## Active Health Information Behaviour and Patient's Satisfaction in Tertiary Health Institutions in Imo State, Nigeria

## Augustina Chinyere EMEPURU

Federal Teaching Hospital, Owerri

emepuruchinyere@gmail.com

## Sophia V. ADEYEYE, Ph.D

**Department of Information Management,** 

Lead City University, Ibadan

adeyeye.sophia@lcu.edu.ng

#### Abstract

The global practice in healthcare service delivery is to view the patient as a customer whose satisfaction must be given adequate consideration for the mutual benefit of health professionals and the patient. This has made studies on patient satisfaction to be growing worldwide. However, few studies have explored the role of patients' information seeking behaviour on patient satisfaction. The purpose of the study is therefore to investigate health information behaviour and patient satisfaction in tertiary health institutions in Imo State, Nigeria. This study adopts the descriptive survey research design. The population comprises patients of Imo State Tertiary Health Institutions. A sample of three hundred and seventy-five (375) patients was selected using simple random sampling. A structured questionnaire was used to collect quantitative data which was analysed using both descriptive and inferential statistics. The study found a high level of patient satisfaction among the respondents (Mean= 3.02). it was also found that the overall information seeking behaviour is positive (Mean =3.06). Furthermore, test of hypothesis showed that active information seeking behaviour (R2 = 0.311; p. 0.005) has significant influence on patient satisfaction. The study concluded that it is important for patients and healthcare providers to empower each other through information sharing. It was therefore recommended that tertiary hospitals in Imo state must be more proactive in ensuring that the level of patient satisfaction is sustained with efforts made to ensure that few lapses observed by the patients are addressed.

**Keywords**: Active information seeking behaviour, Information Behaviour, Patient satisfaction, Tertiary health institutions

## Introduction

The exploration of health information behavior and patient satisfaction involves understanding how patients seek, process, and use health-related information, and how these behaviors impact their overall satisfaction with healthcare services. Customer satisfaction is a force to reckon with and given due consideration if service rending organizations like hospitals will stay and continue to be relevant. Effective service delivery, cost allocation, and management techniques are essential for these improved provisions. To achieve the desired level of patient satisfaction, it is essential that hospitals ensures adequate availability of medical facilities and improve all aspect of their services starting from the recruitment of competent medical doctors, nurses as well as health information managers who ensure the proper collections, management and dissemination of information between all stakeholders (Narangoda, Kruger& Tennant, 2021). One widely accepted method of adjudging the quality of medical care in a facility is the level of contentment its patients express after receiving treatment. The quality of health care is often judged by how satisfied a patient is with his or her treatment<sup>4</sup>. In modern healthcare, patient feedback is highly valued and used to inform both treatment decisions and service provision. Because of its importance in gauging the quality of care provided, especially at tertiary facilities, patient satisfaction surveys have risen to prominence as an integral part of any comprehensive health care system's methodology. In addition to predicting the patient's health- related outcomes and the quality of care provided by the institution, patient satisfaction is the result of a concordance between the patient's anticipation of treatment and the care actually got from the nurse.

Individuals' desired roles in medical decision making have received increased attention as the trend toward shared or collaborative decision making between health care professionals and patients continues to deepen and demand serious attention (Dean, Geneus, Rice, Johns, Quasie-Woode, Broom, & Elder, 2017). People have a wide range of preferences when it comes to medical decision making, from being able to comprehend the judgments made by healthcare

experts to having their opinions heard and considered to making the final decision themselves thus the need to understand the health information behaviour of patients while interacting or relating with health care workers, or health information retrieval system and other information sources in a bid to get health related information.

One definition of health information behavior is the process by which an individual acquires the data necessary to take part in medical decision making. Individuals who desire an active or collaborative involvement in decision-making with health experts are also more engaged in their search for health-related information, according to a large body of research (Chisty, Islam. Munia, Rahman, Rahman & Mohima 2021). Patients' ability to discover options, analyze and evaluate them, eliminate uncertainty and doubt about alternatives, and determine if a particular option is acceptable is enhanced when they actively participate in medical decision making by seeking information. The idea is that people who actively seek information would be better equipped with knowledge to make their own medical decisions.

