

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

KUMASI, GHANA

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF COMMUNITY HEALTH

(MPH. HEALTH EDUCATION AND PROMOTION)



(Thesis)

**PERSPECTIVES OF PATIENTS ON QUALITY HEALTHCARE DELIVERY IN
TWO HOSPITALS IN THE ASOKORE MAMpong MUNICIPALITY**

BY

SHEILLA NTEWUSU AFIA YYOMBA

JUNE, 2019

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**A THESIS SUBMITTED TO THE DEPARTMENT OF COMMUNITY HEALTH, HEALTH,
COLLEGE OF HEALTH SCIENCES, SCHOOL OF PUBLIC HEALTH, IN PARTIAL
FULFILMENT
OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF PUBLIC HEALTH
DEGREE IN HEALTH EDUCATION AND PROMOTION**

JUNE, 2019

DECLARATION

I, Sheilla Ntewusu Afia Yyomba, hereby declare that, this piece of work is the result of my original research, except for references to other people's works, which have been acknowledged duly. I hereby also declare that this work has neither in whole nor in part been presented for any degree in this university or elsewhere.

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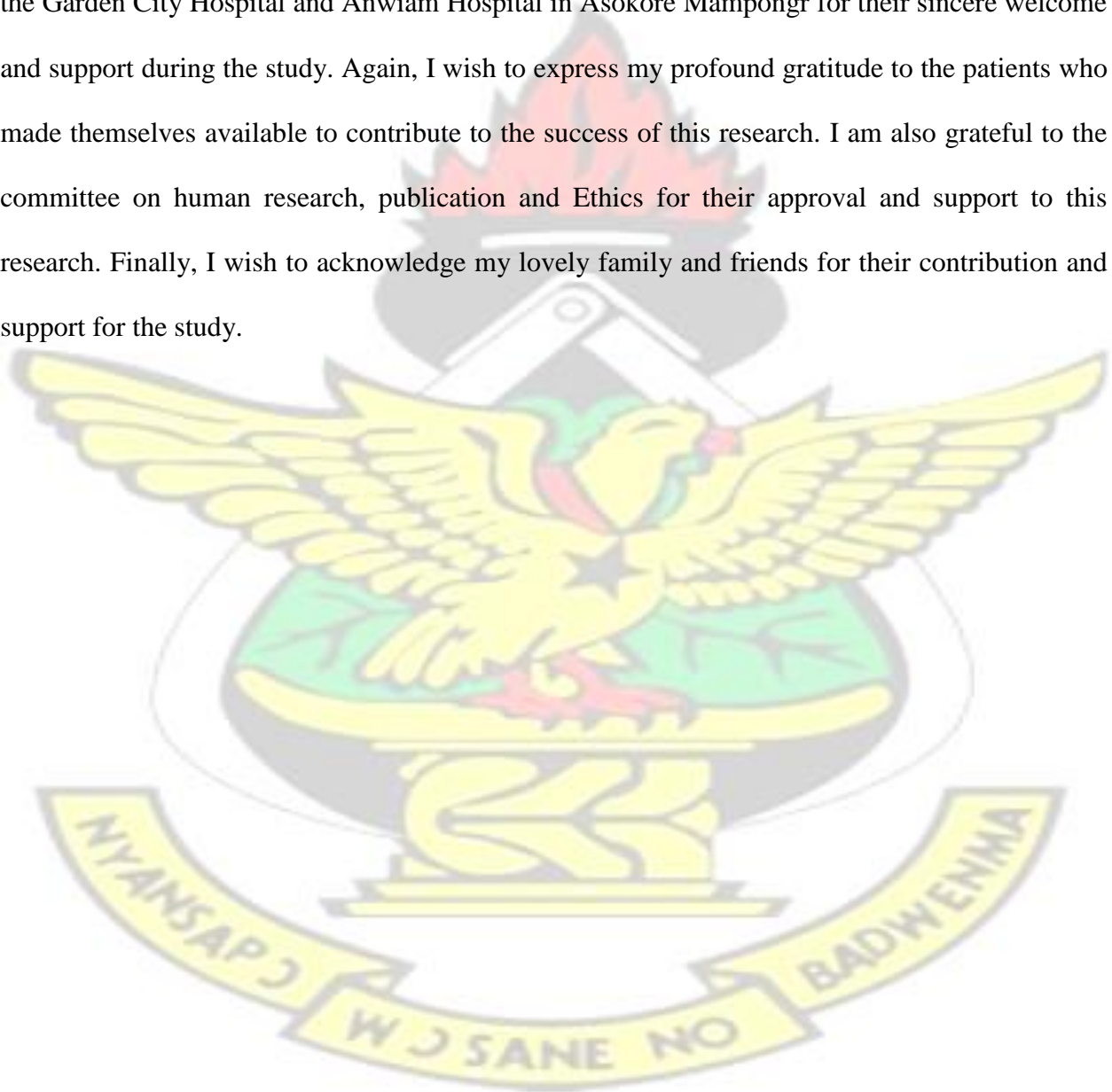
DEDICATION

This research work is dedicated to my parents Mr John Ntewusu and Madam Janet Ayishetu for their wonderful support throughout my education. It is also dedicated to my sisters: Jemima Ntewusu and Phoebe Ntewusu for their support and being a family. Finally, the study is dedicated to friends and love ones who helped me to actualized this dream.



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ABBREVIATIONS AND ACRONYMS

CHPS - Community Health Planning Services

EPA - European Patients Forum

FGDs - Focus Group Discussions

GHS- Ghana Health Service

HIV/AIDS- Human Immunodeficiency Virus, Acquired immunodeficiency Syndrome

KNUST - Kwame Nkrumah University of Science Technology

KMA - Kumasi Metropolitan Assembly

OMA - Ontario Medical Association

PCC - Patient Centred Care

SSRN - Social Science Research Network

SPSS - Statistical Package for Social Sciences

WHO – World Health Organization

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ABSTRACT

INTRODUCTION

Quality of healthcare delivery provided by healthcare practitioners has been a major drive for patient satisfaction over the years. Meanwhile most healthcare practitioners still pay little attention

to meeting the requirements of their patients. Studies have shown that patients receive poor treatment in their attempt to seek for medical care (Reis et al, 2005). Understanding patients' problem and providing satisfaction is important as patients perceive quality of healthcare delivery from the kind of reception and treatment given to them. Patients who perceive poor quality of healthcare delivery in their dissatisfied state may decide to seek for complementary and alternative medicine (Traditional Medicine) and self-medication (Kim, 2015). The objective of the study is to assess the quality of healthcare delivery provided by healthcare practitioners from patients' perspectives. The study was quantitative using crosssectional survey design to determine satisfaction with quality of healthcare delivery. Data was collected from 120 respondents out of 145 semi-structured questionnaires administered. A systematic sample technique under the probability sampling method was used to avoid impacting on the outcome. A descriptive and inferential analysis were conducted using Microsoft Excel and Statistical Package for Social Sciences (SPSS). The finding indicated 107(89%) of the respondents representing the majority specified that quality of service was provided by the healthcare practitioners. Also majority of the respondents 75(62.5) are satisfied with the overall attitude and 117(97.5) have intension to seek for medical attention at the Garden City Hospital and Anwiam Hospital in Asokore Mampong where the study was conducted. However, others still had concerns so it was recommended that a survey should be conducted twice every year and healthcare providers must be allowed to be evaluated by patients so that management can relate their work output to patients' satisfaction.

CHAPTER ONE

BACKGROUND OF THE STUDY

1.0 INTRODUCTION

Relationship between patients and their healthcare providers has been a major element in ensuring that patients achieve complete satisfaction in their attempt to seek for health care. The healthcare providers in this regard are the physicians, head nurses, nurses, student nurses and assistant nurses. The patients are also the in-patients and out-patients. Patients believe in their healthcare providers that entrusting their lives in their hands will yield positive outcome and a great satisfaction received from their healthcare providers influence their ability to comply to treatments. According to new findings, "Health is the ability to adapt and self-manage the face of social, physical and emotional challenges" (Huber et al., 2011). Health is therefore seen as a resource for everyday life. There are so many range of actions or mannerisms made by healthcare providers which can physically, mentally and psychologically affect the patients positively or negatively.

These behaviors could be intentional or unintentional, yet can have a great impact on the patient's health. Healthcare providers in this context would be considered as the Physicians and Nurses who provide health services to the patients. Healthcare providers are to know that patient's satisfaction is a major indicator in health care service delivery. There has been a lot of concern about how patients are treated at the hospital yet little attention have been given to that effect. It is often seen that patients who are satisfied with their healthcare providers behavior are more confident and gain some trust that no matter the condition, they can get better or be cured.

According to Mavros et al., (2011) in their research "do Psychological variables affect early surgical recovery" describe the fact that healing process and recovery of a patient speeds up if the patient has a great satisfaction from their health care providers especially in the form of assurances that they will recover soon. Considering the widespread knowledge on the impact of healthcare providers and patient's relationship on patients, the significance of the subject matter is

giving minimal attention by healthcare workers. So many factors could be part of the reasons why healthcare providers do not see the importance of establishing better relationship with their patients which the study hopes to throw more insight on this matter as well.

Organizations such as World Health Organization (WHO), Ghana health Services(GHS), Ministry of Health are doing their best to ensuring that there are common health care services for all, yet many patients have different opinion in accessing health care system for treatment due to the kind of unexpected behaviour they receive from their health care providers. Promoting the health of every individual has been the major aim of WHO and as part of their goal to provide proper and better health services for all individuals formed the basis of the Ottawa Charter for Promoting health in 1986. Since then, considerable inputs have been made by many other organizations across the globe to improve access to basic health care services in developing countries. Meanwhile, the negative attitude of some healthcare providers has been a major challenge to achieving such goals. There is no system to measure the quality of the services provided by this healthcare provider.

Patient healthcare provider interaction has also been identified to have direct effect on improving the health of the patient if such interaction is in positive sense though many healthcare providers still give little attention to this practice (Glanz et al., 2000). Even though medical knowledge offers healthcare providers additional authority in the field more than patients, it is still clear that there is an element of reciprocated dependence. This is because doctors for instance have duty of care to the patient and might not be able to carry out such function successfully if patient seeking doctor's medical know-how is not able to communicate their illness experience (Gill, 1998). It is often seen that the rights of most patients are abused at the healthcare units in their attempt to receive health care treatment.

Till date, there remain a great deal of work in the clarification of relationship between human right, right to health care services and patients' rights (WHO, 2015). Many dissatisfaction, complaints, not complying with therapeutic sessions and appointment keeping, high blood pressure and psychological trauma of some patients have in one way be linked to healthcare provider communication and relationship with their clients (Ha et al., 2010). Some patients are not even able to voice out their pains because their health care providers lack listening skills to capture important information that could contribute to resolving the patients' problem. In some situation, patients are left out in taking part of decisions that can affect their own life. Some health workers make the decisions without involving the patients especially in difficult situation where the patient is in great pain and vulnerable condition to simply make any decision for himself.

It is very common in some hospital settings where the interaction depends highly upon the institutional power structure that already exists, placing doctors, nurses, and patients in predefined roles (Murata, 2014). Patients build their own version of observance based on their personal world views and social context and only good doctor - patients would help doctors understand the view point of their patients. Doctors with good communication and interpersonal skills are able to detect problems associated with their patients earlier and can quickly provide better medical assistance to their patients without the need for any expensive intervention. This is a clear example of the reasons why it is expected that most health care providers practice showing positive attitudes towards their patients.

Attitudes as defined by Ajzen in his research on Attitudes, personality and behaviour is the "latent hypothetical characteristics that are inferred from external observable cues". This makes it obvious for patients to be able to identify the type of attitude exhibited by their health care providers whether it is positive or negative (Ajzen, 2005:23). Most complaints about healthcare providers

are mostly related to their behavior and poor communication attitude. It is therefore significant because of the health of the patients that every health worker exercises positive attitude towards their patients if maximum quality of care is to be practiced. The activities of a health worker include protecting, supporting, helping, enhancing the health and capabilities, preventing of spread of diseases by diagnosing and treating injuries, and advocating for care of patient, their family and community as a whole (Haskins et al., 2016). Caring for the needs of a patient as a health worker is a major tool that motivates and appeals to the mind of the patient to start fighting to survive. It is very common to see people give up so easily in life because there is no one caring for them or they have nothing to live for and rely on. The baseline is that most healthcare providers exercise either positive behavior or negative behavior toward their patients. The study therefore seeks to explore the behavior of the healthcare providers towards their patients' health.

1.1 STATEMENT OF PROBLEM

The ultimate goal of any healthcare provider is the safety and wellbeing of their patients. Yet this has not been the case of most healthcare practitioners especially in Ghana. First and foremost, patients in their distresses and pains seeking quality of healthcare services are confronted with unprofessional behavior, poor skills and poor knowledge on the subject matter from their healthcare providers. This has been a major concern that must be given due consideration especially when some healthcare providers are not being responsive to the needs of their patients and are failing to identify themselves with the patients' situations (Darby, 2000).

Secondly, some healthcare practitioners lack caring attitude, interpersonal relationship and skills which are the basis for patient centered care as they provide very bad response to patients' complaints, making patients feel like the knowledge of this subject was never mentioned during

their training. In contrast, experience from practice and pragmatic studies shows health care providers especially nurses do not treat their patients well (Reis et al, 2005). In Ghana, most health workers distinguish and give preferential treatment to patients with high quality of services (Andersen, 2004) and this is a challenge to the wellbeing of the patients.

