

# Implications of Patients' Rights Violations at the Hospital; a study of Winneba Government Hospital, Ghana

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## ABSTRACT

Respecting patients' dignity has been described as a fundamental part of nursing care. Many studies have focused on exploring the concept of patients' dignity and satisfaction from the patient and nurse perspective, but knowledge is limited regarding nursing perceptions of the impediments they pose to patients' satisfaction and experiences of the patients themselves. The main objective of the study was to explore the issue of patients' rights and satisfaction from the perspective of patients.

The study used the descriptive survey technique and the sample size for the study was 700 respondents. The study comprised all persons who were 15 years and above and were currently residing at Winneba in the central region of Ghana for the past two years and simple random techniques under probability sampling procedure was used in selecting respondents for the study. Questionnaire, observation and structured interview were the research instruments used to collect the data. All the respondents (100%) strongly agree and agree that patients' rights violations has serious implications if not checked, and all the respondents (100%) strongly agree and agree that public education, awareness of human rights, improving the health facilities and resourcing health workers are required to deal with the practice in Ghana.

The study concluded that patients' rights violations a social canker in various Ghanaian communities which clearly violates the protection of the fundamental human rights and has serious implications on Ghanaians. The root cause of the abuses at the hospitals is the impoliteness and corruption on the part of health workers. The study recommended that the media and other bodies in Ghana should continue educate citizens and create human rights awareness among the entire populace particularly health workers to desist from violating human rights especially the rights of the sick. Hospitals apply all the safety and quality standards to Health as spelt out in the patients act. This is crucial to ensure patient safety and confidence in Health services.

**Keywords:** Patients right, health service, rights violations, abuses, human rights, patients satisfaction

## 1.0 Introduction

The health care rights of patients have been a subject of much public debate and legislative action in the latter half of the 20th century in many countries. Patients' rights are an integral component of human rights. Therefore, Ghanaians welcomed the introduction of Patient's Rights Charter in the health sector in 2002. The charter was designed by the Commission on Human Rights and Administrative Justice in collaboration with professional health organizations. The aim was to change the longstanding public perception that nurses and other health practitioners in public hospitals routinely ignored patients' right to respectful treatment.

However, in spite of this charter, health workers continuously abuse the rights of patients with impunity. A very striking issue crop up in Ghana on 13 August, 2015 after which a medical doctor at the Amasaman Government Hospital in the Ga West Municipality of Ghana was dismissed from the facility following a newspaper exposé. In addition to this, other disciplinary actions were also taken against three nurses for dereliction of duty in connection with the deaths of two patients who were taken to the facility for medical care but died after the nurses on duty delayed in attending to them. According to [ghanaweb.com](http://ghanaweb.com) (2015) this incidence which occurred on Tuesday, July 28, 2015 when an accident victim, who was knocked down by a truck at *Pokuase* and was rushed to the hospital was denied healthcare for over an hour despite bleeding profusely.

According to the report, the nurses refused to attend to the patient with the explanation that there was no doctor available to attend to him. The patient died later whilst being transferred to the 37 Military Hospital. His relatives threatened to sue the hospital for negligence. The management of the hospital instituted disciplinary measures against the doctor and the nurses on duty for unprofessional conduct leading to the death of patients. According to the management, the doctor has been dismissed whereas the nurses were withdrawn from handling emergency cases. The three nurses have also been removed from night duty as well as restrained from going on study leave.

The second victim died at the Out Patients Department of the hospital after he reported for treatment from an unknown condition. He reportedly arrived at the facility around 6:30 A.M., on Sunday, July 19, 2015 and for several hours no one attended to him with the excuse that no doctor was present. He died around 3:45 PM. Several patients have complained about facing difficulties accessing healthcare, especially during weekends at the facility. The medical superintendent, however, assured that he was going to address complaints and ensure that the *Amasaman* Government Hospital regains its good name ([www.ghanaweb.com](http://www.ghanaweb.com)).

Understanding the social context of patients' rights in hospitals is essential for developing efficient responses. The main goal of this survey will be to map a road towards awareness creating of human right abuse with specific reference to patients in hospitals.

