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ORIGINAL ARTICLE

In the Eyes of the Beholder: Assessment by Clients on Healthcare Delivery in a Large Teaching Hospital in Ghana

Vue du spectateur: évaluation par les clients de la délivrance des soins dans un grand hôpital universitaire du Ghana

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ABSTRACT

BACKGROUND: **Improving quality of health care delivery is a primary goal of all health care institutions. Health care systems face challenges in providing quality health care to the citizenry due to rising health care cost and clients demanding higher standards of care.**

OBJECTIVES: **The study aimed at finding out clients' perceptions of the quality of health care delivery at the tertiary care level in Ghana, using the Central Outpatient Department (COPD) of the largest teaching hospital in Ghana as a case study.**

Study design: Overall 665 clients were selected through systematic random sampling procedure over a four-week period, between September and October 2010. Clients were interviewed after a visit to the COPD of thehospital during the survey period using a structured questionnaire.Two focus group discussions were held for clients during the period.

RESULTS: **Majority of clients (56%) were females and most (84%) were clients coming for review. During the focus group discussion, clients'considered one hour as the mean maximum time they would like to waitwhile seeking medical help,however, more than half of clients (51.9%)waitedfor over an hour (after registration) to see a doctor. About 86% had their condition explained to them and 87% were physically examined. In all, 83% of clients were satisfied, and 6% very satisfied with care given at the COPD. Clientshowever, considered poor attitude of some health workers, long waiting times,late starting times of clinic, uncomfortable physical environment and inadequate staff as being detrimental to the effective delivery of quality healthcare.**

CONCLUSION: **Overall quality of health care as measured by the indicators used were generally perceived to be high except with client waiting time for services, lack of directional signs in the hospital and an uncomfortable waiting area at the COPD. There were concerns about attitude of some staff and late starting times of outpatient clinics. These when addressed would further improve quality. WAJM 2013; 32(1): 31–39.**

Keywords: **Client satisfaction, quality of care, waiting time, tertiary health care, Ghana.**

RÉSUMÉ

CONTEXTE: Améliorer la qualité des soins dispensés est un objectif principal de toute institution de santé. Les systèmes de santé font face à des défits dans la délivrance de soins de qualité aux citoyens du fait de l'augmentation des coûts des soins et que les patients exigent des standards plus élevés de soins.

OBJECTIFS: L'étude avait pour objectif d'évaluer la perception de nos clients sur la qualité des soins fournis par les structures de santé de niveau III au Ghana en utilisant comme cadre d'étude le Département Central des Patients Ambulatoires (DCPA) du plus grand hôpital universitaire du Ghana.

SCHÉMAS D'ÉTUDE: Au total 665clients ont été sélectionnés de façon systématique par un échantillonnage aléatoire sur une période de 4 semaines entre Septembre et Octobre 2010. Les clients ont fait l'objet d'une interview après une visite au DCPA de l'hôpital durant la période d'enquête à l'aide d'un questionnaire structuré. Deux groupes de discussion ciblés ont été organisés durant la période.

RÉSULTATS: La majorité des clients (56%) étaient des femmes et la plus part (84%) venaient pour un suivi. Durant les discussions de groupes ciblés, les clients considéraient 1 heure le temps moyen maximal d'attente pour avoir des soins médicaux alors que plus de la moitié des clients (51,9%) attendaient plus d'une heure de temps (aprés leur inscription) pour voir un médecin. Enron 86% avaient reçu des explications sur leur maladie et 87% avaient subi un examen physique. En tout, 83% des clients étaient satisfaits et 6% étaient très satisfaits des soins reçus au DCPA. Toutefois, les clients considéraient que la mauvaise attitude de certains travailleurs, de longs délais d'attente, un démarrage tardif des consultations, l'inconfort de l'environnement physique et un personnel inadapté avaient un effet négatif sur des soins médicaux de qualité.

CONCLUSION: Au total, la qualité des soins telle que mesurée par les indicateurs utilisés étaient généralement perçue comme étant élevée à l'exception du délai d'attente des clients pour les soins, du défaut de signaux d'orientation dans l'hôpital et de l'inconfort dans les zones d'attente au DCPA. Il y'avait des soucis concernant l'attitude de certains travailleurs et le démarrage tardif des consultations. La correction de ces manquements devrait améliorer la qualité. **WAJM 2013; 32(1): 31–39.**

Mots Clés: Satisfaction des clients,qualité des soins, délai d'attente, soins de santé tertiaire, Ghana.

