

Research Article

The determinants of Choice of Health Facility in Sagamu, South-West, Nigeria

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Abstract: The choice of a healthcare facility is not as straightforward as it usually seems. The assumption is that patients want high-quality care at the cheapest rates and choose centres that best fit their needs and preferences. However, in reality it is the result of interplay between patient and provider characteristics. The aim of the study is to identify the factors which determine the choice of health services to accommodate the changing trends. The method employed was a cross-sectional descriptive study of 384 respondents selected by a 2 staged random sampling technique. The majority (59.9%) of the respondents felt that the Teaching Hospital provided the best health care services. Perception of the overall quality of care (34.9%), perception of competence of health professionals (32.0%) and effectiveness of treatments given (28.0%) were the factors considered to be the most important in determining which facility provided the best services. Other less important determinants are cost, friendliness or hostility of health personnel, incessant strike action by health personnel and proximity of facilities to the homes. The most important determinants of choice of health facility are waiting time and perception of the quality of care. Other factors include cost, friendliness of health personnel, potential of strike action by health personnel and geographical access.

Keywords: quality, competence, access, effectiveness, cost.

INTRODUCTION

Health Care Services are services produced by medical and related health professions for the prevention, treatment and management of illness and the preservation of mental, social and physical well-being. They help to maintain good health among individuals and in the community as a whole thereby decreasing the morbidity and mortality especially when these services are utilized. Health Care Services could be primary, secondary or tertiary. Primary health care services are provided closest to the people where they live. This increases the availability of the services to the people [1].

It is disheartening that in developing countries, people often fall sick and die of diseases that are preventable and treatable. Most of such individuals do not benefit from modern health knowledge and technology which could help restore their health. The reasons for such unnecessary deaths are varied. Some communities do not have access to good and efficient health services. People in communities with health facilities often fail to make appropriate use of them. People lack the essential knowledge on how to live healthy, recognize dangerous signs and situations and mobilize resources to solve health problems. The very high morbidity and mortality rates (especially in the rural areas) of these developing countries can also be

due to poor hygiene and lack of funds and unmet drug needs [2].

In areas where health care services are readily available, the factors that determine the utilization of the services ranges from lack of awareness to low level of education, distance to health care, bureaucracy in the medical practice and mismanagement of facilities and equipment. Those who can't afford the cost of care in the hospitals, opt for traditional healers and other spiritual homes.

The Health Care industry is a complex of preventive, medical and therapeutic services provided by hospitals and other institutions, Nurses, Doctors, Dentists, Medical Administrators, government agencies, voluntary agencies, non-institutional care facilities, pharmaceutical and medical equipment manufacturers and health insurance companies [3, 4].

The health care industry consist Hospitals care which may be on an in-patient or out-patient basis; Nursing and residential care facilities which provide round the clock social and personal care to children, elderly and others who have limited ability to care for themselves. There are also offices of Physicians and Dentists who practice privately; home Health Care Services and other Health Practitioners like

chiropractors, podiatrists, optometrists, audiologists, psychologists and dietitians. Medical and Diagnostic Laboratories provide analytic and diagnostic services to the medical profession or directly to patients following a physician's prescription.

There are three (3) levels of health services available to the community namely Primary, Secondary and tertiary services. Primary health services are the point at which the individual makes first contact with health service. They range from a health centre, dispensary or health post in the rural area to general medical practitioner's clinic or out-patient department of the hospital in the urban area. The health centres are community-based and patient-directed organizations that serve populations with limited access to health care such as low income populations and farm workers. They serve as a health home for underserved people, improving public health and reduce the burden on hospital emergency rooms and providing needed services such as free immunization for children. Primary health care services are the basic elements of the health system. They are scientific-based, culture-sensitive and focused on priorities. They are made universally accessible to individuals and families in the community and entail community participation. The Alma-Ata declaration listed eight (8) basic elements of Primary health care [5].

More difficult cases that the primary health care cannot deal with effectively are referred for more detailed evaluation and for more skilled care at the secondary and tertiary facilities.

The major requirements for health services have been divided into finance, human resources, materials and Management. Financing can come wholly from government revenue or compulsory insurance schemes. Government can provide some general public health services but the communities must pay for other items of health care. Also government can subsidize some services while other services are paid for by individuals either directly or through voluntary insurance schemes [6].

In the health care industry, there is need for team effort with allocation of tasks on the basis of skill and experience. It consists of professionals who should be able identify and analyze problems arriving at independent judgments of situations and auxiliary health workers who are trained to perform a number of specific tasks of limited scope under supervision. Careful planning is needed in determining what buildings, capital equipment, drugs, vaccines and other essentials will be needed. Training in management is essential for health workers especially those in positions of authority and supervision [6].

