

**CLIENTS' PERSPECTIVE ON IMPROVING HEALTH CARE DELIVERY IN GHANA:  
EVIDENCE FROM THE ASANTE AKYEM MUNICIPALITY**

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**ABSTRACT**

Client satisfaction is an important indicator of quality health care, and ascertaining their views remain essential to providing quality health care. Hence, this study assessed clients' perspectives on staff attitudinal and interpersonal factors that drive health care delivery in hospitals within Asante Akyem Municipality, and to determine socio-demographic indicators of health services utilization. This was a descriptive cross sectional study. A total of 1985 inhabitants, who utilized health services in both public and private hospital settings in the municipality, were selected via cluster, simple and convenient sampling techniques for the survey. A pre-tested and contextually prepared structured questionnaire and interview guide were used to conduct the survey. Descriptive statistics (frequency count and percentage) and binary logistic regression were performed using computer software (STATA SE version 13). The interview data collected were analysed qualitatively using thematic analysis — responses from respondents were categorized into themes. The findings indicate that poor staff attitudes and work ethics affected health services delivery, utilization and intention to patronize hospitals in the municipality. The study reveals that patients did not experience “real satisfaction” of quality healthcare from most health facilities in the municipality. Although patients who patronized private hospitals, especially First Klass Hospital were more satisfied with the health care they received, the predictors of health services utilization were also socio-demographic related. It emerged from the findings that female clients in the municipality are six times more likely to utilize health services compared with their male counterparts with odds ratio of .683, and a probability (p) value = .005. It is, therefore, recommended that health managers and policy makers in both public and private hospital settings in the municipality should design in-service training to enable their health care providers to demonstrate better relational empathy and non-verbal behaviours during health care delivery. This is because a patient-centred approach remains crucial for the delivery of high quality healthcare.

**KEYWORDS:** Health care delivery, health services utilization, quality health service, staff attitude, and work ethics.

**INTRODUCTION**

Health services utilization (HSU) is an important health outcome indicator, surrogate measure of access to healthcare that influences the outcomes of health status and consumer satisfaction. Accordingly, if health care providers do not offer quality services, then they will fail to earn the population's trust and clients will turn to the health facilities only when in dire need of curative care.

It has been therefore suggested that if health programmes are to succeed in developing countries like Ghana then it is important to get opinions of the local people about the degree of their satisfaction with available health services (Offei, Baneraman & Kyeremeh, 2004). It is against this backdrop that the Ministry of Health (MOH) and the Ghana Health Service (GHS) identified improving the quality of health care as one of its five key objectives of the health sector reforms in Ghana (Offei et al., 2004). It envisages that quality of care might be improved through paying more attention to the perspectives of clients who visit health facilities, and also improving the competencies and skills of health care providers. Accordingly, this study explores clients' perspectives on health care delivery in hospitals in the population of Asante Akyem, including three catchment municipalities/districts within the Ashanti Region of Ghana.

## **Statement of the problem**

There have been and continue to be complaints by patients/clients, who patronize public and private health facilities/hospitals in the Asante Akyem Municipality, about poor quality of health care given by health workers. Health workers on their part have complained of challenges they face in the delivery of quality services. This has negative implications for health services utilization in the municipality. Implicitly, this has affected access to healthcare, utilization of health services and consumer or client satisfaction. Quality issues in healthcare delivery from the perspective of the consumer is given little attention in the municipality; health professionals are only satisfied in measuring quality from the quantitative perspective, that is the number of patients treated and discharged for a period without regard to the patients satisfaction of the service delivered. Again, empirical literature reports on the impact of staff attitudes, work ethics, provider-patient relationship on the care of patients and patient satisfaction with regard to quality health services (Saunders, Hawton, Fortune & Farrel, 2012; Bowers, 2012). For instance, across sectional study to assess clients' perception and an audit of care on the quality of health care delivery in Ejisu-Juaben Municipality was conducted on a sample of 422 hospital service users in March 2010. However, most of these studies employed quantitative methodology; very little qualitative exploration of the phenomenon was done in Ghana, particularly in the Asante Akyem Municipality. There is therefore methodological gap that needs to be filled by the current work.

