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PATIENTS PERCEPTION ABOUT NURSING CARE IN THE KPOBE  
KATAMANSO MUNICIPALITY

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### DECLARATION

I, Linda Asare Badu, declare that with the exception of quotations and references contained in published works which have all been identified and acknowledged, this thesis is entirely my own work, and it has not been submitted either in part or whole for another degree elsewhere.

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### **DEDICATION**

To my dear loving husband, Joseph Foh Amoanyi, for supporting me greatly during the course of my study in school.

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I am most grateful to God for the grace and favour I received from him to complete this project work successfully.

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## ABSTRACT

**Background:** Patients' perceptions about the quality of nursing care is an important indicator in determining the quality of nursing care towards the improvement of the overall care that is rendered to patients. However, the extent to which nurses meet the expectations of patients in health facilities at the Kpone Katamanso Municipality is unknown. The aim of this study was to assess patients' perception about nursing care at the Kpone Katamanso Municipality.

**Methods:** A quantitative cross-sectional study design was employed in this study with 358 adult patients who were sampled using proportionate stratified sampling technique from four health facilities in the Kpone Katamanso Municipality. A structured questionnaire was administered and the data was analyzed using the STATA (V.15) software.

**Results:** Majority (53.6%) of the respondents had fairly positive perception about nursing care. Employment status, feeling on the cost of healthcare, duration in the hospital, mode of admission and health insurance status were significantly associated with patients' perception about nursing care ( $p < 0.05$ ). However, the type of facility had no significant association with patient perception about nursing care ( $p > 0.05$ ).

**Conclusion:** The overall perception about nursing care was fairly positive. Being a private employee and perceiving cost of nursing care as low significantly positively influenced perception about quality of care. It is recommended that management of public and private health facilities in the Kpone Katamanso Municipality should conduct in-service training exercises for all categories of nurses on standard nursing care to patients.

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### LIST OF ABBREVIATIONS

<b>ART:</b>	Antiretroviral Therapy
<b>CINAHL:</b>	Cumulative Indexing of Nursing and Allied Health Literature
<b>DF:</b>	Degree of Freedom
<b>DOT:</b>	Directly Observed Treatment
<b>ENT:</b>	Ear, Nose and Throat
<b>M:</b>	Mean
<b>OPD:</b>	Out Patient Department
<b>SD:</b>	Standard Deviation
<b>WHO:</b>	World Health Organization

## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 Background

Quality Health Care according to the Institution of Medicine comprises the extent to which services in terms of health care that are provided for individuals and the general population raises the probability of meeting desired expectations of health outcomes that are in line with contemporary professional knowledge (Törnvall & Wilhelmsson, 2010). Quality health care is also defined as the level of value provided by any health care resources, as determine by various measurements. This in terms signifies whether the care rendered is good enough or well packaged to meet its goal. Therefore, the main goal of quality of health care is to provide high standard medical resources to every individual who seeks for health.

Quality of nursing care comprises 'themes of patients' need fulfilment and therapeutic effectiveness mediated through selective focusing' (Barbans, & Alligood, 2010). However, it is a concept that attract the interest of nurse professionals around the world. In order to achieve this quality care, health care must be safe, effective, timely, efficient, and equitable and people centred. Nursing care is a very important aspect on which patient satisfaction depends on and this is so because every aspect of patient's care in the hospital involves nurses (Zhao, Akkadechanunt & Xue, 2009). Quality nursing care can be traced back to concerted efforts by Florence Nightingale to improve the conditions of care provided for the soldiers she was attending to in 1854-1856, during the Crimean War.

The standards set by Florence Nightingale to assess the care provided to the soldiers are well established as among the earliest quality improvement works documented.

Since that time, quality nursing care assurance remains one of the topmost priorities for nurses globally (Kahn, 2006). As such, patient satisfaction has become an outcome measure that is increasingly being used in the management of quality health care (Samina, Qadri, Tabish, Samiya & Riyaz, 2006). There is therefore the need for quality health care service where the needs of the patient are placed first. In these contemporary times, patients are increasingly demanding to be actively involved in decisions made concerning their health. These concerns are directed at the entire aspects of their health care when they are in a health care facility. In order to understand the concept of patient satisfaction, one needs to first understand patients' views about the care they receive. Thus, the patient needs to first perceive a service before the service is rated on a patient satisfaction scale.

Nursing care is a very important aspect of health care that patient satisfaction depends on. This is because the nurse is involved in almost every part of the patient care within the hospital setting. It is therefore imperative to assess quality of nursing care. Nurses are therefore challenged to maintain high standards of nursing care and to improve upon the quality of nursing care (Hoodless, Bourke & Evans, 2008). Feedback on patient perception about nursing care serves as a tool for the evaluation of the quality of nursing care (Ervin, 2016). Instead of health professionals defining patients' criteria for them, it would be better if patients are allowed to define their own priorities and to evaluate their care accordingly (Desta, Berhe, & Hintsu, 2018). There are different perspectives from which patients and health professionals evaluate the quality of nursing care. Whilst the health professional regards competent nursing care as quality nursing care (Gupta, Shrestha & Thalang, 2014), patients describe quality nursing care within the context of comfort, physical environment,

interpersonal care, competency, efficiency, personalized information, and general instructions (Senarath & Gunawardena, 2011).

The nursing profession currently uses patients' outcome as a yardstick to assess the system of health care delivery. This aids in the evaluation of the quality of nursing care in addition to contributing to the betterment of already established nursing service (Suresh & Sharma, 2013). Therefore, nurses are in a unique position to facilitate and promote effective relationships with patients. This is because they spend more time with patients than other health care professionals (Eyassu, Adane, Amdie, Getahun & Birwota 2014).

The perception of patients about the care they receive have been found to contribute to the quality of care (Al-Hussami, Al-Momani, Hammad, Mahameh & Darwad, 2017). Radwin, Farqahar, Knowles and Virchick (2005) found that patients acknowledged the positive outcomes to nursing care, and that nurses who are able to assist patients to achieve desired outcomes are seen as caring and more knowledgeable professionals.

Nurses interact with patients more often than any other health care personnel in a hospital, in terms advocates on behalf of the patient. Typically, patients express their requirements in terms of what they need, want, prefer, expect and demand with respect to the nursing service they receive. In a case where the perceived services equate or exceed their expectations, they prefer to come to the hospital again and recommend service to the needful (Hoodless et al., 2008).

Apay and Arslan (2009) argue that, "patient's perception about nursing care is a main point to be focused on and it should be seen with the patient's perspective" (p. 239-244). They noticed that majority of the patients had poor perception about the

way nurses explain things to them, the way nurses provide them with information and the general attitude of the nurses towards care. The attitude and conduct of nurses towards patients influenced patients' perception about the nurses. They recommended the need to improve on nurses' interpersonal skills in addition to their relationship, and attitude towards patients. This however, may be prejudiced by the expectations of patients from the nurses.

## **1.2 Problem Statement**

Patient satisfaction with quality nursing care is achieved when nurses provide nursing care services that meet patients' expectations. In addition, this serves as a feedback which aids in determining the quality and the evaluation of nursing care. It is a very key element for continuous assessment of patient satisfaction of nursing care and for the improvement of quality nursing care (Şahin & Ördemir, 2014). The positive perception that patients have about nursing care is a very important contributor to increase in patient's ability to cope with disease in addition to their power to adapt to self-care.

Caring is a core substance of nursing and the basic factor that distinguishes nurses from other health professionals, however, patient's perceptions of nurses rendering a quality care can have a significant influence on patient's outcomes and patient satisfaction. Patient perceptions are important when evaluating nursing care delivery (Sahonen, et al, 2009). Nurses in general do have more interaction with patients more compared to other health care professionals and personnel in the hospital setting. However, nurses do not meet patient's expectations as to quality care delivery. Therefore, in order to appreciate patient satisfaction, patient's perception about quality care must be understood in order to evaluate nursing care.

It has been observed that majority of adult male and female patients who access health care services in health facilities at the Kpone Katamanso Municipality see nurses to be health professionals who do not respect life and also rude in communicating to them. Most of the patients show discontent with nurses' efforts to provide quality nursing care. These perceptions go a long way to affect patients' health seeking behaviour. However, no known study has been done in the municipality to assess the situation. This motivated the research to make this scientific inquiry into patient perception about nursing care and the factors associated with these perceptions.

### **1.3 Research Questions**

1. What is the perception of patients about nursing care at the Kpone Katamanso Municipality?
2. What are the factors influencing patients' perception about nursing care at the Kpone Katamanso Municipality?
3. Are there differences in patient perception about nursing care between private and public health facilities at the Kpone Katamanso Municipality?

### **1.4 Objectives of the Study**

#### **1.4.1 General objective**

To assess patients' perception about nursing care at health facilities at the Kpone Katamanso Municipality.

#### **1.4.2 Specific objectives**

1. To assess the perception that patients have about nursing care at health facilities at the Kpone Katamanso Municipality.

2. To identify factors influencing patients' perception about nursing care at health facilities at the Kpone Katamanso Municipality.
3. To determine whether there are differences in patient perception about nursing care in private and public health facilities at the Kpone Katamanso Municipality.

