Comfort Factors In Private Healthcare Facilities In Cross River State Nigeria: A Descriptive Phenomenological Study

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DOI: 10.29322/IJSRP.14.01.2024.p14514
https://dx.doi.org/10.29322/IJSRP.14.01.2024.p14514

Paper Received Date: 02nd December 2023
Paper Acceptance Date: 02nd January 2024
Paper Publication Date: 12th January 2024

Abstract: The study evaluates the meaning of comfort and explores factors that enhance it from the perspective of patients who received treatment at private healthcare facilities in Cross River State, Nigeria. The evaluation is focused on patients, patients' family members, and providers. The Delphi method was used with 15 participants: three providers, four family members, and seven patients. Data was collected within one week with two focus group meetings at a private medical facility. Content and descriptive analysis were used for the analysis of qualitative data.
The instrument used for the two sessions of the focus group meetings was open questions, which were based on items to be evaluated by the participants. after the sessions, items in which consensus was obtained were again presented to participants so that participants could have enough time to re-evaluate what they said and their understanding. This promoted feedback. Content and thematic analysis produced seven categories: Meaning of comfort, Presence of family members, Communication on disease management Affordable cost of care, Staff behaviour towards patients, Privacy and confidentiality and Reduced treatment time in hospital
The patients' treatment journey in private healthcare facilities in Cross River State can be enhanced if the management of healthcare facilities improves on not only environmental factors in the hospitals but also psychosocial components of care such as appropriate communication, provision of information to patients, privacy, reduce noise, caring staff physical behaviours towards patients, affordable cost of care and inclusion of family members in the care equation.

Keywords: *comfort factors, private healthcare, family members, cost of care, communication, privacy, and confidentiality*

I. INTRODUCTION

The primary universal goal of healthcare is patients' comfort, representing patients' satisfaction (Zhang, Ma, et al, 2023). It represents the sense of happiness, relaxation, and satisfaction of patients' experiences (Tian, 2023). It is central to patient-centred care, which is evidence-based (Wolf et al., 2019). Comfort represents the positive state of patients' experience during healthcare intervention and is the need of all humans (Kolcaba, 1992; Kolcaba, 2006), which is reflected in patients' health status (Mahajan, Caraballo, et al, 2021).
Comfort is a multifaceted concept that represents a holistic experience when the patients' basic needs, demands, and expectations are met, leading to patients' satisfaction (Kolcaba, 1994; Steer & Tutton, 2008). Comfort is an outcome of a patient's experience, recognized by Hippocrates oats as the overall quality and safety of care to patients. It is one of the primary factors healthcare providers must promote in rendering care. However, determining the efficiency and effectiveness of clinical interventions which enhance comfort requires a method or means to measure the outcome from the patient's perspective. (Jones, Wainwright, et al 2014; NHS, 2012; Kolcabal, 2003). This process is challenging, especially in private healthcare services. Even with the difficulty, there appears to be an acceptable measure of patients' comfort, which is premised on patients' satisfaction (Mariano, Da Silva et al., 2022). (Panelli, Catherine et al., 2015) observed that this method allows participants to make their voices known about a particular matter; it is empowering and puts emphasis and insights to enable informed decisions.

In the holistic management of patients, including family in the care circle is very cardinal (Tian, 2023). The entire family usually feels the possibility of losing a loved one, including but not limited to the children, wife, brother, sisters, and uncle (Wensley et al., 2020). In consideration of comfort, the entire family circle needs to be comforted. At the clinical level, healthcare providers concentrate on providing and stabilizing the body's homeostasis to provide comfort to patients. Also important is respecting patients' privacy and clear empathetic communication, explaining transparently medical procedures, diagnosis, and treatment options to assist patients in feeling comfortable in the treatment journey (Braaf, Ameratunga et al., 2018)

As professionals saddled with responsibility for care, we understand the critical importance of comfort to ill patients and significant others. Studies suggest that most public and private healthcare patients experience moderate to severe discomfort (Nelson, Diane et al., 2001). Addressing the comfort expectations of patients reduces stress and anxiety, leading to fast recovery (Jarvis, Huntington, et al., 2023). An extensive search shows no study on patients' comfort in private healthcare services in Cross River State.
Previous research has examined comfort in terms of satisfaction in public hospitals in Nigeria (Kamgba, 2023) and the lack of effectiveness of primary healthcare, which would have supplemented the shortfall (Opue, Kamgba, et al., 2023). As professionals involved in client care, we understand the importance of comfort and its associated factors, especially in private healthcare services. To address and assist in providing and creating an environment that promotes patients' well-being, satisfaction, and better health outcomes, we undertook the present study to examine comfort in the private healthcare system with the following research questions: What does comfort mean to patients and what factors influence the perception of comfort at private healthcare facilities?

