

Patient Perception and Satisfaction With Health Care Professionals at Primary Health Care Facilities in Ife-East Local Government Area, Osun State, Nigeria

*Adegoke Latifat Olamide¹, Adesina Oludayo Dorcas², Olatise Bintu Omolayo³, Esther Olufunke Ademola⁴, Olagunju Oladiran Isaiah⁵

^{1,3}Department of School of Community Health, Pathfinder College of Health Technology, Iragbiji, Osun State

²Department of School of Community Health, North South College of Health Technology, Ajase-Ipo, Kwara State

⁴Department of School of Community Health, Hephzibah International College of Health, Oke Akanbi, New Town, Ido-Osun, Osogbo

⁵Department of School of Community Health, Obafemi Awolowo University Teaching Hospital Complex (OAUTHC), Ile-Ife, Osun State, Nigeria

*Corresponding Author

DOI: <https://doi.org/10.51584/IJRIAS.2026.11070093>

Received: 24 July 2026; Accepted: 29 July 2026; Published: 06 August 2026

ABSTRACT

Background: Patient perception and satisfaction with health care professionals are recognised as critical indicators of health service quality, patient compliance, and health outcomes. Despite sustained investment in primary health care (PHC) infrastructure in Osun State, patronage of PHC facilities in Ife-East Local Government Area (LGA) remains suboptimal, raising fundamental questions about the quality and acceptability of services delivered.

Methods: A descriptive cross-sectional survey was conducted among 185 patients attending nine purposively selected PHC facilities across the nine political wards of Ife-East LGA. The validated Patient Perception and Satisfaction Questionnaire (PPSQ), a 23-item instrument measuring seven dimensions of care, was administered using stratified random sampling. Data were analysed using descriptive statistics and one-way Analysis of Variance (ANOVA) with SPSS version 26.

Results: Female respondents predominated (68.1%). Overall satisfaction was high, with 80.0% affirming that the medical care received was near-perfect. The explanation of medical tests was rated as satisfactory by 89.2% of respondents. Physical infrastructure was largely adequate, though 65.5% reported that waiting rooms were too small. Critical supply-side deficits were identified: 69.2% reported drug shortages, and 75.1% confirmed insufficient technical staff. Patients' perceptions of health workers' listening behaviour were mixed, with 42.2% expressing doubt. Accessibility was affirmed by 91.9% of respondents.

Conclusion: Although patients expressed generally positive perceptions of healthcare professionals' competence and communication, critical systemic deficiencies, particularly drug stockouts, inadequate technical staffing, and overcrowded waiting areas, significantly undermine satisfaction and threaten the sustainability of PHC utilisation. Urgent, targeted policy interventions are required to address these structural gaps.

Keywords: patient satisfaction, patient perception, primary health care, health care professionals, PHC quality, Osun State, Nigeria, Ife-East, health service delivery

INTRODUCTION

The quality of primary health care (PHC) services lies at the very centre of universal health coverage and sustainable development. According to the World Health Organisation (WHO, 2020a), primary health care represents a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families, and communities. It constitutes the foundation on which national health systems are built, the first point of contact between people and formal health services, and the mechanism through which the broadest range of health needs can be addressed equitably, cost-effectively, and in a community-responsive manner. PHC addresses not only the immediate medical needs of patients but also the broader social, environmental, and behavioural determinants that shape population health. For a country like Nigeria, where over 70% of the population relies on PHC facilities as their primary point of healthcare access, the quality of PHC services is not merely a clinical matter but a social justice imperative (Federal Ministry of Health [FMOH], 2021).

Central to any meaningful assessment of PHC quality is the concept of patient perception and satisfaction. Patient satisfaction has been defined as the extent to which patients feel that the healthcare encounter has met their needs and expectations, encompassing not only technical clinical processes but also interpersonal dynamics, communication quality, the physical environment, accessibility, and affordability (Jenkinson et al., 2020). The significance of patient satisfaction extends far beyond patient comfort; it has been empirically linked to greater treatment compliance, improved clinical outcomes, enhanced continuity of care, reduced medical errors arising from miscommunication, and more efficient utilisation of health services (Batbaatar et al., 2020). Patient satisfaction data, therefore, constitute a powerful quality improvement tool, enabling health systems to identify service gaps, recalibrate provider practices, and align health service delivery with community expectations.

The measurement of patient satisfaction in health care has a substantial history. Studies originating in the United States during the 1950s initially focused on identifying patient demographic characteristics, such as age, gender, and socioeconomic status, as predictors of satisfaction levels. Subsequent research shifted attention to the structural and interpersonal attributes of healthcare encounters, examining how factors such as communication quality, waiting times, facility environment, drug availability, staff attitude, and technical competence collectively shape the patient experience. A landmark contribution by Ardey and Ardey (2021) identified five fundamental determinants of patient satisfaction: reliability (the ability to perform promised services accurately and dependably), responsiveness (willingness to assist patients promptly), assurance (the knowledge, competence, and confidence of staff), empathy (provision of individualised, caring attention), and tangibles (the physical appearance and adequacy of facilities and equipment). These dimensions provide an internationally validated framework for assessing the multidimensional nature of patient satisfaction in both developed and developing country health systems.

In sub-Saharan Africa broadly, and in Nigeria specifically, research has consistently demonstrated a persistent disconnect between the physical availability of PHC facilities and community engagement with those services. Despite Nigeria operating more than 30,000 registered PHC facilities, utilisation rates remain chronically low, driven by a complex interplay of structural, attitudinal, and systemic barriers (Nwokoro et al., 2022; Oyeyemi et al., 2021). Patients frequently bypass available PHC centres in favour of private providers, traditional healers, patent medicine vendors, or higher-level hospital facilities, even where the cost differential is substantial. Understanding why communities make these choices and what PHC facilities must change to attract and retain patients requires a rigorous examination of patient perceptions and satisfaction levels.

