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PATIENT'S SATISFACTION WITH HIV/AIDS SERVICES DELIVERY AMONG ADULTS IN PRIMARY HEALTH CARE CENTERS IN TAI LGA, RIVERS STATE

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Abstract

The study investigated patient's satisfaction with HIV/AIDS services delivery among adults in primary health care centers in Tai LGA, Rivers State. Antiretroviral cure (ART) adherence and patient retention are impacted by patient satisfaction with HIV/AIDS care. The study's objectives were to assess how satisfied HIV patients were with the standard of cure received at primary healthcare institutions in Tai LGA, Rivers State, and to compare client satisfaction levels among 20% of the region's total number of healthcare facilities that provide HIV/AIDS services. 302 HIVpositive enrolled individuals were given pretested anonymous, structured questionnaires to complete. In Tai LGA, Rivers state, the Bunu, Nonwa, Bangoi, and Kpite Primary Health services clinics provided services to patients who were 18 years of age and older.

Keywords:
HIV/AIDs, Patient satisfaction, Tai LGA, Rivers State

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Following explicit guarantees of anonymity, we asked them for details about themselves, their medical history, and how they responded to cure in order to gauge how satisfied they were with the HIV services. The research design was a descriptive cross-sectional study, and SPSS version 25 was used to analyse the collected data. In congruent with the study's results, the mean (M=2.85; SD=1.2) patient satisfaction score with HIV and AIDS services was low at 2.85. The HIV/AIDS services offered by Tai LGA institutions are unsatisfactory to patients. The main cause of unhappiness was the amount of time spent at the institution in order to get care. In order to improve service delivery, Tai Primary Health Care Centre management should identify these problematic service areas.

INTRODUCTION

Client satisfaction is a critical element in health service delivery from client testing of HIV to retention in the antiretroviral therapy and has a direct effect to the success of HIV treatment outcomes. HIV and AIDS Service access, client retention and adherence remain a challenge in achieving the universal target of offering services in treatment in the emerging economies with Human immunodeficiency Virus epidemics. The importance of client satisfaction in strengthening service quality for the HIV/AIDS care and treatment cannot be overemphasized. The satisfaction of patients has recently come out as a critical parameter used to assess the quality of health services across the service delivery points. This is largely based on the knowledge that satisfied clients and consumers of services make important life time behavioral change like close relation to the service provider and adherences to treatment hence strengthening satisfaction with ultimate retention and improved quality of life in continuum of care.

According to Hopkins (2020), client satisfaction is a critical significant outcome in the healthcare systems. The term client satisfaction refers to the gap which exists between the expectations to be received by the client in regard to the services and what they actually receive from the service delivery points. This is a very subjective concept that can be very hard to assess and measure, but it is an important concept in the healthcare system. The rationale behind the concept of client satisfaction is to give a direct feedback to individuals and institutions who provide an array of services.

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Client satisfaction is a good indicator to measure the quality of services and it shows the associations in the treatment outcomes and the services provided (Rai, 2016). According to Mohiuddin (2020), client satisfaction is a very significant tool which enables to strengthen the quality life of the patients and also enables the individuals and institutions who provide services to assess specific problems and challenges of customers which require to be addressed. The satisfaction of clients in HIV treatment and care is very significant in monitoring the service provision. Firstly, it is an important outcome in its own right as a goal of health system and secondly, the respectful patients who are satisfied with the kind of health care services received are less likely to face obstacles and challenges in adhering to treatment. The concept of quality is multifaceted and it entails the extent in which the health care service provided generates the desired outcome (Runciman, 2017). Thus, quality healthcare entail that act of engaging the thing for right patient with a sole purpose to achieve the best results.

In the sub-Saharan Africa, HIV service delivery points are congested with clients. A lot of efforts and focus has been on improving the availability of health workforce, drugs and other HIV/AIDS related supplies, patient flow, waiting time and contact time. This has an effect on the Client satisfaction and retention that ultimately impacts on the quality of HIV/AIDS care and treatment. To reduce the Client waiting time and improving the client-clinician contact time, a strategy of task shifting, longer appointment period for the expert and stable Clients ultimately strengthen the quality of HIV care and treatment. Using peer health care workers with support from technical service providers helps in improving quality of care (Tsui, 2017).