Thirdly, patients carry the burden of their illness and all they expect from the healthcare providers is to listen to their problems and share in their pains. Yet studies have shown that most healthcare providers lack communication and listening skills which should be a priority to ensure patients recovery (Berengere, 2013). Communication is the best tool to help doctors and nurses understand patients' point of view and facilitate accurate diagnosis, give satisfying remedy and establish caring relationships with patients. Health care providers have duty of care and must therefore engage patients with knowledge of communication theory and development of self to facilitate the recovery process of the patients' health.

Finally, most healthcare practitioners have failed to involve their patients in making decisions that has ripple effect on the patients. This is a major concern since might be abusive on the right of the patients. According to "patients' rights" a survey conducted by World Health Organization, patients have the right to know of any action carried out by health care provider that has direct or indirect effect on the patient (WHO, 2015). Recent developments have shown that patients complain about their dissatisfying experiences and displeasures because of poor quality healthcare delivery they get from the hospitals (Kim, 2015). Most patients who perceive the kind of treatment and service provided as poor resort to complementary and alternative medicine (Traditional Medicine) and self-medication (Kim, 2015). It is therefore important to explore the quality of healthcare deliver from patients' point of view, so that strategies could be deployed to enhance the quality of care and address problems experienced by patients.

1.2 OBJECTIVES OF THE STUDY

The main objective of the study is to assess the quality of healthcare delivery provided by health practitioners from patients' perspective

1.2.1 SPECIFIC OBJECTIVE OF THE STUDY

1. To find out patients' perception of quality of services provided by health care providers
2. To analyze patient centered care as a major component in the health care mission
2. To examine patient's satisfaction with care delivered by health care providers

1.3 RESEARCH QUESTIONS

1. What are the perceptions of patients on quality of service provided by health care provider?
2. What is patient centered care as a major component in health care mission?
3. How are patients satisfied with care delivered by health care providers?

1.4 JUSTIFICATION OF THE STUDY

There has been a lot of research studies in the area of healthcare providers and patients, several of them underling the importance of their studies. However, despite the numerous efforts by the Ministry of Health, Ghana health Services and other external supporting organizations to ensure the health systems provides best patients' health care and patient's satisfaction, little attention has been given to studies in this area. For this reason, the researcher thought it necessary to conduct a study to investigate the quality of healthcare delivery from patients' perspective and examine if patients are satisfied with the healthcare delivery. The study seeks to make appropriate recommendation that can be enforced the appropriate authorities to ensure that the patients satisfaction and the mission of patient health care is achieved.

1.5 SIGNIFICANCE OF THE STUDY

The study focuses on assessing the perspectives of patients on quality of healthcare delivery and examine if patients are satisfied with the care delivery provided. This study will generate empirical data which is necessary to provide useful information and better understanding to researchers who are interested in exploring further into this area. The study among others will add to body of knowledge in the area of quality of healthcare delivery, practitioners' attitude, skills and knowledge towards patients' health as the study makes substantive input to address statement of the problem.

1.6 SCOPE OF THE STUDY

In terms of location the study is limited to Asokore Mampong District in Ashanti Region and the study would involve participants been inpatients and outpatients of the Garden City Hospital and Anwiam Hospital in Asokore Mampong. In relation to what the study seeks to achieve or discover, the researcher limited it to analysing patient centred care as a major component in the health care mission, finding out patients' perception of quality of services provide by health care providers and finally identifying the factors contributing to the negative behavior of some health workers.

1.7 DEFINITION OF KEY TERMS

Health: This is the ability to adapt and self-manage the face of social, physical and emotional challenges.

Healthcare: Avoidance, treatment and controlling of ailment and preservation of mental and physical well-being through medical services

Healthcare provider, professional or practitioner: A physician or a nurse who is authorize to provide health treatment to patients

Patient: A person under healthcare medical treatment.

In-patient: A person whose health condition required admission to the hospital so that treatment can be administered whiles staying in the hospital.

out-patients: A person who visits a hospital for medical treatment with staying there till he is well.

Quality of Healthcare Delivery: Consistent provision of effective and efficient healthcare services according to the hospital policies and principles to ensure meeting patients' needs and satisfaction

Patient Centered Care: Provision of care that respect and response to individual patient's requirements or needs to ensure patients value guide all hospital decisions.

Patients' Satisfaction: This measure the level to which patient is pleased and content with the healthcare services received

Healthcare providers Knowledge: The extent to which healthcare provider is able to apply the gained experiences from studies and practice into solving a patients' problem.

Healthcare providers' skills: this is the healthcare providers' expertise or talents required to help in solving patients' problem

Healthcare providers' attitude: this is the tendency of a healthcare provider to respond positively or negatively toward a patient. Attitude influences choices of action and response to patients' request

1.8 ORGANIZATION OF THE STUDY

This study will cover five (5) chapters, the following are the format in which each chapter will cover.

Chapter one introduces the rest of the study. This will consist of introduction to the study, with a background information, problem statement, purpose of the study, objective of the study, research questions, significance of the study, scope of the study, organization of the study, ethical consideration and expected outcome.

Chapter two: This will cover the literature review about scholar findings and models. Different studies related to the topic under study will be considered in details.

Chapter three: This will also cover the methods and methodology used for the study. This stage would consider the research method, design and sampling techniques adopted for the study.

Chapter four: This will cover critical analysis of the results and presentation of results for further discussion.

Chapter five: conclusion and Recommendations of the study. It presents the summary and discussion of the major findings based on the research question, recommendation and suggestions.

The logo of Kenya Methodist University (KNUST) is centered in the background. It features a red flame on a black base, with a yellow eagle with spread wings below it. The eagle is perched on a green shield with a white cross. A yellow banner at the bottom contains the text 'WAKAP 2010' and 'WISDOM BEGETS BRAVOUR' in black.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter provides detailed review on other research works conducted that relate to patient centered care, healthcare providers' skills and knowledge, patient perception about quality of healthcare delivery and patient satisfaction.

2.2 PATIENTS' PERCEPTION OF QUALITY OF SERVICES PROVIDED BY HEALTH CARE PRACTITIONERS

As humans we are prone to all kinds of diseases and therefore there must be a healthcare facility that can attend to our immediate needs as a patient. Everyone dreams of a better world free from illness yet in as much as we try to combat and eliminate these confronting disease the newer ones emerge. This means no one is safe and the only way is to ensure that we have a system friendly that can meet us at the point of our needs when we are sick. This is the more reason why many health organizations such as WHO have extended their intervention programs to cover most part of the world (WHO, 2018).

Experience as they say is the best teacher and this is seen in most patients as they live with their health conditions and its effects on their lives as most health systems fail to deliver to their expectations. This makes patients major actors in chronic conditions managements yet their need for power is never actualized even in terms of decision making. According to Mosadeghrad, healthcare quality services "involve offering effective care that contributes to the patient wellbeing and satisfaction". This means providing healthcare resources that can impact positively on the chances of the patients attaining a desired health results (Mosadeghrad, 2013).

According to Ghana Health Service(GHS), Quality of care includes healthcare activities that are performed by healthcare providers on daily basis to benefit patients and not to cause harm to them (GHS, 2004).

Poor quality of services delivery has a lot of negative consequences on the part of the individual and the organization as a whole. This can easily result in loss of public trust and confidence in the healthcare facility, waste of time without achieving any better results, waste of resources, demoralization of staff and others once the individual life is lost in the process. Many patients have resorted to complementary and alternative medicine (traditional medicine) and selfmedication because of the kind of services they receive at the various healthcare facilities (Kim, 2015). Due to literature review, it can be said that providing quality of services have not attained its full potential in Ghana and this was one of the main reasons why Ghana Health Service made this, their major concern to include "improvement in quality of care at all service delivery points" as one of their main objective (GHS, 2004). It was stated in this studies that the major component of quality of services are access to good healthcare facilities that ensuring equity and patients safety, technical competence, efficiency and effectiveness of positive change on patient's health.

This further explains that every patient has expectations which makes them feel safe and secured once such expectations are meant. According to the study most patients expect on time delivery of health services such as drug administering provided with enough information about their health treatment and condition. Some patients even expect such information to be provided to them in a language well known to them and their privacies are always observed. Every patient expects that their healthcare providers are well endowed with knowledge and skills and the facility has enough resources qualified personals for running the daily activities. Nonetheless patients expect to see a very conducive environment and healthcare staff respecting their opinions.

According to European Patients Forum (EPA), the most important element in providing quality of services is ensuring "meaningful patients involvement". EPA believed patients have some kind of expertise from the acquired experience on their health and therefore possess practical knowledge that could be harness by healthcare providers to improve on their health. This knowledge perceived by the patient has been acquired from living with a particular disease condition for a long time and been exposed to different kinds of healthcare system or providers because of such disease. Patients view can sometimes shape healthcare systems to be more patient centred. That is why most researchers deem it important to include patients in topics relating to the one understudy. Patients learn and gather lot of information from the recommendations of the different healthcare providers they come in contact with in their attempt to find better solution to their illness. Sometimes their opinions can help to identify the knowledge gap required and why the failures of other healthcare systems, in providing solutions to their illness. Such useful information can only be harvested if the healthcare provider respects the views of the patients and involve them in other related matters that concern their health. Patients perceptions about quality of services relates to the fulfilling anticipation, wish or wants of the patients and these attributes usually defines patient satisfaction (Spencer et al, 2014).

Ahmed et al expressed low patient satisfaction and quality of care in their research which was to determine the client satisfaction with quality of nursing care in Jordan (Ahmed et al, 2015). Another study conducted among three hundred in-patients also expressed a reasonable provision of quality of care and patient satisfaction in three different settings (Alhusban & Abualrub 2009).

Darawad, Alhussami, et al. On the other hand, considered specific healthcare services and yet patients' satisfaction with quality of healthcare delivery was considered less moderate. On the other hand, other research as (Kvale & Bondevik (2010), Isaac et al., (2010), Radwin et al., (2005) revealed that most patients were satisfied with the quality of healthcare services delivered by the nurses and their physicians. Most of these patients gave their healthcare providers this positive response because of their competencies and skills.

2.3 THE HEALTH CARE MISSION

According to WHO, the mission of promoting health of all the people across the globe has been a solid foundation and a major responsibility of all healthcare providers. This concept to promote and extend health to all the people was established at the World Health Organization (WHO) Ottawa conference (WHO, 1986). This is the most efficient tool that can allow people to increase control and improve their state of health. This the major reason for establishing the Ottawa charter for health promotion in 1986. As a result of this, many health organizations are providing enough resources to ensure that the health system create supportive environment for all people and reorient health services to help curb the behavior and attitude of some healthcare providers towards meeting total needs of their patients (Jerden, 2007).

2.3.1 PATIENT CENTRED CARE (PCC)

The term Patient centred care (PCC) was coined in the 1960s and the Picker Institution implemented this in their commonwealth program (PlaneTree & Picker Institute, 2008). PCC is a

way of treating patient accessing health and social services as equal in planning, developing strategies and monitoring care to make sure that they meet the total needs of the patient. This was defined PCC as "the experience of transparency, individuation, recognition, respect, dignity, and choice in all matters without exception, related to one's person, circumstances, and relationships in Healthcare" (Berwick, Don, 2009). This means considering the patients and their family at the centre of every decision relating to the patient which must be undertaken. Ontario Medical

Association(OMA) also defined it as "A patient-centred care is one where patients can move freely along a care pathway without regard to which physician, other health-care provider, institution or community resource they need at that moment in time. The system is one that considers the individual needs of patients and treats them with respect and dignity" (OMA, 2010). According to Picker Institute, patient centred care is governed by eight main principles if it must be practiced. These are

- Respect for patients' values, preferences and expressed needs;
- Coordination and integration of care;
- Information, communication and education;
- Physical comfort;
- Emotional support and alleviation of fear and anxiety;
- Involvement of family and friends;
- Transition and continuity; and □ Access to Care.

Considering identifying the measurement tool for the purpose of this study, the researcher utilized the empirical studies carried out by deSilva (2014). The author deSilver re-examined PCC topics from twenty-three thousand (23,000) research works from 2004 -2014. The author identified five hundred and three (503) studies aiming at person-centred care as a huge holistic concept dwelling on collective decision making, patient centred and interaction (deSilva, 2014).

Another researcher proposed five different essentials required for patient centred care

(McComack and McCance (2006) which included

- working with the patient's beliefs and values
- engagement
- having sympathetic presence
- sharing decision-making
- providing for physical needs

Even though the main objective of most healthcare facilities focus on patient centred care there are a lot of misconceptions. A major misconception is that patient centred care practice is very expensive but that is not the case because patient centred care does not involve new investment or increase operational cost (IDA Institute, 2013).

According to Sidani and Fox, in their studies, " Patient-centred care: A clarification of its active ingredients" it was discovered based on systematic review of empirical and clinical literature that three essential elements contribute to achieving maximum PCC (Sadani et al, 2015). This according to the research, the first is Holistic care which refers to " comprehensive care that covers all domains of health and involves illness management as well as health promotion", the second is Collaborative care which " which is the process of facilitating patients' participation in their own care and in treatment-related decisions " and the final one is Responsive care " which reflects the individualization of care or treatments, with the goal of enhancing their fit with patients' characteristics and preferences " (Sidani and Fox, 2014).

