

UNIVERSITY OF CAPE COAST



PATIENTS' SATISFACTION LEVEL AND CHALLENGES IN ACCESSING  
HEALTH CARE AT ASANKRANGWA CATHOLIC HOSPITAL

FELIX MENSAH

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HEALTH CARE AT ASANKRANGWA CATHOLIC HOSPITAL

BY

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A CAPSTONE PROJECT SUBMITTED TO THE DEPARTMENT OF DATA  
SCIENCE AND ECONOMIC POLICY OF THE SCHOOL OF ECONOMICS,  
COLLEGE OF HUMANITIES AND LEGAL STUDIES, UNIVERSITY OF  
CAPE COAST, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE AWARD OF MASTER OF SCIENCE IN DATA MANAGEMENT  
AND ANALYSIS.

SEPTEMBER, 2023

## DECLARATION

### Student's Declaration

*I hereby declare that this capstone project is the result of my own original project and that no part of it has been presented for another degree in this University or elsewhere.*

Student's Signature: ..... Date: .....

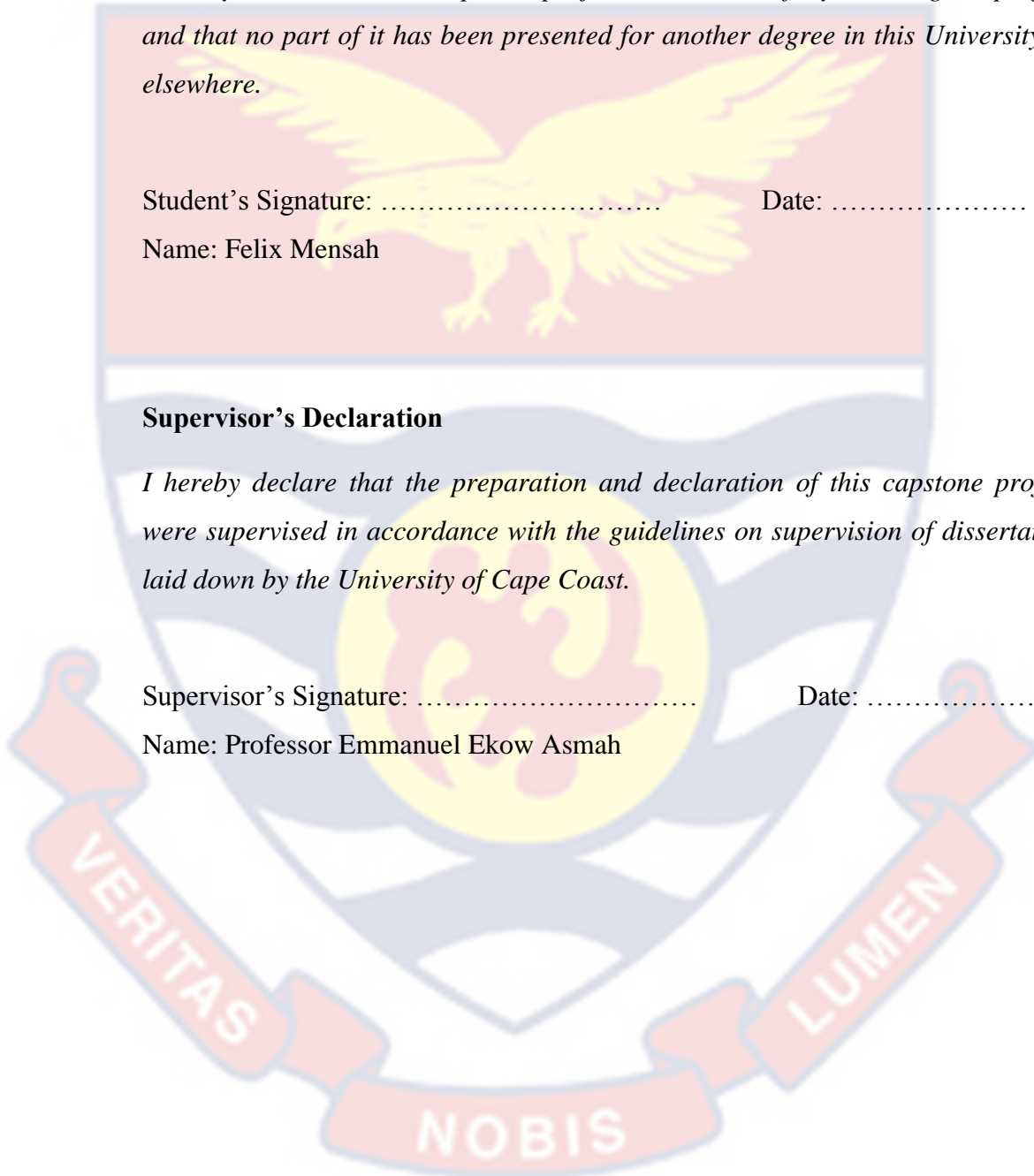
Name: Felix Mensah

### Supervisor's Declaration

*I hereby declare that the preparation and declaration of this capstone project were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.*

Supervisor's Signature: ..... Date: .....

Name: Professor Emmanuel Ekow Asmah



## ABSTRACT

In Ghana, equal access to health care is critical in the delivery of health services. However, there is evidence to testify that there is inequality and several challenges that patients encounter as they undergo the process of being cared for their sickness. Studies over the years have shown that geographical location, education, socio-economic status, and quality of service are determinants that lie between patients and health service delivery points.

The main aim of this capstone project was to ascertain the challenges patients encounter and their level of satisfaction with service delivery at Asankrangwa Catholic Hospital.

This work was a descriptive cross-sectional study with a questionnaire as the data collection tool. Three hundred and sixty-one outpatients at Asankrangwa Catholic Hospital were selected by a convenience sampling technique. Data was analyzed using frequency and percentage tables, histograms, and pie charts with IBM Statistical Service Product for Service Solution (SPSS) version 22 and Stata version 14.

The study revealed that despite service delivery not being to the satisfaction of some of the patients, over half of them were satisfied with service delivery. Ninety percent were ever ready to patronize the service again when the need be. The study recommends that service standards should be improved, CHP compounds should be well-resourced, enough seats should be provided, ventilation should be improved, long waiting hours should be worked on and the cost of services should be reviewed to meet the financial needs of patients.

## ACKNOWLEDGEMENTS

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To my family and friends who encouraged me to pursue further studies, I am grateful. My office mates who helped in the data collection, I appreciate your effort and support.

My heartfelt thanks go to every respondent who took part in this project.



## DEDICATION

To my grandfather, Andrews Danso Frimpong.