The concept of quality of healthcare services refer to the proper performance which are according to the stipulated standards of interventions that are appropriate and safe, affordable to the respectful society and those with ability to generate impact with regard to malnutrition, disability, mortality and morbidity (WHO, 2016). The six key dimensions are improved when quality healthcare system is embraced (WHO, 2016). The dimensions require that the healthcare deliver health that adhere to evidence based approach, be effective, the results improve the outcome in health of the individuals in the community. The healthcare should be offered in a need basis, it should be efficient, should be delivered in a manner which optimize the use of resources and avoid unnecessary waste, deliver

health service in a timely, reasonable geographical area and be provided in a setting where the skills and resources are suitable to the needs of medical sector which are client-centered, providing health services which consider the preferences and aspirations of specific service users and their culture in the community setting. The health care services should be equitably provided for and should not differ in terms of quality due to personal information which include ethnicity, socioeconomic status, safety, gender, race and delivering health care which reduces the risks of harm to the service users (WHO, 2016).

HIV/AIDS clients have minimum standard service packages that are offered in all facilities that provide these services. The World Health Organization gave recommendations on early HIV/AIDS diagnosis for a certain population, initiation of earlier antiretroviral therapy for adolescents, children and the adults including breast feeding women who are infected with HIV/AIDS, the Spouses infected with HIV/AIDS and sexual partners in sero-discordant relationship (WHIO, 2020). However, the health systems related barriers exacerbate the gaps in the cascade of care from HIV/AIDS Client linkage, the retention, identification and viral suppression. These includes limited infrastructure for information management systems, poor referral and tracking mechanisms, human resources for health inadequacies, limited access to and unequal distribution of services, commodity and supply challenges. Diagnosis and linkage to care including treatment coverage has been a challenge in the recent times. Likewise, based on Nigeria AIDS Strategic Framework 2020/2021, there are gaps in HIV/AIDS client's quality of care, poor or inconsistent viral monitoring, limited use of electronic medical records and limited coordination of services and support from the institutions and stakeholders (Udeme, 2021).

Similarly, Okobia (2020) disclosed that the HIV quality of care and treatment at the service delivery points is not at optimal level. HIV/AIDS stigma and discrimination is high in the northern Kenya region, hence affecting client satisfaction. This is attributed to a gap in HIV/AIDS support and care for the clients. The HIV program at national level has ensured the supply of Antiretroviral Therapy is able to cover beyond the number of people who need the drugs. Olabisi (2022) observed that the infrastructure of the health care systems in Kenya is inadequate and they lack enough resources to improve those systems. This gap in the infrastructure has affected the satisfaction levels of clients and the quality care. Therefore,

alignment and coordination with the partners in the national response are required. Moreover, development of human resources plans to support scaling up and antiretroviral therapy adherence is also required. It was against this background that the researchers investigated patient's satisfaction with HIV/AIDS services delivery among adults in primary health care centers in Tai LGA, Rivers State.

Statement of the Problem

Clients desire to get services when visiting health service delivery points; inadequate or substandard discovery of their needs at the health facilities, leads to client dissatisfaction. Client satisfaction influences retention and adherence to treatment. It is therefore critically important to understand Client satisfaction in the health Care service delivery points. It is an avenue of monitoring Client retention and evaluation of the service standards offered in a facility and provides the platform of addressing the existing gaps and improve the quality of care of the HIV/AIDS Clients. Client satisfaction is a personal assessment that is generally influenced by individual expectation.

Keen observation by the researchers indicates that many HIV/AIDS clients cannot be traced and they are assumed to have defaulted treatment and or opted for self-transfer out to other Comprehensive Care Centre's outside the study area which may be due to poor levels of satisfaction among the patients. Although, a lot of studies have been done in various areas in the West African health sector, no single study has established factors that influence HIV/AIDS client satisfaction at the comprehensive care centres in the study area. The goal of reducing the incidence of HIV, controlling the spread of the virus, and achieving viral suppression is defeated if the government works tirelessly to provide ART cure and other HIV services without making an extra effort to determine whether or not the patients are satisfied enough to continue accessing such services. In order to provide patients excellent care and improve retention, adherence, and loss to follow-up, this research collected the data required to make educated choices about HIV therapies.

It was therefore important to investigate patient's satisfaction with HIV/AIDS services delivery among adults in primary health care centers in Tai LGA, Rivers State.

