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**NURSE-PATIENT RELATIONSHIP AT HOLY FAMILY HOSPITAL, BEREKUM;
THE PATIENT'S PERSPECTIVE.**

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2023

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing/Midwifery 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

The study sought to determine and identify patients' perception about nurse patient relationship at Holy Family Hospital- Berekum, to better understand the nurse patient interaction at the hospital. Both quantitative and qualitative approach was used and a purposive sampling technique was used. Data was collected using a well-structured questionnaire. 52 patients were sampled for the study. Data collection techniques for the study was done through by administering questionnaire.

Recovery and hospital attendance is greatly influenced by nurse patient interaction. Effective communication was found to be of relevance in the nurse patient relationship. Overall, the findings of the study have proved that the nurse patient relationship is of relevance since it has an impact on the health outcome of patients.

The study recommend that Management of the Hospitals should put measures in place to correct nurses who maltreat patients and also well behaved nurses should be motivated by giving them incentives to boost their morale. Nurse should be encouraged to ensure they do well to interact and create enjoyable moments with patients so as to create an enabling environment.

CONTENTS	
DECLARATION	i
ABSTRACT	ii
ACKNOWLEDGEMENTS	v
CHAPTER ONE	1
INTRODUCTION	1
1.0 Background of the study	1
1.1 Problem of the study	3
1.2 General Objectives	4
1.3 Specific Objectives	4
1.4 Operational Definition of Terms	5
CHAPTER TWO	6
LITERATURE REVIEW	6
2.0 Introduction	6
2.1 Patient Perceptions in the Nurse Patient Relationship	6
2.2 Factors That Contribute to Positive and Negative Nurse Patient Interactions	10
2.3 Impact of Nurse Patient Relationship	12
CHAPTER THREE	13
METHODOLOGY	13
3.0 Introduction	13
3.1 Study Area	13
3.2 The Study population	13
3.3 Study Design	14
3.4 The Sampling Technique and Size	14
3.5 Data Collection Methods and Instrument	14
3.6 Data Analysis Techniques	15
3.7 Ethical Considerations	15
CHAPTER FOUR	17
DATA ANALYSIS AND RESULTS	17
4.0 Data Presentation and Analysis	17
4.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS	17
4.2 SECTION B: PATIENTS PERCEPTION ABOUT NURSE-PATIENT RELATIONSHIP	21

4.3 SECTION C: FACTORS THAT CONTRIBUTE TO POSITIVE OR NEGATIVE NURSE-PATIENT INTERACTIONS.....	24
CHAPTER FIVE	35
DISCUSSION, CONCLUSION AND RECOMMENDATIONS.....	35
5.0 Introduction	35
5.2 Conclusion	40
REFERENCES.....	42
APPENDIX A	44
RESEARCH QUESTIONNAIRE.....	44

LIST OF TABLES

Table 1: Ages.....	17
Table 2: Gender.....	18
Table 3: Marital Status.....	18
Table 4: Educational Level.....	18
Table 5: Religion.....	19
Table 6: Occupation.....	19
Table 7: Ethnicity	19

LIST OF FIGURES

Figure 1: Distribution of patients who think these factors contribute to a good relationship between nurses.....	21
Figure 2: Distribution of patients who think these factors contribute to a bad relationship between nurses.....	22
Figure 3: Distribution of patients whose think those attitudes can be corrected.....	23
Figure 4: Distribution of patients who notice affection when being cared for by nurses.....	24
Figure 5: Distribution of patients who enjoy moments with nurses.....	25
Figure 6: Distribution of patients whose consent is sought before performing procedures.....	26
Figure 7: Distribution of patients who are assisted readily upon visits to the facility.....	27
Figure 8: Distribution of patients who interact freely and cordially with nurses.....	28
Figure 9: Distribution of patients who have suffered verbal abuse from nurses during care.....	29
Figure 10: Distribution of patients who chose that some of these factors contribute to the positive and negative Nurse- Patient Relationship.....	30
Figure 11: Distribution of patients who entrusts their secrets with nurses.....	31
Figure 12: Distribution of patients who think nurse-patient interaction contributes to recovery...	32
Figure 13: Distribution of patients who think nurse-patient relationship has an effect on hospital attendance.....	33
Figure 14: Distribution of patients who are satisfied with the care they received when they were at the hospital	34

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CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Nurse patient relationship is an interaction between the nurse and patient aimed at promoting the well-being of the patient. Nurse-patient interaction is a focal point of clinical practice. Patient's perspective of the care services and treatment is of great importance that stands out as a baseline in determining the quality-of-service provision.

Relevance to clinical practice, issues such as power, social and cultural context, and interpersonal competence are shown to be important in the quality of nurse-patient interactions and nurses need to take cognizance of these factors in their interactions with patients

A nurse patient relationship is a conscious commitment that the nurse makes in the care of the patient which acts as a symbol of agreement between the nurse and the patient whose focus is based on the needs of the patient. Patient experiences, the clinical effectiveness and patient safety are some of the pillars that will determine how well the quality of care will be perceived Daisy J. (2016).

Society views nurses favorably, often as benevolent, virtuous and admirable. Nurses have been positively stereotyped as 'ministering angels' or 'angels of mercy' (Muff, 2019). Nurses have been frequently experience this positive view of the profession first hand in clinical practice.

How often have you heard statements such as these? 'They are so nice', 'oh honey, you are so sweet', 'you are the best nurse', 'the nursing staff is very nice'. Nurses reading this paper will probably be familiar with nurses' stations overflowing with candies and treats that have been sent from appreciative patients and/or families Shattell, M. (2014)

Among the various interactions at the hospital, the most important is the nurse-patient interaction since unlike other health professionals, the nurses' interaction with patients is considered therapeutic. Also, nurses spend most of their time with patients providing care by engaging in constant interaction throughout the period of care. These interactions provide the nurses with knowledge to create the needed environments that favor harmonious encounters, and alternative ways to proceed with care when Shattell, M. (2014) challenges arise (Agyemang, 2013; Westbrook, Duffield, Li & Crewick, 2014; Macdonald, 2017, Smith, Arya- Guerra, Bublitz, 2015).

When nurses' caring behaviors are evident to patients, they feel comfortable with and confident in the nurses caring for them (Berg & Danielson, 2017; Palese et al, 2011).

Patients perceive encounters with the nurses as a positive experience and report feeling satisfied with care (Swanson, 1999; Tuckel, 2014). Nurses spend more time with patients than any other healthcare provider, thus nurses caring behaviors have a great impact on patient satisfaction. (Kipp, 2013).

Despite the importance of nursing care and its relationship to patient satisfaction, the changes in healthcare delivery system globally have intensified nurses' responsibilities and workloads making traditional nurse patient relationship which emphasize on caring aspects difficult to accomplish. (Cara, 2017).

Examining patients' perceptions of nurses caring behaviours has the potential to improve patient care in the wards that may ultimately impact patient outcomes and nursing practice. Negative attitudes have been found in a significant number of nursing population since the 1960s and 1970s, and although the perception of nurses with pessimistic attitudes appears to have lessened

throughout later decades, negative attitudes still exist today (Howard & Chung, 2015). Therefore, the need to assess the patients' perception about nurses caring behaviors would be important to undertake.

1.1 Problem of the study

Research on nurse–patient interactions has increased our knowledge on how nurses communicate in nurse–patient interactions, how patients perceive nurse–patient relationships and how patients perceive nurse–patient interactions. Nurses were found to exert power over patients. Nursing students' communications skills did not improve with communication skills training and nursing related work experience. Nurses distanced themselves from patients who were labelled 'bad' or 'difficult' thereby decreasing the quality of care. Nurse–patient relationships were able to be formed after very few nurse–patient interactions and of relatively short duration. Patients believed that these relationships were important in their care, and in fact, more important than other aspects of care.

Patients wanted nurses to be genuine, not in a hurry, available and willing to talk to them.

Patients wanted to be valued and respected as individuals and believed that social interaction was important. Patients did not want to be treated like object. Patients are aware that there is a nursing agenda, that they are expected to follow that agenda, and that there are consequences if they do not. This awareness is shown in the words of an older hospitalized patient, 'I have to do as I'm told. I'm 94 next week and I still have to do as I'm told' (Hewiston, 2015, p. 80). What happens when patients do not 'do as they are told?' The negative social labelling of patients as 'bad' or 'difficult' is an example of a consequence of patients who disregard the nurses' agenda.

As the quality of patient care is in part determined by the social labelling process, it is understandable why patients would try to avoid being labelled 'difficult'. According to face work theory, patients in this study wanted to be viewed positively and put forth that front; through their self-evaluation and their perceived evaluation by the other, they were able to maintain their presentation of the 'good' or 'easy' patient.

Nurse patient relationships have been vogue for some time now; a lot are said about nurses in delivering healthcare services to patients. Some nurses are seen by patients as good and nice nurses, on the other hand some nurses are seen as bad and rude. Most researches about nurse patient relationships focuses much on the nurse's perspective. Therefore, this study intends to fill this research gap by assessing the patient's perspective on the nurse patient relationship at Holy Family Hospital, Berekum.

1.2 General Objectives

1. The main objective of the study is to determine and identify patients' perception about nurse patient relationship at Holy Family Hospital, Berekum.

1.3 Specific Objectives

1. Analyze patient perception in the nurse patient relationship at Holy Family Hospital, Berekum.
2. Factors that contribute to positive and negative nurse patient interactions at Holy Family Hospital, Berekum.
3. Impact of nurse patient relationship at Holy Family Hospital, Berekum.

1.4 Operational Definition of Terms

1. Nurse-client relationship: It is a therapeutic relationship between a nurse and a client built on a series of interactions developed over time.
2. Patient is any recipient of healthcare services.
3. Nurse is a person who is trained and educated in a recognized institution and has successfully completed and passed his or her licensed exams as a professional nurse with the Nursing and Midwifery Council of Ghana (NMC) to work in the country.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

A literature review, according to Sekaran&Bougie (2013), is a step-by-step process that deals with the identification of published and unpublished work from secondary data sources on the topic of interest. Polit& Beck (2010) also defined literature review as a written summary of the state of evidence on a research problem. Brink, van der Walt & van Ransburg (2012) defined it as finding, reading, understanding and forming conclusions about research and theory that has already been published, as well as presenting it in an organized manner. A thorough literature review is a crucial early task that helps contribute to the argument about the need for a study. It aids the researcher in identifying gaps in the existing body of research, shape research questions and suggest appropriate methods and conceptual or theoretical frameworks to be used (Polit& Beck, 2010; Brink, van der Walt & van Ransburg, 2012).

This chapter presents available, precise and relevant literature related to the research topic, the problem statement and the objectives of the study. The purpose is to present an in-depth view of what is already known on the subject, in order to position the study relative to such a body of knowledge.

2.1 Patient Perceptions in the Nurse Patient Relationship

Patients' perception of quality care refers to patients' view of services received and the results of the treatment and are monitored to assess the delivery and quality of healthcare, while patient experiences is a reflection of what actually happened during the care process WHO (2000)

Most respondents (90.2%) in this study indicated that nurses demonstrated professional knowledge and skill in providing care. Majority (91.2%) of respondents agreed that nurses showed concern for the patients, while the rest of the respondents disagreed. An overwhelming percentage of respondents (92.9%) agreed that nurses gave patients their treatment and medications on time and this was the highest rated caring behaviors.

