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HEALTHCARE PROVISION AND PATIENT COMMUNICATION AT TAMALE TEACHING HOSPITAL IN NORTHERN REGION OF GHANA

ABDULAI MOHAMMED SAANI

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BY

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A THESIS SUBMITTED TO THE DEPARTMENT OF AGRICULTURAL EXTENSION, RURAL DEVELOPMENT AND GENDER STUDIES, FACULTY OF AGRIBUSINESS AND APPLIED ECONOMICS, UNIVERSITY FOR DEVELOPMENT STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF PHILOSOPHY DEGREE (M. PHIL) IN INNOVATION COMMUNICATION

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DECLARATION

I declare that, the research work presented in this thesis is the output of my exploration, with the exception of the work of other people which has been properly cited and acknowledged in the reference section, and that no part of this work to the best of my knowledge has ever been submitted to this university or somewhere for the award of any degree.

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Head of Department	**Signature**	**Date**

DEDICATION

This study is devoted to the Almighty Allah, without thy endless mercy on me I could not have accomplish this monumental task. I again dedicated this thesis to my parents whose prayers have seen me this far.

My brothers and sisters as well as my lovely wife (Hasana) who has shown positive affirmation and infinite motivational support in diverse ways towards this project. This study is also dedicated to all healthcare providers and patients at TTH during the research period whose cooperation has contributed to this thesis.

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ABSTRACT

This study assessed healthcare provision and patient communication on service delivery. This research was carried out at the Tamale Teaching Hospital (TTH), Tamale, Ghana. The main aim of this study was on effective communication among health care providers and patient on service delivery. All patients who were hospitalized for a week or more were the target population for this research at the time of the study plus the healthcare providers. Through (Simple random) sampling technique, 250 healthcare providers (nurses, medical officers, laboratory technicians, surgeons) were surveyed. Also, a qualitative exploratory strategy was used and purposive sampling applied and chose five (5) patients and three (5) healthcare providers. The study adopted the sequential mixed model design of gathering the data. Descriptive, multiple linear regression and content analysis were employed in analyzing the study's data. The descriptive analysis of the study revealed that, the major (70.4%) form of communication used is the verbal. It further revealed that, majority (92%) faced communication barriers which included, environment related, patient related, and healthcare provider related barriers. The regression result shows that, communication competence (0.00), and interpersonal relation (0.00) are predictors of service quality and patient satisfaction at 5% level of significance. The study recommends that, health care providers should make good use of both verbal and non-verbal cues during their consultation or interaction sessions with patients. Also, overcoming communication bottle necks, management should at periodic intervals organize on the job training, seminars and workshops for health care providers on effective therapeutic communication.

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TTH	Tamale Teaching Hospital
MS	Mean Score
HEC	Healthcare Ethics Committee
WHO	World Health Organization
EMS	Emergency Medical Service
HCP	Health care Professional
CST	Communication Skills Training
SPSS	Statistical Package for Service Solution
OPD	Out Patient Department
CES	Clinical Ethics Support
IAS	Interaction Analysis System
E D	Emergency Department
IPC	Effective Interpersonal Communication

CHAPTER ONE

INTRODUCTION

1.0 Background

The main aim of any healthcare system, from the emergency treatment facilities to the traditional hospitals, is to offer its patients quality care. Quality of care can be measured in varied forms, or through a number of perspectives. With physician, it can be regarded as a number of remission or excellent treatment of the patients. In the case of nurses, it could be the impression that they provided care that has increased the quality of lives of their patients. With respect to patients and their relatives, quality may comprise, and equal treatment and positive interpersonal relationships with the healthcare providers. Healthcare providers-patient interaction is very vital in the context of healthcare. The communications are not like a ubiquitous feature of the health care system, instead, it gives firsthand approach to medical examination and treatment (Inui, 1983). Indeed, healthcare provider-patient communication forms the basis for relationship building.

The importance of communication cannot be underestimated in the context of health service delivery. Vertino (2014) indicates that, communication is an important part of human life, so no one can live without it. Both verbal and non-verbal messages begin at the point of birth and do not stop until one is dead. The most critical factors for enhancing patient satisfaction, compliance and general health outcomes are strong interpersonal and communication skills between health care providers and patients. (Berengere et al., 1997). This implies that, the interactional behavior between those rendering services and patients are as critical as the technical competence of the providers. Effective communication between healthcare providers –patient is at the

heart of health communication. This system of communication seeks to provide information on how we communicate health needs in health care situation. Croucher (2017) noted that, health communication can be defined as an area of engagement which seeks to examine and provide useful knowledge about how patients provide information in health situation. In this regard, effective communication is seen as ingredients for a success of health delivery.

Effective interpersonal communication (IPC) among health service providers and patients are essential components for increasing patient contentment with care, adhering to treatment, and health needs. Patients who have better understanding of their illness and treatment and have the conviction that, provider cares about their good health demonstrate maximum satisfaction with the care received and the likelihood is that, they will obey the treatment given. (Quality Assurance Report, 1999). Several studies have been undertaken in developing countries and reports that, there is a significant positive health outcomes and increased quality of care as a product of good communication. Communication between health providers and patients have a positive correlation with patients when it comes to satisfaction with care, ability to remember instructions, having good therapeutic relation, and keeping meeting schedules. (Curtin, 1987; Dimatteo, 1994; Hall, 1988; Ong, 1995).

Globally, research within patient-healthcare provider communication has received considerable attention in recent times (Claramita, 2014; Korsah 2011; Meuter et al. 2015). For instance, in the context of Asia, Claramita et al., (2014) conducted a study into Doctor-Patient communication. The study revealed that cultural characteristics

among care givers and recipients influence their communication outcomes. In Africa, studies on patient-healthcare providers' communication have not received a lot of attention until very recently. For instance, Caren et al., (2020) conducted a study on communication among care givers and patients and concluded that communication between cancer patients varies with respect to the care provider and the patient in question. In addition, a study was conducted in Ethiopia and articulated that, kindness as well as non-verbal forms of interaction by health workers are key determinant of patients' satisfaction (Bonvicini, 2011).

While assessing the impact of effective communication on healthcare delivery, it has been well documented by researchers and policy makers in the developed countries and some African countries (Freedman et al., 2008), only a handful of studies have been conducted in the Ghanaian context (Abor, 2019; Abdulai et al, 2019; Mensah, 2013). For instance, a study by Mensah (2013) on the interaction between nurses and patients in a Teaching Hospital in Ghana, highlighted poor interaction between patients and healthcare providers, discrimination was seen in patients, as a result of their social status and their financial ability to pay for services offered, which resulted to the neglect of patients. That is not all; another research on the impact of dialectal differences with regards to quality health communication and healthcare delivery showed that, health care givers and recipients in the Sissala district of Ghana had substantial challenges when explaining their health needs: misconception as well as relationships between health receivers and providers were marked by miscommunication because of dialectal variations and cultural differences (Abdulai et al, 2019). The previous studies on communication between healthcare provider-patient communications (Abor 2019,

Abdulai et al. 2019; Mensah 2013) have presented informed challenges within the health system in Ghana. Nonetheless, a lot of studies have not been done in connection with communication between healthcare givers and patients on service provision in the Northern sector of the country, specifically at the Tamale Teaching Hospital (TTH). This research intended to explore healthcare provision and communication on services at the TTH of Ghana. The research will be added existing literature on health communication, by exploring the communication behavior between caregivers and patients at TTH.

This study is very important because, effective communication is a core pillar in health communication domain; again, our understanding of care satisfaction has some cultural connotation. The main goal of this research is to investigate healthcare provision and patient communication on services in Ghana. Specifically, the study is focusing on the healthcare provider-communication on care satisfaction in the Tamale metro polis of Ghana.

I have located the study within the TTH because is the only referral facility within the five sectors of the Northern belt of Ghana namely; North East, North West, Savannah, northern and also some neighboring countries like Togo, Burkina Faso etc. And beyond that, Tamale Teaching Hospital is among the three main teaching and referral hospitals in Ghana. In all these capacities, the role of communication is critical in ensuring effective service delivery. In addition, only a handful of studies have been conducted at TTH, (Alhassan, 2018, Abor, 2019), in contrast, all these studies were not centered on the role of communication on service satisfaction. As Ghanaians, Multiculturalism

is part of us, and has its own problems in the context of healthcare provision, clients/patients and providers are from different cultures and ethnic backgrounds who meets and communicate with one another at health facilities (Abdulai et al., 2019). It is on these bases that, this study is premise on, to understand healthcare provider-patient communication on care satisfaction in the Tamale metro polis of Ghana.

1.1 Problem Statement

Effective communication is at the center of health care delivery and recovery. The way the communication is carry out between health care providers and patients may have consequences on health service delivery. Patient safety and pleasure are both dependent on effective communication in health care. Communication is seen as a foundation required for any thriving interaction (Kim, 2010; Miner-Williams, 2007).

In recent years WHO (2012) studies on health service delivery have gained prominence in the developed countries which has influenced the developing nations in assessing their quality of health care system. Health outcome is an important measure of health quality. Much research has been carried out on factors used to measure patient's satisfaction (Epstein, 1990; Blumenfeld, 1993, Berkowitz,2016, Alhashem et al.,2011).

In the findings of WHO (2015), ensuring effective service provision is important for all health providers, very critical for complete realization of Millennium Development Goals under health agender. Under this umbrella the role of communication is very paramount. Without it there cannot be any health service delivery, and communication cannot be compromised. Effective communication between health professional and

patients is at the heart of health care delivery and patients' satisfaction. In line with this view, studies have shown that various communication protocols can be utilized to improve the consistency of more efficient and effective communication within a health-care organization in order to improve overall patient care and satisfaction (Burgener,2020). Similarly, when physicians communicate with patients, being honest is an important way to foster trust and show respect for the patients. In a study at Bangladish, patients' expectation and degree of satisfaction on health service delivery were polite and respect (Aldana et al., 2001). Studies have it that, in other to ensure effective communication or interaction, health care providers should uphold the principles in medical practice, such as nonmaleficence, beneficence, autonomy and justice, are those that ought to be respected unless powerful reasons for overriding them can be deduced (Beauchamp et al., 1994).

Despite the usefulness of effective communication in health care, there is a lot of research that suggests that there is a lack of effective communication between health care providers and patients in hospitals globally especially in sub-Saharan region of Africa including Ghana (Korsah, 2011; Ojwang, Ogutu, & Matu, 2010). According to consumer report (2005) miscommunication not only make the patient helpless but also leads to medical errors. In the vein, one of the problems causing medical errors is ineffective communication between patients and health professionals. The major communication issues in healthcare environment include language barriers, medium of communication, physical setting, and social setting (Zayyanu et al., 2018). Despite several efforts to make communication between patients and health professionals effective there is still numerous problems. This was confirmed by korsah (2011) who

elaborated that, he crisis in nurse-patient interactions remains a serious problem in Ghana despite criticisms and concern expressed by the Ghanaian public, the media, stakeholders, Ministry of Health (MOH), Ghana Health Service (GHS), and the Nursing and Midwifery Council of Ghana (NMC).

To highlight further the problem, a retrospective review posits, inadequate communication in health care institution leads to in-hospital deaths of about 14,000 (Clinical Biochemist Review, 2016). In this regard, ineffective communication is therefore a real problem facing the quality health provision at TTH and Ghana at large.

1.2 Objectives and Research Questions

This part of the research highlights the objectives and questions of this study. The main goal of this study is to explore healthcare provision and patient communication on service delivery at TTH in the Northern Region of Ghana.

Table 1.1: Research Objectives and Questions

OBJECTIVES	RESEARCH QUESTIONS
1. Identify the forms of communication among healthcare providers and clients at the TTH. 2. Explore perceived barriers to effective communication among healthcare providers and patients at TTH. 3. To determine how perceived care satisfaction is express at the TTH. 4. Examine the ethical communication between healthcare providers and patients.	1. What are the forms of communication among healthcare providers and clients at TTH? 2. What are the perceived barriers to effective communication among healthcare providers and patients at TTH? 3. How is care satisfactions perceived at TTH? 4. What is the ethical communication between healthcare providers and patients?

1.3 Significance of The Study

The research is particularly significant in contributing to the existing literature within the domain of health communication, and also stand the chance of bridging the knowledge gap between the developed nation and third world nations, since there are limited studies in health communication. This thesis will strategically be used as an

assessment instrument for measuring some factors that could help determine patient satisfaction, as well as improve health professional service delivery.

The study will also help recognize factors that are assumed to promote positive interactions between health care providers and their clients or clients' families as well as obstacle to these positive interactions. This will help promote the well-being of people in Ghana pursuing healthcare.

The results can also be used to educate decision-makers about what needs to be done to strengthen contact dynamics between health providers and their consumers. The results of this research will help inform policymakers and decision-makers in Ghana to establish and reinforce current policies that protect and serve to direct the rights of patients and prevent abuse.

The study may also help the Ghana Ministry of Health to enhance its policy by improving health providers communication knowledge during their license test to teach them how to conduct themselves when contacting patients.

1.4 Operational Definitions

Patient/client is any receiver or any person who needs health service, either physical or mental and needs doctor's attention.

Patient satisfaction is defined as product of interpreting the treatment planned for the patient by each patient to eliminate his/her issues, including both the technical and socio-psychological dimensions of healthcare satisfaction.

Communication is defined as the act of sharing ideas, feelings and information among individuals (healthcare providers and patients).

Communication in this research constitute three elements,

(a) Instrumental Conducts

(b) Socio-emotional attitudes

(c) the consultant's Affective Output (Tone).

Effective communication: is when there is a clear understanding of messages between sender and receiver, as well as a proper feedback system.

Healthcare provider-client engagement: It has to do with therapeutic interaction involving health practitioners plus their clients based on certain encounters that have evolved over time.

1.5 Organization of Thesis

This thesis is grouped into chapters. Chapter one entails background of this dissertation, illustrating the problem of the study, study goals, research questions, and study significance. The second chapter presents applicable and systematic review on healthcare provider-patient interaction while chapter three constitutes the design and methods deployed to realize the objectives of the study. It also gives the study area, explains the conceptual framework, and then describes the techniques employed to collect and analysis the data. The findings are presented in chapter four. Chapter five addresses the outcomes, constraints, summary, conclusion and recommendations, respectively.

1.6 Scope and Limitations of the Study

The primary focus of this study was on healthcare provision and communication on services at Tamale Teaching Hospital in Northern part of Ghana. The participants for this were doctors, pharmacists, nurses and patients who reported for treatment at the tertiary hospital.

Despite the significance of this study, there were some limitations. Firstly, this study was carried out during the pandemic period (COVID-19). Since the healthcare institutions were the hot spot for the novel virus it was very difficult for the researcher to reach all the targeted respondents. It was very difficult getting in touch with the health practitioners and even the patients too. Secondly, the researcher was not able to explore other Tertiary hospitals in Ghana because of time and resource constraints. The limitations listed, however, did not affect the results of this research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

To position a thesis in its proper intellectual context, it is important to have a review on the state- of – art existing knowledge relevant to key objectives that underlies this study. Studies have shown significance of language, cultural variations, communication skills of healthcare providers and communication styles of the healthcare professional and clients, among others and obstacle to good communication, and how it should be tackled first if the healthcare needs of both the patients and the providers are to be achieved. The review will be guided by the research objectives that underpin this study. The literature review will be organized under the following heading/themes:

- Language and communication on quality healthcare
- Language and socialization
- Health communication and effective healthcare delivery
- The concept of effective communication
- Barriers of effective communication and healthcare delivery
- Patients and healthcare providers interaction
- Patients' perception of healthcare satisfaction
- Communication and care satisfaction
- Ethical communication/ ethical health communication
- Healthcare-provider patient ethical communication

2.2 Language and Communication on Quality Healthcare Delivery

Language is very critical when it comes to communication especially in healthcare setting. It is seen as a vehicle through which both patients and health providers make themselves understood. In an attempt to understand language, Kuyini (2015), opines that, language is any medium or method of verbal or receptive exchange of ideas. Also, language is perceived as the combination of signs (Hudson, 1996). For the benefit of this research, language is seen as a medium by which care practitioners, clients, and families or associates make themselves understood. In most of the healthcare facilities in Ghana both public and private, the means of communication is English language (the official language in Ghana) and other indigenous languages in the country, some of which includes Dagbani, Akan, Ewe, Gonja, Dagaari etc or the combination of these languages to make themselves understood (Abdulai et al, 2019). In the context of health care provider client communication, misunderstanding, misinterpretation, and misdiagnosis might be visible and a reduced effect on care satisfaction.

Due to this language gap between health provider- patient communications, there is a strong demand for the service of a skilled interpreter that exceeds supply and might continue to increase. A research was conducted in the Spanish community and found that, non-speaking patients were only 97%, it further discovered that only 56% were practicing or using interpreter services, and nearly 1 in 5 have the inability in the past years to secure an interpreter service when they thought one was medically needed (Kluwer, 2015). Ennis et al., (2013) stated that, patients' verbal communication may be frustrating and confusing to care givers when patients communicate in their dialects, the accents and slangs often make comprehension very difficult for care givers from

different regions of the country. In that case, the interwoven relationship when it comes to language, accent and communication could be helpful for understanding effective health communication on care satisfaction in healthcare delivery in Ghana at large (Abdulai et al., 2019). Proof likewise recommends that; language hindrances can endanger tolerant, and wellbeing by expanding the danger of unfriendly occasions including medication mistakes (Wasserman et al. 2014).

Kluwer (2015) conducted a study into inaccurate language interpreter, which is consistent with three (3) other studies and found that, when proper training is given to interpreters the problem of omission could be reduced if not eliminated. The researcher added that, in the situation that, trained interpreters are not around, both the patients and health care providers depend on limited language abilities or Ad hoc (AH) who have on interpreters training, which has tendency of compromising the quality of the messages. These could lead to communication errors and its potential health consequences and less patient's satisfaction.

More recently a study was conducted, on barriers of language and its effects on quality care, Moissc and Bowen (2019) the experience of language differences leading to poorer patient evaluation, diagnosis problems or delays in care, insufficient comprehension of patient condition and recommended treatment, which undermined the trust of the service received, was clarified by patients and interpreters-navigators. Their study noted that, there is high risk associate with such practice. In culturally rich countries with linguistic diverse population like Ghana overcoming language as a barrier in health care

situations is always a problem, and the use of second language by both parties in the interaction process become common.

An exploratory research was conducted on the perspective of nurse language barriers and their effect on health care delivery, Palareti et al., (2016) Three themes were established in their results, which included multi-ethnicity and language barriers, the influence of language barriers, and communication through interpreters. Communication was described in their report as the most important element of treatment given and an important component of the professional position of care regardless of the clinical field or specialty. Language barriers were also established as the greatest challenge to providing patients with minimal English proficiency with sufficiency, most suitable, efficient and timely treatment. Lastly, the use of trained interpreters was considered very useful: however, their research highlighted the drawbacks associated with the use of interpretation services, including the problem of arrangement, interpreter availability and accessibility, convenience, confidentiality and privacy concerns, and affected the comfort of patients. In any country or context, language barriers may have a negative outcome on the ability of health care providers to interact efficiently with patients which will translate into negative outcome with regards to provision of relevant, timely, secure and reliable care to meet the needs of patients. (Palareti et al., 2016).

In Hong Kong, a study was conducted to clarify the difficulties that physicians faced in engaging with patients within their trilingual emergency department. The results show that the quality of communication is impaired by intrinsic factors and linguistic complexity in Hong Kong (Pun, 2016).

It is well noting that, health care professional tends to have their own cultures as well as language. Not adopting appropriate language with patients can lead to communication gaps. The inability of health care recipients to understand the instructions of their care providers can lead to inaccurate health decisions (Saarinen, 2015).

More so, on the idea of communication, Wiseman (1995) suggests that the process of sharing and meaning generation is termed communication. Communication has been regarded as an important component of quality care and patient safety (Bartlett et al., 2008). This implies that, the sharing of information between providers of health care and patients or vice versa is not an end in itself, but a means to an end. Until a shared agreement is reached among the encoder of the message, as well as the decoder, the information transmitted can be meaningless. (Abdulai et al., 2019). In this sense, contact between health care providers and patients is defined by the transmission and reception of messages from one end to the other. In such situations, if the encoder and decoder of the message are not connected to a common understanding, the fear is that, these signals may be misinterpreted and confused which potentially could lead to medical errors. Therefore, these could lead to negative perception on care satisfaction on the part of the patients. In furtherance with this, communication is the key tool used in the interaction between healthcare providers and patients. Communication is the vehicle through which relationships are established. The importance of communication has been underscored in the framework by Steward et al., (2015) which presented the four main components that normally occurs in the interactional process between patients and health professional, which included the following, the first component says that the interaction

of all participants have communicating goals, the participant themselves, the patients and health professionals have, skills, values, beliefs, and emotions that could affect the communication; more so, the communication pathways including how messages conveyed and received either verbal or non-verbal; thirdly, the environmental context in which the communication occurs; last but least; external factors such as education, expectations, cultural influences, family and friends, personal experiences and socioeconomic background. The framework highlighted the interactional behaviors which occur consciously or unconsciously between patients and health professionals.

2.3 Health Communication and Effective Healthcare Delivery

In the existence of effective healthcare provider-patient communication there is a need to build a positive relationship between healthcare providers and patients (Madula et al., 2018).

In understanding health communication, a study was conducted, which looked at the communication between patients and nurse using focus group (FG) discussion between midwives and Doctors. The results of the FG found out that patients were concerned with the nature of the expected treatment, the advantages and disadvantages of the expected treatment, different treatment approaches, the advantages and disadvantages of various treatments and that special attention was required (Alhassan 2018). His results also illustrated that, patients were not given enough information on their illnesses, which is consistent with previous research. This particular study indicates that patients, need a lot of data regarding their care at Tamale Teaching Hospital.

In a qualitative study by Madula et al., (2018) their results highlighted that, a) good health care provider-patient engagements; b) verbal harassment and absents of respect for the quality of contact among health workers and patients; c) and failure to answer questions by health care providers; d) language barriers to contact and lack of non-verbal communication skills; essentially e) prejudice because of someone's status. Their study revealed the existence of some level of communication barriers among healthcare providers and discrimination due to one's status. The barriers included; disrespect and verbal abuse of pregnant women, and language limitations.

Effective healthcare provision and patient communication can be enhanced by actions of healthcare providers, such as maintaining a friendly relationship without shouting and rudeness behavior, facilitating two-way conversation, bridging any social differences between healthcare providers and clients, using both verbal and nonverbal communication efficiently, giving patients enough opportunity to narrate their sickness story and displaying positive attitudes when speaking to patients (Joint Commission Report, 2018).