Aim and Objectives of the Study

The aim of the study was to investigate patient's satisfaction with HIV/AIDS services delivery among adults in primary health care centers in Tai LGA, Rivers State. Specifically, the objectives were to:

1. Determine how long patients for HIV/AIDS care spend on an average in HIV service delivery centres in Tai Local Government Area of Rivers State
2. Ascertain the level of client satisfaction with time spent in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State
3. Ascertain the level of client satisfaction with patient staff communication in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State
4. Ascertain the level of client satisfaction with privacy and confidentiality in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State
5. Ascertain the level of client satisfaction with quantity of staff strength in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State
6. Identify the means of improving patient satisfaction with HIV services rendered in Tai LGA

Research Questions

This research work was guided by the following research questions.

1. How long do patients for HIV/AIDS care spend on an average in HIV service delivery centres in Tai Local Government Area of Rivers State?
2. What is the level of patient satisfaction with time spent in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?
3. What is the level of patient satisfaction with patient staff communication in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?
4. What is the level of patient satisfaction with privacy and confidentiality in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?
5. What is the level of patient satisfaction with quantity of staff strength in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?
6. What are the means of improving patient satisfaction with HIV services rendered in Tai LGA?

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Method

This study adopted essay's descriptive cross-sectional design which examined persons (18 years and older) who were HIV positive and receiving care and cure at primary Medicare institutions in

Tai LGA, Rivers State. 302 respondents were selected for the study during a 6-week period amid June and August 2024 as HIV positive outpatients (18 years and older) receiving cure at the four primary Medicare clinics in Tai LGA were chosen using a purposive selection technique. Inclusion

Criteria: Antiretroviral cure (ART) is given to willing folk 18 years of age and older in primary Medicare facilities, Tai. Exclusion Criteria: Outpatients who don't consent, those who were really ill, and those who were mentally ill. A semi-structured, interviewer-administered questionnaire that was developed from essay on outpatient satisfaction with HIV care in several countries was used to survey the outpatients. MS-EXCEL was used to input and sanitize the data before it was exported and imported into SPSS version 25 for analysis. Essay questions were analysed using Likelihood ratio, Pearson Chi square, linear by linear nexus, and multivariate logistic regression, which calculates odds ratio, confidence interval, and P-value. Qualitative data was obtained using interviewer-administered questionnaires, which were then analysed using the simple percentage method. The questionnaire was acceptable and trustworthy for the essay, with a reliability value of 0.79.

Results

Sociodemographic features and malady history of partakers

Variables		Frequency	Percentage %
Name of facility	MPHC Nonwa	83	27.7%
	MPHC Bunu	74	24.7%
	MPHC Kpite	72	23.8%
	MPHC Ban-Ogoi	72	23.8%
Age in years	18-27	148	49.0%
	28-37	67	22.3%
	38-47	61	20.3%
	48+	25	8.4%
Sex of partakers	Male	135	44.8%
	Female	166	55.2%

Variables		Frequency	Percentage %
Tuition status	No formal tuition	46	15.3%
	Primary tuition	36	11.9%
	Secondary tuition	140	46.5%
	Tertiary tuition	79	26.2%
Marital status	Married	66	21.8%
	Single	170	56.4%

The sociodemographic details of the essay's partakers are shown in the table above. The partakers were virtually evenly spread across the several Tai MPHC centres, with MPHC Nonwa housing
27.7% of the total, MPHC Bunu 24.8%, MPHC Kpite and MPHC Ban-Ogoi reporting 23.8% each. The majority of partakers, at 49.0% of the sampled population, were amid the ages of 18 and 27. Partakers amid the ages of 28 and 47 made up the major other age categories, making up more than 40% of the sampled population. Regarding the partakers' gender, the majority, or 55.2% of them, were female while 44.8% of them were male. Secondary and higher tuition were held by the majority of partakers (46.5%) and 26.2%, respectively. The percentage of partakers who were single (56.4%) and married (21.8%) was the same.

Research Question 1

How long do outpatients for HIV/AIDS care spend on an average in HIV service delivery centres in Tai Local Government Area of Rivers State?

