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Research Article

The Accessibility and Utilization of University Health Care Services among Staffs and Undergraduate Students of University of Lagos, Nigeria

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ABSTRACT

Background: Despite the critical role of knowledge development in tertiary institutions through monitoring and evaluation of health care delivery, many Nigerian universities, including the University of Lagos, conduct little or no research on health care service consumption. This study investigated how accessible health services are at the University of Lagos Health Centre, with the intention that the findings may assist the institution's health services management in improving health care planning, organization and delivery.

Methods: The non-experimental research design was used in this study. A cross-sectional survey was conducted and a quantitative technique was used with a questionnaire as the study instrument. The location was the University of Lagos. The study populations for this study were the staffs (both academic and non-academic) and undergraduate students in the University of Lagos, Akoka campus. A total number of 300 sample size was considered for this study. The multi-stage sampling involving snowballing and purposive sampling technique was applied to this study. To construct univariate and bivariate tables, the Statistical Package for Social Sciences (SPSS 20) computer software was utilized. The *chi-square* test was performed at the 0.05 level of significance.

Results: The study indicated that a significant majority of respondents have experienced difficulties in accessing the UHC (95.31%), while a very small percentage have not (4.69%). The study indicated that relationship exists between user's status and the quality of services they are provided by the Unilag health center because P value is >0.005. Also, the *chi-square* calculated indicated that a relationship exists between utilization and satisfaction with quality of services provided by the Unilag health center.

Conclusion: Overall, this study's comprehensive exploration provided insights that extend beyond the surface, shedding light on the intricate interplay between socio-economic factors, healthcare experiences, and perceptions within a university setting. It serves as a valuable foundation for addressing existing challenges and enhancing the overall well-being of the university community through improved healthcare services and communication strategies.

Keywords: Healthcare; Utilization; Access to health care services; Health system

INTRODUCTION

The problem of poor or ill accessibility to quality healthcare care services in tertiary institutions has been reported by some researchers in different parts of the world. Healthcare systems of most tertiary institutions are fragmented; lacking information, resources, personnel, continuity and sustainability due to political instability and lack of concerted effort on the part of stakeholders in the health sector [1]. Even in countries where infrastructure and policies are in place, unsafe care causes deaths and disabilities due to incorrect prescriptions, overdosing and poor hospital hygiene [2]. Similarly, countries with resources but no solid strategic health plan suffer from misdirected treatment, with more money spent on curative care rather than basic healthcare [3]. Primary health care facilities in many LMICs are understaffed, under-resourced and of poor quality. As a result,

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patients self-refer to hospitals and specialist hospitals, which serve as the health system's final resort [4].

The problems associated with the delivery of poor-quality care in most healthcare facilities on Nigerian campuses, such as growing incidence of chronic diseases, medical errors and the continuous increase in dollars spent on healthcare services without comparable health outcomes [5]. Most the country's university health centers are underequipped or lack sophisticated technology to treat chronic and degenerative diseases [6], under which the medical center falls. Most of the time, there are insufficient drugs to treat infectious diseases and patients are advised to purchase them from private pharmacies [7]. Despite the key role of knowledge development in tertiary institutions through monitoring and evaluation of health care delivery, there are few or no research on consumption of health care services at numerous Nigerian universities, including the University of Lagos. This study looked at how accessible health services are at the University of Lagos Health Centre, with the hope that the findings will help the institution's health services management improve their planning, organization and delivery of health care services. This study evaluates the accessibility, utilization and experience of staff and undergraduate students at the University of Lagos Health Centre against this backdrop.

MATERIALS AND METHODS

Design

The non-experimental research design was used in this study since the responses consisted of selected respondents at a study location (University of Lagos, Akoka) in order to obtain the study's findings and conclusion; that is, there was no consideration for the experimental group. Furthermore, because the study was conducted at a specific time. Because the respondents included staff and undergraduates from various social and economic backgrounds, a cross-sectional survey was conducted and a quantitative technique was used with a questionnaire as the study instrument. The cross-sectional survey is appropriate for this study because it was conducted once with a predetermined sample size and study population, without recourse for future consideration as in a longitudinal study.