II. Methods

Study design

Qualitative, descriptive methods based on focus groups were adopted. Focus groups describe the life experience of the patient's viewpoint from a dispassionate research view. (Taylor and Blake 2015; Lopez and Willis 2004)

Setting and population of the study

The study was conducted in two private medical centres in Ogoja, Cross River State, Nigeria. The study population consisted of patients admitted to the facility, their family members, and healthcare providers.

Eligibility and inclusion criteria

In the process, an eligible number of persons were invited to join the study. Due diligence was made to ensure a balance between the three participating groups, in-patients, patients' family members, and healthcare providers. The inclusion criteria were based on the three established categories.

i. Patients aged 18 and above who are admitted to the private hospital for three days and are voluntarily willing to participate in the study.
ii. Family members who have been with patients for the past 3 days and above and are willing to participate in the study voluntarily.
ii. Staff, especially nurses who have worked in the employment of the hospital for the past 3-5 years and are willing to participate voluntarily in the study.

Identified participants were contacted by word of mouth (WOM) after analysis of inclusion criteria to confirm their acceptance. A list of participants was made. All participants were recruited through word of mouth (WOM) on a face-to-face basis. A total of 20 participants were contacted for the study, but only 15 agreed to participate, which, by researchers' assessment, assured data saturation. Data saturation represents a point in which participants' contribution no longer adds anything new to the phenomenon of study (Korstjens & Moser, 2018). Participants were finally listed and informed on the aim of the research, date, time, and place for the 1st group encounter. The Focus groups met in September 2023.

Ethical protocols

The study was conducted in two private medical facilities in line with bioethical guidelines Belmont Report (1977) and Helsinki Declaration (1964-2013). The medical directors approved the study of the hospital. All the participants were informed about the aim of the study during the introductory phase. Participation was voluntary, and participants' privacy was maintained during group interaction, transcription, and data management. Each participant was assigned a code during the recording of the group session and interactions after verbal consent was approved.

Data collection

A focus group, an established quantitative method, was used for data collection (Pearson & Vossler, 2016). This method is a practical, time- and cost-efficient mechanism for data collection in perception studies (Luke & Goodricke, 2019). It offers access to both content and expression of participants (Massey, 2010). For this study, the standard put forward by Delphi methodology was used and maintained. It reflects rigour and elaboration of the method, which is favourable and reliable for studies that must arrive at a consensus of participants. The research used group dynamics to explore comfort and factors in private healthcare in Cross River State. (Massey 2011; Massaroli, Martini, & Delphi 2018). According to (McPherson, Reese, and Wendler,2018; Delphi, 2018), the process comprises three stages of data collection: preliminary, exploratory, and final phase by systematic communication.

In the preliminary phase, questions were designed that answered research questions to be discussed in the focus group (FGs). Participants were contacted and educated on the nature of the focus group, and those who gave verbal consent were shortlisted voluntarily. In the exploratory phase, a focus group was conducted with voluntary participants. Open questions were explored, allowing participants to express their opinions and understanding of the meaning of comfort and factors that enhance comfort in private hospitals. All information was partially documented and fully recorded with audio recorder Mp311. In the final phase, the audio sessions and notes were transcribed and interpreted by the researcher, who also validated them by the participants.

Two different focus groups (FGM1, FGM2) were held in two medical facilities (St.PH, EMC).
In the FGM1, which was held at (St.PH) the meeting lasted one hour and thirty minutes. The group meeting had seven members who were made comfortable in the visitors' room of the healthcare facility. A simple introduction based on codes and ground rules of the discussions was introduced.

Convenient sampling techniques were used to select healthcare providers in the private healthcare facility who met the criteria. Family members of the patients were selected through purposive sampling techniques, those who had voluntarily accepted to participate and met set criteria of a period of admission.