Table 2. Average Duration of Time Spent in HIV Care among Respondents

Time spent for care	Frequency		Percentage	
Under 1hr to 2hrs	42		14%	
2hrs to 4hrs	21		7%	
4hrs to 6hrs	54		18%	
Above 6hrs	184		61%	
Total	301		100%	

In congruent with the upshots, a momentous portion of the partakers spent more than four hours seeking HIV/AIDS cure in Rivers State's Tai local government area. 61% of the partakers reported waiting more than six hours before obtaining cure,

18% reported waiting four to six hours before receiving care, 7% reported waiting two to four hours before receiving care, and 14% reported waiting less than one to two hours before receiving care.

Research Question 2

What is the threshold of outpatient satisfaction with time spent in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?

Table 3. Time Spent and Satisfaction Cross-tabulation

Variables				Frequency	Percentage %
Time spent during care	Under 1 hr to 2hrs	Your general satisfaction with your encounter with the centre today is?	Very dissatisfied Dissatisfied Neutral Satisfied Very satisfied	5 9 9 6 15	1.5% 3.0% 3.0% 2.0% 5.0%
	2 hr to 4 hrs	Your general satisfaction with your encounter with the centre today is?	Very dissatisfied Dissatisfied Neutral Satisfied Very satisfied	2 6 5 6 3	0.5% 2.0% 1.5% 2.0% 1.0%
	4hrs to 6 hrs	Your general satisfaction with your encounter with the centre today is?	Very dissatisfied Dissatisfied Neutral Satisfied Very satisfied	6 60 36 16 11	2.0% 19.8% 11.9% 4.5% 5.4%
	Above 6 hrs	Your general satisfaction with your encounter with the centre today is?	Very dissatisfied Dissatisfied Neutral Satisfied Very satisfied	3 64 22 5 12	1.0% 21.3% 7.4% 1.5% 4.0%

The total degree of satisfaction in proportion to the amount of time spent at the clinic is shown in the table above. In congruent with the aforementioned figures, it is clear that 44.1% of outpatients who were unsatisfied with the quality of service spent more than 4 hours in the clinic.

Research Question 3

What is the threshold of outpatient satisfaction with outpatient staff communication in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?

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Table 4. Level of Satisfaction with Outpatient Staff Communication in Receiving HIV/AIDS care

Variables		Frequency	%
Staff cure with outpatient	Unsatisfied	11	5.5 %
	Unsatisfied but manageable	14	6.9 %
	Somewhat satisfied	44	21.8 %
	Satisfied	95	47.0%
	Highly satisfied	38	18.8 %
Staff language when addressing outpatient	Unsatisfied Unsatisfied but manageable	2 6	1.0 % 3.0
	Somewhat satisfied	57	28.2 %
	Satisfied	106	52.5 %
	Highly satisfied	31	15.4 %
Way questions and queries are dealt with	Unsatisfied Unsatisfied but manageable	11 14	5.4% 6.9%
	Somewhat satisfied	44	21.8%
	Satisfied	95	47.0%
	Highly satisfied	38	18.8%
Communicates in local dialect	Unsatisfied Unsatisfied but manageable	9 14	4.5% 6.9%
	Somewhat satisfied	51	25.2%
	Satisfied	83	41.1%
	Highly satisfied	45	22.3%

In the Tai Local Government Area of Rivers, the table above shows the various degrees of client satisfaction with outpatient staff communication while getting HIV/AIDS cure services. All variables of staff outpatient communication, including staff cure with outpatients (F=95; 47%), staff language when addressing outpatients (F=106; 52.5%), how questions and queries are handled (F=95; 47%), and with and communicates in local dialect (F=83; 41%), were rated favourably by partakers.

Research Question 4

What is the threshold of outpatient satisfaction with privacy and confidentiality in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?

Table 5. Level of Satisfaction with Privacy and Confidentiality in Receiving HIV/AIDS Care Services

Variables		Frequency	%
Privacy & confidentiality -Info kept confidential at center	Unsatisfied Unsatisfied but manageable	3 4	1.5% 2.0%
	Somewhat satisfied	48	23.8%
	Satisfied	101	50.0%
	Highly satisfied	46	22.8%
Privacy & confidentiality - Outpatient talks to staff in private at center	Unsatisfied Unsatisfied but manageable	5 8	2.5% 4.0%
	Somewhat satisfied	51	25.2%
	Satisfied	98	48.5%
	Highly satisfied	40	19.8%

The table above reports on the different thresholds of client satisfaction with privacy and confidentiality in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers. Partakers reported that they were satisfied with the privacy and confidentiality on all variables including Info kept confidential at center (F=101; 50%) and Outpatient talks to staff in private at center (F=98; 48.5%). High thresholds of satisfaction were also reported for Info kept confidential at center (F=46; 22.8%) and Outpatient talks to staff in private at center (F=40; 19.8%)

Research Question 5

What is the threshold of outpatient satisfaction with quantity of staff strength in receiving HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?