### **1.5 Significance of the study**

The outcome of the study will provide evidence-based information on patient perception about nursing care and factors that influence patient perception about nursing care in Ghana. This will serve as information to evaluate nursing care in Ghana. It will also inform policy, planning and interventions directed towards the improvement of nursing care in Ghana. The study will also provide direction for future research into patient perception about health care services in Ghana.

### **1.6 Conceptual Framework**

For this study, aspects of nursing derived from literature include explanation, Caring Attitude, Responsiveness, Ward Organization and Availability (Samina, Qadri, Tabish, Samiya & Riyaz, 2006). Explanation represents communication from nurse to patient in terms of informing and explaining nursing interventions and the rationale behind them to patient, providing information on patient condition and education of patient. Caring attitude represents behaviour of nurses towards patient in the dispensation of nursing interventions. However, the timely and active nature of attending to patients needs or carrying out nursing duties is responsiveness. Ward organization refers to general orderliness of the ward environment and structure of activities of the nurses. Availability represents the physical presence of the nurse at all times when needed on the ward.

Furthermore, patient perception about nursing care comprises the views and opinions that patients have about the nursing care and its facets such as explanation, caring attitude, responsiveness, ward organization and availability. The perception of patients about 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 & Wyszewiarzki as cited in Negassie, 2018). This may either be positive or negative. A very important determinant about the quality of nursing care services is the perception of patients about nursing care. This serves as a feedback to assess and evaluate the quality of nursing care (Ervin, 2016). When patient perception about services provided is assessed it provides pertinent information to health care service managers which aids them in the improvement of quality nursing care in addition to related hospital services (Tang, Soong & Lim, 2013).

As shown in Figure 1, nursing care includes explanation, caring attitude, responsiveness, ward organization, availability of nurses. The nature of patient perception about nursing care, thus either a negative or positive view may be affected by various factors. These can be categorized into socio-demographic characteristics of patient, patient related factors and hospital related factors. Socio-demographic variables include age, gender, religion, marital status and educational status. Patient related factors include duration of hospital stay, history of hospitalization, mode of admission (emergency/ routine). Hospital related factors include cost of health care, class of ward (General/ Special), type of facility (public or private).

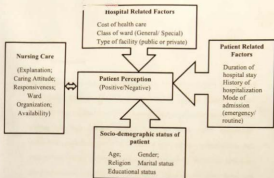


Figure 1.1: Conceptual framework on Patient Perception about Nursing Care

(Adopted from Gupta, Shrestha & Thulung, 2014).

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This section presents the literature reviewed for the study. Literature was accessed from online databases including Google Scholar, PubMed, ScienceDirect and CINAHL. This includes a review of previous studies on patient perception about nursing care. This includes patients' perception about nurses' competency, explanation/ communication with patients, caring attitude, responsiveness and organizational ability. Previous studies on factors influencing patient perception about nursing care including socio-demographic factors, patient-related factors and hospital-related factors have also been reported in this section.

#### 2.1 Patient perception about nursing care

Patient perception about nursing care represents the views of patients with regard to the services received from nurses in addition to the results or outcome of treatment from nurses (Jenkinson, Coulter, Bruster, Richards & Chandola, 2002). The provision of high-quality health care to meet patient's expectations have been a challenge for most healthcare organisations worldwide (Suhonen et al., 2012). Therefore, assessing patient's perception about the quality of nursing care is an essential component of the evaluation of quality health care.

##### 2.1.1 Patient perception about competency of nursing care

In a prospective study in India, which lasted for about a year, Samina, G], Tabish, Samiya, and Riyaz (2008) explored the topic "Patient's Perception about Nursing Care at a Large Teaching Hospital in India" (p. 97). Both emergency the routinely

admitted patients were randomly selected to be a part of the study with a valid response rate of 81.6% out of 2,600 patients. A high percentage of the patients had good perception about the general nursing care activities carried out by the nurses. These included the ward organization (95.7%), availability of the nurses (96.5%), and nurses' responsiveness (95.9%). In addition, good perception of patients about overall quality nursing care was found among 49.3% of the patients in North West Ethiopia (Negussie, 2018). In a similar study in Ghana, patients' over all mean scores from ratings made on the caring behaviours inventory (CVI-24) scale was 4.68 which represented a significantly high positive perception about overall nursing care provided to the patients (Afaya et al., 2017). This was a cross-sectional study on perception of nursing care among patients in the medical-surgical ward at the Kings Medical Centre in Kumbugu among 192 in-patients. In this study, more than half (50.8%) of the patients were females and they were mainly from 16-30 years of age with most of them being on admission for a span of 7 to 13 days.

Furthermore, in a descriptive qualitative study, Wysong and Driver (2009) interviewed 32 patients, comprising 15 men and 17 women in the Goshen General Hospital in Indiana. Their aim was to explore patients' perception about nurses' skills. In this study, patients perceived interpersonal skills of the nurse as a yardstick with which to estimate whether the nurse was actually skilled or not. Friendly nurses, including those who were good listeners, compassionate, kind and caring were perceived as very skilled nurses. Being happy, wearing of a smiling face and having a cheerful look gave the impression among the patients that the nurse was skilled.

Furthermore, Negussie (2018) also explored the perception of in-patients towards nursing care at the public hospitals in the regional state of Benishangul Gumuz in

North West Ethiopia. A total of 418 in-patients were randomly selected for the study thus, yielding a response rate of 99.3% which is higher compared to that of Samina *et al.* (2008) in India. They were mostly females (59.1%) with a mean age of 35 years and average length of 5 days stay in the hospital.

In their study in Ghana on patient perception about nursing care, Afaya *et al.* (2017) found that to majority (90.2%) of the patients, the nurses showed professional knowledge and skill in the dispensation of their nursing care activities. Majority (91.2%) of the patients were also of the view that the nurses were concerned about their patients. The patients also perceived that the nurses served their patients with medication and provided treatment on time (92.9%). In a prospective study in Ethiopia, Gishu *et al.* (2019) found that patients perceived low quality of physical care with the exception of nurses carrying out treatments and medications on time where 95.8% of the patients were satisfied. The lowest perceived nurses' performance was for oral care and patient bath with only 18.3% and 9.7% satisfaction rates respectively. Nearly a third of patients (34.4%) of the patients never get nurses help in getting in and out of bed and only 54.7% of patient calls reportedly received answer from the nurses promptly. But then in North West Ethiopia, more than half (59.1%) of the in-patients in the study by Negussie (2018) had good perception about the competency of the nurses and 65.3% also had good perception about how knowledgeable the nurses were to provide answers to their questions. However, Al-Hussami *et al.* (2017) found that the Jordanian patients in their study had comparatively low expectations with regard to the nurses' competence and their knowledge and ability to provide answers to their questions.

Knowledge about nursing care was translated into perceived skill and competence of nurses. This was evident in a descriptive qualitative study by Wysong and Driver (2009) in the Goslen General Hospital in Indiana. The age range of their respondents was 30 to 96 years. Their findings on the patient perception about skills of nurses mainly focused on interpersonal skills of nurses. They found that a show of confidence in the dispensation of nursing activities was perceived as an attribute of the skilled nurse. Perception about nursing care influences patients' attitude towards health care. In North West Ethiopia (Negussie, 2018) found that patients with the intention to revisit the hospital had significantly higher positive perception about nursing care compared to those who had no intention to revisit the hospital.

On the other hand, among Jordanian patients, Al-Hussami, Al-Momani, Hammad, Mahameh, and Darwad (2017) found a highly significant association between other hospital related services, the intent to revisit the hospital and patient perception about quality nursing care ( $p \leq 0.01$ ). The authors found that patients' perception about related hospital services and patient perception about quality care resulted in poor patient perception about nursing care. Therefore, patients' perception about quality nursing care was found to be poor compared to other related hospital services that were perceived as more superior to nursing care.

### **2.1.2 Perception about explanation/ communication**

A prospective study in India showed that some of the patients have had poor perception about the way the nurses provided information and advice about their care. Specifically, a third of the patients perceived that information and explanation of care and treatment activities in the hospital in addition to follow up advice were not provided by the nurses. A few of them (11.5%) also had poor perception about

nurses' caring attitude (Samina et al., 2008). A few of the in-patients in a study in Ethiopia also had positive perception about the information provided them by the nurses about facilities available in the hospital (25.6%), the amount information provided about their health and treatment by the nurses (26.6%) and information provided them on investigations being carried out on them (38.8%) (Kewi et al., 2018). In another study in Ethiopia, Gishu et al. (2019) found that while patient education is perceived by patients as the most important part of the care. However, only a third of families and patients; 31.8% and 31.2%, respectively were given adequate education on home care. Education was not given at all to 55.2% patients and 40.0) of their families.

