



Assessing Guardians' Satisfaction about Childcare Services at Central and West Hospital of Tamale Metropolis, Ghana

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ABSTRACT

This study assessed the health care services in relation to guardians level of satisfaction with childcare services at the Tamale Central (TCH) and Tamale West hospital (TWH), Ghana. The target populations of this study were guardians of sick children under five who visited the TCH and TWH. A total sample size of 100 respondents was used. 50 participants were each taken from the two Hospitals by using convenience sampling technique. Questionnaires was used for data collection and the data was analyzed using SPSS. A total of 41.2% of the patients were satisfied with the overall service received at the hospital. Guardians who were satisfied with the service significantly had a shorter waiting time than those who were not satisfied. In conclusion, mothers/guardians' level of satisfaction with childcare are associated with four important dimensions namely; time spent at the hospital, relationship between health worker and parents, affordability of healthcare services and level of confidentiality that exist in the hospital. Long waiting time negatively affected satisfaction. If this is improved upon, it will lead to increased guardian satisfaction regarding the care rendered to their children.

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Introduction

Despite the paramount importance of the patient's satisfaction, there are limited data on mothers' satisfaction with the nursing care provided to their children globally and none has even been recorded in Ghanaian clinical settings. Client satisfaction is the level of satisfaction that clients experience having been given a service. It therefore reflects the gap between the expected service and the experience of the service, from the client's point of view. Measuring client or patient satisfaction has become an integral part of hospital/clinic management strategies across the globe. Moreover, the quality assurance and accreditation process in most countries requires that the satisfaction of clients be measured on a regular basis (WHO, 2014). In a study conducted by Alves and Ribas, (2007) indicated that asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and ensure local health services are meeting patients' needs.

Hospitalization of children is fairly stressful for both children and their parents. Factors such as unknown prognosis of the underlying disease(s), repeated hospitalizations, need for receiving specialized healthcare services, and witnessing children's pain and fear would increase and negatively affect their functions (Haas, Cook & Helen, 2013)..

It is an established fact that satisfaction influences whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with the hospital staff. Donabedian, arguably the leading theorist in the area of quality assurance, has emphasized that Client satisfaction is of fundamental importance as a measure of the

quality of care because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authority. In the prior years when hospitals were symbols of humanitarian efforts for community welfare, accountability for performance was of little concern. Today however, people are increasingly concerned about hospital's performance because: -1) Hospitals use an increasing proportion of scarce community resources. 2) There are increasing questions about quality and effectiveness.

Moreover, addressing those service aspects of healthcare that consumers most readily appreciate, such as access, provider relationship, availability of information and opportunity for participation can influence health care quality outcomes (Alves & Ribas, 2007).It is indicated that health care systems in most developing countries suffer from serious deficiencies in financing, efficiency, equity and quality and are poorly prepared to meet these challenges (WHO, 2013).An in-depth study of the Iringa district of Tanzania, a poor rural area, showed that patients bypassed low quality facilities in favor of those offering high quality consultation and prescriptions, staffed by more knowledgeable physicians and better stocked with basic supplies.

In Ethiopia the low level of socio-economic development resulting in one of the low standard of living, poor environmental conditions and low level of social services has been the major causes for a poor health status of the people (Alves&Ribas, 2007).Several studies conducted in Out Patient Departments of different hospitals in Ethiopia revealed

client satisfaction level ranging from 22.0% in Gondar to 57.1% in Jimma (Alves&Ribas, 2007). Long waiting hours during registration, visiting of Doctors after registration, laboratory procedures and re-visiting of the Doctor for evaluation with laboratory results failure to obtain prescribed medications from the hospitals' pharmacies and difficulty to locate different sections were the frequently faced problems affecting utilization leading to dissatisfaction (Alves&Ribas, 2007).