Table 6. Level of Satisfaction with Staff Strength HIV/AIDS care in Receiving HIV/AIDS Care Services

Variables		Frequency	Percentages
Staffing - No. of Doctors	Unsatisfied	5	2.5%
	Unsatisfied but manageable	12	5.9%
	Somewhat satisfied	79	39.1%
	Satisfied	77	38.1%
	Highly satisfied	29	14.4%

Variables		Frequency	Percentages
Staffing - No. of HIV Counsellors	Unsatisfied Unsatisfied but manageable	7 10	3.5% 5.0%
	Somewhat satisfied	64	31.7%
	Satisfied	80	39.6%
	Highly satisfied	41	20.3%
Staffing - No. of Nurses	Unsatisfied	4	2.0%
	Unsatisfied but manageable	8	4.0%
	Somewhat satisfied	78	38.6%
	Satisfied	72	35.6%
	Highly satisfied	40	19.8%
Staffing - No. of Pharmacists	Unsatisfied	7	3.5%
	Unsatisfied but manageable	10	5.0%
	Somewhat satisfied	74	36.6%
	Satisfied	76	37.6%
	Highly satisfied	35	17.3%

In the Tai Local Government Area of Rivers, the table above shows the various degrees of client satisfaction with staff size while getting HIV/AIDS care services. In congruent with the upshots,
76 partakers (38%) were happy with the number of pharmacists, 77 partakers (38%) with the number of physicians, 80 partakers (40%) with the number of HIV counsellors, 72 partakers (36%) with the number of nurses, and 77 partakers (38%) with the number of nurses.

Research Question 6

What is the General threshold of outpatient satisfaction with HIV/AIDS care services in health facilities in Tai Local Government Area of Rivers State?

Research Question 6

What are the means of improving outpatient satisfaction with HIV services rendered in Tai LGA?

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Table 7: Suggestions to Improve Outpatient Satisfaction

Suggestions	Frequency	Percentages
Cleaner facilities	39	13%
More health workers	18	6%
Shorter waiting time	188	63%
Increased staff strength	29	10%
Home service for ART refill	12	4%
Better communication from staff	12	4%

The info in the table above was compiled thematically from outpatient input on potential improvements to outpatient satisfaction via HIV/AIDS cure. It was clear from the replies that the majority of partakers, or 63% of the feedbacks, agreed that reduced wait times in Medicare institutions that provide HIV/AIDS cures would momentously increase outpatient satisfaction. In congruent with 13% of the replies, cleaner facilities were another momentous recommendation. More medical personnel, home care for ART refills, and improved staff communication were other solutions.

Discussion of Findings

Outpatients Satisfaction with Average Duration of Time Spent in HIV Care amid Partakers Outpatients Satisfaction with Average Duration of Time Spent in HIV Care amid Partakers This poll found that 61% of participants waited and received service for more than six hours. In several essay including in this essay, longer wait times are usually cited as one of the key factors that negatively impact customer satisfaction with HIV care internationally. In congruent with a essay of adults in South African Medicare facilities, the average wait time for care was 2 hours and 8 minutes (Mabuto, 2019). In a different essay on the subject of Reducing Waiting Time at a Nigerian HIV Cure Clinic: Opinions from and the Satisfaction of Folk Living with HIV/AIDS, the majority of participants (72.9%) reported that the wait time was over an hour, and many of them (71.4%) thought it was excessively long. Although participants in these other sited trials complained that their wait times were lengthy, they were still far less than the horrifying 6 hours outpatients at Tai health institutions endured. There is momentous dissatisfaction with waiting times, in congruent with a survey conducted in South Africa (Wouters, 2008), likewise a

momentous threshold of dissatisfaction with the waiting time in Abuja, Nigeria (Mora, 2012), and a high threshold of dissatisfaction with the waiting time in the United States of America (Camacho, 2016). There was a nexus amid waiting times, outpatients' satisfaction, and their propensity to visit the clinics in each of these appraisals.