Many factors influence man's decision to use the health care services provided. Economic status (the

amount of money an individual earns) will determine the type of health care service he will make use of. Low income earners tend to use alternative health care providers e.g. traditional healers especially where services are not subsidized. The level of education is another important factor. Educated women are likely to go for ante-natal care when pregnant and also take their children to the hospital when sick instead of giving home remedies. Culture has also been found to influence the utilization of health care services. Certain cultures do not encourage educating the female child, which in turn affects the ability of such women to choose the right health care services for themselves and their children [7].

Some religious beliefs hinder people from using provided health care services especially in rural sub-Saharan settings where people attribute certain illness to witchcraft and evil spirits. Diseases such as epilepsy, stroke, obstructed labour, infertility are particularly linked to negative spirits and therefore thought not to be amenable to orthodox medicine. Also some do not believe in taking drugs while others reject blood transfusion even at the point of death. Hospital inflexible routines before seeing a doctor or getting a test done also discourage people from making good use of the health care service provided for them. Other factors which affect utilization that have been identified include social issues, gender and geographic factors. Studies have shown a profound association between level of education, income and utilization of healthcare services [7-9].

A lot of work has been done about attitude and utilization of healthcare services. However, there is a need to investigate the factors that determine the choice of health facility.

The choice of a healthcare facility is not as straightforward as it usually seems. The assumption is that patients want high-quality care at the cheapest rates and choose centres that best fit their needs and preferences [10-13]. However, in reality it is the result of interplay between patient and provider characteristics.

A number of researches indicates that patients prefer teaching hospital [14- 15] while findings are mixed on whether patients prefer a university medical centre [16-17]. American tend to prefer private, non-profit providers over public and commercial ones [18-19], whereas patients from the UK prefer public hospitals [20].

Some other vital determinants are the scope of services, quality of facilities [21-24] and the provider size [18, 21, 24-25]. Bornstein *et al.* found that Patients prefer centres with many Physicians [25]. Also, many studies have found that the qualification and/or expertise of providers to be an important determinant of

choice [26-31]. Patients prefer centres with highly qualified physicians. Furthermore, patients prefer centres with experienced health care providers [15, 21, 32-35].

Other factors that patients consider are health provider's specialization/interest [15, 25, 36-38] and the availability of sufficient staff per patient [14, 35].

Patients do not usually like lengthy travel time and prefer a health facilities that are quite close [20-21, 24, 39- 41]. The facilities are preferable when they are accessible by their own transport or public transport. Geographical access is quite important to them [21, 31, 38, 42- 43].

Provider and environment friendliness have also been identified as important determinants [14, 21, 32, 44- 46]. Reduced waiting time is also a reason may people have been found to prefer some health facilities to others [21, 37, 45, 47-48]. However, the specific disease determines the level of importance that Patients attach to waiting time [21, 32, 49].

Another very important determinant of choice is the quality of care. Many studies found this to have at least some positive influence on choice [21-22, 47, 50-51]. For instance whether medical treatment is high quality and whether care is delivered as agreed, the number of cancelled operations and whether there is a clear Patient care plan. Other studies show that the rules or activities implemented in order to deliver good care were also quite important e.g. the use of clinical standards, the protocols and procedures a provider has implemented and multidisciplinary care [16, 20, 22].

Most of this studies however, were done in settings that were quite different from the Sub-Saharan climate. Very few are available of such are available in South West, Nigeria. A study by Abodunrin *et al* in Ilorin, North Central, Nigeria found that the preferred health facility for medical care was private hospitals followed by pharmaceutical store, general/teaching hospitals and primary health care (PHC) in that order. Reduced waiting time and availability of drugs were found to be the major determinants of choice of health facility. The other factors were Sex, marital status, educational status, occupation and city area where the respondents lived [52].

With the increase in literacy and educational status, newer challenges to utilization of health care are emerging though the level of income remains very important. These new challenges include quality of service rendered, Shortage of technical, logistics and material support, incessant Hospital strikes, the need to strengthen the primary healthcare system, the National Health Insurance Scheme. It therefore becomes very necessary to assess the importance of some of these factors in determining the choice of health services to accommodate the changing trends.

METHODOLOGY

This study was carried out in Makun, Sagamu. Sagamu is the headquarters of Sagamu Local Government Area, Ogun State in South West, Nigeria. Sagamu is a semi-urban community with an estimated population of about 195,000 people who are mainly Yoruba. Makun is located in the Northwest part of Sagamu. It is a semi-urban community, which is mainly residential with the frontage of most homes converted to shops and petty trading outlets housing hair salons, stores trading in wares such as shoes and clothes. This depicts the major occupation of most of the inhabitants who are self-employed petty traders.