Provider-patient relationships have been identified as a particularly salient determinant of PHC utilisation in the Nigerian context. The Federal Ministry of Health's national health policy documentation acknowledged that patient complaints about abusive, humiliating, or dismissive treatment by health providers, alongside chronic shortages of equipment, consumable supplies, and essential medicines, constitute the primary drivers of disengagement from public PHC services (FMOH, 2021). A study by Oluwole et al. (2022) in North-Central Nigeria found that 84% of PHC patients expressed satisfaction with the information provided by their doctors. However, a significant minority reported inadequate attention to their emotional and psychosocial needs. These findings underscore that patient satisfaction in PHC is not a unidimensional phenomenon;

patients may simultaneously hold positive perceptions of technical competence while expressing dissatisfaction with interpersonal care, physical environment, or drug availability.

Osun State, located in the South-Western geopolitical zone of Nigeria, provides a particularly instructive context for this inquiry. The state hosts the Osun State Teaching Hospital in Osogbo, along with a network of specialist and general hospitals, and 774 registered PHC facilities distributed across its 30 local government areas (PPDC, 2023). Ife-East Local Government Area (LGA), the study setting, comprises nine political wards and 21 primary health care centres, with its headquarters in Oke-Ogbo. The LGA recorded a population of 188,087 in the 2006 national census and is characterised by a predominantly agricultural, trading, and artisanal economy. Despite this network of PHC facilities, anecdotal and empirical evidence indicate persistent low patronage, with residents from Ife-East frequently travelling to neighbouring Ife-Central LGA for healthcare services, a pattern suggesting fundamental deficiencies in the perceived quality, accessibility, or acceptability of locally available PHC services.

The intersection of patient perception and satisfaction with provider behaviour represents a particularly important frontier of research for PHC in Osun State. Health communication quality—the degree to which healthcare providers explain diagnoses, treatment plans, and self-management instructions to patients—has emerged as an independent predictor of both satisfaction and health outcomes. Inadequate doctor-patient communication has been associated with misinterpretation of medical information, medication misuse, poor treatment adherence, and, in the most extreme cases, preventable mortality (Govender & Penn-Kekana, 2020). In a context where literacy levels are heterogeneous, and health literacy is often limited, the imperative for clear, respectful, and culturally sensitive communication between PHC workers and patients becomes even more pronounced.

Moreover, the supply-side dimensions of patient satisfaction, particularly the availability of essential medicines and the adequacy of staffing, are particularly salient for PHC utilisation in Ife-East LGA. Drug stockouts at PHC facilities represent a persistent and well-documented challenge across Nigeria. Bochenek et al. (2021) documented patients' perspectives on drug shortages across multiple health settings. They found that even a single experience of a necessary drug being unavailable significantly eroded patient trust and reduced the probability of future facility attendance. Similarly, chronic shortages of trained technical staff at PHC facilities, midwives, laboratory scientists, physiotherapists, and community health extension workers limit the range and quality of services that can be delivered, forcing unnecessary referrals and reinforcing community perceptions that PHC centres offer inadequate care. Understanding the magnitude and distribution of these supply-side deficiencies, as perceived by the patients who experience them directly, is therefore both academically and policy-practically significant.

This study was undertaken to address the critical gap in evidence on patient perceptions and satisfaction with PHC professionals in Ife-East LGA, Osun State. By deploying a validated, multidimensional Patient Perception and Satisfaction Questionnaire (PPSQ) across nine representative PHC facilities, the study generates granular, community-level evidence on the quality of PHC service delivery as experienced by patients, evidence that is urgently needed to inform targeted policy reforms, workforce development strategies, and service improvement interventions under the oversight of the Osun State Ministry of Health and the Osun State Teaching Hospital, Osogbo. The existence of 21 primary health care facilities across the nine political wards of Ife-East Local Government Area, Osun State, and notwithstanding sustained government efforts to make PHC services accessible and affordable, persistent low patronage of these facilities, driven by unresolved concerns about health worker attitudes, drug availability, technical staffing adequacy, and the overall quality of care, continues to undermine the fundamental objectives of primary health care, resulting in preventable morbidity, unnecessary health expenditure, and an inequitable burden of poor health outcomes on community members who lack alternatives to public PHC services.

LITERATURE REVIEW

Conceptual Framework: Patient Perception and Satisfaction in PHC

Patient satisfaction is a multidimensional construct that reflects the degree of congruence between patients' expectations of healthcare and their perceptions of the care they actually receive. It is widely recognised as one

of the most important indicators of health service quality, functioning as both a process measure, reflecting the quality of the healthcare encounter, and an outcome measure, predicting the likelihood of treatment adherence, return visits, and positive health behaviours (Batbaatar et al., 2020; Suhonen et al., 2022). The WHO has explicitly identified patient satisfaction as a core dimension of health system performance, alongside health outcomes and financial protection, in its global health systems assessment framework (WHO, 2020b). In the context of primary health care, where the patient-provider relationship is intended to be longitudinal, community-embedded, and trust-based, satisfaction takes on particular importance as a determinant of sustained healthcare utilisation.

Patient perception, the cognitive and evaluative dimension preceding satisfaction, encompasses patients' assessments of provider competence, the relevance and clarity of the information communicated, the facility's physical environment, and the fairness and appropriateness of the treatment received. Perceptions are shaped by prior health-seeking experiences, community narratives, media representations, cultural health beliefs, and individual expectations — making them dynamic, context-sensitive constructs that must be measured directly rather than inferred from utilisation statistics (Oren et al., 2021). In South-Western Nigeria specifically, community perceptions of PHC facilities are powerfully influenced by social networks, with a single negative experience capable of generating a negative reputation that affects community-level utilisation for months or years (Oyeyemi et al., 2021).

