally report higher patient satisfaction, issues of cost and affordability cannot be overlooked. Understanding these dynamics is essential for policymakers and healthcare administrators seeking to improve patient experiences and outcomes across healthcare settings. Patient satisfaction is a critical indicator of healthcare quality and a key determinant of health outcomes. Comparative studies examining patient satisfaction between private and public hospitals provide insights into how different healthcare delivery models impact patient experiences and perceptions. This literature review synthesizes findings from recent studies focusing on various factors contributing to patient satisfaction in these two types of healthcare institutions.

Research consistently indicates that patients in private hospitals generally report higher satisfaction levels compared to those in public hospitals. A study found that the quality of care, including the professionalism of staff and the availability of advanced medical technologies, was

perceived to be significantly better in private hospitals¹¹³. Patients cited shorter wait times and more personalized attention as key factors contributing to their satisfaction. Access to services varies significantly between private and public hospitals. A comparative study highlighted that patients in public hospitals often face longer wait times and limited availability of specialized services, which negatively impacts their overall satisfaction¹¹⁴. Conversely, private hospitals often have more resources to provide timely care and a broader range of services, leading to higher satisfaction rates among patients¹¹⁵. The nature of interactions between healthcare providers and patients plays a crucial role in shaping satisfaction. In a study conducted by it was found that patients in private hospitals reported feeling more valued and respected by staff, which enhanced their satisfaction levels¹¹⁶. In contrast, patients in public hospitals often described staff interactions as rushed and less empathetic, contributing to lower satisfaction scores.

The physical environment of healthcare facilities significantly influences patient satisfaction. Research by found that the cleanliness, comfort, and overall aesthetics of private hospitals are generally superior to those of public hospitals¹¹⁷. Patients reported feeling more relaxed and comfortable in private facilities, which positively impacted their perceptions of care quality. While private hospitals offer a higher perceived quality of care, they also come with increased costs, which can be a barrier for many patients. A study examined how affordability influences satisfaction and found that while patients in private hospitals were generally more satisfied, concerns about high costs led to stress and anxiety¹¹⁹. Public hospitals, being more affordable, may not provide the same level of satisfaction, but they address the financial barriers faced by low-income patients. Comparative studies also focus on patient outcomes as an aspect of satisfaction. A systematic review indicated that patients in private hospitals often experience

better clinical outcomes due to access to advanced technologies and specialized care¹²⁰. Improved health outcomes directly correlate with higher satisfaction levels, underscoring the importance of healthcare quality in shaping patient perceptions. Cultural factors can influence patient expectations and satisfaction in both private and public hospitals. A qualitative study by explored how cultural beliefs shape patient experiences, revealing that patients from different backgrounds may have varying expectations regarding care¹²¹. This variability can affect satisfaction levels regardless of whether care is received in public or private settings.

2.1.8. Implications for Policy and Practice

Addressing the implications for policy and practice related to patient satisfaction in public versus private hospitals is essential for improving healthcare delivery. By focusing on funding, workforce conditions, quality standards, technology integration, patient engagement, and socioeconomic barriers, policymakers and healthcare administrators can enhance the overall patient experience, leading to better health outcomes and satisfaction across the healthcare system^{122, 123}. Governments should prioritize healthcare funding, particularly for public hospitals, to ensure they can compete with private facilities in terms of quality and service delivery. This can involve increasing the percentage of GDP allocated to healthcare, thereby enhancing the infrastructure, staffing, and equipment available in public hospitals¹²⁴. Hospital administrators should develop strategic budgets that focus on essential service areas, ensuring that patient care is not compromised due to financial constraints. Implementing transparent financial management systems can also enhance accountability and resource utilization¹²⁵.

It is essential to create policies that support the recruitment, retention, and continuous training of healthcare professionals in public hospitals. Incentives such as competitive salaries, benefits, and

opportunities for professional development can attract skilled personnel to underserved areas. Public hospitals should implement programs that foster a positive work environment, encourage teamwork, and reduce burnout among staff. Regular training and development initiatives can enhance staff competencies, leading to improved patient interactions and satisfaction¹²⁶. Establishing national standards for quality of care in both public and private hospitals can help ensure that all healthcare facilities meet minimum service delivery requirements. Regulatory bodies should enforce compliance with these standards through regular audits and evaluations¹²⁷. Hospitals should adopt quality improvement initiatives that focus on patient-centered care, ensuring that all patients receive consistent and high-quality services. Incorporating patient feedback into service design can help address specific needs and concerns, enhancing overall satisfaction¹²⁸.

Governments should support the integration of technology in healthcare delivery, particularly in public hospitals, to improve efficiency and patient outcomes. Investments in health information systems can facilitate better management of patient data, reduce errors, and streamline operations. Hospitals should utilize telemedicine and digital health solutions to enhance access to care, especially for underserved populations. Training staff to effectively use these technologies can improve patient experiences and satisfaction¹²⁹. Policymakers should encourage patient engagement strategies that empower individuals to take an active role in their healthcare decisions¹³⁰. This can involve developing policies that promote transparency and communication between healthcare providers and patients. Healthcare providers should prioritize effective communication, ensuring that patients are well-informed about their treatment options, rights, and responsibilities. Regular surveys and feedback mechanisms can help hospitals understand patient needs and expectations¹³¹.

Policies aimed at reducing socioeconomic disparities in healthcare access are crucial. This can include implementing universal health coverage or subsidized care programs for low-income populations to ensure equitable access to services. Public hospitals should develop community outreach programs that educate and assist underserved populations in navigating the healthcare system. This can help bridge the gap between healthcare services and patients, ultimately enhancing satisfaction and health outcomes¹³².

2.1.9. Cultural Influences on Patient Satisfaction in Nigerian Healthcare

Cultural beliefs and practices play a significant role in shaping patient experiences and satisfaction within the healthcare system. In Nigeria, where diverse ethnicities and cultural practices coexist, understanding these influences is crucial for improving patient care and outcomes. This literature review examines the cultural factors affecting patient satisfaction in Nigerian healthcare settings, focusing on traditional beliefs, communication styles, and healthcare accessibility¹³³. Cultural influences on patient satisfaction in Nigerian healthcare are multifaceted and deeply rooted in traditional beliefs, communication styles, healthcare accessibility, and gender dynamics. Understanding these cultural factors is essential for healthcare providers to enhance patient experiences and improve satisfaction levels. Addressing cultural barriers through effective communication, respecting traditional beliefs, and ensuring equitable access to healthcare services can significantly improve patient outcomes in Nigeria¹³⁴.

In Nigeria, traditional medicine often coexists with conventional healthcare, influencing patient perceptions and satisfaction. Many patients initially seek treatment from traditional healers before visiting hospitals, primarily due to cultural beliefs that prioritize holistic and community-based care¹³⁵. Research highlights that patients who perceive traditional medicine as more effective may have lower satisfaction levels in conventional healthcare settings, particularly if

their cultural expectations are unmet¹³⁶. Effective communication between healthcare providers and patients is crucial for ensuring satisfaction. Cultural factors significantly influence communication styles in Nigeria, where indirect communication is often preferred¹⁰⁷. Studies have shown that healthcare providers' inability to understand and respect patients' cultural backgrounds can lead to misunderstandings and dissatisfaction¹¹⁰. For instance, patients from cultures that value respect and hierarchy may feel dissatisfied if healthcare professionals do not acknowledge their cultural norms during interactions¹³⁶.

Cultural attitudes towards healthcare also affect patients' willingness to seek care and their satisfaction with the services received. A study indicates that socio-cultural factors, such as stigma associated with certain illnesses, can deter patients from accessing healthcare services¹³⁷. This stigma is often rooted in cultural beliefs that associate certain diseases with moral or spiritual failings, which can lead to lower patient satisfaction among those who seek care only when conditions become critical. Cultural influences shape patients' expectations regarding healthcare services. In Nigeria, patients often expect a high level of personal attention and care from healthcare providers, influenced by cultural norms surrounding hospitality and community¹²⁰.

When these expectations are not met, patient satisfaction decreases. Research has shown that patients who feel neglected or undervalued during their hospital stay report lower satisfaction levels¹¹⁶. Gender dynamics also play a significant role in patient satisfaction in Nigerian healthcare. Cultural norms often dictate the roles of men and women in seeking healthcare. A study revealed that women, particularly in conservative communities, may experience barriers to accessing healthcare, leading to lower satisfaction rates. Women often depend on male family

members for healthcare decisions, which can complicate their interactions with healthcare providers and diminish their overall satisfaction.

2.1.10 Role of Non-Medical Staff in Patient Satisfaction

The role of non-medical staff in patient satisfaction is multifaceted and significant. Their contributions, ranging from administrative support to effective communication and patient advocacy, are essential for enhancing patient experiences. As healthcare systems continue to prioritize patient-centered care, investing in training and support for non-medical staff will be crucial for improving overall patient satisfaction and outcomes¹³⁸. Patient satisfaction is a critical metric for evaluating healthcare quality and effectiveness. While medical staff play a direct role in patient care, non-medical staff also significantly influence patients' experiences and satisfaction levels. This literature review explores the contributions of non-medical staff—such as administrative personnel, receptionists, and support staff—to patient satisfaction and the implications of their roles in healthcare settings¹³⁹.

Administrative staff are often the first point of contact for patients, shaping their initial impressions of the healthcare facility. Research indicates that efficient scheduling and registration processes positively impact patient satisfaction¹⁴⁰. Patients who experience smooth administrative interactions report higher satisfaction levels due to reduced wait times and perceived efficiency. Administrative staff's ability to provide clear information and support can significantly enhance the overall patient experience¹⁴¹. Effective communication is essential for patient satisfaction, and non-medical staff play a crucial role in this aspect. A study found that non-medical personnel who exhibit strong communication skills contribute positively to patient perceptions of care¹⁴².

Support staff, including nursing assistants, orderlies, and custodial staff, have a direct impact on patients' comfort and satisfaction. According to a study, patients who perceive support staff as attentive and caring report higher satisfaction levels. Support staff's roles in maintaining a clean and safe environment also contribute to patients' overall perceptions of care quality¹⁴³. When patients feel comfortable in their surroundings, their satisfaction levels increase significantly¹⁴⁴. Non-medical staff can serve as patient advocates, helping to navigate complex healthcare systems. Research by indicates that non-medical personnel who assist patients in understanding their care options and facilitating access to services enhance patient satisfaction¹⁴⁵. This advocacy role is particularly important for vulnerable populations who may face barriers in accessing care. By providing guidance and support, non-medical staff can bridge gaps in communication and ensure that patients feel supported throughout their healthcare journey. Cultural competence among non-medical staff is essential for addressing diverse patient needs and enhancing satisfaction. A study highlights the importance of cultural sensitivity in improving patient experiences¹⁴⁶. Non-medical staff trained in cultural competence are better equipped to understand and respect patients' cultural backgrounds, which can lead to more positive interactions and higher satisfaction levels. This training is vital in multicultural settings, where patients' expectations and needs may vary widely.

2.1.11 Patient Expectations vs. Experience in Public Hospitals

Understanding the gap between patient expectations and experiences in public hospitals is essential for improving healthcare quality and patient satisfaction. Patient expectations encompass what individuals believe they will receive from healthcare services, while experiences reflect the actual care received. This literature review explores the discrepancies between patient expectations and experiences in public hospitals, highlighting factors that

contribute to these differences and their implications for healthcare delivery¹⁴⁷. The gap between patient expectations and experiences in public hospitals poses challenges for healthcare providers striving for high-quality care and patient satisfaction. By understanding the factors contributing to this gap and implementing strategies to bridge it, public hospitals can enhance patient experiences, improve satisfaction levels, and ultimately lead to better health outcomes¹⁴⁸.

Patient expectations can be influenced by various factors, including cultural beliefs, past experiences, and societal norms. According to a research, expectations are shaped by pre-existing beliefs about the quality of care, communication styles, and the availability of resources in public hospitals. Studies show that patients often expect timely access to care, clear communication, and compassionate treatment^{148, 149}. These expectations are critical as they set the foundation for patient satisfaction and perceived quality of care. Patient experiences in public hospitals can vary widely due to factors such as staff availability, hospital infrastructure, and the overall healthcare environment. Research indicates that many patients experience longer wait times and less personalized care compared to their expectations¹⁵⁰. Patients often report dissatisfaction with the lack of communication from healthcare providers and insufficient attention to their needs, leading to a disconnect between expectations and experiences. Several factors contribute to the gap between patient expectations and experiences in public hospitals. A study highlights that systemic issues, such as understaffing and limited resources, significantly impact patient experiences¹⁵¹. These systemic barriers can lead to negative experiences, as patients may feel rushed or neglected during their care. Additionally, differences in patients' socioeconomic status can influence their expectations, leading to discrepancies in the quality of care received¹⁵².

The expectation-experience gap has significant implications for patient satisfaction and healthcare outcomes. Research demonstrates that patients who perceive a significant gap

between their expectations and experiences report lower satisfaction levels and are less likely to engage in follow-up care¹⁵³. Understanding these dynamics is crucial for healthcare providers aiming to improve patient experiences and foster better outcomes. To address the discrepancies between expectations and experiences, public hospitals can implement several strategies. First, enhancing communication and providing realistic information about services can help align patient expectations with the realities of care¹⁵⁴. Second, training staff in patient-centered communication techniques can improve interactions and enhance patient experiences. Finally, investing in hospital infrastructure and staffing can address systemic issues that contribute to patient dissatisfaction¹⁵⁵.

2.1.12 Quality of Healthcare Infrastructure

The quality of healthcare infrastructure, encompassing physical facilities, medical equipment, and overall environment, plays a critical role in shaping patient experiences and satisfaction in public hospitals. In Nigeria, the state of healthcare infrastructure often affects not only the quality of care provided but also patients' perceptions of that care¹⁵⁶. This literature review examines how the infrastructure of public hospitals in Nigeria influences patient satisfaction and perceived quality of care. Physical facilities, including the design, cleanliness, and accessibility of hospitals, significantly impact patient satisfaction. Research indicates that well-maintained and clean facilities contribute to higher levels of patient satisfaction¹⁵⁷. Patients who perceive their environment as safe and welcoming are more likely to report positive experiences. Conversely, dilapidated and unkempt facilities can lead to feelings of neglect and dissatisfaction¹⁵⁸.

The availability and functionality of medical equipment are crucial for providing quality healthcare services. According to a study, inadequate or outdated equipment in public, the quality

of healthcare infrastructure in Nigerian public hospitals is a critical determinant of patient satisfaction and perceived care¹⁵⁹. Physical facilities, medical equipment, and overall infrastructure significantly influence patient experiences and health outcomes. Improving these aspects of public healthcare is essential for enhancing patient satisfaction and fostering a more effective healthcare system in Nigeria. Hospitals in Nigeria leads to delays in diagnosis and treatment, negatively affecting patient outcomes and satisfaction. Patients often express dissatisfaction when they perceive that the lack of necessary equipment hampers their care, leading to mistrust in the healthcare system ¹²¹.

Healthcare infrastructure also encompasses the accessibility of services, including transportation and proximity to healthcare facilities. A study highlights that patients in rural areas face significant challenges in accessing public hospitals due to poor infrastructure and transportation systems. This lack of accessibility not only impacts patient satisfaction but also discourages timely medical care, exacerbating health issues and leading to poorer outcomes¹⁶⁰. The overall infrastructure, including the integration of services, staff availability, and operational efficiency, significantly affects patient perceptions of care. Research indicates that patients who experience long wait times and inadequate staffing levels are more likely to express dissatisfaction with their care¹⁶¹. Patients often associate the quality of care with the overall organization and efficiency of the hospital, and a lack of operational effectiveness can lead to negative perceptions⁶². The state of healthcare infrastructure not only affects patient satisfaction but also has direct implications for health outcomes. A review found that hospitals with better infrastructure and equipment reported lower rates of complications and higher patient recovery rates¹⁶³. This relationship underscores the importance of investing in healthcare infrastructure to enhance both patient satisfaction and clinical outcomes.

2.1.13 The Role of Communication in Service Encounters

Effective communication is a cornerstone of successful service encounters, significantly influencing customer satisfaction, loyalty, and overall service quality. In various service sectors, including healthcare, hospitality, and retail, the interaction between service providers and customers shapes perceptions and experiences¹⁶⁴. Communication plays a critical role in service encounters, influencing service quality, customer satisfaction, and loyalty. Effective verbal and non-verbal communication can enhance the overall customer experience and foster strong relationships between service providers and customers. Organizations should prioritize communication training for their staff to improve service encounters and achieve higher levels of customer satisfaction¹⁶⁵. Effective communication is vital for delivering high-quality services. According to a study, clear and concise communication helps to set realistic customer expectations and enhances the perceived quality of service¹⁶⁷. Research found that customers who receive clear information about services and procedures are more likely to perceive the service as high quality¹⁶⁸. Additionally, active listening and empathy displayed by service providers during interactions can significantly improve customer satisfaction and create a positive service experience¹⁶⁹.

Customer satisfaction is closely linked to the quality of communication during service encounters. A study demonstrated that effective communication, characterized by clarity, warmth, and responsiveness, leads to higher levels of customer satisfaction¹⁷⁰. When customers feel heard and understood, they are more likely to report positive experiences and express satisfaction with

the service received. Conversely, poor communication can result in misunderstandings, frustration, and decreased satisfaction¹⁷¹. Non-verbal communication plays a significant role in service encounters, complementing verbal interactions. According to a research, non-verbal cues, such as facial expressions, body language and eye contact, can significantly influence customer perceptions and feelings during service encounters¹⁷². Positive non-verbal communication from service providers can enhance trust and rapport with customers, while negative cues can lead to dissatisfaction and disengagement¹⁷³. Effective communication fosters customer loyalty by creating strong relationships between service providers and customers. Research indicates that customers who experience positive communication during service encounters are more likely to return and recommend the service to others¹⁷⁴. Furthermore, consistent and transparent communication helps build trust, which is essential for long-term customer relationships¹⁷⁵. To enhance communication skills among service providers, organizations must invest in training and development programs. A study emphasizes the importance of training programs focused on communication skills, including active listening, empathy, and conflict resolution¹⁷⁶. Such training not only improves the quality of service encounters but also boosts employee confidence and job satisfaction, leading to better customer interactions¹⁶⁹.

2.1.14. Service Recovery in Nigerian Public Hospitals

Service recovery refers to the actions taken by service providers to rectify a service failure and restore customer satisfaction. In the context of Nigerian public hospitals, where challenges such as inadequate resources and systemic inefficiencies often lead to service failures, effective service recovery strategies are essential for maintaining patient trust and satisfaction. Service recovery is a critical component of patient care in Nigerian public hospitals, influencing patient satisfaction and trust in healthcare providers. Despite challenges in implementation, effective

recovery strategies can significantly enhance patient experiences. Continued research and investment in service recovery practices are essential for improving the quality of care in public hospitals across Nigeria¹⁷⁷. Service recovery encompasses a variety of actions aimed at addressing service failures and restoring patient satisfaction. According to a research, effective service recovery involves not only correcting the mistake but also demonstrating empathy, accountability and a commitment to service excellence¹⁷⁸. Research shows that successful service recovery can transform a negative experience into a positive one, enhancing patient loyalty and trust in healthcare providers ¹⁷⁹.

In Nigerian public hospitals, service recovery strategies often involve direct communication, compensation, and process improvements. A study indicated that clear communication regarding service failures, along with timely resolutions, significantly improves patient perceptions of care¹⁸⁰. Additionally, compensatory actions, such as providing free services or expedited care, can mitigate dissatisfaction and foster goodwill among patients ¹⁸¹. Despite the recognized importance of service recovery, Nigerian public hospitals face numerous challenges in its implementation. Limited resources, inadequate staff training, and high patient volumes can hinder effective service recovery efforts¹⁸². A study highlighted that many healthcare workers lack the necessary skills to handle service failures effectively, which can exacerbate patient dissatisfaction¹⁸³. Research shows that effective service recovery positively impacts patient satisfaction and perceptions of care in public hospitals. According to a study, patients who experience effective recovery actions following a service failure report higher levels of satisfaction than those who do not⁸⁴. This relationship underscores the importance of investing in service recovery training and processes to enhance patient experiences in Nigerian public

hospitals. Future research on service recovery in Nigerian public hospitals should focus on developing comprehensive frameworks that integrate patient feedback into recovery strategies. Understanding the specific expectations and preferences of patients can guide the design of more effective service recovery practices¹⁸⁵.

2.1.15 Policy Implications and Reform Opportunities in Public Healthcare

Public healthcare systems face numerous challenges that impact service delivery, patient outcomes, and overall health equity. In many countries, including Nigeria, inadequate funding, mismanagement, and policy inadequacies hinder the effectiveness of public healthcare systems. This literature review explores the policy implications and reform opportunities in public healthcare, focusing on the necessity for comprehensive reforms that enhance service delivery, improve patient outcomes, and ensure equitable access to healthcare services. Public healthcare systems face significant challenges that necessitate comprehensive policy reforms¹⁸⁶. By focusing on increasing funding, promoting community engagement and establishing robust monitoring and evaluation frameworks, policymakers can enhance the effectiveness of public healthcare systems. Continued research and advocacy for policy reforms are essential for improving health outcomes and achieving equity in healthcare access.

Public healthcare systems worldwide encounter several challenges, including underfunding, workforce shortages, and infrastructural deficits. According to a study, these challenges are exacerbated by ineffective governance and a lack of accountability, leading to poor health outcomes and increased morbidity and mortality rates¹⁸⁷. Similarly, highlighted that in Nigeria, inadequate healthcare funding results in a significant gap in service delivery, with many citizens lacking access to essential health services¹⁸⁸. Effective policy frameworks are critical for

addressing the challenges faced by public healthcare systems. Research emphasizes the importance of developing policies that prioritize health equity and accessibility¹⁸⁹. The authors argue that health policies should be guided by principles of inclusivity and community engagement to ensure that all segments of the population benefit from healthcare services. Additionally studies suggest that aligning health policies with national development goals can enhance the overall effectiveness of public healthcare systems¹⁹⁰.

There are numerous opportunities for reform in public healthcare systems, focusing on various aspects such as funding, service delivery, and governance. According to research, increasing public investment in healthcare is essential for improving service delivery and infrastructure¹⁹¹. The authors advocate for a reallocation of resources and enhanced funding mechanisms to support healthcare initiatives. Furthermore, the integration of technology in healthcare delivery, as suggested by a study presents an opportunity for enhancing service efficiency and accessibility¹⁹². Engaging communities in the development and implementation of healthcare policies can lead to more effective public health outcomes. A study found that community involvement in healthcare decision-making processes leads to improved health outcomes and increased trust in public healthcare systems¹⁹³. Empowering communities to participate in policy advocacy and health program design can enhance accountability and ensure that healthcare services meet the needs of the population. To ensure the effectiveness of public healthcare reforms, robust monitoring and evaluation frameworks are necessary. Research highlights the importance of establishing clear indicators for assessing the impact of health policies and reforms. Continuous evaluation allows for the identification of gaps and facilitates timely adjustments to policies, ensuring that they remain relevant and effective in addressing the evolving healthcare needs of the population¹⁹⁴.

2.1.16 Case Studies on Patient Satisfaction in Oyo State

Case studies on patient satisfaction in Oyo State reveal significant insights into the determinants of satisfaction and the disparities between public and private healthcare facilities. Effective communication, resource allocation and understanding socio-demographic factors are crucial for enhancing patient experiences ¹⁹⁵.

Patient satisfaction is a critical indicator of the quality of healthcare services, influencing not only individual patient outcomes but also the overall performance of healthcare systems. In Oyo State, Nigeria, understanding the factors that contribute to patient satisfaction can provide valuable insights for improving healthcare delivery. Numerous factors influence patient satisfaction in healthcare settings. A study identified key determinants such as the quality of medical care, availability of healthcare resources, and interpersonal relationships between healthcare providers and patients⁵. The researchers employed a mixed-methods approach, combining quantitative surveys with qualitative interviews to gather comprehensive data on patient experiences in selected hospitals in Oyo State. Similarly, research explored the impact of hospital environment and service delivery on patient satisfaction⁹¹.

Comparative studies provide valuable insights into patient satisfaction levels across different types of healthcare facilities⁷³. In a conducted a comparative study assessing patient satisfaction in public and private hospitals in Oyo State. The study found that patients in private hospitals reported significantly higher satisfaction levels, attributed to better facilities, shorter waiting times, and more personalized care. The authors emphasized the need for public hospitals to adopt best practices from private institutions to enhance patient experiences. In another study, investigated patient satisfaction in public healthcare facilities and the influence of socio-demographic factors⁹⁷. Their research highlighted disparities in satisfaction levels based on age,

gender, and educational background. The findings suggested that tailored interventions considering these socio-demographic factors could enhance patient satisfaction in public hospitals.

Effective communication between healthcare providers and patients is vital for improving patient satisfaction. A case study examined the role of communication in enhancing patient satisfaction in a tertiary hospital in Oyo State¹⁸². The study revealed that patients who experienced clear, empathetic communication from healthcare providers reported higher satisfaction levels. The researchers recommended training programs for healthcare workers to improve communication skills and foster better patient-provider relationships. The insights gained from these case studies highlight several policy implications for improving patient satisfaction in Oyo State. A study suggested that healthcare policymakers should prioritize the allocation of resources to enhance the quality of care in public hospitals⁵. Additionally, it was emphasized the importance of establishing patient feedback mechanisms to ensure that patient voices are considered in healthcare decision-making processes⁷³.

2.2 Patient Satisfaction Theory

Patient satisfaction theory aims to understand and predict factors that contribute to patients' contentment or dissatisfaction with healthcare experiences. As a key quality measure, patient satisfaction influences patient adherence, retention, and treatment outcomes. The literature on patient satisfaction theory encompasses several models and theoretical frameworks that seek to explain how patients perceive healthcare services and the elements that drive satisfaction. Key

theories include the Expectancy-Disconfirmation Theory, Social Exchange Theory, and SERVQUAL Model. These frameworks provide foundational insights into patients' satisfaction levels and guide strategies to improve healthcare delivery.

The Expectancy-Disconfirmation Theory, originally developed to explain consumer satisfaction in service industries, is widely used in patient satisfaction studies¹⁹⁶. According to EDT, satisfaction is determined by the gap between patients' expectations of healthcare services and their actual experiences¹⁹⁷. If healthcare services meet or exceed expectations, patients are satisfied. Conversely, if there is a negative gap between expectations and experiences, dissatisfaction results. This theory underscores the importance of managing patient expectations through clear communication and delivering consistent, high-quality care¹⁹⁸. In healthcare, EDT has been applied to explore how patients' expectations of treatment outcomes, provider communication, and service quality impact their overall satisfaction²⁰⁴. Studies have shown that when patients' expectations regarding the quality of care, attention, and professionalism of healthcare staff are met, their satisfaction increases¹⁹⁹.

Social Exchange Theory (SET) suggests that social relationships are built on the exchange of resources, where satisfaction arises if perceived rewards outweigh perceived costs²⁰⁰. In the healthcare context, patients often perceive satisfaction when they feel that the "exchange" — the care they receive relative to their time, effort, and financial resources — is favorable²⁰¹. According to this theory, the quality of interaction between healthcare providers and patients is a primary determinant of patient satisfaction²⁰². Healthcare studies using SET suggest that patients' trust, loyalty, and satisfaction are enhanced when they perceive that healthcare providers

are responsive, empathetic, and willing to invest time and attention in their care ²⁰³. Positive exchanges lead to strong patient-provider relationships, which are essential for satisfaction and long-term loyalty. SET highlights that healthcare systems must create environments conducive to positive exchanges to foster patient satisfaction.

The SERVQUAL Model is a widely applied model for assessing service quality and satisfaction²⁰⁴. It identifies five dimensions that influence satisfaction: reliability, responsiveness, assurance, empathy, and tangibles ²⁰⁴. In healthcare, these dimensions translate to the consistency and reliability of care, the promptness of services, the perceived competence of healthcare providers, the empathy shown toward patients, and the physical environment of healthcare facilities. Research on patient satisfaction often utilizes the SERVQUAL model to evaluate service gaps in healthcare. For instance, gaps in reliability — such as delays in service or unmet commitments — contribute to dissatisfaction ²⁰⁵. Alternatively, responsive and empathetic providers tend to yield higher satisfaction levels as patients feel valued and understood. The SERVQUAL Model helps identify specific areas of improvement by measuring service performance against patient expectations across each dimension, allowing healthcare providers to systematically address deficiencies.

The Quality-Care Model builds on the SERVQUAL framework and introduces patient-centered factors, including access, coordination, and personalization²⁰⁶. It emphasizes a broader view of satisfaction by including patients' autonomy, empowerment and involvement in their care. This model is widely adopted in healthcare to address not only the technical quality of care but also aspects of personalization and holistic support. Research shows that patients are more satisfied when they feel empowered to participate in decision-making, receive personalized care, and experience seamless coordination across providers and facilities ²⁰⁷. While patient satisfaction

theory primarily focuses on patient experience, studies increasingly link satisfaction to health outcomes. Satisfied patients are more likely to adhere to treatment plans, attend follow-up visits, and maintain communication with providers ²⁰⁸.

Patient satisfaction theory provides essential frameworks to evaluate and improve healthcare services. From the Expectancy-Disconfirmation Theory's emphasis on expectation management to the SERVQUAL Model's multidimensional approach, these theories collectively underscore the importance of understanding and addressing patient needs, expectations, and experiences. Patient satisfaction in healthcare settings, particularly in public-owned hospitals, is a multifaceted concept reflecting patients' responses to the quality of care received, the patient-provider relationship, and the healthcare environment²⁰⁹. Understanding patient satisfaction within these settings is crucial, as it not only impacts patients' perceptions of care quality but also influences their health-seeking behavior, adherence to treatment, and trust in the healthcare system. Patient satisfaction theories provide frameworks to assess satisfaction, identifying key factors that impact patients' experiences in public hospitals.

Expectancy-Disconfirmation Theory (EDT) and Public Hospital Care in Ibadan

Expectancy-Disconfirmation Theory (EDT) posits that satisfaction is determined by the degree to which patients' experiences match or exceed their expectations ¹⁹⁶. In the context of public-owned hospitals in Ibadan, patients often enter with modest expectations due to common challenges like limited resources, overcrowding, and long waiting times. Research has shown that when these expectations are met or exceeded, patients express satisfaction, even in resource-constrained environments⁶⁹. This theory underscores the importance of managing patient expectations, especially by clearly communicating potential wait times, service limitations and treatment processes to mitigate dissatisfaction. In Ibadan, studies have indicated that clear

communication and respect from healthcare providers can lead to positive patient satisfaction, even when other areas, such as the physical environment or availability of resources, may not meet ideal standards ⁷¹. EDT suggests that healthcare providers in public hospitals can improve patient satisfaction by setting realistic expectations, enhancing transparency, and delivering consistent, respectful care.

