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**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**PATIENT/CLIENT SATISFACTION WITH NURSING CARE AT THE  
ANTENATAL CLINIC (ANC) OF HOLY FAMILY HOSPITAL, BEREKUM**

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**2022**

## DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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## ABSTRACT

Patients' satisfaction has been widely advocated as an outcome measure of quality nursing care. Measures of patient satisfaction have been found to correlate directly with treatment compliance, nursing quality, and outcome of care. The purpose of the study was to determine the level of in-patient satisfaction with nursing care at Holy Family Hospital, Berekum. A hospital based quantitative design was conducted with 50 patients admitted in the medical, surgical and maternity wards. A convenience sampling technique was used to select participants for the study. A total of 50 participants was used for the study. Data was entered and analyzed using Microsoft excel and results were presented in the form of frequencies and percentages. The study found that vast majority (92%) of the respondents agreed that patient teaching is their top most expectation from the nurses/midwives, a whopping (90%) of respondents expressed that physical examination is something they expect from nurses/midwives to perform all the time. A whopping (98%) of respondents were satisfied with administration of medication since it was done appropriately. Concerning routine vital signs checking.

The study recommended that in-service training by the in-service training coordinator of the hospital to update nurses on quality nurse-patient relationship.

The study concluded that the highest items of patient expectations were patient teaching, physical examination, nurse/midwife spent with patients, respect for patients' rights and psychological care. The highest items for patient satisfaction with specific dimensions of nursing care were administration of medication, checking of routine vital signs and skills of nurses/midwives.

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## **ABBREVIATION**

ANC            Antenatal Care

WHO           World Health Organization

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## CHAPTER ONE

### INTRODUCTION

#### **1.0 Background of the study**

Antenatal care involves a series of care focused on maternal and foetal wellbeing, allowing appropriate actions aimed at facilitating women to survive their pregnancy and delivery in a positive and enhance manner, limiting the uncertainties of delivery and puerperal complications (Fernanda, et al., 2017). Antenatal care is also a period when health-care employees offer series of approaches for women that could be advantageous to their health and that of their unborn child (Fife, 2018).

Good maternal health is key in saving the lives of pregnant women in addition to ensuring survival of newborns and better child health outcomes (Ehiri, 2016). Therefore, there is a need to provide access to the needed health care during pregnancy, and of paramount importance is the antenatal care (ANC). This is the first care given to women during pregnancy from healthcare professionals, and it is of utmost importance since it aids in predicting fetal and maternal complications (World Health Organization, 2018). Antenatal services are more positive in preventing any bad effect when it is sought early in the pregnancy and continued until childbirth as it plays important roles in detecting and treating most complications of pregnancy and forms a good base line for proper management during labour and after delivery (Carroli, Rooney, & Villar, 2019).

The good health of nations is key to human development and economic growth and it is important to analyze health systems performance and share with the government and the international community (Brundtland, 2020). The study of patient satisfaction did not begin in earnest until the late 1970's and early 1980's (Wagner & Bear, 2019). This might be attributed to the commercialization of medicine, and by increasing interest in "individual

experience” among social scientists. Patients' views have become an important health care element in the evaluation of health care. The nurse/midwife need to know what factors influence patient satisfaction, if we have to improve the quality of health care (Mishra & Mishra, 2018). Patient satisfaction is a person’s positive feeling of pleasure or disappointment resulting for comparing a product or services perceived performance or outcome in relation to his or her expectations (Rashmi & Vijaykumar, 2021).

Sharma et al., (2018) stated that satisfaction is defined as a consumer’s emotional feelings about a specific consumption experience. It is judgment that a product or a services feature, the product or service itself, provide a pleasurable level of consumption related fulfillment. All people are consumers of health services and it is important to know their expectations on health care services. Users of health services want safe, appropriate interventions, treatment, and care that consider their dignity and respect. They want information that is accurate, timely, and relevant. Consumers believe that if this is to happen, then consumers of health services must be involved and consulted, not only in relation to their own healthcare, but also about service planning and delivery, health evaluation and research (Wagner & Bear, 2019).

Client's/patient's satisfaction is one of the two main components of quality of care which includes respect for the client/patient and understanding the needs of the client and providing services accordingly (Deming, 2020). Patient satisfaction is a major indicator of quality care thus quality of work can be assessed by mapping out patient satisfaction with nursing care (Alasad, Tabar, & AbuRuz, 2020). Nursing service is one of the most important components of hospital services which has two major objectives; nursing care of sick patient and prevention of disease and promotion of health.

Patient satisfaction is an important means of measuring the effectiveness of health care delivery and quality of medical care. It denotes the extent to which general health care needs of the patient are met to their requirements. The most important reason to conduct patient

satisfaction surveys is that they provide the ability to identify and resolve potential problems before they become serious (Sharma, et al., 2018).

Patient satisfaction with nursing care is considered as an important factor in explaining patients' perceptions of service quality (Alasad, et al., 2020). Care assessed to be high quality according to clinical, economic, or other provider-defined criteria is far from ideal if as a result of that care the patient is unhappy or dissatisfied. Healthcare situation is fast changing globally (Brundtland, 2020). Patient satisfaction is one of the established standards to evaluate achievement of the services being provided in the hospitals. For healthcare organization to be successfully monitored clients view is a simple but important approach to assess and improve their performance (Eyasu, Adane, Amdie, Biwota, & Getahun, 2019).

The satisfaction of patients coming to hospitals depends on the structure and function of the medical care system. The functioning of medical care system is based on the various social, technical and physical aspects (Girmay, Marye, Haftu, & Dawit, 2018). The structure of the medical care system is guided by the policies of the government and the type of government set-up prevailing in the country, whereas the functioning mainly depends on those who manage the system. In a welfare state like India, where the government takes up the responsibility of providing free medical care to those who are unable to afford it, free consultation, medicines and treatment facilities have to be provided (Sharew , Bizuneh , Assefa , & Habtewold , 2018).