However, information might be sought for other purposes, such as anticipating the sequence of events or evaluating appropriateness of treatment proposed. Most often, individuals seek health-related information, at any given time, from a combination of personal (e.g., self, friends, family) and impersonal (e.g., book, Internet) sources. The use of multiple sources might reflect individuals' desire to acquire as much information as possible and/or to validate or complement information received from a prior source (Lu, Liu & Yuan 2020). Most individuals indicate a preference for health professionals when seeking medical facts. This might reflect individuals' belief that professionals can provide unbiased, reliable information that is in their best interest. Individuals also report a preference for other sources of information, such as friends or others experiencing the same health issue, when seeking psychosocial information or the Internet when seeking sensitive information. According to Huang etal (2021) who expanded Langoetal (2010)

health information seeking model asserts that health information behaviour could be either Active of Passive. Active information seeking (awareness through traditional mass media, news media and personal interaction and accessing information) and passive receipt of information (use of received information through news media, personal interaction & traditional mass media and use of received information for personal health care decisions).

The output of active information seeking receipt in Lango's health information seeking model is the effect of information on increased control over the disease, creating satisfaction in the patient, ease of everyday activities and finally better health status. Therefore, Investigating the active health information behavior of patients in tertiary health institutions in Imo State, Nigeria, is essential for enhancing patient satisfaction and overall healthcare quality. By examining how patients actively seek, interpret, and utilize health information, this study aims to identify gaps in information dissemination and access within these institutions. Understanding these behaviors and their impact on patient satisfaction will provide valuable insights for healthcare providers, enabling them to tailor their communication strategies and improve service delivery.

#### **Statement of the Problem**

Patients are recipients of health care services that are performed by health professionals. Therefore, patient satisfaction is a renowned standard to evaluate the effectiveness of health services being provided in hospitals. When patients seek the right information about their health from health professionals, and qualified medical practitioners, they are expected to be given the right prescription and attention which could influence their satisfaction medically. However, preliminary investigation, close observation and literature reviewed reveal a decline in the satisfaction of patients patronizing tertiary institutions in Imo State, Nigeria. This could be caused by poor/inefficient information. All these inefficiencies can lead to ripple effects in prescribing wrong drug or prescribing allergic drugs or injection for patients. The image and

growth of the health sector in Imo State, Nigeria would be affected. It is therefore very crucial that both healthcare professionals and patients get the right information to enhance patient satisfaction.

## **Research Questions**

- 1. What is the level of patient's satisfaction in tertiary health institutions in Imo State, Nigeria?
- 2. What is the level of Active health information behaviour of patients in tertiary health institutions in Imo State, Nigeria?

## Hypothesis

**Ho1:** Active Health information behaviour will not have significant influence on patient's satisfaction in tertiary institutions in Imo State, Nigeria.

## **Literature Review**

In between the health information behaviour and patient satisfaction is the healthcare professional who is shouldered with the responsibilities of providing healthcare satisfactory services to patients.

The concept of patient satisfaction was defined as "the patient's opinion of the care received from nursing staff," which is very similar to the concept of patient satisfaction defined as "an expression of a patient's judgment on the quality of care in all of its aspects, but particularly as concerns the interpersonal process (Shafiq, Naeem, Munawar, &Fatima, 2017). It has been demonstrated that the expectations of the patient have a direct association with the satisfaction of the patient.

The level of satisfaction experienced by patients is a relative concept that might mean something quite different to many people at various points in time. A multifaceted analysis of the idea of patient satisfaction can include a consideration of how patients feel about the many aspects of their experiences receiving medical care (Nguyen, Tran, & Nguyen, 2021). The level of satisfaction experienced by patients is one statistic that can be helpful in determining how successful and cost-effective a given healthcare system is. To begin the process of enhancing healthcare, it is vital to first gain a deeper understanding of what patients want. It is more probable that you will take care of your health if you are satisfied with the care that you receive. Patient feedback surveys can be used to collect information regarding patients' thoughts on the quality of healthcare, and strong patient participation can be achieved through the use of these surveys. Patients who have a more optimistic outlook on the care they received throughout therapy typically have better outcomes. Pharmacy services, physical services (tangible, surrounding environments), doctor-patient communication, and laboratory services are just a few of the factors that studies have considered when attempting to ascertain whether or not patients are pleased with the quality of their healthcare (Mushtaq, Hussain, Afzal, & Gilani, 2020).

