TOPIC:

HEALTH DELIVERY SERVICE IN GHANA: CONSUMER PROTECTION AND SATISFACTION

Performance assessment at the Komfo Anokye Teaching Hospital - Kumasi

BY

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ABSTRACT

Almost every patient in Ghana has a story to tell about the health care delivery system, some pleasant and others bitter. This calls for a system of continuous quality improvement for the improvement of the health and functioning of the people. The research sort answers to the following questions:

What level of quality care are patients receiving now that health care is very accessible? Are Ghanaian consumers satisfied with the services of the health sector? What is the level of awareness of Ghanaian patients of the Patients Charter promulgated to protect them? Are there any correlation between the level of patients’ satisfaction and their level of awareness of consumer/patients protection laws?

The research revealed that:
- doctors and nurses at the Hospital generally treat Patients with Respect and Courtesy
- both doctors and nurses at the hospital do not take time to explain to patients the side-effects of medicines prescribed.
- responsiveness of Hospital Staff to Patients call for help is not encouraging
- Hospital staff do not provide adequate information to Patients when they are being discharged
- the hospital staff keep their environment clean.
- most patients of the hospital do not know that patients have rights protected by law.
- the general perception of patients about the hospital was above average performance. On the satisfaction index scale they scored MnCSI – 77. However, it was also revealed that the satisfaction level of patients has correlation with their level of knowledge of patients rights.

It was found out that if all patients will know and insist on their rights, quality will improve at our hospitals.
CHAPTER ONE

1.1 Introduction

Every welfare state seeks to provide the protection of the Right to Basic Needs of consumers especially for the have-nots and the under privileged such as the sick. The right to these basic needs is not just a consumer right, but a human right as well. Article 25 of the UN Declaration of Human Rights says among other things: “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services.”

This formalisation in 1948 of the consumer right as a human right recognized “the inherent dignity” and the “equal and unalienable rights of all members of the human family”. And it is on the basis of this concept of the person, and the fundamental dignity and equality of all human beings, that the notion of patient rights was developed. In other words, what is owed to the patient as a human being, by physicians and by the state, took shape due to this understanding of the basic rights of the person. As a result of this recognition by the world body, the patients’ bill of rights has found its place in legislations of almost all countries.

After attaining recognition, the next important thing is to make it work for the benefit of its target group - the patients and to achieve this, constant monitoring is a necessity. Modern scientific development and technological advancement has made it possible for patients to receive first class services from hospitals and physicians and assuredly, millions receive this quality health care services everyday.

However, even in the best systems, mistakes are made leading to injuries and human right abuse during the course of treatment. Such injuries can result in additional health expenses, increased disability, lost wages, and lost productivity. These costs are borne by individuals, families, the health care system, and society as a whole.
This has created the need for a system of continuous quality improvement aimed at preventing errors and correcting them when they do occur. This is vital for improving the quality of care in the health delivery system in the country.

Little is known about the incidence of injuries and abuses that occur as a result of inappropriate decisions by health workers and physicians and even the health system as an institution. One reason why we know so little is that there is no systematic mechanism for gathering information about such injuries and abuses. What is happening at the Komfo Anokye Teaching Hospital? This research would want to find out and use it to hazard a guess as to what is happening in other health institutions in Ghana.

1.2 Research Questions

The purpose of the health care system in every country is to continuously reduce the impact and burden of illness, injury and disability and to improve the health and functioning of the people. While many current quality improvement efforts of the government of Ghana such as provision of health infrastructure, equipment, the introduction of the health insurance scheme and the adjustments of the salaries of health workers are commendable and show great promise, they seem to have overshadowed the need for constant monitoring to examine the quality of service being provided.

- What level of quality care are they (patients) receiving now that health care is very accessible?
- Are Ghanaian consumers satisfied with the services of the health sector?
- What is the level of awareness of Ghanaian patients of the Patients Charter promulgated to protect them?
- Are there any correlation between the level of patients’ satisfaction and their level of awareness of consumer/patients protection laws?

These are questions this research seeks to address or finds answers too.
1.3 Research Objectives
Because consumers are the intended beneficiaries of health care, their needs should be of utmost importance to the government and the health service providers. Economically, consumers are important because they sustain the health industry by expending the largest single amount of money for health care. The quality of health care available to citizens of a state also determines the level of productivity in the nation. The general objective of this study is to assess the performance of the health sector in Ghana. The specific objectives of the study however are:

1. to help reveal the quality of service available for Ghanaian patients at the Komfo Anokye Teaching Hospital in the area of neatness of the hospital environment, courtesy of doctors and nurses toward patients, willingness of health workers to patiently listen to and relieve patients that are in pains or any kind of problem.

2. to help the government and the health sector to measure or assess performance of health institutions in the area of consumer/patients protection. The study would try to find out how the patients charter (which contains the rights and liberties of patients in Ghana) is being adhered to by health workers and their health institutions.

3. to help reveal the relationship that exists between patients satisfaction and patients protection or awareness level and how they influence each other.

4. provide lessons to the government, health institutions such as Komfo Anokye Teaching Hospital and the patients as to what to do - individually and together- to improve health service provision in the country for the benefit of all stakeholders.

1.4 Significance of the research
Countries all over the world have seen the need for patients protection and satisfaction and have therefore taken steps to improve health delivery services in their individual states. United States under President Bill Clinton commissioned a committee to write or
formulate patients bill of rights for the protection of American patients and other stakeholders. The European Union likewise recently met in Amsterdam to do the same. These few instances show that patients rights is gradually gaining centre stage in every state. “Assuring that the rights of patients are protected requires more than educating policy makers and health providers; it requires educating citizens about what they should expect from their governments and their health care providers—about the kind of treatment and respect they are owed. Citizens, then, can have an important part to play in elevating the standard of care when their own expectations of that care are raised” (WHO). Thus any research that seeks to assess the performance of the health sector and measure the knowledge / awareness level of the patients is very significant. The significance of this research is therefore unquestionable. It is significant to all the stakeholders;

1. It is important to the patients because they stand to gain if it leads to better services after revealing the pitfalls of the health sector for rectification.
2. It is important to the government, because it will measure the performance of one sector (health) that is key to the development of the nation of which it is spending fortunes.
3. It is very beneficial to the health sector as it will make them sit up or improve upon their services, if necessary, for patient satisfaction and confidence and for the dignity of the institutions and their workers.

1.5 Approach/methods

The research will examine the structure of Komfo Anokye Teaching Hospital to know how it function especially how it works to protect patients. Secondary data from books, articles, internet, and newspapers will be consulted to get the meaning of satisfaction and also examine laws/Acts/Decrees that protect patients in Ghana and other countries. Findings will be compared with the final results of this research after which recommendations will be offered.
With this research, I will interview the hospital administrators, 18 doctors, 18 nurses, 435 patients to gather information on satisfaction, patients protection and care, and the level of awareness of the availability of protection, problems preventing better performance etc. Questions that will be asked include the following: how often did nurses/doctors treat you with courtesy and respect?, how often did doctors explain things in a way you could understand? Have you ever been mistreated by a health worker (Doctors, Nurses etc.)? , what did you do? Answers to these and other similar questions will help me draw the right conclusion

1.6 Work plan including time table

The following submission schedule will be followed:

1. Collection of data will be from March 16, 2007 to 23rd April,
   - Collection of information of past performance – (16th - 20 March, 2007)
   - Interview of hospital authorities – (10th April, 2007)
   - Interview of 18 Doctors & 18 Nurses – (12th April, 2007)
   - Interview of 435 in-patients – (16 – 23 April, 2007)

2. Data Analysis – (10 – 30 April, 2007)
   - April 17, 2007 - Submission of Work –in- Progress
   - 22 April 2007, - critique of work in progress
   - June 20, 2007 – Final paper presentation
   - June 30, - Submission of final paper after considering critiques
CHAPTER TWO

2.0 METHODOLOGY

2.1 Introduction
The study will focused on the patients’ satisfaction and protection in the Ghana health sector using Komfo Anokye Teaching Hospital in Kumasi as a case study. This chapter discusses the research design, defines the population, the sample size and sampling techniques, the instruments for the data collection, validation, data collection procedure and data analysis procedures.

2.1 Research Design
This study is essentially a social research, and because of the bias of social implications and significance, it has been both qualitative and quantitative in the design.

Quantitative method in research employs theoretical and methodological principles and techniques and statistics (Sarantakos, 1998:467) while the qualitative method is the scientific observation that is recorded in numeric or some other standardized coding format. (Ellis, 1994:377)

The whole point of difference here, between the two methods is that “...Qualitative research usually emphasizes words rather than qualifications in the collection and analysis of data.’ (Bryman, 2001:506) As a research strategy it is inductive, constructivist, and interpretive. Not all researchers subscribe to all three. We would use all three, basically since we would draw conclusions on observations, interpret data, and try to put together the material obtained so as to construct an overview of the patients protection level on the ground.

2.2 Population
The Komfo Anokye Teaching Hospital (KATH) is sited in Kumasi, the capital of the Ashanti Region; the most populous of all the 10 regions of Ghana The strategic location
of this 1000-bed hospital at the confluence of the country’s transportation network and
the position of Kumasi as a leading commercial centre in Ghana makes it about the most
accessible tertiary medical facility in the country.

As a result, it receives referrals from eight out of the 10 regions of Ghana. These include
all the three northern regions of the country namely, Northern, Upper East and Upper
West Regions, Brong Ahafo, Central, Western, Eastern and parts of the Volta Regions.

An increasing number of patients are also now coming from neighbouring countries
such as La Cote d’ Ivoire and Burkina Faso. Its catchment’s area therefore has an
estimated population size of 10 million people.

Today, the hospital, has developed into a 1000 bed capacity facility with 9 Directorates
made up of Obstetric and Gynaecology, Surgery, Child Health, Polyclinic, Anaesthesia,
DEENT, Medicine, Diagnostics, and Oncology together registering over 450,000 Out
Patient Department attendances and 43,000 admissions annually. This means that the
hospital treats nearly 500 000 patients annually, averaging 41667 patients per month and
a weekly average of 10417 patients.

This research (which took one week) interviewed 435, out of the 10417 patients the
hospital see every week. Aside the patients, who were the main focus of the research,
some few staff of the hospital; - those whose job description brought them into constant
contact with the consumers (patients) - were also interviewed. The following categories
of people were thus interviewed:

- Head of Administration – he was interviewed because he has the responsibility of
  managing the entire hospital and so should be aware of the performance level of the
  staff and whatever constraints they may have.
- Head of Complaints unit – he is the best person to furnish me with how complaints
  are handled, which will give me an idea as to the level of satisfaction and protection
  available to patients at the hospital.
- Doctors – they are in constant contact with the patients and their performance and conduct, in most cases will determine whether the patients are satisfied with the services at the hospital or not.
- Nurses – like the doctors, also play a greater role in the satisfaction of patients.
- Patients – both in-patients and out-patients

2.3 Sample size

In determining the right sample size of a study, three criteria according to Miaoulis and Michener and others, usually need to be taken into consideration: the level of precision, the level of confidence or risk, and the degree of variability in the attributes being measured (Miaoulis and Michener, 1976). Each of these is briefly reviewed below.

2.3.1 The Level of Precision

The level of precision, sometimes called sampling error or allowable error, is the range in which the true value of the population is estimated to be. It is the amount of error the researchers are willing to tolerate. This range is often expressed in percentage points, (e.g., ±5 percent), Thus, if a researcher finds that 60% of farmers in the sample have adopted a recommended practice with a precision rate of ±5%, then he or she can conclude that between 55% and 65% of farmers in the population have adopted the practice. A small allowable error will require a large sample and a large allowable error will permit a smaller sample.

2.3.2 The Confidence Level

The confidence or risk level is based on ideas encompassed under the Central Limit Theorem. The 95 percent and the 99 percent are the most common. The key idea encompassed in the Central Limit Theorem is that when a population is repeatedly sampled, the average value of the attribute obtained by those samples is equal to the true population value. Furthermore, the values obtained by these samples are distributed normally about the true value, with some samples having a higher value and some obtaining a lower score than the true population value. In a normal distribution,
approximately 95% of the sample values are within two standard deviations of the true population value (e.g., mean).

2.3.3 Degree of Variability

The third criterion, the degree of variability in the attributes being measured refers to the distribution of attributes in the population. The more dispersed a population, the larger the sample size required to obtain a given level of precision. On the other hand, if the population is concentrated (more homogeneous), the smaller the sample size required. Note that a proportion of 50% indicates a greater level of variability than either 20% or 80%. This is because 20% and 80% indicate that a large majority do not or do, respectively, have the attribute of interest. Because a proportion of .5 indicates the maximum variability in a population, it is often used in determining a more conservative sample size, that is, the sample size may be larger than if the true variability of the population attribute were used.

2.3.4 Strategies for Determining Sample Size

With these in mind, there are several approaches to determining the sample size such as using a census for small populations, imitating a sample size of a comparable study, using published tables, and applying formulas to calculate a sample size. Each strategy is discussed below.

2.3.4.1 Using a Census for Small Populations

One approach is to use the entire population as the sample. Because of cost considerations and time constraints, this approach is not impossible for large populations, it is only attractive for small populations. A census has the advantage of eliminating sampling error and provides data on all the individuals in the population. Thus, the entire population is sampled so the desirable level of precision is achieved. In the case of this research census as a method was not possible due to time and financial constraints.
2.3.4.2 Using a Sample Size of a Similar or Comparable Study

Another approach is to use the same sample size of a comparable study or a similar study like the one you are planning. This has the disadvantage of repeating errors that were probably made in determining the sample size of that study. This approach was also not feasible in my case because there is no known research done in this area in Ghana lately.