The health care financing in Ghana over the years has come from a combination sources including general taxation, financial credit, external assistance, out – of – pocket payments (user fees) and health insurance .Total expenditure on health as a percentage of gross domestic product (GDP) has increased from 4.8% in 2000 to 5.3% in 2011. Private expenditure on health as a percentage of total expenditure on health in Ghana is still high, though it has declined from 50.6% in 2000 to 44.1% in 2011(WHO, 2014). Despite the presence of NHIS, the ratio of household out - of – pocket payment for health to total expenditure on health, which was 47% in 2000 and 37% in 2009 is still higher than the WHO recommended threshold of 15 – 20% (Scheiber ,2012; WHO, 2010). This is an indication that many households in Ghana are making out of pocket payment for health.

There have been efforts to research into quality of healthcare and institutionalisation of quality assurance in Ghanaian health facilities. These were initiated through a project from 1993-1996 and then 1998-1999 in the Upper West Region and some facilities in Eastern and Volta Regions. There continue to be complaints about the quality of care given by health workers or received by clients.According to Duggirala, Rajendran, and Anantharaman (2008) a healthy population, characterized by balanced birth and death rates, and a low incidence of disease, is considered critical to the development and prosperity of a nation.

This can be attained when the quality of healthcare provided to the people is successful in appropriate management of the disease, and is accessible to the large widely held of the population at an affordable cost. This means that the fundamental principle of a nation's health system should be quality patient-care. Hence,this study will assess mothers' satisfaction regarding their childrens' Hospital care at Central and West Hospitals of Tamale Metropolis, Ghana.

It is in the light of this that the researchers decided to undertake this study to assess mothers/guardians satisfaction regarding their children's hospital care at TCH and TWH of Tamale Metropolis, Ghana. The result of the study will be significant to all stakeholders, it can be used by hospitals to reengineer and redesign creatively their healthcare quality management processes and strategies from the patient's viewpoint. The patients stand to gain if it leads to better services revealing the pitfall of the hospital for rectification. Also, the study will be useful to researchers who will in future undertake similar study as it will serve as a source of reference.

Aim of the Study

To assess guardians' satisfaction regarding their child'rens hospital care at Central and West Hospital of Tamale Metropolis

Objectives

- To assess the time guardians spend at the hospital waiting for services on child care.
- To investigate the relationship that exists between mothers /guardians and staff.

- To determine the affordability of health care services provided in the hospital on childcare.
- To determine the satisfaction level of guardians on the confidentiality that exists in the Hospital

Significant for the Study

Guardian childcare satisfaction is a very important gauge of health care quality, since it measures patient's perceptions regarding the quality of the health care and services they receive. This study measured guardians' satisfaction in all major areas including in-patients ,out-patients surgery, out-patient tests and treatments, waiting time ,cost of services to patients and behaviour of health care providers. The findings from this study will be significant for healthcare practitioners: it will unveil facts related to controversial issues like patient satisfaction of health care delivery to children. Various studies will have place emphasis on quality assurance, but its application to the patient's perspective still fall short. The study will add to knowledge. It will also strengthen previous studies and findings It is also expected to be of great help to health institutions sector. This study will serve as a fact finding as well as an intervention model for the identified situations and conditions affecting guardian's satisfaction regarding their children's hospital care.

Methodology

Study Setting

The study was carried out in two (2) hospitals namely Tamale West Hospital and Tamale Central Hospital which are located in the Tamale metropolis. The Metropolis is poorly endowed with water bodies. The only water systems are a few seasonal streams, which dry up during the dry season. The other water bodies include dugouts and dams. The city attracts population from all over the northern region. Economic activities revolve around farming and trading. (UN-HABITAT, 2009).Tamale Central Hospital (TCH) is located at Tishegu and Tamale West Hospital (TWH) is also at Zobel which are suburbs of Tamale. TCH and TWH are primary hospitals owned by the government and they offer general healthcare services.

Research approach and design

This study was a descriptive cross-sectional research design. The design applied quantitative approach to determine the level of guardian satisfaction with childcare. According to De Vos (2008) descriptive research strives to portray the specific features of a situation. This kind of research also focuses on the 'how' and 'why' questions. Data was collected by means of self-administered questionnaires. According to Mouton in De Vos *et al.* (2008) the unit of analysis refers to the 'object, phenomenon, entity, process or event' that forms the focus of the study. In this research, the unit of analysis comprised of TWH and TCH.

