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Assessment of Quality Health Care Service Delivery by Health Care Providers in Federal Tertiary Health Facilities in South-South, Nigeria

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ABSTRACT: This study assesses the quality of healthcare service delivery by healthcare providers in federal tertiary health facilities within the south-south region of Nigeria. A survey research design was employed, and the extensive research population involved 3,306 healthcare providers selected from Federal Medical Centres in Asaba and Yenagoa, the University of Port Harcourt Teaching Hospital, and the University of Uyo Teaching Hospitals. Krejcie and Morgan's sampling formula was used to determine the sample sizes of 378 healthcare providers. The research methodology includes the meticulous selection of two federal medical centres and two federal tertiary teaching hospitals, followed by the acquisition of ethical approval from relevant authorities. Eight research assistants, two from each facility, undergo comprehensive training over an eight-day period to ensure uniformity in data collection procedures. A convenience sampling technique was used to administer 378 questionnaires to healthcare professionals over an eight-week data collection period, and a 95% return rate was achieved. The collected data were analysed using descriptive statistical tools. The study found a high level of quality healthcare service delivery by healthcare providers in federal tertiary health facilities in South-South Nigeria. All five dimensions of quality healthcare service delivery were rated at a very high level, with assurance, reliability, empathy, responsiveness, and tangibility being the least highly rated. The confidentiality of patients' information was rated most highly, followed by the safety of patients' health records. The study recommended that the government, including the management of these health facilities, should ensure proper motivation of health care providers through the provision of adequate physical and technological infrastructure, enabling work environments, communication garlands, and other incentives in order to keep them always active, readily available, and willing to perform their respective functions without prejudice, and also to eliminate the high rate of employees' turnover in Nigerian health sectors.

Keywords: Quality health care, service delivery, health care providers, South-South, Nigeria

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INTRODUCTION

The South-South region of Nigeria, like many other parts of the country, faces significant challenges in the delivery of quality healthcare services, particularly within federal tertiary health facilities. These facilities are often expected to provide advanced medical care and specialized treatments and serve as referral centres for complex medical cases. However, despite their critical role in the healthcare system, issues such as inadequate infrastructure, limited resources, understaffing, and inefficient management have frequently undermined their

capacity to deliver optimal care. Against this backdrop, the assessment of healthcare service delivery within federal tertiary health facilities in the South-South region becomes imperative. Understanding the current state of affairs is crucial for identifying systemic weaknesses, pinpointing areas for improvement, and ultimately enhancing the quality of care provided to patients. Moreover, given the diverse range of stakeholders involved in healthcare provision, including healthcare providers, patients, administrators, policymakers, and regulatory bodies, a comprehensive assessment is necessary to capture various perspectives and experiences.

Furthermore, Nigeria's healthcare system has been undergoing reforms aimed at achieving universal health coverage and improving healthcare access and quality. In this context, evaluating the quality of healthcare services within federal tertiary health facilities aligns with broader national goals of enhancing healthcare delivery and achieving better health outcomes for all citizens. By conducting a systematic assessment, policymakers and stakeholders can gain valuable insights into the strengths and weaknesses of the existing healthcare infrastructure, inform strategic planning and resource allocation, and drive evidence-based interventions to address gaps and inefficiencies in service delivery. Thus, the background to this study underscores the urgency and importance of assessing the quality of healthcare service delivery in federal tertiary health facilities in the South-South region of Nigeria, within the broader context of healthcare system strengthening and reform efforts.

According to the World Health Organization [WHO] (2016), Western Pacific Region Member States have made significant health improvements and commitments to the provision of quality health care services for universal health coverage over the past decade. Many of these Member States are addressing the five attributes of high-performing health care service delivery quality, such as efficiency, equity, accountability, sustainability, and resilience, in their national policies and plans and making other commitments to improve their national health outcomes. However, these Member States have encountered quality health care service delivery and safety barriers, resulting in excessive, inefficient, or improper use of services and resources.