Those receiving these kinds of services may be satisfied with whatever services are being provided to them in the hospitals because they are free of cost. But, as soon as they come to realize that it is their right to receive these services and it is the responsibility of government to look after their well-being, when they cannot afford, rise in their level of expectations is uncontrollable (Mishra & Mishra, 2018)

A study conducted by Eyasu et al., (2019), indicated that; “Patient satisfaction deserves attention not only because it is basically valuable goal, but also because it is a potentially important mediator for a variety of essential outcomes. Satisfied patients may be more adhered with their treatment, suggesting that satisfaction is an important component in promoting health and well-being. Satisfaction may also directly affect the economical capability of an institution by affecting consumer choice of health institution. Satisfaction with care has a vital power determining whether a person seeks medical advice, complies with treatment, and maintains a continuing relationship with healthcare providers’’. Of all the healthcare workers, nurse/midwife spend much time with the patients. Therefore, the nurse/midwife is in a unique position to influence and promote effective consumer relationships. Patient satisfaction with nursing care is considered an important factor in explaining patients’ perceptions of service quality. Measurement of patient satisfaction with inpatient care appears to be more important, because the interaction of patient and nursing staff is high in the ward setting and the illness itself affects the attention of nurse/midwife.

In Germany, measuring satisfaction has been mandatory since 2005 as an element of quality management reports regarding service quality and quality of care which have to be published by all providers aiming at supporting patients with information in order to allow benchmarking of hospitals. As a consequence, several questionnaires have been used to evaluate in-patient care (Scheonfelder, Klewer, & Kluger, 2019). There are several motivations for surveying patient satisfaction. It may influence health-care utilization, can be a predictor of subsequent health-related behavior and whether patients are willing or not to recommend their health-care provider to others. Patient satisfaction is a useful measure in assessing patterns of communication. Even though patients may not be able to judge specific technical aspects, they provide the best source of accurate information regarding clarity of

explanations, helpfulness of information patients are receiving, barriers to obtaining care or the physician's interpersonal behavior (Aiken, Sermus, Busse, & Mckee, 2019).

Patient satisfaction information can provide a dependent measure of service quality and serves as a predictor of health-related behavior. Issues deserving further investigation and recommendations regarding research strategies are presented.

### **1.1 Problem Statement**

Nurse/midwife form a very important group, which is largest single technical group of personnel engaged in hospital care next to doctors and consume almost one third of hospital cost (Khan, Hassan, Anwar, Babar, & Babar, 2017).

Nursing care is a key determinant of overall patient satisfaction during hospital admission (Khan et al., 2017). Patients' comments suggest that number of concerns must be addressed. The nurse/midwife need to know what factors influence patient satisfaction in order to improve the quality of health care (Khan et al., 2017).

Despite many health interventions and understanding on health issues, most of developing countries face many challenges in achieving better access to quality healthcare services, this has led the failure of African nations in attaining the Abuja declaration on time framework, further confirming the evidence of poor financing mechanism in Africa (WHO, 2019).

As efforts are made by the Ghana Health Service in collaboration with various successive governments to improve the quality of healthcare, there still exist some inefficiencies worth researching into.

In view of this, it is important to examine patient/client satisfaction with nursing care at the antenatal clinic (ANC) of Holy Family Hospital, Berekum.

## **1.2 General Objective**

To determine the level of patient/client satisfaction with nursing care at the antenatal clinic (ANC) of Holy Family Hospital, Berekum.

## **1.3 Specific Objectives**

1. To investigate the expectations of patient/client satisfaction with nursing care at the antenatal clinic (ANC)
2. To determine patient/client satisfaction with specific dimensions of nursing care at the antenatal clinic (ANC).
3. To investigate factors influencing patient/client satisfaction at the antenatal clinic (ANC).

## **1.4 Operational Definition of Terms**

**Nursing Care:** Any care rendered to a patient by a nurse/midwife/midwife

**Patient/Client:** A person receiving healthcare services.

**Satisfaction:** A state of being content with something.

**Patient Nursing Care:** Nursing care rendered to a client/patient.

**Expectations:** The kind of care patient require from nurse/midwife when they receive healthcare services.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter comprises review of relevant literature related to the research topic. A well-structured literature review begins with broad or general information, then narrows the focus to those studies most closely related to the research problem. The literature review is in two parts: Theoretical review which involves a survey of theory underlying the research problem and Empirical review which involves the survey of actual but relevant work done in the problem area under investigation.

#### 2.1 Overview

The most comprehensive and perhaps the simplest definition of quality is that used by advocates of total quality management (Deming, 2020): “Doing the right thing right, right away”. Brundtland, (2020) suggest that patient satisfaction could be assessed by measuring (1) the degree to which patients believe that care possesses certain attributes and (2) the patient’s evaluation of those attributes. He suggests that satisfaction is not a single concept made up of multiple determinants, but that there exist three independent models of satisfaction, each associated with one determinant. Thus, there is the “need for the familiar,” the “goals of help-seeking” and the “importance of emotional needs.” Furthermore, there is evidence that there are two states of satisfaction, stable ones related to health care generally and dynamic ones related to specific health care interactions.

According to O’Connor, Shewchuk and Carney (2015), it’s the patients’ perspective that is increasingly being viewed as a meaningful indicator of health services quality and may, in fact, represent the most important perspective. Patient satisfaction has been defined again “as the patient’s perception of care received compared with the care expected” (Alasad, Tabar, &

AbuRuz, 2020). Perceptions about what is quality nursing care differ between nurse/midwife and patients and across care settings.