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Abbreviations: COPD, Central Outpatient Department.

INTRODUCTION

Improving the quality of health care delivery is a primary goal of the World Health Organisation.[1, 2] Globally, health care systems face challenges in providing quality health care to the citizenry due to rising costs of health care,decreased government funding, increasing technological advances, shifting population demographics and shortages of healthcare workers.[3–5]

The challenge in providing improved care is compounded by more informed patients who are demanding higher standards of care and service.[6–8] These patients have greater access to resources and information which allow them to become more informed about their conditions and take a more active role in their own care.[6,8] The patient's perception of quality of care is critical to understanding the relationship between quality of care and utilization of health services and is now considered an essential outcome of healthcare delivery.[9–11] Patient satisfaction, once considered a soft indicator has become an integral component of strategic organisation and healthcare quality management.[12–14]

The Ghana Health Service (GHS) through its Institutional Care Division developed a Quality Assurance Strategic Plan for the period 2007–2011.[15] This formed the technical basis and plan for quality improvement activities in health facilities of the Ghana Health Service.[16] The Ghana Health Service however, continues to face challenges on the delivery of quality health care to the citizenry and the myriad of public complaints of poor quality health care in facilities across the country. Poor quality health care results in loss of lives, clientele, revenue, and staff morale. It erodes the trust of the citizenry in the health system and fuels the public perception of lowered efficiency and effectiveness of the health system.[17, 18]

The Korle-Bu Teaching Hospital (KBTH), as one of the major stakeholders and agencies in the provision of health care in Ghana shares in the quest of the Ministry of Health to provide quality health services to all clients. It is the largest tertiary health facility in the country and attends to the largest number of clients annually.[19] To improve quality service to all clients in the hospital, the Medical Directorate which oversees this function, as part of its Quality Improvement (QI) activities set out to undertake various programmes through the Public Health Unit of the Medical Directorate. One of the initial areas of focus was to improve service delivery at the Central Outpatient Department (COPD), which is one of the main entry points to the Hospital. This survey was part of the quality improvement activities being undertaken.

The goal of this survey was to provide a baseline for assessing current health care delivery conditions at the COPD from clients who use the facility and to help prioritize future quality improvement activities. In addition, the surveywould serve as a benchmark upon which changes resulting from implementation of quality improvement activities at the COPD of the Hospital would be assessed. This research would inform Management of the Hospital in its quest to providing quality health carein line with the mission statement of the Hospital 'Excellence in Healthcare', as this is a key component of the Ministry of Health's Ghana Health Sector Reform Strategy.

METHODS

This was a cross-sectional descriptive study on clients' views of health care delivery in a large teaching hospital in Ghana over a four-week period from September to October 2010.

Site of Study

The Korle-Bu Teaching Hospital (KBTH), the largest tertiary health care facility in Ghana was the survey site. The survey was undertaken at the Central Outpatients Department (COPD), which is one of the main entry points for clients to the Hospital. The COPD is thus an important bridge between the hospital and the public. The KBTH has a bed capacity of 2000 and over 3000 staff.[19] The Central Outpatients Department runs general and specialised medical and surgical clinics from Monday to Friday for adult clients (13 years and above). Clients requiring admission or specialist services offered in other areas of the hospital are referred to the appro-priate ward or clinic from the COPD. In 2010, a total of 357,086 clients were seen at the COPD, of which 283,176 (67%) were old clients and 118,910 (33%), new registrants. In all 235,319 (66%) of all visits were by females. Averagely, 29,757 clients were seen per month.[19]

Sampling Methods and Study Population

A sample of 665 clients was chosen based on the proportion of clients attendant at the hospital through the COPD (constituted 17.4% of all clients seen in 2010)[19] [95% confidence limit, margin of error of 5%, assumed design effect of 2 to limit effect of clustering and improve the random selection of clients, and a non response rate of 10%]. The study population was adult clients seeking health care at the KBTH through the COPD. Clients requiring emergency treatment were excluded from the study. Thirty (30) folders of clients were selected through a systematic random sampling procedure after client registration (by the nurses) every morning, (except on weekends) until the required sample size was obtained. Clients whose folders were selected were interviewed after having been attended to by the doctors.

