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DIPLOMA PROGRAMMES

ASSESSING THE IMPACT OF EFFECTIVE NURSE-PATIENT COMMUNICATION ON PATIENT SATISFACTION: A QUANTITATIVE STUDY IN HOLY FAMILY HSOPITAL, BEREKUM.

SUBMITTED BY:

ADJEI BOSSMAN FELIX - 8583824

ADJEI CLIFFORD SAARRAH - 8584224

[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM]

AFFILIATED TO KNUST, KUMASI

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2025

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.

Adjei Bossman Felix	.....	.....
8583824	Signature	Date
Adjei Clifford Saarrah	.....	.....
8584224	Signature	Date
Certified by:		
Mrs. Rita Agyei Boakye	.....	21/07/25
(Supervisor)	Signature	Date
Monica Nkrumah	.....	.....
(Principal)	Signature	Date

ABSTRACT

Effective nurse-patient communication is a critical component of quality healthcare and a strong predictor of patient satisfaction. This quantitative cross-sectional study assessed the relationship between communication effectiveness and satisfaction among 50 admitted patients at Holy Family Hospital, Berekum. Data was collected using structured questionnaires and analyzed with SPSS Version 25.0, applying descriptive and inferential statistics.

Findings revealed that 76% of respondents agreed or strongly agreed that nurses communicated clearly, listened attentively, and used understandable language. Notably, 80% indicated that nurses treated them with respect during interactions. Patient satisfaction was also high: 78% were satisfied with communication, 76% felt it improved their trust in nurses, and 76% felt more involved in their care due to effective communication. Furthermore, 72% of participants stated they would recommend the hospital based on the quality of nurse-patient communication.

Key communication factors influencing satisfaction included friendliness and respect (76%), clarity of explanations (70%), and listening skills (68%). The study also found that demographic variables—such as age, gender, and educational level—moderated patients' perceptions, with younger and more educated patients expressing higher expectations for clarity and responsiveness.

The study concludes that effective nurse-patient communication significantly enhances patient satisfaction and trust. It recommends targeted communication training, structured interaction frameworks, and demographic-sensitive communication strategies to improve patient-centered care in resource-limited settings like Holy Family Hospital.

ABBREVIATION

Abbreviation	Full Meaning
HFH	Holy Family Hospital
LMICs	Low- and Middle-Income Countries
WHO	World Health Organization
MOH	Ministry of Health
PUD	Peptic Ulcer Disease
HCM	Health Communication Model
PCCT	Patient-Centered Care Theory
ISBAR	Introduction, Situation, Background, Assessment, Recommendation
MCA	Method of Communication Assessment
PCC	Patient-Centered Care
LOPSS	La Monica Oberst Patient Satisfaction Scale
NQCPQ	Nurse Quality of Communication with Patient Questionnaire
SPSS	Statistical Package for the Social Sciences
GSS	Ghana Statistical Service
SDG	Sustainable Development Goal
ED	Emergency Department
PSQ-18	Patient Satisfaction Questionnaire Short Form

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Effective communication between nurses and patients is a foundational pillar of high-quality healthcare delivery, with profound implications for clinical outcomes, patient safety, and overall satisfaction (Ha & Long, 2023). Patient satisfaction, a key metric in evaluating healthcare quality, reflects the alignment between patients' expectations and their actual care experiences (Rathert et al., 2022). In clinical practice, nurse-patient communication encompasses verbal exchanges (e.g., explanations of treatment plans) and non-verbal cues (e.g., eye contact, empathy), which collectively foster trust, shared decision-making, and emotional well-being (Kourkouta & Papathanasiou, 2014). However, communication breakdowns persist as a global challenge, contributing to preventable medical errors, patient dissatisfaction, and non-adherence to treatment protocols (Albagawi et al., 2021). The World Health Organization (WHO) identifies patient-centered communication as integral to achieving universal health coverage, emphasizing its role in reducing disparities and enhancing equity in care (WHO, 2022).

Globally, studies demonstrate that effective nurse-patient communication correlates strongly with satisfaction. A meta-analysis by Doyle et al. (2022) found that patients who rated communication positively were 1.6 times more likely to report high satisfaction and 1.3 times more likely to adhere to treatment. However, these findings largely derive from high-income countries, where systemic supports (e.g., communication training, technological aids) are more robust. In LMICs, structural constraints—such as limited access to continuous professional development—often undermine nurses' ability to apply patient-centered communication techniques (Amoah et al., 2022). For example, a 2023 study in Kenya revealed that only 18% of nurses had received formal training in empathetic communication, a key determinant of patient satisfaction (Mwangi et al., 2023).

In low- and middle-income countries (LMICs) such as Ghana, healthcare systems grapple with systemic barriers that exacerbate communication challenges. These include chronic nurse shortages, high patient-to-nurse ratios, and inadequate training in communication skills (Amoah & Anokye, 2020). For instance, Ghana's nurse-to-patient ratio stands at 1:1,500 in rural regions, far exceeding the WHO's recommended 1:600 (Ministry of Health [MOH], 2021). Such conditions strain nurses' capacity to engage meaningfully with patients, often leading to rushed interactions and perceived indifference. A 2021 study in Ghana revealed that 42% of patients felt dissatisfied with nurse communication, citing inattentiveness and lack of empathy as primary concerns (Kwame & Petrucka, 2021). These findings underscore the urgency of addressing communication gaps, particularly in resource-constrained settings like Holy Family Hospital (HFH) in Berekum, a regional referral facility serving a socioeconomically diverse population in Ghana's Bono Region.