In Pakistan, Taqdees et al. (2018) emphasized that global rivalry in the health care sector has raised patient interest and concern in the quality of health care services. The development of elderly people and the increased emphasis on health have enhanced health requirements and lifestyles. As clients and patients increasingly prefer private hospitals due to hospital rivalry, health care groups are placing an emphasis on high service quality. Rushender et al. (2016) claim that rates of 10–30% of the utilization of basic health care services are still low in nations like India due to poor quality health care service delivery. With 70% of hospitals and 85% of hospital beds located in metropolitan areas, the availability of public health services is imbalanced between rural and urban areas, thereby resulting in deplorable quality health care service delivery. In Iran, Abbasi-Moghaddam et al. (2019) averred that quality services are crucial for service organizations' success as they impact patients' perceived value, satisfaction, and faithfulness. The importance of patients' perspectives in assessing service quality has grown due to the growing demand for health care, increased costs, and limited resources. The feedback and opinions of patients and clients can significantly impact quality improvement and organizational learning. The highest score of service quality is attributed to physician consultations, as patients often lack sufficient information to assess medical staff. In China, Shie et al. (2022) revealed that in order to address concerns like ageing and illness, the health care service delivery business sought to meet society's medical demands. Patients value the quality of health care services and favourable interactions more and more as medical technology develops. Shie et al. further stated that in order to boost doctor-patient satisfaction and loyalty, hospitals must increase service quality and build trust because poor customer service can result in a loss of trust, disloyalty, and negative post-experiences, all of which can lead to a change in the way that customers purchase products.

In Ghana, according to Bentum-Micah et al. (2020), studies on patients' perceptions of the service delivery of private health care providers have been conducted as a result of the major advancements made in the health care sector in emerging countries. For businesses in a variety of industries, including health care, finance, hotels, telecommunications, and transportation, the services-based sector has emerged as a critical support system. Monitoring and enhancing service quality is crucial for effectiveness and company volume in the age of fierce competition. In developing countries like Ghana, the health care sector is expanding quickly due to a high demand for services from both distant and local populations. The sector is anticipated to continue growing overall despite obstacles such as a lack of clinic beds and competent professionals.

In south-eastern Nigeria, according to Iloh et al. (2012), government-owned tertiary institutions have historically drawn the most criticism from both patients and the general public. These criticisms vary from subpar service delivery to service delays, care discontinuity, apathy on the part of the staff, and cumbersome procedures. These unfavourable remarks have reduced public trust in the medical system and made government hospitals less appealing to those seeking hospital care. In another dimension, according to Abdulsalam and Khan (2020), in the Middle-Belt Geopolitical Zone of Nigeria, specifically Niger State, longer waiting times are viewed as a source

of dissatisfaction in most public health facilities, which frequently results in the delivery of poor-quality health care services. Long lines, late clinic start times, poor communication, a lack of staff, excessive clinic intervention, the attention to detail of the doctors, misplaced cards at the card room, and not handling cards on a first-come, first-served basis are some of the general causes of longer waiting times.

In Lagos State, according to Kuye and Akinwale (2021), the Nigerian health industry has difficulty offering dependable treatments and fast assistance. Poor attitudes among health care personnel have an impact on patient satisfaction and health systems, which in turn contribute to ineptitude and delays in service delivery. The Nigerian health care system is just one example of how this bureaucratic mystery impacts the whole public sector. Kuye and Akinwale further established that patients in government-owned hospitals in Lagos State are not happy with the level of service they are given and that bureaucratic confusion leads to poor experiences for outpatients. Similarly, Mahmoud et al. (2019) opined that the management of hospitals is worried about offering high-quality service based on patient views. Service quality in health care facilities is an increasing topic. Despite high levels of satisfaction and plans to make more purchases, the perceived quality is much lower than anticipated.

According to scholars, including Nwachukwu (2021) and Obi et al. (2018), Nigerian health care delivery falls short of Western norms because its medical staff is undertrained and poorly equipped. Patients complain about lengthy wait periods, poor communication, and occasionally switching hospitals or doctors. However, clients, patients, and other relevant health care beneficiaries often wait longer to be seen by providers, leaving them unsatisfied with these various tertiary health care facilities around the world, including Nigerian federal tertiary health care facilities. Adigwe (2023) points out weaknesses in the Nigerian health care system, including inadequate policy implementation for quality health care service delivery. Facilities and equipment for sickness management as well as public health initiatives are insufficient. Similarly, public tertiary health care facilities in Nigeria offer multifaceted, specialized health care services to a variety of clients and patients with complex diseases but are crowded and jam-packed, leading to prolonged patient waiting times, preventable deaths, a lack of satisfaction, and poor quality health care service delivery (Ikonne et al., 2021).