Data Collection

Data were collected using an interviewer administered structured questionnaire and two Focus Group Discussion (FGD) sessions. The questionnaire was an adaptation of a standard Institutional Care Division questionnaire of the Ghana Health Service.[15, 17] We collected information on basic demographic characteristics of clients, such as; age and sex, health insurance status and attendance status (i.e. new or old clients). In addition, data on client waiting time, health services provided, attitudes of health staff and assessment of environmental cleanliness were collected. Data were collected on perception of new clients on overall service organisation, on views of all clients (old and new) on the level of satisfaction with health care received as well as on clients' suggestions of ways to improve health care delivery in the hospital.

The FGDs provided information on clients' perceptions of issues relating to challenges they faced in seeking and receiving care at the COPD and ways to improve health care delivery at the hospital. The FGDs further explored some of the findings from the exit interviews. Two sessions of FGDs were conducted and participants were chosen based mainly on ensuring gender balance, client status (as new or old) and availability of the client for the FGD. The number of participants was ten (10) in the first session and twelve (12) in the second session. Proceedings of the discussions were electronically recorded after permission was sought from the participants.

The exit interviews for clients were conducted by trained interviewers at the Records Unit of the COPD. This unit had enough space to ensure privacy of interviews and avoided health workers' interference; in order to limit biases in client responses. The FGDs were also conducted in thesame venue at differing dates.

Data Analysis

Data collected was entered into Microsoft Excel 2007 and imported into SPSS version 19, for analysis. Data were categorized by age ranges (in years) as 15–24, 25–34, 35–44, 45–54, 55–64 and 65 and above and also by sex. The main outcome measures analyzed for the study included, age and sex differences in clients, waiting time for client registration and for seeing a doctor, proportion of clients whose conditions were explained to them by the doctors and nurses and who understood what they were told. In addition, the proportion of clients who had the pharmacist explain how to take their medications and the proportion who understood what they were told was analyzed.

An assessment of environmental cleanliness, staff attitudes toward clients and views on general organisation of services was done using a Likert scale (very good, good or poor) based on the attributes of the chosen characteristic. The level of satisfaction regarding health services provided was analyzed using a scale of: very satisfied, satisfied or dissatisfied. Overall, views on healthcare delivery at the hospital and suggested measures for improvement by clients were analyzed. Descriptive statistics such as frequencies, proportions and ratios were used for analysis. Chi square test for significant differences in selected outcome measures at 95% confidence interval and α=0.05 significant level, was performed.

For the FGDs, recorded proceedings were transcribed and compared with recorder's notes taken during the discussions to ensure reasonable accuracy of transcriptions. A manual thematic content analysis was done on the themes, waiting times, satisfaction with services in the consulting room and pharmacy, environmental cleanliness and overall service organisation and suggestions on ways to improve health care delivery at the COPD. For questions dealing with satisfaction, only the percentages in the "very satisfied" class (top box) were used for comparison. This top-box method was used to increase sensitivity in scored scale items.[20]

Study Limitations

Some limitations of this assessment are important to note. Clients were not completely removed from the influences of health personnel during interviews and number of sessions for the focus group discussion was limited and may not be sufficient enough to validate the overallconclusions from the discussions. Acknowledging the limitations, this assessment however provides a guide to future efforts in improving quality of healthcare delivered at the COPD of KBTH.

Ethical Issues

Clearance was obtained from the Management of the Korle-Bu Teaching Hospital and authorities at the Central Outpatients Department of the KBTH where the survey was conducted. Individual written consent was sought from each client prior to conduct of interviews.

RESULTS

Basic Personal Characteristics of Respondents

As indicated in Table 1, the total numbers of female respondents were 377 (56.7%) and 288 males (43.3%) with a male: female ratio of 1:1.3. Among females, there were more clients less than 45 years (33.4%) compared to males where clients above 65 years were in the majority (39.9%). The mean age of female clients was 50.5 +/– 17.9 years and that of male clients was 57.0 +/– 17.8 years. There was a statistically significant difference between the mean ages ($p < 0.001$).