Again, in a study conducted by Afaya, A., & Gross, J., & Acquah, N., (2017) on assessing patient's perception of nursing care in Medical-Surgical ward in Ghana. Patients in this study rated nurses caring behaviors very high with an overall mean score of 4.68 showing that caring behaviors of nurses is vital in clinical nursing practice. Patients preferred to be cared for by knowledgeable and skilled nurses. Although patients in this study had positive perceptions of nurses caring behaviors, there is still a small percentage of patients that did not have positive perceptions of nurses caring behaviors. Nurses should continue to strive for excellence in their caring behaviors as caring is the essence of nursing.

In a study by Thorsteinsson (2012) in Iceland, nurses who were perceived as giving high quality care were described by patients as kind, joyful, warm, polite, and understanding and as having clinical competence. Clinical competence, however, was considered the most important nurse caring behavior in another study from Iceland, in which 'know how to give shots and IVs', 'know what they are doing', 'know when to call the doctor', and know how to handle equipment' were items with the highest scores (Zamanzadeh, 2010)

Indeed, Asenso-Okyere, Osei-Akoto, Anum, and Adukunu (1999) noted that the attitude of health workers is one of the major factors considered by patients when choosing a health care provider. These authors noted that many patients have resorted to traditional health care because both the herbalist and the fetish priest devote a lot of time to the patient, adding a personal touch

to the treatment. Well-resourced individuals go to the private hospitals that tend to treat patients with some level of respect because of their profit maximization orientation. A featured article by Ghana News Agency in June 22, 2012, indicated that the Nurses and Midwives Council (NMC) expressed concern about poor client-centered care by some of its members occurring in most of the nations' health care institutions. This prevents a number of people from going to the hospital when they are sick. Apem-Darko (cited in Ghana News Agency, June 22, 2012), lamented that the professional virtues of empathy, love, affection and innovation among nurses (as exhibited by Florence Nightingale) were diminishing and that there was the need for nursing trainees to imbibe these treasured values to render professional services to their cherished patients, clients and family. Patients (clients) go to the hospital when they are sick and so might not be in the right frame of mind. This makes it imperative that they get the necessary information from them to provide client-centered service with empathy (GNA, June 22, 2012).

Asare-Allotey (as cited in Salia, 2007) also reported in an article entitled, "Nurses' attitude deplored", admonished that nurses must not hide behind the constraints facing them at the health centers to perpetuate discourteous acts towards their clients. According to the paper, a self-appraisal report by the association indicated that the "public had no problem with the skills of nurses but rather the way they communicated and received patients." The attitude of some nurses and midwives had become a major challenge in the healthcare delivery service and also sunk the image of the profession (Dzomeku, Ba-Etilayoo, Perekuu, & Mantey, 2013).

Moreover, an article by Ghana News Agency in June 22, 2012, shows that NMC expressed concern about poor client – centered care by some its members occurring in most of the nation's healthcare institutions. This prevents a number of people from going to the hospital when sick. Apem Darko (Cited in Ghana news Agency, June 22, 2012), lamented that the professional virtues of empathy,

love affection and innovation among nurses (as exhibited by Florence Nightingale) were diminishing and that there was the need for nursing trainees to imbibe these treasure values to render professional services to their cherished patients, clients and family. Patients go to the hospital when they are sick and so might not be in the right frame of mind. This makes it imperative that they get necessary information from them to provide client-centered service with empathy (GNA, 2012).

All over the world, there is a paradigm shift toward client centered healthcare delivery. But the situation is different in Ghanaian hospitals, especially the public hospitals. It is not uncommon to hear nurses shout and humiliate patients who seek explanation to certain things concerning their health. In order to avoid these humiliations, patients simply keep quiet and do whatever they are asked to do without questions. A patient may return from hospital and when relatives or friends asks, “What was the diagnosis of your health condition?” the response would be, “I don’t know. The doctor only prescribed these drugs for me to buy without any explanation” the impression here is that the health workers claim to be omniscient. This attitude, especially, that of nurses who are the “Customer relations officers” of the health institution, is helping to promote quality health care delivery in the country. Many people prefer to stay at home and do self-medication than to go to the hospital and be humiliated by nurses, while others turn to the traditional or native doctors for help (Asamani, L., &Agyemang, B., &Afful, J., &Asumeng, M., 2018).

2.2 Factors That Contribute to Positive and Negative Nurse Patient Interactions

Patient's perception of nursing care can be influenced by their pre service expectations of the service provider that are in turn influenced by a number of factors such as cultural background, socio-economic status etc Talluru (1987). When services rendered to the patient does not goes the way he or she had wanted, they tend criticize the nurse in that regard. And would also love to return back if he or she receives the nursing care she perceived.

There are numerous factors that can influence nurse patient interactions, which can either be a positive or negative one.

Caring behaviors shown by nurses have been linked to high patient satisfaction with nursing care and the intent to return to a facility for care (Rafii, Hajinezhad&Haghani, 2019). This implies that nurses should show a sense of caring to patients in order to make patients feel comfortable.

There is a growing perception that nurses do provide compassionate and competent care. Policy document prescribe compassionate as an essential aspect of care. A substantial body of evidence demonstrates that both patient and nurses have expectation about the caring relationship. Nurses should be mindful that their behaviors and attitudes need to align with what patient's value about the relationship (Rick W, Tiffany C, Alison L.K, Rhianon J.M, Nancy W, Phillipa R., 2015).

Also, Nurse patient communication is an inseparable part of the patient's care in every health setting; it is one of the factors that determine the quality of care. Several patient-related characteristics, nurse related characteristics and environmental related issues pose as barriers to effective therapeutic communication. Therapeutic communication has the potency of increasing patient knowledge and understanding, enhancing trust and self-health skills, increase adherence,

providing comfort and facilitating the management of emotions key to patient health and well-being (Richard L.S, Gregory M., Neercy K.A., & Ronald M.E.,2009)

Also, there is a strong influence of job satisfaction on the quality-of-care nurses provide as well as on the nurse-patient relationship (Baxter, 2012). Nurses who are not satisfied and feel undermined and undervalued are more likely to neglect their duties towards the patients Newman, Maylor & Chansarken (2012). This means that nurses that are satisfied with the job tend to provide good care services to patients while those that are also not satisfied with the conditions of services as per the job, tend to disrespect patient and become rude to them resulting in low quality of care.

Again, Assenso-Okyerere, OseiAkofu, Anum and Adukunu (1999) indicated that the attitude of health workers is one of the major factors considered by patient when choosing a health care provider. They noted that many patients have resorted to traditional health care because both the herbalist and the fetish priest devote a lot of time to the patient, adding a personal touch to the treatment. This means that attitudes portrayed by nurses can either drive them away or bring them. Nurses must therefore exhibit good characters and attitudes to patient no matter their race, creed, color, social status, cultural background as per the nurses' pledge.

Moreover, a good sense of humor from nurses can also have a positive impact on the nurse patient relationship such as the ability to create funny jokes or giving funny comments. Patients feel relaxed and comfortable when nurses used humor. This will definitely make the patient interact freely with the nurse without fear (Dean&Schmitzm, 2003). Although creating funny moment is essential but careful measures needs to be taken in order to offend anyone.

2.3 Impact of Nurse Patient Relationship

There is a direct impact of the quality of care depending on the type of relationship with the patient. The nurse recognizes that a good relationship improves the quality and healing results in the patient (Ramoc, 2017). Research indicates that the relationship between a healthcare provider and a patient impacts healthcare outcome. This implies that your relationship with patient's influences their recovery. J Kelly, et.al

A good nurse–patient relationship reduces the days of hospital stay and improves the quality and satisfaction of both. However, in contrast, the good relationship is conditioned by the patient's submissive role (Loffi M., Zamanzadel V., Valizadeh L., Khajehgodari M. 2019). A good relationship with the patient, in contrast is accompanied by mutual trust, cordiality, closeness, resolution of doubts, counseling, empathy and even friendship, as widely contextualized in other studies (Fahlberg B 2015). The bad relationship poses a position of the nurse as an expert in care, accompanied by distancing towards the patient with continuous conflicts, scarce communication, a decrease in time dedicated to the patient and their concerns and a relationship centered purely on technical aspects (Molina-Mula J., Gallo-Estrada J 2020).

A poor or bad nurse-patient relationship decreases the quality of care and diminishes the patient's autonomy (Karaka A., Zehra D, 2019). The nurse-patient relationship should not pursue the change in values and customs of the patient, but position the professional as a witness of the experience of the health and illness process in the patient and family (Molina-Mula J., Gallo-Estrada J 2020).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter discusses the research design, research setting or area of study, target population, sampling technique and sample size, inclusive and exclusive criteria, method of data collection and tools, data analysis techniques, ethical consideration and lastly limitations of the study in that order.

3.1 Study Area

Holy Family Hospital (HFH), Berekum is a CHAG facility owned by the Catholic Diocesan Hospital in the Brong Ahafo Region of Ghana which serves the Municipal hospital. The hospital was established in 1948 by the Medical Mission Sisters (MMS) and became a diocesan Hospital in 1978. It is part of the Sunyani Diocesan Health Service Board (DHS) and the Diocesan Health Service Board (DHSB) serves as the governing board. HFH since 1969 has been Network 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 has the following departments; Obstetrics and Gynecology, General surgery, Pediatrics, Dermatology, General OPD, Dental, Ear, Nose and Throat (DENT) Eye clinic, Mental health, Medical and Surgical wards, public Health, Pharmacy, Laboratory, Physiotherapy, Maternal and Child Health, Administrative and Finance Departments.

3.2 The Study population

Population refers to the entire set of individuals or elements that meet the sampling criteria (Burns & Grove, 2019). Creswell (2015) explains population as a group of people who are the

focus of a research study and to which the results would apply. The study population of this study consisted of all patients who were 18 and above and was admitted for 2 or more days.

3.3 Study Design

According to Kothari & Crag (2014), study design facilitates the attainment of the various research operations thereby making research as efficient as possible and yielding maximum information with minimal expenditure of effort, time and money. Both Quantitative and qualitative research design was used for the study.

3.4 The Sampling Technique and Size

Sampling is concerned with the selection of a subset of individuals from within a defined population to estimate characteristics of the entire population. A two-stage sampling was used for the study; first a purposive sampling procedure was used to select patients who were 18 and above and had been admitted for 2 or more days. Using Taro Yamane's formula which is $n = \frac{N}{1 + Ne^2}$ where n is the sample size, N is the population size and e is the margin of error which is 5% (0.05) if the confidence interval is 95%, the sample size was calculated as $n = \frac{60}{1 + 60(0.05^2)}$ which is 52

3.5 Data Collection Methods and Instrument

The study used primary and secondary data sources. The secondary data was acquired from review of literature done on the topic under study. Primary data was also collected from the questionnaire. A well-structured written questionnaire was used to collect the data. The questionnaire was distributed by the research members by hand and collected right after the respondents finished answering them. The questions were arranged systematically and

categorized. Respondents were guided in answering the questions especially those that could not read and write.

3.6 Data Analysis Techniques

Data was analyzed by categorizing the data according to the variables and the results presented in the form of figures, percentages, bar charts and pie charts to make the data meaningful.

3.7 Ethical Considerations

The consent of respondents was sought using the participant's information leaflet sheet and consent forms were signed by each respondent before data collection tool was given to be completed. In addition, confidentiality was maintained as respondents were assured that research data will be handled and stored properly to ensure that information obtained from and about research participants is not improperly divulged. Also, respondents were not required to write their names on the questionnaire. Respondents were not forced to take part in the study against their will and they were informed that they have the right to participate in the study or withdraw from the study at any time.

3.8 Limitations of the Study

The results of the study would have been more generalized if it had involved more patients at Holy Family Hospital, Berekum were selected for this research since the higher the sample size, the more accurate the research.