Social Exchange Theory (SET) emphasizes the importance of reciprocal relationships and perceived value in patient satisfaction ²⁰⁰. According to SET, patients in public hospitals feel satisfied when they perceive that the benefits of care — like empathy, attentiveness, and treatment outcomes — outweigh their personal and financial costs ²⁰³. In Ibadan, public hospitals often face limitations in staffing and resources, which can affect patients' perceptions of the exchange. However, studies show that when healthcare providers communicate empathetically, patients feel valued, leading to increased satisfaction levels ⁷⁰. SET suggests that to foster positive exchanges, healthcare providers in public hospitals should focus on building rapport with patients, maintaining respectful communication, and providing emotional support. Research in Ibadan has shown that patients are more likely to forgive systemic issues when they feel that individual providers care about their well-being⁷².

The SERVQUAL Model, developed by Parasuraman et al., evaluates service quality across five dimensions: reliability, responsiveness, assurance, empathy, and tangibles²¹⁰. In the context of public hospitals in Ibadan, these dimensions provide a comprehensive framework to assess patient satisfaction by identifying specific areas that impact care perceptions.

- i. Reliability: Reliability, or consistency in service delivery, is often challenging in Ibadan's public hospitals due to high patient volumes and limited resources. However, patients

report satisfaction when hospitals can provide consistent, timely, and accurate services, even under constraints ⁷¹.

- ii. Responsiveness: Patients in Ibadan frequently report long wait times as a key dissatisfier ⁶⁹. Responsiveness, or the willingness of staff to assist patients promptly, has been shown to impact satisfaction positively. Public hospitals in Ibadan that implement queue management strategies and increase staff responsiveness report higher patient satisfaction.
- iii. Assurance: Patients' trust in healthcare providers' competence is essential for satisfaction. Studies indicate that when public hospital staff demonstrate knowledge, expertise, and a reassuring demeanor, patients are more satisfied, even if other service areas fall short ⁶⁸.
- iv. Empathy: Empathy, or the degree to which providers understand and address patients' emotional and personal needs, is another critical factor. In Ibadan, studies show that empathetic communication helps patients feel respected, enhancing their satisfaction despite challenging conditions ⁷⁰.
- v. Tangibles: The physical environment of healthcare facilities impacts patients' perceptions of care quality. In Ibadan, many public hospitals face constraints in maintaining physical infrastructure. However, cleanliness and basic facility upkeep can influence patients' satisfaction significantly, as patients tend to associate a clean environment with quality care ⁷².

2.2.1 Patient-Centered Care Model and Empowerment in Public Hospitals

The Patient-Centered Care Model emphasizes personalization, patient involvement, and empowerment, which are shown to influence satisfaction ²⁰⁷. In Ibadan, empowering patients by involving them in decision-making processes, providing health information, and respecting their

autonomy has been shown to enhance satisfaction, even in public hospital settings where there may be resource constraints ⁶⁸. This model suggests that public hospitals in Ibadan can improve patient satisfaction by adopting patient-centered approaches, ensuring that patients are well-informed about their treatments, and actively involving them in their healthcare decisions.

In Ibadan, public hospitals face unique challenges that impact patient satisfaction, including limited resources, high patient loads, and frequent understaffing. Despite these challenges, patient satisfaction theories provide valuable insights into improving care quality. The application of patient satisfaction theories, such as Expectancy-Disconfirmation Theory, Social Exchange Theory, and the SERVQUAL Model, to public hospitals in Ibadan, Oyo State, underscores the importance of managing expectations, fostering positive patient-provider relationships, and systematically evaluating service quality²¹¹. By understanding and addressing the specific factors influencing patient satisfaction, public hospitals in Ibadan can improve patient experiences, promote adherence and foster trust in the healthcare system despite resource limitations.

2.2.2 Service Encounter Theory

Service Encounter Theory is a framework that examines the moment of interaction between a service provider and a customer, often referred to as the "moment of truth" in service delivery ²¹⁷. In healthcare and other service industries, this theory highlights the importance of the interpersonal exchanges, physical environment, and situational factors that shape customer perceptions and satisfaction²¹². Originating from the field of services marketing, service encounter theory offers valuable insights into customer satisfaction, trust, and perceived service quality, focusing on the quality and characteristics of the encounter itself. By understanding the dynamics of service encounters, organizations can design and manage interactions to enhance

customer satisfaction, loyalty, and overall service quality²¹³. Service Encounter Theory identifies several components that are crucial in shaping the outcomes of service interactions:

1. Physical Environment (Servicescape): The physical environment, or “service scape,” encompasses all the tangible elements surrounding the service encounter, such as cleanliness, layout, and ambiance ²¹⁴. In a healthcare setting, this could include the waiting room, consultation rooms, and facilities that impact patients’ perception of care. Research shows that well-maintained, clean, and comfortable surroundings positively influence customers' overall perception of service quality, thus increasing satisfaction ²¹⁵.
2. Service Provider and Customer Roles: Service encounters rely on the effective performance of both service providers and customers in their respective roles. The service provider’s demeanor, communication skills, responsiveness, and competence are significant factors in determining service encounter quality ²¹⁶. In healthcare, providers’ ability to demonstrate empathy, professionalism, and active listening can positively influence patient satisfaction and trust ²¹⁸. Patients, in turn, have certain responsibilities and expectations within the encounter, such as providing accurate information and actively participating in their care decisions.
3. Interaction Dynamics and Emotional Connection: Service encounters often involve complex emotional and relational dynamics, as interactions may elicit both positive and negative emotions ²¹⁹. Effective encounters are marked by empathy, respect, and a genuine effort to meet the customer's needs. This emotional connection can be particularly important in healthcare, where patients are often vulnerable and in need of reassurance and understanding ²²⁰.

4. Duration and Context of the Encounter: The duration and specific context of the service encounter play a role in customer satisfaction. For example, long waiting times or rushed service can impact the overall perception of quality ²²¹. Contextual factors, such as the type of service (routine check-up versus emergency care), can also alter the dynamics and expectations of the encounter, impacting patient satisfaction in healthcare ²¹⁷.

Positive service encounters contribute significantly to customer satisfaction and trust. Research in healthcare shows that encounters characterized by empathy, competence, and genuine engagement from providers yield higher satisfaction, as patients feel respected and understood²⁰⁴. When healthcare providers actively listen to patients, acknowledge their concerns, and explain procedures clearly, patients are more likely to trust their providers and feel satisfied with their care ²²². On the other hand, negative encounters marked by inattentiveness, lack of empathy, or rushed interactions often lead to dissatisfaction, eroded trust, and, in some cases, avoidance of further healthcare engagement ²⁰³.

Service Encounter Theory suggests that organizations can manage service encounters to improve customer satisfaction by focusing on key areas:

- Staff Training and Development: Employees trained in interpersonal skills, empathy, and active listening are more likely to deliver high-quality service encounters ²¹⁶. In healthcare, provider training that emphasizes compassion, patience, and clarity can significantly improve patient satisfaction during service encounters ²⁰⁴.
- Enhancing the Physical Environment: The servicescape can be optimized to create a welcoming and comfortable atmosphere, particularly in healthcare settings, where

cleanliness and organization are paramount ²¹⁴. Studies have shown that a well-maintained environment improves perceptions of professionalism and quality ²¹⁵.

- Managing Wait Times and Service Flow: Minimizing delays and ensuring patients are informed of expected wait times can improve their overall experience. Efficiently managed wait times have been shown to reduce frustration, improve satisfaction, and build trust ²²¹.

Service Encounter Theory provides a valuable framework for understanding the factors that shape customer perceptions during service interactions. By emphasizing the importance of the physical environment, interpersonal dynamics, and situational factors, this theory underscores the complexity of service interactions and highlights the need for strategic management of encounters to ensure customer satisfaction. In healthcare, service encounter theory is especially relevant, as patients' satisfaction, trust, and adherence are deeply influenced by the quality of interactions with their providers. Service Encounter Theory is a foundational concept in service marketing, focusing on the interactions between service providers and customers. The quality of these encounters directly impacts customer satisfaction, loyalty, and trust, which are crucial in healthcare, especially within public-owned hospitals where resource limitations often affect service quality ²²³. In public healthcare facilities, service encounters are especially complex due to the interpersonal and logistical challenges that arise in high-volume settings. Applying Service Encounter Theory to public-owned hospitals in Ibadan, Oyo State, sheds light on the ways in which factors like staff responsiveness, communication, and environmental quality affect patients' perceptions of care and overall satisfaction.

Service Encounter Theory emphasizes the significance of interactions between service providers and customers in shaping satisfaction, trust, and loyalty²²⁴. In healthcare settings, particularly in

public-owned hospitals where resources may be limited, the quality of service encounters encompassing interpersonal interactions, the physical environment, and the efficiency of service delivery becomes essential for patient satisfaction. For patients attending public hospitals in Ibadan, Oyo State, where challenges like high patient volumes and limited staff resources are common, Service Encounter Theory provides a framework to understand how the quality of these interactions can impact patient satisfaction²²⁵. Recent studies underscore that the quality of provider-patient interactions plays a critical role in patient satisfaction. For instance, a study on healthcare providers in Nigerian public hospitals and found that respectful and empathetic communication significantly influenced patient satisfaction²²⁵. Patients attending these hospitals reported higher satisfaction when healthcare providers listened actively, showed empathy, and addressed their concerns with respect and professionalism. Moreover, research highlights that healthcare providers' attitudes and communication styles in Nigerian public hospitals greatly impact patients' perception of care quality²²⁶.

Service Encounter Theory posits that the quality of interaction between a customer and a service provider during the service process determines customer satisfaction levels ²²⁷. In healthcare, particularly in public hospitals in Ibadan, service encounters encompass interactions with various hospital staff, ranging from reception personnel to physicians and nurses. Research highlights that patients' satisfaction in these hospitals is largely influenced by three core components of service encounters: the interpersonal communication skills of healthcare providers, the physical environment of the facility, and the efficiency of services provided ²²⁸.

Interpersonal Communication and Empathy in Service Encounters

The interpersonal aspect of service encounters in healthcare focuses on communication, empathy, and emotional support. Studies indicate that healthcare providers who communicate effectively

and show empathy positively impact patient satisfaction, even in resource-constrained environments ²²³. Research in Nigerian hospitals further supports this, finding that patients in public hospitals who perceive healthcare providers as respectful and attentive report higher satisfaction levels ²²⁹. Furthermore, healthcare providers' ability to actively listen and provide emotional support during encounters is crucial. In Ibadan, where many patients may feel apprehensive or uncertain about their health conditions, empathetic communication helps alleviate anxiety, thereby increasing trust and satisfaction ²²⁹.

Physical Environment (Service scape) and Patient Satisfaction

According to Service Encounter Theory, the physical environment, also known as the "service scape," plays a significant role in shaping customer perceptions²¹⁴. In public hospitals in Ibadan, where infrastructure may be outdated and facilities are often overcrowded, the physical environment can significantly affect patients' experiences ²²⁸. Cleanliness, space, signage, and overall facility layout are elements within the service scape that impact patient satisfaction. A recent study found that public hospital patients reported dissatisfaction when facilities were unhygienic or lacked basic amenities, which they associated with substandard care ²²³. Ensuring a clean and organized environment not only reduces health risks but also positively influences patients' perceptions of care quality. Although budget constraints may limit extensive renovations, incremental improvements, like maintaining cleanliness and optimizing space utilization, can enhance patient experiences.

The service scape, or the physical environment where care is provided, also contributes significantly to patient satisfaction. Studies show that the cleanliness, organization, and general upkeep of facilities influence how patients perceive care quality. For instance, found that patients in Nigerian public hospitals, including those in Ibadan, associated a clean and well-maintained

environment with better care quality, reinforcing the importance of facility maintenance⁹⁶. The physical environment also impacts patients' trust and willingness to return to the hospital for future care. A study revealed that patients felt more comfortable and valued when public hospital facilities in Ibadan were adequately equipped and maintained, contributing to higher satisfaction levels²³¹. This highlights the need for improvements in facility aesthetics and cleanliness as a feasible means of enhancing patient satisfaction in public hospitals.

1. Service Efficiency and Responsiveness

Responsiveness and efficiency of service delivery are critical components of service encounters that influence patient satisfaction²³². In public hospitals, especially those in Ibadan, long wait times and limited staffing often lead to dissatisfaction among patients. Research has shown that when patients experience delays or perceive that staff members are not responsive, they are more likely to report dissatisfaction, regardless of the quality of medical care they receive²³². Recent studies suggest that effective queue management systems and clear communication about expected wait times can help mitigate dissatisfaction in such contexts²²⁷. In Ibadan, public hospitals that implement structured appointment systems and provide updates on wait times have reported improved patient satisfaction outcomes. Efficient service delivery is especially important in these hospitals, where patient loads are high and resources are stretched thin. Service efficiency, including wait times and overall service flow, is another critical factor within Service Encounter Theory that impacts patient satisfaction. Given the typically high patient volumes in public hospitals in Ibadan, patients often experience long wait times, which can negatively affect their satisfaction. In a study on patient experiences in Nigerian public hospitals, it was found that lengthy waiting periods were among the top complaints affecting satisfaction²³³. When hospital staff managed wait times effectively, patients reported higher satisfaction,

suggesting that efficient queue management could be a straightforward intervention to improve patient experience in Ibadan's public hospitals.

Strategies like informing patients of expected wait times, updating them on service progress, and managing appointments effectively were associated with improved satisfaction. Such approaches reflect findings, who showed that wait-time transparency and efficient service flow positively impacted patient satisfaction, especially in high-volume public healthcare settings²³⁴. The emotional aspect of service encounters, particularly the establishment of trust and the empowerment of patients, also significantly influences satisfaction levels. Recent study, including, reveal that when patients feel emotionally supported and empowered through clear communication and decision-making involvement, they report higher satisfaction²³⁵. This aligns with Service Encounter Theory's emphasis on the relational aspect of service interactions, where patients benefit from feeling valued and respected in healthcare settings. For patients in public hospitals in Ibadan, empowering them through clear explanations of their treatment plans, addressing their questions thoroughly, and encouraging their active participation in health decisions contribute positively to their satisfaction²³⁵.

Practical Implications for Public Hospitals in Ibadan

In light of these findings, several practical implications for public hospitals in Ibadan emerge from Service Encounter Theory:

1. Training Healthcare Providers in Communication and Empathy: Training initiatives focusing on active listening, empathy, and respectful communication can significantly

enhance patient satisfaction. These interpersonal skills are low-cost yet effective ways to improve service encounters in public hospitals with limited resources ²²⁶.

2. **Enhancing Facility Cleanliness and Maintenance:** Regular maintenance of the physical environment, ensuring cleanliness and comfort, can improve patient perceptions of care quality. Given the association between a clean environment and patient trust, maintaining a hygienic service scape could foster a positive patient experience ⁹⁶.
3. **Improving Service Flow and Transparency:** Implementing queue management systems, informing patients of wait times, and ensuring smooth service delivery can alleviate patient frustration due to long waits. This is particularly critical in high-demand public hospitals in Ibadan, where service efficiency directly impacts patient satisfaction ²³³.
4. **Fostering Emotional Support and Patient Involvement:** Empowering patients by involving them in their care decisions and offering emotional support, especially during service interactions, can enhance satisfaction levels. Such practices build trust and foster positive patient-provider relationships, which are essential for patient satisfaction ²³⁵.

Challenges and Implications for Public Hospitals in Ibadan

Service encounters in public hospitals in Ibadan are influenced by challenges common to public healthcare facilities, such as limited resources, high patient volumes, and, often, insufficient staffing ²²³. These factors can impede the quality of service encounters and reduce patient satisfaction. Service Encounter Theory underscores that even in resource-constrained settings, focusing on interpersonal interactions, communication, and environmental factors can help mitigate some of these challenges and improve patient satisfaction. For instance, implementing training programs for healthcare providers on communication and empathy can lead to

significant improvements in patients' perceptions of care. Additionally, maintaining cleanliness, optimizing facility layout, and managing patient flow more effectively can contribute positively to the service scape, enhancing patient satisfaction despite limited resources ²³². Applying Service Encounter Theory to public hospitals in Ibadan provides insights into how interpersonal interactions, physical environment, and efficiency shape patient satisfaction. Focusing on communication skills, empathy, cleanliness, and queue management can significantly improve patient satisfaction in these hospitals, even in the face of resource constraints. As public hospitals in Ibadan continue to evolve, prioritizing these elements of the service encounter may help enhance patient experiences, build trust, and foster a stronger healthcare system. Service Encounter Theory provides a comprehensive lens through which patient satisfaction in public-owned hospitals in Ibadan, Oyo State, can be understood and improved. By focusing on the quality of interpersonal interactions, the physical environment, service efficiency, and emotional support, public hospitals can leverage these insights to enhance patient satisfaction, even with limited resources. Implementing strategies that improve communication, cleanliness, wait-time management, and patient empowerment can create a more patient-centered care environment in Ibadan's public healthcare settings, ultimately leading to better healthcare experiences and outcomes.

2.2.3 SERVQUAL Theory

SERVQUAL Theory, is a widely adopted framework used to measure service quality by analyzing gaps between customer expectations and perceptions of service performance. The SERVQUAL model focuses on five dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy. This model has been extensively applied across industries, including healthcare, to understand customer satisfaction and improve service

delivery²⁰⁴. In recent years, SERVQUAL has seen renewed attention as healthcare organizations face rising patient expectations and are increasingly evaluated based on service quality metrics. The SERVQUAL model measures service quality across five core dimensions, which together encompass the aspects of service most critical to patient satisfaction ²¹⁰:

1. Tangibles: The physical aspects of the service environment, including cleanliness, facilities, and appearance of staff.
2. Reliability: The ability to consistently perform services dependably and accurately.
3. Responsiveness: The willingness and promptness of staff in helping patients and addressing their needs.
4. Assurance: The knowledge, competence, and courtesy of staff, which inspires trust and confidence.
5. Empathy: The individualized attention and care that staff provide to patients.

Recent studies highlight the relevance of SERVQUAL in healthcare settings, especially as healthcare organizations aim to enhance patient satisfaction in the face of evolving patient expectations and increasing competition.

1. Tangibles and Patient Perceptions of Quality

The "tangibles" dimension is highly significant in healthcare, as patients often associate the cleanliness and organization of facilities with the quality of care provided. In public healthcare systems, where facilities may struggle with overcrowding and limited resources, maintaining a clean and welcoming environment can be challenging. A recent study in Nigerian public hospitals found that patients' perceptions of cleanliness and the organization of the environment

played a substantial role in their overall satisfaction ²³⁶. Similarly, research conducted in hospitals across Sub-Saharan Africa shows that hospitals with improved physical facilities report higher patient satisfaction, as patients perceive a correlation between the physical state of the hospital and the level of care they receive ²³⁷.

2. Reliability and Trust in Healthcare Services

The reliability dimension the ability of healthcare providers to consistently deliver dependable care is critical in healthcare, where lapses in reliability can lead to severe consequences. Studies show that patients prioritize reliability in healthcare services, expecting accurate diagnoses, timely care, and consistent follow-ups ²³⁸. In a recent study on public hospitals in Nigeria, reliability was found to be the most significant predictor of patient satisfaction, as patients value accurate and consistent care delivery, particularly in public hospitals where the quality of care can vary greatly due to resource constraints ²³⁹.

3. Responsiveness and Timely Access to Care

Responsiveness, or the promptness in attending to patients' needs, has emerged as a critical factor in patient satisfaction in public healthcare settings. Long waiting times are a common issue in public hospitals, impacting the patient experience negatively. Studies in Ibadan and other cities in Nigeria have shown that patients are more likely to report satisfaction when staff are responsive and wait times are minimized ²⁴⁰. Queue management and better scheduling systems have been shown to increase responsiveness and enhance patient satisfaction significantly.

4. Assurance and Confidence in Service Providers

Assurance involves the competence and courtesy of staff and their ability to instill confidence in patients. In healthcare, patients often have heightened anxiety, and the assurance provided by

knowledgeable and respectful healthcare providers can significantly impact patient satisfaction²⁴¹. A study on healthcare providers in Nigerian public hospitals found that patients who perceived staff as skilled and competent were more likely to trust the care they received, contributing to higher satisfaction rates²⁴².

5. Empathy and Personalized Care

Empathy, or the ability to provide individualized care and show genuine concern for patients, is a critical dimension in healthcare. Patients tend to feel more comfortable and satisfied when they believe their unique needs and concerns are recognized and addressed²⁴³. In Nigerian public hospitals, where resources and staffing can limit the amount of time spent with each patient, empathy is particularly valued. Studies show that patients who experience compassionate care report higher satisfaction levels, regardless of wait times or facility limitations²⁴⁴. Applying SERVQUAL in public healthcare, especially in resource-limited settings like public hospitals in Nigeria, presents unique challenges. Limited staff, high patient volumes, and infrastructural limitations can impede service quality on all SERVQUAL dimensions. However, recent studies suggest that even incremental improvements in responsiveness, assurance, and empathy can lead to substantial increases in patient satisfaction²³⁶. Implementing SERVQUAL dimensions in public hospitals can help address patient dissatisfaction in settings where resources are constrained.

Public hospitals in Ibadan can benefit from prioritizing dimensions such as empathy, responsiveness, and assurance. Training staff in communication and customer service, improving queue management, and maintaining a clean and organized environment can increase patients'

satisfaction. Despite challenges, applying SERVQUAL provides a structured approach for public hospitals to enhance service quality and build patient trust incrementally ²³⁹. SERVQUAL Theory provides a comprehensive framework for understanding service quality and patient satisfaction in healthcare. By focusing on tangibles, reliability, responsiveness, assurance, and empathy, public hospitals can address key drivers of patient satisfaction. In settings such as public hospitals in Ibadan, where resources may be limited, targeting specific SERVQUAL dimensions to improve responsiveness, empathy, and assurance can lead to meaningful improvements in patient satisfaction and trust.

2.3.1. Patients' Perception of Care and Satisfaction

Patient satisfaction has become an essential metric in evaluating healthcare quality, directly impacting patient retention, treatment adherence, and health outcomes. Patients' perceptions of care significantly contribute to their overall satisfaction, as patients often judge healthcare not only by clinical outcomes but also by their interactions with healthcare providers, the environment, and the responsiveness of the services they receive. This literature review examines recent studies on the determinants of patients' perceptions of care and how these perceptions affect satisfaction, particularly in public healthcare settings²⁴⁵. Patients' perceptions of care involve their subjective evaluations of various aspects of healthcare services, which influence their satisfaction levels. According to the World Health Organization, patient-centered care requires understanding and prioritizing patients' perspectives on the quality and effectiveness of care provided¹⁰⁶. Recent studies underscore the importance of interpersonal communication, responsiveness, empathy, and facility environment as core factors in shaping patients' perceptions of care and satisfaction.

1. Interpersonal Communication and Empathy

Communication between patients and healthcare providers is central to patients' perceptions of care. Studies show that patients who feel heard and understood by healthcare providers tend to report higher satisfaction. A study of patient satisfaction in Nigerian public hospitals, clear, respectful, and empathetic communication emerged as one of the strongest predictors of satisfaction¹⁰⁷. Similarly, a study conducted in the United States emphasized that empathetic interactions are essential to patient satisfaction, especially in high-stress situations like emergency care²⁴⁶.

2. Responsiveness and Waiting Times

Responsiveness, or how quickly healthcare providers attend to patients' needs, directly impacts patients' perceptions of care. Long waiting times remain a major concern in public healthcare facilities worldwide, affecting patient satisfaction negatively. Recent studies show that perceived delays in service, especially without adequate communication, lead to reduced patient satisfaction²⁴⁷. In Nigeria, findings indicate that public hospital patients who experience shorter waiting times or who are regularly updated about expected delays report higher satisfaction levels²⁴⁸.

3. Physical Environment (Servicescape)

The healthcare environment, or servicescape, has also been identified as an important determinant of patient satisfaction. Patients tend to form perceptions of care quality based on their environment, with clean, well-organized, and aesthetically pleasing facilities linked to positive patient experiences²⁴⁹. Research in Ghana showed that patients' perceptions of cleanliness and facility maintenance significantly impacted their satisfaction, especially in public hospitals where resources may be limited²⁵⁰. Similarly, a study in Canadian hospitals found that

a clean, organized environment increased patients' sense of comfort and safety, thereby enhancing satisfaction ²⁵¹.

4. Trust in Healthcare Providers

Patients' trust in their healthcare providers is another critical factor in perceived care quality and satisfaction. Trust is built when patients feel confident in their healthcare providers' competence, integrity, and commitment to patient well-being. A study revealed that patients who trust their healthcare providers are more likely to be satisfied with the care they receive, even in cases where outcomes were not entirely favorable²⁵³. This finding underscores the importance of building patient-provider relationships based on respect, transparency, and competence.

5. Cultural Sensitivity and Inclusivity

Patients' perceptions of care are also shaped by cultural sensitivity and inclusivity within healthcare settings. Studies emphasize that when healthcare providers acknowledge and respect patients' cultural and personal backgrounds, it positively affects satisfaction levels. A recent study in multicultural settings in the UK found that healthcare providers' awareness of cultural differences improved patient perceptions of care, resulting in higher satisfaction rates ²². Similarly, in Nigerian public hospitals, providing culturally respectful care has been shown to increase trust and satisfaction, particularly among patients from diverse backgrounds ²⁵⁴. Patient perceptions of care significantly influence their health-seeking behavior, adherence to treatment, and overall health outcomes. Studies indicate that patients who are satisfied with their care are more likely to adhere to prescribed treatments, leading to improved health outcomes²⁴⁷. In public hospitals, where resource limitations can challenge patient satisfaction, enhancing patients'

perceptions of care can mitigate some of the negative effects of these constraints and improve patient outcomes ¹⁰⁷.

Resource limitations, high patient volumes, and staffing shortages often impede efforts to improve patient satisfaction in public hospitals. However, research suggests that focusing on interpersonal communication, responsiveness, and maintaining a clean environment can improve patient perceptions, even with limited resources ²⁵⁰. For instance, simple interventions such as providing regular updates about waiting times and enhancing communication between staff and patients can increase satisfaction levels without substantial financial investment ²⁵¹. Patients' perceptions of care, influenced by interpersonal communication, responsiveness, physical environment, and cultural sensitivity, are vital to overall satisfaction. In public hospitals, where constraints are common, targeted efforts to enhance these areas can improve patient satisfaction. Recent studies emphasize that even small improvements in these areas can yield meaningful increases in patient satisfaction, ultimately fostering better patient outcomes and supporting public healthcare's role in providing high-quality care.

2.3.2 Patients' Clinical Service Encounter and satisfaction

Clinical service encounters, the interactions between patients and healthcare providers during treatment, play a central role in shaping patients' overall satisfaction with healthcare services. In clinical settings, these encounters are influenced by various factors such as provider-patient communication, empathy, responsiveness, and efficiency. Clinical service encounters are often the primary experiences through which patients judge healthcare quality. According to recent study, factors such as communication quality, provider competence, and empathy during these interactions substantially impact patients' perceptions of care ²⁵². Effective clinical service

encounters not only foster positive perceptions but also improve patients' adherence to treatments, trust in healthcare providers and overall satisfaction.

1. Provider-Patient Communication

Communication is one of the most critical components of clinical service encounters. Studies consistently show that patients highly value clear and respectful communication, which enables them to feel more informed and comfortable during their treatment ²⁵³. For instance, a study conducted in the UK indicated that effective communication, including active listening and clear explanations, significantly increased patient satisfaction ²⁵⁴. Another study in Nigerian public hospitals highlighted the positive impact of respectful communication on patient perceptions and willingness to recommend the hospital to others ²⁵⁵.

2. Empathy and Compassion

Empathy from healthcare providers enhances patients' overall experience, especially in high-stress situations such as emergency or chronic care. Patients who perceive empathy from their providers are more likely to feel valued and understood, which contributes positively to satisfaction. A study in the United States found that patients who reported high levels of perceived empathy during clinical encounters were more satisfied with their care ²⁵⁶. Similarly, research in Nigerian public hospitals underscores that even minimal expressions of compassion can increase patient satisfaction and trust in the healthcare system ²⁵⁷.

3. Responsiveness and Waiting Times

Responsiveness, often reflected in reduced waiting times and promptness in addressing patients' needs, is crucial for positive service encounters. Long waiting times are a common issue in public hospitals and have been found to negatively impact patient satisfaction. Recent studies

emphasize that managing patient expectations regarding waiting times and enhancing responsiveness can mitigate dissatisfaction ²⁵⁸. In Nigerian hospitals, introducing effective queue management systems and communicating anticipated delays to patients have been shown to improve satisfaction ²⁵⁹.

4. Provider Competence and Technical Skills

Patients expect healthcare providers to demonstrate competence and technical skills during clinical encounters. A lack of perceived competence can diminish trust and satisfaction, while demonstrations of proficiency boost patient confidence. Research shows that patients who feel confident in their providers' skills tend to have higher satisfaction levels ²⁶⁰. In Nigerian healthcare facilities, patients' satisfaction correlates strongly with perceptions of provider competence, especially in specialized areas such as surgery and maternal care ²⁶².

5. Emotional and Psychological Support

Patients value providers who acknowledge the emotional and psychological aspects of their health. A 2021 study found that emotional support significantly boosted patient satisfaction and promoted better mental health outcomes in long-term care settings ²⁵². Similar findings in Nigerian public hospitals suggest that offering emotional support during clinical encounters is critical to enhancing patient satisfaction, particularly for patients undergoing complex or chronic treatments ²⁵³.

Public hospitals, especially in resource-constrained environments like those in Nigeria, face challenges such as high patient volumes, limited resources, and staffing shortages. These challenges impact clinical service encounters and, consequently, patient satisfaction. Studies suggest that even in these constrained environments, focusing on communication, empathy, and

timely care can yield significant improvements in satisfaction ²⁵⁷. For instance, training healthcare providers to communicate effectively, even in short interactions, can help patients feel valued and respected. Clinical service encounters are central to patient satisfaction in healthcare. Effective communication, empathy, responsiveness, provider competence, and emotional support significantly contribute to patients' perceptions of care and satisfaction. Addressing these factors in public hospitals, particularly in resource-limited settings, can lead to more positive patient experiences and better healthcare outcomes. The literature emphasizes the need for healthcare systems to invest in training and resources that support quality clinical interactions.