Most clients were old attendants coming for revisits 557 (83.7%) and new clients were 108 (16.3%). Amongst all respondents 523 (78.6%) were from within Accra and 142 (21.4%) were from outside Accra. In all 541 (81.0%) clients were insured with the National Health Insurance Scheme (NHIS) and 124 (19.0%) were uninsured.

Waiting Time and Access to Services

i. Waiting Time for Services: Table 2 shows that over 50% of all the clients who reported at the COPD did so between 5am and 7am daily, with only a few 31 (4.7%) reporting after 9am.

Overall most clients, 504 (75%) got their folder in less than one hour but 35 (5.3%)of the clients had to wait for more than two hours to get registered (registration usually starts at 8am).

Table 1: Age-Sex Distribution of Clients

Age Group	Female (%)	Male (%)	Total (%)
15 – 24	30 (8.0)	17 (5.9)	47 (7.1)
25 – 34	47 (12.5)	18 (6.3)	65 (9.8)
35 – 44	49 (13.0)	26 (9.0)	75 (11.3)
45 – 54	79 (21.0)	40 (13.9)	119 (17.9)
55 – 64	74 (19.6)	72 (25.0)	146 (22.0)
65+	98 (26.0)	115 (39.9)	213 (32.0)
Total	**377 (100.0)**	**288 (100.0)**	**665 (100.0)**

Regarding clients' waiting time to see a doctor, Table 2 indicates that more than half of the clientsinterviewed waited between one and two hours to see the doctor after they had been registered. Thirty three (5%) clients waited over four hours (after registration) to see a doctor. Clients who were dissatisfied with the waiting times gave reasons for their dissatisfaction as indicated in Table 3.

The long waiting time by clients for the needed health services from the time of arrival at the Hospital to the time of seeing a doctor was the main cause of the dissatisfaction of those who expressed it. The late starting time of outpatient clinics (usually after 9am), limited number and poor attitudes of health workers and heavy client load at the COPD were other major reasons as indicated in Table 3.

ii. Challenges of New Clients in Locating Service Provision Points: Among the 108 first time visitors to the hospital through the COPD, 98 (90.7%) experienced difficulties in locating service points. Reasons for these difficulties are illustrated in Figure 1.

Lack of directional signs, unavailability of an easily visible information/inquiry desk and large client numbers at the COPD were the top three reasons for the difficulty experienced by first time visitors to the hospital.

Table 2: Waiting Time and Clients' Views on Time Spent at the OPD

Characteristic	Frequency(n = 665)	Percent
Client arrival time for visit		
Before 5am	19	2.9
Between 5am-7am	337	50.3
Between 7am-9am	278	41.8
After 9am	31	4.7
Time taken for client to get registered upon arrival at COPD		
Within 1 hour	504	75.8
Between 1 hour-2 hours	126	18.9
More than 2 hours	35	5.3
Client satisfied with time taken to get registered		
Yes	509	76.5
No	156	23.5
Time taken to see a doctor after registration		
Within 1 hour	320	48.1
Between 1 hour-2 hours	165	24.8
Between 2 hours-4 hours	147	22.1
More than 4 hours	33	5.0
Client satisfied with time taken to see a doctor		
Yes	486	73.1
No	179	26.9

Table 3: Main Reasons for Dissatisfaction with Access to Services

Reason for Dissatisfaction with Access to Services	Frequency	Percent
1. Initial Registration		
Long waiting time	59	33.5
Registration processes unduly long	42	23.9
Number of NHIS/Record staff limited	37	15.3
Heavy client load at front desks	23	7.4
Others	15	8.5
Total	**156**	**100.0**
2. Seeing a doctor		
Long waiting time	59	33.0
Late start of Clinics	46	25.7
Number of doctors limited	39	21.8
Delay by Nurses	13	7.3
Others	22	12.3
Total	**179**	**100.0**

Clients' Views on Health Care Service Delivery and Payment Processes

i. Views on Health Care Services Provided: As shown in Table 4, majority of clients 584 (87.2%) were examined by a doctorand 574(86.3%) had their conditions explained to them. Over 94% of the clients understood what the doctors said, however a few believed their conversation with the doctor was not private enough 95 (14.3%).