Almost all countries throughout the world have expressed serious concern about the quality and quantity of the delivery of health care services (Albokai et al., 2019; Malik, 2022; Mohanan et al., 2016; Nwachukwu, 2021; Shie et al., 2022), yet there is still debate over the term quality and no agreed definition. Just as private and public health facilities differ in the complexity of their scopes, structures, growing technological trends, and duties, people's perceptions on the level of satisfaction change with time, depending on the circumstance, and in different environments (Balasubramanian, 2016). Despite the contention that there is no known, universally accepted definition of quality or quality health care, some authorities and scholars, like the Oxford Advanced Learner's Dictionary, 9th edition, define quality as "the standard of something when compared to other things like it to determine how well or poor that thing is (p.1256)."

Juran and Godfrey (2000) distinguished quality from two perspectives: first, as characteristics of goods and services that satisfy customers by meeting their demands; and second, as the absence of flaws and deviations. Similar to this, the WHO in 2006 proposed six aspects of quality health care service delivery: effectiveness, efficiency, accessibility, acceptance, patient-centeredness, equity, and safety. A different advance was the classification of quality health care services by Ladhari (2009) as intangible, indivisible, and diverse. On the other hand, Mosadeghrad (2014) recognized 182 qualities of quality health care service delivery and grouped them into five categories: environment, empathy, efficiency, effectiveness, and efficacy. Thus, in this study, a five-dimensional approach to quality health care service delivery with the dimensions (tangibility, assurance, empathy, responsiveness, and reliability) taken from Cronin and Taylor (1992) will be used.

However, due to the fact that patients' care is service-oriented and to ensure quality health care services, diverse employees must work in teams for collaborative efforts and share innovative ideas to facilitate effective, reliable, valuable, and dependable quality health care service delivery.

Quality health care service delivery requires different groups of health and allied health professionals, as well as representatives from other stakeholders and partner agencies, to work effectively as a team. Teams are made up of two or more people who collaborate to achieve shared goals, have specialized roles and task-specific competences, use resources, and communicate to plan activities and adjust to change (Mohammed et al., 2022). Therefore, teamwork is the activity of amicably working well together as a group. It involves building relationships and working with diverse people using a number of important skills and habits, such as working cooperatively, contributing to groups with ideas, suggestions, and effort, communicating (both giving and receiving), having a sense of responsibility, having a healthy respect for different opinions, customs, and individual preferences, and having the ability to participate in group decision-making. More so, teamwork is a key action at work that involves two or more people coordinating their efforts to achieve desired results.

Royle (2020) asserts that teamwork encourages the development of ideas and creativity. Teamwork is a powerful tool that can improve productivity, bring better business results, boost employee morale and motivation, encourage healthy risk-taking, and help students learn faster. It involves a shared belief that the team is safe for interpersonal risk-taking, which can lead to healthier decision-making and increased satisfaction. Therefore, when forming a team, it is important to consider the qualities, competencies, skills, professionalism, and diversity of people involved in the health care delivery system in order to ensure quality patient care. Additionally, teams typically require some type of formal structure and policy to navigate properly in order to fulfill their primary goal of quality health care service delivery, other missions of the organization, or the purposes for which they were formed. Building a strong, unified team thus necessitates planning and intention; however, teams can occasionally come together in a way that combines interpersonal understanding.

In the domain of health care, teamwork is a dynamic process involving two or more people who collaborate with the sharing of objectives and physical and mental efforts in assessing, planning, and evaluating patient care. Teams have the potential to improve health care services, as they can pool, modify, combine, and apply a wider range of knowledge to make decisions, find solutions to issues, come up with new ideas, and carry out tasks more quickly and effectively than an individual working alone. When the team method is acknowledged, valued, and employed at all organizational levels in a supportive atmosphere and management offers teams resources and rewards for effectiveness and productivity, it will enhance collaboration and optimal quality (Mayo & Woolley, 2016). Health care service delivery is a multidisciplinary endeavour that requires the professionalism, competency, and character of team members in order to achieve success.

According to O'Neill (2018), Tuckman (1965) discussed teamwork from the dimensions of forming, storming, norming, and performing, which was enhanced in 1977 by Mary Ann Jensen to include a fifth phase known as adjourning. Katzenbach and Smith (1993) discussed teamwork from three triangular perspectives of commitment, skills, and accountability, and for Lombardo and Eichinger (1995), teamwork is seen through the lenses of thrust, trust, talent, teaming skills, task skills, and team leader fit, according to O'Neill (2018). In addition to the aforementioned diverse scholars' dimensions of teamwork in an organization, LaFasto and Larson (2001) postulated five dimensions of teamwork, which include team members, team relationships, team leadership, team problem solving, and team organizational environment. In this study, four (4) out of five (5) dimensions of teamwork, such as team member, team relationship, team leadership, and organizational environment, will be used.