## **Purpose**

The purpose of this study was to explore clients' perspectives on improving health care delivery in hospitals in the population of Asante Akyem Municipality within the Ashanti Region of Ghana.

## **Objective**

This study assessed clients' perspectives on staff attitudinal and interpersonal factors that drive health care delivery in hospitals within Asante Akyem Municipality.

## **Research question**

The following research question guided this study:

What are clients' perspectives on staff attitudinal and interpersonal factors that drive health care delivery in hospitals within Asante Akyem Municipality?

## **Theoretical framework**

The healthcare quality theory of Donabedian (1980) has been used to guide this study. This paper adopts the healthcare quality theory of Donabedian (1980). This theory proposes that patient satisfaction is the principal outcome of the interpersonal process of care. The theory argues that expression of satisfaction or dissatisfaction is the patient's judgment on the quality of care in all its aspects, but particularly in relation to the interpersonal component of care. This is because staff attitudes have a big impact on the care of patients. Positive staff attitudes promote the quality of health care, whereas negative staff attitudes affect the quality of care. This theory is relevant to this work because it attempts to measure how the interpersonal component of care as regards provider-patient interaction influence access, utilization and client satisfaction with health care in the Asante Municipality.

Quality healthcare encompasses quality personnel, facilities and provider-patient interaction as well as overall client satisfaction. Client (patient) satisfaction, for instance, depends on three elemental issues of health care systems: reception of patients regarding quality healthcare service, good healthcare providers and good health organisation. Satisfaction with hospital experience is driven by dignity and respect, speed and efficiency, comfort, information and communication and emotional support. Patients are willing to pay more to avail healthcare services of international standard. Clients' perception regarding quality of products or service brings about satisfaction in their mind. Donabedian (1980) argues that patients' perception is important, as it affects their health-seeking behaviour and utilization of services and provides pertinent information to the policy makers, to improve the quality of health care delivery. Quality healthcare enhances patients' sense of fulfillment and worth. Patient satisfaction brings about patient retention, ward-of-mouth-advertising, reduced malpractice cost. The cumulative effect of all these is that it makes the patient lose confidence in the care provider (Ghana Health Service Code of Ethics, 2008). Therefore, healthcare providers should consider client satisfaction.

## **Clients' perspectives on health care delivery: Examining staff attitudinal and interpersonal attributes**

Attitudes and behaviours displayed by workers in a health facility, including hospitals can directly affect the atmosphere and productivity. Admittedly, staff attitude can either inhibit or promote health care delivery and health services utilization. McGimpsey (2008) observed that all persons, whether as patients or staff want to be treated courteously, with dignity, respect and sensitivity. In his view, these can be recognised in a hospital setting when appropriate systems are put in place to enable the standards set in healthcare delivery to be achieved. He said a good understanding of what makes the public satisfied with hospital services will be the difference between a successful and unsuccessful organisation. Securing a positive patient and client experience is the responsibility of all involved in

providing health and social care. Saunders et al. (2012), in their review of attitudes and knowledge of clinical staff, observed that it is obvious to say that staff attitudes are going to have a big impact on the care of patients.

Bowers (2012) asserted that staff members' attitude in a hospital setting play a central role in how patients perceive hospital practice and whether they decide to continue receiving care there. When interacting with patients at the physician's office, the author observed that patients are almost twice as likely to say that staff friendliness and attitude dictate whether their experience was positive or negative. One of the key takeaways outlined in the report is that health organisations should create forum for patient feedback so they can proactively monitor and manage patient experiences. According to the author, the voice of the client may be the best kept secret in health. He affirmed that personal experience was found to be the top reason that patients choose a doctor or hospital and it is more than two and half times more important than it is to consumers in other industries.

