

CENTRAL UNIVERSITY
DEPARTMENT OF NURSING



**PATIENT AND FAMILY PERCEPTION AND SATISFACTION WITH QUALITY
NURSING CARE IN GHANA; A STUDY AT KORLE BU TEACHING HOSPITAL**

BY

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**A Project Work submitted to the Central University, School of Medicine and Health
Sciences in partial fulfillment of the requirement for the degree of Bachelor of Science
in Nursing**

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DECLARATION

Candidates' Declaration

We hereby declare this submission is our own project towards the award of Bachelor of Science Degree, is the result of our own original research and that no part of it has been presented for another degree in this or any other university elsewhere.

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Supervisor's Declaration

I hereby declare that the preparation and presentation of this project work was done in accordance with the guidelines on supervision of project work laid down by Central University.

Supervisor's Signature:

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DEDICATION

To our parents

ACKNOWLEDGEMENTS

To the Almighty God be the glory, for He has been pivotal from the beginning and the completion of the project work. The time, instructions, guidance of our supervisor Ms. Shammah O. Omololu also contributed immensely towards the research study. We wish to express our appreciation to the Head of OPD, medical ward and surgical ward of the Korle-Bu Teaching Hospital. We are profoundly grateful to our lecturers and colleagues that assisted us in one way or the other during our project work and studies. Last but not the least, we also acknowledge the authors of the books, journals and articles we used in writing our project work. Lastly, we are very grateful to the respondents who out of patience and understanding participated in answering the questionnaire .

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ABSTRACT

Nursing care is a major component of the health services because it is one of the determinants of quality health services. Patients' perceptions regarding nursing care is thought to be the determinant of quality nursing care. In response to the current gaps in research evidence, this study aimed to explore patients and family's perceptions and satisfactions of the quality of nursing care and related hospital services among Korle-Bu Teaching Hospital inpatients in order to improve the quality of care in the hospital. A quantitative descriptive cross-sectional study was used as a research design to elicit data from a sample of one hundred and fifty patients and/or family members, thus, a survey questionnaire was employed for the data collection. Convenience sampling technique was used to select patients and family members who were willing to participate in the study. The results from the study revealed that patients and/or family members are expecting nurses to be kind, cheerful, positive, responsive, not being harsh, honest, empathetic, friendly, polite, not being rude, respectful, demonstrating knowledge and competent at work, and meeting all their needs. In conclusion, self-guarding patients' privacy is the nursing responsibility. Nurses should be advocating for protection of patients' rights from any abuse either by fellow nurses or other health professionals. The study recommends that nurses need to acquire customer care skills through organized seminars/trainings by the hospital management.

CHAPTER ONE

BACKGROUND AND LITERATURE REVIEW

1.0 Introduction to the Chapter

This chapter presents the background to the study and review of empirical literature on patient and family perception and satisfaction in relation to quality nursing care.

1.1 Background of the Study

In the globalized context, in which science, technology and information lie within many people's reach, the professions, and particularly nursing, are confronted with the need to improve their work processes with a view to guaranteeing high-quality care provision to the patients (Vituri & Matsuda, 2009). The new health care technologies have increased the costs of the health sector and the population's expectations with regard to the services offered. Nevertheless, studies indicate flaws in the quality and safety of care, involving unwanted events that negatively affect the health organizations' image (World Health Organization, 2008). Today, the development of healthcare services is an important issue that depends on patient's perception of the quality of the received care (Törnvall & Wilhelmsson, 2010). The most important competitive advantage of health care institutions is to provide high quality health care services.

Quality of care is a system approach to health services, which emphasizes both technical competence as well as interpersonal dimension of "health care giving process" (Staniszewska and Ahmed, 1998). The quality of medical care can be measured by satisfaction of the patients and their relatives (Şişe, 2013). Client's/patient's satisfaction is one of the two main components of quality of care which includes respect for the client/patient and understanding the needs of the client and providing services accordingly. Thus quality of work can be assessed by mapping out patient satisfaction with nursing care (McColl, Thomas & Bond, 1996).

Patient satisfaction is described as “the basic measure which shows the quality of care where the basis authority is patient and gives information about the level of fulfilling the expectations and values of patient” (Donabedian, 1998). Patient satisfaction is determined by two factors. The first factor is patients’ expectations. Expectations that the patients search and want to see in health institutions can be described as scientific, administrative and behavioral features and vary according to patients’ age, gender, education level, socio cultural characteristics, past experience in dealing with health care and health institutions. The second factor is patients’ perception of services they received. Perceptions are measured on the basis of opinions or assessments of patients about services they received and service production process. Perception factor varies according to patients’ characteristics and their past experiences with health institutions (Arslan, Nazik, Tanrıverdi & Gürdil, 2012 & Kavuncubaşı, 2000). The patient satisfaction in terms of nursing services is directly related to help individuals until they can handle their own care, to make individual meeting their own care and needs and train individual during this process (Akın & Erdoğan, 2007). Since hospitalization and until the patient’s discharge from hospital, satisfaction of patients consists of the perception of nursing care (Chan & Chau, 2005). Because, the most important connection point between institutions and inpatient services is nursing service (Şişe, 2013).

Quality Nursing Care is extremely important for health care organizations. Quality Nursing Care is defined as a process that sought to attain the highest degree of excellence in the delivery of patient care (Ali, Arıkan & Emine, 2018). In this study, patient's perception of quality nursing care is defined as the patient's feeling or view of the nursing care they received from nursing staff during hospital stay and is acknowledged as an outcome indicator of the quality of nursing care (Donabedian, Wheeler & Wyszewianski, 1982). Nursing is aware of its responsibility for the quality of its care provision to the patients, the institution, ethics, laws and professional standards, as well as of how its performance contributes to the valuation of

care and the patients' satisfaction (Regis & Porto, 2011). Nursing services is one of the most important components of hospital services which has two major objectives; nursing care of sick patient and prevention of disease and promotion of health. Nurses form a very important group, which is largest single technical group of personal engaged in hospital care next to doctors and consume almost one third of hospital cost. A hospital may be soundly organized, beautifully situated and well equipped, but if the nursing care is not of high quality, the hospital will fail in its responsibility of providing care (Nazim, Basak & Mahmut, 2002 & Brain, Empereur & Guillemain, 2002).

From the above, it could be seen that health care professionals and patients' view quality nursing care from different perspectives. Health care professionals view competent nursing care as quality nursing care (Gupta, Markman, Rodeghier & Lis, 2012). Patients describe quality nursing care in terms of interpersonal care, efficiency; competency, comfort, personalized information, physical environment, and general instructions (Senarath & Gunawardena, 2011). To ensure service improvement initiatives at appropriate levels in hospital is a prerequisite to understand factors which influence patients' perception about the received care. The measurement of patients' perception with quality nursing care is important to determine and meet patients' need in terms of nursing care and to evaluate quality of nursing care provided (Rajeswari, 2018).

Although the significance of measuring patient satisfaction with nursing care cannot be emphasized enough, currently the concern of patients' satisfaction with nursing care has attracted the attention of researchers across the globe. This is because of knowledge gained from patient satisfaction surveys can set a direction for quality improvement (Negash, Negussie & Demissie, 2014).

According to Offei, Sagoe, Owusu-Acheaw, Doyle and Haran (1995), quality issues in health care in developing countries like Ghana receive low attention vis-à-vis low utilization of health services. Dimension of health care quality includes access to services, socio-cultural acceptability, relevance to need, effectiveness, equity and efficiency of service et cetera.

A study on patients' perception of quality nursing care stated that nurses' affective activities are more important for the quality nursing care than their technical skill. From this study, patients placed most emphasis on the nursing care that recognized them as a unique individual with their need to share feelings, to be accepted as a family member and to have someone listen to them (Jijia, Su-mei & Ziyang, 2015).

A study undergone in Nigeria found that dignity was not completely maintained according to the standards expected by the patients. Nurses' attitude towards patients had great influence on patients' perception of nursing care. Quality of care is not only dependent on the care received, but also on the way the care delivered (Ella, 2012). Patients' perception to health care system seems to have been largely ignored by health care administrators in developing countries (Li, Lowrie, Huang, Lu, Zhu, Wu, Shayiti, Tan, Yang, Chen, Zhao, He, Wang & Lu, 2015).

The Ministry of Health (MOH), Ghana, is struggling to provide quality health care service at every health institution through different strategies (MOH, 2014). Although the needs of the clients are dynamic and are constantly influenced by demographical, social, environmental, cultural, economic and technological factors, patient satisfaction is not sufficient enough. Therefore, the health care system needs constantly determining the needs of the clients through patients' satisfaction and surveys to go through a continuous change that is in accordance with the priority needs of the client and to ensure the quality of nursing care services (Wandera & Onyango & Kakai, 2014).