Alasad et al., (2020) indicated that patients find satisfaction in aspects other than the technical expertise of the hospital staff, primarily the human aspect of caring. For hospitalized patients, satisfaction represents a balance between the patient's perception and expectation of their nursing care. Patients' satisfaction has been widely advocated as an outcome measure of quality nursing care. Measures of patient satisfaction have been found to correlate directly with treatment compliance, nursing quality, and outcome of care. Studies have demonstrated varying results concerning the relationship between patient characteristics and patient satisfaction with nursing care. The patients' ability to evaluate their care is diminished when they do not have enough knowledge about their condition.

Research conducted by Alasad et al., (2020) indicates that older people tend to be more satisfied with most aspects of hospital care than do younger people. In addition, patients might be reluctant to be honest when assessed for their satisfaction if they feel that they may be identified because of fears of retaliation by care providers. Because patient satisfaction is a subjective evaluation about the care received, it must be assessed from the patient's perspectives.

Few studies report patient satisfaction with health services in Ghana. Data reporting satisfaction with nursing care are limited in number and relatively recent. Study findings are inconsistent and highlight the need for further research.

Aiken et al., (2019) specified that, in the face of sustained increasing pressure on health expenditures from ageing populations, rising public expectations, and the introduction of new technology, European countries have been implementing a wide range of cost containment strategies. From one perspective, these strategies have been successful. Although expenditures on health, expressed as a percentage of gross domestic product, have been rising

in European countries, the rate of increase in Europe has been much slower than in the United States. The Netherlands, the highest spending European country in 2009, spends only 12.0% of their gross domestic product on health, compared with 17.4% spent in the US.

A study conducted by Aduo-Adjei, (2020) indicated that, over the decades, Ghana's Ministry of Health has resolved to continuously improve the quality of care and to enhance client/patient satisfaction in the most cost-effective manner in Ghana. However, there are key challenges that confront the implementation of these objectives in some hospitals, according to the Ghana Health Service (GHS) (2010) evaluation report of patient's satisfaction with quality healthcare delivery.

## **2.2 Expectations of Patients**

Awareness about patient needs and expectations is quite important in improving the quality of the services they are provided with (Kalyani, Kashkooli, Molazem, & Jamshidi, 2018). Understanding and meeting the patients' expectations are one of the major objectives of nursing profession for achieving efficient care for the patient (Kalyani et al., 2018). A study done on patient expectation from nursing care found out that majority of participants viewed time nurse/midwife spent with patients as well as respect for patients as their topmost priority. It is not only the time nurse/midwife spent with patients and respect for patients as their leading expectation but also other factors such as adequate information about their condition and treatment, kindness and other things that are expected from nurse/midwife (Girmay, Marye, Haftu, & Dawit, 2018).

A study conducted by Kalyani et al., (2018) on patient expectations showed that 80% of the participants were male and 20% female and their mean age was 51 years. After data analysis, 274 primary codes, including 3 main categories and 10 subcategories, were extracted. The main categories of patients' expectations were comprehensive care, ethical performance, and having proper individual characteristics.

### **2.2.1 Comprehensive Care**

This main category included three subcategories of patient education, physical care, and psychological care.

### **2.2.2 Patient Education**

A cross sectional study conducted in Germany showed that most of the patients considered the education provided by nurse/midwife as one of their most important expectations. Consisting education about the disease, cause and prevention, care or management regimen the to the patients, and responding to their questions about the conditions as well as the medications. For instance, one of the study participants said: During the two minutes the nurse/midwife comes to me and gives me medicine; she can tell me what the medicine's name is or why she is giving me this medication. I do not know the name of my drugs at all.

Another patient stated: "Most of the patients come here to be cured. Everything you say is like a verse for them. She/he comes to me and measures my body temperature but I see him/her as a doctor. I told myself that she or he knows everything and I like him/her to tell me something about my disease".

One other study participant mentioned: "It is important that the nurse/midwife explains our disease for us in 5 minutes. A lot of patients are hospitalized again because their treatment has been ambiguous; they go home and do not know what to do and how to take care of themselves. So, they become ill again and go back to the hospital".

### **2.2.3 Physical Care**

This subcategory included appropriate, comprehensive care, meeting the patients' needs, sedating the patients' pain, following up the patients, frequent presence by the patients and asking how they feel, immediate response to their needs, paying attention to the patients' individual needs, and providing the patients' comfort.

In this regard, one of the study participants said: “When I have chest pain at midnight, I tell the nurse/midwife and she/he comes to me with a sublingual tablet and heals my pain. This is too much for me... rather than when she/he says wait, I will come in a few minutes”.

One other participant of the study believed: “You should ask. You know that this patient has once had a headache. So, you should ask whether she/he is fine or not. It is important for him/her that you ask about his/her pain”.

#### **2.2.4 Psychological Care**

Another subcategory obtained from what the participants had stated was psychological care for the patients. Different dimensions of this subcategory included convincing the patients, calmly speaking with them, reassuring them, not causing them stress, gaining their trust, creating relationships with them, listening to them, and being kind to them.

One of the study participants said: “Here, the patient may become angry and shout. So, the nurse/midwife must calmly and kindly speak to the patient and make him/her ashamed. For example, one of the patients had got angry last night, had removed all the serums, and had separated the monitor, but the nurse/midwife managed to convince him and bring him back to the bed” (Patient 17).

Moreover, one of the patients stated: “There may be a patient in this department for whom it is very important that somebody is listening to him/her and she/he can easily open his/her heart. Well, this will open a small window of hope for him/her”.

Yet, another patient believed: “The patient cannot build a relationship with the nurse/midwife unless she/he trusts him/her and the nurse/midwife should start this relationship. You can see that the patients may not be able to start a relationship; so, the nurse/midwife must help them and little by little the mutual trust is built”.

