

Sociological Analysis of Fulfillment of Nursing Needs and Expectations of Patients in Teaching Hospitals in Northern Nigeria

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Abstract

Nurses have become central to many lives but how well nurses have fulfilled clients' expectations is often a matter of great concern. Therefore, this study was conducted to examine fulfillment of nursing needs and expectations of patients in teaching hospitals in Northern Nigeria. Descriptive cross-sectional survey design was adopted for the study. Questionnaire, structured interview and focus group discussion (FGD) were used as instruments for data collection. The quantitative data was coded and analysed using descriptive methods such as frequency tables, percentages and measure of central tendencies while inferential statistics (chi-square analysis) was used to test the hypothesis. These were triangulated with the content analyses of information from the focus group discussions. The finding showed that the mean age of respondents is 41 years and they cut across socio-economic classes and units of the hospitals. Some (41.5%) of the respondents said their social needs/expectations were not met or satisfied while 33.5% claimed that their psychological needs/expectations was not fulfilled by nurses during hospitalization. On the other hand, majority (77.9%) and (69.4%) of the patients said that their security and physical needs/expectations from nurses were respectively fulfilled. The test of significant relationship between the variables showed that there were statistically significant differences in the patients' nursing care needs/expectations and fulfillment of needs and expectations by nurses in the teaching hospitals in Northern Nigeria. It is therefore recommended that, curriculum of nursing training, workshops and seminars should be strengthened with the components of human relation and behavioral science.

Keywords: Patients, Hospital, Nursing needs, Expectations, Fulfillment, Satisfaction

1. Introduction

Nursing profession has a responsibility to maximize the time nurses spend in providing patient care and to minimize the time spent on tasks that do not require professional nursing expertise so as to meet patients' expectations and to ensure clients' satisfaction. The necessity of redefining the way delivery of nursing care by professional nurses is organized and managed is a fact today in health care. Furthermore, the move at both global and national levels toward a statistical method for measuring and controlling quality in health care will lead to greater accountability for the care delivered by health professionals and the outcomes of that care. According to Henderson (1966) nursing is the art and science of assisting the individual, sick or well in the performance of those activities contributing to health or recovery, that the patient would have performed unaided, if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible. Nursing as a caring profession has long been having the task of developing a scientific base for nursing practice in order to improve the practice of its members so that the quality of the services provided to patients will have the greatest impact and invariably lead to clients' satisfaction.

It is the right of consumers of health services to demand the best from care providers while it is the responsibility of nurses to provide quality care. Who is a consumer? The Consumer Protection Council of Nigeria (CPC, 2005) state that, "a consumer is any person who purchases, uses, maintains or disposes of products or services". Al-Doghaither (2000) simply defines the term as a person who buys goods or uses services. In summary, one can say that the term consumer refers to anyone who consumes products and services. A person who is affected by a product or service in any way is also a consumer of that product or service. In relation to health services, the patient stands out as a consumer who should be protected and satisfied. A patient therefore is anyone who patronizes or uses health care facilities and services.

Evaluation of patient satisfaction has become a standard part of assessment of health care system, and meeting patient expectations has become one of the main objectives of health care providers in general and professional nurses in teaching hospital in Nigeria in particular (Labarere & Francois, 1999). It is becoming increasingly recognized that patients' views should be taken into account as a part of comprehensive assessment of quality health care (Polluste, Kalda & Lember, 2000). Patient satisfaction is a multidimensional concept, based on a

relationship between patient's experiences and expectations. It is commonly defined as an evaluation based on the fulfillment of treatment expectations (Miching, Ausfeld & Busato, 2008). In other words, it is the patients' perception of care received compared with the care expected (Aiello, Garman & Morris, 2003). The term patient satisfaction as used here means the positive physical experience of nursing care and favourable emotional reaction to nursing services in its various aspects.

Patient satisfaction with nursing care in teaching hospitals depends not only on quality care but also on clients' expectations. Han (2003) said that consumers are satisfied when services meet or exceed their expectations. If consumer's expectations are low or if they have limited access to any service, they may be satisfied with relatively poor services. Consumer's satisfaction as expressed in interviews or surveys may not necessarily mean that quality is good; it may mean expectations are low. Thus, managers should not assume that the care provided is adequate, just because patients do not complain and low levels of reported dissatisfaction as low as 5% should be taken seriously (Population Report, 1999). According to Davies (2004) the major goal of any consumer's satisfaction programme should be to achieve preferred supplier status with as many consumers as possible. The fact remains that satisfaction is one of the most important findings that service providers will need to know about from individual consumer. This is because consumers expect service providers to perform satisfactorily in today's competitive environment with high production and service standards.