In general, a very important aspect on which the patient satisfaction depends is on the nursing care, because nurses are involved almost in every aspect of client's care. A nurse who was perceived quality nursing care service had showed kindness, a good attitude and professional manner, trust and honesty as well as clinical competence. To understand the patient and family satisfaction, Patient or family's perception towards nursing care must first be understood. Therefore, the purpose of this study was to determine and evaluate patients and family perception and satisfaction regarding the quality of nursing care and its contributing factors.

1.2 Problem Statement

Despite the efforts by the Ghana Health Service and all other stakeholders to improve quality health care delivery in Ghana, there is still perceived unsatisfactory services rendered by the staff of public hospitals including areas of care and treatment, relationship between patients and care givers, sanitation of working environment, access to basic information about their rights, consent and confidentiality of patients, among others (Ofosu-Kwarteng, 2012), and clients often complain about poor quality of services in public healthcare facilities (GHS, 2005) of which Korle-Bu Teaching Hospital is one. These complaints are mostly centered on poor client care, unhealthy hospital environment and apathy of health service providers (Boadu, 2011).

Findings from a quality assurance survey done in 2012 at Korle-Bu Teaching Hospital revealed that clients were not satisfied with the quality of care.

Research done in Komfo Anokye Teaching Hospital has shown that the overall rating of nursing care quality was 60%. The aspect of care which scored least were patient observation, pressure ulcer prevention and amount of information nurses give about their condition (Abeyie, 2004). So, to improve the health care system, the use of patients' perception of care is very

important and also nurses should have a clear understanding of patient's need in order to plan individualized nursing care.

In addition, a study conducted in University of Ghana Hospital showed that the overall patients' perception was found to be 49.7%. In this study, regarding the nurses' characteristics, the nursing care related activities, and the information providing to the patient perceived was found to be 45.5%, 40.4%, and 38.8% as poor respectively. The result indicated the need for professional accountability and responsibility to provide optimal standard nursing care (Freeman, 2017).

Yet, no study was found to assess patient and family's perception and satisfaction of quality nursing care and related hospital services in Korle-Bu Teaching Hospital. In Ghana, there is a growing interest by the healthcare institutions to enhance quality of patient care. In response to the current gaps in research evidence, this study aimed to explore patients and family's perceptions and satisfactions of the quality of nursing care and related hospital services among Korle-Bu Teaching Hospital inpatients in order to improve the quality of care in the hospital.

1.3 Purpose of the Study

The main purpose of this research seeks to determine and evaluate patient and family perception and satisfaction in relation to quality nursing care in order to improve the quality of nursing care.

1.4 Research Objectives

- i. To determine patients and family's expectations from nurses about their care.
- ii. To determine patients' experiences encountered while receiving nursing care.
- iii. To assess patients and family's satisfaction of nursing care.

1.5 Research Questions

- i. Why are patients and family having negative perceptions of nursing care?
- ii. What are some of the experiences patients encounter while receiving nursing care?
- iii. Are the patients and family satisfied with nursing care?

1.6 Significance of the Study

This study, which is aimed at determining and evaluating patients and family perception and satisfaction regarding the quality of nursing care and its contributing factors in Korle-Bu Teaching Hospital, has added to the body of knowledge in different ways.

Nurses

This study will help to add to the body of knowledge of nursing discipline. Also, feedback from the patients would be the basis for improvement of nursing practice.

Patients/Family

The outcome from the study will help patient/family to receive better and quality care from nurses and the hospital as a whole.

The Researcher

The study will help the researcher to unearth patients and family perception and satisfaction regarding the quality of nursing care in Korle-Bu Teaching Hospital; and also, to contribute to the academia since only few researchers have delved into this area.

Central University

The study will serve as a literature on the subject matter to researchers and students alike in the university who would undertake studies in this area, because of the few literatures in this area of study globally and none in the university.

Ghana

Some of the main challenges at Korle-Bu Teaching Hospital are quality deficiencies that need to be addressed to ensure holistic work performance. This approach could positively impact on the Millennium Development Goal 5 which aims at improving health care services. So, the findings of this research will help policy makers and stakeholders to improve procedures and management of the administration and serve as baseline information for future research work.

1.7 Operational definition of Terms

Patient is a person receiving or registered to receive medical treatment.

Satisfaction denotes the confident acceptance of something as satisfactory,

Nursing care is defined as the promotion of health, prevention of illness, and the *care* of ill, disabled and dying people

1.8 LITERATURE REVIEW

1.8.1 Introduction to the Chapter

Patients seek quality nursing care (QNC) when they visit the hospital. Patients' perceptions and satisfaction are one of the elements that determine quality nursing care. The literature review focused on quality of nursing care, patients' and family's perceptions and satisfaction, expectations and nursing activities done in Our Patients Department/ Korle Bu Polyclinic, Medical and Surgical wards at Korle Bu Teaching Hospital. In this chapter, the literature review is viewed based on patients and family's perception and satisfaction with quality nursing care in Ghana. The literature outlines what is known or works done by others in the research area. It also identifies some of the gaps in existing knowledge on patients and family's perception and satisfaction with quality nursing care. The chapter provides fundamental understanding of the theoretical concepts from similar research to direct future research. Literature was reviewed extensively, using the following research database sources from the internet, Google, annual reports from the Ghana Health Service and Ministry of Health. There is limited literature on patients and family's perception and satisfaction with quality nursing care among staffs, globally including Ghana.

1.8.2 Quality of Nursing care

Deficiencies in quality of care represent neither the failure of professional compassion nor necessarily a lack of resources (Institute of Medicine 2001). Rather, they result from gaps in knowledge, inappropriate applications of available technology (Murray & Frenk, 2000), or the inability of organizations to change (Berwick 1989). Local health care systems may have failed to align practitioner incentives and objectives, to measure clinical practice, or to link quality improvement to better health outcomes. Increasing evidence, much of it developed since the mid-1990s, shows that quality can be improved rapidly. However, to improve clinical

practice—and thus quality of care—quality must be defined and measured, and appropriate steps must be taken (Silimper, Franco, Veldhuyzen van Zanten & MacAulay, 2002).

To understand the definition of QNC, there was need to understand what quality is from in a health perspective. According to World Health Organization (WHO, 2000) quality has been defined as the process of meeting the needs and expectations of patients and health service staff. The American Medical Association (AMA, 1991), also defined quality as the degree to which care services influence the probability of optimal patient outcome. The WHO, (2006), identified effectiveness, efficiency, accessibility; acceptability/patient-centeredness, equitability and safety as dimensions that help to define quality.

1.8.3 Element of Quality

Quality comprises three elements:

Structure refers to stable, material characteristics (Infrastructure, tools, technology) and the resources of the organizations that provide care and the financing of care (levels funding, staffing, payment schemes, incentives).

Process is the interaction between caregivers and patients during which structural inputs from the health care system are transformed into health outcomes.

Outcomes can be measured in terms of health status, deaths, or disability- adjust life years-a measure that encompasses the morbidity and mortality of patients or groups of patients.

Outcomes also include patient satisfaction or patient responsiveness to the health care system (WHO 2000). Structural measures are the easiest to obtain and most commonly used in studies of quality in developing countries. Many evaluations have revealed shortages in medical staff, medications and other important supplies, and facilities, but material measures of structure, perhaps surprisingly, are not causally related to better health outcomes (Donabedian, 1980).

Quality Nursing Care satisfies the needs and expectations of patients. It can reasonably be

argued that the quality of health care impacts upon utilization of health facilities and hence improvements to quality lead to increased efficiency. Improvement in quality is, in fact, a natural phase of the process of development of health systems (Amanoo-Lartson and Ebrahim, 1984). There are many reasons why health care quality is important. Providers consider increasing quality in health care to be —the right thing to do especially the biggest hospital in Ghana and West Africa. The revival of customer service occurred, in part, because service quality, as opposed to cost, distinguishes among health care institutions (Hudson, 1998). Secondly, involvement and satisfaction of the customer affect behaviours. Legnick-Hall (1996) developed a conceptual model of the consumer contribution to quality, which includes a description of the relationship of perceived quality to satisfaction, and the motivation to change behaviours. This is of considerable importance if you consider the relationship between patient satisfaction and compliance with medical treatment plans. Third, as quality improves, expectations increase. According to Moore and Berry, as consumers become more quality conscious, service firms not only need to satisfy their expectations, but to exceed them (Moore & Schlegelmich 1994) and (Berry, Parasurman & Zeithmal, 1988). Patients are likely to care more about the communication, listening, kindness and responsiveness of their nurses (Burhans, & Alligood, 2010). Moss and Garside (1995) contend that too often, in health care, efforts to improve quality of patient care in hospitals are stratified hierarchically. Physicians take responsibility for one aspect, nurses for another and managers for still another. Berwyck (1989) measured performance in terms of clinical outcomes, patient satisfaction, error rates, waste, unit production costs, productivity, market share and other measurable elements. Therefore, assessment of quality of care from patients' perspective has been operationalized as patient satisfaction (Rafii, Hajinezhad & Haghani, 2008).