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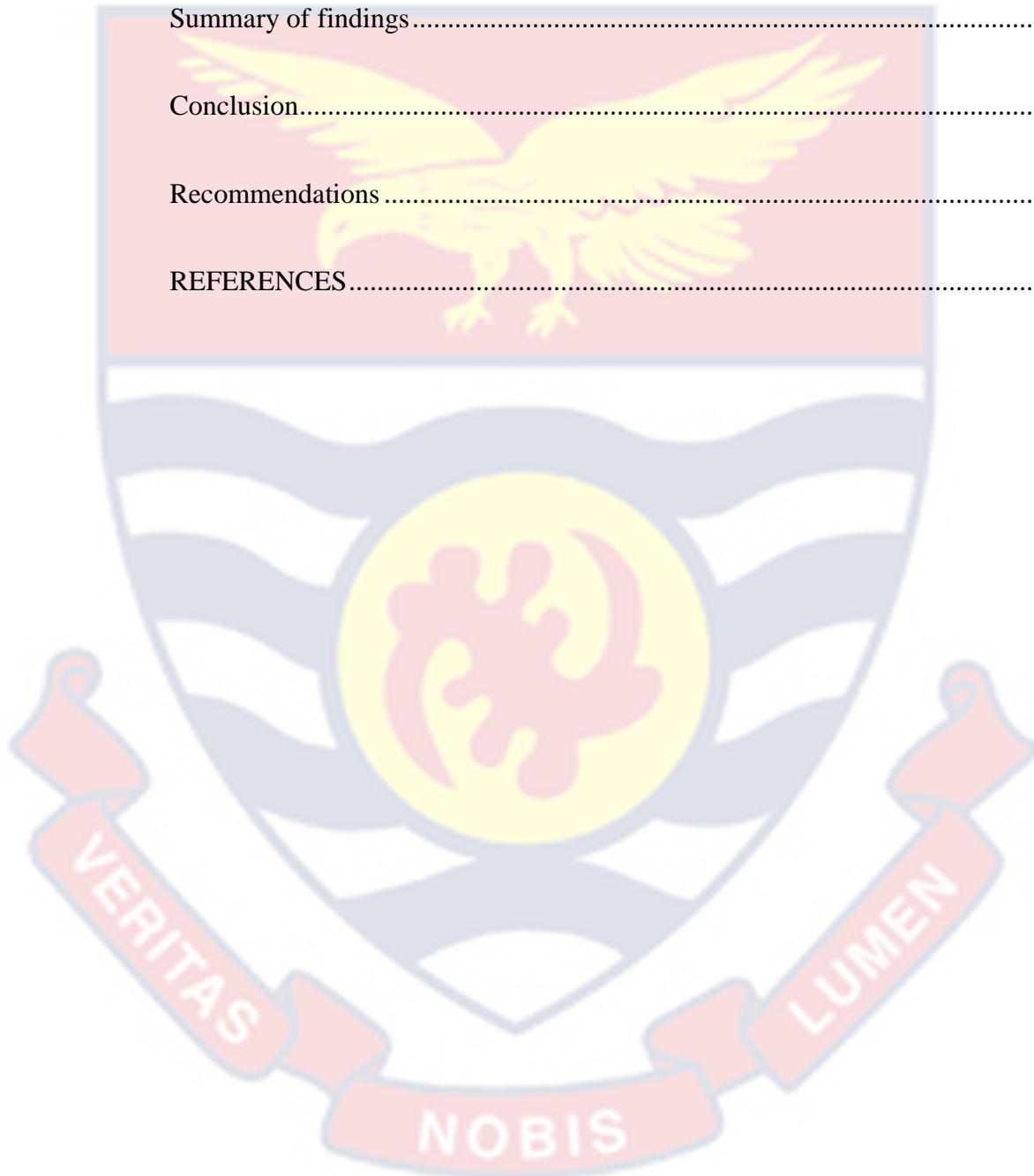
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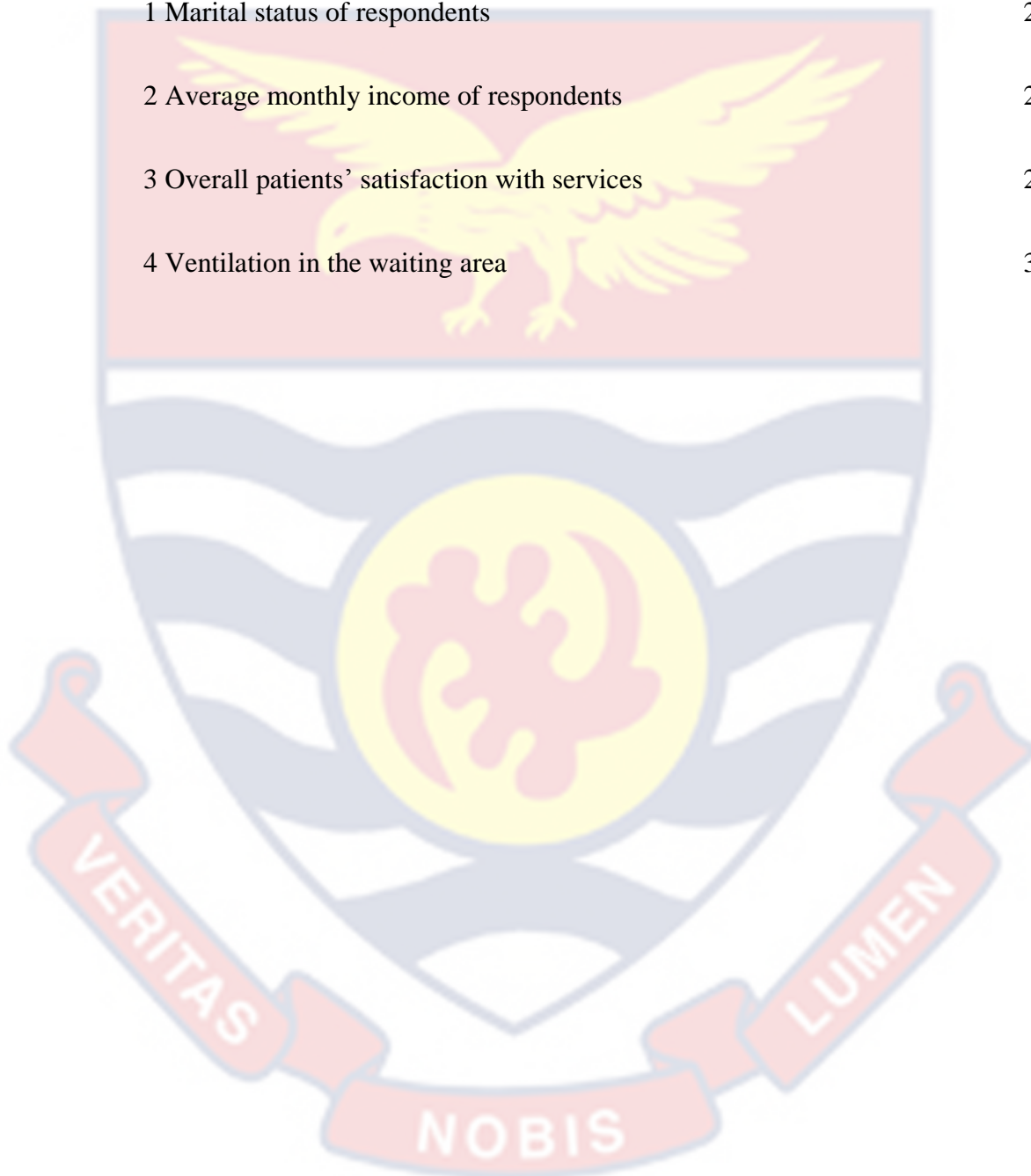


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## CHAPTER ONE

### INTRODUCTION

#### Background to the capstone project

The WHO defined health in 1948 as a state of complete physical, mental, and social well-being, rather than simply the absence of disease and infirmity. It is promoted by encouraging a healthy lifestyle and avoiding activities that endanger the lives of humans. This healthy lifestyle includes having adequate rest daily, consuming plant-based foods, staying hydrated, exercising regularly, staying active always, and managing emotions (WHO, 1999).

In Ghana's 65 years of existence, the provision of healthcare services has taken many forms. Traditional healers, clerics, and herbalists rendered health services (Berry and Library of Congress, 1995). In post-colonial Ghana, the government intervened in healthcare delivery with a series of policies. Notable among these policies include National Nutrition Policy (WHO, 2006), Under-Five's Child Health Policy (MoH, 2007), National Health Policy: Creating Wealth through Health (MoH, 2007), and National Reproductive Health Service and Standards (MoH, 2003). All of these culminated in the birth of the National Health Insurance Scheme, an intervention that bears the cost of service for people either in the formal or informal employment sector including their households (National Health Insurance Policy Framework, 2004).

According to a memorandum of understanding signed by Ghana Health Service (GHS), and the Christian Health Association of Ghana (CHAG), GHS administrates and provides stewardship and technical supervision at all levels of

healthcare in Ghana (Ghana Health Service & Christian Health Association of Ghana, 2013). It also works hand-in-hand with private hospitals as well as foreign agencies and donors. Currently, all individuals have the opportunity to access primary health services in the country. This is known as essential health care that is rooted in a scientifically proven and socially well-embraced process and technology (Packard, 2016).

In Ghana, morbidity and mortality at healthcare provision centers are largely dominated by diseases such as malaria, diarrheal diseases, and others (CDC, 2016). Malaria contributes to 1,800 admissions to health facilities admissions and 10 deaths for every 100,000 (WHO, 2015). In the first three months of 2020, Ghana recorded more than a million cases of malaria with 54 deaths (Ghana Health Service, 2020). All persons in Ghana are at risk however transmission is less intense in urban areas as compared to rural communities (President's Malaria Initiative Ghana, 2018).

The timely usage of health care to achieve a good effect is clarified as access to health care (Milliman, 1993). For healthcare to be accessible, services must be affordable to patients and very convenient (School of Medicine, University of Missouri, n.d.). Being able to access quality and timely health services when unwell is very important to the well-being of an individual (Beatty et al., 2003).

In Northern Ghana, a study by Adongo (2018), revealed that majority of people indicated that cost of service is a major obstacle for not utilizing health services especially if you do not belong to the National Health Insurance Scheme.

In the same study, longer waiting period at hospitals also demotivated sick persons from accessing hospitals when sick.

In the healthcare industry, accessing health services equally by all individuals is paramount. However, there is enough proof to testify that there is inequality and numerous challenges in the provision of health care in terms of socio-economic status, age, sex, physical ability, education, and ethnicity (Yee, 2011). For Instance, access to health centres, socio-economic strength, and the quality-of-service influence access to health care among different population groups (Babola, 2009).

Studies done in rural western China have shown that geographical, social, economic, cultural, and organizational determinants lie between patients and service delivery points and they influence access to health care at large (Gao, 2021). These tend to contribute to challenges in healthcare access and outcomes and make the quality of healthcare substandard eventually (Krahn et al., 2015).