For example, most patients in teaching hospitals in Northern Nigeria will expect to be transfused with uncontaminated blood, treated with properly sterilized instruments, receive quality health care services in a therapeutic environment; to be administered non-toxic and genuine drugs and also to receive health care services without avoidable risks. Above all, patients in teaching hospitals in Northern Nigeria will expect to be given adequate information that can facilitate informed decisions. These include full information relating to the implications of the proposed treatment or examination, side effects of relevant drugs, likely duration of treatment, dependency, alternative procedures, if any and estimated cost of treatment. A full disclosure of these facts will help the patient to make an informed decision. It will also prepare clients psychologically to accept any possible side effect (Monye, 2005). According to Monye (2005) quality health care, patients' rights, and client protection and consumer satisfaction are indispensable to every health system and professions. Indeed, any health system that does not recognize mainstream consumer issues stands the risk of disintegration. This is particularly so today given the increasing level of awareness, which positions consumers of health services to challenge any service provider that acts below an acceptable standard and fail to meet up with the expectations of the patient. This study was therefore conceived so as to examine fulfillment of nursing needs and expectations of patients in teaching hospitals in Northern Nigeria.

2. Statement of Research Problem

Nurses have become central to many lives. This can be seen from the life-cycle of the modern man in which birth; treatments and death take place in hospitals under direct care of nurses who stay closest to the clients. How well nurses have fulfilled clients' expectations is often a matter of great concern. However, nurses in many developing nations have been criticized for lacking human touch and insulting patients (Ajaero, 2009). In fact, cases of negligence, poor interpersonal relationship, treatment errors and use of abusive language by nurses abound in many hospitals and clinics. There is often general dissatisfaction of patients and relatives with health organizations and the providers of health care particularly nurses (Ajaero, 2009). The major problems of nursing stem from the way nurses are perceived by others within and outside the health care delivery system, most especially the general public (Okoye, 2009). Health care services exist to meet the health needs and expectations of the people. As times evolve and health needs change, so must health care and health care providers' attitude. Today health is considered more than a basic human right. It has become a matter of public concern, national priority and in some cases that of political action. People are less willing to tolerate poor services and are insisting on improved health care. This means that the relationships between health personnel and their clients must improve so as to ensure patient satisfaction. In view of the foregoing, this study is designed to examine fulfillment of nursing needs and expectations of patients in teaching hospitals in Northern Nigeria.

3. Research Question

To what extent are patients' nursing needs and expectations fulfilled across the wards and teaching hospitals in Northern Nigeria?

4. Research Objective

To examine the fulfillment of patients' needs and expectations from nurses across wards and teaching hospitals in Northern Nigeria.

5. Hypothesis

There is no significant difference between the patients' needs/expectations and their experiences of nursing care in the teaching hospitals in Northern Nigeria.

6. Scope of the Study

The scope of this study is limited to teaching hospitals in Northern Nigeria. Teaching hospitals are tertiary health care institutions tagged "centres of excellence" in Nigeria. Therefore, primary and secondary levels of health care delivery (i.e primary health care centres, cottage and general hospitals) are not within the scope of this study. Similarly, teaching hospitals that were yet to be accredited as at the time of this study were not included. The choice of teaching hospitals in northern Nigeria was informed by the low level of health care services, educational standard and scanty literature on the subject matter in this part of the country.

7. Significance of the Study

The results of this study will assist managements of Teaching Hospitals in Northern Nigeria and the nursing services units of these tertiary health institutions to gain insight into the level of fulfillment of patients' nursing needs and expectations in the institutions. The result will also provide feedback to nurses in order to improve the quality of care rendered to consumers. This survey is an effective tool for having a glimpse into the minds of health consumers which will help the institutions under study, to understand what they are doing right and wrong.

