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Women Caregiver's Burden and the Psychological Wellbeing of their People Living with AIDS.

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Abstract. The study focused on the relationship between women caregiver's and the psychological wellbeing of people living with AIDS (PLWAS). A sample of 88 pairs of women caregivers and their PLWAs participated. Women caregivers filled a set of questionnaire on the burden and the second questionnaire measured the psychological wellbeing of PLWAs. Analysis included Pearson's correlation. Results indicated a significant negative relationship between caregiver's burden and psychological wellbeing (r= -
.825; p=.000) Thus the hypothesis was retained. The study was conducted in Bushenyi District in Nyamiko, Ruyonza and Katungu villages. These areas where chosen because according to the Ministry of Health HIV/AIDS surveillance report (2001), NyamikoRuyonza and Katungu villages registered the highest prevalence cases of HIV/AIDS in Bushenyi District.

1. Background

In Africa and Uganda in particular, women fulfill key social roles as family caregivers and providers of food. The literature on HIV/AIDS care giving indicates that caregivers are usually mothers, grandmothers, sisters, and in some cases girl children (chodorow, 1997. Seloilwe (19970 asserted that mothers form the greatest population of caregivers.

Care giving activities include both personal care, like bathing, feeding, dressing and mobilization as well as instructional activities of daily living

such as collecting water and wood, cleaning, obtaining health supplies and shopping (Who, 1992-1993). In Uganda people living with AIDS (PLWAs) have become a burden to their caregivers; the impact on households and agriculture shows increased expenditure and reduced time for agricultural labor as a result of their illness (UNAIDS, 2001).

According to McCann (cited by Keyle, 1995) the burden of caregiving is brought about by emotional and physical exhaustion. Caregivers tend to get involved in their parents pain, often things are going on in their parent's lives in which they get involved (Keyle, 1995). According to Ndaba- Mbata and Seloiwe 2000 the PLWAs usually get opportunistic symptoms such as vomiting or diarrhea that the caregivers can't manage. The inability to mange such symptoms might leave them to experience feelings of helplessness and hopelessness. It is not easy to ignore the patient when he or she is going through problems and you are the only person around to share with them (Keyle, 1995). Therefore, as caregivers see their patients groan in pain and suffering, it might make them also sufer emotional pain and physical distress.

Mhura (1999) noted that care giving involves providing practical support such as transportation to clinics and shopping, as well as more basic assistance like helping in feeding. This suggests that caregiving involves a lot of support. Arber and Ginn (1995) identified most women as

responsible for a variety of home and agricultural tasks. Such activities are frequently disrupted by illness episodes. Therefore as women take on additional roles of caring for their PLWAs, an inevitable conclusion is that their resources (In terms of time and money) are affected (Chodorow, 1978). This agrees with Servellen and Leaked (1994), who affirmed that care giving usually comes as an unexpected role, one for which people are neither socialized nor prepared for. This is likely to leave caregivers with little time or energy to provide self care. The multiple tasks performed by caregivers may cause them to neglect nutrition, socialization and sleep.

Berger (1991) went on to report that caregiving is a challenge to them. It drains them emotionally, physically and materially the majority of them lack emotional and physical support. The burden they attribute to care is that it is

demanding, difficult and calls \for one to be patient, tolerant and kind. This compassion fatigue increases the likely hood that PLWAs will be treated in a detached mood. As the caregivers struggle with emotional and physical exhaustion, they are likely to neglect the feelings and needs of their PLWAs and in the end affect their psychological well-being.

2. Statement of the problem

Receiving physical, emotional and material support is essential to the psychological well-being of PLWAs. However, due to stigma PLWAs are most likely to end up being ashamed, blaming themselves and losing hope. Caregiving for prolonged periods is also likely to burden women caregivers. As a result this is likely to affect the psychological well being of their PLWAs. These PLWAs are most likely to end up being depressed stressed and feeling isolated thus affecting their quality of life.

3. Purpose of the study

The purpose of the study was to examine the burden faced by women caregivers, their coping strategies and how these relate to the psychological well being of their PLWAs.

4. Objectives

The objectives of the study were;

1. To examine the relationship between caregivers' burden and the psychological wellbeing of their PLWAs.

5. Methodology

In this study, a correlation research design was used. This was chosen because it determines the relationship between variables. In this case, the variables are caregiver's burden and psychological wellbeing for their PLWAs.

The respondents were selected using a paired sample and systematic random sampling strategy. The study selected a sample of 88 women caregivers and their 88 PLWAs in the areas. These were selected with the help of the

District HIV/AIDS coordination committee (DHAC) with in Bushenyi District.

The Zarit Burden interview was used to measure the burden of women caregivers. It measured both objective and subjective burden. The respondents indicated how they felt about each statement on a likert –type scale.

The second questionnaire was the scale of psychological well-being (Ryff, 1995). It was used to measure the psychological well-being of PLWAs. It measured the nature of positive human functioning through six key dimensions of psychological well-being (Autonomy, environmental masterly, personal growth, positive relations with others, purpose in life and self-acceptance.

6. Results

Results are presented beginning with background characteristics as shown in table 1.

Table 1

Background characteristics

Variables	Levels	N	%
Age of women caregivers	11-20	18	20
	21-30	21	24
	31-40	24	27
	41-50	13	15
	51-60	07	08
	61 and above	05	06
Duration of care	1month-6 months	12	14
	7 month -1 year	31	35
	1.5 yrs 1.6	24	27
	2.5 yrs-3 yrs	17	19
	3.5 yrs and above	04	05

PLWAs

Sex of PLWAs	Male	39	44
	Female	49	56
Age of PLWAs	11-20	12	14
	21-30	30	34
	31-40	22	25
	41-50	19	22
	51 and above	05	5.5
Duration of thickness	1month-6months	12	14
	7months-1 year	31	35
	1.7 yr-2 years	24	27
	2.5 years-3 years	17	19
	3.5 years and above	04	05

From table 1, the majority of the women caregivers fell between the age ranges of 11-40 years (71% compared to 41-61 years 29%). The time they had spent in caring also indicated the majority falling within 7 months -2 years (55%).

As for the PLWAs female patients outnumbered their male patient's counterparts. Most had spent 7 months -2 years while being sick (55%). The prolonged duration of the sickness explains why most PLWAs were disgusted and depressed while filling the questionnaires. Still, this prolonged sickness was a burden to the caregivers. Most caregivers reported how the task was tiring, difficult and upsetting.

The hypothesis formulated in the study stated that caregiver's burden is related to the psychological well-being of PLWAS". To test this hypothesis, a Pearson correlation coefficient was used. Results are shown in table 2.

Table 2

Caregivers' burden and psychological well-being

Variable	n	r	p
Caregiver's burden and wellbeing	88	-.852	.000

Results in table 2 shows that there is a significant negative relationship between women caregiver's burden and psychological well-being of their PLWAs (r=-.825, p=.000). This implies that increase in women caregivers' burden corresponds with a decrase3 in the psychological wellbeing of their PLWAs. This is a very strong relationship. In most research articles, above .40 or. 50 is very strong correlation (Interpreting correlations, n.d). Hence hypothesis one is accepted.

The following variables burnout, fatigue and stress are the major components of caregivers' burden. To get the relationship between these three facets and psychological well-being, a person's correlation was used. Results are presented in table 3.

Table 3

Facets of burden and psychological wellbeing

	Variable	N	R	P
Caregiver's burden	Burnout	88	-.384	.000
	Fatigue	88	-.230	.066
	Stress	88	-.430	.000

Results revealed a significant negative relationship between burnout and psychological wellbeing of PLWAs (r=-.384, p= .000) and also a significant negative relationship between stress and psychological wellbeing of PLWAs (r= -. 430, p=.000). This implies that the more the women caregivers' level of burnout and stress the psychological well- being of their PLWAs.

7. Conclusions

This study discovered that women caregivers' burden is related to the psychological wellbeing of their PLWAs. Like other researchers have discovered, caregivers with high level of burden display feelings of nervous or depression about their relationship with the care recipient and that this makes the recipient unhappy about the care rendered (Braithwaite, 1990).

The study also revealed that caregivers experience more burnout and stress which greatly affect the well-being of their PLWAs, Floricck (1998) affirmed that caregivers' burnout has serious – consequences for both the caregivers and care recipient.

References

Berger, A. (1991). Nurses caring for the terminally ill in the community: A Review of Literature. Journal of Nursing Scholarship. 28, 89-101.

Chodorow, U. (1978). The Reproduction of Mothering: Psychoanalysis and Sociology of Gender. Berkeley: University of California Press.

Keyle, T. V. (1995). The Concept of Caring: A Review of Literature. Journal of Advanced Nursing , 21, 506-514

Mhura, S. (1999). HIV/AIDS HITS Africa Women Hardest. Panos Institute Retrieved April 8th, 2003 from http: search .epnet.com

Ndaba-mbata, R. D., &Seloilwe, E. S. (20000. Home –Based Care of the Terminally ill in Botswana: Knowledge and Perceptions. International Nursing Review, 47, 23-31. Retreived October 21st, 2002 from http//search.epnet.com

Seloilwe, E. S. (1994). Emotional Exhaustion and Distress among Nurses. Journal of Internal Medicines. 5th, 11-19 retrieved may, 3rd 2004 from Http:// www emeraldinsight.com

UNAIDS. (2001). Joint United Nations Program on HIV/AIDS 20 Avenue Appla. AIDS in Africa, Country by Country. Geneva: Author

WHO. (1992-1993). World health organization Geneva. Global Program on HIV/AIDS Progress report. Geneva: Author.

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Towards the Curtailment of the Baby Factory Syndrome in Nigeria

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Abstract. This paper examines the ―Baby Factory‖ Syndrome in Nigeria, a country already plagued by several cases of human rights violations especially in the area of human trafficking. It evaluates the nature and *modus operandi* of the baby factories operative in Nigeria. The paper examines the motivations and causes of the illicit trade in children, the fate of children from baby factories and the different forms of abuse that children born in the baby factories suffer. An analysis of the legal implication of operating a baby factory in Nigeria is carried out and the paper makes several far-reaching recommendations that include reworking the legal framework of child- related issues, alleviating poverty and orientating the masses as ways through which the operation of baby factories in Nigeria can be drastically reduced and eventually eliminated.

Keywords: Baby Factories, Child Abuse, Child Right, Human Trafficking, Nigeria.

1. Introduction

The term ―Baby Factory‖ has no precise definition and it is impossible to pinpoint the exact time when the practice started in Nigeria. Huntley, asserts that term baby factory was coined by Journalists to describe criminal activities involving the restriction of a person‘s movement against his/her will, forced impregnations, sale of babies and illegal adoption.

Makinde considers a baby factory as an ‗illegal shelter that harbours young women who produce children for trafficking and illegal adoption either at their will or under slavery-like conditions. The term is often used interchangeably with ‗baby farms or ‗baby harvesting.

Onuoha defined the term as ‗all acts involved in the transfer, sale or receipt baby/babies within national or across international borders through the stealing or false adoption, fraud or deception to be used for satisfying social, material and ritual purpose among others. The term was first used by a 2006 report of the United Nations Organisation for Education, Science and Culture (UNESCO).

Thus as the name implies, a baby factory is actually a ―factory‖ for organized crimes and its machinery is manned by professionals, semi- professionals and even quacks who have little or no knowledge at all about the reproductive system. In practice they are usually disguised as hospitals, maternity homes, social welfare homes or orphanages.

The *modus operandi* of these baby factories is to recruit young teenagers, impregnate them, keep them in seclusion till they give birth and eventually sell the child to willing buyers, who are not in any way biologically connected to the child.

For a baby factory to operate, there are many participants in the crime ring that carry out one function or the other. Onuoha categorized the principal actors who perform the basic roles in the baby factory as including the following;

(i) Doctors that are responsible for maintaining the baby farms, ensuring that the pregnant girls reproduce as at when due,
(ii) Nurses/ midwives that provide antenatal support/care for the pregnant girls
(iii) Male syndicate employees primarily responsible for impregnating the girls
(iv) Corrupt security agents that are bribed to overlook the operation of the illicit trade
(v) Young girls who are the primary agent in the factory as they are responsible for carrying the pregnancy and delivering the babies.
(vi) Scouts/facilitators that are responsible for recruiting young girls and able-bodied men into the illicit business.
(vii) Document forgers who procure fake or forged legal documents with which they sell babies
(viii) Clients that patronize the baby factories and buy the babies

It is imperative to note that the sophistication of baby factories differs based on the exposure of the operators as it is possible for an operator to combine multiple functions such as a Doctor who facilitates the recruitments of young girls into the trade, impregnates them, provide medical care for them and also liaise with buyers who are interested in acquiring the babies that are produced at the factory. Notwithstanding the fact that some of the teenagers who are involved in the baby factory, go there willingly, others are kidnapped and impregnated, then kept in seclusion till they give birth to the child that is subsequently sold.

Baby factory is a form of infant trafficking which amounts to child abuse. It is a menace that is unfortunately growing rapidly in Nigeria despite efforts that have been made to curb the societal malaise. It is noteworthy that human trafficking especially child abuse is not a problem bedevilling Africa or developing countries alone as there are reported cases even in the United States of America, France, Denmark, United Kingdom, Malaysia, Rwanda, China, Sao Tome, Russia, Romania, Indonesia, Nigeria etc.

It has been noted that the booming trade is more pronounced in the South East geopolitical zone of Nigeria. There are several reports that the baby factories are more prevalent in Cross Rivers, Akwa Ibom, Anambra, Abia, Rivers and Imo States. Other states such as Benue, Lagos, Borno, Ogun and Ondo have also witnessed some cases where baby factories were busted and some operators arrested.

In a recent research study carried out by Makinde et al, it was reported that:
―Seven baby factories were identified and reported by the media where women were found pregnant and awaiting delivery, for the babies to be subsequently trafficked in 2015 across Nigeria. This was a 14% reduction in the number of identified in 2015 against 2014. These are beside another 23 illegal orphanages identified and shut in a state for being involved in infant trafficking. Thus, concern on the number of illegal orphanages selling babies shows the practice might be becoming more elusive. Baby factories remain concentrated in the South- East harboring 86 percent (6/7) of such discoveries in 2015.

Makinde also notes that more than 290 pregnant or recently delivered women were found within 20 baby factories that were discovered by law enforcement agents between 2008 and 2014.

2. Causes of Baby Factory

It is imperative to interrogate the reasons why the baby factory trade started and why it is being patronized in Nigeria. The basic questions to ask at this stage are as follows; why are the operators engage in the production and sales of young babies? Why are the young girls allowing their children to be sold and inversely, why are the clients patronizing the baby factories?
While Onouha submitted that baby factories are caused by **e**scalating poverty, decaying moral and social values in contemporary society, poor regulation of orphanage homes and the complicity of state actors, Huntley incorporated gender discrimination and societal stigma as part of the causes of the

incidences of baby factories in the country. Interestingly, Eseadi added other factors such as lack of ethical behaviour of medical professionals and greed.

According to UNESCO, the factors that lead to baby factories are poverty, perversion of cultural traditions, manipulation of religious rituals, harmful cultural and social realities. Huntley listed low levels of education, illiteracy and lack of information on human trafficking as some factors. She argued that although poverty is a major cause of baby factories yet there are at least two other factors that make these victims of baby factories vulnerable: being children (most victims are still teenagers) or being pregnant out of wedlock, which carries a social stigma in Nigeria.

It must also be added that the absence of education about sex, reproductive health and family-planning which will enable adolescents prevent unwanted pregnancies and sexually transmitted infections coupled with the illegality of abortion and its attendant consequences also contributed to increase in the operation of baby factories.

Hence, this paper will embark on a brief analysis of some of the various causes of baby factories in Nigeria.

Societal stigma and its attendant discrimination have led to the emergence of several social phenomenon including baby factories. The established norm in the African society is for a young woman to be lawfully wedded to a man and thereafter produce offspring from the wedlock. Anything that departs from this recognized procedure is generally frowned at as irregular and unacceptable. Thus, the stigma that lead to baby factories are in different dimensions.

Firstly, unmarried young girls who get pregnant as a result of illicit sexual affairs are considered to be a shame to their family, especially as it might not be possible to for the young girl to subsequently have an elaborate wedding celebration. She is considered to have reduced her values before potential suitors and it is not uncommon for her to be cited as a bad example and a wayward girl when mothers are advising their daughters. Thus in order to avoid this societal scrutiny, to prevent discrimination or loss of status in the society, the teenager begins to consider her options, one is abortion and the other is to carry the child in secrecy. This explains why they usually succumb to the baby factories operators who promise them secrecy and undertakes to be responsible for their welfare during the pregnancy and even to assist them to dispose of the child in a mutually economical beneficial manner.