Also, it has been identified that persons residing in a developing country like Ghana have a low access to healthcare than persons in advanced countries (Peters et al., 2008). Access to health care in Ghana of which Asankrangwa is not an exception can be viewed from several angles including geographical location (Jacobs et al., 2011), accessibility, affordability (Fraizer & Kleinstein, 2009), and availability of healthcare services (O'Donnell, 2007).

The expensive cost of healthcare is a major challenge to accessing health care, most especially for persons who are physically challenged (Mccoll et al., 2010). A similar study in Canada revealed that people with physical challenges



were three times more likely than people who do not have disabilities to report unmet needs due to high costs. Accessing health care was very challenging for persons who did not have health insurance (Sommers, 2007).

Satisfying patients in the healthcare industry is paramount in keeping the hospital in business. According to Ahmad et al. (2010), patient satisfaction is a key factor of service quality in the healthcare industry and also a well-accepted global indicator. Patient satisfaction becomes real when health providers deliver services beyond their patient's expectations (Ahmad et al., 2011).

From Boadu (2011), it was realized that the factors that affect patient satisfaction in Ghanaian hospitals largely are waiting time, the attitude of health providers, the presence of specialists, and the clean nature of the environment. Knowing these factors is vital in keeping and achieving a fair share of the healthcare industry. Many hospitals and healthcare providers have neglected the potency of these factors and this has affected their output.

In our contemporary times where competition in the health system is emerging with new facilities both private and state-owned hospitals springing up, providing services that meet the needs of your patients will make them keep to your services which will increase revenue, higher market share as well as promoting the image of the facility in the corporate world (Peprah, 2014).

Patient satisfaction level with services has served as the basis for several health providers in measuring care outcomes. Aside from morbidity and mortality indicators, patient satisfaction with health delivery is the most used measure of health outcome (Kilbourne et al., 2004). From Kilbourne, it includes individual

expectations, perceptions, and subjectivity. Satisfaction provides important criteria by which patients assess the quality of health care delivery provided to them.

Challenges in accessing healthcare and patients' level of satisfaction with services cannot be ignored in any health delivery centre and for that matter in Asankrangwa Catholic Hospital. This capstone project seeks to investigate the difficulties patients who have subscribed to health services at Asankrangwa Catholic Hospital encounter and their level of satisfaction with the services received.

### **Motivation of the problem**

In Ghana, healthcare services have many forms. It is rendered by traditional healers, clerics, orthodox medical practitioners, and herbalists (Berry et al., 1995). As unraveled by a study by Musoke, Boynton, Butler & Musoke, (2014); Latunji & Akinyemi (2018), a patient is troubled by cultural related factors, socio-demographic factors, socio-economic factors, the quality-of-service delivery, and geographic constraints in his quest to seek good health to a poor health state.

In a study in Ghana by Naami (2014), it was identified that means of transport to health care provision centers is a challenge in accessing health care. A similar finding was identified in studies in Sudan and Malawi (Elde et al., 2015).

The attitude of health professionals was identified as a challenge in a study by Maart & Jelsma, 2014. This relates to unfair treatment at hospitals, disrespect

by nurses, being yelled at, and being ignored by service providers (Drainoni et al., 2006). These actions tend to be hindrances when patients access health care.

Asankrangwa Catholic Hospital is the biggest hospital in the municipality and it serves as the municipal hospital. It provides all services except urology, physiotherapy, and other advanced specialized services that require higher machines and human resources.

Findings from surveys done in the past reveal that subscribing to health care from the facility is not a smooth one. Patients who subscribe to services rendered at the facility encounter difficulties. The attitude of the clinical staff, the long waiting period, the poor nature of roads leading to the facility, and service costs were some of the identified challenges (Asankrangwa Catholic Hospital Annual Report, 2017).

At Asankrangwa Catholic Hospital, it appears that all implemented strategies gathered from staff durbars and open forums with the public to satisfy clients have not yielded the desired result. Patients cry out at public events and most especially on radio programmes to express their displeasure about service delivery at the facility and the challenges they encounter when there is the need to access health services. Also, findings from surveys done in the past buttress the assertion that accessing health care at the facility is not a smooth one.

Again, as quality service delivery is targeted to be the hallmark of the facility, there is little empirical proof of the challenges patients encounter in accessing health care at the facility and their satisfaction level of service delivery.

To fill this gap, there is a need to know the challenges patients encounter and their level of satisfaction.

Furthermore, from the 2021 population and housing census, Asankrangwa municipal had an estimated population of 129,882 with 68,292 males and 61,590 females. From the hospital's three-year trend of OPD attendance, in 2019 attendance was 63,608; in 2020, 69,282 was recorded and in 2021, 71,261 patients accessed health care. This indicates that the annual attendance is increasing gradually however more can be done to improve attendance if enough evidence is gathered on the difficulties patients suffer and the implementation of the right strategies as well as the level at which they are satisfied with services.

It is against this background that this capstone project is undertaken to ascertain challenges in accessing health care and the level of satisfaction of patients at Asankrangwa Catholic Hospital.

### **Objective**

The main aim of this capstone project is to ascertain the challenges patients encounter and their level of satisfaction with service delivery at Asankrangwa Catholic Hospital. Specifically, the objectives of the study are:

1. Identify the patient's level of satisfaction with services
2. Explore the challenges patients encounter in accessing health care

### **Purpose of the project**

Identifying patients' satisfaction level and challenges in accessing healthcare at Asankrangwa Catholic Hospital is necessary in the sense that it will

provide the Management team of the hospital with data-driven findings on the ordeal patients encounter in accessing health care so that effective strategies and interventions can be implemented to improve service delivery.

Again, as a value addition, it will contribute to knowledge and academia and also serve as a guide to further studies on a similar topic.





## CHAPTER TWO

### REVIEW OF LITERATURE

#### Introduction

This chapter covers a theoretical framework for health care utilization, empirical evidence drawn on; challenges patients encounter in accessing health care, and patients' level of satisfaction with services.

#### Theoretical Framework

The health care utilization model developed by Andersen and Newman in 1973 serves as a foundation for this capstone project (Andersen and Newman, 1973). This model has been used in several works to underpin the elements that predict an individual's use of health services when unwell (Makonnen and Makonnen, 2002; Fan, 2008).

This model is made up of predisposing, enabling, and need-for-care factors (Azfrederick, 2016). Predisposing as used in this model includes demographic factors, age, individual beliefs, knowledge, and perception relating to health care and attitudes (Azfrederick, 2016). Enabling factors are available resources (Andrews, 2013). This includes health insurance, the employment status of the patient, the wealth status of the patient, exposure to media, place of residence, education, and family or household income. The need element represents both personal and actual needs for health care. This includes illness, conditions, and health statuses requiring health services.

Wilson et al. (2005) criticized the model even though it is applicable in a variety of disciplines including sociology, public health, and psychology. They



opined that this model does not place much emphasis on cultural and social interaction but Andersen rebutted that need in its entirety is a social structure (Andersen, 2008). Regardless of the criticism, the model is thought to be appropriate for this capstone project.

### **Empirical Evidence**

#### **Patient's level of satisfaction with services**

##### **Records Services**

An investigation in India on patients' satisfaction with health care services showed that the overall satisfaction level of patients for service availability was 83 percent regarding services provided by paramedics (Joshi, 2013).

Moreover, a study conducted at King Abdulaziz University indicates that the majority of patients affirmed that longer waiting times before seeing a physician influence their level of satisfaction with services (Alahmari et al., 2015).

##### **Nursing Services**

In a study conducted at the Bawku Hospital Eye Unit, it was identified that the amount of nurse communication on your condition, drug prescription, the attitude of staff, and prompt response to an emergency pleases the patients (Baba, 2004).

In 2019, a study by Odonkor et al. concluded that determinants that influence overall satisfaction with services are care of attentiveness to patient's concerns, professionalism of nurses, respect for privacy, the comfort of patients, and adequate patient knowledge of care being administered.

## **Physician Services**

In a study to investigate patients' overall satisfaction with health care, both insured and uninsured under NHIS by Fenny, it came up that more insured patients are satisfied with the quality of care. Time spent waiting time, the attitude of the Physician, and fulfillment with the consultation process were identified as the main predictors of satisfaction.

A triangulated cross-sectional study conducted in Northern Malawi showed that the overall satisfaction was 8.4%. Major reasons that dampened their health care experience were doctors not listening to patients' concerns, workers reporting to work late, shortage of medicine, poor sanitation, and health worker favoring family and friends over other patients (Sinyiza, 2022).

## **Challenges patients encounter in accessing health care**

### **Locational challenges**

In a study by Bayu and Tesfaye (2016), the main obstacles patients confronted in accessing health care were the long distance to the health centre 42(26.9%) and the symptoms they suffered 41(26.4%).

In a study on the utilization of health services in the Ahafo-Ano South District by Buor in 2003, it was revealed that long distance and time to travel to health facilities resulted in the low use of health services. This study involved 400 participants.

