

Patients' Perceptions of Health Care Providers' Communication in Nigerian Hospitals

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Abstract - This study investigates patients' perceptions of healthcare providers' communication in Nigerian hospitals. The study adopts a survey research design and 177 patients were randomly selected from six hospitals in Northeastern Nigeria. Data were collected through a questionnaire. The data were subjected to descriptive statistical analysis and independent sample t-tests. The results of the analysis indicate that most of the patients have moderate perceptions towards the health care providers' communication in hospitals in Nigeria, in terms of communication clarity, respect, and information adequacy. The study results highlight notable variations in patient perceptions of communication, revealing significant differences influenced by various sociodemographic factors. Notably, patients residing in rural areas have more positive perceptions than those residing in urban areas. Also, those aged 45 years and above exhibited higher rates of positive perceptions than those of 18 to 44 years old. Similarly, patients in private hospitals have higher positive perceptions compared to those attending public hospitals. Finally, patients with no formal education have higher levels of positive perceptions than those with formal education. The study makes recommendations for enhancing communication practices in Nigerian hospitals and suggestions for future research.

Keywords: Healthcare communication; Nigeria; Patient perceptions, Public hospitals, Sociodemographic factors

INTRODUCTION

Effective communication is considered fundamental to the delivery of quality healthcare services. This is because it influences patients' satisfaction, adherence to treatment plans, and overall health outcomes (Street, Makoul, Arora, & Epstein, 2009). Effective information exchange between patients and healthcare providers plays an important role in ensuring shared decision-making and building a therapeutic relationship (Epstein & Street, 2011). Healthcare communication encompasses the exchange of information, emotions, and expectations between patients and healthcare providers. Patients often form their judgments based on the quality of communication during medical encounters (Street et al., 2009).

Studies globally have consistently demonstrated that positive communication correlates with improved patient compliance, better health outcomes, and increased patient satisfaction (Zolnierok & Dimatteo, 2009). Patient satisfaction is significantly linked to the quality of healthcare communication. Satisfied patients are more likely to adhere to treatment plans, follow up on appointments, and engage in preventive healthcare practices (Cleary & Edgman-Levitan, 1997).

Additionally, positive patient-provider relationships have been associated with improved clinical outcomes, highlighting the far-reaching implications of effective communication in healthcare delivery (Street et al., 2009). Thus, many studies have been conducted to ascertain patients' perceptions of communication with healthcare providers to improve healthcare services. For instance, Bekele, Worku, Atnafe, Debella, Habte, Goshu, and Assebe (2022) examined patients' perceptions of, and factors influencing, nurse communication at public hospitals in Ethiopia and found that less than half of the study participants had good perceptions toward nurses' communication.

They suggested that the number of healthcare providers who speak the same language as the patients should be increased in public hospitals. Ozturk, Demirsoy, Sayligil, and Florczak, (2020) also examined patients' perceptions of nursing care in Turkey. They discovered the patient's level of satisfaction with communication is below average. Their findings also revealed no meaningful differences between the patients' perceptions based on gender, marital status, or the clinics where the patient was hospitalized. On the other hand, the study observed significantly higher levels of satisfaction with higher levels of education, younger age, higher incomes, and being employed.

In the context of Nigeria, there are multifaceted healthcare challenges such as resource constraints and accessibility issues, inadequate infrastructure, limited healthcare workforce, and economic disparities (Uzochukwu et al., 2004) all of which may impact the delivery of healthcare services. These challenges may contribute to communication barriers between patients and health-care providers, thus affecting the quality of the interactions. Additionally, cultural diversity, varying health literacy levels among patients, income level, social status and other socio-demographic factors may also contribute to the complexity of communication in healthcare settings in Nigeria. Therefore, understanding patients' perceptions of healthcare providers' communication in Nigerian hospitals is crucial in addressing health-related issues and improving health delivery in the country.