It must be noted that providing patient centred care goes beyond the responsibility of just healthcare providers to everyone around the patient and even health facilities must provide patient centred care environment for promoting the health of the patient. A better understanding could be derived from the studies " Why The Nation Needs a Policy Push On Patient-Centred Health Care

" (Ronald et al., 2010). This better explains why there is the need for health facilities to practice patient centre care and why some facilities, healthcare providers are more patient centred cared than others. Figure 1 shows the various components involve in patient centred care



Figure 2.1: Patient centred care Model

Source: Ronald et al., 2010

The safety and satisfaction of patient seeking for medical assistance can be properly evaluated if the patient centred care methods and practice a put in place at that particular facility. This is the major reason why there has been a wide interest by many organizations to include Patient Centred Care in their mission statements during most outreach programs in delivering health services.

2.4 PATIENT SATISFACTION ON PATIENT CENTRED CARE AND QUALITY OF SERVICE

Patients involvement, patients' satisfaction and patients access to healthcare is the most significant puzzle to solve among the patients centred care demands by healthcare providers. As a healthcare provider the three element identified by Sidani and Fox in 2014 should be a guide towards achieving the goal of PCC. It should be agreed upon that the health of every patient guarantees the patient's safety if the health is properly considered by all healthcare providers. Patients safety as described by WHO, is "the absence of preventable harm to a patient during the process of healthcare" (WHO, 2008). Brasaite et al., (2015) also gave their opinions about patient health and safety as a freedom from accidental injuries orienting from the healthcare procedures.

Many people have different views about patients centred care, patient health and patient safety even as a healthcare provider. Meanwhile, others such as Emanuel et al, 2008 have different opinion about patient health and safety. In their research, they concluded that the "the existing patient safety and health definition seemed to vary and whether patient safety is a way of doing things, a discipline or an attribute? According to Emanuel et al. (2008), patient safety is " Patient safety is a discipline in the health care sector that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery."

As a healthcare provider, patient centred care must be seen as an efficient tool for delivering patient care, considering the numerous benefits that come with it. For instance, through patients' engagement on the treatment given to them, patient eventually become satisfied with the outcome of the treatment. Many researches concerning patient centred care proved that healthcare providers exhibit paternalistic attitude towards the patient capabilities (Barry & Edgman-Levitan, 2012). This does not create a conducive atmosphere for most patients to open up and also express their views.

Considering the elements of the patient centred care discussed earlier (Sadani et al, 2015), patient satisfaction must be the overall priority of any healthcare provider in the attempt to manage or treat illness of their patients. Wendell shared similar opinion to Barry and Edgman-Levitan in his studies " Provider Perceptions of Patient Centred Care within an Urgent Care System". Wendell added that building inter-professional provider team attitude that ensures effective communication between patients and the team can improve care delivery and patients' health.

As PCC has evolved to much significant requirement in the health care environment, the big challenge has been engaging patients in decision that directly or indirectly affect their lives or recovery process. Most researches have also shown that when it comes to patient health and safety, healthcare providers show much concern but the common mistake mostly conducted by the healthcare providers is assuming, knowing what is best for the patient and therefore must make such decision for the patient without the patient's consent. Other research findings have also shown that building a professional relationship with your patient as a healthcare provider promotes patients' trust, confidence level and satisfaction. Establishing good relationship help healthcare providers to identify themselves with the patients' situation and understand how the patients are feeling.

According to Barry and Edgman-Levitan, patients become more open at this stage and are free to express their feelings to provide more insight for the providers to cater for them. Therefore instead of been paternalistic as a healthcare provider, one should focus on training or coaching or partnering with the patients to help discover what the patients are going through and find better solution to remedy the situation. Though PCC is now seen as the core fundamental requirement for quality healthcare its implementation in practice still remain poor. Most healthcare providers show little respect for their patients and few healthcare providers consider and practice PCC even

in public healthcare organizations (Bogale et al, 2018). In their study, the analysis results confirmed that patient-centred care is an idea observed as "providing quality care, making partnership, provision of information, patient involvement and understanding patient preference"

2.4.1 KNOWLEDGE AND SKILLS OF HEALTHCARE PROVIDERS TOWARDS PATIENTS' SATISFACTION

According to Bogale et al., 2018 patient's safety is provided through patient centred care and the health of every patient must be a major priority as a healthcare provider. Some research believe knowledge and skills are related. The ability for someone to apply knowledge in solving a problem makes the person more skillful in that regard. According to Biggam John in his research "Defining knowledge: an epistemological Foundation for knowledge management" defined knowledge as "awareness or familiarity gain by experience" (Biggam, 2001).

The researcher explained that awareness must be true, must be the case and the perceiver of knowledge must be in position to know that is the case. When these knowledge is put to practice, one who exercise such knowledge is regard as more skillful and competent in that domain. Healthcare providers' skills are usually focused on patient centred care. According to Bogale et al, ensuring better care and quality health of every patient is the main reason for setting up health facilities and recruiting skilled resources personals.

Bechtel explained further in the research "If you build it, will they come? Designing truly patient-centred health care". The research relates patient health to patient centred care and according to the research, maximum patient healthcare and satisfaction is achieved if health providers' skills meets patients' health treatment with patient centred care requirements. According to the studies, attributes such as "active engagement of patients, 'Whole-person' care, coordination and communication, patient support and empowerment " define proper patient care and ensures

sustainability of patient health and safety. High quality of patient healthcare offered by healthcare providers determine their skills. These skills are seen in communication, teamwork, awareness creation, providing solution to problems, making effective and strategic decisions (Ahmed et al., 2014). These required skills could be seen in some aspects as technical and non-technical skills. The aspect of non-technical skills required in caring for patients' health is rarely seen in most healthcare providers these days and therefore must be considered as major area for improvement (Gordon et al., 2012). As part of the training as a professional nurse, emphases are placed on patients' healthcare and safety as a major component and an important area that much attention should be provided as a nurse. In some hospitals, it is a requirement for healthcare providers to be responsible for their accomplishment or mistakes. It is therefore expected that healthcare providers such as nurses should be able to use their professional skills to make effective decisions that best suits their patients. Some literature review has shown that most nurses lack drug calculation skills and other non-technical skills even though physicians were a bit reliable in this sense therefore nurses need improvement to fill that gap (Gordon et al., 2013).

Based on empirical evidence, one would begin to think that ensuring proper patient healthcare has been an unending challenge by most healthcare organization in terms of availability of tools and human resources to utilized the tools for the patients' benefits. In some healthcare facilities setups, most of these basic tools required for performing daily operations as a healthcare provider has been provided but yet the mission of ensuring better patient health and safety is still not realised. Having knowledge about the tools available and applying skills to suits patients' interest in solving problems are two different things. One notable concept identified by many researchers is, best patients' health and safety is achieved if the organization succeed in practicing patient centred care.

It must be emphasized that patient health and safety has created a knowledge gap where further contribution of researchers are required to improve patient health to ensure patient safety (WHO, 2009). It is therefore important to understand the quantum of knowledge required by healthcare providers in ensuring patient healthcare is properly administered. All healthcare providers are expected to exercise some level of knowledge towards their patients since at every point in time the life of the patient have fully been entrusted in their hands as healthcare providers. Therefore, certain kind of mistakes or errors are unacceptable in providing healthcare services because the least ignorant put up as a healthcare provider can endanger patient's life, health and safety. Several studies have made mention of the fact that some healthcare providers completely lack some substantial knowledge which results in serious error capable of endangering patient's life (Oguisso and Schmidt, 2010).

According to Nuseir et al 2016 in their studies " Healthcare Providers' Knowledge and current practice of pain assessment and management: how much progress have we make" it was realized that the nurses had very low knowledge in the pain management and assessment. Only the physicians had considerable knowledge. It is very demoralizing because if nurses have such low knowledge management then it would be very difficult to identify themselves with patient's situation and know their pains. Also in another research conducted on "health professionals' knowledge Regarding Patients safety " the overall outcome of the study signified a very low level of safety knowledge even on the part of the physicians and the nurses (Brasaite et al, 2016).

According to the research the healthcare providers' knowledge on medication, infection and pressure sore prevention on patients indicated was very low despite the variation of background features.

In addition, another research that examined the "Healthcare professional's behavior, Skills, Knowledge and Attitudes on evidence-based health practice: a protocol of cross-sectional study" also showed that while most physicians depended more on scientific evidences, nurses and midwives were much particular about personal experience (Mariano et al, 2018). It is very dangerous as a healthcare provider to conduct "try and error" test on patient because of lack of relevant skills and required knowledge. Some do not focus much on scientific proven evidence but rather assumes a theory which worked for one patient based on experience would work for others.

There are so many factors which are associated with prescription of drugs or treating a patient. Knowledge is power as referred and therefore having zero knowledge about patients' situation requires enough research work not exaggerations and suggestion. A drug that worked for one person might even be harmful to another due to allergies and some other factors and one cannot just be making prescription based on experience. A study on "patient safety and medical errors: knowledge and behavior among Italian hospital physicians" also showed significant trend since only 7.6 % of the physicians who participated reported to have never encountered medical error during medical procedures.

Other studies also indicated that most nurses and physicians have very low level of knowledge in pharmacology (Alshammari et al, 2015). Health issues of most patients are resolved through drug prescription and administration which is done on daily routine at the hospitals all over the world. New drugs are manufactured each day which has a lot of effects in terms of age and other factors.

The core basic requirement as a nurse or physician is to be able to administer the right dose of drug and new drugs which are introduced into the system every now and then, it is therefore imperative to update your knowledge on the new drugs to ensure maximum patients safety and

quality of health. In some situations, the junior physicians and nurses who just came out of school have great knowledge in some of these new drugs but lack experience which understanding patient centred care and providing patient safety (Durani et al. 2013). It should be understood that patients' health could be affected by the type of intervention provided as solution. Therefore, many research work have indicated that most of healthcare providers lack knowledge in some vital areas which has direct effect on the patients' health and safety. Health facilities should therefore provide monitoring and evaluation criteria that could check on the healthcare providers to help them update their knowledge and field the knowledge gap which is affecting the health of the patients.

2.4.2 ATTITUDE AND BEHAVIOR OF HEALTHCARE PROVIDERS TOWARDS PATIENTS' SATISFACTION

Attitude and behavior are sometimes used interchangeably in many contexts my different researchers. It can be said that there is a relationship connecting these two as far as the health of any patient is concerned. The study "Attitudes, behavior and Social practice" shows that one's attitude is able to predict the behavior and attitudes normally guides behavior (Chaiklin, 2011). According to Chaiklin, attitudes is observed internally whiles behavior is seen externally. Other literatures have also shown that attitudes are what one thinks and behavior are what one does. Attitudes defines ideas, opinions and views whiles behavior communicates the expression of action and inaction verbally or via body language.

This means attitude is "thought-oriented" and behavior is "action-oriented" and therefore one's attitude can shape his behavior. It can therefore be said that a positive attitude would always lead to a positive behavior and a negative attitude would lead to negative behavior. Hence how one

react to external factors determines one behavior and based on one's behavior it is likely predict one's attitude. Research have shown that healthcare providers exhibits different kinds of behavior to their patients which some are influenced by the situations of the patients. In addition, most of the healthcare providers' behavior towards patients are influenced by the cultural practices of the working environment and how stressful the working environment could be (Ahmed et al, 2013). As humans, one easily become stressed up after a performing a lot of activities and these are seen every day at the various healthcare facilities especially in emergency situations where all help is required. Others like Abdi et al believed "job satisfaction, teamwork, communication openness and hospital handoffs and transitions" also influence the behavior of some healthcare providers to put up some negative attitudes (Abdi et al, 2015). According to the studies "healthcare professionals' knowledge and attitude regarding patients safety and skills for safe patient care" most health care providers attitude were positive in terms of contextual issues, attitudes towards event reporting and procedures but attitude towards patients health and safety did not yield any better results until after training that a significant improvement was observed. The reason for the less positive was associated with stress (Brasaite, 2016). It is expected that healthcare providers identify themselves with the patient's situations and see the patients as person and not diagnostic label in other to understand how they are feeling and the pains they are going through.

Also the fear of been infected by chronic diseases such as Human Immunodeficiency Virus, Acquired immunodeficiency Syndrome (HIV/AIDS) also has necessitated most healthcare providers into discriminatory practices and all kinds of unexpected behavior towards their patients. The consequences of some of these behavior demoralize the patients as its results in poor patient management and healthcare (Aghamolaei, 2009). According to Aghamolaei, healthcare providers

exhibited negative attitudes toward HIV/AIDS patients based on the outcome of the study. Similarly, many empirical evidences have shown negative healthcare providers attitudes in numerous studies towards the patients' health (Kermode et al., 2015).

Another study also indicated that healthcare providers also show negative attitudes towards patients with aggressive behavior. A healthcare providers' behavior can easily be influenced positively or negatively by a colleague through communication. Others are easily influenced by the culture practices of the working environment. Having good knowledge about a disease can help as a healthcare provider to change the negative perception about a patient. It must be emphasized that a perceived negative behavior or attitude can prevent patients from accessing the healthcare facility again (Beltman et al., 2013).