Obaji recounted an experience with a lady who had sold her baby through the baby factories operators. In his words;

―I remember how one girl told me that, she does not regret her actions that it was better she didn‘t abort the baby and destroy lives. And I wonder the irony to her action. Another with tears said, that she was stigmatized, castigated and pressured by her family, friends, and society as wayward and hopeless and that forced her into hiding for delivery. That she would have abandoned the baby at road side after delivery if the home was not there for her. .. She went on to tell me that she charges 400,000 naira ($2,000) for a girl and 500,000 naira ($2,500) for a boy. This stigma leads to a high rate in the supply curve of the baby factory graph. An analysis of the fertility structure of Nigeria shows that the total fertility rate in Nigeria is still very high, namely 5.19, ranking number 12 out of 224 countries (2015 estimate). Correspondingly, the contraceptive prevalence rate was only 15.1% in 2013 (CIA, 2015). Thus, leading to many unwanted pregnancies.

On the demand side, there are societal stigmas that also lead people to demand to buy children from the baby factories operators. This is inherent in the traditional value system and the premium that is placed on having children as fruits of a marriage.

Alichie summed it up perfectly when she concluded that:

Thus, there is need for preventing and responding to violence, exploitation and social stigma placed on unmarried teenagers/women with unwanted pregnancies, stigma placed on children born outside

wedlock, stigma placed on infertility among couples or couple with only girl child/children etc are the manifest factors influencing this criminal enterprise-buying and selling of babies (www.againstbabyfactories.com accessed 20th December, 2014; Vanguard, 2014).

These stigmas are interrelated, while the first two promotes the supply of the women and the babies, the last two ensure that there is high demand for such babies, the end product.

There is also social stigma related to the issue of adoption, so people prefer to buy babies when they are born in order to deceive people in the society that they are the ones that gave birth to the children. Moreover, the adoption procedure is usually hectic, cumbersome and tedious.

It is noteworthy that it is not only poor teenage girls that have unwanted pregnancy, as children of the rich and affluent people in the society are more adverse to the stigma that can be generated from unwanted pregnancy. Moreso, considering the amount at which the children are sold and the calibre of people who categorize them, it becomes evident that poverty is not the primary motivator for the owners and operators of the Baby Factories. Hence, stigmatization rather than poverty will be the major cause of baby factories in Nigeria.

Another thing to consider is the fact that it takes nine months for a lady to carry a pregnancy and give birth to a child, thus the owners of the baby factory, will keep taking care of the woman and the baby within her pending when she gives birth, thus expending high cost of money on her welfare and upkeep. Hence, poverty cannot be the main reason as there are other get-rich- quick-schemes that they could have ventured into. Some of the owners of the Baby Factories consider themselves as solution providers in that they take in the teenage girls, ensure her welfare and medical needs are met, ensure the safe delivery of the child, and sell the child in order to solve the need(s) of the client who wants the child for varying purposes. For instance, serving as an intermediary who solves the problem of the teenage girl who doesn't want the pregnancy and on the other hand, solving the problem of another childless woman through this procedure of illegal adoption.

Agbonkhese et al also put forward the cost of adoption, in terms of responsibility requirement, duration of process and subsequent checks on the child and also the fact that the family might get the baby on the same day they made payment as reason some families might want to patronise black market babies otherwise known as factory babies. According to them;

―The procedure is energy, money and time consuming and most of the couples are disqualified eventually. In Lagos State for example, the procedure is also very strict and you can't travel with the child, at least for the next five years. This is because social workers will need to keep checking on the child. Sadly, that's why some couples eventually go to baby factories. However, these are no excuses because it takes nine months to deliver a baby and such effort should not be wasted by handing over such baby to anyone without thorough investigation.

Alichie submitted that there is a link between the reduction in cases of baby dumping and the increase in the trend of baby factories in Nigeria. Rather than dump babies as was the usual custom, people have decided to make economic gains out of the situation. According to her:
―The rates of baby dumping or abandonment of unwanted babies has reduced drastically posing a major challenge to the scarcity of babies in orphanages for legal adoption. By implication, baby dumping reduced while the business of baby factories replaced it and boomed to a point where the International Crime Database report describes the new baby factory phenomenon as a widespread crime which is systematic in nature, since some of the operators are allegedly to be part of human trafficking networks‖.

3. Consequencial Effects on Children from Baby Factory

According to earlier studies, women in baby factories suffer physical, psychological and sexual violence in these places. Apart from the basic fact that the operation of baby factories is a form of human trafficking which is contrary to international standards, there are different forms of child abuse that take place in these baby factories, such as the following:
the underage girls that are kept in seclusion and impregnated are themselves being abused as they are subjected to the whims and caprices of the operators of the baby factories. They are forced to have sex without their consent, and purely for economic purpose.

The children that are produced at the baby factories also suffer numerous forms of child abuse. Their births are not registered contrary to the extant national and regional laws on registration and status of children at birth. They are also denied the right of knowing their biological parents, while they may subsequently locate their mother, it becomes almost impossible to locate the professional syndicate who was employed to impregnate the women. The children do not receive proper care and there are inadequate health facilities or professional to attend to their medical emergency. These can lead to the neglect and eventual death of the infants.

Some of the children are sold in a form of illegal adoption while others are sold to politicians and ritualists who use them for sacrifice and rituals, thus leading to murder, an offence punishable under the law. The children can also be killed in order to harvest their organs which are subsequently sold to people who have health challenges. This shows that the purpose for which people patronize the baby factories are different. It is proper to note that the children from these baby factories could subsequently be used as Child Soldiers or sold into prostitution rings.

4. The Legal Position on Operating a Baby Factory in Nigeria

The Nigeria government has enacted, signed and ratified several treaties and policies for fighting human trafficking and for the protection of women and children. While some of the laws are national, some are regional and others are international treaties.

The National Assembly enacted the Child Rights Act in 2003 and several states in the country have also domesticated the law. Some of the agencies charged with regulations of child issues include the Federal Ministry of Women Affairs and Social Development and Nigerian Federal Ministry of Employment, Labour and Productivity (Child Labour Unit), The National Agency for Prohibition of Traffic in Persons and other Related Matters (NAPTIP).

At the regional level, Nigeria has ratified the African Charter on Human and Peoples‘ Rights (1982), the African Charter on the Rights and Welfare of the Child (1990), and the Protocol to the African Charter on Human and People‘s

Rights on the Rights of Women in Africa (2003).

On the international front, Nigeria is a signatory to the United Nations Convention on the Rights of the Child (1989) and the Optional Protocol to it on the Sale of Children, Child Prostitution, and Child Pornography (2000), the United Nations Convention Against Transnational Organised Crime (2000), Convention on the Elimination of All Forms of Discrimination Against Women (1979) and the Optional Protocol to it (1999), the ICC Statute (2002), the International Labour Organisation Convention No. 182 on the Worst Forms of Child Labour (1999) *inter alia*.
The National Assembly has enacted and even amended the Trafficking in Persons (Prohibition) Law Enforcement and Administration Act so as to end the growing incidences of baby production for business purposes. The House of Representative has described the incident as a serious crime, which

deserves to be punished by the law and proposed a 10-year jail term for baby factory operators.
The NAPTIP Act proceeded to establish four departments, to wit; Investigation Department, Legal Department, Public Enlightenment Department and the Counselling and Rehabilitation Department in order to enable the agency discharge its functions effectively and efficiently.
Furthermore, the NAPTIP Act also criminalizes the buying and selling of any person under the age of eighteen, section 21 of the Act provides that:
"Any person who buys, sells, hires, lets or otherwise obtains possession or disposes of any person under the age of eighteen years with intent that such person be employed or used for immoral purposes or knowing it to be likely that such person will be employed or used for any such purposes, commits an offence and is liable on conviction to imprisonment for fourteen years without the option of a fine.

The Child Rights Act, which is a national law that has been domesticated in most of the states in Nigeria also provides in section 30 as follows:

(i) No person shall buy, sell, hire, let on hire, dispose of or obtain possession of or otherwise deal in a child.
(ii) …….A person who contravenes the provisions of subsection (1) of this section commits an offence and is liable on conviction to imprisonment for a term of ten years.
(iii) The Act also created the National, State and Local Government Child Rights Implementation Committees National Child Rights Implementation Committee to monitor and regulate issues relating to children in order to prevent them from being abused or trafficked.

In the same vein, the Penal Code Act also criminalizes the buying and selling of a person under the age of eighteen. Section 278 is to the effect that:
—Whoever buys, sells, hires, lets to hire or otherwise obtains possession or disposes of a person under the age of eighteen years with intent that the person shall be employed or used for the purpose of prostitution or for an unlawful or immoral purpose or knowing it to be likely that such minor will be employed or used for any such purpose, shall be punished with imprisonment for a term which may extend to ten years and shall also be liable to fine.

In spite of the above, these treaties and policies are basically on paper without corresponding enforcement and execution by the government. If the laws are properly enforced, the issue of baby factories will have no place in our society. This assertion is in line with the submission of Huntley that government's actions have proved ineffective because the current policies on child right and social protection by the Federal, State and Local Governments are far below the level needed to enforce such strict measures or as a result of either too weak, loose policies lacking the institutional framework that would make them viable.

It has been reported that part of the virtual impunity under which the baby-sellers operate is their seeming invulnerability before the law. It is rare for a case of baby-trafficking to appear in Nigeria's courts; it is even rarer for those involved to be sentenced and jailed. When culprits are allowed to get away with their crimes in this manner, it only goes to substantiate rumours of complicity at the highest levels of society.

5. Any Way Out

A country's greatest investment is in its citizens, especially children as they are the future of the country. Thus, the negative trend of child abuse and trafficking cannot be allowed to continue as it will diminish the Nigeria's invaluable human resources. Hence a tripartite approach is recommended to lift Nigeria out of the doldrums and restore its pride of place among the comity of nations as far as child abuse and child trafficking is concerned.

6. Restructuring of the Legal Framework

Kaka Lawan, the Attorney General and Commissioner for Justice, Borno State recently reported that the Borno State Government has apprehended and is prosecuting some baby factory operators. According to him:
―A lady was delivered of a baby, but did not return home with the baby. When investigation was conducted, it was discovered that the woman sold the baby. She was arrested by the Gwange Police Station in Maiduguri for selling her baby. –The two babies delivered by Kaltume Mohammed and Aisha Bukar were actually sold by one Zaria Haruna to Ngozi Nwokocha for N100,000 each.‖

For there to be a reduction in the trend of baby factories operation and eventual eradication of the system, the illegality of baby factories in Nigeria must be obvious and clearly spelt out in the operative laws in the country.

The government must ensure that the policies on child welfare obtainable in Nigeria are updated to meet international standards. Since the holistic operations of baby factories is not directly criminalize under our penal laws, it is recommended that the National and State Houses of Assemblies should amend the penal laws to make specific acts of baby factories illegal, it should not only be limited to the buyer and seller alone but also to the operators and all participants in the baby factory scheme.

The medical practitioners caught in the operation of baby factories should be prosecuted and have their licenses revoked by the appropriate authority. There should also be proper registration, accreditation and monitoring of fertility clinics, surrogacy and orphanage homes and their owners and operators across the country. The government should start considering steps towards the legalization of surrogacy as it has been recommended as out of the ways through which baby factories can be reduced.

The NAPTIP Act is in need of urgent amendment in order to incorporate clear cut provisions on specific issues of baby factories operation. The Act should also clearly spell out the agency's power to investigate and prosecute this specialized crime. This will ensure that they do not conflict but work in harmony with the police in the discharge of their duty.

There should be optimal enforcement of the laws that are currently in force in the country. It is more disappointing when it is noted that Nigeria is a signatory and has ratified the United Nations Convention on the Right of the Child, the African Charter on the Right and Welfare of the Child, the Child Rights Act, the Children and Young Persons Act and other incidental laws that are operative in Nigeria yet there are still numerous reported and unreported cases of baby factories and its attendant child abuse.
In prosecuting those apprehended operating baby factories, one key factor to consider in punishing this type of crime is that the innocent babies are incapable of giving consent to be trafficked, hence they are subjected to these debasing child abuse at a very tender age without their consent, involvement or acquiescence. Therefore, there should be greater sense of professionalism on the part of the prosecutor as a way of protecting and preserving the fundamental rights of the child.

Additionally, the girls rescued from these baby factories should be oriented to make sure that they agree to testify as witnesses in the trial of the apprehended operators of the baby factories. The investigative and prosecuting authorities must also be alive to their responsibilities to avoid bribery and corruption, settlement out of court or the compounding of the offence to a lesser one. Furthermore, there must be a stem in the tide of corruption that is prevalent in all spheres of Nigeria's public service including the police and the judiciary in order to avoid interference by some influential people in the society and also to avoid complicity of some state actors.

7. Orientation

Apart from rejigging the legal framework, it is imperative for the government to embark on a

multifaceted process of mass orientation, awareness and literacy campaign in all nooks and crannies of the country, especially in the rural areas where there exist many people who do not have access to current information and thus remain naïve and gullible to misinformation by traffickers who easily convince them to engage in the operation of a baby factory.

One of the primary causes for the operation and patronization of baby factories that has been identified in the course of this paper is stigmatization, which is a social phenomenon. Thus, efforts must be made to destigmatized adoption and the premium that is usually placed on a particular gender of children, especially the male child in the society. If people are properly oriented through sex education and introduction to some pregnancy prevention techniques, there will be a reduction in teenage pregnancy and the supply of children to baby factories.

This orientation should also incorporate the social workers who should be trained and equipped to deal with this ugly societal menace known as baby factory. Civil societies should also collaborate with the government to raise awareness and also in orientating vulnerable adolescent girls across the country.

The officials of the National Agency for the Prevention of Trafficking in Persons are enjoined to carry out its dutiful roles as stipulated in the NAPTIP ACT as follows:

The Public Enlightenment Department shall, in collaboration with the Federal Ministries of Information and National Orientation Agency, Women and Youth Development, Employment, Labour and Productivity and Federal Ministry of Education be responsible for campaigns, seminars and workshops aimed at educating the public on the problem of trafficking in any person, thereby stimulating interest in and awareness about the problem.

The Counselling and Rehabilitation Department shall, in collaboration with the Federal Ministries of Women and Youth Development, Employment, Labour and Productivity, Culture and Tourism, Nigerian Police Service be responsible for- *(a)* counselling, after-care rehabilitation, social reintegration and education of trafficked persons; and *(b)* counselling and the promotion of the welfare of convicts.

8. Poverty Alleviation

The level of poverty in the country is alarming and it leads many people to commit atrocities and illegal acts, all in a bid to feed themselves and their families. Therefore, since the emergence of baby factories in Nigeria has been linked to the high rate of poverty, it becomes imperative that when looking for a way out of the logjam, efforts must be concentrated in reducing the rate of poverty in the country. The government is advised to ensure the implementation of robust poverty alleviation programmes and ensure that there is empowerment of the citizens, especially those in the rural communities.

There should be accessible and affordable reproductive health facilities to ensure that people can make germane decisions on childbirth and thus avoid unwanted pregnancy. Moreso, those who do not have children should be able to get subsidized treatments at fertility clinics in order to increase their chances of giving birth either through treatment or recognized and regulated surrogacy. There should also be family counselling centres for childless couples. This will greatly reduce the number of those that patronize the baby factories and once the demands reduces, the supply will also inversely reduce.
The Government, the private sector and international donor agencies must ensure that Nigeria has a viable economy and the tide of poverty is rapidly reduced. The minimum wage of workers should be increased, there should be more money in circulation and thus many citizens will be lifted out of the cyclic strata of poverty.

There must be empowerment for the personnel inthe Child Healthand Care Sector. Government at

all levels must ensure that issues relating to children are given paramount attention as they are the leaders of tomorrow. Hence, there should be capacity development training organized by the government, donor agencies, Non-Governmental Organizations for community health care provides, social workers, health personnel, officers of NAPTIP and other child issue-related agencies, the police and judges on the menace of baby factories and how all hands must be on deck to stem the ugly tide. Apart from making the legal framework available for these agencies to perform their functions, they should also be optimally equipped with manpower, funds and other required equipment's in order to assist them in unearthing baby factories, investigating reported cases and prosecuting suspected offenders.

Additionally, it is recommended that there should be Creation of more Orphanage Homes by the Government, NGO's and Religious Bodies to ensure that people who want to adopt babies can go to these lawful establishments rather than patronize baby factories. The orphanages in existence should also be optimally managed in such a way that it will be easier to convince someone who has an unwanted pregnancy to give the baby to the orphanage than sell the child through a baby factory.