Another study participant also said: “Nurse/midwife can influence the patients by their words and good behavior. If nurse/midwife are kind to a patient, she/he will be their slave. The

patients need empathy and this highly affects them, because the patients think that nobody has problems but themselves”.

### **2.2.5 Ethical Performance**

This main category consisted of two subcategories of responsibility and respecting the patients’ rights.

### **2.2.6 Responsibility**

Most of the study subjects expected the nurse/midwife to be responsible for the healthcare as well as the patients. Different dimensions of this subcategory included the nurse/midwife’ feeling of responsibility, not being indifferent, having discipline, and having justice in treating the patients.

For instance, one of the study participants mentioned: “She/he has to treat us in the same manner and cure me whether I am a doctor, engineer, or a worker”.

Another patient said: “Here, the nurse/midwife/midwife must be responsible; she/he has accepted this responsibility. Every night, I sleep with fear that I may have another stroke and nobody is here”.

Also, one of the patients stated: “See! When I am here, the nurse/midwife must feel responsible toward my pain, my disease, and even the money I pay. I must feel relaxed that they care for me. These are really expectations and they must accept the responsibility”.

### **2.2.7 Respecting the Patients’ Rights**

Another subcategory extracted from the interviews with the patients was respecting the patients’ rights by the nurse/midwife. This subcategory included various dimensions, such as respecting the patients and respecting the patients’ privacy.

In this regard, one of the patients said: “I say I have pain, I cannot sleep and the nurse/midwife says did you smoke in the past? She/he should not have talked to me that way in front of other patients and nurse/midwife. I was really offended”.

Another participant mentioned: “They should say the patient who is here and we are measuring his/her blood pressure is a human and should be respected. The relationship between the nurse/midwife and patients should be in a way that they respect and trust each other”.

Yet, one other participant stated: “Nursing is different from the past. It has special academic courses. A nurse/midwife means an academic, scientific person and we expect a nurse/midwife to treat us as an academic person”.

The findings of the current study by Kalyani et al., (2014) presented a clear image of the patients’ expectations from nurse/midwife and nursing care. The study participants stated their expectations from nurse/midwife and nursing care through three main categories of comprehensive care, responsibility, and having proper individual characteristics.

All the patients taking part in the present study mentioned their education by nurse/midwife as one of their major expectations and believed that educating the patients regarding their disease, experiments, examinations, disease stages, disease future, and diet comprises a main part of nursing care.

### **2.3 Patient Satisfaction with Specific Dimensions of Nursing Care**

Nurse/midwife form a very important group, which is largest single technical group of personnel engaged in hospital care next to doctors and consume almost one third of hospital cost. A hospital may be soundly organized, beautifully situated and well equipped, but if the nursing care is not of high quality, the hospital will fail in its responsibility of providing care.

A study by Khan et al., (2017), at District Headquarter Hospital Dera Ismail Khan, Pakistan, in the description of nursing care, they used Henderson's basic nursing care model. Virginia Henderson (1897-1996) was the first nurse/midwife to clearly define nursing care and pointed out that nursing does not consist of merely following physician's orders. She categorized

nursing activities into 14 components based on human needs. They used six dimensions of care for examination based on Henderson basic nursing care.

The study included a total of 153 eligible patients who were identified and interviewed through questionnaire. Out of these, 122 agreed to participate. Response rate was 79.7%. Overall, patients had a variable experiences of nursing care; 45% were satisfied with care provided while 55% were dissatisfied. Among 6 dimensions of care, patients (94%) liked nursing practice of keeping privacy of patients. Patients were also highly satisfied (90%) regarding their regularity in routine vital signs checking, while 6% were partially dissatisfied. When patients were asked about behaviour, 90% were not feeling comfortable talking to nurse/midwife. Only 10 % felts nurse/midwife were excellent. 40% patients appreciated nursing skill while 84% patients had negative experiences as they observed nurse/midwife were not attentive to their needs, particularly at night. The same percentage also had negative perception with respect to physical care. Overall, the data showed that patient were not sufficiently met.

A study conducted Mishra and Mishra, (2018) about patient satisfaction in Indian Spinal Injuries Centre involved circulation of structured questionnaires amongst 100 patients and relatives of private and general wards. The questions asked were about room preparation, behavior of doctors, nurse/midwife, orderlies, food services, cleanliness of toilet, etc. Room preparation at the time of admission: About 17% patients felt it was excellent, 58% patients felt very good, 15% felt good, 9% felt it was average. One percent of them said it to be poor. As a whole, 90% people were satisfied with the room preparation at the time of admission. Nursing services: About 27% patients felt it was excellent, 48% patients felt very good, 24% felt good, 10% felt it was average. One percent of them said it to be poor.

So, on a whole, 90% people were satisfied with the nursing services. Cleanliness of toilets: Nearly 10% of the patients felt it was excellent, 17% patients felt very good, 42% felt good,

22% felt it was average. About 9% of them said it to be poor. On a whole, only 69% people were satisfied with the cleanliness of the toilets. Behaviour of Orderlies/Sweeper: About 13% patients/attendants felt it was excellent, 36% patients felt very good, 42% felt it was good, 9% felt it was average, 13% of them said it to be poor. It was felt that there is less sensitivity about protocols to avoid cross infection amongst staff. Some people complained about the bad behavior of hospital and housekeeping attendants, although they did not give in writing. The shortage of hospital attendants for taking the patient for investigations and rehab (Physio) was also reported. On a whole, 78% people were satisfied with the behavior of Orderlies/Sweeper (Mishra & Mishra, 2018).