2.3.4.3 Using Published Tables

A third way to determine sample size is to rely on published tables which provide the sample size for a given set of criteria such as Table 1 and Table 2 below constructed by the Institute of Food and Agricultural Sciences, University of Florida. These tables present sample sizes that would be necessary for given combinations of precision, confidence levels, and variability.

When using these already calculated and prepared tables, it should be noted that; first, these sample sizes reflect the number of obtained responses, and not necessarily the number of surveys mailed or interviews planned, Second, the sample sizes especially those in Table 2 below presume that the attributes being measured are distributed normally or nearly so. As a result of time constraints and secondly my limited mathematical background, I used this published tables to determine the sample size of this research study instead of going through the rigorous mathematical calculations.

2.3.4.4 Using Formulas to Calculate a Sample Size

Although tables can provide a useful guide for determining the sample size, one could also calculate the necessary sample size for a different combination of levels of precision, confidence, and variability. The fourth approach to determining sample size is the application of one of several formulas such as

\[
\text{Equation 1: } n_0 = \frac{Z^2p(1-p)}{e^2}
\]
Which is valid where $n_0$ is the sample size, $Z^2$ is the abscissa of the normal curve that cuts off an area at the tails ($1 - \text{equals the desired confidence level, e.g., 95%}$), $e$ is the desired level of precision, $p$ is the estimated proportion of an attribute that is present in the population, and $q$ is $1-p$. The value for $Z$ is found in statistical tables which contain the area under the normal curve.

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<th>Size of Population</th>
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<td>&gt;100,000</td>
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$a = \text{Assumption of normal population is poor (Yamane, 1967). The entire population should be sampled.}$
As shown above, the weekly patients cared for by the hospital is 10417, therefore to obtain a precision level of ±5 where Confidence Level is 95% and P=.5, the sample size should be 385. I therefore interviewed 435 patients aside the 18 doctors, 18 Nurses, Head of Administration and the Head of Complaints unit. The breakdown is as follows: Obstetric and Gynaecology – 80 patients, Surgery – 80 patients, Child Health – 40 patients, Polyclinic - 120, Anaesthesia – 20, DEENT - 30, Medicine - 45, Diagnostics - 10, Oncology – 10. These samples were selected based on the strength of the departments and the number of patients they attend to periodically.

### 2.4 Sampling Procedure/Technique

The research adopted Probability Sampling Method – precisely the Simple Random Sampling method; “a sample selected so that each item or person in the population has
the same chance of being included” Lind et al. (2001). Lind (2001) gives the following reasons in defence of this method as the most convenient for surveys like this one I am taking. 1. The physical impossibility or impracticability of checking all items in a population. 2. The cost of studying all the items in a population is often prohibitive. 3. The adequacy of sample results; the research results, if care is take to meticulously select the sample, would not be different from conducting a census of the entire population. 4. To contact the whole population would be time consuming.

### 2.4.1 Random Sampling

A random sample is obtained by using methods such as random numbers, which can be generated from calculators, computers, or tables. In random sampling, the basic requirement is that for a sample of a size n, all possible sample of this size must have an equal chance of being selected from the population. The correct method of obtaining a random sample include

1. Systematic sampling
2. Stratified sampling
3. Cluster sampling

#### 2.4.1.1 Systematic sampling

A systematic sampling is a sample obtained by numbering each element in the population and then selecting every third or fifth or tenth, etc., number from the population to be included in the sample. This is done after the first number is selected at random.

#### 2.4.1.2 Stratified sampling

A stratified sample is a sample obtained by dividing the population into subgroups, called strata, according to various homogeneous characteristics and then selecting members from each stratum for the sample. For example if one were conducting a poll designed to assess opinions on a certain issue, it might be advisable to subdivide the population into groups.
2.4.1.3 Cluster sampling
A cluster sampling is a sample obtained by selecting a pre-existing or natural group, called a cluster for the sample.

Stratified Sampling was used in the collection of the data from the Komfo Anokye Teaching Hospital for this study. The entire hospital was divided into 9 strata consisting of the directorates. Each directorate was subdivided into groups of 4 consisting of doctors, nurses, in-patients and out-patients. Within each group a random selection was done to select those we interviewed.

My choice of this method was informed by the uniform nature of the population. This method also gives each member of the population (subdivision) equal chance of being selected, thus making the final result truly representative of the entire population.

2.5 Instruments
As a social research I used the following instruments:

- Observation
- Questionnaires
- Personal interviews

2.5.1 Observation
I personally observed the doctors, nurses and their interaction with patients. I also observed the environment of the hospital. In this effort I was able to develop a mental picture of the entire setup that enabled me to interpret correctly the responses of the population.

2.5.2 Personal Interview
An interview is called personal when the Interviewer asks the questions face-to-face with the Interviewee. Personal interviews can take place in the home, at a shopping mall, on the street, outside a movie theatre or polling place, and so on.
The head of administration, the head of complaints unit and the patients were personally interviewed. This was done with the help of questionnaires used as a guide by trained researchers from the University of Education, Kumasi Campus.

Babbles (1990) and Gay (1992) mention a number of advantages. Among them are face-to-face encounter. This provides the opportunity for the interviewer to observe how the Interviewee feels, that is, it affords more accurate and honest responses. It also provides the interviewer to seek for clarification of any answer that is not comprehensive enough. Again, it allows for gathering of in-depth data not possible with questionnaire and also has the advantage of higher response rates compared to questionnaires. It is very flexible and allows for probing for additional information. Lastly, longer interviews are sometimes tolerated. Particularly with in-home interviews that have been arranged in advance. People may be willing to talk longer face-to-face than to someone on the phone.

However, this type of obtaining data usually cost more per interview than other methods. This is particularly true of in-home interviews, where travel time is a major factor.

2.5.3 Questionnaires

Doctors and nurses were given Questionnaires to answer. This was decided upon because of their busy schedule. This afforded them the chance to answer the questions at their own convenient time.

2.6 Data Analysis

The data does collected was analysed with the use of customer satisfaction index after which Correlation analysis was done to know the kind of relationship (positive or negative) that exist between patients protection and satisfaction.
CHAPTER THREE

3.0 PATIENTS PROTECTION AND SATISFACTION

3.1 Introduction

A system of continuous quality improvement committed to preventing errors and correcting them when they do occur is a vital step in improving the quality of care in any health delivery system. Modern scientific development and technological advancement has made it possible for patients to receive first class services from hospitals and physicians. Millions receive health care services of high quality that is delivered in a timely fashion these days because of advanced technology. Even in the best systems, however, mistakes are made leading to injuries during the course of treatment. Such injuries can result in additional health expenses, increased disability, lost wages, and lost productivity. These costs are borne by individuals, families, the health care system, and society as a whole. Studies conducted estimating the number of Americans injured (with all their advancement) in the course of treatment yielded the following statistics:

- Adverse drug events in hospitalized patients lead to excess length of stay, extra costs, and mortality (Classen et al., 1997). Such costs totaled $8.4 million in 1 year alone for a 700-bed teaching hospital (Bates et al., 1997).
- From 1983 to 1993, deaths due to medication errors rose more than twofold, with 7,391 deaths attributed to medication errors in 1993 (Phillips, Christenfeld, and McGlynn, 1998).
- A 1991 study of medical records from acute care hospitals in New York State found that adverse events occurred in 3.7 percent of hospitalizations and that 27.6 percent of those errors were due to negligence (Brennan et al., 1991).
- A study of errors in a medical intensive care unit revealed an average of 1.7 errors per day per patient, of which 29 percent had the potential for serious or fatal injury (Gopher et al., 1989).
It is no wonder that states, international organizations, corporate bodies and even individuals are working tirelessly to promote quality health care and patients protection and safety these days.

3.2 Consumers’ Interest as National Interest

Consumer protection and for that matter patients protection, received its greatest boost in history on March 15, 1962 when American President John F Kennedy moved the consumers’ bill of rights in the US Congress by saying.. “If a consumer is offered inferior products, if prices are exorbitant, if drugs are unsafe or worthless, if the consumer is unable to choose on an informed basis, then his dollar is wasted, his health and safety may be threatened and national interest suffers.”

President Kennedy equated consumers’ interest with national Interest. This famous speech is what generated the global consumer rights which subsequently culminated in The United Nations Guidelines for Consumer Protection adopted by the UN General Assembly in April 1985. This guidelines call upon governments to develop, strengthen and maintain a consumer policy, and provide for enhanced protection of consumers by communicating it through various means on seven major themes: 1. Physical Safety, 2. Economic Interests, 3. Standards, 4. Essential Goods and Services, 5. Redress, 6. Education and Information, and 7. Health.

These guidelines set out and codified the main elements of consumer protection, and created an international framework within which national consumer protection policies could be worked out. They give consumer policy a clear set of objectives and provided a checklist against which governments can measure their own policies. Being guidelines, they are meant to be adopted and reviewed according to changing times, innovations and new developments. The Guidelines were reviewed in 1995 after 10 years.
3.3. Consumer Rights as a Human Right

The right to basic need such as patients right is not just a consumer right, but a human right as well. Article 25 of the UN Declaration of Human Rights adopted in 1948 says: “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services.” (highlights provided) In addressing the basic needs of consumers governments are urged to cover pharmaceuticals, food standards and drinking water and also food, clothing, shelter, education, health care and sanitation.

This has resulted in many countries now adopting a number of legislations to protect consumers including patients. A Consumer Ombudsman in the form of a central body oversees all consumer protection issues with the support of consumer protection laws in many countries. Japan has one such body that receives complaints from patients that has been treated unfairly. One of such complaints from the Complaint Research Report Japan) is quoted below.

1 Number 991: Complaint Research Petition Case (Psychiatry)
Complaint to a mental hospital where a patient was hospitalized unnecessarily for a long period: The mental hospital decreased the amount of medicine prescribed to the patient at its own discretion with the intention of causing acute symptoms in the patient after leaving hospital so that the patient had to return to the hospital.
(See the full report of the Japanese Ombudsman @ URL http://www.patient-rights.or.jp/)

This body encourages complainants to use its free services for dispute resolution rather than going to a civil court.

In most countries (especially in developing countries), problems of consumers are more related to the provision of essential services such as drinking water, sanitation, education and health care, than the market-related ones. This gives sufficient reason for governments to adopt an integrated and holistic consumer protection policy that will guide consumer welfare.
3.4. World Health Organisation and Patients' rights

The formalization in 1948, of the Universal Declaration of Human Rights recognized “the inherent dignity” and the “equal and unalienable rights of all members of the human family”. And it is on the basis of this concept of the person, and the fundamental dignity and equality of all human beings, that the notion of patient rights was developed. In other words, what is owed to the patient as a human being, by physicians and by the state, took shape in large part due to this understanding of the basic rights of the person.

Patients' rights vary in different countries and in different jurisdictions, often depending upon prevailing cultural and social norms. Different models of the patient-physician relationship have been developed, and these have informed the particular rights to which patients are entitled. In North America and Europe, for instance, there are at least four models which depict this relationship: the paternalistic model, the informative model, the interpretive model, and the deliberative model. Each of these suggests different professional obligations of the physician toward the patient. For instance, in the paternalistic model, the best interests of the patient as judged by the clinical expert are valued above the provision of comprehensive medical information and decision-making power to the patient. The informative model, in contrast, sees the patient as a consumer who is in the best position to judge what is in her own interest, and thus views the doctor as chiefly a provider of information.

There continues to be enormous debate about how best to conceive of this relationship. However, there seems to be an international consensus that all patients have a fundamental right to privacy and dignity, to the confidentiality of their medical information, to consent to or to refuse treatment, and to be informed about relevant risk to them of medical procedures.

On the basis of the recognition the world body has given to patients rights almost all countries have in one way or the other adopted a set of laws to govern the relationship between health workers and the patients centring around the patients privacy,
confidentiality, consent etc. Below are some of the patient laws by different states covering these common areas.

3.5 Israel

The Right to Medical Care

3. (a) Every person in need of medical care is entitled to receive it in accordance with all laws and regulations and the conditions and arrangements obtaining at any given time in the Israeli health care system.

(b) In a medical emergency, a person is entitled to receive emergency medical care unconditionally.

Prohibition of Discrimination

4. No medical facility or clinician shall discriminate between patients on grounds of religion, race, sex, nationality, country of birth, or other such grounds.

Proper Medical Care

5. A patient shall be entitled to proper medical care, having regard both to its professionalism and quality, and to the personal relations incorporated in it.

Information on Clinician Identity

6. (A) A patient is entitled to be informed of the identity and position of every person treating him.

A Second Opinion

7. The patient is entitled to obtain, at his own initiative, a second opinion as to his medical care; the clinician and the medical facility shall give the patient all the assistance he requires to fulfil this right.
Right to Continuity of Proper Care

8. Should a patient have transferred from one clinician facility to another, he shall be entitled, at his request, to the cooperation of ensure proper continuity of care.

Receiving Visitors

9. A patient hospitalized in a medical facility is entitled to receive visitors at the times, and according to the arrangements, determined by the facility director.