Study location

The University of Lagos was founded in 1962. It presently has three campuses in Yaba and Surulere. Whereas two of its campuses are located in Yaba (the main campus in Akoka and the recently created campus at the former school of radiography), its College of Medicine is located in Idi-Araba, Surulere. It is remarkable that all the three campuses are located in the mainland of 28 Lagos. Its main campus is largely surrounded by the scenic view of the Lagos lagoon on 802 acres of land in Akoka, North Eastern part of Yaba. From a modest intake of 131 students in 1962, enrolment in the university has now grown to over 40,000. The University's staff strength is 3,365 made up as follows: 1,386 administrative and technical, 1,164 junior and 813 academic staff. University of Lagos currently has twelve faculties, namely, arts, basic medical sciences, business administration, clinical sciences, dental sciences, education, engineering, environmental sciences, law, pharmacy, science and social sciences. UNILAG, as the university is fondly called, also offers master's and doctorate degrees in most of the aforementioned programmes. In addition, it has two centers, namely, the centre for human rights and the centre for African regional integration and borderland studies. The Distance Learning Institute (DLI) of the University also offers courses in accounting, business administration, science education and library/information sciences.

Study population

The study populations for this study were the staffs (both academic and non-academic) and undergraduate students in the University of Lagos, Akoka campus. The university staff strength is 3365, while the undergraduate students are 31,408.

Sampling procedure

A total number of 300 sample size was considered for this study. The sample size was arrived by selecting respondents across faculties and department in the study location after applying the appropriate sampling techniques. The multi-stage sampling involving snowballing and purposive sampling technique were applied to this study until saturation level is reached.

Research instrument of data collection and analysis

The questionnaire was the research instrument employed in the data collection method for this study. This was appropriate for this study since it allowed for a large number of respondents to be reached in a short period of time. The questionnaire was divided into sections that measured factors in the study. Because quantitative data was acquired through a questionnaire, the statistical approach of data analysis was used to analyze the data. To construct univariate and bivariate tables, the Statistical Package for Social Sciences (SPSS 20) computer software was utilized. Because both the independent and dependent variables in the hypotheses were assessed at the nominal level, the *chi-square* test will be performed at the 0.05 level of significance.

RESULTS

In Table 1 the majority of the respondents falls under the age range of 20-24 years (44.8%), followed by those under 20 years (7.1%). The smallest percentage falls in the 50-59 years age range (5.2%). This study indicates that the participants are primarily composed of young adults and college students. Christianity is the dominant religion within the study (71.9%), followed by Islam (19.5%) and other religions (8.57%). This suggests a diverse religious composition within the study, with a significant Christian presence. The Yoruba ethnic respondents constitute the largest percentage (71.43%), followed by the Igbo (15.24%) and Hausa/Fulani (5.71%) ethnic respondents. The "Others" category accounts for 7.62%. The respondents appear to be predominantly composed of Yoruba ethnic members.

Table 1: A summary of the socio-demographic data (students).

Variables	Frequency	Percentage (%)
	N=210	P=100
Age range		
Under 20 years	15	7.10%
20-24 years	94	44.80%
25-29 years	31	14.80%
30-39 years	34	16.20%
40-49 years	25	11.90%
50-59 years	11	5.20%
Religion		
Christianity	151	71.90%
Islam	41	19.50%
Others	18	8.57%
Ethnic respondents		
Igbo	32	15.24%
Hausa/Fulani	12	5.71%
Yoruba	150	71.43%
Others	16	7.62%
Marital status		
Single	155	73.81%
Married	21	10%
Cohabiting	34	16.19%
Place of residence		
On campus	146	69.52%
Off campus	64	30.48%
Level		
100	21	10%
200	23	10.95%
300	24	11.43%
400	130	61.90%
500	12	5.71%

The majority of the respondents are single (73.81%), with a smaller percentage being cohabiting (16.19%) and married (10%). This suggests that the respondents largely consist of individuals who have not yet entered into formal marital relationships. A significant portion of the respondents resides off-campus (30.48%), while a larger portion lives on campus (69.52%). This indicates that a majority of the respondents are likely composed of students who live on the college campus. The highest percentage of the respondents is at the 400 level (61.9%), followed by the 300 level (11.43%). The smallest percentages are in the 100 level (10%) and 500 level (5.71%). This suggests that a substantial portion of the respondents are in their later years of study, possibly nearing graduation.