Alasad et al., (2020) conducted a cross-sectional study in Saudi Arabia which aimed at assessing patient satisfaction with nursing care at King Abdulaziz Medical City in Riyadh (KAMC-R) which is one of the main tertiary hospitals in Saudi Arabia. A total of 424 patients participated in the study; 62.7% of them were female. Participants average age was 43.7 years, and the majority (76.2%) had less than high school education, (21.5 %) reported as illiterate. The mean satisfaction score for all participants was 90.67%, which means that patients were highly satisfied. The highest 5 items of satisfaction were the amount of privacy nurse/midwife gave you, nurse/midwife awareness of your needs, how willing nurse/midwife were to respond to your requests, nurse/midwife treatment of you as an individual, and how nurse/midwife listened to your worries and concerns. The lowest 5 items of satisfaction were how often nurse/midwife checked to see if you were okay, the amount of information nurse/midwife gave you about your condition and treatment, the way nurse/midwife made you feel at home, they are always being a nurse/midwife around if you needed one, and how quickly nurse/midwife came when you called for them (Alasad, Tabar, & AbuRuz, 2020).

## **2.4 Factors influencing patient satisfaction**

In the face of sustained increasing pressure on health expenditures from ageing populations, rising public expectations, and the introduction of new technology, European countries have been implementing a wide range of cost containment strategies. From one perspective, these strategies have been successful. Although expenditures on health, expressed as a percentage of gross domestic product, have been rising in European countries, the rate of increase in Europe has been much slower than in the United States. The Netherlands, the highest spending European country in 2009, spends only 12.0% of their gross domestic product on health, compared with 17.4% spent in the US (Aiken, Sermus, Busse, & Mckee, 2019).

In many European countries, this percentage is much lower, for example, Finland at 9.2% and the United Kingdom at 9.8%. A cross sectional survey of patients and nurse/midwife was conducted in 12 European countries and the United States. The objective was to determine whether hospitals with a good organization of care (such as improved nurse/midwife staffing and work environments) can affect patient care and nurse/midwife workforce stability in European countries. Nurse/midwife were surveyed in general acute care hospitals (488 in 12 European countries; 617 in the United States); patients were surveyed in 210 European hospitals and 430 US hospitals. 33 659 nurse/midwife and 11 318 patients in Europe; 27 509 nurse/midwife and more than 120 000 patients in the US. The main outcome measures were; Nurse/midwife outcomes: (hospital staffing, work environments, burnout, dissatisfaction, intention to leave job in the next year, patient safety, quality of care) Patient outcomes: (satisfaction overall and with nursing care, willingness to recommend hospitals). The study reported these findings; The percentage of nurse/midwife reporting poor or fair quality of patient care varied substantially by country (from 11% (Ireland) to 47% (Greece)), as did rates for nurse/midwife who gave their hospital a poor or failing safety grade (4% (Switzerland) to 18% (Poland)). We found high rates of nurse/midwife burnout (10%

(Netherlands) to 78% (Greece)), job dissatisfaction (11% (Netherlands) to 56% (Greece)), and intention to leave (14% (US) to 49% (Finland, Greece)). Patients' high ratings of their hospitals also varied considerably (35% (Spain) to 61% (Finland, Ireland)), as did rates of patients willing to recommend their hospital (53% (Greece) to 78% (Switzerland)). Improved work environments and reduced ratios of patients to nurse/midwife were associated with increased care quality and patient satisfaction. In European hospitals, after adjusting for hospital and nurse/midwife characteristics, nurse/midwife with better work environments were half as likely to report poor or fair care quality and give their hospitals poor or failing grades on patient safety. Each additional patient per nurse/midwife increased the odds of nurse/midwife reporting poor or fair quality care and poor or failing safety grades. Patients in hospitals with better work environments were more likely to rate their hospital highly and recommend their hospitals, whereas those with higher ratios of patients to nurse/midwife were less likely to rate them highly or recommend them. Results were similar in the US. Nurse/midwife and patients agreed on which hospitals provided good care and could be recommended. It concluded that deficits in hospital care quality were common in all countries. Improvement of hospital work environments might be a relatively low cost strategy to improve safety and quality in hospital care and to increase patient satisfaction (Aiken, Sermus, Busse, & Mckee, 2019).

A study conducted in Sweden aimed at describing the influence on patient satisfaction with regard to nursing care in the context of health care. In the description of nursing care, they used Henderson's nursing care model. The results describe eight domains that have an influence on patient satisfaction with nursing care: the socio-demographic background of the patients, patients' expectations regarding nursing care, the physical environment, communication and information, participation and involvement, interpersonal relations between nurse/midwife and patient, nurse/midwife' medical technical competence, and the

influence of the health care organization on both patients and nurse/midwife. The researchers highlighted that their study was an important implication for future research is to continue to elucidate the factors that influence satisfaction with nursing care, as seen from the patient's perspective (Johansson, Oléni, & Fridlund, 2020).

A cross-sectional study conducted in Ethiopia on May 2018 on “Investigating admitted patients' satisfaction with nursing care at Debre Berhan Referral Hospital” assessed the level of patient satisfaction with nursing care and also identified factors influencing patient satisfaction. 252 admitted patients in the Medical, Surgical and Paediatric wards participated in the study. Patient satisfaction with nursing care was measured by the Newcastle Satisfaction with Nursing Scale. Patient satisfaction scores were dichotomized into ‘satisfied’ and ‘unsatisfied’. Educational status and history of admission were significant factors influencing patient satisfaction with nursing care. Patient who had high educational status were 80% less satisfied compared with those who had no formal education. Patient who had a history of admission were 2.2 times more satisfied compared with those who had no history of admission. The study concluded that About half the admitted patients were satisfied with the nursing care. Satisfaction differed significantly by patients' educational attainment and history of admission. This study provided evidence on patient satisfaction with nursing care in Ethiopia. This information may be useful in comparative studies of patient satisfaction and in identifying characteristics that may explain or predict patient satisfaction (Sharew , Bizuneh , Assefa , & Habtewold , 2018).