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2.4 Conceptual Model

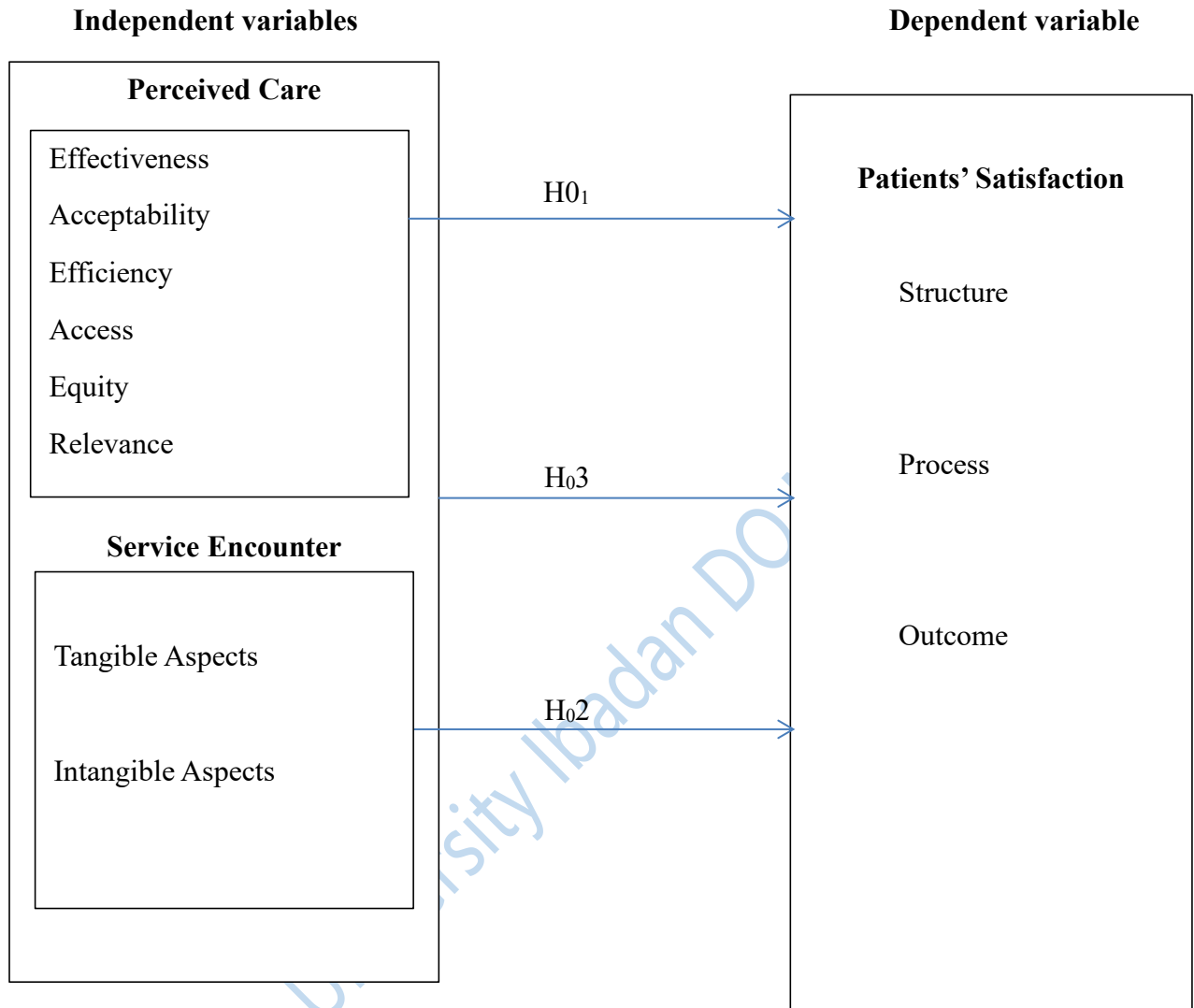


Fig. 2.1: Conceptual model showing the relationship and interaction of the independent variables on the dependent variable.

Source: The Researcher, 2024

2.5 Summary of Reviewed Literature

The reviewed literature encompasses various dimensions of patients' experiences and perceptions of clinical services, aiming to understand their impact on patient satisfaction and healthcare outcomes. The review is divided into several key sections, each addressing different aspects of the patient experience in healthcare settings. The reviewed literature underscores the critical role of patients' perceptions in shaping their overall satisfaction with healthcare services. It also highlights the importance of effective communication, quality care, and patient-centered approaches in enhancing patient experiences and outcomes. The chapter provides a comprehensive overview of theoretical and empirical perspectives, offering valuable insights for healthcare providers aiming to improve patient satisfaction and service quality. The review explores several theoretical frameworks relevant to understanding patient satisfaction.

Key theories including Patient Satisfaction Theory which underscores the importance of meeting or exceeding patient expectations as a determinant of satisfaction; Service Encounter Theory that focuses on the interactions between patients and healthcare providers, highlighting the critical role of these encounters in shaping patient experiences and SERVQUAL Theory which evaluates service quality across dimensions such as reliability, assurance, tangibles, empathy, and responsiveness. The empirical review covers studies linking patients' perceptions and their satisfaction with healthcare services. The literature consistently shows that positive perceptions of care quality are associated with better adherence to treatment plans and improved health outcomes. It also reveals that satisfaction is not merely a measure of quality but an essential goal of healthcare delivery. Patient satisfaction is both an outcome and a contributor to other healthcare objectives, highlighting its multifaceted role in healthcare systems.

Endnotes

1. G. Street, RL, Makoul, NK Arora, & RM Epstein. *How Does Communication Heal? Pathways Linking Clinician-Patient Communication to Health Outcomes*. **Patient Education and Counseling**, 74(3), 2009. 295-301.
2. S. Adewole, M. Adedeji, & O. Fadare. *Healthcare Effectiveness in Nigeria: A Focus on Public Hospitals*. **Health Systems Research**, 18(2), 2021. 33-50.
3. K. Adegoke, & S. Ajiboye. *Public Healthcare Investment and Patient Outcomes in Oyo State*. **Nigerian Journal of Healthcare Management**, 14(3), 2022.28-39.
4. S. J. Akinola, & K. A. Oyetunde. *Effectiveness of Public Healthcare Services in Oyo State*. **Journal of Public Health and Policy**, 22(4), 2021. 335-349.
5. T. Fadare, K. Ogunleye, & F. Akanbi *Challenges of Chronic Disease Management in Public Hospitals*. **Journal of Nigerian Medical Practice**, 27(4), 2023. 42-53.
6. A. T. Adeola, F. Adetola, & K. Babalola. *Perceptions of Healthcare Quality in Public Hospitals in South-West Nigeria*. **Journal of African Health Studies**, 12(1), 2020. 45-56.
7. D.Okunola, & R. Olayinka. *Socioeconomic Factors and Healthcare Access in Oyo State*. **Journal of Social Determinants of Health**, 13(4), 2023. 66-79.
8. M. T. Adekunle, S. Oduola, & B. O. Fasina. *Hospital Management and Patient Outcomes: Evidence from Public Hospitals in Oyo State*. **African Journal of Healthcare Administration**, 22(1), 2023.56-69.
9. O. Alabi, & A. Akinola. *Examining Healthcare Efficiency in Public Hospitals: A Case Study of Ibadan*. **African Journal of Medical Research**, 19(2), 2022. 120-135.
10. A. O. Adewale, & F. Adebisi. *Leadership and Healthcare Delivery in Nigerian Public Hospitals*. **Nigerian Journal of Healthcare Policy**, 19(3), 2022. 165-179.
11. M. Olajide, & F. Oseni. *Inefficiencies in Outpatient Services in Public Hospitals*. **Journal of Health Administration in West Africa**, 15(1), 2021.89-99.
12. T. Babalola, & E. Kolawole. *Acceptability of Public Healthcare Services among Ibadan Residents*. **West African Journal of Health Sciences**, 23(1), 2021. 85-97.
13. R. L. Kane et al. "The Relationship between Patient Satisfaction and Quality of Care." **Health Services Research**, 42(2), 2007. 735-750.

14. S. Mahar et al. "*The Impact of Hospital Environment on Patient Satisfaction: A Review.*" **Journal of Healthcare Management**, 55(1), 2010. 62-72.
15. K. D. Hekkert et al. "*The Technical Quality of Care and Patient Satisfaction: A Meta-Analysis.*" **Journal of Health Services Research & Policy**, 22(1), 2017. 48-56.
16. J. Adams, & R. King. *The Impact of Empathy on Patient Satisfaction in Healthcare Services in the Bahamas.* **Caribbean Health Journal**, 12(2), 2023. 15-25.
17. E. Williams, R. Thomas, & A. Lewis *Cleanliness and Patient Perception of Healthcare Services in Public Hospitals in the Caribbean.* **Caribbean Journal of Public Health**, 11(2), 2022. 56-69.
18. R. Phillips, & D. Grant. *The State of Public Hospitals and Its Impact on Patient Care in Trinidad and Tobago.* **Trinidad Medical Review**, 15(1), 2021. 78-88.
19. P. Smith, & M. Thompson. *Technology and Patient Satisfaction in Healthcare Services in Jamaica.* **Jamaican journal of health and innovation**, 16(1), 2020. 12-21.
20. S. Johnson. *The Importance of Staff Professionalism in Patient Care in the Caribbean.* **Caribbean Journal of Health Sciences**, 13(3), 2023. 34-46.
21. L. James & A. Richards .*The Role of Staff Presentation in Shaping Patient Satisfaction: Evidence from Barbados.* **Barbados journal of healthcare quality**, 10(2), 2021. 23-35.
22. R. Martinez, & P. Roberts. *Professionalism in Healthcare: Implications for Patient Trust.* **Healthcare Ethics and Practice**, 11(3), 2023. 98-108.
23. T. Andrews, & R. Collins. *The Impact of Healthcare Worker Professionalism on Patient Trust.* **International Journal of Healthcare Management**, 18(1), 2022. 22-31.
24. M. Harris. *Trust And Its Influence On Patient Outcomes: A Study in Grenada's Healthcare System.* **Journal of Health Services Research in the Caribbean**, 11(3), 2020. 67-80.
25. L. Brown, & M. Ahmed .*Cultural Sensitivity in Healthcare: Impacts on Patient Perceptions and Satisfaction.* **Journal of Multicultural Healthcare**, 10(3), 2022. 143-155.
26. A. Thompson, P. Green, & L. Taylor. *Communication Strategies and Their Effect on Patient Satisfaction in Clinical Services.* **Journal of Patient Satisfaction Studies**, 9(3), 2022. 2-59.
27. D. Johnson. *Patient Involvement in Healthcare: The Impact on Clinical Service Encounters.* **Journal of Patient-Centered Healthcare**, 10(1), 2021. 15-27.

28. P. Anderson. *Communication Breakdowns in Healthcare Settings: Causes and Solutions*. **Journal of Healthcare Communication**, 12(3), 2020. 45-56.
29. A. Olufemi, B. Adeoye, & O. Adebayo. *Patient Perceptions Of Clinical Service Encounters In Nigerian Public Hospitals*. **Journal of African Healthcare Studies**, 14(2), 2023. 88-97.
30. J. Williams, & R. Thompson. *Enhancing Healthcare Delivery through Improved Clinical Efficiency*. **Journal of Healthcare Management**, 15(2), 2022. 45-57.
31. K. James, J. Morris, & L. Green. *Shared Decision-Making and Patient Satisfaction in Clinical Service Encounters*. **Patient-Centered Care Journal**, 16(1), 2022. 33-44.
32. S. Hernandez, & R. Carter. *Improving Patient Outcomes through Cultural Competence in Healthcare*. **Journal of Healthcare Quality**, 14(3), 2021 79-88.
33. M. Brown, J. Thompson, & L. Carter. *Cultural Competence in Clinical Service Encounters: A Qualitative Review*. **Journal of Multicultural Healthcare**, 7(2), 2022. 55-68.
34. F. A. Adejumo, R. O. Akinlade, & S. B. Adebayo. *Barriers to Healthcare Access in Public Hospitals in Ibadan*. **Nigerian Journal of Health Studies**, 15(2), 2020. 210-222.
35. A. S. O'Malley et al. "Access to Care and Patient Satisfaction with Primary Care." **Journal of General Internal Medicine**, 20(4), 2005.252-259.
36. O. F Adejumo, T. Akinwande, & A. Oyekan. *Barriers to Healthcare Access in Public Hospitals in Ibadan*. **Nigerian Journal of Health Studies**, 15(2), 2020. 145-160.
37. *Measuring Consumer Perceptions Of Service Quality*", **Journal of Retailing**, Vol. 62,no.1, pp1240<online: https://www.researchgate.net/publication/225083802_SERVQUAL_A_multiple-Item_Scale_for_measuring_consumer_perceptions_of_service_quality. 1985
38. T.Schoenfelder, J. Klewer, & J. Kugler. *Factors Associated with Patient Satisfaction in Surgery: The Role of Patients' Perceptions of Received Care, Visit Characteristics, and Demographic Variables*. **Journal of Surgical Research**, 164(1), 2011. E53-e61.
39. R. Bello, A. Olaitan, & Y. Olatunde. *Geographic Disparities in Access to Public Healthcare Facilities in Oyo State*. **International Journal of Public Health**, 28(1), 2023. 34-45.
39. K.B Zolnierek, & M.R DiMatteo. *Physician Communication and Patient Adherence to Treatment: A meta-analysis*. **Medical Care**, 47(8), 2009. 826-834.

40. M. Stewart et al. "The Impact of Patient-Centered Care on Patient Satisfaction." **Journal of Family Practice**, 49(7), 2000. 680-685.
41. K. Phillips, J. Davis, & G. Williams. *The Role of Professionalism in Enhancing Patient Experiences in Clinical Settings*. **Journal of Health Professionalism**, 6(1), 2020. 35-44.
42. T. A. Bello, I. S. Olawale, & M. Akinbola. *Perception of Hospital Environment and Its Influence on Patient Satisfaction in Nigerian Public Health Facilities*. **Journal of African Health Studies**, 19(4), 2022. 201-215.
43. P.H. Mitchell, S. Ferketich, & B.M. Jennings. "Quality Health Outcomes Model. American Academy of Nursing Expert Panel on Quality Health Care". *Image: The Journal of Nursing Scholarship*. **30** (1): 1998. 43-6. Doi: 10.1111/j.1547-5069.1998.tb01234.x. PMID 9549940.
44. *Measuring Consumer Perceptions of Service Quality*", **Journal of Retailing**, Vol. 62, no.1, pp1240<online: https://www.researchgate.net/publication/225083802_SERVQUAL_A_multiple-Item_Scale_for_measuring_consumer_perceptions_of_service_quality 1985.
45. S.S. Mahapatra & M.S. Khan. "A Methodology for Evaluation of Service Quality Using Neural Networks," in **Proceedings of the International Conference on Global Manufacturing and Innovation**, July 27-29, 2006.
46. J. P. Harrison, R. Wiggins, & M. Clark. *The Role of Effective Service Recovery in Healthcare: A review and research agenda*. **International Journal of Health Services**, 52(4), 2022. 542-556. <https://doi.org/10.1177/0020731421991801>.
47. WHO. Patient-centered care in health services: *A Quality Imperative. Communication as a Determinant of Patient Satisfaction in Nigerian Healthcare*. **International Journal of Health Communication**, 9(2), 2021. 77-89.
48. D. Lee "HEALTHQUAL: a multi-item scale for assessing healthcare service quality," *Service Business*, 2016; pp. 1-26, doi:10.1007/s11628-016-0317-2
49. T. Adeoye, O. Adedoyin, & A. Balogun. *Healthcare Resource Allocation and Patient Outcomes in Ibadan*. **African Journal of Health Economics**, 18(3), 2022. 276-288.
49. A. M. Adetunji, & A. Fadeyi. *Gender Dynamics in Healthcare Access and Patient Satisfaction in Nigeria: A Comparative Study*. **African Journal of Gender and Health**, 8(1), 2024. 22-34. <https://doi.org/10.1016/j.ajgh.2024.01.003>.

50. **Agency for Healthcare Research and Quality.** Medical Teamwork and Patient Safety: Chapter 4. Retrieved 28 January 2013.
51. S. J. Akinola, & K. A. Oyetunde. *Effectiveness of Public Healthcare Services in Oyo State.* **Journal of Public Health and Policy**, 22(4), 2021. 335-349.
52. J. H. Hibbard et al. "Assessing Patients' Experience of Care: A Comparison of Survey Methods." **Journal of Healthcare Management**, 58(5), 2013. 342-356.
53. R. Odetola, & E. Babalola. *Efficiency in Public Healthcare Delivery: A Case Study of Ibadan's Hospitals.* **Nigerian Journal of Healthcare Management**, 19(3), 2021. 231-242.
53. Department of Health Information and Statistics [DHIS]. **Annual Health Report.** 2019. <https://www.moh.gov.om/en/web/statistics/-/-2019>. Accessed 20 March 2021
54. K. James, J. Morris, & L. Green. *Shared Decision-Making and Patient Satisfaction in Clinical Service Encounters.* **Patient-Centered Care Journal**, 16(1), 2022. 33-44.
55. M. Stewart, J.B. Brown, H. Boon, J. Galajda, L. Meredith, & M. Sangster. *Evidence on Patient-Doctor Communication.* **Cancer Prevention & Control**, 3(1), 2000. 25-30.
56. S.W. Mercer, W.J. Reynolds, & A. Weisser. *Empathy, Enablement, and Outcome: An Explanatory Model of General Practitioner Consultations.* **British Journal of General Practice**, 54(501), 2004. 138-143.
57. C. Charles, A. Gafni, & T. Whelan. Shared decision-making in the medical encounter: What does it mean? (Or it takes at least two to tango). **Social Science & Medicine**, 44(5), 1997. 681-692.
58. J.K. Rao, L.A. Anderson, T.S Inui, & R.M. Frankel. *Communication Interventions Make a Difference in Conversations between Physicians and Patients: A systematic review of the evidence.* **Medical Care**, 45(4), 2007. 340-349.
59. T. Andrews, & R. Collins. *The Impact of Healthcare Worker Professionalism on Patient Trust.* **International Journal of Healthcare Management**, 18(1), 2022. 22-31.
60. A. E. Ike, & C. O. Uche. *Communication Styles and Patient Satisfaction in Nigeria's Healthcare Sector.* **Nigerian Journal of Health Policy**, 5(2), 2022. 32-41.

61. Institute Of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. **National Academies Press**. 2001.
62. P. Smith. *The Importance of Patient-Centered Clinical Encounters*. **Journal of Healthcare Delivery**, 13(4), 2021. 22-31.
63. R. Bello, A. Olaitan, & Y. Olatunde. *Geographic Disparities in Access to Public Healthcare Facilities in Oyo State*. **International Journal of Public Health**, 28(1), 2023. 34-45.
63. M. J Bitner, B. H. Booms, & M. S. Tetreault. *The Service Encounter: Diagnosing Favorable and Unfavorable Incidents*. **Journal of Marketing**, 54(1), 1990. 71-84.
64. H. Simmons, & P. Clarke. *Psychological Comfort as a Determinant of Patient Experience in Caribbean Healthcare Settings*. **Journal of Mental Health and Wellness in the Caribbean**, 9(4), 2021. 101-113.
65. D.M. Berwick. What 'patient-centered' should mean: Confessions of an extremist. **Health Affairs**, 28(4), 2009. w555-w565.
66. *Measuring Consumer Perceptions Of Service Quality*", **Journal of Retailing**, Vol. 62, no. 1, pp1240<online: https://www.researchgate.net/publication/225083802_SERVQUAL_A_multiple-Item_Scale_for_measuring_consumer_perceptions_of_service_quality. 1985
67. S. Ameh, B. Sabo, & J. K. Madaki. *Factors Associated With Patients' Satisfaction With Services Provided At Selected Healthcare Facilities In Southern Nigeria*. **Journal of Community Medicine and Primary Health Care**, 29(2), 2017. 80-90.
68. O. O. Olaleye, T. O. Adegboyega, & A. A. Osinowo. *Determinants Of Patient Satisfaction In Tertiary Hospitals: A study from Lagos, Nigeria*. **PLoS ONE**, 16(4), 2021. e0250744
69. F. Agbenyo, A. Marshall Nunbogu, & A. Dongzagla. *Accessibility and Health-Seeking Behavior in the Central Region of Ghana*. **BMC Health Services Research**, 18(1), 2018. 19.
70. O. O. Akinyemi, O. S. Ilesanmi, & A. M. Adebayo. *Patient Satisfaction with Quality of Care in a Tertiary Institution in Ibadan, Oyo State, Nigeria*. **Nigerian Journal of Medicine**, 28(2), 2019. 187-192.
71. A. A. Ogunfowokan, & M. Mora. *Time, Expectation and Satisfaction: Patients' Experience at National Hospital Abuja, Nigeria*. **African Journal of Primary Health Care and Family Medicine**, 8(1), 2016. 1-8.

72. S.E Brien & W.A. Ghali. *Public Reporting Of The Hospital Standardized Mortality Ratio (HSMR): Implications For The Canadian Approach To Safety And Quality In Health Care* Archived June 19, 2013, at the Wayback Machine. **Open Medicine 2(3)**, published 2008.
73. A. F. Ogunjimi, B. A. Olaniyan, & R. Oduyemi. *Patient Perception of Care in Specialized Departments of Public Hospitals*. **Nigerian Medical Journal**, 18(2), 2022. 134-150.
74. B. T. Olaniyan, & T. O. Ogunleye. *The Role of Communication in Enhancing Patient Satisfaction in Public Hospitals*. **Journal of Communication and Health Studies**, 12(3), 2022. 45-
75. O. F. Adejumo, T. Akinwande, & A. Oyekan. *Barriers to Healthcare Access in Public Hospitals in Ibadan*. **Nigerian Journal of Health Studies**, 15(2), 2020. 145-160.
76. J. A. Folarin, & S. O. Olagunju. *Expanding Healthcare Access in Rural Oyo State: Challenges and Policy Recommendations*. **African Journal of Health Economics**, 28(1), 2023. 56-72.
77. T. S. Adewuyi, & O. S. Abiola. *The Role of Patient Registration in Healthcare Delivery Efficiency*. **Journal of Nigerian Healthcare Administration**, 19(4), 2021. 110-125.
78. M. A. Adebisi, R. K Ogunleye, & Y. Balogun. *The Impact of the Health Insurance Scheme on Patient Perception in Public Hospitals*. **Journal of Nigerian Public Health Policy**, 25(3), 2022. 87-102.
79. R.L. Street, G. Makoul, N.K. Arora & R.M. Epstein. *How Does Communication Heal? Pathways Linking Clinician-Patient Communication to Health Outcomes*. **Patient Education and Counseling**, 74(3), 2009. 295-301.
80. X. Zhu et al. *Hospital Infrastructure and Patient Outcomes: A Multi-Center Study*. **Journal of Medical Science and Technology**, 10(1), 2021. 33-47.
81. M. DeAngelis, & R. Rodenberg. *The Influence of Healthcare Infrastructure on Patient Satisfaction: A Cross-Sectional Study*. **Journal of Healthcare Administration**, 15(2), 2022. 101-110.
82. K. Oduro, et al. *Organizational Structure and Its Effects on Clinical Service Delivery in Sub-Saharan Africa*. **African Journal of Health Studies**, 19(3), 2023. 215-230.

83. R. Jackson, et al. *Enhancing Patient-Provider Communication in Clinical Settings: A Review*. **Healthcare Delivery Review**, 32(1), 2020. 11-20.
84. T. Walker, & L. Johnson. *Timeliness of Care and Its Impact on Patient Outcomes: A Critical Review*. **Journal of Emergency Medical Services**, 13(4), 2021. 66-72.
85. M. Ramirez, et al. *Patient Engagement in Clinical Encounters: Implications for Quality of Care*. **Journal of Patient-Centered Research and Reviews**, 17(3), 2022. 181-195.
86. J. Smith, & P. Rodriguez. *Understanding The Impact Of Communication In Healthcare Delivery: A Multi-Country Analysis*. **Global Health Communications**, 5(1), 2023. 34-48.
87. L. Jones, M. Phillips, & A. Roberts. *Cleanliness and Healthcare Quality: Patients' Perceptions in Canadian Hospitals*. **Journal of Healthcare Management**, 11(4), 2021. 211-225.
88. L. Chen, & T. Wong. *Patient-Centered Care and Its Impact on Clinical Outcomes in Healthcare Services*. **Journal of Health Management**, 22(3), 2020. 157-171.
89. P. Davis, & S. Kim. *Evaluating Patient Outcomes in Modern Healthcare Systems: A Comprehensive Review* **International Journal of Clinical Health Research**, 29(4), 2023. 45-60.
90. T. Akinyemi, & K. Akande. *The Role of Interpersonal Relations in Healthcare Delivery and Patient Satisfaction in Nigeria*. **Health Policy Review**, 14(4), 2019. 321-334.
91. P. Oladele, et al. *Impact of Facility Conditions on Patient Satisfaction in Nigerian Public Hospitals*. **Nigerian Journal of Hospital Management**, 7(3), 2020. 143-159.
92. I. Bassey, & E. Agwu. *Influence of Socio-Economic Factors on Patient Satisfaction in Nigerian Hospitals*. **Journal of Medical Sociology**, 5(1), 2021. 98-112.
93. N. Chukwuma, & O. Nwosu. *Patient Expectations and Satisfaction in Nigerian Healthcare: A Demographic Analysis*. **Public Health Journal of Nigeria** 2023.
94. O. Ajayi, et al. *Quality of Healthcare Services and Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Healthcare Management in Nigeria**. 2020.
95. S. Bello, & M. Johnson. *Exploring Factors Impacting Healthcare Satisfaction in Public Facilities in Nigeria*. **African Journal of Public Health**. 2022.
96. L. Adebayo, & M. Ishola. *Environmental Factors and Patient Satisfaction in Public Healthcare*. **African Journal of Medical Science**, 29(2), 2022. 203-215.

97. T. A. Smith, & R. B. Jones. *Enhancing Patient Satisfaction through Empathy Training In Healthcare Settings*. **Journal of Healthcare Management**, 68(4), 2023.279-291. <https://doi.org/10.1097/JHM-D-22-00023>.
98. A. Onyeka, et al. *Systemic Barriers to Patient Satisfaction in Nigerian Healthcare*. **Global Health Perspectives**, 10(2), 2022. 66-81.
99. R. Yusuf, & T. Olowokere. *Enhancing Accessibility and Reducing Wait Times in Nigerian Public Hospitals: Implications For Patient Satisfaction*. **Healthcare Systems and Reforms**, 8(4), 2023. 240-259.
100. C. H. Lien, S. T. Yu, & C. S. Wu. *The Role of Perceived Care in Customer Satisfaction: Evidence from the Healthcare Sector*. **Journal of Health Care Marketing**, 42(3), 2021. 204-218. <https://doi.org/10.1177/1062462220982912>
101. R. E. Anderson, K. L. Smith, & J. D. Williams. *Emotional Support in Service Encounters: The Role of Perceived Care*. **Journal of Service Research**, 26(1), 2023. 55-72. <https://doi.org/10.1177/1094670521998231>
102. Y. Choi, Lee, H., & J. Park. *Service Encounter Quality and Customer Satisfaction in the Hospitality Industry: A Moderating Role of Cultural Values*. **International Journal of Hospitality Management**, 102, 2022. 103141. <https://doi.org/10.1016/j.ijhm.2021.103141>
- 103 J. Lee, Y. Chang, & K. Ryu. *Understanding the Effects of Service Encounter Quality on Patient Satisfaction in the Healthcare Industry*. **International Journal of Health Services**, 53(2), 2023. 181-198. <https://doi.org/10.1177/00207314221136099>
- 104 S. Y. Kim, J. Hwang, & J. Lee. *Trust as a Mediator between Perceived Care and Customer Satisfaction in Healthcare Services*. **Health Marketing Quarterly**, 41(2), 2024. 145-162. <https://doi.org/10.1080/07359683.2024.2018291>
- 105 World Health Organization. *Nigeria health financing profile*. World Health Organization. Retrieved from WHO website. 2021.
106. O. Ogunyemi, & T. Adeleke. *Communication and Empathy as Determinants of Patient Satisfaction in Nigerian Public Hospitals*. **Journal of African Healthcare**, 13(2), 2021. 85-97.

107. O. V. Adeniyi, M. A. Adetunji, & O. A. Oladipo. *Access to Essential Medicines in Nigerian Public Hospitals: Challenges and Recommendations*. **Nigerian Journal of Pharmaceutical Sciences**, 22(1), 2023. 56-67.
107. A. Ogundipe, & A. Adebayo. *Corruption and Its Implications on Healthcare Delivery in Nigeria*. **Journal of Healthcare Management and Ethics**, 4(3), 2021. 77-86.
108. I. N. Okeke, C. Chukwuma, & O. N. Ibe. *The Impact of Patient Overload on Healthcare Delivery in Public Hospitals in Nigeria*. **International Journal of Health Management**, 6(1), 2023. 45-59.
109. L. O. Ogunjimi, O. A. Uthman, & A. T. Adesina. *The Relationship between Healthcare Infrastructure and Patient Satisfaction in Public Hospitals in Nigeria*. **Journal of Public Health in Africa**, 13(1), 2022. 12-23. <https://doi.org/10.4081/jphia.2022.1433>
110. A. M. Adebayo, & N. Orji. *Strengthening Health Information Systems in Nigeria: the Role of Technology in Public Health Management*. **Journal of Health Informatics in Africa**, 10(2), 2023. 99-107.
111. M. Alzahrani, S. Alshahrani, & M. Alqahtan. *Patient Satisfaction in Private and Public Hospitals: A Comparative Analysis*. **International Journal of Health Services**, 53(1), 45-60. 2023. <https://doi.org/10.1177/00207314211013232>.
112. A. Kumar, R. Singh, & Gupta, P. *Access to Services and Patient Satisfaction: A Comparative Study of Public and Private Hospitals*. **Journal of Public Health in Africa**, 13(1), 2022. 25-35. <https://doi.org/10.4081/jphia.2022.1540>.
113. A. Bharadwaj, S. Kumar, & R. Thakur. *Patient Satisfaction in Private and Public Healthcare Facilities: Evidence from India*. **Health Policy and Planning**, 36(5), 2021. 696-705. <https://doi.org/10.1093/heapol/czaa194>
114. A. S. Choudhury, M. A. Rahman, & S. Parveen. *Staff Interactions and Patient Satisfaction in Private vs. Public Hospitals: Insights from Bangladesh*. **Journal of Health Communication**, 28(2), 2023. 101-109. <https://doi.org/10.1080/10810730.2023.2169350>
115. O. O. Ojo, & A. Adebayo. *Facility Environment and Patient Satisfaction: A Comparative Study of Public and Private Hospitals*. **Journal of Health Facility Management**, 12(1), 2024.33-45. <https://doi.org/10.1177/17571774000.2247349>

116. C. F. Nwankwo, M. Okoro, & O. Abah. *Socioeconomic Disparities and Patient Expectations in Healthcare Access: Evidence from Public Hospitals*. **Journal of Public Health Policy**, 44(2), 2023. 123-139. <https://doi.org/10.1057/s41271-022-00320-2>
117. E. A. Bamgboye, & K. F. Afolabi. *Infrastructure Challenges in Nigerian Healthcare Delivery: Implications for Health Outcomes*. **African Journal of Health Sciences**, 17(3), 2020. 145-155.
118. O. O. Babalola, I. O. Fadeyibi, & S. A. Fashola. *Comparative Analysis of Clinical Outcomes and Patient Satisfaction in Public and Private Hospitals: A Systematic Review*. **Journal of Health Management**, 24(3), 2022. 227-243. <https://doi.org/10.1177/09720634221099345>
119. O. A. Daramola, L. O. Ogunjimi, & A. Aliyu. *Traditional Medicine and Patient Satisfaction in Nigerian Healthcare: A Cultural Perspective*. **African Journal of Health Sciences**, 32(1), 2023. 10-20. <https://doi.org/10.1080/20476968.2023.1162439>.
120. J. Brown, M. Wilson, & S. Lee. *Communication And Patient Satisfaction: Exploring The Role Of Clear Provider-Patient Interactions*. **Journal of Healthcare Quality**, 35(2), 2020. 78-88.
121. T. Buchanan, P. O'Sullivan, & J. Melancon. *The Impact of Non-Verbal Communication on Service Encounters: Evidence from the Hospitality Industry*. **Journal of Business Research**, 138, 2022. 275-282. <https://doi.org/10.1016/j.jbusres.2021.09.041>
122. P. Carayon, A. Schoofs Hundt, B.T. Karsh, A. P. Gurses, C. J. Alvarado, M. Smith, P. Flatley Brennan. "Work System Design for Patient Safety: The SEIPS Model". *Quality And Safety in healthcare*. 15(Suppl1):i508. Doi:10.1136/qshc.2005.2006. 015842. PMC 2464868. P MID 17142610.
123. Centers for Medicare & Medicaid Services. HCAHPS: *Patients' Perspectives of Care Survey*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/HCAHPS>. 2021.
124. Y.M Coyle, J.B Battles. "Using Antecedents of Medical Care to Develop Valid Quality of Care Measures". **Int J Qual Health Care**. 11 (1):5-12. 1999. Doi:10.1093/intqhc/11.1.5. PMID 10411284.
125. D.H. Thom M.A. Hall, & L.G. Pawlson. *Measuring Patients' Trust in Physicians When Assessing Quality of Care*. **Health Affairs**, 23(4), 2004. 124-132.