Patient Satisfaction with Time Spent in Receiving HIV/AIDS Care Services in Health

Facilities

Discontent with certain components of care services, such as waiting periods, was also reported in another essay where about 91% of customers are satisfied—a proportion that is too high per se to raise any worries of client discontent. In a similar vein, a essay that evaluated outpatients' waiting and service times discovered that more than half (53%) of them reported being satisfied with the overall time spent at the clinic, where the mean total waiting time was 84.3 minutes, the mean total service time was 52 minutes, and the outpatient's average total clinic time was 93.6 minutes based on the outpatients' clinic status and clinic arrival time (Olokoba, 2020). The authors of an essay done in an HIV care clinic in Sokoto, Nigeria, speculated that the center's status as a tertiary centre with high manpower, allowing it to serve a large number of clients in a relatively short amount of time, may have contributed to the high threshold of client satisfaction with waiting time (Oche, 2013). In a similar vein, outpatients at an antiretroviral cure clinic in Ethiopia expressed high thresholds of satisfaction with the length of their wait, and this facility is also a tertiary health institution, which may have contributed to the speed with which outpatients were attended to owing to personnel available (Azuike, 2017). Essays that found high outpatient satisfaction thresholds were primarily conducted in tertiary clinics where there is more staff on hand, which will reduce outpatient waiting times. In addition, they were typically seen in specialized clinics with appointment set-ups, which limits the number of outpatients seen each day (Azuike, 2017). Long wait times are linked to poor outpatient satisfaction, in congruent with a number of previous essay (Al-Harajin, 2019). Longer stays at institutions were linked to greater rates of outpatient unhappiness, in congruent with the present essay, which also identified a strong nexus amid satisfaction and length of stay.

Outpatient Staff Communication Satisfaction Threshold in Receiving HIV/AIDS Care The majority of outpatients, in congruent with the essay's upshots, were pleased with the outpatient-staff contact. Regarding all aspects of staff-outpatient communication, including staff cure of outpatients (F=95; 47%), staff language when addressing outpatients (F=106; 52.5%), how questions and queries are handled (F=95; 47%), and use of local dialect when communicating with outpatients (F=83; 41%), partakers said they were satisfied with the threshold and manner of staff communication with them. An essay on outpatients' satisfaction with HIV and AIDS care in Tanzania found that 67% of partakers rated communication with their Medicare provider as very good, while a essay on outpatients' satisfaction with HIV and AIDS care in Anambra State,
Nigeria, found that 612 (96.4%) of partakers were satisfied with effective communication (Umeo, 2020).

Level of Satisfaction with Privacy and Confidentiality in Receiving HIV/AIDS Care Services

In this essay's partakers, satisfaction with privacy and confidentiality was expressed for all factors, including info kept secret at the centre (F=101; 50%) and outpatient conversations with personnel in private at the centre (F=98; 48.5%). The confidentiality of info at the centre (F=46; 22.8%) and outpatient conversations with personnel in private at the centre (F=40; 19.8%) both received high satisfaction ratings. This is quite similar to an essay on outpatient satisfaction with HIV cure in
Vietnam where 60.1% of partakers were said to be satisfied with confidentiality (Tran & Nguyen, 2012), a different appraisal on outpatient satisfaction with HIV care in a private clinic in Tanzania reported that 70% of partakers rated their experience of confidentiality as very good, (Hopkins, 2020), and an in a comparative analysis essay of outpatient satisfaction with HIV cure where a reported that 70% of partakers rated their experience of confidentiality.