Despite the recognized importance of effective communication, limited research has specifically examined patients' perceptions of healthcare providers' communication in Nigerian hospitals particularly focusing on socio-demographic factors. Existing studies often focus on broader healthcare issues or specific diseases, leaving a notable gap in understanding the patient-healthcare providers' communication dynamics in the Nigerian context (Ogaji et al., 2017). For instance, Abdulkarim, Lawan, Kuye, and Martins, (2023) investigated the influence of interpersonal communication (IPC) training for ART practitioners on patient satisfaction in Gombe state public ART hospitals in Nigeria. Eric, and Patricia, (2021) also studied the perceived influence of the doctor-patient relationship on effective healthcare delivery in some Health Facilities in Nigeria. They found out that the majority of patients were satisfied with the services received from their doctors.

Therefore, this research investigates patients' perceptions of healthcare providers' communication in hospitals in Nigeria considering some socio-demographic factors. By investigating patients' perceptions of healthcare providers' communication, this research aims to fill a critical gap in the literature and provide practical recommendations for improving healthcare communication in the Nigerian context. Also, improving effective communication in Nigerian hospitals can contribute to better patient outcomes, satisfaction, and trust in healthcare providers. Furthermore, addressing communication challenges can lead to more effective use of limited resources and improved healthcare delivery. Finally, insights into patients' perspectives on healthcare communication can inform targeted interventions to enhance the quality of care in Nigerian hospitals.

Research Questions for this study are: (1) What is the patient's perception of healthcare providers' communication in Nigerian hospitals?; (2) Is there a significant difference between

patients' perceptions of healthcare providers' communication based on socio-demographic characteristics?

THEORETICAL FRAMEWORK

Many studies have been conducted on patients' perceptions of healthcare providers' communication across the globe to improve the healthcare system. For instance, Abdulkarim, et al, (2023) investigated the influence of interpersonal communication (IPC) training for ART practitioners on patient satisfaction in Gombe state public ART hospitals in Nigeria. They employed a quasi-experimental approach and evaluated client satisfaction before and after IPC training for ART providers. The study found a positive association between higher client satisfaction with ART services and training of ART providers on IPC. The mean client satisfaction score with IPC training was higher in the intervention group compared to the control group. The study recommended that ART facilities should receive IPC training regularly to improve client satisfaction with ART services.

Etim, Nja, and Ejemot-Nwadiaro, (2023) evaluated patients' quality of care and level of satisfaction in healthcare facilities in Cross River State, Nigeria. The study utilized a descriptive cross-sectional survey with a sample size of 405 respondents selected through simple random sampling. The findings showed that more than half of the respondents were satisfied with the services provided by healthcare professionals on their current admission and previous care received. However, about half of the respondents complained about long waiting times to be seen on admission, and a significant proportion felt that the hospital/ward environment was not clean and conducive. Additionally, a large number of respondents were unable to get all the prescribed drugs from the facility. Some instances of dissatisfaction were related to the poor attitudes of healthcare professionals. The study recommended timely care and better communication between patients and healthcare providers.

Bekele, etal (2022) investigated patients' perceptions of, and factors influencing, nurse communication at public hospitals in Harar, eastern Ethiopia cross-sectional research design. They discovered that less than half of the participants of the study had good perceptions of nurses' communication. Thus, the study made recommendations that the number of health care providers who speak the same language as the patients and communication should be increased and behavioural change training must be prioritized in the hospitals.

In another study, Ezeonwumelu, Obijiaku, Ogbueche, and Nwaozuru, (2022) examined the perspectives of healthcare providers (HCP) and healthcare consumers (HCC) in Nigeria on the uptake of teleconsultation services during the COVID-19 pandemic. The study adopted a cross-sectional research design and used a self-administered online questionnaire to assess the knowledge, use, perceptions, and benefits of telemedicine among the participants. The study found that 90% of HCPs reported using some form of telemedicine, and 63% of HCCs had received healthcare through telemedicine. Both HCP and HCC agreed that telemedicine would improve healthcare consultation experience and satisfaction. The majority of participants believed that telemedicine would be a safe way for healthcare delivery during pandemics, affordable, and time-saving. The results support the use of telemedicine for healthcare services during the COVID-19 pandemic.

Additionally, Eric, and Patricia, (2021) investigated the perceived influence of the doctor-patient relationship on effective healthcare delivery in some Health Facilities in Ogbia Local Government Area of Bayelsa State, Nigeria. The findings of the study revealed that the majority of patients agreed that their relationship with the doctor is important in treatment outcomes were involved in making treatment decisions and were satisfied with the services received from their doctors.