### **1.1 Statement of the research problem**

The Hospital is globally known to be a place where sick or injured people receive medical treatment. It is a place where professional physicians and nurses apply knowledge and medicine to ensure that the sick and the injured are treated so that they can contribute fully to national development.

If the society will experience human rights abuses, many will not mention a place like the hospital as a platform for such occurrences. It is therefore very surprising to see or hear some of the worst forms of human right abuse happening in the hospital. Being sick or injured does not in any way take away one's fundamental human rights. However, hardly will a week pass without one hearing or reading from the mass media about right abuse at a hospital in Ghana. Within the broad definition of human rights abuse, five sub-types are distinguished: these are physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse, and exploitation. Surprisingly, almost all these abuses seem to be found in hospitals in Ghana.

Patients right abuse in hospitals is recently is creating fear, anxiety, and death among hospitalized patients. Something needs to be done about the rate of occurrence of abuses on hospital compounds if quality health care is to be provided. Abuse of patient's rights can have a wide range of psychological effects on them. The short-term impact can include symptoms such as panic, lack of concentration, phobias, and anger. Long-term consequences that may occur include psychological problems such as anxiety or depression, psychosomatic symptoms such as unexplainable illnesses, suicide, death, and further victimization.

### **1.2 Objectives of the Study**

The main objective of the study was to assess the implications of patients' rights violations among communities in Ghana.

The specific objectives of the study were the following:

1. To determine the reasons why patients are abused at the hospital.
2. To assess the extent of human rights awareness among the citizens.
3. To examine the views of citizens on curbing mob justice in Ghana.
4. To ascertain the implications of mob justice practice

### **1.3 Research Question**

The main research question that guided the study was what are the implications patients' rights abuses among communities in Ghana?

Specific questions were the following:

1. Why are patients abused at the hospital?
2. What is the extent of patients' rights awareness among the citizens?
3. What are the views of citizens on curbing abuses at hospitals in Ghana?
4. What are the implications of patients' rights abuses?

## **2.0 Review of Related Literature**

### **2.1 The Concept of Human Rights**

Human rights are rights that every human being has by virtue of the fact that he or she is a human being. Human rights are the most fundamental of all rights that a person must enjoy. They define relationships between individuals and power structures, especially the State. Human rights delimit State power and, at the same time, require States to take positive measures in ensuring an environment that enables all people to enjoy their human rights (Rigby, 2003). Patients' rights are human right.

### **2.2 Empirical Studies on Patients' Rights**

There are some studies about patients' right in general, more often the research topic is focused to cover one of the rights. Following are a few researches that cover patients' rights in general.

Forchuk, (2000) have studied patients' rights with the purpose of the study to survey nurses' (n = 142) impressions on the implementation of patients' rights in hospital settings. The findings imply that the right to good health care was fulfilled most of all the patients' rights. The right to be informed was seldom implemented. One third of the informants thought that there were defeats in the care of the patients on wards. The right to self-determination was problematic according to 27% of the informants. The management of the patients included defects according to 25% of the informants. The research also revealed that 1% of the informants did not know the act on the status and rights of the patient at all. The researcher has studied graduating health care students' (n = 280) knowledge and conceptions of the status and rights of patient. The results reveal in short that the students were aware of the patients' rights, wished for more information on them and the implementation in practice. The informants also believed that the patients' rights are implemented poorly.

As a development suggestion they named education of future health care professionals. Dexter, and Wash, (1997) studied patients' right to self-determination, right to freedom, right to be informed and the realisation of nurses' expertise experienced by the patients. The study is an analysis of five topical Finnish Pro graduate-research work from the University of Kuopio. According to the study findings the right to be informed was actualised well. As long as the information was given in a clear, correct way and was thorough enough it made the patient feel more safe, created believe in recovering, reduced the helplessness, loneliness and fear.

The research reveal that the information situation should be secured to be a pleasant moment since when enough time is given to the patient to process information, questions arise and the patient is encouraged to take initiative in their own care. The patients' will and wishes were taken into consideration well. The patients did not on the other hand participate in the care, decision-making nor planning of the care, which was partly seen as a lack of support in self-determination from the nurses.