They observed that in the era of globalization and heightened competition, it has been said that delivery of quality services is imperative for healthcare providers to satisfy their patients (Saunders et al., 2012). Hence, it is essential to be aware of how patients and families evaluate the quality of healthcare services. According to the authors, such understanding facilitates hospital administration to enhance quality of services and satisfy patients to a great extent as well. In line with this assertion, Compton (2004) opined that the client loyalty derives the expectation value that eventually drives the value client satisfaction in future purchase.

Health workers such as doctors may either underestimate or overestimate the extent to which patients are primarily concerned with medical and healthcare treatment rather than with gaining information and support. Unless patients are overtly distressed, healthcare practitioners such as doctors may have trouble in recognizing those who are seeking support. According to Deveugele, Derese, Brin-Muinen, Bensing and Maeseneer (2002), patients are satisfied with care from general practice but often say that consultations are too short and that doctors do not use this time well. In hospital environments, for instance, a health worker or doctor's shift of focus towards reading or writing of medical/health records, phone calls and social media (whatsapp, facebook, twitter, etc) usage rather than interaction with patients is received by patients as problematic. It is therefore advisable for a health worker to disengage from unnecessary interaction via phone and the social media. This is because engaging in these acts may leave patients puzzled about whether the health worker is listening or not. Thus, paying attention to the coordination and timing of these shifts in consultation and other healthcare processes may help the health workers to develop more patient-centred ways of interacting with the patient. Furthermore, studying the coordination of verbal and non-verbal aspects in medical/healthcare interaction may complement the current ideas on the constituents of the ideal model of patient-centredness in medical and healthcare interaction.

Patients have many needs and when these are not voiced, they cannot be addressed. Barry, Bradley, Britten, Stevenson and Barber (2000) observe that some of the poor outcomes in the patients care are related to unvoiced agenda items. This suggests that when patients and their needs are more fully articulated in the consultation and other healthcare processes, better healthcare may be affected. He advises that steps should be taken in both daily healthcare practices and research to encourage the voicing of patients' agendas (Barry et al., 2000). He further states that what doctors believe and do influences the expression of patients' agendas. This buttresses Brain's (2000) observation that patients are more satisfied and more likely to comply with treatment when doctors allow them to express their concerns and ideas in the consultation process. For some conditions, patients clearly thought that their own views on management must be taken more into account. This suggests that enhancing patient healthcare involves, among others, improving levels of patient satisfaction particularly with the provider-patient relationship.

## **METHODOLOGY**

### **The research design**

This research adopted quantitative paradigm using the descriptive cross-sectional design. This design allowed the researcher to explore the complex attitudinal pattern of the social unit with regard to clients' perspectives on health care delivery and services utilization in hospitals.

Population, sample size, sampling techniques and procedures: The estimated target population for this study was of 256, 939 inhabitants (Ghana Statistical Service, 2014) in three catchment districts: Asante Akyem Central, Asante Akyem South, Asante Akyem North, and adjoining communities in the Ejisu Juabeng Municipality for the survey. A combination of cluster, simple and convenient sampling techniques was used to sample 1,985 (1%) study participants. The choice of 1% of the target population of respondents is based on Dornyei's (2007) assertion that between 1% and 10% of a study population gives an adequate sampling fraction. The districts were put into zones or clusters by area or community of residence. Convenient sampling was used to select the 20 study participants for interview. The convenience sampling was used for easy accessibility, geographical proximity and availability of study participants at a given time as noted by Dornyei (2007).

Research methods and instrumentation: The data collection techniques for this study were administration of questionnaire and face-to-face interview. Thus, questionnaire and semi-structured interview guide were used as tools to gather data for the study. The questionnaire which contained nineteen (19) closed-ended and open-ended items was used to collect data from residents in selected households in over 200 communities within the districts. The semi-structured interview guide was used to collect data from twenty (20) conveniently sampled residents. The instruments contained items on the demographic data, and health services utilization in relation to staff attitude.

