



UNIVERSITY OF BERGEN
Department of Administration and Organization Theory

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Master's Thesis in Administration and Organization Theory

**ASSESSING CITIZENS' TRUST IN PUBLIC HEALTHCARE: A STUDY OF THE
EFFIA NKWANTA REGIONAL HOSPITAL IN THE WESTERN REGION OF
GHANA**

BY

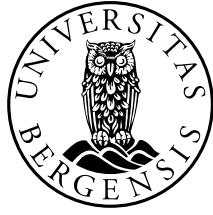
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**THIS THESIS IS SUBMITTED TO THE DEPARTMENT OF ADMINISTRATION AND
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ABSTRACT

What explains trust in healthcare and how do public health facilities ensure they are trusted by citizens. This research explores how institutional factors as well as individual dispositions, affect the trust reposed in the Effia Nkwanta Regional Hospital (ENRH). This research uses a qualitative method of gathering data from four (4) focus group (with 8 respondents each) discussions with citizens who have assessed healthcare from ENRH, and ten (10) in- depth interviews with purposely selected respondents. The respondents for the in- depth interviews represent the core (key) people to the delivery of healthcare at ENRH. From the findings, the research reveals staff attitude, particularly of nurses as being of major concern to citizens and potentially affecting their level of trust. The research also revealed that citizens will generally opt for an alternate source of healthcare if they have the financial wit. There is ironically, an unwavering acknowledgement of ENRH as the optimum in the delivery of public healthcare in the region. The research then suggests the necessity with which government needs to address the concerns of the citizens regarding their assessment of healthcare from ENRH and consequently their level of trust.

Keywords: Public, Healthcare, Citizens, ENRH, Trust.

ACKNOWLEDGEMENT

If it had not been the Lord who was on our side, now may Israel say? (Psalms 124:1)

I am eternally grateful to God for all HIS grace and sustenance to pull through these long years, I am glad it has finally ended. The emotions have really been mixed, but through it all HE has been faithful. My Hallelujah indeed belongs to HIM.

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I therefore take full responsibility for any unintended misrepresentations in my research.

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DEDICATION

I dedicate this work to my husband, Mr. Benedict Obirim Sagoe and daughter Sinead-Monique Tesombi Sagoe. Thank you for the smiles and priceless moments that helped me pull through the difficult days.

And to my mother, Mrs. Mary Constance Mensah, it all began with you mum!!! God bless you.

ABBREVIATIONS

AWDA	Ahanta West District Assembly
CCS	Cash and Carry System
ENRH	Effia Nkwanta Regional Hospital
GHS	Ghana Health Service
GoG	Government of Ghana
IMF	International Monetary Fund
KATH	Komfo ANOKYE TEACHING HOSPITAL.
LI	Legislative Instrument
NGO	Non Governmental Organisation
NHI	National Health Insurance
NHIA	National Health Insurance Act
NHIS	National Health Insurance Scheme
PNDC	Provisional National Defence Council
SAP	Structural Adjustment Programme
SDA	Shama District Assembly
SIP	Social Intervention Program
STMA	Sekondi – Takoradi Metropolitan Assembly
WB	World Bank
WEDA	Wasa East District Assembly

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.0 INTRODUCTION

The essence of health permeates all aspects of human endeavour. It is of equal concern to individuals as well as governments: making the health of citizens very important to themselves and countries at large. It can be said that, the ability to execute individual roles and responsibilities, which culminates into the economic state of a country stems from the good health of citizens. To this end, it is expedient to ascertain the trust of citizens in the healthcare received from the government.

“The wealth of information and the statistical significance of the correlations of trust are too tempting to resist, and; therefore, trust has become a focus of scholarly attention and a presumptive cause for various desirable political outcomes” (Clearly & Stokes, (2009) cited in Mbatudde, (2013:11). Most scholarly arguments advanced on the general waning of citizens’ trust in governments, make reference to developed countries. In the wake of globalisation however, it is in order to scrutinize citizens’ trust in developing countries as well, like Ghana.

The panoptic role of health in human engagements forms the basis for the choice to ascertain citizen’s trust in the healthcare received from government as against all the other government responsibilities towards citizens. Notably among the discourse on trust in respect of developing countries like Ghana are the surveys undertaken by the Afro barometer in such regard. Does the amassing of enormous concern on trust depict a critical citizenry? The research seeks to explore this in relation to the healthcare provided by the government of Ghana to its citizens of the western region via the Effia Nkwanta Regional Hospital.