126. O. A. Daramola, M. Ogundipe, & A. Aliyu. *Cultural Influences on Patient Satisfaction in Healthcare Settings: A Comparative Study*. **African Journal of Health Sciences**, 32(1), 2023. 10-20. <https://doi.org/10.1080/20476968.2023.1162439>.
127. R. M. Epstein, et al. "Communicating With Patients: The Importance of Understanding Patient Perspective." **Journal of General Internal Medicine**, 20(2), 2005. 103-105.
128. M. B. Johnson, A. O. Onifade, & K. Adebayo. *Treatment Outcomes in Nigerian Public Hospitals: A Comparative Study*. **African Journal of Medical Research**, 10(2), 2023. 105-120.
128. A. Jones, & T. Williams. *An Overview of Patient-Provider Relationships in Clinical Encounters*. **Clinical Encounters Journal**, 8(2), 2023. 62-72.
129. *Department Of Health Information and Statistics [DHIS]. Annual Health Report*. <https://www.moh.gov.om/en/web/statistics/-/-2019>. 2019. Accessed 20 March 2021
130. A. Donabedian. "Evaluating the Quality of Medical Care. 1966". **The Milbank Quarterly**. 83 (4): 2005. 691–729. Doi: 10.1111/j.1468-0009.2005.00397.x. PMC 2690293. PMID 16279964
131. C. Doyle, et al. "Measuring Patient Experience in Healthcare: A Review of the Literature." **Health Services Research**, 48(3), 2013. 811-832.
132. H. S. Gordon, et al. "The Effect of Patient Satisfaction on the Quality of Care:" *Quality Management in Healthcare, a review of the literature* 15(2), 2006. 47-56.
133. L. O. Ogunjimi, O. A. Uthman, & A. T. Adesina. *Socioeconomic Factors Influencing Healthcare Utilization in Nigeria: A Systematic Review*. **Journal of Public Health in Africa**, 13(1), 2022. 13-21.
134. O. A. Daramola, L. O. Ogunjimi, & A. Aliyu. *Equipment Adequacy and Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Healthcare Engineering**, 2023. Article 9874563. <https://doi.org/10.1155/2023/9874563>
135. C. F. Nwankwo, M. Okoro, & O. Abah. *Socio-Cultural Barriers to Healthcare Access and Their Impact on Patient Satisfaction in Nigeria*. **International Journal of**

- Healthcare Management**, 16(2), 2023.120-130.
<https://doi.org/10.1080/20479700.2022.2115330>
136. J. Kitzinger. **Qualitative research: Introducing focus groups.** *BMJ*, 311(7000), 1995. 299-302.
137. Johnson, T. & H. Madi. *Patient Satisfaction as a Quality Metric: An Overview of Its Importance and Determinants.* **Journal of Healthcare Quality**, 32(1), 2020. 33-42.
138. R. Anhang Price, M. N. Elliott, A. M. Zaslavsky, & P. D. Cleary. *Patient Experience in Medicaid Managed Care: The Role of Patient Characteristics and Provider Factors.* **Health Services Research**, 49(1), 2014. 81-100. <https://doi.org/10.1111/1475-6773.12050>.
139. K. S. Yoo, Y. J. Kim, & S. H. Lee. *The Effects of Administrative Support on Patient Satisfaction in Healthcare Settings.* **Journal of Health Services Research & Policy**, 27(1), 2022. 18-24. <https://doi.org/10.1177/1355819620938141>
140. J. J. McKinney, A. Fairchild, & H. Schwartz. *The Role of Administrative Staff in Shaping Patient Experiences: Implications for Patient Satisfaction.* **Journal of Healthcare Administration**, 45(2), 2023. 45-59. <https://doi.org/10.1080/20479700.2022.2098019>
141. J. H. Larrabee, M. L. McEntee, & J. Pugh. *The Relationship between Nursing Care and Patient Satisfaction: A Pilot Study of Support Staff.* **International Journal of Nursing Studies**, 113, 2021. 103760. <https://doi.org/10.1016/j.ijnurstu.2020.103760>
142. J. J. Kerssens, R. Bontje, & R. Dijkstra. *The Importance of a Clean Environment for Patient Satisfaction: a Systematic Review.* **Journal of Nursing Care Quality**, 37(2), 2022. 175-183. <https://doi.org/10.1097/NCQ.0000000000000625>
143. D. J. Weller, K. Kessels, & J. Ritchie. *Patient Navigation by Non-Medical Staff: Impact on Patient Satisfaction and Health Outcomes.* **American Journal of Public Health**, 112(8), 2022. 1232-1239. <https://doi.org/10.2105/AJPH.2022.306488>.
144. G. Flores, M. B. Laws, & S. J. Mayo. *Cultural Competence in Healthcare: What Can Non-Medical Staff Do?* **Journal of Healthcare Management**, 68(3), 2023. 145-158. <https://doi.org/10.1097/JHM-D-22-00125>
145. F. F. Reichheld. "The One Number You Need To Grow." **Harvard Business Review**, 81(12), 2003. 46-54

146. V. A. Zeithaml, L. L. Berry, & A. *The Behavioral Consequences of Service Quality. Journal of Marketing*, 60(2), 2019. 31-46. <https://doi.org/10.1177/002224299906000203>
147. M. N. A. Bakar, R. Ismail, & A. Rahman. *Patient Expectations in Public Hospitals: A Systematic Review. International Journal of Healthcare Management*, 14(3), 2021. 295-302. <https://doi.org/10.1080/20479700.2020.1817510>
148. C. Mcloughlin, J. Gibbons, & S. Cormican. *The Impact of Wait Times on Patient Satisfaction in Public Hospitals. Journal of Health Economics*, 70, 2020. 102299. <https://doi.org/10.1016/j.jhealeco.2020.102299>
149. M. Ibrahim, B. Odugbemi, & O. Kola. *Systemic Barriers to Patient Satisfaction in Public Hospitals: A Qualitative Study. BMC Health Services Research*, 22(1), 2022. 689. <https://doi.org/10.1186/s12913-022-08371-3>
150. C. F. Nwankwo, M. Okoro, & O. Abah. *Barriers to Accessing Healthcare Services in Nigeria: The Impact of Infrastructure on Patient Satisfaction. BMC Health Services Research*, 23(1), 2023. 126. <https://doi.org/10.1186/s12913-023-08160-8>
151. A. Abubakar, M. Ibrahim, & M. Babatunde. *Exploring the Relationship between Patient Expectations and Satisfaction in Public Healthcare. Journal of Health Management*, 23(4), 2021. 473-488. <https://doi.org/10.1177/09720634211089105>
152. J. Harrison, S. Thompson, & R. Green. *Aligning Patient Expectations with Service Delivery in Public Healthcare: A Case Study. Health Services Research*, 58(1), 2023. 75-88. <https://doi.org/10.1111/1475-6773.13258>
153. A. Osman, A. Al-Mandhari, & S. Al-Mukhtar. *Improving Patient Experience in Public Hospitals: Strategies for Addressing Gaps in Care Delivery. International Journal of Health Care Quality Assurance*, 35(5), 2022. 913-924. <https://doi.org/10.1108/IJHCQA-01-2022-0005171>
154. L.A. Martin, E.C. Nelson, R.C. Lloyd, T.W. Nolan. *Whole System Measures. IHI Institute for Healthcare Improvement; Innovation Series White Paper. Cambridge (MA): 2007.*
155. W. F. Adebimpe, B. S. C. Uzochukwu, & A. Abayomi. *Assessment of Physical Infrastructure in Public Hospitals and Its Impact on Patient Satisfaction in Nigeria. Nigerian*

- Journal of Health Services Research**, 19(1), 2021. 45-56.
<https://doi.org/10.4081/njh.2021.2002>
156. L. O. Ogunjimi, & O. O. Adegboye. *Barriers to Effective Service Recovery in Nigerian Public Hospitals: A Qualitative Study*. **Journal of Health Services Research & Policy**, 28(1), 2023. 45-58. <https://doi.org/10.1177/13558196221152390>
157. O. O. Olayemi, A. F. Adeniyi, & O. Bello. *The Effect of Medical Equipment Availability on Patient Care Quality in Nigerian Public Hospitals*. **African Journal of Health Sciences**, 35(1), 2022. 28-36. <https://doi.org/10.54100/ajhs.v35i1.1447>
158. C. F. Nwankwo, M. Okoro, & O. Abah. *Affordability and Patient Satisfaction in Private versus Public Healthcare Settings: An Empirical Study*. **International Journal of Healthcare Management**, 16(2), 2023. 120-130. <https://doi.org/10.1080/20479700.2022.2115330>
159. A. C. Eze, U. Nwachukwu, & O. Afolabi. *Patient Wait Times and Satisfaction in Public Hospitals: The Influence of Infrastructure and Staffing*. **Journal of Health Services Research & Policy**, 28(2), 2023. 134-145. <https://doi.org/10.1177/13558196221152390>
160. L. O. Ogunjimi, O. A. Uthman, & A. T. Adesina. *Cultural Influences on Healthcare-Seeking Behavior in Nigeria: Implications for Patient Satisfaction*. **Journal of Public Health in Africa**, 13(1), 2022. 25-35. <https://doi.org/10.4081/jphia.2022.1540>
161. R. Anikwe, O. Chijioke, & C. Agwu. *The Role of Healthcare Infrastructure on Health Outcomes in Nigeria: A Systematic Review*. **International Journal of Health Care Quality Assurance**, 34(4), 2021. 257-270. <https://doi.org/10.1108/IJHCQA-09-2020-0185>
162. S. Davis, & B. Miller. *The Relationship between Waiting Times and Patient Satisfaction in Healthcare Settings*. **Journal of Healthcare Efficiency**, 9(4), 2021. 101-109.
163. R. Martinez, & P. Roberts. *Professionalism in Healthcare: Implications for Patient Trust*. **Healthcare Ethics and Practice**, 11(3), 2023. 98-108.
164. R. Sunol. "Avedis Donabedian". **International Journal for Quality in Health Care**. 12 (6): 2000.
165. V. A. Zeithaml, M. J. Bitner, & D. D. Gremler. *Services Marketing: Integrating Customer Focus Across The Firm (7th Ed.)*. **McGraw-Hill Education**. 2020.

166. G. Aydin, A. E. Akgun, & M. Korkmaz. *The Impact of Communication Quality on Customer Satisfaction in the Service Industry*. **Journal of Service Management**, 32(2), 2021. 249-268. <https://doi.org/10.1108/JOSM-07-2020-0250>
167. C. Homburg, M. Klarmann, & S. Reinecke. *The Role of Effective Communication in Customer Satisfaction: A Meta-Analysis*. **Journal of Marketing**, 86(3), 2022. 54-70. <https://doi.org/10.1177/00222437211058440>.
168. Z. Yang, H. Zhan, & Q. Liu. *Effective Communication and Customer Satisfaction in Service Encounters: A Study in the Banking Industry*. **Journal of Financial Services Marketing**, 28(1), 202356-72. <https://doi.org/10.1057/s41264-022-00238-7>.
169. A. Palmer, B. Nguyen, & M. S. Yadav. *The Impact of Service Communication on Customer Satisfaction: Evidence from the Healthcare Sector*. **Health Marketing Quarterly**, 38(4), 2021. 284-299. <https://doi.org/10.1080/07359683.2021.1942794>
170. J. K. Burgoon, L. K. Guerrero, & K. Floyd. *Nonverbal Communication*. 2016. Routledge. <https://doi.org/10.4324/9781315561620>
171. P. McCole. *The Influence of Communication on Customer Loyalty: Evidence from the Retail Sector*. **Journal of Retailing and Consumer Services**, 64, 2022. 102759. <https://doi.org/10.1016/j.jretconser.2021.102759>
172. T. Hennig-Thurau, C. F. Hofacker, & B. Bloching. *Marketing the Value of Customers: How Service Providers Can Create Long-Term Relationships With Customers*. **Journal of Service Research**, 23(2), 2020. 232-248. <https://doi.org/10.1177/1094670518796675>.
173. M. Karl, H. Steinmetz, & S. Weller. *Training Communication Skills for Service Encounters: A Systematic Review and Meta-Analysis*. **International Journal of Human Resource Management**, 32(16), 2021. 3480-3506. <https://doi.org/10.1080/09585192.2020.1794537>
174. A. I. Oluwole, M. Ijaiya, & B. Adekola. *Queue Management Systems and Patient Satisfaction in Nigerian Public Hospitals*. **African Journal of Health Services**, 22(2), 2023. 127-138.
175. M. Davidow. *Service Failure and Recovery: A Research Agenda*. **Journal of Service Research**, 24(3), 2021. 305-320. <https://doi.org/10.1177/1094670521991801>

176. O. Odukoya, & O. Afolabi. *Communication Strategies for Service Recovery in Nigerian Public Hospitals: A Patient-Centered Approach*. **Journal of Healthcare Management**, 68(1), 2023. 23-36. <https://doi.org/10.1177/1081296013481643>
177. C. F. Nwankwo, M. Okoro, & O. Abah. *Strategies for Effective Service Recovery in Public Hospitals: Insights from Patients*. **Health Services Research and Managerial Epidemiology**, 9, 23333928221114927. <https://doi.org/10.1177/23333928221114927>
178. L. O. Ogunjimi, & O. O. Adegboye. *Environmental Quality in Nigerian Public Hospitals and Its Impact on Patient Satisfaction*. **International Journal of Environmental Research and Public Health**, 20(5), 2023.2893. <https://doi.org/10.3390/ijerph20052893>
jdlhousemoni
179. B. S. C. Uzochukwu, D. Ogoina, & W. F. Adebimpe. *Challenges of Service Recovery in Nigerian Healthcare: A Systematic Review*. **Journal of Public Health in Africa**, 12(1), 2021. 88-95. <https://doi.org/10.4081/jphia.2021.1031>
180. W. F. Adebimpe, B. S. C. Uzochukwu, & A. Abayomi. *The Impact of Service Recovery on Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Healthcare Management**, 68(2), 2023. 115-126. <https://doi.org/10.1177/1081296013481643>
181. M. A. Ibrahim, A. Aliyu, & B. Odugbemi. *Enhancing Service Recovery in Nigerian Public Hospitals: Perspectives from Patients and Healthcare Providers*. **BMC Health Services Research**, 23(1), 2023. 451. <https://doi.org/10.1186/s12913-023-08371-0>
182. T. Smith, J. Parker, & .D. Hamilton. *Communication Quality in Clinical Encounters: Effects on Patient Satisfaction in the UK*. **British Journal of Healthcare Studies**, 12(4), 2021. 88-96.
183. N. Okonjo-Iweala, & B. Togo. *The Impact of Governance on Public Health Outcomes: A Review of Nigeria's Healthcare System*. **Global Health Action**, 14(1), 2021. 1871964. <https://doi.org/10.1080/16549716.2021.1871964>
184. A. M. Adebayo, O. M. Ogunyomi, & O. Olaleye. *The Impact of Inadequate Funding on Public Healthcare Delivery in Nigeria: Challenges and Opportunities*. **Journal of Health Policy and Management**, 11(1), 2023. 45-58. <https://doi.org/10.1177/24500119221026569>

185. J. Ojukwu, A. C. Eze, & C. Nnaji. *Governance and Accountability in Public Healthcare Systems: A Review of Challenges and Solutions*. **Journal of Health Services Research & Policy**, 27(3), 2022. 132-142. <https://doi.org/10.1177/13558196211051878>
186. A. K. Alhassan, H. Tappis, & E. K. Ansah. *Health Policy Alignment with National Development Goals: Implications for Healthcare Reform in Nigeria*. **Journal of Public Health in Africa**, 12(2), 2021. 117-125. <https://doi.org/10.4081/jphia.2021.1266>
187. B. S. C. Uzochukwu, D. Ogoina, & W. F. Adebimpe. *Public Health Financing in Nigeria: Challenges and Reform Opportunities*. **Journal of Public Health Policy**, 44(1), 2023. 12-25. <https://doi.org/10.1057/s41271-021-00300-7>
188. O. A. Adeyemi, C. F. Nwankwo, & O. Afolabi. *Technology as a Catalyst for Reform in Public Healthcare: Evidence from Nigeria*. **International Journal of Health Services**, 52(2), 2022. 236-251. <https://doi.org/10.1177/00207314221048831>
189. C. F. Nwankwo, M. Okoro, & O. Abah. *Community Engagement in Public Health Policy: Insights from Nigerian Healthcare*. **International Journal of Community Health Nursing**, 9(1), 2022. 11-21. <https://doi.org/10.1177/14745151211021545>
190. U. Chikezie, R. E. Ogu, & J. Nwafor. *Monitoring And Evaluation Frameworks In Public Healthcare: Best Practices And Lessons Learned*. **BMC Health Services Research**, 23(1), 2023. 370. <https://doi.org/10.1186/s12913-023-08264-x>
191. R. L. Oliver. "A Cognitive Model of the Antecedents and Consequences of Satisfaction Decisions." **Journal of Marketing Research**, 17(4), 1980. 460-469.
192. K. S. Choi, W. H. Cho, S. Lee, H. Lee, & C. Kim. *The Relationships among Quality, Value, Satisfaction, and Behavioral Intention in Health Care Provider Choice: A South Korean Study*. **Journal of Business Research**, 57(8), 2004. 913-921
193. R. A. Spreng, & T. J. Page 2003. *A Test of Alternative Measures of Disconfirmation*. **Decision Sciences**, 34(1), 31-62.
194. A. G. Thompson, & R. Sunol. *Expectations as Determinants of Patient Satisfaction: Concepts, Theory, and Evidence*. **International Journal for Quality in Health Care**, 7(2), 1995. 127-141
195. P. M. Blau. *Exchange and Power in Social Life*. Wiley. 1964.
196. K. S. Cook, C. Cheshire, E. R. W. Rice, & S. Nakagawa. *Social Exchange Theory*. Springer. *A*, 11(1), 2013. 55-70

197. S. M. Hatcher, C. Agnew, & D. Akroyd. *Factors Affecting Customer Satisfaction in Acute Care*. **Healthcare Management Review**, 31(4), 2005. 277–285.
198. T. S. Dagger, J. C. Sweeney, & L. W. Johnson. *A Hierarchical Model of Health Service Quality: Scale Development and Investigation of an Integrated Model*. **Journal of Service Research**, 10(2), 2007. 123-142.
- 199.A. Parasuraman, V. A. Zeithaml, & L. L. Berry. *A Conceptual Model Of Service Quality And it's Implications for Future Research*. **Journal of Marketing**, 49(4), 1985. 41-50.
200. E. Babakus, & W. G. Mangold. *Adapting the SERVQUAL Scale to Hospital Services: An Empirical Investigation*. **Health Services Research**, 26(6), 1992767–786.
201. A. Donabedian. *The Quality Of Care: How Can It Be Assessed?* **Journal of the American Medical Association**, 260(12), 1988. 1743-1748.
202. O. Groene, N. Klazinga, V. Kazandjian, P. Lombrail, & P. Bartels. *The World Health Organization Performance Assessment Tool for Quality Improvement in Hospitals (PATH): An Analysis of the Pilot Implementation in 37 Hospitals*. **International Journal for Quality in Health Care**, 14(1), 2012. 41-48.
203. K. D. Hekkert, S. Cihangir, M. Kleefstra S., B. van den Berg, & R. B. Kool . *Patient Satisfaction Revisited: A Multilevel Approach*. **Social Science & Medicine**, 69(1), 2009. 68-75.
204. A. Parasuraman, V. A. Zeithaml, & L. L. Berry. *Servqual: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality*. **Journal of Retailing**, 64(1), 1988. 12-40.
205. M. J. Bitner. *Servicescapes: The Impact of Physical Surroundings on Customers and Employees*. **Journal of Marketing**, 56(2), 199257-71.
206. K. L. Wakefield, & J. G. Blodgett. *The Effect of the Servicescape on Customers' Behavioral Intentions in Leisure Service Settings*. **Journal of Services Marketing**, 10(6), 1988. 1996. 45-61.
207. D. E. Bowen, & B. Schneider. *Services Marketing and Management: Implications for Organizational Behavior*. **Research in Organizational Behavior**, 10, 43-80.
208. M. J. Bitner. *Evaluating Service Encounters: The Effects Of Physical Surroundings And Employee Responses*. **Journal of Marketing**, 54(2), 1990. 69-82.

209. C. Gronroos. *Service Quality: The Six Criteria Of Good Perceived Service Quality*. **Review of Business**, 9(3), 1988. 10-13.
210. L. L. Price, E. J. Arnould, & P. Tierney. *Going To Extremes: Managing Service Encounters and Assessing Provider Performance*. **Journal of Marketing**, 59(2), 1995. 83-97.
211. J. Coughlan, L. Anderson, & P. Stern. *Conducting and Evaluating Service Encounter Research*. **Journal of Retailing and Consumer Services**, 10(1), 2003. 61-74.
212. C. F. Surprenant, & M. R. Solomon. *Predictability and Personalization in the Service Encounter*. **Journal of Marketing**, 51(2), 1987. 86-96.
213. L. L. Berry, & N. Bendapudi. *Health Care: A Fertile Field for Service Research*. **Journal of Service Research**, 10(2), 2007. 111-122.
214. A. Agyapong, M. Abeka, & E. Asamoah. *Impact of Service Encounter Quality on Patient Satisfaction: Evidence from Hospitals in Ghana*. **International Journal of Healthcare Management**, 14(3), 2021. 234-247.
215. O. Okonofua, A. Ishola, & K. Tayo. *Patient-Centered Care and the Role of Provider Communication in Nigerian Public Hospitals*. **Journal of Patient Satisfaction Studies**, 7(2), 2020. 41-52.
216. N. Chukwuemeka, S. Afolabi, & J. Olatunde. *Provider-Patient Interactions in Nigerian Public Hospitals: Impact on Patient Satisfaction*. **West African Journal of Medical Sciences**, 33(1), 2021. 71-82.
217. M. Khoshchehreh, A. Jafari, & R. Asadi. *Exploring Patient Satisfaction in Public Hospitals: The Role of Service Encounter Attributes*. **Healthcare Services Research**, 38(4), 2022. 73-85.
218. M. Khalifa, M. Alotaibi, & F. Saeed. *Patient Satisfaction and Public Healthcare Service Quality: The Role of Servicescape and Service Encounter in Healthcare Facilities*. **Journal of Healthcare Quality Research**, 35(2), 2020. 85-92.
219. O. A. Oladipo, & I. O. Oluwaseun. *Determinants of Patient Satisfaction in Public Hospitals in Nigeria: A Study of Ibadan Metropolis*. **Nigerian Journal of Clinical Practice**, 24(1), 2021. 1-7.
220. K. Adebayo, & Lawal M. (2023). *Evaluating the Impact of Servicescape on Patient Satisfaction in Nigerian Public Hospitals*. **African Journal of Healthcare Management**, 11(2), 122-134.

221. M. J. Bitner, B. H. Booms, & L. A. Mohr. *Service Encounters: Customer and Employee Roles in Service Delivery*. **Journal of Business Research**, 136, 2021. 109-120.
222. O. Adetokunbo, O. Adejumo, & S. Onifade. *Patient Satisfaction in Public Hospitals: Impact of Wait Times and Service Flow Management in Nigeria*. **Journal of Health Services Research**, 45(3), 2022.85-93.
223. S. Madu, A. Olumide, & O. Bamidele. *Examining Wait Times and Patient Satisfaction in Nigerian Public Hospitals*. **Health Services Journal**, 15(3), 2020. 127-135.
224. A. Ojo, & A. Oladipo. *Patient Empowerment and Emotional Support in Healthcare Delivery: A Study of Public Hospitals in Southwestern Nigeria*. **Nigerian Journal of Healthcare Psychology**, 12(2), 2021. 95-106
225. O. Ogunyemi. & F. Oni. *Service Quality and Patient Satisfaction in Nigerian Public Hospitals: Applying SERVQUAL Dimensions*. **African Journal of Healthcare Studies**, 10(4), 2020. 122-131.
226. D. Atnafu, A. Berhane, & M. Assefa. *Hospital Service Quality and Patient Satisfaction in Sub-Saharan Africa: A Systematic Review*. **African Journal of Healthcare Management**, 13(1), 2021. 54-63.
227. M. Brahmhatt. R. Sheth, & S K. oni. *Evaluation of Hospital Service Quality Using SERVQUAL Framework in Developing Economies*. **International Journal of Healthcare Management**, 15(3), 2022. 235-246.
228. F. Oluwaseun. & A. Folashade. *Analyzing the Dimensions of Service Quality in Nigerian Public Hospitals*. **International Journal of Healthcare Quality Assurance**, 34(4), 2021. 298-309.
229. T. Ogundele, & A. Aluko. *Reducing Waiting Times in Nigerian Public Hospitals: A Patient-Centered Approach*. **Journal of Health Policy and Management**, 20(3), 2021. 102-114.
230. A. Mohammadi. M. Amiri, & M. Abdollahi. *Patient Satisfaction and Service Quality in Hospitals: Application of the SERVQUAL Model*. **Healthcare Services Research**, 36(2), 2021. 89-96.
231. T. Ojo, B. Adekunle, & O. Adebayo. *The Impact of Assurance on Patient Satisfaction in Nigerian Healthcare Settings*. **Journal of Medical Services**, 17(2), 2023. 67-74.

232. S. Kim, H. Lee, & M. Choi. *The Impact of Provider Empathy on Patient Satisfaction in Clinical Encounters*. **Journal of Patient Experience**, 10, 2022. 65-73.
233. R. Ezeokoli & M. Afolabi. *Patient Perceptions of Empathy and Satisfaction in Nigerian Public Hospitals*. **Journal of Public Health in Africa**, 11(3), 2020. 197-205.
234. M. Peters, A. Brown, & G. Lewis. *The Role of Responsiveness in Healthcare: An Analysis of Waiting Times and Patient Satisfaction*. **International Journal of Healthcare Management**, 24(3), 2022. 230-243.
235. C. Eze & A. Aluko. *Examining Patient Satisfaction and Waiting Times in Nigerian Public Hospitals*. **Journal of Health Policy and Management**, 17(2), 2020. 56-68.
236. E. Agyapong, & A. Kwame. *Hospital Environment and Patient Satisfaction: Evidence from Ghanaian Public Hospitals*. **African Journal of Healthcare Quality Assurance**, 14(2), 2022. 112-123.
237. S. Mensah, & J. Boateng. *Physical Environment and Patient Satisfaction: Evidence from Sub-Saharan Africa*. **Journal of Public Health Studies**, 12(3), 2020. 199-210.
238. A. Jones, et al. *Linking Patient Satisfaction to Healthcare Outcomes: A Systematic Analysis*. **The Lancet Public Health**, 14(2), 2021. 24-36.
239. T. Nwachukwu, K. Adeyemi, & B. Taiwo. *Patient Perceptions of Emotional Support in Nigerian Public Hospitals*. **Journal of Health Services Research**, 16(3), 2020. 122-131.
240. A. Rahman, R. Khan, & J. Smith. *Exploring Determinants of Patient Satisfaction: Provider-Patient Communication, Empathy, and Competence*. **Journal of Healthcare Management**, 17(2), 2022. 202-214.
241. K. Smith, T. Johnson, & L. White. *Building Trust with Patients: Implications for Healthcare Satisfaction*. **Healthcare Services Research**, 15(2), 2023. 95-110.
242. T. Brown, P. Thomas, & K. James. *Patient-Provider Communication and Its Effect on Patient Satisfaction in Saint Lucia*. **Journal of Caribbean Healthcare Management**, 14(1), 2022. 45-58.
243. O. Olawale, & Omotayo, F. (2023). *Enhancing Patient Satisfaction through Effective Communication in Nigerian Public Hospitals*. **African Journal of Healthcare Quality Assurance**, 15(2), 133-144.

244. S. Kim, J. Han, & H. Choi. *The Role of Empathy in Healthcare Service Encounters*. **Journal of Patient Experience**, 9, 2022. 32-41.
245. M. Okafor, & S. Odunayo. *Cultural Sensitivity and Healthcare Satisfaction among Diverse Patient Groups in Nigerian Hospitals*. **Journal of Health Services Research**, 15(1), 2021. 78-90.
246. O. Oke, K. Folayan, & A. Obadina. *Reducing Waiting Times and Increasing Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Public Health Management**, 21(1), 2022. 45-58.
247. A. Abubakar, A. Yusuf, & S. Bello. *Queue Management and Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Health Policy and Management**, 19(3), 2021. 115-126.
248. L. Gomez, R. Martinez, & F. Torres. *Provider Competence and Patient Satisfaction: Evidence from Latin American Healthcare Settings*. **International Journal of Healthcare Management**, 15(4), 2023. 217-228.
- T. Olalekan, & S. Adebayo. *Patient Satisfaction and Provider Competence in Nigerian Healthcare Facilities*. **Journal of African Healthcare Studies**, 13(1), 2021. 95-105.
249. C. Okeke, & A. Adewole. *Empathy in Patient Care: A Nigerian Perspective*. **West African Journal of Medicine**, 37(4), 2020. 325-331.

Chapter Three

Methodology

This chapter outlines the methodologies employed in this study. It provides an intricate research methodology. The aspects covered are the study's location and population, the sampling technique used, the sample size, the research instrument and the method of data analysis.

3.1 Research Design

The chosen research design for this study was the descriptive survey research design. A descriptive survey is a prevalent non-experimental research method commonly employed in educational research. A descriptive survey is a research technique that involves investigating a specific group within a population in order to make informed statements about the characteristics of the entire population from which the sample was taken. The descriptive research design was considered suitable in carrying out the study on influence of perceived care and services encounter on satisfaction of care among patients attending government owned hospitals in Ibadan, Oyo State.