An exploratory study conducted in the northern part of Ghana which examined how communication, provider courtesy, support/care, environment of the facility and waiting time significantly predict patient’s satisfaction with quality of healthcare. 324 respondents were selected using stratified and convenient sampling techniques. The results revealed that communication, provider courtesy, support/care, environment of the facility and waiting time

determine patient's satisfaction with quality of healthcare delivery. The findings suggested that internal and external stakeholders may possibly use the study as a precursor to improve service quality (Atinga, Abekah-Nkrumah, & Domfeh, 2019).

A study conducted by Peprah, (2019) at Sunyani Regional Hospital was aimed at assessing factors associated with patients' satisfaction at Sunyani Regional Hospital in Ghana. The result showed that patients' satisfaction is influenced by a number of factors such as attitudes of nurse/midwife towards patients, the capacity to deliver prompt service without wasting time and availability of up-to-date equipment.

## **CHAPTER THREE**

### **MATERIALS AND METHODS**

#### **3.0 Introduction**

This chapter deals with the area of the study, population of study, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration and the limitations of the study.

#### **3.1 Study area**

The study will be conducted at Holy Family Hospital, Berekum. Holy Family Hospital (HFH), Berekum a Catholic Diocesan Hospital which serves as the Municipal Hospital. It is part of the Sunyani Diocesan Health Service (DHS) and the Diocesan Health Service Board (DHSB) serves as the Governing Board. It was established in 1948 by the Medical Mission Sisters (MMS) and became a Diocesan Hospital in 1978. Holy Family Hospital (HFH), Berekum, since 1969 has been networked with the Ministry of Health (MoH), a private hospital and community-based facilities and personnel and it is coordinated by the Municipal Health Management Team (MHMT). The hospital provides the following services; General Surgery, Child Health, Obstetrics/Gynecology, Ultrasonography, Ophthalmology, Physiotherapy, Laboratory Investigations and Blood Transfusion. It has over 200 bed capacity. The rest are X-Ray Investigations, HIV/AIDS (VCT, ART, and PMTCT), Special Diabetic Clinic, Special Hypertensive Clinic, Special TB Clinic, Special eye clinic, Pharmacy and Morgue Services.

#### **3.2 The study population**

All patients/client attending antenatal clinic who will consent to the study will be included.

### **3.3 Study design**

A cross sectional quantitative design will be used to determine the level of patient/client satisfaction with nursing care at the antenatal clinic (ANC) of Holy Family Hospital, Berekum.

### **3.4 Sampling technique and size**

A total of 50 participants will be conveniently sampled for the study. Convenient sampling will be used because it is extremely speedy and easy to use.

### **3.5 Data collection methods and instruments**

Written questionnaires with both open and close ended questions will be used in the exercise to collect the information from the respondents. Structured questionnaire will be administered to patients/clients at the hospital. The questionnaire will be cross-checked for accuracy. The answered questionnaire will be kept in files and safely stored until they are analyzed.

### **3.6 Data analysis technique**

All returned questionnaires will be checked for missing datum or data. Questionnaires that will be left blank or half-filled will be excluded. Data will be entered and analyzed using Microsoft excel and results will be presented in the form of means, frequencies and percentages.

### **3.7 Ethical consideration**

The research team believed that maintaining the confidentiality and anonymity of the participants is crucial to this study. Permission to conduct the study will be given by the administrator of the hospital. Informed consent will be obtained from the participant after comprehensive explanation of the purpose and procedure of the study have been explained to them. Clients will be informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview and that would not affect them negatively and will

be assured of confidentiality of all information that will be obtained. Furthermore, the identities of the participants will not be disclosed, and we will only aggregate data.

### **3.8 Limitations of the Study**

As a result of time limit, the study will be conducted with a small sample size of 50 and therefore the outcome cannot be generalized.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULTS

#### 4.0 Introduction

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The results of the research are presented under various headings.

#### 4.1 Demographic Data of Respondents

##### 4.1.1 Age of Respondents

Table 4.1 below shows that majority (54%) of the respondents were between the ages of 26-29 and those who are 30 years or older also constituted (20%). The age group of 22-25 had (16%) and 18-21 had (10%).

**Table 4. 1: Age Distribution of Respondents**

Age	Frequency	Percentage
18-21	5	10
22-25	8	16
26-29	27	54
30 and above	10	20

##### 4.1.2 Religion of Respondents

Table 4.2 below represents the religion of respondents. Vast majority (70%) of the respondents were Christians followed by Muslims (20%) and Traditionalist (8%).

**Table 4. 2: Distribution of Religion of Respondents**

<b>Religion</b>	<b>Frequency</b>	<b>Percentages</b>
Christianity	35	70
Islam	10	20
Traditional	4	8

**4.1.3 Ethnicity of Respondents**

Table 4.3 below represents the ethnicity of the respondents; Majority of the respondents were Akan's (80%) followed by Ewe's (12%) and Ga's (8%).

**Table 4. 3: Distribution of Ethnicity of Respondents**

<b>Ethnicity</b>	<b>Frequency</b>	<b>Percentages</b>
Akan	40	80
Ga	4	8
Ewe	6	12

**4.1.4 Educational Status of Respondents**

Table 4.4 below depicts that over half (52%) of the respondents had tertiary level education followed by secondary (32%), primary/junior high (12%) and none (4%).

**Table 4. 4: Distribution of Educational Status of Respondents**

<b>Ethnicity</b>	<b>Frequency</b>	<b>Percentages</b>
Primary/JHS	6	12
Secondary	16	32
Tertiary	26	52
None	2	4

#### 4.1.5 Marital Status of Respondents

Table 4.5 shows that majority (64%) of the respondents were married followed by few (32%) of them who were single and only (4%) of them had divorced.