Maintaining the Dignity and Privacy of the Patient

10. (A) The clinician, all those working under his direction, and all other workers in the medical facility, shall maintain the dignity and privacy of the patient at all stages of his treatment.

Medical Care in Medical Emergencies or in Situations of Grave Danger

11. (A) Should a clinician or a medical facility be requested to give medical treatment to a person in circumstances indicating, prima facie, a medical emergency or grave danger, the clinician shall examine and treat the person to the best of his ability.

(B) Should the clinician or medical facility be unable to provide treatment to the patient, they shall, to the best of their ability, refer him to a place where he can receive appropriate treatment.

(C) The facility director shall make appropriate arrangements for the implementation of the provisions of this clause.

Medical Examination in Emergency Dept.

12. (A) All patients applying to an Emergency Dept. are entitled to medical examination by a physician.
(B) Should the examining physician find that the patient requires urgent medical treatment, he shall give the patient that treatment; however, if the patient requires treatment that cannot be given at that place, the Emergency Dept. physician shall refer the patient to an appropriate medical facility, and shall ensure, to the best of his ability, that the patient is transferred to that facility.

(C) The director of a medical facility containing an Emergency Dept. shall make appropriate arrangements for the implementation of the provisions of this Clause.

Informed Consent to Medical Care

13. (A) No medical care shall be given unless and until the patient has given his informed consent to it, in accordance with the provisions of this chapter.

(B) In order to obtain informed consent, the clinician shall supply the patient medical information to a reasonable extent, such as to enable the patient to decide whether to agree to the treatment proposed; for this purpose, "medical information” includes:

(1) The diagnosis of the patient's medical condition and its prognosis;

(2) A description of the essence, course, goal, anticipated benefit, and likelihood of success of the treatment proposed;

(3) The risks entailed in the proposed treatment, including side effects, pain, and discomfort;

(4) The likelihood of success and the risks of alternative forms of treatment, and of non-treatment;

(5) Where the treatment is innovatory, the patient shall be so informed.

(C) The clinician shall furnish the medical information to the patient at the earliest possible stage and in a manner that maximizes the ability of the patient to understand the information and to make a free and independent choice.
(D) The provisions of Sub-Clause 13(b) notwithstanding, the clinician may withhold medical information from the patient concerning his medical condition if an Ethics Committee has confirmed that giving this information is likely to cause severe harm to the patient’s mental or physical health.

The Way in which Informed Consent May Be Given

14. (A) Informed consent may be given verbally, in writing, or demonstrated by the patient’s behavior.

Medical Care Without Consent

15. The provisions of Clause 13 notwithstanding –

(1) A clinician may give medical treatment that is not one of the treatments enumerated in the Supplement to this Act without the informed consent of the patient, if all the following conditions are met:

(A) The patient’s physical or mental state does not permit obtaining his informed consent;

(B) The clinician has not been made aware that the patient of his legal guardian objects to his receiving medical treatment;

(C) It is impossible to obtain the consent of the patient’s representative, should such a representative have been appointed under Clause 16 of this Act, or of the patient’s legal guardian, where the patient is a minor or an incapacitated person.

Appointment of a Patient’s Representative

16. (A) A patient may appoint an official representative who shall have the authority to consent in his place to medical treatment; the power of attorney shall detail the circumstances and conditions in which the representative shall have the authority to consent in place of the patient to medical treatment.
(B) The Minister may issue directions as to the manner in which a power of attorney may be given under this Clause.

Medical Records and Medical Information

The Obligation to Keep Medical Records

17. (A) A clinician shall keep medical records of the course of a treatment; these records shall include details identifying the patient and the clinician, and medical information on the treatment received by the patient, his previous medical record as far as known, the diagnosis of his current medical condition and the treatment instructions issued; however, the clinician's personal notes shall not form part of the medical record.

(B) The clinician or, in a medical facility, the director shall bear responsibility for the maintenance and preservation of regular and updated medical records, in accordance with all pertinent laws and regulations.

(C) Should medical records be given into the patient's safekeeping, this fact shall be recorded by the clinician or the medical facility.

The Patient's Right to Medical Information

18. (A) The patient shall be entitled to obtain from the clinician or the medical facility medical information concerning himself, including a copy of his medical records.

Maintaining Medical Confidentiality

19. (A) A clinician or any worker in a medical facility shall not disclose any information regarding a patient, which is brought to their knowledge in the course of their duties or their work.

(B) The clinician and, in a medical facility, the director of the facility shall make arrangements to ensure that workers under their direction shall not disclose any matters brought to their knowledge in the course of their duties or their work.
Disclosing Medical Data to a Third Person

20. (A) A clinician or medical facility may pass on medical information to a third person in any of the following cases:

(1) The patient has consented to the disclosure of the medical information.

(2) The clinician or medical facility are legally obliged to pass on the information;

(3) The disclosure is for the purpose of the patient’s treatment by another clinician;

(B) Data shall be disclosed under the provisions of Sub-Clause 20(a) only to the extent that the case requires, making every effort to suppress the identity of the patient.

(C) A person receiving medical information under the provisions of Sub-Clause 20(a) shall be subject to the provisions of Clause 19 and the provisions of this clause, *mutatis mutandis*.

Penalties

28. (A) A clinician or facility that discriminates between patients on grounds of religion, race, sex, nationality, or country of birth shall be liable to a fine under Clause 61(a)(3) of the Penal Law, 1977.

(B) A person infringing any of the obligations enumerated in Clause 17 is liable to a fine under Clause 61(a)(2) of the Penal Law, 1977; an offence under this Sub-Clause does not require proof of criminal intent or negligence.

3.6 United States

3.6.1 Patient Rights and Responsibilities

The United States of America has numerous protections for the patients differing slightly from state to state. To cope with the fast changing trends in the health care delivery system, President Bill Clinton on March 26, 1997 commissioned a commission to
"advise the President on changes occurring in the health care system and recommend measures as may be necessary to promote and assure health care quality and value, and protect consumers and workers in the health care system." At the end of its work, the Commission was to draft a "consumer bill of rights." for the entire state. The Commission issued its final report, “Quality First: Better Health Care for All Americans”, in March 1998. The Consumer Bill of Rights and Responsibilities expressed three goals:

- To strengthen consumer confidence by assuring that the health care system is fair and responsive to consumers' needs, provides consumers with credible and effective mechanisms to address their concerns, and encourages consumer to take an active role in improving and assuring their health.

- To reaffirm the importance of a strong relationship between patients and their health care professionals.

- To reaffirm the critical role consumers play in safeguarding their health by establishing rights and responsibilities for all participants in improving their health.

Many health plans, including all of the plans sponsored by the Federal government, have adopted these general principles. Below is the Summary of the Patients’ Bill of Rights as provided by the commission.

I. Information Disclosure

All patients have the right to receive accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don’t understand something, assistance will be provided so you can make informed health care decisions.

II. Choice of Providers and Plans

Patients have the right to a choice of health care providers that is sufficient to provide you with access to appropriate high-quality health care.
III. Access to Emergency Services

If one has severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization or financial penalty.

IV. Participation in Treatment Decisions

Every patient have the right to know all your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.

V. Respect and Non-discrimination

Patients have a right to considerate, respectful and non-discriminatory care from your doctors, health plan representatives, and other health care providers.

VI. Confidentiality of Health Information

All patients have the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician amend your record if it is not accurate, relevant, or complete.

VII. Complaints and Appeals

One has the right to a fair, fast, and objective review of any compliant you have against your health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities.

VIII Consumer Responsibilities

- In a health care system that protects consumers' rights, it is reasonable to expect and encourage consumers to assume reasonable responsibilities. Greater individual
involvement by consumers in their care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment.

Following the adoption of the report the National Association for Home Care (NAHC) has developed a model bill of rights part of which is listed below, (The full list can be found in www.hcqualitycommission.gov/cborr/consbill.html).

Home care patients have the right to:

- be fully informed of all his or her rights and responsibilities by the home care agency;
- choose care providers;
- receive a timely response from the agency to his or her request for service;
- be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed;
- receive reasonable continuity of care;
- receive information necessary to give informed consent prior to the start of any treatment or procedure;
- be advised of any change in the plan of care, before the change is made;

3.7 European Union

On 28-30 March 1994 some 60 persons from 36 European States met in Amsterdam under the auspices of the WHO Regional Office for Europe (WHO/EURO). The purpose was to define principles and strategies for promoting the rights of patients. At the meeting WHO/EURO encouraged all states to favour the development of patients' rights throughout Europe. This resulted in the publication of The Rights of Patients in Europe (WHO 1993) with the help of a team of experts in the field.
The Declaration on the Promotion of Patients' Rights in Europe constitutes a common European framework for action and will hopefully be a solid reference and a dynamic tool capable of improving new thinking in the health care process.

3.7.1 The Rights Of Patients

1. Human Rights and Values in Health Care

The instruments cited in the Introduction should be understood as applying also specifically in the health care setting, and it should therefore be noted that the human values expressed in these instruments shall be reflected in the health care system. It should also be noted that where exceptional limitations are imposed on the rights of patients, these must be in accordance with human rights instruments and have a legal base in the law of the country. It may be further observed that the rights specified below carry a matching responsibility to act with due concern for the health of others and for their same rights.

1.1 Everyone has the right to respect of his or her person as a human being.
1.2 Everyone has the right to self-determination.
1.3 Everyone has the right to physical and mental integrity and to the security of his or her person.
1.4 Everyone has the right to respect for his or her privacy.
1.5 Everyone has the right to have his or her moral and cultural values and religious and philosophical convictions respected.
1.6 Everyone has the right to such protection of health as is afforded by appropriate measures for disease prevention and health care, and to the opportunity to pursue his or her own highest attainable level of health.

2. Information

2.1 Information about health services and how best to use them is to be made available to the public in order to benefit all those concerned.
2.2 Patients have the right to be fully informed about their health status, including the
medical facts about their condition; about the proposed medical procedures, together with the potential risks and benefits of each procedure; about alternatives to the proposed procedures, including the effect of non-treatment; and about the diagnosis, prognosis and progress of treatment.

2.3 Information may only be withheld from patients exceptionally when there is good reason to believe that this information would without any expectation of obvious positive effects cause them serious harm.

2.4 Information must be communicated to the patient in a way appropriate to the latter's capacity for understanding, minimizing the use of unfamiliar technical terminology.

If the patient does not speak the common language, some form of interpreting should be available.

2.5 Patients have the right not to be informed, at their explicit request.

2.6 Patients have the right to choose who, if any one, should be informed on their behalf.

3. Consent

3.1 The informed consent of the patient is a prerequisite for any medical intervention.

3.2 A patient has the right to refuse or to halt a medical intervention. The implications of refusing or halting such an intervention must be carefully explained to the patient.

3.3 When a patient is unable to express his or her will and a medical intervention is urgently needed, the consent of the patient may be presumed, unless it is obvious from a previous declared expression of will that consent would be refused in the situation.

4. Confidentiality and Privacy

4.1 All information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind must be kept confidential, even after death.
4.2 Confidential information can only be disclosed if the patient gives explicit consent or if the law expressly provides for this. Consent may be presumed where disclosure is to other health care providers involved in that patient's treatment.

4.3 All identifiable patient data must be protected. The protection of the data must be appropriate to the manner of their storage. Human substances from which identifiable data can be derived must be likewise protected.

4.4 Patients have the right of access to their medical files and technical records and to any other files and records pertaining to their diagnosis, treatment and care and to receive a copy of their own files and records or parts thereof. Such access excludes data concerning third parties.

4.5 Patients have the right to require the correction, completion, deletion, clarification and/or updating of personal and medical data concerning them which are inaccurate, incomplete, ambiguous or outdated, or which are not relevant to the purposes of diagnosis, treatment and care.

5. Care and Treatment

5.1 Everyone has the right to receive such health care as is appropriate to his or her health needs, including preventive care and activities aimed at health promotion. Services should be continuously available and accessible to all equitably, without discrimination and according to the financial, human and material resources which can be made available in a given society.

5.2 Patients have a collective right to some form of representation at each level of the health care system in matters pertaining to the planning and evaluation of services, including the range, quality and functioning of the care provided.

5.3 Patients have the right to a quality of care which is marked both by high technical standards and by a humane relationship between the patient and health care providers.

5.4 Patients have the right to continuity of care, including cooperation between all health care providers and/or establishments which may be involved in their diagnosis, treatment and care.
5.5 In circumstances where a choice must be made by providers between potential patients for a particular treatment which is in limited supply, all such patients are entitled to a fair selection procedure for that treatment. That choice must be based on medical criteria and made without discrimination.

5.6 Patients have the right to choose and change their own physician or other health care provider and health care establishment, provided that it is compatible with the functioning of the health care system.

6. Application

6.1 The exercise of the rights set forth in this document implies that appropriate means are established for this purpose.

6.2 The enjoyment of these rights shall be secured without discrimination.

6.3 In the exercise of these rights, patients shall be subjected only to such limitations as are compatible with human rights instruments and in accordance with a procedure prescribed by law.

6.4 If patients cannot avail themselves of the rights set forth in this document, these rights should be exercised by their legal representative or by a person designated by the patient for that purpose; where neither a legal representative nor a personal surrogate has been appointed, other measures for representation of those patients should be taken.