Data collection and analysis procedures: For face validation, the instruments were given to colleague medical doctors for peer review. Regarding content validation, the instruments were given to experts

in the fields of health services delivery for review. In order to ensure reliability of the research instrument, a pilot-test carried out on twenty (20) residents of Nobewam-Nsuoase in the Ejisu-Juabeng Municipality in the Ashanti Region of Ghana. The response from the pilot test was subjected to Cronbach’s alpha reliability analysis using Statistical Package for Social Sciences (SPSS) version 22 which yielded a reliability coefficient (r) of 0.74. This indicated that the instrument was reliable as noted by Dörnyei and Taguchi (2010)who stated that the acceptable values of alpha, ranges from 0.70 to 0.95.

Data presentation and analysis: The data were analysed using descriptive statistics, inferential statistics (binary logistics regression) and thematic analysis. The data were grouped as categorical (nominal) data. The STATA SE version 13 was used to run a binary logistic regression to predict the influence/effect of each independent or predictor variables (socio-demographic factors) and dependent/outcome variable (health services utilization). Thus, binary logistic was used to assess the association between socio-demographic variables and health services utilization. This was done at a significance level (p-value) of  $p \leq 0.05$  (2-tailed) at a Confidence Interval (C.I) of 95% with a margin of error of  $\pm 5$ . The frequencies, percentages, means, standard deviation, odds ratio and probability values were used to interpret the data, discuss the results and make appropriate inferences. The odds ratio via regression analysis was done to measure the association between socio-demographic factors and health services utilization. Hypothetically, the higher the odds ratio the lower the rate of influence of socio-demographic factor and vice versa. The data is presented and analysed under two basic themes: socio-demographic data, clients’ perspectives on staff attitude and health services delivery as well as utilization; and measures to improve health services utilization.

**Demographic information**

**Table 1: Demographic characteristics of respondents**

(n = 1985)

Variable	Variable category	Freq	%	Mean	SD	Sig.	OR	95% C.I. for OR	
								Lower	Upper
Sex	Male	750	38	1.12	.330	.005	.683	.522	.893
	Female	1235	62	1.16	.371				
Age (in yrs)	15-19	178	9	1.16	.366	.418	.958	.863	1.063
	20-29	509	26	1.13	.388				
	30-39	489	25	1.13	.336				
	40-49	355	18	1.17	.376				
	50-59	265	12	1.11	.320				
	60 yrs	189	10	1.13	.342				
Level of Education	Primary	125	6	1.13	.337				
	JHS/Middle school	774	39	1.16	.369				
	SSS/SHS	499	25	1.12	.324				
	Tertiary	271	13	1.12	.325				
	No formal	311	16	1.13	.342				

	Other	5	1	1.00	.000	.153	.917	.814	1.033
Occupation	Farming	356	18	1.18	.386	.467	.967	.882	1.059
	Trading	640	32	1.11	.313				
	Artisan	350	18	1.19	.389				
	Civil/public servant	367	18	1.10	.303				
	Clergy	20	1	1.10	.308				
	Other	250	13	1.16	.364				
Marital status	Single, never married	487	24	1.14	.346	.202	1.050	.974	1.132
	Single, divorced	106	4	1.09	.294				
	Single, separated	67	3	1.12	.329				
	Single, widowed	129	6	1.10	.302				
	Married	1004	51	1.14	.349				
	Cohabiting	259	13	1.17	.376				
Ethnicity	Akan	1397	70	1.14	.348	.388	.962	.881	1.050
	Guan	82	4	1.21	.468				
	Ga-Adangbe	41	2	1.12	.331				
	Ewe	224	11	1.12	.323				
	Mole-Dagbani	149	8	1.14	.343				
	Other	92	5	1.11	.313				
Religion	Christian	1735	87	1.14	.351	.565	.891	.603	1.318
	Islam	235	11	1.33	.577				
	Traditional	12	1	1.27	.467				
	Other	3	1	1.10	.299				

Source: Fieldwork data (2017).