1.8.4 Patients' Satisfaction and Expectations with Nursing Care

The nurse-patients relationship sets the tone of the care experience and has a powerful impact on patient satisfaction. Patients see nurses' interactions with others on the care team and draw conclusions about the hospital based on their observations (Zhao & Akkadechanunt, 2004). Chaka, (2005), pointed out that patients' satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality. Stimson and Webb (1975) suggested that satisfaction is related to perceptions of outcome of care and extent to which it meets patients' expectations. Chaka, (2005) agreed with Pascoe (1983) definition of patients' satisfaction as a health care recipient's reaction to outstanding aspects of the context, process and results of their service experience.

A study conducted in Turkey on the patients expectations and satisfaction of nursing care, revealed that patients' expectations of nursing care were found to be cheerfulness, concern, understanding, courtesy and benevolence (Ozsoy, Ozgur & Akyol, 2007). These expectations of nursing care ranged between 30% and 90% and were not related to nurses' knowledge and competence. It was also found that patients expected to be informed by nurses about their medication and treatment. The study further revealed that between 14% and 90% of patients stated that they were informed and trained on service, treatment and care including home care. On patients' satisfaction, it was found that the majority of patients were satisfied concerning their orientation to the ward, information on treatment and home care and nurses' prompt answers to the calls for help. There are so many factors that influence patients' perceptions of nursing care. Nurses need to understand that it is not only the competence and knowledge that would make patients to be satisfied with nursing care but also the way they behave and interact with the patients and the way they treat patients will determine the quality of nursing care nurses provided.

CHAPTER TWO

RESEARCH METHOD

2.0 Introduction to the Chapter

This chapter provides detailed description of the methodology that was employed in the study which includes the research design, population, sample and sampling procedures, research instruments, data collection procedure and the method of data analysis that was used to determine and evaluate patients and family perception and satisfaction regarding the quality of nursing care and its contributing factors.

2.1 Research Design

A research design refers to plan that guides a researcher on how to organize the research activities (Bryman & Bell 2003). A research design presents a framework or arrangement of action for a study. The research method is quantitative. In the quantitative methodology, the study is based on attempting to measure variables or to count occurrences of a phenomenon. It is used to quantify attitudes, opinions, behaviors, and other defined variables – and generalize results from a larger sample population. It focuses on understanding social phenomena from the perspective of the human participants in the study (Ary, Jacobs, L.C., Sorensen & Walker, 2014). This study is a quantitative study aim at describing patients' perceptions regarding nursing care at the out-patient department (OPD), medical ward and surgical ward at Korle-Bu Teaching Hospital. The quantitative variables include; patients' demographic variables, expectations and level of satisfaction.

2.2 Research Setting

The study location is Korle Bu Teaching Hospital (KBTH). Korle-Bu Teaching Hospital is the premier tertiary health-care facility in Ghana and employs over 4,500 workers. Located in Accra, it is the only public tertiary hospital in the southern part of the country. It is the teaching hospital affiliated with the medical school of the University of Ghana. Three centres of excellence, the National Cardiothoracic Centre, the National Plastic and Reconstructive Surgery and the Radiotherapy Centres are all part of it. The Hospital was established on 9 October 1923, KBTH has grown from an initial 200-bed capacity to 2,000. It is currently the third largest hospital in Africa and the leading national referral centre in Ghana. Korle Bu, which means the valley of the Korle Lagoon, was established as a general hospital to address the health needs of the indigenous people under the administration of Sir Gordon Guggisberg, then Governor of the Gold Coast. Population growth and the proven efficacy of hospital-based treatment caused a rise in hospital attendance in Korle-Bu. By 1953, demand for the hospital's services had escalated so high that the government was compelled to set up a task force to study the situation and make recommendations for the expansion of the hospital, therefore, it resulted in the construction of new structures, such as the Maternity, Medical Surgical and Child Health Blocks. This increased the hospital's bed capacity to 1,200.

At the moment, the Hospital has 2,000 beds and 17 clinical and diagnostic Departments/Units. It has an average daily attendance of 1,500 patients and about 250 patient admissions. Clinical and diagnostic departments of the hospital include Medicine, Child Health, Obstetrics and Gynaecology, Pathology, Laboratories, Radiology, Anaesthesia, Surgery, Polyclinic, Accident Centre and the Surgical/Medical Emergency as well as Pharmacy. Other departments include Finance, Engineering, and General Administration. The Hospital also provides sophisticated and scientific investigative procedures and specialization in various fields such as Neurosurgery, Dentistry, Eye, ENT, Renal, Orthopaedics, Oncology, Dermatology, Cardiothoracic,

Radiotherapy, Radio diagnosis, Paediatric Surgery and Reconstructive Plastic Surgery and Burns.

2.3 Target Population

Gall et al (2006) defined population as a set of people or items with similar features that a researcher intends to study from to draw statistical conclusions. This study was conducted among all patients/clients and family members who accessed care or services at OPD, medical ward and surgical ward of the Korle-Bu Teaching Hospital within the period of the study.

2.3.1 Inclusion Criteria

- i. All patients/clients who had received care from the hospital before the time of the study.
- ii. All family members who accompanied the patients/clients to the hospital and meet the inclusion criteria (i) above.
- iii. Consented to participate in the study.

2.3.2 Exclusion Criteria

- i. Patients who are seriously sick and cannot speak to the enumerators at the time of the study.
- ii. Patients or family members who are first timers at the hospital and are yet to receive care.
- iii. Patients or family members who did not consent to participate.

2.4 Sampling Method and Size

Generally, large samples used in a study results in a more precise statistical finding (Terre Blanche *et al.*, 2006). Crimp & Wright (1995) outlined some guidance sample size in a survey

study by suggesting that sample size larger than 30 and below 500 is appropriate. The sample size for this study was calculated using the following formula (Mugenda and Mugenda, 2003)

$$n = [(Z_{\alpha/2})^2 \times P (1-P)] / d^2 \quad \text{where; } n = \text{the desired sample where population } > 10\,000$$

z = standard normal deviate (1.96) corresponding to 95% confidence limit.

d = degree of precision usually set at 0.05

P = prevalence/proportion. (Estimated proportion 0.5). Since the patients' perceptions regarding nursing care was not known, P taken as 50%

$$1.96^2 \times 0.5 \times 0.5 / (0.05)^2$$

$$n = 384$$

The study was adjusted for finite population as follows, Fishers' et al. (1998)

$$n_f = [n/1 + (n/N)] / 2$$

Where; n_f = desired sample for population $< 10\,000$

n = desired sample size for population $> 10\,000$.

N = estimate of the population size (250)

$$n_f = [384/1 + (384/250)]/2$$

$$= 150$$

A sampling technique is the procedure researchers adopt to select a sample from a population.

A non-probability sampling technique was adopted where the researcher used convenience sampling techniques to select the participants. Convenience sampling technique was used to select patients and family members who were willing to participate in the study.

2.5 Data Collection Tool

Structured questionnaire with closed and open ended questions were used. The study researcher assisted the participants to answer the questions. The questionnaire had sections seeking information on participants' demographic data; patients' expectations, experiences and challenges with nursing care. The participants were also asked to explain how they perceived the nursing care and the level of satisfaction. The research assistant administered the questionnaires through face-to-face and gathered the data from 150 participants. The data collection was conducted in English and those who could not understand English were explained to them in the local dialect (specifically, Twi and Ga) by the research assistant.

2.6 Data collection Procedure

With the aid of an introductory letter from the Department of Nursing, Central University, the investigators would formally seek opportunity to access to the research setting where pertinent data would be gathered. The researchers would seek for formal permission and access to the OPD, Medical Ward and Surgical Ward by presenting their introductory letter to the management of Korle-Bu Teaching Hospital. The investigators would explain the purpose of the study and upon receiving approval; they would proceed to where the respondents are located to introduce themselves to the nurse manager in charge of the OPD, Medical Ward and Surgical Ward. The modalities and arrangements of the data administration would be communicated to the staff at the OPD, Medical Ward and Surgical Ward and opportunity would be given to introduce the researchers to the respondents. The respondents would be assured of confidentiality and anonymity relative to information provided on the questionnaire. They would further be reassured that codes would be assigned to the each questionnaire and no one is expected to write her name on the form in order to protect their identities. The respondents would be given the opportunity to opt out of the study without suffering any harm or monetary compensation. The researchers would declare any evidence of potential conflict of interest.