**Table 4. 5: Distribution of Marital Status of Respondents**

<b>Ethnicity</b>	<b>Frequency</b>	<b>Percentages</b>
Single	16	32
Married	32	64
Divorced	2	4

#### 4.2 Expectations of Patients/Clients

Table 4.6 depicts that vast majority (92%) of the respondents agreed that patient teaching is their top most expectation from the nurses/midwives, a whopping (90%) of respondents expressed that physical examination is something they expect from nurses/midwives to perform all the time, majority of respondents (86%) agreed that they expect nurses/midwives to spend adequate time with them, majority of respondents (86%) agreed that respect for patients' rights is something they expect from nurses/midwives, and Majority (86%) of the respondents approved of psychological care as their most expectation from the nurses/midwives.

**Table 4. 6: Respondents Expectations from Nurses/Midwives**

Statement		Agree	Disagree	Not sure
Respect for patients right	n	43	5	2
	%	86	10	4
Nurses/midwives spending adequate time with patients/clients	n	44	4	2
	%	88	8	4
Psychological care	n	43	4	3
	%	86	8	6
Physical examination	n	45	1	4
	%	90	2	8
Patient teaching	n	46	3	1
	%	92	6	2

#### 4.3 Patient/Client Satisfaction with Specific Dimensions of Nursing Care

As displayed in table 4.7, a whopping (98%) of respondents were satisfied with administration of medication since it was done appropriately. Concerning routine vital signs checking, vast majority (92%) agreed that they were satisfied with at how it was done. Majority (90%) of the respondents agreed that nurses/midwives were highly skilled and individualized education was done by nurses/midwives and hence were satisfied with these dimensions of care. Most (88%) of the respondents agreed that room was prepared before examination. Most (84%) of the respondents were satisfied with nurse-patient relationship. Most (80%) of the respondents agreed that attitude of nurses/midwives satisfactory and they were given the expected attention.

**Table 4. 7: Respondents Satisfaction with Specific Dimensions of Nursing Care**

Statement		Agree	Disagree	Not sure
Nurse-Patient relationship was okay	n	42	6	2
	%	84	12	4
Attitude of nurses/midwives satisfactory	n	40	5	5
	%	80	10	10
You were given the expected attention	n	40	7	3
	%	80	14	6
Room was prepared before examination	n	44	5	1
	%	88	10	2
Nurses/midwives were highly skilled	n	45	4	1
	%	90	8	2
Routine vital signs checked	n	46	2	2
	%	92	4	4
Administration of medication was done appropriately	n	49	1	0
	%	98	2	0
Individualized education was done by nurses/midwives	n	45	5	0
	%	90	10	0

#### 4.4 Factors Influencing Patient/Client Satisfaction

From table 4.8, vast majority (90%) of respondents agreed that environment of the facility was conducive. Majority (88%) of respondents agreed that nurses/midwives communicated every procedure to them. Majority (86%) of respondents agreed that nurses/midwives delivered prompt service without wasting time. Majority (84%) of respondents agreed that nurses/midwives educated client and family. Less than half (48%) agreed that up-to-date equipment was available to use while the same percentage of respondents disagreed.

**Table 4. 8: Respondents on Factors Influencing Patient/Client Satisfaction**

Statement		Agree	Disagree	Not sure
Environment of the facility was conducive	n	45	5	1
	%	90	10	2
Nurses/midwives communicate every procedure to client	n	44	5	1
	%	88	10	2
Nurses/midwives deliver prompt service without wasting time	n	43	4	3
	%	86	8	6
Up-to-date equipment was available to use	n	24	24	2
	%	48	48	4
Nurses/midwives client and family education was given	n	42	7	1
	%	84	14	2

## **CHAPTER FIVE**

### **DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter include a brief discussion on the research process, main objectives and findings. In this section, there was a provision of a well-referenced facts in backing arguments in sequential manner.

#### **5.1 Discussion**

The discussion was carried out according to the specific objectives of the study.

##### **5.1.1 Expectations of Patients/Clients**

The current study found that patient teaching, physical examination, nurse/midwife spent with patients, respect for patients' rights and psychological care were they topmost priority of patients/clients. These findings are in line with a study by Grimay et al. (2018), they reported that majority of participants viewed time nurse/midwife spent with patients as well as respect for patients as their topmost priority. Additionally, Kalyani et al., (2014) found that education by nurse/midwife as one of their major expectations and believed that educating the patients regarding their disease, experiments, examinations, disease stages, disease future, and diet comprises a main part of nursing care.

##### **5.1.2 Patient/Client Satisfaction with Specific Dimensions of Nursing Care**

According to the current study, most of the respondents agreed that room was prepared before examination. This is similar to a study conducted by Mishra and Mishra, (2018) about patient satisfaction in Indian Spinal Injuries Centre which revealed that majority (90%) respondents were satisfied with the room preparation at the time of admission.

Another dimension of nursing care which contributed to high satisfaction level of respondents in the study was skillfulness of the nurses as majority of the respondents agreed that nurses/midwives were highly skilled. Contrary, Khan et al., (2007) revealed that more than half of the respondents were dissatisfied with the skillfulness of the nurses who attended to them.

In the current study concerning routine vital signs checking, vast majority agreed that they were satisfied with at how it was done. This finding corroborate with the outcome of the study carried out by Khan et al., (2017), at District Headquarter Hospital Dera Ismail Khan, Pakistan, in which they discovered that patients were highly satisfied (90%) regarding their regularity in routine vital signs checking.

In the current study most of the respondents agreed that attitude of nurses/midwives satisfactory and they were given the expected attention. These observations were similarly revealed in a study conducted by Schoenfelder et al., (2019) where a major satisfaction regarding nurses/midwives attention to patient needs and good attitude of nurses/midwives were identified.