Furthermore, among Jordanian patients, Al-Hussami et al. (2017) found patients had high expectations about information provided by nurses regarding their illness, orientation to the ward, information posts and directions provided within the hospital setting. On the other hand, Negussie (2018) found that almost half (49.8%) of the patients in public hospitals in the regional state of Benishangul Gumuz in North West Ethiopia perceived that the nurses sought permission from the patients before carrying out any intervention. However, a few of them perceived that the nurses involve patient and family in nursing care (32.1%), immediately attend to patient request (23.9%) and maintained good communication with other staff (40.2%).

Similarly, Wysong and Driver (2009) found that aspects of communication skills among nurses were perceived by patients in their study are key in determining how skilled a nurse was. This however, was a descriptive qualitative study, compared to the cross-sectional studies carried out by Al-Hussami et al. (2017) and Negussie (2018). Nurses who had the ability to educate and inform patients about their

treatment and condition were perceived as skilled nurses. These included education on patient medication, indications, contraindications and side effect of medications.

### **2.1.3 Perception about nurses' caring attitude and responsiveness**

In North West Ethiopia, almost half (48.3%) of the patients had good perception about interpersonal nursing care provided. Among them, 71.1% perceived that the nurses have friendly communication with the patients, 63.4% perceived that the nurses have mutual respect for patients, 60.2% perceived that the nurses were willing and responsive to aid patients when contacted. In addition, the in-patients had good perception about efforts made by nurses to ensure their comfort. About 64%, 18% and another 18% of the patients perceived that the nurses provide privacy during examinations, ensure a peaceful ward environment, and keep the wards clean and tidy, respectively. With regard to treatment services, less than half of the patients perceived that the nurses provided treatment or served medication without delay (39.2%), efficiently maintained their patient records (44.5%) (Kawi et al., 2018). In addition, Gisha et al. (2019) found that 30.3% of patients in their prospective study felt that the nurses are never or seldom informed of their needs. Majority (73%) of the patients perceived that the nurses keep the room neat. Only half of patients perceived that their religious needs were attended by their nurses regularly. One-hundred-eighty-three (53%) of the patients perceived confidence in their nurses usually or always. Just a little above half (56.5%) of patients perceived the nurses as providing respectful care. Quite a number of patients (32.6%) perceived that the nurses were interested in their patients' welfare only sometimes.

However, Wysong and Driver (2009) in their descriptive qualitative study in Indiana found that patients made several comments about their perception about the attitude

of nurses towards work. Especially, nurses who gave the impression of commitment and love for their work were perceived to be more skilled compared to those who showed otherwise. A nurse who showed a sense of humour, was well composed, very responsive to work, got things done and had good memory was also perceived as a skilled nurse. On the other hand, nurses with poor interpersonal skills, timid in their composure, indecisive and rude were perceived as unskilled, including those who displayed negative emotions such as anger and frustration on the patients. In addition, the critical thinking ability of the nurses was mentioned as the second most common perceived attribute of a skilled nurse. These included the nurses' ability to make critical assessment of situations on the ward and take the appropriate action to address the issues observed.

In the USA, Otnark et al. (2019) used the Patient Perception of Hospital Experience With Nursing (PPHEN) scale to assess patients' perception and satisfaction with nursing care at a university hospital. In this study, most of the patients perceived that the nurses do understand what their disease means to me. However, the perception that patients are being taken good care of thanks to nurses, had lowest means scores on the PPHEN scale. In all the patients considered that nursing care needs improvement, especially with regard to the provision of information and psychosocial support to patients.

#### **2.1.4 Perception about ward organization capabilities**

Al-Hasnani et al. (2017) conducted a descriptive cross-sectional study involving 148 patients from different departments in a Jordanian hospital. The mean age of the patients was 33 years (SD= +/- 8.3) with a mean hospital stay of two days (SD= +/- 1.2). The in-patients had higher expectation for the physical environment of the

hospital including ward ventilation, illumination of the ward, aesthetic nature of the dining area.

In Nepal, Twayana and Adhikari (2015) found that patients' perception of overall aspects of nursing care was positive. However, patients had negative perceptions concerning nurses' support service facilities such as safe drinking water, bed linen and visitors sitting chairs. On the other hand, Negussie (2018) found a very positive general perception about the hospital environment among in-patients in their study in Ethiopia. Majority of them had good perception about how the nurses ensured ventilation on their wards (74.9%), the lighting on their wards (78.8%), safety and security of their wards (74.9%) and information posted around and at the entrance of the facility (57.2%).

### **1.1 Factors influencing patient perception about nursing care**

Factors affecting patient perception about nursing care have been classified under socio-demographic factors, patient-related factors and hospital-related factors.

#### **1.1.1 Socio-demographic factors**

Sociodemographic factors such as age, gender, religion, marital status and educational status, to mention but a few have been associated with patient perception about nursing care (Kawi et al., 2018; Köberich et al., 2016; Samina et al., 2008). In a cross-sectional survey entitled "Factors influencing hospitalized patients' perception about individualized nursing care", Köberich et al. (2016) assessed 606 patients from a total of 20 wards in five hospitals in Germany. The patients were predominantly males with a median age of 59 years and an average of 8 days length of hospital stay. Findings from the study showed that patient level of education influenced patients' perception about individualised nursing care. Patients with

higher level of education had significantly higher scores on positive perception about individualized nursing care.

Negassie (2018) in their study on perception of in-patients towards nursing care at the public hospitals in the regional state of Benishangul Gumuz carried out multiple regression analysis of patient perception about quality nursing care and their educational status. These variables were found to significantly predict patients' perception about nursing care. Specifically, patients who were illiterates had more positive perception about nursing care than patients with at least college level of education.

With regard to sex of patients, Samra *et al.* (2008) found that male patients compared to their female counterparts had better perception about nurses' caring attitude (89.9% versus 86.1%). Whereas female patients had better perception about nurses' availability, ward organization skills, general responsiveness and explanation in their prospective study in India. However, there was no association between gender and perceive individualized nursing care among German patients (Köberich *et al.*, 2016).

### **3.3.3 Patient related factors**

Patient related factors are factors about the patient which may not necessarily be considered are demographic characteristics of the patient. These include, but are not limited to duration of hospital stay, history of hospitalization, mode of admission (emergency/ routine), to mention but a few. Köberich, Freuchtinger and Farin (2016) in their cross-sectional survey in Germany found that patients' length of stay in the hospital and self-rated health have influence on patients' perception about individualized nursing care. Patients with better self-rated health and longer hospital

stay had significantly higher scores on positive perception about individualized nursing care.

On the other hand, Negussie (2018) in a study on public hospitals in the regional state of Benishangul Gumuz assessed the effect of patient length of stay in the hospital and family support of possession of a companion on patient perception about nursing care. Findings from their regression analysis showed that patients with less than 7 days stay in the hospital had 2.39 times the probability of having a positive perception about nursing care compared to those with 8 days or more stay in the hospital. Other than findings from Negussie (2018), Köberich et al. (2016) found that patients who had stayed longer on the ward had more positive perception individualised nursing care than those with shorter hospital stay.

Similarly, further analysis in the prospective study carried out by Samina et al. (2008) in India showed that patient perceptions however, varied among different groups of patients. Patients who were routinely admitted had higher perception about overall nursing care compared to patients admitted through the emergency department. More positive perceptions about nurses' attitude towards care, ward organization capabilities and responsiveness were found among patients who had been on admission to the hospital for ten days or more compared to those who had been in the hospital for less than ten days. On the other hand, perceptions about nurses' explanation of activities and information provision in addition to their availability got poorer with increasing length of hospital stay among the patients.

### **1.2.3 Hospital related factors**

Hospital related factors affecting patient perception about nursing care involve the cost of health care, class of ward (General/ Special), type of facility (public or

private), to mention but a few. In Germany, Köberich, Fuschinger and Farin (2016) found that patients' perceived involvement in decision making process about their health has influence on patients' perception about individualised nursing care. In this study, patients with better perceived involvement in decision making process were found to have significantly higher scores on positive perception about individualised nursing care.

Secondly, Negusie (2018) compared patient perception about quality nursing care to type of admission and hospital setting in their cross-sectional survey among public hospitals in the regional state of Benishangul Gumaz. They also found that these variables were found to significantly predict patients' perception about nursing care. In this study, patients admitted to the private wards also had 3.68 times the probability of having a positive perception about nursing care compared to those who were admitted to the general wards. Differences in perception of patients about nursing care therefore is also a reflection of the differences in the availability of resources in the health facility. In Jordan, Al-Hussami, Al-Morani, Hammad, Maharrseh and Darawad (2017) found that hospital related services continually affected patients' perception about the quality of nursing care at the bedside. These included "the quality of beds, the quality and cleanliness of bed linens, the number of bathrooms available, the quality of the bathrooms available, cleanliness of the toilets, and ventilation and lighting in the wards". The results of this study revealed that the availability of those services had a significant impact on patient's satisfaction with nursing care. This was a descriptive cross-sectional survey on the perception of patients about how the quality of nursing care in addition to hospital related services. Thus, involving 148 patients recruited from eight randomly selected hospitals in Jordan.