At the hospital pharmacy less than half of the clients got all prescribed medications. Of the 341 (51.3%) who did not receive all prescribed medications, the main reason cited by 290 (86.5%) of them was that medications prescribed were not covered by the National Health Insurance Scheme. Further analysis of the data indicated that a higher percentage of the uninsured 87.9% were able to get all medications as opposed to only 41.2% of the insured. This difference was statistically significant (χ^2=10.1 and p-value< 0.001).

As many as 418 (62.9%) of the clients interviewed had used the main hospital pharmacy before and most of them 398 (95.2%) said they were instructed on how to use medications given, by the pharmacists. Majority 377 (90.2%)agreed that instructions given were well understood. Of the few (17 clients) who did not understand what they were told and did not seek further clarification it was mainly because they felt the pharmacy staff were busy and did not want to be a bother.

ii. Views on Payment Processes: Among all clients, 331 (49.8%) paid for some services and 334 (50.2%) did not pay anything. More than half of those who paid for some service 183 (55%) saw the payment process asstraight forward and easy; however, as many as 110 (33%) thought the process was cumbersome and needed to be improved.

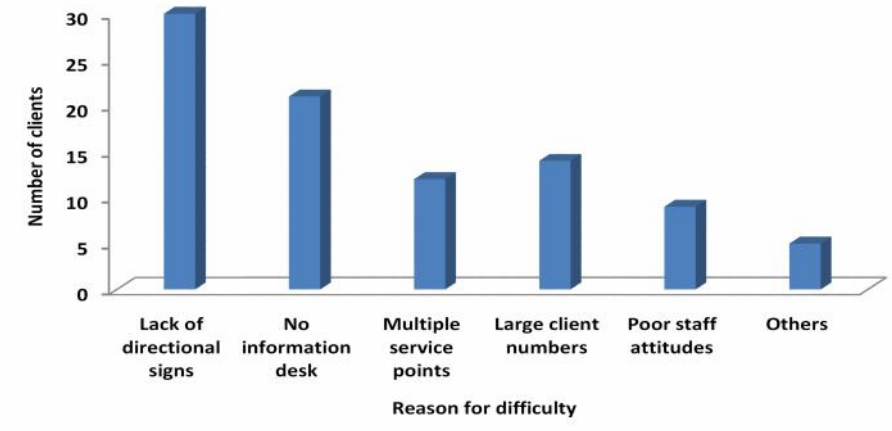

Figure 1: Reasons for Difficulty in Locating Service Points at COPD by New Clients

Table 4: Service for Clients in the Consulting Room

Characteristic	Frequency	Percent
Client examined by doctor:		
Yes	584	87.2
Total	**665**	**100.0**
Client's condition explained by doctor:		
Yes	574	86.3
Total	**665**	**100.0**
Client understood what the doctor said:		
Yes	631	94.8
Total	**665**	**100.0**
Client felt others were over hearing his/her conversation with the doctor:		
Yes	95	14.3
Total	**665**	**100.0**
Client has used Hospital pharmacy before:		
Yes	418	62.9
Total	**665**	**100.0**
Client got all medicines prescribed:		
Yes	324	48.7
Total	**665**	**100.0**
Pharmacist told clients how to use medicines:		
Yes	398	95.2
Total	**418**	**100.0**
Client understood information from pharmacist:		
Yes	377	90.2
Total	**418**	**100.0**

Attitude of Staff Towards Clients at the OPD

The attitude of staff towards clients was assessed by clients as very good, good and poor as shown in Figure 2. Among all the 665 clients, 502 (75.5%) assessed the attitudes of doctors to clients as very good, and 293 (44.1%) said same of nurses. Among clients who used the pharmacy, 230 (55.0%) assessed the attitudes of the pharmacist to be very good and for those who used the laboratory, 273 (51.6%) said same of laboratory personnel. Frontline staff (Records staff and NHIS personnel) had only 56 (8.4%) clients perceiving their attitude to clients as very good, whilst another 10% felt their attitude to clients was poor. Generally, the majority of clients viewed the attitudes of all selected staff to be good; as shown in Figure 2.

Environmental Cleanliness of the COPD

As shown in Table 5, most clients 596 (89.6%) viewed the physical environment of the COPD as clean. However, more than half the clients (55.8%) felt the seats at the waiting area of the COPD were uncomfortable and another 135 (20.5%) considered the ventilation at the area to be poor.