Ongoing efforts are being made to improve nursing care as well as the level of patient satisfaction. A scholar was responsible for the development of the first patient satisfaction scale (Mushtaq, et al 2020). This scale took into account all nursing care hours, including those supplied by non- professional nursing personnel, as well as all nursing care hours provided by registered nurses. The total number of nursing care hours was included in this metric. However, measuring patient satisfaction is difficult despite the fact that it is a strong indicator of the quality of therapy that is provided. This is because there is no universally accepted meaning of the phrase "patient satisfaction." One of the earliest instruments that was developed to measure patient satisfaction was developed with nurses and nursing care in the outpatient setting(Risser, 1975). According to Mushtaq *etal* (2020), this instrument was one of the first to incorporate the

dimensions of nurses' technical-professional behavior, nurses' intra- and interpersonal expressions, as well as trusting and educational relationships as antecedents to patients' satisfaction with nursing care.

It is however necessary to note that patients also have a role to play and this roles borders around their behaviour while relating with healthcare providers or health information retrieval systems regarding information that is related to health and wellbeing.

The term "information behavior" is used to describe how people act in regard to information, including how they seek out information and how they put that information to use(Spink, &Heinström 2011). According to the timeline of information behavior developed by,Spink, andHeinström (2011) the advent of consciousness, language, and problem solving around four million to 1.8 million years ago can be traced back to the Pliocene Era, which in turn can be traced to the present day, the age of social networking within the Holocane Era (Given Case & Willson 2023).

Information searching whether active or passive, as well as the use of information, are all components of what is known as "Information Behaviour." Thus, it encompasses both active participation in social interactions and the passive reception of information, such as when viewing television adverts. Seeking out data because you need it to achieve anything is an example of information seeking behavior. When looking for anything, a person might use either a paper- based system (like a newspaper or a library) or a digital system (like the Internet). It has been argued that the process of finding answers to questions is a subset of issue solving that entails recognizing and comprehending the information problem, developing a search strategy, performing the search, analyzing the results, and repeating the process if necessary (Given Case & Wilson 2023). The health industry and the information service provision industry are both deeply concerned about meeting the information needs of doctors. It is impossible to overstate

the importance of libraries and librarians in meeting the information demands of a society, especially given the importance of health to daily life. Achieving sustainable development, which includes health and well-being, is high on the United Nations' agenda for changing the world. Therefore, providing information to medical professionals is important for guaranteeing excellent health and well-being of patients in order to provide satisfactory services (Baumann, Czerwinski, & Reifegerste, 2017).

In theory, conceptual foundation of this study is built upon the integration of Longo's extended model of Health Information Seeking Behavior (HISB) and the Health Belief Model (HBM) (Stehr, Ermel, Rossmann, Reifegerste, Lindemann, & Schulze, 2023). This combined framework is preferred because it comprehensively considers the various environmental and individual influences on HISB, addressing active health information seeking.

However, one limitation of Lango's model is that it does not fully account for the psychological context influencing HISB. This is where the Health Belief Model (HBM) comes into play, as it provides a comprehensive description of the factors at play in individuals' health-related decision-making. This includes their beliefs in their own ability to prevent and manage health issues effectively. These psychological components are important motivators for seeking health-related information, as they influence individuals' health-related cognition and actions (Stehr et al, 2023).

By combining Lango's model with the Health Belief Model (HBM), researchers gain a more comprehensive understanding of the drivers and barriers influencing Health Information Seeking Behavior. The integrated framework allows for a more nuanced analysis of how individuals seek out and use health information. It helps researchers identify the key motivators that prompt individuals to actively seek health-related data while considering the psychological factors that may influence their information-seeking behaviors (Stehr *et al*, 2023). Studies also show that

today individuals and searchers use the Internet and the web to seeking their health information (Lambrinou, Hansen, & Beulens, 2019).

This sudden increase can be largely due to; the high frequency of online information resources, decision making, and web health programs, the increasing prevalence of illnesses in society, and the learning and availability of technology Human existence as it pertains to information. In this regard, a scholar draws the conclusion from his research that one of the most essential ways for immigrants in Iran to receive health information is through consultation with family, friends, and relatives (Zimmerman, & Shaw, 2020). Search engines like Google and Yahoo are popular among Internet users looking for health-related data because of the convenience they provide in locating current data. Research also shows that print media is crucial in educating the public and inspiring action toward better health. The majority of rural Malaysian women rely on newspapers, magazines, television, and radio for health news, according to a recent survey. Another scholar found that people who used Qazvin's public libraries were more likely to utilize television and "consult with others" when looking for health-related information. More so, students obtain their news mostly from their peers, then the media, and finally the internet, according to a study on how they find information.