Finally, Ozturk, Demirsoy, Sayligil, and Florczak, (2020) examine patients' perceptions of Nursing Care in a University in a Turkish tertiary care hospital. The study found the patient

satisfaction level with nursing was found to be below average; patient satisfaction showed no meaningful differences between genders, marital status, or the clinics where the patient was hospitalized, but significantly higher levels of satisfaction were found with higher levels of education, younger age, higher incomes, and being employed.

Despite the studies, there is still a need for more studies to investigate patients' perceptions of healthcare providers' communication, especially focusing on socio-demographic factors, in Nigerian hospitals. Mostly, in Nigeria, socio-demographic factors such as age, economic status, and educational level determine how one is treated in a society.

MATERIAL AND METHODOLOGY

A cross-sectional survey research design is adopted in the study. This research design allows a researcher to collect data from the respondents at one point in time (Creswell, 2012) by administering a questionnaire to the respondents to collect quantitative data.

Respondents of the Study

The respondents of the study are 177 patients of public and private and public hospitals in northeastern Nigeria. They are both male and female. The respondents are drawn from both urban and rural hospitals. As inclusion criteria for the study, only patients who are 18 years old and above, who consented to participate in the study, and who are physically and mentally capable of completing the questionnaire are included. Patients with cognitive impairments and non-consent of the patient or below the age of 18 are not included.

Instrument for Data Collection

A questionnaire designed on a five-point Likert scale was used to measure the teachers' awareness of reflective practice. The questionnaire is adapted from Bekele, et al (2022). It is categorized into three sections: Section A on Socio-demographic characteristics of the participants, Section B on Hospital and admission-related characteristics, and Section C on Patients' perception of nurses' communication.

The setting of the Study

Before selecting the hospital for the study, a permission request letter was sent to 10 hospitals but only six granted the permission for the data collection. Two of the hospitals are private in an urban area, two public in a rural area, one public in an urban area and one in a university.

Table 1. Distribution of the Hospitals

Number of Hospitals	Location	Status
2	Urban Area	Private
2	Rural	Public
1	Urban	Public
1	University	Public

Procedure for Data Collection

Before the data collection of the study, permission was sought from all the selected hospitals to enable the researchers to collect the data. Thereafter, written informed consent was obtained from all respondents before the study. The questionnaire was administered in three different ways depending on the preference of the respondents, some of the respondents preferred the e-version to be sent to them via WhatsApp while others preferred the hardcopy. For some other respondents who could not read, the researchers read out the Hausa version of the questionnaire for them and allowed them to choose from the options.

RESULT AND DISCUSSION

The results of the descriptive statistical analysis revealed that the respondents have moderate perceptions towards the health care providers' communication in hospitals in Nigeria. All the items of the questionnaire have mean scores between 2.50 to 3.2 out of 5.00, except for Item 1 with a mean score of 2.1833. the item shows that the majority of the respondents do not agree that the attending care provider greeted them on their admission.

For example, Item 5 has the lowest mean score ($M= 2.5000$, $SD=.92973$) showing that the majority of the respondents do not strongly disagree that the Health care providers made them feel that they could trust them. Item 14 with the mean score ($M=2. 2.8833$, $SD= 1.23634$) also reveals that many of the respondents believe that Health care providers maintained proper eye contact during communication. Item 3 has the highest mean score ($M=3.2833$, $SD= 1.04300$). It reveals that many of the respondents believe that the Health care providers kept their privacy and confidentiality.

Generally, the results indicate that the respondents have a moderate level of perceptions towards the health care providers' communication in public hospitals in Nigeria based on the classification of Mokhtari and Sheorey (2002), as mean scores of all the components of the question fall between 2.50-3.20. These findings highlight the need for interventions to improve healthcare providers' communication in public hospitals in Nigeria. Table 2 below presents the details of the results.