More than half 355 (53.4%) of the clients had used the toilet facility at the COPD before and mostof them 289 (78.6%) felt it was clean.

Overall Perception of Health Care Delivery at the COPD

Among all clients (old and new), 40 (6.0%) were very satisfied and 555 (83.0%) were satisfied with the services they received at the COPD;however a significant number of clients, 72 (11%) weredissatisfied.

The views of all 108 first time visitors on the environment, waiting time, staff attitudes and general organisation of services at the COPD were as illustrated in Figure 3. Most new clients 83 (76.9%) considered the physical environment of the COPD to be good. However, their view on waiting time for services as indicated by as many as 46 (42.6%) was poor. Eighty-four (77.8%) of new clients considered general organisation of services at the COPD to be good, a few (10%), however, felt the services was poorly organised.

ii. Focus Group Discussion Results: The majority of discussants said the quality of services in the consulting room, pharmacy and general organisation of services at the COPD was acceptable. However, the long waiting time for services at the COPD was specifically identified as an issue that could potentially impact utilisation and quality of care. Discussants suggested the following means of improving health care delivery at the COPD:

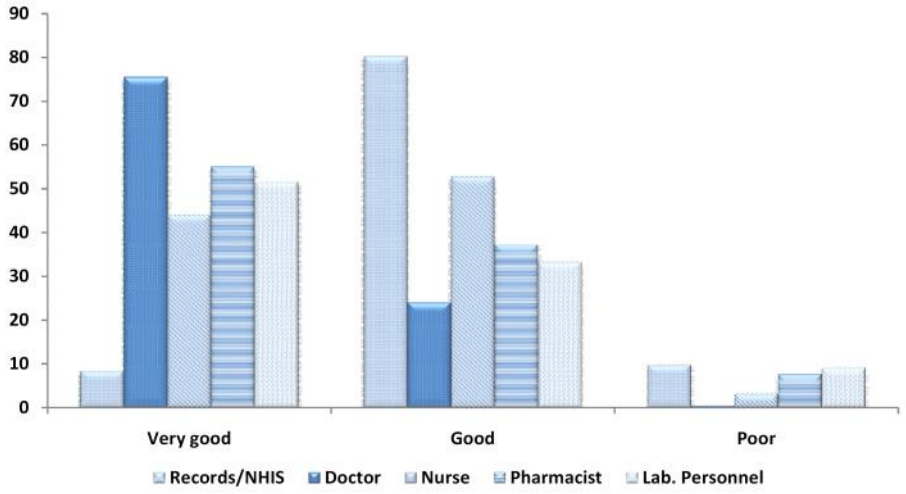

Figure 2: Attitude of Health Workers toward Clients

Table 5: Views of Clients on Environmental Issues at the COPD

Characteristic	Frequency	Percent
Clients' rating of environmental cleanliness of COPD:		
Very clean	32	4.8
Clean	596	89.6
Dirty	37	5.6
Total	**665**	**100.0**
Clients' rating of seats at the COPD		
Very Comfortable	12	1.8
Comfortable	282	42.4
Uncomfortable	371	55.8
Total	**665**	**100.0**
Clients' rating of ventilation at the COPD		
Very good	33	5.0
Good	397	74.7
Poor	135	20.3
Total	**665**	**100.0**
Client has used COPD toilet facility :		
Yes	355	53.4
Total	**665**	**100.0**
Clients' rating of cleanliness of toilet facility:		
Very clean	43	12.1
Clean	289	78.6
Dirty	33	9.3
Total	**355**	**100.0**

- Improvement on the sanitation, ventilation and regular maintenance of the waiting area of the COPD.
- The multiple service points ought to be labeled and directional signs provided at the COPDto facilitate access to particular services.
- Provision of an information desk would help to reduce and diffuse the confusion and anxiety of clients accessing the hospital via the COPD.
- Detailed and adequate explanations should be provided by health workers to NHIS insured clients on the need to pay for specific medications obtained from the hospital pharmacies (which are not covered by the essential drug list of the NHIS).
- Reduction of the total waiting time for seeking medical help at the COPD to one hour.
- Increasing the number of staff at the COPD to avoid overwork and provide customer care training for them as well as enforcement of sanctions for persistent poor attitudes.