1.1 THE EESENCE OF TRUST FOR THIS RESEARCH

Lately, discussions on the subject of public administration across the globe are on the rise: hardly ending without the bit of trust. This reflects growth in citizens' critical assessment of government, particularly in the area of service provision.

Does this growing notion among citizens connote a declining state of trust in the government? With reference to this study, does trust in the public healthcare mean confidence in advices by doctors about medication and treatment? Does trust in the healthcare provided by government in any way affect hospital attendance? What is the basis of citizens' trust in the public healthcare received?

This research aims at inquiring what trust in public healthcare means to citizens and whether their opinion has any relation with institutional arrangements and individual orientations. This study employs and builds on a theoretical framework that aids in the understanding of the concept of trust from the dimension of service provision.

1.2 BACKGROUND TO THE STUDY

The World Health Organisation (WHO) explains health as a state of complete physical, mental and social well being and not merely the absence of illness. Generally, healthcare can be explained as the organised provision of medical care to individuals or a community.

Like many other countries predominantly in Africa, the delivery of healthcare in Ghana has gone through various transitions. The underpinning factor however, has always been to make quality healthcare accessible to the average Ghanaian¹. Prior to the 19th century when western medicine was introduced in Ghana by Christian missionaries, primary care givers were the traditional village healers and clerics. They offered herbal remedies for all sickness. This was heavily relied upon until the later years of the 1870's when there was emergence of a premedical team and in 1880, a formal medical system emerged from the medical department that was formed. The government then made practical efforts to extend western medicines and medical systems to as many parts of the country as possible. The World Health Organisation and the United Nations Children Fund have since been active in the

¹ The average Ghanaian is the 'everyday' person who enjoys no unique political benefit in whatsoever form and earns just enough to cater for his/her needs.

lending of support for the expansion of the provision of western style medical systems to Ghana.

The structure of the political administration of Ghana has as well changed over the years. The country's administration system was heavily centralised in Accra, the capital city until government reforms in the years of 1988 and 1993. This resulted in the decentralization of political and administrative authorities to the ten (10) regional offices. The public administrative system mostly starts with the National level represented by Accra, then to the regions; represented by the various regional capitals, followed by the district capitals, towns and villages then finally to individual households in that order respectively. The main essence of the decentralisation of the administrative authority is to ensure that the interest of government is duly represented in the various regions as well as bringing the government 'closer' to the people. For this reason, most, if not all focus areas of the government (health, education, agriculture, etc), located at the central seat of government is represented at the satellite offices in the various regions and sometimes, further down to the district levels. This explains the existence of government's institutions like the Effia Nkwanta regional hospital, the unit of analysis for the research.

The growth in population with time gave rise to an increase in the health needs. This put pressure on the government and the health facilities available. To accommodate the growing need for healthcare, there was support from the private agencies, missionaries, NGO's as well as international bodies. In spite of the support from all the other agencies in the delivery of healthcare, the Government of Ghana (GoG) remains the largest institution for the provision of healthcare for the people of Ghana. This fulfils the constitutional mandate as the primary institution responsible for the delivery of healthcare in Ghana. This suggests that government is compelled to provide healthcare for the citizens unlike the other institutions that may have an option to either stop or continue with their support. Hence, the Government of Ghana has the largest number of health facilities in the country. In a bid to guarantee satisfaction with the healthcare provided, the delivery system is modified intermittently. The delivery of healthcare in Ghana started with free medical care for all citizens. This was the norm from when the country gained independence in 1957. Few years from then, free medical care was offered to citizens at only government healthcare facilities. To ensure a universal application of the free medical system, government made efforts to ban both private health professionals and the health centres from charging citizens, user fees. This was sustained through the payment of allowances to the healthcare facilities to replace the payment of user fees by

citizens. Healthcare facilities were increased during this period between 1957 and 1963. The high cost associated with the free healthcare system, coupled with growing population made it difficult to maintain by subsequent governments.

The GoG therefore made a remarkable transition from free medical care for all to payment of medical fees. In 1969, payment for medical care was therefore introduced in all public hospitals and health care centres. Payments of fees for health care services continued in 1971 under Hospital Fees Act 387, 1971. The aim of the Act was to “recover part of the cost of health care” in the country (Ayisi, 2009, as cited in Kipo, 2011, p.4). In 1985, the government commenced with the payment of user fees which was generally referred to as the cash and carry system (CCS²). The CCS was backed by the Provisional National Defence Council (PNDC³) Law (Legislative Instrument (LI) 1313 as part of World Bank (WB) and International Monetary Fund (IMF) Structural Adjustments Programmes (SAP) (ibid). The CCS only led to an unfair situation where only the rich could access healthcare because they could afford the service. Poor people suffered ill health because of their lack of financial will. A review of the system of healthcare delivery became inevitable since all attempts at making healthcare accessible to both the rich and poor had been unsuccessful. This led to the rollout of the National Health Insurance Scheme (NHIS) in 2003 which is aimed at the “provision of basic health care services to persons resident in the country through mutual and private health care schemes”. (NHI Act, 2003, p. 4 cited in Kipo, 2011, p. 5) The Act seeks to “secure the provision of basic health care services to persons resident in the country through mutual and private health care schemes”.