2.5 NEGATIVE BEHAVIOR OF HEALTHCARE PROVIDERS AFFECTING PATIENT SATISFACTION

Many suggestions from empirical studies have concluded that patients' health conditions are major indicators for determining the behavior of many healthcare providers in our healthcare facilities. Other studies have also suggested that most symptoms of patients and their health conditions such as terminal illness, confusion, mental condition are linked to the negative behavior of some healthcare providers attending to them (Saxton et al., 2009). Nevertheless, it must be emphasized that every actions of a healthcare provider observed by patients directly or indirectly impact either positively or negatively towards the patients health and satisfaction.

Patients observe different actions of their healthcare providers and are able to make informed decision about the type of person the nurse or physician could be.

Over the years, it has been observed that clinical, non-clinical and other social factors contribute to the majority of diverse behavior put up by healthcare providers. These behavior range from disruptive behavior among the healthcare providers themselves to other behavior towards patients health (Saxton et al., 2009). Porto and Lauve defines disruptive behavior as "Anything a clinician does that interferes with the orderly conduct of hospital business, from patient care to committee work, can be considered disruptive" (Porto & Lauve, 2006). This means there are certain healthcare providers behavior that can affect one another and influence their way of executing their duties correctly as healthcare practitioner. Such behavior can undermine the patients' trust and assurance in the healthcare facility. These in turn affect the health of the individual seeking healthcare. These come about mostly as a result of fighting for power to control others in the hospital settings.

The common instance is often seen in situations where physicians despise and undermine the capabilities of their colleges of nurses working under them. Such situation could switch the mode mood for the nurse which could affect the performance as well. The effect is these nurses execute their duties taking care of patients so indirectly the patients are mostly affected. According to Porto and Lauve, examples of these disruptive behavior are seen in diverse ways such as:

- Impolite use of language
- Poor behavior such as insults
- In proper way of touching, sexual or otherwise
- Throwing medical instruments, other substances
- Condemning other healthcare providers in the presence of patients
- Despising healthcare providers' in caring for patients
- Failure to consider safety concerns and needs of patient

- Intimidating behavior that affect patients or staffs
- Failure to obey administrative procedures
- Disrespect for team members

This among many are the outstanding disruptive behavior that could be put up by healthcare provider. Healthcare providers are vulnerable to stereotypes like any other persons and many empirical evidence has suggested that healthcare providers formulate hypothesis concerning patients based on their sex, ethnicity, socioeconomic status, age, religion family background and many others.

Another factor contributing to negative behavior of most healthcare providers is the patient's behavior in the hospital. This has always been a major determinant factor for most healthcare provider's behavior as suggested by many researchers. Patients behavior such as uncooperative, rule breaking, stubborn, aggressive, bizarre, violent and many others are used by healthcare providers to classify whether such patient is 'difficult or bad' (Krogstad et al, 2014). Some healthcare providers find it difficult to cope with some of these negative behavior exhibited by the patients and therefore over react in addressing such behavior such patient's situation.

Another negative contributing factor indicated by many empirical studies is communications. Communication is a major tool which could be used wisely to establish relationship between healthcare providers and patients. Studies have shown that patients tend to open up if such relationship exist and patients feel sense of belongingness with the trust gained because of the type of communication existing if it is good one (Jennifer et al, 2010). Other researchers believe that communication is the means to creating a friendly world that both the patient and the healthcare providers can exist freely with a lot of trust and confident for each other (Negri et al., 2013).

Furthermore, patients' involvement has been every effective tool into providing the patients the assurances that there is hope and the patient can survive. One negative attitude demonstrated by many healthcare providers is keeping the patient out of the loop in making decision that directly affect the live or well been of the patient. It has often by said over and over again that patients have their rights and these rights are always violated by healthcare providers (WHO, 2015). This has seen by many researchers as the fundamental requirement for ensuring patients centred care (EPA, 2017). According to EPA, patients' needs have the right to know whatever activity that is been performed by healthcare provider concerning their health which even extends explaining the effects of the whatever drugs been administered to them. It is high time the opinions of the patients matter in the healthcare settings and such goal was the basis for the EPA research. These shows the respect as a healthcare provider you have for the such patient.

Another major contributing negative healthcare provider's behavior disclosed by many researches is discrimination. Discrimination practiced by most healthcare care providers can range from the basis of tribalism, educational background, socioeconomic status, family background, types of diseases affecting the patient to been poor. In some hospitals discrimination against HIV/AIDS patients cannot be quantified in Ghana (Chijioke et al, 2009). The effect of these demoralizes the patients and such patients loss hope and confident that he or she can even recover.

The reason for these has been associated with the fear of contracting the disease at the least mistake a healthcare provider does (Aghamolaei, 2009 & Kermode et al., 2015). The saddest of all is been poor and healthcare providers think of you as not belonging to the class of human society. This is very normal in some hospitals in Ghana, when healthcare providers do not want to attend to your needs because of your tribe or educational background. Some hospitals even give preferences to some of these demographic characters (Tavoosi et al., 2016)

Too much workload on the healthcare providers according to empirical studies affect the attitude and behavior of some healthcare providers. This is normally experienced in hospital setup where healthcare providers are understaffed (Portoghese and Campagna, 2014). Healthcare providers are overburdened and burnout in executing their duties because of the workload. These according to them, this can affect the overall work output of the hospital and the health of the patients especially in situations where the healthcare provider directs all his frustrations towards the patients. It is therefore important for every healthcare facility to include criteria for preventing and handling stress. Many patients have lost their lives because of the stress and frustration which lead to a mistake or incident that affected the life of the patient.

2.6 THEORETICAL FRAMEWORK

In this study, two theories of health behavior namely: Ecological Model and the Transactional Model of Stress and Coping will be used as the theoretical framework. The ecological model uses four explicit assumptions to explain that human health is influenced by the interaction between personal, situational, socio-cultural, and environmental factors. The second model explains how people cope with stressful events and experience

2.6.1 ECOLOGICAL MODEL

The ecological model which has four explicit assumptions helps to explain human behavior by focusing on the nature of peoples' transactions with their physical and socio cultural surrounding (Glanz et al, 2000). The first assumption of the ecological model lies in the fact that health is influenced by multiple components of the physical and social environment, including personal attributes. Second, the environment, itself is multidimensional. The third assumption is that, interactions between humans and their environment can be described at the individual, family, work and cultural organization levels. A feedback across different levels of the environment and groups of people is the fourth assumption of the ecological model (Sallis and Owen, 2000).

The model seeks to explain that human health is influenced by the interaction between personal, situational, socio-cultural, and environmental factors. Inclusion of all these types of analysis provides an opportunity to see the influence of interpersonal (level of individual knowledge, attitudes, and beliefs about obstetric care) and interpersonal (level of support from spouse's families, neighbors and traditional birth attendants) behavioral factors on women's health and socio-economic circumstances. This model is useful because it helps to explain the influence of socio-cultural and environmental factors on the occurrence and consequences of healthcare providers' behavior (Gebresilase, 2014).

2.6.2 TRANSACTIONAL MODEL OF STRESS AND COPING

The second model which underpins this study is the Transactional Model of Stress and Coping.

This model simply explains how people cope with stressful events and experience. When people are confronted with stress, they evaluate the significance of a stressor as stressful, positive, controllable, challenging, or irrelevant. This prompts efforts to cope with the stressor (Gebresilase, 2014). However, according to this model an increased perception of risk can also generate distress (Wenzel, Glanz and Lerman, 2000; cited in (Gebresilase, 2014).

According to Gebresilase (2014), when people are faced with stress, they do not evaluate only the features of the stressful situations but also what they can do about it. Health care providers can be confronted with a lot of stressful events or situation but how does this affect their judgement on other people? How does stress affect the decision making of the healthcare providers concerning their patients, How are patients able to handle situations that leaves them in stressful situation? These all questions that transactional Model of stress and coping will help the researcher of to resolve. They assess their perceived strength and ability to change the situation and manage their emotional reaction to the threat.

This will be mediated by actual coping strategies. Gebresilase, (2014) argues that this model conceptualizes coping efforts along two dimensions namely: Problem focused and emotionfocused coping strategies. In Gebresilase's (2014) view, problem management strategies which will be more adaptive for stressors that are changeable are directed at changing the stressful situation. The problem management strategies include: active coping, planning problem solving, information seeking and use of social support.

Emotion-focused coping efforts on the other hand are more suitable for application when the stressor is unchangeable. Consequently, they are directed at changing the way one thinks or feels about a stressful situation. These include seeking of social support, venting of feelings, avoidance, and denial (Mselle, Even-Olsen, Moland, Myungi and Kohi (2012).

2.7 CONCEPTUAL FRAMEWORK

Healthcare behaviour towards patients can be seen from their attitude, knowledge and skills on performing their duties as healthcare provider. Patients' health is affected by the behavior and services provided by the healthcare providers. The knowledge of the healthcare provider, skills and attitude are the three basic components that indirectly affect patients in their attempt to seek for health care services. Mostly, the attitudes can impact positively or negatively on the wellbeing of the patients. Studies show that ones' Attitudes, Social practice, skills and knowledge can be assessed to predict ones' behaviour (Chaiklin, 2011).

Also one can observe the quality of services not only in terms of availability of hospital equipment but how well such equipment can be put to use. Healthcare providers' time for patients and supports towards patients can lead to patient centred care. Communication with patient and on time delivery of medicine or treatment among others can also impact on the wellbeing of the patients.

Patients complaints are mostly as a result of some negative attitude posed by some healthcare providers.

In general, how well the patients are satisfied is affected by the kind of service provided or the kind of behaviour put up by the services providers which directly affect the health of the patients.

Figure 2.2 below shows a conceptual framework of the study depicting how quality of service and healthcare behaviour can impact on the health of the patients

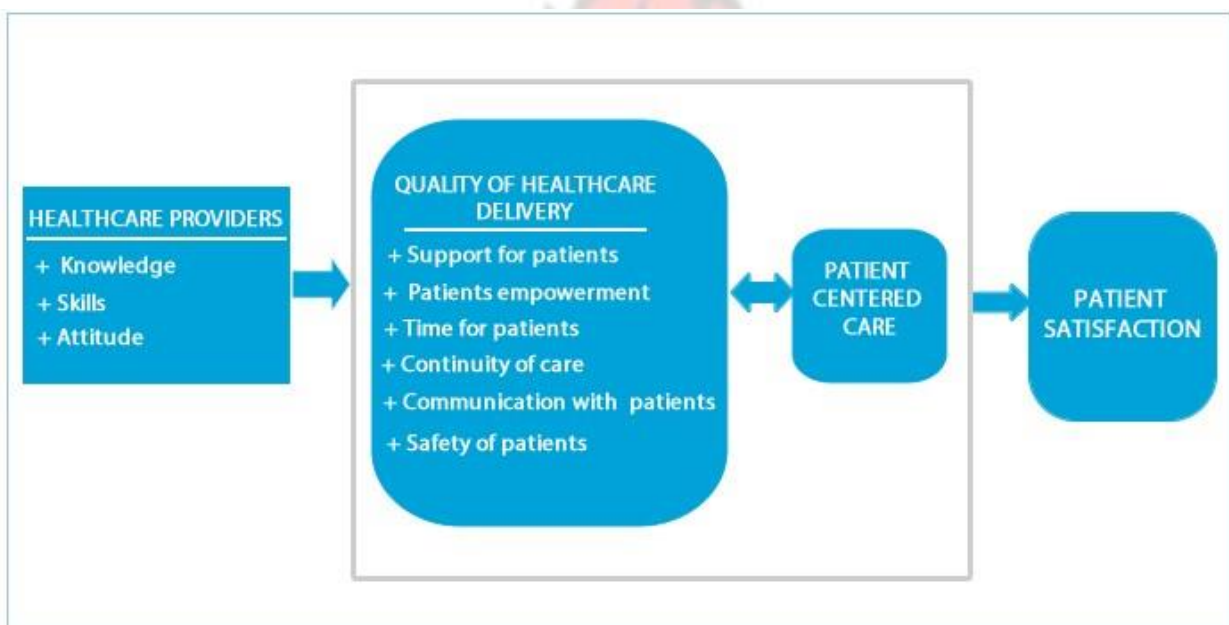


Figure 2.2: Quality of healthcare delivery from patients' perspective

Source: Author's own construct, 2018

CHAPTER THREE

RESEARCH METHOD

3.1 INTRODUCTION

At this chapter of the study, the various methods to evaluate the study were considered. Thus the chapter is designed to articulate various research methodologies, sampling procedures, data collection methods, study population or sample size used, the statistical techniques used for the analyses of the data, the ethical clearance and the study limitations. The researcher considered both primary and secondary data to ensure an effective data gathering and analysis. The study used information from all the relevant materials available.

3.2 BRIEF PROFILE OF THE STUDY AREA

Geographical Characteristics

The study would include satisfaction surveys of patients who have been hospitalized or patients visiting the out-patient departments within the Asokore Mampong Municipal Hospital. The Asokore Mampong Municipal hospital is located in Asokore Mampong which is one of the thirty many Administrative districts in the Ashanti Region. Asokore Mampong shares boundaries with Kumasi Metropolitan Assembly (KMA) to the North, South, East, and West. The Asokore Mampong Township is a community of with different ethnic groups which is made up of people from Northern Ghana (43.4%), Akan (40.9%), the Guans (10.7%), Ewes (3.0%), Ga-Dangme (1.2) and others (0.8). Islamic religion is most dominant among all the religious groups in the municipality with 55.4% representation. The Christians follows with 41.8%, and other religious groups constitute 2.8%. The chief of Asokore Mampong, Nana Boakye Ansah Debrah is the head of the traditional area in the municipality and a custodian of the land and traditional head of the

people. The major festival in the municipality is Akwasidae. The highest proportion of the members employed are into service and sales, trades workers and elementary occupations.