Also, finances and logistics restricted the use of a large sample size for the study, as this may not be a good ground for generalization of study findings.

Time constrain made it difficult carrying out the research work, as group members had to combine academic work with research work.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Data Presentation and Analysis

This chapter presents the results of the data to answer the research questions. Questionnaires were given out to 52 respondents and all were received as expected. The data collected from this research questionnaire were used to answer the following objectives;

1. What are patient perceptions in the nurse patient relationship at Holy Family Hospital, Berekum?
2. What factors contribute to positive and negative nurse patient interactions at Holy Family Hospital, Berekum?
3. What are the impacts of nurse patient relationship?

4.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Table 1. Ages

VARIABLE AGE GROUP	NUMBER	PERCENTAGE (%)
18 – 20	5	10
21 – 25	15	29
26 -30	16	31
31 – 39	7	13
40 and above	9	17
TOTAL	52	100

Table 2 Gender

GENDER	NUMBER	PERCENTAGES (%)
MALE	20	38
FEMALE	32	62
TOTAL	52	100

Table 3. Marital Status

MARITAL STATUS	NUMBER	PERCENTAGE (%)
SINGLE	10	19
MARRIED	35	67
WIDOWED	2	4
DIVORCED	5	10
TOTAL	52	100

Table 4. Educational Level

EDUCATIONAL LEVEL	NUMBER	PERCENTAGE (%)
PRIMARY	12	23
JUNIOR HIGH SCHOOL	15	29
SENIOR HIGH SCHOOL	8	15
TERTIARY	17	33
TOTAL	52	100

Table 5. Religion

RELIGION	NUMBER	PERCENTAGE (%)
CHRISTIANITY	40	77
ISLAM	12	23
OTHER	0	0
TOTAL	52	100

Table 6. Occupation

OCCUPATION	NUMBER	PERCENTAGE (%)
TRADERS	30	57
GOVERNMENT WORKERS	18	35
UNEMPLOYED	4	8
TOTAL	52	100

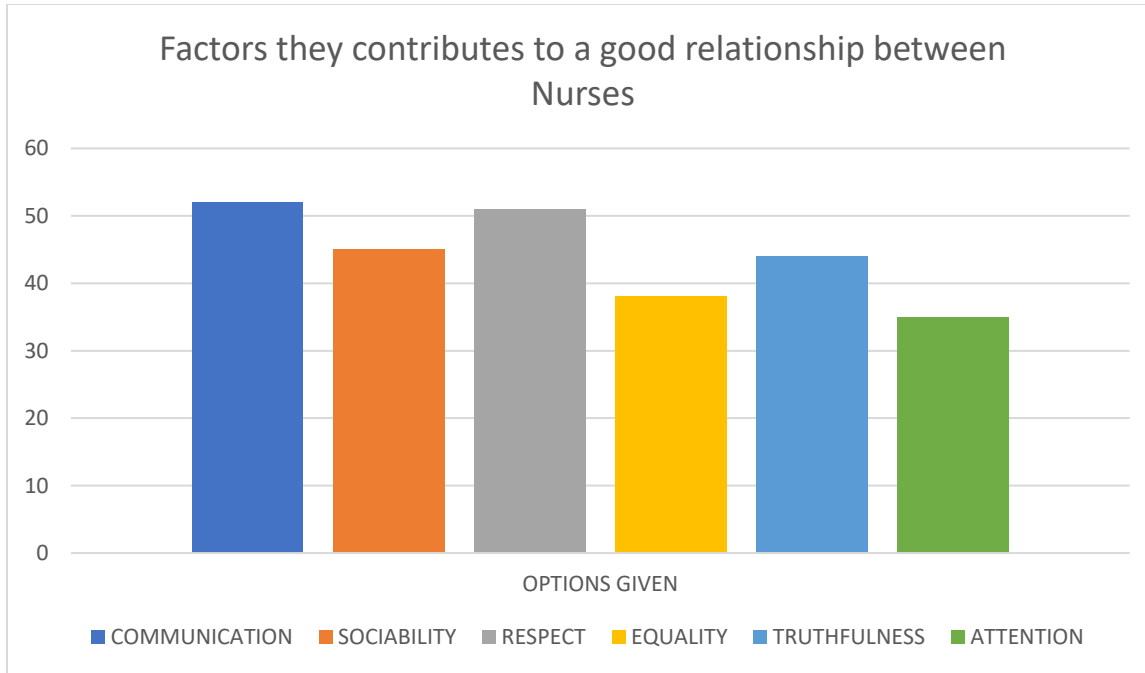
Table 7. Ethnicity

ETHNICITY	NUMVER	PERCENTAGE (%)
AKANS	34	65
EWE	9	17
GA	5	10
OTHERS	4	8
TOTAL	52	100

From the table above, out of 52 respondents, the highest percentage of respondents (31%) were between the ages of 26 to 30 followed by those who were between the ages of 21 to 26 who made up 29%. Those between the ages 40 and above made up 17% and respondents who were 31 to 40 years made up 13%. 67% of the respondents were married while 19% were single, 10% of the respondents were divorced and the remaining 4% were widowed. Also data collected on the educational background of the respondents indicated that 33% had completed tertiary education, 29% had completed Junior High School, 23% went up to primary school and the remaining 15% had completed Senior High School. It was also found out that 77% of the respondents were Christians while 23% were Muslims. From the data collected, it was found out that 30 of the respondents representing 57% engaged in trading activities, 18 of them representing 35% were government workers and 4 respondents representing 8% were unemployed. With regards to their ethnicity, 34 of the respondents representing 65% were Akans, 9 were Ewes and they represented 17% of the respondents, 5 were Gas and they represented 10% and the remaining 4 respondents representing 8% belonged to other ethnic groups.

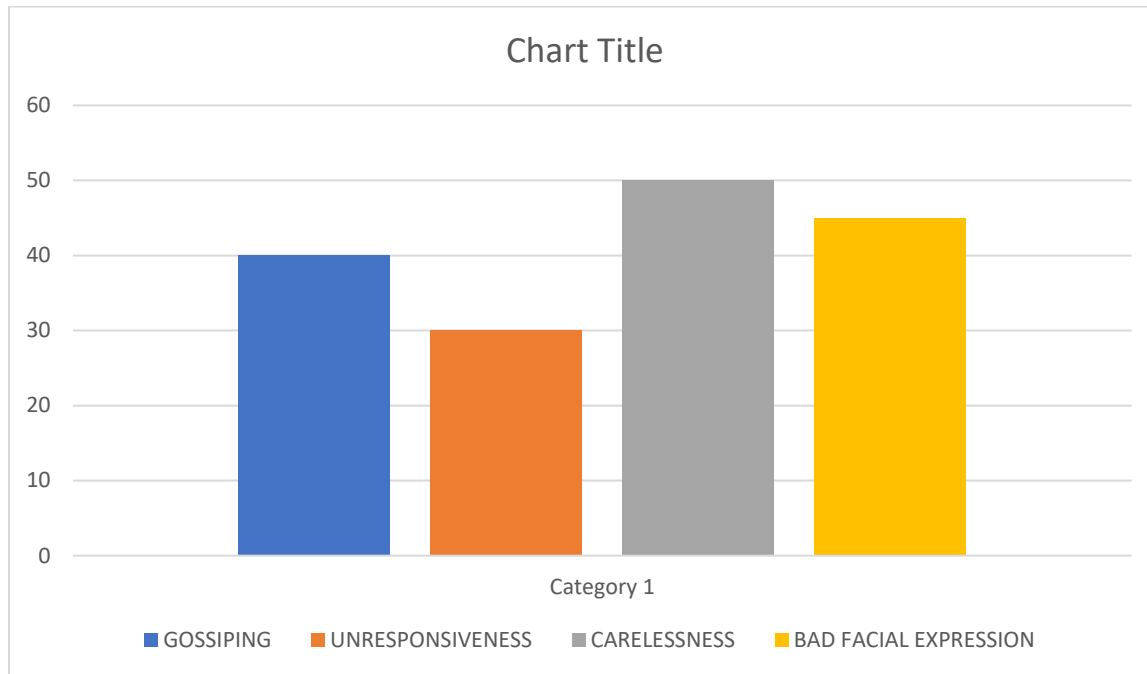
4.2 SECTION B: PATIENTS PERCEPTION ABOUT NURSE-PATIENT RELATIONSHIP

Figure 1: Distribution of patients who think these factors contribute to a good relationship between nurses.



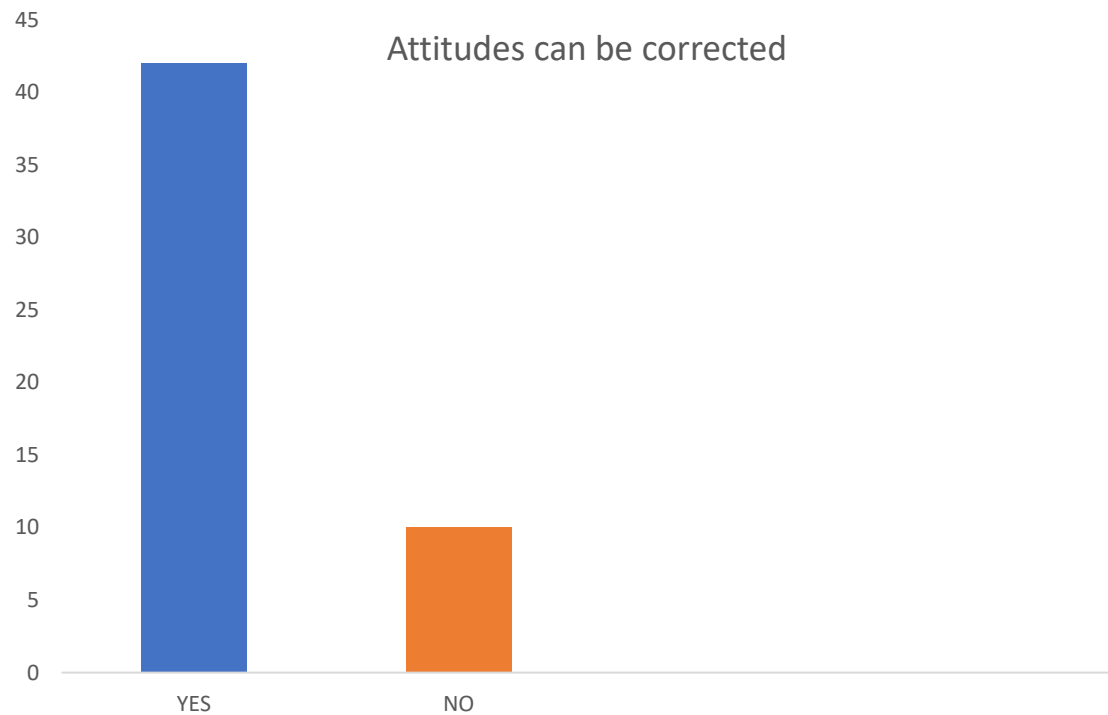
52(100%) of the respondent said communication is important in building a good relationship, 51(98%) said respect is also important in a good relationship building with nurses, 45(86.5) said sociability also contribute to that, 44(84.6%) said truthfulness can also contribute, 38(73%) said equality have an influence, and 35(67.3%) said attention also contribute in a good relationship building between nurses.

Figure 2: Distribution of patients who think these factors contribute to a bad relationship between nurses.



50(96.1%) said the careless behavior of nurses also contribute in a bad relationship building with nurses, 45(86.5%) said bad facial expression also causes a bad relationship between nurses, 40(76.9%) of the respondent said gossiping act of nurses is a factor that contribute to a bad relationship between nurses, 30(57.6) said unresponsive attitude of nurses also contribute.