### **2.3 Quality of health care**

The World Health Organization (WHO) (2009) and The International Council of Nurses (ICN) (2006) state that the overall goal is highest possible health for all people, and providing high quality care is one approach for reaching this goal. The Norwegian national action plan on health and social care (Ministry of Health and Care Services, 2011) emphasises the importance of high-quality care through patient-centred care and the importance of building systems for patients' to take part in the evaluation of quality of care on a regular basis.

'Quality of care' is a concept that can be given different meanings, depending on different cultures, whether it is on an individual level or a social level, which aspect we are looking at; process, structure or outcome, whether it is the patients, the relatives, the healthcare personnel, the administrators or the politicians who define the term and the time at which it is defined (Guldvog & Kolstad, 2004).

### **2.4 Imperatives of Patient Right**

The right to good health care, medical care and related treatment of patients include the promise that the patient has the right to high quality care without human dignity violations and in the manner of respecting his / her privacy, individuality and conviction. The health care should be provided according to the health status and needs of the patient (Woogara, 2001). Access to treatment clause states that in case the treatment, which is considered necessary by a health care professional, is not possible to implement at that moment, the patient has to be asked to wait or has to be taken to treatment to another site of health care (Forchuk, (2000).

The clause of emergency treatment considered life-saving treatment to be the most important action, in case patients' will cannot be assessed due to unconsciousness or any other reason. When the patient has earlier stated clearly his / her will, it should be obeyed under all circumstances (Jacelon, 2002). The patients' right to be informed clause regarded the right to receive information on the state of health, the reasons for the treatment given and any alternative treatment options. Information, which is against the patients' will should not be given to the patient. The patients' right to self-determination issue in the law is stated as follows: The patient has to be cared in mutual understanding with him /her. If the patient refuses a certain treatment of measure he/ she has to be cared according to possibilities in another medically accepted way in mutual understanding with him/her Forchuk, (2000).

### **2.5 Patient Satisfaction**

Patient satisfaction is multifaceted and a very challenging outcome to define. Patient expectations of care and attitudes greatly contribute to satisfaction; other psychosocial factors, including pain and depression, are also known to contribute to patient satisfaction scores. Historically, physicians, especially surgeons, have focused on surgical technique and objective outcomes as measures of "patient satisfaction," while patients place great value on the surgeon-patient interaction (Dexter, and Wash, 1997).

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to assess patient satisfaction in Medicare patients after an inpatient hospitalization. HCAHPS is the first national, standardized, and publicly reported survey of patients' perspectives of hospital care. The HCAHPS survey has a specific domain evaluating patient satisfaction regarding "Doctor Communication." Three of the 25 survey questions specifically assess patient satisfaction with doctor communication, as follows (words in italics are underscored in the survey itself):

- During this hospital stay, how often did doctors treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often did doctors explain things in a way you could understand?

For each question, patients have the option of answering "never," "sometimes," "usually," or "always." Responses to the doctor communication domain of the HCAHPS survey contribute to the physician's evaluation, the overall patient satisfaction score, and, ultimately, the hospital's reimbursement (WHO Basic, 2010).

## 2.6 Improving patient Satisfaction

Patient-physician communication has been shown to be key in improving patient satisfaction. Patient-physician communication can be challenging, but presents a tremendous opportunity for improvement. Studies have found that, when asked to identify the physician in charge of their care at the time of discharge, up to 90 percent of medical inpatients are unable to correctly name their treating physician (WHO Basic, 2010). The Vanderbilt Orthopaedic Institute Centre for Health Policy is currently working to enhance patient satisfaction in the orthopaedic trauma patient population by using bio sketch cards to improve patient recognition of the attending surgeon (Dexter, and Wash, 1997). Early results of the study show improved physician recognition and increased patient satisfaction scores, even in this challenging population. Managing patient expectations and psychosocial factors, such as pain and depression that can drive patient satisfaction can be difficult (Dexter, and Wash, 1997).