According to the results of a study, people from different socioeconomic backgrounds rely on different media for health-related information. Those from lower socioeconomic backgrounds are more likely to rely on television, while those with higher levels of education are more likely to rely on the Internet. Given that today's youth are constantly bombarded by media from a variety of sources, including television and mobile technologies, it is crucial to shape their information-seeking strategies and cognitive preferences. An important public health issue is the lack of health literacy, which impacts not just the individual but also the family and community's capacity to understand and use health information for improved outcomes. The World Health

Organization (WHO) identifies lack of health literacy as a major risk factor for poor health outcomes and recommends creating a community to track and coordinate efforts to improve health literacy. Therefore, it is safe to say that the ability to locate health-related information is crucial to health literacy and, by extension, to individual and community well-being.

Therefore, the purpose of this study is toexamine the information-seeking habits and search strategies of medical students at Gonabad University of Medical Sciences (Chen, & Wang, 2021). Previous research has shown that patients are generally satisfied with their nursing care. Affective assistance, such as nurses that are compassionate, supportive, polite, honest, empathetic, patient, attentive, and responsive, is of utmost importance to patients who are concerned about their satisfaction (Rao, Tighe & Feinberg 2022). In prior studies, the differences between definitions of unmet health information needs might be caused by individuals' various purposes of health information seeking. In a review, unmet health information needs were classified as multiple types of health information needs, including cancer specific information (e.g., type of cancer), treatment-related information (e.g., medications), coping information (e.g., community counseling), financial/legal information (e.g., cost of treatment), medical system information (e.g., interactions with health care providers), and body image/sexuality information. Moreover, across the literature base, there is a fair amount of inconsistency in terms of the labeling of unmet health information needs. For example, a scholar labeled unmet health information needs as needs for information (Roetzel, 2019). However, despite several studies on healthcare professional's care and patient's satisfaction, there is dearth of comprehensive literature as to the information seeking behaviour of patients in relation to the level of satisfaction they are getting.

## Methodology

This study adopted the descriptive survey research design. The population of the study comprises of 12,225 patients from three (Imo State University Teaching Hospital, Federal Medical Centre Owerri, and Imo Specialist Hospital Umuguma, Oweeri) tertiary institution hospitals in Imo State, Nigeria. A sample size of 375 was drawn usingKrejce and Morgan sampling table. The instrument for data collection was a structured questionnaire. The instrument was administered proportionally. Data was analyzed descriptively and inferentially.

## Analysis

The demographic analysis showed that out of the total 283 respondents, 142 were male, accounting for 50.2% of the sample, while 141 were female, representing 49.8% of the sample. Age-wise,74 of the respondents (34.9%) fell within the 25-35 years range. Another 70 (33.0%) of the sample, belonged to the 36-50 years age group. Additionally, there were 47 respondents, making up 22.2% of the sample, who were 51 years and above. In terms of the qualifications, 6 individuals had a Higher National Diploma (HND), representing 2.1% of the sample. Moreover, 36 respondents have a Bachelor's degree (BSc), making up 12.8% of the sample. The majority of respondents, 152 (53.9%) possessed a Master's degree (MSc). Additionally, 86 (30.5%) of the sample, had a Doctorate degree (PhD). Two respondents, accounting for 0.7% of the sample, reported having qualifications other than those mentioned above.

Research Question One: What is the level of patient's satisfaction in tertiary health institutions in Imo State, Nigeria?

Patient Care Expectation	SA	Α	D	SD	Mear
Health professionals' explanations about tests,	67	133	59	24	2.86
treatments, and what to expect are well explanatory in my hospital	(23.7%)	(47.0 %)	(20.8%)	(8.5%)	
Health professionals in my	103	96	58	26	2.98
hospital are always willing to answer patient's questions	(36.4 %)	(33.9 %)	(20.5%)	(9.2%)	
Health professionals in my	72	131	54	26	2.88
hospital are always communicating with patients, families and relatives of patients.	(25.4%)	(46.3%)	(19.1%)	(9.2%)	
Health professionals in my	91	119	49	24	2.98
hospital always keep patients' informed about their condition and needs.	(32.2%)	(42.0 %)	(17.3 %)	(8.5%)	
Courtesy, respect,	84	138	49	12	3.04
friendliness and kindness are always rendered by the health professionals in my hospital.	(29.7%)	(48.8 %)	(17.3%)	(4.2%)	
There is availability of	101	127	48	7	3.14
healthcare facilities for appointments to be easily made in my hospital.	(35.7%)	(44.9%)	(17.0%)	(2.5%)	