Target population and sampling

The study comprised of guardian of children less than 5 years in the two (2) hospitals namely TWH and TCH within the Tamale Metropolis. A sample size of 100 guardians/parents of the patients was determined. 50 respondents were taken from each hospital used in this study.

Sampling procedure

A convenience sampling technique was used to select the respondents at the two hospitals in Tamale. Convenience sampling technique is a type of non-probability sampling that involves the sample being drawn from that part of the population that is close to hand. That is, a sample population selected because it is readily available and convenient, as researchers are drawing on relationships or networks to which

they have easy access. (Introduction to Social Research, June 2014)

Inclusion criteria

Guardians of sick children whose children were below five years old. Participants who visited the TWH and TCH for consultation and guardians who were willing to participate.

Exclusion criteria

Guardians of sick children who are not mentally capable to be interviewed and those who were not willing to be interviewed.

Data Collection Instruments and Procedures

For the purposes of this study a self-administered questionnaire was designed by the researchers and administered to the respondents. The item in the questionnaire was based on the research objectives and reviewed literature. The questionnaire was designed to capture all the relevant information regarding the proposed research topic by means of a variety of question types. This structured questionnaire contains both open-ended and closed-ended questions for data collection. According to De Vos et al. (2008,174), the inclusion of both types of questions allows the researcher to obtain more insight into the respondents' opinions. Furthermore, responses of the respondents can be compared with one another.

Data/Statistical analysis

Data analysis refers to the process of applying logical and statistical techniques to evaluate, condense and describe raw data with the sole intent of extracting useful information.

Data entry and its analysis were done using the statistical package for social sciences (SPSS) Version 21. Quantitative data was summarized using frequency, tables, percentages, charts etc.

Ethical considerations

The major ethical issue considered was respect for protocol, culture and human rights.

The principles for medical research involving human subjects were honoured and applied in this study. It consisted of the following:

- Written consent for the research was obtained from the university for development studies as well as from the respondents, and only those who were willing to participate, were included in the research;
- no respondent's identity was made known during the study or in any publication, and the information was used for research purposes only;
- Respondents who were willing to complete the questionnaire, were required not to enter their names or to reveal any form of identity on the questionnaire;
- The consent form and questionnaire were separated to ensure the anonymity of the respondents; and
- The respondent's right to withdraw from the research at any time was respected without any form of discrimination or other negative effect.

For obtaining informed consent, the respondents were given accurate and complete information regarding the purpose of the study, their responsibilities and the benefits and risks of the study. This was done prior to their participation in the study to ensure that all respondents understood the proposed of research, enabling them to make an informed decision about their possible participation. Furthermore, participation was voluntary and all data were handled in a confidential manner.

The participants were given an opportunity to ask questions about the research. The researchers were available at all times to answer any questions.

Limitations of the Study

One of the limitations of our study was that it was based on the interview of only guardians of sick children and only two hospitals in the metropolis. Hence our study may not be a true representation of all patients in Tamale. We could not guarantee that guardians provided honest answers to the questions, since the survey involved a sensitive matter.

Results

Mothers/Guardian Satisfaction about Childcare Services at TCH and TWH

This section of the research contains the findings based on statistical analyses. The information is presented partly in tables and graphs where appropriate. The chapter broadly covers the socio-demographic data of respondents and children, time mothers/guardians spent at the hospital waiting for services for childcare, relationship that exists between parents /guardians and health staff, respondent perspective on affordability of health care services provided by the hospital on childcare, and satisfaction level on the client health confidentiality at the hospitals. It also covers respondents views on what can be done in order to improve quality of childcare.

Socio-Demographic Data of Respondents and Children

In (Table 1), the age distribution of the study units was quite even for the two hospitals (Tamale Central and West). The mean \pm standard deviations were 28.3 ± 6.4 years and 25.9 ± 6.0 years for the TCH and TWH respectively. Meanwhile, majority of them were aged between 20-31 years with less than 10.0% still within their teen years.