Health Profile

There are 42 communities and Community Health Planning Services (CHPS) zones in the municipality. It also has nineteen health facilities, four public and fifteen privates which provide health care to the inhabitants.

Demographic data

The population of the Asokore Mampong Municipality is 304,814 representing 6.4 % of the total population of the Ashanti Region which is a projection from 2010 Population and Housing Census.

3.3 THE STUDY DESIGN

The study was quantitative using cross-sectional survey design. A survey research designs are procedures in the quantitative research in which the researcher administers survey in a form such as questionnaires to describe the attitude, opinions, behavior and characteristics of a given population. Statistical analysis of the data is conducted to describe trends on how participants responded to questions and to test research questions. In the study, the researcher seeks to collect quantitative, numbered data using questionnaires. This was deemed fit since the study seeks to determine the opinions of the patients concerning quality of healthcare delivery. This is because of its numerous advantages of being easy to use, cheap and quick in gathering information within a short possible time. A quantitative research method was considered because it seeks to quantify data by applying some statistical analysis.

A major reason for using the survey design is to help identify the required knowledge, attitude, behavior, skills and quality of service towards patients. Data is collected on demographics,

educational level, patient centered care, patients' perception of quality of service and patients' satisfaction.

3.4 STUDY POPULATION

Population in research refers to the whole universe of elements or cases the researcher will be interested for the study. In this case the all the patients visiting the two hospitals considered for the study. The population of the Asokore Mampong Municipality is 304,814 representing 6.4 % of the total population of the Ashanti Region which is a projection from 2010 Population and Housing Census.

3.5 TARGET POPULATION

The target population for this study were inpatients and outpatients who have been visiting the hospital. The study included satisfaction surveys of patients of Garden City Hospital and Anwiam Hospital in Asokore Mampong. The patients considered were patients who were mentally sound and either on admission or visiting the hospital but medically declared capable of participating in the survey. The patients selected for participation in the research are in-patients and out-patient who are adults. An adult in this context is a person who has attained the age of maturity and therefore regarded as independent, self-sufficient and responsible. In this case, one was considered an adult if the age was 18 years or beyond.

3.6 SAMPLING TECHNIQUES

The sampling method used in this study was probability sample. Under this method, the researcher adopted systematic sampling technique in selecting the participants who are patients. This method allowed the research to randomly select the participants from the patients at every third count of

the patients who were at the hospitals at the time of the sampling. This provided an equal chance for all potential participants who are adult patients (both inpatients and outpatients) to be sampled. Finally, the systematic sampling gave a fair representation of the patients at the selected hospitals and avoided bias.

Inclusion Criteria

Patients qualified if their age was between 18 to 65 years of age and can read and write. Patients were assessed by nursing staff to ensure that they are well and sound and their cognitive intact functions properly. patients relative to these criteria used in practice settings: ability to state their own name and to identify the season, the location (i.e. type or name of facility) and the city. A patient was considered if he was an inpatient or outpatient of the two selected hospitals and met the aforementioned conditions.

3.7 SAMPLE SIZE

Using the formula for computing sample size (Epi-Info version 7), this formula was used:

$$n = t^2 * p(q) / d^2$$

Where n = required sample size t = Confidence level

at 95% (standard value of 1.96)

p = Estimated prevalence of quality of healthcare delivery (30%= 0.3)

d = level of precision at 5% (standard value of 0.05) q=1-p

Hence, $n = (1.96)^2 \times 0.3 (1-0.3) / (0.05)^2$

$n = 3.8416 \times 0.5 (0.7) / 0.0025;$

$n = 0.806736 / 0.0025 \quad n = 322.69 \approx 323$

An additional sample size of 37 (11.5%) was added to take care of attrition. In all, 360 eligible respondents were supposed to be sampled. For lack of time, the researcher used slightly above one-

third of 360 (145) for the study. However, this sample size (145) was large enough to make room for generalization and non-response error having taken care of attrition.

3.8 SOURCES OF DATA

Primary and secondary data were the two main source of data used for the research. Primary data was collected from first-hand source using surveys through administration of questionnaires. On the other hand, most recent studies that have been published related to the problem under discussion were used as secondary data. In all more than 60 different research was considered for the secondary sources of data

3.9 DATA COLLECTION METHODS

A semi-structured questionnaires comprising of close-ended questions were designed for the study. The questionnaire is grouped into four categories, the first category captured information on demographics of respondents, the second is designed to measure the knowledge of respondents on patient centered care, the third is to identify patient's perception on quality of service, the fourth is designed to assess patients' satisfaction on quality of care delivery. The questionnaire was designed to capture such information from inpatient and outpatients. The questionnaire was constructed in a simple tense to provide more understanding to the respondents. It is expected that at the end of the day, the questionnaire would help extract the needed information on the core objectives of the study. The questionnaires were administered to both inpatients and outpatients of the two selected hospitals. Due to the interest of the two hospitals in the findings of the study, the hospitals provided trained health assistants as contact persons for any clarification and distribution of the questionnaires to the respondents. One-week duration period was used to administer the questionnaire to the participants for their response, after explaining what needed to be done. In general, respondents were given the option to opt out at any point in time if respondent has no interest in participating in the study any more. Moreover, 145 questionnaires were administered

but only 120 respondents returned their questionnaires and only few did not complete on or more questions.

3.10 DATA ANALYSIS

The Statistical Package for Social Sciences (SPSS) version 20 and Microsoft Excel (2010) were used. The Microsoft Excel (2010) was used as additional source for plotting the charts. Data was presented in tables, charts and graphs for interpretation and analysis, based on frequency distributions, percentages, and descriptive analysis on the variables under study. Comparison of continuous data was done using their mean average statistics and correlation were drawn between variables. The software applications were used for content analysis of the of the results.

In all, only 120 different questionnaires were analyzed.

3.11 ETHICAL CONSIDERATION

Ethical permission and clearance was first sought from the department of Community Health who are serving as the major support for the study. Informed permission was also sought from the Asokore Mampong Health Directorate and Municipal Director of Health Services, the head of institutions of the various health facilities used for the study. All procedures in accordance with the ethical standards of the Ghanaian Ministry of Health were followed. Every respondent who participated in the survey was assured of confidentiality of the information given and that the information will be used for scientific purposes only. Finally, all secondary data were duly documented in the text and the reference list.

3.12 CHALLENGES ENCOUNTERED

Owing to financial constraints, the researcher was not able to research into details on all aspects of the study. Furthermore, time was also one of the major challenges to the study since a research work needs to be given enough time; however, this study was calendar bound. Finally,

unwillingness of some healthcare facilities to be used for the study and patients to participate due to personal reasons limited the scope of the study.

KNUST



CHAPTER FOUR

RESULTS

4.0 INTRODUCTION

This chapter entails the results derived from the data gathered and analyzed. The results are outlined in accordance to the specified objectives that guides the study. The data gathered covered each objective specified in the study. These findings are presented using tables, charts and figures.

4.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS.

Table 4.1 below depicts the demographic characteristics of respondents. From Table 4.1 shows that 78 (65%) of the respondents are female and 42(35%) were male. Majority of the respondents representing 49 (40.8%) were within the age bracket 18-30 years. Also, 87 (72.5%) of the respondents were holding diploma and below academic qualification. The respondents were predominantly traders representing 55 (45.8%) of the respondents. Again, 63 of the respondents representing 52.5% were married. Majority of the respondents representing 68 (56.7%) were Akans. Furthermore, 61 (50.8%) of the respondents were out-patients and finally, majority of the respondents representing 58 (48.3) were patients who have visited the hospital for the period of 1-3 years.

Table 4 5: Demographic Characteristics of Respondents

Demographic Characteristics of Respondents			
Variables	Responds	Frequency (n=120)	Percent(%)
Gender	Female	78	65
	Male	42	35

Age Bracket	18-30 Years	49	40.8
	31-40 Years	40	33.3
	41-59 Years	19	15.8
	60 and Above	12	10.0
Academic qualification	Diploma and Below	87	72.5
	First Degree	29	24.2
	Master's Degree	4	3.3
	PHD	0	0.0
Current Profession	Farming	7	5.8
	Teaching	29	24.2
	Trading	55	45.8
	Student	25	20.8
	Others	4	3.3
Marital Status	Single	42	35.0
	Married	63	52.5
	Divorced	3	2.5
	Widowed	12	10.0
Ethnicity	Akans	68	56.7
	Ewes	3	2.5
	Northerners	26	21.7
	Ga-Adangbe	17	14.2
	Others	6	5.0
Category Patients	In-Patient	59	49.2
	Out-Patient	61	50.8
Visiting Period	1-3 Years	58	48.3
	4-6 Years	41	34.2
	6 Years and Above	21	17.5

Source: Author's Survey, 2019.

4.2 PATIENTS' PERCEPTION OF QUALITY OF SERVICES PROVIDED BY NURSES

Findings from Table 4.2 depicts the results outline by patients' perception of the quality of healthcare services provided by nurses. The results indicated that a maximum of 5 respondents out of the 120 questionnaires returned did not attempt to answer about three questions. The study presented a mean range of one (1) as minimum and five (5) as maximum indicating the extent to which respondents agree to the variable indicators. The findings reported a mean of 3.933 for nurses paying attention and respect to patient's view. Also, a mean of 3.7250 was recorded for nurses intimidating/shouting/insulting/calling patients all kinds of names.

A mean of 3.9917 is also recorded for nurses spending adequate time with patients. Moreover, a mean of 4.0750 is recorded for nurses been knowledgeable to answer patients' questions. A mean of 3.8667 is recorded for nurses provided emotional support to patients and their family.

In addition, a mean of 4.2083 is recorded for nurses understanding patients' emotions and pains. The study indicated that only 3 respondents did not attempt this. A mean of 4.0250 is also recorded for nurses responding to patients needs on time. Besides, a mean of 4.0000 is also recorded for nurses showing friendliness to patients. The findings also show a mean of 3.6250 for nurses involving patients in decision making.

A mean of 4.0583 is recorded for nurses treating patients in the way that makes them feel important. A mean of 3.8417 is recorded for nurses not discriminating against patients based on their richness/poorness/tribalism/education. Also, a mean of 3.9917 is recorded for nurses giving treatment/medication to patients without any delay. A mean of 3.9250 is recorded for nurses providing adequate information about medication. Five (5) respondents did not attempt this out of the 120 responses received in general. Finally, a mean of 4.2333 is also recorded for nurses maintaining records efficiently.

Table 4.6: Patients Perception of Quality of Services provided by Nurses

Variables	Respondents	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Error
Nurses pay attention and respect to patient's view	120	1.00	5.00	3.9333	.07553
Nurses do not shout/intimidate/insults/call patients all kinds of names	120	1.00	5.00	3.7250	.10649
Nurses spent adequate time with patients	119	2.00	5.00	3.9917	.07247
Nurses are knowledgeable enough to answer my questions	120	3.00	5.00	4.0750	.06917
Nurses provide emotional support to patients and their family	120	2.00	5.00	3.8667	.06688
Nurses understands emotions and patient's pain	117	3.00	5.00	4.2083	.05663
Nurses respond to patients need on time	120	2.00	5.00	4.0250	.05221
Nurses show friendliness toward patients	120	1.00	5.00	4.0000	.08452
Nurses involve patients in decision making	120	1.00	5.00	3.6250	.08782
Nurses treat patients in a way that makes that make me feel important	120	1.00	5.00	4.0583	.07227
Nurses do not discriminate among patients based on rich/poor/tribalism/education	120	1.00	5.00	3.8417	.10585
Nurses give treatment/medicine without any delay	120	1.00	5.00	3.9917	.06642
Nurses provide adequate information about medication	115	2.00	5.00	3.9250	.06280

Nurses maintains records efficiently	120	1.00	5.00	4.2333	.07270
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Source: Author's Survey, 2019.