Persons with physical challenges encounter difficulties with architectural or structural designs. This relates to the absence of elevators and ramps to enhance their movement around the facility (Aldreed & Woodcock, 2008; Tim et

al., 2011). Unavailability of these serves as a barrier for most physically challenged people when accessing health care (Badu et al., 2016).

In Nigeria, a study at Ekiti State on health access by rural dwellers showed place of residence and distance from a functioning health center were the major challenges encountered when accessing treatment for their ill health (Omosho, 2010).

### **Staff challenges**

In Bangladesh, it was identified that the most powerful predictors of accessing health care in a hospital are provider behaviour, especially respect and politeness (Jorge, Herga, & Ahmed, 2001).

In a study conducted at the Bawku Hospital Eye Unit, it was identified that the amount of nurse communication on your condition, drug prescription, the attitude of staff, and prompt response to an emergency pleases the patients (Baba, 2004).

### **Service challenges**

Financial affordability was identified as one of the barriers denying many women in Sub-Saharan Africa access to healthcare (Abdul-Aziz, 2020; Shartzter, Long, and Benatar, 2015). Other barriers identified were the distance to a health facility, not wanting to go alone, and obtaining permission from spouses.

Assefa, Mosse & Michael (2006) identified that the main issue in the hospital pharmacy was a lack of drugs and supplies. 70% of patients did not receive some or all of the drugs prescribed by their doctor.

Long waiting times during registration, doctor visits after registration, laboratory procedures, and doctor re-visits for assessment of laboratory findings and the difficulty in locating various sections were problems faced in utilizing healthcare at hospitals (Dagnev & Zakus, 1997; Brina, 2006).

In a study on factors that influence utilization of the University of Cape Coast Hospital by undergraduate students, it was concluded that students have access to healthcare in terms of location, cost, and demand but the administration should intensify the dissemination of information to make the students aware and more knowledgeable of services at the hospital (Nsafuah, 2013).

In one of the regions in India, it was realized that the poor are paying a higher amount of money to access a public health centre which was to be free for consultation and this hindered the people from patronizing their services (Banerjee, 2010).

A study by Adongo et al., 2018 revealed that majority of the respondents indicated that the cost of services at healthcare facilities is a major challenge for not utilizing services at hospitals especially if you do not belong to the National Health Insurance Scheme.



## CHAPTER THREE

### DATA AND METHODS

#### Introduction

This chapter goes over the methods used to complete this capstone project. It focuses on the project area, study design, target population, data sources, sampling procedure and size, data collection instrument, challenges encountered, data processing and analysis, and ethical considerations.

#### Project Area

Asankrangwa Catholic Hospital lies at latitude 5.80149 and longitude -2.43225. This is not a profit-making hospital. It was officially inaugurated on 3<sup>rd</sup> October 1954 under the National Catholic Health Services (NCHS) of the Christian Health Association of Ghana (CHAG). The hospital is a One hundred and thirteen (113) bed capacity hospital.

The hospital exists to carry on Christ's healing ministry by bringing healing to as many people as possible. Asankrangwa Catholic Hospital serves as the municipal hospital of the Asankrangwa Municipal in the Western Region of Ghana. It provides services in general OPD, Antenatal care, voluntary counseling, and testing service, morgue and specialized services such as Dental, Ophthalmology, Ear, Nose, and Throat (ENT), Obstetrics and Gynaecological, Nutrition and Dietetics, Ultrasound and ECG service, Dermatological service, and minor and major surgeries. The majority of its users are engaged in farming and traders of farm produce. It is resourced with 287 clinical and non-clinical staff.

## Study Design

This capstone project was based on a descriptive cross-sectional study. It involves a one-point data collection on the respondent. This makes it less complex compared to other designs. It describes an event as they are observed and reported in their natural state. Due to the short period that was used to carry out this project, it was ideal to use this design and its quantitative nature makes it more appropriate to use.

## Sampling procedure and size

Patients of Asankrangwa Catholic Hospital were used for this project. Convenience sampling was used for the study. This does not use random means to get respondents for a study. This sampling mean was used because it collects data quickly; is a readily available sample and is an inexpensive process.

On average, the hospital records patient visits of 5,774 per month. From Krejcie and Morgan (1970), the standard sampling size used was 361. These 361 respondents were Out Patients Department (OPD) clients who have undergone consultation at the various service delivery points and have gone in for their drugs at the pharmacy.

The sample size used was ascertained using the formula  $n = \frac{X^2NP(1-P)}{e^2(N-1) + X^2P(1-P)}$  propounded by Krejcie and Morgan (1970). From the formula, 'e' denotes acceptable sampling error, 'P' denotes population proportion, and 'N' signifies population size. In calculating the sample size, the population size for the facility is 6000, at a 95 percent confidence level with a degree of



freedom 1, the Chi-square value is  $(X^2) = 3.841$ , the margin of error (e) is 0.05 and population proportion (P) is 0.5.

$$n = X^2NP(1-P) \div e^2(N-1) + X^2P(1-P)$$

$$n = 3.841 * 6000 * 0.5 * 0.5 \div ((0.05)^2 * (6000-1)) + (3.841 * 0.5 * 0.5)$$

$$n = 5761.5 \div (0.0025 * 5999) + 0.96025$$

$$n = 5761.5 \div 15.95775$$

$$n = 361$$

Data was collected from these individuals in nine days. These respondents were interviewed at a summer hut closer to the pharmacy when the patient was done collecting his or her drugs. As a prerequisite, the purpose of the project was disclosed and anonymity of responses was assured to respondents for them to engage in or opt out of the project. Patients who could read and write were made to fill out the questionnaires themselves but were briefed on what to do and persons who could not read and write were taken through a questioning and answering process.

#### **Data source**

This project made use of both primary and secondary data. Questionnaires were used to elicit information from participants, and secondary data was gathered from published articles, reports, books, the internet, and journals.

### **Data Collection Instrument**

A questionnaire was used as the data collection instrument. It was administered by two colleagues and two students on internship at the Statistics Unit of Asankrangwa Catholic Hospital. On Wednesday, 28<sup>th</sup> June 2022, I organized two hours of training to run them through how the questionnaire should be administered. After the training, these helpers were made to demonstrate how they would undertake the exercise on the respondents which they demonstrated so well.

### **Data Collection Procedure**

The data collection covered nine days, thus 30<sup>th</sup> June to 8<sup>th</sup> July 2022. Patients who could read and write were made to fill the questionnaires themselves but it was read and explained clearly to persons who could not read and write for them to select the appropriate response. The data was taken from Out Patient Department (OPD) patients who had undergone the routine process of being cared for at the hospital. Three hundred and sixty-one questionnaires were administered with a response rate of 100 percent.

### **Data processing and analysis**

The questionnaires were checked for completeness at the end of the data collection. It was coded before entries were done onto the IBM Statistical Product for Service Solution (SPSS) version 22, afterwards, all analysis was done on Stata version 14. This software is endowed with a diverse statistical tool that facilitates

the analysis of any quantitative-based data. The results of the analysis were displayed as frequency and percentage tables, pie charts, and histograms.

### **Ethical consideration**

In compliance with the ethics of research, anonymity, and confidentiality were highly assured in the data collection process by not associating names or any form of identification to the research. All books, journals, published articles, and reports used in this work were acknowledged accordingly.

### **Fieldwork Challenges**

The data collection started on the 30<sup>th</sup> of June 2022 and ended on the 8<sup>th</sup> of July, 2022. Due to the working relationship of the student with the study area, getting access to information from the patients was not a strenuous one, however, some challenges were encountered.

First, due to the short period in undertaking this capstone project and considering the number of respondents, two colleagues, and two students volunteered to help in the data collection. During the data collection, we have to forgo other equally important duties to attend to the data collection exercise.

Also, some of the participants were unwilling to partake in the study. Some of them were quite understandable because they were weak but others deliberately did not get involved and gave excuses such as they needed to attend to something urgently.

Despite these challenges, a response rate of 100 percent was achieved because the convenience sampling method used provided the opportunity to select from the numerous patients who came to access health care.



## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

The findings from the field are presented in this chapter. The presentation is divided into various sections including; the background characteristics of the respondents, challenges patients encounter in accessing health care, and patients' level of satisfaction with services.

#### Background characteristics of respondents

The background characteristics cover the respondents' age, sex religious affiliation, the highest level of education of respondents, occupation, average monthly income, and insurance status.