The focus group commenced after the environment was all set for all to feel comfortable. Seating and tape recorder placed to be accessed by all. One healthcare staff was nominated as assistant moderator to take notes and monitor the recording tape. The purpose and confidentiality of discussions were explained to participants, and the reason for the tape recording was also explained. The author was the moderator of the FGM. Nominal group techniques were applied to assist all participants to follow a particular direction. It was applied in the two FGMs. Nominal group techniques are structured methods for group brainstorming that encourage contribution from everyone to generate ideas and arrive at an agreement. It involves brainstorming, voting, discussion, and consensus. One of the advantages is that it prevents a particular participant's domination of brainstorming sessions. (Verga-Atkins, Bunyan, et al 2011). The assistant moderator began the FG discussions by stating the purpose of the meeting, asking open-ended questions, and taking notes. The sessions were audiotaped with a digital recorder, MP311. Reflection on research and interpretation of the non-verbal communication of participants during FG sessions were taken into consideration in data analysis. Notes were obtained through transcription of FG sections and interpretation of notes.

Data analysis
Data analysis took into consideration the significant principles for standard qualitative research. (Gentles, Charles, et al. 2016; Levitt, Morrill, et al., 2021) in which the opinions of respondents are considered. In this case, a focus group focused on the meaning of comfort for patients in private healthcare facilities. The opinions of family members, patients, and providers were analysed on comfort.

The first FG session was transcribed manually, stating clearly who was speaking and his/her views on comfort. This transcription yielded enormous pages of writing, and all participants validated and verified the first data in line with this type of study principles. (Martinez-Salgado 2012). The next was a thematic and inductive analysis of the text, which was segmented into three stages. 1st stage - rereading of the text to expunge emerging topics; 2nd stage - the encoding of the text was carried out. The text was classified into codes that enabled the elimination of irrelevant materials; 3rd stage -the text's quotable parts are underlined and grouped into code and categories to which they refer. This enabled us to build a clear, explicit, definitive data framework. The topic analysis was made by the main researcher (RN, RPN, BSC, MSC, MBA, PhD), considering the study's aim. This also assisted in ensuring the validity and reliability of the data.

Methodological rigor
The standard for consolidated criteria for reporting qualitative research (COREQ) was followed (Tong et al., 2007) and maintained. This ensured quality and methodological rigour. Also, criteria established by (Guba & Lincoln, 1994) for transferability, credibility, and reliability of the data and results were followed by interacting with participants to confirm the results and content of the text. Also, when FG was carried out, we used the criteria of heterogeneity, accessibility, and sample representation.

II.Results

The results are presented in Table 1. Sixteen participants were invited to the two FG meetings, but fourteen responded, creating a sample size of males (8) and females (6). The FG was held at St.PH and EMC private healthcare centres in Cross River State. The entire composition of participants was : Nurses (6), family members (4), and patients (4).

In FGM1, three nurses who had worked in the hospital for the past 3-5 years, two family members, and two patients were in attendance. In FGM2, three nurses with the same years of working experience (2-5 years), two family members, and two patients were in attendance.

Table 1: ***Sociodemographic characteristics of the participants in the focus group meetings.***

Participant	*Category of person and codes*	*Participants identification Codes*	*Identity of focus group*	*Healthcare Facility Code*	*Age of participants (years)*	*Six of participant*
1	Provider (PR1)	FGM1_Ros	FGM1	STPH	45	Female
2	Provider (PR2)	FGM1_Tina	FGM1	STPH	30	Female
3	Provider (PR3)	FGM1_Ojo	FGM1	STPH	25	Male
4	Family member (FM1)	FGM1_joe	FGM1	STPH	50	Male
5	Family member (FM2)	FGM1_Raf	FGM1	STPH	35	Male
6	Patient (PA1)	FGM1_Ekum	FGM1	STPH	25	Male
7	Patient (PA2)	FGM1_Ana	FGM1	STPH	19	Female
8	Provider (PR4)	FGM2_Brig	FGM2	EMC	25	Female
9	Provider (PR4)	FGM2_Vic	FGM2	EMC	37	Female
10	Provider (PR6)	FGM2_Nance	FGM2	EMC	40	Female
11	Family member (FM3)	FGM2_Pet	FGM2	EMC	45	Male
12	Family member (FM4)	FGM2_Kan	FGM2	EMC	38	Male
13	Patient (PA3)	FGM2_Good	FGM2	EMC	25	Male
14	Patient (PA4)	Fgm2_sunny	FGM2	EMC	35	Male

The study transcription, categorization and analysis are presented in the following thematic subheads (Braun & Clarke 2006). The analysis is based on an extract of quotations from FG discussion (FGM1 and FGM2) with participants using the inductive method (Thomas, 2006), opinions of respondents (Gentles, Charles, et al, 2016; Levitt, Morrill, et al 2021).