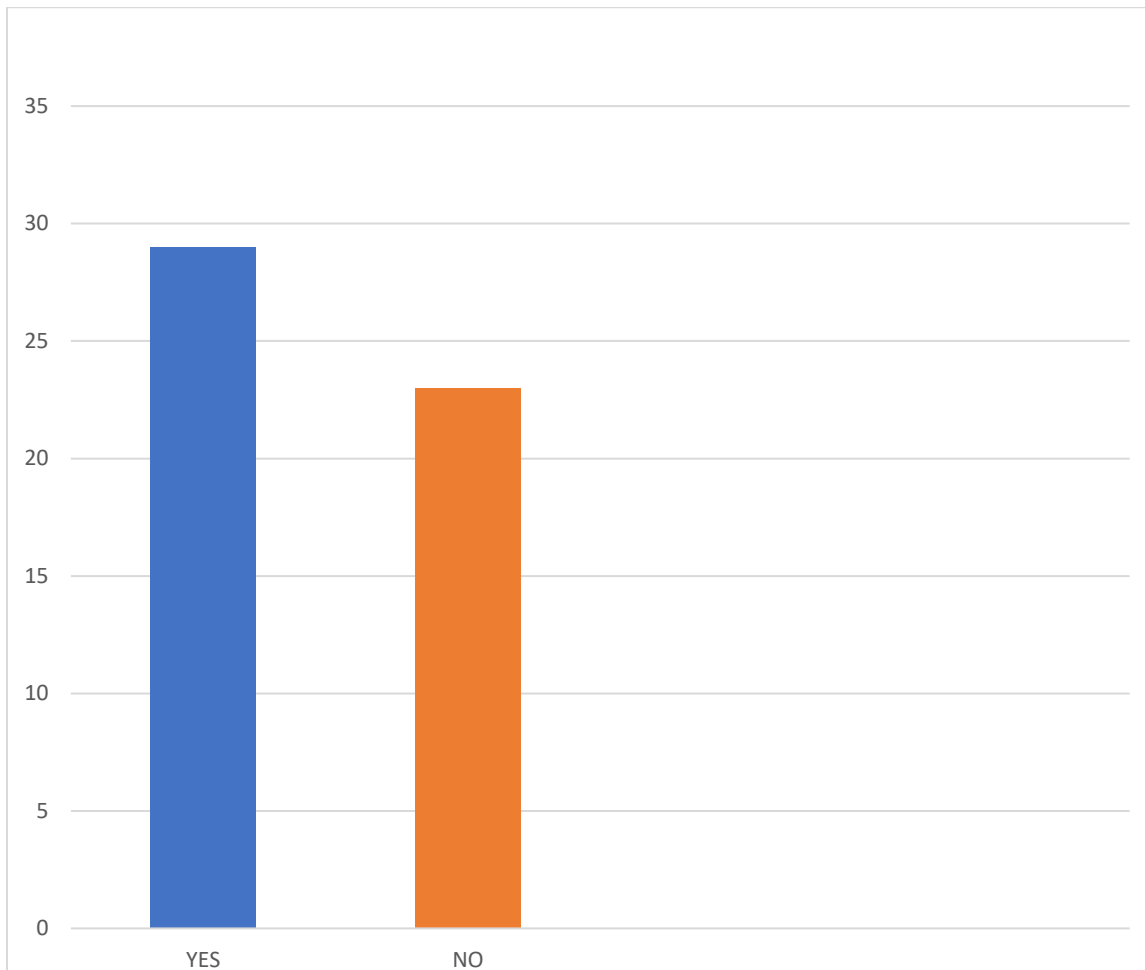
Figure 3: Distribution of patients whose think those attitudes can be corrected



42(81%) of the respondents indicated that their opinions about nurses could change while the remaining 10(19%) insisted that their opinions about nurses were fixed and could not be changed as seen on figure 3 above.

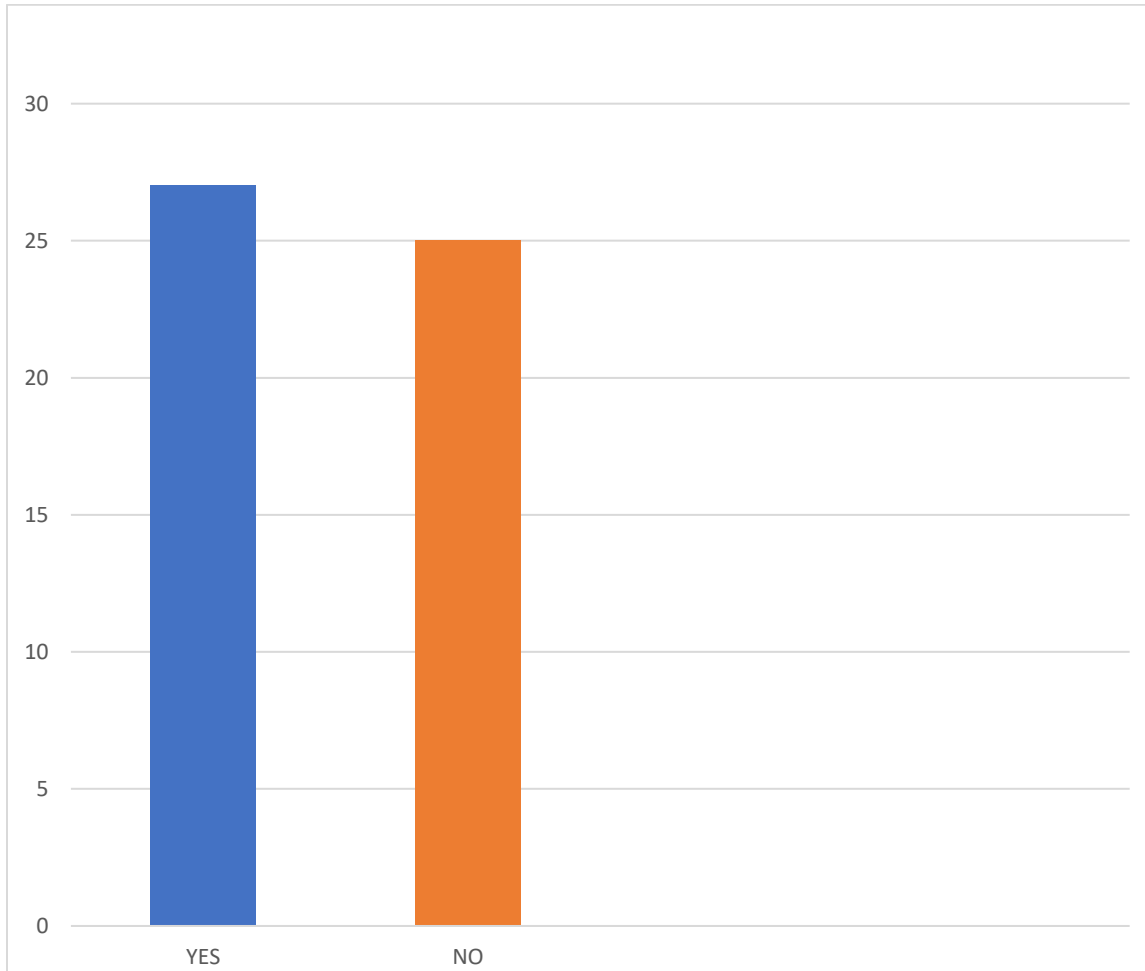
4.3 SECTION C: FACTORS THAT CONTRIBUTE TO POSITIVE OR NEGATIVE NURSE-PATIENT INTERACTIONS

Figure 4: Distribution of patients who notice affection when being cared for by nurses



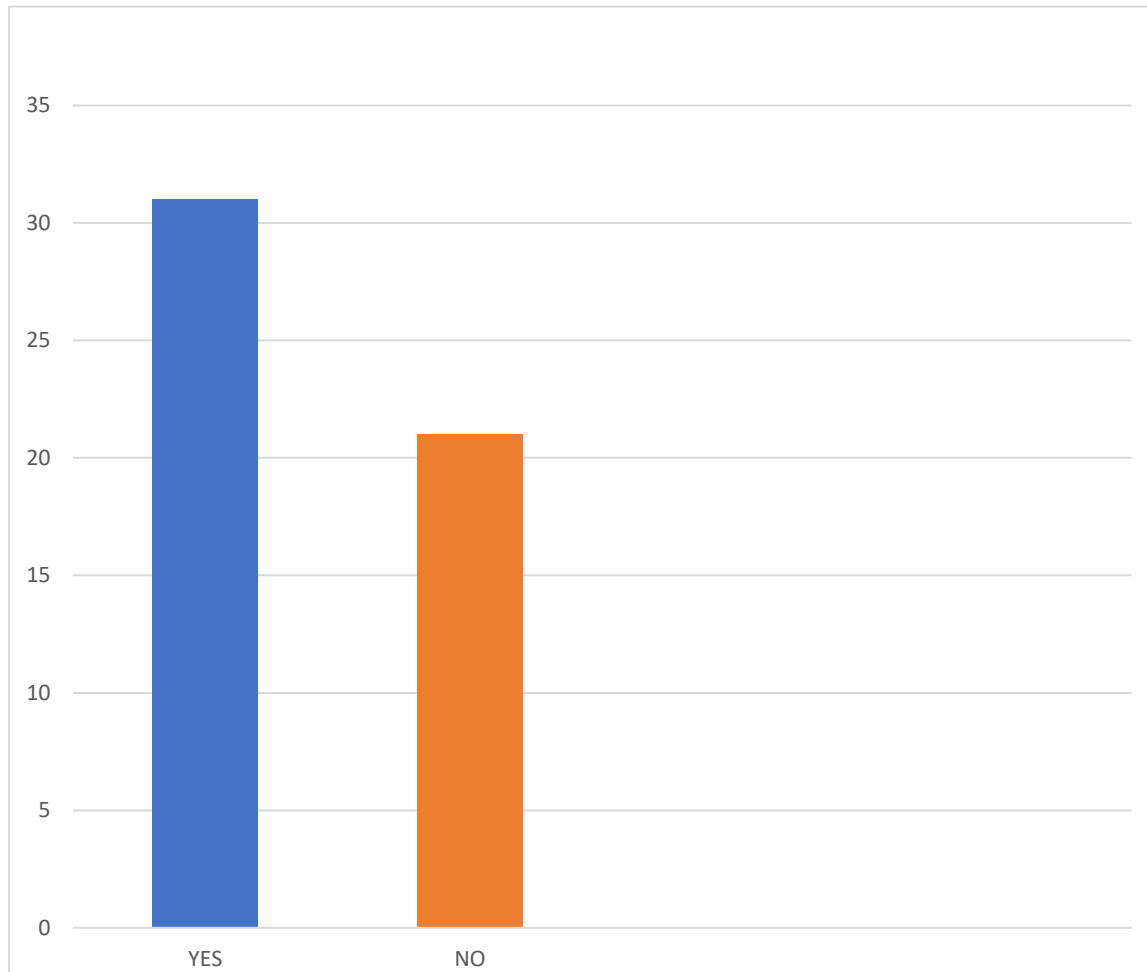
With regards to whether nurses showed affection when caring for patients, 29(56%) of the respondents answered yes while the remaining 23(44%) responded no as seen in the chart above.