**Key:** M = Mean; SD = Standard Deviation; p = probability value or significance level; OR = Odds Ratio

It is observed from Table 1 that health services utilization at hospitals within the municipality was skewed towards female (M=1.16; SD=.371; OR=.683) as against male inhabitants (M=1.12; SD=.330). The association between sex or gender of clients and health services utilization was found to be statistically significant (OR = .683, p = .005) 2-tailed at CI = .95%. The odds ratio indicates that females are six times more likely to be utilize health services compared with their male counterparts.

The age group is skewed towards the 15-49 years-old age group which constitute 77% of the respondents. A mean comparison of the age distribution shows that respondents who were between 40 and 49 years of age were more likely to utilize health services (M= 1.17, SD= .376, (OR = .958, p = .418).The odds ratio for age indicates a marginal or negligible statistical relationship) between the dependent or outcome variable (health services utilization) and the independent variable or predictor (age of client).

The majority (70%) of the respondents had a low level of education, including basic and secondary education. The mean distribution indicates that those who had JHS/Middle school or basic education (M= 1.16, SD= .369) were more likely to utilize health services. It could be concluded that those

who had either no formal or low level of education were more likely to attend and utilize health services at hospitals within the municipality compared with their counterparts who had college and university education (OR = .917,  $p = .153$ ).

A large number (68%) of the respondents who were employed or self-employed in the informal sector jobs (farming, trading, artisanship, small-scale mining, etc) highly attended and utilized health care services provided by hospitals within the municipality. The odds of utilization of health services by occupational status is marginal (OR = .967,  $p = .467$ ).

In all, 1004 (51%) married people participated in the survey while 981 (49%) were single (widow, divorced, never married). As many as 76% respondents comprising married couples (44%), single [never married] (21%) and those who were cohabiting (11%) mostly patronized and utilized health care services provided by hospitals within the municipality (OR = 1.050,  $p = .202$ ). This signifies a very minimal statistical association between the two variables. As many as 61% respondents who were Akans mostly accessed and utilized health care services provided by at hospitals within the municipality. The odds of utilizing health services by ethnic group was found to be marginal or negligible (OR = .962,  $p = .388$ ). The majority (75%) of the respondents who utilized health care services provided by hospitals within the municipality were Christians. The odds of utilizing health services by religious group was found to be negligible (OR = .891,  $p = .565$ ).

Clients' perspectives on staff attitude vis-a-vis health services delivery and utilization in the Asante Akyem Municipality

The interview data present sampled interview responses to the question, "What are your reason(s) for your preference and patronage of a specific hospital in the municipality?"

Indeed, I have reasons for patronizing private other than public hospitals. Specifically, I have preference for First Klass Hospital. I can confidently say that it is the best hospital in health service delivery in the municipality. Client service is just fantastic because there is love and care for patients. The doctors and nurses are friendly, respectful, patient and kind to patients. This is not the case in some hospitals in the municipality. Regrettably, some health care workers are sometimes late for work. Some waste time before referral of patients with serious problems. Others are mostly not available. I mean they are not present at the hospital in the morning evening and morning. There is no privacy for patients on admission at some hospitals in the municipality. Doctors are asking for money before treatment. Doctors don't attend to patients promptly. Some of the doctor are womanizing. (Interview respondent #1)

Hospitality for patients at private hospitals in the municipality is unique. In fact, there is good reception for clients by staff. The workers are cordial, friendly, dedicated and hardworking. Indeed, most of the workers are good and calm. There is good client care or service. At of First Klass Hospital, for instance, there is warm or good reception from OPD nurses. The nurses and midwives at the maternity department are very good. The workers at the OPD and pharmacy units are also good. Nevertheless, a few workers are hostile and naughty towards clients. However, facial expression of some doctors during consultation is sometimes not good. A doctor and nurse ever shouted at my mother who was sick. The doctor forcibly discharged my mother even though she did



not recover. A doctor did not respond to my greeting. Instead, he was using his phone; he did not pay attention to me. They must listen carefully to our situations. (Interview respondent #2)