In Table 2 the majority of the respondents consist of non-academic staff (78.89%), while academic staffs make up the remaining portion (21.11%). This suggests that the respondents have a larger representation of non-teaching staff compared to teaching staff. The largest portion of the respondents has attained tertiary education (35.56%), followed by secondary education (23.33%). A smaller percentage have achieved primary education (14.44%), while even fewer have no formal education (10%). Postgraduate education is the highest level achieved by 16.67% of the respondents. This distribution indicates a relatively educated respondent, with a notable number having attained tertiary and postgraduate education. Monogamous marriages are much more prevalent within the respondents (87.78%) compared to polygamous marriages (12.22%).

Table 2: A summary of the socio-demographic data (staffs).

Variable	Frequency	Percentage
	N=90	P=100
Kind of staff		
Academic	19	21.11%
Non-academic	71	78.89%
Level of education		
No formal education	9	10%
Primary	13	14.44%
Secondary	21	23.33%
Tertiary	32	35.56%
Postgraduate	15	16.67%
Form of marriage		
Monogamous	79	87.78%
Polygamous	11	12.22%
Average monthly income		
Less than #50,000	12	13.33%
#51,000-#100,00	54	60%
#101,000-#150,000	10	11.11%
#151000-#200,000	4	4.44%
Practice the same religion with partner		
Yes	81	90%
No	9	10%

Pattern of residence		
Shared facilities	21	23.33%
Flat	54	60%
Duplex	4	4.44%
Family owned	11	12.22%
Place of residence (physical facilities)		
High	12	13.33%
Middle	67	74.44%
Low	11	12.22%

The study shows that the majority of the individuals in the respondents are in monogamous marital relationships. The largest percentage of the respondents earns between #51,000-#100,000 (60%), followed by those earning less than #50,000 (13.33%). Smaller portions earn between #101,000-#150,000 (11.11%) and #151,000-#200,000 (4.44%). This income distribution indicates a significant number of individuals within the moderate-income range. The vast majority of the respondents practices the same religion as their partner (90%), while a smaller portion does not (10%). This suggests a strong religious alignment within the respondent's relationships. The most common pattern of residence within the respondents is living in a flat (60%). A significant number of individuals share facilities (23.33%), while only a small portion resides in duplexes (4.44%) or family-owned homes (12.22%). This pattern indicates a preference for more communal living arrangements, such as shared facilities and flats. The majority of the respondents resides in places with middle-level physical facilities (74.44%). A smaller percentage live in places with high-level (13.33%) or low-level (12.22%) physical facilities. This distribution suggests that most individuals have access to moderate living conditions.

In Table 3 the most common self-reported health rating is 8 (50.67%), followed by 7 (18.67%) and 9 (12%). A smaller percentage of respondents rate their health as 5 (10%) or 4 (8.67%). This indicates that the majority of the respondents perceives their health to be relatively good. A significant percentage of respondents have visited the Unilag health center (85.3%), while a smaller portion have not (14.7%). The most common reason for not visiting is the preference to visit a pharmacy (20.45%). Other reasons include the belief that illness improves over time (25%), high cost/no health insurance (50%) and traditional barriers (4.55%). The majority of respondents visited the health center 2 times (51.17%), followed by 1 time (29.3%). A smaller portion visited 3 times (17.58%) and only a few visited 4 times or more (1.95%). A significant percentage of respondents very often attend the health center (80.47%), while lesser percentages attend often (12.89%) or less often (6.64%). A relatively small percentage of respondents have experienced swift diagnosis and prescription (21.48%), while a larger percentage has not (78.52%). The majority of respondents use medication regularly (95.70%), while a small percentage does not (4.30%). Health checkups are most commonly done once a year (34.77%), followed by when needed (39.45%), once in 6 months (17.58%) and once in 3 months (8.20%). The distribution of ratings for the diagnosis process is fairly balanced, with the largest percentage rating it as average (30.08%). Other ratings include excellent (12.89%), above average (21.88%), below average (30.47%) and very poor (4.69%). A significant portion of respondents believe that Unilag health center has equipment for modern diagnosis and treatment (30.47%), while a larger portion does not (69.53%). A small percentage of respondents believe that Unilag health center has modern operating room facilities (19.14%), while a larger portion does not (80.86%).