Table 1. Respondents Age Groupings

Age group (years)	Tamale Central	Tamale West
	Frequency (percentage)	Frequency (percentage)
16 – 19	3(6.0)	4(8.0)
20 – 23	7(14.0)	17(34.0)
24 – 27	12(24.0)	15(30.0)
28 – 31	14(28.0)	6(12.0)
32 -35	9(18.0)	2(4.0)
36 – 39	2(4.0)	4(8.0)
40 – 55	3(6.0)	2(4.0)
Total	50(100.0)	50(100.0)

Source: Field survey

From the results the vast majority of the respondents were females in each case of the two hospitals (figure 1 below).

(Figure 2 below) The findings showed that the married women were the majority as sampled in both hospitals. For the TWH none of the women was neither divorced nor co-habiting unlike TCH where it was observed that 3(6.0%) and 4(8.0%) of them were divorced and co-habiting respectively.

Of all the respondents sampled from TCH over 42(92.0%) had at least some form of formal education compared with 45(90.0%) who had at least some form of formal education of those sampled from the TWH. Only 3(6.0%) were engaged in farming as their main source of livelihood and 10(20.0%) also unemployed of the 50 participants sampled from TCH.

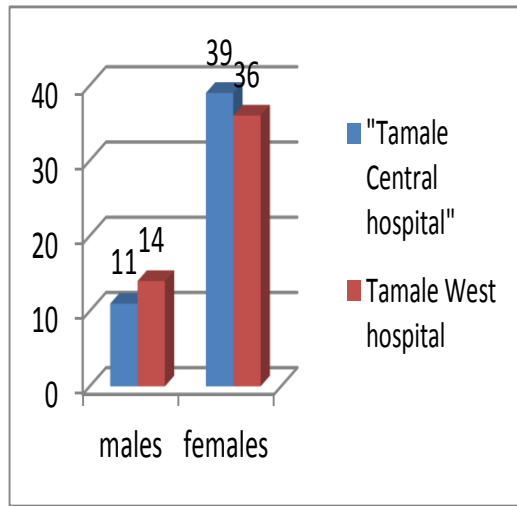


Figure 1. Sex of respondents by hospital

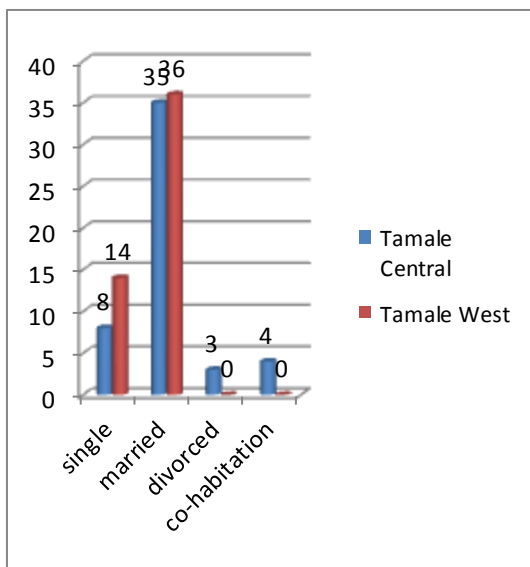


Figure 2. Respondents marital status

The rest were also involved in one trade or the other. However, the situation was quite different from what was observed at the TWH where none of them was engaged in farming as an economic activity and with 25(50.0%) reporting that they were unemployed. With regard to their religious affiliation the distribution was quite even in each hospital though the Christian population was slightly more than the Muslims (Table 2 below).

Time mothers/guardians spent at the hospital waiting for services on child care

An analysis of the findings revealed that 14(28.0%) and 12(24.0%) had attended the TCH and TWH respectively for the first time. Of 14(28.0%) and 12(24.0%) who attended the TCH and TWH it was found out that 12(24.0%) and 5(10.0%) respectively did attend based on recommendations from other people. As comparatively shown in figure 3 below, TCH had more of its clients spending less time before receiving their folders at the records unit than as was observed in TWH. (Figure 4 below) similar observation was made with regard to the time spent before seeing doctors for diagnosis after having taken their folders from the records units.