In a very recent qualitative study aimed at understanding the communication process between the cervical cancer patients and the health care providers, Caren et al., (2020) asserted that the cervical cancer patients have mixed communication experiences with the providers. Their study revealed that, some of the respondent had positive experience with respect to counseling and preparation while others register negative experience resulting from poor delivery methods on the part of the health care workers.

Freimuth & Quinn (2004) state that, the major tool for solving healthcare challenges, promoting and improving healthcare delivery is through effective health communication.

Crewich et al, (2002) in their findings observed that, good communication among healthcare providers and patients, such as, patient-pharmacist interaction, and nurse-patient interaction are necessary for efficient healthcare communication. This shows that all the circle of care provision needs effective communication for proper service provision.

A growing body of literature has focused on the narrative types of methods and ways in which storytelling promote health communication in practice, education and in research (Smith & Liehr., 2014). In line with this, a study was conducted on the development of storytelling or narrative theory health disparities that promote health communication and behavior change, (Lee et al., 2015) revealed that, storytelling affects changes in attitude and health character of the viewer through realism, identification, and transportation.

Kreuter and McClure (2004) in their study examine the role of culture as a factor in enhancing the effectiveness of communication. Their findings are organized around the conceptualized framework models based on McClures communication/persuasion model which consider ways in which culture influence health communication effectiveness. The three models included the source, message and channel factors. Piacentini et al., (2018) argue that our comprehension of health is shaped and informed

by cultural backdrops. In view of this, the heart of health service delivery is cross-cultural awareness and efficient communication. Variations in cultural values and medical literacy, on the other hand, impair successful contact between providers of treatment and patients. On impact of language barriers in ensuring effective healthcare services, Van den Berg (2016), noted that language barriers continue to combat the quality of health and access to quality healthcare services for a significant proportion of the South African population. Healthcare providers and their clients do not speak the same first language in most clinical circumstances in South Africa, which has been seen as a major obstacle to successful communication between healthcare providers and patients, the study further noted. In the same way, Piacentini et al., (2018) observed that immigrant-patient's, healthcare providers and interpreters' relationship in Scotland. They concluded that healthcare professionals and patients and stakeholders should step beyond the language barrier issue to resolve the many hidden gaps in healthcare service and provision in both clinical and home-based settings in addressing language issues, and rather focused on how other migratory paths converge with language to replicate and sustain inequalities at the clinical context.

On the issue of health literacy and patient-centered communication (PCC), Nouri & Rudd (2015) observed that, oral communication among healthcare providers and patients, that is the oral exchange has significant impact on patients' health outcome. Their study demonstrates the significant role of oral and aural literacy in the context of oral exchange, and its importance of reducing literacy demand and the use of plain language in the provider-patient context. Researcher's perspectives, (Goldstein et al., 2015) on health communication and vaccine hesitancy. Their research has shown that

communication, if used in a very carefully designed and coordinated approach to influence people's attitudes on a variety of health issues, including vaccine refusal, can be seen as an effective tool. They further observed that, a number of key points be taken into consideration when devising and implementing communication plan, which include: 1) to be proactive, 2) Two way process of communication, 3) Knowledge is important but enough to change behavior and 4) Communication strategy incorporating an appropriate selection of the available communication tools should be an integral part of every immunization campaign, as well as addressing the specific factors that influence hesitancy in the target populations. Despite many studies, health literacy is assessed as one's ability to read or write in evaluating face-to-face experiences and verbal communication, while in some cases being measured as a proxy by educational level. In recent years studies has focused on the intersection between speaking and listening skills and the patient-provider communication on service delivery the focus (Goldstein et al., 2015).

Wieringen et al., (2002) opined that, failure to interact adequately in healthcare consultations could lead to negative effects on patient visits to healthcare facilities, consultation that takes longer, poor shared communication could lead to failure to comply with the outcomes of medications and treatment. In line with this view Croucher (2017) postulated that, misunderstanding of different cultural and linguistic backgrounds can contribute to an increase in the incidence of illness and death among in-group and out-group members. Again, intercultural concerns play an important role in patient-provider relationships, as well as intercultural understanding of patients by

healthcare professionals can increase the quality of healthcare services and the efficiency of the result of treatments and satisfaction. (Ulrey & Amoson, 2001).

2.4 Patients and Healthcare Providers' Interaction

The significant of healthcare provider and patient interaction and their associated influence on patients and attitude and better of life have become widely realized (Steward, 1995). It means the ability to understand the interaction between health care providers and patients their communication is key.

A study by Kosah et al., (1968) was among the first research investigating the correlation between doctor-patient interaction and patients' outcome. After wards, many studies have also investigated this interaction behaviors and patient's outcome. Ong et al., (1999) asserted that, the relative important of doctors instrumental and socio-emotional behaviors in predicting these outcomes should be established.

As indicated, communication is the outcome of interaction, without it there cannot be interaction. The relationship between the health professional and patients is determined by the way they interact with each other (Siedel, 2004, cited in Klein, 2005). The interaction is indeed influenced by many factors including the patients and healthcare literacy, the amount of information provided, the clarity of the information, how good the individuals listen to each other, the level of interest displayed and the tone of voice used (Klien, 2005).

Fridlund (2002) indicated that, patients' satisfaction with nursing care is affected by the medical caretakers' technical capability, just as by the interpersonal relations between

the attendants and the patients. This means that, communication competence is important as the technical competence of the health facility. In another study, testing interpersonal competency of emergency nurse, in a California private teaching hospital 40 patients were asked what happened when nurses were taking care of them, they described the interpersonal skills of the nurse, rather than the task that was being carried out (Fosbinder, 1994).

2.5 The Concept of Effective Communication

The concept of effective communication plays significant role when it comes to interaction between people, especially between healthcare providers and patients. In order to achieve efficient communication, messages need to be interpreted and replied appropriately, taking into account both verbal communication (pitch, annotation, speech rate, and fluently) and nonverbal communication messages (facial expression, eye contact, expressions, stance, physical appearance and touch), (Turnbull et al., 2008). It means that, effective communication is the cornerstone for effective health delivery. Studies also show that, effective communication is very critical when it comes to the delivery of quality healthcare more especially in high-risk and time limited situation such as emergency department (ED) (Slade et al., 2011).

In our everyday comprehension of communication among health care providers and patients, maximum attention must be given to effective communication in order to achieve effective health delivery (Alhassan, 2018). It means that, effective communication among health professional and patients is a requirement for health outcome. Breik & Sadideen (2003) opined that, effective patient-centered

communication enables patients to comprehend the treatment process and be empowered when it comes to decision making pertaining to their treatment. Their view illustrates that, how the information is delivered to them is very important because it determines the prognosis of the illness. However, lack of effective communication predisposes the clients to many stresses or harm, such as psychological, emotional or social harm (Peter, 2020). In most case, a successful outcome during care encounter is as a result of good interaction among health provider and the patient (Kourkouta & Papathanasiou, 2014). In line with this, Institute for healthcare communication (2011) noted, In the context of health delivery, patients' understanding of quality care is dependent on contact between patients, their families, and health care providers.

Bello (2017) observed that, in the health care practice, healthcare providers have many roles and effective communication is needed to execute them efficiently. Bach & Grant, (2009) in their study posits that, the key factor in the improvement of interpersonal relationships and subsequently the improvement of patients cares and the quality of recovery is boarded around effective communication.

Berengere et al., (1997) observed that, effective interpersonal and communication skills among healthcare providers and patients are one of the crucial factors when improving patients' satisfaction visa verse compliance and overall health outcome. In this regard, patients care satisfactions are depended on the communication modalities between caregivers and the recipients. In line with this Papagiannis (2010) added, patients make impression of healthcare providers, based on how they communicate and relate with them, and the impression that providers pass to patients will determine their level of

satisfaction and hence healthcare output. Faulkner (1998) observed, the ability to communicate effective others (patients) is at the hearts of every client care.

Bello (2017) conducted a literature review study on good communication in nursing practice; his research found that effective communication is directly related to the benefits of wellbeing and patient satisfaction. He also noted that most challenges to successful communication are related to the characteristics of health care providers and patients. Not only do patients benefit from good communication skills in the healthcare community, it also assists health care providers in their satisfaction and health outcomes (Bello, 2017). Meanwhile, studies have it that, there is limited evidence showing that improvements in the ability of health professional to communicate effectively (Wu et al., 2012). This means, the communication in this situation could lead to serious medical errors, since most of the health professionals are not competent in communicating effectively. Trossman (2009) opines that, poor communication between health professionals has been recognized as an important denominator, compromising patient safety and health outcomes.

Bemski (2017) conducted a study in understanding the communication between health care providers and non-health care providers and concluding that there is an obvious lack of meaningful communication and mutual decision-making between health care providers and patients. Meanwhile interacting effectively with patients is the greatest concern of healthcare today. The manner in which health professional communicates has an effect on how care is perceived (Klein, 2005).

Many researchers are of the view that, in other to achieved effective communication certain steps should be followed (Walter et al., 2005 cited in Klein, 2005) for effective communication with patients to be achieved these five steps including, personal calling patients to the consultation, greeting the patient, introducing oneself for rapport – building, making transition to engage in the clinical talk about the issues, and also framing the consultation towards health problem solving.

It is undeniable fact that, healthcare providers possess knowledge of their field and patients voice their feeling and experience of their underlining conditions. For effective communication to be maximized the gap between these two must be bridged (Mishler, 1985, cited in Klein, 2005). According to Wisner (1999), there are basically three ways to communicate successfully; she states that, communication consists of 10% words, 40% of how words are said, and 50% non-verbal features including body language. Wisner, also indicated, that listening plays a major part when it comes to effective communication. Good responses require engaged listening without interruption. She admonishes providing of reassuring noises such "uh-uh" and head –nodding. Hand gestures can reinforce the message. Eye contact, gestures send underlying message that shows sincerity. Tone of voice and the pace with which is delivered also affect the way the message is interpreted. This means that, health professional must know that, the actual words communicate only small portion of the message.

According to Windle and Warren, (n.d) it takes more than speaking skills to be an effective communication. It also requires listening, nonverbal and composing skills. It is to be reminded that meeting and listening are two altogether different things.

Listening involves the willingness to understand what the other person is saying: a mindset of respect and acknowledgment as well as open-mindedness so as to attempt to see things from the other person's perspective. Listening requires eminent amounts of vitality as it requires us to look at the world through someone else's eyes. No judgment should be cast. Listening offers significant data to understanding.

2.6 Communication and Care Satisfaction

Satisfaction is a dynamic term connected to many variables, including lifestyle, past experiences, future goals and social values. (Acaroğlu et al., 2007). Patient satisfaction is the amount of satisfaction patients achieve by using a service. (MOH, 2007). Again, patients care is the main function of all hospitals in Ghana (GHS, 2010). In all this capacities communication is a primary requirement.

Patient satisfaction is the most important indicator of the quality of care delivered in the context of care (Lasechinger et al., 2005). Many studies concerning healthcare provider-patient communication have been conducted in order to investigate which communication behaviors of the health professional are significantly associated with patient satisfaction (Williams et al., 1998). They noted that, provision of information by health professional especially during consultation/examination has been noted to increased patient satisfaction with care (cited in Williams et al., 1998).

Understanding patient's culture and worldview indeed helps in the delivery of culturally competent care which can enhance positive health outcome. McCalman et al., (2015), in their study which was conducted in U.S health care system, which focuses on the

behaviors of health providers that could contribute to negative or positive expectation and the outcome of the behaviors can influence patient's satisfaction, trust, and following medical prescribed recommendations.

Research evidence again stated that, throughout the world, healthcare communication especially at the interpersonal level plays an important role not only in diagnosis and treatment but also in ensuring that patients' comprehension of these issues of care and in obtaining their trust and satisfaction with the healthcare that they received (Health Canada, 2004 cited in Pun et al., 2016). Studies again highlighted that, when communication is compromised in an ED, patients might suffer adverse challenges including, severe illness and final deaths which will lower the quality of healthcare services (Evans, 2015).

Healthcare providers understanding of their patient expectations are very important to patients' satisfaction and to patients' perceptions of the good quality care delivery (Kraviz, 2001).

Studies have shown that, effective listening is empathic listening and empathic listening indicates that the care provider is concerned about patients' well-being (Osborne & Ulrich, 2010). Parizadeh, (2004) in his research elaborated that during communication process, normal information transfer occurs linguistically and the relationship level can either be linguistically or Para linguistically such as tone of the voice, gesture and facial expressions. This means that, the technical component of the care professional is the

only measure of patients' satisfaction with health outcome but rather including the verbal and non-verbal attributes of the health professional.

On the issue of communication and care satisfaction, a study was conducted in Kenya, on the quality of face- to-face communication among healthcare providers and clients on compliance, adherence, medical outcome and satisfaction, the results show that 30% of the clients were dissatisfied with the care due to communication breakdown (Robert et al., 2013).

Again, a study was conducted on the perceived communication style of physician on patients' satisfaction, Zachariae et al., (2003); found that, health professionals' attentiveness and empathy were associated with greater patient satisfaction, increased self-efficacy, and also reduced emotional distress during consultation.

Another research found evidence that cultural communication barriers and negative violations of expectations impair the quality of intercultural interactions and can influence health outcomes. (McCalman et al., 2009). Understanding patients' culture is very critical in achieving the health needs of patients and care satisfaction.

A study was conducted using a cross-sectional at Turkey teaching hospital, with 1100-bed tertiary, and the overall results indicated a considerable high level of satisfaction. They also observed that hospitalization also separately influenced the perception of nursing care, while the type of ward, gender, pay, and instruction openly influenced the satisfaction with the scale of care. Patients who experienced surgeries, male patients, the 40–59-year-mature age gathering, the individuals who had low degrees of training

or salary, and patients who were hospitalized for significant stretches were most satisfied. On the issue of care satisfaction, Hall et al., (1988) in their meta-analysis found that patients' satisfactions were positively connected to doctors' instrumental behavior that is information-given. In addition, a multiple regression analysis indicated that, patients' quality of life and satisfaction were mostly predicted by affective quality of the consultation (Ong et al., 2000). They further opined that; good quality of the consultation appears to be the most important factor in influencing these outcomes.

In trying to understand, the communication between healthcare providers and patients on health outcomes, researchers have used the interaction analysis system (IAS). By virtue of this system, healthcare provider-patient communication can chronologically identify and grouped (Ong, 1995). He added, most of these systems realized instrumental behavior (cure-oriented) on one strand, and the socio-emotional behavior (care-oriented) on the other strand. The first strand is associated to the cognitive domain which are behaviors like given information and asking questions. The second phase belong to the emotional domain and deals with behaviors like showing sympathy and empathy or making personal remarks (Bensin, 1995).

In understanding satisfaction in scholarly perspectives which is widely agreed is by Risser (1975) who postulated that, patient gratification with health delivery is the degree of agreements between the expectations that patients have of the ideal care and the perception of the care that they actually received. In line with this, (Akin & Erdogan, 2007) asserted that, patients whose expectations of the health service are met will indeed participate more readily in the treatment and care practices will have a more positive

view of the hospital to the family and friends and are most likely to choose that hospital for future care needs.

Considering the characteristic of patients as a determining factor of their satisfaction, previous studies have considered the characteristics of patients on care satisfaction, Quintana et al., (2006) argue that, older and male patients showed higher degree of satisfaction, whereas younger female patients and those with higher socioeconomic levels demonstrate lower degree of satisfaction. Yilmaz (2001) conducted a study which concluded among others that, the rate of patient satisfaction could be different as a result of personal factors such as age, sex, education, socioeconomic level, comorbidities, and duration of hospital stay. He further added, satisfaction of patients with health care during their stay in the hospital is the most crucial factor influencing the satisfaction with the whole hospital service. In line with these, Ozlu et al., (2015) highlighted that, patient's satisfaction level is based on their age, marital state, educational level, nature of work the hospital in which the patients stay previous hospital experience and whether or not they had companion with them.

Radwin (2003) indicated that patient satisfaction depends on the health problem for which the patient is treated as well as the duration of hospitalization. However, Crow et al., 2002 found that the degree of satisfaction reduced in patients with chronic health conditions.

Ozlu et al., (2015) reported that, it becomes clear that patients were total gratified with the healthcare services, in contrast the satisfaction levels with patients living in the

private hospitals were more than those of the patients staying at the government hospitals.

According to Karaca and Durna (2018) some patients appear to be more satisfied with the "concern and caring by nurses" and not satisfied with the "information given". 63.9% describe nursing care received at the time of hospitalization as excellent. Reviewed articles also show that, patients' satisfaction with care is positively related with the level of communication and trust between the care givers and recipients (Chandra et al., 2018).

2.7 Language, Culture and Socialization in Healthcare Delivery

On the issues of language and culture, this section of the review looked at the potential barriers that the above concept posed on quality healthcare delivery. Shchieffelin and Ochs (1986) highlighted, when it comes to socialization, language is a powerful weapon, since it is through language that our cultural values are passed from one generation to another. In view of this, researchers concluded that language and socialization reinforce how a community of individuals organizes their language activities to form and prepare people's lives to become vibrant participants in their different societies. (Orosco,2010; Schie ffelin & Ochs, 1986). Again, language socialization is the process of language acquisition through involvement in socio-cultural activities to become a member of a specific socio-cultural community (Orosco, 2010). This means that for our health professionals who are out-group members in our health care setting should be making conscious effort to learn the in-group language in other to become language competent and that could help reduce the communication gap

the healthcare minority and the care recipient's majority, this could improve health outcome since communication will be effective. Abdulai et al., (2019) also asserted that, Language and socialization are inextricable, since the community of individuals is embedded in language learning and its practice. They further noted, the processes of acquiring language are profoundly embedded in the process of transmitting cultural values to members of society, language socialization and culture are intertwined. In view of this, Schieffelin and Ochs' (1986) added that language in its classic formulation is a powerful medium of socialization. It implies that a medium for socialization among health care providers and patients in the delivery of services is in the sense of health language. It is through this medium that healthcare provider will become communication competent. Language socialization is the acquisition of communicative competence which has to do with gaining proficiency in the use of a given language (Ochs, 1986). As a developmental phase of learning how to generate grammatically well-structured utterances, language socialization is just a means of learning to use language in a socially, pragmatically and locally meaningful way as a way to communicate with people in times of need, particularly in the sense of our daily interaction and activities (Garrett, 2008).

Researchers in this field of study argue further that, Language is a pathway by which socio-cultural ideals are transferred from the present generation to the unborn generation. This shows that language socialization is focused on well-organized encounters that have influenced awareness, emotions and social action through both experiences and less experienced individuals. (Ochs,2000). This means that healthcare

professional should make conscious effort to practice appropriate language learning, in other to become communicative competent.

According Xingson (2007) Individuals typically go through what is known as secondary socialization when they are introduced to new socio-cultural circumstances, people's cultures, workplaces and educational programs. In the sense of this research thesis, to be able to work in their new environment, healthcare providers who came from different parts of Ghana to work in the delivery of health services in the Tamale metropolis would have to go through the secondary socialization process. In this study, language socialization and culture are especially significant because it indicates that successful delivery of health care involves effective language skills and cultural competence for both our health professionals and patients.

2.8 Barriers to Effective Communication in Healthcare Delivery

The term barrier has many underlying meanings, but in the context of this study, barrier can be viewed as something that is blocking the effective communication between people (Quill, 1989). When two people are joined together to work towards achieving some goals it might result in some barriers. At any point in the communication process between healthcare providers and patients encounter some barriers that normal prevent the message being receive the way it was meant to. Research proposition evidence shows that, over-complicated technical terms and noise can stand the way of understanding by the patient if he is not used to the terms being used. Among other reasons emotional and taboos can hinder effective communication. In much relation with these barriers are the possible barrier of culture. In that, within the context of

culture we have taboos. The way healthcare providers and their patients interact varies from one culture to another, and does the same way they express their emotions (Saarinen, 2015).

Lack of interest or attention on the message being delivered can also affect the recipients understanding of it. The healthcare recipient finding the message not necessary can affect their ability to understand the message correctly. Also, differences in view can affect the message in the same way. Pre-judgmental attitudes and expectations could cause limitations to receiving the message as it was meant as well. Physical challenges should also not be forgotten from the list of barriers affecting communication. Hearing and difficulties in speech could also be affecting our understanding the same way language complexities in understanding with regards to different accent or dialect. In all, communication barriers could come from physical constrains, such as not being able to read nonverbal cues such as body language (Saarinen, 2015).

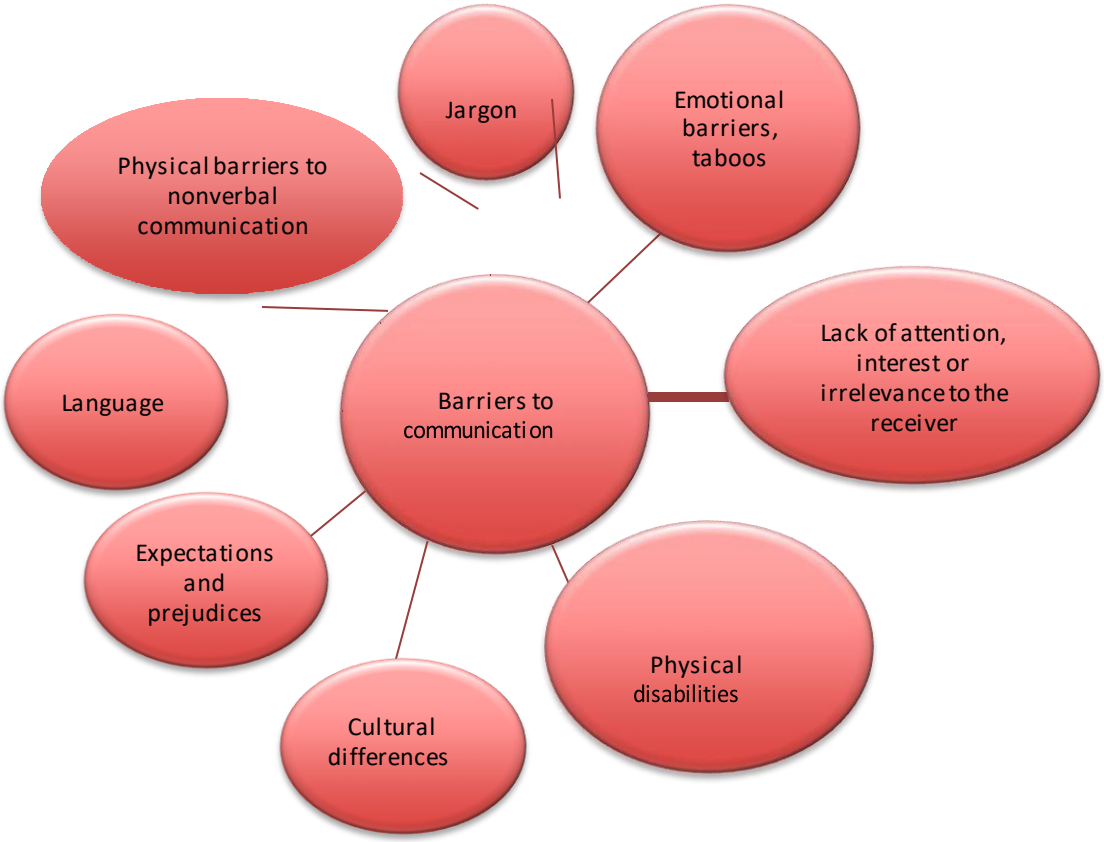

Figure 2.1: Barriers to Effective Communication

(Source: Saarinen, 2015)

Literature depicts from the above Figure, representing the potential and recurring barriers to effective communication on health service delivery. Language barriers comprise, of not only speaking different languages, but the use of jargon as well in the healthcare environment. Psychological is shown, as the mental state of the communicators at the time of conversation. Also, stress and low self-esteem are also realized as psychological factors militating against communication. Attitudinal

behaviors and perception also present barriers to effective communication (Skills You Need 2015).