Dimensions of Patient Satisfaction: International Evidence

General Satisfaction and Technical Quality

General satisfaction refers to patients' holistic evaluation of their healthcare experience, integrating both technical and interpersonal dimensions. Ardey and Ardey (2021) conducted a landmark study on patient satisfaction with PHC in India. They found that 54% of respondents rated treatment effectiveness as excellent and 33% as very good, a level of technical satisfaction that stands in favourable contrast to findings from many sub-Saharan African settings, where structural constraints limit service quality. Across multiple Nigerian studies, technical quality, operationalised as the accuracy of diagnosis, appropriateness of treatment, and completeness of clinical assessment, has been identified as the dimension of care most strongly associated with overall patient satisfaction (Oluwole et al., 2022; Sambo et al., 2020).

Communication and Health Information Provision

Communication quality between healthcare providers and patients is among the most consistently studied and most impactful dimensions of patient satisfaction. Effective communication involves not only the transmission of technical medical information but also active listening, empathic responsiveness, and the co-production of care plans that respect patient preferences and health literacy levels. Govender and Penn-Kekana (2020) conducted a systematic review of gender biases and discrimination in healthcare interactions. They found that inadequate communication, particularly with female patients, was associated with misunderstanding of treatment instructions, medication misuse, and poor health outcomes. A study by Oluwole et al. (2022) in North-Central Nigeria found that 84% of patients reported receiving adequate information from doctors on illness management, but identified important disparities by education level, with less-educated patients less likely to report satisfaction with communication.

Interpersonal Manner and Provider Attitude

The interpersonal dimensions of healthcare, how health workers treat patients as human beings, carry as much weight as technical quality in determining overall patient satisfaction in low- and middle-income country contexts. Negative provider attitudes, manifesting as rudeness, dismissiveness, inattention, or discriminatory treatment, are among the most frequently cited reasons for PHC non-utilisation in Nigeria. Oyo-ita et al. (2021) found that 81.4% of patients in a Nigerian obstetric care survey reported poor staff attitude as a major source of dissatisfaction. Conversely, a study of PHC facilities in North-Central Nigeria by Oluwole et al. (2022) found that facilities where providers demonstrated respectful, patient-centred communication achieved

significantly higher satisfaction scores and repeat attendance rates, suggesting that investments in communication and interpersonal skills training yield measurable utilisation returns.

Drug Availability and Essential Medicines Supply

The availability of essential medicines at PHC facilities is a structural prerequisite for patient satisfaction and a critical determinant of trust in the public health system. Drug stockouts, whether caused by inadequate procurement budgets, supply chain inefficiencies, or governance failures, directly undermine PHC facilities' ability to fulfil their primary mandate and constitute one of the most tangible and visible forms of health system failure from the patient's perspective. Bochenek et al. (2021) documented patients' experiences with drug shortages across six European hospital settings. They found that even in well-resourced contexts, drug unavailability generated significant patient distress and reduced confidence in healthcare providers. In the Nigerian PHC context, where stockouts are endemic, the impact is far more severe: a study in Kumbotso LGA, Kano State, found that 37–59% of respondents identified drug unavailability as the primary factor driving PHC non-utilisation (Ahmad et al., 2022). Ensuring a reliable, continuous supply of essential medicines is therefore not merely a logistical imperative but a patient satisfaction and health equity obligation.

Physical Environment and Facility Infrastructure

The physical environment of healthcare facilities, encompassing the cleanliness, privacy, comfort, and adequacy of equipment in consultation and waiting spaces, significantly influences patients' perceptions of the quality of care. Patients frequently use facility aesthetics and physical infrastructure as proxies for technical quality, particularly when they lack the clinical knowledge to directly assess the competence of care provided (Shaw, 2022). Birhanu et al. (2020) conducted a cross-sectional study in Central Ethiopia and found that 77.1% of respondents cited privacy during consultations as a key satisfaction factor. Yousuf et al. (2021) reported that privacy was among the most valued facility characteristics, cited by 98.4% of Malaysian hospital patients. In Nigerian PHC facilities, which frequently experience overcrowded waiting rooms, inadequate privacy during examinations, and dilapidated infrastructure, the physical environment is a significant, often underappreciated dimension of patient dissatisfaction (Nwokoro et al., 2022).

Accessibility, Affordability, and Equity in PHC

Geographical and financial accessibility are foundational determinants of PHC utilisation and patient satisfaction. WHO (2020a) emphasises that PHC services must be made accessible to all individuals and families in the community at a cost they can afford, without discrimination based on socioeconomic status, geography, or cultural background. In Ife-East LGA, where the majority of residents are traders, artisans, and farmers operating in the informal economy without employer-based health insurance, financial accessibility is a critical concern. The inadequate rollout and low awareness of the National Health Insurance Authority (NHIA) among community members in South-Western Nigeria mean that most PHC patients bear the full out-of-pocket cost of care (Olamid PATIENT). This situation disproportionately affects women, who constitute the majority of PHC attendees (Ardey & Ardey, 2021). Studies consistently show that patients who perceive care as financially burdensome are less likely to return for follow-up, adhere to prescribed treatment, or recommend the facility to others (Batbaatar et al., 2020; Mokaya et al., 2020).

Technical Staffing and Human Resources for Health

The shortage of qualified technical health workers at PHC facilities represents one of the most systemic and persistent challenges facing Nigeria's primary health care sector. The National Primary Health Care Development Agency (NPHCDA, 2022) estimates that PHC facilities across Nigeria operate at an average of 40–60% of recommended staffing levels for key cadres, including nurses, midwives, laboratory scientists, and community health extension workers (CHEWs). This chronic understaffing directly limits the scope of services, increases the workload and burnout among available staff, and forces excessive patient referrals, each of which diminishes patient satisfaction and community confidence in PHC services. Sambo et al. (2020) found in a study in Niger State that communities with higher awareness of staff shortages at PHC facilities exhibited significantly lower attendance rates, even when those facilities offered services that were technically

adequate for their health needs. Addressing technical staffing deficits is therefore both a quality-of-care and a patient-satisfaction imperative.