Table 2. Education and Occupational distribution of respondents

Socio-demographic variable	Tamale Central	Tamale West
	Frequency (percentage)	Frequency (percentage)
	None	4(8.0)
	Primary	7(14.0)
Education	JHS/middle school	8(16.0)
	SHS	19(38.0)
	Tertiary	12(24.0)
		25(50.0)
	Farming	3(6.0)
Occupation	business/trading	27(54.0)
	civil servant	10(20.0)
	Unemployed	10(20.0)
		25(50.0)
	Islam	22(44.0)
Religion	Christianity	28(56.0)
		29(48.0)

Source: Field survey

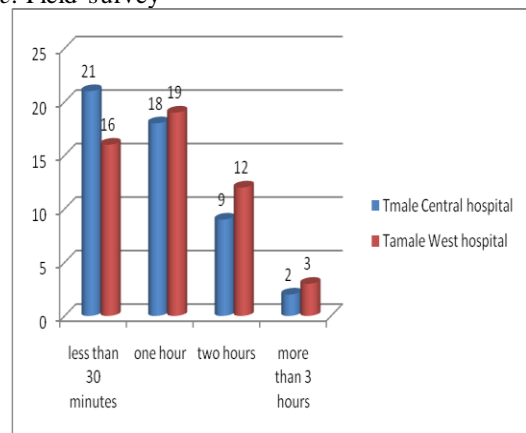


Figure 3. Time respondents spent before receiving their wards folder

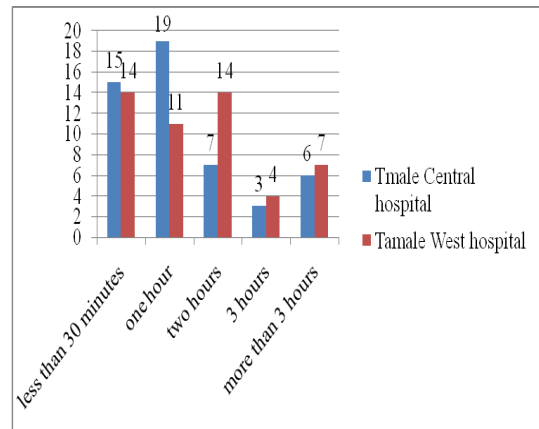


Figure 4. Time respondents spent before seeing doctor after taking folders

(Table 3 below) a detailed diagnosis of the results from the two hospitals did indicate that those visiting the TWH rather spent less time at the facility before getting the prescribed medicine as compared to those attending the TCH suggesting some level differences the service quality at their respective pharmacies with the results skewing towards the TWH. As to the level of satisfaction of respondents about the total time spent at the hospital/facility 22 (44.0%) and 20(40.0%) agreed that they were satisfied for the TCH and TWH respectively.

Table 3. How long it takes respondents before getting medicine

Hospital		Frequency	Percent (%)
Tamale central	less than 30 minutes	22	44.0
	one hour	20	40.0
	two hours	2	4.0
	3 hours	2	4.0
	more than 3 hours	4	8.0
Total		50	100.0
Tamale west	less than 30 minutes	25	50.0
	one hour	14	28.0
	two hours	7	14.0
	more than 3 hours	4	8.0
	Total		50

Meanwhile, 32(64.0%) and 24(48.0%) also agreed that they were satisfied with the time management of staff for the TCH and TWH in each case. The findings therefore seem to suggest more satisfaction level of quality of time spent at TCH than as was observed in the TWH.