Explication of the meaning of comfort from the perspective of patients in a private hospital
The participants attribute comfort to meaning when,

> *Nurses and doctors greet me, tell me their names, receive me with kindness, ask me how long I have been sick, and make me feel relaxed (FGM_PT_SUNNY)*

> *a situation in which patients and family relatives are free from stress related to their needs in the hospital. (FGM1_FM1_Joe).*
> *Comfort is also viewed as a situation where you can adequately cater to needs in the hospital (FGM1_FM2_Raf).*
> *Comfort is when the hospital environment is clean, toilets are flushed, no mosquito bites, and we are respected by the hospital staff (FGM1_PT_EKUM).*
> *Comfort means when the quality of this poor life is made better with hospital treatment (FGM1_PT_Ana).*

Following the contribution of participants and patients on the meaning of comfort, the study derived the categories related to the comfort and discomfort of patients treated in private healthcare facilities in Cross River State.

Participants consider private healthcare facilities environmentally clean, with adequate comfort amenities, such as clean water, light, and clean toilets.

> *My room has constant water, a clean toilet, and regular light. (FGM1_PT_Ana)*

> *The general hospital does not have light most nights, so we use touch, and the toilets are not clean; here in this hospital, our toilets are clean with water every time. (FGM1_PT_EKUM).*

> *The beds and all the sheets are spotless and fresh. Nurses change them every day; it makes me feel good. (FGM2_PT_Good).*

Patients identified the cleanliness of the hospital, including beds, light, and water, as important environmental factors that relate to their comfort in a private hospital. The presence of these conditions provokes and enhances comfort, and their absence creates discomfort.

> *In this hospital, our nature of illness is not made public to other people in our community (FGM2_PT_Sunny).*

Patients identified privacy and confidentiality as significant factors in their comfort and discomfort. Patients acknowledge that their information is not shared with third parties creates a state of comfort.

> *The private hospital is calm, with little noise in both day and night. This enables us to sleep well" (FGM2_PT_sunny).*

> *The single room in a private hospital enables me to feel at home and confidently discuss with my family; we feel safe" (GGM2_PT_Ekum).*

Patients also identified single-room provision in private hospitals to mean comfort, as evidenced in the statement above.

> *In general, healthcare quality is high in private hospitals. My brother can talk to the doctor at any time he needs attention. Secondly, the time spent on treatment is shorter (FGM2_Family member _Pet).*

> *We can tell doctors and nurses how our brother slept and give our opinion of their recovery. We have good communication with providers (FMG2_Family member _Kan).*

Another meaning of comfort identified by family relatives is good communication between patients' relatives and providers.

> *The calm, gentle music provided and TV to keep in touch with happenings in the world also means comfort to us as patients" (FGM2-Family member _RAF).*

Another comfort meaning identified is music and access to radio and international TV news in the hospital.

Presence of family members

Family members' involvement in patient care and treatment is a significant factor in patients' comfort in private hospitals. All participants in the focus group see family members as one of the principal figures in treating and recovering patients in private healthcare facilities. The presences of family reduce anxiety and stress and provide comfort to patients. Family members could be parents, wives, husbands, brothers, daughters, uncles, or aunts.

> *Comfort for me relates to not being anxious, having less trouble, and being calm, knowing that your parents are there doing everything to get you treatment. Sometimes, when they go out to buy something and I am alone, I feel uncomfortable and anxious. For me, the presence of family members, be it father, mother, sister, or brother, is always a comfort factor" (FGM1_PT_EKUM).*

> *My son had abdominal pains, which led to him being operated on in this hospital. He was rushed from school to the hospital. When I saw him, I could see the fear in his face. I had to stay with him from the ward to the theatre after the operation. I could not see myself away from him. My constant presence gave him a lot of comfort and relief, and he was calm" (FGM1_Family member _Joe).*

> *The presence of my father and mother in the hospital with me provided comfort. Sometimes, I was in pain, but my mother noticed it and quickly informed the nurses /doctor. Also, I felt at home in my mother's or father's presence. I believe the presence of family members is very important to provide us with comfort" (FGM1_PT_Ana).*

A father or mother nearby helps provide comfort because they can engage quickly and tell how they are feeling without fear. Family members during hospitalization help make patients relaxed and comfortable. (FGM2_Family -member _PET).