Table 2. Results of Descriptive Statistics

S/N	Items	Mean	SD
1	The attending care provider greeted me on my admission.	2.1833	1.34658
2	Healthcare providers were helpful and showed concern about reducing or eliminating any stress, anxiety, hopelessness and pain.	2.7000	1.01347
3	Healthcare providers kept my privacy and confidentiality.	3.2833	1.04300
4	Healthcare providers showed me an empathetic response	2.9000	1.14537
5	Healthcare providers made me feel that I could trust them	2.5000	.92973
6	Healthcare providers gave me a proper and necessary response when I needed them for my physical and psychological needs	2.5833	.92593
7	Healthcare providers were attentive to my physical and psychological needs	2.8000	.87914
8	Healthcare providers introduced their names	2.6000	.80675
9	Healthcare providers were concerned regarding my health-related problem and improvement	2.7167	1.12131
10	Healthcare providers believed my concerns/complaints	2.6333	1.04097
11	Healthcare providers gave me time to explore my feelings in front of them	2.3167	1.38383
12	Healthcare providers used to call me by my name	2.3000	.78762
13	Healthcare providers responded to my calls for help	2.8333	.76284
14	Healthcare providers maintained proper eye contact during communication	2.8833	1.23634
15	Healthcare providers communicated to me about my preferences in giving and taking medication	2.2000	.87914
16	Healthcare providers immediately informed me of the result of my investigation report	2.4000	.80675
17	Healthcare providers encouraged me and my family not to shy away from communicating.	2.5000	.81303
18	Healthcare providers were humble and polite during communication.	2.7000	.90760
19	Healthcare providers clarified all my doubts.	2.7000	1.10928
20	Healthcare providers showed pleasant non-verbal gestures.	2.5000	.92973
21	Healthcare providers provided proper information about my health status and treatment.	2.7000	1.01347
22	Healthcare providers request consent when performing a procedure.	2.1833	1.34658
23	Healthcare providers used appropriate tone and voice.	2.5000	.81303
24	Healthcare providers communicated with my family and involved them in the care process.	2.9000	1.14537
25	Healthcare providers implemented care as communicated.	2.5000	.92973

Patient's Perception of Healthcare Providers' Communication Based on Demographic Characteristics

To ascertain the patients' perception of healthcare providers' communication based on demographic characteristics, the respondents are grouped into smaller groups based on some sociodemographic factors such as age, location of hospital, status of hospital and formal education as shown in Table 3.

Table 3. Socio-demographic Factor

Socio-demographic Factor		Frequency	Percentage
Age	18-44 years old	108	61
	45 years and above	69	39
Hospital Location	Urban	80	45.2
	Rural	97	54.8
Hospital Status	Public	122	69
	Private	55	31
Formal Education	Yes	133	75.1
	No	44	24.9

The respondent's perception of healthcare providers' communication based on demographic characteristics are compared in each category: The analysis focused on age groups (18-44 years old vs. 45 years and above), hospital location (urban vs. rural), hospital type (private vs. public), and educational background (formal education vs. no formal education). Findings indicated significant disparities emerged based on sociodemographic factors.

Notably, significant disparities were observed in patients' perceptions based on age groups. Patients aged 45 and above exhibited higher rates of positive perceptions ($M = 75.4493$, $SD = 7.58392$) ($t = -4.642$, $p = .000$) compared to those between 18-44 years old ($M = 74.1204$, $SD = 8.33383$). This suggests a statistically significant variation in how different age groups perceive healthcare providers' communication. Possible explanations include the preference of older patients for paternalistic communication styles, while younger patients may desire more collaboration and autonomy. Older patients may also have more experience with healthcare systems, potentially influencing their communication preferences and have developed coping mechanisms for dealing with communication challenges.

The findings also indicate that patients residing in rural areas showed significantly higher positive perceptions of health care providers' communication ($M = 74.6186$, $SD = 8.05637$) ($t = -4.893$, $p = .000$) compared to those in urban areas ($M = 73.3875$, $SD = 4.893$). This finding may be attributed to factors such as the smaller communities in rural areas fostering closer relationships between patients and providers, leading to increased trust and understanding. Additionally, rural dwellers might have lower expectations of communication, making them more accepting of limited interactions.

Results indicated that patients in private hospitals reported significantly higher positive perceptions of health care providers' communication ($M = 74.8727$, $SD = 7.66680$) ($t = -5.549$, $p = .000$) compared to those in public hospitals ($M = 72.9016$, $SD = 7.58686$). This could be attributed to the better staffing and resources often found in private hospitals in Nigeria. Private hospitals, being profit-oriented, prioritize patient satisfaction due to market competition,

potentially resulting in better communication practices. The smaller patient loads and more resources in private hospitals allow for longer consultations and clearer communication.