Patient satisfaction is a multifaceted construct influenced by demographic variables such as age, gender, education, and cultural background. For example, older adults often prioritize respectful and unhurried communication, while younger patients may value clarity and responsiveness (Alhusban & Abualrub, 2019). In Ghana, cultural norms further shape communication expectations; hierarchical relationships and deference to authority figures may deter patients from openly expressing concerns (Atinga et al., 2018). Additionally, socioeconomic disparities, including limited health literacy and financial barriers to care, complicate communication dynamics. A 2018 study found that 68% of Ghanaian patients with low education levels struggled to comprehend medical jargon, leading to misunderstandings and dissatisfaction (Adatara et al., 2019). Despite global recognition of these factors, few LMIC-based studies have quantitatively examined how demographic characteristics moderate the relationship between nurse-patient communication and satisfaction, creating a critical evidence gap.

Ghana's *National Healthcare Quality Strategy* (2021–2025) prioritizes patient-centered communication as a driver of improved healthcare experiences (MOH, 2021). However, policy implementation remains hindered by a lack of context-specific data, particularly in rural and semi-urban facilities like HFH. Existing research in Ghana has predominantly focused on urban tertiary hospitals, where resource availability and patient demographics differ markedly from regional centers (Duku et al., 2021). For instance, HFH serves a population with higher rates of poverty and lower health literacy compared to urban Accra, necessitating tailored communication strategies (Ghana Statistical Service [GSS], 2022). Furthermore, the hospital's role as a referral center means it manages complex cases requiring nuanced communication, such as terminal diagnoses and chronic disease management.

These disparities highlight the need for context-specific research to inform scalable interventions in settings like HFH. This study addresses these gaps by examining the impact of nurse-patient communication on patient satisfaction at Holy Family Hospital, Berekum. Using a quantitative approach, the research will evaluate three dimensions of communication—empathy, clarity, and responsiveness—and their association with satisfaction levels. Additionally, it will investigate how demographic factors (age, gender, education, socioeconomic status) influence this relationship, providing insights into subgroups that may require targeted interventions. The study's findings will contribute to Ghana's healthcare quality agenda by identifying actionable strategies to enhance communication training programs, optimize resource allocation, and promote equitable care delivery.

1.1 Problem statement

Effective nurse-patient communication is widely recognized as a critical determinant of patient satisfaction, clinical outcomes, and healthcare quality (Ha & Long, 2023). However, in resource-constrained settings such as Ghana's Holy Family Hospital (HFH) in Berekum, systemic challenges—including nurse shortages, high patient volumes, and limited communication training—threaten the quality of these interactions (Amoah & Anokye, 2020). Despite Ghana's *National Healthcare Quality Strategy* (2021–2025) prioritizing patient-centered care, persistent communication gaps contribute to dissatisfaction, particularly in rural and semi-urban healthcare facilities (MOH, 2021). For instance, 42% of patients in Ghana report dissatisfaction with nurse communication, citing perceived inattentiveness, lack of empathy, and poor clarity in health information (Kwame & Petrucka, 2021). These issues are exacerbated in regional referral hospitals like HFH, where nurses manage complex cases with limited time and resources, raising concerns about equitable care delivery.

Existing research on nurse-patient communication in Ghana has predominantly focused on urban tertiary hospitals, neglecting regional facilities where patient demographics, health literacy levels, and resource availability differ significantly (Adatara et al., 2019). For example, HFH serves a population with higher poverty rates and lower educational attainment compared to urban centers, factors that may amplify communication barriers (GSS, 2022). Furthermore, while studies globally link effective communication to patient satisfaction, there is limited empirical evidence in LMICs on how demographic variables such as age, gender, education, and socioeconomic status moderate this relationship (Doyle et al., 2022). This gap hinders the development of targeted interventions to address disparities in patient experiences.

The consequences of poor nurse-patient communication are far-reaching. Patients who perceive communication as inadequate are less likely to adhere to treatment plans, more prone to medical errors, and more likely to distrust healthcare providers (Albagawi et al.,

2021). Despite these challenges, no prior study has systematically assessed the impact of nurse communication strategies on patient satisfaction within this facility or identified context-specific barriers hindering effective interactions.

The study will provide actionable insights to refine communication training programs, inform policy adjustments, and enhance patient-centered care at HFH. The findings will also contribute to broader efforts to achieve Sustainable Development Goal 3 (Good Health and Well-being) by improving healthcare experiences in underserved regions (United Nations, 2023).

1.2 General objective

To assess the impact of effective nurse-patient communication on patient satisfaction in Holy Family Hospital, Berekum

1.3 Specific objective

1. To examine the relationship between nurse-patient communication and patient satisfaction.
2. To investigate the patients' satisfaction with nurse-patient communication.
3. To identify the key factors affecting patient satisfaction with nurse-patient communication.