Sagamu is home to a tertiary health institution (Olabisi Onabanjo University Teaching Hospital), many primary health care centers, health clinics and private hospitals. Makun has four health posts, two health clinics, one primary health care centre, four private hospitals and many spiritual homes and traditional birth attendants. Makun has a projected population of 45,070 people.

The study design was cross sectional descriptive. The sample size was calculated using the formulae for estimating prevalence in a descriptive study where study population is more than 10,000 [53, 54] based on a prevalence of 50% and a worst expected frequency of $\pm 5\%$ at a confidence level of 95%. The minimum required sample size was 384. The respondents were selected by a 2-staged random sampling technique. House numbering was done. The household from which respondents were drawn was selected by systematic random sampling. The respondent from each house was selected by simple random sampling from all the people (18 and above) met in the house at the time of survey. The immediate next house was used when no one was met in the house that was selected by systematic random sampling. The study instrument was a pretested and standardized interviewer administered questionnaire containing closed ended questions that assessed the demographic characteristics, health facilities utilized and the factors that influenced the choice of facility utilized. Questionnaires were administered by final year medical undergraduate students who had prior training on the objectives of the study and questionnaire administration.

Data was entered into a computer and analyzed using the statistical package for social science- SPSS 17.0. Proportions were determined and statistics presented in tables.

RESULTS

Table 1: Socio-demographics of Respondents

Socio-demographic factor	Frequency	Percentage
Age		
<20yrs	65	16.9%
21-30yrs	146	38.0%
31-40yrs	96	25.0%
41-50yrs	50	13.0%
51-60yrs	19	4.9%
>60yrs	8	2.1%
Sex		
Female	227	59.1%
Male	157	40.9%
Marital Status		
Single	158	41.1%
Married	207	53.9%
Widowed	15	3.9%
Separated	4	1.0%
Divorced	0	0.0%
Religion		
Traditional	8	2.1%
Islam	115	29.9%
Christianity	261	68.0%
Occupation		
Unemployed	58	15.1%
Self Employed	204	53.1%
Professional	27	7.0%
Skilled Labour	26	6.8%
Unskilled Labour	19	4.9%
Others	50	13.0%
Highest Level Of Education Completed		
None	23	6.0%
Primary	61	15.9%
Secondary	180	46.9%
Post-Secondary (Ond)	55	14.3%
Tertiary	65	16.9%

Table 1 shows the socio-demographic characteristics of the respondents. About fifty-nine percent of the respondents were females while the males constituted about forty-one percent of the respondents. Majority of the respondents fell within the age group between 21 and 30 years (38%) followed by people in the age group between 31 and 40 years (25%). Only a very small proportion of the respondents were above 60 years (2.1%).

The majority of the respondents were Christians (68.0%), followed by Muslims (29.9%). The Traditionalists were quite few (2.1%). About Fifty four percent (53.9%) of the respondents were married, 41.4% were single and 3.9% were widowed. About fifty three percent (53.1%) of them were self-employed petty traders while 15.1% were unemployed including students. In about forty seven percent (46.9%) of the respondents, secondary school was the highest level of education completed; 16.9%) of them had completed tertiary schooling. The primary school completion rate was 94%.

Table 2: Determinants of utilization and non-utilization of health services

	Frequency	Percentage
Which Is The Best Health Care Service?		
Maternity Homes	4	1.0%
Spiritual Homes	15	3.9%
General Hospital	230	59.9%
Private Hositals	115	29.9%
Health Centres	8	2.1%
Traditional Homes	8	2.1%
Patent Medicine Sellers	12	3.1%
Why Is It The Best?		
Quality Of Service	134	34.9%
Cheaper	12	3.1%
Friendly Staffs	8	2.1%
Effectiveness Of Treatment	108	28.1%
Professional Competence	123	32.0%
Types Of Health Care Service Utilised		
Patent Medicine Sellers	42	10.9%
Traditional Homes	15	3.9%
Health Centres	15	3.9%
Private Hospitals	192	50.0%
General Hospitals	100	26.0%
Spiritual Homes	11	2.9%
Maternity Homes	9	2.3%
Reason For Use		
Competence Of Personnel	153	39.8%
Cost (Cheap And Negotiable)	54	14.1%
Friendly Staffs	23	6.0%
Time Saving	77	20.1%
Effective Treatment	69	18.0%
Proximity To Home	8	2.1%
Health Care Services You Would Rather Not Utilise		
Maternity Homes	15	3.9%
Spiritual Homes	50	13.0%
General Hospital	51	13.3%
Private Hospital	15	3.9%
Health Centres	19	4.9%
Traditional Homes	184	47.9%
Patent Medicine Sellers	50	13.0%
Reason For Non Utilisation		
Hostile Health Staff	27	7.0%
Time Wasting	73	19.0%
Non Effective Treatment	130	33.9%
Incessant Strike Action	23	6.0%
Incompetent Personnel	95	24.7%
Cost	36	9.4%