# Table 4.1: Level of Patient's Satisfaction in Tertiary Health Institutions in Imo State, Nigeria

13

Health care professionals are very effective in tracking how patients are doing in my hospital.	92 (32.5%)	107 (37.8%)	71 (25.1%)	13 (4.6%)	2.98
Health care professionals in my hospital do always seek for their colleague's well-	87 (30.7 %)	116 (41.0%)	73 (25.8%)	7 (2.5%)	3.00
being. Weighted Mean					3.00

Individualized Nursing Care	g SA	Α	D	SD	Mea n
Nurses in my hospital always make me comfortable.	s 91 (32.2%)	133 (47.0%)	51 (18.0%)	8 (2.8%)	3.08
Nurses in my hospital are always quick to help out al the time when the need	91	133	51	8	3.15
arises.	(32.2%)	(47.0%)	(18.0%)	(2.8%)	
Prescription of drugs are done quickly in my hospital.	91	133	51	8	2.93
	(32.2%)	(47.0%)	(18.0%)	(2.8%)	
I observe that in my hospital	, 75	122	53		2.84
there is effective teamwork between nurses and othe hospital staff who take care of me.	(20.3%) r	(43.1 %)	(18.7%)		

Nurses are always flexible in	77	149	33	24	2.99
meeting my health needs.	(27.2%)	(52.7%)	(11.7%)	(8.5%)	
Nurses' always checks up on me even after patients' have been discharged from the	92	151	37	3	3.17
hospital.	(32.5%)	(53.4 %)	(13.1 %)	(1.1 %)	
Nurses in my hospital do clearly tell patients what to do and what to expect when I	87	129	55	12	3.03
leave the hospital.	(30.7%)	(45.6 %)	(19.4%)	(4.2%)	
Based on the kind of nursing care I received, I would recommend this hospital to	93	129	46	15	3.06
my family and friends.	(32.9%)	(45.6%)	(16.3%)	(5.3%)	
I am always comfortable with the information I get from traditional health information	76	156	38	13	3.04
sources.	(26.9%)	(55.1%)	(13.4%)	(4.6%)	
Weighted Mean					3.08
Aggregate mean					3.02

Source: Researcher's Fieldwork, 2023

Decision rule 1.00 - 1.49 = very low, 1.50 - 2.49 = low, 2.50 - 3.49 = high, 3.50 - 4.00 = very high Patients' satisfaction was divided into patent care expectation and individualized nursing care expectation. The weighted mean of patient care expectation is 3.0 indicating a high level of patient satisfaction in relation to patients care expectation. More so, the weighted mean score of 3.08 indicates a high level satisfaction of patients with individualized nursing care expectation. Moreover, the aggregate mean score of 3.02 indicate a high level satisfaction among respondents regarding overall patient satisfaction. The implication of this table is that there is high level patient satisfaction in tertiary health institutions in Imo State, Nigeria.

## Research Question Two: What Is the Level of Health Information Behaviour in Tertiary

## Health Institutions in Imo State, Nigeria?

# Table 4.2: Level of Active Health Information Behaviour in Tertiary Health Institutions inImo State, Nigeria?

Active Health Information	Α	VO	R	Ν	Mean
Behaviour					
I do make, cancel, or change appointment with	64	138	64	17	2.88
doctor through traditional sources of	(22.6%)	(48.8%)	(22.6%)	(6.0%)	
information.					
I discuss my health issues with health professionals	90	127	42	24	3.00
using traditional sources of	(31.8%)	(44.9%)	(14.8%)	(8.5%)	
information.					
I have understanding of	77	150	54	2	3.07
limitations of internet health information resources.	(27.2%)	(53.0%)	(19.1%)	(0.7%)	
When faced with information	83	132	49	19	2.99
need, I use the Internet to search for health information.	(29.3%)	(46.6%)	(17.3%)	(6.7%)	
I regularly browse	63	135	68	17	2.86
through known electronic health databases to seek and obtain	(22.3%)	(47.7%)	(24.0%)	(6.0%)	

information.