Table 3: Experience on the utilization of Unilag health centre.

Variables	Frequency	Percentage
	N=256	P=100
How healthy you are on a scale of 1 to 10		
8	152	50.67%
7	56	18.67%

9	36	12%
5	30	10%
4	26	8.67%
Ever visited Unilag health center		
Yes	256	85.30%
No	44	14.70%
If no, reason		
Prefer to visit a pharmacy	9	20.45%
Illness improves over time	11	25%
High cost/no health insurance	22	50%
traditional barriers	2	4.55%
No of times you and family visited last year		
1 time	75	29.30%
2 times	131	51.17%
3 times	45	17.58%
4 and more	5	1.95%
Often attend the health center		
Very often	206	80.47%
Often	33	12.89%
Less often	17	7.64%
Doctors/nurses conduct swift diagnosis and prescribe medication		
Yes	55	21.48%
No	201	78.52%
Use of any medication regularly		
Yes	245	95.70%
No	11	4.30%
Often get a health checkup		
Once in 3 months	21	8.20%
Once in 6 months	45	17.58%
Once a year	89	34.77%
Only when needed	101	39.45%

Rate of diagnosis process you experienced		
Excellent	33	12.89%
Above average	56	21.88%
Average	77	30.08%
Below average	78	30.47%
Very poor	12	4.69%
Unilag health center have equipment for modern diagnosis and treatment		
Yes	78	30.47%
No	178	69.53%
Unilag health center have modern operating room facilities		
Yes	49	19.14%
No	207	80.86%

In Table 4 the study shows that the majority of respondents have medical insurance (81.64%), while a smaller portion does not (18.36%). This indicates that a significant number of individuals in the respondents have access to medical insurance, which can provide financial protection for healthcare expenses. A large percentage of respondents perceive a difference between medical insurance options (86.33%), while a smaller portion does not (13.67%). This suggests that a majority of individuals are aware of distinctions among various medical insurance plans available to them. Similarly, a significant percentage of respondents believe there is a difference in the care provided based on their insurance (86.33%), while a smaller portion does not perceive such a difference (13.67%). This could indicate that a perception exists that the level of care received might vary depending on the type of insurance coverage. The study reveals that a majority of respondents feel they have access to resources and support for their well-being (60.16%), while a substantial portion does not have such access (39.84%).

Table 4: Experience on the differentials in service provided.

Variables	**Frequency**	**Percentage**
	N=256	**P=100**
Medical insurance as staff or student		
Yes	209	81.64%
No	47	18.36%
Difference between medical insurance		
Yes	221	86.33%
No	35	13.67%
Difference in the care provided		
Yes	221	86.33%
No	35	13.67%
Resources and support for well-being		

Yes	154	60.16%
No	102	39.84%
Rate us as compared to other hospitals		
Excellent	56	21.88%
Above average	79	30.86%
Average	101	39.45%
Below average	20	7.81%
Comfortable discussing health concerns		
Yes	121	47.27%
No	135	52.73%

This suggests that the respondents are split in terms of their perception of available resources to support their overall well-being. Respondents were asked to rate the healthcare facility compared to other hospitals. The largest percentage rated it as average (39.45%), followed by above average (30.86%), excellent (21.88%) and below average (7.81%). This indicates a mixed perception of the quality of care provided by the healthcare facility when compared to other hospitals. A moderate percentage of respondents feel comfortable discussing their health concerns (47.27%), while a slightly larger portion does not (52.73%). This suggests that there might be room for improvement in creating an environment where individuals feel more at ease discussing their health issues.