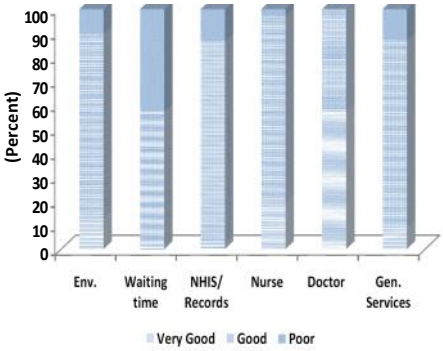

Figure 3: Views of First Time Visitors on Service Delivery at the COPD

DISCUSSION

The study found that the majority of respondents were satisfied with the quality of healthcare delivery at the Central Outpatient Department (COPD) of the Korle-Bu Teaching Hospital in the exit interviews. On further scrutiny during the FGD's, participants perceived poor attitudes of some health workers, long waiting times, inadequate staff and uncomfortable physical environment of the waiting area of the COPD as being detrimental to effective delivery of quality health care.

The majority of clients in the exit interviews were females (57%) most of whom were 45 years or less. This finding was comparable to the 2010 annual outpatient attendance pattern of the hospital, where females constituted 66% of all hospital attendance and most were 45years or less.[19] However, the majority of males in the survey (39%) were over 64 years which contrasted with the 2010 annual age characteristics of male clients

(most of whom were aged 45 years or less).[19] Females play important roles in healthcare because if they are not clients themselves, they are likely to accompany other clients, especially children or husbands. Males are more likely to be at a clinic for their own healthcare needs.[21]

Waiting Time and Access to Services

Prompt attention has been shown to be a key dimension in client satisfaction with health services.[22–24] Individuals appreciate prompt attention as it might lead to better health outcomes, and allay fears and concerns that come with waiting for diagnosis and treatment.[1] Prompt attention on its own is not a function of health improvement, but it is a dimension of patient satisfaction.[25] Inour study, the ideal total waiting time was about one hour and clients expected to be seen quickly, attributing long waiting times to unnecessary delays. Over half of the clients arrived at the hospital between 5am and 7am and had to wait until the clinic started at about 9am.There is no formalised appointment system in place for the COPD. In addition, more thana quarter of clients indicated they waited over two hours to see a doctor after the registration processes. Most doctors would need to attend to inpatients before outpatient clinics. Some clients identified the causes of long waiting time as that, NHIS processes for registration were unduly long, the number of NHIS and biostatistical records staff were limited with heavy client load at the front desks, late start of outpatient clinics and limited number of doctors in the clinics. New clients found the lack of directional signs and absence of information or enquiry desk as contributory factors to the anxiety and delays experienced. The causes of such delays should be identified and minimized. Longer waiting time is known to be significantly associated with lower satisfaction scores among clients[21] and this was our experience in KBTH.

Clients' Views on Health Care Services in the Consulting Room and Pharmacy

The proportion of respondents whose conditions were explained to them by the doctor has been used as an indicator in assessing quality of healthcare.[17] In our study this was quite high (86%) and is commendable. Another indicator is the proportion that said they were physically examined, which was also very high (87%) and was in agreement with a similar study undertaking by Turkson in a rural district of Ghana in 2009 who found that 74% of clients were physically examined by the doctor.[3]

A further indicator of quality was the proportion of respondents who were told their diagnosis and who understood what the doctor or nurse said. In this study, it was over 94% of the clients which was much higher compared to the study in the rural Ghanaian district where only 43% of clients were told what was wrong.[3] Although there was a high level of privacy in the consulting rooms, a few believed their conversation with the doctor or nurse was overhead by other clients (14%). This finding was similar to the 2009 study by Turkson,[3] which found that 11% of clients did not have privacy in the consulting room. In a study in rural Bangladesh, the second most powerful predictor for client satisfaction with service delivery was the respect for privacy.[14] Clients are also more likely to give important medical information to healthcare providers if there is respect for confidentiality.[1]