6.5 Patients must have access to such information and advice as will enable them to exercise the rights set forth in this document. Where patients feel that their rights have not been respected they should be enabled to lodge a complaint. In addition to recourse to the courts, there should be independent mechanisms at institutional and other levels to facilitate the processes of lodging, mediating and adjudicating complaints. These mechanisms would, inter alia, ensure that information relating to complaints procedures was available to patients and that an independent person was available and accessible to them for consultation regarding the most appropriate course of action to take. These mechanisms should further ensure that, where necessary, assistance and advocacy on behalf of the patient would be made available. Patients have the right to have their complaints examined and dealt with
in a thorough, just, effective and prompt way and to be informed about their outcome. The full bill can be found in appendix ………

3.8 California

Below are the SUMMARY OF patients RIGHTS as found in US state of California which also centres on the patients rights as consented to by the international community.

• You have the right to receive uninterrupted care from your doctor and HMO and to be referred to other health care providers when necessary.
• You have the right to receive a second opinion when you or your doctor request one.
• You have the right to receive an authorization from your health plan for referral to a specialist within three days.
• You have the right to have your doctor freely discuss your medical treatment options and care with you, without interference or restrictions by your health plan.

Your Right to Informed Consent
• You have the right to know all the risks, benefits and treatment alternatives before consenting to any treatment.
• You have the right to refuse treatment by withholding your consent.

Your Rights to Medical Records and Confidentiality
• You have the right to obtain complete information about your medical condition and care.
• You have the right to inspect your medical records within five days of making a written request.
• You have the right to have your medical records kept confidential unless you provide written consent, except in limited circumstances.
• You have the right to sue any person who unlawfully releases your medical information without your consent.
Your Right to Emergency Medical Care

• You have the right to receive emergency care at any licensed facility with an emergency room.
• You have the right to be treated until your emergency medical condition is stabilized when you go to a hospital emergency room.
• You have the right to be informed by the hospital of your right to receive emergency services, without regard to your ability to pay, prior to being transferred or discharged.
• You have the right not to be transferred from an emergency care facility against your will.

3.9 South Africa

The Patients' Rights Charter

For many decades the vast majority of the South African population has experienced either a denial or violation of fundamental human rights, including rights to health care services. To ensure the realisation of the right of access to health care services as guaranteed in the Constitution of the Republic of South Africa (Act No 108 of 1996), the Department of Health proclaimed this PATIENTS' RIGHTS CHARTER as a common standard for achieving the realisation of this right.

Access to healthcare

Everyone has the right of access to health care services that include:

i. receiving timely emergency care at any health care facility that is open regardless of one's ability to pay;

ii. treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;
iii. provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, person living with HIV or AIDS patients;

iv. counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS;

v. palliative care that is affordable and effective in cases of incurable or terminal illness;

vi. a positive disposition displayed by health care providers that demonstrate courtesy, human dignity, patience, empathy and tolerance; and

vii. health information that includes the availability of health services and how best to use such services and such information shall be in the language understood by the patient.

Choice of health services

Everyone has the right to choose a particular health care provider for services or a particular health facility for treatment provided that such choice shall not be contrary to the ethical standards applicable to such health care providers or facilities, and the choice of facilities in line with prescribed service delivery guide lines.

Be treated by a named health care provider

Everyone has the right to know the person that is providing health care and therefore must be attended to by clearly identified health care providers.

Confidentiality and privacy

Information concerning one’s health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or an order of the court.


**Informed consent**

Everyone has the right to be given full and accurate information about the nature of one’s illnesses, diagnostic procedures, the proposed treatment and the costs involved, for one to make a decision that affects anyone of these elements.

**Refusal of treatment**

A person may refuse treatment and such refusal shall be verbal or in writing provided that such refusal does not endanger the health of others.

**Be referred for a second opinion**

Everyone has the right to be referred for a second opinion on request to a health provider of one’s choice.

**Continuity of care**

No one shall be abandoned by a health care professional worker or a health facility which initially took responsibility for one’s health.

**Complain about health services**

Everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation.

(The full list of South African Patients Charter can be found at the site below: waml.haifa.ac.il/index/reference/legislation/israel1.htm)

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**3.10 Massachusetts**

California and other US States, Massachusetts (USA) has the office of Patients Protection which entitles individual consumers new protections covering internal
grievances, medical necessity guidelines, continuity of care and independent external reviews. There is also the Patients Bill of Rights which specifies the freedoms the patients are guaranteed.

3.11 GHANA

In Ghana there are some few laws and institutions that act as protectors of the consumer. In the field of health there is the patients Charter that spells out the rights and protections available to the consumer/patient. The charter addresses

- The right of the individual to an easily accessible, equitable and comprehensive health care of the highest quality within the resources of the country
- Respect for the patient as an individual with a right of choice in the decision of his/her health care plans.
- The Right to protection from discrimination based on culture, ethnicity, language, religion, gender, age and type of illness or disability.
- The responsibility of the patient/client for personal and communal health through preventive, promotive and simple curative strategies

Based on these, 14 rights of the patients are carved among which are

- “the patient has the right to quality basic health care irrespective of his/her geographical location”,
- The patient is entitled to know of alternative treatment(s) and other health care providers within the service if these may contribute to improved outcomes”,
- The patient is entitled to full information on his/her condition and management…”,
- “The patient is entitled to confidentiality of information obtained about him/her…” . The full list can be seen in appendix …. 

3.12 International Consensus on patients’ rights

A cursory look at the patients rights discussed beforehand shows that there is a general consensus on privacy, confidentiality of medical information, consent to treatment,
information about relevant risk of medical procedures etc. The following are some of the condensing points of the individual countries.

3.12.1 Information Disclosure and Right to medical care

In the United States Of America one has the right to receive accurate and easily understood information about his or her health plan, health care professionals, and health care facilities. This view is shared by the Europe Union, “Information about health services and how best to use them is to be made available to the public in order to benefit all those concerned.” “Patients have the right to be fully informed about their health status, including the medical facts about their condition; about the proposed medical procedures, together with the potential risks and benefits of each procedure; about alternatives to the proposed procedures, including the effect of non-treatment; and about the diagnosis, prognosis and progress of treatment.” This is adopted because of this bill that states “everyone has the right to such protection of health as is afforded by appropriate measures for disease prevention and health care, and to the opportunity to pursue his or her own highest attainable level of health”. The same can be said of U.S state of California. The Californian patients bill of rights state among other things that “you have the right to know all the risks, benefits and treatment alternatives before consenting to any treatment”. On this same patient right Ghana’s stand is “The right of the individual to an easily accessible, equitable and comprehensive health care of the highest quality within the resources of the country” Israel, Every person in need of medical care is entitled to receive it in accordance with all laws and regulations and the conditions and arrangements obtaining at any given time in the Israeli health care system.

3.12.2 Choice of Providers:

On the patients right of choice United States Of America says, one has the right to a choice of health care provider that is sufficient to provide you with access to appropriate high-quality health care. Israelis states it this way; “A patient shell be entitled to proper medical care, having regard both to its professionalism and quality, and to the personal relations incorporated in it.” In the European Union; “everyone has the right to receive
such health care as is appropriate to his or her health needs, including preventive care and activities aimed at health promotion. Services should be continuously available and accessible to all equitably, without discrimination and according to the financial, human and material resources which can be made available in a given society”. The Ghanaian version of the same right states: Respect for the patient as an individual with a right of choice in the decision of his/her health care plans.

In all the following states access to emergency is prescribed by the patients’ bills. **U.S.A** if one has severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization or financial penalty.

**Israel**: “Should a clinician or a medical facility be requested to give medical treatment to a person in circumstances indicating, *prima facie*, a medical emergency or grave danger, the clinician shall examine and treat the person to the best of his ability”.

**California**: You have the right to receive emergency care at any licensed facility with an emergency room. You have the right to be treated until your emergency medical condition is stabilized when you go to a hospital emergency room. South African patients have the right to receive timely emergency care at any health care facility that is open regardless of one's ability to pay;

**3.12.3 In the area of Respect and Non-discrimination** USA bill of patients’ rights states “you have a right to considerate, respectful and non-discriminatory care from your doctors, health plan representatives, and other health care providers”. South Africa’s states inter alia “everyone has the right of access to health care services ... without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS; The European Union’s patients bill of rights promote human dignity, equity and solidarity, and professional ethics, acknowledging differences in the needs, values and cultures of different population groups; Everyone according to the bill, has the right to receive such health care as is appropriate to his or her health needs, including preventive care and activities aimed at health promotion. Services should be continuously available and accessible to all equitably, without discrimination and according to the financial, human and material resources which can be made available in a given society.
Ghana’s Patients Charter contains the following non discriminatory statement: “the Right to protection from discrimination based on culture, ethnicity, language, religion, gender, age and type of illness or disability.” In ISRAEL “the clinician, all those working under his direction, and all other workers in the medical facility,” is required to “… maintain the dignity and privacy of the patient at all stages of his treatment”.

3.12.4 Confidentiality of Health Information: Consensus is also found in the area of confidentiality. USA version states ‘one has the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician amend your record if it is not accurate, relevant, or complete.’ In ISRAEL “the clinician, all those working under his direction, and all other workers in the medical facility, shall maintain the dignity and privacy of the patient at all stages of his treatment. “ A clinician or any worker in a medical facility shall not disclose any information regarding a patient, which is brought to their knowledge in the course of their duties or their work.” In the European Union “all information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind must be kept confidential, even after death.” In CALIFORNIA: patients have the right to have their medical records kept confidential unless they provide written consent, except in limited circumstances. The SOUTH AFRICAN bill dictates that information about one’s health, including information concerning treatment could only be disclosed with the consent of the patient, except when required by law or an order of the court of law. The patient in Ghana is entitled to confidentiality of information obtained about him/her.

3.12.5 Complaints and Appeals: In the United States America patients have the right to fair, fast, and objective review of any compliant they have against their health plans, doctors, hospitals or other health care personnel. Clinicians or facilities in ISRAEL that discriminate against patients on grounds of religion, race, sex, nationality, or country of birth shall be liable to a fine under Clause 61(a)(3) of the Penal Law, 1977. The following complaint quoted from the Japanese Complaint Research Report shows that Japan has a mechanism to protect patients’ rights from abuse.
1. Number 991: Complaint Research Petition Case (Psychiatry)

Complaint to a mental hospital where a patient was hospitalized unnecessarily for a long period: The mental hospital decreased the amount of medicine prescribed to the patient at its own discretion with the intention of causing acute symptoms in the patient after leaving hospital so that the patient had to return to the hospital.

Patients in CALIFORNIA have the right to sue any person who unlawfully releases their medical information without their consent. They can also submit grievances to the Department of Managed Health Care. Those in South Africa have the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation.

3.12.6 Consent:

No medical care in ISRAEL shall be given unless and until the patient has given his informed consent to it, in accordance with the provisions of the law. On the part of the European Union an informed consent of the patient is a prerequisite for any medical intervention. Patients in CALIFORNIA have the right of consent to treatment after knowing all the risks, benefits and treatment alternatives of any treatment. Every patient in SOUTH AFRICA has the right to be given full and accurate information about the nature of one’s illnesses, diagnostic procedures, the proposed treatment and the costs involved, for one to make a decision that affects anyone of these elements.

3.13 Patient Protection / Satisfaction: The Role of Stakeholders

What role do health workers, and patients have to play in the whole business of patients protection and satisfaction? Critical observation of the patients laws/bills of rights of the individual countries, reveals ‘that most of the patient protection laws are dominated by provisions that are directed primarily at patients’ rights. Laws that are directed primarily to providers’ interests are less frequent and are not very strong. "The laws targeted most directly to protecting providers are not especially prominent in the overall package of state patient protection laws,(Mark Hall,(2004) JD, professor of law and public health at Wake Forest University Baptist Medical Center, Winston-Salem, NC.)
He reached this conclusion after he has reviewed managed care patient protection laws in 48 states that have enacted them and also surveyed state regulators about law content. He noticed that patients’ bills of rights are aimed at restraining the perceived excesses of managed care, including "gate-keeping," or denying insurance payment for medically necessary treatment and restricting patients’ choice of physicians. "We found that,” he concluded, “managed care patient protection laws do not advance the agendas of providers more than they protect consumers," Has these bills enough guarantee for health providers, the implementers of the patients bills? What role are they expected to play?

3.13.1 Rights and Obligations of Healthcare Workers

While health workers are obliged to implement all the bills discussed earlier such as provision of emergency health care services irrespective of time and place, examine all patients requesting to be seen and depending on the findings of the examination, treat the patient or, in the absence of proper objective and personnel conditions, refer the patient to a physician or healthcare provider with the proper conditions, be within reach, or be in stand-by in a specific place, or provide on-duty services, provide information to the patient carefully considering the patient’s condition and circumstances etc. what freedom are guaranteed under the law for them? The answer to this question is very important because if they are not cared for, it will be hard for them to satisfy their clients.

3.13.2 Rights of health workers:

According to Act CLIV of 1997. on Health, the physician has the right to deny care or may refuse to examine a patient seeking care

a) if prevented from doing so because of the immediate need to care for another patient or

b) because of a personal relationship with the patient on condition that he refers the patient to another physician.

(2) A physician may refuse to examine and provide further treatment for a patient if his own health or some other obstacle renders him physically unfit to do so.
(3) A physician may refuse to provide care for a patient only following an examination, if in the course of the examination he determines that

a) the patient’s health status does not require medical care,

b) the treatment requested by the referring physician or the patient is not justified professionally,

c) the healthcare provider does not have the personnel or objective conditions needed to provide the care and he refers the patient to a professionally responsible healthcare provider, or

d) the condition of the patient does not require immediate intervention and the physician completing the examination can order the patient to return at a later time, or the physician acts in accordance with Paragraph b).