4.4 Relationship that Exists between Parents /Guardians and Staff

At the TCH 39(78.0%), 3(6.0%), and 8(16.0%) of the participants described their reception at the consulting room as being good as compared to the 38(76.0%), 4(8.0%) and 8(16.0%) who were of similar respective view at the TWH. At both hospitals in each case 23(46.0%) did report that the doctors told them their child's disease with over half of the respondents in each hospital not receiving information about the exact problem of their children. Of all 27(54.0%) and 23(46.0%) were referred to the laboratory for further diagnosis at the TCH and TWH respectively. Among the 27(54.0%) who were referred to the Laboratory at the TCH 4, 14, 4, 2 and 3 spent less than 30 minutes, one hour, two hours, 3 hours and more than 3 hours respectively compared to the 6, 7, 7, 3 and 3 who also spent less than 30 minutes, one hour, two hours, 3 hours and more than 3 hours respectively at the TWH suggesting fairly similar distribution at both hospitals. With regard to the level of satisfaction on information received at the various dispensaries, 33(66.0%) and 43(86.0%) were satisfied of all those sampled from the TCH and TWH respectively. And 18(36.0%) of those who visited the dispensary TCH were educated on the treatment regimen compared with 27(54.0%) who had education on the treatment regimen at the TWH. Quite a good number of the participants were asked to return for a review based on the health status of their children. With the return for a review 29(58.0%) and 22(44.0%) were from the TCH and TWH respectively.

With regard to whether or not the health staff considered them as contributors to the health of their children 26(52.0%), 7(14.0%) and 17(34.0%) report that it was good, fair and bad respectively for the TCH unlike the 22(44.0%), 19(38.0) and 9(18.0%) which was observed in the TWH on same consideration.

In enquiring as to whether the health staff paid attention to their complaints 35(70.0%), 6(12.0%) and 9(18.0%) considered it good, fair and poor respectively for the TCH which was quite dissimilar per the observation made at the TWH: good 30(60.0%), fair 16(32.0) and poor 4(8.0%). In eliciting from the respondents whether the health staff explained what they wanted to know and also allowed questioning 21(42.0%), 13(26.0%) and 16(32.0%) considered it good, fair and poor accordingly at the TCH. This distribution was fairly the same for what was also observed at the TWH based on similar enquiry: good 24(48.0%), fair 13(26.0%) and 12(24.0%). At the TCH 41(82.0%) felt that

respect and politeness is of technical competence of a provider compared to the 42(84.0%) for the TWH.

Affordability of Health Care Services Provided by the Hospital on Childcare

Almost 48(96.0%) all of the respondents sampled from the TCH had some form of drug prescription and it was very similar 47(94.0%) to those who were also sampled from the TWH. Almost all of the respondents were referred in both hospitals to private pharmacies where 13(26.0%) were asked to buy medications, 21(42.0%) to collect medications using NHIS and 14(28.0%) bought some and collected the rest of the medication NHIS scheme as the case in the TCH. Meanwhile 9(18.0%) were asked to buy medications at the TWH with 28(56.0%) to collect medications with NHIS and 13(26.0%) also collected some on NHIS and bought some medications as well.

The analysis showed that 44(88.0%) and 46(92.0%) were on the NHIS scheme for the TCH and TWH respectively. Of all those on the NHIS scheme 22(44.0%) and 20(40.0%) still paid for additional charges at the TCH and TWH suggesting that all the cost of the medicine prescribed was covered by the NHIS scheme. A little over half 27(54.0%) and less than 40.0% agreed that NHIS has solved the problem of affordability of health services as was observed in TCH and TWH. Of all those who felt that NHIS did not solve the problem of health service affordability 21(42.0%) and 12(24.0%) still considered cost of health services expensive for them in the TCH and TWH respectively.

Satisfaction Level of Parent/ Guardian On the client health Confidentiality that exists in the Hospitals.

Among all the participants selected for the survey 27(54.0%) understood what client health information confidentiality is, at TCH compared with the only 15(30.0%) who could tell what client health information confidentiality is at the TWH. The participants were quite diverse in their rating of the level of confidentiality at the hospitals. For all those sampled at the TCH 23(46.0%), 16(32.0%) and 11(22.0%) believed that the level of client health information confidentiality was good, fair and poor respectively. And for those chosen at the TWH 20(40.0%), 22(44.0%) and 8(16.0%) considered the level of confidentiality as good, fair and poor respectively.