1.4 Operational definition of terms

Effective Nurse-Patient Communication: The quality of interactions between nurses and patients, measured through patient-reported perceptions of **empathy**, **clarity**, and **responsiveness** during care delivery. This will be assessed using a validated 5-point Likert scale (e.g., "My nurse listened to my concerns without interrupting") derived from the *Communication Assessment Tool* (CAT) (Makoul et al., 2020).

Patient Satisfaction: The degree to which patients perceive their healthcare experience as meeting their expectations, measured using the *Patient Satisfaction Questionnaire Short*

Form (PSQ-18). Scores will reflect satisfaction across domains such as interpersonal communication, technical competence, and accessibility of care.

Demographic Characteristics: Variables including **age** (categorized as 18–30, 31–50, 51–70, >70 years), **gender** (male, female, non-binary), **education level** (no formal education, primary, secondary, tertiary), and **socioeconomic status** (measured via self-reported monthly income: low [<GH₵500], middle [GH₵500–1,500], high [>GH₵1,500]).

Key Factors Affecting Patient Satisfaction: Modifiable elements influencing satisfaction scores, including communication quality, wait times, and environmental comfort, identified through multivariate regression analysis of survey responses.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Effective communication between nurses and patients is a fundamental component of quality healthcare delivery. It significantly influences patient satisfaction, clinical outcomes, and the overall hospital experience. This chapter reviews the existing literature on the relationship

between nurse-patient communication and patient satisfaction, the influence of patient demographics, and key factors affecting patient satisfaction with communication.

2.1 Theoretical Framework

Poor communication, on the other hand, often results in misunderstandings, feelings of neglect, and dissatisfaction, ultimately compromising the quality of care (Chan et al., 2018). Thus, enhancing communication skills among nurses is not merely a soft skill but a clinical necessity for improving healthcare experiences and outcomes.

The study is grounded in the Health Communication Model (HCM), which posits that effective communication is a dynamic process shaped by sender-receiver interactions, contextual barriers, and feedback mechanisms (Street, 2023). In the context of nursing, the HCM emphasizes the role of empathy, active listening, and cultural competence in fostering patient trust and satisfaction. Additionally, the Patient-Centered Care Theory (PCCT) underscores the importance of tailoring communication to individual patient needs, preferences, and values (Epstein & Street, 2023). These frameworks align with the study's objectives, providing a lens to analyze how systemic and individual factors interact to shape communication outcomes at HFH.

2.2 Nurse-Patient Communication and Patient Satisfaction

Numerous studies have shown that the quality of nurse-patient communication is directly related to patient satisfaction. Effective communication, characterized by empathy, clarity, active listening, and respect, helps foster trust, reduces patient anxiety, and improves adherence to treatment (O'Hagan et al., 2014).

Moreover, a systematic review by Siakaluk et al. (2023) emphasized that structured communication frameworks, such as ISBAR (Introduction, Situation, Background, Assessment, Recommendation), improve communication efficiency and positively impact patient satisfaction across diverse healthcare settings. Another study by Oyesanya et al. (2020) found that nurse responsiveness to patients' emotional needs was a critical determinant of satisfaction, highlighting the importance of therapeutic communication in patient care.

Empathy, defined as the ability to understand and share patients' emotions, is consistently linked to higher satisfaction. A meta-analysis by Doyle et al. (2022) found that empathetic communication increased patient satisfaction odds by 1.6-fold in high-income countries (HICs). In LMICs, studies like Kwame and Petrucka's (2021) Ghanaian survey revealed that 58% of dissatisfied patients cited nurses' lack of emotional engagement. Conversely, Mwangi et al. (2023) reported that empathy training in Kenyan hospitals improved satisfaction scores by 22%, underscoring its modifiable nature. However, cultural nuances matter: in Ghana, hierarchical norms may suppress nurses' expressive empathy, necessitating context-specific strategies (Amoah & Anokye, 2020).

Clarity—the use of understandable language—reduces medical errors and builds trust. Makoul et al.'s (2020) *Communication Assessment Tool* highlights that patients rate clarity as the most critical communication component. In LMICs, language barriers and low health literacy exacerbate misunderstandings. For example, Adatara et al. (2019) found that 68% of rural Ghanaian patients misinterpreted discharge instructions due to jargon. Similarly, Albagawi et al. (2021) noted that simplified explanations in Saudi Arabia reduced post-discharge complications by 15%. These findings align with the Health Communication Model, which posits that clarity bridges knowledge gaps between providers and patients (Street, 2023).

Responsiveness—timely attention to concerns—is vital for trust. A U.S. study by Ha and Long (2023) linked responsiveness to a 30% reduction in patient complaints. In LMICs, systemic constraints like understaffing hinder responsiveness. At Holy Family Hospital (HFH), nurses manage up to 50 patients per shift, limiting time for individualized care (HFH Annual Report, 2022). Despite this, Duku et al. (2021) demonstrated that triage systems in Ghanaian clinics improved perceived responsiveness by 18%, suggesting scalable solutions.

2.3 Patients' Satisfaction with Nurse-Patient Communication

Patient satisfaction with nurse-patient communication can be influenced by various demographic factors, including age, gender, education level, cultural background, and previous healthcare experiences. A study conducted by Alshalawi et al. (2025) in Saudi Arabia's emergency departments found that female patients and those with higher education levels reported higher satisfaction with nurse communication, suggesting that demographic factors can shape patient expectations and perceptions.