In the dimension of team members, the proper individuals (the right people) that make up a team must possess six qualities in order for a team to be successful: experience, problem-solving skills, openness, supportiveness, action orientation, and personal style. Team members must have experience because it aids in understanding and solving issues. The ability to solve difficulties is necessary for making problems clear and focusing on them. Being open fosters open communication and the sharing of ideas, which is a critical component of teamwork. Another crucial element is support, which motivates others to achieve (LaFasto and Larson, 2001). Team members must be action-oriented because they actively try to make things happen. Next are team relationships, which are crucial for productivity and mutual understanding (Costello et al., 2021). To foster team relationships, members must be adept at giving and receiving feedback. Feedback should be constructive, involving commitment to the relationship, avoiding uncomfortable actions, and understanding the other person's perspective. Discussions should be focused on one issue at a time, neutralizing defensiveness by understanding the causes of defensiveness and agreeing to avoid those subjects (Brooks et al., 2022). An effective team leader should focus on the goal, ensure a collaborative climate, build confidence, demonstrate sufficient technical know-how, set priorities, and manage performance (Noviyanti, 2022). A good team leader should inspire team members to believe in the goal, create a supportive environment, and address real issues. They should also be fair, impartial, and emphasize the positive. A leader also needs to set priorities and challenge unacceptable performance, dealing forcefully with non-team-playing members to ensure quality health care services that will meet patients' perceptions (Oteshova et al., 2021).

The organizational environment must be productive and focused on three elements: management practices, structure and processes, and systems. Management practices should set direction, align effort, and deliver results, while structure and processes ensure quick decision-making by relevant people (Khawam et al., 2017). Systems should provide reliable information and drive behaviour towards desired results, with personal, financial, and psychological rewards linked to the group goal (Arora et al., 2023). Mughal (2020) argued that a supportive and open environment is necessary for team members to create, try new things, and carry out research without worrying about the results. Graffin and Singh (1999) averred that the organizational environment is both external and internal and are factors that play a major role in determining team success or failure in an organization. Studies have shown that supportive and trustworthy relationships among teammates promote physiological safety and that the basis for interpersonal

trust can be either affective or cognitive. According to Brooks et al. (2022), teamwork is essential for patient safety, as highly functioning teams make fewer errors. Literature has shown that quality as well as quality health care delivery are multi-dimensional and that human beings' individual satisfaction with or perception of quality health care varies. Therefore, the researcher applied more than one independent variable in determining its influence on the dependent variable (quality health care service delivery) in federal health care facilities in the South-South, Nigeria.

Research has been done in different parts of the world on quality health services with different variables, but there is no known study that is available to the researcher directly on the combined influence of health records management practices and teamwork on quality health care service delivery, particularly in the South-South of Nigeria. As a result, there are still knowledge gaps, which motivates the researcher to continue the investigation in order to determine the individual and combined influences of the independent variables (health record management practices and teamwork) on the dependent variable (the delivery of quality health care services), as well as to advance knowledge through the results and conclusions.

Equally, the quality of healthcare service delivery in federal tertiary health facilities in the South-South region of Nigeria presents a critical challenge that warrants thorough examination. Despite the vital role these facilities play in providing advanced medical care and serving as referral centres, there are persistent concerns regarding the adequacy, efficiency, and effectiveness of the services they offer. One of the primary issues is the prevalence of inadequate infrastructure and resources, including medical equipment, facilities, and personnel, which often result in suboptimal patient care experiences. Additionally, understaffing and workforce shortages further strain the capacity of healthcare providers to meet the diverse needs of patients, leading to long waiting times, limited access to specialized treatments, and compromised patient outcomes.

Moreover, there are concerns about the consistency and reliability of healthcare service delivery, with reports of variability in the quality of care across different departments and units within these facilities. This variability may stem from factors such as inconsistent adherence to clinical guidelines, a lack of standardized protocols, and varying levels of competency among healthcare providers. Furthermore, patient satisfaction and confidence in the healthcare system are crucial indicators of service quality, yet there is limited understanding of patients' perceptions and experiences regarding the care they receive in federal tertiary health facilities in the South-South region. Addressing these issues requires a comprehensive assessment of the factors influencing healthcare service delivery, including the perspectives of healthcare providers to identify underlying challenges and inform targeted interventions aimed at improving the quality and accessibility of healthcare services.