2.7 Validity and Reliability of the Study

Validity refers to the extent at which the survey instrument measures right elements that need to be measured and reliability denotes the consistency of the instrument. In order to ensure reliability and validity, a pretest of the questionnaire would be conducted at the among five first time patients at OPD, Medical Ward and Surgical Ward of Korle-Bu Teaching Hospital. The pre-test would help eliminate any ambiguity, wordy sentences or phrase and sensitive words that ought not to be in the instrument. Also, the inputs of the supervisor would make the instrument more reliable and valid for drawing of inference and conclusion.

2.8 Ethical Consideration

The following measures were taken to ensure that participants' rights are protected and their safety guaranteed: Ethical clearance is obtained from the Ghana Health Service Ethical Review Committee. Participants were assured of privacy and confidentiality. They were informed about their rights to withdraw from the study at any point of time. Informed consent was obtained from all participants after the study had been explained to them. Permission is obtained from the authorities of Korle Bu Teaching Hospital.

2.9 Limitation of the Study

There are many limitations that may hinder the progress of a researcher's project work. In this case, language barrier between the correspondents and the research assistance was a major problem. Also, there was too much bureaucracy in the processing of the introductory letter by the institution before permission was granted for the research to start.

CHAPTER THREE

STUDY FINDINGS AND DISCUSSIONS

3.0 Introduction to the Chapter

This chapter presents the results of the study and the discussion of empirical findings. The results of the study are presented in line with objectives of the study whereas the discussion of findings relates the results of the study with other comparable and relevant empirical literature to establish if there is a consensus or otherwise.

3.1 Data processes and Analysis

Field data was entered by the researcher using the Statistical Package for Social Sciences (SPSS) Version 21.0. The data was then cleansed thoroughly to ensure that all inconsistencies and recording errors were eliminated. Data analysis was done with the same software. Frequency distributions were used to summarize the data into tables and charts. The charts (bar charts and pie chart) were drawn with Microsoft Excel. For all statistical tests, $\alpha = 0.05$ was used to determine statistical significance. Inferential statistics such as t-tests, ANOVA and Pearson correlation were used to find relationships of the variables and its significance.

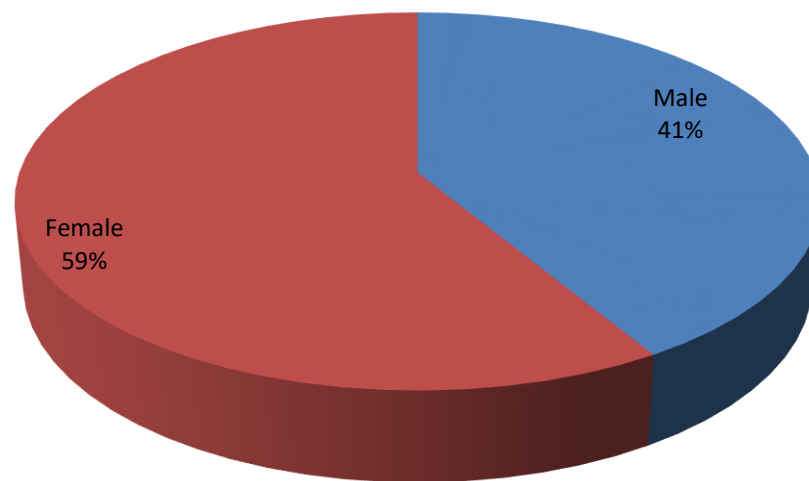
3.2 Findings

This section presents data analysis and results of the study. The chapter begins with the demographic characteristics such as gender, age, religion, marital status, occupation, level of education, area of residence and whether the respondents have been admitted to Korle Bu Teaching Hospital before. Data obtained was analyzed using SPSS version 20.0. Also, percentages, graphs and means were used to analyze some items of the questionnaires.

3.2.1 Demographic Characteristics

This section describes the background characteristics of patients and/or family members who received care at Korle Bu Teaching Hospital in the Greater Accra. A total of 150 questionnaires were administered to patients and/or family members (who meet inclusion criteria), and all were retrieved, showing a response rate of 100%.

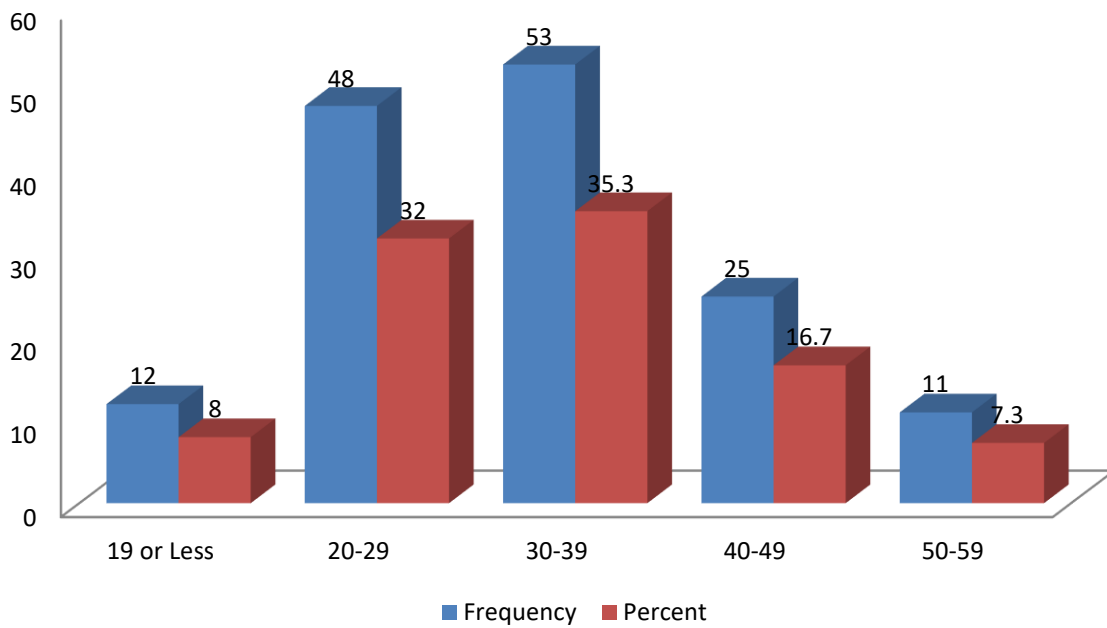
Figure 1: Gender of Respondents



Source: Fieldwork, 2019

The results of the study as shown in Figure 1, indicate that majority of the patients and/or family members in the hospital were females, even though, the proportion of male patients were relatively close with 41.4%. This does not come as a surprise, since according to Ghana Statistical Service, the female population is higher than the male population in Ghana and as a result, females are seen at functions/events/occasions/churches more than men.

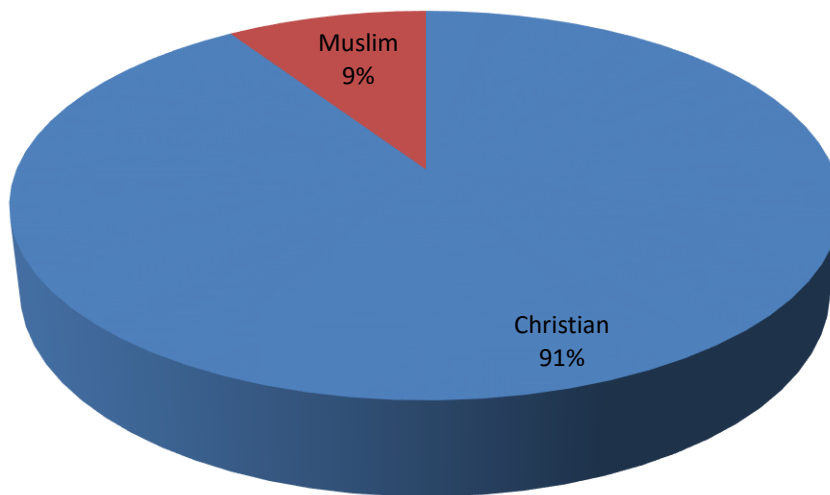
Figure 2: Age group of Respondents



Source: Fieldwork, 2019

In addition, as shown in Figure 2, findings on age distribution revealed that majority of the patients and/or family members were between the ages of 20-39 years. This is an indication that there is more of young ones attending and receiving care from the hospital than the older ones. This is a worry since the older ones are presumed to be deteriorating in their health and for that matter must be attending hospital regularly for check-ups but, not the young ones.