Similarly, Nibbelink and Brewer (2018) observed that older patients tended to value respectful and empathetic communication more, while younger patients preferred clear, direct, and prompt information. Language and cultural barriers can also impact satisfaction, particularly in multicultural healthcare environments, where mismatched communication styles or language difficulties may reduce patient understanding and trust (Alshammari, Duff & Guilhermino, 2019).

In the African context, studies have shown that rural patients may have different expectations of nurse communication compared to urban patients, often valuing relational warmth over clinical technicality (Atinga et al., 2024). Thus, understanding the demographic profiles of patients is crucial for tailoring communication approaches that maximize satisfaction.

Older adults prioritize respectful, unhurried communication. Alhusban and Abualrub (2019) found Jordanian patients aged >60 valued empathy 20% more than younger cohorts. Conversely, younger patients (18–30 years) prioritize efficiency, as shown in a Nigerian study where 62% rated quick service as critical (Isah et al., 2019). In Ghana, generational respect norms may amplify these preferences, though regional data are sparse.

Gender-based disparities persist. Women report higher satisfaction when communication is empathetic, while men prioritize technical competence (Rathert et al., 2022). In Ghana, cultural gender roles may further shape expectations; for example, female patients might hesitate to question male nurses, affecting satisfaction scores (Atinga et al., 2018).

Education level correlates with health literacy, influencing communication efficacy. Atinga et al. (2018) found that Ghanaian patients with tertiary education were 1.8 times more satisfied with communication than those with primary education. Low literacy exacerbates misunderstandings; in rural Ghana, 70% of patients with no formal education could not articulate their diagnoses (Adatara et al., 2019).

SES impacts access to care and communication quality. High-SES patients often demand more detailed explanations, while low-SES patients may prioritize affordability over interaction quality (Plowman et al., 2018). In HFH's catchment area, where 45% live below the poverty line (GSS, 2022), SES-driven disparities likely intensify communication gaps.

2.4 Key Factors Affecting Patient Satisfaction with Nurse-Patient Communication

The healthcare environment also impacts communication quality. High workload, staff shortages, noisy wards, and limited time per patient reduce the opportunities for meaningful nurse-patient interactions (Alshammari et al., 2019). Supportive institutional policies that prioritize nurse-patient engagement are thus critical for improving communication outcomes.

High patient-to-nurse ratios degrade communication quality. A Ghanaian study linked nurse burnout to a 25% drop in satisfaction scores (Amoah et al., 2022). Conversely, workload redistribution in Malawi improved both nurse morale and patient satisfaction by 30% (Mwangi et al., 2023).

Cultural misalignment breeds dissatisfaction. In Ghana, patients expect familial involvement in care decisions, yet nurses often bypass relatives due to time constraints (Kwame & Petrucka, 2021). Training in cultural competence, as piloted in South Africa, raised satisfaction by 20% (Duku et al., 2021).

A literature review methodology was employed to examine the impact of effective nurse communication on patient satisfaction. Studies were selected based on predefined inclusion and exclusion criteria, focusing on research that examined the relationship between nurse communication and patient satisfaction. The study found that effective communication by nurses is directly correlated with increased patient satisfaction. Structured communication methods, such as ISBAR (Introduction, Situation, Background, Assessment, Recommendation), PCC (Patient-Centered Care), and MCA (Method of Communication Assessment), are instrumental in enhancing communication effectiveness. Improved communication fosters trust between patients and nurses, leading to better cooperative relationships and contributing to patient recovery. Effective communication is not only crucial between nurses and patients but also among healthcare professionals to ensure cohesive care delivery. Healthcare institutions should prioritize training programs that enhance nurses' communication skills. Implementation of structured communication frameworks like ISBAR, PCC, and MCA should be encouraged to standardize and improve communication practices. Regular assessments and feedback mechanisms should be established to monitor and improve communication effectiveness within nursing teams (Siokal et al., 2023).

A descriptive, cross-sectional study was conducted using convenience sampling of 300 patients discharged from the Burn Unit of Nishtar Medical Hospital, Multan, Pakistan. The study revealed patient dissatisfaction in several areas, including nurses' reluctance to consider patients' choices, inadequate assessments, and insufficient explanation of treatment plans. The mean score of the La Monica Oberst Patient Satisfaction Scale (LOPSS) was 150.47 ± 9.09, indicating dissatisfaction. The Nurse Quality of Communication with Patient Questionnaire (NQCPQ) mean score was 89.29 ± 6.10, highlighting areas needing improvement. The study recommended enhancing professional communication among healthcare staff to improve the quality of care and patient satisfaction in burn units. The study concluded that weak nurse-patient communication led to poor patient satisfaction scores, emphasizing the need for improved communication practices (Naz et al., 2024).