It is very conductive to	109	130	40	4	3.22
browse and get academic materials	(38.5%)	(45.9%)	(14.1%)	(1.4%)	
from the Internet.					
I check the up to date of	80	148	48	6	3.07
the sources of information that I	(28.4%)	(52.5%)	(17.0%)	(2.1%)	
have accessed.					
Weighted Mean					3.01

Source: Researcher's Fieldwork, 2023

Decision rule 1.00 - 1.49 = very low, 1.50 - 2.49 = low, 2.50 - 3.49 = high, 3.50 - 4.00 = very high The table explores various aspects of how individuals engage with health information using different sources, including traditional and internet-based resources. Overall, the weighted mean score for the active information seeking behaviour of the respondents is 3.01 which indicate that they highly engage in active information seeking behaviour. The implication of this table is that the respondents in their always engages in active information seeking.

## Hypothesis

**Ho1:** There will be no significant influence of active information seeking behaviour on patient's satisfaction in tertiary health institutions in Imo State, Nigeria;

Table 4.3 Influence of Active Information Seeking Behaviour on Patient's Satisfaction inTertiary Health Institutions in Imo State, Nigeria

Model	R	<b>R</b> Square	Adjusted R	Std. Error of the
			Square	Estimate
1	.558a	.311	.308	.31324

## Model Summary

Source: Researcher's Fieldwork, 2023

a. Predictors: (Constant), Active Information Behaviour

# ANOVA<sup>a</sup>

Model		Sum of	df	Mean	F	Sig.
		Squares		Square		
1	12.435	1	12.435	126.733	.000b	12.435
	27.571	281	.098			27.571
	40.006	282				40.006

Source: Researcher's Fieldwork, 2023

- Dependent Variable: Patient\_Satisfaction
- Predictors: (Constant), Active Information Behaviour Coefficients<sup>a</sup>

<u>s                                    </u>	
12.614	.000
58 11.258	.000

Source: Researcher's Fieldwork, 2023

The model summary shows that the value of R is 0.558, and the R Square: value is 0.311, indicating that about 31.1% of the variance in patient satisfaction can be explained by active information seeking behavior. The Adjusted R Square is 0.308. It helps provide a more accurate estimation of the proportion of variance explained. The table presents the coefficients for each predictor variable. The constant is 1.597, and the coefficient for active information seeking behavior is 0.468. The t-value for active information seeking behavior is 11.258. The significance value (p-value) associated with the t-value. It indicates the probability of obtaining the observed t-value by chance. In this case, the p-value is .000, indicating that the coefficient for active information seeking behavior is statistically significant.

In summary, the analysis suggests that active information seeking behavior has a statistically significant influence on patient satisfaction in tertiary health institutions in Imo State, Nigeria. The coefficient for active information seeking behavior is positive (0.468), indicating that an increase in active information seeking behavior is associated with higher levels of patient satisfaction. The analysis accounts for approximately 31.1% of the variance in patient. This therefore calls for the rejecting of the null hypothesis that there will be no significant influence of active information seeking behaviour on patient's satisfaction in tertiary health institutions in Imo State, Nigeria;

#### **Discussion of findings**

The study found that patients were highly satisfied on both dimensions of care expectation and individualized nursing care in tertiary health institutions in Imo State, Nigeria. The finding is instructive as studies indicated that several factors influences patient satisfaction (Thi,etal, 2002 and Batbaataretal, 2017). Ditto a study about client satisfaction and quality of health care in rural Bangladeshfound that almost more than 8 in 10 people live in the villages which limit their access to health care. As a result, they are more likely to appreciate whatever healthcare service

they can get compared to people in the city (Swain, 2019). In support is a report that people in the cities have become more involved in hospital choice, while many patients do not choose a hospital directly, findings suggest that they often do this indirectly through choice of a personal physician (Bronkhorst, Schellack, &Gous, 2022). A study however negated the findings where it was reported that majority of patients were not satisfied with the health care they receives. This mainly because they encountered some challenges such as their experience within a hospital environment, access services, the admissions procedure, nurses and other personnel services, the services they receive in their rooms and other services before they leave the hospital (Carthon, Hatfield, Brom, Houton, Kelly-Hellyer, Schlak, & Aiken, 2021). Patients' satisfaction with hospital treatment positively influences the image of the medical facility.

Secondly, the finding of this study shows that active information seeking behaviour is high among the respondents. This finding has antecedents in previous studies. In support, a study found that nowadays, individuals and searchers use the Internet and the web to seek their health information (Finney, etal, 2019). Ditto, study inUSA reported active heath information seeking behaviour as one in three US adults use the internet to diagnose or learn about a health concern. However, the authors expressed concern about whether the Web is reducing or creating disparities in health information availability and use for making health decisions (Basch, etal, 2018). A similar study revealed that students are among the highest users of the Internet as a source for health information over other sources. Females were more likely to use the Internet for health information, to consult a health or medical professional and to confirm the health information they find with a health or medical professional (Karami, Latifi, Berahmand, Eini, & Al-Suqri, 2023).