Figure 5: Distribution of patients who enjoy moments with nurses



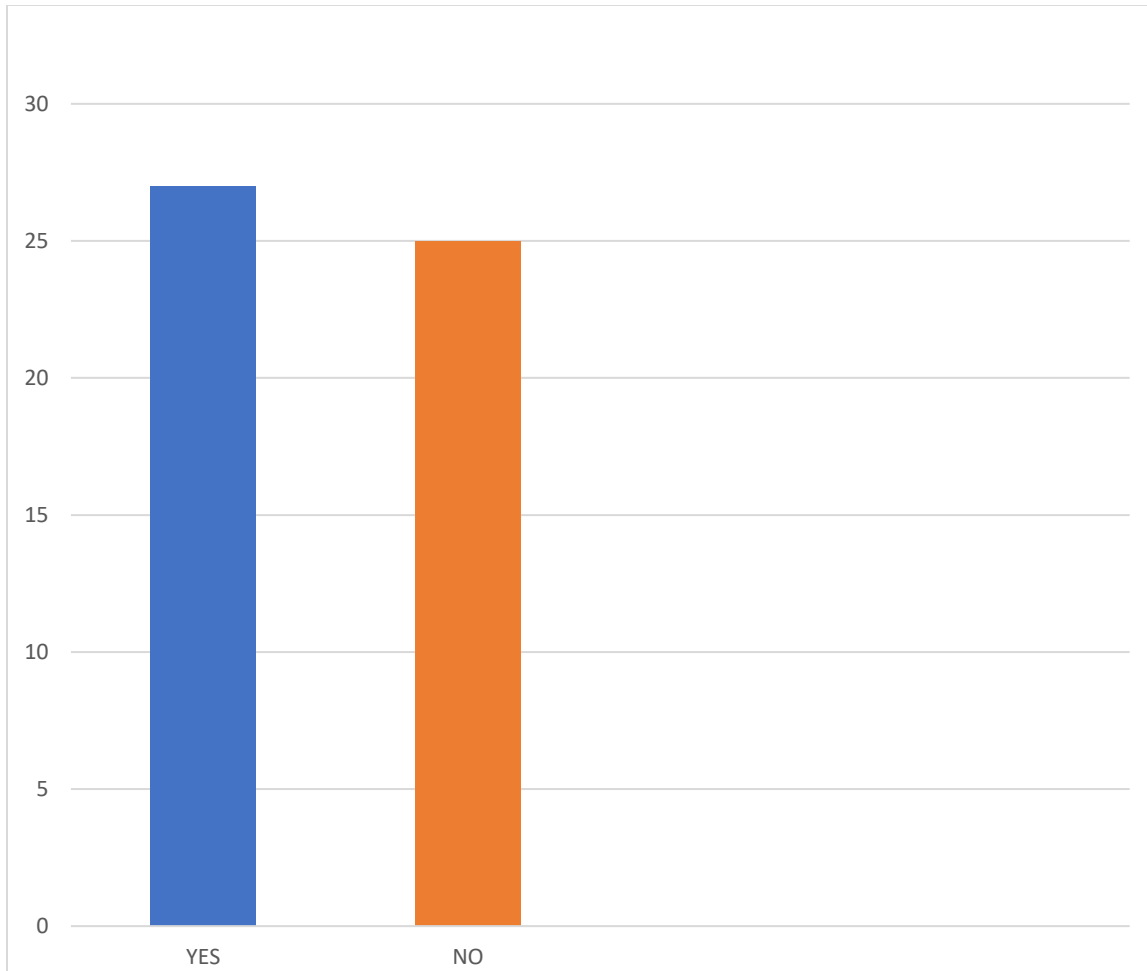
When asked if patients have enjoyable moments with the nurses, 27(51.1%) of them said yes while 25(48.9%) said there were no enjoyable moments with the nurses as shown in the chart above.

Figure 6: Distribution of patients whose consent is sought before performing procedures



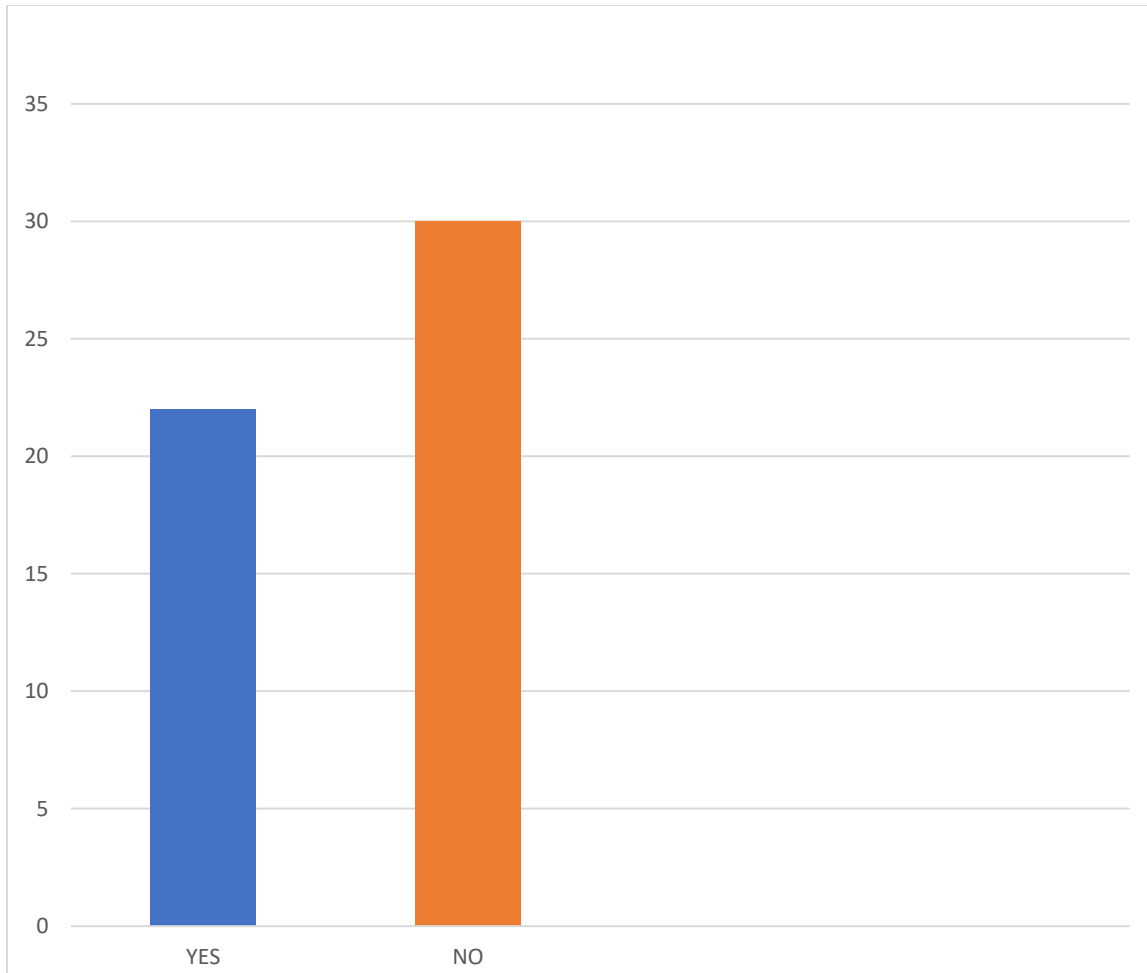
Concerning consent seeking, 31(59%) of the respondents said nurses seek their consents before performing procedures. However, 21(41%) said otherwise as shown in the chart above.

Figure 7: Distribution of patients who are assisted readily upon visits to the facility



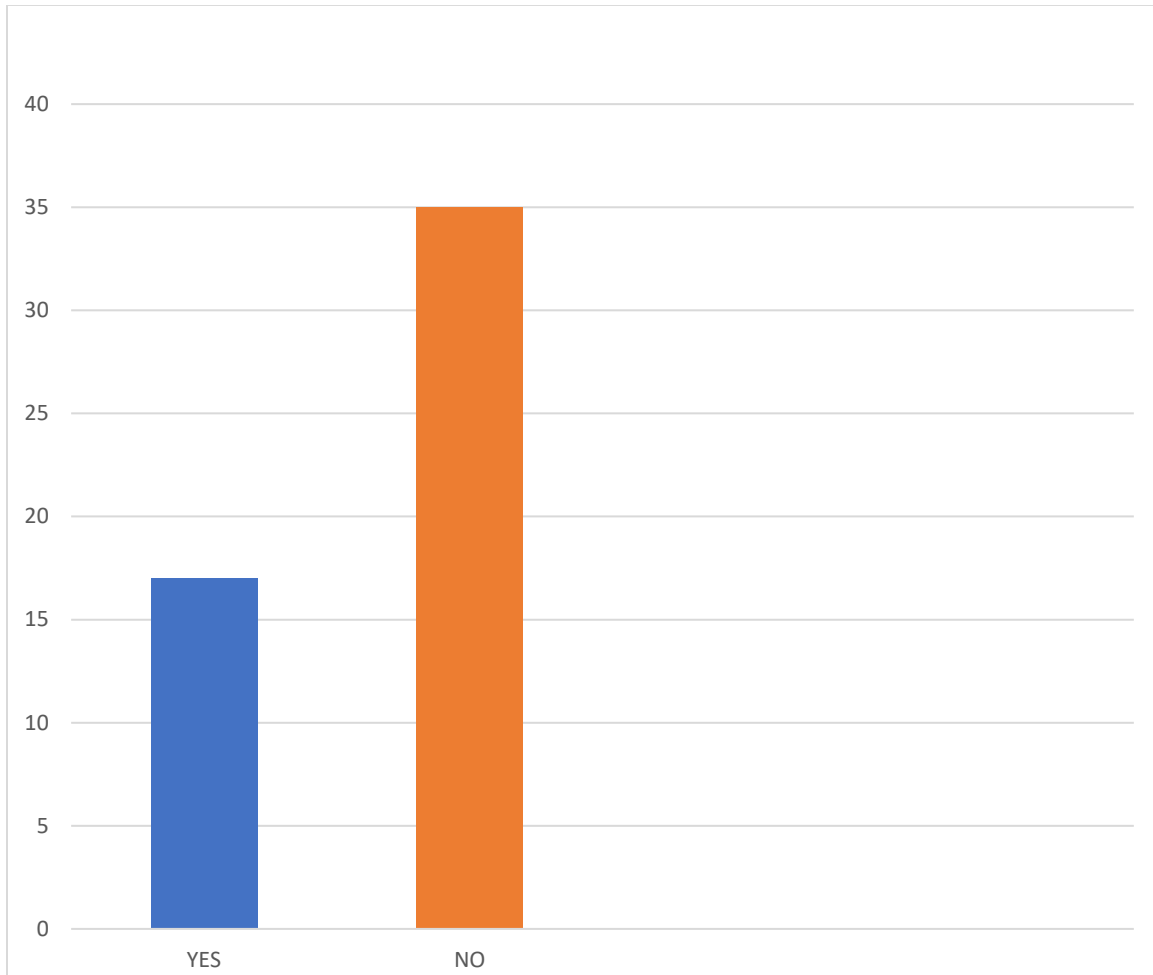
27(51%) of the respondents admitted that they were readily assisted whenever they visited the facility while 25(49%) of them said they faced difficulties upon visits to the hospital due to lack of assistance.