Out of the 361 respondents, 19 percent were between the ages of 25 and 29, with people between the ages of 50 and 54 constituting the smallest age group with a percentage of 4. Again, the table below shows that females participated in the research at a higher rate than males. Males were 26 percent, while females accounted for 74 percent. Christians made up 78 percent of the total respondents, while traditional faith and other religious groups formed 1 percent each. Respondents with tertiary education made up 9 percent of the total, while those with secondary, technical, or vocational education made up the majority, accounting for 36 percent. Moreover, farming is the most common occupation among the 361 participants, accounting for 37 percent. Only 2 percent of health workers were captured during the data collection period, making up the smallest percentage. People who chose the option 'Others' were into 'Galamsey,'



volunteering, internships, and other activities. Private health insurance is preferred by 1 percent over NHIS. 93 percent of respondents use the NHIS service, while 6 percent use neither the NHIS nor private health insurance.

**Table 1: Background characteristics of respondents (n = 361)**

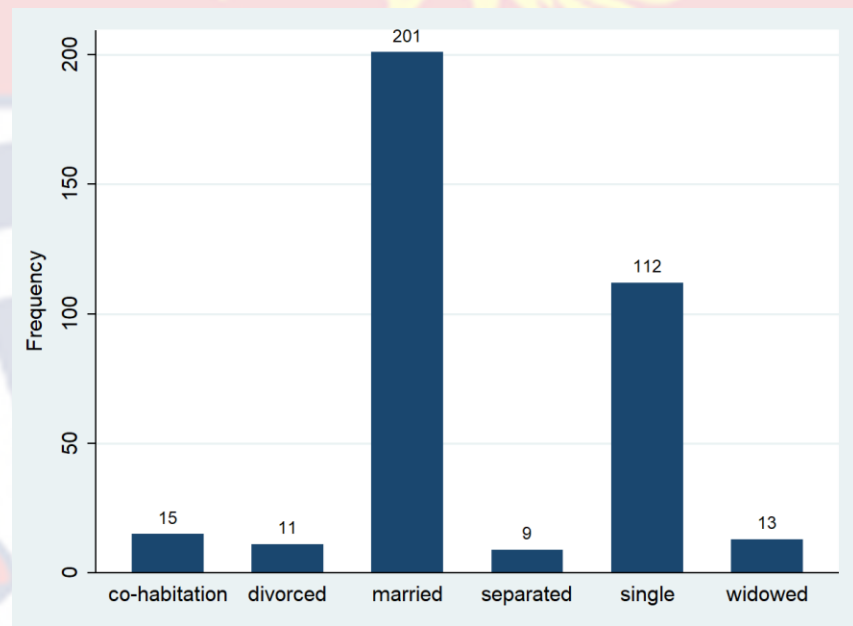
	Frequency	Percentage
<b>Age</b>		
10-14	19	5
15-19	41	11
20-24	44	12
25-29	68	19
30-34	48	13
35-39	25	7
40-44	35	10
45-49	32	9
50-54	13	4
55 and above	36	10
<b>Sex</b>		
Females	268	74
Males	93	26
<b>Religious affiliation</b>		
Christians	283	78
Muslims	73	20
Traditional	1	1
Other	4	1
<b>Level of education</b>		
No formal education	86	24
Primary	114	32
Secondary/Tech./Voc.	130	36
Tertiary	31	9
<b>Occupation</b>		
Students	50	14
Farmers	132	37
Traders	44	12
Health workers	7	2
Self-employed	35	10
Unemployed	28	8
Government workers	16	4
Artisans	32	9
Others	17	5

**Health Insurance Type**

NHIS	336	93
Private Health Insurance	3	1
No health Insurance	22	6

**Source: Fieldwork, 2022**

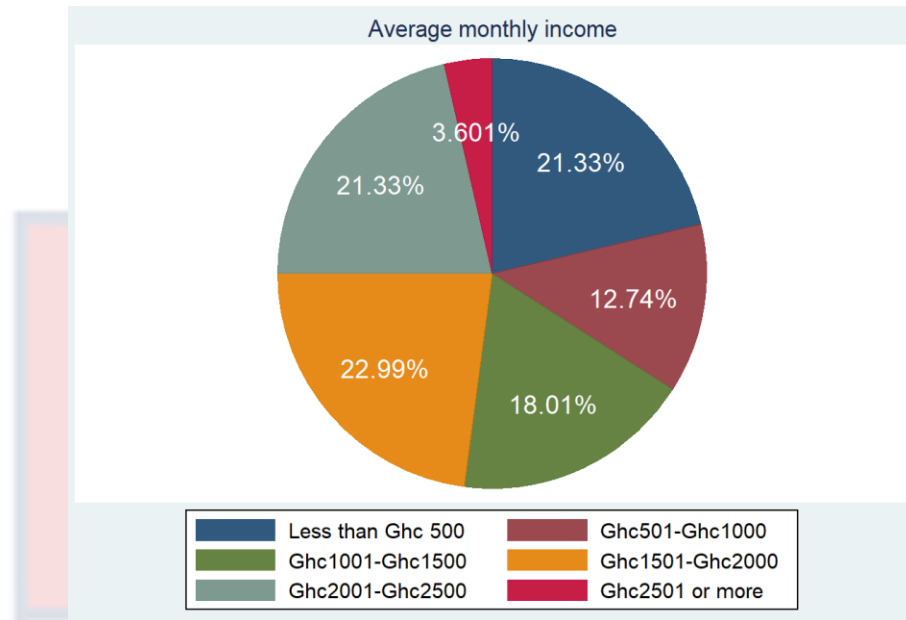
In terms of their (respondents) marital status, 56 percent stated that they are married, while 2 percent of the 361 respondents were separated from their spouse.



**Figure 1: Marital Status of respondents**

Source: Fieldwork, 2022

The majority of participants earn between GhC1501 and GhC 2000 per month on average. They account for 23 percent of all respondents, while 4 percent of the 361 earn GhC 2,501 or more. Surprisingly, it is the highest income when this capstone project is taken into account.



**Figure 2: Average monthly Income of respondents**

Source: Fieldwork, 2022

### Patients' level of satisfaction with services

#### Records Service

One hundred and thirty-five participants, making up a percentage of 37 testified that staff at the records unit are humble and polite; twenty-five of them also agreed. However, 23 percent of them disagreed. On privacy at the records unit, 34 percent of the respondents asserted that privacy was ensured during service delivery at the unit but 18 percent strongly disagreed that privacy was adhered to. Again, 32 percent of the participants in this project agreed that the records unit was efficient in their service delivery nevertheless 16 percent disagreed that they are inefficient.

**Table 2: Records service (n = 361)**

	Frequency	Percentage
<b>Attitude of records staff</b>		
Strongly Disagree	50	14
Disagree	83	23
Neutral	4	1
Agree	89	25
Strongly Agree	135	37
<b>Protection of privacy by records staff</b>		
Strongly Disagree	66	18
Disagree	78	22
Neutral	5	1
Agree	89	25
Strongly Agree	123	34
<b>Efficient check-in process</b>		
Strongly Disagree	77	21
Disagree	58	16
Neutral	3	1
Agree	117	32
Strongly Agree	106	30

**Source: Fieldwork, 2022**

### **Nursing Services**

Twenty-two percent grieved that the nurses did not show a feeling of sympathy and concern for them. Surprisingly, twenty-two percent of them strongly disagreed too, yet 32 percent opined that they are compassionate. On professional care of patients by Nurses, thirty-three percent raised that they were cared for professionally. All the same, 22 percent strongly disagreed that the nurses handled them professionally. Moreover, it was found that that 32 percent of the nurses prioritize the privacy of patients in their procedures. Notwithstanding, 24 percent strongly disagreed; another 24 percent also disagreed.

**Tab 3: Nursing services (n = 361)**

	Frequency	Percentage
<b>Compassionate nurses</b>		
Strongly Disagree	83	22
Disagree	80	22
Neutral	2	1
Agree	114	32
Strongly Agree	82	23
<b>Nurses handle patients professionally</b>		
Strongly Disagree	83	22
Disagree	80	22
Neutral	2	1
Agree	114	32
Strongly Agree	82	23
<b>Nurses ensured my privacy</b>		
Strongly Disagree	85	24
Disagree	85	24
Neutral	0	0
Agree	114	32
Strongly Agree	77	21

**Source: Fieldwork, 2022**

### **Physician Services**

Thirty-three percent of the patients subscribed to agree, implying that the Physicians are humble and polite towards patients but twenty-two of them opposed this assertion. From the table, thirty-five percent agreed that the Physicians explained their procedure to them but 17 percent of them disagreed that Physicians do explain the procedure to them. Again from the data, 34 percent of the respondents concluded that the Physicians provided them with helpful responses to their problems. However, 28 percent of them strongly disagreed.



**Tab 4: Physician services (n= 361)**

	Frequency	Percentage
<b>Humility and politeness towards patients</b>		
Strongly Disagree	90	25
Disagree	81	22
Neutral	4	1
Agree	118	33
Strongly Agree	68	19
<b>Explanation of procedures to patient</b>		
Strongly Disagree	91	25
Disagree	60	17
Neutral	4	1
Agree	128	35
Strongly Agree	78	22
<b>Physician provided helpful response</b>		
Strongly Disagree	100	28
Disagree	61	17
Neutral	0	0
Agree	121	34
Strongly Agree	79	22

Source: Fieldwork, 2022

### Laboratory Services

Thirty-five of the respondents agreed that results from the unit were given to them on time. Nevertheless, 21 percent of the respondents strongly disagreed that laboratory results come promptly. One hundred and thirty participants, making up a percentage of 36 testified that staff at the laboratory unit comport themselves humbly. However, 21 percent of them strongly disagreed.