(4) If, during the course of examining the patient, it is concluded that the treatment recommended by the referring physician or the patient is in conflict with the statutes or with professional rules, the physician may deny care.

(5) A physician also may refuse to treat a patient if

a) said treatment is in conflict with the physician’s moral outlook, conscience, or religious convictions,

b) the patient seriously violates his obligation to cooperate [Subsection (2) of Section 26],

c) patient behaves in a manner that insults or threatens the physician, unless this behaviour can be attributed to the disorder,

d) patient behaviour puts the life or physical well-being of the physician at risk.

(6) In the cases set forth under Paragraphs a) and c) of Subsection (5), the physician only may refuse care if

a) said refusal will not damage patient health, and
b) he refers patient to another physician, or recommends that the patient see another physician in his own interests.

Aside the right to deny treatment, it is the prerogative of the health worker to choose freely among the scientifically accepted methods of examination and therapy within the framework of valid statutes, that are to be applied, are known to and practiced by him though the patient has to consent to it.

3.13.3 The role of Consumers/Patients

What role should the consumers play in the service delivery to bring about both protection and satisfaction? According to the US bill of rights (a view supported by Ghana and all the other countries) in a health care system that protects consumers' rights, it is reasonable to expect and encourage consumers to assume reasonable responsibilities. Greater individual involvement by consumers in their care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment. According to the World Health Organisation “assuring that the rights of patients are protected requires more than educating policy makers and health providers; it requires educating citizens about what they should expect from their governments and their health care providers—about the kind of treatment and respect they are owed. Citizens, then, can have an important part to play in elevating the standard of care when their own expectations of that care are raised”. Such responsibilities include:

- Take responsibility for maximizing healthy habits, such as exercising, not smoking, and eating a healthy diet.
- Become involved in specific health care decisions.
- Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
- Disclose relevant information and clearly communicate wants and needs.
- Use the health plan's internal complaint and appeal processes to address concerns that may arise.
- Avoid knowingly spreading disease.
Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.

Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.

Become knowledgeable about his or her health plan coverage and health plan options (when available) including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.

Show respect for other patients and health workers.

Make a good-faith effort to meet financial obligations.

Abide by administrative and operational procedures of health plans, health care providers, and Government health benefit programs.

Report wrongdoing and fraud to appropriate resources or legal authorities.

3.13.4 In South Africa every patient or client has the following responsibilities:

- to advise the health care providers on his or her wishes with regard to his or her death.
- to comply with the prescribed treatment or rehabilitation procedures.
- to enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.
- to take care of health records in his or her possession.
- to take care of his or her health.
- to care for and protect the environment.
- to respect the rights of other patients and health providers.
- to utilise the health care system properly and not abuse it.
- to know his or her local health services and what they offer.
- to provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes.
3.13.5  American Nurses Association Code of Ethics

Below is the Code of Ethics of the American Nurses Association which also list the responsibilities of nurses in the United States.

· The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

· The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

· The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical or illegal practice of any person.

· The nurse assumes responsibility and accountability for individual nursing judgements and actions.

· The nurse maintains competence in nursing.

· The nurse exercises informed judgement and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

· The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

· The nurse participates in the profession's efforts to implement and improve standards of nursing.

· The nurse participates in the profession's effort to establish and maintain conditions of employment conducive to high quality nursing care.

· The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.
The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

(For the full list, visit: www.med.howard.edu/ethics/handouts/american_nurses_association_code.htm)

With the requisite laws in place, availability of qualified health workers, with the right tools and willing to work according to the laws and patients ready and willing to take up their responsibilities, the health system should be able to provide a satisfactory service to the consumers/patients. What are consumers expecting from the service?

3.14 Consumer Satisfaction

Researchers are yet to develop a consensual definition of consumer satisfaction. Oliver (1997) summed up this definitional difficulty thus "everyone knows what [satisfaction] is until asked to give a definition. Then it seems, nobody knows" (p. 13). This definitional deficit has persisted because of the perception that satisfaction has been defined or is known. As a result most of the researches that have been carried out in this field have focused on testing models of consumer satisfaction (e.g., Mano and Oliver 1993; Oliver 1993;) instead of finding a workable definition that would stand the test of time. Peterson and Wilson (1992) observed (and so it seems) that, "Studies of customer satisfaction are perhaps best characterized by their lack of definitional and methodological standardization" (p. 62).

This “lack of definitional and methodological standardization" is evident by the different and diverse definitions. Fornell 1992; defined it as “an overall post purchase evaluation” (p.11), Hunt 1977 on his part saws it as a examination of whether the experience gained after the service was at least as good as it was supposed to be” (p. 459). Oliver in 1981 likewise saw it comparison of expectations consumer’s prior feelings consumption experience” (p. 27). Halstead, Hartman, and Schmidt looked at it in 1994 as “a transaction-specific affective response resulting from the customer’s comparison of product performance to some pre-purchase standard (p. 122), Howard and Sheth had earlier in 1969 defined it as “the buyer’s cognitive state of being adequately or
inadequately rewarded for the sacrifices he has undergone (p. 145). Oliver, after his 1981 definition, in 1997 saw it as “the consumer's fulfilment response. It is a judgment that a product or service feature, or the product or service itself, provided (or is providing) a pleasurable level of consumption-related fulfilment, including levels of under- or over fulfilment (p. 13), Tse and Wilton (1988) defined it as “the consumer’s response to the evaluation of the perceived discrepancy between prior expectations (or some norm of performance) and the actual performance of the product as perceived after its consumption (p. 204); Westbrook and Reilly 1983 also saw it as “An emotional response to the experiences provided by and associated with particular products or services purchased, retail outlets, or even molar patterns of behaviour such as shopping and buyer behaviour, as well as the overall marketplace (p. 256). An emotional response triggered by a cognitive evaluative process in which the perceptions of (or beliefs about) an object, action, or condition are compared to one’s values (or needs, wants, desires).

Critical observation of the foregone definitions show that most of them lean toward the notion of consumer satisfaction as a response to an evaluation process.

The lack of a consensus definition for satisfaction creates three serious problems for consumer satisfaction research such as the one I am undertaking: 1. selecting an appropriate definition for a given study; 2. operationalising the definition; and 3. interpreting and comparing empirical results with other results.

Perhaps the most serious problem caused by the lack of a consensus definition is the possibility of misinterpreting empirical/research results. This is because without a clear definition, true satisfaction can be elusive. For this and other reasons, Yi (1990) concludes, "For the field of consumer satisfaction to develop further, a clear definition of consumer satisfaction is needed" (p. 74).

To solve this confusion, I believe that, for any satisfaction research result to be meaningful and useful, the research should focus on the following:

1. Product or service – was the product/service able to do what it has been made to do or what it is suppose to do. Hunt (1977) saw it as a examination of whether the experience
gained after the service was at least as good as it was supposed to be. Tse and Wilton (1988) stating it in another way defined satisfaction as “the consumer’s response to the evaluation of the perceived discrepancy between prior expectations and the actual performance of the product as perceived after its consumption,

2. provider/salesperson – especially in service delivery, is the person skilful, courteous and efficient enough in the delivery of the service. This view is supported by Westbrook and Reilly (1983) in their definition of satisfaction as “An emotional response to the experiences provided by and associated with particular products or services purchased, retail outlets, or even molar patterns of behaviour such as shopping and buyer behaviour, as well as the overall marketplace

3. The environment. The environment includes 1) laws governing the service or product – are the products/service produced or being provided according to the laid down rules and regulations, 2) physical environment where the goods/service is provided – is the place hygienic and conducive for the provision of that good or service, 3) equipment – especially in the service sector, have they the right/ required/needed equipment to enable them to provide a satisfying service to the consumer/patient?.

It is believed that if satisfaction researches such as this one is based on these items, the results could be compared with any other research done in any part of the world conducted with the same focus.

On the basis of this conclusion, this research is measuring satisfaction and protection and service quality at the Komfo Anokye Teaching Hospital based on

- promptness with which doctors and nurses answer calls from patients and courtesy with which they treat their clients/patients,
- ability and willingness of doctors and nurses to explain issues to the understanding of patients
- Cleanliness of the Hospital Environment
- the level of awareness of patients charter on the part of doctors, nurses and patients and how it is being used
how complaints are dealt with.

3.15 Quality Measurement:

It must be noted however that, this research measured consumer/patients satisfaction based on consumer perception but not technical skills practitioners exhibit. Many patients cannot assess technical competence, so they use other, non-technical characteristics to evaluate service quality. Contextual factors such as staff friendliness and treatment explanations, along with "atmospherics" (appearance of surroundings), are often used by consumers to judge satisfaction. This line is supported by Babakus and Mangold. They differentiate between technical quality and functional quality. They describe technical quality as the accuracy of diagnoses and procedures, a clinical pathways type of quality. Functional quality is the manner of the personal interaction in which the services are delivered to the patient. This distinction is important because technical services may meet high quality standards, but the encounter may still not meet the patient's expectations. There is frequently a gap between what patients expects and what services are offered. A distinction must therefore be made between health care quality and consumer satisfaction even though they are intertwined. This research assessed patients’ satisfaction purely on the non technical characteristics/aspects also described by Jean Y.T. Lukaz as consumer ratings.

The research used a four or five point scale in the evaluation of patients’ satisfaction instead of a ten point one researcher sometimes use. Two major reasons influenced this decision; first, five-point scales have been shown to discriminate response levels very well. This is in contrast to simple "agree" or "disagree" responses or more numerous response options, such as 7- and 10-point scales. In a literature review of service quality and patient satisfaction, Taylor found that most research uses surveys with a 5-point scale. Ratings based on "excellent" to "poor" have been shown to be more accurate in differentiating levels of satisfaction. , the second reason is that the greater percentage of the target population of this research are either illiterate or semi literate so to get the best out of their responses, the questions and the answers should be simple.
CHAPTER FOUR

4.0 PRESENTATION OF DATA

4.1 Introduction

Komfo Anokye Teaching Hospital attends to a little over 10 000 patients per week (10417), and for the research to obtain a precision level of ±5 with Confidence Level of 95% and P=.5, I interviewed 435 patients aside 18 doctors, 18 Nurses, Head of Administration and the Head of Complaints unit who were also interviewed. Since patients are not competent enough to judge the performance of the hospital on technical grounds, the research focused on the social and psychological side as found below.

4.2 Research Findings

The questions were categorised under 9 major heading:

- Communication with doctor,
- Communication with nurses,
- Communication about medication,
- Responsiveness of Hospital staff,
- Discharge Information,
- Pain Management,
- Cleanliness of Hospital Environment,
- Patients Protection and
- General Perception.

Each of these major topics had some questions under them. The responses of the patients were as follows:

Under Communication with Nurses, the following response were given in answer for these questions, Nurses’ courtesy to patients, 24% of the respondents said sometimes, 34% said usually and 42% said they received courtesy always. In answer to nurses listening carefully to patients, 1% of the patients said they have never been listened to carefully, 23% responded that they are sometimes listed to while 39% of the patients said
usually and 37% however said they are always heard by the nurses. My quest to know if nurses spare time to explain thing to patients yielded the following results: 4% said never, 30% said sometimes, 37% said usually and 29% said always.

Communication with doctors also yielded the following data: doctors treating patients with courtesy, 1% said never, 16% said sometimes, 34% said usually while 49% said always. Doctors explaining issues carefully and patiently to their clients yielded these results; Never – 2%, Sometimes – 30%, Usually – 30% and Always 38%. Doctors listening carefully to patients also yielded these results, Never – 2%, Sometimes 34%, Usually 26% and Always 38%.

The next set of questions were about how hospital staff communicated to patients about medication. Staff explaining to patients what medicine is for yielded the following results; Never – 42%, sometimes 30%, usually 14% and always – 14%. Staff having time to explain the side effects of a medication to patients had 60% of the respondents saying Never, 20% said sometimes, 12% responded Usually, and Always 8%.

Responsiveness of hospital staff
How often patients receive help from staff immediately they called had the following percentage responses; Never – 1%, sometimes – 53%, Usually 24%, Always - 22%. How often patients get help to get the washroom when they call; Never – 6%, Sometimes – 39%, Usually – 26%, Always 29%.

Discharge Information
Did you receive information about what symptoms to expect after treatment? 14% of the 408 patients who answered this question said yes while 86% said no.

Pain Management
How often staff did everything possible to relieve patients of pain. Only 1% said ‘Never’, 60% said Sometimes, while 27%, and 12% said ‘Usually’ and ‘Always’ respectively.
Cleanliness of Hospital Environment
How often patients’ wards and bathroom/washrooms are kept clean. Non said ‘Never’ but Usually – 10%, Sometimes – 18%, Always – 72%

Patients Protection
Do you know that patients have rights protected by law? 31% of the respondents said ‘Yes’, while 69% responded ‘No’

General Perception
Rating the services and performance of Komfo Anokye Teaching Hospital and its staff.
The following response were obtained: Poor – 0%, Fair – 4%, Good – 33%, Very Good – 41% and Excellent – 22%

The entire research result is presented in table and graphic form for easy comprehension in Table 3 and figures 1-9 below.