Figure 8: Distribution of patients who interact freely and cordially with nurses



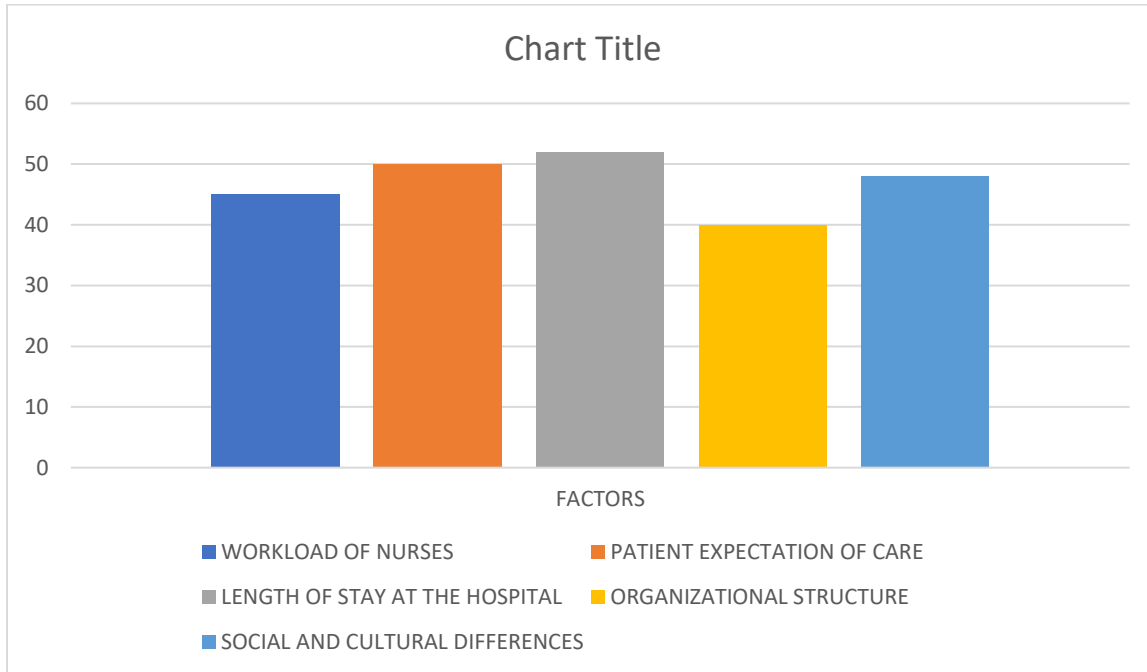
When asked if patients interacted freely with the nurses, 22(43%) of them said yes while 30(57%) responded in the negative as shown in the chart above.

Figure 9: Distribution of patients who have suffered verbal abuse from nurses during care



As to whether a nurse has used an aggressive tone of voice during care, 17(32.6%) of the respondents said yes while the remaining 35(67.3%) said no as shown in the chart above.

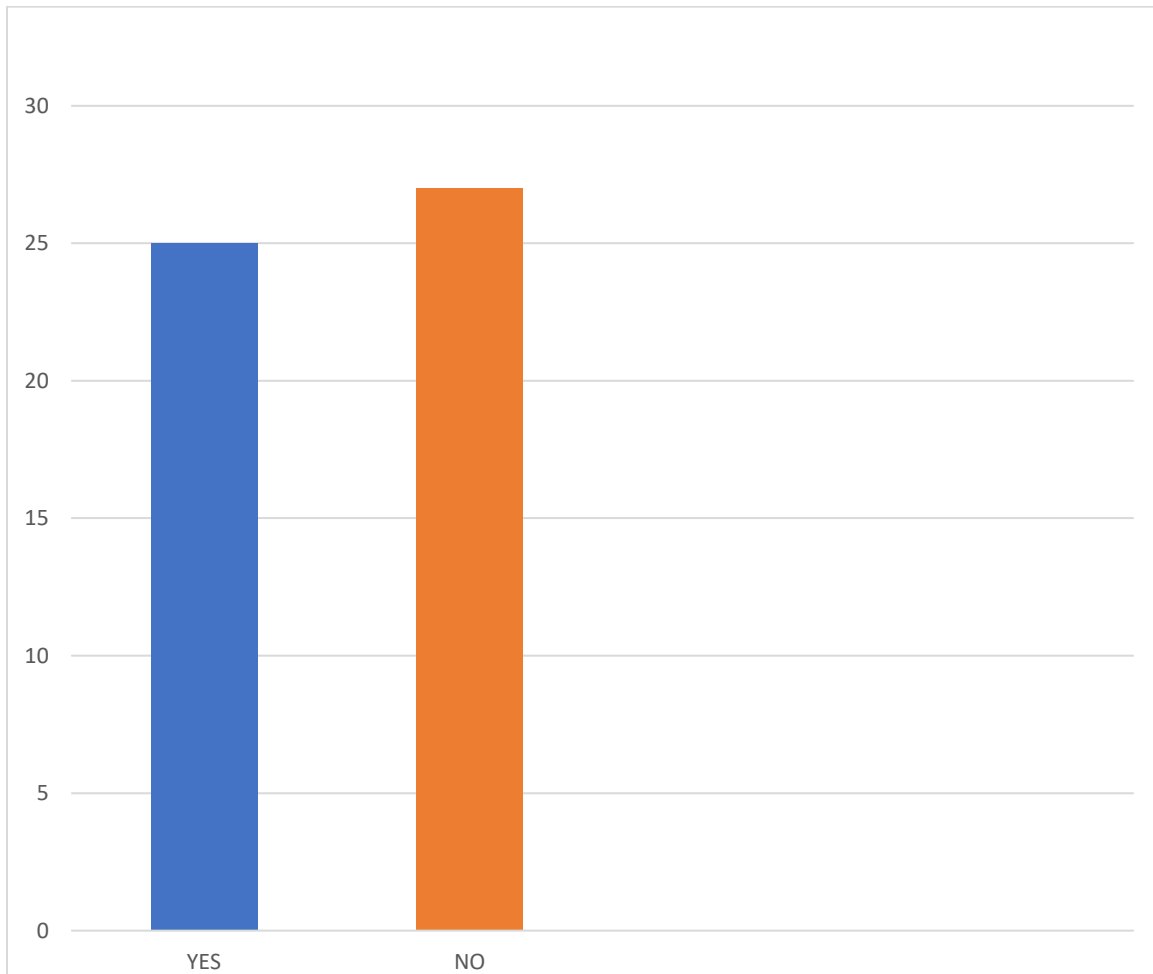
Figure 10: Distribution of patients who chose that some of these factors contribute to the positive and negative Nurse- Patient Relationship.



45(86.5) know that the workload of nurses may contribute to the positive and negative Nurse-Patient Relationship, 50(96.1) know that patient expectation is also a factor, 52(100%) know that length of stay at the hospital is an important factor, 40(76.9) know that organizational structure is also a factor, and 48(92.3%) know that social and cultural differences also a factor that contribute to the positive and negative Nurse- Patient Relationship.

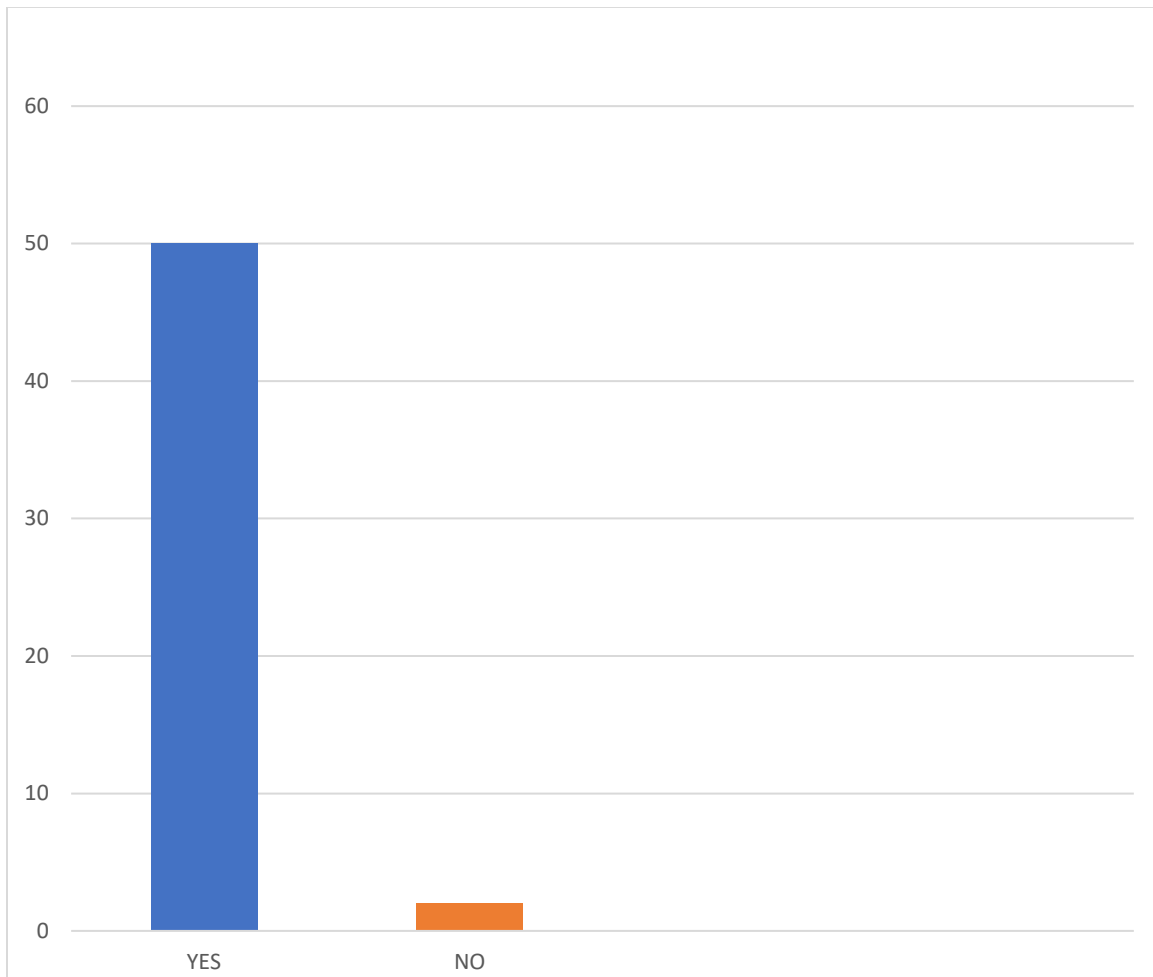
4.4 SECTION D: IMPACT OF NURSE-PATIENT RELATIONSHIP