## 2.7 Ghana Health Service (Patients Charter)

The Code of Ethics for the Ghana Health Service (GHS) defines the general moral principles and rules of behaviour for all service personnel in the Ghana Health Service. The preamble says the health service shall be manned by persons of integrity, trained to a high standard to deliver a comprehensive equitable service for the benefit of patients/clients and society as a whole. The following rights are provided in the charter:

1. The patient has the right to quality basic health care irrespective of his/her geographical location.
2. The patient is entitled to full information on his/her condition and management and the possible risks involved except in emergency situations when the patient is unable to make a decision and the need for treatment is urgent.
3. The patient is entitled to know of alternative treatment(s) and other health care providers within the Service if these may contribute to improved outcomes.
4. The patient has the right to know the identity of all his/her caregivers and other persons who may handle him/her including students, trainees and ancillary workers.
5. The patient has the right to consent or decline to participate in a proposed research study involving him or her after a full explanation has been given. The patient may withdraw at any stage of the research project.
6. A patient who declines to participate in or withdraws from a research project is entitled to the most effective care available.
7. The patient has the right to privacy during consultation, examination and treatment. In cases where it is necessary to use the patient or his/her case notes for teaching and conferences, the consent of the patient must be sought.
8. The patient is entitled to confidentiality of information obtained about him or her and such information shall not be disclosed to a third party without his/her consent or the person entitled to act on his/her behalf except where such information is required by law or is in the public interest.
9. The patient is entitled to all relevant information regarding policies and regulation of the health facilities that he/she attends.
10. Procedures for complaints, disputes and conflict resolution shall be explained to patients or their accredited representatives.
11. Hospital charges, mode of payments and all forms of anticipated expenditure shall be explained to the patient prior to treatment.

12. Exemption facilities, if any, shall be made known to the patient.
13. The patient is entitled to personal safety and reasonable security of property within the confines of the Institution.
14. The patient has the right to a second medical opinion if he/she so desires.

## 2.8 Implications of Patients right abuse

Patients' rights abuses at the hospital could have numerous implications which if not addressed. The consequences of patients' rights violations include the physical impact it leaves on the patient and other forms of severe emotional imbalances ill behaviours of health workers impart on the sick. The emotional effects are multiple and are amplified by the other stresses of living under fear at the hospital as an inpatient (Polit and Hungler, 1996). Hence, persistent physical, psychological, economic and social effects are felt in all corners of the society if a patient's right is abuse at the hospital. The implications of this extend beyond the individual - to the family, the community and the nation. When considering the consequences of gross human rights violations on people at the hospital, it is hard to differentiate between the consequences of overt physical and psychological abuses and the overall effects of the abuse itself. Some patients die at the hospital because they were abused by a health worker. In many instances, however, violations unquestionably played the most significant role as, for example, when a breadwinner die at the hospital due to negligence of a health worker or an abuse, or when the violation caused physical disabilities, affecting individual and family incomes (Jacelon, 2002). Post-traumatic stress disorder is another impact of abuses at the hospital. Other complications include depression, anxiety disorders and psychotic conditions. The effects are multi-dimensional and interconnected, leaving no part of the victim's life untouched. Exposure to insults at the hospital can lead to sleep disorders, suicide, sexual dysfunction, chronic irritability, physical illness and a disruption of interpersonal relations and occupational, family and social functioning (Woogara, 2002).

## 3.0 Methodology

### 3.1 Research Design

In the study, the descriptive survey technique was used. This technique was found convenient because it is a tool that helps to search for detailed information about the characteristics and very simple to use.

### 3.2 Study Area

Winneba is traditionally known as *Simpa*, it is the principal town of the Effutu State founded around 1530 AD. According to history, the name Winneba originated from sailors who plied along the Atlantic Coast and who were often aided along the bay by a favourable wind. From their constant use of the words "windy bay" the name Winneba was coined.

The Effutu Municipality is one of the 216 districts in Ghana and one of the 20 districts in the Central Region. It was carved from the then Awutu- Effutu-Senya District Assembly and it covers a total land area of about 64 square kilometers. It is about 60km from Accra, the capital of the Republic of Ghana and about 40 minutes travelling time from the regional capital. It is located between latitudes 5°16' and 20.18"N and longitudes 0°32' and 48.32"W of the eastern part of Central Region. In 2010, the Municipality had a population of 68,597 which is made up of 32,795 males; representing 48% and 35,802 females; representing 52%. According to the 2010 population and housing census, the Municipality had a population of 46,574 made up of 21,346 (45.83%) males and 25,508 (54.77%) females (GSS, 2010). The *Effutu* Municipal with its Administrative Capital at Winneba, forms part of the twenty (20) Metropolitan, Municipalities and Districts in the Central Region of Ghana. The Municipal covers an area of 417.3 square kilometres (163 sq miles). The Municipality share common boundaries with the Gulf of Guinea to the South, to the West with *Gomoa* West District, to the East with *Awutu Senya* District and to the North with *Gomoa* East District.