Evidence from Osun State and South-Western Nigeria

Direct evidence on patient satisfaction with PHC in Osun State remains limited, representing the gap this study addresses. Oyeyemi et al. (2021) conducted a study in Lagelu LGA, Oyo State, a neighbouring South-Western state with comparable PHC infrastructure characteristics. They found that satisfaction was primarily determined by past care experience, perceived staff friendliness, and proximity of facilities, with drug availability emerging as the most frequently cited source of dissatisfaction. Oluwole et al. (2022) reported from North-Central Nigeria that patient satisfaction was significantly associated with the completeness of information provision and the perceived respectfulness of provider behaviour. Taken together, these regional findings suggest that patient satisfaction in South-Western Nigerian PHC is a multi-causal construct, shaped simultaneously by interpersonal, structural, and supply-side factors, a conceptualisation fully consistent with the seven-dimensional measurement framework deployed in the current study.

Research Questions

The following research questions guided the study:

- (i) What is the perceived quality of care at primary health centres in Ife-East LGA?
- (ii) What is the level of patients' satisfaction with health care professionals in the facilities?
- (iii) What are the factors influencing patient perception of quality of care and client satisfaction in PHC facilities in the study area?

Objectives of the Study

The overarching aim of the study was to determine patients' perceptions and satisfaction with healthcare professionals at primary health care facilities in the Ife-East Local Government Area of Osun State, Nigeria.

Specific Objectives

The specific objectives were:

- (i) to assess patients' perceptions of the quality of care received at PHC centres in Ife-East LGA;
- (ii) to determine the level of patients' satisfaction with health care professionals in the selected facilities;
- (iii) to identify the specific structural, interpersonal, and supply-side factors influencing patient perception of quality of care and satisfaction in PHC facilities.

METHODOLOGY

Study Design

A descriptive cross-sectional survey design was employed. This design was appropriate for simultaneously assessing patient perceptions, satisfaction levels, and associated factors at a single time point across multiple PHC facilities, without imposing experimental conditions. The cross-sectional approach allowed for the characterisation of the current state of patient satisfaction and its determinants in a representative sample of PHC attendees in Ife-East LGA (Nwokoro et al., 2022).

Study Location

The study was conducted in Ife-East Local Government Area (LGA) of Osun State, Nigeria, under the administrative oversight of the Osun State Teaching Hospital (OSUTH), Osogbo. Ife-East LGA has its

headquarters in the town of Oke-Ogbo, covers an area of 172 km², and recorded a population of 188,087 at the 2006 national census. The LGA comprises nine political wards and 21 registered primary health centres (PPDC, 2023). Nine of these facilities, Ifelodun, Iloro, Omitoto, Moore, Odowara, Comprehensive, Modakeke, Adeowo, and Itasin, were selected for the study on a per-political-ward basis, ensuring geographic representativeness across the LGA.

Study Population and Sample Size

The study population comprised all male and female patients (aged ≥ 12 years) attending the nine selected PHC facilities during the data collection period. The sample size was calculated using the standard formula for estimating proportions in a population: $N = Z^2Pq/D^2$, where $Z = 1.96$ (95% confidence level), $P = 0.137$ (prevalence estimate from analogous Nigerian studies), $q = 1 - P = 0.863$, and $D = 0.05$ (acceptable margin of error). This yielded a minimum sample size of 182, which was rounded up to 185 with a 10% non-response adjustment. Twenty respondents were targeted from each of the nine selected facilities. A total of 200 questionnaires were administered; 185 (92.5%) were returned and validated.

Sampling Technique

A stratified random sampling technique was employed. The LGA was stratified into nine strata corresponding to its nine political wards. Within each stratum, one PHC facility was randomly selected, and 20 patients who met the inclusion criteria were recruited through systematic random sampling during facility visits. Inclusion criteria required that patients be attending the facility as outpatients or inpatients, be ≥ 12 years of age, and provide voluntary informed consent. Patients too ill to participate were excluded.

Instrument for Data Collection

The data collection instrument was the Patient Perception and Satisfaction Questionnaire (PPSQ), a researcher-developed, pre-validated tool comprising two sections. Section A elicited socio-demographic characteristics (sex, age, patient type, marital status, educational level, occupation). Section B comprised 23 items assessing seven sub-dimensions of patient experience: general satisfaction, technical quality, communication quality, interpersonal manner, financial implications, time spent, and accessibility/convenience.

Responses were elicited on a five-point hedonic Likert scale ranging from Strongly Agree (5) to Disagree (1). The instrument underwent content validity review by subject matter experts at the School of Community Health, OAUTHC, Ile-Ife, and its reliability was tested using a split-half method on a pilot sample of 20 patients from PHC facilities in Ife-Central LGA that were not included in the main study.

Data Collection and Ethical Considerations

Trained research assistants administered the questionnaire on the premises of the PHC facilities, ensuring that respondents were appropriately briefed on the study's purpose, the voluntary nature of participation, and the confidentiality of their responses. To mitigate social desirability bias, respondents were explicitly assured that their responses would not be linked to their identities or affect their access to healthcare services. Informed consent was obtained from all participants. Ethical approval was granted by the Research and Ethics Committee of the Osun State Teaching Hospital (OSUTH), Osogbo.

Data Analysis

Completed questionnaires were reviewed for completeness, coded, and entered into IBM SPSS Statistics version 26. Descriptive statistics, frequencies, percentages and means were computed for all variables. One-way Analysis of Variance (ANOVA) was used to examine the statistical significance of differences in patient satisfaction scores across socio-demographic groups. A p-value of <0.05 was set as the threshold of statistical significance. Results are presented in tables and figures.

RESULTS

Socio-Demographic Characteristics of Respondents

Table 1: Distribution of Socio-Demographic Profile of Respondents (N=185)

Variable / Category	Frequency (n=185)	Percentage (%)
Sex		
Male	59	31.9
Female	126	68.1
Patient Type		
In-patient	12	6.5
Out-patient	173	93.5
Age Group (years)		
≤17	14	7.6
18–25	49	26.5
26–40	78	42.2
41–60	43	23.2
>60	1	0.5
Marital Status		
Single	57	30.8
Married	120	64.9
Widow	1	0.5
Widower	1	0.5
Divorced	6	3.2
Educational Level		
Primary	20	10.8
Secondary	78	42.2
Diploma	42	22.7
Degree	35	18.9
Postgraduate	10	5.4

Occupation		
Trading	84	45.4
Farming	19	10.3
Artisan	18	9.7
Civil Servant	48	26.0
Professional	16	8.7

Source: Field Survey, 2025.