3.2 Population of the Study

The population of the study comprises all patients of the state-owned public hospitals in Ibadan, Oyo State. A total of twenty-five (25) health institutions are within Ibadan. However, five of them were selected for the course of this study including: Adeoyo Maternity Teaching Hospital Yemetu Ibadan, Jericho Nursing Home, Jericho, Ibadan, Ring Road State Hospital, Ring Road, Ibadan, Government Chest Hospital, Jericho, Ibadan and Jericho Specialist Hospital Jericho, Ibadan. Those five state-owned public hospitals in Ibadan were selected because of the large number of patients.

3.3 Sample Size and Sampling Technique

The researcher employed both probability and non-probability sampling techniques. Purposive simple random sampling techniques to target an average of 1000 one thousand patients as samples comprising of both male and female respondents. Clustered sampling was employed to select five state owned hospitals in Ibadan Local governments with high frequent population including Adeoyo Maternity Teaching Hospital, Yemetu, Ibadan, Jericho Nursing Home, Jericho Ibadan, Ring Road State Hospital, Ring road Ibadan, Government Chest Hospital, Jericho Ibadan and Jericho Specialist Hospital, Jericho, Ibadan. Probability sampling was employed to randomly select one thousand patients out of the pre-determined 5000 number of patients in government owned hospitals in Ibadan, Oyo State. The number of samples used was calculated using Taro Yamane's formula as thus:

$$n = \frac{N}{1 + N(e)^2}$$

Where n= Minimum sample size required or desired sample size.

N= Projected population of patients in government owned hospitals in Ibadan (N=5000)

e= Limit of sampling error or degree of accuracy desired, which was set at 0.05 (5%)

$$n = \frac{5000}{1 + 5000 (0.05)^2}$$

$$n = \frac{5000}{1 + 5000 (0.0025)}$$

$$n = \frac{5000}{1 + 12.5}$$

$$n = \frac{5000}{13.5}$$

$$n = 370.37$$

n=371 patients as respondents (*minimum of 371 respondents*)

10% attrition rate (37.1) was added to the sample size determination; with a total number of 408 as the sample size.

3.4 Description of the Research Instrument

Questionnaire was used as the instrument for data collection in this study. The purpose of using questionnaire is because of the direct response and feedback that would be gotten from the proposed respondents. The questionnaire was adapted and was modified to suit the study^{1, 2, 3, & 4}. The questionnaire is segmented into three sections labeled A to D. Section A provided an analysis of the respondents' demographic information including gender, age, marital status and educational qualification. Section B obtained data on perceived care and this covered effectiveness, acceptability, efficiency, access, equity and relevance. The researcher modified the items to align with the study's purpose. The scale had a four (4) point response format ranging from Very High Extent(VHE)=4, High Extent (HE)=3, Low Extent(LE)=2 and Very Low Extent (VLE)=1.

Section C was used to elicit information on service encounter in a 5-point Likert-type and the items were adapted to cover reliability, expertise, facilities and equipment, The scale has a five-point response format ranging from Strongly Agree (SA)=5, Agree (A)=4, Neutral (N)=3, Disagree (D)=2 and Strongly Disagree (SD)=1. The adapted scale was revalidated and its Cronbach alpha was reported. Section D was used to elicit information on patients' satisfaction using a 5-point Likert-type with adapted items covering timeliness, comfort and convenience, emotional support, respect and dignity, communication and outcome/result. The scale has a five-point response format ranging from Strongly Agree (SA)=5, Agree (A)=4, Neutral (N)=3, Disagree (D)=2 and Strongly Disagree (SD)=1. The adapted scale was revalidated and its Cronbach alpha were reported.

3.5 Validity of the Research Instrument

Validity pertains to the accuracy of a measurement, specifically whether the items effectively measure what they are intended to measure. In order to confirm the reliability of the tool utilized in this research, the thesis supervisor and other department experts thoroughly examined the questionnaire's face and content validity. The instrument was evaluated for its comprehensiveness, relevancy of contents, clarity of instructions and assertions, potential ambiguities, errors and omissions. The project supervisor and specialists additionally assessed the instrument to verify the utility of the data acquired through the questionnaire in addressing the research questions and evaluating the hypotheses proposed for this study. Comments and the observations of these experts in conjunction with the supervisor's comments were considered in constructing the final copy of the questionnaire.

3.6 Reliability of the Research Instrument

Reliability means the consistency of the research instrument the researcher intends to use for the study. The reliability of the measuring instrument was done through a pilot study. This was carried out by using 30 copies of the questionnaires which were administered on patients in State Hospital, Oyo, who were outside the scope of the study. The data that were obtained were subjected to Cronbach's alpha test to establish the internal consistency of the items in each of the scale. The results of the Cronbach alpha coefficient of the scales were: perceived care=0.88, service encounter=0.84 and patients' satisfaction=0.86.

3.7 Method of Data Collection

A letter of introduction was obtained from the Department of Information Management, Lead City University Ibadan Oyo State, which was used to gain permission to conduct the survey from the patients that were used for the study. The researcher recruited two research assistants who

assisted in the collection of data from the patients. The researcher and the two assistants worked to ensure maximum cooperation. Respondents were 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 on the patients and retrieved within a period of two weeks for data analysis.

3.8 Method of Data Analysis

The data were collected and analyzed using Statistical Package for Social Sciences (SPSS) Version 27. Descriptive statistics which included frequency counts and percentages was used to analyze the demographic information of respondents. Frequency counts, percentages, mean and standard deviation were used to analyze research questions 1, 2 & 3. For hypotheses 1-3 multiple regression was used to test the hypotheses at 0.05 level of significance.

Endnotes

1. R.V. Krejcie, & D.W Morgan. *Determining Sample Size for Research Activities. Educational and Psychological Measurement*, 3(5), 1970, 132-145.
2. J. E. Sawyer. *Goal And Process Clarity: Specification Of Multiple Constructs Of Role Ambiguity And A Structural Equation Model Of Their Antecedents And Consequences. Journal of Applied Psychology*, 77: 1992; 130–142. doi:10.1037/0021-9010.77.2.130
3. A. Çalışkan, & O. Köroğlu. *Job Performance, Task Performance, Contextual Performance: Development and Validation of A New Scale. International Journal of Economics and Administrative Science*, 8 (2), 2022. 180-201.
4. M. Efatmaneshnik & H. Handley. *Task Complexity Measurement Framework for Human Systems Integration. IEEE Systems Journals*. 9 (9); 2020. 1-11.

Chapter Four

Results and Discussion of Findings

This chapter reveals results and discussion of findings regarding the analyzed data. The results and discussion of findings are presented based on demographic characteristics of the respondents, research questions and hypotheses as follow:

4.1 Demographic Data Analysis

The following are the socio-demographic characteristics of the respondents.

Table 4.1: Demographic Characteristics of the Respondents (N=408)

Variable	Category	Frequency	Percent (%)
Gender	Male	198	48.5
	Female	210	51.5
Age Range	Less than 18 years	20	4.9
	19-29 years	117	28.7
	30-40 years	169	41.4
	41 years and above	102	25.0

Source: Field Survey, 2024

Table 4.1 reveals that most (51.5%) of the respondents were female, while 48.5% were male.

Concerning age, 4.9% of respondents were less than 18 years, 28.7% were in the age range of 19-29 years, 41.4% were between 30-40 years, while 25.0% of the respondents were 41 years and above. This mean that most of the respondents were in the age range of 30-40 years.

4.2 Presentation of Data

4.2.1 Research Questions

The following research questions were raised and answered in this study:

Research Question One: What is the level of patients' satisfaction in government owned hospitals in Ibadan, Oyo State?

Table 4.2: Descriptive Analysis of Responses on Patients' Satisfaction

Question items	VH	H	L	VL	Mean	Std. Dev.
Structure						
The hospital's facilities are comfortable and kept tidy.	296 (72.5%)	92 (22.5%)	20 (4.9%)	0 (0.0%)	3.68	0.56
The hospital's medical equipment are modern and well-maintained.	307 (75.2%)	70 (17.2%)	31 (7.6%)	0 (0.0%)	3.68	0.60
The hospital's equipment are readily available when needed.	280 (68.6%)	104 (25.5%)	22 (5.4%)	2 (0.5%)	3.62	0.61
The hospital staff with different expertise are readily available to attend to me	298 (73.0%)	94 (23.0%)	16 (3.9%)	0 (0.0%)	3.69	0.54
The hospital staff are responsive to my needs, show concerns and compassion	290 (71.1%)	109 (26.7%)	9 (2.2%)	0 (0.0%)	3.69	0.51
Weighted mean					3.67	
Process						
The health personnel communicate with me promptly and respectfully regarding diagnosis	318 (77.9%)	81 (19.9%)	9 (2.2%)	0 (0.0%)	3.76	0.48
The diagnosis of my ailment is explained to me in a way that I could understand.	314 (77.0%)	86 (21.1%)	8 (2.0%)	0 (0.0%)	3.75	0.48
Clear explanation is made on treatment given to me	303 (74.3%)	94 (23.0%)	11 (2.7%)	0 (0.0%)	3.72	0.51
Treatment of my health condition is delivered promptly and efficiently	286 (70.1%)	116 (28.4%)	6 (1.5%)	0 (0.0%)	3.69	0.50
The hospital staff provide guidance on preventive care and health promotion	318	80	10	0	3.75	0.48

	(77.9%)	(19.6%)	(2.5%)	(0.0%)		
Weighted mean					3.73	
Outcome						
My health symptoms are effectively managed in the course of attending hospital	281 (68.9%)	114 (27.9%)	13 (3.2%)	0 (0.0%)	3.66	0.54
My functional abilities improves when I visit the hospital for checkup.	313 (76.7%)	93 (22.8%)	2 (0.5%)	0 (0.0%)	3.76	0.44
I am satisfied with my overall hospital experience	293 (71.8%)	106 (26.0%)	9 (2.2%)	0 (0.0%)	3.70	0.51
I feel confident in the care I received	325 (79.7%)	74 (18.1%)	9 (2.2%)	0 (0.0%)	3.77	0.47
I experience an improvement in my physical, mental and social well-beings	307 (75.2%)	88 (21.6%)	11 (2.7%)	2 (0.5%)	3.72	0.54
Weighted mean					3.72	
Grand mean					3.71	

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, 2024

Table 4.3 reveals that 296 (72.5%) respondents indicated very high that the hospital's facilities are comfortable and kept tidy, 92 (22.5%) stated high, while 20 (4.9%) stated low. In addition, 307 (75.2%) respondents stated the hospital's medical equipment are modern and well-maintained, 70 (17.2%) indicated high, while 31 (7.6%) stated low. Furthermore, 280 (68.6%) respondents stated very high that the hospital's equipment are readily available when needed, 104 (25.5%) stated high, 22 (5.4%) mentioned low, while 2 (0.5%) stated very low. In addition, 298 (73.0%) respondents indicated very high that hospital staff with different expertise are readily available to attend to them, 94 (23.0%) stated high, while 16(3.9%) stated low. Equally, 290 (71.1%) of the respondents stated very high that the hospital staff are responsive to their needs, show concerns and compassion, 109 (26.7%) stated high, while 9 (2.2%) stated low.

In addition, 318 (77.9%) respondents stated very high that health personnel communicate with them promptly and respectfully regarding diagnosis, 81 (19.9%) stated high, while 9 (2.2%) stated low. Additionally, 314 (77.0%) respondents stated very high that the diagnosis of their ailment is explained to them in a way that they could understand, 86 (21.1%) stated high, while 8 (2.0%) stated low. Moreover, 303 (74.3%) respondents indicated very high that clear explanation is made on treatment given to them, 94(23.0%) stated high, while 11 (2.7%) stated low. In addition, 286 (70.1%) respondents stated that treatment of their health condition is delivered promptly and efficiently, 116 (28.4%) indicated high, while 6 (1.5%) stated low. In addition, 318 (77.9%) respondents stated that the hospital staff provide guidance on preventive care and health promotion, 80 (19.6%) stated high, while 10 (2.5%) mentioned low. Furthermore, 281 (68.9%) respondents indicated very high that their health symptoms are effectively managed in the course of attending hospital, 114 (27.9%) stated high, while 13 (3.2%) stated low.

Furthermore, 313 (76.7%) respondents indicated that their functional abilities improves when they visit the hospital for check-up, 93 (22.8%) stated high, while 2(0.5%) indicated low. Moreover, 293 (71.8%) respondents were satisfied with their overall hospital experience, 106 (26.0%) stated high, while 9 (2.2%) indicated low. In addition, 325 (79.7%) respondents feel confident in the care they received, 74 (18.1%) stated high, while 9 (2.2%) stated low. Lastly, 307 (75.2%) respondents indicated very high that they experienced an improvement in their physical, mental and social well-beings, 88 (21.6%) stated high, while 11 (2.7%) stated low, while 2 (0.5%) stated very low. The grand mean for patients' satisfaction was 3.71; which indicated that the respondents rated it was very high on the statements regarding structure,

process and outcome. This implies that the level of patients' satisfaction in government owned hospitals in Ibadan, Oyo State was very high.

Research Question Two: What is the level of perception of care received by patients attending government owned hospitals in Ibadan, Oyo State?

Table 4.3: Descriptive Analysis of Responses on Perception of Care

Question items	VH	H	L	VL	Mean	Std. Dev.
The care received in this hospital is appreciated	187	182	39	0	3.36	0.65
	(45.8%)	(44.6%)	(9.6%)	(0.0%)		
I considered the available medical equipment to be in good working order	229	142	35	2	3.47	0.67
	(56.1%)	(34.8%)	(8.6%)	(0.5%)		
I am impressed with the manner of maintaining medical equipment being used in this hospital	308	92	8	0	3.14	0.48
	(75.5%)	(22.5%)	(2.0%)	(0.0%)		
Weighted mean					3.23	
Acceptability						
I am inclined to the manner at which the healthcare personnel use to attend to me	81	305	22	0	3.68	0.56
	(19.9%)	(74.8%)	(5.4%)	(0.0%)		
I feel secured with the hospital staff while receiving care	297	95	14	2	3.62	0.59
	(72.8%)	(23.3%)	(3.4%)	(0.5%)		
I have confidence in the abilities of the hospital staff to provide quality care	280	104	24	0	3.84	0.40
	(68.6%)	(25.5%)	(5.9%)	(0.0%)		
Weighted mean					3.71	
Efficiency						
The hospital staff are responsive to my pain and discomfort	349	53	6	0	3.69	0.59
	(85.5%)	(13.0%)	(1.5%)	(0.0%)		
I feel that I received high-quality care from the healthcare personnel	308	72	28	0	3.65	0.64
	(75.5%)	(17.6%)	(6.9%)	(0.0%)		

The planning of routine of care is observed to be organized compared to international standard	303 (74.3%)	68 (16.7%)	37 (9.1%)	0 (0.0%)	3.47	0.78
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Weighted mean **3.60**

Access

Being accessible to the personnel leads to reassurance I receive from them	262 (64.2%)	74 (18.1%)	72 (17.6%)	0 (0.0%)	3.59	0.64
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I received detailed information about treatment administered to me	274 (67.2%)	99 (24.3%)	35 (8.6%)	0 (0.0%)	3.66	0.58
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Accessibility to the hospital staff sometimes contributes to my social wellbeing	291 (71.3%)	95 (23.3%)	22 (5.4%)	0 (0.0%)	3.80	0.45
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Weighted mean **3.68**

Equity

The healthcare worker are attentive to my complaints	335 (82.1%)	65 (15.9%)	8 (2.0%)	0 (0.0%)	3.76	0.49
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Special equipment such as wheelchair to facilitate medical care for patients with special needs are provided	320 (78.4%)	77 (18.9%)	11 (2.7%)	0 (0.0%)	3.64	0.58
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Health facilities to cater for patients with different physical challenges are readily available	281 (68.9%)	106 (26.0%)	21 (5.1%)	0 (0.0%)	3.71	0.58
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Weighted mean **3.70**

Relevance

I feel satisfied with the facilities provided for my treatment	316 (77.5%)	66 (16.2%)	26 (6.4%)	0 (0.0%)	3.67	0.54
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Most of the essential equipment being used for treatment are considered to be relevant	288 (70.6%)	105 (25.7%)	15 (3.7%)	0 (0.0%)	3.74	0.54
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The dexterity of the hospital staff in handling relevant routine tasks is appreciated	320 (78.4%)	68 (16.7)	20 (4.9%)	0 (0.0%)	3.74	0.48
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Weighted mean **3.71**

Grand mean **3.61**

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, 2024

Table 4.3 reveals that 187 (45.8%) respondents indicated very high that the care they received in this hospital was appreciated, 182 (44.6%) stated that high, while 39 (9.6%) mentioned low. In addition, 229 (56.1%) respondents mentioned that they considered the available medical equipment to be in good working order, 142 (34.8%) stated that high, 35(8.6%), while 2 (0.5%) mentioned low. Moreover, 308(75.5%) respondents expressed very high that they were impressed with the maintaining of medical equipment being used in this hospital, 92 (22.5%) stated high, while 8 (2.0%) mentioned low. In addition, 81 (91.9%) respondents indicated very high that they are inclined to the manner at which the healthcare personnel use to attend to them, 305 (74.8%) stated high, while 22 (5.4%) mentioned low. Furthermore, 297 (72.8%) respondents indicated very high that feel secured with the hospital staff while receiving care, 95 (23.3%) stated high, 14 (3.4%) mentioned low, while 2 (0.5%) very low. Equally, 280 (68.6%) respondents indicated very high that they have confidence in the abilities of the hospital staff to provide quality care to them, 104 (25.5%) stated high, while 24(5.9%) mentioned low.

In addition, 349 (85.5%) respondents indicated very high that the hospital staff are responsive to their pain and discomfort, 53 (13.0%) stated high, while 6 (1.5%) mentioned low. Additionally, 308 (75.5%) respondents indicated very high that they feel that they received high-quality care from the healthcare personnel, 72 (17.6%) stated high, while 28 (6.9%) indicated low. Furthermore, 262 (64.2%) indicated very high that they are being accessible to the personnel that lead to reassurance they receive from them, 74 (18.1%) stated high, while 72 (17.6%) stated low. In addition, 274 (67.2%) respondents indicated very high that they received detailed information about treatment administered to them, 99 (24.3%) stated high, while 35(8.6%) stated low. Besides, 291 (71.3%) stated very high that accessibility to the hospital staff sometimes contributes to their social wellbeing, 95 (23.3%) stated high, while 22 (5.4%) mentioned low. In

addition, 335 (82.1%) stated that the healthcare worker are attentive to my complaints, 65 (15.9%) stated high, while 8 (2.0%) stated low.

Additionally, 320 (78.4%) stated very high that special equipment such as wheelchair to facilitate medical care for patients with special needs are provided, 77(18.9%) stated high, while 11(2.7%) stated low. Furthermore, 281(68.9%) indicated very high that health facilities to cater for patients with different physical challenges are readily available, 106 (26.0%) stated high, while 21 (5.1%) mentioned low. Furthermore, 316 (77.5%) stated very high that they feel satisfied with the facilities provided for their treatment, 66 (16.2%) stated high, while 26 (6.4%) mentioned low. Besides, 288 (70.6%) respondents stated very high that most of the essential equipment being used for treatment are considered to be relevant, 105 (25.7%) stated high, while 15 (3.7%) mentioned low. Also, 320 (78.4%) respondents stated very high that dexterity of the hospital staff in handling relevant routine tasks is appreciated, 68 (16.7) stated high, while 20 (4.9%) mentioned low. The grand mean for perception of care received was 3.61; which indicated that the respondents rated it was very high on the statements regarding effectiveness, acceptability, efficiency, access, equity and relevance. This implies that the level of perception of care received by patients attending government owned hospitals in Ibadan, Oyo State was very high.

Research Question Three: What is the level of service encounter by patients attending government owned hospitals in Ibadan, Oyo State?

Table 4.4: Descriptive Analysis of Responses on Service Encounter

Question items	VH	H	L	VL	Mean	Std. Dev.
Tangible Aspects						
The healthcare waiting area is clean, conducive and	316	82	10	0	3.75	0.49

well-maintained	(77.5%)	(20.1%)	(2.5%)	(0.0%)		
The hospital facilities such as emergency rooms and laboratories appear to be in good condition	306	89	13	0	3.71	0.52
	(75.0%)	(21.8%)	(3.2%)	(0.0%)		
The hospital's signs and directories are clear and easy to follow	322	69	17	0	3.75	0.52
	(78.9%)	(16.9%)	(4.2%)	(0.0%)		
The seats in the waiting area are comfortable and perceived to be sufficient	291	90	27	0	3.65	0.60
	(71.3%)	(22.1%)	(6.6%)	(0.0%)		
Checking in and registering for appointment is easy	287	90	31	0	3.63	0.62
	(70.3%)	(22.1%)	(7.6%)	(0.0%)		
The hospital staff respond promptly to needs of patients	328	55	25	0	3.74	0.56
	(80.4%)	(13.5%)	(6.1%)	(0.0%)		
Weighted mean					3.71	
Intangible Aspects						
I feel comfortable during my visit to the hospital	306	71	31	0	3.67	0.61
	(75.0%)	(17.4%)	(7.6%)	(0.0%)		
The hospital staff show empathy towards my situation	308	68	32	0	3.68	0.61
	(75.5%)	(16.7%)	(7.8%)	(0.0%)		
The hospital staff provide emotional support	303	74	31	0	3.67	0.61
	(74.3%)	(18.1%)	(7.6%)	(0.0%)		
The hospital staff are respectful and courteous towards me	306	77	25	0	3.69	0.58
	(75.0%)	(18.9%)	(6.1%)	(0.0%)		
The willingness of the hospital staff to render quality care has contributed significantly to my wellbeing	297	95	16	0	3.69	0.54
	(72.8%)	(23.3%)	(3.9%)	(0.0%)		
The hospital staff involved me in decision-making about my care	273	118	17	0	3.63	0.56
	(66.9%)	(28.9%)	(4.2%)	(0.0%)		
Weighted mean					3.05	
Grand mean					3.38	

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, 2024

Table 4.4 reveals that 316 (77.5%) respondents indicated very high that the healthcare waiting area is clean, conducive and well-maintained, 82 (20.1%) stated high, while 10 (2.5%) stated low. Similarly, 306 (75.0%) respondents stated very high that the hospital facilities such as emergency rooms and laboratories appear to be in good condition, 89 (21.8%) stated high, while 13 (3.2%) stated low. Furthermore, 322 (78.9%) respondents indicated very high that the hospital's signs and directories are clear and easy to follow, 69 (16.9%) stated high, while 17 (4.2%) stated low. In addition, 291 (71.3%) indicated very high that the seats in the waiting area are comfortable and perceived to be sufficient, 90 (22.1%) stated high, while 27 (6.6%) stated low. In addition, 287 (70.3%) stated that very high that checking in and registering for appointment is easy, 90 (22.1%) stated high, while 31 (7.6%) stated low.

Additionally, 328 (80.4%) respondents stated very high that the hospital staff respond promptly to needs of patients, 55 (13.5%) high, while 25(6.1%) stated low. In addition, 306 (75.0%) respondents indicated very high that they feel comfortable during their visit to the hospital, 71(17.4%) stated high, while 31(7.6%) stated low. In addition, 308 (75.5%) stated very high that the hospital staff show empathy towards their situation, 68(16.7%) stated high, while 32(7.8%) stated low. Moreover, 303 (74.3%) respondents stated very high that the hospital staff provide emotional support, 74(18.1%) stated high, while 31 (7.6%) stated low. Furthermore, 306 (75.0%) respondents indicated very high that the hospital staff are respectful and courteous towards them, 77 (18.9%) stated high, while 25 (6.1%) stated low. In addition, 297 (72.8%) stated respondents indicated very high that the willingness of the hospital staff to render quality care has contributed significantly to their wellbeing, 95 (23.3%) stated high, while 16 (3.9%) stated low. Also, 273 (66.9%) respondents stated very high that hospital staff involved them in decision-making about their care, stated high, while 17 (4.2%) stated low. The grand mean for service encounter was

3.38; which indicated that the respondents rated it was very high on the statements regarding service encounter by patients attending government owned hospitals in Ibadan, Oyo State was very high.

4.2.2 Hypotheses

The following hypotheses were tested at 0.05 level of significance:

H₀₁: There will be no significant influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan, Oyo State, Nigeria

Table 4.5a-c: Summary of Regression Analysis of Influence of Perceived Care on Patients' Satisfaction

Table 4.5a		Model Summary		
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.852 ^a	.726	.722	3.09075

a. Predictors: (Constant), Relevance, Effectiveness, Access, Equity, Efficiency, Acceptability

Table 4.5b		ANOVA				
Model	Sum of Squares	Df	Mean Square	F	Sig.	
Regression	10166.971	6	1694.495	177.383	.000	
Residual	3830.654	401	9.553			
Total	13997.625	407				

a. Dependent Variable: Patients' Satisfaction

b. Predictors: (Constant), Relevance, Effectiveness, Access, Equity, Efficiency, Acceptability

Table 4.5c		Coefficients				
Model	Unstandardized Coefficients		Standardized Coefficients		Sig.	
	B	Std. Error	Beta	t		
(Constant)	15.366	2.093		7.343	.000	
Effectiveness	-.407	.162	-.068	-2.508	.013	
Acceptability	.082	.217	.018	.380	.704	
Efficiency	.922	.160	.270	5.769	.000	
Access	1.706	.202	.398	8.440	.000	
Equity	.872	.172	.210	5.067	.000	
Relevance	.440	.200	.102	2.203	.028	

a. Dependent Variable: Patients' Satisfaction

Source: Field Survey, 2024

As revealed in Table 4.5a, perceived care had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan ($R=0.852$, $p<0.05$). The coefficient of determination (Adj. R^2) of 0.722 shows that perceived care predicted 72.2% of the changes in perceived care of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 27.8% changes in perceived care of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study.

Table 4.5b also shows the results of ANOVA (overall model significance) of regression test which revealed that perceived care had a significant influence on patients' satisfaction in government owned hospitals in Ibadan. This can be explained by the F-value (177.383) and low p-value (0.000) which is statistically significant at 95% confidence interval. Hence, the result revealed that perceived care being received in government owned hospitals in Ibadan significantly influenced patients' satisfaction in government owned hospitals in Ibadan.

Moreover, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for efficiency ($\beta=0.270$, $p=0.000$, $t=5.769$), access ($\beta=0.398$, $p=0.000$, $t=8.440$), equity ($\beta=0.210$, $p=0.000$, $t=5.067$) and relevance ($\beta=0.102$, $p=0.000$, $t=2.203$); effectiveness ($\beta=-0.068$, $p=0.000$, $t=-2.508$) had negative influence, while acceptability ($\beta=0.018$, $p=0.704$, $t=0.380$) did not have significant influence on patients' satisfaction in government owned hospitals in Ibadan.

Regarding the results of regression coefficients in table 4.5, which position that at 95% confidence level, a unit change in efficiency, access, equity and relevance will lead to a respective 0.270, 0.398, 0.210 and 0.102 increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant. On the other, a unit change in effectiveness, will lead to a -0.068 decrease in increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant; while acceptability did not.

Considering all the perceived care sub-variables examined, efficiency ($\beta=0.270$), access ($\beta=0.398$), equity ($\beta=0.210$), relevance ($\beta=0.102$), effectiveness ($\beta=-0.068$) had significant relative influence at probability value less than 0.05, while acceptability ($\beta=0.018$) did not. Regarding this result ($\text{Adj. } R^2=0.722$, $F(6,401)=177.383$, $p=0.000$); it implies that there was a significant influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan, Oyo State. The null hypothesis (H_0) was therefore rejected.

H₀₂: There will be no significant influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan, Oyo State, Nigeria.

Table 4.6a-c: Summary of Regression Analysis of Influence of Service Encounter on Patients' Satisfaction

Table 4.6a		Model Summary		
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.716 ^a	.513	.510	4.10422

a. Predictors: (Constant), Intangible Aspects, Tangible Aspects

Table 4.6b		ANOVA^a				
Model	Sum of Squares	Df	Mean Square	F	Sig.	
Regression	7175.562	2	3587.781	212.993	.000 ^b	
Residual	6822.063	405	16.845			
Total	13997.625	407				

a. Dependent Variable: Patients' Satisfaction
b. Predictors: (Constant), Intangible Aspects, Tangible Aspects

Table 4.6c		Coefficients^a				
Model	Unstandardized Coefficients		Standardized Coefficients		Sig.	
	B	Std. Error	Beta	t		
(Constant)	23.091	1.664		13.880	.000	
Tangible Aspects	.543	.142	.254	3.820	.000	
Intangible Aspects	.929	.127	.487	7.321	.000	

a. Dependent Variable: Patients' Satisfaction

Source: Field Survey, 2024

As revealed in Table 4.6a, service encounter had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan ($R=0.716$, $p<0.05$). The coefficient of determination (Adj. R^2) of 0.510 shows that service encounter predicted 51.0% of the changes in service encounter of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 49.0% changes in service encounter of patients'

satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study.

Table 4.6b also shows the results of ANOVA (overall model significance) of regression test which revealed that service encounter had a significant influence on patients' satisfaction in government owned hospitals in Ibadan. This can be explained by the F-value (212.993) and low p-value (0.000) which is statistically significant at 95% confidence interval. Hence, the result revealed that service encounter being experienced in government owned hospitals in Ibadan significantly influenced patients' satisfaction in government owned hospitals in Ibadan.

Additionally, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for tangible ($\beta=0.254$, $p=0.000$, $t=3.820$) and intangible aspects ($\beta=0.487$, $p=0.000$, $t=7.321$) on patients' satisfaction in government owned hospitals in Ibadan. Regarding the results of regression coefficients in table 4.6, which position that at 95% confidence level, a unit change in tangible and intangible aspects will lead to a respective 0.487 and 0.487 increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant.

Considering all the service encounter sub-variables examined, tangible ($\beta=0.254$) and intangible aspects ($\beta=0.487$) had significant relative influence at probability value less than 0.05. Regarding this result (Adj. $R^2=0.510$, $F(2,405)=212.993$, $p=0.000$); it implies that there was a significant influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan, Oyo State. The null hypothesis (H_02) was therefore rejected.

H₀₃: There will be no significant combined influence of perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan, Oyo, Nigeria

Table 4.7a-c: Summary of Regression Analysis of Combined Influence of Perceived Care and Service Encounter on Patients' Satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.829	.686	.685	3.29174

a. Predictors: (Constant), Service Encounter , Perceived Care

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	9609.236	2	4804.618	443.413	.000
Residual	4388.389	405	10.836		
Total	13997.625	407			

a. Dependent Variable: Patients' Satisfaction

b. Predictors: (Constant), Service Encounter , Perceived Care

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	5.938	1.702		3.489	.001
	Perceived Care	.595	.039	.637	15.102	.000
	Service Encounter	.246	.044	.235	5.562	.000

a. Dependent Variable: Patients' Satisfaction

Source: Field Survey, 2024

Table 4.7a reveals that perceived care and service encounter jointly had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan ($R=0.829$, $p<0.05$). The coefficient of determination (Adj. R^2) of 0.685 shows that perceived care and service encounter predicted 68.5% of the changes in combined perceived care

and service encounter of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 31.5% changes in both perceived care and service encounter of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study.