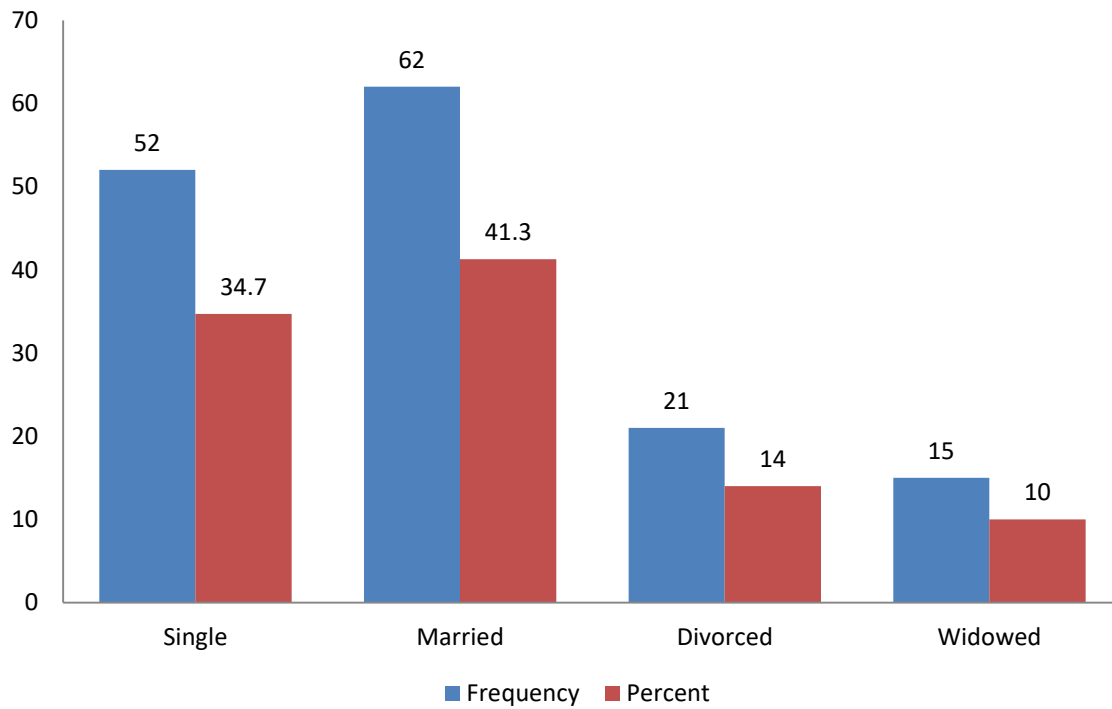
Figure 3: Religion of Respondents



Source: Fieldwork, 2019

On the issue of religion, the respondents aligned themselves to the two main categories of religion in Ghana, namely; Christianity and Muslim. The results in Table 3, show that religion is tilted towards Christianity than Muslim, forming whooping majority of 90.7 percent. Again, this does not come as a surprise since per the statistics in Ghana, Christians far outweigh the Muslims, therefore, it makes sense if Christians form the majority.

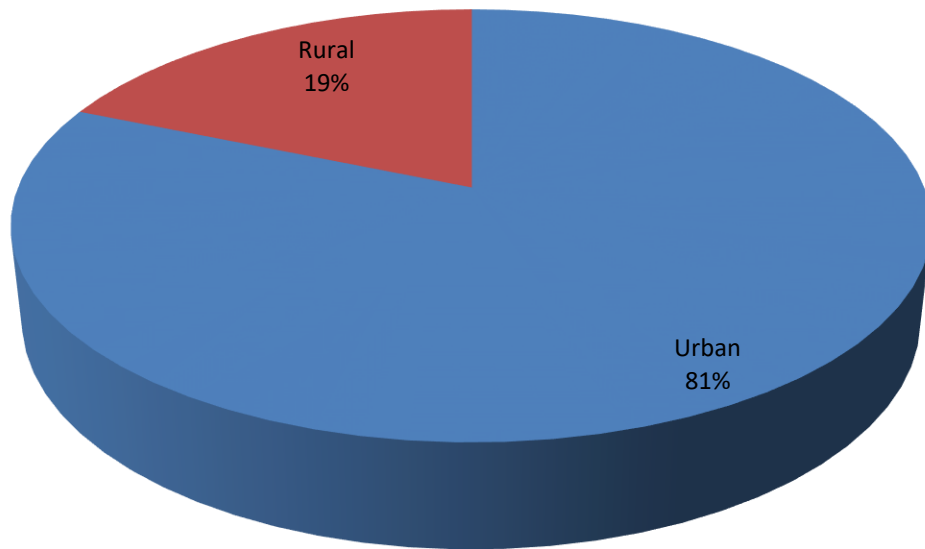
Figure 4: Marital Status of Respondents



Source: Fieldwork, 2019

More so, Figure 4 talks about the marital status and the results reveal that most of the respondents in the hospital are married but, those who are single follow closely with 34.7%.

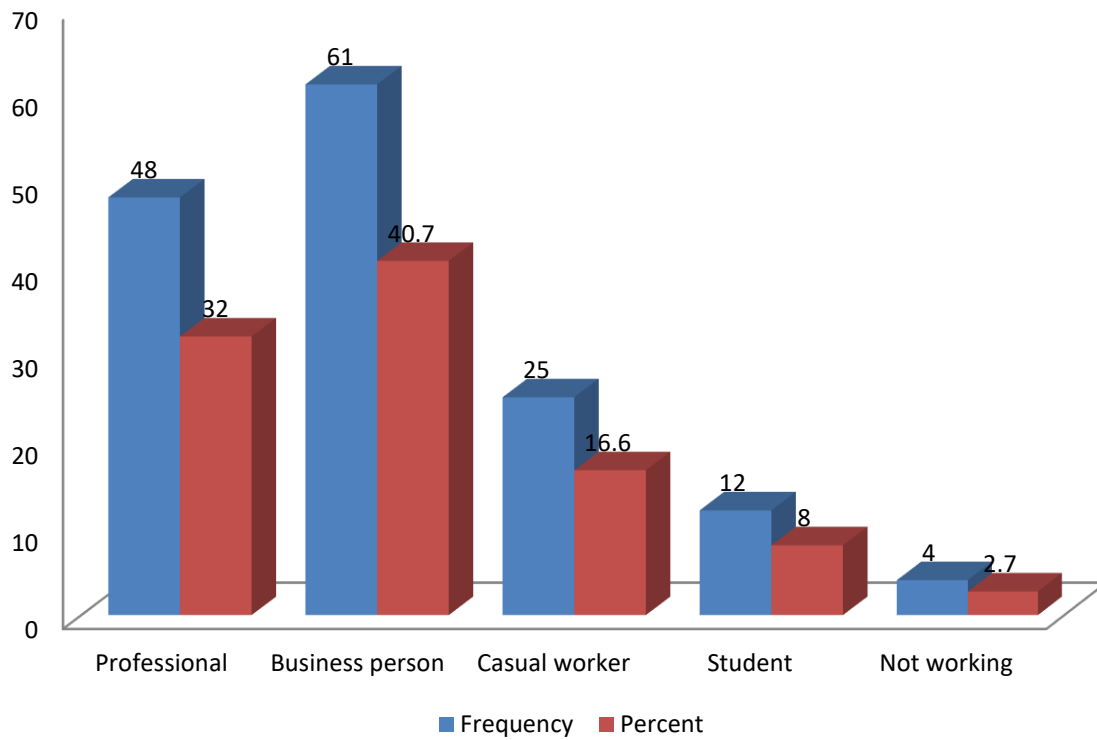
Figure 5: Area of Residence



Source: Fieldwork, 2019

Furthermore, as can be seen in Figure 5, there were more of the respondents from urban areas than those from the rural areas. Korle Bu Teaching Hospital is located in Accra (Urban city) and for that matter; the hospital is likely to receive patients from within Accra and its environs, hence, the greater number coming from urban.