On the other hand, in the People's Republic of China, the factors that affect patients satisfaction with the services of hospitalization in Shanghai's public hospitals were assessed (Chen et al., 2017). This was also a descriptive cross-sectional study just like that of Al-Hassami et al. (2017). However, they recruited a total of 878 patients which was far larger compared to the 187 patients recruited by Al-Hassami et al. (2017) in Jordan. Using Spearman's rank correlation, Chen et al. (2017) found that the frequency of daily ward rounds by nurses, attitudes of nurses during physical examinations and injections, overall service attitudes of nurses, length of stay of doctors during daily ward rounds, attitude of doctors when addressing patient concerns and the general hospital environment were significantly related to overall patient satisfaction on the hospital ( $p < 0.05$ ). However, the inpatients in Jordan were found to have high expectations regarding the physical environment of the hospital, "ventilation of the ward", "lighting condition of the ward", and "condition of the area provided to eat at the ward" (Al-Hassami et al., 2017).

## CHAPTER THREE

### METHODOLOGY

#### 3.0 Introduction

This chapter presents the methods employed in the study. This includes the research design and a description of the setting in which the study was carried out. The chapter also describes how the sample size was determined, the sampling technique, data collection tool and technique, data analysis and ethical issues.

#### 3.1 Study Design

The descriptive cross-sectional design was employed in this study. Descriptive designs describe what actually exists, determine the frequency with which it occurs, and categorizes the information (Burns & Grove, 2005). This design was employed to assess patients' perception about nursing care at the Kpone Katamanso Municipality. By so doing, data was collected on a onetime basis and analysed. Secondly, both descriptive and inferential statistical tests adopted provided a description of the relationships between the variables under study.

#### 3.2 Study Location

This study was carried out in two public and two private health facilities at the Kpone Katamanso Municipality. The Kpone Katamanso Municipality is located in the eastern part of the Greater Accra Region and stretches from the coast to the southern lower slopes of the Akuapim Mountains. The Kpone Katamanso Municipality has a total of five sub-municipalities namely; Kpone, Apollonia, Zema, Goshile and Oyibi sub-municipality. There is a total of 17 Private health facilities and 8 public health facilities within the Kpone Katamanso Municipality.

Among the private health facilities with the municipality, the Atlantis Clinic and Faith medical centre have the highest numbers of attendants. The Atlantis Clinic is located within the Kpone sub-municipality. The clinic has a bed capacity of 22. It has various units/ departments including Out Patient, Records, In-Patient, Laboratory, Surgical and Gynaecology. Services provided include Child welfare Clinic, Family Planning, Inpatient, Outpatient, Surgical, and Diagnostic. The facility has an average monthly OPD attendance of 363.

The Faith medical centre is also a private health facility located within the Kpone sub-municipality of the Kpone Katamanso Municipality. The facility has a bed capacity of 18. It has various units/ departments including General OPD, In-patient, DOTs, Antenatal and Delivery, Post-natal, Child Welfare Clinic, Pharmacy and Laboratory. Services provided include General OPD, DOTs, Antenatal and Delivery, Child Welfare Clinic, Post-natal, Pharmacy and Laboratory. The facility has an average monthly OPD attendance of 210.

The Kpone Health Centre and the Zenu Health Centre are the two public health facilities with the largest attendants. The Kpone Health Centre is located within the Kpone sub-municipality of the Kpone Katamanso Municipality. The facility has a bed capacity of 25. It has various units/ departments including General OPD, In-patient Psychiatry, Laboratory, Records, Pharmacy, Antenatal, Delivery, Post-natal, child Welfare Clinic, Family Planning, Nutrition, Adolescent, Eye, Ear Nose and Throat, ART, IMNCI. Services provided include General OPD, In-patient, Pharmacy, Eye, ENT, Psychiatry, Antenatal, Delivery, Post-natal, Child Welfare Clinic, ART, Laboratory, Family planning and Adolescent. The facility has an average monthly OPD attendance of 2,296.

The Zenu Health Centre is located within the Zenu sub-municipality of the Kpone Katamanso Municipality. The facility has a bed capacity of 10. It has various units/ departments including Out-patient, Records, In-patient, DDTs, ART, Laboratory, Pharmacy, Antenatal, Delivery, Post-natal, Child Welfare Clinic, Family Planning, Nutrition, and Eye. Services provided include Out-patient, In-patient, DDTs, ART, Laboratory, Pharmacy Antenatal, Delivery, Post-natal, Child Welfare Clinic. The facility has an average monthly OPD attendance of 160.



Figure 3.1: Map of Kpone Katamanso Municipality

### 3.3 Study Population

A target population comprises a group of individuals or subjects which serve as the main focus of a scientific query from which a sample is selected for a study (Castillo, 2009). The target population for this study comprised of patients receiving health care services at two public health facilities (Kpone Health Centre and the Zenu Health Centre) and two private health facilities (Atlantis Clinic and Faith medical centre) at the Kpone Katamanso Municipality.

### 3.3.1 Inclusion Criteria

The criteria for inclusion comprised of all categories of adult patients, 18 years and above, accessing health care services at the Kpone Katamanso Municipality. Only patients who agreed to take part in the study were included from the study. This was to ensure that only patients who willingly consented to partake in the study were included in the study.

### 3.3.2 Exclusion criteria

Patients who were very sick and in pain were excluded from the study. This was to avoid causing any undue discomfort to any respondent. Patients who declined to participate were also excluded from the study.

## 3.4 Variables

### i. Dependent variables;

- a Patient Perception about Nursing Care
- b Patient Attitude Towards Nursing Care

### ii. Independent variables are;

- a Socio-demographic characteristics of Patients
- b Patient related factors
- c Hospital related factors

## 3.5 Sample Size Calculation

Sample size was calculated using Duxich (1999) formula for sampling proportions for a finite population.

$$n = \frac{NZ^2P(1-P)}{d^2(N-1) + Z^2P(1-P)}$$

$n'$  = sample size with finite population

$N$  = Population size (Total monthly OPD attendance of all four health facilities = 3,029).

$Z$  =  $Z$  statistic for a level of confidence (95% confidence interval in this case 1.96)

$P$  = Expected proportion (in the absence of previous studies in similar settings, an assumption was made of 50% prevalence) and

$d$  = Precision (standard error in this case 0.05)

$$\frac{3029 + 1.96^2 \cdot 0.5(1-0.5)}{0.05^2(3029-1) + 1.96^2 \cdot 0.5(1-0.5)}$$

$$\frac{5,818.103(0.5)}{(7.57) + (0.9604)}$$

$$= \frac{2,909.05}{(8.5304)}$$

$$= 341.02$$

Adding a 5% non-response rate to the estimated sample size, a total of 358 patients were selected for the study.

### 3.6 Sampling Procedure

The proportionate stratified sampling technique was employed in the selection of respondents for the study. The proportionate stratified sampling technique is a type of stratified sampling technique whereby the sample size of each designated stratum is proportionate to the size of the population. By so doing patients accessing health care services at the two public and two private health facilities at the Kpone Katamanso Municipality were randomly sampled.

Proportional stratification was then carried out by assigning a sample proportional to each of the four health facilities at the Kpone Katamanso Municipality based on their average weekly/ monthly attendance. With a total average monthly OPD attendance of patients at the four health facilities, the sample proportional to the population of each of the health facilities were calculated as  $(N_i/3,029) * 348$ , where  $N_i$  = average monthly OPD attendance of patients at each of the four selected health facilities within the Kpone Katamanso Municipality.

The sample sizes was selected from each of the selected health facilities was proportionately calculated based on their population sizes. Thus, average monthly attendance;

Kpone Health Centre	$(2,296/3,029) * 348$	=271
Zenu Health Centre	$(160/3,029) * 348$	=19
Atlanti Clinic	$(363/3,029) * 348$	=43
Faith Medical Centre	$(210/3,029) * 348$	=25

The patients were then randomly selected from their respective health facilities. The random sampling was done by writing "Yes" and "No" into folded pieces of papers and given to the patients present at the respective health facilities at the time of the study for them to pick. The picked papers were then replaced before the next picking in order to ensure that all the respondents had equal chance of being selected. The patients who picked "Yes" were invited to partake in the study whilst those who picked "No" were not invited to partake in the study. Only those invited and were willing to take part in the study were selected for the study. This process was repeated among all patients available during period of the study from one facility to

the next until the specified number of respondents expected from each facility was reached.

### **3.7 Data Collection Tool**

A structured questionnaire was used to collect the data. This is a self-developed questionnaire with three main sections. This was designed in consultation with the supervisor who is an expert. The first section had 6 items on the demographic characteristics of respondents (age, sex, educational level, employment status, marital status, and religion). The second section was a Likerts-like scale that assessed patients' perception about nursing care. The third section was also a Likerts-like scale that assessed factors influencing patients' perception about nursing care.

### **3.8 Quality Control**

Quality control was ensured by carrying out a pre-test of the data collection tool at the New Cristal Clinic to ensure consistency of the findings. Training of two research assistants was done to provide assistance with the data collection process. Data collection was done by the researcher and the trained assistants to ensure that the process is carried out effectively. All participants were duly informed about the study. All filled questionnaires was cross-checked to ensure that they are complete in order to reduce the number of missing data. Double entry of data was carried out and data cleaning done to minimize errors.