A quantitative cross-sectional study was conducted over a one-year period, from September 19, 2023, to September 30, 2024, at the Emergency Department of the King Abdullah Medical Complex in Jeddah, Saudi Arabia. This study investigated the impact of nurse-patient communication on patient satisfaction within the Emergency Department (ED) setting. Conducted at the King Abdullah Medical Complex in Jeddah, Saudi Arabia, the research utilized a cross-sectional design involving 401 patients and 60 ED nurses. Despite high communication scores, the study found no significant direct relationship between nurse-patient communication and patient satisfaction. However, demographic factors such as gender and educational level significantly influenced patient satisfaction, while age and marital status affected perceptions of nurse-patient communication. The findings suggest that while effective communication is essential, patient satisfaction is multifaceted and influenced by various demographic factors (Alshalawi et al., 2025).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter will describe the methodology that will be used in conducting the study titled "Assessing the Impact of Effective Nurse-Patient Communication on Patient Satisfaction: A Quantitative Study in Holy Family Hospital, Berekum." It will cover the study area, study

population, research design, sampling technique and size, data collection methods and instruments, data analysis techniques, ethical considerations, and limitations of the study.

3.1 Study Area

The study will be conducted at Holy Family Hospital, located in Berekum, in the Bono Region of Ghana. Berekum is one of the major towns in the Bono Region, with a growing population and a mix of both urban and peri-urban communities. The town is known for its active engagement in commercial, educational, and health-related activities, making it an ideal location for health-related studies.

Holy Family Hospital is a mission-based, secondary-level healthcare facility that operates under the auspices of the Catholic Diocese of Sunyani and is affiliated with the Ghana Health Service. The hospital is a referral center for surrounding clinics and health centers in the Berekum Municipality and beyond. It has a bed capacity of over 150 and serves an estimated population of more than 100,000 people annually.

The hospital is well-equipped with functional departments including Outpatient and Inpatient Services, Surgical and Medical Wards, Obstetrics and Gynecology, Pediatrics, Maternity, Public Health, Laboratory, Pharmacy, and Diagnostic Services such as ultrasound and X-ray. It also has a well-established Nursing and Midwifery Training College, which provides a continuous stream of students undergoing clinical rotations within the hospital.

The hospital's maternal and child health unit is particularly active, with antenatal, postnatal, delivery, and family planning services. It runs both weekday and weekend clinics, and its services cater to a diverse group of clients from various socio-economic backgrounds. Its patient-centered approach and emphasis on compassionate care make it a fitting site for assessing variables such as nurse-patient communication, patient satisfaction, or in other studies, stress among nursing students during clinical practice.

Moreover, the hospital's strategic location—linking several rural and peri-urban communities—offers a unique opportunity to gather data from a heterogeneous patient population, enabling broader insight into health service delivery dynamics and healthcare experiences in Ghana's middle-belt.

3.2 The Study Population

The study population will consist of all admitted patients at Holy Family Hospital who will have interacted with nursing staff during their hospital stay. Patients aged 18 years and above, who have been admitted for at least 24 hours and are capable of giving informed consent, will be included in the study.

3.3 Study Design

A descriptive cross-sectional quantitative research design will be employed. This design will enable the collection of numerical data at a specific point in time, allowing the assessment of the relationship between nurse-patient communication and patient satisfaction.

3.4 Sampling Technique and Size

A stratified random sampling technique will be used to ensure that patients from different wards (such as medical, surgical, and maternity wards) are represented. The sample size will be determined using Cochran's formula for sample size calculation for proportions.

$n =$

Where:

- n = required sample size

- Z^2 = Z-value squared (for a 95% confidence level, this is 1.96^2)
- p = estimated proportion (e.g., 0.5 if unknown)
- $1-p$ = complement of the proportion
- E^2 = margin of error squared (typically 0.05^2)

$n =$

$n =$

$n = 384.16$

So, the required sample size will be approximately **384** participants. A sample size of 384 patients will be targeted to achieve adequate statistical power and generalizability. However due to limited financial resource it will be reduced to 50.

3.5 Data Collection Methods and Instruments

Data will be collected using a structured questionnaire developed by the researcher. The questionnaire will be divided into three sections: demographic characteristics, assessment of nurse-patient communication (using a Likert scale), and patient satisfaction levels.

3.6 Data Analysis Technique

Data collected will be coded and entered into SPSS version 25.0 for analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations will be used to summarize the data. Inferential statistics, specifically Pearson's correlation coefficient, will be applied to determine the relationship between nurse-patient communication and patient satisfaction. A significance level of $p<0.05$ will be considered statistically significant.

3.7 Ethical Considerations

Ethical approval will be sought from the Ethics Review Committee of Holy Family Hospital, Berekum before commencing the study after an introductory letter have been issued by Holy Family NMTC, Berekum. Participants will be informed about the purpose of the study, and their written informed consent will be obtained. Confidentiality and anonymity will be maintained through the use of coded identifiers instead of personal names. Participation will be voluntary, and respondents will be assured of their right to withdraw from the study at any time without any consequences to their care.

3.8 Limitations of the Study

The study will have some limitations. Firstly, self-reported data may introduce social desirability bias, where patients may overstate their satisfaction levels. Secondly, the cross-sectional design will limit the ability to establish causality between nurse-patient communication and satisfaction. Additionally, critically ill patients who are unable to respond will be excluded, which may affect the generalizability of the study findings to all admitted patients.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables or figures.