In Table 5 the study reveals that a significant portion of respondents are less satisfied with staff skills and competency (51.56%), while a smaller percentage are satisfied (8.98%) or very satisfied (17.58%). Additionally, 21.88% are not satisfied with staff skills and competency. This indicates that a considerable number of respondents have concerns about the skills and competency of the healthcare staff. Similarly, a large portion of respondents are less satisfied with the cleanliness of the hospital (51.95%), while smaller percentages are satisfied (8.59%) or very satisfied (17.58%). Additionally, 21.88% are not satisfied with the cleanliness of the hospital. This suggests that the cleanliness of the hospital might be an area that requires improvement in the eyes of the respondents. A significant portion of respondents are less satisfied with the efficiency of nursing care (52.34%), while a smaller percentage are satisfied (8.59%) or very satisfied (17.19%). Additionally, 21.88% are not satisfied with the efficiency of nursing care. This indicates that there are concerns about the efficiency of nursing care provided by the health center. Similar to other categories, a substantial portion of respondents are less satisfied with the friendliness and courtesy of the staff (51.56%), while a smaller percentage are satisfied (8.98%) or very satisfied (17.58%). Additionally, 21.88% are not satisfied with the friendliness and courtesy of the staff. This suggests that the interpersonal aspects of care might need attention in order to improve overall patient experience.

Table 5: Experience on their level of satisfaction with quality of services.

Variables	**Frequency**	**Percentage**
	N=256	**P=100**
Satisfied with staff skill and competency		
Very satisfied	45	17.58%
Satisfied	23	8.98%
Less satisfied	132	51.56%
Not satisfied	56	21.88%
Satisfied with cleanliness of the hospital		

Very satisfied	45	17.58%
Satisfied	22	8.59%
Less satisfied	133	51.95%
Not satisfied	56	21.88%
Satisfied with efficiency of nursing care		
Very satisfied	44	17.19%
Satisfied	22	8.59%
Less satisfied	134	52.34%
Not satisfied	56	21.88%
Satisfied with friendliness and courtesy		
Very satisfied	45	17.58%
Satisfied	23	8.98%
Less satisfied	132	51.56%
Not satisfied	56	21.88%
Dislike about the health center		
Waiting time	132	51.56%
Attention	23	8.98%
Cost	65	25.39%
Others	36	14.06%
Likely to recommend to friends and family		
Yes	78	30.47%
No	178	69.53%

The dislikes about the health center are primarily related to waiting time (51.56%), followed by cost (25.39%), attention (8.98%) and other reasons (14.06%). This indicates that waiting time and cost are prominent issues that negatively impact the patient experience. A significant portion of respondents would not recommend the health center to friends and family (69.53%), while a smaller percentage would (30.47%). This suggests that there might be shortcomings in the health center's services and patient experiences that are impacting the respondents' willingness to recommend it.

In Table 6 the study indicates that a significant majority of respondents have experienced difficulties in accessing the UHC (95.31%), while a very small percentage have not (4.69%). This suggests that there might be barriers or challenges in terms of accessing healthcare services within the university environment. Similarly, a large portion of respondents have experienced health challenges in the university environment (95.70%), while a small percentage has not (4.30%). This highlights that health issues are prevalent among the respondents within the university setting. Respondents' experiences with scheduling appointments at the UHC vary. A large portion finds it not easy at all (69.53%). Smaller percentages find it quite easy (21.88%), easy (5.86%) and very easy (2.73%). This indicates that there might be challenges in scheduling appointments for healthcare services at the UHC. The wait time to see a doctor or nurse beyond the appointment varies among respondents. The highest proportion waits for 4 hours or more (38.28%). Other wait times include 2 hours (17.58%), 1 hour (30.47%), 30 minutes (8.98%), and 3 hours (4.69%). This indicates that a significant number of respondents experience long wait times, which could potentially impact their overall experience and perception of the healthcare services.