### 3.3 Research Population

The component population of the study comprised all individuals who were 15 years and above and were currently residing at Winneba for the past two years.

### 3.4 Sample Size

The sample size for the study was one thousand (1000) respondents. Fifty respondents each were selected from 16 suburbs of Winneba and 4 communities around Winneba. The suburbs are: *Nsuekyir*, *Gyahadze*, *Town Hall Area*, *Kojo Beedu*, and *Low cost*. The others are *Pomadzi*, *Asankare*, *New Ateitu*, *Winneba Junction*, *South Campus*, *Central Campus*, *North Campus*, *Abasraba*, and *Government hospital*, *Okyereko*, *Ansaful*, *New Winneba*, *Gyahadze*, *Zongo* and *Veterinary*.

### 3.5 Sampling Procedure

This study used simple random under probability sampling procedure in selecting respondents for interview and responding to the questionnaire. In this study, respondents were selected based on their benefaction of the hospital and their willingness and ability to answer the questionnaire.

### 3.6 Research Instrument

Questionnaire, observations and structured interview and were the research instruments used to collect the data from the patients. The questionnaire was used in order to get an average form of answers or responses. The use of observations and structured interview helped the researcher to pattern the questions order to get the information require for this study.

## 4.0 Results and Discussion

### 4.1.1 The Gender Distribution of Respondents

The gender distribution of respondents is shown in (Table 1). From the table, 51.1% of respondents are females while 48.8 % are males.

### 4.1.2 Age Distribution of the Respondents

The age distribution of the respondents evenly divided between the youth and adult population. 49.8% of respondents are between ages 15 and 44 with 50.2% of the respondents are above 44 years.

### 4.1.3 Educational Background of Respondents

The educational background of respondents is shown in Table 3. Educational background of respondents ranged from 'no education' to those with tertiary education, though the sample is skewed (87.8%) in favour of those with secondary and tertiary education. When respondents are well- educated and knowledgeable, then it is logical to assume that respondents are well-informed about their rights at the hospital.

### 4.1.4 Reasons for patient's right abuses

One of the objectives of the study was find out what causes abuses at the hospitals, the respondents were therefore asked for the causes of right violations at the hospital. From table 4, 299 (42.7%) respondents strongly agree that impoliteness of nurses is a major cause of human rights abuses among patients at the Winneba government hospital. 297(42.4%) agree and 73 (10.4%) disagree with this claim. This result finding supports Jacelon (2001) claims that the actions of health workers towards patients at the hospital produce dissatisfaction among patients and calls for concerted effort by the health ministry to curtail the trend. Insults and other verbal abuses from health workers has been acknowledged as a further source of abuses at the hospital.

The results also indicates that respondents do not agree that health workers are ignorant of the rights of patients. 45.9% strongly disagree and 39.6 disagree that health workers are ignorant of patients' rights.

The result indicates that 190 (27.1%) respondents strongly agree and 432 (61.7%) respondents agree with the issue of corrupt nature of health workers at the hospital leads to violations of patient's right. On the reason that patients usually provoke nurses and other health workers, 231(23.1%) respondents strongly disagree with this assertion, 305(30.5%) respondents disagree and 114(11.4%) strongly disagree. Majority of the respondents 812 (81.2%) strongly agree and agree that they are dissatisfied with the services provided by the hospital and 188(18.8%) respondents strongly disagree and disagree with the dissatisfaction at the hospital. Majority of the respondents 556 (55.6%) strongly disagree and disagree with the claim that corruption at the health centre is not a major cause of human rights abuses and 444 (44.4%) strongly agree and agree with this claim.