The discussions above on the healthcare reforms in Ghana undeniably depicts the formidable role of government in the quest to ensuring that Ghanaians have access to equitable healthcare in fulfilment of their constitutional mandate. It is therefore natural to anticipate that citizens have trust in the healthcare received from government considering all the modifications to ensure a better system of delivering healthcare. Is trust therefore a feature of modern societies or a classical role of citizens? With the transition from traditional healers to modern medical treatment and medicines, there is the essence of trust relations and the need to nurture it. In traditional society there is naive or blind trust on traditions and those who uphold it such as chiefs, clerics and traditional healers. In the context of modernization however, this aspect is changing and new trust relations are required to make society

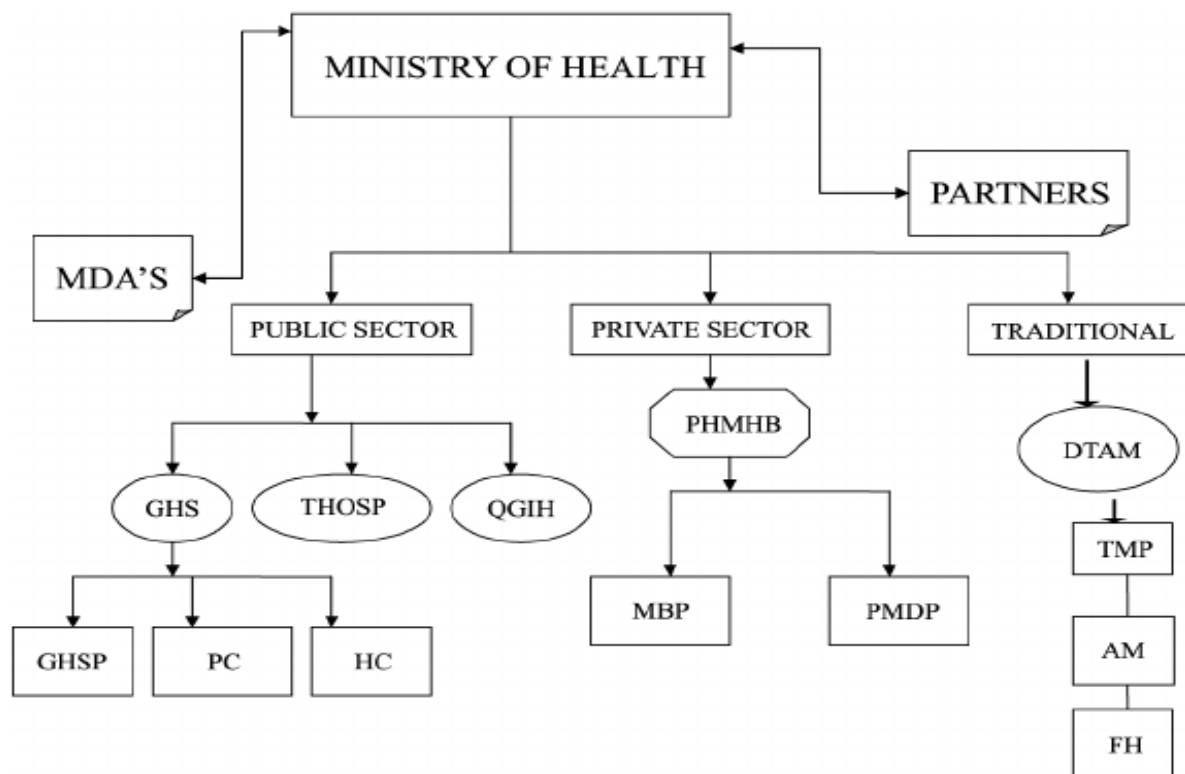
² Cash and Carry system (CCS): this system required patients to make payment before receiving healthcare services.

³ “PNDC was a military government in Ghana from (1981- 1992)”

functional and relationships sustained. This form of trust is based on either the performance of the institutions or the socialization process citizens go through.