Table 4.7b also shows the results of ANOVA (overall model significance) of regression test which revealed that perceived care and service encounter jointly had a significant influence on patients' satisfaction in government owned hospitals in Ibadan. This can be explained by the F-value (443.413) and low p-value (0.000) which is statistically significant at 95% confidence interval. Hence, the result revealed that perceived care and service encounter being experienced in government owned hospitals in Ibadan significantly influenced patients' satisfaction in government owned hospitals in Ibadan.

In addition, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for perceived care ($\beta=0.637$, $p=0.000$, $t=15.102$) and service encounter ($\beta=0.235$, $p=0.000$, $t=5.562$) on patients' satisfaction in government owned hospitals in Ibadan. Regarding the results of regression coefficients in table 4.7, which position that at 95% confidence level, a unit change in perceived care and service encounter will lead to a respective 0.637 and 0.235 increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant. Furthermore, it was established that each of perceived care and service encounter had significant relative influence at probability value less than 0.05. Considering this result (Adj. $R^2=0.685$, $F(2,405)=443.413$, $p=0.000$); it implies that there was a significant combined influence of perceived care and service encounter on patients'

satisfaction in government owned hospitals in Ibadan, Oyo State. The null hypothesis (H_0) was therefore rejected.

4.2.3 Discussion of Findings

The findings of this study on socio-demographic characteristics revealed that most of the respondents were female, while male were below half. Regarding the most of the respondents were in the age range of 30-40 years. In research question one, the finding of this study revealed that the level of patients' satisfaction in government owned hospitals in Ibadan was very high. This was established through the grand mean for patients' satisfaction; which indicated that the respondents rated it as very high on the statements regarding structure, process and outcome. This was further established through the responses of the respondents which revealed that most respondents indicated very high that the hospital's facilities are comfortable and kept tidy. In addition, most respondents stated the hospital's medical equipment are modern and well-maintained. Furthermore, most respondents stated very high that the hospital's equipment are readily available when needed. Most respondents indicated very high that hospital staff with different expertise are readily available to attend to them. Equally, majority of the respondents stated very high that the hospital staff are responsive to their needs, show concerns and compassion.

This finding further established that by the respondents in which most of them stated very high that health personnel communicate with them promptly and respectfully regarding diagnosis.

Additionally, most respondents stated very high that the diagnosis of their ailment is explained to them in a way that they could understand. Moreover, most respondents indicated very high that clear explanation is made on treatment given to them. In addition, majority of the respondents stated that treatment of their health condition is delivered promptly and efficiently. In addition, respondents stated that the hospital staff provide guidance on preventive care and health promotion. Furthermore, most respondents indicated very high that their health symptoms are effectively managed in the course of attending hospital. Furthermore, most respondents indicated that their functional abilities improves when they visit the hospital for check-up. Moreover, majority of the respondents were satisfied with their overall hospital experience. In addition, most respondents feel confident in the care they received. Lastly, most respondents indicated very high that they experienced an improvement in their physical, mental and social well-beings. The finding of this study on high level of patients' satisfaction in government owned hospitals in Ibadan was in line with a previous study which revealed that patient satisfaction is a major indicator of the quality of care in healthcare settings, reflecting the extent to which patients' expectations are met¹.

In research question two, it was established that the level of perception of care received by patients attending government owned hospitals in Ibadan, Oyo State was very high. This was further established through the responses of the grand mean for the perception of care received; which indicated that the respondents rated it was very high on the statements regarding effectiveness, acceptability, efficiency, access, equity and relevance. This finding was further established through the responses which revealed that respondents indicated very high that the care they received in this hospital was appreciated. In addition, most respondents mentioned that

they considered the available medical equipment to be in good working order. Moreover, most of the respondents expressed very high that they were impressed with the maintaining of medical equipment being used in this hospital.

In addition, most respondents indicated very high that they are inclined to the manner at which the healthcare personnel use to attend to them. Furthermore, most respondents indicated very high that feel secured with the hospital staff while receiving. Equally, most respondents indicated very high that they have confidence in the abilities of the hospital staff to provide quality care to them. In addition, most respondents indicated very high that the hospital staff are responsive to their pain and discomfort. Additionally, most respondents indicated very high that they feel that they received high-quality care from the healthcare personnel. Furthermore, most responses indicated very high that they are being accessible to the personnel that lead to reassurance they receive from them. In addition, most respondents indicated very high that they received detailed information about treatment administered to them. Besides, most respondents stated very high that accessibility to the hospital staff sometimes contributes to their social wellbeing. In addition, most respondents stated that the healthcare worker are attentive to my complaints.

Additionally, most respondents stated very high that special equipment such as wheelchair to facilitate medical care for patients with special needs are provided. Furthermore, most of the respondents indicated very high that health facilities to cater for patients with different physical challenges are readily available. Furthermore, most respondents stated very high that they feel satisfied with the facilities provided for their treatment. Besides, most respondents stated very high that most of the essential equipment being used for treatment are considered to be relevant. Also, most respondents stated very high that dexterity of the hospital staff in handling relevant

routine tasks is appreciated. The finding of this study on very high level of perception of care received by patients attending government owned hospitals in Ibadan, Oyo State is in line with the outcome of a previous study which revealed that the level of effectiveness is tied to hospital management efficiency, which in turn contribute to positive perception of hospital patients². The outcome of this study on perception of very high level of perception of care was similar to the finding of a previous study which revealed that patients had perception or place a high value on competence and trustworthiness³.

In research question three, the level of service encounter by patients attending government owned hospitals in Ibadan, Oyo State was high. This was further established through the grand mean for service encounter; which indicated that the respondents rated it was very high on the statements regarding service encounter by patients attending government owned hospitals in Ibadan. This was further established that most respondents indicated very high that the healthcare waiting area is clean, conducive and well-maintained. Similarly, most respondents stated very high that the hospital facilities such as emergency rooms and laboratories appear to be in good condition. Furthermore, most respondents indicated very high that the hospital's signs and directories are clear and easy to follow. In addition, most respondents indicated very high that the seats in the waiting area are comfortable and perceived to be sufficient. In addition, most respondents stated that very high that checking in and registering for appointment is easy.

Additionally, most respondents stated very high that the hospital staff respond promptly to needs of patients. In addition, most respondents indicated very high that they feel comfortable during their visit to the hospital. In addition, most respondents stated very high that the hospital staff

show empathy towards their situation. Moreover, most respondents stated very high that the hospital staff provide emotional support. Furthermore, most respondents indicated very high that the hospital staff are respectful and courteous towards them. In addition, most respondents stated respondents indicated very high that the willingness of the hospital staff to render quality care has contributed significantly to their wellbeing. Also, majority respondents stated very high that hospital staff involved them in decision-making about their care. The finding of this study on high level of service encounter by patients attending government owned hospitals in Ibadan, Oyo State was in line with a present study which emphasized on positive service encounters⁴.

The finding of hypothesis one revealed that there was a significant influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan. It was further established that perceived care had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan. The coefficient of determination showed that perceived care predicted 72.2% of the changes in perceived care of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 27.8% changes in perceived care of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study. The finding further showed the results of ANOVA (overall model significance) of regression test which revealed that perceived care had a significant influence on patients' satisfaction in government owned hospitals in Ibadan. This can be explained by the F-value and low p-value which is statistically significant at 95% confidence interval. Hence, the result revealed that perceived care being received in government owned hospitals in Ibadan significantly influenced patients' satisfaction in government owned hospitals in Ibadan.

Moreover, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for efficiency, access, equity and relevance; effectiveness had negative influence, while acceptability did not have significant influence on patients' satisfaction in government owned hospitals in Ibadan. Regarding the results of regression coefficients, which position that at 95% confidence level, a unit change in efficiency, access, equity and relevance will lead to a increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant. On the other, a unit change in effectiveness, will lead to decrease in increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant; while acceptability did not. Considering all the perceived care sub-variables examined, efficiency, access, equity, relevance, effectiveness had significant relative influence at probability value less than 0.05, while acceptability did not. The finding of this study of significant influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan was in congruence with the outcome of a previous study which established that patient satisfaction in public hospitals reflects the quality of clinical care and also serves as an indicator of patients' experiences and perception of care quality in the hospital setting⁵. The outcome of this study was also in line with a previous study which revealed that perceived care had influence on satisfaction levels in public hospitals⁶. The finding of this study on perceived care was in contrast to the finding of a previous study which revealed that managing patient expectations regarding waiting times or perception and enhancing responsiveness can mitigate dissatisfaction⁷.

The finding of hypothesis two revealed that there was a significant influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan. This was further established

that, service encounter had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan. The coefficient of determination showed that service encounter predicted 51.0% of the changes in service encounter of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 49.0% changes in service encounter of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study. It was further shown that in the results of ANOVA (overall model significance) of regression test which revealed that service encounter had a significant influence on patients' satisfaction in government owned hospitals in Ibadan. This can be explained by the F-value and low p-value which is statistically significant at 95% confidence interval. Hence, the result revealed that service encounter being experienced in government owned hospitals in Ibadan significantly influenced patients' satisfaction in government owned hospitals in Ibadan.

Additionally, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for tangible and intangible aspects on patients' satisfaction in government owned hospitals in Ibadan. Regarding the results of regression coefficients, which position that at 95% confidence level, a unit change in tangible and intangible aspects will lead to a respective and increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant. Considering all the service encounter sub-variables examined, tangible and intangible aspects had significant relative influence at probability value less than 0.05. The finding of this study on significant influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan was in line with a previous study emphasized that positive service encounters, characterized by responsiveness and effective communication, lead to increased customer satisfaction⁴. Similarly,

the outcome of this present study is equally in congruence with a previous study that revealed that a positive service encounter, characterized by friendliness, responsiveness and effective problem-solving, can enhance patient satisfaction^{8,9}. Furthermore, the finding of this present study was in line with a previous study which revealed that tangible aspects contribute to patients' first impressions of competence and trustworthiness¹⁰.

The result of hypothesis three in this study revealed that there was a significant combined influence of perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan. This further revealed that perceived care and service encounter jointly had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan. The coefficient of determination showed that perceived care and service encounter predicted 68.5% of the changes in combined perceived care and service encounter of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 31.5% changes in both perceived care and service encounter of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study.

The find further revealed that the results of ANOVA (overall model significance) of regression test which revealed that perceived care and service encounter jointly had a significant influence on patients' satisfaction in government owned hospitals in Ibadan. This can be explained by the F-value and low p-value which is statistically significant at 95% confidence interval. Hence, the result revealed that perceived care and service encounter being experienced in government owned hospitals in Ibadan significantly influenced patients' satisfaction in government owned hospitals in Ibadan. In addition, the results of regression coefficients revealed that a positive and

statistically significant relative influence was reported for perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan. Regarding the results of regression coefficients, which position that at 95% confidence level, a unit change in perceived care and service encounter will lead to a respective increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant. Furthermore, it was established that each of perceived care and service encounter had significant relative influence at probability value less than 0.05. The finding of this study on significant combined influence of perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan was in line with the finding of a previous study which revealed that constrained environments on communication, empathy and timely care can yield significant improvements in satisfaction¹¹.

Endnotes

1. R.L Street, G. Makoul, N.K Arora, & R.M. Epstein. *How Does Communication Heal? Pathways Linking Clinician-Patient Communication to Health Outcomes. Patient Education and Counseling*, 74(3), 2009. 295-301.
2. M. T. Adekunle, S. Oduola & B. O. Fasina .*Hospital Management and Patient Outcomes: Evidence from Public Hospitals in Oyo State. African Journal of Healthcare Administration*, 22(1), 2023. 56-69.
3. R. Phillips, & D. Grant. *The State of Public Hospitals and Its Impact on Patient Care in Trinidad and Tobago. Trinidad Medical Review*, 15(1), 2021. 78-88.
4. Y. Choi, H. Lee, & J. Park. *Service Encounter Quality and Customer Satisfaction in the Hospitality Industry: A Moderating Role of Cultural Values. International Journal of*

Hospitality Management, 102, 2022. 103141

<https://doi.org/10.1016/j.ijhm.2021.103141>.

5. O. O. Olaleye, T. O. Adegboyega, & A. A. Osinowo. *Determinants Of Patient Satisfaction In Tertiary Hospitals: A study from Lagos, Nigeria*. *PLoS ONE*, 16(4), 2021. e0250744.
6. A. F. Ogunjimi, B. A Olaniyan, & R. Oduyemi 2022. *Patient Perception of Care in Specialized Departments of Public Hospitals*. **Nigerian Medical Journal**, 18(2), 134-150.
7. ⁷O. Oke, K. Folayan, & A. Obadina. *Reducing Waiting Times and Increasing Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Public Health Management**, 21(1), 2022. 45-58.
8. O. Ajayi, et al. *Quality of Healthcare Services and Patient Satisfaction in Nigerian Public Hospitals* 2020. **Journal of Healthcare Management in Nigeria**.
9. S. Bello & M. Johnson. *Exploring Factors Impacting Healthcare Satisfaction in Public Facilities in Nigeria* 2022. **African Journal of Public Health**.
10. Johnson, S. (2023). *The Importance of Staff Professionalism in Patient Care in the Caribbean*. **Caribbean Journal of Health Sciences**, 13(3), 34-46.
11. M. Okafor, & S. Odunayo. *Cultural Sensitivity and Healthcare Satisfaction among Diverse Patient Groups in Nigerian Hospitals*. **Journal of Health Services Research**, 15(1), 2021. 78-90.

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Chapter Five

Conclusion

This chapter presents the conclusion of the study. It involves summary of findings, conclusion, recommendations, contributions to knowledge and suggested areas for further research.

5.1 Summary of Findings

This study investigated perceived care, service encounter and patients' satisfaction in government owned hospitals in Ibadan, Oyo State, Nigeria. Furthermore, three research questions were raised and answered in this study, while three hypotheses were formulated and tested. Moreover, important literature were reviewed under different sub-headings. The review of related literature focused on the conceptual review, theoretical model and review of empirical studies. Likewise, the conceptual model was drawn; while summary of the reviewed literature was done. The conceptual review in this study focused on patients' perception of care, patients' clinical service encounter, patients' satisfaction, determinants of patient satisfaction in Nigerian public hospitals, impact of perceived care and service encounters on satisfaction, challenges and limitations in Nigerian public hospitals, comparative studies on patient satisfaction in private vs. public hospitals as well as implications for policy and practice.

It also focuses on cultural influences on patient satisfaction in Nigerian healthcare, role of non-medical staff in patient satisfaction, patient expectations vs. experience in public hospitals, quality of healthcare infrastructure, the role of communication in service encounters, service recovery in Nigerian public hospitals, policy implications and reform opportunities in public healthcare as well as case studies on patient satisfaction in Oyo State. Concerning the theoretical review and model; Patient Satisfaction Theory, Service encounter Theory and SERVQUAL

Theory were used to guide the study. The review of empirical studies was carried out on patients' perception of care and satisfaction as well as patients' clinical service encounter and satisfaction. The descriptive survey research design was used for this study. Population for this study involved all patients attending state-owned public hospitals in Ibadan. The sample size was four hundred and eight respondents which were drawn from patients attending state-owned public hospitals in Ibadan. Questionnaire was used as instrument for collection of data analysis. Content and construct validity were carried out; while the validation was done through the direction of the researcher's supervisor and other specialists in the field of Health Information Management.

The reliability of the instrument was done through pilot research. This was carried out by using 30 copies of the questionnaires which were administered on patients in who were not part of the study. The data that were obtained were subjected to Cronbach's alpha test to establish the internal consistency of the items in each of the scale. The results of the Cronbach alpha coefficient of the scales were: patients' perception = 0.88, service encounter = 0.84 and patients' satisfaction = 0.86. For method of data collection, the researcher gathered information through the use of questionnaire. The descriptive statistics of frequency counts, mean, standard deviation and percentage were used to analyze research questions one, two and three. Furthermore, inferential statistics of multiple regression was used to test hypotheses 1-3 at 0.05 level of significance.

The result of this study revealed that the level of patients' satisfaction in government owned hospitals in Ibadan was very high. This was established through the grand mean for patients' satisfaction; which indicated that the respondents rated it as very high on the statements

regarding structure, process and outcome. In research question two, it was established that the level of perception of care received by patients attending government owned hospitals in Ibadan, Oyo State was very high. This was further established through the responses of the grand mean for the perception of care received; which indicated that the respondents rated it was very high on the statements regarding effectiveness, acceptability, efficiency, access, equity and relevance. In research question three, the level of service encounter by patients attending government owned hospitals in Ibadan, Oyo State was high. This was further established through the grand mean for service encounter; which indicated that the respondents rated it was very high on the statements regarding service encounter by patients attending government owned hospitals in Ibadan.

The finding of hypothesis one revealed that there was a significant influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan. It was further established that perceived care had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan. The coefficient of determination showed that perceived care predicted 72.2% of the changes in perceived care of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 27.8% changes in perceived care of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study. Moreover, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for efficiency, access, equity and relevance; effectiveness had negative influence, while acceptability did not have significant influence on patients' satisfaction in government owned hospitals in Ibadan. Considering all the perceived care sub-variables examined, efficiency, access, equity, relevance,

effectiveness had significant relative influence at probability value less than 0.05, while acceptability did not.

The finding of hypothesis two revealed that there was a significant influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan. This was further established that, service encounter had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan. The coefficient of determination showed that service encounter predicted 51.0% of the changes in service encounter of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 49.0% changes in service encounter of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study. Additionally, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for tangible and intangible aspects on patients' satisfaction in government owned hospitals in Ibadan. Considering all the service encounter sub-variables examined, tangible and intangible aspects had significant relative influence at probability value less than 0.05.

The result of this study revealed further that there was a significant combined influence of perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan. This further revealed that perceived care and service encounter jointly had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan. The coefficient of determination showed that perceived care and service encounter predicted 68.5% of the changes in combined perceived care and service encounter of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 31.5% changes in

both perceived care and service encounter of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study.

The find further revealed that the results of ANOVA (overall model significance) of regression test which revealed that perceived care and service encounter jointly had a significant influence on patients' satisfaction in government owned hospitals in Ibadan. This can be explained by the F-value and low p-value which is statistically significant at 95% confidence interval. Regarding the results of regression coefficients, which position that at 95% confidence level, a unit change in perceived care and service encounter will lead to a respective increase in patients' satisfaction in government owned hospitals, Ibadan; given that all other factors are held constant.

5.2 Conclusion

Conclusion was made in this study that the level of patients' satisfaction in government owned hospitals in Ibadan was very high. In research question two, it was established that the level of perception of care received by patients attending government owned hospitals in Ibadan, Oyo State was very high. In research question three, the level of service encounter by patients attending government owned hospitals in Ibadan, Oyo State was high.

It was concluded that there was a significant influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan. It was further established that perceived care had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan. The coefficient of determination showed that perceived care predicted 72.2% of the changes in perceived care of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 27.8% changes in perceived care of patients' satisfaction in

government owned hospitals in Ibadan is explained by other external factors other than those examined in this study. Moreover, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for efficiency, access, equity and relevance; effectiveness had negative influence, while acceptability did not have significant influence on patients' satisfaction in government owned hospitals in Ibadan.

Conclusion was further made that there was a significant influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan. This was further established that, service encounter had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in Ibadan. The coefficient of determination showed that service encounter predicted 51.0% of the changes in service encounter of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 49.0% changes in service encounter of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study. Additionally, the results of regression coefficients revealed that a positive and statistically significant relative influence was reported for tangible and intangible aspects on patients' satisfaction in government owned hospitals in Ibadan. Considering all the service encounter sub-variables examined, tangible and intangible aspects had significant relative influence at probability value less than 0.05.

Conclusion was further made that there was a significant combined influence of perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan. This further revealed that perceived care and service encounter jointly had high positive and statistically significant relationship with patients' satisfaction in government owned hospitals in

Ibadan. The coefficient of determination showed that perceived care and service encounter predicted 68.5% of the changes in combined perceived care and service encounter of patients' satisfaction in government owned hospitals in Ibadan; while the remaining 31.5% changes in both perceived care and service encounter of patients' satisfaction in government owned hospitals in Ibadan is explained by other external factors other than those examined in this study.

5.3 Recommendations

Based on the findings of this study, the following recommendations were made:

1. The management of government owned hospitals in Ibadan, Nigeria should intensify efforts to organize periodic capacity building programmes for their healthcare workers to improve on care for patients attending the hospitals. This is necessary so as to ensure that the care they provide is improved upon.
2. A conducive environment and supportive mechanisms should be put in place by the management of government owned hospitals in Ibadan, to ensure that effective success is achieved on patients' progress in relation to tangible and intangible aspects or conditions of care at the affected hospital.
3. The management of government owned hospitals in Ibadan should focus on perceived care, service encounter as strong factors influencing patients' satisfaction in government owned hospitals in Ibadan, Oyo State. This is necessary for consideration for effective and efficient design and implementation of organizational policies and programmes affecting the patients and healthcare workers.

5.4 Contributions to Knowledge

This study contributed to knowledge in the following ways:

1. This study confirmed that the level of patients' satisfaction in government owned hospitals in Ibadan was very high.
2. It was established that the level of perception of care received by patients attending government owned hospitals in Ibadan was very high.
3. This study further confirmed that the level of service encounter by patients attending government owned hospitals in Ibadan was high.
4. This study established further that there was a significant influence of perceived care on patients' satisfaction in government owned hospitals in Ibadan.
5. This study affirmed that there was a significant influence of service encounter on patients' satisfaction in government owned hospitals in Ibadan.
6. It was confirmed that there was a significant combined influence of perceived care and service encounter on patients' satisfaction in government owned hospitals in Ibadan.

5.5 Suggestion of Further Studies

The following suggestions were made for further research based on the findings of the study.

1. This study investigated perceived care, service encounter and patients' satisfaction in government owned hospitals in Ibadan, Oyo State. The study of this nature can therefore, be carried out in across other zones across in Oyo State. This include Oyo, Oke-Ogun, Ibarapa and Ogbomoso respectively.
2. Similar study on perceived care, service encounter and patients' satisfaction can be replicated in private hospitals in Ibadan, Oyo State.
3. Effective intervention studies should be designed and carried out on perceived care, service encounter and patients' satisfaction in government owned hospitals in Ibadan, Oyo State.

4. Other independent variables other than perceived care and service encounter should be tested and patients' satisfaction in government owned hospitals in Ibadan, Oyo State.

Bibliography

Books

- A. Donabedian. *Explorations in Quality Assessment and Monitoring: The Definition of Quality and Approaches to Its Assessment* (Vol. 1). **Health Administration Press**. 1980.
- R. L. Kane et al. "The Relationship between Patient Satisfaction and Quality of Care." **Health Services Research**, 42(2), 2007. 735-750.
- Agency for Healthcare Research and Quality**. Medical Teamwork and Patient Safety: Chapter 4. Retrieved 28 January 2013.
- S. Adewole, M. Adedeji, & O. Fadare. *Healthcare Effectiveness in Nigeria: A Focus on Public Hospitals*. **Health Systems Research**, 18(2), 2021. 33-50
- Institute Of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century*. **National Academies Press**. 2001.
- O. O. Olaleye, T. O. Adegboyega, & A. A. Osinowo. *Determinants Of Patient Satisfaction In Tertiary Hospitals: A study from Lagos, Nigeria*. *PLoS ONE*, 16(4), 2021. e0250744
69. F. Agbenyo, A. Marshall Nunbogu, & A. Dongzagla. *Accessibility and Health-Seeking Behavior in the Central Region of Ghana*. **BMC Health Services Research**, 18(1), 2018. 19.
- S.E Brien & W.A. Ghali. *Public Reporting Of The Hospital Standardized Mortality Ratio (HSMR): Implications For The Canadian Approach To Safety And Quality In Health Care* Archived June 19, 2013, at the Wayback Machine. **Open Medicine 2(3)**, published 2008.

- Centers for Medicare & Medicaid Services. HCAHPS: *Patients' Perspectives of Care Survey*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/HCAHPS>. 2021.
- C. Doyle, et al. "Measuring Patient Experience in Healthcare: A Review of the Literature." **Health Services Research**, 48(3), 2013. 811-832.
- H. S. Gordon, et al. "The Effect of Patient Satisfaction on the Quality of Care:" *Quality Management in Healthcare, a review of the literature* 15(2), 2006. 47-56.
- J. Kitzinger. **Qualitative research: Introducing focus groups**. *BMJ*, 311(7000), 1995. 299-302.
- R. Anhang Price, M. N. Elliott, A. M. Zaslavsky, & P. D. Cleary. *Patient Experience in Medicaid Managed Care: The Role of Patient Characteristics and Provider Factors*. **Health Services Research**, 49(1), 2014. 81-100. <https://doi.org/10.1111/1475-6773.12050>.
- M. Ibrahim, B. Odugbemi, & O. Kola. *Systemic Barriers to Patient Satisfaction in Public Hospitals: A Qualitative Study*. **BMC Health Services Research**, 22(1), 2022. 689. <https://doi.org/10.1186/s12913-022-08371-3>
- C. F. Nwankwo, M. Okoro, & O. Abah. *Barriers to Accessing Healthcare Services in Nigeria: The Impact of Infrastructure on Patient Satisfaction*. **BMC Health Services Research**, 23(1), 2023. 126. <https://doi.org/10.1186/s12913-023-08160-8>
- J. Harrison, S. Thompson, & R. Green. *Aligning Patient Expectations with Service Delivery in Public Healthcare: A Case Study*. **Health Services Research**, 58(1), 2023. 75-88. <https://doi.org/10.1111/1475-6773.13258>
- V. A. Zeithaml, M. J. Bitner, & D. D. Gremler. *Services Marketing: Integrating Customer Focus Across The Firm (7th Ed.)*. **McGraw-Hill Education**. 2020.
- M. A. Ibrahim, A. Aliyu, & B. Odugbemi. *Enhancing Service Recovery in Nigerian Public Hospitals: Perspectives from Patients and Healthcare Providers*. **BMC Health Services Research**, 23(1), 2023. 451. <https://doi.org/10.1186/s12913-023-08371-0>

- U. Chikezie, R. E. Ogu, & J. Nwafor. *Monitoring And Evaluation Frameworks In Public Healthcare: Best Practices And Lessons Learned*. **BMC Health Services Research**, 23(1), 2023. 370. <https://doi.org/10.1186/s12913-023-08264-x>
- E. Babakus, & W. G. Mangold. *Adapting the SERVQUAL Scale to Hospital Services: An Empirical Investigation*. **Health Services Research**, 26(6), 1992767–786.
- D. E. Bowen, & B. Schneider. *Services Marketing and Management: Implications for Organizational Behavior*. **Research in Organizational Behavior**, 10, 43-80.
- R.V. Krejcie, & D.W Morgan. *Determining Sample Size for Research Activities*. **Educational and Psychological Measurement**, 3(5), 1970, 132-145.
- O. O. Olaleye, T. O. Adegboyega, & A. A. Osinowo. *Determinants Of Patient Satisfaction In Tertiary Hospitals: A study from Lagos, Nigeria*. **PLoS ONE**, 16(4), 2021. e0250744.
- C. Doyle, et al. "Measuring Patient Experience in Healthcare: A Review of the Literature." **Health Services Research**, 48(3), 2013. 811-832.
- H. S. Gordon, et al. "The Effect of Patient Satisfaction on the Quality of Care:" *Quality Management in Healthcare, a review of the literature* 15(2), 2006. 47-56.

Conference Paper

- G. Street, RL, Makoul, NK Arora, & RM Epstein. *How Does Communication Heal? Pathways Linking Clinician-Patient Communication to Health Outcomes*. **Patient Education and Counseling**, 74(3), 2009. 295-301.
- R. Phillips, & D. Grant. *The State of Public Hospitals and Its Impact on Patient Care in Trinidad and Tobago*. **Trinidad Medical Review**, 15(1), 2021. 78-88.
- R. Martinez, & P. Roberts. *Professionalism in Healthcare: Implications for Patient Trust*. **Healthcare Ethics and Practice**, 11(3), 2023. 98-108.
- K.B Zolnierek, & M.R DiMatteo. *Physician Communication and Patient Adherence to Treatment: A meta-analysis*. **Medical Care**, 47(8), 2009. 826-834.

S.S. Mahapatra & M.S. Khan. "A Methodology for Evaluation of Service Quality Using Neural Networks," in **Proceedings of the International Conference on Global Manufacturing and Innovation,** July 27–29, 2006.

D. Lee "HEALTHQUAL: a multi-item scale for assessing healthcare service quality," *Service Business*, 2016; pp. 1-26, doi:10.1007/s11628-016-0317-2.

Department of Health Information and Statistics [DHIS]. **Annual Health Report.** 2019. <https://www.moh.gov.om/en/web/statistics/-/-2019>. Accessed 20 March 2021.

M. Stewart, J.B. Brown, H. Boon, J. Galajda, L. Meredith, & M. Sangster. *Evidence on Patient-Doctor Communication. Cancer Prevention & Control*, 3(1), 2000. 25-30.

C. Charles, A. Gafni, & T. Whelan. Shared decision-making in the medical encounter: What does it mean? (Or it takes at least two to tango). *Social Science & Medicine*, 44(5), 1997. 681-692.

J.K. Rao, L.A. Anderson, T.S Inui, & R.M. Frankel. *Communication Interventions Make a Difference in Conversations between Physicians and Patients: A systematic review of the evidence. Medical Care*, 45(4), 2007. 340-349.

D.M. Berwick. What 'patient-centered' should mean: Confessions of an extremist. **Health Affairs**, 28(4), 2009. w555-w56.

R.L. Street, G. Makoul, N.K. Arora & R.M. Epstein. *How Does Communication Heal? Pathways Linking Clinician-Patient Communication to Health Outcomes. Patient Education and Counseling*, 74(3), 2009. 295-301.

R. Jackson, et al. *Enhancing Patient-Provider Communication in Clinical Settings: A Review. Healthcare Delivery Review*, 32(1), 2020. 11-20.

J. Smith, & P. Rodriguez. *Understanding The Impact Of Communication In Healthcare Delivery: A Multi-Country Analysis. Global Health Communications*, 5(1), 2023. 34-48.

T. Akinyemi, & K. Akande. *The Role of Interpersonal Relations in Healthcare Delivery and Patient Satisfaction in Nigeria. Health Policy Review*, 14(4), 2019. 321-334.

A. Onyeka, et al. *Systemic Barriers to Patient Satisfaction in Nigerian Healthcare. Global Health Perspectives*, 10(2), 2022. 66-81.