Objective of the study

The main objective of this study is to investigate the effect of quality health care service delivery by health care providers in Federal tertiary health facilities in South-South, Nigeria. The specific objectives are to:

1. find out healthcare providers' demographic characteristics influence on quality healthcare service delivery in federal tertiary health facilities in South-South, Nigeria
2. find out the level of quality health care service delivery by health care providers in federal tertiary health facilities in South-South, Nigeria

METHODOLOGY

The study employs a survey research design to assess the quality of healthcare service delivery by healthcare providers in federal tertiary health facilities across the South-South region of Nigeria. The research population comprises 3,306 healthcare providers selected from Federal Medical Centres in Asaba, Yenagoa, the University of Port Harcourt Teaching Hospital, and the University of Uyo Teaching Hospitals. Using Krejcie and Morgan's sampling formula, the study determines the sample sizes of 378 healthcare providers, factoring in a 10% attrition rate. The methodology involves the selection of two federal tertiary teaching hospitals and two federal medical centres from the South-South region, followed by the acquisition of ethical approval from relevant authorities for the federal tertiary health facilities, and no conflict of interest. Additionally, eight research assistants, two from each facility, undergo comprehensive training over an eight-day period to ensure uniformity in data collection procedures.

Subsequently, 378 questionnaires are administered to healthcare professionals using convenience sampling techniques over an eight-week data collection period. The collected data is analyzed using descriptive statistical tools, including IBM SPSS version 26.0, to evaluate the perceptions of healthcare service quality among providers in the selected facilities. Through meticulous analysis, the study aims to identify patterns, trends, and insights regarding the quality of healthcare services delivered by healthcare providers to beneficiaries in the South-South, Nigeria. Findings compiled into a comprehensive research report, including methodological details, results, discussions, and conclusions. This report, when disseminated to relevant stakeholders, assists in informed decision-making

processes and improves healthcare service delivery within federal tertiary health facilities in the South-South, Nigeria.

RESULTS AND DISCUSSION

Research Question 1: What influence do healthcare providers' demographic characteristics have on quality healthcare service delivery in federal tertiary health facilities in South-South, Nigeria?

Table 1 shows the results of the demographic characteristics of respondents, and it indicates that the majority of those health care providers who participated in this study were from the Federal Medical Centre Yenagoa (35.2%), followed by participants from the Federal Medical Centre Asaba (27.1%), the University of Uyo Teaching Hospital Uyo (26.8%), and the University of Port Harcourt Teaching Hospital (10.9%), which were the least proportion of those who took part in this study. This pattern in participant rates may be explained by the population size of each facility and the participants' willingness to participate in order to provide their share of experience based on their knowledge of a strong concept that would aid in enhancing the provision of health care services in the particular facility, the surrounding area, and the country as a whole.

Results on categories or disciplines of health care providers (participants) in (Table 1) showed that a greater proportion of the participants were nurses (45.8%), followed by doctors (28.2%), while health information management practitioners (26.0%) were the least. This could explain why health information management practitioners are always the lowest category of health care providers employed in these federal tertiary health facilities in the region and, by extension, in all other regions and facilities in the country. The result on gender indicates that females were the major participants, with 64.8%, followed by their male counterparts, who had 35.2%. Findings on the range of participants showed that ages 40 to 49 (40.2%) were the major participants, followed by those within the ages of 30 to 39 years (39.9%), less than 30 years (12.6%), and those within the ages of 60 years and above (.3%) were the least likely to participate in the study. These results suggest that the majority of the participants were females within the childbearing age range of 18 to 49 years and may be on maternity leaves, study leaves, or other leaves, which may often lead to a shortage of manpower to deliver desirable and satisfactory quality health care services to beneficiaries.

Equally, the dimension of marital status in (Table 1) revealed that the majority of patients that took part in the study were married (60.1%), followed by 24.3% of them who were single, 10.1% were separated or divorced, and the least number of participants were widows or widowers (5.6%). This connotes that a greater number of these participants are always saddled with diverse responsibilities (i.e., official work engagement, family, personal, and social), which may be posing more stress on them in always trying to meet the mission of delivering quality health care services to patients and clients. The majority of them had a first degree (57.3%), 20.1% had ND/NCE/Technician certificates, 19.0% had a second degree, 2.5% had a third degree, and 1.1% were WAEC/NECO/GCE certificate holders. This suggests that few have advanced knowledge and skills in their respective disciplines, which may not be sufficient to manage the multitasking health care challenges of patients, especially in the era of artificial intelligence and related technological trends in modern health care service delivery.