Figure 11: Distribution of patients who entrusts their secrets with nurses



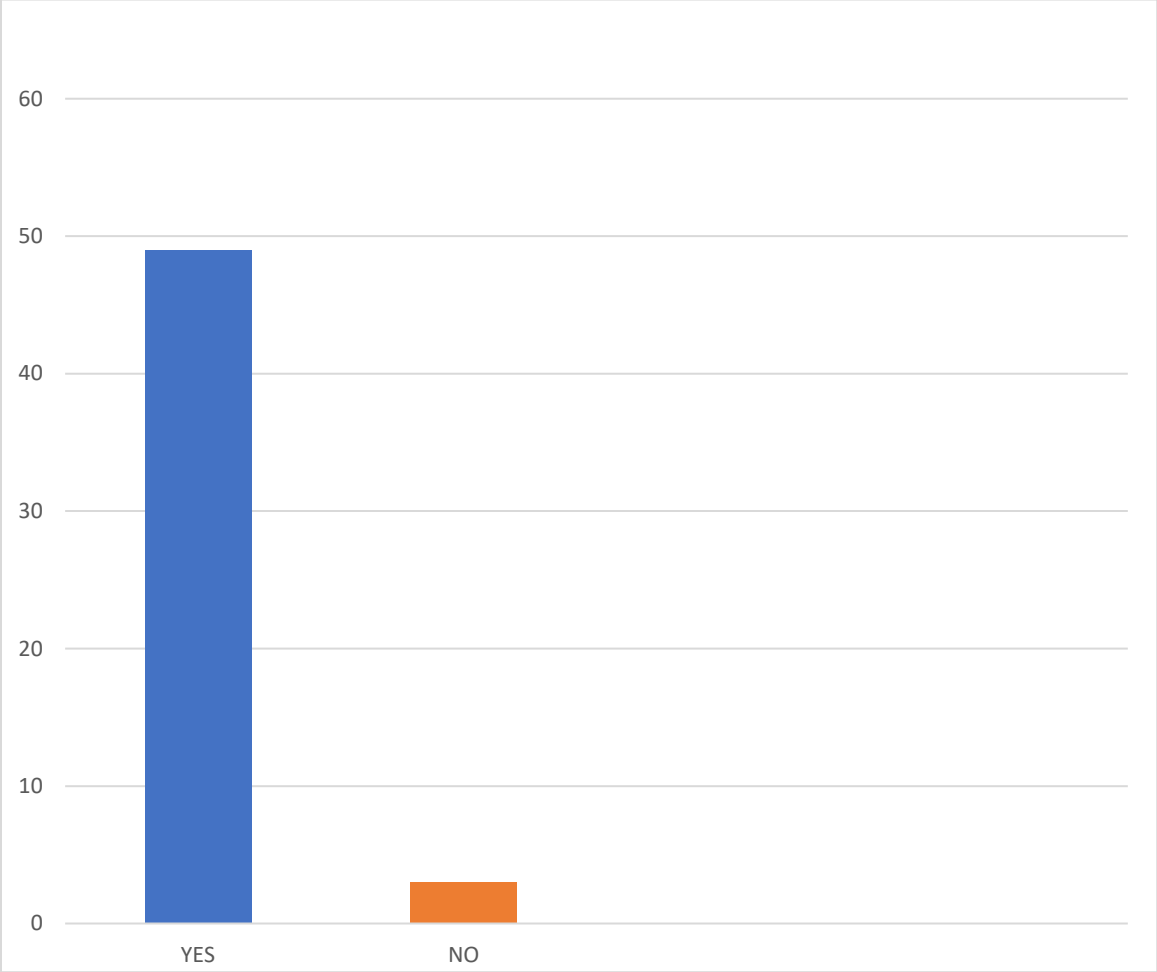
25(48%) of the patients said they entrust their secrets with nurse but 27(52%) of them said they did not share their secrets with the nurses.

Figure 12: Distribution of patients who think nurse-patient interaction contributes to recovery



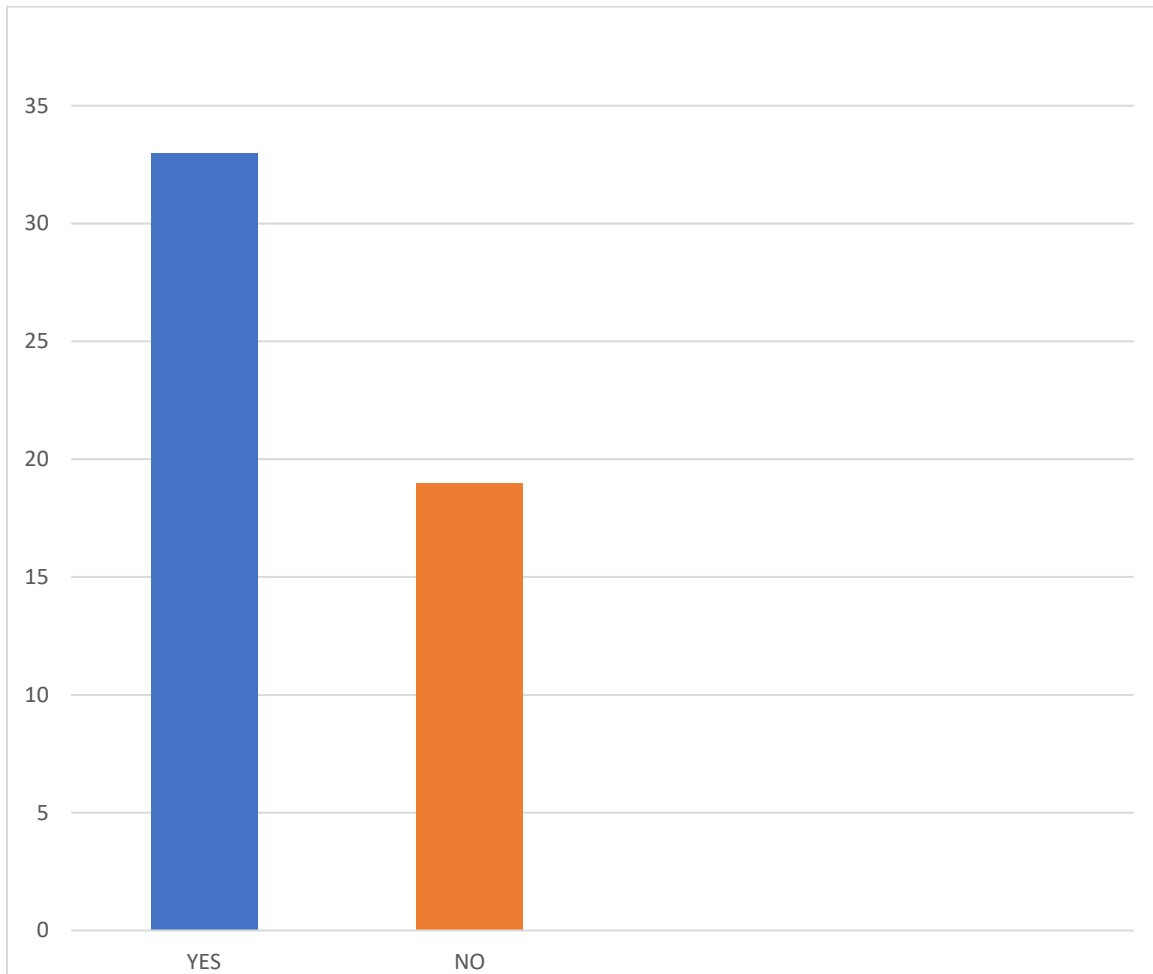
When asked if nurse-patient interaction can contribute to recovery, almost all 50(97%) of the respondents said yes and just 2(3%) of the respondents said no as shown in the chart above.

Figure 13: Distribution of patients who think nurse-patient relationship has an effect on hospital attendance



When asked if nurse-patient interaction has an effect on hospital attendance, most of the respondents 49(96%) said yes while 3(4%) said no as indicated above.

Figure 14: Distribution of patients who are satisfied with the care they received when they were at the hospital.



When asked if they were satisfied with the care they received, 33(63%) of the respondents said yes while the remaining 19(37%) said they were dissatisfied.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter deals with the discussion, summary and findings of the study, conclusion, and recommendations.

5.1 Discussion

The study was conducted at the Holy Family Hospital, Berekum with 52 respondents. It was realized that the highest percentage of respondents (31%) were between the ages 26 to 30, followed by those who were between the ages of 21 to 25 who made up 29%. Those who were 40 and above made up 17%, those between 31 to 39 made up 13% and respondents who were 18 to 20 made up 10%. Data gathered on marital status indicated that, 67% of the respondents were married while 19% were single, 10% of the respondents were divorced and the remaining 4% were also widowed. Additional findings indicated that 33% of the respondents had completed tertiary education, 29% had completed Junior High School, 23% went up to primary school and the remaining 15% had completed Senior High School. It was also found out that 77% of the respondents were Christians while 23% were Muslims. From the data gathered, it was found that 30 of the respondents representing 57% engaged in trading activities, 18 of them representing 35% were government workers and 4 respondents representing 8% were unemployed. With regards to their ethnicity, 34 of the respondents representing 65% were Akans, 9 were Ewes and they represented 17% of the respondents, 5 were Gas and they represented 10% and the remaining 4 respondents representing 3% belonged to other ethnic groups.

When asked to choose what contribute to a good relationship between nurses, 52(100%) said communication is very necessary in building a good relationship with nurses, 51(98%) said respect from the side of nurses toward their patients is important in developing a good relation between nurses, 45(86.5%) said sociability is also important in developing a good relationship with nurses, this help patients to speak freely with nurses who are very open and sociable, 44(84.6%) said nurses must employ truthfulness in their field of work to develop trust between the nurses and the patient for patient to fully confined in nurses fully. 38(73%) said in order to develop a harmonious relationship with patient nurses must ensure equality between patients, 35(67.3%) said attention should be given to patient in the delivery of care to make patients secure. From the respondent, all these factors are key in ensuring a good relationship between nurses. These interactions provide the nurses with knowledge to create the needed environments that favor harmonious encounters, and alternative ways to proceed with care when challenges arise (Agyemang, 2013; Westbrook, Duffield, Li & Crewick, 2011; Macdonald, 2007, Smith, Arya- Guerra, Bubiltz, 2005).

When asked to choose factors that will contribute to a bad relationship with nurses, 50(96.1%) said the carelessness nature of some nurses prevent a good relation with nurses, 45(86.5%) of the respondents said that due to the bad facial expression nurses put up when giving care causes a bad relation with nurse, 40(76.9%) said some nurses put up a gossiping attitude instead of been busy with work they talk about unimportant issues, 30(57.6%) said that the unresponsive attitude of some nurses make it difficult to communicate with nurses. Nurses must put a stop to some of these bad attitude to ensure a good relation with patients in their care.

Data collected on whether respondents think those opinions could change, 42 respondents indicating 81% said those opinions could change while the remaining 10 respondents indicating 19% insisted that opinions about nurses were fixed and could not be changed.

With regards to whether nurses showed affection when caring for patients, 29(56%) of the respondents answered yes while the remaining 23(44%) responded no. Apem Darko (Cited in Ghana news Agency, June 22, 2012), lamented that the professional virtues of empathy, love affection and innovation among nurses (as exhibited by Florence Nightingale) were diminishing and that there was the need for nursing trainees to imbibe these treasure values to render professional services to their cherished patients, clients and family.

When asked if patients have enjoyable moments with the nurses, 27(51.1%) of them said yes while 25(48.9%) said there were no enjoyable moments with the nurses. A good sense of humor from nurses can also have a positive impact on the nurse patient relationship such as the ability to create funny jokes or giving funny comments. Patients feel relaxed and comfortable when nurses used humor. This will definitely make the patient interact freely with the nurse without fear (Dean&Schmitzm, 2003). Although creating funny moment is essential but careful measures needs to be taken in order to offend anyone.

Concerning consent seeking, 31(59%) of the respondents said nurses seek their consents before performing procedures. However, 21(41%) said otherwise. Nurses must do well to seek consent from patients before procedures are being done on them and not just to do anything.

27(51%) of the respondents admitted that they were readily assisted whenever they visited the facility while 25(49%) of them said they faced difficulties upon visits to the hospital due to lack of assistance. A featured article by Ghana News Agency in June 22, 2012, indicated that the Nurses

and Midwives Council (NMC) expressed concern about poor client-centered care by some of its members occurring in most of the nation's healthcare institutions.

When asked if patients interacted freely with the nurses, 22(43%) of them said yes while 30(57%) responded in the negative. A good relationship with the patient, in contrast is accompanied by mutual trust, cordiality, closeness, resolution of doubts, counseling, empathy and even friendship, as widely contextualized in other studies Fahlberg B 2015). The bad relationship poses a position of the nurse as an expert in care, accompanied by distancing towards the patient with continuous conflicts, scarce communication, a decrease in time dedicated to the patient and their concerns and a relationship centered purely on technical aspects (Molina-Mula J., Gallo-Estrada J 2020).