Government should provide accommodation for the pregnant girls rescued from Baby Factories where they will be given training that will empower them to be self-sufficient after the delivery of their babies; and where they will receive proper medical care till delivery. The babies delivered in such accommodation should be taken to government orphanages where proper adoption procedure is available.

9. Conclusion

This paper has traced the background of the emerging menace of baby factories in Nigeria. It has examined the factors that contribute to the growth of the trade in the country, particularly societal stigma and poverty. One of the factors identified is that young teenagers who get pregnant through questionable means and cannot afford to commit abortion, kill their baby or dump them in open spaces, decide to sell them off to barren families thereby satisfying their conscience that they have done something right by helping the family to have a child, helping the child to have a family where he can grow and also making economic gain in the process.

This paper examined the legality of the baby trade and concluded that it is illegal based on the extant laws in the country. The paper has recommended a reworking of the legal framework of child trafficking legislation and policies in the country. It has also suggested the introduction of optimal orientation, reproductive health education, family counselling and poverty alleviation schemes in the country as ways through which the baby factory syndrome in Nigeria can be totally eradicated.

References

Huntley, S. ―The Phenomenon of Baby Factory in Nigeria as a New Trend of Human Trafficking‖ International Crimes Database. Available at: http://www.internationalcrimesdatabase. org/upload/documents/20131030T04590 6-ICD%20Brief%203%20
%20Huntley.pdf (Accessed: 20 April 2017). Makinde O.A. _Infant Trafficking and Baby Factories: A New Tale of Child Abuse in Nigeria.' Available at https://www.researchgate.net/publicatio n/285925439_Infant_Trafficking_and_B aby_Factories_A_New_Tale_of_Child_ Abuse_in_Nigeria accessed on 19th April, 2017.

Onuoha F.C ―New Wares of Trade: Understanding Evolving Baby Factory and Trafficking in Nigeria‖, A Paper Presented at the 5th International Conference: National and International Perspectives on Crime Reduction and Criminal Justice, organised by the Institute of Security Studies, at Radisson

Blu Gautrain Hotel, Sandton, Johannesburg, 14 - 15 August 2014, Pg. 5.

UNESCO, _Human Trafficking in Nigeria: Root Causes and Recommendations. http://unesdoc.unesco.org/images/0014/ accessed on 5th May, 2017.

Ombelet W. –Baby Factories in Nigeria: A New and Challenging Source of Abuse‖, Reproductive BioMedicine Online (2016) **32**, 4–5, Available at https://www.researchgate.net/publication.

Kalu U, –How Child Trafficking Network Operates in South East, Vanguard (July 30, 2011), available at http://www.vanguardngr.com/2011/07/how-child-trafficking-network-operates-in-south-east/

Oberabor M, & Fatunde T. ―Baby factories in Nigeria‖ available at: http://www.vanguardngr.com/2014/09/baby-factories-nigeria/ Accessed 2nd May, 2017.

Better Care Network Review –Facilitating Global Exchange around Children without Adequate Family Care. Child Care Policy Country Reports (2 February Edition): Nottingham. http://www.bettercarenetwork.org/BCN/topic.asp?themeID=1001&topicID.

Thorne, E., (2012). In EU, oversight needed for abandoned kids. University of Nottingham News. http://communications.nottingham.ac.uk/News.html.

Punch, (2013) Baby factory: Enugu police nab hair dresser, lover. http://www.punchng.com/metro/baby-factory-enugu-police-nab-hair-dresser-lover

Makinde O.A –Violence against women and girls in Nigerian baby factories: Is it over?‖ available at https://www.researchgate.net/publication/301298461 accessed 25th April, 2017.

Makinde O. A. ―Infant Trafficking and Baby Factories: A New Tale of Child Abuse in Nigeria‖ Child Abuse Review, November 2016 Pg. 1- 15.

Eseadi, C. etal ―Prevalence of Baby Factory in Nigeria: an Emergent Form of Child Abuse, Trafficking and Molestation of Women. IJIRM 2, 2015, Pg 1–12.

UNESCO (2006) Human Trafficking in Nigeria: Root, Causes and Recommendations. 14.2(E). Paris. Available at: http://unesdoc.unesco.org/images/0014/ 001478/147844e.pdf (Accessed: 21 April 2017).

Obaji P. –Exposed: Nigeria‘s Notorious Baby Factories‖ December, 2015, available at http://www.thedailybeast.com/articles/2015/10/12/exposed-nigeria-s-notorious-baby-factories.html, accessed on 3rd May, 2017.

CIA, 2015. The World Factbook. Country Comparison: Total Fertility Rate. https://www.cia.gov/library/publications/the-worldfactbook/geos/ni.html. Alichie B.O ―Baby Dumping and Evolving Baby Factories in Nigeria: Their Implication for Child Right and Social Protection‖ Pg 29 – 43.

Oberabor and Fatunde, available at http://www.vanguardngr.com/2014/09/baby-factories-nigeria/

Agbonkhese J, Aganbi A. & Onuohan C ―Black Market for babies: An end in sight?‖ March, 2017 Available at: http://www.vanguardngr.com/2017/03/black-market-babies-end-sight/ accessed May, 2017.

Makinde O.A –Violence against women and girls in Nigerian baby factories: Is it over?‖ available at https://www.researchgate.net/publication/301298461 accessed 25th April, 2017. Makinde O. A. ―Infant Trafficking and Baby Factories: A New Tale of Child Abuse in Nigeria‖ Child Abuse Review· November 2016 Pg. 1- 15.

Cristiansson, T.; ―Inside Nigeria‘s Baby Factories‖. (2015) available at http://www.asafeworldforwomen.org/global-news/africa/nigeria/4388-baby-factory.html

Charles, A. Akwara A.F. & Andeshi, C.A. ―Dialectics of the Incubation of _Baby Factories' in Nigeria‖. International Journal of Peace and Conflict Studies (IJPCS), 2(1):82-90, (2014).

The Child Rights Act, Laws of the Federation of Nigeria.

Section 278 and 279 of 1994 Borno State Law, Sections 8 & 9 of the NAPTIP ACT,
S. 278 of Penal Code Act, Laws of the Federation of Nigeria, 2004.
The Nation Newspaper's Editorial –**Nigeria"s Baby Factories"** May, 2013. Available at http://thenationonlineng.net/nigerias-baby-factories/
Kayode Idowu ―Borno Smashes Gang Operating Baby Factory‖ available at http://punchng.com/borno-smashes-gang-operating-baby-factory/ January 2017.
Ombelet W. –Baby Factories in Nigeria: A New and Challenging Source of Abuse‖, Reproductive BioMedicine Online (2016) **32**, 4–5, Available at https://www.researchgate.net/publication/288889387.
Umeora, O.J., Umeora, M.C., Emma-Echiegu, M.B., Chukwuneke, F.N., 2014. Surrogacy in Nigeria: Legal, Ethical, Socio Cultural, Psychological And Religious Musings. Afr. J. Med. Health Sci. 13.
Makinde A.O, Makinde O.O, Olaleye O, Brown B, & Odimegwu C.O ―Baby Factories Taint Surrogacy in Nigeria‖ Reproductive BioMedicine Online (2015).

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Recruitment Process and Employee Performance in Local Government Health Centres: A Case Study of Wakiso District, Uganda

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Abstract. This study set out to establish the effect of the recruitment process on performance of health professionals in local government health centres in Uganda, using Wakiso district as the case study. The study was based on three objectives, that is, to establish how health professionals are recruited into local Government health centres, to assess the performance of health professionals recruited and to establish the relationship between the recruitment process and performance of health professionals recruited into local Government health centres.

The study used a cross-sectional research design, employing both quantitative and qualitative research methods. Questionnaires and interview guides were used to source information. The quantitative data collected was analysed using the SPSS (Stastical Package for Social Scientists) programme while the qualitative one was by content analysis.

The results indicated that the recruitment of staff in the district was characterized by corruption, nepotism and favoritism and that performance of health staff in Wakiso district was rated unsatisfactory. The results further indicated that there was a significant relationship between the recruitment process and performance of health workers($r = 0.274$).

This study recommended that there is need to instill professional ethical values in the recruitment authority in order to recruit new employees based on merit and not nepotism and favoritism. This study recommended that the District Service Commission should carry out practices such as human Resource planning and job analysis, the critical processes to recruitment and selection because they are the foundation of a high quality process and when done well, they help identification of not only the skills and knowledge required to perform a role but also the attributes, which can be used to assess the best fit staff for the health centers.

1. Introduction

According to the District Quarterly Health Services Database as at June 2008, the Department of Health had over 500 employees. Despite the number of staff however, the health services provided by the district hospitals are not yet satisfactory. A number of patients are unattended to in time and as a result, people opt for traditional healers and birth attendants (Wakiso District Reproductive Health Department, 2012). Even services that are free such as immunization and family planning are lowly attended due to claims of neglect by health workers. Could the process of recruitment be responsible for the evidently low performance of the staff? The purpose of the study

was therefore to establish the effect of the recruitment process on performance of health professionals in local government health centres in Wakiso district.

2. Objectives of the study

The study specifically set out to:

(i) Establish how health professionals are recruited into local Government health centres in Wakiso district.
(ii) Assess the performance of health professionals recruited into local Government health centres in Wakiso district.
(iii) Establish the relationship between the recruitment process and performance of health professionals in local Government health centres in Wakiso district.

3. Conceptual frame work

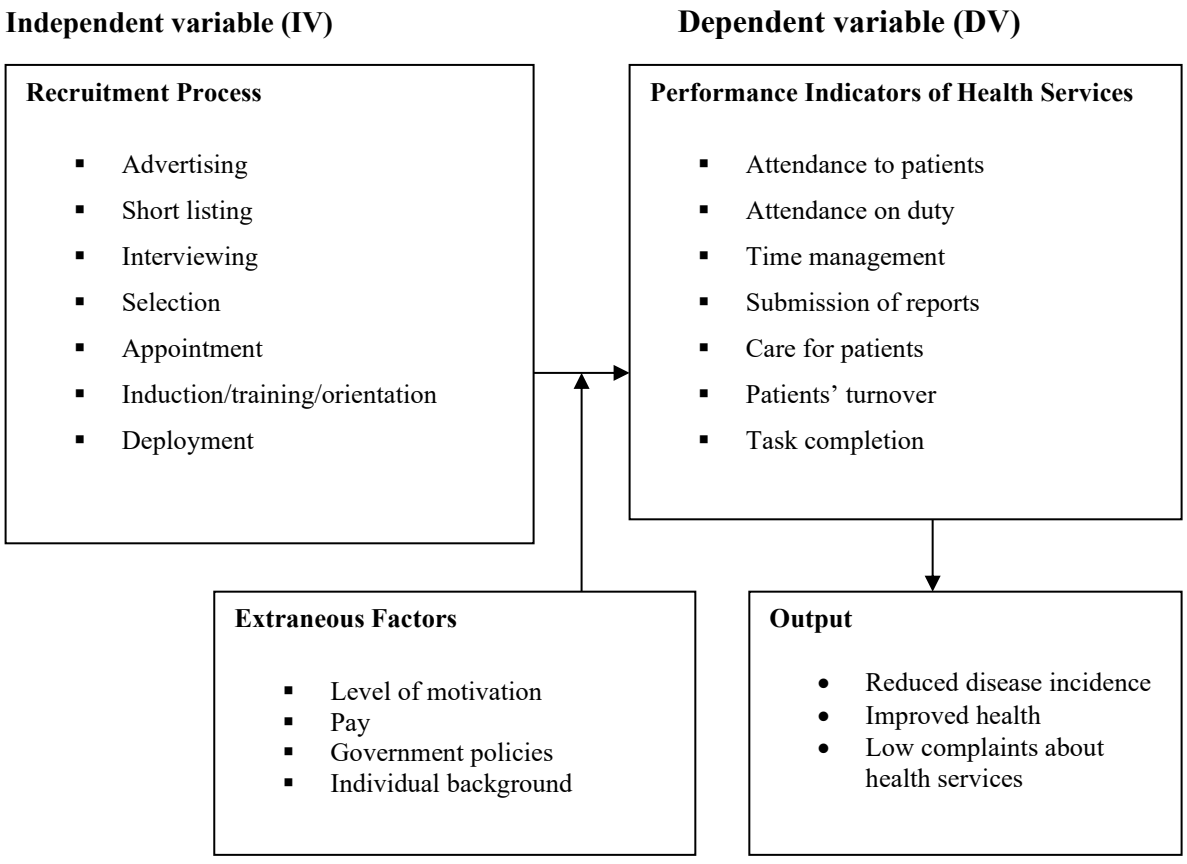

Fig.1.1: Relationship between Recruitment Process and Performance

The above conceptual framework shows that the recruitment process has a direct effect on how the health professionals perform. This is shown by planning, recruitment, advertising, short listing, interviewing and appointment among others which once effectively, have an effect on how the health professionals perform in the long run. In the context of this study, it was assumed that the performance of health workers in terms of attendance

to patients, attendance on duty, time management, submission of reports, care for patients and task completion can lead to Reduced disease incidence, Improved health and Low complaints about health services.

4. Review of Related Literature

4.1 Recruitment Procedures in Organizations

According to Richardson (2002), recruitment is described as "the set of activities and processes used to legally obtain a sufficient number of qualified people at the right place and time so that the people and the organisation can select each other in their own best short and long term interests". In other words, the recruitment process provides the organisation with a pool of potentially qualified job candidates from which judicious selection can be made to fill vacancies.

Bartram, (2000) has a similar view and states that the recruitment and selection is the major function of the human resource department and the recruitment process is the first step towards creating the competitive strength and the strategic advantage for the organizations. Recruitment process involves a systematic procedure from sourcing the candidates to arranging and conducting the interviews and requires many resources and time.

According to Armstrong (2003), vacancies can't be filled successfully unless the job has been accurately defined in the first place. This is as helpful for you, the employer as it is for potential candidates. Think about what skills, knowledge and experience you are looking for. Preparing a job description is not a legal requirement but it can be useful for deciding the scope of the work, advertising the job and clarifying what applicants will have to do in the job. It can also help to assess a new recruit's performance and determine training needs. A job description should include the job title, the position in the company, including the job title of the person to whom the employee will report and of those who will report to them if any, the location of the job, a summary of the general nature and objectives of the job and a list of the main duties or tasks of the employee.

He also opted that, a person specification is not a legal requirement but will be useful when writing a job advertisement and defining the qualities required from a candidate. Include the knowledge, experience and skills required, separating those which are essential for the job from those which are desirable.

Cole, (2002) points out that efficient recruitment and selection of employees can save a company's time and money when done properly, by creating a process that allows to limit the number of applicants while not discouraging qualified individuals, the hiring process be streamlined. During the selection process, do not just rely on the interview instead, design tests and real life scenarios to determine whether the candidate has the proper skills and personality for the position.

Mandelli (2005) notes that online recruitment is a low cost option that is; it is easy to use but still must be used correctly. When creating the advertisement for the position, write one to fill your needs, provide enough information so that the advertisement serves as the screening mechanism and discourages those applicants who are not qualified or would not enjoy the job. The advertisement should not be restrictive though for instance requiring few applicants and must spend longer waiting for a qualified individual to apply.

Giusti, (2005) has a different view and states that the interview does not have to be the first form of test that is to be given to applicants seeking the position. A test can be prepared, sent either via email to the candidate or have him visit a website to complete it, this test should be geared toward the skills needed for the job, it can test the candidate in areas such as computer and technical knowledge, as well as personality or morals by creating questions that address each category. Creating a test as a selection process before conducting interviews, can save human resources, staff time and effort by limiting the number of interviews conducted by only selecting the highest scoring candidates.

According to Duffy (2000), multiple interviews can be conducted with a candidate before making a selection. Have more than one member of the staff in the room for the interview to provide additional input on the interview results and to ask questions that the interviewer might not consider. In subsequent interviews, have a manager from another department conduct an interview for the candidates. This manager should not have attended the earlier interviews; this will provide an unbiased opinion from a second source when determining which top candidate will be the best to fit the position.
According to Pagon, (2002) as part of the selection, the applicants can perform part of the job they are applying for, an example if the applicant is a receptionist, ask one of the current employee to call the applicant and act towards him/her as if they clients seeking information that is commonly asked of the receptionist. If the position involves creating summaries of reports or using the computer to process data, a sample of assignments need to be given to complete the test. This can help the person who demonstrates the skills to perform the job instead of the person who is good at providing answers to interview questions.