### **3.9 Pre-Test of the Questionnaire**

A pre-test of the questionnaire was carried out at the New Crystal Clinic. This was carried out on ten (10) patients. The questionnaire was then reviewed and necessary

amendments done based on the responses before the actual data collection process. This was to help eliminate unnecessary questions and rephrase ambiguous ones to ensure consistency of the findings.

### 3.10 Data Processing and Analysis

Data collected was analysed using the STATA. After initial collection of data, the questionnaire was coded using the STATA and data from each questionnaire entered into the software. All entries made were then edited to eliminate errors after which the data were processed. Descriptive analysis of demographic data was carried out using frequencies, means and standard deviations and then presented in the form of frequency distribution tables and bar graphs.

Patients' perception about nursing care was also analysed descriptively with means and standard deviations shown in a table format. Higher mean scores represent positive perception whereas lower mean scores represent poor perception. Comparison between demographic variables and patients' attitude towards nursing care was done using the independent *t* Test to identify demographic factors influencing patients' perception about nursing care using a *F* value of  $< .05$  as the statistically significant value. The independent *t* test was deemed appropriate because the demographic factors which are independent variables, and measured on a nominal or ordinal scale, were grouped into two levels with the perception, as a composite value measured on an interval scale.

Patients' perception about nursing care was analysed descriptively with means and standard deviations shown in a table format. The Chi-square statistic was used to test association between patient perception about nursing care in both private and public health facilities using a *F* value of  $< .05$  as the statistically significant value. The

Chi-square statistic was deemed appropriate for this study because the type of facility (public or private) was measured on a nominal scale and patient perception of nursing care reduced to an ordinal scale with three levels (poor, average and good perception) thus, making room for the development of a 2 by 3 contingency table.

### **3.11 Ethical Consideration**

Ethical approval to carry out the study was sought from the Ghana Health Service Ethical Review Board (GHS-ERC-043/11/19). Permission to conduct the study was obtained from the Kpone Katamanso Municipal Health Directorate and the four targeted health facilities by sending an introductory letter to formally introduce the researcher to them. Each participant was also provided a written informed consent to sign to indicate their willingness to participate in the study.

All participants were informed that they could opt out of the study any time they wish without having any negative effect on them. Anonymity was ensured by assigning numbers to each of the questionnaires filled by the respondents in place of their names. The questionnaires was also administered to the participants individually to ensure privacy. In order to ensure confidentiality, all information provided was kept safely under lock and made only accessible to the researcher and her supervisor.

## CHAPTER FOUR

### RESULTS

#### 4.0 Introduction

This chapter presents the results of the study and is divided into two sections. The first section reports on the demographic characteristics of respondents. The second section presents the results on the three specific objectives of the study

#### 4.1 Socio-demographic characteristic of the respondents

The socio-demographic characteristics of the respondents that were assessed are age (in years), gender, marital status, and highest level of education. In addition, the employment status and religion of the respondents were assessed. The results on the socio-demographic characteristics of the respondents are presented in Table 4.1.

Majority of the participants (38.3%) were in the age category 28 to 37 years, and the least (1.4%) were in the category 68-77 years. Pertaining to gender of the respondents, 26.5% were males whilst 73.5% were females. Also, about half of the respondents were married and about one-third were single. Meanwhile, the proportion of respondents who attained tertiary education was about half the proportion of those who attained senior high school. The number of respondents who were unemployed were two more than the number of respondents who were employed within the government sector. In terms of religion, 68.4% of the respondents were Christians, 14.8% of the respondents were Muslims, 5.9% were traditionalists and 10.9% belonged to other unclassified religions.

**Table 4.1: Distribution of socio-demographic characteristics of respondents**

Variable	Category	Frequency (n=358)	Percentage (%)
Age (years)	18 to 27	134	37.4
	28 to 37	137	38.3
	38 to 47	48	13.4
	48 to 57	17	4.7
	58 to 67	17	4.7
	68 to 77	5	1.4
Gender	Male	95	26.5
	Female	263	73.5
Marital status	Single	131	36.6
	Married	182	50.8
	Separated/divorced	18	5.0
	Cohabiting	23	6.4
	Other	4	1.1
Highest level of education	No formal education	28	7.8
	Primary	40	11.2
	Junior High School	100	28.5
	Senior High School	127	35.5
	Tertiary	63	17.0
Employment status	Unemployed	73	20.4
	Private sector employee	81	22.6
	Government sector employee	71	19.8
	Self-employed	133	37.2
Religion	Christian	245	68.4
	Muslim	53	14.8
	Traditionalist	21	5.9
	Other	39	10.9

#### 4.2 Patients' perception about nursing care

Patients' perception items were analyzed descriptively using means and standard deviation. A mean score was taken of all the 20 items that assessed the patients' perception about nursing care. The lowest possible mean was 1 and the highest possible one was 5. This overall mean score was categorized into three-poor

poor perception about nursing care, average perception about nursing care, and good perception about nursing care. A mean score below 2.51 was categorized as poor perception, and scores from 2.51 to 3.50 and above 3.50 were categorized as average perception and good perception respectively.

As shown in Table 4.2, majority, 192 (53.6%) of the respondents had average perception about nursing care, 130 (36.3%) had good perception about nursing care, and 36 (10.1%) had poor perception about nursing care.

**Table 4.2: Overall perceptions about nursing care**

Perception	Frequency	Percent
Poor perception	36	10.1
Average perception	192	53.6
Good perception	130	36.3
Total	358	100.0

#### 4.3 Factors influencing patients' perception about nursing care

The factors influencing patients' perception about nursing care at the Kpone Katamanso Municipality was measured by conducting ANOVA analysis and independent *t* test with the composite patients' perception about nursing care score being the dependent variable in both cases. The independent variables are socio-demographic characteristics, patient-related factors and hospital-related factors.

The ANOVA analysis in Table 4.3. These are age, marital status, highest level of education, religion, employment status, and patients' feeling about cost of healthcare in the facility. Independent *t* test was conducted using dichotomous independent variables such as gender, type of room of admission, duration in the ward, previous admission status, mode of admission, medical condition and health insurance status in Table 4.6.

The ANOVA analyses showed no significant differences in mean scores of perception among age categories of the respondents ( $F_{(2, 112)} = .783, p = .563$ ), their marital status ( $F_{(2, 112)} = .944, p = .439$ ), level of education ( $F_{(2, 112)} = 1.500, p = .202$ ), and religion  $F_{(2, 112)} = 2.478, p = .061$ ).

However, the ANOVA analyses showed significant differences in mean scores of perception among categories of employment status of the respondents ( $F_{(2, 112)} = 7.842, p = .000$ ) and differences in patients' feeling about cost of healthcare in the facility ( $F_{(2, 112)} = 5.716, p = .004$ ).

**Table 4.3: ANOVA analysis on the factors influencing the perception of patients about nursing care**

Variable	Mean square	Sum of squares	F	df	p-value
Age (years)	0.267	1.337	0.783	5	0.563
Marital status	0.321	1.286	0.944	4	0.439
Highest level of education	0.508	2.032	1.500	4	0.202
Religion	0.833	2.500	2.478	3	0.061
Employment status	2.523	7.573	7.842	3	0.000**
Patients' feeling about cost of healthcare in the facility	3.792	3.792	5.716	2	0.004**

\*\*Test is significant at the 0.05 level

A Tukey post hoc test revealed that respondents who were private employees had statistically significantly positive perception about nursing care compared to the being a self-employed, unemployed or a government employee ( $p < .05$ ). There was no statistically significant difference between perception about nursing care among the self-employed, unemployed or a government employee ( $p > .05$ ).

**Table 4.4: Post-hoc analysis on employment status and overall perception of patients about nursing care**

What is your employment status?	Mean	N	Subset for alpha = 0.05	
			1	2
Private sector employee	3.0259	81	3.0259	
Self-employed	3.3199	133		3.3199
Government sector employee	3.3979	71		3.3979
Unemployed	3.3199	73		3.4062
Sig.			1.000	.758

*The mean difference is significant at the 0.05 level.*

A Tukey post hoc test also revealed that respondents who perceived that the cost of health care was low had statistically significantly positive perception about nursing care compared to those who perceived the cost of nursing care to be high and average ( $p < .05$ ). There was however, no statistically significant difference between perception about nursing care among those who perceived the cost of nursing care to be high and average ( $p > .05$ ).

**Table 4.5: Post-hoc analysis on patients' view on cost of health care and overall perception of patients about nursing care**

Feeling about the cost of health care in this facility?	Mean	N	Subset for alpha = 0.05	
			1	2
High	3.2230	135	3.2230	
Average	3.2815	195	3.2815	
Low	3.6268	28		3.6268
Sig.			.838	1.000

*The mean difference is significant at the 0.05 level.*

Comparison of the mean perception of patients who were male (3.25) and those who were female (3.31) showed that there might be some difference. However, there was no statistically significant difference between the mean of males and females with respect to their perceptions about nursing care ( $r = -0.926$ ,  $df = 361$ ,  $p = 0.355$ ). Also,

comparison of the mean perception of patients who were in common room (3.30) and those who were in private rooms (3.33) suggested that there might be some difference. But the difference was not statistically significant ( $t=-0.253$ ,  $df=161$ ,  $p=0.800$ ). Similarly, even though perception about nursing care was weaker among those who had no previous history of admission at the facility than those who had been previously admitted at the facility, the differences in mean were not statistically significant ( $t=1.845$ ,  $df=161$ ,  $p=0.066$ ).