Existing research has established that language barriers can be a threat for patients' safety, according to Rosse et al., (2015), their study shows that, a wide variety of risky situations in our hospitals are as a result of language barriers. This mean language block has become a serious threat to achieve quality health service. Language barrier which is an effective communication barrier resulting from the healthcare provider and patients speaking the different languages, has demonstrated a threat to the quality of hospital care (Karliner et al., 2007, cited in Rosse et al., 2015).

2.9 Ethical Communication

Communication even in times of pandemic can be a vehicle in fostering social justice and addressing inequalities. Communication in healthcare situation is guided by ethical principle, professional guidelines and legal status. In any professional field, ethical sensitivity and discernment exist (Callahan & Jennings, 2002). Philosophers opines that, ethics is the major part of life for everybody. Starting from individual working to every successful business, the role of ethics cannot be underestimated (Edward et al., 1967). A Code of Ethics is an attempt to define basic rules, or principles for determining what constitutes "good" or "right" behavior. In other words, to determine what we ought to do next (Burns, 2012). Codes of ethics stress the obligation of "compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems" (ANA, 2010, Provision 1).

2.1.1 Healthcare Ethical Communication

It was during the ancient Egyptian time that the term ethics was first applied in the medical profession (Shehnaz, 2007). The term medical ethics was coined in the writings of Dr. Thomas Percival in 1803. Malpractice exists in the situation where the professional standards with respect to care compromised (Childress, 1994).

Healthcare professionals inevitable faced confront ethical difficulties in their daily work as a result of having to make difficult choice and priorities. Several studies highlighted the healthcare professionals need to communicate inter-professional in order to manage ethical challenges. Zingmark et al., (2016), explained that, during the clinical ethic support (CES) the session of the professional as a group moved through many phases, including a values conflict expressed as feelings of frustration, the revelation of values conflict, and seeing opportunities to change the situation instead of obstacles.

In several studies, healthcare professionals experience ethical difficulties with value conflicts with regards to the patients and their relatives (Halvorsen et al., 2008). Edwards et al., (2013) presented in one study that, professionals who could communicate about value conflicts within the team usually managed to deal with difficult situations however, those who could not describe the feelings isolated. Unsatisfactory communication is ethically difficult situations lead to the feelings of powerlessness, emotional pain and loneliness (Sørlie et al., 2000) and lack of confidence in other professionals (Silie ´n et al., 2008). In understanding the perspective of communication between practitioners and patients, Hovland (2013) posits that,

communicating, sharing, and listening to others experience may help people to understand the value conflict and the variety and perspectives of people involved.

Ethics are grounded on values which differs from one culture to another and from one profession to the other (Shehnaz, 2007). In line with, a study was conducted in the Roma community, which looked at the Rumas beliefs and experiences in the area of autonomy and decision-making process in the case of a disease with poor prognosis. The study revealed that, the patient's right to make autonomous decision is more promoted in the western countries then the Romanian community. It added that, for Roma the comprehension of dignity is not simple individual and personal, but it is linked to their cultural particularities. Not paying attention to patient's culture could create conflicts between healthcare providers and the community (Parvu et al., 2013). There is the need for cross-cultural ethical issues in both medicine and nursing Leninger (1995) stated. Also, Popa (2008) indicated, medical institutions possess ethical values which are respected and appreciated by members in the institution, and he added, members need to constantly consider their attitude related to ethical principles.

Shehnaz (2007) on ethical principle, opines that, the ethical principle of confidentiality enshrines that patient can trust his health care provider not to disclose any information that the patient has given during the treatment reign. He concluded among many things and indicated that, medical ethics should be main stream in the thought process, and we need to do more on ethical issues in research involving human participants to premise that medical research should be sound and ethical.

Frezza et al., (2018) conducted a review on ethics necessary for health care and revealed among other things that's, professional growth is directly correlated with the moral conduct and that ethical framework should be applying to all the care system. They suggested that doctors, nurse, or medical students have an ethical framework which should form the base line of their conduct. They added that, there are basically two important parts that underpin this ethical framework, the subjective and objective. To be subjective they explained, is about dealing with the patient in a more effective manner, and to this they need to understand their cultural background and apply their clinical judgment and offer solution. The objective is the agreement between the health practitioners and patients. In another study which look at the ethical issues in patients' safety and concluded that, nurse managers play strategic role in patient safety. It added that their purpose is to integrate the patient's ethical principles in terms of decision-making at all levels of the organization and to enable clinical nurses to take patient values into account in providing their treatment (Jasper et al., 2013).

The goal of the healthcare system in relation to patient safety can be considered in two phases from an ethical point of view; the first step is understood as a functional value, where the advantages, results, feasibility and economic drivers of treatment given matter. In this respect, the welfare of patients is a fair way to minimize healthcare costs within a community. The second stage defines patient safety as a moral principle, implying that the promotion of human dignity is the safety of treatment (Woodward, 2011).

In addition to ethics, indeed, the African and Eastern Mediterranean Regional Offices of the World Health Organization (WHO) have urged developing and transitional countries to collaborate with their respective counterparts and policymakers to take serious and vigorous steps to enhance patient safety in their health care systems. (WHO, 2013).

Nelson and Beyea (2009) proposes that moral distress arises when healthcare professionals understand that, for a number of personal, social, cultural and organizational reasons, what is ethically acceptable behavior is but is unable or feels constrained from acting. They added that moral distress can lead to medical errors.

A study was conducted with respect to trustworthiness and justice and explains that the concept of patient safety can be evident by promoting health values such as trustworthiness, justice, non-maleficence and transparency, and concluded that the importance of trustworthiness is related to culture where all healthcare system activities strive to increase it (Blouin & McDonagh, 2011). A patient-centered hospital empowers their patients to participate in their planning decision and also maintaining confidentiality (Cutcliffe & Hyrkas, 2006).

2.1.2 Conclusion

In sum, the extensive literature reviewed has shown that, communication between healthcare providers and patients on service delivery has witness significant challenges on health outcome or care satisfaction. The issues raised under this literature review, revealed relatively paucity of information on patient satisfaction with health care

delivery taking into consideration communication behavior and the technical competence to measuring care satisfaction, has actually received very limited scholarly attention. It is on this ground that, the research thesis is deep rooted to field this knowledge gap in health communication by trying to explore, investigate, and understand healthcare provision and patient communication on service delivery in the Tamale Metropolis of Northern Ghana.

The reviewed also espoused that; language barrier caused a good number of medical errors in healthcare delivery global, and the worst of all is in the context of Africa and Ghana to be precise. These language barriers potential caused miscommunication, misunderstanding, which can lead to medical errors and consequently death in the context of care delivery.

2.1.3 Conceptual Framework

This section of the study has adopted the following key concepts, health communication, health care satisfaction and culture. Theoretical, the study is built on the Frederick Herzberg two-factor theory (1959) and the Peplau's Interpersonal Relations theory. Methodological, the study is located in the mixed methodological paradigm, interviews and survey are the means for data collection, and thematic analyses will be used to interpret the data. This has been presented in the figure below;

Conceptual Framework

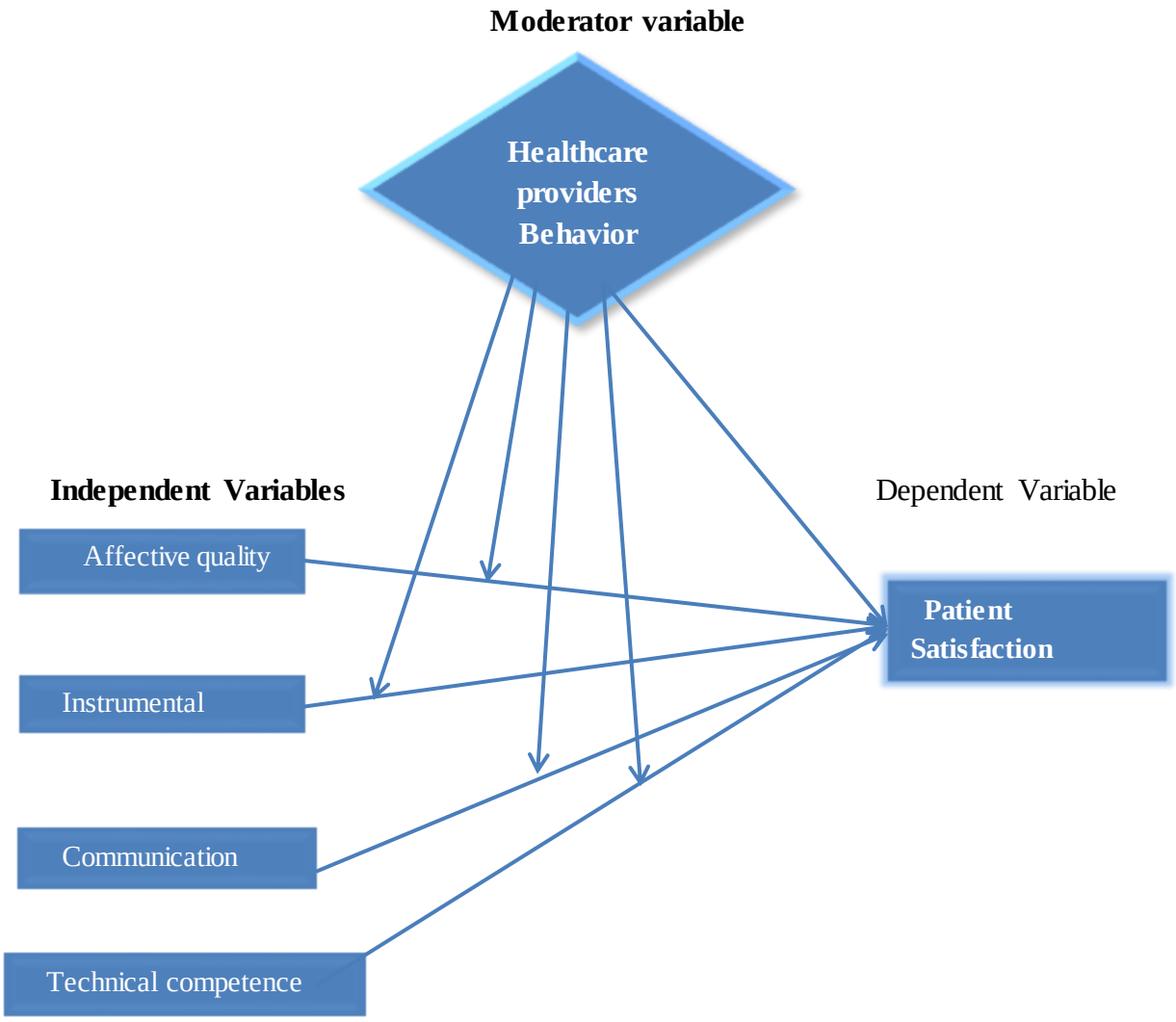

Figure 2.2: Conceptual Frame Work

(Researchers Construct, 2020)

The main purpose of this research thesis is to determine the role of communication in patients' satisfaction with the healthcare service with inclusion of the healthcare providers' behavior as a moderator variable in the Tamale Teaching Hospital of Ghana. Reflecting on literature, this conceptual framework has been developed as shown in the

Figure 2.2 above. The conceptual frame work in this study states that, better health services are linked to many factors such as the affective quality (tone), instrumental behavior, Socio-emotional, and technical competence improved patient satisfaction with care. The good and soft healthcare providers' behavior have positive link to patient satisfaction. The healthcare providers' behavior also moderates the relation of the independent variables and patient satisfaction. The technical expertise of physicians is regarded as consisting of: keeping an appropriate level of experience, ability to diagnose, conducting of clinical procedures, prescribing medicine and learning about the latest medical developments. Moreover, the success of technical procedures, treatment and medication conditioned upon favorable communication with patients.

Analytical Framework of the Study

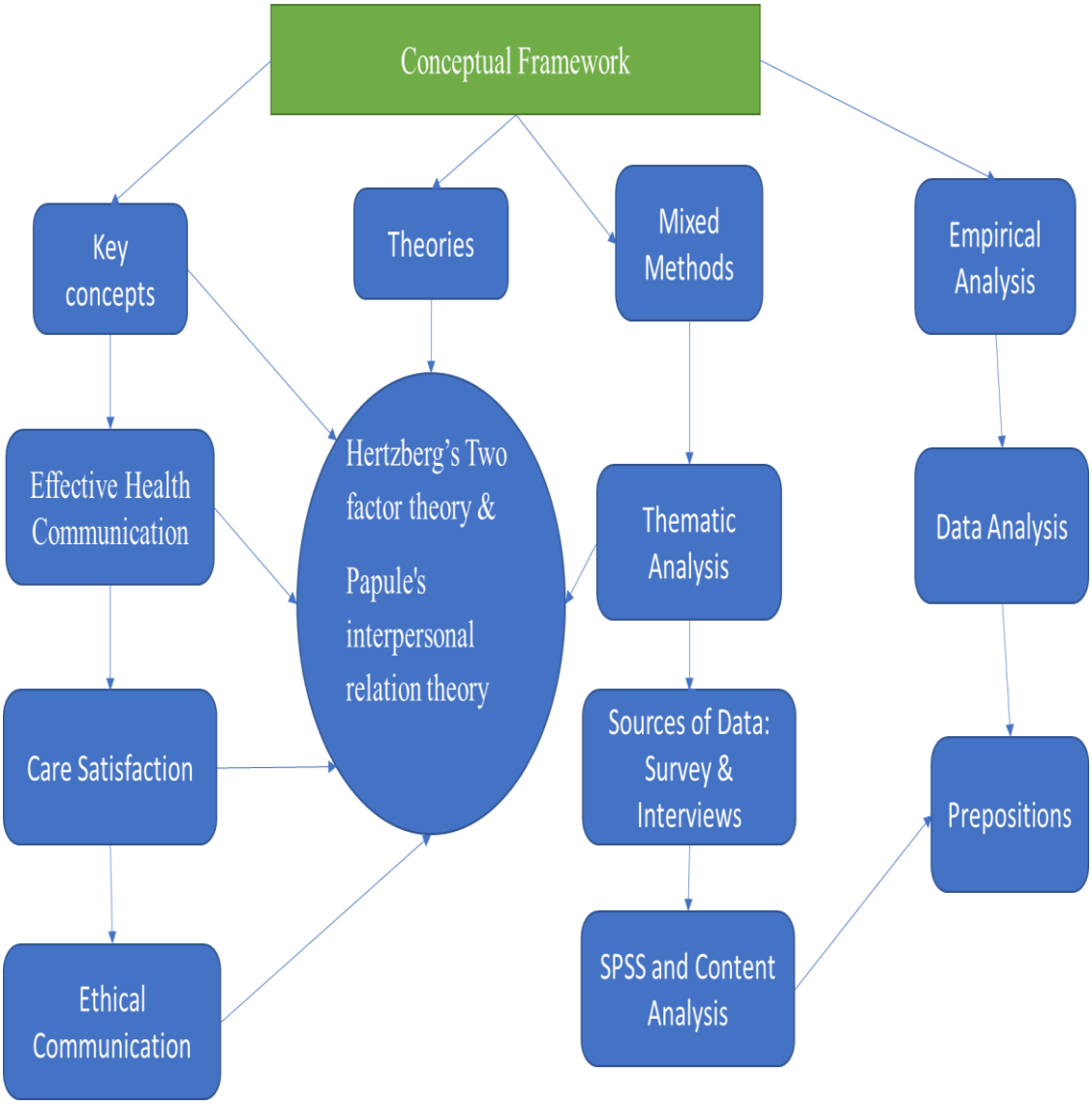

Figure 2. 3: Analytical framework

Source: Researchers Construct, (2020)

2.1.4 Theoretical Framework

2.1.4.1 Frederick Herzberg Two-Factor Theory, 1959

Another proposed theoretical framework for this research thesis is guided by Herzberg's Two Factor theory. He carries out several surveys among workers to find factors that motivate employees. In those surveys he was asking individuals what satisfies them on the job and what dissatisfies them, and then came to the realization that workers are affected by two factors, namely; the motivators and hygiene factors. Rollinson (2008) maintained that, 'people are motivated by things that make them feel good about work and have the aversion to the things that make them feel bad'. Motivator is basically related to the job content or intrinsic part of the employees. It further explains that, motivator, motivates people to endeavor for satisfaction and better performance with internal stimuli. Include the elements of motivator factors are; achievement, recognition, responsibility, work itself, advancement and personal growth. Some scholars labeled it as intrinsic motivation. Comparatively, Hygiene factor relates to the job context or the extrinsic parts of the employees where it surrounds the execution of the work. Among the hygiene factor are work conditions, co-worker relations, policies and rules supervision quality and base wage. It is also known as extrinsic motivation (Hee, 2020). The two-factor theory assumes that, there are two set of factors that could influence motivation in the workplace by either enhancing employee satisfaction or hindering it. The two-factor theory also arises from the assumption that work has to be planned in such a way that hygiene factors (extrinsic motivation) and motivator (intrinsic motivation) of the employees are fulfilled.

2.1.4.1.1 Relevance of The Theory

This theory is in line with the research objectives since it highlights both the content and the context of institutional factors, that will enhance the effectiveness and efficiency of workers. In this regard, when the health care professionals are satisfied with both hygiene and motivational factors, it will enhance their positive interactions with patients. However, when these factors are not in place in the hospital, health workers might feel dissatisfied, and that can induce them to have negative attitude towards the patients, because they are simple not happy with the working conditions in the hospital.

2.1.4.2 Peplau's Theory of Interpersonal Relation

This theory is among the first theorist in healthcare to have investigated the health professional communication and healthcare provider-patient communication was by Hildegard Peplau (1991, 1992, and 1997). On these bases, another researcher named Sheldon (2013) indicated that Peplau's theory of interpersonal relations is a landmark theory in healthcare that places much emphasis on reciprocity in interpersonal relationship among healthcare providers and patients. This thesis is deeply guided by Peplau's theory of interpersonal relations. This theory will help illuminate the importance of this research topic. Interpersonal relations concept gives a contextual frame for comprehending many of the challenges, which lie within the context of professional care delivery practice, especially communication and relation dilemmas (Peplau, 1991).

In relation of Palau's theory, nursing is seen as an interpersonal process of therapeutic interaction among a person who is ill/sick or need of health attention and the healthcare

provider who is educated to recognize, respond to the needed help accordingly (Peplau, 1997). It is an increasing force and a well-informed tool which has to do with an interaction between two or people who have similar goal (Wayne, 2014). In view of Peplau (1997) again added that, the goal in healthcare provides the encouragement for the therapeutic process whereas healthcare giver and patients accord respect to each other as human beings, and as well both parties learning and growing in the interaction process. The first assumption is on the interactional behavior between patients and healthcare providers. Secondly, the healthcare provider and patients will mature together as a result of therapeutic interaction. Also, the theoretical assumption underscores that, communication and interpersonal skills remain fundamental tools in healthcare provision. The theory narrates that, the purpose of healthcare provision is to help patients find their felt difficulties and healthcare providers need to apply the principle of human relations to every situation that arise at all levels of experience. The key concepts involved in this theory are healthcare, the environment/society, health and human beings, and that all these will co-interact (Paplau, 1997).

2.1.4.2.1 Relevance of the Theory

This theory is relevant to this research because, firstly, the theory goes beyond healthcare providers intellectual thinking from "what healthcare providers do to patients" TO "what healthcare providers do with patients"; which means they go beyond the technical competence of care to include healthcare provider-patient relationship and also patient-minded care. Secondly, it depicts a communication guide, which among many enhances effectiveness of the healthcare provider-patient interpersonal relationship, and thereby envisioning healthcare provision as ongoing interactive and

collaborative process among healthcare givers and patients. Peplau's theoretical framework is consonance in this study, as it seeks to investigate on healthcare provision and patient communication on service delivery in the Tamale metropolis.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The purpose of this chapter is to provide the research design and methods that was employed in collecting and analyzing the data, as well as the philosophical positions that underlie the selection of strategies and methods. Methodological approach provides the ways for data collection, analysis and its interpretation and how to achieve the research objectives (Gill & Johnson, 2010).

3.1 Research Design

The design is identified as the blueprint for conducting research. According to Yin (2009), research design is the context within which we collected, processed, analyzed and used for the study. A research design starts with a logical flow of the problem, followed by a logical structure of inquiry and makes sure that, the evidence obtained unambiguously answers the initial research questions and also fulfills the main objective of the research under study (Yin,2003; De Vaus, 2001).

This was a case study that incorporated in-depth interviews and a survey to investigate the relationship that exists among healthcare providers and patients with regards to communication on care satisfaction in the healthcare situation in the Tamale metro polis of Ghana. Survey has to do with gathering data from a sample of respondents with identical attributes in relation to the same variables. (Czaja & Blair, 2005).

The sequential mixed model design involves integrating both qualitative and quantitative methods at different stages of the research process was adopted in this study (Johnson & Onwuegbuzie, 2004), which can be presented in the **figure 4** below. In this case the goal of mixing methods is not only to search for corroboration but rather to expand our understanding of the core objective of this study both exploratory and explanatory.