8. Methods

8.1 Research Design

A descriptive cross sectional research design was adopted to assess level of fulfillment of patient's nursing needs and expectations are met in teaching hospitals in Northern Nigeria. This research design was adopted because the researcher is interested in describing satisfaction from the perspective of health consumers. The choice of descriptive cross sectional survey method for this study derives from its appropriateness and economic standpoint. It is appropriate because it has elicited data that adequately represented the population of study within reasonable limits of error. It is economical in the sense that it permitted the generalization of the findings to the entire population of study which would have been too expensive to study.

8.2. Area / Location of Study

The study setting is northern Nigeria. Northern Nigeria is made up of three geo-political zones plus Federal Capital Territory that is, Northwest, Northeast and North-central. As at the time of this study, there are seven accredited teaching hospitals in Northern Nigeria, they include, one first-generation teaching hospital established in the 1960s (i.e Ahmadu Bello University Teaching Hospital, Zaria), three second- generation teaching hospitals established in the 1970s as well as three third-generation teaching hospitals established in the 1980s and 1990s. It is important to note that there are state and privately owned teaching hospitals in northern Nigeria but they are yet to be fully accredited by the regulating bodies hence were not included in this study.

8.3. Population of Study

The study populations were all in-patients and some out-patients once admitted in the hospitals but not later than five years ago. Thus the respondent was selected from both current in-patients and former in-patients who were over eighteen (18) years and have or had been in the ward for three nights or more. Therefore, children less than 18 years of age were excluded because it is assumed that as minors they are not matured enough to assess quality of nursing care and their satisfaction or dissatisfaction with services provided. However, patients in psychiatric wards and mental health units were excluded as most of them may not be in the right frame of mind to assess quality of nursing care provided. On the average, the number of in-patients in each adult ward of these teaching hospitals in northern Nigeria is twenty six (26) and each teaching hospital has an average of ten (10) wards for adult patients excluding psychiatric/mental health wards. Therefore, the approximate total population of study is 1,820 in-patients and unestimated number of out-patients (Ajaero, 2009).

8.4. Sample Size and Sampling Procedures

Simple random sampling technique was used to select the primary sample unit (PSU) of three teaching hospitals in Northern Nigeria using the list of the teaching hospitals as sampling frame. Simple random sampling was also used to select two male wards and two female wards in each of the hospitals selected using lists of wards in the hospitals as sampling frame. These four (4) wards per selected hospital form the secondary sample unit (SSU) for the study. The hospitals included the first generation teaching hospital in the North West (Ahmadu Bello University Teaching Hospital Shika-Zaria) and one each of second generation teaching hospitals from North Central (Jos University Teaching Hospital, Jos) and North East (University of Maiduguri Teaching Hospital, Maiduguri) respectively. The criteria for subject selection in this study was all in-patients in the selected wards that have been on admission for at least three days and are 18 years and above since that is the adult legal age in Nigeria. Out of the approximated total population of 1,820 adult patients on admission in these teaching hospitals, a sample of 292 adult in – patients was chosen by the researcher using simple random sampling

method. Using the attendance list of the out patients as sampling frame, simple random sampling method was used to select eight (8) male and eight female former in - patients who came for out – patient or follow up visit in each of the teaching hospital. A total of sixteen (16) samples per teaching hospital and forty eight (48) former in – patients for the three teaching hospitals was included in the study. Therefore, the sample size of 292 of currently in – patients and forty eight (48) samples of out patients, a total of 340 sample size was used for this study.

8.5. Research Instruments

The instruments for the collection of data for this study are structured questionnaire, an interview schedule and focus group discussions. The 21 items questionnaire for this study was developed by the researcher guided by the published standardized questionnaires of General Practice Assessment Survey (GPAS) and Newcastle Satisfaction with Nursing Scales (NSNS) (Ramsay, 2000 and McColl et al, 1996). A five point Likert scale and yes or No question formats were used to elicit the response of patients. Scoring on the scale are as follows; Very dissatisfied 1, Dissatisfied 2, fairly satisfied 3, Satisfied 4 and Very satisfied 5 as well as well fulfilled, fairly fulfilled and not fulfilled. The same questionnaire was used for the interview of the respondents without formal education. However, a qualitative method (Focus Group Discussion) was used to complement the data obtained through quantitative approach.