Table 6: Experience on their challenges to access health facilities.

Variables	Frequency	Percentage
	N=256	P=100
Experienced difficulties in accessing UHC		
Yes	244	95.31%
No	12	4.69%
Experience health challenges university environment		
Yes	245	95.70%
No	11	4.30%
Scheduling appointment at UHC		
Not easy at all	178	69.53%
Quite easy	56	21.88%
Easy	15	5.86%
Very easy	7	2.73%
Wait beyond appointment to be see a doctor or nurse		
30 minutes	23	8.98%
1 hour	78	30.47%
2 hours	45	17.58%
3 hours	98	38.28%
4 hours and more	12	4.69%

Test of hypothesis

In Table 7 the decision rule or *chi-square* states that the null hypothesis be accepted if the P value<0.005. While the alternative be rejected. If P value is >0.005, the null hypothesis will be rejected and the alternative accepted. In this case the *chi-square* calculated indicates that a significant relationship exists between user's status and the quality of services they are provided by the Unilag health center because P value is >0.005, therefore the null hypothesis was rejected while the alternative was accepted.

Table 7: There is no significant relationship between user's status and quality of services provided by the health center.

Medical insurance status as staff or student	Rate of diagnosis process you experienced				Total
	Excellent	Above average	Average	Below average	
Yes	56	79	74	0	209
No	0	0	27	20	47
Total	56	79	101	20	256

Note: X2=124.019, P=0.000, Df=3

In Table 8 the decision rule or *chi-square* states that the null hypothesis be accepted if the P value<0.005. While the alternative be rejected. If P value is >0.005, the null hypothesis will be rejected and the alternative accepted. In this case the *chi-square* calculated indicates that a significant relationship exists between utilization and satisfaction with quality of services provided by the Unilag health center because P value is >0.005, therefore the null hypothesis was rejected while the alternative was accepted.

Table 8: There is no significant relationship between utilization and satisfaction with quality of services provided.

Attendance of the health center	Satisfied with staff skill and competency				Total
	Very satisfied	Satisfied	Less satisfied	Not satisfied	
Very often	45	23	132	6	
Often	0	0	0	33	
Less often	0	0	0	17	
Total	45	23	132	56	256

Note: X2=221.914, P=0.000, Df=6

DISCUSSION

Generally, the entire hypothesis that was tested was rejected and alternative was accepted. It simply indicates that there exists a relationship between the independent variable and dependent variable. The following are the findings of the study.

The study revealed that the respondent's demographic makeup appears to be primarily composed of young adults in the age range of 20-24 years, predominantly of the Christian religion, with a strong presence of the Yoruba ethnic respondents. Most members of the respondents are single and live on campus. The educational study indicates that a significant portion of the respondents is in advanced stages of their academic journey. The study reflects the diversity and dynamics of a college student population.

The study also revealed that the respondents consist mainly of non-academic staff members with diverse educational backgrounds, including significant percentages with tertiary and postgraduate education. Monogamous marriages are common and most individuals practice the same religion as their partner. The income distribution indicates a moderate-income range and the pattern of residence leans toward shared facilities and flats. Most members of the respondents reside in places with middle-level physical facilities.

The study highlights several aspects of the respondent's healthcare experiences and perceptions. The majority of respondents rate their health positively and a significant portion has visited the Unilag health center. However, reasons for not visiting include a preference for pharmacies, cost concerns and traditional barriers. The frequency of health checkups varies and opinions about the quality of diagnosis, modern equipment and facilities at the health center are diverse among the respondents.

The study also provides insights into the perceptions and experiences of the respondents regarding medical insurance, differences in care, and available resources for well-being, facility comparisons and comfort level when discussing health concerns. The majorities of respondents have medical insurance and perceive differences in insurance options and the care provided. The respondent's perception of available resources and support for well-being is divided and there is a varied perception of the healthcare facility's performance compared to other hospitals in their area. The comfort level when discussing health concerns shows a slight imbalance toward discomfort. Overall, these insights highlight potential areas for improvement in healthcare services and communication within the respondents.