Figure 5: Occupation of Respondents



Source: Fieldwork, 2019

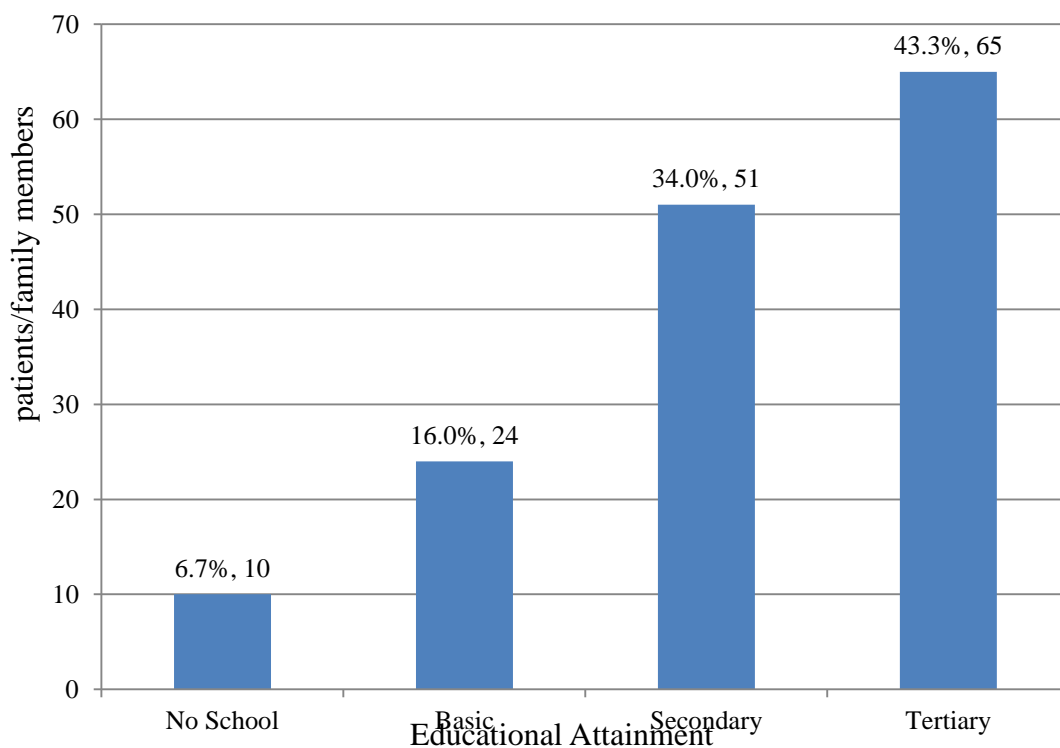
As shown in Figure 6, majority (40.7%) of the patients and/or family members are businessmen or women, followed by professional job (32%). Few (2.7%) of the respondents had no job at the time of the study.

3.2.1.1 Educational Background

Education plays a vital role on the part of respondents in answering questionnaire especially, when the method is self-administering; therefore, the respondents' literacy level is very fundamental and dear to the researcher.

From Figure 7, majority of the respondents had obtained tertiary education (43.3%), followed by secondary education (34%), whereas, only a handful (that is, 6.7%) of respondents did not make it to the formal education at all. This means that vast of the respondents had at least some level of education, thus can lead to easy understanding of the items on the questionnaire.

Figure 6: A Bar Chart showing Educational Attainment of Patients



3.2.2 Introduction to Reliability Analysis

Researchers wanted to find out from the patients and/or family members at the Korle Bu Teaching Hospital: to what extent do they agree or disagree with the following statements on the determinants of nursing care in the hospital. The statements were presented in a five-point Likert-type of scale and the respondents were required to provide their responses using strongly disagree (1) to strongly agree (5).

3.2.2.1 Reliability Analysis

To measure the consistency of the questionnaire particularly the Likert-type scale the reliability analysis is essential in reflecting the overall reliability of constructs that it is measuring. To carry out the reliability analysis, Cronbach's Alpha (α) is the most common measure of scale reliability and a value greater than 0.700 is very acceptable (Field, 2009; Cohen and Sayag, 2010) and according to Cronbach's (1951), a reliability value (α) greater than 0.600 is also acceptable.

From Table 1, the value for Cronbach's Alpha (α) was 0.744 for all variables. Since this calculated reliability value is greater than 0.7, then the responses generated for all of the variables' used in this research are reliable enough for data analysis.

Table 1: Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0.744	0.753	15

Source: Field survey,

3.2.2.2 Patients and family expectations of Nursing care

The test results as depicted in Table 2, were analyzed into means and percentages. The overall rating on expectations of nursing care by respondents indicated an agreement to impressive expectations from the nurses as most of the statements have 'mean value' above 3 (Tackie et al. 2016). Furthermore, exactly two-third (66.7%) of the respondents indicated that they agree to expect kindness from the nurses when receiving care from the hospital. Similarly, just little over two-third (67%) agrees that they are expecting the nurses to be cheerful when receiving care from them, whereas 10.3% do not agree. Majority (62.8%) also indicated that they are expecting better response when receiving care while 9% are not expectant in this regard. In contrast, two-third (66.6%) of the patients and/or family members do not agree that they are expecting the nurses to be harsh on them when receiving care but, 11% agree to this. More so, most (61.6%) of the respondents agree that the nurse must exhibit honesty when dealing with them but, 20% are not expecting honesty from nurses.

Over two-third (70%) of the respondents expect the nurses to listen to them with empathy when care is being received, 26.7% were neutral about the subject of empathy. On the next statement, majority (65.1%) of the respondents agree that friendly nature of nurses is the hallmark of receiving better care from a hospital and therefore, expecting as such from them. On the other hand, 68.6% of the respondents disagree that they are expecting nurses to be rude to them when receiving care from them. Approximately sixty one percent of the respondents agree that they are expecting nurses to be polite to them but, astonishing 30.4% remained neutral to that. Respect, they say, is reciprocal, therefore, majority (72.2%) of the respondents expect equal respect from the camp of nurses when receiving services at the hospital, whereas 6.4% do not expect that. Knowing your work and delivery perfectly is the reason why nurses are trained and put in various hospitals, therefore, overwhelming majority (81%) of the patients and/or family

members are expecting the nurses to demonstrate that they are knowledgeable and competent when it comes to their work.

Finally, less than half (44%) of the respondents agree that the nurses should satisfy them by meeting all their needs when they come to the hospital but, 31% do not bid into that idea (Table 2).

Table 2: Patients and/or family Expectations of Nursing Care

Expectation	SD (1)	D (2)	N (3)	A (4)	SA (5)	Average Response
(1) Kind	3.1%	18.2%	12.0%	40.0%	26.7%	4.60
(2) Cheerful	2.0%	8.3%	22.2%	38.4%	28.6%	3.80
(3) Responsive	1.0%	8.0%	28.2%	46.2%	16.6%	3.97
(4) Harsh	34.0%	32.6%	22.4%	10.4%	0.6%	2.27
(5) Honesty	0.6%	16.4%	21.4%	45.0%	16.6%	3.79
(6) Empathetic	0.0%	3.3%	26.7%	43.3%	26.7%	4.00
(7) Friendly	3.0%	7.5%	24.4%	44.7%	20.4%	4.10
(8) Rude	34.2%	34.4%	26.2%	5.2%	0.0%	2.01
(9) Polite	3.0%	6.0%	30.4%	44.4%	16.2%	3.97
(10) Respectful	0.6%	5.8%	21.4%	53.6%	18.6%	4.15
(11) Knowledge and Competent about their work	3.0%	5.8%	10.2%	32.6%	48.4%	4.55
(12) Meet all needs	16.5%	14.5%	25.0%	33.3%	10.7%	3.13

Source: Fieldwork, 2019 SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly Agree

In summary, this study brings to light that, the patients as well as the family members are expecting a lot from the nurses when they come to the hospital. At least, they have a genuine concern, since they must have value for money for the care they would receive from the hospital. Thus, some of the expectations the patients and/or family members at the Korle Bu Teaching Hospital are aiming at for quality nursing care are kindness from the nurses, being cheerful, positive and better response from the nurses, nurses not being harsh on them, honesty and empathy from the nurses, friendly, politeness and not being rude from the camp of nurses, being respectful towards them, and demonstrating knowledge and competency when it comes to their work, as well as, meeting all their needs.

3.2.3 Patients and/or family Experiences/Challenges

To effectively examine the patients experience and/or challenges encountered while receiving the nursing care, the patients were asked whether they had been admitted in the hospital before; and the results revealed that 66.8% of them had been admitted in the hospital before. Out of those admitted before, 85.5% needed help from the nurses with bathing. Details are discussed in the subsequent paragraphs.

The table below shows participants responses on their experiences and challenges. It indicates that patients had a positive experience because the scores in almost all variables are above average score of 2.50 except in “nurses introduction (2.10), explanation about procedures to patients (2.46) and asking for consent from nurses (2.38)” which are below average score. This indicates that majority of the participants experienced lack of introduction by nurses when they were receiving care, inadequate explanation about procedures and treatment; and nurses were not asking for consent before doing the procedures.

More specifically, the study reveals that more than half (55.5%) of the respondents always get help anytime they want to bath while 3.7% never get help from the nurses. More so, majority

(46.7%) of respondents at the hospital always needed help to the bathroom or the toilet but, 3.3% never needed the support of nurses to the bathroom. In addition, less than half (40%) of respondents said sometimes nurses made sure that they had privacy when they took care of them or talked to them, whereas 11% never had that privilege. However, a little over one-third (35.3%) of the respondents said nurses never introduced themselves to them when the nurses first came to care for them, 31.4% said they do it sometimes. Moreover, 37.5% of the respondents said nurses usually respond quickly when you asked for pain medicine, whilst 2.6% said nurses never respond quickly.