In the pharmacy of the Hospital, almost all clients (95%) said they were given information and instructions on how to take their medications. This is important as communication between health workers and clients is a key component of client satisfaction and good communication and caring relationships are criticalto achieving satisfaction among clients.[26] The KBTH patient's rights and responsibility document states that the patient has the right to full information on his or her condition and management and the possible risks involved.[27] Health workers of the teaching hospital need to be educated about this right and encourage information to be shared in a responsible and private manner.[27]

Unfortunately, though services at the pharmacy were satisfactory to clients, our study indicated that a statistically significant difference existed in the percentage of uninsured clients whogot all medications prescribed (88%) compared to the insured (41%). This was a major concern during the FGDs where clients said once they had health insurance they did not expect to pay for any medication prescribed; although the National Health Insurance Authority (NHIA) of Ghana has an essential medicines list, it does not cover all medications.[28] KBTH is still rolling out the full coverage of supply of drugs on the NHIS list in all its pharmacies. This information should have been made available to the clients of the scheme. Efforts at rolling out the full coverage of supply of drugs on the NHIS list in all pharmacies of the hospital needs to be expedited as some previous studies in Ghana suggest that appropriate medicines policies are among the most important policy actions likely to improve the quality of healthcare and that drug supply is a very important determinant of utilisation of health care.[29,30]

The attitudes of health workers (doctors, nurses, pharmacists, laboratory personnel, records and NHIS staff) towards clients were generally perceived as good. Attitudes of doctors were reported to be very good, however, the attitudes of frontline staff (medical biostatistics records and NHIS staff) were not complimentary. Poor staff attitudes pose challenges to quality health care delivery.[3] A policy on customer care training for health workers at the COPD of this large hospital is worth following through.

Overall Client Satisfaction with Services at the COPD

Among all clients, 90% viewed the physical environment of COPD as clean, however, more than half felt the seats in the waiting area were uncomfortable and one in every five clients considered the ventilation of the COPD as poor. Most new clients (77%) considered the physical environment to be good, however, waiting time for services was indicated by 43% as poor and a further 10% felt attitudes of frontline staff were poor. As clients' impressions on the physical environment of service provision areas influence utilisation and quality of care, it is important to correct these perceptions.[31]

Client satisfaction is considered to be the extent to which the client feels his/her needs and expectations are met by the services provided and predicts both compliance and utilisation.[32] Overall, as high as 83% of clients in our study were satisfied with their visit to the COPD of KBTH. However, only 6% were in the very satisfied category (the top box). Efforts will need to be made to increase the "very satisfied" proportion of clients attending the hospital.

The expectation of clients of services delivered is instructive in making services responsive to the needs of clients, and is useful in assessing quality of healthcare delivery.[3] The expectations of respondents from the FGD included warmer and more friendly reception from health workers; availability of directional signs or enquiry desk to reduce anxiety among new clients; outpatient clinics being started earlier than it is currently; getting more health workers (doctors, nurses and frontline staff) to provides services at the COPD to reduce the current long waiting times; a more comfortable waiting area and receiving good and prompt medical attention.

At the national level, the Ministry of Health (MOH) of Ghana has identified 'improving quality of health care' as one of its key objectives for health sector reforms.[33] The ministry envisages that quality of care might be improved through paying more attention to perspectives of clients, improving competencies and skills of providers and improving working environment; through better management and provision of adequate and functional medical equipment and supplies.[18,33]

Some policy issues requiring action by management of this large Ghanaian teaching hospital were identified. These include the need for the institution of regular customer-relations training courses to assist staff improve and maintain good inter-personal skills. The effects of such courses should be regularly assessed. In addition, health workers need to be educated on the KBTH patient's rights and responsibilities document to engender the provision of essential information to clients in a professional manner. A complaints desk has been established at the COPD and the addition of an information desk would give the assurance that concerns of clients would be addressed promptly and effectively. Screens or more cubicles should be provided at the outpatient department to improve privacy during consultation.

Our study concluded that the quality of health care as measured by the indicators used were generally perceived to be high except in client waiting time for services, lack of directional signs and uncomfortable waiting area at the COPD. There were concerns about the attitude of some staff and late starting times of outpatient clinics. These when addressed would improve quality further. Overall, the level of satisfaction was high and this is commendable.

Disclaimer

The views expressed in this paper are those of the authors. No official endorsement by management of the Korle-Bu Teaching Hospital is intended or should be inferred.

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