The result seems to be different in developing countries. A study found that Iranian health information searchers often adopt passive information seeking behaviour. "TV" and "discussions

with others" were the top health information sources. "Google" and "Yahoo" were the most popular health information search engines. A group of public library users used medical journals, books, and other sources to find health knowledge. A review of socio- demographic properties like age, gender, education, and job and health information resource use found a meaningful relationship between education level and internet use for health information and between age, job, and "discussions with family, relatives or close friends" for health information (Onawe& Okocha, 2019).

In summary the study found a high level patient satisfaction among the patients of tertiary health institutions in Imo State. However, some patients were not satisfied with information sharing practice in the hospital. More so, the study also found a high level of active information seeking behaviour among the respondents. However, the practice of seeking information from journals is very low among the respondents.

## Conclusion

Healthcare service delivery has seen a revolution in which patients are now treated as customers who must be satisfied to ensure their continuous patronage. A myriad of factors have been found to influence patient satisfaction. However, careful analysis would make it clear that majority of issues affecting patient satisfaction are perception related which can be cleared by adequate information. On the part of the patient, taking care of one's healthcare is now important and encourage. This can only be achieved through the acquisition of adequate and relevant information about one's condition and diagnoses. It is therefore important for patients and healthcare providers to empower each other through information sharing.

## Recommendations

Based on the findings as presented in this study and the conclusion reached, the following recommendations are considered relevant;

1. Tertiary hospitals in Imo state must be more proactive in ensuring that the level of patient satisfaction is sustained with efforts made to ensure that few lapses observed by the patients are addressed.

2. Patients should be encouraged to actively seek information from relevant sources such as medical journals and health practitioners instead of the internet. This will ensure they are not exposed to confusing information or information harmful to health.

## References

- Basch, C. H., Maclean, S. A., Romero, R. A., & Ethan, D. (2018) Health Information Seeking Behavior Among College Students. *Journal of Community Health*, 43, 1094-1099.
- Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2017). Determinants of patient satisfaction: a systematic review. Perspectives in public health, 137(2), 89-101.
- Baumann E., Czerwinski F., & Reifegerste D. (2017) Gender-Specific Determinants and Patterns of Online Health Information Seeking: Results from A Representative German Health Survey. J. Med. Internet Res., 19, E92.
- Bronkhorst, E., Schellack, N., & Gous, A. G. (2022) Clinical Pharmacy in South Africa: Qualitative Investigation of Perspectives of Practicing Pharmacists. *African Journal of Pharmacy and Pharmacology*, 16(10), 2022. 173-182.
- Carthon J. M. B., Hatfield H., Brom L., Houton, A., Kelly-Hellyer, M., Schlak, E., & Aiken, L. (2021) System-Level Improvements In Work Environments Lead To Lower Nurse Burnout And Higher Patient Satisfaction. *Journal of Nursing Care Quality*, 36(1), 726
- Chen, J., & Wang, Y. (2021) Health Literacy and Information Seeking and Sharing During A Public Health Crisis in China. *Asian Journal of Communication*, 31(3), 216-235.
- Chisty M. A., Islam M. A., Munia A. T., Rahman M. M., Rahman N. N., & Mohima M. (2021) Risk Perception and Information-Seeking Behavior During Emergency: An Exploratory Study On COVID-19 Pandemic in Bangladesh. *International Journal of Disaster Risk Reduction*, 65, 2021. 102580.