In addition Searle R.H. (2006), states that successful recruitment begins with proper employment planning and forecasting. In this phase of the staffing process, an organisation formulates plans to fill or eliminate future job openings based on an analysis of future needs, the talent available within and outside of the organization and the current and anticipated resources that can be expended to attract and retain such talent.

Searle R.H. (2006), further states that also related to the success of a recruitment process are the strategies an organisation is prepared to employ in order to identify and select the best candidates for its developing pool of human resources. Organisations seeking recruits for base-level recruitment positions often require minimum qualifications and experience. These applicants are usually recent high school or university/ technical college graduates many of whom have not yet made clear decisions about future careers or are contemplating engaging in advanced academic activity. At the middle levels, senior administrative, technical and junior executive positions are often filled internally. The push for scarce, high-quality talent, often recruited from external sources, has usually been at the senior executive levels. Most organizations utilise both mechanisms to effect recruitment to all levels.

Pilbeam, S. and M. Corbridge (2006) has a different view and asserts that recruitment may be conducted internally through the promotion and transfer of existing personnel or through referrals, by current staff members, of friends and family members. Where internal recruitment is the chosen method of filling vacancies, job openings can be advertised by *job posting*, that is, a strategy of placing notices on manual and electronic bulletin boards, in company newsletters and through office memoranda. Referrals are usually word-of-mouth advertisements that are a low-cost-per-hire way of recruiting.

Internal recruitment does not always produce the number or quality of personnel needed; in such an instance, the organisation needs to recruit from external sources, either by encouraging walk-in applicants; advertising vacancies in newspapers, magazines and journals, and the visual and/or audio media; using employment agencies to “head hunt”; advertising on-line via the Internet; or through job fairs and the use of institution recruitment.

According to Redman & Wilkinson (2006), public service agencies enjoy greater exposure to scrutiny than most private sector organisations; therefore, openness and transparency in recruitment and selection practices are crucial. The discussion that follows will identify some of the options available for attracting applicants to the public service job market and discuss strategies for managing the process.

There are also External recruiting methods, which according to Redman and Wilkinson (2006), can be grouped into two classes: informal and formal. Informal recruiting methods tap a smaller market than formal methods. These methods may include rehiring former employees and choosing from among those “walk-in” applicants whose unsolicited résumés had been retained on file. The use of referrals also constitutes an informal hiring method. Because they are relatively inexpensive to use and can be implemented quickly, informal recruiting methods are commonly used for hiring clerical and other base-level recruits who are more likely than other groups

to have submitted unsolicited applications. Former students who participated in internship programmes may also be easily and cheaply accessed.

They further states that formal methods of external recruiting entail searching the labour market more widely for candidates with no previous connection to the organisation. These methods have traditionally included newspaper/magazine/journal advertising, the use of employment agencies and executive search firms, and college recruitment. More often, now, job/career fairs and e-Recruiting are reaching the job seeker market.

The key recruitment channels used to attract applicants include: advertisements in local newspapers; recruitment agencies/search firms; corporate websites; specialist journals; encouraging speculative applications; employee referral schemes, and national newspaper advertisements.

With increasing diversity in the workforce a question arises as to whether different groups of people use different recruitment media to obtain a new job. Data from the Labour Force Survey (LFS) (for the period July 2005 to June 2006) suggest that there are no significant differences between how men and women obtain a new job.

With the emergency of ICT, there are now on-line applications/recruiting on the internet. Using the Internet is faster and cheaper than many traditional methods of recruiting. Jobs can be posted on Internet sites for a modest amount (less than in the print media), remain there for periods of thirty or sixty days or more - at no additional cost - and are available twenty-four hours a day. Candidates can view detailed information about the job and the organisation and then respond electronically (Searle, 2006)

With advances in technology Internet recruitment has become a key medium for recruitment by employers and recruitment agencies. Since 1998 there has been a significant increase in the number of organisations using their corporate website as a recruitment channel (Searle, 2006). It is estimated that the online recruitment business has grown to around £3.8 billion in 2005 (Taylor, 2001 cited in Pilbeam and Corbridge, 2006). Internet recruitment is seen as an effective recruitment medium especially when recruiting graduates, IT and technical professionals and middle managers. With Internet recruitment organisations have a number of choices: encouraging direct applicants through their own website, setting up their own recruitment website, or advertising vacancies on specialist Internet recruitment sites such as Monster, Top Jobs, Gold Jobs and Guardian Jobs Unlimited.

The benefits of Internet recruitment for organisations include: reduction in recruitment costs; reaching a wider pool of applicants; reduction in the recruitment cycle; technology can be used to scan CVs and match against key selection criteria; a reduction in the amount of paperwork associated with the recruitment process, as well as providing a positive corporate brand image (Pilbean and Corbridge, 2006; Searle, 2006). Internet recruitment can provide greater flexibility for candidates, thus matching the job-seeking habits of the contemporary labour market.

Organisations recruiting internationally can combine Internet technologies with other technologies, such as video technology, to make it easier and more cost-effective when recruiting in different countries (Personnel Today, 2006). In addition Internet recruitment can create opportunities for organisations to use a number of pre-selection tools and tests, thus helping to improve the likelihood of a match between applicants and job vacancies (Redman and Wilkinson, 2006).

4.2 Performance of Employees in Organizations

The topic of performance is not a straightforward one (Corvellec, 1995). An organisation is judged by its performance. The word performance is used extensively in all fields of management. Despite the frequency of the use of the word, its precise meaning is rarely explicitly defined by authors even when the main focus of the article or book is on performance. The correct interpretation of the word performance is important and must never be misread in the context of its use. Often performance is identified or equated with effectiveness and efficiency

(Neely, et al 1995). Performance is a relative concept defined in terms of some referent employing a complex set of time-based measurements of generating future results (Corvellec, 1995).

Many organisations feel that their people can provide a competitive advantage, and therefore their people contribute to the organisation's performance. Employees play a pivotal role in organisational success. Employee performance has been shown to have a significant positive effect on organizational performance (Collis and Montgomery, 1995). One of the major pitfalls in an organisation occurs when managers believe their organisations are constantly operating at the highest level of efficiency, or that they do not require input from their employees (Foot and Hook, 1999).

To elevate and sustain the level of work performance, managers must look past individual or team performance to a larger arena of play: the performance management system (Campbell et al 1993).

Duffy, (2002), says employees should not perform in a vacuum; there are a variety of factors, personal, company-based and external factors that affect their performance. Identifying these factors can help improve recruitment, retention and organizational results.

Employees must be qualified to perform a job in order to meet expectations; the best fit for a job is identified by skills, knowledge and attitude towards the work. If an employee is in the wrong job for any of these reasons, results will suffer (Gaertner, 2002). In the district service commission, employees are given job descriptions on appointment and they are expected to have a given level of knowledge that is applicable on their respective jobs. It should however be noted that no study has been carried out in the company to find out whether job fit affects employee performance.

Technical training by the employees according to Mazin, (2010) affects employee performance in most companies, employees can bring skills to a position but there are likely to be internal, company or industry specific activities that will require additional training. If a process requires a new software packages, it will be unrealistic to expect employees to just figure it out, they should receive adequate training. In many organizations, employees are given training sessions in aspect relating to their tasks as part of t he recruitment process. It is however not documented whether training has an effect on employee performance in the company.

Mazin, (2010) further notes that when everyone understands the targets and expected outcomes, it is easier to take steps to get there and measure performance along the way. Organizations without clear goals are more likely to spend time on tasks that do not impact results. This is the main reason why an organization sets out company goals that are supposed to be targets to be achieved by all the employees right from the recruitment process.

Just as a driver needs a vehicle in an operating condition, employees must have the tools and equipment necessary for their specific jobs which are provided in the recruitment process (Griffeth, 2000). This includes physical tools, supplies, software and information. Outdated equipment or none at all, has a detrimental effect on the bottom line. In service commissions, all employees are availed with most of the tools and equipment needed for the employees after selection which enable the job holder to perform his or her tasks efficiently.

According to Gaertner, (2002), the work performance and productivity of your employees has a significant effect on your company's bottom line performance. Hiring employees who do not have the proper background for the job is one of the things that start a performance downward spiral. If an employee has undergone extensive training but is still experiencing performance issues, then the problem could be that the employees do not possess the necessary experience to do the job, (Shaw, 2007). In Wakiso district service commission, employees are hired according working experience to handle the tasks availed to them but the situation in the district health centres shows that some health professionals did not or were just passed through the recruitment process because what they offer does not match the experience that would be required on the recruitment process.

However, Nowier (2009) indicates that it is the quality of the employee's workplace environment that most impacts on the level of employee's motivation and subsequent performance. How well they engage with the organization, especially with their immediate environment, influences to a great extent their error rate, level of innovation and collaboration with other employees, absenteeism and, ultimately, how long they stay in the job.

4.3 Relationship between Recruitment Process and Performance of Employees in Organizations

Organizational performance can be defined as the organization's ability to attain its goals in an efficient and effective manner, effective is defined as the degree to which the organization achieves a goal, efficiency such as the use of minimal resources, to achieve a goal (Anderson, 2010). A usual goal of recruiting is to attract a pool of the best applicants so that the most effective employees can be hired, so this recruitment goal is an organizational goal and has to be achieved in an efficient and effective manner.

According to Bartram, (2000), the benefits created by recruitment process and methods can lead to increased performance among employees but its achievable when recruitment procedures are followed rigorously. To identify this increased performance, it has to be measured. Organizations have different strategies and different performance measures are used to measure the organizational performance of the business processes including the recruitment process, the performance measures that are used by an organization must support the organizational strategy.

To Mazin, (2010), Organizational performance is defined as the organisation's ability to attain its goals in an efficient and effective manner, however, the gaps in performance levels will still be prevalent because some competences are not met. Therefore, the learning and growth perspective looks at the effectiveness of the recruitment process in this perspective, the organization can set measurable goals about the number and quality of applicants.

Breaugh & Starke, (2000), says that by measuring the recruitment performance, it is possible to compare different recruitment methods and select those that perform best in supporting the strategy. The recruitment process however remains paramount in determining how an employee performs because once the process is unclear; it will be evident when employees fail to deliver in the long run. This is so because some applications are passed back door and this also eliminates the possibility of having competent employees in a certain field but rather gives chance to incompetent employees. In Wakiso district therefore, if such a situation exist, it perhaps could explain the gap in performance levels of health professionals but this study intended to actually establish whether it was because of recruitment process that employees in health centres have deteriorating performance levels.

In a study on organizational behaviour, Ofoegbu (1985) and McOliver (2005) established a relationship between strategy for employee recruitment and performance in an organization. The studies identified problems such as nepotism, favouritism, political consideration and Federal character principle in employee recruitment as basis for poor performance of public sector workers in Nigeria. However, this study was intended to find out if cases of nepotism, favouritism, political considerations were also evident in the recruitment process of Wakiso District.

5. Presentation of Findings

5.1 Performance of Medical Workers

Table 5.1: Detailed analysis of medical workers' performance in Wakiso

Indicator	Very good	Good	Fair	Poor	Not sure
Attendance to patients	-	33(36.7%)	57(63.3%)	-	-
Reporting on duties	-	54(60%)	36(40%)	-	-
Time management	-	63(70%)	22(24.4%)	5(5.6%)	-

Submission of monthly reports	5(5.6%)	27(30%)	58(64.4%)	-	-
Attitude towards patients	-	28(31.1%)	62(68.9%)	-	-
Caring of patients	-	39(43.3%)	51(56.7%)	-	-
Staff-Patient Ratio	5(6.7%)	22(24.4%)	-	63(70%)	-

Source: Primary data n = 100

Attendance to patients
The results indicated that the medical workers attendance to patients was just fair (63.3% response) and this was followed by 36.7% who indicated that the attendance to patients was good.

Reporting on duty
The results indicated that medical workers reported on duty good since their level of reporting was rated to be good (60% response) although 40% rated it as fair. Overall, it can be stated that the medical staff reported on their duties regularly.

Time management
The focus on time management was due to the fact that effective time management is crucial to accomplishing organization tasks as well as to avoiding wasting valuable organizational assets. Overall, time management was rated to be good by most respondents (70% response).

Submission of monthly reports
The monthly reports were also submitted as this was rated to be good (30% response) and fair 64.4% Reponses respectively. The submission of the monthly reports was attributed to the fact that this was a government policy which made submission inevitable.

Attitude towards patients
Attitude towards patients was rated to be good by 31.1% responses and fair by 68.9% responses. One medical staff indicated that poor attitude to patients can be due to a number of factors such as work over load, low motivation.

Caring of patients
There was also care for patients in the health centres, an indication that the recruitment process sourced for medical workers who were committed to their work.

Staff-Patient Ratio
The ratio was said to be poor as indicated by 70% response, an indication that the recruitment process was not taking into account the increasing number patients in health centres. However, in an interview with one nursing assistant, it was revealed that there are many factors that affect the performance of health workers like; poor accommodation, lack of transport, political pressure, low pay, low staffing, just to mention but a few. None of the above factors were related the recruitment process.

5.2 Recruitment Procedures of medical workers in Wakiso

Respondents were asked to indicate their level of agreement or disagreement with a number of statements regarding recruitment procedures in Wakiso district and the following results were obtained:

Table 5.2: Recruitment Procedures of health professionals in Wakiso district

Statements	Strongly agree	Agree	Strongly disagree	Disagree	Not sure
The source procedures for employees is done by an independent body	54 (60%)	20 (22.2%)	-	-	16 (17.8%)

There are clear job specification and descriptions for employees	47 (52.2%)	26 (28.9%)	6 (6.7%)	6 (6.7%)	5 (5.6%)
Vacancies are filled only when there is a position	73 (81.1%)	-	6 (6.7%)	-	11 (12.2%)
Vacant positions are advertised internally	21 (23.3%)	6 (6.7%)	41 (45.6%)	12 (13.3%)	10 (11.1%)
Vacant positions are advertised externally	68 76.7%)	6 (6.7%)	5 (5.6%)	-	11 (12.2%)
Interviews are carried out for all qualifying applicants	69 (76.7%)	21 (23.3%)	-	-	-
Only applicants who have applied on time are short listed for interviews	59 (65.6%)	10 (11.1%)	-	16 (17.8%)	5 (5.6%)
The interview process is fairly done	67(74.4%)	17 (18.9%)	-	-	6 (6.7%)
Jobs are given to people only on merit	47(52.2%)	5 (5.6%)	5 (5.6%)	-	33 (36.7%)
Workers are given orientations by their supervisors immediately they report to work for the first time	32 (35.6%)	37 (41.1%)	10 (11.1%)	-	11 (12.2%)
There are no cases of corruption during the recruitment process	21 (23.3%)	11 (12.2%)	-	5 (5.6%)	53 (58.9%)

Source: Primary data

n = 100

The source procedures for employees

From the table 4 above, majority respondents (60%) strongly agreed with the statement that the sourcing procedures for employees is done by an independent body while 22.2% of the respondents agreed although 17.8% of the respondents were not sure. According to the medical in charge of Wakiso health centre, health workers are recruited by public service whose vision is to "To be at the helm of the most competent and well motivated Public Service", and whose Mission is "to provide Government with employees of the right caliber, in right numbers, placed in the right jobs at the right time"

Availability of clear job specification and descriptions for employees

The focus on job specification and descriptions for employees was due to the fact that effectively developed, employee job descriptions are communication tools that are significant in organization's success. Poorly written employee job descriptions, on the other hand, add to workplace confusion, hurt communication, and make people feel as if they don't know what is expected from them. However, more to that, half of the respondents strongly agreed with the statement that there were clear job specification and descriptions for employees, these were followed by 28.9% of the respondents who agreed with the statement and 5.6% of the respondents were not sure with the statement. The availability of clear job specifications in the recruitment process can be said to enhance performance.

Filling of Vacancies when there is a position

A good number of respondents (81.1%) strongly agreed that vacancies are filled only when there is a position although 12.2% were not sure with the statement and 6.7% of the respondents strongly disagreed with the statement. However, in an interview with one senior manager, it was reported that sometimes government delays to post health workers to fill the vacant positions which in turn increases the work overload of the existing staff hence affecting their performance. According to one member on Wakiso district Service Commission, the jobs

are advertised in the press, interested candidates apply for the jobs and they are subjected to interviews after the shortlist.