The Study considered perception of patients on the quality of service provided by the healthcare providers. Figure 4.1 below shows a bar chart depicting the summary on perception of patients on the quality of services delivered by healthcare providers

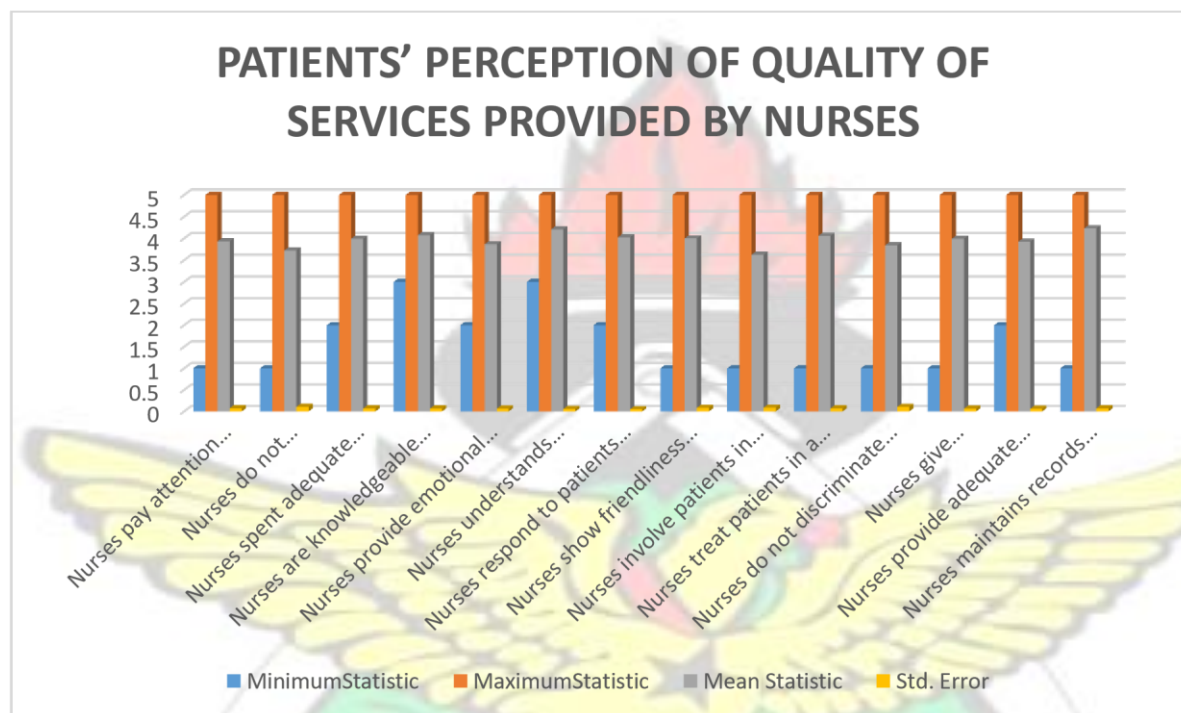


Figure 4.2 Patients Perception of Quality of Services provided by Nurses

Source: Author's Survey, 2019

4.3 PATIENTS' PERCEPTION OF QUALITY OF SERVICES PROVIDE BY PHYSICIANS

The Findings from Table 4.3 below depicts the results outlined by patients' perception of the quality of services provided by physicians. The study presented a mean range of one (1) as minimum and five (5) as maximum indicating the extent to which respondents agree to the variable indicators. The findings show that a mean of 4.3000 is recorded for physicians being much competent concerning patients' problem. A mean of 4.3167 is recorded for physicians taking time

to educate what is happening to patients. Also, a mean of 4.3750 is recorded for physicians communicating well to understand patients' problem. A mean of 4.2583 is recorded for physicians understanding emotions and patients' pain. A mean of 4.2833 is recorded for physicians having opportunity to express concerns. In addition, a mean of 4 is recorded for physicians being friendly towards patients. Likewise, a mean of 4.3250 is recorded for physicians involving patients in decision making concerning their lives. A mean of 4.1667 is recorded for physicians prescribing treatment or medication without explanation of its effects. A mean of 4.2167 is recorded for physicians respecting views of other colleagues or nurses. Finally, a mean of 4.2917 is again recorded for physicians providing emotional support for patients' and their family.

Table 4.7: Patients' Perception of Quality of Services provided by Physicians

Variables	Respondents	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Error
Physicians are much competent concerning patients' problem	120	2.00	5.00	4.3000	.06217
Physicians take time to educate what is happening to patients	120	2.00	5.00	4.3167	.05019
Physicians communicate well to understand patients' problem	120	2.00	5.00	4.3750	.05167
Physicians understand emotions and patients' pain	120	3.00	5.00	4.4167	.04819
Physicians have opportunity to express concerns	120	2.00	5.00	4.2583	.04659
Physicians are friendly towards patients	120	2.00	5.00	4.2833	.06502
Physicians involves patients in decision making concerning their lives	120	3.00	5.00	4.3250	.05314
Physicians prescribe treatment or medication without explanation of its effects	120	2.00	5.00	4.1667	.06518

Physicians respect views of other colleagues or nurses	120	1.00	5.00	4.2167	.06919
Physicians provide emotional support for patients' and family	120	2.00	5.00	4.2917	.05601

Source: Author's Survey, 2019.

4.4 WHAT PATIENTS' PERCEIVED AS IMPORTANT IN RELATION TO PATIENT CENTRED CARE

The findings from Table 4.4 below shows the results outline by what patients' perceived as important in relation to patient cantered care and how effective is been practiced. The findings show that a mean of 4.3167 is recorded for physical comfort of patient. A total of 75.3% of the respondents indicated is been practiced by the healthcare providers whiles 24.7% of the respondents said no. A mean of 4.3333 is recorded for patient's empowerment. The findings show that majority of the respondents 73.3% indicated that is practiced whiles 26.7% of the respondents believe is not. Also, a mean of 4.2583 is recorded for respect patient's value. A total of 98.3% of the respondents recorded is practiced whiles 1.7% of the respondent said is not. A mean of 4.2083 is recorded for integration of care and about 68.9% of the respondents specified that is practiced whiles 31.6 said is not. Also a mean of 4.4833 is recorded for emotional support of patients and 85.8% of the respondents indicated yes for been practiced at by the healthcare providers but 14.2% said no. A mean of 4.4750 is recorded for spend adequate time with patients and 71.6% of the respondents indicated Yes whiles 28.3% of the respondent believe is not practiced.

Also, a mean of 4.3917 is recorded for ensure continuity of my care and 88.3% indicated yes whiles 11.6% said no. Again, a mean of 4.2583 is recorded for effective communication with patients and 95.5% of the respondent specified that is been practiced while 4.2 said is not

A mean of 4.3167 is recorded for efforts taken for ensuring privacy during examination and all the respondents indicated that is practiced. Finally, a mean of 4.3250 is recorded Ensuring cleanliness

hospital and surroundings for patient's satisfaction. About 65% of the respondents indicated yes while 35% said no is not ensured.

Table 4.8: What Patients' Perceived as Important in Relation to Patient Centred Care Which is practiced by the healthcare providers

Variables	Respondents	Min statistic	Max Statistic	Mean	Std. Error	Practiced by healthcare providers	
						Yes (%)	No (%)
Physical comfort of patient	120	3.00	5.00	4.3167	.05156	75.3	24.7
Patients empowerment	120	3.00	5.00	4.3333	.04927	73.3	26.7
Respect patient's value	120	3.00	5.00	4.2583	.04950	98.3	1.7
Integration of care	120	3.00	5.00	4.2083	.05279	68.9	31.6
Emotional support of patients	120	4.00	5.00	4.4833	.04581	85.8	14.2
Spend adequate time with patient	120	3.00	5.00	4.4750	.05019	71.6	28.3
Ensure continuity of my care	120	3.00	5.00	4.3917	.05332	88.3	11.6
Effective communication with patients	120	3.00	5.00	4.2583	.05976	95.5	4.2
Ensuring privacy during examination	120	3.00	5.00	4.3167	.05290	100	0

Ensuring cleanliness hospital and surroundings for patients' satisfaction	120	3.00	5.00	4.3250	.06500	65	35
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Source: Author's Survey, 2019.

4.5 PATIENT'S SATISFACTION WITH CARE DELIVERED BY HEALTH CARE

PROVIDER Table 4.5 below shows the patients satisfaction with care delivery provided by healthcare providers. First and foremost, all the respondents 120 (100%) have received medical treatment from the hospital. From the table, majority of the respondents 106(88.3%) out of 120 indicated that they have received treatment from both a physician and the Nurse at the hospital before whiles 9 (7.5%) and 5(4.2%) of the respondent indicated they have received treatment from only a physician and only a nurse respectively. Also, more than half of the respondents 75(62.5) indicated that the overall attitude of the healthcare providers was excellent and 34(28.3) of the respondents also indicated the overall attitude of the healthcare providers were satisfying. On the other hand, 7(5.8%) of the respondents were of the view that the attitude of the healthcare providers was poor and even 4(3.3%) concluded that the attitude was very poor. The findings also indicated that, majority of the respondents 111(92.5%) specified that the healthcare providers care about the patients but about 9(7.5 %) of the respondents did not agree to this. In general, majority of the respondents 107(89.2%) documented that they are satisfied with the overall quality of service provided by the healthcare practitioners but 13(10.8%) did not support this claim. Finally, a total of 117(97.5) representing majority of the respondents are still ready and willing to keep visiting the hospital again. The findings show that about 3(2.5%) of the respondents have no intension of visiting the hospital again.

Table 4.5: Patient's satisfaction with care delivered by health care provider

Variables	Characteristics	Frequency (n=120)	Percentage (%)
Any Medical treatment received from the hospital	Yes	120	100
	No	0	0
Who Administered the treatment	Physician	9	7.5
	Nurse	5	4.2
	Both	106	88.3
Overall attitude of the healthcare providers	Excellent	75	62.5
	Satisfactory	34	28.3
	Poor	7	5.8
	Very poor	4	3.3
Healthcare providers care about patients' health	Yes	111	92.5
	No	9	7.5
Satisfied with the overall quality of service provided	Yes	107	89.2
	No	13	10.8

Visit this hospital for health services again based on services received	Yes	117	97.5
	No	3	2.5



4.6 DISCUSSION OF FINDINGS

4.6.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The results from Table 4.1 of the study mentioned earlier pointed out that a total of 78 (65%) respondents represented females who visit the two hospitals in the Asokore Mampong Municipal. On the other hand, 42 (35%) of the respondents representing males do visit the two hospital as well. The study shows that there were more female participants than male. According to the findings of Brasaite, in his studies “healthcare professionals' knowledge and Attitudes Regarding Patients safety and skills for safe patient care”, 76% of the participants were female and only 24 % were male (Brasaite, 2016). In addition, the findings of the Ghana Demographic and Health Survey (2014) showed 100 females against 92 males seeking treatment from the hospital. Majority of the female is an indication that females are more particular about their health more than men and would always seek for healthcare services once the need arises.

The findings also show 49 (40.8%) of the respondents are within the age bracket 18-30 visits the hospital often more than any other age range according to the results of the study. According to the studies “Attitudes of Nurses Towards Patient Care” the findings show that the age range between 20-30 visits the hospital more often. The study also showed quite a higher number of respondents thus 87 (72.5%) were holding diploma and below. This is a clear indication that people who are not much educated do not know how to take care of their own health and do visit the hospital often. Education can intensify the edge to take care of oneself better and can therefore live a healthy life.

Furthermore, 61 (50.8%) of the respondents were out-patients and 58 (48.3%) of the respondents who are out patients have visited the hospital for the period of 1-3 years. This could mean such hospital is closer to most of the outpatient respondents or the hospital provides better quality of services that is why they have been such loyal for three solid years.

4.6.2 PATIENTS' PERCEPTION OF QUALITY OF SERVICES PROVIDE BY NURSES

According to the results presented in Table 4.2 which outlined the perception of patients on the quality of healthcare services provided by nurses the mean value was all above 3.0 which is a good indication that patients like the services provided by the healthcare nurses of the two selected hospitals. The findings presented a mean range of one (1) as minimum to five (5) as maximum indicating the extent to which respondents agree to the variable indicators. In approximation, all the values could be run to 4 which indicates agreeing to all the variables. The findings reported a mean of 3.933 for nurses paying attention and respect to patient's view. This shows that majority of the respondents agree to the fact that nurses pay attention and respect to their views.

Also, a mean of 3.7250 recorded for nurses intimidating/shouting/insulting/calling patients all kinds of names indicates that majority of the respondents agree to the fact that nurses do not intimidate/shout/insult them or call them all kind of names. Further, a mean of 3.9917 recorded for nurses spending adequate time with patients is a strong indication that most of the respondents agree that nurses adequately have time for them. the mean of 4.0750 recorded for nurses been knowledgeable to answer patients' questions also proved likewise that majority of the respondents agree to the fact that nurses are knowledgeable in answering questions posed by them. Again, a mean of 3.8667 recorded for nurses provided emotional support to patients and their family also indicated that majority of the respondents agree that emotional supports are provided by nurses to patients and their families.

In addition, a mean of 4.2083 recorded for nurses understanding patients' emotions and pains specified that majority of the respondents deemed it important that the emotions and pains of patients are understood by nurses. A mean of 4.0250 documented for nurses responding to patients needs on time also presented a strong indication that majority of the respondents agree that

patients' needs are responded to in a timely manner by nurses. Besides, a mean of 4.0000 detailed for nurses showing friendliness to patients point out that majority of the respondents also agree that nurses are friendly towards patients. The findings also show a mean of 3.6250 for nurses involving patients in decision making. This shows that majority of respondents agree are empowered to partake in decision making by nurses.

A mean of 4.0583 recorded for nurses treating patients in the way that makes them feel important, which is indicating that majority of the respondents agree that patients feel important due to the treatment given to them by nurses. A mean of 3.8417 is recorded for nurses not discriminating against patients based on their richness/poorness/tribalism/education. This indicates that majority of the respondents agree that patients are not discriminated based on the rich/rich/tribalism/education by nurses. A mean of 3.9917 is recorded for nurses giving treatment/medication to patients without any delay. The findings show that majority of the respondents agree that nurses provide medication to patients without delay.