Table 4. What participants think can be done to improve quality of childcare

Intervention	Tamale Central Frequency (percentage)	Tamale West Frequency (percentage)
a. Increasing staff number	33(66.0)	34(68.0)
b. Discipline staff who misbehave	35(70.0)	34(68.0)
c. Dismiss staff who misconduct themselves	08(16.0)	10(20.0)
d. Suing staff and facility for damages	18(36.0)	12(24.0)
e. Improving provider behavior	28(56.0)	27(54.0)
f. Reducing waiting time	33(66.0)	31(62.0)
g. Improving drug availability	31(62.0)	33(66.0)
h. Increasing accessibility to health facility	31(62.0)	29(58.0)

Source: Field survey

In (Table 4 below) As part of the information gathered far more than half of all the participants recommended increasing staff numbers and to discipline staff who misbehave as measures of improving the quality of childcare at the hospitals. However, a few of them were also in support of staff dismissal as a means of improving on childcare quality at the

hospitals. Reducing waiting times at hospitals and increasing access to health facilities were also quite dominant on the list of recommendations respondents gave.

Discussion of Results

Socio-Demographics Data of Respondents and Children.

The number of respondents who completed the questionnaires was 100, 50 at each hospital (TWH and TCH). The age of majority of the respondents was between 20-31 years for both TWH and TCH. Also, the sex of majority of the respondents at each hospital were females. Married women were the majority as sampled in both hospitals. For TWH, none of the married women were neither divorced nor co-habiting unlike TCH where 6.0% and 48.0% of them were divorced and co-habiting respectively. The level of education refers to the highest level of education attained but not necessarily completed. The study noted that all respondents had some form of formal education, 90% and 92% respectively at TWH and TCH.

It was revealed that 6% of the respondents were involved in farming, 20% being unemployed and the rest were involved in one trade or the other out of 50 participants sampled from TCH. While at TWH, none of the respondents were involved in farming activities and 50% were unemployed out of the 50 participants. Christians were slightly more than Muslims in both hospitals.

Time parents spent at the hospital waiting for services on child care

Waiting time at the hospital has been found by studies (Mendoza et al: 2001) to be more important to clients than prolonging consulting time (on average 2 min, 22 sec), with 75% of clients being satisfied. However, the findings of this study indicates that time spent at the hospital have an association with patient level of satisfaction of childcare in our study area. The findings of our study however, revealed that patient who spent less than 30 min as waiting time at both hospitals in the care of their child were more satisfied than those who spent more than 3 hours. It is also anticipated that long stay at the hospital are thought to result from outdated methods of treatment, so that modernization should bring them to an end. However this goes in line with Turkson finding that majority of patient (83.4%) found the waiting time at health facilities in Komenda – Edina – Eguafo – Abrem (KEEA) District reasonable.

Relationship that Exists between Parents /Guardians and Staff

Taking the perception about the attitude of staff, most clients rated the general attitude of staffs as good. For client satisfaction with childcare services, this study expressed satisfaction with service provision with respect to the examination of client by a doctor or medical assistant, being informed about their disease condition, being told to return or not, to the facility and the explanations given them on their drugs at the dispensary. Results from this study were similar to other studies which concluded that quality of healthcare given to client was generally satisfactory among both insured and non-insured at both hospitals. Donabedian saw healthcare as a technical task and an interpersonal exchange whereby doctor and patient agreed on treatment. Therefore, it is in consistence with this research that patient satisfaction can be based on the relationship between the health worker and the client.

Patient's perception of quality care is fundamental to utilization of health services. Although the NHIS was meant to improve utilization of health services, health utilization would partly depend on client's perception of the quality of care.

Provision of essential drugs is part of the basic healthcare services as benefit package of the NHIS.

This study looked at mothers/guardians satisfaction and perceptions about drugs given to them at the health facility. The research showed that 58% and 92% were on the NHIS scheme in both hospitals, TCH and TWH respectively. About 44% and 40% still paid additional charges at the TCH and TWH, suggesting that all the cost of medication prescribed by the doctor was covered by the NHIS.