Advertisement of vacant positions internally and externally

Also, a good number of respondents with 58.9% agreed that, vacant positions are advertised internally, 23.3% strongly agreed, in addition, 11.1% of the respondents were not sure with the statement while 6.7% of the respondents agreed with the statement. An overwhelming number of the respondents (75.6%) were in line with the statement that vacant positions are advertised externally, 12.2% were not sure, 6.7% agreed and 5.6% of the respondents opposed the statement. In an interview with one senior medical officer from Wakiso health centre, it was reported that jobs are normally advertised in the media to give equal chances to all applicants and to source for better candidates. This is a further indication that the recruitment process has a positive impact on employee performance in health centres.

Carrying out Interviews for all qualifying applicants

Majority of the respondents with 76.7% responses agreed that interviews were carried out for all qualifying applicants. In support of this finding, one health professional is quoted to have said as follows:

> *"The interview is a social ritual which is expected by all participants, including applicants. It is such a 'normal' feature of filling vacancies that candidates for a job would be extremely surprised not to be interviewed at least once. Despite the existence of alternative methods of selection most employers regard the formal selection interview as the most important source of evidence in making the final decision".*

In addition to the above, it was also stated that only applicants who have applied on time are short listed for interviews as agreed by 76.7% of the respondents agreed. They also agreed to statement that the interview process is fairly done as indicated by 74.4% response. However, although a good number of respondents with 57.8 % strongly agreed that Jobs are given to people only on merit, 36.7% were not sure and 5.6% strongly disagreed with the statement.

Orientation by their supervisors

The focus on employee orientation was due to the fact it is **o**ne of the most critical aspects of the recruiting process is Orientation. Orientation is a function that allows a new employee to learn about the organization, what the expectations are in the position, which is responsible and accountable, and in general what they need to know to become an integral part of the company. On a positive note, workers are given orientations by their supervisors immediately they reported to work for the first time as indicated by 76.7% of the respondents.

Cases of corruption during the recruitment process

Further still 58.9% of the respondents were not sure with the statement that there were no cases of corruption during the recruitment process although 23.3% strongly agreed, 12.6% agreed and 5.6% disagreed with the statement. For those who agreed, this was attributed to the fact that corruption in Uganda still remains a big challenge in all sectors including Health especially in recruiting Health workers and one health work pointed out that Corruption has become so endemic in Uganda, and is an accepted way of life, that when someone is appointed or elected to a public office they think it is now their turn to take advantage.

5.3 Relationship between Recruitment Process and Performance of Medical Workers in Wakiso District Health Centres.

Under this section, respondents were asked to indicate their level of agreement or disagreement with a number of statements regarding whether there is a relationship between recruitment process and performance and the following results were obtained:

Table 1: Relationship between recruitment process and medical workers performance

Variables	Strongly agree	Agree	Strongly disagree	Disagree	Not sure
Filling of vacant positions with qualified staff can enhance performance	63 (70%)	-	6 (6.7%)	5 (5.6%)	16 (17.8%)
Recruitment process of staff in a free and fair interview can enhance their performance	42 (46.7%)	33 (36.7%)	-	5 (5.6%)	10 (11.1%)
Awarding jobs on merit can increase workers' performance	58 (64.4%)	17 (18.9%)	-	10 (11.1%)	5 (5.6%)
Giving orientation to workers can increase their performance	62 (68.9%)	17 (18.9%)	-	-	11 (12.2%)
The recruitment process which is free of corruption can enhance employee performance	79 (87.8%)	6(6.7%)	-	-	5 (5.6%)

Source: Primary data n = 100

Filling of vacant positions with qualified staff can enhance performance
A good number of respondents (70%) strongly agreed with the statement that filling of vacant positions with qualified staff can enhance performance, 17.8% of the respondents were not sure, 6.7% strongly disagreed and 5.6% disagreed with the statement. This can be attributed to the fact that the more capable and qualified the employees the better the performance of the company. When they are well trained, they can easily handle situations, please customers ensuring customer retention as well as resolve any glitches easily without much ado.

The question of whether a free and fair interview can enhance their performance
From the results of the study, 83.4% of the respondents strongly agreed with the statement that recruitment process of staff using a free and fair interview can enhance their performance, 11.1% were not sure and 5.6% disagreed with the statement.

Awarding jobs on merit can increase workers' performance
Majority respondents (83.3% responses) strongly agreed with the statement that awarding jobs on merit can increase workers' performance, 11.1% disagreed while 5.6% were not sure.

Giving orientation to workers can increase their performance
In addition, 87.8% of the respondents strongly agreed that, giving orientation to workers can increase their performance and 12.2% of the respondents were not sure with the statement.

The recruitment process which is free of corruption can enhance employee performance
Further still, an over whelming number of respondents (94.5% responses) strongly agreed that the recruitment process which is free of corruption can enhance employee performance and 5.6% of the respondents were not sure with the statement.

6. Discussion of findings

6.1 Performance of Medical Workers

From the results of the study, more than half of the respondents revealed that the performance of medical workers was just fair and according to one senior medical officer, the lack of satisfactory performance of the medical staff in Wakiso District was attributed to lack of recognition, poor working conditions, and lack of feedback on performance outcomes. It can therefore, be pointed out that while the recruitment process was found to be satisfactory to a large extent, there was need for provision of a conducive and enabling environment as a pre-requisite to work at health centres. The unsatisfactory performance was attributed to the poor working environment of the medical workers and this is supported by Nowier Mohammed (2009) who indicates that it is the quality of the employee's workplace environment that most impacts on the level of employee's motivation and subsequent performance.

Looking at attendance to patients, the results indicated that the medical workers attendance to patients was just fair and they also reported on duty good since their level of reporting was rated to be good. Overall, it can be stated that the medical staff reported for their duties regularly. These results can be attributed to the views of Gaertner, (2000), who points out that the work performance and productivity of your employees has a significant effect on your company's bottom line performance. Hiring employees who do not have the proper background for the job is one of the things that start a performance downward spiral.

The focus on time management was due to the fact that effective time management is crucial to accomplishing organization tasks as well as to avoiding wasting valuable organizational assets. Overall, time management was rated to be good by most respondents and even monthly reports were submitted in time.

Some medical workers had poor attitude to patients and poor attitude was due to a number of factors such as low motivation and being overwhelmed with much workload. However, in an interview with some nursing assistants, it was revealed that there are many factors that affect the performance of health workers like; poor accommodation, lack of transport, political pressure, low pay, low staffing, just to mention but a few. None of the above factors were related to the recruitment process.

However, as pointed out by Gaertner, (2002) employees must be qualified to perform a job in order to meet expectations; the best fit for a job is identified by skills, knowledge and attitude towards the work. If an employee is in the wrong job for any of these reasons, results will suffer. In the district service commission, employees are given job descriptions on appointment and they are expected to have a given level of knowledge that is applicable on their respective jobs.

6.2 Recruitment Procedures of medical workers in Wakiso

Majority of the respondents strongly agreed with the statement that the sourcing procedures for employees was done by an independent body and this was supported by the Officer In Charge of Wakiso health centre, health workers are recruited by public service whose vision is to "To be at the helm of the most competent and well motivated Public Service", and whose Mission is "to provide Government with employees of the right caliber, in right numbers, placed in the right jobs at the right time"

The focus on job specification and descriptions for employees was due to the fact that effectively developed, employee job descriptions are communication tools that are significant in organization's success. Poorly written employee job descriptions, on the other hand, add to workplace confusion, hurt communication, and make people feel as if they don't know what is expected from them. However, more to that, half of the respondents strongly agreed with the statement that there were clear job specification and descriptions for employees. The availability of clear job specifications in the recruitment process can be said to enhance performance and filling of Vacancies was done when there was a position. This is supported by Armstrong (2003) who points out that vacancies can't be filled successfully unless the job has been accurately defined in the first place.

Advertisement of vacant positions was done internally and externally and in an interview with one senior medical officer from Wakiso health centre, it was reported that jobs are normally advertised in the media to give equal chances to all applicants and to source for better candidates. This is a further indication that the recruitment process

has a positive impact on employee performance in health centres. This finding is also supported by to Duffy (2000), who points out that multiple interviews can be conducted with a candidate before making a selection. Have more than one member of the staff in the room for the interview to provide additional input on the interview results and to ask questions that the interviewer might not consider.

The focus on employee orientation was due to the fact it is **o**ne of the most critical aspects of the recruiting process is Orientation. Orientation is a function that allows a new employee to learn about the organization, what the expectations are in the position, which is responsible and accountable, and in general what they need to know to become an integral part of the company. On a positive note, workers are given orientations by their supervisors immediately they reported to work for the first time as indicated by majority the respondents.

Cases of corruption during the recruitment process were evident and for those who agreed, this was attributed to the fact that corruption in Uganda still remains a big challenge in all sectors including Health especially in recruiting Health workers and one health worker pointed out that Corruption has become so endemic in Uganda, and is an accepted way of life, that when someone is appointed or elected to a public office they think it is now their turn to take advantage.

However, a good number of respondents were satisfied with the recruitment process of the health workers in Wakiso local Government Centres and in an interview with some health workers, the lack of satisfaction was attributed to the fact that Candidates may experience issues and delays with the job recruitment process. Once finding securing employment, there maybe delays in receiving a formal job offer, pressure to accept a job role and the necessity to accept a job offer out of desperation. Sometimes employers may even change the job specification; amend terms and conditions from what was originally agreed.

Nevertheless, it is important to follow the views of Searle R.H. (2006), who states that Successful recruitment begins with proper employment planning and forecasting. In this phase of the staffing process, an organisation formulates plans to fill or eliminate future job openings based on an analysis of future needs, the talent available within and outside of the organisation, and the current and anticipated resources that can be expended to attract and retain such talent.

6.3 Relationship between Recruitment Process and Performance of Medical Workers in Wakiso District Health Centres

The results indicated that filling of vacant positions with qualified staff can enhance performance and this can be attributed to the fact that the more capable and qualified the employees the better the performance of the company. When they are well trained, they can easily handle situations, please customers ensuring customer retention as well as resolve any glitches easily without much ado. Likewise, in a study on organizational behaviour, Ofoegbu (1985) and McOliver (2005) established a relationship between strategy for employee recruitment and performance in an organization. The studies identified problems such as nepotism, favouritism, political consideration and Federal character principle in employee recruitment as basis for poor performance of public sector workers in Nigeria.

A free and fair interview can enhance their performance was also seen to enhance employee performance and also awarding jobs on merit can increase workers' performance. It was also found that giving orientation to workers can increase their performance and having a recruitment process which is free of corruption can enhance employee performance. This was supported by Bartram, (2000) who states that the recruitment and selection is the major function of the human resource department sand recruitment process is the first step towards creating the competitive strength and the strategic advantage for the organizations. Recruitment process involves a systematic procedure from sourcing the candidates to arranging and conducting the interviews and requires many resources and time.

In a nutshell, the results indicated that there was a significant relationship between recruitment process and medical workers performance. This means that if proper recruitment procedures are followed, the recruited medical workers are expected to perform to the satisfaction of their clients.

7. Conclusion

Regarding how health professionals are recruited into local Government health centres in Wakiso district, the results indicated that although there was an independent body responsible for recruitment, the exercise had cases of corruption, nepotism and favoritism. Nevertheless, there were clear job specification and descriptions for employees.
After assessing the performance of health professional recruited into local Government health centres in Wakiso district, the results indicated that there were cases of unsatisfactory cases of performance of health professional in Wakiso district. The lack of satisfactory performance of the medical staff in Wakiso District was attributed to lack of recognition, poor working conditions, and lack of feedback on performance outcomes hence the need for provision of a conducive and enabling environment as a pre-requisite to work at health centres.

Looking at the relationship between the recruitment process and performance of health professionals in local Government health centres in Wakiso district, the results indicated that the recruitment process which is free of corruption, nepotism can enhance employee performance. However, the recruitment process is the most critical function in human resource management. Most of theoretical researches are focusing on different strategies in recruiting employees. In our empirical case, it can also be pointed out that the organization without the recruitment process cannot survive as it cannot find new members and it is not able to hire them on board.

8. Recommendations

Based on the results of the study, the following recommendations were made:

On how health professionals are recruited into local Government health centres in Wakiso district, the results indicated cases of corruption, nepotism and favoritism. It is therefore, recommended that there is need to put in place a recruitment body with ethical values because as pointed out in the study, the recruitment process which is free of corruption, nepotism can enhance employee performance. This can be done by selecting men and women of integrity on the district service commission and by training them ethical values in the recruitment process.

On performance of health professional recruited into local Government health centres in Wakiso district, the results indicated that there were cases of unsatisfactory cases of performance of health professional in Wakiso district. This was attributed to lack of satisfactory recruitment of personnel with adequate knowledge of health services. The following were therefore, recommended:

- There is need to carry out job anayisis. Job analysis involves determining the knowledge, skills and attributes (KSA) required in performing a particular role. Job analysis is critical to recruitment and selection because it is the foundation of a high quality process and when done well identifies not only the skills and knowledge required to perform a role but also the attributes, which can be used to assess ‘cultural fit’ within an organisation. Job analysis helps to identify the key selection criteria and inform the position description, which are both key aspects in attracting suitable candidates. A poor job analysis is likely to adversely affect the quality of outcomes, irrespective of how well the rest of the selection process is executed.
- The short-listing process should involve determining which applicants meet the minimum key selection criteria to perform the job satisfactorily and/or ranking applicants to progress to the next stage of the selection process.
- Interviewing is very important and is the most commonly used selection technique. It can be expensive, time consuming and most organisations do not maximise its value. However, if used appropriately, interviewing can be a good predictor of work performance.

On how to enhance the recruitment process and performance of health professionals in local Government health centres in Wakiso district, the following was recommended:

- There is need for employee development programs which are essential to improve morale as well as to motivate the employees to perform well in the health sector. Employees like to learn new skills and meet challenges and they will be more motivated when they feel there is great potential for personal growth. When the health sector shows interest in employee development, the medical workers naturally will have a greater interest in executing their roles.

References

Armstrong M. (2001) Human Resource Management Practice, 8th Edition, Bath Press, London.

Armstrong M. (2003) Human Resource Management Practice, 9th Edition, Bath Press, London.

Anderson Arnold (2010), Factors Affecting Employee Performance, Macmillan Publishing Company, ISBN 3227440-2377.

Bartram D. (2000) Internet Recruitment and Selection: Kissing frogs to find princes. International Journal of Selection and Assessment. Vol. 8, no. 4, pp. 261- 274.

Breaugh, JA, Starke, M. (2000), Research on Employee Recruitment: So Many Studies, So Many Remaining Questions. *Journal of Management*, Vol. 26, No. 3, pp. 405-434.

CampbelL, J., Mccloy, R., Oppler, S. and Sager, C. 1993. The Theory of Performance. New York: Jossey-Bass

CIPD (2006a) Recruitment, Retention and Turnover Survey. www.cipd.co.uk.

Collis, D.J. and Montgomery, C.A. 1995. "Competing on Resources", Harvard Business Review, 73(4): 118-128.

Cole, G.A (2002). Personal and Human Resource Management. Education Low- Priced Sponsored Texts, 5th edition, London.

Corvellec, H. 1995. Stories of Achievement: Narrative Features of Organisational Performance. Sweden: Lund University Press

Duffy, M. Ganster, D., & Pagon, M. (2002) Social Undermining in the workplace. *Academy of Management Journal*, 45, 331-351.

Eccles, R. G (1998) 'The Performance Management Manifesto' Harvard Business Review Measuring Corporate, Harvard Business School Press USA.

Griffeth, R. W., Hom, P. W. & Gaertner, S. (2000). A Meta –Analysis of Antecedents Correlates of Employee Turnoever: Update, Moderator Tests and Research Implications for the Next Millennium. *Journal of Management*, 26, 463-488.

Mandelli A, Giusti D (2005), Utilising the Health Management Information System (HMIS) for Monitoring Performance and Planning: Uganda Catholic Medical Bureau Experience: Kampala, February 14, 2005. http://www.ucmb.co.ug/articles.htm

Mazin Rebecca, (2010), Factors that Affect Employee Performance in an Organisation. Updated: January 28, 2010 (online)

Neely, A., Gregory, M. and Platts, K. 1995. "Performance Measurement System Design", International Journal of Operational and Production Management, 15(4): 80-116.

Ofoegbu R (1985). "Personnel Recruitment and Management." In H. N. Nwosu (ed) Problems of Nigerian Administration. Enugu: Fourth Dimension Publishing Co. Ltd.

Wilkinson, A. (1988). "Empowerment: theory and practice". Personnel Review 27 (1): 40-56

Margaret A. Richardson 2002, Recruitment Strategies Managing/Effecting The Recruitment Process.