The presence of family members helps create an environment that is conducive, calm, and relaxed, finally making patients comfortable. It is one of the very first factors that facilitates the recovery process.

Communication

The participants all agree that the general quality of communication provided by staff is among the critical factors in comfort while in private healthcare facilities. The quality of service creates measures that promote comfort. Providing constant information to patients and relatives enables patients to assess their recovery, indirectly creating comfort.

The constant information doctors and nurses provide helps us relax, knowing that we are making progress; this is comforting (FGM2_PT_Good).

One of the most important things I valued after my operation was the information given to me by the nurses and doctors. It helped calm me down as it explained the pain process to me, which reduced my fear and stress and finally made me comfortable (FGM1_PT_Ana).

When you are sick, you become very afraid. You don't understand the why and process of illness. Explanation by doctors on the nature of the disease helps alleviate fears, and create some amount of comfort (FGM2_PT_Good)

Management of information while in a private hospital is one of the identified elements of comfort. Communication arguably is a critical agent of comfort as information dissection to patients through communication with doctors and nurses reduces anxiety, thus creating comfortable feelings and enabling patients to feel prepared, reassured and accept the need for treatment and care (Wensley et al 2020)

Affordable cost of care.

The financial ability of patients to pay for the care provided by private hospitals is another element that guarantees their comfort. In private hospitals, care has quality, and so is the cost of treatment, drugs, procedures such as blood tests, x-rays, and scans, and the daily overhead cost of staying in the hospital.

Being in a private hospital means I must pay for all the care provided to me. The ability to pay or knowing that I can pay for all the care is a source of comfort (FGMI_ PT_ Ana).
Sometimes, the cost of drugs, X-rays, and blood investigations is high. In private hospitals, we can get all the above treatments. Knowing that we can pay the cost is critical to our comfort (FGM1_Family member _ RAF).

Hospital bills in private healthcare can be negotiated with the doctors, who accept instalment payments (FGM2_PT_Sunny)

Participants highlighted the importance of financial factors in the comfort of patients in private hospitals.

Staff Behaviour toward patients

Staff actions and behaviour toward patients and their relatives influence patients' comfort.

The nurses always attend to me whenever I feel pain in the operation area, staff are caring (FGM2_PT_Sunny).

This action and behaviour include managing the patient's symptoms, including but not limited to pain and side effects treatment.

The nurses and doctors always ask me if I am okay, and if I have any problem, tell them (FGM2_PT_Good).

Staff attitude towards holistic care, which involves nursing interventions and non-pharmacological care, assists patients' comfort. Patients feeling of being cared for by staff enhances their perception of comfort.

Private hospitals have doctors and nurses all the time to care for patients (FGM2_Family member _Ken).

Patients acknowledge that nurses and doctors are competent and always available to provide care, this confidence fosters comfort. When patients are provided with appropriate information and are well engaged, it influences patient comfort.

Privacy and confidentiality of patients

Patients are vulnerable during the period of hospitalization. Ensuring their privacy and confidentiality is an important factor which gives comfort and contentment to patients (Kamgba & Opue, 2023) it is one of the patients' rights during treatment which must be

respected. It is central to trust and ethical obligation for healthcare providers (Opue, Kamgba & Anagbogu, 2023) which is consistent with UNESCO Articles 9 and 10, Privacy and Confidentiality declaration on human rights. ‘’Everyone has the right to respect for private life with information about his or her health.’’ (Martin, 2014).

> *The single rooms in private hospitals provide us with home-like privacy. we can discuss with family members and friends comfortably. Secondly, when we talk on the phone, we know that others are not listening to my discussion. (FGM1_PT_Ana).*

Participants stressed the importance of single rooms and the privacy they provide during the period of hospitalisation.

IV. Discussion

The result of this study is centred on the analysis of the meaning of the concept of comfort and factors that influence patients' comfort from the perspective of clients in private healthcare facilities in cross-river states. The analysis includes patients' views, family members, and providers who attended focus group meetings (FGM). Participants who attended FGM identified and highlighted what comfort means and the factors in private hospitals that make patients comfortable. Contributions of environmental factors to the comfort of patients, presence of family members, healthcare service quality, and cost of care were key highlights from participants. Participants did not identify any of the psychological demission of comfort as stated by (Kolcaba, 1991).