Table 3

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
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<td>146</td>
<td>183</td>
<td></td>
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<tr>
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<td>COMMUNICATION WITH DOCTORS</td>
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<tr>
<td>Treatment of patients with courtesy</td>
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<tr>
<td>Listening carefully to Patients</td>
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<td>132</td>
<td>163</td>
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<td>Workers explaining to patients what medicine is for</td>
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<td>129</td>
<td>61</td>
<td>61</td>
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<tr>
<td>Workers explaining side effects medication to patients</td>
<td>258</td>
<td>88</td>
<td>54</td>
<td>34</td>
<td>434</td>
</tr>
</tbody>
</table>

RESPONSIVENESS OF HOSPITAL STAFF
How often patients get help from staff when they call
3 228 105 95 431
How often patients get help to get to the washroom when they call
24 160 109 122 415

DISCHARGE INFORMATION
Did you get information about what symptoms to expect later? Yes - 58 No - 350 408

PAIN MANAGEMENT
How often did staff do everything possible to relieve your pain
3 248 112 51 414

CLEANINESS OF HOSPITAL ENVIRONMENT
How often were your room and bathroom kept clean
44 75 306 425

PATIENTS PROTECTION
Do you know that patients have rights protected by law? Yes - 126 No - 279 405

GENERAL PERCEPTION
In general, how will you rate the services provided by KATH
Excellent - 92 V. Good - 167 Good - 136 Fair - 17 412

This data is presented graphically in the form of pie charts below for easy comprehension.

Figure 1: COMMUNICATION WITH NURSES

Nurses Courtesy to Patients
- Always, 42%
- Sometimes, 24%
- Usually, 34%

Nurses Listening Carefully to Patients
- Always, 37%
- Sometimes, 23%
- Usually, 39%
Figure 2; COMUNICATION WITH DOCTORS

Nurses Explaining Issues carefully to Patients

- Never: 4%
- Sometimes: 30%
- Usually: 37%
- Always: 29%

Doctors Explaining Issues Carefully to Patients

- Never: 2%
- Sometimes: 30%
- Usually: 37%
- Always: 38%

Doctors Treating Patients with Courtesy

- Never: 1%
- Sometimes: 16%
- Usually: 34%
- Always: 49%

Doctors Listening Carefully to Patients

- Never: 2%
- Sometimes: 34%
- Usually: 26%
- Always: 38%
Figure 3, COMMUNICATION ABOUT MEDICATION

Staff explaining to patients what medicine is for

- Always, 14%
- Usually, 14%
- Sometimes, 30%
- Never, 42%

Staff explaining Side Effects of Medicine to Patients

- Always, 8%
- Usually, 12%
- Sometimes, 20%
- Never, 60%

Figure 4, RESPONSIVENESS OF HOSPITAL STAFF

How often patients get help to get to washroom when they call

- Always, 29%
- Usually, 26%
- Sometimes, 39%
- Never, 6%

How often patients receive help from staff when they call

- Always, 22%
- Usually, 24%
- Sometimes, 53%
- Never, 1%

Figure 5, DISCHARGE INFORMATION

Did you get information about what symptoms to expect later

- Yes, 14%
- No, 86%

Figure 6, PAIN MANAGEMENT

How often staff did everything possible to relieve patients of pain

- Always, 12%
- Usually, 27%
- Sometimes, 60%
4.2 Calculation Of Consumer Satisfaction With The Help Of Minnesota Customer Satisfaction Index (MnCSI)

Two indices are commonly used to express customer satisfaction with its services: the Minnesota Customer Satisfaction Index (MnCSI) and the American Customer...
Satisfaction Index (ACSI). The latter, The American Customer Satisfaction Index (ACSI), widely used in the private sector, is very similar to the MnCSI. ACSI was developed by and is the proprietary property of the University of Michigan Business School and the Claes Fornell International Group. The index uses responses to three questions about satisfaction, answered on 1 to 10 scales (these are the same questions used for MnCSI). Answers to the three questions plug into a weighted formula to produce the ACSI score. The three questions are in the public domain and open to use by anyone, as is the general formula for combining them into an index. However, the particular weighting of the questions is based on industry and location and is available only with a license purchased from the University of Michigan Business School. As a result of this limitation the research used the Minnesota Customer Satisfaction Index (MnCSI) which is similar to the ACSI.

This index may be applied to compare results over time or to compare results between similar groups. MnCSI averages the responses to the first three questions on the survey:

1. What is your overall satisfaction with the services?
2. To what extent have the services met your expectations?
3. How well did the services you received compare with the ideal set of services?

The responses to these questions use a scale of 1 to 10 where “1” is lowest (least satisfied, etc.) and “10” is highest (most satisfied, etc.). Together, these generate a single number, the MnCSI, which varies from 0 to 100 (see formula below). A score of 0 means the customer gave the lowest possible response (1) to all three questions, while a score of 100 represents the highest possible response (10) to all three questions. A score of 70 roughly translates into an average customer response of “7” on two questions and “8” on the third.

The Minnesota WorkForce Center System uses this because an index made up of responses to two or more questions that ask about the same idea--total satisfaction in this instance--is more stable than simply looking at the responses to a single question. For
example, an index is less affected when a customer misunderstands one question. Below is the MnCSI formula.

$$\text{MnCSI} = \left( \frac{\text{Question1} - 1}{9} \times 33.3 \right) + \left( \frac{\text{Question2} - 1}{9} \times 33.3 \right) + \left( \frac{\text{Question3} - 1}{9} \times 33.3 \right)$$

Below is the presentation of the responses of the patients at the Komfo Anokye Teaching Hospital.

<table>
<thead>
<tr>
<th>The Questions</th>
<th>Excellent</th>
<th>V. Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Total</th>
<th>Respondents</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your overall satisfaction with the service?</td>
<td>92</td>
<td>167</td>
<td>136</td>
<td>17</td>
<td>0</td>
<td>3140</td>
<td>411</td>
<td>7.639903</td>
</tr>
<tr>
<td>Response Values</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>3140</td>
<td>411</td>
<td>7.639903</td>
</tr>
<tr>
<td>Response Totals for question one</td>
<td>920</td>
<td>1336</td>
<td>816</td>
<td>68</td>
<td>0</td>
<td>3140</td>
<td>411</td>
<td>7.639903</td>
</tr>
</tbody>
</table>

To what extent have the service met your expectation

<table>
<thead>
<tr>
<th>Response value</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5</td>
<td>5</td>
<td>7.5</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

i. **Pain Management**

<table>
<thead>
<tr>
<th>Response value</th>
<th>3</th>
<th>248</th>
<th>112</th>
<th>51</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Totals</td>
<td>7.5</td>
<td>1240</td>
<td>840</td>
<td>510</td>
</tr>
</tbody>
</table>

**Environmental Cleanliness**

<table>
<thead>
<tr>
<th>Response value</th>
<th>13</th>
<th>22</th>
<th>90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Totals</td>
<td>0</td>
<td>220</td>
<td>562.5</td>
</tr>
</tbody>
</table>

iii. **Conversation with Nurses**

- **Courtesy**
  | Response value | 30   | 43     | 54     |
  | Response Totals | 0    | 510    | 1095   | 1830   |
- **Listening Carefully**
  | Response value | 1    | 29     | 50     | 46     |
  | Response Totals | 7.5  | 490    | 1275   | 1560   |
- **Explaining Carefully**
  | Response value | 5    | 37     | 47     | 39     |
  | Response Totals | 42.5 | 400    | 1200   | 1220   |

<table>
<thead>
<tr>
<th>Average of responses about nurses</th>
<th>63.5</th>
<th>2969</th>
<th>5134.5</th>
<th>8409</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11.5</td>
<td>573.6</td>
<td>994.5</td>
<td>1636</td>
</tr>
</tbody>
</table>

iv. **Conversation with Doctors**
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will you come to this hospital again if you have another hospital like this one to go?</td>
<td>248</td>
<td>167</td>
<td>415</td>
</tr>
<tr>
<td>Response Total</td>
<td>2480</td>
<td>835</td>
<td>3315</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Fully satisfied</th>
<th>Partially satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should something be done to improve the services provided by this hospital?</td>
<td>224</td>
<td>207</td>
</tr>
<tr>
<td>Response value</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>No. of Respondents</td>
<td>224</td>
<td>207</td>
</tr>
<tr>
<td>Response Totals</td>
<td>2240</td>
<td>1035</td>
</tr>
</tbody>
</table>

Average Total response for the third question: 3295

Application of the formula

\[\text{MnCSI} = \left( \frac{\text{Question1} - 1}{9} \times 33.3 \right) + \left( \frac{\text{Question2} - 1}{9} \times 33.3 \right) + \left( \frac{\text{Question3} - 1}{9} \times 33.3 \right)\]

\[= \left( 7.6 - 1/9 \times 33.3 \right) + \left( 7.6 - 1/9 \times 33.3 \right) + \left( 7.8 - 1/9 \times 33.3 \right) = 77.7\]

\[= (24.42) + (24.42) + (28.86) = 77.7 \text{ (78)}\]

Table 4
4.4 CORRELATION ANALYSIS

Correlation analysis is the study of the relationship between variables. It is a group of techniques to measure the strength of the association between variables. This study also wanted to find out the correlation between satisfaction level and the level of awareness of respondents on patients rights. Two questions were used to find out this relationship. The first one was, “do you know that patients have rights protected by law? The response was a simple yes or no. The second was how will you rate the services rendered to patients at the Komfo Anokye Teaching Hospital? Responses to this question are as follows: of the 92 people that rated the services as Excellent, 78 of the them did not know that patients have any right while only 14 knew there are rights to protect patients from service providers. Of the 158 patients that rated services as very Good, 109 did not know they have such rights. Those who ranked it as good, only 44 knew of these rights as against 78 who did not know anything about patients rights. Of those who rated the services as fair, 14 knew patients rights as against 3 who did not know. Below is the responses presented in a table form.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>14</td>
<td>78</td>
</tr>
<tr>
<td>V. Good</td>
<td>48</td>
<td>109</td>
</tr>
<tr>
<td>Good</td>
<td>44</td>
<td>78</td>
</tr>
<tr>
<td>Fair</td>
<td>14</td>
<td>3</td>
</tr>
</tbody>
</table>

Correlation 0.700556

Table 5

When the correlation analysis were done, it was found out that the correlation between the level of patients understanding/awareness of their rights and their satisfaction level was 0.700556, a positive relation between them.
CHAPTER FIVE

5.0 ANALYSIS OF THE DATA

5.1 Introduction

To grow and prosper, health care providers must satisfy their patients; thus offering superior customer service is a prerequisite because

- Satisfied patients are more likely to return to the practice for goods and services.
- They are more likely to refer their friends and relatives to the practice, and they are more likely to follow treatment recommendations.\(^2\),\(^3\)
- Patients who will probably return are considered loyal, and they are a valuable resource for any practice.\(^4\)
- Providing quality services to them is also efficient because tasks needn't be redone or modified to fulfil patient expectations.

To measure service level of patient satisfaction and the quality of service rendered it must be carefully evaluated so that health care providers narrow the gap between what the patients expects and what they are offering for greater satisfaction.

The research results presented above (chapter 4) revealed a lot of significant lessons that will help Komfo Anokye Teaching Hospital and the Ghana’s Health sector improvements agenda the government is seriously pursuing currently.

5.2 Findings

5.2.1 Staff Courtesy to Patients

One positive thing the research revealed about Komfo Anokye Teaching hospital is the fact that both doctors and nurses treats their clients with respect. With the nurses, of the 431 respondents 183 of them said they are always treated with courtesy by nurses while 146 said usually, which means that even though not always but they are treated with dignity at the greater part of their encounter, these together form 58% of the respondents. This is a healthy sign though more needs to be done in this direction. On the part of
doctors, of the 435 patients who responded to that courtesy question 211 (49%) of them said they are always treated with respect and dignity while 150 (34%) responded usually totalling 83%. What this shows is that doctors at the Komfo Anokye Teaching Hospital respect patients better that nurses.

5.2.2 Staff Listening Carefully to Patients

It came out from the research that 37% (156) of the 427 interviewees said nurses always listen to them, while 39% (170) said usually which means frequently though not always. This means over 76% of the people agreed nurses listen carefully. One 1% said they have never been listened to carefully. The same can be said of doctors as 64% either said they are listened to always (38%) or usually (26%). The result thus shows that nurses listen better. Why the disparity? It was observed that ‘the number of doctor –patients is too large hence the staff inability to listen attentively.

5.2.3 Staff Explaining issues carefully to Patients

On the issue of staff taking time to explain matters to patients, it came out that doctors and nurses at the Komfo Anokye Teaching Hospital perform above average. The Statistics show that 66% of the patients said nurses do so either always or Usually – many of the times while doctors were given 68%. This average performance needs to be improved if they would want to be a patient-friendly hospital as their objectives state. Patients can also do themselves a great service if they would take up this responsibility of requesting additional information and clarification if the one the doctors and nurses gave were inadequate. This is stated clearly in the patients charter ; ‘The patient is responsible for obtaining all necessary information, which have a bearing on his /her management and treatment…’

5.2.4 Communication about medication

Under this topic, patients were interviewed on two issues; Staff explaining to patients what medicine is for and side effects of medicine given to patients. On both counts, the hospital performed abysmally. 42% of the Patients said staff never spend time to explain
adequately to them as to how is to be administered while 30% said they do explain sometimes. I can be seen therefore that over 70% of their clients said medication is never explained or rarely done. This is a serious issue that needs to be addressed immediately because if the prescription is right but the administration is done wrongly the ultimate – healing – will never be achieved. The performance of staff in taking the trouble to explain to the patients of the side effects of medicine prescribed was woefully inadequate. 80% of the respondents said this is never done or rarely done (done of the times). This is a very serious issue if it is judged with the level of education of patients in mind. Majority of them are not educated to any appreciable level to be able to read and understand from the manufactures’ manual mostly found in the medicines. This may lead to many of the patients stopping taking the medication midway if they see any strange or unanticipated symptoms, signs or feeling. The net result is that disease causing agents becomes resistant to drugs used this way leading to deaths or the need to find a more powerful and sometimes costly drug deal with it.