As to whether a nurse has used an aggressive tone of voice during care, 17(33%) of the respondents said yes while the remaining 35(67%) said no. All over the world, there is a paradigm shift toward client centered healthcare delivery. But the situation is different in Ghanaian hospitals, especially the public hospitals. It is not uncommon to hear nurses shout and humiliate patients who seek explanation to certain things concerning their health. In order to avoid these humiliations, patients simply keep quiet and do whatever they are asked to do without questions. Therapeutic communication has the potency of increasing patient knowledge and understanding, enhancing trust and self-health skills, increase adherence, providing comfort and facilitating the management of emotions key to patient health and well-being (Richard L.S, Gregory M., Neercy K.A., & Ronald M.E., 2009)

52(100%) of the respondent know that the length of stay at the hospital have an influence on the Nurse- Patient Relationship. When there is shorter or longer stay at the hospital, it may influence the nurse- patient relationship. 50(96.1%) know that patient expectation is also a factor that affect the relationship between nurses and patient. Patient are only at the health care facility expecting

they will recover. They want to be attended calmly with a lot of respect, therefore when these interest are not met it influence their relationship with nurses. 48(92.3%) of the respondent understand that social and cultural differences have an influence on the nurse-patient relationship. Different people with different cultural background creates difficulty in building a relationship with nurses. 45(86.5%) of the respondents know that the workload of nurses also influences the nurse- patient relationship. When there is higher or lower workload on nurses it has an effect on relationship building, 40(76.9%) of the respondent said the organizational structure of the hospital has an effects on relationship, leader of must correctly manage their human resources to meet the organizational goals of the hospital by monitoring the attitude of nurses.

25(48%) of the patients said they entrust their secrets with nurse but 27(52%) of them said they did not share their secrets with the nurses. Most nurses can keep secrets, they go around discussing peoples secret with others and that some patients do fear to confide their secrets into nurses.

When asked if nurse-patient interaction can contribute to recovery, almost all 50(97%) of the respondents said yes and just 2(3%) of the respondents said no. A good nurse–patient relationship reduces the days of hospital stay and improves the quality and satisfaction of both. However, in contrast, the good relationship is conditioned by the patient’s submissive role (Loffi M., Zamanzadel V., Valizadeh L., Khajehgodari M. 2019).

When asked if nurse-patient interaction has an effect on hospital attendance, most of the respondents 49(96%) said yes while 3(4%) said no. The majority who said nurse patient interaction has effect on attendance gave reasons that, people might resort to other treatment plans aside visiting hospital such as doing self-medication at home, visiting herbalists etc. if they experience a bad nurse patient relationship. They few who said no gave reasons that sometimes you have no option than being at the hospital, sometimes too you are unconscious and relatives or people nearby

sends you there. This is in line with Assenso-Okyere, OseiAkofo, Anum and Adukunu (1999) indicated that the attitude of health workers is one of the major factors considered by patient when choosing a health care provider. They noted that many patients have resorted to traditional health care because both the herbalist and the fetish priest devote a lot of time to the patient, adding a personal touch to the treatment. This means that attitudes portrayed by nurses can either drive them away or bring them. Nurses must therefore exhibit good characters and attitudes to patient no matter their race, creed, color, social status, cultural background as per the nurses' pledge.

When asked if they were satisfied with the care they received, 33(63%) of the respondents said yes while the remaining 19(37%) said they were dissatisfied. In a study by Thorsteinsson (2002) in Iceland, nurses who were perceived as giving high quality care were described by patients as kind, joyful, warm, polite, and understanding and as having clinical competence. Clinical competence, however, was considered the most important nurse caring behavior in another study from Iceland, in which 'know how to give shots and IVs', 'know what they are doing', 'know when to call the doctor', and know how to handle equipment" were items with the highest scores (Zamanzadeh, 2010)

5.2 Conclusion

This study set out to understand the perception of patient about nurse patient interaction at Holy Family Hospital- Berekum, and its impacts. The findings of the study have indicated that nurse patient interaction is of great relevance since it has a great influence on recovery and hospital attendance. It was also seen that nurses at the hospital less freely interact and create enjoyable moments with patients. There are more to be done on the part of nurses' since not all respondents were fully satisfied.

Further studies should also delve into nurses' perspective as well and both of them to better comprehend well.

5.3 Recommendation

Based on the findings of this study, the following recommendations were made

- There should be sanctions put in place to correct nurses who maltreat patients.
- Well behaved nurses should be motivated by giving them incentives to boost their morale.
- Therapeutic communication must be enhanced in the delivery of care to patients.
- Nurses should do well interact and create enjoyable moments with patients so as to create an enabling sociable environment.

REFERENCES

- Wysong, P & Driver, E. (2009). Patients' perceptions of nurses skills. *Journal of critical care nursing*, vol. 29. No. 4 August, 2009. Retrieved from <http://www.ccn.aacjournal.org>.
- Zamanzadeh, V., Azimzadeh, R., Rahmani, A. & Valizadeh, L. (2010). Oncology patients' and professional nurses' perception of important nurse caring behaviours.
- Loffi M., Zamanzadeh V., Valizadeh L., Khajehgoodari M. (2019). Assessment of nurse patient communication and patient satisfaction from nursing care. 2019; 6: 1189-1196.
- Molina- Mula, J., Gallo-Estrada, J. (2020). Impact of nurse patient relationship on quality of care and patient autonomy in decision making.
- Fahlberg, B. No education about me without me: A shared decision-making approach to patient education. 2015; 45:15-16.
- Ramoc M.C. the nurse-patient relationship: theme and variations. Jan 1992; 17:496-506
- Afaya, A., & Gross, J., & Acquah, N., (2017) on assessing patient's perception of nursing care in Medical-Surgical ward in Ghana.
- Agyemang, G. A. (2013). Nurse- patient relationship in health care delivery in Koforidua. *Journal of Biology, Agriculture and healthcare*, ISSN, 2224-3208(paper)
- Berg, L. & Danielson, E. (2017).—Patients' and nurses' experiences of the caring relationship in hospital: An aware striving for trust, *Scandinavian Journal of Caring Sciences*, 21(4), 500– 506.

- Berg, L., Scott, C. & Danielson, E. (2017). Caring relationship in a context: fieldwork in a medical ward. *International Journal of Nursing Practice*, 3, 100-106.
- Shattell, M. (2014). Nurse-patient interaction: A review of the literature. *Journal of Clinical Nursing*, Vol. 13, 714-722 retrieved from the 24th August, 2012.
- Shattell, M., McAllister, S., Hogan, B. & Thomas, S. P. (2014). "She took the time to make sure she understood: Mental health patients' experience of being understood. *Archives of Psychiatric Nursing*. 2006; 20(5):234-241.
- Shattell, M. M., Andes, M. & Thomas, S. P. (2008). How patients and nurses experience the acute care psychiatric environment. *Nursing Inquiry*, 15, 242-250
- Thorsteinsson, L. (2012). The quality of nursing care as perceived by individuals with chronic illnesses: The magical touch of nursing. *Journal of clinical nursing*, 2012;11 (1):32-40. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11845753>
- Westbrook, J., Duffield, C., Li & Creswick, N. J. (2011). How much time do nurses have for patients? A longitudinal study quantifying hospital nurses' patterns of task time distribution and interactions with health professional, *BMC Health Research*. Vol.11:319. doi 10.1186/1472-6963-11-319. <http://www.biomedcentral.com/1472-6963/11/319>.

APPENDIX A

RESEARCH QUESTIONNAIRE

Dear Respondent,

We are students of the above named school conducting a research on **NURSE PATIENT RELATIONSHIP AT HOLY FAMILY HOSPITAL- BEREKUM: THE PATIENT'S PERSPECTIVE**. This study is for academic purposes. You may please choose to participate or not in this study. You are assured of confidentiality and anonymity. Please feel at ease and help us by co-operating and giving us your honest opinions, thank you.

NB: please tick [] or write the appropriate answer where necessary.

Signature

SECTION A: DEMOGRAPHIC DATA

- | | |
|---|-------------------------------------|
| AGE 18-27 [<input type="checkbox"/>] | 68-77 [<input type="checkbox"/>] |
| 28-37 [<input type="checkbox"/>] | 78-87 [<input type="checkbox"/>] |
| 48-57 [<input type="checkbox"/>] | 88-97 [<input type="checkbox"/>] |
| 58-67 [<input type="checkbox"/>] | 98-107 [<input type="checkbox"/>] |

MARITAL STATUS

SINGLE []

MARRIED []

WIDOWED []

DIVORCED []

EDUCATIONAL LEVEL

PLEASE TICK

PRIMARY []

J.H.S []

S.H.S []

TERTIARY []

RELIGION

PLEASE TICK

CHRISTIANITY []

ISLAM []

OCCUPATION

PLEASE TICK

TRADING []

GOVERNMENT WORKERS []

UNEMPLOYED []

ETHNICITY

AKAN []

EWE []

GA []

OTHERS []

SECTION B: PATIENTS PERCEPTION ABOUT NURSE-PATIENT RELATIONSHIP

1. Which of these do you think will contribute to a good relationship between Nurses.

[] Communication

[] Sociability

[] Respect

[] Truthfulness

[] Equality

[] Attention

2. Which of these attitudes do you think will contribute to a bad relationship between Nurses.

[] Gossiping

[] Unresponsive

[] Carelessness

[] Bad facial expressions

3. Do you think those opinions can change?

a. YES []

b. NO []

SECTION C: FACTORS THAT CONTRIBUTE TO POSITIVE OR NEGATIVE NURSE-PATIENT INTERACTIONS.

4. Do you notice affection when you are being cared for by nurses?

a. YES []

b. NO []

5. Are there any enjoyable moments with the nurses?

a. YES []

b. NO []

6. When performing procedures, does the nurse seek your consent?

a. YES []

b. NO []

7. Do nurses show readiness to assist you when you visit the facility?

a. YES []

b. NO []

8. Do nurses at the hospital interact with you freely and cordially?

a. YES []

b. NO []

9. Has a nurse ever used an aggressive tone of voice during care?

a. YES []

b. NO []

10. Which of the following may contribute to the Positive or Negative Nurse-Patient Relationship

[] Workload of nurses.

[] Patient Expectation of care.

[] Stress

[] Length of Stay at the hospital

[] Organizational Structure

[] Social and Cultural differences

SECTION D: IMPACT OF NURSE-PATIENT RELATIONSHIP

12. Do you entrust your secrets to the nurse?

a. YES []

b. NO []

13. Do you think nurse-patient interaction contributes to recovery?

YES []

NO []

14. Does nurse-patient relationship has an effect on hospital attendance?

YES [], WHY

NO [], WHY

15. Are you satisfied with the care received when you visit the hospital?

YES []

NO []

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



BANKERS:
Ghana Commercial Bank, Berekum
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Our Ref. HFNMTc/GC/011/080723



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

Your Ref.

August 07, 2023

Date

The Nursing Administrator
Holy Family Hospital
P O Box 21
Berekum

Dear Nursing Administrator

PERMISSION TO CONDUCT RESEARCH

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

1. Amponsah Vincent Amo
2. Anane Vida Frimpomaa

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic 'Nurse-Patient Relationship at Holy Family Hospital, Berekum; The Patient's Perspective'

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

Thank you.

Yours sincerely

Rita Agyei Boakye
Supervisor

For: Principal