8.6. Validation and Reliability of Instruments

To ensure face validity of the instruments for this study, an expert in the discipline had a closer look at the questionnaire and made necessary corrections. To ascertain content validity of instruments copies of instruments were distributed to a panel of three experts in the field for items rating from 1 point = not relevant to 4 points = very relevant. Thereafter, the total items rated were computed and a CVI of 0.86 was obtained at 5 percent level of significance which was considered as very good content validity index. The questionnaire and interview schedule were pre-tested (pilot study) on a group of fifteen (15) adult in-patients and three (3) out-patients from JUTH, Jos and on another group of fifteen (15) adult in-patients and three (3) out-patients in ABUTH Zaria making a total of thirty six (36) patients. Test-retest of the instruments was carried out on another thirty (36) patients with two weeks interval. The two sets of data obtained were subjected to statistical test and reliability correlation coefficient of 0.81 was obtained at 5 percent level of significance and was taken as a good reliability index for the instruments.

8.7. Data Collection Procedures

Data collection was carried out by the researcher and three trained research field assistants over a period of two to three months. Both the researcher and the research assistants administered the self-completion questionnaire to the literate respondents in the various hospitals. The questionnaire was also used by the researcher and his assistants as interview guide for those respondents who could not read and write. The focus group discussions (FGD) sessions were conducted by the researcher and the field assistants. Responses of discussants were recorded using a tape recorder and through note taking by the researcher and the assistant.

8.8. Techniques of Data Analysis

The quantitative data collected using questionnaire was coded and entered into the computer, using Statistical Package for Social Sciences (SPSS) software version 16.0. Descriptive and inferential statistical methods were used to analyse the data. Descriptive statistics was used to organise and describe the phenomenon of patient's nursing needs and expectation while inferential statistics was used to test the research hypothesis. The cross-tabulated variables were tested using chi-square statistic and value $p < 0.05$ was used as the level for statistical significance. The qualitative information recorded on tape during FGDs were transcribed to complement the notes taken and editing was done in line with the objectives of the study. The content of the transcript was coded and a log book was prepared. Content analysis method was used to analyze the information obtained from the FGDs to complement data gathered through quantitative approach. This involved summarizing, classifying and analyzing the key information within a thematic framework but grounded in the respondents own accounts.

8.9. Ethical Considerations

The ethical and research review committees in the selected teaching hospitals was given the proposal and copies of the instrument for assessment and a written permission to collect data from patients was obtained. Individual patient's consent to participate in the study was obtained after explaining the study goals and their freedom to decline participation to them. The respondent was assured of anonymity and confidentiality and the general ethical principle of beneficence and non maleficence was maintained at every stage of the investigation.

9. Results

The findings from the quantitative data (questionnaire and structured interview) are triangulated with the content analyses of findings from the qualitative information gathered through Focus Group Discussions (FGDs).

Table 1: Respondents' Bio-data

	F	%
Age (years)		
18 – 24	56	16.5
25 – 34	47	13.8
35 – 44	96	28.2
45 – 54	85	25
55 and above	56	16.5
Total (Mean age = 41 years)	340	100
Gender	F	%
Male	150	44.1
Female	190	55.9
Total	340	100
Marital Status	F	%
Married	208	61.2
Single	66	19.4
Divorced/separated	19	5.6
Widowed	47	13.8
Total	340	100
Religion	F	%
Islam	179	52.6
Christianity	161	47.4
Total	340	100
Ethnic groups	F	%
Hausa/Fulani	114	33.5
Yoruba	56	16.5
Ibo	66	19.4
Others (e.g Idoma, Berom, Igala, Langtang etc)	104	30.6
Level of education	F	%
No formal education	122	35.9
Primary education	94	27.6
Secondary education	86	25.3
Tertiary education	38	11.2
Total	340	100

Table 1 shows that 25% of the respondents are between 45-54 years, 28.2% are within 35-44 years of age, 16.5% are between 18-24 years and 55 years and above respectively. However, the mean age of the respondents is 41 years. Female respondents constitute 55.9% while 44.1% are male. Most of the respondents (61.2%) are married, 19.4% are single and 5.6% are divorced/ separated. Majority 33.5% and 30.6% are Hausa/ Fulani and other tribes in Northern Nigeria (e.g Tiv, Idoma, Igala, Berom, Lantang, Ngash) respectively. Some (16.5%) are Yoruba and 19.4% are Ibo. Some 35.9% of the respondents have no formal education, 27.6% had primary education while 11.2% had tertiary education. Some (16.8%) of the respondents were housewives, 19.4% were farmers and 13.8% were civil servants. The age range of female focus group discussants was 37-52 years while the age of male discussants ranges between 31-59 years. The level of education of discussants ranged from no formal education to tertiary education. However, some of the discussants had secondary education, a few had primary education and only one of the discussant had tertiary education. About half of the discussants (52%) are Muslims while 48% are Christians. Majority (85%) of the discussants are married and some (10%) are single. Majority of the discussants are in the lower socio-economic class, a few in the middle class while only one of the discussants could be said to be in the upper socio-economic class.