The mean score of perceptions of patients who had been on admission for 1 to 6 days was 3.30 and that of those who had been on admission for 7 to 12 days was 2.35. And the difference in means was statistically significant ( $t=3.698$ ,  $df=161$ ,  $p=0.000$ ). Therefore, on average, patients who were on admission for 1 to 6 days had better perception about nursing care than those who were on admission for 7 to 12 days.

Also, the mean of patients who were admitted through emergency situations was 3.43 whilst the mean of patients who were admitted on routine basis was 3.19, and the difference in these means was statistically significant ( $t=4.104$ ,  $df=161$ ,  $p=0.000$ ). This implies that patients who were admitted through medical emergencies had better perception about the nursing care rendered to them than those who were admitted on routine basis.

The mean score on the perceptions of patients who were had health insurance was 3.37 whilst the mean score on the perception of patients who did not have health insurance was 3.19, and the difference in these means was significant ( $t=2.983$ ,  $df=161$ ,  $p=0.003$ ). This finding means that patient who had subscribed to a health insurance scheme had better perceptions of the nursing care rendered to them than those who did not have health insurance. This is shown in Table 4.6.

**Table 4.6: Independent *t* test analyses showing the influence of socio-demographic factors, patient-related factors and hospital related factors on patients' perceptions about nursing care**

Variable	Mean	Std dev	df	<i>t</i>	<i>p</i> -value
Gender			361	-0.926	0.355
Male	3.25	0.62			
Female	3.31	0.57			
Type of room of admission			361	-0.253	0.800
Private room	3.33	0.57			
Common room	3.30	0.59			
Duration in the ward			361	2.3698	0.000**
1 to 6 days	3.31	0.58			
7 to 12 days	2.95	0.60			
Previous admission status at the facility			360	1.402	0.162
Yes	3.33	0.54			
No	3.24	0.65			
Mode of admission			361	4.104	0.000**
Emergency admission	3.43	0.57			
Routine admission	3.19	0.58			
Medical condition			361	1.845	0.066
Acute illness	3.33	0.58			
Chronic illness	3.20	0.58			
Health insurance status			361	2.983	0.003**
Yes	3.37	0.60			
No	3.19	0.55			

\*\*test is significant at 0.05

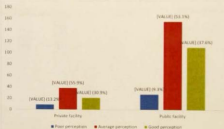
#### 4.4 Differences in patient perception about nursing care between public and private health facilities in the Kpone Katamanso Municipality

The differences between patients' perception about nursing care was assessed according to their facility (public or private). Figure 4.1 shows the difference in patients' perception and these differences was tested using chi-square statistic in table 4.7. A composite mean score below 2.51 was categorized as poor perception, and composite mean scores from 2.51 to 3.50 and above 3.50 were categorized as average perception and good perception respectively.

From Figure 4.0, 13.2% of respondents in private hospitals had poor perception about nursing care, 30.9% of respondents in the private hospitals had average perception about nursing care and 55.9% of respondents in the private hospitals' good perception about nursing care.

Concerning patients' perception about nursing care at public hospitals, 9.2% of the respondents had poor perception about nursing care, 37.6% of the respondents had good perception about nursing care, and 53.1% had average perception about nursing care.

The differences in proportion of respondents who had poor, average and good perception about nursing care according to the type of facility is tested in Table 4.7.



**Figure 4.1: Differences in patients' perception about nursing care according to type of facility**

#### 4.5 Chi-square analysis showing association with patient perception about nursing care and type of health facility

Table 4.8 presents results on the chi-square analysis showing association in patient perception about nursing care between public and private health facilities. Type of facility had no significant association with patient perception about nursing care ( $\chi^2$  1.605,  $p=0.448$ ). This is shown in Table 4.7:

**Table 4.7: Cross-tabulation of type of facility and patient perception about nursing care**

Variables	Patient perception about nursing care			Chi-square test	P-value
	Poor n (%)	Average n (%)	Good n (%)		
Private	9 (13.2)	38 (55.9)	21 (30.9)	1.605	0.448
Public	27 (9.3)	154 (53.1)	109 (37.6)		

The Chi-square statistic is significant at the 0.05 level.

## CHAPTER FIVE

### DISCUSSION

#### 5.0 Introduction

This chapter discusses the findings that were presented in chapter four. The discussion is made according to the objectives of this study, which are:

1. To assess the perception that patients have about nursing care at the Kpone Katamanso Municipality.
2. To identify factors influencing patients' perception about nursing care at the Kpone Katamanso Municipality.
3. To determine differences in patient perception about nursing care between public and private health facilities in the Kpone Katamanso Municipality.

#### 5.1 Patients perception about nursing care at the Kpone Katamanso Municipality

The overall patient's perceptions about the nursing care identified in the current study was average. This finding is consistent with the study of Samina, GJ, Tabish, Samiya, and Riyaz (2018) who observed that a more than half of patients in a Teaching Hospital in India had moderate perception about the nursing care rendered to them. Likewise, the study of Afaya et al. (2017) at the Kings Medical Centre in Kumbugu, Ghana noted that the overall perception of patients about the nursing care rendered to them was average, confirms the finding of the current study.

Contrary to the findings of the current study, WYsong and Driver (2019) discovered in the Goshen General Hospital in Indiana, United States of America that the overall patients' perceptions about nursing care was good, which is not consistent with the

discovery of the current study. A number of factors could explain the consistencies between the results of the current study and prior studies in India, and the Kings Medical Centre in Kumbraga, Ghana. Similarly, a set of factors could explain the variation in findings of the current study and the study American study by Wysong and Driver (2019).

First of all, differences between the nurse-to-patient ratios in the above countries could explain differences in the perceptions of the patients about nursing care. According to the World Bank (2019), the average nurse-to-patient ratio in the United States of America is 12.7:1000 whilst the average nurse-to-patient ratio in Ghana stands at 1.2:1000. Effectively, there is 10 more nurses per population in the United States of America than Ghana. The impact of this on the perception about nursing care could be determined via the effects of nurse staffing levels on the quality of nursing care. Driscoll et al., (2018) established that higher nurse staffing level increases the possibility of higher patient satisfaction. And this satisfaction could be reported by patients in terms of their perceptions about nursing care. When there are low nurse staffing levels, nurses do not get adequate time to spend with each patient and render the necessary nursing care to its details.

Also, poor nurse staffing levels could lead to nurse fatigue, because nurses are likely to be compelled to take on extra shifts or tasks to compensate for any shortages in workforce. And fatigue limits the ability of the nurse to give off his or her best. Take for instance, a nurse who is tired is less likely than a nurse who is refreshed and energized to spend time giving thorough education to his or her client on the client's condition. Further evidence is given to the viewpoint of nurse staffing level being a possible factor to the low to the findings of the current study on the perception of patients about nursing care. This evidence could be derived from the Indian study of

Santina et al (2018) which also discovered that majority of the patients had moderate perception about the nursing care rendered to them. The World Health Organization (2018) reported that the national average of nurse-to-patient ratio in India was 1.5:1000. And this nurse staffing metric is similar to Ghana's.

Furthermore, the available resources at the health facility could have played a role in the average perception of the patients about nursing care which was realized in the current study. The medical and nursing equipment and logistics at the disposal of nurses makes it easier for nurses to render nursing care which is standard to their patients would be pleased with. This was likely the case which was demonstrated in the Wysong and Driver (2019). However, in resource constrained areas like Ghana where medical/nursing resources and logistics are not always available, the work of nurses tend to be affected.

The inadequacy of nursing resources undermine the nursing care which is given to patients (Jarrar et al., 2015). And this sub-standard care which is given to the patients is manifested in the form of poor or average perceptions by patients on part of the patients. Take for instance, in the facilities sampled for the current study, nurses used improvised dressing package (forceps, sterile area, gauze, etc) to carry out wound dressing. However, in the case of Wysong and Driver (2019) where relatively unlimited amount of resources are available, nurses can fall on standard dressing packages to carry out their nursing activities. Many other examples such as bed types, ward setting, diagnostic equipment could substantially improve the hospital experience of patients, thus improving their perceptions about nursing care as well.

These being said, the subjective element in scoring perceptions about nursing care could have contributed to the overall average perception of the patients towards

nursing care. This subjective element was most likely brought about due to the expectation of the patients. There might have been some patients who held high expectation of the nursing care they were anticipating in the health facilities which were sampled for this study. And for those whose high expectations were not met, they were likely to perceive the nursing care rendered to them as poor or average (Aiken et al., 2010).