- Dean C. A., Geneus C. J., Rice S., Johns M., Quasie-Woode D., Broom K., & Elder K. (2017) Assessing the Significance of Health Information Seeking in Chronic Condition Management. *Patient Education and Counseling*, 100, 1519–1526.
- Finney Rutten L. J., Blake, K. D., Greenberg-Worisek A. J., Allen, S. V., Moser, R. P., & Hesse,
  B. W. (2019) Online Health Information Seeking Among US Adults: Measuring Progress
  Toward a Healthy People 2020 Objective. *Public Health Reports*, 134(6), 617-625.
- Given L. M., Case D. O., & Willson R. (2023) Looking for Information: Examining Research on How People Engage with Information. Emerald Publishing Limited.
- Huang K., Hao X., Guo M., Deng J., & Li, L. (2021) A Study of Chinese College Students' COVID-19-Related Information Needs and Seeking Behavior. Aslib Journal of Information Management, 73(5), 2021. 679-698.
- Karami,N. A., Latifi,M., Berahmand, N., Eini, F., & Al-Suqri, M. N. (2023) The Impact of Individual Factors on Health Information-Seeking Behavior of Infertile Couples Undergoing Assisted Reproductive Technologies: Longo Model. *Advanced Biomedical Research*, 12.
- Kim H., Mahmood A., & Powell M. P. (2021) Health Information-Seeking Through Personal Health Records Among Women Susceptible to Breast Cancer. *Health Behavior and Policy Review*, 8(2), 2021.119-129.
- Lambrinou E., Hansen T.B., & Beulens J.W. (2019) Lifestyle Factors, Self-Management and Patient Empowerment in Diabetes Care. *European Journal of Preventive Cardiology*, 26(2\_suppl), 2019. pp.55-63.
- Longo, D. R., Schubert, S. L., Wright, B. A., LeMaster, J., Williams, C. D., & Clore, J. N. (2010). Health information seeking, receipt, and use in diabetes self-management. The Annals of Family Medicine, 8(4), 334-340.
- Lu L., Liu J., & Yuan Y.C. (2020) Health Information Seeking Behaviors and Source Preferences Between Chinese and US Populations. Journal of Health Communication, 25(6), Pp.490-500.

- Mushtaq, K., Hussain, M., Afzal, M., & Gilani, S. A. (2020). Health care delivery system of Pakistan and Bangladesh: a comparative analysis. *National Journal of Health Sciences*, 5(1), 35-41.
- Narangoda K. S., Kruger E., & Tennant M. (2021) Investigating Perceptions Of Patients On Healthcare Pricing Within The Private Healthcare Sector in Sri Lanka. *Asia Pacific Journal* of Health Management, 16(3), 235-242.
- Nguyen, N. X., Tran, K., & Nguyen, T. A. (2021). Impact of service quality on in-patients' satisfaction, perceived value, and customer loyalty: A mixed-methods study from a developing country. *Patient preference and adherence*, 2523-2538.
- Onawe C., & Okocha, F. (2019) Health Information Seeking Behaviour of University Students in Nigeria. *Library Philosophy and Practice (E-Journal)*.2019
- Rao N., Tighe E. L., , & Feinberg I. (2022) The Dispersion of Health Information–Seeking Behavior and Health Literacy in a State in the Southern United States: Cross-sectional Study. *JMIR Formative Research*, 6(6), . e34708
- Risser, N. L. (1975). Development of an instrument to measure patient satisfaction with nurses and nursing care in primary care settings. Nursing research, 24(1), 45-51.
- Roetzel P. G. (2019) Information Overload in the Information Age: A Review of the Literature from Business Administration, Business Psychology, And Related Disciplines with A Bibliometric Approach and Framework Development. *Business Research*, 12(2), 479-522.
- Shafiq M., Naeem M. A., Munawar Z., & Fatima I. (2017) Service Quality Assessment of Hospitals in Asian Context: An Empirical Evidence from Pakistan. *INQUIRY J. Health Care* Organ. Provis. Financ., 2017, 54.
- Spink, A., &Heinström, J. (2011). Chapter 10 Information Behaviour Development in Early Childhood. In New directions in information behaviour (pp. 245-256). Emerald Group Publishing Limited.
- Stehr P., Ermel L., Rossmann C., Reifegerste D., Lindemann A. K., & Schulze A., (2023) A Mobile Health Information Behavior Model: Theoretical Development and Mixed- Method

Testing in the Context of Mobile Apps on Child Poisoning Prevention. *Journal Of Health Communication*. 1-10

- Swain, S., (2019) Do Patients Really Perceive Better Quality of Service in Private Hospitals than Public Hospitals in India? *Benchmarking: An International Journal*, 26(2), pp.590-613.
- Thi, P. L. N., Briancon, S., Empereur, F., & Guillemin, F. (2002). Factors determining inpatient satisfaction with care. Social science & medicine, 54(4), 493-504.
- Zimmerman, M. S., & Shaw Jr, G. (2020). Health information seeking behaviour: a concept analysis. Health Information & Libraries Journal, 37(3), 173-191.