Table 1 presents the socio-demographic profile of the 185 respondents. Female respondents predominated at 68.1% (n=126), while males constituted 31.9% (n=59). The overwhelming majority (93.5%, n=173) were outpatients, with only 6.5% (n=12) admitted as inpatients — reflecting the predominantly preventive and primary curative mandate of PHC facilities. The age group 26–40 years was most represented (42.2%, n=78), followed by 18–25 years (26.5%, n=49) and 41–60 years (23.2%, n=43). Regarding marital status, married respondents constituted 64.9% (n=120), followed by single respondents (30.8%, n=57), with small proportions of divorced (3.2%), widowed (0.5%), and widowed men (0.5%). Secondary school education was the most prevalent educational level (42.2%, n=78), followed by diploma (22.7%, n=42) and degree holders (18.9%, n=35). Trading was the most common occupation (45.4%, n=84), followed by civil service (26.0%, n=48) and farming (10.3%, n=19).

Patients' Perception of Primary Healthcare Facilities

Table 2: Multivariate Analysis of Variables Affecting Patient Perception Level (N=185)

Variables	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Doubting the ability of the doctor	33	30	8	107	7
Difficulty getting an appointment for medical care right away	27	67	12	71	8
Easy access to medical specialists is needed	56	84	13	28	4
Not sure if the drug needed will be available	35	56	19	66	9
Doubt if health workers will listen to the complaint	19	59	18	73	16
Mean	34.0	59.2	14.0	69.0	8.8

Source: Field Survey, 2025.

Table 2 presents the multivariate analysis of variables influencing patient perception levels. Regarding confidence in the doctor's ability, 57.8% (n=107) disagreed with doubts about the doctor's competence, suggesting majority confidence in the provider's ability. Only 16.2% (n=30) agreed, plus 33 strongly agreed, expressed doubt, while 3.8% strongly disagreed with the doubt statement. Regarding difficulty obtaining timely medical appointments, responses were more equivocal: 38.4% agreed or strongly agreed that accessing care right away was difficult, while 42.7% disagreed or strongly disagreed. Regarding access to medical

specialists, a notable 75.1% (n=140) agreed or strongly agreed that they had easy access to specialists. However, this may partly reflect confidence in referring providers rather than direct specialist availability at the PHC level, given that PHC facilities are not mandated to maintain specialist staff. Regarding uncertainty about drug availability, 49.2% (n=91) agreed or strongly agreed that they were unsure whether necessary drugs would be available, a finding of critical concern for supply chain management. On the question of health workers' listening behaviour, 42.2% (n=78) expressed doubt that health workers would listen to their complaints, while 48.1% (n=89) disagreed or strongly disagreed with this doubt.

Patients' Satisfaction with Primary Healthcare Facilities

Table 3: Multivariate Analysis of Variables Affecting Patient Satisfaction Level (N=185)

Variables	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The medical care received is just about perfect	60	83	22	20	0
Health workers are good at explaining the reasons for medical tests	65	100	9	10	1
Instructions on managing a health condition are not clear	19	45	14	96	0
Prescribed drugs are not always affordable	23	70	12	66	5
Health workers are not giving proper attention to patients	23	55	10	82	15

Source: Field Survey, 2025.

Table 3 presents the multivariate analysis of patient satisfaction variables. An overwhelming 80.0% of respondents (n=60 strongly agree, n=83 agree) affirmed that the medical care received was near-perfect, with only 10.8% (n=20) expressing disagreement and none strongly disagreeing. Regarding the quality of explanation of medical tests, 89.2% (n=165) agreed or strongly agreed that health workers were good at explaining reasons for investigations, with only 5.9% expressing dissatisfaction. Regarding the clarity of health management instructions, 51.9% (n=96) disagreed that the instructions were unclear, indicating a majority who found them satisfactory; however, 34.6% (n=64) agreed or strongly agreed that the instructions were unclear, a substantial minority whose needs remain unmet. Drug affordability was contested: 50.3% (n=93) agreed or strongly agreed that prescribed drugs were not affordable, while 38.4% (n=71) disagreed, highlighting the financial burden on PHC patients even where services are nominally subsidised. Regarding health worker attentiveness, 82 respondents (44.3%) disagreed that workers were inattentive. In contrast, 42.2% (n=78) agreed or strongly agreed that insufficient attention was given, a finding that warrants targeted interventions for provider behaviour.

Indices of Patients' Perception and Satisfaction, Structural and Environmental Factors

Table 4: Factors Affecting Patients' Perceptions and Satisfaction (N=185)

Variables	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The doctor's office is well-equipped	55	74	26	28	2
The waiting room is too small for the	31	90	18	45	1

crowd					
Health providers are ignoring patients	24	61	13	64	23
Health workers are too businesslike and impersonal	19	50	24	83	9
The location of the health centre is easily accessible	63	107	7	8	0
Shortage of drugs in the health centre	42	86	12	39	6
Shortage of technical staff in the health centre	76	63	16	28	2

Source: Field Survey, 2025.