The finding is consistent with NHIA, 2008 that NHIS package covers over 95% of the most common and prevalent disease condition in Ghana.

Satisfaction Level of Parent/ Guardian On the client health Confidentiality that exists in the Hospitals.

This study identified that about 54% of the respondents at the TCH understood what client confidentiality is and were even diverse in their rating. The finding appeared to be consistent with Britto, Tivorsak and Slap, 2010. They found that maintaining informational privacy was most salient to the adolescents. For all those chosen at the TWH 44% and 16% considered the level of confidentiality as good, fair and poor whereas TCH 46%, 32% and 22% believed that the level of client health information confidentiality was good, fair and poor. Therefore, this confirms the result of a research conducted by P.K. Turkson (2009). It revealed that there was a high level of privacy in the consulting rooms. However, initial screening of patients at the OPD was done in the open. Providing cubicles or screens will assure patients of confidentiality. Therefore, the fact that client understood confidentiality level at the hospital is in accordance with empirical literature.

Moreover, the last minor objective of this study was to identify what participants think can be done to improve quality of childcare. The findings indicated that the following can be done to improve the quality of childcare; increasing number of staff in both hospitals, discipline staff who misbehave, improving provider behavior, reducing waiting time, improving drug availability and increasing accessibility to health facility.

The Code of Ethics for GHS indicates that all service personnel shall be competent, dedicated, honest and client – focused and operate within the law of the land.

Also, all Service personnel shall refrain from all acts of indiscipline including drunkenness, smoking, immorality, abuse of drugs and pilfering in the course of performing their duties. If health workers continue to abide by these ethics then healthcare services would be better.

Summary of Findings, Conclusion and Recommendation Summary of Findings

This study sought to assess the patient level of satisfaction on childcare in the TWH and TCH. Specifically, it sought to assess the time parent spend at the hospital waiting for services on childcare, to investigate the relationship that exists between parent/guardian and staff, to determine the affordability of healthcare services provided in the hospital on childcare and to determine the satisfaction level of parents/guardian on the confidentiality that exist in the hospital. This study used explorative – descriptive research design. A convenience sampling technique under probability sampling was used to select 100 respondents, 50 from each hospital (TWH and TCH) respectively. Structured questionnaire was the main instrument used in gathering data from the respondents. Data was analyzed using the Statistical Package for Social Sciences (SPSS).

The findings of the study with regard to the first objective revealed that client are more satisfied with less waiting time at both hospitals. The second objective was established through client's own participation that, the general attitude of staff at the hospital was good and therefore in this research, patient satisfaction can be based on the relationship between the health worker and the client.

Findings with regard to the third objective revealed that most medications prescribed by practitioners was covered by NHIS and therefore making healthcare services affordable.

The findings of this study in relation to the last objective revealed that there was privacy at the hospitals of study. The findings of this study are congruent with many other similar studies reported in Africa and other developing countries. Moreover, from the study it was established that the following can be done in improving quality of childcare; increasing number of staff in both hospitals, discipline staff who misbehave, improving provider behavior, reducing waiting time, improving drug availability and increasing accessibility to health facilities.

Conclusion

The study found that generally, the quality of childcare was perceived to be high for most of the indicators used. There were, however, some concerns. Clients were not told the diagnosis or informed about the management of their illness. This need to be addressed. The level of satisfaction with quality of healthcare was high.

Recommendations

From the study conducted, the way forward to improving patient level of satisfaction on childcare are:

- The GHS should increase the number of staff at the hospitals to reduce the burden on health personnel and to reduce the waiting time of clients
- Clients should be well enlightened about the disease condition of their wards and the treatment regimen to improve healthcare.
- The government should increase accessibility to health facilities and improve upon the existing facilities at the hospitals
- Measures should be put in place to discipline staff who misbehave towards clients in the hospital
- Further research is needed in the future regarding patient level of satisfaction with childcare, adolescents and adults.

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