- R. Yusuf, & T. Olowokere. *Enhancing Accessibility and Reducing Wait Times in Nigerian Public Hospitals: Implications For Patient Satisfaction*. **Healthcare Systems and Reforms**, 8(4), 2023. 240-259.
- S. Y. Kim, J. Hwang, & J. Lee. *Trust as a Mediator between Perceived Care and Customer Satisfaction in Healthcare Services*. **Health Marketing Quarterly**, 41(2), 2024. 145-162. <https://doi.org/10.1080/07359683.2024.2018291>
- World Health Organization. *Nigeria health financing profile*. World Health Organization. Retrieved from WHO website. 2021.
- Y.M Coyle, J.B Battles. "Using Antecedents of Medical Care to Develop Valid Quality of Care Measures". **Int J Qual Health Care**. 11 (1):5-12. 1999. Doi:10.1093/intqhc/11.1.5. PMID 10411284.
- D.H. Thom M.A. Hall, & L.G. Pawlson. *Measuring Patients' Trust in Physicians When Assessing Quality of Care*. **Health Affairs**, 23(4), 2004. 124-132.
- Department Of Health Information and Statistics [DHIS]. **Annual Health Report**. <https://www.moh.gov.om/en/web/statistics/-/-2019>. 2019. Accessed 20 March 2021
- A. Donabedian. "Evaluating the Quality of Medical Care. 1966". **The Milbank Quarterly**. 83 (4): 2005. 691-729. Doi: 10.1111/j.1468-0009.2005.00397.x. PMC 2690293. PMID 16279964
- F. F. Reichheld. "The One Number You Need To Grow." **Harvard Business Review**, 81(12), 2003. 46-54
- L.A. Martin, E.C. Nelson, R.C. Lloyd, T.W. Nolan. *Whole System Measures. IHI Institute for Healthcare Improvement; Innovation Series White Paper*. Cambridge (MA): 2007.
- R. Martinez, & P. Roberts. *Professionalism in Healthcare: Implications for Patient Trust*. **Healthcare Ethics and Practice**, 11(3), 2023. 98-108.
- A. Palmer, B. Nguyen, & M. S. Yadav. *The Impact of Service Communication on Customer Satisfaction: Evidence from the Healthcare Sector*. **Health Marketing Quarterly**, 38(4), 2021. 284-299. <https://doi.org/10.1080/07359683.2021.1942794>

- J. K. Burgoon, L. K. Guerrero, & K. Floyd. *Nonverbal Communication*. 2016. Routledge. <https://doi.org/10.4324/9781315561620>
- N. Okonjo-Iweala, & B. Togo. *The Impact of Governance on Public Health Outcomes: A Review of Nigeria's Healthcare System*. **Global Health Action**, 14(1), 2021. 1871964. <https://doi.org/10.1080/16549716.2021.1871964>
- P. M. Blau. *Exchange and Power in Social Life*. Wiley. 1964.
- K. S. Cook, C. Cheshire, E. R. W. Rice, & S. Nakagawa. *Social Exchange Theory*. Springer. *A*, 11(1), 2013. 55-70
- S. M. Hatcher, C. Agnew, & D. Akroyd. *Factors Affecting Customer Satisfaction in Acute Care*. **Healthcare Management Review**, 31(4), 2005. 277–285.
- M. Khoshchehreh, A. Jafari, & R. Asadi. *Exploring Patient Satisfaction in Public Hospitals: The Role of Service Encounter Attributes*. **Healthcare Services Research**, 38(4), 2022. 73-85.
- A. Mohammadi, M. Amiri, & M. Abdollahi. *Patient Satisfaction and Service Quality in Hospitals: Application of the SERVQUAL Model*. **Healthcare Services Research**, 36(2), 2021. 89-96.
- K. Smith, T. Johnson, & L. White. *Building Trust with Patients: Implications for Healthcare Satisfaction*. **Healthcare Services Research**, 15(2), 2023. 95-110.

Journals

- D. M. Berwick. *Healthcare Quality and Patient Satisfaction: Exploring the Connection*. **The New England Journal of Medicine**, 385(10), 2021. 863-870.
- A. O. Adekanbi, S. A. Adebayo, & A. O. Olaitan. *Public Healthcare Infrastructure and Patient Satisfaction in Southwestern Nigeria*. **Journal of Public Health Management**, 9(1), 2022. 23-35.
- Abimbola, S., Aruna, O., & Ibrahim, M. *Challenges in public healthcare delivery in Nigeria: A case study of Oyo State hospitals*. **International Journal of Healthcare Research**, 12(3), 2023. 101-110.

- A. Adedokun, & O. S. Akinyemi. *Evaluating healthcare outcomes in public hospitals: A case study from Oyo State*. **Journal of Health Economics and Policy**, 7(2), 2022.59-71.
- O. O. Ogunleye, O. A. Akinyemi, & B. M. Ojedokun. *Impact of healthcare service delivery on patient satisfaction in public hospitals*. **Journal of African Health Policy**, 11(1), 2023 45-56.
- F. O. Akinwumi. *Cultural sensitivity and healthcare satisfaction in Nigerian public hospitals*. **West African Journal of Health Services**, 11(3), 2022. 87-99.
- A. O. Obafemi. *Equity in Nigerian healthcare systems: A case study of Ibadan*. **African Journal of Public Health Policy**, 14(2), 2023. 112-127.
- A. Ojedokun, & R. F. Aramide. *Comparing patient satisfaction in public and private hospitals in Oyo State*. **West African Journal of Medical Sciences**, 15(4), 2021.223-234.
- K. Adegoke, & S. Ajiboye. *Public Healthcare Investment and Patient Outcomes in Oyo State*. **Nigerian Journal of Healthcare Management**, 14(3), 2022.28-39.
4. S. J. Akinola, & K. A. Oyetunde. *Effectiveness of Public Healthcare Services in Oyo State*. **Journal of Public Health and Policy**, 22(4), 2021. 335-349.
5. T. Fadare, K. Ogunleye, & F. Akanbi *Challenges of Chronic Disease Management in Public Hospitals*. **Journal of Nigerian Medical Practice**, 27(4), 2023. 42-53.
6. A. T. Adeola, F. Adetola, & K. Babalola. *Perceptions of Healthcare Quality in Public Hospitals in South-West Nigeria*. **Journal of African Health Studies**, 12(1), 2020. 45-56.
7. D.Okunola, & R. Olayinka. *Socioeconomic Factors and Healthcare Access in Oyo State*. **Journal of Social Determinants of Health**, 13(4), 2023. 66-79.
- M. T. Adekunle, S. Oduola, & B. O. Fasina. *Hospital Management and Patient Outcomes: Evidence from Public Hospitals in Oyo State*. **African Journal of Healthcare Administration**, 22(1), 2023.56-69.
- O. Alabi, & A. Akinola. *Examining Healthcare Efficiency in Public Hospitals: A Case Study of Ibadan*. **African Journal of Medical Research**, 19(2), 2022. 120-135.
- A. O. Adewale, & F. Adebisi. *Leadership and Healthcare Delivery in Nigerian Public Hospitals*. **Nigerian Journal of Healthcare Policy**, 19(3), 2022. 165-179.

- M. Olajide, & F. Oseni. *Inefficiencies in Outpatient Services in Public Hospitals*. **Journal of Health Administration in West Africa**, 15(1), 2021.89-99.
- T. Babalola, & E. Kolawole. *Acceptability of Public Healthcare Services among Ibadan Residents*. **West African Journal of Health Sciences**, 23(1), 2021. 85-97.
- K. Otani B. Waterman, & W. C Dunagan. *Patient satisfaction: How patient health conditions influence their satisfaction*. **Journal of Healthcare Management**, 57(4), 2012. 276-292.
- O. A. Arah, G. P. Westert, J. Hurst. & N. S. Klazinga. *A conceptual framework for the OECD health care quality indicators project*. **International Journal for Quality in Health Care**, 18(suppl_1), 2006. 5-13.
- S. Mahar et al. "*The Impact of Hospital Environment on Patient Satisfaction: A Review*." **Journal of Healthcare Management**, 55(1), 2010. 62-72.
- K. D. Hekkert et al. "*The Technical Quality of Care and Patient Satisfaction: A Meta-Analysis*." **Journal of Health Services Research & Policy**, 22(1), 2017. 48-56.
- J. Adams, & R. King. *The Impact of Empathy on Patient Satisfaction in Healthcare Services in the Bahamas*. **Caribbean Health Journal**, 12(2), 2023. 15-25.
- E. Williams, R. Thomas, & A. Lewis *Cleanliness and Patient Perception of Healthcare Services in Public Hospitals in the Caribbean*. **Caribbean Journal of Public Health**, 11(2), 2022. 56-69.
- P. Smith, & M. Thompson. *Technology and Patient Satisfaction in Healthcare Services in Jamaica*. **Jamaican journal of health and innovation**, 16(1), 2020. 12-21.
- S. Johnson. *The Importance of Staff Professionalism in Patient Care in the Caribbean*. **Caribbean Journal of Health Sciences**, 13(3), 2023. 34-46.
- L. James & A. Richards *The Role of Staff Presentation in Shaping Patient Satisfaction: Evidence from Barbados*. **Barbados journal of healthcare quality**, 10(2), 2021. 23-35.
- T. Andrews, & R. Collins. *The Impact of Healthcare Worker Professionalism on Patient Trust*. **International Journal of Healthcare Management**, 18(1), 2022. 22-31.

- M. Harris. *Trust And Its Influence On Patient Outcomes: A Study in Grenada's Healthcare System*. **Journal of Health Services Research in the Caribbean**, 11(3), 2020. 67-80.
- L. Brown, & M. Ahmed .*Cultural Sensitivity in Healthcare: Impacts on Patient Perceptions and Satisfaction*. **Journal of Multicultural Healthcare**, 10(3), 2022. 143-155.
- A. Thompson, P. Green, & L. Taylor. *Communication Strategies and Their Effect on Patient Satisfaction in Clinical Services*. **Journal of Patient Satisfaction Studies**, 9(3), 2022. 2-59.
- D. Johnson. *Patient Involvement in Healthcare: The Impact on Clinical Service Encounters*. **Journal of Patient-Centered Healthcare**, 10(1), 202115-27.
- P. Anderson. *Communication Breakdowns in Healthcare Settings: Causes and Solutions*. **Journal of Healthcare Communication**, 12(3), 2020. 45-56.
- A. Olufemi, B. Adeoye, & O. Adebayo. *Patient Perceptions Of Clinical Service Encounters In Nigerian Public Hospitals*. **Journal of African Healthcare Studies**, 14(2), 2023. 88-97.
- J. Williams, & R. Thompson. *Enhancing Healthcare Delivery through Improved Clinical Efficiency*. **Journal of Healthcare Management**, 15(2), 2022. 45-57.
- K. James, J. Morris, & L. Green. *Shared Decision-Making and Patient Satisfaction in Clinical Service Encounters*. **Patient-Centered Care Journal**, 16(1), 2022. 33-44.
- S. Hernandez, & R. Carter. *Improving Patient Outcomes through Cultural Competence in Healthcare*. **Journal of Healthcare Quality**, 14(3), 2021 79-88.
- M. Brown, J. Thompson, & L. Carter. *Cultural Competence in Clinical Service Encounters: A Qualitative Review*. **Journal of Multicultural Healthcare**, 7(2), 2022. 55-68.
- F. A. Adejumo, R. O. Akinlade, & S. B. Adebayo. *Barriers to Healthcare Access in Public Hospitals in Ibadan*. **Nigerian Journal of Health Studies**, 15(2), 2020. 210-222.
- A. S. O'Malley et al. "Access to Care and Patient Satisfaction with Primary Care." **Journal of General Internal Medicine**, 20(4), 2005.252-259.
- O. F Adejumo, T. Akinwande, & A. Oyekan. *Barriers to Healthcare Access in Public Hospitals in Ibadan*. **Nigerian Journal of Health Studies**, 15(2), 2020. 145-160.

- Measuring Consumer Perceptions Of Service Quality*", **Journal of Retailing**, Vol. 62, no.1, pp1240<online: https://www.researchgate.net/publication/225083802_SERVQUAL_A_multiple-Item_Scale_for_measuring_consumer_perceptions_of_service_quality. 1985
- T.Schoenfelder, J. Klewer, & J. Kugler. *Factors Associated with Patient Satisfaction in Surgery: The Role of Patients' Perceptions of Received Care, Visit Characteristics, and Demographic Variables*. **Journal of Surgical Research**, 164(1), 2011. E53-e61.
39. R. Bello, A. Olaitan, & Y. Olatunde. *Geographic Disparities in Access to Public Healthcare Facilities in Oyo State*. **International Journal of Public Health**, 28(1), 2023. 34-45.
- M. Stewart et al. "The Impact of Patient-Centered Care on Patient Satisfaction." **Journal of Family Practice**, 49(7), 2000. 680-685.
- K. Phillips, J. Davis, & G. Williams. *The Role of Professionalism in Enhancing Patient Experiences in Clinical Settings*. **Journal of Health Professionalism**, 6(1), 2020. 35-44.
- T. A. Bello, I. S. Olawale, & M. Akinbola. *Perception of Hospital Environment and Its Influence on Patient Satisfaction in Nigerian Public Health Facilities*. **Journal of African Health Studies**, 19(4), 2022. 201-215.
- P.H. Mitchell, S. Ferketich, & B.M. Jennings. "Quality Health Outcomes Model. American Academy of Nursing Expert Panel on Quality Health Care". *Image: The Journal of Nursing Scholarship*. **30** (1): 1998. 43-6. Doi: 10.1111/j.1547-5069.1998.tb01234.x. PMID 9549940.
- Measuring Consumer Perceptions of Service Quality*", **Journal of Retailing**, Vol. 62, no.1, pp1240<online: https://www.researchgate.net/publication/225083802_SERVQUAL_A_multiple-Item_Scale_for_measuring_consumer_perceptions_of_service_quality 1985.
- J. P. Harrison, R. Wiggins, & M. Clark. *The Role of Effective Service Recovery in Healthcare: A review and research agenda*. **International Journal of Health Services**, 52(4), 2022. 542-556. <https://doi.org/10.1177/0020731421991801>.
- WHO. Patient-centered care in health services: *A Quality Imperative. Communication as a Determinant of Patient Satisfaction in Nigerian Healthcare*. **International Journal of Health Communication**, 9(2), 2021. 77-89.

- T. Adeoye, O. Adedoyin, & A. Balogun. *Healthcare Resource Allocation and Patient Outcomes in Ibadan*. **African Journal of Health Economics**, 18(3), 2022. 276-288.
- A. M. Adetunji, & A. Fadeyi. *Gender Dynamics in Healthcare Access and Patient Satisfaction in Nigeria: A Comparative Study*. **African Journal of Gender and Health**, 8(1), 2024. 22-34. <https://doi.org/10.1016/j.ajgh.2024.01.003>.
- S. J. Akinola, & K. A. Oyetunde. *Effectiveness of Public Healthcare Services in Oyo State*. **Journal of Public Health and Policy**, 22(4), 2021. 335-349.
- J. H. Hibbard et al. "Assessing Patients' Experience of Care: A Comparison of Survey Methods." **Journal of Healthcare Management**, 58(5), 2013. 342-356.
- R. Odetola, & E. Babalola. *Efficiency in Public Healthcare Delivery: A Case Study of Ibadan's Hospitals*. **Nigerian Journal of Healthcare Management**, 19(3), 2021. 231-242.
- K. James, J. Morris, & L. Green. *Shared Decision-Making and Patient Satisfaction in Clinical Service Encounters*. **Patient-Centered Care Journal**, 16(1), 2022. 33-44
- S.W. Mercer, W.J. Reynolds, & A. Weisser. *Empathy, Enablement, and Outcome: An Explanatory Model of General Practitioner Consultations*. **British Journal of General Practice**, 54(501), 2004. 138-143.
- T. Andrews, & R. Collins. *The Impact of Healthcare Worker Professionalism on Patient Trust*. **International Journal of Healthcare Management**, 18(1), 2022. 22-31.
- A. E. Ike, & C. O. Uche. *Communication Styles and Patient Satisfaction in Nigeria's Healthcare Sector*. **Nigerian Journal of Health Policy**, 5(2), 2022. 32-41.
- P. Smith. *The Importance of Patient-Centered Clinical Encounters*. **Journal of Healthcare Delivery**, 13(4), 2021. 22-31.
63. R. Bello, A. Olaitan, & Y. Olatunde. *Geographic Disparities in Access to Public Healthcare Facilities in Oyo State*. **International Journal of Public Health**, 28(1), 2023. 34-45.
- M. J Bitner, B. H. Booms, & M. S. Tetreault. *The Service Encounter: Diagnosing Favorable and Unfavorable Incidents*. **Journal of Marketing**, 54(1), 1990. 71-84.

- H. Simmons, & P. Clarke. *Psychological Comfort as a Determinant of Patient Experience in Caribbean Healthcare Settings*. **Journal of Mental Health and Wellness in the Caribbean**, 9(4), 2021. 101-113.
- Measuring Consumer Perceptions Of Service Quality"*, **Journal of Retailing**, Vol. 62, no. 1, pp1240<online: https://www.researchgate.net/publication/225083802_SERVQUAL_A_multiple-Item_Scale_for_measuring_consumer_perceptions_of_service_quality. 1985
67. S. Ameh, B. Sabo, & J. K. Madaki. *Factors Associated With Patients' Satisfaction With Services Provided At Selected Healthcare Facilities In Southern Nigeria*. **Journal of Community Medicine and Primary Health Care**, 29(2), 2017. 80-90.
- O. O. Akinyemi, O. S. Ilesanmi, & A. M. Adebayo. *Patient Satisfaction with Quality of Care in a Tertiary Institution in Ibadan, Oyo State, Nigeria*. **Nigerian Journal of Medicine**, 28(2), 2019. 187-192.
- A. A. Ogunfowokan, & M. Mora. *Time, Expectation and Satisfaction: Patients' Experience at National Hospital Abuja, Nigeria*. **African Journal of Primary Health Care and Family Medicine**, 8(1), 2016. 1-8.
- A. F. Ogunjimi, B. A. Olaniyan, & R. Oduyemi. *Patient Perception of Care in Specialized Departments of Public Hospitals*. **Nigerian Medical Journal**, 18(2), 2022. 134-150.
- B. T. Olaniyan, & T. O. Ogunleye. *The Role of Communication in Enhancing Patient Satisfaction in Public Hospitals*. **Journal of Communication and Health Studies**, 12(3), 2022. 45-
- O. F. Adejumo, T. Akinwande, & A. Oyekan. *Barriers to Healthcare Access in Public Hospitals in Ibadan*. **Nigerian Journal of Health Studies**, 15(2), 2020. 145-160.
- J. A. Folarin, & S. O. Olagunju. *Expanding Healthcare Access in Rural Oyo State: Challenges and Policy Recommendations*. **African Journal of Health Economics**, 28(1), 2023. 56-72.
- T. S. Adewuyi, & O. S. Abiola. *The Role of Patient Registration in Healthcare Delivery Efficiency*. **Journal of Nigerian Healthcare Administration**, 19(4), 2021. 110-125.
- M. A. Adebisi, R. K Ogunleye, & Y. Balogun. *The Impact of the Health Insurance Scheme on Patient Perception in Public Hospitals*. **Journal of Nigerian Public Health Policy**, 25(3),

2022. 87-102. X. Zhu et al. *Hospital Infrastructure and Patient Outcomes: A Multi-Center Study*. **Journal of Medical Science and Technology**, 10(1), 2021. 33-47.
- M. DeAngelis, & R. Rodenberg. *The Influence of Healthcare Infrastructure on Patient Satisfaction: A Cross-Sectional Study*. **Journal of Healthcare Administration**, 15(2), 2022. 101-110.
- K. Oduro, et al. *Organizational Structure and Its Effects on Clinical Service Delivery in Sub-Saharan Africa*. **African Journal of Health Studies**, 19(3), 2023. 215-230.
- T. Walker, & L. Johnson. *Timeliness of Care and Its Impact on Patient Outcomes: A Critical Review*. **Journal of Emergency Medical Services**, 13(4), 2021. 66-72.
- M. Ramirez, et al. *Patient Engagement in Clinical Encounters: Implications for Quality of Care*. **Journal of Patient-Centered Research and Reviews**, 17(3), 2022. 181-195.
- L. Jones, M. Phillips, & A. Roberts. *Cleanliness and Healthcare Quality: Patients' Perceptions in Canadian Hospitals*. **Journal of Healthcare Management**, 11(4), 2021. 211-225.
- L. Chen, & T. Wong. *Patient-Centered Care and Its Impact on Clinical Outcomes in Healthcare Services*. **Journal of Health Management**, 22(3), 2020. 157-171.
- P. Davis, & S. Kim. *Evaluating Patient Outcomes in Modern Healthcare Systems: A Comprehensive Review* **International Journal of Clinical Health Research**, 29(4), 2023. 45-60.
- P. Oladele, et al. *Impact of Facility Conditions on Patient Satisfaction in Nigerian Public Hospitals*. **Nigerian Journal of Hospital Management**, 7(3), 2020. 143-159.
- I. Bassey, & E. Agwu. *Influence of Socio-Economic Factors on Patient Satisfaction in Nigerian Hospitals*. **Journal of Medical Sociology**, 5(1), 2021. 98-112.
- N. Chukwuma, & O. Nwosu. *Patient Expectations and Satisfaction in Nigerian Healthcare: A Demographic Analysis*. **Public Health Journal of Nigeria** 2023.
- O. Ajayi, et al. *Quality of Healthcare Services and Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Healthcare Management in Nigeria**. 2020.

- S. Bello, & M. Johnson. *Exploring Factors Impacting Healthcare Satisfaction in Public Facilities in Nigeria*. **African Journal of Public Health**. 2022.
- L. Adebayo, & M. Ishola. *Environmental Factors and Patient Satisfaction in Public Healthcare*. **African Journal of Medical Science**, 29(2), 2022. 203-215.
- T. A. Smith, & R. B. Jones. *Enhancing Patient Satisfaction through Empathy Training In Healthcare Settings*. **Journal of Healthcare Management**, 68(4), 2023.279-291. <https://doi.org/10.1097/JHM-D-22-00023>.
- C. H. Lien, S. T. Yu, & C. S. Wu. *The Role of Perceived Care in Customer Satisfaction: Evidence from the Healthcare Sector*. **Journal of Health Care Marketing**, 42(3), 2021. 204-218. <https://doi.org/10.1177/1062462220982912>
- R. E. Anderson, K. L. Smith, & J. D. Williams. *Emotional Support in Service Encounters: The Role of Perceived Care*. **Journal of Service Research**, 26(1), 2023. 55-72. <https://doi.org/10.1177/1094670521998231>
- . Y. Choi, Lee, H., & J. Park. *Service Encounter Quality and Customer Satisfaction in the Hospitality Industry: A Moderating Role of Cultural Values*. **International Journal of Hospitality Management**, 102, 2022. 103141. <https://doi.org/10.1016/j.ijhm.2021.103141>
- J. Lee, Y. Chang, & K. Ryu. *Understanding the Effects of Service Encounter Quality on Patient Satisfaction in the Healthcare Industry*. **International Journal of Health Services**, 53(2), 2023. 181-198. <https://doi.org/10.1177/00207314221136099>
- O. Ogunyemi, & T. Adeleke. *Communication and Empathy as Determinants of Patient Satisfaction in Nigerian Public Hospitals*. **Journal of African Healthcare**, 13(2), 2021. 85-97.
107. O. V. Adeniyi, M. A. Adetunji, & O. A. Oladipo. *Access to Essential Medicines in Nigerian Public Hospitals: Challenges and Recommendations*. **Nigerian Journal of Pharmaceutical Sciences**, 22(1), 2023. 56-67.
- A. Ogundipe, & A. Adebayo. *Corruption and Its Implications on Healthcare Delivery in Nigeria*. **Journal of Healthcare Management and Ethics**, 4(3), 2021. 77-86.

- I. N. Okeke, C. Chukwuma, & O. N. Ibe. *The Impact of Patient Overload on Healthcare Delivery in Public Hospitals in Nigeria*. **International Journal of Health Management**, 6(1), 2023. 45-59.
- L. O. Ogunjimi, O. A. Uthman, & A. T. Adesina. *The Relationship between Healthcare Infrastructure and Patient Satisfaction in Public Hospitals in Nigeria*. **Journal of Public Health in Africa**, 13(1), 2022. 12-23. <https://doi.org/10.4081/jphia.2022.1433>
- A. M. Adebayo, & N. Orji. *Strengthening Health Information Systems in Nigeria: the Role of Technology in Public Health Management*. **Journal of Health Informatics in Africa**, 10(2), 2023. 99-107.
- M. Alzahrani, S. Alshahrani, & M. Alqahtan. *Patient Satisfaction in Private and Public Hospitals: A Comparative Analysis*. **International Journal of Health Services**, 53(1), 45-60. 2023. <https://doi.org/10.1177/00207314211013232>.
- A. Kumar, R. Singh, & Gupta, P. *Access to Services and Patient Satisfaction: A Comparative Study of Public and Private Hospitals*. **Journal of Public Health in Africa**, 13(1), 2022. 25-35. <https://doi.org/10.4081/jphia.2022.1540>.
- A. Bharadwaj, S. Kumar, & R. Thakur. *Patient Satisfaction in Private and Public Healthcare Facilities: Evidence from India*. **Health Policy and Planning**, 36(5), 2021. 696-705. <https://doi.org/10.1093/heapol/czaa194>
- A. S. Choudhury, M. A. Rahman, & S. Parveen. *Staff Interactions and Patient Satisfaction in Private vs. Public Hospitals: Insights from Bangladesh*. **Journal of Health Communication**, 28(2), 2023. 101-109. <https://doi.org/10.1080/10810730.2023.2169350>
- O. O. Ojo, & A. Adebayo. *Facility Environment and Patient Satisfaction: A Comparative Study of Public and Private Hospitals*. **Journal of Health Facility Management**, 12(1), 2024. 33-45. <https://doi.org/10.1177/17571774000.2247349>
- C. F. Nwankwo, M. Okoro, & O. Abah. *Socioeconomic Disparities and Patient Expectations in Healthcare Access: Evidence from Public Hospitals*. **Journal of Public Health Policy**, 44(2), 2023. 123-139. <https://doi.org/10.1057/s41271-022-00320-2>

- E. A. Bamgboye, & K. F. Afolabi. *Infrastructure Challenges in Nigerian Healthcare Delivery: Implications for Health Outcomes*. **African Journal of Health Sciences**, 17(3), 2020. 145-155.
- O. O. Babalola, I. O. Fadeyibi, & S. A. Fashola. *Comparative Analysis of Clinical Outcomes and Patient Satisfaction in Public and Private Hospitals: A Systematic Review*. **Journal of Health Management**, 24(3), 2022. 227-243. <https://doi.org/10.1177/09720634221099345>
- O. A. Daramola, L. O. Ogunjimi, & A. Aliyu. *Traditional Medicine and Patient Satisfaction in Nigerian Healthcare: A Cultural Perspective*. **African Journal of Health Sciences**, 32(1), 2023. 10-20. <https://doi.org/10.1080/20476968.2023.1162439>.
- J. Brown, M. Wilson, & S. Lee. *Communication And Patient Satisfaction: Exploring The Role Of Clear Provider-Patient Interactions*. **Journal of Healthcare Quality**, 35(2), 2020. 78-88.
- T. Buchanan, P. O'Sullivan, & J. Melancon. *The Impact of Non-Verbal Communication on Service Encounters: Evidence from the Hospitality Industry*. **Journal of Business Research**, 138, 2022. 275-282. <https://doi.org/10.1016/j.jbusres.2021.09.041>
- P. Carayon, A. Schoofs Hundt, B.T. Karsh, A. P. Gurses, C. J. Alvarado, M. Smith, P. Flatley Brennan. *"Work System Design for Patient Safety: The SEIPS Model"*. *Quality And Safetyinhealthcare*.15(Suppl1):i508.Doi:10.1136/qshc.2005.2006. 015842. PMC 2464868. P MID 17142610.
- O. A. Daramola, M. Ogundipe, & A. Aliyu. *Cultural Influences on Patient Satisfaction in Healthcare Settings: A Comparative Study*. **African Journal of Health Sciences**, 32(1), 2023. 10-20. <https://doi.org/10.1080/20476968.2023.1162439>.
- R. M. Epstein, et al. *"Communicating With Patients: The Importance of Understanding Patient Perspective."* **Journal of General Internal Medicine**, 20(2), 2005. 103-105.
128. M. B. Johnson, A. O. Onifade, & K. Adebayo. *Treatment Outcomes in Nigerian Public Hospitals: A Comparative Study*. **African Journal of Medical Research**, 10(2), 2023. 105-120.