**Tab 5: Laboratory service (n=361)**

	Frequency	Percentage
<b>Timely laboratory results</b>		
Strongly Disagree	76	21
Disagree	77	21
Neutral	1	1
Agree	126	35

Strongly Agree	81	22
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**Humility of laboratory staff**

Strongly Disagree	92	25
Disagree	71	20
Neutral	0	0
Agree	116	32
Strongly Agree	82	23

Source: Fieldwork, 2022

**Pharmacy Service**

The pharmacy staff were proclaimed to be polite and humble. Thirty-two percent of the respondents asserted this but twenty-two percent of the respondents opined otherwise. Thirty-five percent of those polled agreed that the drug dosage is explained to them whereas 19 percent opted to disagree. This implies that they were not given any education on the dosage. Again, it was agreed by 32 percent of the participants that all drugs prescribed to them were served. Unlike this 32 percent, 20 percent opined that all the drugs prescribed to them were not given.

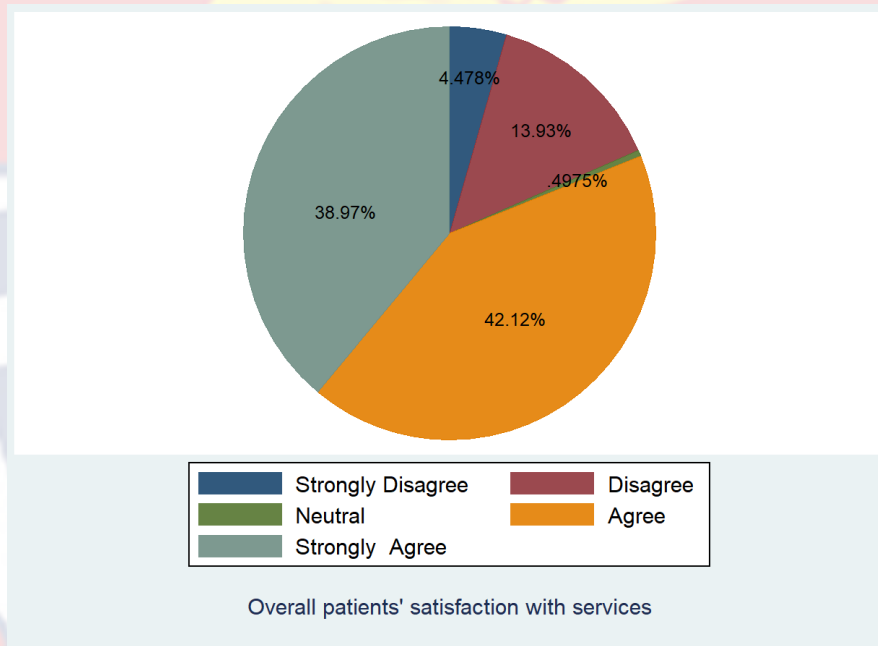
**Tab 6: Pharmacy service (n = 361)**

	Frequency	Percentage
<b>Humility and politeness toward patients</b>		
Strongly Disagree	92	25
Disagree	71	20
Agree	116	32
Strongly Agree	82	23
<b>Explanation of dosage to patients</b>		
Strongly Disagree	93	26
Disagree	67	19
Agree	126	35
Strongly Agree	75	21
<b>Served all prescribed drugs</b>		
Strongly Disagree	96	27
Disagree	73	20

Neutral	1	1
Agree	116	32
Strongly Agree	75	21

Source: Fieldwork, 2022

Generally, 42 percent of the respondents agreed that they were satisfied with service delivery at the hospital. Nevertheless, 4 percent were not satisfied with the entire service delivery.



**Figure 3: Overall patients' satisfaction with services**

Source: Fieldwork, 2022

The majority of the respondents submitted that they would return to the hospital for treatment when unwell. They constituted a percentage of 90 but 10 percent of the respondents raised that they will not return to the facility at another time when unwell.

**Table 7: Return for treatment (n = 361)**

	Frequency	Percentage
No	35	10
Yes	326	90
Total	361	100

Source: Fieldwork, 2022

Eighty-five percent of the respondents declared that they would recommend the hospital's services to others while 15 percent said No.

**Table 8: Recommendation (n = 361)**

	Frequency	Percentage
No	54	15
Yes	307	85
Total	361	100

Source: Fieldwork, 2022

### **Challenges patients encounter in accessing health care**

#### **Locational challenges**

Forty-three percent of those polled agreed that it takes a long distance to get to a healthcare facility. Fifteen percent of those who live closer to the facility said they do not have to travel a long distance to get health care. According to the field survey, 36 percent of the 361 study subjects strongly agreed that getting transportation is difficult, while 1 percent were unsure and 11 percent strongly disagreed.

**Table 9: Locational challenges (n = 361)**

	Frequency	Percentage
<b>Distance covered to access health care</b>		
Strongly Disagree	53	15
Disagree	99	27
Agree	157	43
Strongly Agree	52	14
<b>Transportation to the facility</b>		
Strongly Disagree	41	11
Disagree	67	18
Neutral	1	1
Agree	121	34
Strongly Agree	131	36

Source: Fieldwork, 2022

**Service challenges**

According to the data collected, 23 percent of participants strongly agreed that the service cost is extremely high to afford, 23 percent agreed to this, and 27 percent strongly disagreed. Concerning the time spent in the waiting area before seeing the physician, 34 percent agreed that it takes a longer time, one person was unsure, and 18 percent agreed that it took them a short time. Thirty-seven percent agreed that, there are not enough seats in the waiting area for patients but 19 percent disputed it.

**Table 10: Service challenges (n = 361)**

	Frequency	Percentage
<b>Cost of services</b>		
Strongly Disagree	97	27
Disagree	78	22
Neutral	1	1
Agree	82	23
Strongly Agree	103	29
<b>Period spent before seeing Physician</b>		
Strongly Disagree	82	23
Disagree	64	18
Neutral	1	1



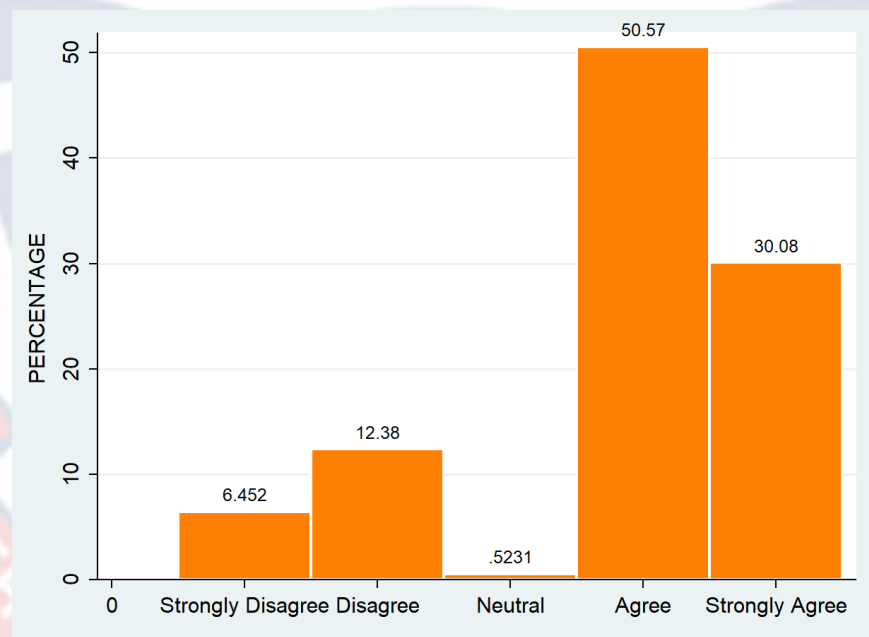
Agree	123	34
Strongly Agree	91	25

**Seats in the waiting room**

Strongly Disagree	83	23
Disagree	67	19
Neutral	3	1
Agree	133	37
Strongly Agree	76	21

Source: Fieldwork, 2022

As shown in the graph below, 51 percent of respondents agreed that the waiting area is poorly ventilated but 6 percent of the 361 participants strongly agreed that the waiting area is well ventilated.



**Figure 4: Ventilation in the waiting area**

Source: Fieldwork, 2022

**Staff challenges**

More than half thus 51 percent of the respondents strongly disagreed that the staff used dubious means to extort money from them, in a similar manner 30

percent disagreed while a little 6 percent strongly agreed that dubious means were used to extort money from them. Out of the 361 participants, 25 percent agreed that Physicians are always unavailable in the consulting room. Interestingly, another 25 percent strongly agreed with this statement. Despite this 29 percent disagreed.