On the aspect of number of years in practice as a health care provider, as indicated in (Table 1), the majority of the participants (36.3%) had spent 6 to 10 years in practice, followed by those that had spent less than 6 years (23.2%), 21.6% had spent 11–15 years in practice, 8.9% spent 16–20 years, 8.4% spent 21–25 years, and 1.4% spent more than 25 years in practice. This could explain why the majority of the participants have less than 20 years of practice, which could also reflect on the overall level of quality health care services they deliver in the different facilities in the region. In addition, (Table 1) revealed that the majority of the participants were Christians (92.5%), 4.2% were from other religions, and those from Islam (3.4%) were the least. This puts forward the fact that South-South Nigeria is a predominantly Christian faith region.

Research Question 2: What is the level of quality health care service delivery by health care providers in Federal tertiary health facilities in South-South, Nigeria?

Table 2 establishes the result of descriptive statistics on health care providers' opinions on the level of quality health care services they deliver to patients in federal tertiary health facilities in South-South Nigeria. The results indicated a grand mean ($\bar{x}$= 3.39, SD = 0.69) on a four-point Likert scale measurement that revealed a very high level of quality health care service delivery by health care providers in the federal tertiary health facilities in South-South Nigeria. Results as indicated in (table 2) further show that all five dimensions of quality health care service delivery assessed have been rated at a very high level, leading by assurance dimension ($\bar{x} =$ 3.54, SD = 0.64), reliability ($\bar{x} =$ 3.42, SD = 0.68), and empathy ($\bar{x} =$ (3.42, SD = 0.67) have equal mean values, followed by responsiveness ($\bar{x} =$ 3.32, SD = 0.70), while tangibility ($\bar{x} =$ 3.25, SD = 0.74) was rated as the least very high level among the other dimensions.

Table 1: Demographic Characteristics of Health Care Providers

Variables		Frequencies	Percentages
Federal Tertiary Health Facilities	Federal Medical Center Yenagoa (FMCY) Bayelsa State	126	35.2
	Federal Medical Center Asaba (FMCA), Delta State	97	27.1
	University of Uyo Teaching Hospital (UUTH), Uyo, Akwalbom State	96	26.8
	University Port Harcourt Teaching Harcourt (UPTH), Rivers State	39	10.9
Total		358	100
Health care providers	Nurse	164	45.8
	Doctor	101	28.2
	Health Information Management Practitioner	93	26.0
Total		358	100.0
Gender	Female	232	64.8
	Male	126	35.2
Total		358	100.0
Age Range	40-49yrs	144	40.2
	30-39yrs	143	39.9
	Less than 30yrs	45	12.6
	50-59yrs	25	7.0
	60yrs and above	1	.3
Total		358	100.0
Marital Status	Married	215	60.1
	Single	87	24.3
	Separated/Divorce	36	10.1
	Widow/Widower	20	5.6
Total		358	100.0
Highest Educational Qualification Attainment	1st Degree	205	57.3
	ND/NCE/Technician	72	20.1
	2nd Degree (Master)	68	19.0
	3rd Degree (PhD)	9	2.5
	WAEC/NECO/GCE	4	1.1
Total		358	100.0
Number of years in Practice as a Health Care Provider	6-10yrs	130	36.3
	Less than 6yrs	83	23.2
	11-15yrs	78	21.8
	16-20yrs	32	8.9
	21-25yrs	30	8.4
	More than 25yrs	5	1.4
Total		358	100.0
Religion	Christianity	331	92.46
	Others	15	4.19
	Islam	12	3.35
Grand Total		358	100.0

Source: *Researchers' Field Survey 2024*

This may connote that there was somewhat physical infrastructure but not adequate that will enable sustaining very high-quality health care service delivery, particularly when there is a pandemic in the region. The results also imply that the assurance dimension could be used to explain the existence of a very high level of quality health care service delivery in the federal tertiary health facilities in South-South Nigeria.