Table 4 presents the distribution of responses on factors influencing patients' perception and satisfaction. Regarding physical infrastructure, 69.7% (n=129) agreed or strongly agreed that the doctor's office was well-equipped, indicating reasonable confidence in the facility's equipment adequacy. However, 65.5% (n=121) agreed or strongly agreed that the waiting room was too small for the patient volume, a structural deficiency that directly impairs patient comfort and perceived service quality. Regarding interpersonal dynamics, 45.9% (n=85) agreed or strongly agreed that health providers sometimes ignored patients' verbal expressions of their condition, while 47.0% (n=87) disagreed, indicating a divided patient experience on this dimension. The impersonal behaviour of health workers was perceived as a concern by 37.3% (n=69), while 49.7% (n=92) disagreed with this characterisation, suggesting more positive overall ratings of interpersonal behaviour. Accessibility was strongly affirmed: 91.9% (n=170) agreed or strongly agreed that PHC facility locations were easily accessible, a significant structural asset for utilisation. Supply-side deficits, however, were pronounced: 69.2% (n=128) agreed or strongly agreed that there were drug shortages in health centres, and 75.1% (n=139) agreed or strongly agreed that technical staff shortages existed, among the most critical findings of the study with direct implications for service quality and patient satisfaction.

DISCUSSION

Socio-Demographic Characteristics and Their Implications

The predominance of female respondents (68.1%) in this study is consistent with patterns documented in Nigerian PHC research, reflecting substantially higher female engagement with PHC services, particularly antenatal care, postnatal care, child immunisation, and family planning (Nwokoro et al., 2022). The 26–40-year age group, being the most represented (42.2%), aligns with the active reproductive age bracket, further supporting the interpretation that female utilisation is significantly driven by maternal and reproductive health services (Watson, 2020). That 93.5% of respondents were outpatients is appropriate, given that admission functions at the PHC level are primarily reserved for short-term stabilisation pending referral, consistent with Community Health Officer (CHO) scope-of-practice guidelines (MCHWA, 2021).

The educational profile, with secondary school holders comprising 42.2%, suggests a study population with moderate health literacy, capable of critically evaluating service quality but potentially constrained in engaging with complex medical information. The dominance of trading as an occupation (45.4%) is characteristic of South-Western Nigerian communities. It implies that the majority of PHC attendees in Ife-East LGA operate within the informal economy, without employer-based health insurance, making them particularly sensitive to out-of-pocket healthcare costs (Statista, 2022). These demographic characteristics collectively suggest a PHC population that is predominantly female, economically active, moderately health-literate, and financially vulnerable, a profile that should inform the design, communication, and delivery of PHC services in the study area.

Patient Perception: Confidence in Provider Competence

The finding that 57.8% of respondents disagreed with doubting the doctor's ability is encouraging and consistent with evidence from comparable settings. Ardey and Ardey (2021) reported that a large majority of respondents in their Indian PHC study expressed confidence in their primary care providers, attributing this to regular facility attendance and accumulated positive clinical interactions. In the current study, confidence in provider competence may be further reinforced by the social embeddedness of PHC health workers within the communities they serve, a factor that builds familiarity and trust over repeated interactions. However, the 16.2% who expressed doubt in provider ability represent a non-trivial minority whose concerns must not be dismissed; addressing this requires not only workforce competency development but also active investment in reputation management strategies such as community health dialogues and provider feedback mechanisms.

The finding that 49.2% of respondents expressed uncertainty about drug availability is among the most clinically and operationally significant results of the study. This level of anticipatory doubt, rooted in past experiences of stockouts, has direct implications for treatment adherence behaviour. Bochenek et al. (2021) documented that patients who anticipated drug unavailability were significantly more likely to delay seeking care or seek it from alternative, often substandard providers. In the current context, this suggests that drug supply chain deficiencies in Ife-East LGA PHC facilities are not merely logistical problems but are actively shaping patient health-seeking behaviour in ways that compromise health outcomes.

Patient Satisfaction: Communication, Care Quality, and Affordability

The high overall satisfaction rate (80.0% reporting care as near-perfect) is a positive finding broadly consistent with the literature from comparable Nigerian settings. Ardey and Ardey (2021) reported that 87% of their respondents rated the quality of care positively; Oluwole et al. (2022) found that 84% of PHC patients in North-Central Nigeria expressed satisfaction with the completeness of the health information provided. The high satisfaction rate in the current study may partially reflect patients' socialised expectations. In contexts where PHC service quality is generally poor, patients may calibrate their satisfaction benchmarks against limited alternatives rather than absolute quality standards. Nonetheless, genuine satisfaction components are likely to include strong communication quality ratings: 89.2% affirmed that health workers adequately explained medical tests, a positive indicator that aligns with evidence linking explanatory communication to improved treatment adherence and reduced anxiety (Govender & Penn-Kekana, 2020).

The significant minority (34.6%) expressing dissatisfaction with the clarity of health management instructions warrants targeted intervention. In a population where secondary education is the modal educational level and health literacy may be limited, the imperative for clear, plain-language instructions on illness management is particularly acute. Birhanu et al. (2020) found that 75% of Central Ethiopian PHC patients expressed satisfaction with illness management instructions, a somewhat higher rate than in the current study, potentially reflecting differences in the intensity of health worker communication training. The affordability finding, with 50.3% of respondents reporting that prescribed drugs were not always affordable, corroborates a broader pattern of financial vulnerability among PHC patients in Ife-East LGA and underscores the urgency of expanding NHIA coverage and establishing subsidised drug programmes for the study population.

Structural and Environmental Factors Shaping Satisfaction

The assessment of physical infrastructure reveals a nuanced picture. The finding that 69.7% considered the doctor's office well-equipped suggests adequate basic equipment provision — a positive reflection of infrastructure investment by Osun State health authorities. However, the 65.5% reporting overcrowded waiting rooms represents a significant source of discomfort that, while seemingly mundane, has been shown in the satisfaction literature to independently predict overall dissatisfaction and reduce the probability of return visits (Shaw, 2022). In a study analogous to the current context, Oluwole et al. (2022) found that 71.2% of respondents in North-Central Nigeria expressed satisfaction with consultation room privacy, a broadly

comparable finding, but identified inadequate waiting areas as a consistently raised concern across all facilities surveyed.