Almost all the respondents 849 (84.9%) strongly disagree and disagree with the claim that health workers who abuse patients' rights at the hospital are ignorant and not aware that that their actions are illegal and undermine the protection of fundamental human rights. With the matter of poor facilities at the hospital 175(17.5%) of the respondents strongly disagree with this cause, 298 (29.8%) respondents disagree whereas 300 (30%) respondents agree and 227(22.7%) respondents strongly agree.

It was clearly established from the result finding that to the respondents Winneba government hospital is not under-resourced as 498 (71.1%) respondents strongly disagree with this cause, 130 (18.6%) respondents disagree and 72 (10.3%) respondents strongly agree and agree that the hospital is under-resourced thereby causing patient rights abuses. The growing rate sickness and its results in high hospital attendant in as against the number of staff at Winneba government hospital causes patients' rights abuse. Majority of the respondents 795(79.5%) strongly agree and 120 (12%) respondents agree with the claim. Surprisingly, 439 (62.7%) strongly agree and agree that that health workers are intolerant which leads to abuses at the hospital.

Finally, the respondents 403 (57.6%) strongly agree and agree that patients right abuse is rampant at the hospital as a result of failure of the health ministry and other public institutions to punish health workers and 297 (42.4%) of the respondents disagree and strongly disagree with the failure of public institutions.

#### **4.1.5 Patients' Rights Awareness among the citizens**

It is argued that, for patients to enjoy their rights in the hospital setting, a clear definition of roles, relationships and public education on strategies of asserting their rights without intimidation are necessary. It emerges that when patients' rights are denied, patients resort to retaliation by violating the dignity of the nurses and other health workers. This jeopardizes the envisaged mutual support in the health workers-patient relationship and compromises patient satisfaction. The researcher asked the respondents questions on human rights awareness among the citizens and grades the extent of human rights awareness among the general populace as they live without them according to excellent, very good, satisfactory, average, below average and poor.

According to table 5, 178 (25.4%) of respondents said that they would rate human rights awareness among the citizens satisfactory, 149 (21.3%) respondents rated it below average, average represented 87 (12.4%) respondents, poor 80 (11.4%), very good 108 (15.4%) and 98 (14.0%) respondents rated it excellent. More education about patient's right must be carried out throughout the country to help curb the practice.

#### **4.1.6 Citizens' Views on curbing violations at the hospital**

Promoting patient right should be the effort of the government, civil society organizations, state institutions, non-government organizations and individual people. According to table 6, all the respondents were asked to express their views on curbing abuses at the hospital in Ghana. Majority of the respondents strongly agree and agree that patients' rights education, awareness of human rights, improving resources at the hospital, punishing the offenders. Instituting an adequate reporting system, and health workers being professional could help curb the practice at the hospital. For instance only 6 (0.8%) strongly disagree and disagree that patient right education could help curb abuses at the hospital. 694 (99.2%) of the respondents strongly agree and agree that patients right education can help curb violations of human rights at the hospital. The root cause of patient's right abuse is unprofessional conduct of health workers.

#### **4.1.7 Implications of Abuses of Patients Right at the hospital**

To achieve the objective of this study, the researcher asked the respondents to state the implications of abuses at the hospital if serious measures are not taken to address this social canker. According to table 7, all the respondents (100%) strongly agree and agree that violations of patients' rights at the hospital could lead to people resorting to self-medication and emotional problem

It is however recommended that patients consult a doctor before taking any medicine to heal any disease in order to prevent any health hazard. If people self-medicate, they may take more or less required dosage, or take drugs with toxic substances and this could be very dangerous to human beings.

Patients' rights violation can also prevent the sick from seeking medical care, 87.9% of the respondents strongly agree and agree to this. According to the data 99.9% of the respondents agree and strongly agree that abuses at the hospital could worsen the sickness of the patient while 697 (99.6%) of the respondents agree and strongly agree that violations at the hospital can lead to the death of the sick. The fact is, every patient is different, and for nurses, interaction with patients and their families often comes at a time when they are experiencing high levels of pain, vulnerability, emotional distress and uncertainty. Therefore, with the least abuse from the health worker, it could complicate the sickness or even lead to death.