General Level of Satisfaction with HIV/AIDS care

Outpatients' experiences are important for the performance of the Medicare organization in terms of medicine, finances, and operations, hence outpatient satisfaction is a frequent measure used to gauge the quality of Medicare services

in practices of all sizes (CCD Health, 2021). The upshots showed that the majority of clients were unhappy with the threshold of service they got (M=2.85; SD=1.2) and that they weren't likely to use the facilities again (M=2.95; SD: 1.1) in the future. The essay's conclusions are partly consistent with those of a survey of outpatients' satisfaction with HIV/AIDS care and cure in Vietnam, where the mean ratings across all dimensions were high. The category with the greatest rating was Competence of Health Workers (9.340.84), while the category with the lowest rating was Quality and Convenience (9.031.04). Regarding the general calibre of the provided services and the therapeutic upshots, 42.4% and 18.8% of partakers, respectively, stated their utmost pleasure (Tran & Nguyen, 2012). A cross-sectional survey of HIV-positive folk receiving care and cure in Nigeria in 2019 indicated that 90% of partakers were pleased with the overall threshold of care (Anosike, 2019), which is completely at odds with the upshots of this essay. The upshots of past essays conducted at Jimma University Specialised Clinic and a cure centre in Dar es Salaam, Tanzania, indicated customer satisfaction rates of 77% and 92.3%, respectively. The essay's client satisfaction thresholds are likewise low when compared to those upshots. These discrepancies in thresholds of satisfaction may be related to the kind of institution and setting where services were rendered. Nigeria has the twenty-first-highest HIV prevalence in the world, whereas South Africa has the fourth-highest prevalence (18.90%) (Chepkemoi, 2019). It seems sense that more resources are being used in South Africa to fight the virus than in Nigeria, where the incidence is lower.

Improved Outpatient Satisfaction

Since it discloses if the provider is effective in exceeding clients' expectations and is a momentous influence in defining outpatients' perspective and behavioural intention, outpatient satisfaction is an essential indication of the quality of Medicare (Olabisi, 2022). In congruent with Tsui (2017), outpatient satisfaction is associated with important upshots including improved compliance, decreased usage of medical services, fewer malpractice cases, and better prognosis. An open-ended question was utilized to allow outpatients to describe how they believed the services might be improved to increase their satisfaction thresholds with the services given in Tai LGA rather than giving them a restricted number of alternatives for areas of change they would want to see in the facility. Increased

staff numbers (48%), shorter wait times (25%) improved outpatient amenities (8%) and cleaner facilities (6%), in congruent with the majority of partakers, were the answers given. Similar to this, other customer satisfaction surveys have identified several of these issue areas as causes of clients' unhappiness with HIV/AIDS care. 139 (55.0%) of participants in a crosssectional essay on clients' satisfaction with HIV cure services in Bamenda, Cameroon, agreed that the facility, including the waiting area and restrooms, is dirty and that this is one of the contributing factors to their discontent (Wung, 2016). Participants in other essays offered similar recommendations for enhancing cure, including employing additional clinic staff (99.3%) and reducing the amount of time outpatients must wait before seeing a doctor (70.6%) (Olokoba, 2020).

Conclusion

In congruent with the upshots, many of the partakers spent more than four hours obtaining HIV/AIDS care, which led to poor satisfaction; nevertheless, satisfaction was high in other areas including privacy and confidentiality, staff strength, and communication. The overall threshold of service satisfaction was not very high. The outpatients' dissatisfaction with the HIV/AIDS care offered in Tai LGA is obvious despite the fact that these are all momentous elements that affect satisfaction. The upshots should deter Medicare providers from continuing to provide subpar services given that the great majority of folk are typically unsatisfied.

Recommendations

The upshots of this essay suggest that the following factors should be taken into account:

1. Medicare professionals should expose themselves to constructive criticism from their outpatients and provide a friendly atmosphere where outpatients feel free to voice their concerns. Medicare organizations should set up a welcoming feedback mechanism, such as suggestion boxes and informal interview sessions regarding cure received after consulting with the doctor, just as this essay gave outpatients the chance to voice their problems.

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2. Provide outpatients with advance notice about wait times. Despite the fact that email appointment set-ups can be set up in developed nations and secondary and tertiary Medicare facilities, those ostensibly advanced technologies will not work. Instead, phone calls and text message reminders should be sent to outpatients to schedule their appointments based on the staff strength and capacity at the facilities to avoid extremely large crowds at a time.
3. Currently, only 4 of Tai's 6 main Medicare facilities provide HIV services. So that fewer folk have to wait in line at each institution, the government should build additional HIV/AIDS cure centres in the Tai LGA and generally in rural regions.
4. The government should provide special incentives for health professionals, such as better remuneration packages, in order to get more of them to work in rural regions. If there are more Medicare providers in rural locations, folk will presumably spend less time at the facilities.

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