The aggregate average perception of the patients on the nursing care rendered to them is the cumulative effect of the perceptions about nursing care that the patients held on each of the twenty items that assessed the perceptions of the patients about nursing care. It also shows that more work is required towards the improvement in the patients' perception about the nursing care rendered to them by nurses in Kpone Katamanso Municipality.

It is also worth pointing out that this current study established that about one out of every three of the patients had good perceptions on the nursing care rendered to them. These findings may be indicative of the fact that nurses uphold their primary responsibilities to their clients. Alternatively, it could be that the conservative nature of the Ghanaian culture played a role in the good perceptions about nursing care which were reported by some of the patients in the current study. Per Ghanaian culture, indigenes tend to be conservative and do not take a lot of delight in critiquing others, most especially their care givers (Korsah, 2011). As such, it was probable for these patients to report good perception about nursing care merely for the sake of it, but not as true representation of their perceptions about nursing care.

## 5.2 Factors influencing patients' perception about nursing care

The current study has shown that patients who were employed in the private sector were less likely to have positive perceptions about the nursing care rendered to them than patients who were found themselves in other employment category (unemployed, government sector employees, and self-employed). Whilst literature on the relationship between one's employment status and their perceptions about nursing care is limited, the study of Kaberich et al. (2016) in particular supports the finding of the current study. Kaberich et al. (2016) established that those employed in the private sector in Germany tended to rank the nursing care rendered to them lower than their peers in other employment classifications. Granted that there is a huge disparity between the health care sector and nursing care domain in Ghana and Germany but, it looks as though persons working in the private sector in both of these countries operate to a higher professional standard than their peers in other employment categories (Xie, Su, Liu, Wang, & Zhang, 2015).

And it is possible that the private sector employees take their personal standard of professionally as the yardstick for judging other professionals like nurses. As explained by Broadbent et al. (2011), the resultant effect of this is that the private sector employees hold high expectations of nurses, and the inability of the nurses to meet these expectations would amount to a dissatisfaction on part of the private sectors employees, and consequently poor perceptions about nursing care.

The current study also made a revelation which is confirmed by the study of Barbosa, Balp, Kulich, Germain, and Rofail (2012). According to the findings of the current study and that of Barbosa, Balp, Kulich, Germain, and Rofail (2012), patients who felt that the cost of healthcare was low were reported more positive perception

about nursing care than those who felt that the cost of healthcare was average and high. Prior literature has established a strong association between cost of healthcare care and patient's healthcare expectations; the higher the cost, the more expectations patients had about the healthcare rendered to them, and vice versa. This could relationship could explain the observation made in this study, because, Broadbent et al. (2011) have shown that patients with higher expectations tend to have poorer perceptions about the quality of care rendered to them.

This study revealed that patients who had been on admission for less than a week showed better positive perception about nursing care than patients who had been on admission for a week or more. Negassie (2018) confirms this observation; in an Ethiopian study, the author showed that patients who were on admission for less than 7 days had higher probability of having positive perception about nursing care than those who were on admission for 7 or more days. To the contrary, the finding of the current study appears to conflict with the findings of Köberich, Feuchtinger and Farin (2016) who observed that a portion of German patients who had been on admission for longer period were more likely to depict positive perception about nursing care than patients who had been on admission for shorter periods. It could be that patients who were on admission for shorter period became used to the nursing care given to them after a while, thus, as time progressed, they placed less value on the care that was rendered to them.

Alternatively, upon admission, the condition of patients generally improved, so, nurses did not give them as much critical care as was the case when they were first admitted. And this resulted in the situation whereby patients who were on admission for long did not rank their nurses highly, because patients are likely to focus on the

immediate care rendered to them in the few days leading up to the study than the nursing care rendered to them from the beginning of their hospitalization. Yet again, the findings could be attributed to the view of Walker et al. (2015) who believe that the more people stay together, the more weaknesses they are able to observe about each other. And in the context of this study, it could have been that patients who were on admission for long encountered more instance of negative behavior or mistakes by nurses, and this subsequently influenced the perceptions of these patients.

According to results of the current study, patients who were admitted through emergency situations were more likely to have a better perception about nursing care than patients who were admitted through routine process of admission. Samina et al. (2008) are one of the few researchers to determine the relationship between patients' mode of admission and their perceptions of the quality of care. And their study made observations which are at odds with the findings of the current study. Samina et al. (2008) discovered that Indian patients who were admitted through emergency medical conditions expressed better perceptions about nursing care than patients who were admitted on routine basis.

Whilst the reasons for the variations between the results of the current study are not immediately apparent, it appears that the conditions of patients who are admitted through emergency might have had a role to play on the outcome of the current study. Extensive literature indicates that the condition of emergency patients requires critical nursing care (Subonen et al., 2012; Palani et al., 2011; Majeed, & Khan, 2016). And in the process of nursing care, nurses tend to be more responsive to patients, pay more attention to patients, listen more to patients, reassure patients

more and display other positive attitude towards patients (Leventhal et al., 2016). But these levels of care are ordinarily denied routine admission patients (Leventhal et al., 2016).

In furtherance, results of the current study demonstrated that patients with active health insurance status were more likely to express positive perception about nursing care than their counterparts who did not active health insurance. This finding echoes the results of Pejner, Ziegert and Kihlgren (2013) who noted among American patients in Maine that those who were on insurance tended have better perceptions of healthcare than their peers who were not on insurance. The aim of insurance is to release patients from the financial burden of healthcare. As such, patients who are on insurance expend less in search for healthcare.

In Ghana, Agyepong (2014) wrote that patients who do not have health insurance membership were denied certain forms of medical and nursing care due to their inability to foot the bills. And the financial issues experienced by patients without health insurance might have resulted in a backlash observed in the results of the current study in the form of poorer perception about nursing care.

### **5.3 Differences in patient perception about nursing care between public and private health facilities**

On the difference in patients' perception about the nursing care between public and private health facilities, the current study found out that even though higher proportion of patients sampled from public facilities (37.6%) reported good perception about nursing care than the proportion of patients from private facilities (30.7%) who reported good perception about nursing care, these differences were not statistically significant. A similar finding was made in the study of Wang, Maitland,

Nicholas, Loban and Haggerty (2017) among Chinese patients. Also, the results of the current study is consistent with the study of Kewi, Tesema and Negussie (2018) who observed among patients in North-West Ethiopia that higher proportion those in public hospitals had good perception about nursing care than those in private hospitals. This finding could be due to the fact that the public health sector in Ghana has the best trained nurses whilst the private sector relies on lowly trained or even untrained nurses because they are a form of cheap labor, and this enables the private sector to maximize profit.

However, a South African study by Masoko and Harris (2018) made contradictory findings to the current study. Masoko and Harris (2018) discovered that patients in South Africa considered the nursing care at private hospitals have higher good perceptions about nursing than those at public hospitals, and this difference was statistically significant. The difference between the study of Masoko and Harris (2018) and the current study could be explained by differences between the health system structure. In South Africa, the private health sector harbors over half of the country's overall health infrastructure and personnel whilst serving less than a quarter of the country's total population (Weiss, Goldlust, & Vaucher, 2018). This enables the resource-rich health sector to attract the best nurses who bring their excellent level of expertise to bare during their interactions with patients (Weiss, Goldlust, & Vaucher, 2018).

#### **5.4. Limitations of the study**

The study was conducted in four health facilities in the Kpone Katamanso Municipality, thus, the findings of this study might not be generalizable to other parts of Ghana as well as other low and middle income countries.

Furthermore, the perceptions of the patients about nursing care was subjective. So, it was possible that the actual nursing care that was rendered to the patients was better than the findings of this study.

In addition, a large majority of the respondents were from the Kpone Health Centre – a public health facility – which causes a skewed data. Such skewed data is likely to serve as an outlier which may affect statistical models, especially in regression models. However, inferential statistical tests such as ANOVA, Chi-square, independent *t*-tests were rather used in analysing the data as such the results may not be greatly affected by the skewness of the data.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATION

#### 6.1 Conclusion

The study shows that a generally average perception about nursing care was common among the respondents. Employment status, feeling about the cost of healthcare, duration in the hospital, mode of admission and health insurance status were significantly associated with patients' perception about nursing care. However, the type of facility had no significant association with patient perception about nursing care.

#### 6.2 Recommendations

Based on the objectives of the study, it is recommended that;

1. Management of the various health facilities in the Kpone Katamanso Municipality should conduct in-service training exercises for nurses on standard nursing care to patients.
2. Management of the facilities in collaboration with their respective nurse managers in the Kpone Katamanso Municipality ensure that nurses are mindful when rendering care to nurses so as not to be considered rude, impolite and disrespectful.
3. Appraisal and subsequent promotion of the nurses should focus more on their ability to provide sustainable quality and standard nursing care so as to motivate the nurses to provide quality care and serve as a deterrent to others whose actions may dent the image of nursing care in their respective facilities.