Table 2: Patients' over - all satisfaction with the level of quality of nursing care in the teaching hospitals

	F	%
Level of satisfaction		
Very Dissatisfied (1)	38	11.2
Dissatisfied (2)	38	11.2
Fairly satisfied (3)	94	27.6
Satisfied (4)	85	25
Very satisfied (5)	85	25
Total	340	100

Mean level of satisfaction =3.4

Table 2 shows that 27.6% of the respondents were fairly satisfied with level of quality of nursing care rendered in the hospital, 25% said they were satisfied and very satisfied respectively while 11.2% said they were very dissatisfied and dissatisfied respectfully with the level of quality of nursing care they received. The mean level of respondents' satisfaction is 3.4 which mean that most of the respondents (77.6%) were satisfied with the level of quality of nursing care provided in these hospitals while 22.4% were dissatisfied.

Table 3: Satisfaction with outcome of nursing care, patient expectations and follow-up care.

a) Whether patients' expectations were met by Nurses		
	F	%
Yes	264	77.6
No	76	22.4
Total	340	100
b) Whether patients were satisfied with outcome/ progress of Nursing Care		
	F	%
Yes	264	77.6
No	76	22.4
Total	340	100
c) Whether there was any plan for follow-up Care/ Home Visit		
	F	%
Yes	85	25
No	255	75
Total	340	100

Table 3 shows that majority (77.6%) said their expectations as patient from nurses were met while 22.4% said their expectation was not met by nurses. Similarly, most of the respondents (77.6%) are satisfied with outcome or progress of nursing care received. However, majority (75%) of the respondents said there was no plan for follow-up care/home visit by nurses in the hospitals while some (25%) said there was a plan for follow-up care and actual home visit by the nurses.

The discussants expressed their minds on the extent to which their nursing needs and expectations were met by nurses in the teaching hospitals under study. Sharing her view, one of the focus group discussant forthrightly said that some of her nursing needs and expectations were met by the nurses, in her words:

Some of the nurses are trying, they will ensure that you eat, take your drugs, sleep at the right time, take your bath, even they will counsel and encourage you with sweet words but some will only come and give you drugs (tablets and injections) nothing concern them with how you are feeling. It is an issue of individual nurses, some will try to meet all your needs but some their concern is to do their work and go (sic) (A focus group discussant in JUTH).

A discussant in addition to the above view explained his own experience in this way:

You can not expect everybody to treat you the same way. Most of the nurses are very good, they will want to do everything for you, you call them they will come, when it is time for you to eat they will ensure you eat, when it is time for you to bath they will make sure you take your bath, when it is time for you to take your medicine they will bring it for you and when you have visitors who came to greet you they will allow them (sic). But some of the nurses do not care for all these things, we know them (A focus group discussant in UMTH)

Other sentiment voiced by a discussant was that:

Since most nurses are female, this women attitude towards women tends to play up in the attitude of some nurses, in the sense that when you as a woman is sick in the hospital and you want a woman (female nurse) like you to do every thing for you, they tend to be reluctant and they see you to be asking for too much but I know they will be ready to do more things for male patients than they will do for female patients (A focus group discussant in ABUTH)

The general view of the discussants is that most of the nurses usually try to meet their patients' needs and expectations (i.e physical, social psychological and spiritual needs) but some exhibit non-challant attitude towards patients' conditions. Therefore, the fulfillment of patients' needs and expectations depends on the attitude of individual nurses and it varies from one patient to another.

The study hypothesis states that, there is no significant difference between the clients' needs /expectations and their experiences of nursing care in the teaching hospitals in Northern Nigeria. This is presented in Table 4 below.