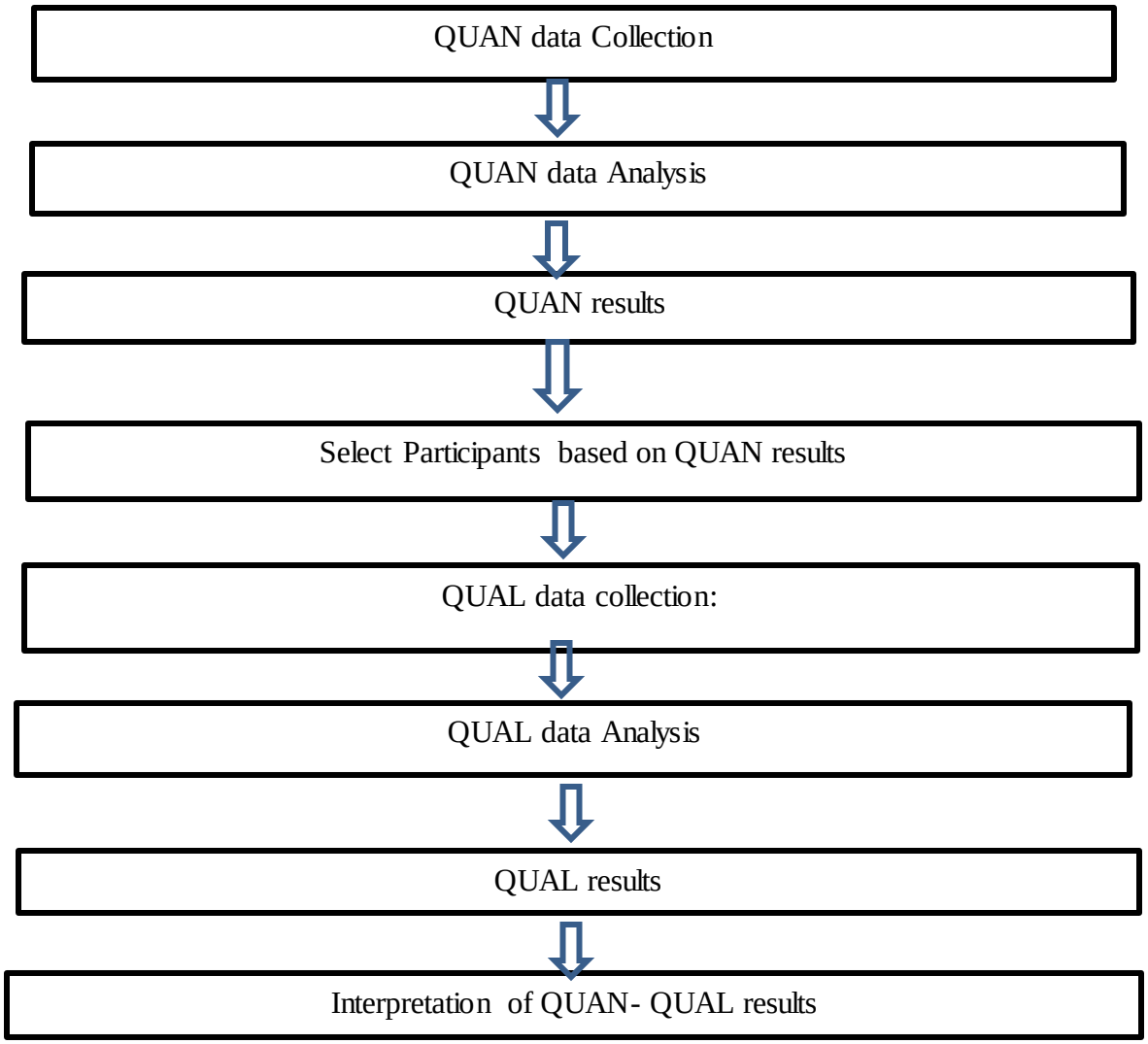

Figure 3.1: Design of the Study

NOTE: **QUAN** means Quantitative, **QUAL** means Qualitative

3.1.1 The Mixed-Methods Approach

Hussein (2009) opines that, a study that uses mixed-methods approach gives a high chance for overcoming the weakness of one method and enhancing the benefits of the other for comprehensive study results, since they provide good standing for investigating phenomena from the phases of subjective and objective perspectives (Al-Shirawi, 2012).

There are many ways of researching into patient-physician communication. Direct findings of a small number of consultations were used in some studies. Hall et al., (1988), or structured patients' narrations (Stewart, 1984 & Butow et al., 1994), while in other studies closed ended questions were used (Cantwell and Ramirez, 1997; Detmar et al., 1994). In order to eliminate bias, this study has adopted mixed methods approach to gather and analysis both qualitative and quantitative data. Theories such Two factor theory and Peplue interpersonal relation theory was used to interpret or analyze the role of communication in healthcare provision in the northern part of Ghana.

3.1.2 Qualitative Methods

The Qualitative method was used to gather the viewpoints of respondents through in-depth interviews (Creswell,2012). The core assumption of this study was that happens in the healthcare context (Hospitals) become meaningful and better understood when studied through the parties involved at the hospitals.

The aim of the subjective research process is to motivate research participants to talk uninhibitedly about their understanding, emotions and impression about the

communication behavior between the healthcare providers and patients. The appropriation of the qualitative method in this examination originates from the researchers need to comprehend and decipher the experiences and impressions emanating from the face-to face interaction between healthcare providers and patients.

3.1.3 Quantitative Methods

The Quantitative research depends on evaluation of empirical data accumulated by the utilization of structured survey questionnaires and analyzed statistically (Blaike, 1993; Saunders & Thornhill, 2007).

The quantitative piece of investigation is that there are universal laws that control the healthcare environment (Hospitals) and so revealing these existing structures would help the researcher to describe, foresee, and disclose the nature of connection between the constructs under study from both the healthcare providers and patient's perspectives. It is on this bases that, the healthcare setting is made up of social reality that can be studied scientifically. Questionnaires were used as tool for gathering data.

3.4 Selection of the Study Area

The Tamale Teaching Hospital (TTH) serves as the referral hospital for the five Northern regions of Ghana. It cooperates with the university for Development Studies in Northern Ghana to offer undergraduate and graduate programs in medicine, nursing and nutrition. Meanwhile, it is the third teaching hospital in Ghana after the Korle Bu Teaching hospital and the Komfo Anokye Teaching Hospital.

The TTH was established in 1974 and was formerly known as Tamale Regional Hospital. It was to provide various health care services to the people of the then three Northern Regions of Ghana namely, Northern, Upper East and Upper West regions. This study area has been selected because is the major referral center in the Northern Regions of Ghana and has the highest OPD attendance (Muhammad,2016). The study area was one of the three teaching hospitals in the country that provides tertiary health services to people in Northern Ghana, and some of the neighboring countries like Burkina Faso and Togo. TTH was also considered because of ease of access.

3.5 Population of the Study

The target population for this study comprises all patients who are admitted for care at the hospital, and all healthcare providers, including nurses, doctors, pharmacist, etc., in the hospital.

3.6 Data Types and Sources

The data were obtained from both primary and secondary sources.

3.6.1 Secondary Data and their Collection Methods

The secondary data is generally simple to gather; it is cheap and can be gathered inside a constrained period (Malhotra, 2010). Secondary data was collected from the health institution under study. The secondary sources of data for this study includes, articles, books, project report on health, government policy documents etc. these has helped informed the primary data collection.

3.6.2 Primary Data and their Collection Methods

Primary data is mostly gathered from research participants in other to address specific research objectives (Creswell, 2012). The tools used included surveys, and in-depth interviews were used to collect primary data from both the healthcare providers and patients in the selected hospital in the Tamale metro polis of Ghana.

3.7 Sample Size

As noted by Sekeran (2000), a sample is usually drawn from a given study population that using appropriate techniques. Based on the estimated population, the sample size was (250) guided by Miller & Brewer (2003) sample size estimation formula.

The sample size for the quantitative aspect was determined by a mathematical formula given by Miller and Brewer as;

$n = \frac{N}{1+N(e)^2}$ where **N** is the sample frame, **n** is the sample size, and **e** is the margin of error (fixed at 5%). The sample size n becomes $n = \frac{710}{1+710\,(0.05)^2} = 250$

3.8 Sampling Techniques

The study employed two sampling techniques, purposive and simple random sampling in selecting the health care institution as well as the various wards and care providers. The purposive technique was deemed appropriate because these selected wards (Female ward, Trauma and orthopedic ward, Emergency ward) were directly related to patients' having communication with health care providers. In addition, in other to complement the purposive sampling, a simple random sampling was used in selecting healthcare

providers at the hospital during data collection process (Babbie, 2008, Boateng, 2014). The purposive technique was regarded necessary because healthcare providers in general are difficult to access dues to their busy schedules, and the Covid-19 outbreak also necessitated these techniques.

3.8.1 Inclusion Criteria

Patients who have been hospitalized for at least a week or longer. Also, patients who can speak and understand any of the Northern languages or English were deemed eligible for this research.

3.8.2 Exclusion Criteria

Patients whose health status were not stable or in critical condition were not used for the study.

3.8.3 Qualitative Sampling Technique

The researcher exercises judgement in selecting a representative sample in the study population (Malhotra, 2010; Bryman, 2012). In this regard, participants for this study were chosen base on convenience by the researcher.

3.8.4 Instruments for Data Collection

The data was obtained with the aid of research tools, such as structured and semi-structured questionnaire deemed appropriate for this study. This was done to enable direct interviews with the research participants.

3.8.5 Questionnaires

Data was gathered from respondents through the administration of questionnaires. This has offered respondents the opportunity to express themselves and give their understanding of the issue of the topic under study. The questionnaires were grouped in line with the research questions so as to generate consistency with the study objectives. These questionnaires were answered by the respondent.

3.8.6 Interview Guide

It is a fact that, study of this nature, using only structured questionnaires to solicit views could restrict the respondent account flow of understanding issues relevant to the study. So, open ended questions were used as well to collect data in other to understand the real issues that defines the research problem. In all five (5) patients as well as five (5) health care providers were interviewed for the qualitative analysis.

3.9 Method of Data Analysis

The analysis of this research thesis was based on two phases. The quantitative phase, which was analyzed using statistical tools of data analysis, and the qualitative phase used thematic content analysis in analyzing respondents' opinions.

3.9.1 Qualitative Analysis

In this section of my thesis, I used a constant comparison method to conduct a thematic analysis of the qualitative data (transcribed interviews). By using this method has helped me to established themes from the data. In theme development it is important to code the respondent to ensure confidentiality of the respondents.

3.9.2 Quantitative analysis

In this section of the analysis statistical tool was used to analyzed the coded response from the survey and run the analysis. In this sense, the results were analyzed using simple descriptive statistics such as frequencies, bar chart, percentages, and multiple linear regression to determine the predictors of patients' satisfaction.

3. 10 Ethical Consideration

Respondents' consents were given before the administration of questions, and that participation was voluntary. The respondents were guaranteed of their absolute confidentiality, and assured that it was purely for academic purposes and no part of the information provided would be used against them in any way.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This study focused on healthcare provision and patient communication on services at the Tamale Tertiary Hospital. The data presented here measures forms, barriers, ethical communication and services. The study was designed and collected data from a total of 250 respondents of health practitioners at the TTH. The analyses presented in this chapter are from data gathered from participants. The discussions of the results in this study were practically linked to literature in other to make valid argument.

The analysis of the research is grouped into headings using various graphical presentations noted as pie chart, Bar Graph, etc. This section further presents the data based on the study objectives with in-depth discussion.

4.1 Demographic Characteristics of Respondents

This part of the thesis contains some selected demographic characteristics of the sampled population. This selection is based on relevant demographic characteristics deemed necessary and in line with the principal objective of the study. This demographic features in this study are very critical in determining the communication outcomes of the respondents, either consciously or unconsciously. This is in consonance with the framework of researchers' findings, Steward et al., (2015) which presented the four main components that normally occurs in the interactional process between patients and health professional, which include the following, the attention of the engagement of all participants communicating interest; also, the participants, patients and health

professionals required, knowledge, values and emotions that might impact the communication; thirdly, in the communication process including messages conveyed and received either verbal or non-verbal; fourthly, the environmental context in which interaction occurs; last but least; external conditions including education, cultural influences, family and friends, personal exposure and socioeconomic factors.

4.1.1 Sex of Respondents

The sex of respondent is very important, since issues of communication on service delivery are pivotal to the actors in the communication process. In this case, it defines how service providers treat female or male patients and the vice versa in the service delivery, which is directly or in directly linked to service satisfaction. The issues of communication are very critical with respect to the gender of the respondents in the study. From the survey results presented in Table 4.1 below, highlighted that, out of the 250 total sampled respondents, majority of the respondents (159) representing 63.6% were males and 91 respondents were females representing 36.4% as can be seen in the Table 4.1 below. Gender disparities are present in healthcare providers attitudes and communication styles, with female care providers engaging in more dialog than the males (Prather et al., 2020).

The high number of male healthcare providers is not surprising, because it appears that our Ghanaian cultures are promoting male child education than their female counterparts, and this was more evidence in the Northern sector of the country.

Table 4.1: Sex of Respondent

Sex of respondents	Frequency	Percentage (%)
Male	159	63.6
Female	91	36.4
Total	250	100

Source: Field Survey Data, 2020

Table below 4.1 represents the breakdown ages of respondents from the field survey. From the field data collected, it was realized that, only few of the respondents had their ages from 18-20 representing 1.2%. It was also observed that, respondents who are in their ages of 21-30 were 171 representing 69.6%. Again, some of the respondents within the study area were also having their ages ranging from 31-40, representing 30.4%. It was observed from the survey that, most of the respondents were in their 21-30 age brackets, which means that majority of the respondents were in their active ages of their service and will be more vibrant when it comes to communication. Our studies have it that the aged care providers appear to have competent communication with patients than the younger ones, Peck (2011**)** found that doctors were most likely to have patient-centered experiences with people over 65 years of age. They also observed that, the correlation between contact style and patient satisfaction were moderated by patient age**.** My finding is not in line with this study because majority of the respondents who are engaged in communication with the patients at TTH are the younger ones. Xue et al., (2020) in their study however, discovered, younger health care providers do well in many areas of care delivery.

4.1.2 Age of respondents

Table 4.2: Age of respondents

Age of respondents	Frequency	Percentage (%)
18-20	3	1.2
21-30	171	69.6
31-40	76	30.4
Total	250	100

Source: Field survey data, 2020

4.2.3 Marital Status of Respondents

Marital status of the respondents was also explored as can be seen in the figure below. Out of the total respondents of 250, 128 of them are married representing 51%, and 118 of the respondents were single representing 47% and the remaining 4 of the respondents were divorced representing 2% as shown in the figure below. This higher number of marriages among the respondent will mean that, majority of the healthcare providers are married and that can enhance their communication effectiveness, as evidence that, good family contact is closely associated with improved health outcomes, and effective treatment decision (Siminoff, 2003), that could help improve patients' satisfaction with the service delivery.

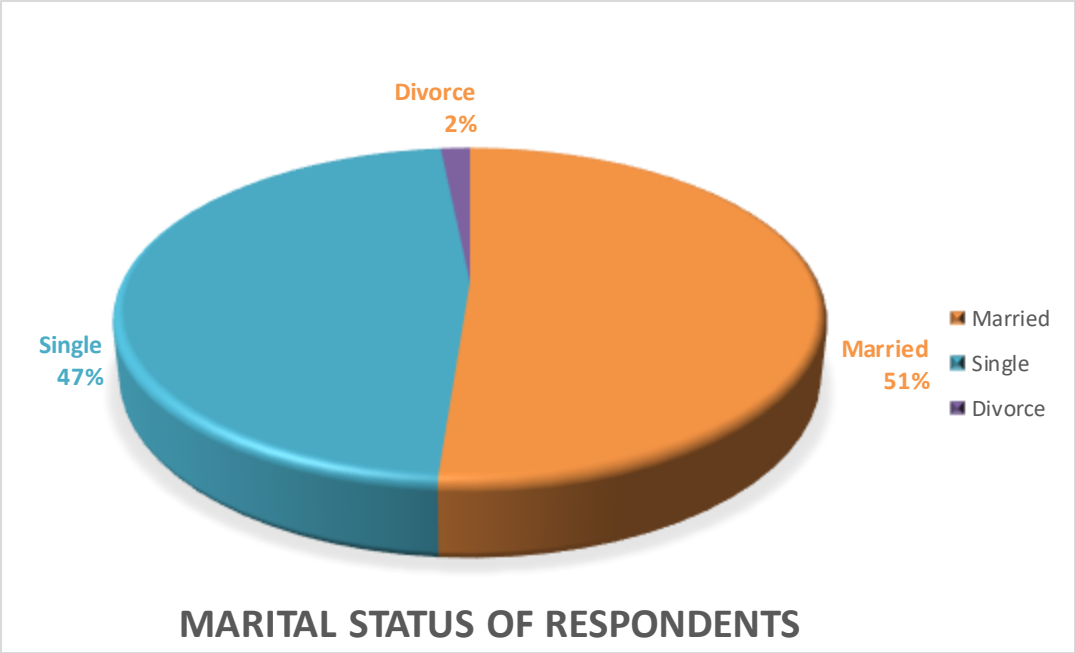

Figure 4.1: Marital Status of Respondents

Source: Field Survey Data, 2020

4.2.4 Religious Affiliation

The debate of communication among healthcare providers and patients sometimes evoked ethical, religious and moral sentiments. As religious background of healthcare providers was sorted and analyzed and presented in the table below, about 69.2%, 30.8% and 0% of the 250 respondents interviewed were Muslim, Christian, and Traditionalist respectively. This finding fairly reflects the religious persuasion of residents of this ecological zone, as revealed in the findings of 2010 Population and Housing Census (GSS, 2012).

Table 4.1.3: Religious Affiliation of Respondents

Sex of respondents	Frequency	Percentage (%)
Muslims	173	69.2
Christians	77	30.8
Traditionalist	0	0
Total	**250**	**100**

Source: Field Survey Data, 2020

4.2.5 Educational Qualification of Respondents

Educational achievement of healthcare providers is one of the keys in determining their level of communication skills. In the healthcare industry, it is important that health providers gained the needed educational qualification in other to fit and work to the satisfactory of patients. To do this they need to have the basic communication skills as part of their qualification. Before any treatment regime in the hospital communication is very critical. In view of this, the educational qualification of the respondents was explored and recorded, and out of 250 healthcare providers who were interviewed, the empirical data indicated, healthcare providers with first degrees are 109 representing 43.6%, and 139 having diploma qualification representing 52.8, whiles the remaining 9 representing 3.5% as can be shown in the figure below. It means that, the nurses were be more exposed when it comes to interaction among healthcare providers and patients.

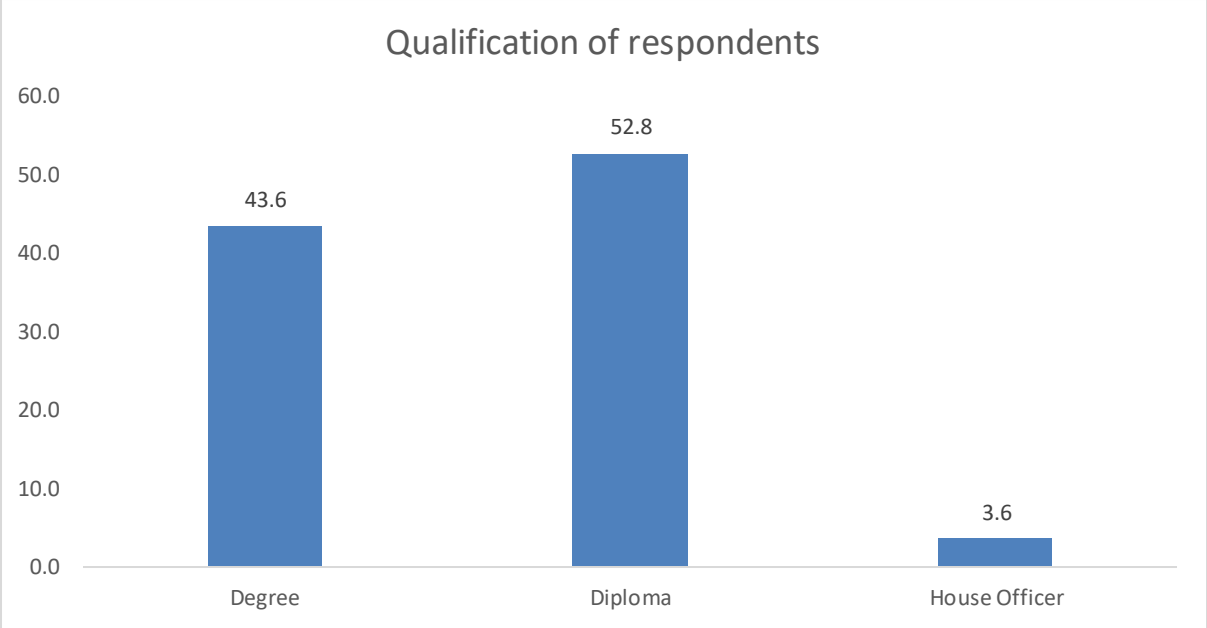

Figure 4.2: Qualification of Respondents

Source: Field Survey Data, 2020

4.2.5 Respondents Knowledge about the Forms of Communication

It is evidence that, there cannot be an organization without communication, more especially in the health care facilities. It is through communication that both the healthcare providers and patients understand themselves before the commencement of any kind of treatment. Health care facilities cannot exist without communication. In fact, certain scholars argue that communication is what makes an organization (Hung-Baesecke et al.,2020). Communication is a tool for providing information. On these bases, the research sought to understand the respondent's knowledge on the formal forms of communication, and this can be shown on the figure below.

Figure 4.4 presents the responses of the health care practitioners about the laid down formal communication mechanism put in place to guide their communication conduct

with the patients. It was realized from the study that, as can be seen in the figure 4.3 below, out of the total respondents of 250, healthcare providers who were aware of the legal forms of communication were 204 representing 81.6%, whiles 46 of the respondents are not aware of it, representing 18.4%. It means that, majority of the respondents are well informed about the laid down rules or principles of communication, and that can help improved effective communication among care givers and care seekers. However, it means that the communication policies of the TTH on communication are not clear to the understanding of all staff, hence the varied responses. It is also important that management of TTH make conscious effort by educating the newly posted staff on the laid down forms of communication that can help ensure effective communication. Meaning, the communication rules are mend to upskill the communication skills of the health providers. Development of therapeutic communication skills by health professionals is very important, not just for the provision of health care, but also for health care quality. (Lugu et al., 2020).