5.2.5 Responsiveness of Hospital Staff.

The research results also show that the staff of Komfo Anokye Hospital is performing below average in responding to calls from patients who are in pains. 53% of the patients interviewed said staff do answer calls but sometimes. Only 46% said they either get help from staff always or majority of the times. This does not show that they are caring enough. The results of staff offering help when one needs to use the washroom shows a sign of moderate care. 56% of the respondents either received this favour always or very often. This however needs to be improved upon to boost the image of the hospital and dignify the patients which they are entitled to.

5.2.6 Discharge information

Another area staff of this hospital are not doing well is providing information to patients as to what symptoms to expect after treatment or discharge. A discouraging 84% of the respondents said they do not receive information either in the form of writing or even verbally. This has a lot of implications for both the patient and the hospital. Some
symptoms are natural to the type of treatment received, but if the patient is not aware it
could make him/her very apprehensive which sometimes can have a telling on his/her
recovery. I could make them come back to the hospital for another treatment which
medically might not be necessary. This also put an unnecessary pressure on the facilities
of the hospital and its staff. Aside all that, this is against article 2 of patients rights in the
patient charter which states inter alia, ‘the patient is entitled to full information on his/her
condition and management and the possible risk involved…’

5.2.7 Cleanliness of Hospital Environment

One area the hospital received a great commendation from the patients is the cleanliness
of the wards where patients are, bathrooms and the general environment. A mammoth
mammoth 72% of the respondents said the wards etc are always kept clean. This is a
great plus for the hospital administration and their staff. However, 28% of the patients
still not fully satisfied show that there is room for improvement.

5.2.8 General perception of Patients

When asked to rank / grade the performance of the hospital 22% of the patients ranked it
Excellent, 41% said it is V. Good, 33% said it is Good while only 4% graded it Fair.
Even though Poor was an option, no patient choose. This shows patients see the hospital
as not performing badly. This means that, 95% of their clients see the hospital as
performing Excellently, Very Good or Good (an average of very good). This is
confirmed by the Customer Satisfaction Index calculated with the help of MnCSI.
According to this index, the satisfaction level of clients of Komfo Anokye hospital is
77.7. This is in the range of Good and very good performance.

5.2.9 Customer Satisfaction Index and Consumer Awareness of their rights

It was seen that the satisfaction level of the KATH’s clients is MnCSI 77.7. A very
important revelation was however observed when a correlation analysis was carried out
between the responses of patients on the general perception question and their level of
awareness of the Patients Charter. It was seen that there is a relatively strong relationship
between the grading the patients gave to the performance of the hospital and their knowledge level of the patients’ rights. This is clear from the responses given to the general perception question. Of the 27 patients who graded the performance of the hospital as excellent, only 4 knew patients has rights. The rest knew nothing. Again, of the 46 patients that also ranked the performance as very good, only 14 had knowledge of patients rights. Conversely, of the 5 that graded the performance as fair, only 1 did not know patients have rights. This last group proved that a user with a limited knowledge and low expectations may express high levels of satisfaction even if standards are poor.
CHAPTER SIX

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

‘Something that satisfies, according to Crow et al 2003, will adequately fulfil expectations, needs or desires, and by giving what is required, leaves no room for complaint.’ This statement shows that satisfaction depends mostly upon the knowledge base of the respondent and it means therefore that feeling ‘satisfied’ with a service does not indicate that it is necessarily a high quality service. A user with a limited knowledge and low expectations may express high levels of satisfaction even if standards are poor. This is exactly what this research found out – strong correlation between satisfaction and patients knowledge of their rights and responsibilities of health workers.

6.1.1 The research summary

- Doctors and Nurses at the Komfo Anokye Teaching Hospital generally treat patients with courtesy
- Doctors and Nurses do not provide patients with adequate information on Medication. Medicines prescribed are not fully explained to patients as to the use and the side effects. This is a serious limitation that needs to be looked at quickly.
- Doctors and Nurses do not explain to patients when they are being discharged or after treatment what to expect as they recover and what to do when they see strange signs.
- Pain management is poor at the hospital.
- The hospital is generally always clean
- Majority of patients do not know their rights. Those who do not know their rights reach up to nearly 70% of the respondents.
- Patients satisfaction level at the Komfo Anokye Teaching Hospital is above average. When calculated with the help of Consumer Satisfaction Index (MnCSI), it was found out that the satisfaction level is .700556. However, this must be interpreted with the correlation found to be existing between the satisfaction level
and the knowledge base/ level of the respondents. Nearly 70% did not know patients have any right and that health workers have a responsibility towards patients.

There is a strong correlation between the patients’ awareness level and their satisfaction level.

The research again revealed that not only has patients rights now become human right, it has become a national interest championed by world bodies such as United Nations, World Health Organization, European Union. Almost all countries have also adopted patients bill of rights; United States of America – Patients Bill, Ghana – Patients Charter, South Africa – Patients Rights Charter etc. Even though different countries have different rights for their patients, it has been realized that there is a consensus on Information Disclosure and the Right to medical Care, Choice of Providers, Patients access to emergency treatment, Respect and non-discrimination, Confidentially of Health Information, Right to complain and or appeal, Right to give consent before treatment begins,

6.1.2 Patients Responsibilities:

It was also found out that provision of quality health care is a team work jointly carried out by physicians, nurses, patients and the state that should provide the laws. Patients have the responsibilities toward the provision of quality health service by teaming up with the health workers by complying with the prescribed treatment or rehabilitation procedures. It is their responsibility:

- to take care of health records in their possession.
- to take care of their health.
- to respect the rights of other patients and health providers.
- to utilise the health care system properly and not abuse it.
- to provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes.
Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans etc.

To be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.

Become knowledgeable about his or her health plan coverage and health plan options (when available) including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.

Make a good-faith effort to meet financial obligations.

6.1.3 Responsibilities of health workers

The nurses and health workers on the other hand should

provide services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

safeguard the patient’s right to privacy by judiciously protecting information of a confidential nature.

act to safeguard the patient and the public when health care and safety are affected by the incompetent, unethical or illegal practice of any person etc.

6.2 Recommendations

Doctors and Nurses at the Komfo Anokye Teaching Hospital generally treat patients with courtesy. This is a good sign and should be maintained. The research revealed some few instances where nurses and other health workers disrespected and maltreated patients. Authorities should encourage the workers do more that what this research recorded if they would achieve their mission of ‘providing a 24 Hour quality and courteous services in curative and preventive care with the vision of becoming a Centre of Excellence.”
6.2.1 Provision of Information:

It was found out that Doctors and Nurses do not provide patients with adequate information on Medication. Medicines prescribed are not fully explained to patients as to the use and the side effects. This is a serious indictment of the health workers as it is against the patients rights. This needs to be looked at critically. Doctors and nurses, despite the pressure on them should find time to do this job because without proper understanding of the medication, all the efforts the doctors and all other stakeholders put in will not yield the required results. Pharmacists and other medical staff should find a way to do this for the benefit of all.

6.2.2 Discharge Information:

The work again revealed that Doctors and Nurses do not explain to patients when they are being discharged or after treatment what to expect as they recover and what to do when they see strange signs.

6.2.3 Pain management:

Pain management is poor at the hospital. The hospital did not receive better grading on the their pain management. The studies revealed that workers most cases not not help to relieve pains of patients. The statistics show that only 37% were fully happy or partially satisfied their pain management. If the hospital seeks to wind the hearts of its customers, this is one of the most important areas they need to improve. Doctors and nurses should show care and concern if even there is nothing they could do at that particular moment.

6.2.4 Hospital Environment:

The hospital is generally always clean. The research found out that the hospital is generally clean. Hospital authorities should commend workers in-charge and encourage them to improve upon even this good performance. This is needed because some few respondents were not fully satisfied. Even though 72% of them said they were fully
satisfied because patients wards are always or most of the times kept clean, 28% were not fully satisfied, an indication that there is room for improvement.

6.2.5 Patients satisfaction level:

Patients' satisfaction level at the Komfo Anokye Teaching Hospital is above average. When calculated with the help of Consumer Satisfaction Index (MnCSI), it was found out that the satisfaction level is 77.7. However, this must be interpreted with the correlation found to be existing between the satisfaction level and the knowledge base/level of the respondents. Nearly 70% did not know patients have any right and that health workers have a responsibility towards patients. This means that whatever service rendered to them is satisfactory because they have nothing to measure it with. This might account for those who did not know their rights grading the performance of KATH very high while those who know their rights grading their performance fair and average.

To correct this anomaly, patients should be educated on their rights and responsibilities and their satisfaction level will rise which will also lead to the demand for better services from the health workers. This will make them render better services to patients, thus leading to quality care we all yearn for.

In all, education of patients is the answer to all the problems in the health sector revealed by this research work. According to the World Health Organisation “assuring that the rights of patients are protected requires more than educating policy makers and health providers; it requires educating citizens about what they should expect from their governments and their health care providers—about the kind of treatment and respect they are owed. Citizens, then, can have an important part to play in elevating the standard of care when their own expectations of that care are raised” This is exactly what the Ghana government should do. The institutions established by the state in charge of information dissemination such as the Information Service and National Commission for Civic Education should be task ed to add as part of their job the education of Ghanaians (as each one of us is a potential patient) to know what they are entitled to as patients and the responsibilities of health workers toward them. If patients know their
rights, and also responsibilities, doctors and nurses would have no option but to respect them and provide them with whatever service they are entitled to. As seen in the presentation, if health workers refuse to provide patients with information as was revealed in this research, patients could ask for them because it is their right to know. If they should ask, the workers are obliged to provide them and the problem of refusing to inform them of side effects of medication, symptoms/signs to expect or look for after treatment etc. will be solved once and for all.

6.3 CONCLUSION

The hospital should aim at Patient-Centered Care aside its vision of Center of Excellence.

Patient-centered care is an approach to care that consciously adopts a patient’s perspective. This perspective is focused around dimensions such as respect for patients’ values, preferences, and expressed needs; coordination and integration of care; information, communication and education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; transition and continuity. If this approach is adopted, all the limitations revealed in this research will be solved.

Centre of excellence: Centre of excellence is a tertiary care facility like KATH that have established a reputation for quality in one or more areas. This reputation tends to draw patients from extended geographical areas (as Komfo Anokye Teaching Hospital is doing currently by drawing people not only from every region of Ghana but neighbouring countries as well), thereby achieving economies of scale. To achieve these enviable status, or win the accolade as a Centre of Excellence, as its vision states, KATH should adopt the following approaches to their work:

 mús Respect Patients’ rights:
Worker at KATH should learn to respect patients. They should remember that Patients have rights, privileges, responsibilities and duties under which they seek and receive
health care services. The studies revealed that workers of this hospital are not doing badly in this area though, however, there should be a concerted effort to improve it to an enviable level that will qualified the hospital to be tagged ‘Patient Centred Hospital’.

**Concurrent review**

Concurrent review is a review that occurs during the course of patient treatment. It is important because it enables the physician and other health care providers to evaluate whether the course of treatment is consistent with expectations for the usual management of a clinical case. The review also help practitioners to identify negative consequence - such as complications or failure to respond to therapy - of treatment early that could affect the length of the care episode and outcomes. This will result in the provision of **Quality medical care** - the degree to which health services are consistent with current professional knowledge and has increased likelihood of achieving the desired health outcomes.

According to Health Care Quality Glossary 1999, by United States of America and Russian Federation, quality health care has the following characteristics:

- Appropriateness
- Availability
- Continuity
- Efficacy
- Effectiveness
- Efficiency
- Safety
- Timeliness
- Satisfaction
- Stability
- Improvement

**Continuous quality improvement (CQI)**

This is a continuous study and improvement of the processes of providing health care services to meet the needs of patients and other persons. CQI focuses on making the performance of an entire system better by constantly adjusting and improving the system itself instead of searching out and getting rid of persons or processes whose practices or results are outside of established norms. KATH must continuously use results of researches such as this one to improve upon their services to achieve results.

They should set targets or Benchmarks to be achieved at specific periods -

Benchmarking is a process of measuring their services according to specified standards in order to compare it with and improve their own services if it falls short of it at the end of
the period set. This will help KATH to continuously improve upon its services for more satisfaction. Another way of doing the same thing is the use of **Quality indicators** - An agreed-upon process or outcome measure that is used to assess quality of care. Quality indicators include hospital readmission rates, providers’ rates of adherence to clinical guidelines, and ratings of patient satisfaction with care. If these indicators are observed critically, it will lead to continuous quality improvement.