Also mean of 3.9250 recorded for nurses providing adequate information about medication is an indication that majority of the respondents agree that adequate information is provided on medication by nurses. Finally, a mean of 4.2333 is also recorded for nurses maintaining records efficiently which is a strong indicator that majority of the respondents agree that records are maintained efficiently by nurses. In general, the outcome of the result shows that nurses are doing well in terms of providing quality of services. This is supported by Aseffa et al, 2014 that

80.1 % of patients are satisfied with the quality of care services provided by most nurses. Joshi, et al. (2013) according to another studies 'Patient satisfaction about health care services: A cross sectional study of patients who visit the outpatient department of a civil hospital at

Surendranagar, Gujarat', the study indicated that patient's satisfaction was quite high. This was also supported by Abdel et al. in their studies Difference between Patients' expectation and Satisfaction with nursing care in a private hospital in Jordan (Abdel et al, 2012).

This however, is on the contrary to the studies 'Patient Satisfaction with Nursing care (khan et. Al, 2007). In their studies, the study showed that 55% of the patients expressed dissatisfaction with the quality of service provided by the nurses. Patients had a very negative experience about the behaviour of the nurses attending to them. One of the factors showing this significant change in our study is that, Khan et al. conducted their studies in a public government hospital. Studies have shown that nurses in the private hospitals pay more attention to their duties because of the numerous motivation and discipline enforced in the private hospitals (Abdel et al, 2012). Also, patients in most rural areas expressed dissatisfaction and even abuse by some nurses (Haskins et al., 2016)

4.6.3 PATIENTS' PERCEPTION OF QUALITY OF SERVICES PROVIDE BY PHYSICIANS

Findings from Table 4.3 depicting the results outlined by patients' perception of the quality of services provided by physicians showed significant improvement compared with that of nurses. The findings presented a mean range of one (1) as minimum to five (5) as maximum indicating the extent to which respondents agree to the variable indicators. All the mean values indicated values above 4 which is a strong indication that patient agree to professionalism and competence physicians attach to their work. First of all, majority of the respondents agreed that physicians are much competent concerning patients' problem. Also, majority of the respondents agree that physicians take time to educate patients on what is happening. In terms of physicians communicating well to understand patients' problem, majority of the patients agree that physicians communicate well enough. Moreover, majority of the respondents agree that physicians

understanding emotions and patients' pain. This indicates that majority of the respondents agree physicians have care enough to express concerns. From the same table, most of the respondents agree that the physicians are friendly.

Not forgetting patient's empowerment in making decisions for themselves, the studies revealed that physician involve them in decision making. To majority of the respondents indicated that prescribing of treatment or medication is done with their concern as the physicians explain and sort for their consents. In this context, majority of the respondents agreed physicians respect their views as patients. Finally, majority of the respondents agree that physicians provide emotional support for patients' and their family.

This is in line with the Brasaite et al, in their studies 'Health Professionals' Knowledge Regarding Patients safety'. In this study, the findings showed that majority of the respondents are satisfied with the services provided by physicians as compared to nurses (Brasaite et al, 2015). Shukrya et al supported this explaining some of the factors affecting the performance of nurses in patients' health care delivery as lack of motivation, inadequate salary, in proper staff to patient ratio, significant of role of family and many others (Shukrya et al, 2011).

4.6.4 WHAT PATIENTS' PERCEIVED AS IMPORTANT IN RELATION TO PATIENT CENTRED CARE WHICH IS PRACTICED BY HEALTHCARE PROVIDERS

The findings from Table 4.4 below shows the results outline by what patients' perceived as important in relation to patient cantered care and how effective is been practiced. The table presented a mean range of one (1) as minimum to five (5) as maximum indicating the extent to which respondents deem as important to the variable indicators. The findings also presented whether such variable indicator is being practiced by the healthcare providers at the hospital. These indicators are important to patients from the mean results present. All the mean results presented

indicated a value above 4 which some can even be approximate to 5 which is representing very important in the Likert scale. The findings show that a mean of 4.3167 is recorded for physical comfort of patient. This is an indication that majority of the respondents documented physical comfort of the patient as important. Also about 75.3% of the respondents representing the majority indicated is been practiced by the healthcare providers while 24.7% of the respondents do not seem to be satisfied with such services provided to the patients and to them the hospital healthcare providers can do more. Physical comfort of a patient is very important as many literature review supports that (Williams et al, 2018). A mean of 4.3333 is recorded for patient's empowerment. To the patients, majority of the respondents indicated patient empowerment is important. This is supported by many studies to ensure that healthcare providers involve patients in most of the decisions which concern them (EPA, 2017). The findings show that majority of the respondents 73.3% indicated that is practiced while 26.7% of the respondents believe is not. Patient empowerment is a key to involving the patient in partaking in decisions that can affect them for the rest of their lives. Every patient believes that such is privilege must not be taken away from them. Even though majority of the respondents believe is been practiced, about 26.7% which is a significant number out of the total still have concerns that is not practiced. According to Santis et al, 2018 the core catalyst for sustainable and equitable system creation is to ensure patient empowerment which can improve quality of life. Also, a mean of 4.2583 is recorded respect patient's value. 98.3% of the respondents recorded is practiced while 1.7% of the respondent said is not.

A mean of 4.2083 is recorded for integration of care this is an indication that it important to the patient and in support with the studies" why the nation needs a policy push on patient-centered health care" (Ronald et al, 2010). About 68.9% of the respondents the majority specified that is being practiced by the healthcare workers while 31.6% said is not. Attention still need to be paid

to integration of care model for patients since 31.6 is above one-third of the entire respondents and in a way their opinion could count. Furthermore, a mean of 4.4833 is recorded for emotional support of patients and this is indicating that majority of the respondents deem emotional support for patients as very important. This has been supported by many studies since if a patient is not emotionally stable, such patient could be physically well but will still be seen as not fit (William et al, 2018). This is also supported by the studies 'understanding the patients' perspective of emotional support to significantly improved overall patient satisfaction'(Adamson et al, 2012). About 85.8% of the respondents indicated representing majority indicated that is been practiced by the healthcare providers but 14.2% still seems to have not encountered any situation as such. In addition, a mean of 4.4750 is recorded for spend adequate time patients. This is a strong indication that patient see this as very important to them as must be a requirement to ensure patient centred care. Again this is also supported many studies including (William et al, 2018) and (Ronald e al, 2010). Meanwhile, about 71.6% of the respondents representing the majority of the respondents indicated that is been exercised by the healthcare professionals at the hospital whiles 28.3% of the respondent believe is not practiced. Patients may express no if such patient has an encounter with a healthcare professional relating to this. Though majority indicated yes, it must be noted that the minority still demand more could be done to improve it.

Also, a mean of 4.3917 is recorded for ensure continuity of my care and this is an indication that patients see the continuity of care as important. This variable has also been expressed as important according to many studies which includes (Bogale et al, 2018) and (Berwick, 2009). Nonetheless, majority of the respondents representing about 88.3% indicated that the healthcare professionals consider continuity of patient care as a major factor. However, whiles 11.6% said no. Again, a mean of 4.2583 is recorded for effective communication with patients and again it is an indication

that majority of the respondents endorse communication with patient as important. According to many research, communication helps healthcare providers to understand the problem of the patient better (Negri, 2013). Also encouragement from a healthcare professional can help patient recover faster as some research show that psychological state of a patient always influences the recovery process of such patients (Negri, 2013). and 95.5% of the respondent representing majority specified that is been practiced by the health care professionals while only 4.2% were of different view.

Moreover, a mean of 4.3167 is recorded for efforts taken for ensuring privacy during examination and this is also an indication that majority of the respondents indicated that it is very important. According to Kvale and Bondevik, (2010) privacy is important to every patient and that ensures security and prevention of stigamitization by some other patients. Interestly all the patients agreed that privacy has not been overlooked at but severely practiced by the health care professionals. To this end, a 100 % vote of confidence was given to the healthcare providers for ensuring maximum privacy during medical procedures and examination. Finally, a mean of 4.3250 is recorded ensuring cleanliness hospital and surroundings for patient's satisfaction. This means majority of the respondents indicated that keeping the surroundings clean for patient is important. About 65% of the respondents representing majority that the hospital is doing well in keeping the surroundings clean. However, 35% of the respondents had a problem with the way the surroundings are keep. This could relate to how the environment is not kept entirely clean or even the toilet facility. One should know that everything matters to a patient and can always compare what he sees with what he has seen from somewhere before.

4.6.5 SATISFACTION WITH CARE DELIVERED BY HEALTH CARE PROVIDER

The findings in Table 4.5 shows that all the respondents 120 (100%) who participated in the survey have received medical treatment from the hospital. Also majority of the respondents

106(88.3%) have received treatment from both a physician and the Nurse at the hospital before. In general, more than half of the respondents 75(62.5) representing majority indicated that they were satisfied with the overall attitude of the healthcare providers. This indicate a positive attitude and its in-line with previous studies (Brasaite et al., 2015, Robson et al., 2012 and Uddin et al, 2012). However, this contradicted with the findings (Haskins et al., 2016) in which most of the respondents expressed that they experienced verbal abuse, bad-manners, discrimination, neglected and not properly being cared for.

Also the findings revealed 107(89%) of the respondents specified that quality of service was provided by the healthcare practitioners. This included quality of care for patients, administering of drugs, better communication with patients, enough time with patients and any other specifications that makes their services outstanding. Quality is important for every work output which ensures standards and meeting demands and expectations of the patients. Though quality of service may have different meaning to a patient, the patient's satisfied with healthcare service would always mean to the patient that such healthcare provider or facility is the best. Due to this, majority of the patients 117(97.5%) of the respondents have great interest and intention of visiting the hospital at any time they have issues with their health. This is in-line with the findings of Abdel et al in their studies“ Differences between patients' expectation and satisfaction with nursin care in a private hospital in Jordan” and (Asefa et al, 2014)

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This chapter deals with the summary of the study, conclusions based on the findings, recommendation and suggestion

5.1 SUMMARY

The study explored the quality of healthcare services delivered by the healthcare providers. The study considered two different hospitals thus Garden City Hospital and Anwiam Hospital which are all located in Asokore Mampong. A total of 120 respondents returned with their questionnaires out of the 145 respondents expected. Also 78 females and 42 males who are either in-patient or out-patient of the selected hospital were within the age range of 18 – 65 years. The study helped to reveal findings on three major areas thus patients' perception about quality of healthcare providers, perception about centered care and patients' satisfaction from the services provided.

Patients' perception of quality of services provide by health care providers

According to the results all the mean values could be run to 4 which is a strong indication agreeing to all the variables. This shows that majority of the respondents agree to the fact that nurses pay attention and respect to their views. Also majority of the respondents agree to the fact that nurses do not discriminate/intimidate/shout/insult them but instead support them emotionally and physically, are friendly, involve them in decision making and have ample time for them. The findings also revealed that patients' treatments are exercised without delay and nurses respond to any questions bothering their mind on the treatment. In general, the study showed that patients are satisfied with the quality of service provided by nurses though not all the respondents were in agreement to that.

Patients' perception of quality of services provide by Physicians

Findings showed that the mean values indicated values above 4 for all the variables which is a strong indication that patients strongly agree to professionalism and competence physicians attach to their work as compared to nurses. Majority of the respondents agreed that physicians are much knowledgeable concerning patients' problem and take time to educate them on their health issues. Majority of the respondents strongly agree that patient's empowerment, respect and emotional support are not overlooked at by physicians. The findings show that majority of the patients seem to be satisfied with the quality of healthcare services provided but few still have concern that their expectations have still not been met yet.

What Patients' Perceived as Important in Relation to Patient Centred Care which is practiced by healthcare providers

The findings also presented whether such variable indicators were important with respect to patient centered care and to what extent is being practiced if deemed important by the patient. Again, all the mean values presented indicated a value above 4 which is very important to the respondents. The majority of the respondents confirmed that these variables were practiced by the healthcare providers though some few could not say the same for the healthcare providers. Interestingly, all the respondents agreed that patients are given the maximum privacy during medical examinations. However, slightly above half of the respondent agreed that cleanliness at the hospital was being maintained.

Patient's satisfaction with care delivered by health care provider

Majority of the patients indicated that they are satisfied with the overall attitude and the quality of healthcare services delivered by the healthcare providers. However, not all the respondents were in support of this as few of the respondents had their own concerns.

5.2 CONCLUSION

The study indicated that patients are satisfied with the overall quality of healthcare delivery provided by the two selected hospital. The studies always indicated that doctors provide more patient centered care than most nurses even though nurses spend more time with patients. The studies concluded that patients are satisfied with the overall work output of the hospitals chosen for the study. Meanwhile some few recommendations were made since some respondents have their own concerns.

5.3 RECOMMENDATIONS

Based on the findings, the following recommendations have been made:

1. The primary goal of every healthcare provider must be to compete positively to distinguish themselves in providing quality of healthcare services at all times. Thus practitioners should provide adequate patient centered care such as emotional and physical support by exhibiting the right attitude towards patients in performing duties at the hospitals.
2. The government and private hospitals should provide evaluation and assessment forms for patients who are loyal to the hospital to evaluate performance of the healthcare providers base on quality of service and satisfaction from the patients points of view at least twice a year. This way the hospitals management will be able to make strategic decisions by relating work output of healthcare practitioners to patients' satisfaction.
3. The Ghana Health Service and Ministry of Health should ensure that patients' satisfaction surveys on quality of healthcare services delivery and patients centered care

- are conducted in hospitals at least twice in a year to ascertain patients' needs and expectations in order to formulate proper policies to address their concerns.
4. Patients should be empowered and be educated on their right as patients through a collaboration effort between the Ministry of Health and the National Commission for Civic Right so that abuse of patients' rights can be accounted for.
 5. Healthcare Practitioners should also ensure that surroundings are kept clean and conducive enough to ensure patients satisfaction.
 6. Finally, further research be carried out in assessing quality of healthcare services delivery provided by health practitioners in order to identify other concerns that could not be captured by this studies.