The success story, which I think is a best practice at First Klass Hospital, is that there is good client care and service. It is because the hospital is owned and managed by a Chief Executive Officer who has love for humanity. I mean you witness generosity, kindness and politeness from the CEO and most of the workers. Certainly, the CEO and most of the workers are God-fearing, selfless, humble, patient, respectful, and relate well with clients. (Interview respondent #3)

Private hospitals which are NHIs accredited in the municipality such as First Klass Hospital is my first choice. Most of the workers have good work ethics. The doctors are regular and available. The workers give timely or prompt attention to clients. The workers are efficient, competent and experienced. Hmmm! At times, doctors and nurses are inattentive during health care. Some of the nurses are rude. Why should a nurse instruct clients to clean vomit on the floor? (Interview respondent #4)

I just like the private hospitals in the municipality, especially First Klass Hospital because there is a good human and interpersonal relationship between workers and clients. They have respect for patients. They provide quality health care too. Its unique services has distinguished and advertised the hospital. But I am not satisfied with healthcare services at some hospitals in the municipality. Poor staff attitude toward clients, especially in some public hospitals in the municipality is appalling. In fact, such workers have bad attitudes. They give preferential treatment to some clients. There is discrimination in service delivery. Some nurses discriminate, why? (Interview respondent #5)

Health care delivery is exceptional in some private hospitals, particularly at First Klass Hospital. They offer preventive and curative health care services. For instance, the hospital gives health education to clients. Education is given to pregnant women on maternity issues by midwives at pregnancy school. It offers annual health screening and check-up services for clients on BP, Hepatitis B, blood, etc for clients. They provide good counseling services. There is the practice of receiving inspirational or motivational words through Bible studies with a Minister of God at the facility (OPD). (Interview respondent #6)

Some nurses and other paramedical at hospitals in the municipality, especially those at public hospitals have bad ethics. They engage in lengthy personal or telephone conversation as well as social media interaction via whatsapp. They shout out at patients. They are impatient and arrogant. Some workers at the records department (folder room) take bribe before giving out cards. First come, last served service is practiced by workers at the records department. The nurses and workers are arrogant. Notwithstanding, a few midwives and nurses are hostile and naughty towards patients. There are distractions at wards by some hospital. They chat on phone during service delivery or working periods. There is unnecessary group conversation among some workers. There are delays by a few health workers because they focus on phone conversation. Others sleep during working periods. Simply put, some hospital workers are disrespectful, impatient, and have poor communication skills. I mean they exhibit improper behavior. (Interview respondent #7)

Some of the workers give preferential treatment to clients or patients. Some of the laboratory workers are hostile. Lackadaisical attitude of some employees, especially nurses on night duties. Negative moods of some employees affect health services delivery. Poor communication skills of some clients are poor. The security personnel have unattractive and poor appearance. I was given poor reception by the security personnel. Young male employees are proposing to young female clients. Impatient cleaners obstruct visitors.(Interview respondent #8)

I was shouted at when I asked for my laboratory test result. I was talked to harshly because I was from farm. Workers are too slow. The pharmacy workers talk harshly to me. The cleaners have unwelcoming attitudes when they are performing their duties in the morning. There is partiality in service delivery. Some workers show no sense of humanity. There is negligence of duty by some nurses. Non-attentiveness by nurses because they are glued to TV. Some nurses gossip and delay patients. Nurses watch TV and make calls. Nurses shout at pregnant women too much. Nurses sometimes talk harshly to patients.(Interview respondent #9)

Patients are not treated equally. Some nurses have poor attitudes. The security personnel are inactive. Some nurses dress shabbily. Some nurses are sluggish. Workers are not punctual as they used to be. Some patients are favoured through protocol. Inhumane attitude of nurses who treat wounds. Some workers are stubborn. Strangers come to watch TV at the hospital and this can lead to robbery. Some workers are very aggressive and unfriendly.(Interview respondent #10)