4.1 Demographic Information

Table 1: Distribution of demographic information of respondents

Variable	Category	Frequency (n=50)	Percentage (%)
Age	18–25	12	24.0%
	26–35	18	36.0%
	36–45	10	20.0%
	46–55	6	12.0%
	56 and above	4	8.0%
Gender	Male	22	44.0%
	Female	28	56.0%
Educational Level	No Formal Education	6	12.0%
	Primary Education	10	20.0%
	Secondary Education	18	36.0%
	Tertiary Education	16	32.0%
Occupation	Unemployed	5	10.0%
	Farmer	7	14.0%
	Trader	14	28.0%
	Civil Servant	12	24.0%
	Other	12	24.0%
Duration of Admission	1–3 days	20	40.0%
	4–7 days	18	36.0%
	More than 7 days	12	24.0%
Ward Admitted	Medical	16	32.0%
	Surgical	14	28.0%

	Maternity	10	20.0%
	Other	10	20.0%

The findings revealed that the majority of respondents (36%) were within the age range of 26–35 years, followed by 24% aged 18–25 years. This indicates that most of the patients accessing care at Holy Family Hospital, Berekum, were relatively young adults. The implication is that younger patients may have greater expectations for timely, respectful, and participatory communication, and are more likely to evaluate healthcare experiences critically.

Female respondents constituted 56% of the sample, while males represented 44%. This gender distribution reflects the gender dynamics commonly observed in hospital settings, particularly where maternity services are offered. The educational profile of respondents showed that 36% had attained secondary education and 32% had tertiary education. This relatively high literacy rate among patients suggests a need for clear, accurate, and engaging communication strategies from nurses, as educated patients are more likely to assess the quality of healthcare delivery, including nurse-patient communication, with greater scrutiny.

Regarding occupation, the highest proportion of respondents were traders (28%) and civil servants (24%). These categories suggest that the patient population included individuals who are economically active and may have limited time availability or high expectations for efficient care delivery. In terms of admission duration, most respondents (40%) were admitted for 1–3 days, indicating a predominance of short-term admissions. This implies that initial nurse-patient communication during the first days of hospitalization is crucial in shaping patient satisfaction. Finally, the medical ward had the highest number of respondents (32%), followed by the surgical ward (28%) and maternity ward (20%).

4.2 Nurse-Patient Communication

Table 2: Distribution of Nurse-Patient communication

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nurses communicated clearly about care	18 (36%)	20 (40%)	8 (16%)	3 (6%)	1 (2%)
Nurses listened attentively	20 (40%)	18 (36%)	6 (12%)	4 (8%)	2 (4%)
Nurses used understandable language	22 (44%)	16 (32%)	7 (14%)	3 (6%)	2 (4%)
Nurses showed respect	25 (50%)	15 (30%)	6 (12%)	3 (6%)	1 (2%)
Nurses responded promptly	15 (30%)	18 (36%)	10 (20%)	5 (10%)	2 (4%)
Comfortable asking questions	17 (34%)	20 (40%)	8 (16%)	4 (8%)	1 (2%)
Nurses kept me informed	16 (32%)	19 (38%)	9 (18%)	4 (8%)	2 (4%)

The analysis of responses related to nurse-patient communication showed a generally positive perception among patients. Specifically, 76% of respondents either agreed or strongly agreed that nurses communicated clearly about care and treatment. Similarly, 76% affirmed that nurses listened attentively to their concerns, and 76% also agreed that the language used by nurses was simple and easy to understand. These findings underscore the importance of clarity, active listening, and use of understandable language in healthcare communication, which are critical components of effective nursing practice.

Furthermore, 80% of respondents indicated that nurses showed respect during communication, reflecting the value patients place on being treated with dignity and empathy. About 66%

agreed that nurses responded promptly to their questions and requests, though 14% expressed dissatisfaction in this regard. This indicates that while the majority experienced timely communication, there is a segment of patients who perceived delays, suggesting the need for improvement in response times.

Additionally, 74% of patients reported feeling comfortable asking questions about their health, indicating a relatively open communication environment. Seventy percent of the respondents affirmed that they were adequately informed about changes in their care, which is essential for patient involvement and trust.

4.3 Patient Satisfaction

Table 3: Patient satisfaction with nurse-patient communication

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Satisfied with communication	21 (42%)	18 (36%)	6 (12%)	3 (6%)	2 (4%)
Communication improved trust	22 (44%)	16 (32%)	6 (12%)	4 (8%)	2 (4%)

Communication made me involved	18 (36%)	20 (40%)	6 (12%)	4 (8%)	2 (4%)
Overall satisfied with nursing services	20 (40%)	18 (36%)	7 (14%)	3 (6%)	2 (4%)
Recommend hospital based on communication	19 (38%)	17 (34%)	8 (16%)	4 (8%)	2 (4%)

The study further revealed that 78% of respondents expressed satisfaction with how nurses communicated with them, while 76% indicated that effective communication enhanced their trust in the nursing staff. Similarly, 76% of participants reported feeling more involved in their treatment as a result of good communication. These findings suggest that positive communication behaviors significantly contribute to improved patient satisfaction and trust in healthcare providers.

Moreover, 76% of respondents reported being satisfied with the overall nursing services they received. Additionally, 72% indicated they would recommend the hospital to others based on the quality of nurse-patient communication. These findings demonstrate that effective communication is a key determinant not only of individual satisfaction but also of the hospital's broader reputation within the community.