490 (70%) of the respondents strongly agree and agree that patient's right abuse can lead to conflict between the health worker and the sick person or his family. In the hospital, there is a great deal of high emotion. Patients and their families, each coping with uncertainty and the potential or real effects of life-altering medical conditions produce frustration. This make patients and their families become scared and angry at the least provocation. Nurses often find themselves the object of the expression of emotions experienced by patients and families who have no other means of venting their anger therefore health workers become the most convenient and safest target.

### **5.1 Conclusion**

In an era in which physicians will be increasingly measured by the outcomes of their treatments, it is critical that orthopaedic surgeons better understand the issue of patient satisfaction. Additional research on ways to improve patient satisfaction is needed. The results of survey show that the policy measure in 2006 by Ghana's Ministry of Health, intended to make health service provision humane, compassionate, and dignified, still faces implementation challenges. The reports discussed above, based on patients' and nurses' perspectives, indicate that the attitudes of both nurses and patients pose a challenge to the realization of the charter of patients' rights. It is evident that nurses bear the greater blame for the impediments in the implementation of rights as they are spelled out in the patients' charter.

It is apparent that nurses still perceive their role as that of the all-knowing benefactor and are still not receptive of patients' input. Public perception has also not changed, because nurses in the public hospitals are still regarded as aloof and unresponsive to patients' needs. I came out that patients expected to experience interaction strategies that promoted dignity and reduced the professional gap, while nurses expected patients to maintain a degree of formality that rendered patients passive in receiving of care.

The study also reveal the following:

- Majority of the patients were of the view that the service that they receive was not satisfactory.
- Some health workers intentionally violates patient rights which leads to patients' dissatisfaction.
- Improving patient-physician communication will improve patient satisfaction.

## 5.2 Recommendations

- 1 The media and other bodies in Ghana should continue educate citizens and create human rights awareness among the entire populace particularly health workers to desist from violating human rights especially the rights of the sick.
- 2 Hospitals apply all the safety and quality standards to Health as spelt out in the patients act. This is crucial to ensure patient safety and confidence in Health services.
- 3 There should be an appropriate mechanisms for complaints and redress should be transparent, simple, effective, swift and easy to understand, based on good governance principles and with clear information for patients on the procedures, their rights and various alternatives. Such mechanisms or information about them should be linked to the national contact points.

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**Table 1: Sex of Respondents**

Responses	Frequency	Percentage
Male	342	48.9%
Female	358	51.1%
Total	700	100

Source: Field Survey, 2014

**Table 2: Age of Respondents**

Responses	Frequency	Percentage
15-24	42	6.0
25-34	103	14.7
35-44	204	29.1
45-54	301	43.0
55-64	23	3.3
65 and above	27	3.9
Total	700	100

Source: Field Survey, 2014

**Table 3: Educational Level of Respondents**

Responses	Frequency	Percentage
No education	30	4.3
Basic	<b>55</b>	<b>7.9</b>
Secondary	<b>493</b>	<b>70.4</b>
Tertiary	<b>122</b>	<b>17.4</b>
Total	<b>700</b>	<b>100</b>

Source: Field Survey, 2014

**Table 4: Reasons for abuses at the hospital**

Factors	Strongly Disagree	%	Disagree	%	Agree	%	Strongly Agree	%
Impoliteness of nurses	31	4.4	73	10.4	297	42.4	299	42.7
Ignorance	321	45.9	227	39.6	77	11	75	10.7
Under-resourced facility	498	71.1	130	18.6	51	7.3	21	3.0
Corruption	14	2.0	64	9.1	432	61.7	190	27.1
Patients provoke nurses	533	76.1	64	9.1	23	3.3	80	11.4
Failure of public institutions	190	27.1	107	15.3	193	27.6	210	30
Failure to punish offenders	32	4.6	56	8.0	542	77.4	70	10
Intolerance attitude	150	21.4	111	15.9	336	48.0	103	14.7

**Table 5: Human Rights Awareness among the citizens**

Response	Frequency	Percentage
Excellent	98	14.0
Very Good	108	15.4
Satisfactory	178	25.4
Average	87	12.4
Below Average	149	21.3
Poor	80	11.4
Total	700	100