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KNUST



APPENDICES

APPENDIX A: QUESTIONNAIRE

Topic: PERSPECTIVES OF PATIENTS ON QUALITY HEALTHCARE DELIVERY IN
TWO HOSPITALS IN THE ASOKORE MAMPONG MUNICIPALITY

Section B: Patients' perception of quality of services provide by healthcare providers This section seeks to identify the Patients' perception of quality of services

1= strongly disagree

2= Disagree 3= Neutral 4= Agree 5= strongly agree

	Patients' perception of quality of services provide by Nurses	Choose only one number				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Nurses pay attention and respect patient's view	1	2	3	4	5
2	Nurses do not shout/intimidate/insults/call patients all kinds of names	1	2	3	4	5
3	Nurses spent adequate time with patients	1	2	3	4	5
4	Nurses are knowledgeable enough to answer my questions	1	2	3	4	5
5	Nurses provide emotional support to patients and the family	1	2	3	4	5
6	Nurses understand emotions and Patient's pain	1	2	3	4	5
7	Patients have opportunity to express concerns	1	2	3	4	5
8	The nurses response to patients needs on time	1	2	3	4	5
9	Nurses show friendliness toward patients	1	2	3	4	5
10	Nurses involve patients in decision making	1	2	3	4	5
11	Nurses treat patients in a way that make me feel important	1	2	3	4	5
12	Nurses do not discriminate among patients based on rich/poor/tribalism/education	1	2	3	4	5
13	The nurses give treatment/medicine without any delay	1	2	3	4	5

14	Nurses provide adequate information about medication	1	2	3	4	5
15	The nurses maintained records efficiently	1	2	3	4	5

KNUST

	Patients' perception of quality of services provide by Physicians	Choose only one number				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Physicians are much competent concerning patients' problem	1	2	3	4	5
2	Physicians take time to educate what is happening to patients	1	2	3	4	5
3	Physicians communicate well to understand patients' problem	1	2	3	4	5
4	Physicians understand emotions and patients pain	1	2	3	4	5
5	Patients have opportunity to express concerns	1	2	3	4	5
6	Physicians are friendly toward patients	1	2	3	4	5
7	Physicians involve patients in decision making concerning their lives	1	2	3	4	5
8	Physicians prescribe treatment or medication without explanation of its effects	1	2	3	4	5
9	Physicians respect views of other colleagues or nurses	1	2	3	4	5

10	Physicians provide emotional support for patients and family	1	2	3	4	5
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SECTION C: What Patients perceive as important in relation to patient centred care

This section seeks to find out how patients perceive patient centred care with respect to activities ensured by healthcare providers to achieve patient satisfaction. Please respond to (a) and (b) to by using the following Likert type Scale. a) Choose a number

1= Not important 2= Less important 3= Neutral 4= important 5= Very important

b) Is it practiced by the healthcare providers? Indicate Yes or NO

	Variables	Choose only one number					Practiced by health providers	
		Not important	Less important	Neutral	Important	Very important	Yes	No
1.	Healthcare providers ensure physical comfort of patient	1	2	3	4	5		
2.	Healthcare providers ensure patients empowerment	1	2	3	4	5		
3.	Healthcare providers respect patient's value	1	2	3	4	5		
4.	Healthcare providers ensures integration of care	1	2	3	4	5		
5	Healthcare providers ensure emotional support of patients	1	2	3	4	5		
6	Healthcare providers spend adequate time with patient	1	2	3	4	5		
7	Healthcare providers ensure continuity of my care	1	2	3	4	5		
8	Healthcare providers ensure effective communication	1	2	3	4	5		
9	Efforts taken for ensuring privacy during examination	1	2	3	4	5		

10	Healthcare providers ensures cleanliness hospital and surroundings for patients satisfaction					5		
		1	2	3	4			

Section D: Patients satisfaction on health care delivery by health care providers

Please specify your level of awareness on patients satisfaction in care using the following scale;

- 1) Please have you received any medical treatment from a physician or Nurse in this hospital?
 1. Yes [] 2. No []
- 2) If yes, please indicate who administered the treatment
 1. Doctor [] 2. Nurse [] 3. Both []
- 3) What was the overall attitude of the healthcare provider?
 1. Very Poor [] 2. Poor [] 3. Satisfactory [] 4. Excellent []
- 4) In your opinion, do you think the healthcare providers care about patients' health?
 1. Yes [] 2. No []
- 5) Were you satisfied with the overall quality of service provided?
 1. Yes [] 2. No []
- 6) How would you grade the overall performance of the healthcare providers
 1. Very Poor [] 2. Poor [] 3. Satisfactory [] 4. Excellent []
- 7) Will you visit this hospital for health services again based on services received?
 1. Yes []
 2. No []

THANK YOU

APPENDIX B: CONSENT FORM AND INFORMATION SHEET

CONSENT FORM

Title of Project: PERSPECTIVES OF PATIENTS ON QUALITY HEALTHCARE DELIVERY
IN TWO HOSPITALS IN THE ASOKORE MAMPONG MUNICIPALITY

Name of Researcher: Sheilla Ntewusu Afia Yyomba

Please tick the check box

1. I confirm that I have read and understood the information sheet dated..... for the above study and have had the opportunity to ask questions. []
2. I understand that my participation is totally voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being infringed upon. []
3. I agree to take part in the above study. []

Name of subject

Date

Signature/thumbprint

Name of Person taking consent

Date

Signature

Researcher: Sheilla Ntewusu A.Y

Date

Signature

INFORMATION SHEET FOR CLIENTS

You are kindly being invited to part take in a research study intended to assess the perspectives of patients on quality healthcare delivery in two hospitals in the Asokore Mampong Municipality.

In taking a decision to be part of this study, it is essential you understand the rationale for the conduct of the study and what it involves. Please take some time to read the following information carefully and discuss it with others if you wish. You are free to ask the researcher anything that is not clear or for further information. Please take time to decide whether or not you wish to take part of this study.

Who is conducting the study?

The study is being conducted by Sheilla Ntewusu Afia Yyomba, a student of Kwame Nkrumah University of Science and Technology, School of Public Health, Department of Health Education and Promotion, Kumasi, who is being supervised by Dr. Jonathan Mensah Dapaah.

What is the purpose of the study?

The purpose of the study is to assess the perspectives of patients on quality healthcare delivery in two hospitals in the Asokore Mampong Municipality. This is help know the views of patients in order to provide relevant policy makers, practicing professionals, health workers and providers and the general public with this feedback for the necessary amends. This will help improve the quality of healthcare delivery in the health facility.

Why have I been asked to take part?

You have been selected to represent the views and ideas of patients who visit this health facility.

What would be involved?

A semi-structured questionnaire will be administered to you at a designated place of the facility where you will feel more comfortable. The questions will be on quality of healthcare delivery, patient centered care, patient satisfactions. Giving responses to the questions should not last for more than 30 minutes.

What happens next?

If interested in taking part of this study, then a consent form will be given for signing to affirm your willingness to part take in the study.

Do I have to take part?

You are free to decide on taking part or not. If you make a decision to take part, this information sheet will be given to you to keep and a consent form will be given for you to sign. You are free to withdraw or opt out at any time of the study without giving any reason.

What are the benefits of taking part?

There might not be any benefits directly in taking part in the study, however, you will be providing, important, useful and relevant information as a form of contribution in the improvement of healthcare delivery in the healthcare facility.

Will my taking part in this study be kept confidential?

Every information obtained from you in the course of the study will be kept strictly confidential. In the report of this study no names will be recorded and therefore cannot be linked to you in anyway. Your participation in this study is entirely and highly voluntary.

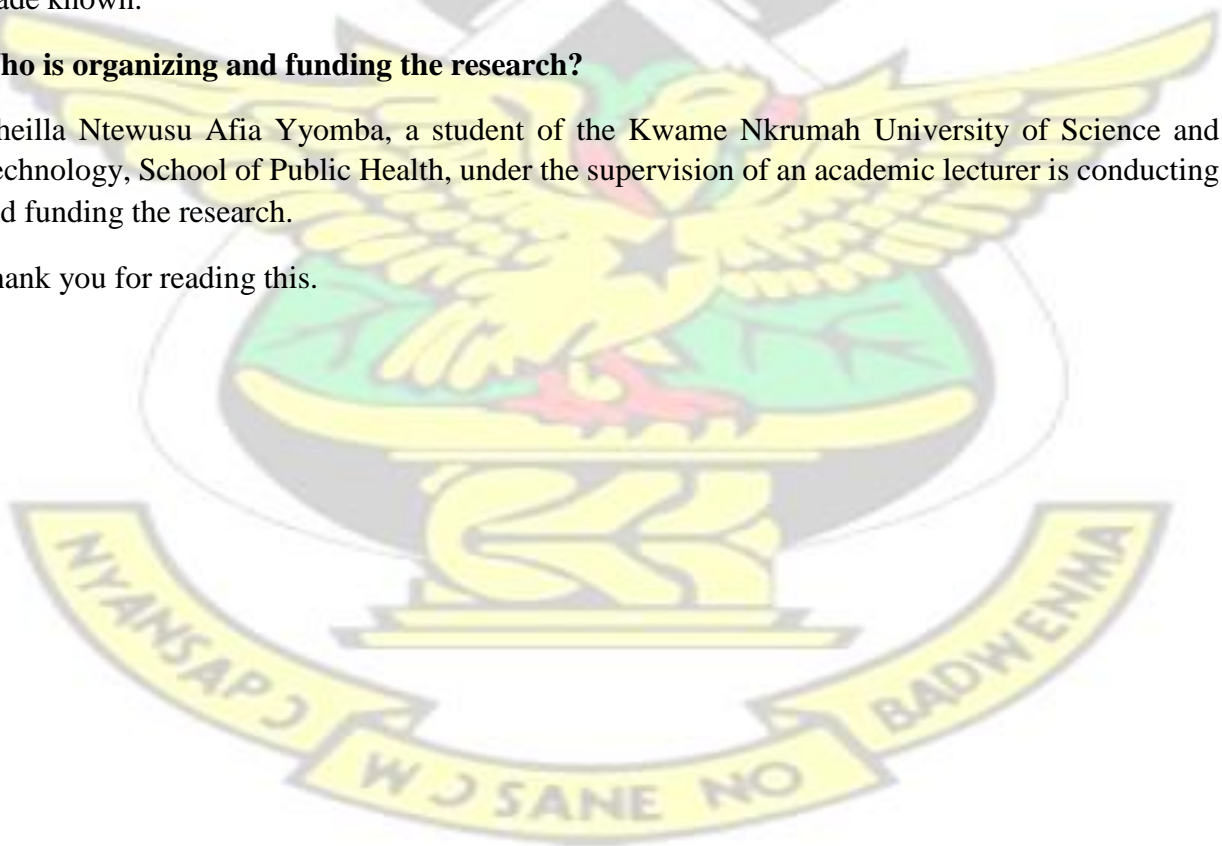
What will happen to the results of the research study?

The study results will be presented to the Health Promotion and Education Department of the School of Public Health, Kwame Nkrumah University of Science and Technology and also published in Academic journals. In the final report or publication your identification will not be made known.

Who is organizing and funding the research?

Sheilla Ntewusu Afia Yyomba, a student of the Kwame Nkrumah University of Science and Technology, School of Public Health, under the supervision of an academic lecturer is conducting and funding the research.

Thank you for reading this.





KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
COLLEGE OF HEALTH SCIENCES



SCHOOL OF MEDICAL SCIENCES / KOMFO ANOKYE TEACHING HOSPITAL
COMMITTEE ON HUMAN RESEARCH, PUBLICATION AND ETHICS

Our Ref: CHRPE/AP/011/19

9th January, 2019.

Ms. Ntewusu Sheilla Afia Yyomba
Catholic University of Ghana
SUNYANI

Dear Madam,

LETTER OF APPROVAL

Protocol Title: *"Investigating Health Care Provider's Behavior and its Effects on Patient's Health in the Asokore-Mampong District."*

Proposed Site: *Asokore Mampong Municipality.*

Sponsor: *Principal Investigator.*

Your submission to the Committee on Human Research, Publications and Ethics on the above-named protocol refers.

The Committee reviewed the following documents:

- A notification letter of 24th August, 2018 from the Asokore Mampong Municipal Health Directorate. (study site) indicating approval for the conduct of the study in the Municipality.
- A Completed CHRPE Application Form.
- Participant Information Leaflet and Consent Form.
- Research Protocol.
- Questionnaire and Interview Guide.

The Committee has considered the ethical merit of your submission and approved the protocol. The approval is for a fixed period of one year, beginning 9th January, 2019 to 8th January, 2020 renewable thereafter. The Committee may however, suspend or withdraw ethical approval at any time if your study is found to contravene the approved protocol.

Data gathered for the study should be used for the approved purposes only. Permission should be sought from the Committee if any amendment to the protocol or use, other than submitted, is made of your research data.

The Committee should be notified of the actual start date of the project and would expect a report on your study, annually or at the close of the project, whichever one comes first. It should also be informed of any publication arising from the study.

Yours faithfully,

Osomfo Prof. Sir J. W. Acheampong MD, FWACP
Chairman