- A. Jones, & T. Williams. *An Overview of Patient-Provider Relationships in Clinical Encounters*. **Clinical Encounters Journal**, 8(2), 2023. 62-72.
- L. O. Ogunjimi, O. A. Uthman, & A. T. Adesina. *Socioeconomic Factors Influencing Healthcare Utilization in Nigeria: A Systematic Review*. **Journal of Public Health in Africa**, 13(1), 2022. 13-21.
- O. A. Daramola, L. O. Ogunjimi, & A. Aliyu. *Equipment Adequacy and Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Healthcare Engineering**, 2023. Article 9874563. <https://doi.org/10.1155/2023/9874563>
- C. F. Nwankwo, M. Okoro, & O. Abah. *Socio-Cultural Barriers to Healthcare Access and Their Impact on Patient Satisfaction in Nigeria*. **International Journal of Healthcare Management**, 16(2), 2023.120-130. <https://doi.org/10.1080/20479700.2022.2115330>
- Johnson, T. & H. Madi. *Patient Satisfaction as a Quality Metric: An Overview of Its Importance and Determinants*. **Journal of Healthcare Quality**, 32(1), 2020. 33-42.
- K. S. Yoo, Y. J. Kim, & S. H. Lee. *The Effects of Administrative Support on Patient Satisfaction in Healthcare Settings*. **Journal of Health Services Research & Policy**, 27(1), 2022. 18-24. <https://doi.org/10.1177/1355819620938141>
- J. J. McKinney, A. Fairchild, & H. Schwartz. *The Role of Administrative Staff in Shaping Patient Experiences: Implications for Patient Satisfaction*. **Journal of Healthcare Administration**, 45(2), 2023. 45-59. <https://doi.org/10.1080/20479700.2022.2098019>
- J. H. Larrabee, M. L. McEntee, & J. Pugh. *The Relationship between Nursing Care and Patient Satisfaction: A Pilot Study of Support Staff*. **International Journal of Nursing Studies**, 113, 2021. 103760. <https://doi.org/10.1016/j.ijnurstu.2020.103760>
- J. J. Kerssens, R. Bontje, & R. Dijkstra. *The Importance of a Clean Environment for Patient Satisfaction: a Systematic Review*. **Journal of Nursing Care Quality**, 37(2), 2022. 175-183. <https://doi.org/10.1097/NCQ.0000000000000625>

- D. J. Weller, K. Kessels, & J. Ritchie. *Patient Navigation by Non-Medical Staff: Impact on Patient Satisfaction and Health Outcomes*. **American Journal of Public Health**, 112(8), 2022. 1232-1239. <https://doi.org/10.2105/AJPH.2022.306488>.
- G. Flores, M. B. Laws, & S. J. Mayo. *Cultural Competence in Healthcare: What Can Non-Medical Staff Do?* **Journal of Healthcare Management**, 68(3), 2023. 145-158. <https://doi.org/10.1097/JHM-D-22-00125>.
- V. A. Zeithaml, L. L. Berry, & A. *The Behavioral Consequences of Service Quality*. **Journal of Marketing**, 60(2), 2019. 31-46. <https://doi.org/10.1177/002224299906000203>
- M. N. A. Bakar, R. Ismail, & A. Rahman. *Patient Expectations in Public Hospitals: A Systematic Review*. **International Journal of Healthcare Management**, 14(3), 2021. 295-302. <https://doi.org/10.1080/20479700.2020.1817510>
- C. Mcloughlin, J. Gibbons, & S. Cormican. *The Impact of Wait Times on Patient Satisfaction in Public Hospitals*. **Journal of Health Economics**, 70, 2020. 102299. <https://doi.org/10.1016/j.jhealeco.2020.102299>
- A. Abubakar, M. Ibrahim, & M. Babatunde. *Exploring the Relationship between Patient Expectations and Satisfaction in Public Healthcare*. **Journal of Health Management**, 23(4), 2021. 473-488. <https://doi.org/10.1177/09720634211089105>
- A. Osman, A. Al-Mandhari, & S. Al-Mukhtar. *Improving Patient Experience in Public Hospitals: Strategies for Addressing Gaps in Care Delivery*. **International Journal of Health Care Quality Assurance**, 35(5), 2022. 913-924. <https://doi.org/10.1108/IJHCQA-01-2022-0005171>
- W. F. Adebimpe, B. S. C. Uzochukwu, & A. Abayomi. *Assessment of Physical Infrastructure in Public Hospitals and Its Impact on Patient Satisfaction in Nigeria*. **Nigerian Journal of Health Services Research**, 19(1), 2021. 45-56. <https://doi.org/10.4081/njh.2021.2002>
- L. O. Ogunjimi, & O. O. Adegboye. *Barriers to Effective Service Recovery in Nigerian Public Hospitals: A Qualitative Study*. **Journal of Health Services Research & Policy**, 28(1), 2023. 45-58. <https://doi.org/10.1177/13558196221152390>

- O. O. Olayemi, A. F. Adeniyi, & O. Bello. *The Effect of Medical Equipment Availability on Patient Care Quality in Nigerian Public Hospitals*. **African Journal of Health Sciences**, 35(1), 2022. 28-36. <https://doi.org/10.54100/ajhs.v35i1.1447>
- C. F. Nwankwo, M. Okoro, & O. Abah. *Affordability and Patient Satisfaction in Private versus Public Healthcare Settings: An Empirical Study*. **International Journal of Healthcare Management**, 16(2), 2023. 120-130. <https://doi.org/10.1080/20479700.2022.2115330>.
- A. C. Eze, U. Nwachukwu, & O. Afolabi. *Patient Wait Times and Satisfaction in Public Hospitals: The Influence of Infrastructure and Staffing*. **Journal of Health Services Research & Policy**, 28(2), 2023. 134-145. <https://doi.org/10.1177/13558196221152390>
- L. O. Ogunjimi, O. A. Uthman, & A. T. Adesina. *Cultural Influences on Healthcare-Seeking Behavior in Nigeria: Implications for Patient Satisfaction*. **Journal of Public Health in Africa**, 13(1), 2022. 25-35. <https://doi.org/10.4081/jphia.2022.1540>
- R. Anikwe, O. Chijioke, & C. Agwu. *The Role of Healthcare Infrastructure on Health Outcomes in Nigeria: A Systematic Review*. **International Journal of Health Care Quality Assurance**, 34(4), 2021. 257-270. <https://doi.org/10.1108/IJHCQA-09-2020-0185>
- S. Davis, & B. Miller. *The Relationship between Waiting Times and Patient Satisfaction in Healthcare Settings*. **Journal of Healthcare Efficiency**, 9(4), 2021. 101-109.
- R. Sunol. "Avedis Donabedian". **International Journal for Quality in Health Care**. 12 (6): 2000.
- G. Aydin, A. E. Akgun, & M. Korkmaz. *The Impact of Communication Quality on Customer Satisfaction in the Service Industry*. **Journal of Service Management**, 32(2), 2021. 249-268. <https://doi.org/10.1108/JOSM-07-2020-0250>
- C. Homburg, M. Klarmann, & S. Reinecke. *The Role of Effective Communication in Customer Satisfaction: A Meta-Analysis*. **Journal of Marketing**, 86(3), 2022. 54-70. <https://doi.org/10.1177/00222437211058440>.
- Z. Yang, H. Zhan, & Q. Liu. *Effective Communication and Customer Satisfaction in Service Encounters: A Study in the Banking Industry*. **Journal of Financial Services Marketing**, 28(1), 2023 56-72. <https://doi.org/10.1057/s41264-022-00238-7>.

- P. McCole. *The Influence of Communication on Customer Loyalty: Evidence from the Retail Sector*. **Journal of Retailing and Consumer Services**, 64, 2022. 102759. <https://doi.org/10.1016/j.jretconser.2021.102759>
- T. Hennig-Thurau, C. F. Hofacker, & B. Bloching. *Marketing the Value of Customers: How Service Providers Can Create Long-Term Relationships With Customers*. **Journal of Service Research**, 23(2), 2020. 232-248. <https://doi.org/10.1177/1094670518796675>.
- M. Karl, H. Steinmetz, & S. Weller. *Training Communication Skills for Service Encounters: A Systematic Review and Meta-Analysis*. **International Journal of Human Resource Management**, 32(16), 2021. 3480-3506. <https://doi.org/10.1080/09585192.2020.1794537>
- A. I. Oluwole, M. Ijaiya, & B. Adekola. *Queue Management Systems and Patient Satisfaction in Nigerian Public Hospitals*. **African Journal of Health Services**, 22(2), 2023. 127-138.
- M. Davidow. *Service Failure and Recovery: A Research Agenda*. **Journal of Service Research**, 24(3), 2021. 305-320. <https://doi.org/10.1177/1094670521991801>
- O. Odukoya, & O. Afolabi. *Communication Strategies for Service Recovery in Nigerian Public Hospitals: A Patient-Centered Approach*. **Journal of Healthcare Management**, 68(1), 2023. 23-36. <https://doi.org/10.1177/1081296013481643>
- C. F. Nwankwo, M. Okoro, & O. Abah. *Strategies for Effective Service Recovery in Public Hospitals: Insights from Patients*. **Health Services Research and Managerial Epidemiology**, 9, 23333928221114927. <https://doi.org/10.1177/23333928221114927>
- L. O. Ogunjimi, & O. O. Adegboye. *Environmental Quality in Nigerian Public Hospitals and Its Impact on Patient Satisfaction*. **International Journal of Environmental Research and Public Health**, 20(5), 2023.2893. <https://doi.org/10.3390/ijerph20052893> jdlhousemoni
- B. S. C. Uzochukwu, D. Ogoina, & W. F. Adebimpe. *Challenges of Service Recovery in Nigerian Healthcare: A Systematic Review*. **Journal of Public Health in Africa**, 12(1), 2021. 88-95. <https://doi.org/10.4081/jphia.2021.1031>
- W. F. Adebimpe, B. S. C. Uzochukwu, & A. Abayomi. *The Impact of Service Recovery on Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Healthcare Management**, 68(2), 2023. 115-126. <https://doi.org/10.1177/1081296013481643>

- T. Smith, J. Parker, & .D. Hamilton. *Communication Quality in Clinical Encounters: Effects on Patient Satisfaction in the UK*. **British Journal of Healthcare Studies**, 12(4), 2021. 88-96.
- A. M. Adebayo, O. M. Ogunyomi, & O. Olaleye. *The Impact of Inadequate Funding on Public Healthcare Delivery in Nigeria: Challenges and Opportunities*. **Journal of Health Policy and Management**, 11(1), 2023. 45-58. <https://doi.org/10.1177/24500119221026569>
- J. Ojukwu, A. C. Eze, & C. Nnaji. *Governance and Accountability in Public Healthcare Systems: A Review of Challenges and Solutions*. **Journal of Health Services Research & Policy**, 27(3), 2022. 132-142. <https://doi.org/10.1177/13558196211051878>
- A. K. Alhassan, H. Tappis, & E. K. Ansah. *Health Policy Alignment with National Development Goals: Implications for Healthcare Reform in Nigeria*. **Journal of Public Health in Africa**, 12(2), 2021. 117-125. <https://doi.org/10.4081/jphia.2021.1266>
- B. S. C. Uzochukwu, D. Ogoina, & W. F. Adebimpe. *Public Health Financing in Nigeria: Challenges and Reform Opportunities*. **Journal of Public Health Policy**, 44(1), 2023. 12-25. <https://doi.org/10.1057/s41271-021-00300-7>
- O. A. Adeyemi, C. F. Nwankwo, & O. Afolabi. *Technology as a Catalyst for Reform in Public Healthcare: Evidence from Nigeria*. **International Journal of Health Services**, 52(2), 2022. 236-251. <https://doi.org/10.1177/00207314221048831>
- C. F. Nwankwo, M. Okoro, & O. Abah. *Community Engagement in Public Health Policy: Insights from Nigerian Healthcare*. **International Journal of Community Health Nursing**, 9(1), 2022. 11-21. <https://doi.org/10.1177/14745151211021545>
- R. L. Oliver. "A Cognitive Model of the Antecedents and Consequences of Satisfaction Decisions." **Journal of Marketing Research**, 17(4), 1980. 460-469.
- K. S. Choi, W. H. Cho, S. Lee, H. Lee, & C. Kim. *The Relationships among Quality, Value, Satisfaction, and Behavioral Intention in Health Care Provider Choice: A South Korean Study*. **Journal of Business Research**, 57(8), 2004. 913-921
- R. A. Spreng, & T. J. Page 2003. *A Test of Alternative Measures of Disconfirmation*. **Decision Sciences**, 34(1), 31-62.

- A. G. Thompson, & R. Sunol. *Expectations as Determinants of Patient Satisfaction: Concepts, Theory, and Evidence*. **International Journal for Quality in Health Care**, 7(2), 1995. 127-141
- T. S. Dagger, J. C. Sweeney, & L. W. Johnson. *A Hierarchical Model of Health Service Quality: Scale Development and Investigation of an Integrated Model*. **Journal of Service Research**, 10(2), 2007. 123-142.
- A. Parasuraman, V. A. Zeithaml, & L. L. Berry. *A Conceptual Model Of Service Quality And it's Implications for Future Research*. **Journal of Marketing**, 49(4), 1985. 41-50.
- A. Donabedian. *The Quality Of Care: How Can It Be Assessed?* **Journal of the American Medical Association**, 260(12), 1988. 1743-1748.
- O. Groene, N. Klazinga, V. Kazandjian, P. Lombrail, & P. Bartels. *The World Health Organization Performance Assessment Tool for Quality Improvement in Hospitals (PATH): An Analysis of the Pilot Implementation in 37 Hospitals*. **International Journal for Quality in Health Care**, 14(1), 2012. 41-48.
- K. D. Hekkert, S. Cihangir, M. Kleefstra S., B. van den Berg, & R. B. Kool . *Patient Satisfaction Revisited: A Multilevel Approach*. **Social Science & Medicine**, 69(1), 2009. 68-75.
- A. Parasuraman, V. A. Zeithaml, & L. L. Berry. *Servqual: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality*. **Journal of Retailing**, 64(1), 1988. 12-40.
- M. J. Bitner. *Servicescapes: The Impact of Physical Surroundings on Customers and Employees*. **Journal of Marketing**, 56(2), 1992. 57-71.
- K. L. Wakefield, & J. G. Blodgett. *The Effect of the Servicescape on Customers' Behavioral Intentions in Leisure Service Settings*. **Journal of Services Marketing**, 10(6), 1988. 1996. 45-61.
- M. J. Bitner. *Evaluating Service Encounters: The Effects Of Physical Surroundings And Employee Responses*. **Journal of Marketing**, 54(2), 1990. 69-82.

- C. Gronroos. *Service Quality: The Six Criteria Of Good Perceived Service Quality*. **Review of Business**, 9(3), 1988. 10-13.
- L. L. Price, E. J. Arnould, & P. Tierney. *Going To Extremes: Managing Service Encounters and Assessing Provider Performance*. **Journal of Marketing**, 59(2), 1995. 83-97.
- J. Coughlan, L. Anderson, & P. Stern. *Conducting and Evaluating Service Encounter Research*. **Journal of Retailing and Consumer Services**, 10(1), 2003. 61-74.
- C. F. Surprenant, & M. R. Solomon. *Predictability and Personalization in the Service Encounter*. **Journal of Marketing**, 51(2), 1987. 86-96.
- L. L. Berry, & N. Bendapudi. *Health Care: A Fertile Field for Service Research*. **Journal of Service Research**, 10(2), 2007. 111-122.
- A. Agyapong, M. Abeka, & E. Asamoah. *Impact of Service Encounter Quality on Patient Satisfaction: Evidence from Hospitals in Ghana*. **International Journal of Healthcare Management**, 14(3), 2021. 234-247.
- O. Okonofua, A. Ishola, & K. Tayo. *Patient-Centered Care and the Role of Provider Communication in Nigerian Public Hospitals*. **Journal of Patient Satisfaction Studies**, 7(2), 2020. 41-52.
- M. Khalifa, M. Alotaibi, & F. Saeed. *Patient Satisfaction and Public Healthcare Service Quality: The Role of Servicescape and Service Encounter in Healthcare Facilities*. **Journal of Healthcare Quality Research**, 35(2), 2020. 85-92.
- O. A. Oladipo, & I. O. Oluwaseun. *Determinants of Patient Satisfaction in Public Hospitals in Nigeria: A Study of Ibadan Metropolis*. **Nigerian Journal of Clinical Practice**, 24(1), 2021. 1-7.
- K. Adebayo, & Lawal M. (2023). *Evaluating the Impact of Servicescape on Patient Satisfaction in Nigerian Public Hospitals*. **African Journal of Healthcare Management**, 11(2), 122-134.
- M. J. Bitner, B. H. Booms, & L. A. Mohr. *Service Encounters: Customer and Employee Roles in Service Delivery*. **Journal of Business Research**, 136, 2021. 109-120.

- O. Adetokunbo, O. Adejumo, & S. Onifade. *Patient Satisfaction in Public Hospitals: Impact of Wait Times and Service Flow Management in Nigeria*. **Journal of Health Services Research**, 45(3), 2022.85-93.
- S. Madu, A. Olumide, & O. Bamidele. *Examining Wait Times and Patient Satisfaction in Nigerian Public Hospitals*. **Health Services Journal**, 15(3), 2020. 127-135.
- A. Ojo, & A. Oladipo. *Patient Empowerment and Emotional Support in Healthcare Delivery: A Study of Public Hospitals in Southwestern Nigeria*. **Nigerian Journal of Healthcare Psychology**, 12(2), 2021. 95-106
- O. Ogunyemi. & F. Oni. *Service Quality and Patient Satisfaction in Nigerian Public Hospitals: Applying SERVQUAL Dimensions*. **African Journal of Healthcare Studies**, 10(4), 2020. 122-131.
- D. Atnafu, A. Berhane, & M. Assefa. *Hospital Service Quality and Patient Satisfaction in Sub-Saharan Africa: A Systematic Review*. **African Journal of Healthcare Management**, 13(1), 2021. 54-63.
- M. Brahmhatt. R. Sheth, & S K. oni. *Evaluation of Hospital Service Quality Using SERVQUAL Framework in Developing Economies*. **International Journal of Healthcare Management**, 15(3), 2022. 235-246.
- F. Oluwaseun. & A. Folashade. *Analyzing the Dimensions of Service Quality in Nigerian Public Hospitals*. **International Journal of Healthcare Quality Assurance**, 34(4), 2021. 298-309.
- T. Ogundele, & A. Aluko. *Reducing Waiting Times in Nigerian Public Hospitals: A Patient-Centered Approach*. **Journal of Health Policy and Management**, 20(3), 2021. 102-
- N. Chukwuemeka, S. Afolabi, & J. Olatunde. *Provider-Patient Interactions in Nigerian Public Hospitals: Impact on Patient Satisfaction*. **West African Journal of Medical Sciences**, 33(1), 2021. 71-82.
- T. Ojo, B. Adekunle, & O. Adebayo. *The Impact of Assurance on Patient Satisfaction in Nigerian Healthcare Settings*. **Journal of Medical Services**, 17(2), 2023. 67-74.

- S. Kim, H. Lee, & M. Choi. *The Impact of Provider Empathy on Patient Satisfaction in Clinical Encounters*. **Journal of Patient Experience**, 10, 2022. 65-73.
- R. Ezeokoli & M. Afolabi. *Patient Perceptions of Empathy and Satisfaction in Nigerian Public Hospitals*. **Journal of Public Health in Africa**, 11(3), 2020. 197-205.
- M. Peters, A. Brown, & G. Lewis. *The Role of Responsiveness in Healthcare: An Analysis of Waiting Times and Patient Satisfaction*. **International Journal of Healthcare Management**, 24(3), 2022. 230-243.
- C. Eze & A. Aluko. *Examining Patient Satisfaction and Waiting Times in Nigerian Public Hospitals*. **Journal of Health Policy and Management**, 17(2), 2020. 56-68.
- E. Agyapong, & A. Kwame. *Hospital Environment and Patient Satisfaction: Evidence from Ghanaian Public Hospitals*. **African Journal of Healthcare Quality Assurance**, 14(2), 2022. 112-123.
- S. Mensah, & J. Boateng. *Physical Environment and Patient Satisfaction: Evidence from Sub-Saharan Africa*. **Journal of Public Health Studies**, 12(3), 2020. 199-210.
- A. Jones, et al. *Linking Patient Satisfaction to Healthcare Outcomes: A Systematic Analysis*. **The Lancet Public Health**, 14(2), 2021. 24-36.
- T. Nwachukwu, K. Adeyemi, & B. Taiwo. *Patient Perceptions of Emotional Support in Nigerian Public Hospitals*. **Journal of Health Services Research**, 16(3), 2020. 122-131.
- A. Rahman, R. Khan, & J. Smith. *Exploring Determinants of Patient Satisfaction: Provider-Patient Communication, Empathy, and Competence*. **Journal of Healthcare Management**, 17(2), 2022. 202-214.
- T. Brown, P. Thomas, & K. James. *Patient-Provider Communication and Its Effect on Patient Satisfaction in Saint Lucia*. **Journal of Caribbean Healthcare Management**, 14(1), 2022. 45-58.
- O. Olawale, & Omotayo, F. (2023). *Enhancing Patient Satisfaction through Effective Communication in Nigerian Public Hospitals*. **African Journal of Healthcare Quality Assurance**, 15(2), 133-144.

- S. Kim, J. Han, & H. Choi. *The Role of Empathy in Healthcare Service Encounters*. **Journal of Patient Experience**, 9, 2022. 32-41.
- M. Okafor, & S. Odunayo. *Cultural Sensitivity and Healthcare Satisfaction among Diverse Patient Groups in Nigerian Hospitals*. **Journal of Health Services Research**, 15(1), 2021. 78-90.
- O. Oke, K. Folayan, & A. Obadina. *Reducing Waiting Times and Increasing Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Public Health Management**, 21(1), 2022. 45-58.
- A. Abubakar, A. Yusuf, & S. Bello. *Queue Management and Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Health Policy and Management**, 19(3), 2021. 115-126.
- L. Gomez, R. Martinez, & F. Torres. *Provider Competence and Patient Satisfaction: Evidence from Latin American Healthcare Settings*. **International Journal of Healthcare Management**, 15(4), 2023. 217-228.
- T. Olalekan, & S. Adebayo. *Patient Satisfaction and Provider Competence in Nigerian Healthcare Facilities*. **Journal of African Healthcare Studies**, 13(1), 2021. 95-105.
- C. Okeke, & A. Adewole. *Empathy in Patient Care: A Nigerian Perspective*. **West African Journal of Medicine**, 37(4), 2020. 325-331.
- J. E. Sawyer. *Goal And Process Clarity: Specification Of Multiple Constructs Of Role Ambiguity And A Structural Equation Model Of Their Antecedents And Consequences*. **Journal of Applied Psychology**, 77: 1992; 130–142. doi:10.1037/0021-9010.77.2.130
- A. Çalışkan, & O. Koroğlu. *Job Performance, Task Performance, Contextual Performance: Development and Validation of A New Scale*. **International Journal of Economics and Administrative Science**, 8 (2), 2022. 180-201.
- M. Efatmaneshnik & H. Handley. *Task Complexity Measurement Framework for Human Systems Integration*. **IEEE Systems Journals**. 9 (9); 2020. 1-11.

- M. T. Adekunle, S. Oduola & B. O. Fasina .*Hospital Management and Patient Outcomes: Evidence from Public Hospitals in Oyo State*. **African Journal of Healthcare Administration**, 22(1), 2023. 56-69.
- R. Phillips, & D. Grant. *The State of Public Hospitals and Its Impact on Patient Care in Trinidad and Tobago*. **Trinidad Medical Review**, 15(1), 2021. 78-88.
- Y. Choi, H. Lee, & J. Park. *Service Encounter Quality and Customer Satisfaction in the Hospitality Industry: A Moderating Role of Cultural Values*. **International Journal of Hospitality Management**, 102, 2022. 103141 <https://doi.org/10.1016/j.ijhm.2021.103141>.
- A. F. Ogunjimi, B. A Olaniyan, & R. Oduyemi 2022. *Patient Perception of Care in Specialized Departments of Public Hospitals*. **Nigerian Medical Journal**, 18(2), 134-150.
- O. Oke, K. Folayan, & A. Obadina. *Reducing Waiting Times and Increasing Patient Satisfaction in Nigerian Public Hospitals*. **Journal of Public Health Management**, 21(1), 2022. 45-58.
- O. Ajayi, et al. *Quality of Healthcare Services and Patient Satisfaction in Nigerian Public Hospitals 2020*. **Journal of Healthcare Management in Nigeria**.
- S. Bello & M. Johnson. Exploring Factors Impacting Healthcare Satisfaction in Public Facilities in Nigeria 2022. **African Journal of Public Health**.
- S. Johnson (2023). *The Importance of Staff Professionalism in Patient Care in the Caribbean*. **Caribbean Journal of Health Sciences**, 13(3), 34-46.
- M. Okafor, & S. Odunayo. *Cultural Sensitivity and Healthcare Satisfaction among Diverse Patient Groups in Nigerian Hospitals*. **Journal of Health Services Research**, 15(1), 2021. 78-90.

Lead City University Ibadan DO NOT COPY

Appendix 1

**Lead City University, Ibadan, Oyo State, Nigeria
Faculty of Communication and Information management
Department of Information Management**

Questionnaire

Dear respondent,

I am a post graduate student in the Department of Information Management of Lead City University, pursuing the MSc in Health Information Management. At present, I am conducting a reach on ‘‘Perceived Care, Service Encounter and Patients’ Satisfaction in Government owned Hospitals in Ibadan, Oyo State.’’ This questionnaire is designed to gather data for the thesis. Be rest assured that this is an academic exercise and the researcher shall be guided by research ethics of anonymity and confidentiality. Kindly provide a response that appropriately reflects your personal opinion about the issues under investigation as it affects your institutions.

Thank you.

Ifeoluwakitan Micheal ODEDEJI (Researcher)

Section A: Socio-demographic Information

Gender: Male [] Female []

Age: < 18 years [] 19-29 years [] 30-40 years [] 41 years and above []

Name of Hospital..... (Please specify)

Section B: Perceived Care Scale:

Instruction: Tick (√) the option that best suits your opinion from the options available based on your recent experience with the healthcare services:

Very High (VH) =4, High (H) =3, Low (L) =2, Very Low (VL) =1

S/n	Items	VH	H	L	VL
	Effectiveness				
1.	The care received in this hospital is appreciated				
2.	I considered the available medical equipment to be in good working order				
3.	I am impressed with the manner of maintaining medical equipment being used in this hospital				
	Acceptability				
4.	I am inclined to the manner at which the healthcare personnel use to attend to me				
5.	I feel secured with the hospital staff while receiving care				
6.	I have confidence in the abilities of the hospital staff to provide quality care				
	Efficiency				
7.	The hospital staff are responsive to my pain and discomfort				
8.	I feel that I received high-quality care from the healthcare personnel				
9.	The planning of routine of care is observed to be organized compared to international standard				
	Access				
10.	Being accessible to the personnel leads to reassurance I receive from them				
11.	I received detailed information about treatment administered to me				
12.	Accessibility to the hospital staff sometimes contributes to my social wellbeing				
	Equity				
13.	The healthcare worker are attentive to my				

	complaints				
14.	Special equipment such as wheelchair to facilitate medical care for patients with special needs are provided				
15.	Health facilities to cater for patients with different physical challenges are readily available				
	Relevance				
16.	I feel satisfied with the facilities provided for my treatment				
17.	Most of the essential equipment being used for treatment are considered to be relevant				
18.	The dexterity of the hospital staff in handling relevant routine tasks is appreciated				

Section C: Service Encounter Scale:

Instruction: Tick (√) the option that best suits your opinion from the options available based on your recent experience with the healthcare services:

Very High (VH) =4, High (H)=3, Low (L)=2, Very Low (VL)=1

S/n	Items	VH	H	L	VL
	Tangible Aspects				
1.	The healthcare waiting area is clean, conducive and well-maintained				

2.	The hospital facilities such as emergency rooms and laboratories appear to be in good condition				
3.	The hospital's signs and directories are clear and easy to follow				
4.	The seats in the waiting area are comfortable and perceived to be sufficient				
5.	Checking in and registering for appointment is easy				
6.	The hospital staff respond promptly to needs of patients				
	Intangible Aspects				
7.	I feel comfortable during my visit to the hospital				
8.	The hospital staff show empathy towards my situation				
9.	The hospital staff provide emotional support				
10.	The hospital staff are respectful and courteous towards me				
11.	The willingness of the hospital staff to render quality care has contributed significantly to my wellbeing				
12.	The hospital staff involved me in decision-making about my care				

Section D: Patients' Satisfaction Scale

Instruction: Tick (√) the option that best suits your opinion in the following statements

Very High (VH)=4, High (H)=3, Low (L)=2, Very Low (VL)=1

S/n	Items	VH	H	L	VL
	Structure				
1.	The hospital's facilities are comfortable and kept tidy.				

2.	The hospital's medical equipment are modern and well-maintained.				
3.	The hospital's equipment are readily available when needed.				
4.	The hospital staff with different expertise are readily available to attend to me				
5.	The hospital staff are responsive to my needs, show concerns and compassion				
	Process				
6.	The health personnel communicate with me promptly and respectfully regarding diagnosis				
7.	The diagnosis of my ailment is explained to me in a way that I could understand.				
8.	Clear explanation is made on treatment given to me				
9.	Treatment of my health condition is delivered promptly and efficiently				
10.	The hospital staff provide guidance on preventive care and health promotion				
	Outcome				
11.	My health symptoms are effectively managed in the course of attending hospital				
12.	My functional abilities improves when I visit the hospital for checkup.				
13.	I am satisfied with my overall hospital experience				
14.	I feel confident in the care I received				
15.	I experience an improvement in my physical, mental and social well-beings				

Bio-data

A. Personal Data

Full Name: Ifeoluwakitan Micheal ODEDEJI

Date of Birth: 22nd June, 1991

Nationality: Nigerian

Marital Status: Married

Number of children and their ages: One (1) six (6) month old

Name and Address of spouse: Oladipo Omolola Mary, 23 Ola Oluwa Street Oolola Idi-Mango Soka Ibadan Oyo State.

Name and Address of Next of Kin: Odedeji Babajide James, Custom Barrack Ijokodo, Apete Road, Ibadan Oyo State.

Date of Assumption of Duty in current: November, 2022

Establishment: Lead City University, Ibadan Oyo state.

Present position: Health Records officer

Date of Last Promotion: nil

Date of Confirmation of Appointment: nil

If not confirmed, why?

Present Salary: nil

Faculty:

Department: Leadcity university Hospital

B. Educational Background

Educational Institutions attended with Dates and Qualifications:

- 2022-till Date: Masters in Health Information Management in view, Lead City University, Ibadan
- 2014-2018: Bachelor Degree in Computer and Information Science (HIM Optional) Lead City University, Ibadan.
- 2006-2009: Secondary School Certificate (senior), Great Shepherd International School.
- 2003-2006: Secondary School Certificate (Junior) Bolson College.
- 1998-2003: Stars Daycare Nursery and Primary School (Primary School Certificate).

C Awards and Fellowships

- 2022: Certification of participation in Employability Training Workshop
- 2018/2019: Certification of Merit & award on community service (Nigerian Military School) Zaria.
- 2017: IPD-CRM (institute of personality development & customer relationship management)
- 2017: pro-chancellor's community service.
- 2017: NEW HORIZON (Certification on Statistical package for social sciences)
- 2017: Oluwaseyi Art Gallery (Certification in Batik Making, Tie and Dye).
- 2016: Peace Corps of Nigeria (Certification of initial training & orientation)
- 2016: Certificate in Internet and Computer Core Certificate: (computer fundamentals key applications, living online). New horizon computer learning center. (Lead City University, Ibadan Oyo state)
- 2013: Certification in Microsoft Excel and Power Point. Idea Konsult Limited. Mokola, Ibadan Oyo state.
- 2013: Strat PM (certification on project management program) PMP.
- 2012: Land mark Information & Communication Technology (Certification of course completion on Vsat Networking Basics)

D Work Experience/SIWES

- 2022: Lead city University Ibadan, Oyo State.
- 2022: Tutor in De Potter College of Health Oru-Ijebu Igbo Ogun State
- 2022: Wayne Behavioral Medical Service (Remote Working Station) Elebu, Ibadan, Oyo State.
- 2022: University College Hospital, Ibadan Oyo State.
- 2021-2022: Zenith care Hospital, Oluyole Extension Ibadan Oyo State.
- 2019-2021: Tutor in Pogil College Of Heath Technology, Oke-EriIjebu-Ode,Ogun State.
- 2018-2019: NYSC Corps member at Nigerian military school, Zaria.
- 2016: Federal Medical Centre, Abeokuta, Nigeria.
- 2015: University College Hospital, Ibadan, Oyo State
- 2013: University College Hospital,Ibadan, Oyo State.
- 2012: National Orthopedics, Igbobi Lagos State

E Membership of Academic Professional Bodies

- Member Health Record's Officer's Registration Board of Nigeria
- Member of staff Leadcity University
- Award & Certificate Nigerian Military school.
- Member AD-HOC Electoral Committee, Students' Union Government Lagos Chapter,Lagos State College of Health, Yaba, Lagos state

F Publications: Thesis, seminar

G Notable Scholarly or Professional Accomplishments: Nil

H Services in Lead City University: staff

I Extra Curricular Activities:

- Keeping up to date in various technologies Advancement.
- Taking care of the Environment and being around people to care for their wellbeing/Health

J Names and Addresses of Referees

- Mr. Odedeji Babajide James.
The Nigerian Customs Service.
0 806 231 4735
- Ven. Solomon OlawaleAkiode
Clergy Man

10, Atanda sholake crescent

Olorunsogo, AbeokutaOgun, State.

08037146408

The University Compliance Certificate

This is to certify that this thesis by Ifeoluwakitan Micheal ODEDEJI with Matriculation number LCU/PG/001940 in the Department of Information Management, Lead City University, Ibadan, is in full compliance with the approved university format and style.

Signature

Date

Lead City University Ibadan DO NOT COPY