This research focuses on analysing the state of citizens' (users of the hospital) trust in the healthcare received from government via the Effia Nkwanta regional hospital, bearing in mind that it is the government's mandate to do so.

Figure 1 STRUCTURE OF THE GHANAIAN HEALTH SECTOR



Key:

MDA's – Ministries Departments and Agencies

GHS – Ghana Health Service

THOSP – Teaching Hospitals

QGIH – Quasi Government Institution Hospitals

PHMHB – Private Hospitals and Maternity Homes Board

DTAM – Department of Traditional and Alternate Medicine

GHSP – Government Hospitals

PC – Poly Clinics

HC – Health Centres

MBP – Mission Based Providers

PMDP – Private Medical and Dental Practitioners

TMP – Traditional Medical Providers

AM – Alternative Medicine

FH – Faith Healers

Source: Second Five Year Programme of Work (2002-2006, p. 48)

1.3 PROBLEM STATEMENT

Globally, many governments show much enthusiasm about making policies which are manifested in several forms. This could be rolling out a whole new policy, making amendments to an existing one or even providing a service to citizens as is the case of this research. Of the about 29.6 million Ghanaians, more than half which is approximately 50.9% are urban dwellers. Deductively, the provision of service to the urban dwellers is to the majority of Ghanaians. In the 2010 population and housing census report of Ghana, reference was made of Brown,1986 who in the 1980's observed that in the area of health, there was a greater concentration of medical services, facilities and personnel in the towns and large cities even though about 70% of the country's population lived in the rural areas. This follows that urban dwellers access' to healthcare is comparatively easier than those in the villages and rural areas.

However, among urban dwellers is the growing notion of substandard healthcare by public (government) health facilities. As such, the average Ghanaian prefers healthcare from private health facilities despite it being comparatively expensive and the fact that in dire conditions, citizen's (patients) are usually referred to public (government) hospitals. Averagely, in cities like the Sekondi - Takoradi Metropolis where the unit of analysis (ENRH) is located, there are more private healthcare facilities than in the rural settings. Therefore, citizen's preference to private healthcare may be likened to their experience or exposure to it. However, the preference of private healthcare is also prevalent among rural dwellers who, at best are only aware of the existence of alternate healthcare such as private ones but may not have experienced it. It is in this regard that this research seeks to unravel the factors leading to the preference to alternate healthcare which is mainly as a result of lack of trust in the public healthcare.

1.4 PURPOSE OF THE STUDY

To ensure that citizens are receptive of the services provided by government and confident of the institutions, it is essential to solicit their trust and contentment in the service received. High trust in the institution will positively impact the citizens and as well serve as a motivation for the government to do more.

This research, through qualitative approach, seeks to explore what informs citizens' trust in the healthcare received from the government through the Effia Nkwanta Regional Hospital. Do the experiences with the hospital staff and general administrative procedures inform their decision to keep accessing healthcare from the public facility or look to alternate service providers?

Healthcare is delivered through systems and procedures, therefore the means of rendering the service to the citizen's count as much as the service received. Even though it is with limited authority, I dare say that researches on the trust of citizens with focus on public healthcare in Ghana are seemingly new. There are however works like '*Trust in the central government of Uganda*' by Mbattude, 2013, '*Trust in public institutions in Zanzibar: mapping the influence of performance and identity factors*' by Issa, 2017 and other collated researches from Afro barometer. This affirms the general opinion on the awareness that the discourse on trust is gathering globally. In Ghana specifically, works on the general delivery of healthcare such as '*patient's satisfaction with quality healthcare in Ghana: a comparative study between university of Ghana and university of Cape Coast hospitals* by Aduo -Adjei, (2015) is acknowledged. All the researches add to the knowledge of the understanding of healthcare in Ghana, both private and public care in various dimensions. This research is therefore to an extent, among the ground breaking works done to explore the trust of the people of western region of Ghana in the healthcare received from the ENRH.

1.5 RESEARCH QUESTIONS

Creswell (2014:139) defines research questions as interrogative statements that narrow the purpose statement (research objective) to predictions about what will be learned or questions to be answered in the study.

Layder (1998:30) also argues that “one need not necessarily have a clear research question, and that the formulation of research questions may have a rather haphazard evolution”. A research question is therefore a guide to what exactly the researcher wants to study to avoid wandering and duplication of works. For the purpose of this study, it is expedient that a well defined research question is developed to serve as a guide. This is because the scholarly concept of trust is very vast and can be conceptualised from several dimensions.