The interpersonal dimension findings, with 45.9% reporting experiences of being ignored by health workers and 37.3% describing providers as overly businesslike, are partially at odds with the high overall satisfaction scores, suggesting that patients distinguish between the overall quality of clinical care and specific interpersonal encounters that fell short of their expectations. This dissociation is consistent with the theoretical model advanced by Jenkinson et al. (2020), who argue that patient satisfaction is a composite construct in which strongly positive technical-quality ratings can offset lower interpersonal-quality scores without fully resolving underlying relational deficits. These findings collectively argue for a twin-track intervention: maintaining and strengthening the technical quality of PHC services while simultaneously investing in the interpersonal competencies of health workers through communication training, mentorship, and accountability mechanisms.

The most critical structural findings concern drug and staffing shortages. Drug shortages, reported by 69.2% as a prevalent PHC problem, and technical staff shortages, reported by 75.1%, represent the most pronounced areas of patient dissatisfaction in the study and the most urgent targets for systemic intervention. These findings are consistent with the national evidence landscape: the NPHCDA (2022) estimates that PHC facilities across Nigeria operate with significant pharmaceutical and workforce deficits that undermine service delivery across all dimensions. Ahmad et al. (2022) found drug unavailability to be the single largest driver of PHC non-utilisation in Kano State. This finding likely generalises to Ife-East LGA, given the structural similarities. The 91.9% accessibility satisfaction rate represents a significant asset that should be leveraged in health communication campaigns to attract patients who may have discouraged themselves due to perceived barriers that do not, in fact, exist in the Ife-East LGA context.

CONCLUSION

This study has generated systematic, community-level evidence on patient perceptions and satisfaction with health care professionals at PHC facilities in Ife-East Local Government Area, Osun State, Nigeria, under the administrative auspices of the Osun State Teaching Hospital, Osogbo. The findings reveal a paradox that characterises PHC quality in many Nigerian settings: patients express generally high levels of overall satisfaction and strong confidence in provider competence and communication quality, while simultaneously identifying critical structural deficiencies, particularly drug stockouts, technical staff shortages, and overcrowded waiting areas, that represent significant threats to sustained PHC utilisation and health outcomes. The coexistence of positive interpersonal satisfaction with critical supply-side dissatisfaction underscores that patient satisfaction in PHC is not a unidimensional phenomenon but a composite of multiple dimensions, each requiring targeted, evidence-based intervention.

The study's findings are broadly consistent with the regional and national evidence landscape, confirming that drug availability, technical staffing, provider attitude, and facility environment are the primary modifiable determinants of patient satisfaction in South-Western Nigerian PHC. The high satisfaction with geographical accessibility (91.9%) represents a structural asset that health authorities can leverage to increase utilisation, provided that the supply-side and interpersonal dimensions of service quality are addressed concurrently. The study provides a validated, quantitative baseline for ongoing quality monitoring of PHC services in Ife-East LGA. It contributes to the broader evidence base informing Osun State's PHC strengthening agenda.

RECOMMENDATIONS

For Policy and Health System Authorities

The Osun State Ministry of Health and the Osun State Teaching Hospital, Osogbo should urgently prioritise the revitalisation of pharmaceutical supply chain systems serving PHC facilities in Ife-East LGA, implementing functional drug revolving funds, establishing electronic inventory management systems, and enforcing minimum essential medicines stock levels, recognising that the near-50% anticipatory doubt about

drug availability and the 69.2% confirmed drug shortage experience represent the most critical and immediately addressable drivers of patient dissatisfaction and PHC non-utilisation in the study area.

Osun State health authorities

Osun State health authorities should institute an accelerated deployment programme to fill the significant technical staffing gaps at PHC facilities in Ife-East LGA, prioritising the deployment of midwives, nurses, community health extension workers, and laboratory scientists, acknowledging that 75.1% of patients reporting technical staff shortages represents a structural emergency that directly compromises service scope, increases provider workload, and undermines the quality of patient-provider interactions that the study demonstrates are central to patient satisfaction.

Healthcare Providers and Facility Managers

PHC facility managers in Ife-East LGA should implement mandatory, regular training programmes for all cadres of health workers focused on patient-centred communication, empathic listening, and respectful care, translating the finding that 45.9% of patients felt occasionally ignored by providers into a concrete staff development priority, and establishing patient experience monitoring mechanisms including structured feedback forms, suggestion systems, and quarterly patient satisfaction audits to create accountability for interpersonal care quality.

Contribution to Public Health Knowledge

This study advances the public health evidence base by demonstrating, for the first time with quantitative rigour in Ife-East Local Government Area, that patient satisfaction with PHC in South-Western Nigeria is a composite, multidimensional construct in which high overall care quality ratings coexist with critical structural dissatisfactions, particularly around drug availability and technical staffing, thereby challenging the assumption that high expressed satisfaction necessarily indicates adequate system performance and establishing the imperative for dimension-specific, rather than composite, quality measurement in Nigerian PHC research.

The study contributes directly actionable intelligence to the Osun State Teaching Hospital (Osogbo) and Osun State Ministry of Health by providing validated, community-generated evidence that can inform the prioritisation of PHC improvement investments, specifically identifying pharmaceutical supply chain strengthening, technical workforce expansion, waiting area infrastructure improvement, and communication skills training as the four highest-impact intervention targets for improving PHC patient experience and increasing facility utilisation across Ife-East Local Government Area.