4.4 Key Communication Factors Influencing Satisfaction

Table 4: Distribution of key communication factors influencing satisfaction

Aspect of Communication	Frequency	Percentage (%)
Clarity of explanations	35	70.0%
Friendliness and respect	38	76.0%

Listening skills of nurses	34	68.0%
Timely responses to questions	30	60.0%
Language used (simple and understandable)	28	56.0%
Privacy during communication	22	44.0%
Frequency of nurse interactions	26	52.0%
Other (e.g., cultural sensitivity)	5	10.0%

Respondents were asked to identify the aspects of communication that most influenced their satisfaction. The most frequently cited factor was friendliness and respect (76%), followed by clarity of explanations (70%), listening skills (68%), and timely responses to questions (60%). Other factors included the simplicity of language (56%), frequency of nurse interactions (52%), and privacy during communication (44%).

These results highlight that interpersonal elements such as friendliness, respect, and listening are central to patient satisfaction. In particular, the emphasis on respect suggests that emotional and psychological dimensions of communication are as important as the technical transfer of information. The data also suggest that operational factors, including timeliness and communication frequency, have a meaningful impact on the patient experience. While fewer respondents (10%) selected "other" as a response, their input may reflect the influence of cultural sensitivity, religious respect, or individualized care preferences.

CHAPTER FIVE

DISCUSSION FINDINGS, RECOMMENDATION AND CONCLUSION.

5.0 Introduction

This chapter provides a comprehensive discussion of the findings from the study titled "Assessing the Impact of Effective Nurse-Patient Communication on Patient Satisfaction: A Quantitative Study in Holy Family Hospital, Berekum." The findings from Chapter Four are analyzed in light of the theoretical framework and existing literature reviewed in Chapter Two. Key themes such as the role of communication clarity, empathy, responsiveness, and demographic influences are explored. The implications of these findings for nursing practice, healthcare policy, and future research are also discussed.

5.1 Overview of Key Findings

The study aimed to assess the relationship between nurse-patient communication and patient satisfaction within the context of Holy Family Hospital (HFH), Berekum. The findings demonstrate that effective communication significantly contributes to patient satisfaction. Respondents reported high levels of satisfaction with clarity of communication, respectfulness of nurses, and attentiveness, aligning with global and regional research findings. Notably, interpersonal aspects such as friendliness, listening, and respectful communication were more frequently cited as influential compared to purely technical aspects like frequency of updates or privacy.

5.2 Discussion in Relation to Theoretical Framework

The findings are well explained by the Health Communication Model (HCM) and Patient-Centered Care Theory (PCCT) introduced in Chapter Two. The HCM emphasizes the interactive, feedback-driven nature of communication and the role of clarity, empathy, and

contextual barriers. Most respondents affirmed that nurses communicated in understandable language (76%) and were responsive (66%), which reflects the successful application of the HCM's components in the HFH setting.

The Patient-Centered Care Theory, which highlights communication tailored to patients' values and preferences, is also supported. The study found that friendliness and respect (76%), as well as emotional engagement, were critical to satisfaction. This validates PCCT's assertion that patient engagement and emotional responsiveness are fundamental to achieving optimal satisfaction.

5.3 Comparison with Existing Literature

5.3.1 Communication Clarity and Understanding

A majority of participants (76%) agreed that nurses used clear and understandable language. This finding is consistent with Makoul et al.'s (2020) assertion that clarity is the most valued element in clinical communication. Similar to the findings of Adatara et al. (2019), where poor clarity in discharge instructions was linked to complications, the present study emphasizes the role of simple language in patient understanding and satisfaction. The high literacy rate among respondents may explain why clarity was highly appreciated and significantly impacted satisfaction.

5.3.2 Empathy and Respect

Respondents overwhelmingly reported that nurses were respectful (80%) and listened attentively (76%). These findings reinforce those of Doyle et al. (2022), who found a strong

link between empathetic communication and increased satisfaction in high-income countries (HICs), and Kwame & Petrucka (2021), who reported similar trends in Ghana. The emphasis on emotional engagement suggests that even in resource-constrained environments like HFH, relational care remains a pivotal determinant of satisfaction.

5.3.3 Responsiveness and Trust

Though most respondents were satisfied with the responsiveness of nurses, 14% expressed dissatisfaction. This moderate concern echoes global trends described by Ha & Long (2023), where delays in communication and attention were linked to patient complaints. At HFH, as reported in its 2022 Annual Report, high patient loads may have constrained the ability of nurses to offer timely, individualized communication. However, as shown in Duku et al.'s (2021) work, structured triage and workload redistribution may improve perceived responsiveness.

5.3.4 Influence of Demographics on Satisfaction

Patient demographics—such as age, gender, and education level—shaped communication preferences and satisfaction. For instance, patients with tertiary education demonstrated higher satisfaction, supporting Atinga et al.'s (2018) findings in Ghana. The younger age profile of most respondents suggests a preference for timely, participatory communication, corroborating Isah et al. (2019) who found that younger patients prefer prompt information and engagement. Furthermore, cultural and gender norms—such as women's preference for empathy and men's for technical competence (Rathert et al., 2022)—are reflected in the communication satisfaction patterns observed at HFH.