Searle. R.H. (2006) 'New Technology: The Potential Impact of Surveillance Techniques in Recruitment Practices', Personnel Review 35, no. 3, 336 - 351

Pilbeam, S. and M. Corbridge (2006) People Resourcing. Contemporary HRM in Practice, London: Prentice Hall.

Personnel Today, 'As seen on screen', Personnel Today 17th October 2006 (online)
Redman, T. and A. Wilkinson (2006) Contemporary Human Resource Management: Text and Cases, New Jersey and Harlow: Pearson Education.
Golding, L. & Gray, I. (2006). *Continuing Professional **Development** for Clinical Psychologists: A Practical Handbook*. The British Psychological Society. Oxford: Blackwell Publishing.
Jacobs, Ronald L., and Michael J. Jones. *Structured On-the-Job Training.* San Francisco: Berret-Koehler Publishers, 1995.
Kennedy, Mary, M. (1998). "*Form and Substance in In-service Teacher Education* Research Report from the National Institute for Science Education. Madison, WI: University of Wisconsin.
M. Magni (2006). „The performance effects of coaching: A Multilevel Analysis using Hierarchical Linear Modeling, Robert H. Smith School of Business Research Paper Series.
Richard et al. (2009): Measuring Organizational Performance: Towards Best Practice Journal of Management.
Robert, B. (1991) *Economic Growth in a Cross Section of Countries*. Quarterly Journal of Rome Mele (2010), Importance and Inspiration of Team Building Workshop.
Saunders, M.N.K., & Lewis, L., & Thornhill, A. (2000). *Research Methods for Business* 2nd edition Prentice Hall Pearson Education ISBN 0-273-63977-3.

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Assessment of Patients' Expectation and Satisfaction with Nursing Care rendered at University of Maiduguri Teaching Hospital Borno State, Nigeria.

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Abstract. This study aimed at assessing patients` expectations and satisfaction with nursing care received at University of Maiduguri Teaching Hospital Nigeria. Cross-sectional descriptive design was adopted for the study. A total of 160 in-patients who meet inclusion criteria were selected from the Medical and surgical wards of the teaching hospital. Self-structured validated questionnaire with a reliability of 0.88(expectation) and 0.76 (satisfaction) was used to collect data on the key areas of patients` expectation from nurses and patients` satisfaction towards nursing care received. Permission was obtained from the ethical committee of the teaching hospital, and unit Heads of medical and surgical wards. The result revealed that patients generally had high level of expectation from nurses. Furthermore, males with higher level of education expected higher quality of care from nurses than their female and lower level of education colleagues. Overall, patients had a variable experience of nursing care; more than 50% patients were satisfied with care provided. Males, younger patients and less educated patients were more satisfied with quality of nursing care they received in UMTH. Patient's expectation, gender, age and level of education were the most predictors of patient satisfaction with nursing care. These results point out the need for the hospital management to develop strategies and test nurse-sensitive indicators that are related to patient satisfaction.

Key Words: Assessment, Patients' expectation, Satisfaction, Nursing care.

1. Introduction

Health care recipients in developing countries are particularly insensitive to perception of the quality of health care they receive compared to their counterparts in developed countries. While our patient will use traditional or alternate care without voicing their dissatisfaction with the nursing care received, patient in developed countries have formed strong consumer protection groups that demand for quality care. Patient satisfaction is the subjective evaluation of their cognitive and emotional reaction as a result of interaction between their expectation regarding ideal nursing care and their perception of actual nursing care (Ozsoy, et al. 2008). Patients' satisfaction with nursing care is an indicator of Quality of care (QOC) and Health care facilities are interested in maintaining high level of satisfaction in order to stay competitive in Heath care Market (Wagner & Bear 2009)

As often stated when expectations are not met, dissatisfaction is ensured. Similarly, a satisfied patient is more likely to comply with treatment, appointment and utilize health service; such behavioural consequences related to satisfaction could affect outcome of and Health seeking behaviour (Annie & Champion 2005). Tertiary Hospitals are the highest order of health care system in Nigeria where patients` expectation from nurses is high. Communication gap between nurses and their patients can lead to patients' dissatisfaction and this is a common problem for tertiary hospitals which requires urgent attention to enhance patients' satisfaction at the same time to ensure quality of nursing care (Dzomeku, et al. 2013). The public health implication related to patient dissatisfaction of care may lead to patients patronising private health care providers and incur high cost as compared to government health care services. Thus, examining the items with low patients' satisfaction will enable nurses to identify the defects in nursing care and institute appropriate change. Anecdotal observation showed patient's noncompliance with treatment, appointment and utilization health service in University of Maiduguri Teaching Hospital. This study assessed patients` expectations and satisfaction with nursing care received at University of Maiduguri Teaching Hospital (UMTH).

2. Research Materials and methods

Cross-sectional descriptive design was adopted to assess patients' expectation and satisfaction with nursing care rendered from 160 in – patients who meets the inclusion criteria out of 210 from Male medical (1 & 2), Surgical (1 & 2), female medical (1 & 2) and female surgical (1 & 2) wards of UMTH.

2.1 Participant selection criteria and recruitment

Inclusion sampling criteria are characteristics that the respondents must possess to be part of the study population. In this study this include: in- patients who are 20 years to 60; must be able to give informed consent and answer the questionnaire. Out of 230 in patients 160 meets the inclusion criteria above while 60 were

excluded because the patients were very sick, not mentally stable and unable to answer questionnaire and others refuse to consent to be part of the study. The totals of 160 in patients were all used for the study because of the small sample size, so convenient sampling technique was used.

2.2 Data collection

A validated and pretested questionnaire on the areas of patients` expectation from nurses and patients` satisfaction towards nursing care was employed as the data collection tool. The instrument after review by Experts and senior colleagues, it was used for a pilot study in Borno State Specialist Hospital Maiduguri. Reliability test for expectation gave a Cronbach's alpha of 0.88 and that of satisfaction gave a Cronbach's alpha of 0.76. The instrument consisted of 3 sections: Section A socio- demographic questions comprising of three items to obtain information on age, gender and educational level of the respondents; Section B consists of structured questions on patients` expectation from nurses with a total of 10 questions which covers general information on the expectations of patients from nurses. It was measured by grading the level of patients' expectation in an increasing manner on a scale 1- 4. The questions were scored with 1-2 for low expectation (LE) and 3-4 for high expectation (HE). Maximum possible score in section B is 40. Section C consists of 10 structured items on patients` satisfaction towards nursing care formulated to assess the satisfaction of nursing care received. Areas included in this section utilized a four-point likert scale to assess satisfaction in term of highly satisfied, satisfied, unsatisfied and highly unsatisfied. The questions were scored with 4 points for highly satisfied (HS), 3 for satisfied (S), and 2 for unsatisfied (US) and 1 for highly unsatisfied (HU). Therefore, since the questions were 10 and the highest point on the likert scale was 4 the highest possible score is 40 that is $10 \times 4 = 40$.

3. Data analysis

Data was analysed manually. Descriptive statistics of means and percentages were used as well as inferential statistic of Chi-square for test of hypotheses. Test of significance was at α level 0.05.

Results

Table 3.1: Demographic data of the respondents (N = 160)

Variables	Frequency	Percentage
Age		
20-29	64	40
30-39	45	28.1
40-49	30	18.8
50 and above	21	13.1
TOTAL	160	100
Gender		
Male	85	53.1
Female	75	46.9
TOTAL	160	100
Education		
No formal education	24	15
Primary school	45	30.6
Secondary school	22	13.7
High school	44	27.5
Graduate	25	15.6
TOTAL	160	100

The data in table 3.1 showed the majority of the respondents 85(53.1%) were male and the remaining were female, the mean age of the respondents was 35 ± 12.9, the highest percentage of them were (20-29) years old and accounted for (40 %). Relative of their educational status, the greater frequency (45) of them were primary school graduates and they accounted for 30.6% of the sample, 24(15%) of them had no formal education.

Table 3.2: Patients` level of expectation from nurses (N=160)

Variables	LE *f(%)*	HE *f*(%)
Do you expect nurses to take decision about your treatment option?	55(34.4)	105(65.6)
You expect nurses to explain to you every procedure before intervening?	44(27.5)	116(72.5)
Will you be pleased, if nurses disclose information about your health to your relatives?	71(44.4)	89(55.6)
Do you expect nurses to educate you on your disease condition, test result and treatment?	49(30.6)	111(69.4)
Do you expect Nurses to listen to your problems and concerns?	107(66.9)	53(33.1)
Nurses will not allow me to express my feelings	87(54.4)	73(45.6)
Do you expect nurses to address you as patient rather than by your name?	114(71.2)	46(28.8)
Nurses must provide privacy during procedure?	30(18.7)	130(81.3)
Nurses to be neat, skilful and exhibit competence when working?	54(33.7)	106(66.3)

Nurses must answer to my call quickly as possible	38(23.8)	122(76.2)
Mean Expectation Frequency	**64.9(40.6)**	**95.1(59.4)**

Note. LE= low expectation; HE= high expectation

The data in table 3.2 revealed that majority 95(59.4%) of the patients had high expectation from the nurses as shown by the mean frequency of the respondents.

Table 3.3: Patients' level of satisfaction with nursing care rendered (N=160)

Variable	Level of satisfaction			
	HS *f*(%)	S *f*(%)	US *f*(%)	HU *f*(%)
Explanation of procedure before and during care	10(6.3)	92(57.5)	50(31.3),	8(5).
Instruction received	15(9.3)	92(57.5),	41(25.6)	12(7.5).
Ease of getting information from nurses	5(3.1)	70(43.7)	65(40.6)	20(12.5).
Explanation of procedure to patients' significant other	9(5.6)	77(48.1)	60(37.5)	14(8.7)
Involvement of family or friends in patients' care	17(10.6)	88(55.0)	45 (28.1)	10(6.3).
Attention given to you by nurses	20(12.5)	106 (66.3)	16(10.0)	18(11.2)
Helpfulness: Ability of the nurses to Make you comfortable and reassure you.	17(10.6)	88(55.0)	45 (28.1)	10(6.3).
Nursing staff response to your calls: How quick they were to help.	36(22.5)	90(56.3)	30(18.8)	4(4.3)
Skills and competence of Nurses,	17 (10.6)	99(61.9)	37(23.1)	7(4.4)
Provision of privacy	40(25)	96(60.0)	18(11.3)	6(3.7)
Mean Frequency	**18.4(11.6)**	**89.8(56.1)**	**40.7(25.4)**	**10.9(6.8)**

Note. HS= highly satisfied; S= satisfied; US= unsatisfied; HU= highly unsatisfied

Data in table 3.3 showed that, 11.6% of the patients were highly satisfied with nursing care rendered, 56.1% were satisfied while 25.4% and 6.8% of the patients were unsatisfied and highly unsatisfied respectively.

Table 3.4: Mean and standard deviation of expectation scores of patients by age, gender and educational status (N = 160)

Category	Variables	Frequency	Per cent	Mean score	SD
Age	20-29	64	40	21.0	3.1
	30-39	45	28.1	20.1	6.3
	40-49	30	18.8	31.1	7.3
	≥50	21	13.1	34.2	5.3
Gender	Male	85	53.1	30.0	2.7
	Female	75	46.9	28.4	8.1
Level of education	No formal education	24	15	27.5	6.7
	Primary	45	30.6	29.4	2.2
	Secondary	22	13.7	30.2	7.8
	Tertiary	69	43.1	35.1	5.9

The maximum obtainable score for patients' expectation was 40. The mean scores for expectation of respondents for each demographic variable were obtained. The results in table 4 showed that the mean and standard deviation scores of respondents according to their age range were; 21(3.1), 20.1(6.3) and 31.1(7.3), 34.2(5.3) for 20-29, 30-39 and 40-49, ≥50 years respectively. Mean and standard deviation scores regarding the gender of respondents were; 30(2.7) for male and 28.4(8.1) for female. With regard to level of education, respondents scored 27.5(6.7), 29.4(2.2), 30.2(7.8) and 35.1(5.9) for no formal education, primary, secondary and tertiary education respectively.

Table 3. 5: Mean and standard deviation of satisfaction scores for patients by age, gender and educational status (N = 160)

Category	Variables	Frequency	Per cent	Mean score	SD
Age	20-29	64	40	33.1	1.9
	30-39	45	28.1	28.2	1.8
	40-49	30	18.8	27.2	2.5
	≥50	21	13.1	26.0	4.7
Gender	Male	85	53.1	35.3	0.6
	Female	75	46.9	34.3	1.7
Level of education	No formal education	24	15	37.5	0.5
	Primary	45	30.6	38.2	0.3
	Secondary	22	13.7	31.9	0.1
	Tertiary	69	43.1	30.5	1.0

The maximum obtainable score for satisfaction question was 40. The four point likert scale was employed. The mean scores and standard deviation for satisfaction of respondents for each demographic variable was obtained. The results as revealed in table 5, showed that respondents had mean and standard deviation scores of 33.1(1.9), 28.2(1.8), 27.2(2.5) and 26.0(4.7) for 20-29, 30-39, 40-49 and ≥50 years respectively. Regarding respondents gender, mean and standard deviation scores were; 35.3(0.6) and 34.3(1.7) for male and female respectively. Level of education scores were; 37.5(0.5), 38.2(0.3), 31.9(0.1) and 30.5(1.0) for no formal education, primary, secondary and tertiary education respectively.

Table 3.6: Contingency table of the satisfaction of patient in relation to age, gender and expectation (N = 160)

Category	**HS**	**S**	**US**	**HU**	**df**	**χ2**	**c-r**	**decision**
Age								
20-29	3(7.20)	39(36.0)	19(16.4)	3(4.4)				
30-39	3(5.06)	29(25.3)	10(11.53)	3(3.09)	9	33.17	16.92	significant
40-49	5(3.38)	15(16.88)	10(7.69)	0(2.06)				
≥50	7(2.36)	7(11.81)	2(5.38)	5(1.44)				
Total	18	90	41	11				
Gender								
Male	8(9.56)	39(47.81)	33(21.78)	5(5.84)				
Female	10(8.41)	51(42.19)	8(19.22)	6(5.16)	3	16.6	7.82	significant
Total	18	90	41	11				
Level of education								
No formal	8(2.7)	9(13.5)	7(6.15)	0(1.65)				
Primary	4(5.06)	30(25.31)	8(11.53)	3(3.09)				

Secondary	3(2.48)	10(12.38)	4(5.64)	5(1.51)	9	29.66	16.92	significant
Tertiary	3(7.76)	41(38.81)	22(17.68)	3(4.74)				
Total	18	90	41	11				
Expectation								
Low	11(7.31)	29(36.56)	18(16.66)	7(4.47)				
High	7(10.69)	61(53.44)	23(24.34)	4(6.53)	3	8.35	7.82	significant
Total	18	90	41	11				

Note. HS= highly satisfied; S= satisfied; US= unsatisfied; HU= highly unsatisfied ;(*) =expected frequency

Data in Table 6 revealed a df of 9 and a calculated or observed value of 33.17. It also showed an index value of 16.92 as the critical value (c-r). The figures showed that the calculated value was significantly greater than the critical value. It was therefore an indication that age of patients has significant relationship with level of satisfaction. Similarly, the table showed that gender and level of education has significant relationship with level of satisfaction since the calculated value for both gender and level of education are higher than the critical value.

Table 6 also indicated the index value of 3 as the df, 8.35 as the calculated value and 7.82 as the critical value. The figures revealed that the calculated value was significantly greater than the critical value. These figures also were an indication that those who have high expectation from nurses have different satisfaction from those with relatively lower grade of level of expectation. In other words, not all patients have the same satisfaction from the services they received.

4. Discussion

The health care system is basically a service based industry and customer satisfaction is as important as in other service-oriented sectors. Patient satisfaction and their expectations of care are valid indicators of quality nursing care (Yeldiz, 2004 & Ozge, 2001). In the course of the study, it was revealed that patients generally had above average scores indicating high level of expectation from nurses. Specifically, 59.4%) of the patients involved in the study had high expectation from the nurses. These findings are in consonant with the findings of Donna-Lause (2010) and Sahin, et al. (2014) that reported high expectation of patients from nurses in terms of service delivery and quality of care.The high level of expectation observed in this study may not be unconnected to the fact that most patients understood nursing as a profession that deals with human health and thus life. It therefore demands high professional knowledge and skill for effective and efficient management of human health.