Table 2 shows the pattern of health service utilization and perception of the services by the respondents. All the respondents identified the providers of health care Patent medicine sellers, General and Private Hospitals, spiritual homes, maternity homes and traditional homes. An overwhelming majority (59.9%) of the respondents felt that the Teaching Hospital provided the best health care services followed by Private hospitals (29.9%). Spiritual, maternity and spiritual homes, health centres and Patent medicine sellers were not rated highly in health services provision. The overall quality of care (34.9%), perception of competence of health professionals (32.0%) and effectiveness of treatments given (28.0%) were the factors considered to be the most important in determining which facility provided the best services.

According to Table 2, half of the respondents utilize Private hospital while 26.0% utilize the General Hospital services. Patent medicine sellers and Maternity homes are patronized by 10.9% of the respondents each. Spiritual homes, Traditional homes and health centres were utilized by 3.9% Of the respondents each. In order the most important determinants of utilization were perceived competence of health professionals (39.8%), promptness of services (20.1%), effectiveness of therapy (18.0%) and cost (14.1%) respectively.

In answer to which health facility respondents would rather not utilize; 47.9% chose Traditional healing homes, 13.3% chose the Teaching Hospital while 13% each chose spiritual homes and patent medicine sellers. The most important determinants of non-utilization were perception of ineffectiveness of therapy (33.9%), incompetence (24.7%) and time wasting at health facility (19.0%). Other factors include cost (9.4%), health staff hostility (7.0%) and incessant strike action by health personnel (6.0%).

DISCUSSION

This study assessed the factors that determine which type of health facility is utilized by the inhabitants of Makun, Sagamu a sub-urban location in South-West Nigeria. The Respondents stated the type of health facility they utilized and gave their reasons. They also gave their perception on which Facility they thought was the best and on which Facility they would rather not utilize and stated their reasons.

Private hospitals, the Teaching hospital, Patent medicine sellers and Maternity homes (in that order) were the most preferred types of Health facilities. This is similar to the findings in Ilorin a city in North Central, Nigeria.⁵² However, unlike in the western world, where public facilities and nonprofit facilities are the most preferred, private for profit facilities are the most preferred [18-20]. This is also contrary to the notion that Patients prefer to patronize teaching

hospitals. The teaching hospital tend to have very massive patient load leading to excessive waiting time which is a very important factor in the choice of health provider [21, 37, 45, 47-48]. More so, because of the high patient turn out, the provider tend to be stressed overtime and are often accused of not being friendly. This is especially so because the health workers get paid irrespective of the quantity and quality of work done, a situation that does not arise in most private, for profit hospitals.

The most important determinants of utilization found by the study were perception of competence of health staff, effectiveness of therapy, promptness of services at the facility and the overall perception of quality of service; whereas, promptness of services and availability of drugs were the most important factors in Ilorin, Nigeria [52]. The importance of waiting time in the choice of health provider has also been emphasized by most studies in other settings [21, 37, 45]. However, the interesting finding is that issues of quality of care, competence of staff and effectiveness of therapy are very important among the respondents. These were not found to be the case in Ilorin, Nigeria [52]. Like in the Western countries [20, 21-22, 47, 50, 51] quality is gradually becoming a very vital determinant in the choice of health care provider.

Other less important determinants are cost, friendliness or hostility of health personnel, incessant strike action by health personnel and proximity of facilities to the homes.

CONCLUSION

Private for profit hospitals are the most preferred health facility by potential health seekers in Sagamu, Nigeria. The most important determinants of choice of health facility are waiting time and perception of the quality of care. Other factors include cost, friendliness of health personnel, potential of strike action by health personnel and geographical access. There is therefore the need for health care providers to ensure that services are provided in client friendly atmosphere and to enhance quality of service provision.

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Contribution of Authors

We declare that this work was done by the author(s) named in this article and all liabilities pertaining to claims relating to the content of this article will be borne by the authors. Olumide A. Abiodun conceived and designed the study; all authors participated in data collection and Oluwatosin O. Olu-Abiodun analyzed the data. The write up was done by Olumide A. Abiodun.

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