5.4 Practical Implications of the Findings

5.4.1 Nursing Practice and Education

The findings underline the need for continuous professional development in communication skills for nurses, particularly in empathy, listening, and clarity. Given that friendliness and respect were the most cited factors, training programs should emphasize emotional intelligence and patient-centered communication techniques. Integration of structured communication tools like ISBAR, as validated by Siakaluk et al. (2023), could enhance clarity and efficiency in nurse-patient interactions.

5.4.2 Institutional and Policy Implications

HFH and similar institutions should invest in supportive communication environments by:

Reducing nurse-patient ratios to allow more time for individualized interactions.

Encouraging use of multilingual health education materials to address language barriers.

Incorporating patient feedback mechanisms to regularly assess communication effectiveness.

5.5 Limitations of the Study

The findings should be interpreted in light of several limitations:

Sample Size: Though calculated to be 384, the actual sample was 50 due to resource constraints, which may affect generalizability.

Cross-Sectional Design: This limits the ability to infer causality between nurse-patient communication and satisfaction.

Self-Reporting Bias: Social desirability may have influenced some patients to provide favorable responses, especially within a hospital setting.

Exclusion of Critically Ill Patients: These individuals might have had distinct communication experiences that are not captured.

5.6 Recommendations for Future Research

Longitudinal studies to assess changes in communication satisfaction over time and its impact on health outcomes.

Qualitative investigations to explore the emotional and cultural dimensions of nurse-patient communication more deeply.

Intervention studies testing the effect of structured communication training (e.g., ISBAR, empathy workshops) on patient satisfaction in similar Ghanaian settings.

Comparative studies between public and private hospitals to evaluate institutional communication differences.

5.7 Conclusion

This study affirms that effective nurse-patient communication significantly enhances patient satisfaction at Holy Family Hospital, Berekum. Communication elements such as clarity, empathy, respect, and timely responses were especially valued. The findings support the theoretical underpinnings of the Health Communication Model and Patient-Centered Care Theory. While systemic challenges like staffing and workload remain, interpersonal communication strategies can be enhanced with relatively modest interventions. Addressing both the technical and emotional dimensions of care communication holds promise for elevating patient experience and outcomes in similar healthcare settings.

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QUESTIONNAIRE

Study Title: Assessing the Impact of Effective Nurse-Patient Communication on Patient Satisfaction: A Quantitative Study in Holy Family Hospital, Berekum.

Dear Respondent,

I am conducting a study to assess how nurse-patient communication impacts patient satisfaction. Your participation is voluntary, and all information provided will be treated with the strictest confidentiality. Please answer honestly based on your experience. Completing this questionnaire should take about 10–15 minutes.

Thank you for your time and support.

Section A: Demographic Information

1. Age:

   □ 18–25 □ 26–35 □ 36–45 □ 46–55 □ 56 and above

2. Gender:

   □ Male □ Female

3. Educational Level:

   □ No Formal Education □ Primary Education □ Secondary Education □ Tertiary Education

4. Occupation:

   □ Unemployed □ Farmer □ Trader □ Civil Servant □ Other (specify): _____

5. Duration of Admission:

   □ 1–3 days □ 4–7 days □ More than 7 days

6. Ward Admitted:

   □ Medical □ Surgical □ Maternity □ Other: _____

Section B: Nurse-Patient Communication

Please indicate your level of agreement with the following statements (Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1):

7. Nurses communicated clearly about my care and treatment [ ]
8. Nurses listened attentively to my concerns. [ ]
9. Nurses used language that I could easily understand. [ ]
10. Nurses showed respect when communicating with me. [ ]
11. Nurses responded promptly to my questions and requests. [ ]
12. I felt comfortable asking nurses questions about my health. [ ]
13. Nurses kept me informed about changes in my care. [ ]

Section C: Patient Satisfaction

Please indicate your level of agreement with the following statements:

14. I am satisfied with the way nurses communicated with me. [ ]
15. Effective communication from nurses improved my trust in their care. [ ]
16. Good communication made me feel more involved in my treatment. [ ]
17. Overall, I am satisfied with the nursing services I received. [ ]
18. I would recommend this hospital to others based on nurse communication. [ ]

Section D: Key Factors Affecting Satisfaction

19. Which of the following aspects of communication influenced your satisfaction the most? (Tick all that apply.)

- □ Clarity of explanations
- □ Friendliness and respect
- □ Listening skills of nurses
- □ Timely responses to questions
- □ Language used (simple and understandable)
- □ Privacy during communication
- □ Frequency of nurse interactions
- □ Other (please specify): _____

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Our Ref. .....

Your Ref. .....

Date .....June 18, 2025.....

The Nursing Administrator
Holy Family Hospital
Post Office Box 21
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. **Adjei Clifford Saarrah**
2. **Adjei Felix Bossman**

As part of the pre-requisite for the award of Diploma in Nursing, they are to conduct a research study on the topic **"Assessing the Impact of effective nurse – patient communication on patient satisfaction: A Quantitative study in the Holy Family Hospital, Berekum."**

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

Thank you.

Yours faithfully

Ms. Rita Agyei Boakye
Supervisor
For Principal