Table 4: Cross tabulation of patients' nursing care needs/expectations and fulfillment of needs and expectations of patients by nurses

Needs/expectations	Fulfillment of needs and expectations		
	YES (%)	NO (%)	Total (%)
Patients' physical needs/expectations	236(69.4%)	104(30.6%)	340
Patients' psychological needs/expectations	226(66.5%)	114(33.5%)	340
Patients' social needs/expectations	199(58.5%)	141(41.5%)	340
Patients' security needs/expectations	265(77.9%)	75 (22.1%)	340
Total	926(68.1%)	434 (31.9%)	1360 (100%)

$X^2 = 30.09$, $df = 3$, at 0.05 Significant level, Critical value = 7.815

Table 5 indicates that some (41.5%) of the respondents said their social needs/expectations were not met or satisfied while 33.5% claimed that their psychological needs/expectations was not fulfilled by nurses during hospitalization. On the other hand, majority (77.9%) and (69.4%) of the patients said that their security and physical needs/expectations from nurses were respectively fulfilled during their period of admission in the hospitals. Therefore, the test of significant difference shows that there were statistically significant differences in the patients' nursing care needs/expectations and fulfillment of needs and expectations by nurses in the teaching hospitals in Northern Nigeria. In view of this finding, the study hypothesis is rejected.

10. Discussion of Findings

The respondents are adults with the mean age of about 41 years hence it is assumed they are capable of accessing quality of nursing care and their satisfaction with nursing services provided. The respondents cut across gender categories and marital status. About half of the respondents are Christians and the remaining are Muslims. Most of the respondents are Hausa/Fulani and other ethnic groups in Northern Nigeria. Majority of the respondents had no formal education or had primary education while a few had tertiary education. Similarly, most of the respondents are housewives, unemployed and farmers while some are civil servants, students and traders. Majority of the respondents are in the lower socio-economic class and a few are in middle and upper class respectively. This composition of the respondents provided views across socio-economic groups about clients' satisfaction with the quality of nursing care in teaching hospitals in Northern Nigeria.

Most of the respondents said their needs and expectations were met by nurses and that they are satisfied with the outcome/progress of nursing care but there is no plan or actual follow up visit or home care by the nurses which created some level of dissatisfaction among respondents/discussants. The explanation that may be given for this is the inadequacy of nurses in the hospital and wards. The report of Hassan et al (2008) that, the least satisfied items were less time spent with patients by nurses and lack of appropriate follow-up appointment and other similar studies by Harrison (1996) and Abdal (1999) in New York and Japan which showed that the low mean patient satisfaction score on follow up appointment or offering referral to hospitals was the result of health care providers' failure to perform according to patients' expectations are in conformity with the findings of this study. However, majority of the respondents were satisfied with the overall quality of nursing care received in the hospitals but some of the respondents were dissatisfied with the attitude of nurses especially nurses interpersonal relationship and other related factors such as cost of care/treatment. The view of Udvarhelyi (1999) that patients are the best judges of whether their needs and expectations are met or not by care providers gives credence to this finding.

The findings from the analysis of the qualitative data indicates that most of the discussants also expressed satisfaction with the level of fulfillment of patients' nursing needs and expectations by most nurses but concluded that some of the nurses fall short of meeting some of the patients' needs and expectations especially in the area of respect, adequate and urgent attention. This shows that the level of agreement between patients' expectations from nurses and their experiences is highly associated with their level of satisfaction. The findings gave credence to the theoretical postulation of Maslow (1968) in which he said providing for human physical needs is an important factor in the determination of individuals' satisfaction. The explanation that may be given is that, because most of the respondents are from lower socio-economic class and they have fewer expectations from the nurse. This explanation is supported by the view of Han (2003) that consumers are satisfied when services meet or exceed their expectations. He further asserted that if consumers' expectations are low or if they have limited access to service, they may be satisfied with relatively poor services.

The test of significant difference for the study hypothesis revealed that significant differences exist between the patients' needs/ expectation and the fulfillment of these expectations by the nurses which in turn influenced patients' satisfaction with nursing services provided in the teaching hospitals in Northern Nigeria. Therefore, the study hypothesis is rejected. This is in line with the postulations of Maslow (1969) and Herzberg (1979) that, if 95 percent of patients' physiological needs, 85 percent of his safety needs, 75 percent of his love and social needs, 65 percent of esteem needs and 55 percent of his self actualization needs are satisfied while in the hospital and during nursing care, the patient is likely to be satisfied with the overall quality of nursing care received. This is because the dignity of human being is predicted on the satisfaction of these needs.