It has been suggested that men have fewer expectations than women and that male patients spontaneously receive more information from nursing staff than female patients (Johansson, et al. 2002). Contrary to this suggestion males recorded a higher mean scores 30.0(2.7) than their female counterparts 28.4(8.1). This result aligned with that of Rafii, et al. (2007) who reported that male patients were more expectant on the quality of nursing care than females. Furthermore, it was observed that patients with higher level of education recorded the highest mean scores

35.1(5.9). The result is not surprising as they had more exposure which others do not have. Although, studies on the relationship between expectation and level of education is not yet visible, the result of this study is an indication that level of education in patients can positively influence the expectation of patients from nurses.

Overall, patients had a variable experience of nursing care; more than 50% patients were satisfied with care provided. This result is consistent with other previous studies (Al-Doghaiter, 2000; Zavare, 2010 & Sayed, et al. 2013) who reported that the extent of overall patient satisfaction with the quality of care provided at the hospital to be quite high.The results of this study appear to reveal a consistent pattern of association between the overall satisfaction and the studied socio- demographic variables. Males 35.3(0.6) tended to be more satisfied with nursing care then females 34.3(1.7) as recorded in their mean scores. A literature review revealed contradictory findings. Some studies states that females were more satisfied (Al- Doghaiter, 2000; Labarere, & Francois, 1999 & Tucker, 2000) while some as the present one revealed that males were more satisfied (Dzomeku, et al. 2013; Liu & Wang, 2007 & Milutinovic, et al. 2012).The actual reasons for this is unknown, nonetheless, it could be attributed to the fact that males are more conscious of hygiene and poor practical skills than women. This makes them more observant and critical of aspects of quality when evaluating staff performance. This finding could also be explained by cultural reasons in the lack of interaction between male patients and female nurses. While other studies found that there was no association between gender and satisfaction with nursing care (Tang, et al. 2012), this current study reported a significant relationship between gender and satisfaction with nursing care.
Older subjects are generally more conservative and less demanding than younger people (Al- Doghaiter, 2000). In contrast, our study found that older patients were less satisfied with their nursing care as observed in their low mean scores 26(4.7). In a study by Wallin, et al. (2000) they did not find a correlation between age and patient satisfaction. However, Jackson, et al. (2001) found age to be significant predictor of satisfaction; they found that older patients were generally more satisfied than younger patients. This might be explained by the fact that older patients were too conservative to interact with female nurses in the Maiduguri culture.

There was also an association between education and patient satisfaction. Respondents with limited educational status were observed to have higher satisfaction, respondents who were illiterate and those with only basic education were fully satisfied compared to those who had tertiary education who were dissatisfied. This may be attributed to the fact that patients with higher education being able to access information about the duties of the nurse. They may also have read about the patients' charter and know about the responsibilities of the nurse. If these responsibilities are not carried out to the letter they become dissatisfied. Those with limited education have no access to this information and tend to be satisfied with the nursing care given since they have nothing to compare with. This is similar to a study by Alasad and Ahmed (2003) who reported that less educated

patients tended to have high satisfaction. This is further supported by a study by Dzomeku, et al. (2013) which state that those who attained higher educational level were not satisfied with their care. Also they found clients with limited education are more passive and less critical about how they were treated by nurses.
Guadagnino (2003) asserted that expectation influence satisfaction and appear to have an inverse relationship with it; if expectation is high, satisfaction is low. On the contrary, the present study revealed that patients' who had high expectation from nurses also had different satisfaction from those with relatively lower grade of expectation. By implication, patient's expectation was seen to have influenced their satisfaction. The relationship in this study though not statistically confirmed appeared to be a direct proportionality relationship, similar with the findings of Naveed (2012) whose cross-sectional study reported high expectation and conversely high satisfaction among patients in a tertiary hospital.

5. Conclusions

Patient's satisfaction is an important indicator of quality health care. Also, nursing care has shown to be an important indicator of patient's total hospital satisfaction. It indicates that quality nursing care should be viewed and practiced from the patient's perspective. This study has also revealed that patients generally had high level of expectation from nurses. Furthermore, males and patients with higher level of education expected higher quality of care from nurses than their female and lower level of education colleagues.Overall, patients had a variable experience of nursing care; more than 50% patients were satisfied with care provided. Males, younger patients and less educated patients were more satisfied with quality of nursing care they received in UMTH. Patient's expectation, gender, age and level of education were the most predictors of patient satisfaction with nursing care. These results offer the hospital management the opportunity to work out strategies for improvement.

6. Recommendation

Based on the findings of the study, the following recommendations were made:

- Patient assessment survey should be carried out routinely by health institution in all aspect of nursing care to improve the quality of service.
- On-going monitoring of patient satisfaction in UMTH should be specific to nursing services
- Nursing training institutions should be strengthened regarding skills training
- The UMTH management should develop and test nurse-sensitive indicators that are related to patient satisfaction.

References

Al- Doghaiter, A. H. (2000). Inpatients satisfaction with nursing services at king Khalid University hospital, Riyadh, Saudi Arabia.J Family Community Med;7(3): 37–45. PMCID: PMC3437079.

Alasad, J. A., & Ahmed, M. M. (2003). Patients' Satisfaction with Nursing Care in Jordan, International Journal of Health Quality Assurance, 8,447-456.

Annie, J. K., & Champion, V. L. (2005). King theory for nursing: Explication and evaluation. In P. L. Chinn (Ed.), Advances in nursing Theory Development. Rockville, Md.: Aspen Systems Corps,49-61.

Donna-Louse, H. R. (2010). Patient expectation and satisfaction with nursing care and their nurses awareness of their expectation. The Cerner quarterly, 2,6- 15.

Dzomeku, V. M., Ba-Etilayoo, A., Perekuu, T., & Mantey, R. E. (2013). In-patient satisfaction with nursing care: a case study at Kwame Nkrumah University of science and technology hospital. International Journal of Research in Medical and Health Sciences, 2(1), 19-24.

Guadagnino, C. (2003). Role of Patient Satisfaction. *Physicians News Digest Journal of Medicine; 2(1): 249-255.*

Jackson, J., Chamberlin, J., & Kroenke, K. (2001). Predictors of Patients' Satisfaction. Social Sciences and Medicine, 52, 609-620.

Johansson, P., Olieni, M., & Fridlund, B. (2002). Patient satisfaction with nursing care in the context of health care: a literature study. Scand J Caring Sci, 16, 337-334.

Labarere, J., & Francois, P. (1999). Evaluation of patient satisfaction in health facilities. Review of the literature. Rev Epidemiol Sante Publique, 47,175.

Liu, Y. L., & Wang, G. L. (2007). Inpatient satisfaction with nursing care and f actors influencing satisfaction in a teaching hospital in China. Journal Nursing Care Quality, 22(3), 266-271.

Milutinovic, D., Simin, D., Brkic, N., & Brkic, S. (2012). The patient satisfaction with nursing care quality: The psychometric study of the Serbian version of PSNCQ questionnaire. Scand in avian Journal of Caring Sciences, 26(3), 598–606. doi: 10.1111/j.1471-6712.2012.00969.x.

Naveed, A. (2012). Assessment of patient satisfaction in medical & surgical ward in a Tertiary care hospital .*Journal of Ayub Medical Abbotted,24(3), 23-54.*

Ozge, O. (2001). Patient satisfaction with nursing care at a university hospital in Turkey. J. Nurs.Care Qual, 16, 24-33.

Ozsoy, S.A., Ozgur, G., & Akyol, D. (2008). Patient expectations and Satisfaction with nursing care in Turkey: A Literature review. *International Nursing Review*, *24(2), 23-50.*

Rafii, F., Hajinezhad, M. E., & Haghani, H. (2007). Nurse caring in Iran and its relationship with patient satisfaction Australian Journal Of Advanced Nursing, 26, 2-7.

Sahin, S.Y., Dal, U., & Vural, G. (2014). Burn patient expectation from nurses.*PAF preventive medicine Bulletin, 13(1), 37-46.* doi:10.5455/pmb.1-1356695370

Sayed, H.Y., Mohamed, H.A., & Mohamed, E. E. (2013). Patients' Perceptions As Indicators of Quality of Nursing Service Provided At Al Noor Specialist Hospital at Makkah Al Moukarramah, KSA. Journal of American Science, 9(5), 71-78.

Tang, W. M., Soong, C., Lim, W. C. (2012). Patient Satisfaction with Nursing Care: A Descriptive Study Using Interaction Model of Client Health Behaviour.International Journal of Nursing Science, 3(2), 51-56.DOI: 10.5923/j.nursing.20130302.04.

Tucker, J. L. (2000). The influence of patient socio-demographic characteristics on patient satisfaction. Military Medicine, 165(1), 72–6.

Wagner, D., & Bear, M. (2009). Patient satisfaction with nursing care: a concept analysis within a nursing framework. *J Adv Nurs, 65(3), 692-701.*

Wallin, E. L.,Ulander P and Holstein C. (2000). Does age, gender, or educational background affect Patients' Satisfaction with short stay surgery?Ambulatory Surgery;8:79-88

Yeldiz Z.(2004). Measuring patient satisfaction of the quality of health care: A study of hospital in Turkey. J Med Sci; 28:581-589.

Zavare, M.A. (2010). Patient Satisfaction: Evaluating Nursing Care for Patients Hospitalized with Cancer in Tehran Teaching Hospitals, Iran Global Journal of Health Science;2 (1): 117.

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Assessment of Patients' Expectation and Satisfaction with Nursing Care rendered at University of Maiduguri Teaching Hospital Borno State, Nigeria.

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Abstract. This study aimed at assessing patients` expectations and satisfaction with nursing care received at University of Maiduguri Teaching Hospital Nigeria. Cross-sectional descriptive design was adopted for the study. A total of 160 in-patients who meet inclusion criteria were selected from the Medical and surgical wards of the teaching hospital. Self-structured validated questionnaire with a reliability of 0.88(expectation) and 0.76 (satisfaction) was used to collect data on the key areas of patients` expectation from nurses and patients` satisfaction towards nursing care received. Permission was obtained from the ethical committee of the teaching hospital, and unit Heads of medical and surgical wards. The result revealed that patients generally had high level of expectation from nurses. Furthermore, males with higher level of education expected higher quality of care from nurses than their female and lower level of education colleagues. Overall, patients had a variable experience of nursing care; more than 50% patients were satisfied with care provided. Males, younger patients and less educated patients were more satisfied with quality of nursing care they received in UMTH. Patient's expectation, gender, age and level of education were the most predictors of patient satisfaction with nursing care. These results point out the need for the hospital management to develop strategies and test nurse-sensitive indicators that are related to patient satisfaction.

Key Words: Assessment, Patients' expectation, Satisfaction, Nursing care

1. Introduction

Health care recipients in developing countries are particularly insensitive to perception of the quality of health care they receive compared to their counterparts in developed

countries. While our patient will use traditional or alternate care without voicing their dissatisfaction with the nursing care received, patient in developed countries have formed strong consumer protection groups that demand for quality care. Patient satisfaction is the subjective evaluation of their cognitive and emotional reaction as a result of interaction between their expectation regarding ideal nursing care and their perception of actual nursing care (Ozsoy, et al. 2008). Patients' satisfaction with nursing care is an indicator of Quality of care (QOC) and Health care facilities are interested in maintaining high level of satisfaction in order to stay competitive in Heath care Market (Wagner & Bear 2009)

As often stated when expectations are not met, dissatisfaction is ensured. Similarly, a satisfied patient is more likely to comply with treatment, appointment and utilize health service; such behavioural consequences related to satisfaction could affect outcome of and Health seeking behaviour (Annie & Champion 2005). Tertiary Hospitals are the highest order of health care system in Nigeria where patients` expectation from nurses is high. Communication gap between nurses and their patients can lead to patients' dissatisfaction and this is a common problem for tertiary hospitals which requires urgent attention to enhance patients' satisfaction at the same time to ensure quality of nursing care (Dzomeku, et al. 2013). The public health implication related to patient dissatisfaction of care may lead to patients patronising private health care providers and incur high cost as compared to government health care services. Thus, examining the items with low patients' satisfaction will enable nurses to identify the defects in nursing care and institute appropriate change. Anecdotal observation showed patient's noncompliance with treatment, appointment and utilization health service in University of Maiduguri Teaching Hospital. This study assessed patients` expectations and satisfaction with nursing care received at University of Maiduguri Teaching Hospital (UMTH).

2. Research Materials and methods

Cross-sectional descriptive design was adopted to assess patients' expectation and satisfaction with nursing care rendered from 160 in – patients who meets the inclusion criteria out of 210 from Male medical (1 & 2), Surgical (1 & 2), female medical (1 & 2) and female surgical (1 & 2) wards of UMTH.

3. Participant selection criteria and recruitment

Inclusion sampling criteria are characteristics that the respondents must possess to be part of the study population. In this study this include: in- patients who are 20 years to 60; must be able to give informed consent and answer the questionnaire. Out of 230 in patients 160 meets the inclusion criteria above while 60 were

excluded because the patients were very sick, not mentally stable and unable to answer questionnaire and others refuse to consent to be part of the study. The totals of 160 in patients were all used for the study because of the small sample size, so convenient sampling technique was used.

4. Data collection

A validated and pretested questionnaire on the areas of patients` expectation from nurses and patients` satisfaction towards nursing care was employed as the data collection tool. The instrument after review by Experts and senior colleagues, it was used for a pilot study in Borno State Specialist Hospital Maiduguri. Reliability test for expectation gave a Cronbach's alpha of 0.88 and that of satisfaction gave a Cronbach's alpha of 0.76. The instrument consisted of 3 sections: Section A socio- demographic questions comprising of three items to obtain information on age, gender and educational level of the respondents; Section B consists of structured questions on patients` expectation from nurses with a total of 10 questions which covers general information on the expectations of patients from nurses. It was measured by grading the level of patients' expectation in an increasing manner on a scale 1- 4. The questions were scored with 1-2 for low expectation (LE) and 3-4 for high expectation (HE). Maximum possible score in section B is 40. Section C consists of 10 structured items on patients` satisfaction towards nursing care formulated to assess the satisfaction of nursing care received. Areas included in this section utilized a four-point likert scale to assess satisfaction in term of highly satisfied, satisfied, unsatisfied and highly unsatisfied. The questions were scored with 4 points for highly satisfied (HS), 3 for satisfied (S), and 2 for unsatisfied (US) and 1 for highly unsatisfied (HU). Therefore, since the questions were 10 and the highest point on the likert scale was 4 the highest possible score is 40 that is $10 \times 4 = 40$.

5. Data analysis

Data was analysed manually. Descriptive statistics of means and percentages were used as well as inferential statistic of Chi-square for test of hypotheses. Test of significance was at α level 0.05.

6. Results

Table 3.1: Demographic data of the respondents (N = 160)

Variables	Frequency	Percentage
Age		
20-29	64	40
30-39	45	28.1
40-49	30	18.8
50 and above	21	13.1
TOTAL	160	100
Gender		
Male	85	53.1
Female	75	46.9
TOTAL	160	100
Education		
No formal education	24	15
Primary school	45	30.6
Secondary school	22	13.7
High school	44	27.5
Graduate	25	15.6
TOTAL	160	100

The data in table 3.1 showed the majority of the respondents 85(53.1%) were male and the remaining were female, the mean age of the respondents was 35 ± 12.9, the highest percentage of them were (20-29) years old and accounted for (40 %). Relative of their educational status, the greater frequency (45) of them were primary school graduates and they accounted for 30.6% of the sample, 24(15%) of them had no formal education.

Table 3.2: Patients` level of expectation from nurses (N=160)

Variables	LE *f(%)*	HE *f*(%)
Do you expect nurses to take decision about your treatment option?	55(34.4)	105(65.6)
You expect nurses to explain to you every procedure before intervening?	44(27.5)	116(72.5)
Will you be pleased, if nurses disclose information about your health to your relatives?	71(44.4)	89(55.6)
Do you expect nurses to educate you on your disease condition, test result and treatment?	49(30.6)	111(69.4)
Do you expect Nurses to listen to your problems and concerns?	107(66.9)	53(33.1)
Nurses will not allow me to express my feelings	87(54.4)	73(45.6)
Do you expect nurses to address you as patient rather than by your name?	114(71.2)	46(28.8)
Nurses must provide privacy during procedure?	30(18.7)	130(81.3)
Nurses to be neat, skilful and exhibit competence when working?	54(33.7)	106(66.3)

Nurses must answer to my call quickly as possible	38(23.8)	122(76.2)
Mean Expectation Frequency	**64.9(40.6)**	**95.1(59.4)**

Note. LE= low expectation; HE= high expectation

The data in table 3.2 revealed that majority 95(59.4%) of the patients had high expectation from the nurses as shown by the mean frequency of the respondents.