More than one-third (35.3%) of the respondents said the pain was always under control, with only 7% claiming the pain never under control. Likewise, over one-third (40.4%) of the respondents said nurses sometimes do everything they could to help them with their pain at the hospital, while 3.6% never saw that.

Lastly, 42.3% of the respondents said the nurses sometimes explained to them about procedures. But, 16.7% said nurses are always explaining to them (Table 3.3).

Table 3: Patients and/or family Experiences/ Challenges with the Nursing Care

Experience/Challenge	Never	Sometime	Usually	Always	Average Response
	(1)	(2)	(3)	(4)	
(1) Assistance in bathing	3.7%	11.3%	29.5%	55.5%	3.69
(2) Support to bathroom/toilet	3.3%	16.7%	6.7%	46.7%	3.77
(3) Observation of privacy	11.0%	40.0%	28.6%	20.4%	2.50
(4) Nurses introduction	35.3%	31.4%	20.0%	13.3%	2.10
(5) Nurses quick response to pain	2.6%	26.8%	37.5%	33.1%	3.33
(6) How often was pain controlled	7.0%	33.2%	24.5%	35.3%	2.95
(7) Nurses effort towards control	3.6%	40.4%	26.0%	30.0%	2.84
(8) Explanation about procedures	16.8%	42.3%	24.2%	16.7%	2.46

Source: Fieldwork, 2019

To summarize, the section seeks to determine patients' experiences and challenges encountered while receiving nursing care. The above results revealed that, assisting in bathing by the nurse, nurses given patients support to bathroom or toilet, patients observing privacy from nurses, nurses quick response to pain, always control pain and nurses effort towards control are the experiences encountered while receiving nursing care. Also, the study indicated that majority

of the participants experienced lack of introduction by nurses when they were receiving care, inadequate explanation about procedures and treatment; and nurses were not asking for consent before doing the procedures.

3.2.4 Patients and/or Family's Satisfaction of Nursing Care Provided

Table 4 is showing level of patient's satisfaction with nursing care. It shows that majority of respondents were quite satisfied with nursing care with a mean response of above 3.00. Most respondents (52.4%) were more satisfied with wound dressing with mean response of (mean=4.31) followed by bed making 38.1% with mean response of (mean=3.96).

According to the results in Table 4, the way nurses welcomed patients and/or family members to the hospital was considered by majority 35.7% as very satisfied and 30.4% as quite satisfied; of the contrary view were 5.4% who considered these as not at all satisfied. The nurses' approach when they were examining patients were considered very satisfied by majority 32.7% of the respondents and not at all satisfied by 4.8%; over thirty percent found these attribute as quite satisfied which indicates that patients are satisfied with nurses. Another different satisfaction associated with nursing care is the way nurses were/are talking to patients and/or family members. 31% of the respondents were of the opinion that the communication received from the nurses was very satisfied while 27.9% indicated quite satisfied, 15.5% found it completely satisfied, a few (representing 8%) indicated that they were not at all satisfied. Details of the respondents' satisfaction of nursing care can be seen in Table 4.

Table 4: Patients and/or Family Satisfaction of Nursing Care

	NS	BS	QS	VS	CS	
Satisfaction	(1)	(2)	(3)	(4)	(5)	Average Response
(1) The way Nurses welcomed me to the hospital.	5.4%	15.1%	30.4%	35.7%	13.4%	3.42
(2) The nurses' approach when they were examining me.	4.8%	14.9%	32.1%	32.7%	15.5%	3.35
(3) The way nurses were/are talking to me.	8.0%	17.6%	27.9%	31.0%	15.5%	3.34
(4) How nurses listened to my worries and concerns.	4.2%	14.9%	28.0%	33.3%	19.6%	3.51
(5) How Nurses treated me as individual	10.7%	9.5%	28.0%	29.8%	22.0%	3.51
(6) How nurses were/are willing to respond to my concerns/requests.	4.2%	4.8%	20.8%	44.6%	25.6%	3.79
(7) Information provided about my condition and treatment	6.6%	6.5%	25.6%	35.1%	26.2%	3.74
(8) How they prepared me for the operation	7.1%	14.5%	23.2%	28.6%	26.6%	3.55
(9) How they taught me about what I expected to be doing after the operation.	7.7%	22.0%	35.1%	29.8%	5.4%	3.83
(10) How nurses respect my privacy	8.0%	12.2%	18.5%	35.1%	26.2%	3.74
(11) How nurses helped me with my pain	8.3%	5.4%	8.3%	38.5%	39.5%	3.93
(12) How nurses assisted me with turning in bed.	6.0%	7.1%	25.5%	35.1%	26.3%	3.76

(13) How nurses helped me with bed making.	10.3%	5.4%	8.7%	38.1%	37.5%	3.96
(14) How nurses helped me with wound dressing.	4.8%	1.8%	13.7%	26.8%	52.9%	4.31
(15) My anxiety and stress was alleviated by nursing care.	7.5%	11.5%	24.4%	29.8%	26.8%	3.60

Source: Fieldwork, 2019 NS=Not at all Satisfied, BS=Barely Satisfied, QS=Quite Satisfied, VS=Very Satisfied, CS=Completely Satisfied

In the nutshell, the study reveals in this section that there are number of attributes or characteristics that the patients and/or family members are satisfied with concerning nursing care. Therefore, the respondents are satisfied with all the fifteen statements under the patients' satisfaction of nursing care at the Korle Bu Teaching Hospital in Accra. However, the respondents are mostly satisfied with wound dressing, followed by bed making, and nurses helping them with their pains.

3.3 Discussion

The purpose of the present study is to determine and evaluate patient and family perception and satisfaction in relation to quality nursing care in order to improve the quality of nursing care. In order to answer this objective, three research questions were formulated and the findings help solve the problem.

3.3.1 Patients and/or Family Expectations from Nurses about their Care

Patients' expectations are the characteristics that the patients expect from nurses as they provide nursing care to patients. If these expectations are met patients are able to appreciate the quality of nursing care they have received.

The study sought to establish the expectations patients and family members have concerning nursing care they received from Korle Bu Teaching Hospital. The results of the patients' responses to the research question were presented in percentages and means in Table 2, demonstrating the overall rating on expectations of nursing care by respondents indicated an agreement to impressive expectations from the nurses as most of the statements have 'mean value' above 3.

Therefore, this study revealed that the patients as well as the family members are expecting a lot from the nurses when they come to the hospital. Thus, some of the expectations the patients and/or family members at the Korle Bu Teaching Hospital are aiming at for quality nursing care are kindness from the nurses, nurses being cheerful, positive and better response from the nurses, nurses not being harsh on them, honesty and empathy from the nurses, friendly, politeness and not being rude from the camp of nurses, being respectful towards them, and demonstrating knowledge and competency when it comes to their work, as well as, meeting all their needs.

These findings are in consistent with the study done in Turkey on patients' expectations of nursing care. It was found that patients were expecting nurses to be cheerful, knowledgeable and competent, and to be informed of the treatment (Ozsoy, et al, 2007). It was also observed that patients whose expectations were met were very satisfied with nursing care. The study is again in line with the study done by Shawa (2010) on Patients Perception regarding Nursing Care in the General Surgical Wards at Kenyatta National Hospital in Kenya, which revealed that patients were expecting nurses to orient them to the ward; respect believes and values; communicate nursing care to them and not to be harsh and being rude to patients.

3.3.2 Experiences Patients and/or Family Encounter While Receiving Nursing Care

In answering research question 2, thus, the patients' experiences and challenges, the researcher explored some of the experiences and challenges patients and/or family members encountered while receiving care from nurses at Korle Bu Teaching Hospital.

The study illustrated that patients get help with bathing as soon as they wanted, respondents get help in getting to the bathroom/toilet or in using a bedpan, nurses are always sure that patients had privacy when they are taking care of them or talking to them, nurses respond quickly when patients asked for pain medicine, always control pain and nurses do everything they could to help patients with their pains, are the experiences encountered while receiving nursing care. Also, the study indicated that majority of the participants experienced lack of introduction by nurses when they were receiving care, inadequate explanation about procedures and treatment; and nurses were not asking for consent before doing the procedures.

On the contrary, KIPPRA report (1994) highlighted that the public was complaining of nurses being rude to patients. Inadequate nursing personnel, material resources and unfriendly behaviour of nurses towards patients can have negative implication on quality of nursing care.