**Institution of the Best worker Award** –

Authorities of the hospital should also institute incentive packages to award workers that meet a certain pre-agreed standards. For instance, there can be the **most courteous worker award**. Here, the award should purely be based on patients responses to questions like ‘who is the most courteous worker at this hospital and why’. If the incentive package is enticing enough, it will uproot the courtesy problem of the hospital and the entire health sector if it is duplicated in all health facilities.

To be able to achieve these statuses KATH had to be a learning organization that learns from its mistakes and limitations and continuously seek to improve upon them.
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APPENDIX I

JAPAN

Complaint Research Report

1 Number 991: Complaint Research Petition Case (Psychiatry)

Complaint to a mental hospital where a patient was hospitalized unnecessarily for a long period: The mental hospital decreased the amount of medicine prescribed to the patient at its own discretion with the intention of causing acute symptoms in the patient after leaving hospital so that the patient had to return to the hospital.

2 Number 001: Complaint Research Petition Case (Internal medicine)

Complaint about admission and no explanation by a doctor in charge: Immediately after taking medicine for a cold which was prescribed by a doctor, the patient had general hair loss, however the doctor in charge did not admit that it was caused by the medicine and moreover the doctor did not give any explanation to the patient about the content of medical care or the change of prescription after that.

3 Number 002: Complaint Research Petition Case (Brain surgery)

Complaint about insufficient communication: A patient suspected that she was experimented on after having an operation for a cerebral tumour. The patient demanded an explanation about her suspicion about the brain surgery but they did not treat her demand faithfully.

4 Number 0101: Complaint Research Petition Case (Obstetrics and gynaecology)

Complaint about feeling embarrassed by a comment and the behaviour of a doctor: A patient visited an obstetrics and gynaecology clinic to check her pregnancy. The doctor
made an unreasonable and graceless comment to her. Also she felt embarrassed by the
doctor's rude attitude during the medical examination.

5 Number 0102: Complaint Research Petition Case (Department of psychosomatic
medicine)

Complaint about lack of understanding and incomplete disclosure of medical and nursing
record: During hospitalization in a department of psychosomatic medicine, a patient have
got pain and embarrassment when the hospital activated a monitoring camera without the
patient's agreement. The hospital did not understand the patient's feelings. In addition,
medical and nursing records were not completely disclosed to the patients.

E-mail: ombudsman@patient-rights.or.jp
URL http://www.patient-rights.or.jp/
Title of the research: HEALTH DELIVERY SERVICE IN GHANA: CONSUMER PROTECTION AND SATISFACTION

Case Study of the Konfo Anokye Teaching Hospital - Kumasi

RESEARCH SUMMARY

1. Name(s) and affiliation(s) of researcher(s) of applicant(s): Mr. Francis Yaw Owusu
2. Sponsor(s) of research: myself, 3. Purpose(s) of research: finding out patients satisfaction level 4. Procedure of the research: use of Interview and questionnaires.  5. Expected duration of participant(s)’ involvement: March 16, 2007 to 15th April,  6. Risk(s): i. Revelation of identity and confidentiality, names of interviewees and their departments will not be recorded. ii. Tarnishing the image of the hospital: findings, whether favourable or unfavourable, will not be released to the press or the general public. iii. Disturbing work at the hospital. Workers will be interviewed at a lean time or the questions will be given to them to answer at their own convenient time. 7. Costs to the participants: It will cost participants nothing except their time. 8. Benefit(s): After the research, the level of protection and satisfaction will be revealed and if found to be unsatisfactory, it will help the administrators to rectify the situation for the benefit of patients and the staff and the image of the hospital. 9. Confidentiality: Names and identities will not be taken so participants cannot be traced. 10. Voluntariness: Populations participation in this research is entirely voluntary.

Statement of person obtaining informed consent:

I have fully explained this research to __________________________ and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE: ______________________ SIGNATURE: _______________________

NAME: ______________________________________________

Statement of person giving consent:

I have read the description of the research or have had it translated to me in a language I understand. I have also talked it over with the interviewer to my satisfaction. I understand that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research study to judge that I want to take part in it. I understand that I may freely stop being part of this study at any time.

DATE: ______________________ SIGNATURE: _______________________

NAME: ______________________________________________
For any further inquiry the following are my contact details:

FRANCIS YAW OWUSU
BOX 45, BEKWA1 –ASHANTI
E-mail: owusufy@yahoo.com
TEL. 0572 20707. Mobile: 020 8111300
APPENDIX III, QUESTIONNAIRES

CONSUMER PROTECTION AND SATISFACTION THE HEALTH DELIVERY SERVICE IN GHANA

Case Study of Komfo Anokye Teaching Hospital - Kumasi

Research Objectives. The research is geared towards finding

1. the level of satisfaction of Ghanaian patients
2. the level of protection available for patients in Ghana
3. what the government, Ghana Health Council and patients need to do to improve patients satisfaction and security

Significance of the research

4. It is important to the patients because it will examine one of their most important need satisfying services
5. It will be important to the government, because it will measure the performance of one sector that is key to the development of the nation
6. It will be very beneficial to the health sector as it will make them sit up or improve on their services, if necessary, for patient satisfaction and confidence.

Directions:

1. For each of the following statements below, please:
   • check one of the options that describe your situation or experience.

2. There are no right or wrong answers, however, honest answers are needed for the findings to be useful.

3. Your responses will be kept confidential. Do not write your name.

<table>
<thead>
<tr>
<th>COMMUNICATION WITH NURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During this hospital stay, how often did nurses treat you with courtesy and respect?</td>
</tr>
<tr>
<td>2. During this hospital stay, how often did</td>
</tr>
<tr>
<td>QUESTIONS FOR PATIENTS</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3. During this hospital stay, how often did nurses listen carefully to you?</td>
</tr>
<tr>
<td>4. During this hospital stay, how often did doctors treat you with courtesy and respect?</td>
</tr>
<tr>
<td>5. During this hospital stay, how often did doctors listen carefully to you?</td>
</tr>
<tr>
<td>6. During this hospital stay, how often did doctors explain things in a way you could understand?</td>
</tr>
<tr>
<td><strong>COMMUNICATION WITH DOCTORS</strong></td>
</tr>
<tr>
<td>7. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</td>
</tr>
<tr>
<td>8. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</td>
</tr>
<tr>
<td><strong>Communication About Medications</strong></td>
</tr>
<tr>
<td>9. During this hospital stay, after you call for help, how often did you get help as soon as you wanted it?</td>
</tr>
<tr>
<td>10. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?</td>
</tr>
<tr>
<td><strong>Responsiveness of Hospital Staff</strong></td>
</tr>
<tr>
<td>11. During your hospital stay, did you get information in words or in writing about what symptoms or health problems to look out for after you left the hospital?</td>
</tr>
<tr>
<td><strong>Discharge Information</strong></td>
</tr>
<tr>
<td>12. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</td>
</tr>
<tr>
<td><strong>Pain Management</strong></td>
</tr>
<tr>
<td>QUESTIONS FOR PATIENTS</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Cleanliness of Hospital Environment</strong></td>
</tr>
<tr>
<td>13. During this hospital stay, how often were your room and bathroom kept clean?</td>
</tr>
<tr>
<td><strong>PATIENTS PROTECTION</strong></td>
</tr>
<tr>
<td>14. Have you ever been mistreated by a health worker (Doctors, Nurses etc.)?</td>
</tr>
<tr>
<td>15. If yes to 14, what did you do?</td>
</tr>
<tr>
<td>16. What informed your decision in 15?</td>
</tr>
<tr>
<td>17. Do you know that patients have rights protected by law?</td>
</tr>
<tr>
<td>18. Mention one of them</td>
</tr>
<tr>
<td><strong>GENERAL PERCEPTION</strong></td>
</tr>
<tr>
<td>19. What do you like about this hospital?</td>
</tr>
<tr>
<td>20. Is there something you do not like about this hospital?</td>
</tr>
<tr>
<td>21. Has something happened to you here that you expected it? What is it?</td>
</tr>
<tr>
<td>19. In general, how would you rate the overall service provided to patients at this hospital?</td>
</tr>
</tbody>
</table>
20. If you have any other hospital to go, will you come here again?  
Yes, No

21. What improvement(s) will you recommend to this institution (health sector)?

| 1. Gender | □ male □ female |
| 2. Age | □ below 23  
□ between 23-41  
□ between 41-51  
□ above 51 |
| 3. Education | □ doctoral degree  
□ master’s level  
□ bachelor’s level  
□ secondary school  
□ primary school |
| 4. Religion | □ Islam  
□ Christian  
□ Buddhist  
□ Hindu  
□ Other (___________) |
| 5. How often do you come here? | □ this is my first time  
□ yearly  
□ monthly  
□ weekly  
□ daily |
| 7. Social status | □ Single  
□ Married  
□ Divorced  
□ Widowed Single |

Note: If you wish to contribute by making any additional comments and/or expressing any further concern about this research, please contact the researcher at owusufy@yahoo.com. Thank you for completing the questionnaire God Bless You
CONSUMER PROTECTION AND SATISFACTION THE HEALTH DELIVERY SERVICE IN GHANA

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9. It will be very beneficial to the health sector as it will make them sit up or improve on their services, if necessary, for patient satisfaction and confidence.

Directions:

1. For each of the following statements below, please:
   • check one of the options that describe your situation or experience.

16. There are no right or wrong answers, however, honest answers are needed for the findings to be useful.

17. Your responses will be kept confidential. Do not write your name.

<table>
<thead>
<tr>
<th>QUESTIONS FOR NURSES &amp; DOCTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your specialty?</td>
</tr>
<tr>
<td>2. How long have you been a medical doctor/nurse?</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

86
<table>
<thead>
<tr>
<th>3</th>
<th>In average, how many patients do you treat in a day?</th>
<th>1-20, 21-40, 41 - 60, 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>How many minutes (in average) do you spend on each patient?</td>
<td>5-10, 11- 20, 21- 30, 30+</td>
</tr>
<tr>
<td>5</td>
<td>Is this time enough for you to treat the patient the way you would have wished?</td>
<td>Yes No</td>
</tr>
<tr>
<td>6</td>
<td>In your own personal assessment, how will you rate the level of satisfaction of your patients before they leave your consulting room?</td>
<td>Very Satisfied, satisfied, not satisfied, confused</td>
</tr>
<tr>
<td>7.</td>
<td>Have you ever been reported by a patient?</td>
<td>Yes No</td>
</tr>
<tr>
<td>8.</td>
<td>If yes to 7, Where or to whom were you reported to?</td>
<td>Administration, Court, Medical Assoc. other ____________________________</td>
</tr>
<tr>
<td>9.</td>
<td>What happened?</td>
<td>was queried, punished, warned, nothing</td>
</tr>
<tr>
<td>10.</td>
<td>Are you familiar with the tenets of the Patients Charter?</td>
<td>Yes No</td>
</tr>
<tr>
<td>11.</td>
<td>If yes, are you measuring up to its requirements?</td>
<td>Very well, somehow, No,</td>
</tr>
<tr>
<td>12.</td>
<td>Is something hindering you from measuring up?</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>If yes, what is it</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>In your opinion, is the charter enough to protect patients rights from abuse?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>15.</td>
<td>Your Final Comment (if any)</td>
<td></td>
</tr>
</tbody>
</table>
Thank you for completing the questionnaire and GOD BLESS YOU

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19. Your responses will be kept confidential. Do not write your name.

QUESTIONS FOR ADMINISTRATORS
1. How many doctors /Nurses work at KATH?
2. How many patients are treated in a day?
3. Do you have complaints unit?
4. How many complaints do you receive in a week (average)  
5. What do you do about them?  
6. Do you have a way of informing the complainants of the actions you take?  
7. How are patients rights protected at this hospital?  
8. Are the workers at this hospital familiar with the tenets of the Patients Charter?  
9. Are the workers here measuring up to the requirements of the Patients Charter?  
   How?  
10. What in your opinion needs to be done to improve full protection of patients rights at this hospital?  
11. How will you grade the hospital in relation to the satisfaction and protection of patients  
   Excellent, very good, fair, poor  
12. What in your professional opinion, needs to be done to improve the level of protection and satisfaction of patients?  
13. Has the hospital or any of your workers ever been sued for negligence or patients rights abuse?  
14. What is the reason for your answer in 13?  

Thank you for completing the questionnaire and  
GOD BLESS YOU
CHRPE/04/07/07

Mr. Francis Yaw Owusu
Blekinge Institution of Technology
Business Dept.
Sweden

Dear Sir,

HEALTH DELIVERY SERVICE IN GHANA: CONSUMER PROTECTION AND SATISFACTION. A CASE STUDY OF KOMFO ANOKYE TEACHING HOSPITAL

Your application for Ethical Committee clearance for the study “Health Delivery Service in Ghana: Consumer Protection and Satisfaction. A Case Study of Komfo Anokye Teaching Hospital” has been considered and approved by the Committee on Human Research, Publication and Ethics (CHRPE) of the School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Kumasi and the Komfo Anokye Teaching Hospital, Kumasi.

The Committee recommends that samples and or materials taken for this study should be used for the study only. Any subsequent use of the samples for other studies will need clearance from the CHRPE.

The Committee also recommends that it should be informed of any adverse events; it would therefore expect a periodic report of your study to the committee. Its permission should be sought for any amendments to the protocol. The Committee should be informed of all publications arising from the study and copies of the same should be sent to the committee.

Professor Sir J. W. Acheampong, MD, FWACP
Chairman