## Improving health services delivery and utilization in the Asante Akyem Municipality

In response to the question, “What advice would you give to the management of hospitals to improve upon health services delivery in the municipality?” the interviewees made the following propositions:

The management of hospitals in the municipality should advise doctors, nurses and other hospital workers to scale-up good relations with clients. All medical doctors should be punctual and regular.(Interview respondent #1)

Management of hospitals should be counseling workers about service delivery. There should be in-service training for nurses and other health workers on effective health care delivery. The workers must be hard-working, but patient during treatment. (Interview respondent #2)

Hospital employees should be generous, patient and kind toward patients. Nurses should desist from the habit of gossiping. Management should organize workshop for nurse and all employees on effective human relations and communication skills. Bribery and corruption should be eschewed at hospitals in the municipality. (Interview respondent #3)

Management should advise nurses and other hospital workers to treat people equally. They should caution employees against bad deeds such as arrogance, conversation, gossiping and bribery during service delivery. They should desist from excessive use of phones during work periods. (Interview respondent #4)

Hospital workers should avoid partiality and discrimination during service delivery. In this regard, management of hospitals should advise workers to respect clients. (Interview respondent #5)

Workers should exhibit good human relations. They should be sociable, patient, respectful, lenient, hardworking, God-fearing, humble, friendly, cordial, benevolent, loving, and kind. Kudos to the Chief Executive Officer of First Class Hospital – He is an epitome of these qualities. (Interview respondent #6)

There should be proper supervision and monitoring by management of hospitals in the municipality. Nurses and other hospital workers should ensure privacy of patients. (Interview respondent #7)  
Moral behaviours of workers should be checked before employing them. Doctors, midwives and nurses should not put fear in pregnant women during delivery. They should stop shouting at pregnant women. (Interview respondent #8)

Management should employ people to interpret languages for those who cannot speak “Twi”. Management should check the behaviour of new nurses. It is appropriate for hospitals to seek the services of sign language interpreters and other professionals to assist deaf and dumb clients as well as the visually impaired. (Interview respondent #9)

I and my relatives will access and utilize health care services at any hospital in the municipality, where patients are accorded with human dignity. I feel I will get satisfaction if relationship between health care workers and patients is at its best. (Interview respondent #10)

The results of this study established that poor staff attitudes and work ethics affect health services delivery, utilization and intention to patronize hospitals within the Asante Akyem Municipality. It could be inferred from the interview data that staff attitudes have contributed either positively or negatively to health care delivery and services utilization in hospitals in the municipality. This result is a justification that attitudes and behaviours displayed by workers in health facilities either inhibit or promote health care delivery and health services utilization. This finding corroborates the views of Saunders, Hawton, Fortune and Farrel (2012) who averred that staff attitudes have a big impact on the care of patients. It is also evident from the interview data that clients, including patients want to be treated courteously, with dignity, respect and sensitivity when they patronize hospitals in the municipality. The findings of this study concur with the views of McGimpsey (2008) who pointed out that all persons, whether as patients or staff want to be treated courteously, with dignity, respect and sensitivity. Notwithstanding, the results of this study point to the fact that some health workers do not exhibit good work ethics, human values and moral behaviours towards clients. This raises the question of whether patients or clients experience “real satisfaction”, particularly with the provider-patient relationship. Arguably, the absence of “real satisfaction” of utilizing health services could affect client loyalty and the intention to patronize a particular health facility in future. This observation echoes the assertion of Compton (2004) who opined that client loyalty derives the expectation value that eventually drives the value client satisfaction in future purchase (Compton, 2004). The finding also buttresses the views of Bowers (2012) who asserted that staff members’ attitude in a hospital setting play a central role in how patients perceive hospital practice and whether they decide to continue receiving care there.

## **Key finding**

The main finding of this study shows that poor staff attitudes and work ethics affected health services delivery, utilization and intention to patronize hospitals within the Asante Akyem Municipality. There is also a positive relationship between clients' socio-demographic characteristics and utilization of health services.