Source: Field survey, 2014

**Table 6: Citizens' Views on curbing abuses at the hospital Ghana**

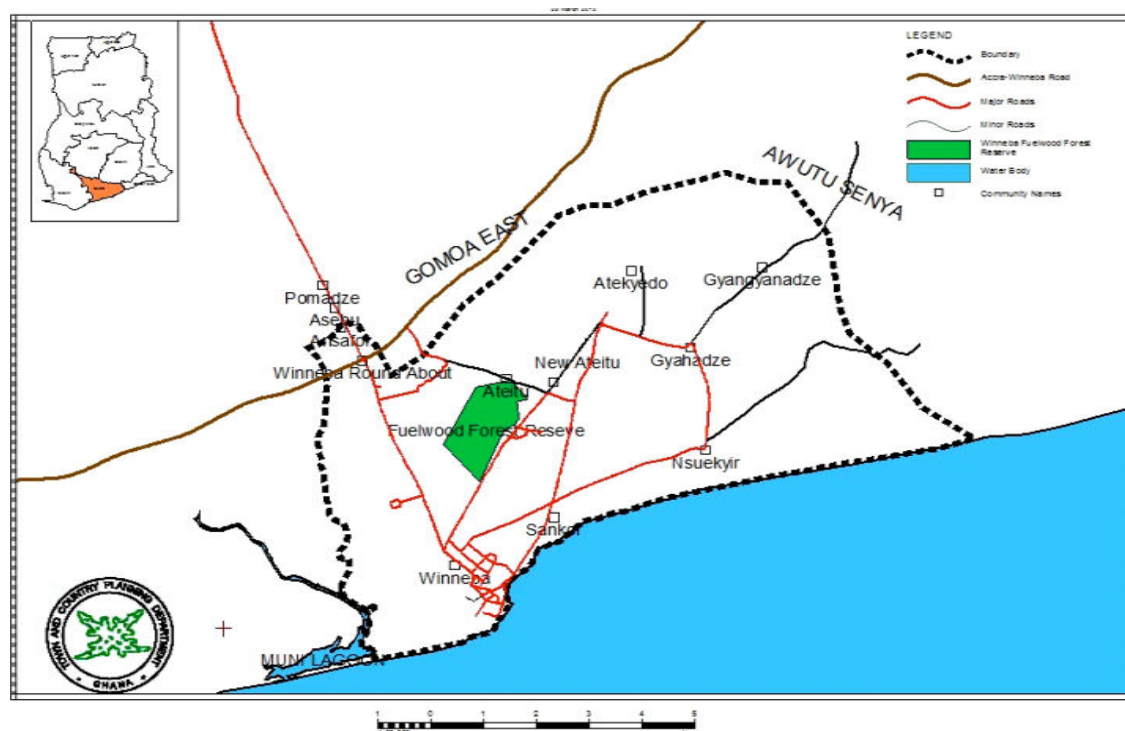
Factors	Strongly Disagree	%	Disagree	%	Agree	%	Strongly Agree	%
Patients' Rights Education	1	0.1	5	0.7	403	57.6	291	41.6
Awareness of Human Rights	2	0.3	6	0.9	399	57.0	293	41.9
Resourcing the hospitals	17	2.4	40	5.7	251	35.9	392	56.0
Punishing offenders	3	0.4	2	0.3	22	3.2	673	96.1
Adequate system of reporting	2	0.3	27	3.9	563	80.4	108	15.4
Professionalism					78	11.1	622	88.9

Source: Field survey, 2014

**Table 7: Implications of patient right abuse**

Factors	Strongly Disagree	%	Disagree	%	Agree	%	Strongly Agree	%
Not going hospitals when sick	20	2.9	65	9.3	203	29.0	412	58.9
Self-medication (Drug abuse)	-	-	-	-	643	91.9	57	8.1
Conflict at the hospital	12	1.7	188	26.9	381	54.4	109	15.6
High hospital expenses	4	0.6	66	9.4	543	77.6	87	12.4
Emotional problems	-	-	-	-	675	96.4	25	3.6
Worsening of illness	-	-	1	0.1	58	8.3	641	91.6
Death	-	-	3	0.4	521	74.5	176	25.1

Source: Field survey, 2014



**Figure: 1: A Map the Winneba Municipality.**  
 Source: Town and Country Planning, Winneba (2015)

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