### **5.1.3 Factors Influencing Patient/Client Satisfaction**

According to the current study, majority of respondents agreed that nurses/midwives delivered prompt service without wasting time and less than half agreed that up-to-date equipment was available to use. This is similar to a study conducted by Peprah, (2019) at Sunyani Reginal Hospital was aimed at assessing factors associated with patients' satisfaction at Sunyani Regional Hospital in Ghana where capacity to deliver prompt service without wasting time and availability of up-to-date equipment were some of the highest items patients agreed on to influence their satisfaction.

In the current study, vast majority of respondents agreed that environment of the facility was conducive and nurses/midwives communicated every procedure to them. These findings are similar to a study by Atinga et al., (2019), the results revealed that communication, environment of the facility and waiting time determine patient's satisfaction with quality of healthcare delivery.

## **5.2 Conclusions**

The highest items of patient expectations were patient teaching, physical examination, nurse/midwife spent with patients, respect for patients' rights and psychological care. The highest items for patient satisfaction with specific dimensions of nursing care were administration of medication, checking of routine vital signs and skills of nurses/midwives. The leading factors influencing patient/client satisfaction were conducive environment of the facility, nurses/midwives communicating every procedure and nurses/midwives delivering prompt service without wasting time.

## **5.3 Recommendations**

Patient views have become an important element in the evaluation of healthcare. The following are the recommended to improve nursing performance quality:

1. In-service training by the in-service training coordinator of the hospital to update nurses on quality nurse-patient relationship.
2. Periodic data should be taken from patients on satisfaction by the research committee of the hospital to detect their acceptance level to nursing care.

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## APPENDIX

### QUESTIONNAIRE

#### HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

Dear Respondent,

We are final year students of the Holy Family Nursing and Midwifery Training College, Berekum, conducting a study on the topic: Patient/client satisfaction with nursing care at the antenatal clinic (ANC) of Holy Family Hospital, Berekum. Any information provided shall be secured and kept private. To ensure confidentiality and anonymity, your name is not required. Participation is voluntary and you have the sole right to withdraw from participating in this study at any time of your discretion. Please sign in the space provided to indicate that you consent to participating in this study.

***PLEASE TICK [✓] THE MOST APPROPRIATE RESPONSE TO THE QUESTION IN THE SPACE PROVIDED AND/OR WRITE IN THE SPACE PROVIDED***

#### **SECTION A: Respondent Demographic Data**

1. Age: a. 18-21  b. 22-25  c. 26-29  d. 30 and above
2. Religion: a. Christianity  b. Islam  c. Traditional
3. Ethnicity: .....
4. Educational status: a. Primary/JHS  b. Secondary  c. Tertiary  d. None
5. Marital status: a. Single  b. Married  c. Divorced

#### **SECTION B: Expectations of Patients/Clients**

Indicate your expectations from nurses/midwives

6. Respect for patients right
  - a. Agree
  - b. Disagree
  - c. Not sure
7. Nurses/midwives spending adequate time with patients/clients
  - a. Agree
  - b. Disagree
  - c. Not sure
8. Psychological care
  - a. Agree
  - b. Disagree
  - c. Not sure
9. Physical examination
  - a. Agree
  - b. Disagree
  - c. Not sure
10. Patient teaching
  - a. Agree
  - b. Disagree
  - c. Not sure

**SECTION C: Patient/Client Satisfaction with Specific Dimensions of Nursing Care**

Indicate your satisfaction with the following dimensions of care

11. Nurse-Patient relationship
  - a. Agree
  - b. Disagree
  - c. Not sure
12. Attitude of nurses/midwives
  - a. Agree
  - b. Disagree
  - c. Not sure
13. Attention to patient/client needs
  - a. Agree
  - b. Disagree
  - c. Not sure
14. Room preparation before examination
  - a. Agree
  - b. Disagree
  - c. Not sure
15. Skillfulness of nurses/midwives
  - a. Agree
  - b. Disagree
  - c. Not sure
16. Routine vital signs checking
  - a. Agree
  - b. Disagree
  - c. Not sure

17. Administration of medication

a. Agree  b. Disagree  c. Not sure

18. Patient/client teaching

a. Agree  b. Disagree  c. Not sure

#### **SECTION D: Factors Influencing Patient/Client Satisfaction**

Indicate the predictors of patient satisfaction with care

19. Environment of the facility

a. Agree  b. Disagree  c. Not sure

20. Communication (comfort and talk with patients)

a. Agree  b. Disagree  c. Not sure

21. Capacity to deliver prompt service without wasting time

a. Agree  b. Disagree  c. Not sure

22. Availability of up-to-date equipment

a. Agree  b. Disagree  c. Not sure

23. Missed care

a. Agree  b. Disagree  c. Not sure

24. Educating patient and family

a. Agree  b. Disagree  c. Not sure

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)  
**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**  
**BEREKUM**



**BANKERS:**

Ghana Commercial Bank, Berekum  
Agric Development Bank, Berekum  
Fidelity Bank, Berekum



Our Ref. .... HFNMTC/GC/011/111022

Your Ref. ....

P.O. Box 21,  
Berekum, B/A  
Ghana, W/Africa  
Tel. 0352222124  
Fax: 0352222474

November 10, 2022  
Date .....

The Administrator  
Holy Family Hospital  
Berekum

Dear Administrator

**PERMISSION TO CONDUCT RESEARCH**

I wish to introduce to you the under-listed names of final-year students of the College:

1. Adjel Benewaa Joana
2. Opong Sachie Monica
3. Mavis Gyamfi Adu

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, hence the data collection on "Patient/Client Satisfaction with Nursing Care at the Antenatal Clinic of Holy Family Hospital, Berekum."

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

Ernestina Mensah  
Supervisor

For: Principal