4. The Kpone Katamanso Municipal Health Directorate should make concerted efforts to provide motivational packages for nurses to encourage them to give the same level of care to patients irrespective of the patients' insurance status

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## APPENDIX A: QUESTIONNAIRE

Respondent ID

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**SCHOOL OF PUBLIC HEALTH  
UNIVERSITY OF GHANA, LEGON**

**Title of Project: Patient Perception about Nursing Care**

Date of Interview: \_\_\_ / \_\_\_ / 2019

**Consent Form**

Hello Sir/ Madam, my name is Linda Asare Bedu, a master's student of the School of Public Health, University of Ghana, Legon. I am conducting this study on patients' perception about nursing care at the Kpone Katamanso Municipality. The purpose of this research is to assess perception of patients about nursing care, the differences in patient perception about nursing care between public and private health facilities at the Kpone Katamanso Municipality and the factors influencing their perception. There is no risk associated with this study. However, some questions may make you uncomfortable or you may not know the answer to a particular question. I would like to assure you that any information you provide will be strictly confidential, and will be used only for the purposes of this research and never be used against you.

Your participation is voluntary, and you may stop the interview at any time.

Do I have your permission to continue?  Yes  No

No	Question and filters	Coding/Response category
<b>Socio-Demographic Characteristics</b>		
1.	How old are you? (Age as at last birth day)	_____ years
2.	What is your gender?	1. Male 2. Female
3.	Marital status	3. Single 4. Married 5. Separated/ Divorced 6. Cohabiting 7. Other (specify) _____
4.	What is your highest level of education?	1. No formal education 2. Primary 3. Junior high school 4. Senior high school

No	Question and filters	Coding/Response category
		5. Tertiary
5.	What is your employment status?	1. Unemployed 2. Private sector employee 3. Government sector employee 4. Self-employed
6.	What is your religion?	1. Christian 2. Muslim 3. Traditionalist 4. Other (specify)
<b>Patient-Related Factors</b>		
1.	How long have you been on the ward?	_____ days
2.	Have you been on admission to this hospital before?	1. Yes 2. No
3.	How were you admitted	1. Emergency admission 2. Routine admission
4.	Medical condition	1. Acute illness 2. Chronic illness
5.	Do you have health insurance?	1. Yes 2. No
<b>Hospital-Related Factors</b>		
1.	Type of facility	1. Public 2. Private
2.	How do you feel about the cost of health care in this facility	1. High 2. Average 3. Low
3.	Type of room of admission	1. Private room 2. Common room
<b>Perception about Nursing Care</b>		
Please indicate below the extent to which you agree to the following statements about the nursing care you received from the health facility. Circle the number that corresponds to your choice of answer.		
1.	There is good education about the disease and disease related issues to patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
2.	Nurses respond appropriately to patients' questions and giving information about the disease and medications	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
3.	Nurses meet their patients' needs	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree

No	Question and filters	Coding/Response category
		5. Strongly agree
4.	Nurses help patients in pain	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
5.	Nurses always follow up to check on their patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
6.	Nurses are frequently present around the patients and asking how they feel	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
7.	Nurses respond immediately to patients' needs	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
8.	Nurses pay attention to the patients' individual needs	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
9.	Nurses provide comfort to patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
10.	Nurses ensure each patient's privacy is kept and always screen during each procedure	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
11.	Nurses explain what they are doing to the patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
12.	The nurses calmly speak with patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree

No	Question and filters	Coding/Response category
13.	Nurses reassure their patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
14.	Nurses do not frustrate their patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
15.	Gaining the trust of patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
16.	Nurses create relationships and get along with their patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
17.	The nurses make time to listen to patients' concerns	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
18.	Nurses try to figure out patient's needs and help them out	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
19.	Nurses are kind, polite, friendly and respectful to patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
20.	The nurses are harsh and rude towards patients	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree

**THANK YOU VERY MUCH!!!**

## APPENDIX B: PARTICIPANT INFORMATION SHEET

**Title:** *Patients Perception about Nursing Care in the Kpone Katamanso Municipality, Greater Accra Region.*

### **Hello**

I am Linda Bado Azare, a Masters student from the Public Health School, University of Ghana. I would like to request your participation in my study on patient perception about nursing care at the Kpone Katamanso Municipality. This information leaflet is to let you fully understand what this study is about to help you make an informed decision to take part.

### **Background**

Quality health care is the level of value provided by any health care resources, as determine by various measurements. Nursing care is a very important aspect on which patient satisfaction depends on and this is so because every aspect of patient's care in the hospital involves nurses. Quality of nursing care comprises themes of patients' need fulfillment and therapeutic effectiveness mediated through selective focusing. A very important aspect on which patient satisfaction depends is 'nursing care' because nurses are involved in almost every aspect of client's care in hospital.

### **What is the purpose of this study?**

The purpose of the study is to assess patients' perception about nursing care at the Kpone Katamanso Municipality. This will help me to appreciate patients views about nursing care and to compare differences in their views of nursing care between public and private health facilities in the Kpone Katamanso Municipality.

**What do I have to do in this study?**

If you agree to take part in the study, you will be asked to sign an informed consent form. This will serve as proof of your consent to take part in the study and permission for me to use the information provided. A questionnaire will then be given to you to fill. This may take 10 to 15 minutes. Questions will cover your gender, age, religion, marital and educational, to know a little about yourself. After that, further questions will seek your opinion on how nurses treat their patients in the health facility.

**What are the conditions that qualify me for the study?**

You have to be an adult, 18 years or older, and receiving treatment in a health facility at the Kpone Katamanso Municipality.

**What are the risks of taking part in the study?**

You may feel sad or upset when answering some of the questions. In this happens, you will be referred to an experienced counsellor who will discuss your concerns with you and reassure you at no cost. However, you reserve the right to withdraw from the study anytime. Your withdrawal from the study will not affect your treatment at any health facility in the Kpone Katamanso Municipality.

**What are the benefits of participating in this study?**

There are no direct benefits for participating in this study, however, the information you provide will inform policy, planning and interventions directed towards the improvement of nursing care in Ghana, which you will indirectly benefit from.

**What rights do you have as a participant in this study?**

Participation in this study is entirely voluntary. You have the right to withdraw from the study at any time without any consequences to you. You also have the right to prevent me from using the information gathered even after filling the questionnaire.

**Is there reimbursement for taking part in the study?**

No payment to take part in this study.

**How will confidentiality be maintained?**

All information obtained from you will be kept confidential without mention being made of your name or any identifying information about you. Codes will be used instead of your name when references are being made to keep your identity anonymous.

**Who can I call for enquires?**

A copy of the information sheet and the consent form will be made available to you after it has been signed. For further clarification about the study, you may contact me on telephone number +233 246 319010 or Email: [jinasare31@gmail.com](mailto:jinasare31@gmail.com)

Or my supervisor on telephone number +233 572000534 or

Email: [fglozah@ug.edu.gh](mailto:fglozah@ug.edu.gh)

With regard to concerns over the conduct of the study, please contact Hannah Frimpong, the administrator of the Ghana Health Service Research Ethics Committee, on telephone number 0507 041 223

**Thank you**

## APPENDIX C: CONSENT FORM FOR PARTICIPANTS

**Title:** Patients Perception about Nursing Care in the Kpone Katamanso Municipality, Greater Accra Region.

### Consent for the interview

I confirm that I have been informed by the researcher about the nature, conduct, benefits and risks of the study. I have read/it was read to me, and I understood the information on the information sheet and have had the opportunity to ask questions. I also understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care and legal rights being affected. I also understand that copies of the information sheet and signed consent form will be given to me for my personal records before filling the questionnaire.

I agree to take part in the above-mentioned study.

\_\_\_\_\_

Name and Surname

\_\_\_\_\_

Signature/ Mark or Thumb

\_\_\_\_\_

Date

### Investigator statement and Signature

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant has been addressed.

Person explaining Consent

\_\_\_\_\_

Name and Surname

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Should you wish to contact me at any stage regarding consent you can contact me at

Cell +233 246 319010 or Email: [linasars11@gmail.com](mailto:linasars11@gmail.com)

## APPENDIX B: ETHICAL APPROVAL LETTER

## GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the  
number and date of the  
letter should be quoted



Research & Development Division  
Ghana Health Service  
P. O. Box 588 199  
Accra  
GPS Address: GA-009 1999  
Tel - 233-020-487100  
Fax - 233-020-487100  
Mob - 233-020-433444  
Email: ethics.review@ghs.gov.gh

Re: GPS-RESEARCH/2020/001  
Your Ref: 00

22<sup>nd</sup> November, 2020

Leoluca Bado Ayari

P. O. Box 1

Accra

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol

GPS-ERC Number	GPS-ERC/2020/001
Project Title	Parents Perception about Training Cases at the Kwame Ninsin Hospital, Nsawam.
Approval Date	22 <sup>nd</sup> November, 2020
Expiry Date	21 <sup>st</sup> November, 2021
GPS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval of the study form for more than 12 months.
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your institution before applying for publication or publication of the research findings

Please note that any modification of the study without ERC approval of the amendment is prohibited

The ERC may observe or assist in the observed procedures and records of the study during and after implementation

Kindly quote the protocol identification number in all future correspondence in relation to this approval process

SIGNED

  
Dr. Cynthia Barmenor  
GPS-ERC Chairperson

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