Finally, the results show that patients with no formal education reported higher positive perceptions ($M = 75.0682$, $SD = 7.55876$) ($t = -5.924$, $p = .000$) than those with formal education ($M = 72.5489$, $SD = 7.44420$). This may be due to higher expectations of effective communication from healthcare providers among patients with formal education. These patients may have developed a more critical view of healthcare communication, potentially influencing their perceptions.

Socio-demographic Factor		Mean	SD	t	p
Age	18-44 years old	74.1204	8.33383	-4.642	.000
	45 years and above	75.4493	7.58392		
Hospital Location	Urban	73.3875	7.92448	-4.893	.000
	Rural	74.6186	8.05637		
Hospital Status	Public	72.9016	7.58686	-5.549	.000
	Private	74.8727	7.66680		
Formal Education	Yes	72.5489	7.44420	-5.924	.000
	No	75.0682	7.55876		

Discussion

The findings of the study align with those of previous research. For example, a study by Bekele et al. (2022) in eastern Ethiopia found that less than half of the participants had positive perceptions toward nurses' communication at public hospitals. Similarly, Ozturk et al. (2020) reported below-average patient satisfaction with nursing care, with no significant differences based on sociodemographic factors. Etim et al.'s (2023) findings, indicating satisfaction with healthcare services but concerns about waiting times and the hospital environment, complement the current study. Together, these findings underscore the importance of addressing communication challenges in healthcare settings to enhance overall patient satisfaction and experience. The variations observed across demographic factors emphasize the need for personalized communication approaches tailored to different patient groups. These findings are in a way similar to the study.

The observed variation in perceptions based on age aligns with the socio-psychological theory of communication and ageing, suggesting that communication preferences evolve with age and life experiences. The Communication Accommodation Theory (Giles, 1973) could provide a theoretical lens to understand how both patients and healthcare providers adjust their communication styles to bridge the generational gap, ensuring optimal patient understanding and satisfaction. Communication theory suggests that people tend to adjust their communication style to match that of their conversation partner. This can be done through various means, such as adopting similar accents, using similar vocabulary, or mirroring the other person's body language.

The higher positive perceptions in rural areas resonate with the concept of social capital, where community ties and relationships foster trust and communication. This finding aligns with Putnam's (2000) social capital theory, which posits that smaller communities may exhibit higher levels of trust and cooperation. Healthcare providers in urban settings can draw on these theories to develop interventions aimed at building social capital within their communities, potentially enhancing patient-provider relationships and communication.

On the other hand, the findings of the study differ from many other studies conducted in Nigeria. Most of the studies do not consider patients' perceptions based on socio-demographic

factors (Abdulkarim, et al, 2023; Etim et al, 2023; Ezeonwumelu et al, 2022). The findings of the study also contradict the findings of Ozturk, et al (2020) who discovered no meaningful differences between patients' perceptions of healthcare providers' communication based on gender, marital status, or the clinics where the patient was hospitalized. They also observed a significantly higher level of satisfaction with higher levels of education, and younger age, which is contrary to the findings of the current study.

CONCLUSION

This study examines the complexities of patients' perceptions of healthcare providers' communication in Nigerian public hospitals. The findings indicate that while the majority of patients reported positive experiences, significant disparities emerged based on sociodemographic factors. Patients from rural areas and older age groups expressed higher satisfaction with communication clarity, respect, and information adequacy compared to their urban and younger counterparts. These findings suggest a need for tailored communication strategies that consider patients' cultural backgrounds, age-related needs, and anxieties.

The study is limited to a small number of respondents and the selected hospitals. Also, other socio-demographic factors such as gender, marital status and income are not considered. Despite the limitations of the study such as a relatively small sample size and potential instrument-related biases, this study provides valuable insights for researchers, medical practitioners, and policymakers seeking to improve healthcare communication in Nigerian hospitals.

The study can inform targeted interventions and training programs to enhance communication among healthcare providers in Nigerian hospitals, particularly enhance communication with patients in urban areas, younger patients and patients with formal education. Eventually, this would improve patient satisfaction and overall healthcare outcomes in the country.

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