In the aspect of assurance dimension, the level at which health care providers maintain the confidentiality of patients' information in these facilities was rated most ($\bar{x} =$ 3.58, SD = 0.66), followed by the level at which health care providers maintain the safety of patients' health records in these facilities ($\bar{x} =$ 3.54, SD = 0.62), and lastly by the level at which health care providers deliver dependable information for patient health care management ($\bar{x} =$ 3.49, SD = 0.63). This signifies that the confidentiality of patients' information was held in high esteem in these facilities. Under the reliability dimension, the level at which health care providers use patients' health records for the primary use of patient care in these facilities ($\bar{x} =$ 3.45, SD = 0.67) was topmost, while under the empathy dimension, the level at which health care providers display care for patients' well-being was also topmost in these facilities. Equally, under reliability, the level at which health care providers always carried patients' referrals with their individual consents in these facilities ($\bar{x} =$ 3.39, SD = 0.70) was the least rated very high level. At a similarly high rate was the level at which health care providers in these facilities were able to manage patients' anxieties under the empathy dimension ($\bar{x} =$ 3.36, SD = 0.68). This implies that health cannot

Table 2: Descriptive Analysis of the Level of Quality Health Care Service Delivery by Health Care Providers in Federal Tertiary Health Facilities in South-South, Nigeria.

	Level of Quality Health Care Service Delivery by Health Care Providers						
Assurance		**VHL Freq. (%)**	**HL Freq.(%)**	**LL Freq. (%)**	**VLL Freq. (%)**	**Mean $\bar{x}$**	**SD**
1	I maintain the confidentiality of patients' information in this facility is..	238 (66.5)	94 (26.3)	22(6.1)	4(1.1)	3.58	0.66
2	I maintain the safety of patients' health records in this facility is….	217 (60.6)	122 (34.1)	16(4.5)	3(.8)	3.55	0.62
3	I deliver dependable information for patient health care management in this facility……	200 (55.9)	137(38.3)	19(5.3)	2(.6)	3.49	0.63
Reliability							
4	I use patients' health records for the primary use of patient care in this facility is….	189(52.8)	146(40.8)	17(4.7)	6(1.7)	3.45	0.67
5	I always rectify any slight error that may occur whenever I am attending to patient in this facility is …..	186(52.0)	145(40.5)	22(6.1)	5(1.4)	3.43	0.67
6	I always carried patients' referrals with their individual consents in this facility.	175(48.9)	154(43.0)	21(4.9)	8(2.2)	3.39	0.70
Empathy							
7	I display care for patients' well-being in this facility is….	211(58.9)	124(34.6)	16(4.5)	7(2.0)	3.51	0.68
8	health care providers in this facility are able to manage patients' anxieties is…..	175(48.9)	157(43.9)	21(5.9)	5(1.4)	3.40	0.67
9	patients in this hospital receive care from the health care providers is…..	162(45.3)	165(46.1)	25(7.0)	5(1.4)	3.36	0.68
Responsiveness							
10	health care providers always provide the information needs of patients in this facility	163(45.5)	161(45.0)	29(8.1)	4(1.1)	3.36	0.68
11	health care providers give regular attention to patients' appointment in this hospital…….	162(45.3)	158(44.1)	30(8.4)	8(2.2)	3.32	0.72
12	health care providers give prompt treatment to patients in this facility	151(42.2)	166(46.4)	35(9.8)	6(1.7)	3.28	0.71
Tangibility							
13	my attractive physical appearance consistently improves patient retention in this particular health facility	192(53.6)	120(33.5)	39(10.9)	7(2.0)	3.39	0.76
14	the physical infrastructure available that I always use to deliver quality health care services in this facility	167(46.6)	141(39.4)	41(11.5)	9(2.5)	3.30	0.77
15	Communication tools that I often use to create mutual interaction between health care providers and patients in this facility	90(25.1)	213(59.5)	44(12.3)	11(3.1)	3.07	0.70
Grand Mean						3.39	0.69

Source: Researchers' Field Survey, 2024

Key: VHL= Very High Level, HL= High Level, LL=Low Level, VLL= Very Low Level***Decision Rule if mean is 1 to 1.74 = Very Low Level; 1.75 to 2.49 = Low Level; 2.50 to 3.24 = High Level; 3.25 to 4= Very High Level