## **CONCLUSIONS**

Health care delivery in developing countries can best succeed if the opinions and inputs of consumers of health services are integrated into health care delivery. Healthcare providers should therefore consider client satisfaction as a key component of strategy. This is because attitudes and behaviours displayed in a workplace directly affect the atmosphere and productivity within an organization. Positive staff attitudes have a great impact on the quality of health care, whereas negative staff attitudes affect the quality of care. Clients' perception regarding quality of products or service brings about satisfaction in their mind. Quality healthcare enhances patients' sense of fulfillment and worth. Patient satisfaction brings about patient retention, ward-of-mouth-advertising, reduced malpractice cost. Satisfaction with hospital experience is driven by dignity and respect, speed and efficiency, comfort, information and communication and emotional support.

## **RECOMMENDATIONS**

Patient satisfaction depends on three elemental issues of health care systems: reception of patients regarding quality healthcare service, good healthcare providers and good health organisation. In view of the above, the Ghana Health Service and Management of Hospital facilities in the municipality should leverage healthcare delivery via the human-centred approach. They should periodically train their workers on human values, client relations and care as well as work ethics.

Hospital administration or management in the municipality should provide suggestion boxes at their facilities as avenue for client complaints and suggestions for improved services. The complaints unit should institute a yearly survey where patients are given the opportunity to assess the performance of the hospital in areas of care and treatment, sanitation of working environment, access to information, and relations of health workers with patients, the consent and confidentiality of patients, among others for improved service delivery

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**APPENDIX A**  
**QUESTIONNAIRE ON HEALTH SERVICES UTILIZATION**  
**IN THE ASANTE-AKYEM MUNICIPALITY**

**INTRODUCTION**

This questionnaire is intended to solicit your views on health services utilization. We assure you of confidentiality in handling this information while at the same time ensuring that the data obtained is used to improve the quality of the health care service we provide. Please kindly feel free to answer the questions to the best of your views. Thank you.

INSTRUCTION: Please tick [] or write as applicable per item.

Section A: Socio-demographic data

1. Sex: Male [] Female []
2. Age range (yrs.): Less than 20 [] 20 – 29 [] 30 – 39 [] 40 – 49 [] 50 – 59 [] More than 60 []
3. Highest level of education: Primary [] JHS/Middle School [] SSS/SHS [] Tertiary (college, polytechnic, university) [] No-formal [] Other [], Please specify: .....
4. Occupation: Farming [] Trading [] Artisan [] Civil/Public servant [] Tertiary [] Clergy [] Other [], Please specify: .....
5. Marital status: Single, never married [] Single, divorced [] Single, separated [] Single, widowed [] Married [] Cohabiting []
6. Ethnicity/Tribe: Akan [] Guan [] Ga-Adangbe [] Ewe [] Mole-Dagbani [] Other [], Please specify: .....
7. Religion: Christian [] Islam [] Traditional []
8. If Christianity, state the denomination: Catholic [] Anglican [] Methodist [] A.M.E Zion [] Pentecost [] Other [] Please specify: .....
9. Which of the following health facilities do you usually visit for health care services whenever you either fall sick or not?  
 First Class Hospital [] Agogo Presbyterian Hospital [] Life Land Hospital []

Konongo-Odumase Government Hospital [ ] Juaso Government Hospital [ ]  
Multi-Tech Hospital [ ] other [ ] Please specify: .....

10. What are your views on staff attitude towards clients and health services delivery at hospitals mentioned in question 9 above?

.....  
.....

11. What are your perspectives on improving health care delivery in in the Municipality?

.....  
.....

Authors

Dr. Steve Ogbordjor<sup>1</sup> is the originator of topic; writing of the introduction, conclusion, recommendations and

References.

Augustine Mac-Hubert Gabla<sup>2</sup> reviewed the literature, performed data analysis and discussed findings of the study.

Nayram Mmensah<sup>3</sup> performed data collection and put the article together.