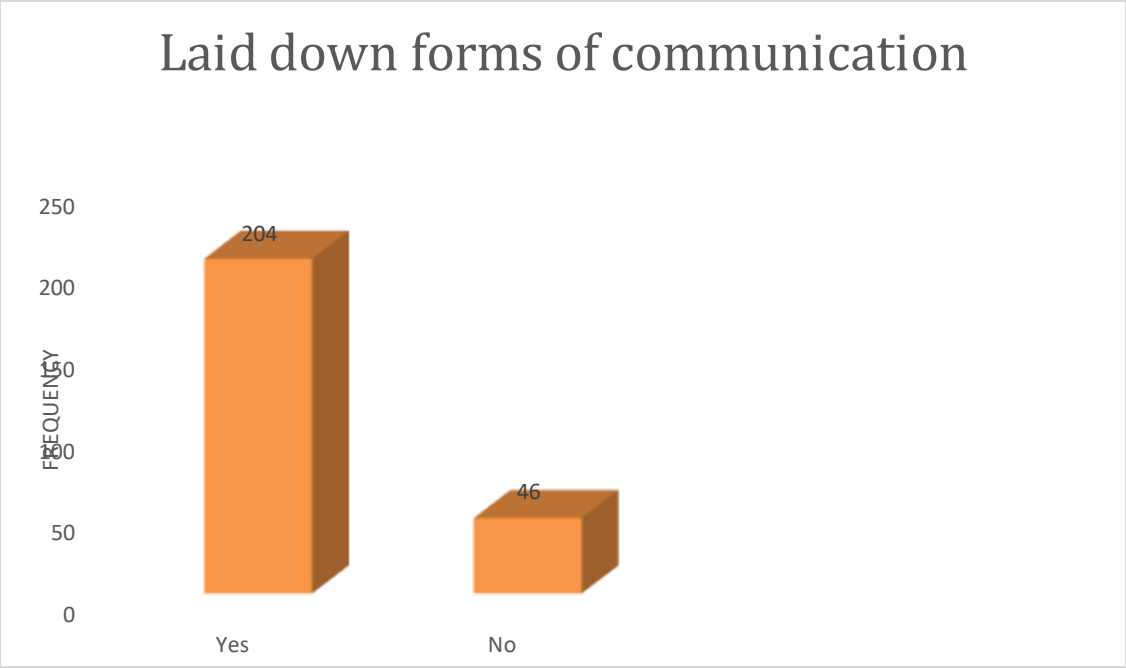

Figure 4.3: Knowledge of Respondents on Communication Rules

(Source: Field Data, 2020)

4.2.6 Forms of Respondents Communication

It is obvious that all the health care providers in one way or the other uses some form of communication when interacting with patients. Using the right form of communication is predeterminant of achieving good communication and establishing good relationship with patients. This requires good communication skills on the part of healthcare providers as postulated by (Henselmans et al, 2019). Effective communication in cancer care needs complex communication skills of healthcare professionals (HCPs), which can be achieved by communication skills training (CST). In view of this, the findings of this research revealed various forms of communication that are used at the TTH.

Figure 4.4 shows the various forms of communication used by health care providers at TTH. Out of these forms, 176 of the respondents were using verbal form of communication, representing 70.4%, the respondents who were also using the non-verbal form of communication were 14, representing 5.6, those who were using written form of communicating with the patients were also recorded 10 representing 4.0%. Again, 49 of the respondents were engaged in using either of the two forms of communication whereas only one person was recorded using the imagery form of communication representing 0.4%.

The analysis depicts that, the more used form of communication by the participants was verbal, those using more than one form, and nonverbal form, respectively. It is not surprising that majority of the respondents are using the verbal form which involve spoken words. This finding agrees with Nouri & Rudd (2015), findings that, oral communication among healthcare providers and patients in an oral exchange and has significant impact on patients' health outcome.

Similar findings to that of this study was also established, Koprowska, (2020) every communication is set in context. Events and conversations that take place before a communication moment affect what is said, how it is said, and the meaning assigned to it. The verbal form of communication underscored, further means that, language is a center pillar of communication among health care providers and patients. Kuyini (2015), contends that, Language is any form or method of expressive or receptive communication of ideas.

Language is a communication tool that everyone uses in their daily lives as a means of passing on information and arguments to others. So, the healthcare providers and patients can understand each through language. However, the tone of language can influence the effectiveness of communication, if the healthcare providers express themselves in a tone that is not pleasing to the patients it can lead to dissatisfaction with the service even if the technical competence of the provider is good. This is in agreement with Klein, (2005) that, the manner in which health professional communicates has an effect on how care is perceived. When a problem-solving tone is used such as objectiveness, unbiased and politeness it might lead to high satisfaction. But when the healthcare providers tend to use directive tone to give order in an authoritative manner, and rudeness which could results in patients to having low service satisfaction.

The study also revealed further that, the second most used form of communication is the combination of the two. Evidence from the researcher's observation during the data collection, shows that, in fact 49 (19.6%) of the respondents were using both the verbal and non-verbal forms communicating with the patients. It means that, some of the respondents observed that, to ensure effective communication they must make use of the spoken words and unspoken words. This finding is in line with the findings of Wisner (1999) noted, the three-basic approach to a successful communication; she indicated,10% constituted communicated word, 40% occupied how words are said, and the remaining 50% covers non-verbal including body language. The findings are also in agreement with the Joint commission report (2018), to ensure effective health care provider patients communication, they should ensure effective use of verbal and nonverbal communication forms. The nonverbal dimension of linguistic content

overlaps with the verbal message to provide meaning in the communication context. This study finding is again similar with Ahmed (2020) findings that, women were more satisfied with health care providers' verbal and nonverbal communication in the labor room, related to their satisfaction with birth treatment. It means that for communication in a health institution like the TTH in Ghana to be effective both the verbal and non-verbal forms must be used to ensure maximum effective interaction among health practitioners and clients.

Again, centered on the findings, and similar findings, one can conclude that, the forms of communication in use at the TTH is not effective and that might reduce patient's care satisfaction. The non-verbal aspect of interacting with the patients plays significant role in patients' satisfaction with care, as postulated by patients when the respondent was asked about the nonverbal aspect of the care provider,

> *"Some of the them when they come in the morning, they will touch you touch your head to see if your body temperature is high"* (Patient at Trauma and orthopedic ward).

The statement means that, some of the patients feel very happy when a healthcare provider touched them. This can contribute to their satisfaction with the care being received. They will have sense of feeling that, they are being regarded as human beings with dignity. However, not all the healthcare providers at the tertiary hospitals have that communication edge of touching patients during their treatment as was revealed at the TTH. The above opinion is also observed by the figures below, the study revealed the

written form of communication to be 4.0% which means that, some of the respondents used written as form of communicating with the patients. The small number of respondents who used written form of communication, means their communication might not be effective since some studies are against this form of communication, hand-writing of the healthcare providers are sometimes not readable (Hart-Davidson et al., 2019). However, this form of communication is often used and understood by the healthcare providers themselves. To incorporate the written form of communication, the healthcare providers should ensure their hand-written is legible, the written skills of health practitioners should be enhanced to be more patient -centered writing since several studies are in line with this (Baram-Tsabari et al., 2017).

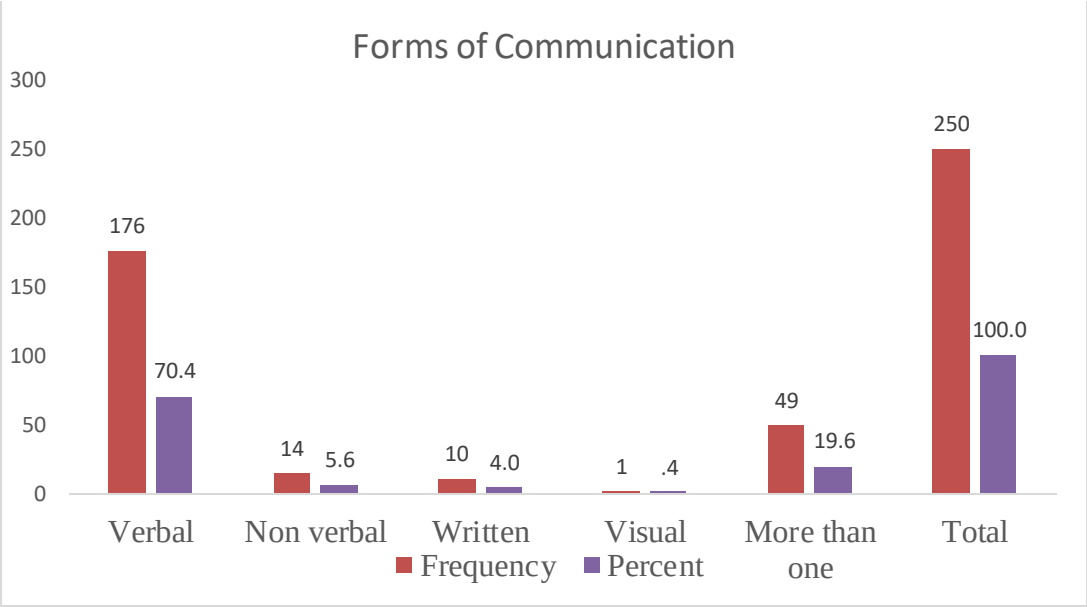

Figure 4.4: Forms of Communication

Source: Field Data, 2020

Information gathered from the participants during the interview session on the usage of verbal and non-verbal forms of communicating with patients. It was vividly lamented by a doctor that,

> *the verbal and nonverbal communication are very good when it comes to communicating with patients That's why I use them. Every Doctor is taught the basic communication. in medical school; how to interact orally and nonverbally with a patient Spoken languages. You can be an excellent doctor but if you cannot communicate well it can lead to many problems* **(**Doctor at Trauma unit).

The health practitioners reiterated the importance of both verbal and nonverbal communication when interacting with patients and that can lead to better health care delivery. It means that health practitioners who cannot use these forms might miscommunicate with patients which can lead to misinterpretation and misunderstanding of the treatment regimes. Lack of effective communication leads to many problems including patients ignoring the health professional advice. Effective healthcare provision and patient communication will be enhanced by using the appropriate forms of communication.

4.2.7 Communication Effectiveness

Communication as a crucial factor in the provision of quality healthcare contributes to patient loyalty and healthcare outcomes. In trying to understand the effectiveness of the

forms of communication identified in the study, a question was asked on the effectiveness of the forms used by the respondents in the study.

Figure 4.6 shows the various degree of the respondents' usage of the forms identified in the study. Respondents indicated the degree of effectiveness of the forms the study revealed. Per the Figure 4.6, out of the total respondents,119 representing 47.6% indicated their forms of communication as very effective, 113 of them representing 45.2%, 15 of the respondents representing 6.0% are averagely effective in using the forms of communication, whereas few of the respondents representing 1.2% are less effective in using the forms of communication.

These findings show that, 119 respondents in this study are using their forms of communication effectively. This study underscores the importance of the various forms of communication used by respondents. This research finding agrees with the findings of Alhassan (2018), which posits that, effective healthcare delivery can be achieved through effective communication.

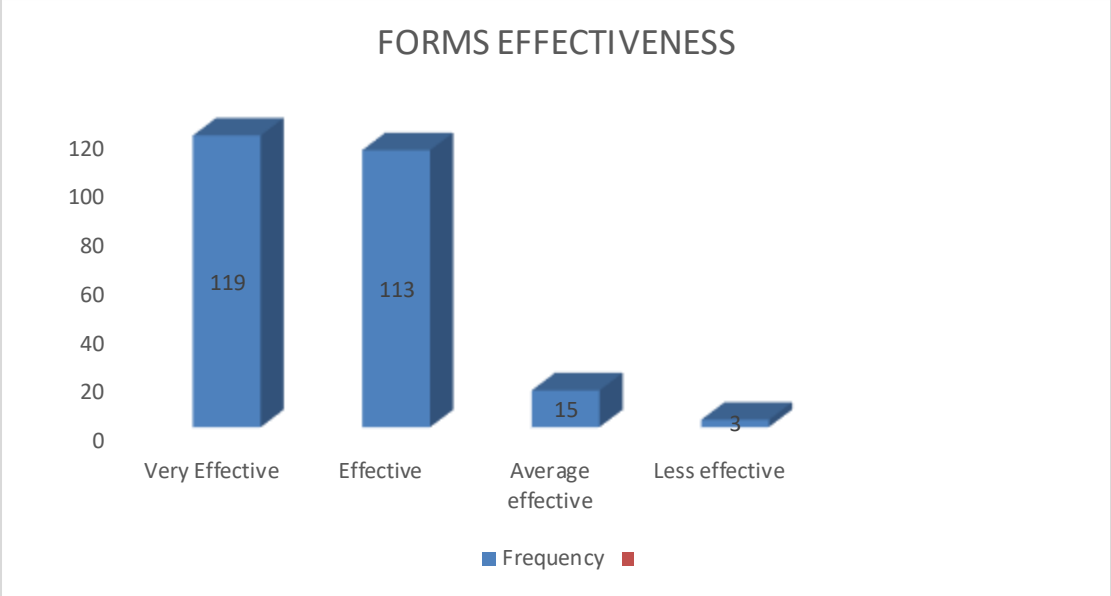

Figure 4.5: Communication Effectiveness

Source: (Field Data,2020)

4.2.8 Barriers of Communication

The importance of communication in health care provision cannot be underestimated. As Stokes (2017) indicated that, communication shortcomings are significant obstacles to the quality of healthcare services across the world. In his opinion, these obstacles could have deterioration effects including, anxiety and incorrect administrations, which in turn could lead to incorrect care, and also overall dissatisfaction with the service. In view of this, the study has revealed that, the communication barriers are segmented into three broad categories, the environment related barriers, healthcare practitioners related barriers and patients related barriers.

4.2.9 Health Care Providers Barriers of Communication

Information obtained from analysis of data gathered on respondents on barriers faced during their interaction with patients are shown in the figure 4.7. The findings have it that most of the respondents faced communication challenges. Majority 236 (92%) of the respondents surveyed faced problems when communicating with their clients. However, only few 19(8%) of the respondents did not have problems when communicating with clients. Communication is important in ensuring good quality of health care services, leading to patient overall satisfaction.

This finding could mean that, our healthcare facilities in Ghana are still facing communication gap in the discharge of their service, which is similar to other researchers lamented that, (Rao et al., 2020), tertiary hospitals faced barriers when communicating with patients. This can result in miscommunication with patients and incorrect diagnosis and treatment in general. Meanwhile, other studies have recommended that, health practitioners as communication facilitators should improve on their communication skills (Harrington et al., 2017).

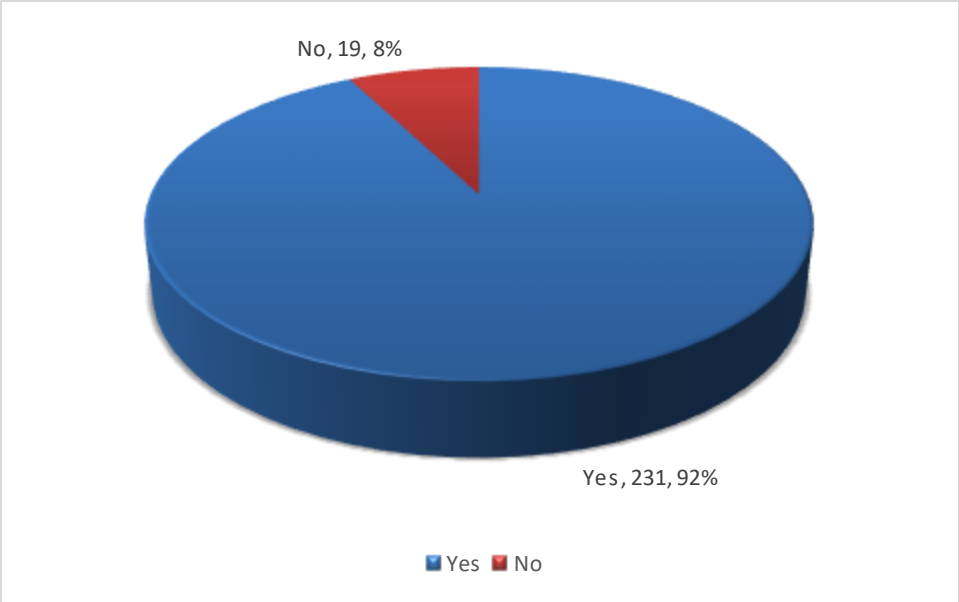

Figure 4.6: Health Care Providers Communication Barriers

Source: (Field survey data,2020)

4.3.0 Environment Related Barriers of Communication

Environment is part of healthcare setting and can hinder the communication. Analysis of the respondent's environment related barriers are showed in the table 4.2 below, the results indicated that, majority (154) representing 61.6% of the respondent's underscores environment busy nature to be a barrier when communicating with patients. However, 96 of the respondents surveyed representing 38.4%, did not consider the environment to be a barrier to their communication. It is not surprising that majority of respondents revealed to have faced this barrier. This finding means that, at the TTH of Ghana, the environment is not friendly enough to support the transfer of messages among the healthcare practitioners and patients. This means that poor communication will be hindering health care outcome and patient's satisfaction. Similar observation was made by Lugu et al., (2020**)** they lamented that, unstable environmental conditions

are of biggest challenges to effectiveness of communication. Other studies similar to this finding highlighted more deeper that, environment affect communication effectives more than language and culture in the context of organization (Miskam et al., 2020).

In the Table 4.2 below, the study further uncover noise to be one of the environmental conditions that impede communication. The survey shows that, majority (144) representing 57.6% of the respondents agreed that noise is a barrier to their interaction with patients. But 104 of the respondents representing 42.4% indicated noise is not regarded as a barrier to their communication. The revelation in this study is not surprising that majority of the respondents are facing communication challenges. Because the busy nature of the hospital with lot of patients and their relatives makes the environment so noise affecting the free flow of messages. It means that, once the environment is noisy it makes it difficult for patients and the health care providers to actively listen during the communication process. Again this, will even be worsen when the parties involved are having hearing impairments. In this regard, the study revealed that there exist provider-patients communication hearing lost as a result of the background noise. This result is similar with Reed et al., (2019) they posit that, in order to deliver healthy, quality, patient-centered services to aged adults who have hearing problem, an awareness of the influence of hearing problem on patient-provider interactions and methods to minimize the impact are needed.

Also, the study revealed lack of privacy to be one of the barriers of communications in the hospital. Majority of the respondents (74.8%) indicated that, lack of privacy in the hospital environment is a barrier to their communication. Whiles (25.2%) of the

respondents say lack of privacy is not considered a barrier when interacting with their patients. The results of the survey indicate that, lack of privacy was another barrier perceived by health care providers. Which means that, unstable environmental conditions are of the main barriers to effective communication. This finding is similar to other researchers' observation, Mendes et al., (2020) say that absence of respect for privacy is among factors disturbing the communication process.

Table 4.2: Barriers of Communication

Communication Barriers		Frequency	Percent (%)
Environment Busy	Yes	154	61.6
	No	96	38.4
Total		**250**	**100**
Noise	Yes	144	57.6
	No	106	42.4
Total		**250**	**100**
Lack of privacy	Yes	187	74.8
	No	63	25.2
Total		**250**	**100**

Source: (Field Data, 2020)

4.3.1 Healthcare Practitioners Related Barriers

The study revealed in the figure 4.8 below some of the perceived healthcare providers related barriers to communication. Effective interaction among patients and healthcare providers can be enhanced when there is free flow of information/message among them.

However, the perceived barriers are highlighted in the study. The study revealed that, majority of the respondents 223(89.2%) indicated lack of time on the part of providers, only 10.8% of 250 respondents did not ascribe to it. 134 (53.6) of the respondents agreed that gender difference is perceived as barrier to their communication, 116(46. %) did not have that perception. On the issues of cultural differences too, 148(59.2%) of the respondents have perceived that cultural diversity is a barrier to their communication, meanwhile, 102(40.2) out of the 250 did not share that perception. The survey analysis further revealed that, large number of the respondents 174(69.6%) have it that, language usage between the healthcare providers and their clients is indeed a barrier. Others mentioned 74(30.4%) that is not a barrier to them. Lack of trust 192(76.8%) was also observed in the survey analysis, whiles 68(23.2%) out of the 250 respondents did not perceive lack of trust to be a barrier to communication. It is surprising again that, the analysis presented status difference, of which 141(56.4%) perceived it as a barrier to communication, but 109(43.6%) out of the 250 perceived gender difference not to be a barrier of communication.

With the TTH as the only referral tertiary hospital in the five regions of the North, there is always pressure on the healthcare workers to attend to every patient. It is not surprising, the survey analysis show that majority of care providers perceived lack of time as a barrier, which affects the time taken to communicate effectively with their patients. In this case there is simple lack of time on the part of the healthcare provider to convey messages correctly. It is quite obvious that, effective communication will only take place in the context of time. This finding is similar to Obling & Pedersen findings that, diagnostic procedures have limited space of time available for patients (Obling &

Pedersen,2020). The findings are in line with this position means that, most of the tertiary hospitals in Ghana, are facing lack of time as barrier to effective communication. From diagnosis point, to the patients on admission will be facing the sufficient communication challenge. Other studies have reported the lack of sufficient time, is as a physical barrier to any activity Vandelanotte et al., (2019). This study perceived the lack of time as a significant barrier to effective communication at the tertiary hospitals in Ghana. The result was also guided by a study that shows that, shortage of nurses increases work load and there is also lack of time for effective communication Gyamfi et al., (2018). The survey analysis has established that, gender differences was also perceived as an important barrier to communication. Gender differences is one of the factors that determine communication between health providers and patients, apart from age, education and ethnicity (Calabrese et al., 2019).

This means that, there is a gender based-communication at the TTH. The gender of the patient influences the effectiveness of communication and the vice versa. There are differences in communication between men and women, and according to the analysis, this has affected the communication in accessing healthcare outcomes. The outcome of the analysis was in line with the findings of Gagliardi et al., who conducted research on barriers and facilitators in patient centered care (Gagliardi et al., 2020).

The study gives accounts of factors affecting communication, especially from the view point of health providers was cultural diversity. It is not surprising at tertiary hospital because both the health providers and patients came from different cultural backdrops which inherently affect their communication behavior. The global migration as well as

regional migration has made it quite easy for health providers to move from different regions and even countries to work at the hospitals in Ghana, and even beyond Tuohy (2019). The Cuban doctors who normally go to TTH for their field practicals is a clear case of the global integration in the health delivery. Also, the survey analysis in the demographics section presented the respondents various ethnic backgrounds which has indeed revealed in this as barrier to effective communication. This study underscores that, health practitioners will not come without their cultures, as much as the patients will not also come minus their cultures. Communication and culture are two side of a coin, as observed by Giger (2017), 'communication and culture are increasingly interrelated'. This shows that, both the verbal and non-verbal meaning interpretations are born by cultures. In this context, researchers observed that, our view of health is influenced and guided by our cultural experiences (Stock et al., 2018). In this regard, cross-cultural awareness efficient interactions are the core of effective service delivery.