The study revealed various aspects of patient satisfaction and dissatisfaction within the healthcare facility. There are concerns about staff skills, cleanliness, and efficiency of nursing care, friendliness and cost. Waiting time and cost are prominent dislikes. Additionally, a significant portion of respondents would not recommend the health center to their friends and family. These insights point towards areas that require attention and improvement in order to enhance patient satisfaction and overall quality of care.

The study sheds light on various challenges and experiences related to accessing healthcare services within the university environment. The majority of respondents have faced difficulties accessing the UHC, experience health challenges in the university setting and often deal with academic-related stress. Scheduling appointments can be challenging for a significant portion of respondents and there are notable wait time issues for seeing healthcare professionals beyond scheduled appointments. These insights highlight areas that require improvement to ensure timely and accessible healthcare services for the university community and to address the prevalent academic-related stress and health challenges.

Finally, the study findings revealed the respondents' unanimous agreement to understanding of the factors that contribute to the improvement of a health center. They emphasize the significance of essential facilities, patient engagement, transportation services, modern equipment, skilled staff and access to medication. These opinions highlight the importance of a

comprehensive and patient-centered approach to healthcare, focusing on both physical infrastructure and quality of care.

CONCLUSION

In conclusion, turning to healthcare, the respondents exhibited generally positive self-rated health and a noteworthy utilization of the university health center. However, considerations of cost and traditional barriers led some to opt for pharmacies. Variability in opinions on health center quality, facilities, medical insurance and resource availability painted a nuanced panorama of perceptions. Patient satisfaction and dissatisfaction highlighted several areas requiring improvement, spanning staff skills, cleanliness, nursing care efficiency, friendliness and cost concerns. Waiting times and expenses emerged as notable sources of discontent, with a substantial portion withholding recommendations for the health center. Navigating healthcare services within the university environment was not without its challenges. Difficulties accessing the health center, coupled with academic-related stress and appointment scheduling issues, spotlighted the urgency of enhancing accessibility and addressing stressors.

Crucially, respondents unanimously converged on key factors contributing to health center improvement. These encompassed essential facilities, patient engagement, transportation services, modern equipment, skilled staff and streamlined medication access. The consensus underscored the pivotal role of a patient-centered approach, emphasizing both the physical infrastructure and the quality of care in creating a well-rounded healthcare environment. Overall, this study's comprehensive exploration provided insights that extend beyond the surface, shedding light on the intricate interplay between socio-economic factors, healthcare experiences and perceptions within a university setting. It serves as a valuable foundation for addressing existing challenges and enhancing the overall well-being of the university community through improved healthcare services and communication strategies.

AUTHOR'S CONTRIBUTION STATEMENT

The author confirms sole responsibility and contributed to the study conception and design, data collection analysis and interpretation of results and manuscript.

ETHICS APPROVAL STATEMENT

The research received official approval from the Research Ethics Committee within the department of sociology at the University of Lagos. All procedures conducted during the study adhered strictly to the applicable guidelines and regulations. The data collection instrument underwent a thorough evaluation by the same research ethics committee at the University of Lagos department of sociology, resulting in the granting of approval for the commencement of data collection.

ETHICAL CONSENT TO PARTICIPATE

The researcher made sure that the respondents gave their consent to participate in the process without feeling pressured. Those who declined to participate were left alone after being verbally asked to do so by the participants. No way of identifying the responders was used. The researcher informed the respondents that only the study assistants who worked on the data collection would see the questionnaires and no one else, including the management, would be able to tell if they were the ones who responded.

CONSENT FOR PUBLICATION

Not applicable.

AVAILABILITY OF DATA AND MATERIALS

All data generated and analyzed for the manuscript are available upon request.

COMPETING INTERESTS

The author declares no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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AUTHORS' CONTRIBUTIONS

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