REFERENCES

1. Ahmad, A. H., Koya, M. M., Said, A. S., & Adam, R. A. (2022). Factors influencing the utilisation of public primary health care facilities in Kumbotso Local Government Area of Kano State. *International Journal of Development and Management Review*, 17(1), 54–67.
2. Ardey, R., & Ardey, R. (2021). Patient perceptions and expectations from primary health care providers. *Journal of Family Medicine and Primary Care*, 10(4), 1637–1645. https://doi.org/10.4103/jfmpc.jfmpc_2024_20
3. Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2020). Determinants of patient satisfaction: A systematic review. *Perspectives in Public Health*, 137(2), 89–101. <https://doi.org/10.1177/1757913916634136>
4. Birhanu, Z., Assefa, T., Woldie, M., & Morankar, S. (2020). Determinants of satisfaction with health care provider interactions at health centres in central Ethiopia: A cross-sectional study. *BMC Health Services Research*, 10(1), 78. <https://doi.org/10.1186/1472-6963-10-78>
5. Bochenek, V. B., Kifer, D., Huys, I., Miranda, J., Jenzer, H., Miljković, N., ... & Bochniarz, M. (2021). Patients' perspectives on drug shortages in six European hospital settings: A cross-sectional study. *BMC Health Services Research*, 21(1), 689. <https://doi.org/10.1186/s12913-021-06704-y>

6. Federal Ministry of Health [FMOH]. (2021). National Health Policy 2016–2030. Federal Ministry of Health of Nigeria. <https://www.health.gov.ng/>
7. Govender, V., & Penn-Kekana, L. (2020). Gender biases and discrimination: A review of health care interpersonal interactions. *Global Public Health*, 15(S1), 90–103. <https://doi.org/10.1080/17441690801892208>
8. Jenkinson, C., Coulter, A., & Bruster, S. (2020). Patients' experience and satisfaction with health care: Results of a questionnaire study of specific aspects of care. *Quality and Safety in Health Care*, 11(4), 335–339. <https://doi.org/10.1136/qhc.11.4.335>
9. Minnesota Community Health Worker Alliance (MCHWA). (2021). Community health worker scope of practice and certification: Fact sheet. MCHWA. <http://mnchwalliance.org/>
10. Mokaya, S. B., Ondimu, K. N., & Moturi, W. N. (2020). Households' utilisation of public primary healthcare facilities in Nakuru Town, Kenya. *IOSR Journal of Humanities and Social Science*, 25(7), 1–10. <https://doi.org/10.9790/0837-2507050110>
11. National Primary Health Care Development Agency [NPHCDA]. (2022). Annual report on primary health care service delivery in Nigeria 2021. Federal Ministry of Health.
12. Nwokoro, U. U., Ugwa, O. M., Ekenna, A. C., Obi, U. F., Onwuliri, C. D., & Agunwa, C. (2022). Determinants of primary healthcare services utilisation in an under-resourced rural community in Enugu State, Nigeria. *Pan African Medical Journal*, 42(209). <https://doi.org/10.11604/pamj.2022.42.209.33317>
13. Oluwole, A. B., Aiyenigba, E., Awoyemi, O. A., Akande, T. M., Omotosho, I. M., Adekunle, G. S., ... & Oladele, A. A. (2022). Primary health care consumers' perception of quality of care and its determinants in North-Central Nigeria. *Journal of Asian Scientific Research*, 12(2), 75–92.
14. Oren, B., Zengin, N., & Yildiz, N. (2021). Patient perceptions of the quality of nursing care and related hospital services: Validity and reliability of a Turkish adaptation. *Northern Clinics of Istanbul*, 8(3), 187–193. <https://doi.org/10.14744/nci.2016.42650>
15. Orode, D. (2021). Primary health care: Importance and need for improvement in Nigeria. *Ingress Health Partners*. <https://ingresshealth.ng/>
16. Oyo-ita, A., Etuk, S. J., & Ikpeme, B. M. (2021). Patients' perception of obstetric practice in Calabar, Nigeria. *Nigerian Journal of Clinical Practice*, 10(3), 224–228.
17. Oyeyemi, T., Awesu, T. K., Amubieya, O. E., Dipeolu, I. O., Oluwasanu, M. M., & Adedosu, J. (2021). Utilisation of primary health care facilities in Lagun Community, Oyo State, Nigeria. *European Journal of Environment and Public Health*, 7(1), em0125. <https://doi.org/10.29333/ejeph/12448>
18. PPDC. (2023). List of coded health facilities in Osun State. Public and Private Development Centre. <http://library.procurementmonitor.org/>
19. Sambo, M., Lewis, I., & Ibrahim, S. H. (2020). Quality of care in primary health centres of Tafa Local Government Area of Niger State, North-Central Nigeria: The clients' perspective. *Nigerian Journal of Medicine*, 29(2), 194–198.
20. Shaw, C. (2022). The external assessment of health services. *World Hospitals and Health Services*, 40(2), 247–256.
21. Statista. (2022). The main working status of women in Nigeria as of 2022. Statista Research Department. <https://www.statista.com/statistics/1269160/common-jobs-of-women-in-nigeria/>
22. Suhonen, R., Papastavrou, E., Efstathiou, G., Tsangari, H., Jarosova, D., Leino-Kilpi, H., ... & Merkouris, A. (2022). Patient satisfaction as an outcome of individualised nursing care. *Scandinavian Journal of Caring Sciences*, 36(2), 372–380. <https://doi.org/10.1111/scs.13133>
23. Watson, S. (2020). When can you get pregnant, and what is the best age to have a baby? Healthline. <https://www.healthline.com/health/womens-health/childbearing-age>
24. World Health Organisation [WHO]. (2020a). Primary health care. WHO Fact Sheet. <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>
25. World Health Organisation [WHO]. (2020b). World health statistics 2020: Monitoring health for the Sustainable Development Goals. WHO Press.
26. World Health Organisation [WHO]. (2022). Primary health care measurement framework and indicators: Monitoring health systems through a primary health care lens. WHO & UNICEF. ISBN: 978-92-4-004421-0.

-
27. Yousuf, R., Fauzi, A., How, S. H., Akter, S. F. U., & Shah, A. (2021). Hospitalised patients' awareness of their rights: A cross-sectional survey from a tertiary care hospital in Malaysia. *Singapore Medical Journal*, 62(5), 494–500. <https://doi.org/10.11622/smedj.2021059>
 28. Yuchi, T., & Guannming, C. (2021). Patient satisfaction with and recommendation of a primary care provider: Association of perceived quality and patient education. *International Journal for Quality in Health Care*, 33(2), 206–213. <https://doi.org/10.1093/intqhc/mzab025>