In line with research objectives, participants agreed that comfort means when the hospital can provide a clean environment with toilets flushing and no mosquitoes. This position is consistent with a study conducted by (Sherri et al., 2016) in which 3,321 patients were interviewed to measure their perception of the physical environment of care. Clean interior, good signage, and spacious rooms were found to have significantly higher ratings of 3.09(0.73), followed by exterior space of 2.96 (0.74). In another study, (Tsai, Wang, et al. 2007) examined 680 outpatients' perceptions of the physical environment of the waiting area in one medical centre. Using principal component analysis, summated scores of constructed dimensions of patients' comfort with the physical environment suggest that cleanliness was associated with patients' comfort. Similarly (mirepoix et al. 2013), in a study with semi-structured interviewing during nine focus groups, participants perceived the quality of the physical environment, such as ambient conditions, to mean patients' comfort.

We also analysed the place of family members in providing comfort in private hospitals. Participants assert that family members play a major role in the process of a patient's recovery by reducing anxiety and creating comfort in patients. This position is consistent with the study by (Millett et al., 2021), which found that assistance by family members such as a father, mother, friend, or brother during hospitalization helps facilitate recovery. Similarly, (Menezes et al., 2012), in their study in Brazil, found family members to be significantly supportive in providing comfort in the ICU.

The participant reported that providers' engagement with patients through open communication helps create a feeling of comfort. This position agrees with earlier studies by (Streck, Wardell, et al. 2021), who analysed 800 inpatients through valid questions regarding treatment experience. Studies suggest that communication, age, and occupation status of patients significantly affected their comfort experience. ($\boldsymbol{p}$<0.05) Moreover, there was a correlation between respecting patients and patients' satisfaction with treatment. Communication with patients by professionals can help create a comfortable environment, which enhances patients' comfort (Jain, Burman et al. 2021).

The ability of patients to pay for their treatment was also identified as a significant factor of comfort in private hospitals. Patients and relatives opined that their financial ability to pay for x-rays, laboratory investigations, buy prescribed drugs, and finally pay hospital bills is also a source of comfort or discomfort. A study by (Daramola, Adeniran & Akande 2018). Three hundred eighty-eight patients at National Hospital Abuja were evaluated on their level of satisfaction, which was consistent with comfort. The study suggests that overall satisfaction was 58.1% because the national health insurance scheme paid for their treatment. Conversely, (Onyeajam et al., 2018), through data from 1336 mothers from four northern Nigeria states, showed that out-of-pocket payments by mothers in Antenatal care hurt patients' comfort.

Patients are vulnerable during the period of hospitalization. Ensuring their privacy and confidentiality is an essential factor that comforts patients, as reported by FGM2_PT_Sunny). Similarly, (Saleem et al., 2022) investigated 571 patients through structured interviews in a busy hospital unit. The study found that among other reasons patients will refuse physical examination, privacy accounted for 10% of the reasons. Creating a closed, private environment, such as curtains or closing windows during medical or nursing procedures, makes patients feel comfortable. In a similar study which was conducted by (Hartigan et al., 2018), replacing patients' areas covered by curtains with walled compartments led to an increased proportion of patients accepting that privacy was adequate. From 20%(n=16) to 89%) n=73). Ample treatment space that creates a perception of privacy has increased patients' comfort. This is because patients believe conversations with providers are confidential and should not be heard by unintended persons.

V. CONCLUSION

Patient comfort is one of the significant factors in patient care. Following the analysis of the dataset, this research provides insights into what comfort means to patients in private healthcare services in Nigeria. The research uncovered evidence that enhances patients' comfort, the major physical environment of the healthcare facility, and the psychosocial environment. The study uncovered a significant role played by the presence of family members, communication on disease management by healthcare staff, the ease of paying hospital bills, and the privacy and confidentiality of patients.

This finding provides valuable insights into improving patients' comfort and general well-being. The study's contribution to knowledge highlights the significance of the psychosocial components to patients' comfort, especially treatment duration, noise, and staff behaviour toward patients. The need for a federal Ministry of Health monitoring agency to continue emphasizing standards to minimize distress and maximize comfort in patient care is advocated.

ACKNOWLEDGMENT

The authors would like to thank all staff St. peter medical centre and Emma memorial clinic Ogoja for supporting this research, we also thank the patients and family members who voluntarily and generously agreed to participate in the focus group meetings, without whom this research would not have been possible.

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