11. Conclusions

In view of the findings of this study, it could be concluded that the needs and expectations of most of the patients were met and majority of consumers of nursing care in teaching hospitals in Northern Nigeria were satisfied with over-all quality of nursing care. However, some were dissatisfied with attitudes of nurses and number of nurses available.

12. Recommendations

1. Management of teaching hospitals in Northern Nigeria should employ more nurses so as to increase the nurse – patient ratio and to improve their level of attention to patient.
2. Continuing education programme, workshops and seminars on human relation and clinical psychology should be organized for nurses in Northern Nigeria so as to improve their interpersonal relationship with patients and clients' relatives.
3. Management of teaching hospitals in Northern Nigeria should establish consumers' protection and complain unit in the hospital to coordinate patients' complains and protection matters.

References

- Abdal, K.A. (1999). Patient satisfaction in government health facilities in the state of Qatar. *Journal of Community Health, 21(4), 349-358.*
- Aiello, A. Garman, A. & Morris, B.S. (2003). Patient satisfaction with nursing care: A multilevel analysis. *Journal of Quality Management in Health Care, 12(3), 87- 191*
- Ajaero, C. (2009, May 25). Centres of decay: The sorry state of teaching hospitals in Nigeria *Newswatch Newspaper, 49(21), 10-20.*
- Al-Doghaither, A.H. (2000). Consumer satisfaction with primary health services in the city of Jeddah, Saudi Arabia. *Saudi Medical Journal, 21(4), 447-454.*
- C.P.C. (2005). Ensuring consumer satisfaction and protection in Nigeria. *Consumer Protection Council's Newsletter, 3(1), 104.*
- Davies, M. C. (2004). Factors related to childbirth satisfaction. *Journal of Advanced Nursing, 46(2), 212-219.*
- Han, C.H. (2003). Measuring patient satisfaction as an outcome of nursing care in teaching hospital in Taiwan. *Nursing Care Journal, 18(2), 14-15.*
- Harrison, A. (1996). Patients' evaluation of their consultations with primary health clinic doctors in the United Arab Emirates. *Journal of Family Practice, 13(3), 59 - 66*
- Hassan, A. Ayem, A. & Al-Mithen, N. (2008). Patient satisfaction according to type of primary health care practitioner in the capital health region of Kuwait. *Kuwait Medical Journal, 40(1), 31-38.*
- Henderson, V. (1966). *The nature of nursing.* New York: Macmillan Publishers.
- Herzberg, F. (1979). *The principles of scientific management, (3rd Ed).* Harvard: University press
- Labarere, J. & Francois, P. (1999). Evaluation of patients' satisfaction in health facilities. *Rev. Epidemiol. Sante Publique, 47(1), 175-184.*
- Maslow, A.H. (1968). *Motivation and personality.* New York: Harper and row publishers
- McColl, E., Thomas, I., Priest, J., Bond, S. & Boys, R. (1996). *Newcastle Satisfaction with Nursing Scales. Instrument for assessment of nursing care.* (Unpublished)
- Miching, M. Ausfeld, H. & Busato, A. (2008). Patient satisfaction with primary care: A comparative analysis. *Complement Therapy Medicine Journal, 8(3), 70-79.*
- Monye, F. R. (2005). Protecting the rights of consumers in health care system. *DELSU Law Review, 1(1), 132-145.*
- Okoye, C. (2009). In Ajaero, C. (2009, May 25). Centres of decay: The sorry state of teaching hospitals in Nigeria. *Newswatch Newspaper, 49(21), 10-20.*
- Polluste K, Kalda R. & Lember, M. (2000). Primary health care system in transition: The patients' experience. *Int. Journal of Quality Health Care, 12(6), 503 – 509.*
- Population Report. (1999). Family planning programmes: Improving quality. *Development Journal, 3(47), 5 - 6.*
- Ramsay, J. (2000). The General Practice Assessment Survey (GPAS): tests of data quality and measurement properties. *Journal of Family Practice, 17(4), 72 -79.*
- Udvarhelyi, S.A. (1994). Measuring patient satisfaction in primary and family health care. *Journal of Family Practice, 11(9), 287-291.*