**Table 11: Staff challenges (n = 361)**

	Frequency	Percentage
<b>Extortion of money by staff</b>		
Strongly Disagree	184	51
Disagree	108	30
Neutral	1	1
Agree	48	13
Strongly Agree	20	6
<b>Availability of Physicians</b>		
Strongly Disagree	74	21
Disagree	105	29
Neutral	1	1
Agree	89	25
Strongly Agree	92	25

Source: Fieldwork, 2022

## Discussion of Findings

### Patients' level of satisfaction with services

#### Nursing service

Thirty-two percent of the Nurses were said to be compassionate. They show sympathy and concern for the patients. This came up when the patients were to determine if the Nurses were compassionate to them. This finding reflects the result of clinical nurses' compassionate care challenges and barriers: a study by Sima & Taleghani (2019). In their paper, it was revealed that for Nurses to be

compassionate, is a result of the influence of gender, emotional need, and in-service training that addresses compassion.

More than half of those polled expressed satisfaction with the facility's services. This reflects results realized in the work of Ikechukwu et al., 2018 on patient satisfaction with tertiary hospital services in southeast Nigeria where more than half (57.30%) of those polled were pleased with the services they received.

### **Challenges patients encounter in accessing health care**

#### **Locational challenges**

Most of the participants in this capstone project submitted that they covered a great distance before accessing healthcare at this hospital. Forty-three percent agreed to this. This is consistent with a study by Bayu and Tesfaye (2006), which showed that 27 percent of the respondents cover a long distance before utilizing health services. Oldenburg et al., (2021) concluded that health care access decreased as one's distance to a hospital increased. This outcome echoes prior research in Sub-Saharan Africa.

Means of transportation to the facility were agreed to be a problem by participants in this capstone project. 36 percent strongly agreed to this, and similarly, 34 percent did the same. This matches a work done by Abihiro et al., (2014) on gaps in universal health coverage. They found that people from rural areas get challenged by a lack of transport and poor road conditions when in need of healthcare. In Ghana, the road is poor in quality and with frequent potholes (Naazie, et. al., 2018).

Respondents in this capstone project agreed that accessing health care at this facility does not conflict with their cultural values. This is in contrast to a finding by O'Donnell, 2007. In his paper, he posits that accessing health care is fraught with challenges relating to culture. The use of current health care methods dwells on attitudes that reflect the local customs and societal principles. An instance is people's preference for traditional therapies over contemporary therapies.

### **Service challenges**

Participants in this capstone project posit that they are challenged with the cost of services at this facility. This is akin to a survey done by Abdul-Aziz et. al., (2020). In their submission, financial accessibility is a barrier that deprived especially women of access to healthcare in Sub-Saharan Africa. Again, research by Adongo et al., (2018) showed that the majority of the respondents indicated that the cost of services at hospitals is a major obstacle to not utilizing services. Studies conducted in developing countries like Sudan, Namibia, and Malawi showed that the cost of services is one of the challenges to health care (Eide et al., 2015).

Patients identified that waiting long hours before seeing the Physician is a challenge in their quest to be cared for. Brina in 2006 identified in a cognate study that long queues during registration and long amount of waiting periods before seeing a medical practitioner after registration were barriers to healthcare access.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### Introduction

This final chapter of the project provides the conclusion that was drawn from the project. Recommendations are outlined in this chapter.

#### Summary of findings

Three hundred and sixty-one respondents participated in this project. Males were 93 whereas females were 268 forming the majority. Christian religion formed the highest religious group and persons aged 25-29 dominated. The majority of the participants were farmers.

One hundred and thirty-five participants, making up a percentage of 37 testified that the records staff were humble and polite. Twenty-two percent grieved that the nurses did not show a feeling of sympathy. However, 32 percent opined otherwise. Thirty-three percent of the patients subscribed to agree, implying that the physicians were humble and polite. At the Pharmacy, 32 percent indicated they were served all the drugs and thirty-five percent agreed.

From the data, 23 percent of the data strongly agreed that the service cost is extremely high to afford while 27 percent opposed it. 51 percent further added that the waiting area is poorly ventilated. Fifty-one percent strongly disagreed that the staff extorted money from them and 25 percent of them agreed that Physicians are always available in the consulting room. Fifty-three percent of the respondents agreed that they cover a long distance to access health care.



Overall, 42 percent of the participants agreed that they were satisfied with service delivery.

### **Conclusion**

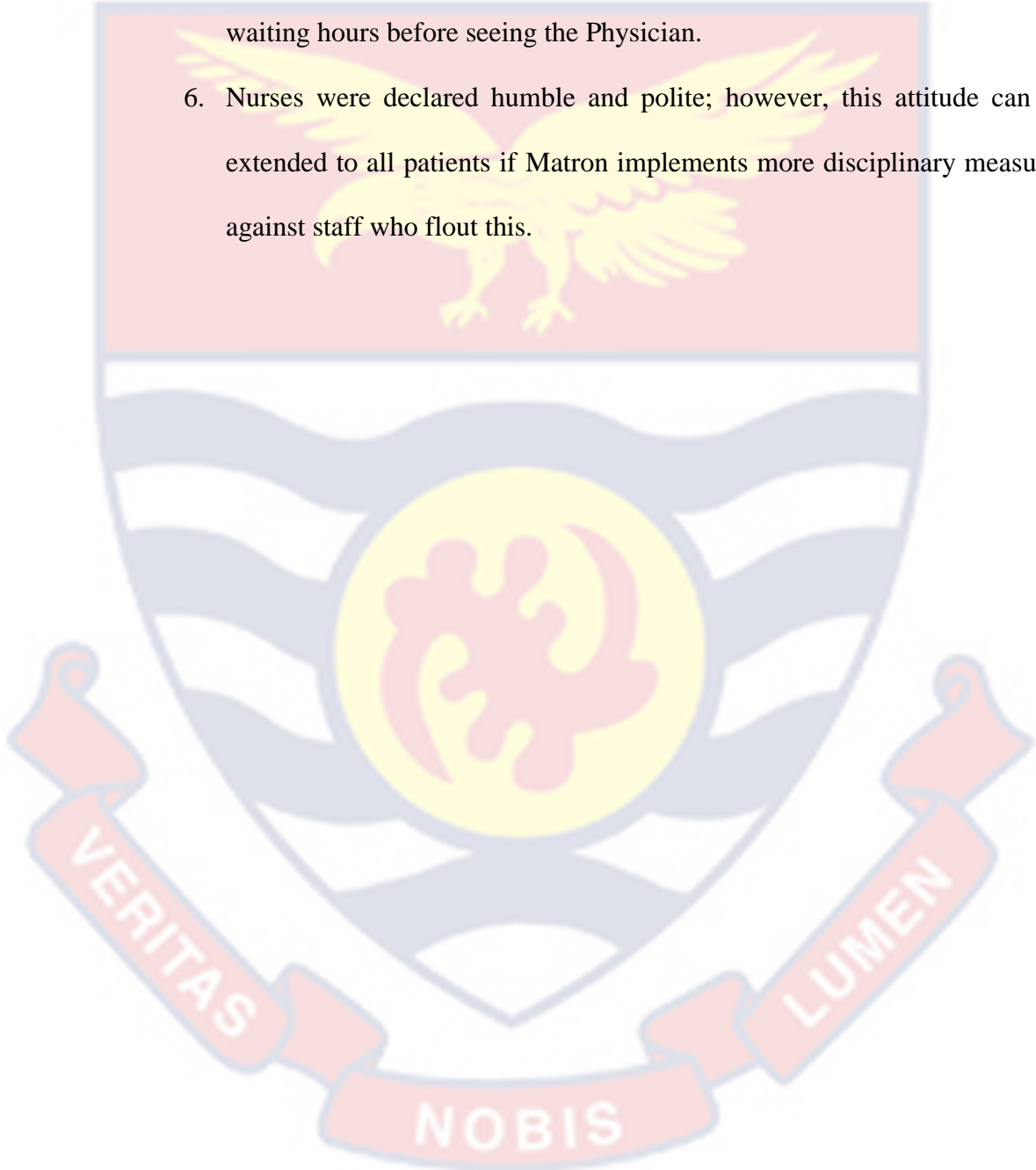
From the foregoing discussion, it can be observed that in the event of pursuing good health to a poor state of health patients confront various forms of difficulties at all levels from their homes through to the facility. Despite service delivery not being to the standard of some of the patients, more than half of the patients were pleased with the services. Ninety percent were ever ready to patronize the service again and 85 percent declared that they would recommend the facility to anyone who needs treatment. Measures should be implemented to reduce it to its minimum strength as well and services by the various units must be improved to raise the satisfaction level of the patients.