The findings show that, communicating across their cultural variables presents a barrier to their meaning generation with communication messages. This means that, at our tertiary hospitals in the Ghana, some of the health providers are engaged in ineffective cross-cultural interaction which can have negative outcome for the clients, such as miscommunication, misinterpretation, misdiagnosis, and negative health outcome and satisfaction. These findings were in consonance with Soled observation that, language and culture are barriers to patients understanding and health outcomes (Soled, 2020). Other observation similar to this finding also opines that, even if language is not an obstacle, patients and health providers might experience diverse cultures and background that may affect their collective understanding (Leanza et al., 2015). Being

able to harness efficient communication among patients and service providers from various cultures is important to become interculturally competent.

In the observation of Arifin & Abuisaac (2017), language serves as a vehicle in which communication messages are transported and traded and even allow us to generate common understanding about the world. From Figure 4.8, the survey results analysis revealed that, language was perceived as a significant barrier to effective communication. This is not surprising as already expressed above, the healthcare centers are characterized by people (healthcare providers and patients) from different cultural and linguistic backgrounds. There is language misunderstanding, language difference, accent variation as an obstacle to effective communication (Rao, et al., 2020).

Any communication that takes place in the hospital happened in the context of language. It forms the bases of effective communication since language is a system of communication that health care providers rely either in the verbal or non-verbal codes to transfer information. In line with the conceptual framework, the affective tone of the provider is barrier to effective communication as posits by survey results. This finding is also observed by Rao that, misinterpretation of words by health care providers and patients due to different colloquial language (Rao et al., 2020). There is evidence from other studies that, even within the same language there is barriers to effective communication. When people speak the same language miscommunication could occur since people have difference in communication style. (Miskam & Ismail,2020). Miscommunication and misunderstanding are characterized by healthcare providers and patients due to language variation. More so, the finding is in harmony with Abdulai et

al. (2019) they found that, healthcare giver and patients in Ghana faced major problems in communicating their health problems due to dialectical variation and cultural differences. Language barrier was not only limited to the accent, but the communication style of providers or the use medical jargons at the hospital. It revealed from analysis, some patients who could not speak English but only Dagbani were also facing language barriers in the communication process. The only way the health providers could communicate to them was through interpreters. One non-English-speaking patient stated,

> *"I do not go to school so I don't understand English, some of the nurse speak Dagbani but some cannot, so does who cannot, when they speak English to me, I will be laughing, and sometimes they will speak Twi to me, the something because I don't understand that too. They sometimes ask the patients around to translate it for me".* (Patient at Female Ward).

The revelation clearly shows that, there is ineffective communication at the hospital because patients cannot speak English language. In that case, the respondent can only speak Dagbani, of which most of the care providers do not speak. Which means that, the client might not effectively communicate with healthcare providers who does speak Dagbani. What is analytically interesting here is that, language socialization (Jimma et al.,2017) in most cases will be compromised when the healthcare providers cannot speak the language of the community. This does not only reveal language variation as barrier, but rather poor communication since some of the health providers will have to speak through interpreters. The fear is that, the communication content might leak out. The

interpreter may not convey the exact message as intended by the health provider to the patient, which will have detrimental effects on the healthcare outcome and satisfaction. This assertion is in line with the observation that, using family members and unprofessional personnel who were not skill in making meaning of the medical terminologies could misinterprets messages to patients. Haines et al., (2019) therefore concluded that, in this era of ethnic and language diversity, there should be knowledge upscaling towards proper use of professional interpreters in our hospitals. In keeping with the language barriers between healthcare givers and receivers at the tertiary hospitals in the country, the researcher himself during the interview session in the female ward was asked to convey information to patient. The information was;

> *"Master you understand Dagbani what is she saying, tell her not to drink water she should wait I will tell her when she should drink water"* (Nurse at Female Ward)

The above statement is a clear case of evidence that was witnessed by the researcher himself during the interview's session. This means that, language barrier is a serious problem between the healthcare providers and patients at the tertiary hospitals in the country. This affects effective communication among care providers and patients at the hospitals in Ghana. In addition, it has highlighted the rate of healthcare providers overreliance on untrained or unprofessional interpreters who are often patients' relatives, or other healthcare workers or any person on visit. As this study is positioned to inform policy makers to take pragmatic steps towards minimizing communication bottlenecks between healthcare providers and patients, it has also raised ethical issues.

In the first place, the transmission of information by untrained interpreters from the patient to the doctor would rely on the communication skills of the untrained interpreters to relay the exact messages to the patients, and from the patients to the doctors. Secondly, it would also focus on the interpreters' medical skills to pass the exact medical terminology from the doctors to the patients and from the patients to the doctors. This means that, the lack of communication and medical skill on the part of untrained interpreters could lead to miscommunication, medical errors and wrong treatment.

Lastly, using unprofessional interpreters might compromise the issues of confidentiality in healthcare delivery since in most cases the interpreters are likely to give out health information to other parties which has the chance of affecting patient confidentiality.

A health provider who is an emergency nurse lamented,

> *"Sometime we do admit people here who cannot speak English but sometime they can only speak French and for me I cannot speak French so in that case it makes it difficult for me to communicate to that patient. Again, because TTH is the only referral hospital in this part of the country we admit people from Togo, Burkina Faso, and the like so it is difficult to those who cannot speak English. For me, I can only speak English and Dagbani, so when patients from the Upper Regions are rushed in who could not speak English, we have to use sign language to manage*" (Nurse at A and E Ward).

The above revelation by the respondent means that, most of the tertiary hospital in Ghana are faced with language as barrier to their effective communication most

especially at the emergency facility. It means that, majority of patients who visits the TTH hospital in Ghana are likely to faced language barrier on communicating their health needs, most particularly patients with limited English language proficiency. In view of this, they might be misunderstanding in the exchange of information among healthcare providers and patients, which can affect communication effectiveness and might lead to misinterpretation, miscommunication and misdiagnosis. The analysis of this results finding were also observed by researchers, emergency medical service (EMS) faced barriers which are divided into five forms, among them was barrier to effective communication (Sungbun et al., 2020).

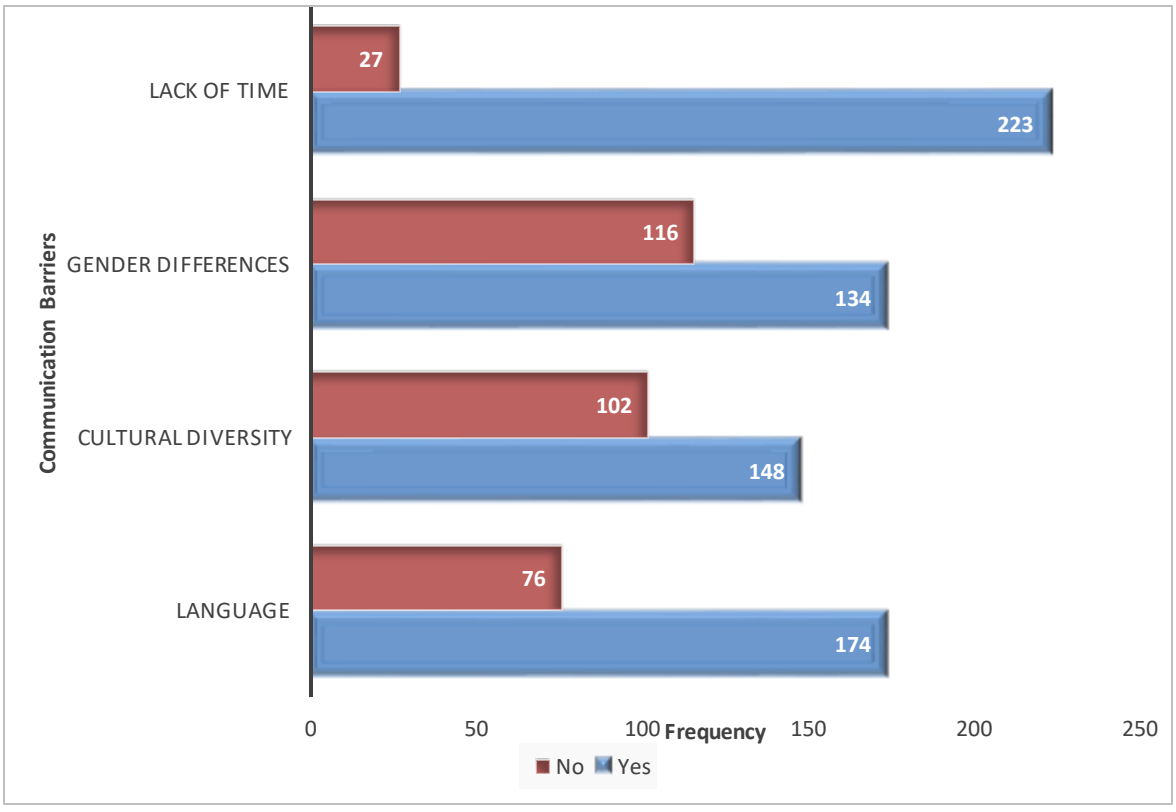

Figure 4.7.1: Care providers related Barriers

Source: Field Survey Data, 2020

4.3.2 Patient Related Barriers of Communication

This study also revealed some of the patients' related barriers that affect communication effectiveness as shown in the figure 4.9 below. As indicated in the figure, overwhelming majority of the respondents 142 (57%) surveyed said that, patient's anxiety, pain, and physical discomfort is one of the major barriers that affect their effectiveness of communication. Whilst 79 (32%) of the respondents interviewed, perceived family interference as one of the factors that was affecting their communication effectiveness. However, only 28 (11%) of the respondents mentioned lack of knowledge in the treatment process as problem to achieving efficient communication. The findings in this research shows that, certain constrain to communication are as result of the conditions of the patients, as can be seen in the results. This means that, when patients are in pain or in the state of anxiety for at the hospital, it affects their forms of communication effectiveness which will have adverse effect on the patient health outcomes. The result is in tandem with Rao et al's study which also revealed that, anxiety, pain and physical discomfort of patient were some of the patient barriers to effective communication (Rao et al., 2018). Other researchers have clarified in line with this study finding that, complaints of patients such as fatigue, pains, anxiety, stress etc. are some factors which hinder health care communication (Aghabari et al., 2020).

The qualitative analysis also revealed as one of the healthcare providers lamented,

> *"At times you can't blame the patients, because the pain is too much for them to bear, they wouldn't want to engage themselves in any conversation going on. In fact, whiles you are in pains and someone*

tries to even communicate with you, if you are the one how will you feel" (Nurse at Surgical Ward).

In line with this, another health provider indicated,

"*Even if it is me in that state of pain how will I communicate not to talk of effective Communication"* (Nurse at A and E).

The above statements mean that, when patients are in pain, it is very difficult if not impossible to engage in any form of conversation. Once the patients are in pains communication is compromised. In such cases, the health care providers are most likely to use their discretion to commence treatment and that can affect the health outcome. The views expressed by the respondents did not only reveal the inability of patients to communicate but also the challenge of shared meaning generation among the health workers and patients. In this regard, using non-verbal cues to interact with healthcare providers can be misinterpreted because the patient might not know he/she is doing. However, healthcare providers should consider the suffering of patients in an empathetic way and all the needs of patients must be managed.

Another constrain to effective communication perceived by the respondents was family interference. The way family interferes in the service delivery process affect the communication regimes with the patients. Sometime the health care providers got fed up with the family or care takers at the ward in their attempt to influence the treatment process. This has shown in the survey analysis to have affected communication effectiveness. Health care providers admitted that, family members frequenting

themselves in most of the procedures at the ward, and behavior exhibited by client relatives affects how they communicate with them (Amoah et al., 2019). This finding agrees with the conclusion made by Borhani, & Abbaszadeh (2014) who in their study found that health-provider communication is declining as a result of family interference. This provides the basis to justify that, family relative interference at the hospital is an obstacle to good communication.

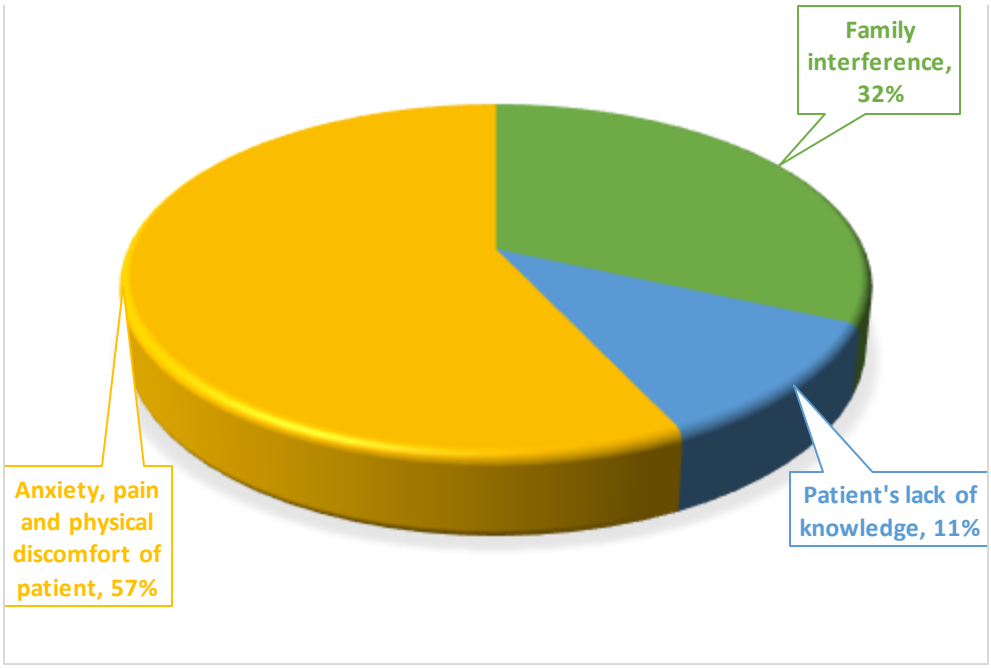

Figure 4.7.2: Patients related Barriers

Source: Field Survey Data, 2020

4.3.3 Ineffective communication system

The results from the above analysis indicate that, the current communication system among the healthcare providers and patients is not sufficient enough to meet the daily measure of effective communication needs of both parties in question. All the survey

analysis shown that, the current communication at TTH is ineffective because of the significant barriers that hinder the communication among healthcare providers and patients. Effective interaction among healthcare providers and patients demands a multi-faceted approach for a smooth transfer of messages from sender to receiver. Certain barriers must be reduced if not eliminated.

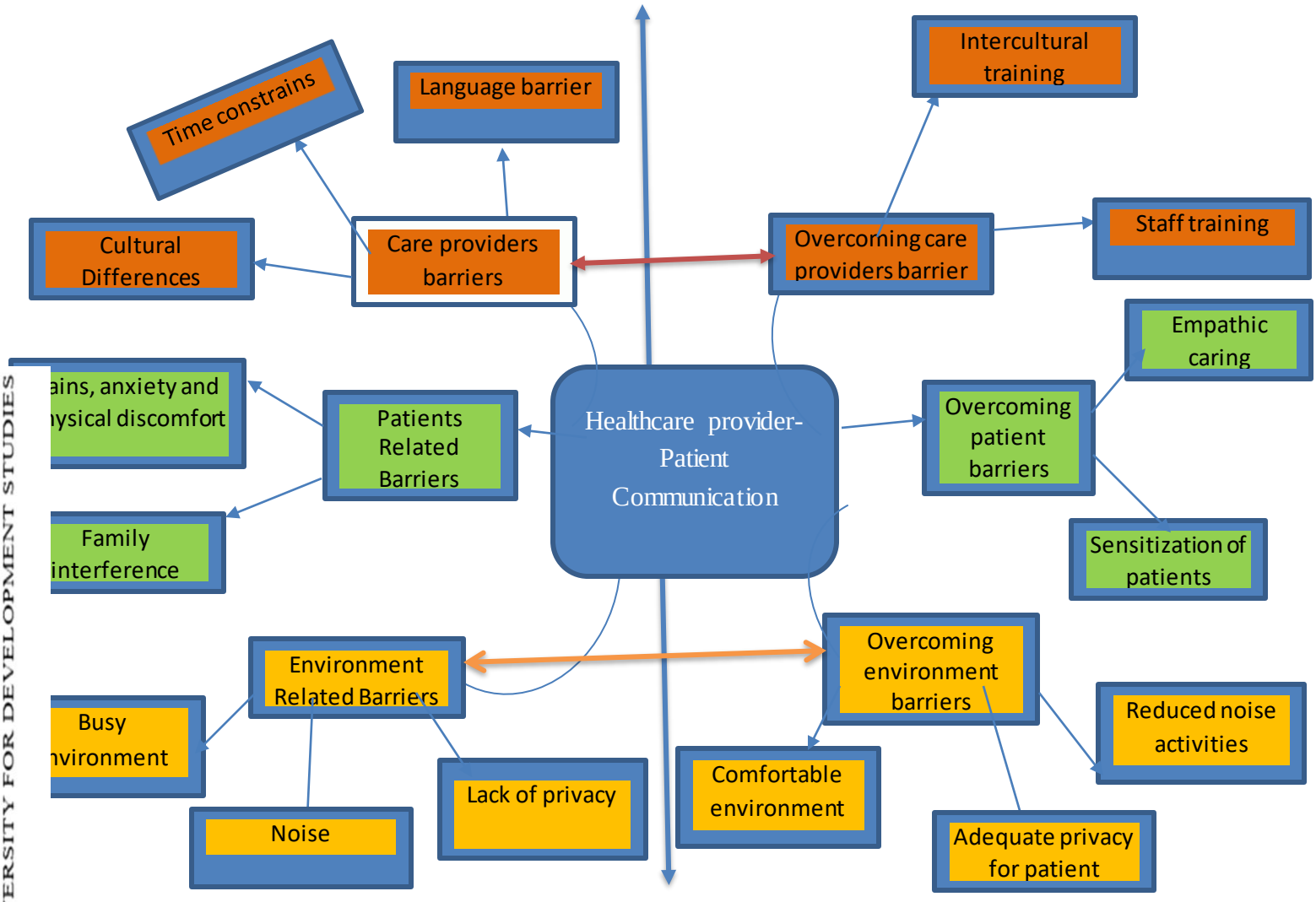

Figure 4.8: Proposed model for effective communication at TTH

Source: Researchers construct, 2020

4.3.4 Perspectives of Service Delivery on Care Satisfaction

This section of the analysis presents the perspectives of the respondents regarding communication and its related activities on service delivery at the TTH of Ghana. This part of the analysis is centered towards the interaction among healthcare providers and patients, and how this interaction or communication could either facilitate or impede patient's satisfaction with care, and health service outcome. To understand the perceived satisfaction the analysis presents the underlying factors for service delivery at TTH.

4.3.5 Components of Service Quality

This section of the analysis presents the views shared by respondents during the qualitative interview sessions. Based on the themes generated from the transcribed data. One of the themes that emerged was issue of time, which was already underscored above as barriers of effective communication. In this regard, quality of service analysis revealed time as a component of service quality. Patients perceived time as key factor of service quality at the Tamale Teaching Hospital. In light of this, a patient expressed that,

> *"It is worrying to me because, sometimes before Covid you will go OPD and you see the queue alone you feel like going back home, the doctors will not come to work on time. If not because sickness, what will I be doing here. They should come to work early enough because time is very important"* (Patient at Female Ward).

The view articulated by the respondent is not only worrying to patients but also causing them a lot of their time in accessing healthcare, which discourage some of them, as majority feel regret coming to the hospital. It also shows management failure to ensure that, healthcare providers on duty report on time. This nevertheless will not make the patients happy with such service, and hence their satisfaction with care.

Other patients added that,

> *"You will come to this hospital very early in the morning, hoping to get care fast, but is never so because all the sections are seeming to be delaying in everything you will always long time, is very bad for hospital like this*" (Patient at OPD).

The above submission by the respondent further postulated that, long waiting-time by patients at the hospital is indeed a challenge, as many of them become frustrated and always wish to get it to the attention of the management of how such delays affect them. This assertion has been confirmed by Hwang et al., (2019) that, reducing the time patients spent in waiting is a prerequisite for patients' satisfaction with service. Other researchers also shared the same view, and expressed that, waiting time is a significant factor in determining the quality of care (Elzubair et al., 2019). In this regard, the analysis established time as a determinant of satisfaction with healthcare service delivery.

In view of this, another patient added,

> *"Some of the nurses or doctors when they come to my bed they are mostly in rush to go away….. I think some of them do not have time to listen*" (Patient at Trauma and orthopedic Ward).

Extract from the data above, cast more light on the lack of time on the part of healthcare providers, and the significant difficulty it has on patient. The above statement further means, majority of the respondent are not comfortable with time the healthcare provider normal engaged with patients in health service delivery.

Furthermore, the constant comparison analysis of the data, indicates that, the staff at TTH performance was also underscored as an indicator of quality healthcare delivery, which influences patients care satisfaction. During the interview, some patients shared their views on the importance of staff performance. As respondent indicated,

> *You see the health workers need to work hard so that they can perform all the necessary task while on duty, some of the nurse when come, instead of them to work they will be on their phones. I think they should always monitor them.* (Patient at Female Ward).

The view expressed by the respondent implies that, service improvement was regarded as underlying factor for quality healthcare and patient's satisfaction. Again, it has also highlighted the need for the healthcare providers to do their best in the discharge of their duty. What is analytically interesting is the distractive tendencies of the technological devices on the part of healthcare providers at the TTH. In this context, quality with

service is achieved by persistent improvement on service offered by different department at the hospital, and its reflective on the attitude of service providers.

To further elaborate this, one patient added,

> *"The leaders have to do something about the behavior of some nurses…. They don't respect"* (Patient in the Trauma and Orthopedic Ward).

Again, the interviewee expression means that, the management have responsibility of making sure that healthcare providers should provide socio-psychological service to the satisfaction of patients, since respect is considered as dimension of healthcare quality.