Table 3.3: Patients' level of satisfaction with nursing care rendered (N=160)

Variable	Level of satisfaction			
	HS *f*(%)	S *f*(%)	US *f*(%)	HU *f*(%)
Explanation of procedure before and during care	10(6.3)	92(57.5)	50(31.3),	8(5).
Instruction received	15(9.3)	92(57.5),	41(25.6)	12(7.5).
Ease of getting information from nurses	5(3.1)	70(43.7)	65(40.6)	20(12.5).
Explanation of procedure to patients' significant other	9(5.6)	77(48.1)	60(37.5)	14(8.7)
Involvement of family or friends in patients' care	17(10.6)	88(55.0)	45 (28.1)	10(6.3).
Attention given to you by nurses	20(12.5)	106 (66.3)	16(10.0)	18(11.2)
Helpfulness: Ability of the nurses to Make you comfortable and reassure you.	17(10.6)	88(55.0)	45 (28.1)	10(6.3).
Nursing staff response to your calls: How quick they were to help.	36(22.5)	90(56.3)	30(18.8)	4(4.3)
Skills and competence of Nurses,	17 (10.6)	99(61.9)	37(23.1)	7(4.4)
Provision of privacy	40(25)	96(60.0)	18(11.3)	6(3.7)
Mean Frequency	**18.4(11.6)**	**89.8(56.1)**	**40.7(25.4)**	**10.9(6.8)**

Note. HS= highly satisfied; S= satisfied; US= unsatisfied; HU= highly unsatisfied

Data in table 3.3 showed that, 11.6% of the patients were highly satisfied with nursing care rendered, 56.1% were satisfied while 25.4% and 6.8% of the patients were unsatisfied and highly unsatisfied respectively.

Table 3.4: Mean and standard deviation of expectation scores of patients by age, gender and educational status (N = 160)

Category	Variables	Frequency	Per cent	Mean score	SD
Age	20-29	64	40	21.0	3.1
	30-39	45	28.1	20.1	6.3
	40-49	30	18.8	31.1	7.3
	≥50	21	13.1	34.2	5.3
Gender	Male	85	53.1	30.0	2.7
	Female	75	46.9	28.4	8.1
Level of education	No formal education	24	15	27.5	6.7
	Primary	45	30.6	29.4	2.2
	Secondary	22	13.7	30.2	7.8
	Tertiary	69	43.1	35.1	5.9

The maximum obtainable score for patients' expectation was 40. The mean scores for expectation of respondents for each demographic variable were obtained. The results in table 4 showed that the mean and standard deviation scores of respondents according to their age range were; 21(3.1), 20.1(6.3) and 31.1(7.3), 34.2(5.3) for 20-29, 30-39 and 40-49, ≥50 years respectively. Mean and standard deviation scores regarding the gender of respondents were; 30(2.7) for male and 28.4(8.1) for female. With regard to level of education, respondents scored 27.5(6.7), 29.4(2.2), 30.2(7.8) and 35.1(5.9) for no formal education, primary, secondary and tertiary education respectively.

Table 3. 5: Mean and standard deviation of satisfaction scores for patients by age, gender and educational status (N = 160)

Category	Variables	Frequency	Per cent	Mean score	SD
Age	20-29	64	40	33.1	1.9
	30-39	45	28.1	28.2	1.8
	40-49	30	18.8	27.2	2.5
	≥50	21	13.1	26.0	4.7
Gender	Male	85	53.1	35.3	0.6
	Female	75	46.9	34.3	1.7
Level of education	No formal education	24	15	37.5	0.5
	Primary	45	30.6	38.2	0.3
	Secondary	22	13.7	31.9	0.1
	Tertiary	69	43.1	30.5	1.0

The maximum obtainable score for satisfaction question was 40. The four point likert scale was employed. The mean scores and standard deviation for satisfaction of respondents for each demographic variable was obtained. The results as revealed in table 5, showed that respondents had mean and standard deviation scores of 33.1(1.9), 28.2(1.8), 27.2(2.5) and 26.0(4.7) for 20-29, 30-39, 40-49 and ≥50 years respectively. Regarding respondents gender, mean and standard deviation scores were; 35.3(0.6) and 34.3(1.7) for male and female respectively. Level of education scores were; 37.5(0.5), 38.2(0.3), 31.9(0.1) and 30.5(1.0) for no formal education, primary, secondary and tertiary education respectively.

Table 3.6: Contingency table of the satisfaction of patient in relation to age, gender and expectation (N = 160)

Category	**HS**	**S**	**US**	**HU**	**df**	**χ2**	**c-r**	**decision**
Age								
20-29	3(7.20)	39(36.0)	19(16.4)	3(4.4)				
30-39	3(5.06)	29(25.3)	10(11.53)	3(3.09)	9	33.17	16.92	significant
40-49	5(3.38)	15(16.88)	10(7.69)	0(2.06)				
≥50	7(2.36)	7(11.81)	2(5.38)	5(1.44)				
Total	18	90	41	11				
Gender								
Male	8(9.56)	39(47.81)	33(21.78)	5(5.84)				
Female	10(8.41)	51(42.19)	8(19.22)	6(5.16)	3	16.6	7.82	significant
Total	18	90	41	11				
Level of education								
No formal	8(2.7)	9(13.5)	7(6.15)	0(1.65)				
Primary	4(5.06)	30(25.31)	8(11.53)	3(3.09)				

Secondary	3(2.48)	10(12.38)	4(5.64)	5(1.51)	9	29.66	16.92	significant
Tertiary	3(7.76)	41(38.81)	22(17.68)	3(4.74)				
Total	18	90	41	11				
Expectation								
Low	11(7.31)	29(36.56)	18(16.66)	7(4.47)				
High	7(10.69)	61(53.44)	23(24.34)	4(6.53)	3	8.35	7.82	significant
Total	18	90	41	11				

Note. HS= highly satisfied; S= satisfied; US= unsatisfied; HU= highly unsatisfied ;(*) =expected frequency

Data in Table 6 revealed a df of 9 and a calculated or observed value of 33.17. It also showed an index value of 16.92 as the critical value (c-r). The figures showed that the calculated value was significantly greater than the critical value. It was therefore an indication that age of patients has significant relationship with level of satisfaction. Similarly, the table showed that gender and level of education have significant relationship with level of satisfaction since the calculated value for both gender and level of education are higher than the critical value.

Table 6 also indicated the index value of 3 as the df, 8.35 as the calculated value and 7.82 as the critical value. The figures revealed that the calculated value was significantly greater than the critical value. These figures also were an indication that those who have high expectation from nurses have different satisfaction from those with relatively lower grade of level of expectation. In other words, not all patients have the same satisfaction from the services they received.

7. Discussion

The health care system is basically a service-based industry and customer satisfaction is as important as in other service-oriented sectors. Patient satisfaction and their expectations of care are valid indicators of quality nursing care (Yeldiz, 2004 & Ozge, 2001). In the course of the study, it was revealed that patients generally had above average scores indicating high level of expectation from nurses. Specifically, 59.4%) of the patients involved in the study had high expectation from the nurses. These findings are in consonant with the findings of Donna-Lause (2010) and Sahin, et al. (2014) that reported high expectation of patients from nurses in terms of service delivery and quality of care. The high level of expectation observed in this study may not be unconnected to the fact that most patients understood nursing as a profession that deals with human health and thus life. It therefore demands high professional knowledge and skill for effective and efficient management of human health.

It has been suggested that men have fewer expectations than women and that male patients spontaneously receive more information from nursing staff than female patients (Johansson, et al. 2002). Contrary to this suggestion males recorded a higher mean scores 30.0(2.7) than their female counterparts 28.4(8.1). This result aligned with that of Rafii, et al. (2007) who reported that male patients were more expectant on the quality of nursing care than females. Furthermore, it was observed that patients with higher level of education recorded the highest mean scores

35.1(5.9). The result is not surprising as they had more exposure which others do not have. Although, studies on the relationship between expectation and level of education is not yet visible, the result of this study is an indication that level of education in patients can positively influence the expectation of patients from nurses.
Overall, patients had a variable experience of nursing care; more than 50% patients were satisfied with care provided. This result is consistent with other previous studies (Al-Doghaiter, 2000; Zavare, 2010 & Sayed, et al. 2013) who reported that the extent of overall patient satisfaction with the quality of care provided at the hospital to be quite high.The results of this study appear to reveal a consistent pattern of association between the overall satisfaction and the studied socio- demographic variables. Males 35.3(0.6) tended to be more satisfied with nursing care then females 34.3(1.7) as recorded in their mean scores. A literature review revealed contradictory findings. Some studies states that females were more satisfied (Al- Doghaiter, 2000; Labarere, & Francois, 1999 & Tucker, 2000) while some as the present one revealed that males were more satisfied (Dzomeku, et al. 2013; Liu & Wang, 2007 & Milutinovic, et al. 2012). The actual reason for this is unknown, nonetheless, it could be attributed to the fact that males are more conscious of hygiene and poor practical skills than women. This makes them more observant and critical of aspects of quality when evaluating staff performance. This finding could also be explained by cultural reasons in the lack of interaction between male patients and female nurses. While other studies found that there was no association between gender and satisfaction with nursing care (Tang, et al. 2012), this current study reported a significant relationship between gender and satisfaction with nursing care.

Older subjects are generally more conservative and less demanding than younger people (Al- Doghaiter, 2000). In contrast, our study found that older patients were less satisfied with their nursing care as observed in their low mean scores 26(4.7). In a study by Wallin, et al. (2000) they did not find a correlation between age and patient satisfaction. However, Jackson, et al. (2001) found age to be significant predictor of satisfaction; they found that older patients were generally more satisfied than younger patients. This might be explained by the fact that older patients were too conservative to interact with female nurses in the Maiduguri culture.

There was also an association between education and patient satisfaction. Respondents with limited educational status were observed to have higher satisfaction, respondents who were illiterate and those with only basic education were fully satisfied compared to those who had tertiary education who were dissatisfied. This may be attributed to the fact that patients with higher education being able to access information about the duties of the nurse. They may also have read about the patients' charter and know about the responsibilities of the nurse. If these responsibilities are not carried out to the letter, they become dissatisfied. Those with limited education have no access to this information and tend to be satisfied with the nursing care given since they have nothing to compare with. This is similar to a study by Alasad and Ahmed (2003) who reported that less educated

patients tended to have high satisfaction. This is further supported by a study by Dzomeku, et al. (2013) which state that those who attained higher educational level were not satisfied with their care. Also, they found clients with limited education are more passive and less critical about how they were treated by nurses.

Guadagnino (2003) asserted that expectation influence satisfaction and appear to have an inverse relationship with it; if expectation is high, satisfaction is low. On the contrary, the present study revealed that patients' who had high expectation from nurses also had different satisfaction from those with relatively lower grade of expectation. By implication, patient's expectation was seen to have influenced their satisfaction. The relationship in this study though not statistically confirmed appeared to be a direct proportionality relationship, similar with the findings of Naveed (2012) whose cross-sectional study reported high expectation and conversely high satisfaction among patients in a tertiary hospital.

8. Conclusions

Patient's satisfaction is an important indicator of quality health care. Also, nursing care has shown to be an important indicator of patient's total hospital satisfaction. It indicates that quality nursing care should be viewed and practiced from the patient's perspective. This study has also revealed that patients generally had high level of expectation from nurses. Furthermore, males and patients with higher level of education expected higher quality of care from nurses than their female and lower level of education colleagues. Overall, patients had a variable experience of nursing care; more than 50% patients were satisfied with care provided. Males, younger patients and less educated patients were more satisfied with quality of nursing care they received in UMTH. Patient's expectation, gender, age and level of education were the most predictors of patient satisfaction with nursing care. These results offer the hospital management the opportunity to work out strategies for improvement.

9. Recommendation

Based on the findings of the study, the following recommendations were made:

- Patient assessment survey should be carried out routinely by health institution in all aspect of nursing care to improve the quality of service.
- On-going monitoring of patient satisfaction in UMTH should be specific to nursing services
- Nursing training institutions should be strengthened regarding skills training
- The UMTH management should develop and test nurse-sensitive indicators that are related to patient satisfaction.

References

Al- Doghaiter, A. H. (2000). Inpatients satisfaction with nursing services at king Khalid University hospital, Riyadh, Saudi Arabia.J Family Community Med;7(3): 37–45. PMCID: PMC3437079.

Alasad, J. A., & Ahmed, M. M. (2003). Patients' Satisfaction with Nursing Care in Jordan, International Journal of Health Quality Assurance, 8,447-456.

Annie, J. K., & Champion, V. L. (2005). King theory for nursing: Explication and evaluation. In P. L. Chinn (Ed.), Advances in nursing Theory Development. Rockville, Md.: Aspen Systems Corps,49-61.

Donna-Louse, H. R. (2010). Patient expectation and satisfaction with nursing care and their nurses awareness of their expectation. The Cerner quarterly, 2,6- 15.

Dzomeku, V. M., Ba-Etilayoo, A., Perekuu, T., & Mantey, R. E. (2013). In-patient satisfaction with nursing care: a case study at Kwame Nkrumah University of science and technology hospital. International Journal of Research in Medical and Health Sciences, 2(1), 19-24.

Guadagnino, C. (2003). Role of Patient Satisfaction. *Physicians News Digest Journal of Medicine; 2(1): 249-255.*

Jackson, J., Chamberlin, J., & Kroenke, K. (2001). Predictors of Patients' Satisfaction. Social Sciences and Medicine, 52, 609-620.

Johansson, P., Olieni, M., & Fridlund, B. (2002). Patient satisfaction with nursing care in the context of health care: a literature study. Scand J Caring Sci, 16, 337-334.

Labarere, J., & Francois, P. (1999). Evaluation of patient satisfaction in health facilities. Review of the literature. Rev Epidemiol Sante Publique, 47,175.

Liu, Y. L., & Wang, G. L. (2007). Inpatient satisfaction with nursing care and f actors influencing satisfaction in a teaching hospital in China. Journal Nursing Care Quality, 22(3), 266-271.

Milutinovic, D., Simin, D., Brkic, N., & Brkic, S. (2012). The patient satisfaction with nursing care quality: The psychometric study of the Serbian version of PSNCQ questionnaire. Scand in avian Journal of Caring Sciences, 26(3), 598–606. doi: 10.1111/j.1471-6712.2012.00969.x.

Naveed, A. (2012). Assessment of patient satisfaction in medical & surgical ward in a Tertiary care hospital .*Journal of Ayub Medical Abbotted,24(3), 23-54.*

Ozge, O. (2001). Patient satisfaction with nursing care at a university hospital in Turkey. J. Nurs.Care Qual, 16, 24-33.

Ozsoy, S.A., Ozgur, G., & Akyol, D. (2008). Patient expectations and Satisfaction with nursing care in Turkey: A Literature review. *International Nursing Review*, *24(2), 23-50.*

Rafii, F., Hajinezhad, M. E., & Haghani, H. (2007). Nurse caring in Iran and its relationship with patient satisfaction Australian Journal Of Advanced Nursing, 26, 2-7.

Sahin, S.Y., Dal, U., & Vural, G. (2014). Burn patient expectation from nurses.*PAF preventive medicine Bulletin, 13(1), 37-46.* doi:10.5455/pmb.1-1356695370

Sayed, H.Y., Mohamed, H.A., & Mohamed, E. E. (2013). Patients' Perceptions As Indicators of Quality of Nursing Service Provided At Al Noor Specialist Hospital at Makkah Al Moukarramah, KSA. Journal of American Science, 9(5), 71-78.

Tang, W. M., Soong, C., Lim, W. C. (2012). Patient Satisfaction with Nursing Care: A Descriptive Study Using Interaction Model of Client Health Behaviour.International Journal of Nursing Science, 3(2), 51-56.DOI: 10.5923/j.nursing.20130302.04.

Tucker, J. L. (2000). The influence of patient socio-demographic characteristics on patient satisfaction. Military Medicine, 165(1), 72–6.

Wagner, D., & Bear, M. (2009). Patient satisfaction with nursing care: a concept analysis within a nursing framework. *J Adv Nurs, 65(3), 692-701.*

Wallin, E. L., Ulander P and Holstein C. (2000). Does age, gender, or educational background affect Patients' Satisfaction with short stay surgery? Ambulatory Surgery;8:79-88

Yeldiz Z.(2004). Measuring patient satisfaction of the quality of health care: A study of hospital in Turkey. J Med Sci; 28:581-589.

Zavare, M.A. (2010). Patient Satisfaction: Evaluating Nursing Care for Patients Hospitalized with Cancer in Tehran Teaching Hospitals, Iran Global Journal of Health Science;2 (1): 117.