### **Recommendations**

The project recommends the following based on its findings;

1. Almost 50 CHPS compounds exist in the communities. The Health Directorate should resource them fully and educate the natives to patronize their service.
2. Means of transport was a challenge due to the poor quality of the roads. This makes cars scarce in the catchment areas. This can be improved if the Municipal Assembly can factor fixing the roads into their action plan and budget.
3. The cost of services should be reviewed by the hospital management team to meet the patient's financial strength.

4. The hospital management should provide enough seats and also improve ventilation in the waiting areas.
5. The clinical coordinator should identify and address factors that elongate waiting hours before seeing the Physician.
6. Nurses were declared humble and polite; however, this attitude can be extended to all patients if Matron implements more disciplinary measures against staff who flout this.



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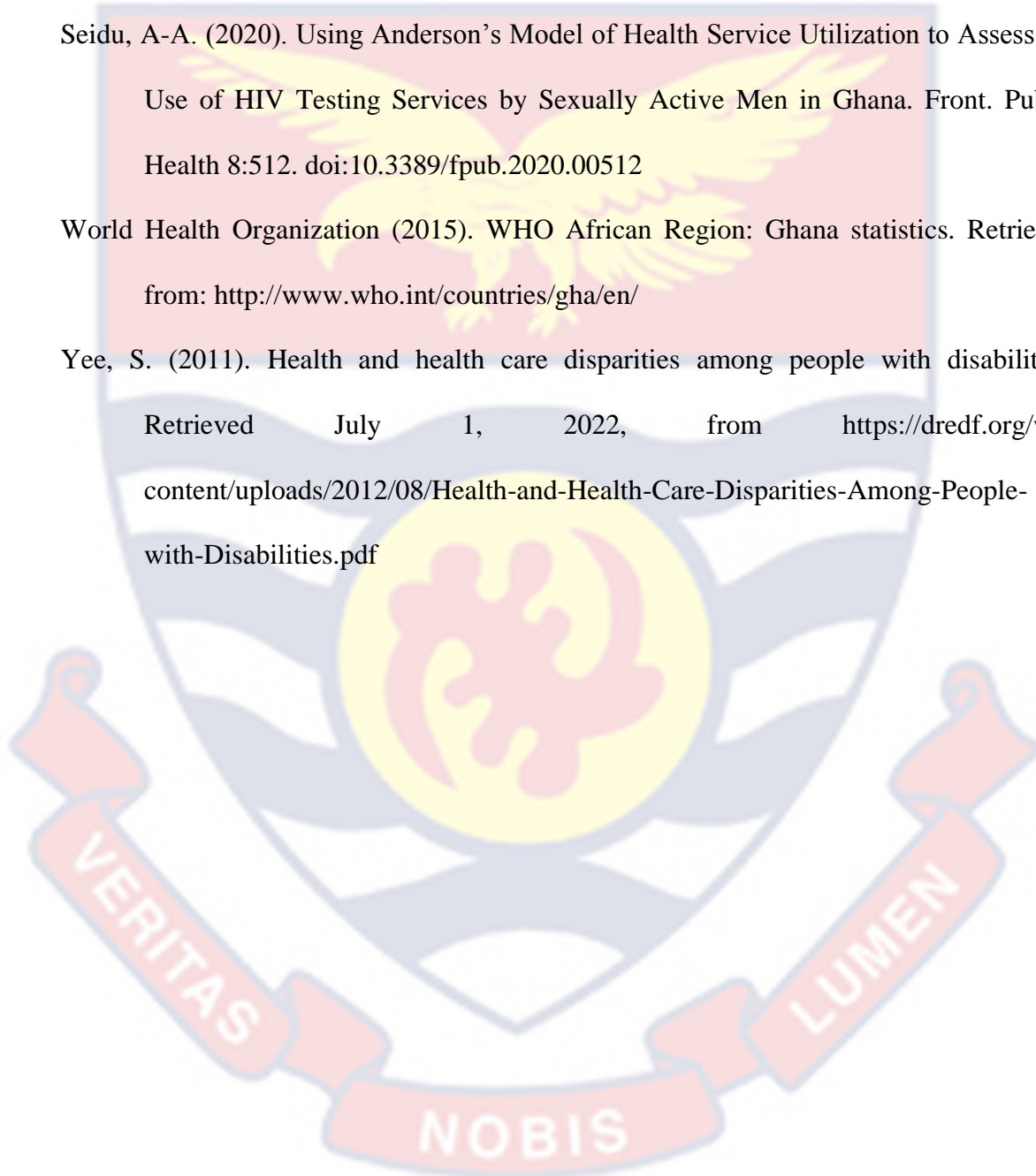
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APPENDIX  
 UNIVERSITY OF CAPE COAST  
 SCHOOL OF ECONOMICS  
 DEPARTMENT OF DATA SCIENCE AND ECONOMIC POLICY

Patients’ satisfaction level with services and challenges in accessing health care at Asankrangwa Catholic Hospital

Date of Interview.....

Individual ID.....

The purpose of this study is to ascertain the challenges patients encounter and their level of satisfaction with service delivery at Asankrangwa Catholic Hospital. The study is primarily academic, and therefore information collected will not be accessible to the public, and names or other forms of identification will not be attached to the responses given. Your responses will contribute immensely to the project. Thank you.

Please select the response that applies. For further clarification of a question, please draw my attention.

A	<b>BACKGROUND CHARACTERISTICS OF RESPONDENTS</b>	
1	Age (In complete years)	.....
2	Sex of the respondent	Male.....1 Female.....2
3	Place of residence	.....
4	Religious affiliation	Christian.....1 Muslim.....2 Traditional.....3 Other (Specify).....
5	Marital Status	Single.....1 Married.....2 Separated.....3 Divorced.....4 Co-habitation.....5 Widowed.....6 Other.....

6	Highest level of education	No formal education.....1 Primary.....2 Secondary/Tech/Voc. ....3 Tertiary .....4
7	Occupation	Student.....1 Farmer.....2 Businessperson.....3 Health worker.....4 Self-employed.....5 Unemployed.....6 Government Worker.....7 Artisan.....8 Other.....
8	Average monthly income	Less than Gh¢500.....1 Gh¢501 - Gh¢1000.....2 Gh¢1001-Gh¢1500.....3 Gh¢1501- Gh¢2000.....4 Gh¢2001 - Gh¢ 2500.....5 Gh¢2501 or more.....6
9	Health Insurance Status	National Health Insurance Scheme (NHIS).....1 Private Health Insurance.....2 No health insurance.....3
10	What is the size of your household?	1 person.....1 2 people.....2 3 people.....3 4 people.....4 5 people or more.....5
<b>B</b>	<b>CHALLENGES PATIENTS ENCOUNTER IN ACCESSING HEALTH CARE</b>	
Strongly Disagree= 1, Disagree= 2, Neutral= 3, Agree= 4, Strongly Agree= 5		
		SD D N A SA
11	I cover a great distance to access health care at this facility	
12	Getting transport to this hospital is difficult	
13	Signage and directions to the various units are easy to follow	
14	The cost of service is expensive	
15	It takes a longer period before seeing the Physician	
16	The patient waiting area is less ventilated	

17	The hospital environment is clean and tidy					
18	The waiting area does not have enough seats for patients					
19	The staff used dubious means to extort money from me					
20	My spouse does not endorse my visit to this hospital					
21	My cultural values conflict with my visit to this hospital					
22	Getting access to information at this hospital is easy					
23	Physicians are always unavailable in the consulting room					
24	Hours of operation are convenient for me					
25	The consulting room is serene for patients					
26	Scheduling an appointment with a Physician is easy					
<b>C</b>	<b>PATIENTS' LEVEL OF SATISFACTION WITH SERVICES</b>					
27	The records staff was polite and humble					
28	Records staff protected my privacy during check-in					
29	The check-in process was handled efficiently					
30	Records staff kept you informed of the delays in the check-in process					
31	The Nurses were compassionate					
32	The Nurses handled me professionally					
33	The Nurses provided helpful responses to my questions					
34	The Nurses treated me with respect					
35	The Nurses showed they are competent					
36	The Nurses ensured my privacy					
37	The Physician was humble and polite toward me					
38	The Physician explained every procedure done for me in a way I could understand					
39	The Physician handled me professionally					
40	The Physician provided helpful responses to all my needs					



41	The Physician showed a willingness to listen carefully to me					
42	The laboratory staff was humble and polite toward me					
43	I received laboratory results in a timely manner					
44	The pharmacy staff was humble and polite toward me					
45	The pharmacy staff explained to me the dosage of the drugs					
46	All the prescribed drugs were served					
47	Overall are you satisfied with the services					
48	I would return for medical treatment when I am unwell?	No.....	0	Yes.....	1	
49	Would you recommend this hospital to your friends and family	No.....	0	Yes.....	1	