3.3.3 Patients and/or Family Satisfaction of Nursing Care

Patients' satisfaction is one of the indicators that measures quality of nursing care. The third and final question of this research posted to establish the patients and family satisfaction towards nursing care at Korle Bu Teaching Hospital. Participants were asked to rate their level of satisfaction on a five-point Likert scale. The study result found that there are number of attributes or characteristics that the patients and/or family members are satisfied with concerning nursing care. Therefore, the respondents are satisfied with all the fifteen statements under the patients' satisfaction of nursing care at the Korle Bu Teaching Hospital in Accra. The satisfactions are as follows: "The way nurses welcomed me to the hospital", "The nurses' approach when they were examining me", "The way nurses were/are talking to me", "How nurses listened to my worries and concerns", "How nurses treated me as individual", "How nurses were/are willing to respond to my concerns/requests", "Information provided about my condition and treatment", "How they prepared me for the operation", "How they taught me about what I expected to be doing after the operation", "How nurses respect my privacy", "How nurses helped me with my pain", "How nurses assisted me with turning in bed", "How nurses helped me with bed making", "How nurses helped me with wound dressing", and finally, "My anxiety and stress was alleviated by nursing care". However, the respondents are mostly satisfied with wound dressing, followed by bed making, and nurses helping them with their pains.

The study is consistent with one study which found that elderly patients reported themselves very satisfied with nursing care (Chaka, 2005). Also, Shawa (2010) found that most patients were more satisfied with wound dressing and pain management. Contrary, one study concluded that type of information that nurses gave patients about treatment and conditions was one of the major cause of dissatisfaction (Samina, et.al, 2008).

To crown it all, self-guarding patients' privacy is the nursing responsibility. Nurses should be advocating for protection of patients' rights from any abuse either by fellow nurses or other health professionals. Patients are going to appreciate nursing care if they feel safe within nurses' jurisdiction. Generally, patients were satisfied with nursing care provided. These findings can be compared with the study that was done in Pakistan. The Pakistan study found that 94% of patients liked nursing practice of keeping privacy of patients and overall patients' satisfaction of nursing care was 45% and 55% were dissatisfied (Khan, et al,2007). But, this study had revealed that satisfaction level of patients was above mean response of 50%.

More so, participants were asked to give their recommendations on how nursing care can be improved and also give their perception of quality of nursing care they had received. 22.6% of the participants recommended that management should add more nurses to cover for shortage and improve efficiency. Other respondents (13.1%) noted that there was communication breakdown between patients and nurses. They recommended that nurses should improve on interpersonal skills and they should have positive attitude towards patients. Other participants (12.5%) also observed that for more efficiency, nurses should be motivated by improving working conditions such as provision of adequate resources.

On perception of quality of nursing care, 40.5% felt that quality of nursing care was good while 11.3% reported that quality of nursing care was poor. Patients perceived the quality of nursing depending on how much satisfactory they were with the nursing care. Patients' expectations also influenced level of patients' satisfaction because most of the patients agreed with most of them. The more patients' expectations are met, the more satisfactory the patients would become and this would give good perception of nursing care. Therefore, it can be concluded that patients' perceptions were influenced by nurses' attitudes.

3.4 Conclusion

The following conclusions are drawn based on the findings of the study. To answer the first research objective; patients expected nurses to be kind, friendly, knowledgeable, responsive, but did not expect nurses to be rude and harsh to them.

To answer the research question 2; patients felt that nurses were not usually providing explanation on treatment and procedures; patients were not usually asked for informed consent; and nurses were not introducing themselves to patients.

To answer the final question; patients were satisfied with wound dressing, post pain control and bed making; most patients perceived that nursing care provided was good; the study found that patients' expectations can have some influences on patients' satisfaction level of care; and finally, this study has revealed that patients' perceptions regarding nursing care are influenced by nurses' attitudes or the way nurses interact with patients.

3.5 Recommendations

In the light of the key findings and conclusions made above, the following are recommended to the relevant authorities:

Firstly, assessment should include patients' care expectations especially at admission so as to incorporate them in the nursing care plan.

Secondly, there is need for nurses to establish good rapport with patients in order to promote trust between the nurse and the patient hence reducing the chances of patients labeling nurses as rude people and also will make patients feel at home. Nurses also need to acquire customer care skills through organized seminars/trainings by the hospital management.

Thirdly, nurses should be advocating for patients' rights in the wards. They should be the first ones to respect patients' rights such as right to privacy and information. Patients feel satisfied if their rights are respected.

Lastly, the hospital management should consider employing more nurses since most patients felt that they did not receive satisfactory nursing care due to shortage of nurses and equipment e.g. beds, linen. Management also should consider awarding nurses who are performing better in terms of nurse-patient relationship.

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APPENDIX I: RESEARCH QUESTIONNAIRE

TOPIC: PATIENT AND FAMILY PERCEPTION AND SATISFACTION WITH QUALITY NURSING CARE IN GHANA; A STUDY AT KORLE BU TEACHING HOSPITAL.

Dear Participant, This questionnaire is about patient and family perception and satisfaction with quality nursing care. We wish to know your understanding of quality nursing and how you feel about it. Participation in this study is voluntary, we will ensure the anonymity of your response by not recording names and personal identification details. Results of this study will be used for a BSc. dissertation at Central University College, Department of Nursing. We appreciate your participation and request that you fill the questions and give answers which are true and to the best of your knowledge. Circle the right answer and give further clarifications when needed.

Thank you!

1. Gender

- A. Male B. Female

2. Age in years

- A. ≤ 19 B. 20-29 C. 30-39 D. 40-49 E. 50-59 F. ≥ 60

3. Religion

- A. Christian B. Muslim C. Others. Specify:.....

4. Marital status

- A. single B. married C. divorced D. widowed E. separated

5. Occupation

- A. Professional B. Businessperson C. Farmer D.

others.(specify):

6. Level of education

- A. Not attended any school. B. Primary C. Secondary D. Tertiary

7. Area of residence

- A. Urban. B. Semi urban C. Rural

8. Have you been admitted to the hospital before?

- A. Yes B. No

SECTION 2: Patients Expectations of Nursing Care.

What were your expectations about nurses? Tick one box against each phrase/statement according to the scale below.

Key: Scale; 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5 strongly agree

No.	<i>Measurement Characteristics</i>	1	2	3	4	5
1	Kind					
2	Cheerful					
3	Responsive					
4	Harsh					

5	Honesty					
6	Empathetic					
7	Friendly					
8	Rude					
9	Polite					
10	Respectful					
11	Knowledgeable & competent about their work					
12	Meet all needs					

SECTION 3: Patients' Experiences/challenges

1. Have you been admitted before?

A. Yes B. No, if No move to question

2. During this hospital stay, did you need help from nurses with bathing?

1A. Yes 2.No

3. If yes, how often did you get help with bathing as soon as you wanted? Tick only one appropriate box

1	Never	
2	Sometimes	
3	Usually	
4	Always	

3. During this hospital stay, did you need help from nurses in getting to the bathroom/toilet or in using a bedpan?

A. Yes B. No

4. If yes, how often did you get help in getting to the bathroom/toilet or in using a bedpan?

Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

5. How often did nurses make sure that you had privacy when they took care of you or talked to you? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

6. During this hospital stay, when nurses first came to care for you, how often did they introduce themselves? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

7. During this hospital stay, did you have to ask for pain medicine? Tick the appropriate box

A. Yes B. No

8. If yes, how often did nurses respond quickly when you asked for pain medicine? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

9. How often was your pain controlled? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

10. How often did nurses do everything they could to help you with your pain? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

We want to ask you about procedures and tests, for example, drawing blood, wound dressing or signing a consent form for an operation.

SECTION 4: Patients' satisfaction with nursing care provided

Indicate the level of satisfaction with nursing care received by ticking the box provided against each statement;

Key: Scale; 1=Not at all satisfied, 2=Barely satisfied, 3= Quite satisfied, 4= Very satisfied and 5= completely satisfied.

No.	Statement	1	2	3	4	5
1	The way Nurses welcomed me to the hospital					
2	The nurses' approach when they were examining me.					
3	The way nurses were/are talking to me.					
4	How nurses listened to my worries and concerns.					
5	How Nurses treated me as individual					
6	How nurses were/are willing to respond to my concerns/requests.					
7	Information provided about my condition and treatment					
8	How they prepared me for the operation					
9	How they taught me about what I expected to be doing after the operation.					
10	How nurses respect my privacy					

11	How nurses helped me with my pain					
12	How nurses assisted me with turning in bed.					
13	How nurses helped me with bed making					
14	How nurses helped me with wound dressing					
15	My anxiety and stress was alleviated by nursing care					

16. What have you liked most about the care?

.....

.....

17. What would you recommend in order to improve the nursing care in this ward?

.....

.....

18. What is your perception of quality of nursing care you have received?

.....

.....

APPENDIX II: INTRODUCTORY LETTER