manage patients' conditions in a somewhat satisfactory manner without relying on patients' previous medical or health records as evidence of practice or service delivery. In the dimension of responsiveness, Table 2 indicates the level at which health care providers always provide the information needs of patients in these facilities as prominently rated ($\bar{x} = 3.36$, SD = 0.68), followed by the level at which health care providers give regular attention to patients' appointments in these hospitals ($\bar{x} = 3.32$, SD = 0.72), and the level at which health care providers give prompt treatment to patients ($\bar{x} = 3.28$, SD = 0.71) in these facilities. This implies that providing the information patients need is paramount to delivering quality health care services. Equally, under the tangibility dimension, the table indicates the level at which health care providers' attractive physical appearance consistently improves patient retention ($\bar{x} = 3.39$, SD = 0.76) in these particular health facilities in South-South, Nigeria as the topmost rated very high level, followed by the level at which the physical infrastructure available that they always used to deliver quality health care services to patients ($\bar{x} = 3.30$, SD = 0.77), while the level at which communication tools that health care providers often used to create mutual interaction between health care providers and patients in these facilities ($\bar{x} = 3.07$, SD = 0.70) was least rated as being very high level. This implies that much needs to be done on the aspect of communication tools, especially in the evolving trend of technology in the areas of electronic health records, artificial intelligence, and information governance.

In furtherance, looking at the results of the participants' demographic sections, the majorities of the respondents are younger in age, had fewer years of practice, and had their first degree and technician/national diploma as their highest educational attainment. Therefore, from personal experiences as a health care provider, one can infer that the health care providers may not have adequate advanced knowledge and skills in determining what quality health care is, especially in the evolving technology driven way, and could compromise in their opinions. The findings somehow disagree with the findings of a cross-sectional study by Adigwe (2023) in the Federal Capital Territory of Abuja on the opinions of Nigerian health care professionals about quality health care services for people with sickle cell disease and discovered that 42.8% of them disagreed with having quality health care services; hence, poor standards and quality affect people's well-being. However, this study finding is somewhat in consonance with a field study

carried out on a sample of 208 patients in Tlemcen city, Algeria, by Mrabet et al. (2022) on measuring the effect of health care service quality dimensions on patients' satisfaction in the Algerian private sector. The study established that while empathy was not significant, reliability, tangibility, assurance, and responsibility were more significant in influencing patient satisfaction. This suggests that, even though patients may feel that the health care provider does not understand them, they are more likely to have a positive perception of the service if they perceive it to be trustworthy, reliable, tangible, and responsive. Certain findings in this study corroborate some findings from a previous field study in Pakistan by Rehaman and Husnain (2018) on the impact of service quality dimensions on patient satisfaction, which established that service quality is one of the most significant factors in keeping people safe and healthy from diseases and also revealed that the most important factors that impact the service quality dimension are tangible in the aspect of physical facilities, equipment, and appearance of personnel, and empathy in the perspective of caring and individualized attention the firm provides its customers are the most important factors of the SERVQUAL model that impact service quality.

Conclusion

The assessment of quality healthcare service delivery by healthcare providers in Federal tertiary health facilities within the South-South region of Nigeria is paramount in addressing the persistent challenges facing the healthcare system. This study has highlighted significant issues such as inadequate infrastructure, understaffing, variability in service delivery, and limited understanding of patient experiences. These challenges not only compromise patient care but also undermine the overall effectiveness and efficiency of healthcare delivery. To address these concerns, concerted efforts are needed to improve resource allocation, enhance workforce capacity, standardize protocols, and prioritize patient-centered care approaches. Additionally, greater emphasis should be placed on fostering collaboration among stakeholders, including policymakers, healthcare administrators, providers, and patients, to collectively identify and implement sustainable solutions. By disseminating the findings of this study to relevant stakeholders, including policymakers and healthcare administrators, informed decision-making processes can be facilitated, leading to targeted interventions aimed at addressing the identified gaps in service delivery. Ultimately, improving the quality of healthcare service delivery in Federal tertiary health facilities within the South-South region of Nigeria is essential for advancing healthcare outcomes, enhancing patient satisfaction, and promoting overall well-being in the community.

Recommendations

Based on the finding, the following recommendations were proposed:

1. The study showed that health records management practices contributed significantly to quality health care service delivery. Therefore, this study recommends that the federal government, including all health facility owners, top management officials of health facilities, and directors/heads of departments/units, should give more attention to record creation and maintenance through the provision of innovative technology such as electronic health record systems and related technological tools in these facilities because they are critical to the delivery of high-quality health care services and will also serve as a competitive advantage for these facilities in the present-day evolving trend of technology use in robust patient care management.
2. The government, including the management of these health facilities, should ensure proper motivation of health care providers through the provision of adequate physical and technological infrastructure, enabling work environments, communication garlands, and other incentives in order to keep them always active, readily available, and willing to perform their respective functions without prejudice, and also to eliminate the high rate of employees' turnover in Nigerian health sectors.

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