The analysis shows that, performance of healthcare providers is deemed critical to quality of healthcare delivery. The results of the analysis posit that, most patients assess the quality of care based on the level of enthusiasm and commitment that medical staff attach to care delivery process. Other studies have confirmed that, staff performance on service delivery influences patient's perception of quality healthcare delivery in the hospital (Meero et al., 2019). Furthermore, a research was conducted in Jordan which concluded among other things that, service quality was perceived based on the hospital staff performance (Al-Hawary et al., 2011). This means that, service satisfaction is partly condition on staff performance at the hospitals.

4.3.6 Perceived Satisfaction of Service Delivery

Satisfaction with service is at the heart of every customer in accessing any kind of service. Patient satisfaction with healthcare providers interaction may indicate the level of health providers improved and competence in service delivery. Ensuring improved technical and interpersonal competence is important for healthcare providers to give their patients. In this regard, respondents were asked during the interview session on their perception about care satisfaction with the service. In view of this, a ward nurse highlighted,

> *Patient satisfaction I will say is of different levels, and communication is important…..so the satisfaction may vary….you know from one patient to another. Some of them I think might not be satisfied with our service since some of us will not take our time to explain things to them….. emmm for example we don't normally explain the conditions them and we don't even tell them the side effect of their drugs. This can make our patients to have problem with our service* (Nurse at Surgical Ward)

The respondent remarks shown that, communication is very critical in health service delivery and as well patient satisfaction. The assertion further revealed that, communication with patients is a complex one and satisfaction with patients too vary. It means that, when healthcare providers provide the right amount of information it increases the amount of satisfaction. This finding is in line with other research, that satisfied patients will be motivated to go the facilities again because of the service received Li et al., (2018).

Similarly, patients were asked about their satisfaction with the service delivery, a patient narrates,

> *"Yes, I am happy with how the nurse are treating me, because was brought in here with the help of my relative…. I could not talk but now I am talking to you"* (Patient at Female Ward).

The expression means that, some of the patients on admission were very satisfied with the treatment at the tertiary hospital. What is interesting here is, patients who were in critical condition and later became better off their condition were very satisfied with the technical aspect of care at TTH. This again means that, majority of patients' satisfaction are not conditioned on providers but rather their attention is in the relief of pain and solution to their problem. This postulation is consistent with researcher's observation Ostrem et al, (2019) that, the technical quality of care, provide convenient comfort, and overall satisfaction to patients. In respect to the technical competence of healthcare providers, a patient on long admission stated,

> "*They have to call doctors from other departments to come and help in the operation*" (Patient at Trauma Ward)

It means that, with regards to the technical aspect of care, some doctors do rely on the help of other colleagues to undergo a procedure at the hospital. This analysis means that, healthcare providers at the TTH seek technical support from each other in their service delivery. It also means that, when the situation at hand is critical healthcare

providers turn to team up for the task. This will in the end provide good satisfaction to patients.

Again, when respondents were asked out their perceived satisfaction with service delivery at the TTH, a patient lamented;

> *Two doctors are taking care of me here, I am very satisfied with their treatment, Dr. Wakasha and his colleague and they doing very well in terms of their treatment* (Patient at Female Ward)

The above statement shows that, the respondent was very satisfied with the technical competence of the healthcare providers. This means, some patients on admission are most likely to be content with treatment regime at TTH hospital in Ghana. In view this, some patients at referral hospitals in Ghana turn to be satisfied with the technical aspect healthcare providers treatment. This assertion is compatible with the findings of (Munusamy et al., 2019) who observed that, the quality of doctors is expected to reflect in their technical competence and effectiveness.

A question was asked concerning the interpersonal relationship with patients, a patient narrated;

> *Some of the nurse here when they talk to you feel very happy, some their even when they are going to undertake a procedure and is paining you well not even mind you, but other will say sorry before everything* (Verbatim comments by patient).

The above interview response indicated that, some of the healthcare providers are very conscious when it comes to their interpersonal relations with patients. It means that, healthcare providers who are empathic are likely to render satisfactory service to patients. This view was also held by researchers they indicated, the service quality dimensions such empathy has positive and significant relationship with patients' satisfaction (Egbon & Agbonifoh,2020). However, the comments also have it that, some of the healthcare provider does not show a human face in the discharge of their duties. This could mean that, there is direct relationship between patients' satisfaction and the healthcare providers interpersonal relationship.

Some patients have this to add with regards to satisfactory communication, when again a question during the interview concerning his area of satisfaction with the healthcare providers service delivery, he expressed that,

> *Most of them sometimes they came and they gave me inspirations, they will tell you there is still more chances you of walking again don't give up and sometime it makes my spirit stronger, and then some can come and they will tell you that others came with problems even more than this, but with God grace they were able to go out of it successfully so with the same grace that was able to sustain them will also help me to walk again* (Patient at Trauma and orthopedic Ward).

The expression above shows the significant role that communication plays in healthcare delivery not only the ability to explain health related or treatment regime to patients it

also makes them happy and satisfied, but it also helps in boosting the confidence and the morale of patients and showing them hopes, love and care in their hospitalization period. It also means that, the healthcare providers at tertiary hospitals in Ghana should engage in motivative communication with patients, since that will help in strengthening their motives toward treatments. In this regard, this communication aspect will help provide the emotional dimension of care as well as physiological support to patients. Again, it means that, with right conversation, small talks, or good humor, healthcare providers can help distract their patients from their worrying thoughts about their conditions. As healthcare consciousness, a positive attitude could help patients with chronic pain heal their mind and body and will help enhance patient's recovery at tertiary hospital in Ghana.

However, some patients pointed out,

> "*I am not happy because they are not discharging me…. I want to go home I'm now fine, yesterday when they came, they said they will discharge me and they are not discharging me… this afternoon the same story"* (Patient in Female Ward).

The above submission by the respondent here means that some of the patients even when they are satisfied with the technical competence are more likely to be dissatisfied with other things, for instance staying long on admission. This could mean that, majority of patients on admission will no longer cooperate with healthcare providers and the treatment because they are fed up of staying in the hospital environment. What is analytically interesting here is that, the long waiting for discharge causes dissatisfaction.

Many of patients in this kind of situation might pretend to be fine and communication with regards to treatment will be compromised because of the zeal to be discharged. This observation is confirmed by Dresen et al., (2020), they said long waiting time for discharge can cause dissatisfaction for the patients who might be frustrated. Again, a question was asked about their dissatisfaction with the service received, the qualitative analysis revealed as stated,

> *I will say maybe that might be today because I was expecting to go to theater today for my second surgery, so sometimes they will tell you that, you are not supposed to eat or eee certain times…. So I was her when from 8am to 12pm one of the doctor came out from the theater and told me that they are running short of oxygen so they cannot send me in, so it means today I will not be going, so I was just here when they came and picked some patients and send them in. and then they told me we are running short of oxygen mean while some of then used oxygen when they entered* (Patient in Trauma Ward).

Extract from the interview discussion with patients shown the level of dissatisfaction that patients are faced with when their appointed day of treatment is compromised with some flimsy excuses from the healthcare providers. It has also cast light on the extra pain the patients will have to go through for several hours of not eating this alone can caused the patients of their lives. The comments by the respondent does not only represent the degree of their disappointment but also demonstrate the present of favoritism and injustice in the healthcare service delivery. This has the potential of affection other aspects of healthcare delivery including effective communication and service satisfaction. This observation is similar to the research of Salehiparsa et al,

which underscores that favoring other patient emerged as a barrier to the ethics of justice in healthcare delivery (Salehiparsa et al., 2019). This means that, favoritism in the hospital industry has the potential to ignite conflict in the healthcare service delivery among healthcare providers and patients as a result of affiliated patients service delivery.

In furtherance with this argument the patient further hinted that,

> *"I felt very bad today my body just became hot, I was disappointed and felt very very bad"* (Patient at Trauma Ward).

Here again, shows clearly that some patients condition in the hospital gets worse off when they felt disappointed on their treatment regimes. In such case at the tertiary hospital in Ghana large number of patients might not be satisfied with services rendered because some of the health professionals are not keeping to their appointment date with their patients.

The English-speaking patients who understand the healthcare providers communication, sometimes are felt dissatisfied with the comments from the healthcare providers. The qualitative analysis revealed that,

> *Sometime they speak and feel I discourage but I just believe that God can help me out, is just that they will speak their minds according to medical things*
> (Patient in Trauma and orthopedic Ward)

The revelation here means that, at the tertiary hospitals in Ghana some of the healthcare providers are not adhering to the ethical codes of communication. Certain utterances by care providers are potential enough to discourage patients on their treatment, and this nevertheless will result in patient's dissatisfaction with care service. It also shows that some patients are off moral standing in accessing their health needs and believe God can held them. This again means that, such statements from healthcare providers in Ghana can plant scary thoughts in the minds of patients, and that could reduce their level of satisfaction.

4.3.7 Predictors of Patients' Satisfaction with Service Delivery

In addition, a multiple linear regression analysis was used in this research to examine the dimensions of service quality, regarded as independent variable while patient satisfaction as dependent variable. This regression analysis serves as research analytical tool used to determine variable score as against another score. The main rational for multiple regression analysis is to discover many relations among many independent or predictor variables and a dependent variable using $p<0.05$ as statistical criterion.

Table 4.3 ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	99.680	3	33.227	231.783	.000
Residual	35.264	246	.143		
Total	**134.944**	**249**			

Source: Field survey data, 2020

In the table above, 0.00 was the seen as the significant values and less than 0.05 fit statistical for determine how interpersonal relation, communication competence, and technical competence could have on patient satisfaction at the TTH. The multiple regression analysis was to establish if there is a relationship between the variables. The model used R^2 as adjusted value of 0.74. This means that, the model is good in determine 74% of variations of the independent variable on patient satisfaction. Invariable, the three variables appear to be predictors of patient satisfaction of services at the Tamale Teaching Hospital, and the T values means that these dimensions are high indicators of patients' satisfaction.

Table 4.3.1 A Multiple Linear Regression on Dimension of Service Quality on Satisfaction

Predictors	Patient Satisfaction				
	B	SE	Beta	t-value	Sig
(Constant)	.442	.089		4.989	.000
Communication Competence	.354	.019	.985	18.440	.000
Interpersonal Relation	.098	.014	.319	6.996	.000
Technical Competence	.029	.026	.061	1.109	.268

Source: Field survey data, 2020

The study conducted multiple regression analysis of dependent variable and the independent variables. From the Table 4.3.1. If all the variables are kept constant, an improvement in the communication competence will lead to a 0.354 increase in patient satisfaction at the TTH. An increase in health professional's interpersonal relation led to a 0.098 increment on patient satisfaction at TTH, a unit improvement in technical competence leads to a 0.029 increment in patient satisfaction. The analysis implies that, the communication competence of the healthcare providers contributes more to patient satisfaction with services at the Tamale Teaching Hospital followed by interpersonal relation, whiles technical competence contributes the least to patient's satisfaction at the TTH.

At 5% level of significant and 95% level of confidence, communication competence had 18.440 level of significant, interpersonal relations showed a 6.996 level of significant, technical competence shows a 1.109 level of significant.

Table 4.3.2 Coefficient of Determination

Model	R	R^2	Adjusted R Square	Std. Error of the Estimate
	.859(a)	.739	.735	.37862

Source: Field survey data, 2020

The three independent variables (communication competence, interpersonal relation and technical competence) that were used in the model explain only 73.5% of patient satisfaction at the TTH as presented by the R^2. The three independent variables contributed about 73.5%. to patient's satisfaction at the TTH, whiles other factors not studied in this research contribute 26.5% to patient's satisfaction on the service delivery at the TTH. Future research should be conducted to uncover other factors (26.5%) that contributes to patient's satisfaction with the service delivery.

4.3.8 Communication Ethics on Healthcare Service Delivery

Patient- centered communication should be at the heart of every hospital in ensuring ethical obligation of healthcare providers and improving quality communication in the discharge of their duties. As a result, this part shows the findings and discussion of respondents on examining their ethical communication with patients or clients at care facility. The views and disposition of healthcare providers on communication ethics are

presented in this section. This section also contains results and analysis conducted to examine the ethical communication by healthcare providers on service delivery. The section is positioned to presenting findings of the survey addressing objective four (4) examining the ethical communication between healthcare providers and patients on service delivery.

4.3.9 Healthcare Providers Knowledge on Ethical Communication

Ethical communication problems are being underscored by healthcare providers, meanwhile only few people are aware of it in the healthcare facilities. In this regard a question was asked to ascertain the knowledge level of patients on ethical communication in their professional conduct.

The descriptive statistical analysis of the results as shown in the figure 4.11 below, clearly demonstrated that overwhelming majority of the respondents 241, representing (96.4%) out of the total 250 of the respondents have basic knowledge on their ethical communication. whiles only few of the respondents (3.6%) have no knowledge of their communication ethics at the hospital. The results are not surprising because most of the respondents in one way or the other might have come across it even if they are not taught in school or during their orientation as healthcare professionals. The finding presented means that, good number of healthcare providers in our tertiary hospitals in Ghana are ethical guided in their professional behavior and actions. The evidence demonstrated in the analysis portrays the ethical competence healthcare providers have, and are expected to provide good quality and patient-centered communication care to patients (Kendal et al.,2018). In this regard, this current study is asking if indeed healthcare providers are

keeping to or even using what they know on ethical communication in their day-to-day profession. This is evidenced from the levels of dissatisfaction incurred by patients. Patients' dissatisfaction is often mirrored and reflected in health practitioners poor ethical conduct (Mawet et al.,2019). However, medical ethics cannot be compromised. The analysis has revealed that few respondents (3.6%) do not have knowledge on basic communication ethics. This means avoidable errors are likely to characterize in tertiary hospital in Ghana. Meanwhile, several reports and research finding have highlighted the errors caused by healthcare providers leading to loss of many lives. Word Health Organization (WHO) have found that, health care error is by far the leading cause of death in the word. The healthcare providers should be constantly remaindered through workshops, seminars, etc. to deepened their knowledge on medical ethics.

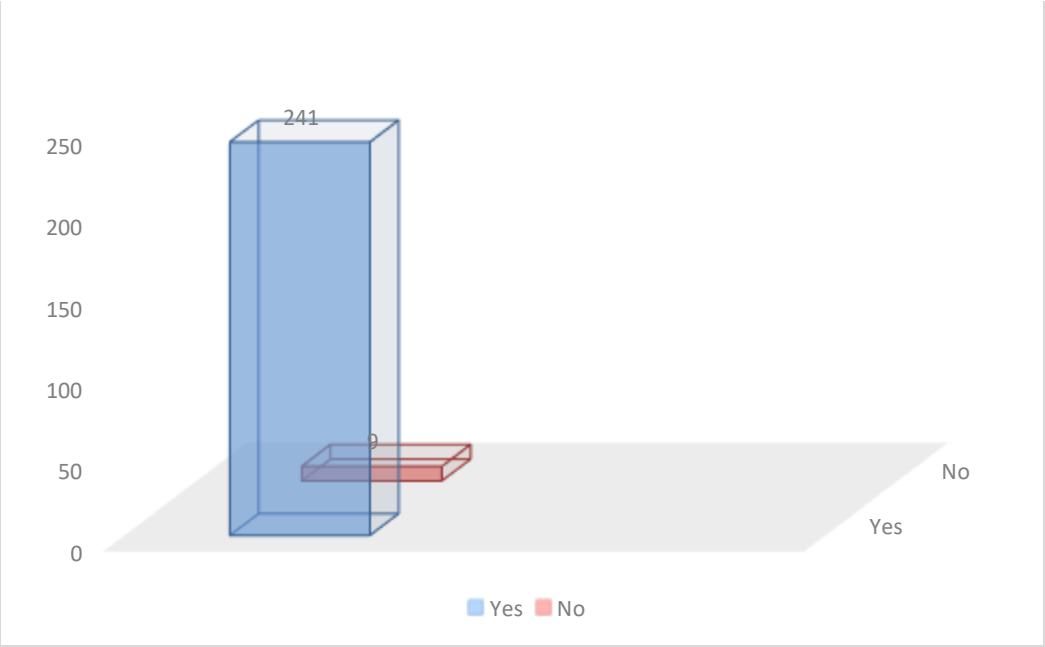

Figure 4.9: Respondents knowledge on ethical communication

Source: Analysis of field survey Data, 2020

4.3.10 Ethical issues in Communication

Healthcare ethics committee (HEC) or hospital ethics committee is usual characterized as a body of persons duly established by a hospital or health institution and assigned to make decision, study, reports on ethical issues that arises in patient care (Razeq, 2019). Information was obtained from analysis of data gathered on respondents concerning hospital related ethical issues. In trying to find out the state of the tertiary healthcare facility certain questions were asked. On the issue of hospital ethical review committee, the results of the analysis reveal that, most of the respondents are much aware the presence of an ethical review committee as shown in the Table below 4.4. It has it that, (51.6%) majority agreed to the question, and 14.4% of the respondent disagreed, whiles the remaining 34.0 do not have any idea concerning that. The results of the analysis further have it that, majority of healthcare providers at TTH of Ghana have knowledge of the existence of such important unit in the discharge of healthcare service. The committee is strategic to providing consultation service to patients on any medical conditions that require communication service. This would be very helpful for patients in addressing ethical issues that may arise in their care and accelerate sound decision making. This research finding was also observed by Milliken, et al., (2020), that healthcare providers were more likely to request ethical consultation in their communication. It means that healthcare providers at tertiary hospitals are more likely to consult HECs in case of need.

The survey results also revealed, when respondents were asked about the standard procedure for addressing ethical issues in their day-to day professional work. As indicated in the Table 4.4 below, 99 respondents representing (39.6%) know or have an

idea about the standard procedure for addressing ethical issues, only few (13.2) out of the 250 respondents says that there is no standard procedure, whiles majority (47.2) surveyed have agreed that, they don't know. The results in this study reveal that, significant majority are unaware of standard procedures for solving ethical problems. This was in line with a study that, 15% of healthcare providers consult the HEC (Agich, et al., 2008). The study suggests regular formal education for healthcare providers on the importance of the HECs at health institution especially the tertiary care institutions.

It can also be established base on the results that most of the healthcare at tertiary hospitals in Ghana are likely to consult colleagues when they are faced with ethical issues. This may in long run affect the care outcome.

As illustrated in the Table below 4.4, a question was asked to 250 respondents, on how often they faced with ethical issues in their professional duties. Analysis of the results have it that, 17 respondents (6.8%) rarely face ethical issues, 72(28.8) of respondents very rarely face ethical issues as well. However, some of the respondents frequently and not frequently face ethical issues 8(3.2%) and 153(61.2%) respectively. It means that significant majority of healthcare providers are not faced with ethical issues with patients, whiles a higher proportion respondent has ever faced with ethical issues. The finding is similar with other researcher findings that observed that, healthcare providers (64.0%) were ignorant about existing s procedure for dealing with ethical dilemmas (Ivanc et al.,2020).

Table 4.4: Ethical communication dilemmas

Respondents Ethical Communication Dilemmas		Frequency	Percentage (%)
Does the hospital have ethical review committee?	Yes	112	51.6
	No	36	14.4
	I don't Know	85	34.0
	Total	**250**	**100.0**
Does the hospital have a standard procedure for addressing ethical issues?	Yes	99	39.6
	No	33	13.2
	I don't Know	118	47.2
	Total	**250**	**100.0**
How often do you face with ethical issues in your professional work?	Rarely	17	6.8
	Very rarely	72	28.8
	Frequently	8	3.2
	Not Frequently	153	61.2
	Total	**250**	**100.0**

Source: Analysis of field survey Data, 2020

4.3.11 Ethical Issues in Healthcare Communication

Ethical communication is at the center of health care provision. Such health communication practices inevitable pose multiple ethical issues, especially because they deal with people (healthcare providers and patients) interests and social values that are firmly held directly or indirectly. As a result, this part of the analysis explored the ethical issues in the medical practice.

In this study ethical healthcare communication is defined as communication that is focused on honest, polite, clear and compassionate. Ethical communication promotes and advances patients' goals, whiles inattention to communication could lead to misunderstanding and mistreatment. Invariable ethical communication can be challenged; hence this part of the analysis seeks to look at the ethical issues in medical care situation.

Statements on the underlying constructs characterizing healthcare providers on ethical principles were established in this study. Care providers and patient's ethical engagement was measured on a Likert agreement scale as 1= strongly agree; 2=agree; 3= neutral; 4= Strongly disagree, 5= disagree. The mean score (M) for each statement was measured and one sample t-test applied to determine the representatives of the sample mean.

4.3.12 Healthcare Professional's Confidentiality towards Medical Ethics

Results of one sample t test on ethical communication of healthcare professionals in the discharge of their duties are presented in Table 4.5 the results depict respondent's agreement mean score (M) on their ethical communication between healthcare providers and patients. As shown in Table 4.5 analysis of respondents' agreement score on confidentiality demonstrates that respondents generally agree with the statement 'I have to protect the confidentially of my patient during their treatment' (M= 2.0; SD= 1.8; t= 20.3), 'I protect the privacy of my patients' (M= 2.0; SD= 1.8; t= 19.4) at 5% level of significant.

The descriptive statistics results demonstrate clearly that, healthcare providers at the tertiary hospital in Tamale TTH practice medical ethics of confidentiality with respect to their service delivery. Confidentiality is part of the critical issues of healthcare provider-patient relation. Keeping and breach of confidentiality because of certain peculiar consideration is widely examined and intensified upon in medical code of ethics (Abubeker et al., 2018). There has been insurmountable debate among health experts' researchers on whether or not healthcare providers should disclose information pertaining treatment to patients or relatives. In keeping with the debate, researchers have found that, 24% of healthcare professionals disclosed patient's information without his/her consent (Abubeker et al., 2018). However, in this study the finding reveals that, generally healthcare providers may not disclose any patient information without the patient's consent. The finding was also observed (Gora et al., 2007) in their findings, 93% of the respondents regarded confidentiality to be significant whereas 37% were in favor of disclosing information to relatives about patients' conditions. Confidentiality

is so important in ethical communication; the primary justification is that without assurance on the part of healthcare professional that patient's sensitive information would not be unnecessarily disclosed, patients might not seek healthcare providers' help and advice (Tamin, 2020).

This has revealed privacy to be an ethical obligation, since patients have an inherent right to make decisions regarding matters involving them, insofar as such decisions do not injure or harm others in the hospital. As shown in the table the mean agreement score shows that, representative of respondents agrees to the ethical communication of privacy. It means that, informational privacy of patients is protected at tertiary hospital in Northern Ghana (TTH). In view of this finding, TTH hospital in Ghana should have conscious effort to protecting the privacy of their patients.

4.1.2 Ethical Communication of Autonomy

The communication dialogue between healthcare providers and patients on decision-making targeted towards promoting ethical principle of respecting patients' autonomy. According to the international and National regulations, autonomy must always be respected in all aged patients with sound mind. In the provider-patient relationship, the role of showing respect for patient's autonomy indicates that, patients should be given the needed information from their healthcare providers concerning their illness, treatment and prognosis, timely and appreciated manner that enable them to make adequate decisions in consultation with healthcare providers, patients have the right to choose their own degree of participation (Brezis et al., 2020).

Results of respondents' agreement score on the statement portraying medical communication ethics towards the principle of autonomy as presented in Table 4.5 illustrating healthcare providers concern on medical ethics. With average agreement rank score of 3.0 (SD= 1.7; t= 19.8) respondents generally have neutral agreement to the statement 'Patients have the right to self-determine their kind of treatment'. This indicates that healthcare providers at TTH in northern part of Ghana did either agree or disagree with the autonomy of communication in the discharge of their duties. Respecting patients' beliefs and values is autonomy obligation of the physicians (Duffy et al.,2005). This ethical principle could easily be compromised by majority of care givers, since respondents' agreements is neutral as shown in the table. However, other studies have shown that, healthcare providers (69%) had poor knowledge regarding autonomy and gave a mixture of responses on patients' rights (Abubeker et al., 2018). Others have observed that, the application of treatment choices by patients-centered care requires that patients' values are important and medical advice is also important (Coggon, 2016). Similar studies have shown that, there should be balance in the involvement of healthcare professional and patients regarding decision making in the treatment process (Birkelund et al., 2020).

4.1.3 Ethical Communication of Justice

Healthcare providers communication should adhere to the principle of justice. Be as it is, results of respondents' agreements score on the statements illustrating the ethical communication of justice among healthcare providers and patients at the tertiary hospital. As shown in the Table 4.5 below, 'My communication is equal to all class of patients' (M= 1.7; SD= 1.8; t= 23.3), 'I communicate equally to patients irrespective of

their ethnicity' (M= 3.0; SD= 1.7; t= 19.8). The mean values of these statements imply that, respondents were generally strongly agree and neutral respectively. With the statement, the results indicate that, health professionals were very passionate about communication to all class of patients, poor or rich, educated or not educated as this promotes effective communication at the tertiary hospitals. In a recent study which looked at the healthcare policy dimension on 'commit to sit' which help to promote communicating with patients, found that, the effect of care providers successful communication is vital in keeping the main goal of health care which comprises reducing the pains and suffering in few minutes, which can promote patient's recovery (Key, 2020). With respect to justice in health care, researchers (Wardani, et al., 2020) has subdivided justice into three categories; distributive justice, right based justice and respect for morally accepted laws (legal justice).

4.1.4 Ethical communication of Beneficence and Maleficence

Medical practice should go alongside with ethical practice as well. Invariably our understanding of ethical interaction of healthcare provider-patient should be conditioned on medical ethics, that would help in providing satisfactory service to patients.

Distribution of agreement ranks score of statements portraying the beneficence and non-maleficence of respondents on ethical communication is shown in the Table 4.5. As shown in the Table respondents surveyed agreement score (M = 2.1; SD = 1.8; t = 18.1), with the statement 'Healthcare providers actions should benefit patient'. Similar concern captured by statement 'I communicate compassionately to my patients during

their treatment' with average rank score of 2.0 (SD= 1.7; t= 20.5) portray that this view is widely held among respondents. The analysis off the statement shows the general agreement to the fact that, the ethical communication of beneficence is generally practiced by healthcare providers in dealing with their patients. During the interview session a ward nurse underscored that,

> *"The way we (healthcare providers) communicate is very important, because our communication should be relieving to the patients"* (Nurse at Trauma Ward).

The assertion by the respondent means c that, health providers have knowledge of ethical communication in service delivery. The view also means that, communication is a powerful tool in contributing to relieving and recovery of patients. This view was also held by researchers on the principle of beneficence that (first of all, do no harm), the principle asserts further that, each action of healthcare providers must be good than harm to the individual patients (Brownson et al., 2017).

Notwithstanding, on the ethical communication of non-maleficence which is closely related with beneficence. This is illustrated by the analysis of respondents on agreement rank score on the statement 'Healthcare providers communication should not harm patients' with a rank score of 1.7 (SD= 1.7; t= 24.6) as shown in the Table 4.5. This demonstrates a strong agreement among respondents regarding the view of healthcare providers on ethical communication of non-maleficence. The findings show that, respondents are generally holding to the communication that not cause harm to their

patient in the discharge of their duties. This finding of non-maleficence is also held by Dall'Agnol (2016), who asserts not causing any harm, such as emotional pain and physical pain to patients.

Table 4.5: Principle of ethical communication in healthcare service

Statements	M	SD	T	df	P<0.05
I allow my patients to recognize their best interest in the treatment process	2.1	1.2	11.5	249	0.0
I communicate equally to patients irrespective of their ethnicity	3.0	1.7	19.8	249	0.0
I protect the privacy of my patients	2.0	1.8	19.4	249	0.0
I respect my patients right during treatments	2.0	1.7	20.8	249	0.0
I patients have the right to discontinues treatment	1.8	1.7	23.8	249	0.0
I have to protect the confidentially of my patient during their treatment	2.0	1.8	20.3	249	0.0
Patients have the right to self-determine their kind of treatment	3.0	1.7	19.8	249	0.0
Healthcare providers actions should benefit patient	2.1	1.8	18.1	249	0.0
I communicate compassionately to my patients during their treatment	2.0	1.7	20.5	249	0.0
I communicate impartial and fair to my patients	1.7	1.7	26.1	249	0.0
My communication is equal to all class of patients	1.8	1.7	23.3	249	0.0
My communication should be truthful to my patients	1.9	1.6	24.5	249	0.0
Healthcare providers communication should not harm patients	1.7	1.7	24.6	249	0.0
Hospital staff needs regular training on communication ethics	1.5	1.6	34.8	249	0.0

Source: Analysis of field data, 2020
1= Strongly agree, 2= Agree, 3= Neutral, 4= Disagree, 5= Strongly Disagree

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This part of the thesis highlights three sections covering the summary of findings as well as conclusions drawn from the study and appropriate recommendations made from the major findings of the study.

5.1 Summary of the findings

Communication during service provision is pivotal in the context of health care. The Ministry of Health in collaboration with other service providers (Ghana Health Service, Teaching Hospital etc.) among others are major institutions for achieving quality healthcare by ensuring patient-centered care to patients. The study conducted and examined healthcare provision and patient communication on services at TTH.

5.1.2 Summary of Major Findings

The following are summarized based on the objectives that defined this study.

5.1.3 Forms of Communication

The results of this objective from both the quantitative and qualitative respondents, it was revealed from the study that, all the healthcare providers do engage in using a number of forms of communication when interacting with patients at TTH. The study shows that, in healthcare situation both parties must be engaged in any form or mode of communication before treatment can commence. Several forms of communication among care providers and patients were highlighted in the study, which include the

following, verbal, non-verbal, and writing forms of communication. Majority of care providers were using the verbal form communication, whiles only few of them are using both verbal and nonverbal communication.

5.1.4 Barriers of Communication

Results from the study show that, healthcare providers at TTH in Ghana are still facing barriers when interacting with patients irrespective of communication forms used. Also, the results have indicated that, healthcare barriers are not only limited to provider-patient. The study revealed three main barriers to communication at the TTH. Firstly, environment related barriers of communication, secondly, healthcare provider related barriers to communication and finally patient related barriers to communication.

5.1.5 Perceived Care Satisfaction of Service Delivery

The results of the analysis imply that, patient's satisfaction with care provision is determined by many factors. In-depth interviews with patients indicate that, time was important when it comes to service provision. In this context, it was well noted that quality of service is influenced by persistent improvement on service rendered by various departments at the hospital, and its reflective on the attitude of service providers. Again, patients perceived the communication to be very important when it comes to service satisfaction. A n emergency nurse stated that, when the technical aspect of provider is good and the communication is not good, they felt dissatisfied with the service.

5.1.6 Ethical Communication between Healthcare Providers and Patients

Analysis of healthcare providers ethical communication in the service delivery revealed that, majority of respondents are aware of basic communication ethics in medical care. The results of the study on principles of ethical communication between care providers and patients demonstrates their generally agreement mean score rank on confidentiality, justice, beneficence and maleficence. The results underscore these principles as critical in ensuring ethical communication between healthcare providers and patients at TTH.

5.2 Conclusion

Effective communication is at heart of healthcare service delivery, and a criterion for pre-determining patients' satisfaction with service delivery at tertiary hospitals. Healthcare providers and patients have acknowledged the importance of communication in lubricating the interactions among them. In view of this, ensuring effective communication in health care is both demanding and challenging because of the nature of parties involved.

The study juxtaposed the various modalities of communication that are among healthcare providers and patients at the study area. It is clear in the study that, the communication path-ways are critical in determining service quality and client's satisfaction. The verbal and non-verbal forms of interactions are inherent at care centers and such, serves as a vehicle for communicating and understanding of health needs.

The study also uncovers some perceived barriers that affect the smooth flow of communication messages among care providers. Some of the perceived barriers came from patients, healthcare providers themselves and the operational environment.

Patient satisfaction is an important indicator of good care provision. Healthcare providers and patient's perception of service satisfaction is multi-dimensional ranging from communication competence to interpersonal relation and technical dimension of service providers.

Service satisfaction in many countries particularly in the developed world is one of the benchmarks used to improving their health care system. Be as it is, ethical practice of communication is one critical layer of determining patients service satisfaction. The study has it that, when health care providers uphold the medical ethics of communication, patients would be more secured to communicate and that will enhance effective provider-patient communication. The study concluded by asking, **could there be any proper health care provision minus communication?**

5.3 Recommendations

Drawing on major findings of this research, the following policy and research recommendations are made;

1. First and foremost, the study finds that, the most form of communication used at the hospital is verbal. Based on the findings, combining both verbal and non-verbal forms of communication are very good for effective communication. Therefore, the study recommends and encourage health care providers to make

good use of both verbal and non-verbal cues during their consultation or interaction sessions with patients. The nonverbal should be more on touching patients, which could also improve service satisfaction. The researcher believes that, when healthcare providers use more than one form of communication, it will propel effective therapeutic communication.

2. Overcoming communication bottle necks, management should at periodic intervals organize on the job training, seminars and workshops for health care providers on effective therapeutic communication. This would help health practitioners to stay alert to communication barriers. Again, hospital authorities should in force legislation to monitor visits by families of patients, in addition, steps should be taken to further create a conducive atmosphere for both patients and care providers. This can go a long way to support the implementation of quality health service at part of the sustainable development goals on health.
3. The hospital authorities should create a patient communication department to offer a reliable channel for complaints and differences about service dissatisfaction. Among other things, this department should be charged with educating patients on the need to cooperate with healthcare providers and entreat them to eschew all tendencies to exhibit negative attitudes that could cause a drop in health providers confidence level.
4. On the issue of ethical communication, the study recommends that, government through the Ministry of Health should come out with an independent body of ethical communication auditors. So that, all the tertiary health care facilities in

Ghana will be closely monitored to ensure absolute compliance of ethical health communication by all health care providers.

5.3 Contribution to Knowledge

Firstly, this study is among the first studies to examine communication on service delivery in Northern Ghana employing both qualitative and quantitative methods in a tertiary hospital in Ghana and proposed an effective communication model. Literature in Ghana on health communication is mainly on clinical dimension of service provision (Bowers et al., 1994; Brown, 2007; Chahal & Kuamari, 2010).

Studies also, looked at the hospital management and its effects on patient's satisfaction, but they did not capture the communication on service provision (Turkson, 2009: Atinga et al., 2011; Peprah et al., 2014).

Methodologically, this study is among the few studies that used mixed methods approach to examine healthcare provision and patient communication on service delivery.

Therefore, this study adds to existing knowledge literature on health communication, as it explored provider-patient communication on service delivery and the impact of patients' satisfaction with health care.

5.4 Recommendation for future research

Due to resources constrain, and the issues uncovered in the public hospital, future studies should do a comparative study on private and public hospital of provider-patient communication on service delivery.

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APPENDICES

Appendix 1: Questionnaire for Healthcare Providers

INTRODUCTION

This questionnaire is designed to collect data for my MPhil thesis on health communication in the Tamale metro polis. The overall aim of this research thesis is centered on healthcare-provider communication on service delivery in the Northern region of Ghana. Participation is voluntary, and the identity of participants will not be disclosed. The information given will purely be used for written this thesis, and no part of it will be given to the media. The rationale for this study is to contribute to the stock of research on health communication in Ghana. The questionnaire is grouped into sections.

SECTION A

DEMOGRAHPIC INFORMATION

Please provide and tick appropriately

1. Gender of respondent a. male [ ] b. Female
2. Age of respondent……years
3. Marital status 1. Married [ ] 2. Single [ ] 3. Divorce [ ] 4. Widow [ ]
4. Religious affiliation 1. Muslim [ ] 2. Christian [ ] 3. Traditional believe [ ] 4. Other (specify)……..
5. Languages spoken……
6. Qualification……

7. Profession…….

8. Years of experience in the profession/job……..

9. Have you been taught on ethics at work/school? 1. Yes [ ] 2. No [ ]

10. Did your program have courses on communication? 1. Yes [ ] 2. No [ ]

11. Have ever had training on communication skills before? 1. Yes [ ] 2. No [ ]

12. Have you received any training on clients/patients care satisfaction?

1. Yes [ ] 2. No [ ]

13. Do you often use or need interpreters or colleagues support to make you understood? 1. Yes [ ] 2. No [ ]

SECTION B

FORMS OF COMMUNICATION BETWEEN HEALTH CARE PROVIDERS AND PATIENTS

14. What form/forms of communication do you use when interacting with patients?

1. Verbal [ ] 2. Non Verbal [ ] 3. Written [ ] 4. Visual [ ]

Please indicate if more than one.

15. What is your mode of interaction with patients?

1. Face –to- face encounter [ ]
2. Phone call [ ]

3. Through Interpreter [ ]

4. Text message

5. Other (**specify**) ……. …….

16. Do you communicate with your in-patient? 1. Yes [ ] 2. No [ ]

17. If yes, which ways/ way do you get to understand the condition of a patient who is on admission? **You may tick more than one**

1. Reading Patient folder [ ]
2. Asking the patient to explain [ ]
3. Accessing the patient physically [ ]
4. Other (Specify)……..

18. How do you communicate with the in-patients?

1. One on one [ ]
2. Written [ ]
3. Patient relative [ ]
4. Visual display [ ]
5. Other (Specify)…….

19. Which communication method used to listen and attending patients' complaints?

1. Non-verbal [ ]
2. Verbal [ ]
3. Questioning [ ]

4. Written [ ]

20. Are you able to understand your patient well if they communicate without the use of words/sound? 1. Yes [ ] 2. No [ ]

21. If yes, which of these?

1. Silence [ ]
2. Gestures [ ]
3. Eye movement [ ]
4. Posture [ ]

22. Which form of communication do you consider best in service delivery?

1. Verbal [ ] 2. Non Verbal [ ] 3. Written [ ] 4. Visual [ ]

Please indicate if more than one.

23. Based on Q17, Are the forms/form of communication used effectively to deliver the service?

1. Very effective
2. Effective
3. Average effective
4. Less effective

24. Which types of communication do you normal engaged with patients?

1. Speaking [ ] 2. Written [ ] 3. Sign language [ ] 4. Text messaging [ ] 5. Other (specify)……

25. Which of the non-verbal communication do understand best when engaged with clients?

1. Facial expression
2. Gestures
3. Eye contact
4. Posture
5. Tone of voice

26. How will you rate your overall communication skills?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

27. At what point do you consider your communication with patients effective?

1. When I sent message/information to my patients [ ]
2. When I received feedback [ ]
3. When my patient listened to me [ ]
4. Other (Specify)…….

28. What methods are being used to communicate with other departments? Tick one or more

1. Oral to oral [ ]
2. Telephone [ ]
3. Mediated computers [ ]
4. Folders [ ]

5. Formal Report [ ]

29. Overall, how satisfied are you with the communications within this organization?

1. Very Satisfied
2. Satisfied
3. Neutral
4. Dissatisfied
5. Very dissatisfied

30. On average, how many patients/clients do you normal interact with in a day?

a. 1-10 **b**. 10-20 **c.** 20-30 **d**. 30-40 **e**. 40-50

SECTION C

BARRIERS IN HEALTHCARE PROVIDER-PATIENT COMMUNICATION

31. Do you face barriers when interacting with patients? a. Yes [ ] b. No [ ]

32. Which of the following do you consider as a barrier to your communication?

1. Language [ ] 2. Cultural diversity [ ] 3. Gender difference [ ] 4. Noise [ ]

33. What are the barriers that cause ineffective communication in health care situation in general? Tick what you think are barriers

1. Individual bias and selectivity [ ]
2. Status difference [ ]
3. Lack of trust [ ]
4. Information overload [ ]

5. Poor use of communication channels [ ]

34. Which of these forms of communication will you consider as a barrier to effective communication? 1. Verbal [ ] 2. Non-verbal [ ] 3. Written [ ] 4. Visual [ ]

35. Do you allow for feedback when you communicate with patients? 1. Yes [ ] 2. No [ ] **36.** Are patients able to understand when you use the medical jargons? 1. Yes [ ] 2. No [ ]

37. Which of these will do consider as a barrier of communicating with patients?

1. Environment busy [ ]
2. Noise [ ]
3. Lack of privacy [ ]
4. Other (specify)…….

38. Which of these do you consider as a barrier of communication on service delivery?

1. Age difference between providers and patients [ ]
2. Gender difference between providers and patients [ ]
3. Cultural or language differences between providers and patients [ ]
4. If other, specify……..

39. Which of these providers' related factors will you rate as a barrier to communication?

1. Being overworked [ ]
2. Shortage of health providers [**]**
3. Lack of time **[ ]**

4. Other (Specify)**……**

40. Which of these patient related factors will you consider as a barrier to communication?

1. Family interference [ ]
2. Patient's unawareness of the status and duties of the nurse [ ]
3. Anxiety, pain, and physical discomfort of the patient [ ]
4. Other (specify) ……..

SECTION D

COMMUNICATION AND CARE SATISFACTION

Predictors of Service Quality on Patients Satisfaction

Please tick from the following options below, which of the statements you agreed with. Please indicate by Ticking [√] where appropriate on the scale of 1-5, rating the predictors of healthcare satisfaction of the service in the hospital based on strongly agree to disagree.

(1= Strongly agree, 2= Agree, 3= Neutral, 4= Strongly disagree, 5= Disagree)

	1	2	3	4	5
Communication Competence					
My clients are satisfied with my communication style					
I give adequate explanation to my clients concerning their illness					

I understand my clients are satisfied with my information provision					
My clients who understand my language are more satisfied with than those who do not					
Interpersonal Relation					
My behavior is a predictor of my client's satisfaction with the care					
My friendless is important in my service delivery					
I have my patients at heart					
I treat my patients with dignity and respect					
Technical Competence					
My clients are satisfied with my treatments					
The hospital has modern equipment's for healthcare delivery					
The hospital has skilled staff to provide healthcare delivery					

SECTION E

ETHICAL COMMUNICATION BEWEEN PROVIDERS AND PATIENTS

41. Do you know basic communication ethics? 1. Yes [ ] 2. No [ ]

42. If yes, which of these communication ethics do you practice? **Please tick if applicable**

1. Truthful and Honest [ ]

1. Active listening [ ]
2. Avoid negative tone [ ]
3. Consider the patient preferred channel of communication [ ]

43. Do you have communication ethics in this hospital? 1. Yes [ ] 2. No [ ]

44. How is communication ethics important in health care service?

1. Very important
2. Important
3. Not important

45. Are your patients aware of their communication and health right? 1. Yes [ ] 2. No [ ]

46. Do you face ethical challenges with your clients? 1. Yes [ ] 2. [ ]

47. **If yes**, which of the following challenge do you faced?

1. Disagreement between families and health care professional
2. Informed consent
3. Long waiting list

48. Do you have communication guidelines? 1. Yes [ ] 2. No [ ]

Please read the following statements carefully and indicate your agreement rank (1= Strongly agree, 2= Agree, 3= Neutral, 4= Disagree, 5= Strongly Disagree)

Statements	**Response category**

	1	2	3	4	5
I allow my patients to recognized their best interest in the treatment process					
I communicate equally to patients irrespective of their ethnicity					
I protect the privacy of my patients					
I respect my patients right during treatments					
I patients have the right to discontinues treatment					
I have to protect the confidentially of my patient during their treatment					
Patients have the right to self-determine their kind of treatment					
Healthcare providers actions should benefit patient					
I communicate compassionately to my patients during their treatment					
I communicate impartial and fair to my patients					
My communication is equal to all class of patients					
My communication should be truthful to my patients					
Healthcare providers communication should not harm patients					

Appendix 2: Interview Guide for Health Providers and Patients

INTERVIEW GUIDE FOR HEALTHCARE PROVIDERS AND PATIENTS

Research Topic: Healthcare provision and patient communication on service delivery

The following set of questions are developed with respect to the objectives and the literature review that guide this research. This guide contains a list of open-ended questions.

SECTION A: DEMOGRAPHICS DATA

1. Please what is your name?
2. What is your qualification?..... and your years in the job
3. Which ward/unit are you working with?
4. Years in the profession?

SECTION B

FORMS OF COMMUNICATION

1. How do you communicate with your patients/Healthcare providers?
2. Tell me why communication is important with patients?
3. Explain the forms of communication largely used in this hospital?
4. Describe why the understanding of nonverbal communication is important in health care?
5. Explain the proper verbal and nonverbal communication skills for the health professional? probe for other forms of communication.

SECTION C

COMMUNICATION BARRIERS IN HEALTHCARE

1. Explain the challenges you face when interacting with your patients/Healthcare providers? Probe
2. Describe the obstacle to successful communication in this Hospital? Probe
3. What institutional barriers do you face as health worker/Patient? Probe

SECTION D

COMMUNICATION AND CARE/SERVICE SATISFACTION

1. What do you do to ensure that patients get satisfied with your service?
2. What is the role of communication on your client's satisfaction with your service?
3. What can say about the hospital personnel towards care? Probe
4. Tell me what constitute service quality in this hospital? Probe
5. How do you see the staff here in terms of their communication? How Probe

SECTION E

HEALTH ETHICAL COMMUNICATION

1. What is the role of ethical communication in health care institution?
2. What can you say about your patient's knowledge about their ethical communication?
3. Tell about the ethical principle of health communication? Probe