Therefore, this research addresses the central question, what is the state of citizen's trust in the healthcare received from the ENRH? To help answer the main question of the research, are the sub ones which are:

- What is level of citizens' trust in healthcare services?
- What are the factors that elicit trust from the citizens in the healthcare service received?
- How important are institutional procedures and individualism in ensuring citizens' trust in the Effia-Nkwanta Regional Hospital?

1.6 TERMINOLOGIES

Throughout this research, there is the intense use of the words public, government, patients and citizens. These terms are used interchangeably to bring the meaning of a statement or argument to bear. Government and public are used in different contexts to mean 'service which is either provided by the State or belongs to the State. However they connote the same meaning and so should be regarded as such in all the various forms it has been used throughout the research.

The same applies to the usage of the words citizens and patients. Patients are used to rightly describe people seeking healthcare. Citizens are however used in place of it to emphasise the 'government –people' relationship. Nonetheless, both are used to refer to the same group of people for the essence of this research.

1.7 FRONTIERS OF THE RESEARCH

Even though there are currently ten (10) regions in Ghana and the government spearheads the provisions of other important and basic services to the citizens', this study focuses on the western region and healthcare respectively. This choice is as a result of multiplicity of factors. Prominent among these reasons is the diversified nature of the region. The region houses fractions of almost all the various ethnic groups in the country. It as well has a good blend of formal and informal sector workers. The region, unlike others is not a stronghold for any political party either. Even though the region is the most economically active and richest in Ghana, its influence on the quality of life of the inhabitants is questionable. Does the economy of the people then compel and influence their choice of healthcare? The diversified nature of the region helps in the analysis of socio –demographic factors affecting trust. It as

well gives a varied opinion from their individual point of views which makes the analysis vast. The same cannot be said of the other regions that openly have unflinching support and allegiance to particular political parties. They could any day appraise the efforts of the government they support regardless of the obvious shortcomings. Coupled with comparatively easy access to data due to the researcher's familiarity with the region, proximity and economic reasons considered for the data collection, it is the best choice of site to conduct the research.

The research particularly focuses on the patrons of the hospital and not just every inhabitant of the region. This limits the respondents to the dwellers of the southern part of the region where the hospital is located.

The study however focuses on both patients who were receiving healthcare from the hospital as at the period of data collection and those who have been patients of the hospital about once in their life time. It again focuses on some departments of the hospital and then solicits the opinions of some staff.

The study however isn't much elaborate on the perception of trust from the administrative point of view regarding policies and procedures that can help evoke the trust of the citizens.

1.8 ORGANISATION OF THE THESIS

The structure of the research is categorised into six (6) main chapters. The first chapter gives the introduction to the study with emphasis on the background of the study, research questions, problem statement and purpose of the study. The chapter also highlights the borders of the research as well as some terms which have been mostly used and explains their meaning as used in the research .the second chapter explains the theoretical basis for the research, the general concept of trust in healthcare and in public institutions. The variables used for the study are also operationalised and hypotheses made.

The third chapter emphasises the methodological choices employed in the study. The fourth and fifth chapters give account of the findings made from the research and then analysis it. The last chapter gives concluding remarks and a summary of the entire research.

CHAPTER TWO

THEORETICAL CONCEPTS AND THE UNDERSTANDING OF TRUST

2.0 INTRODUCTION

The scholarly analysis of the concept of trust can be addressed from several dimensions. It has economic, sociological, political as well as rational dispositions. This is due to the existence of trust in almost all human engagements. It has also been analyzed in understanding social relations as well as interface between individuals and institutions (Fukuyama 1995; Giddens 1990, 1991; Gambetta 1988). It is therefore important to define the boundaries within which it will be considered with regards to this research: citizens' trust in public healthcare.

While some argue that trust precedes service delivery, it is vehemently opposed by others, and rather argues that satisfactory service delivery generates trust.

This chapter advances argument on the factors that reinforce trust in the public (government) healthcare received from the ENRH. On the basis of the performance - based theory, the research advances arguments to explain what it means to trust public healthcare from the Ghanaian point of view.

2.1 CONCEPTUAL DEFINITIONS OF TRUST

Trust lacks a comprehensive and unitary definition due to its multi-faceted nature. The burgeoning nature of literature and interest in trust research to psychologists, sociologists, economists, political scientists and other scholarly bodies poses a challenge to a coherent meaning of the concept. This has eventually led to various definitions for trust. Trust is therefore a multidimensional concept and has various meanings and applications in the field of social science. (Jamil & Askvik, 2015)

Among the various definitions however, is the popular definition by Mayer et al. (2009:45) as the "willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party". This definition of trust draws attention to the fact that trust does not necessarily connote taking risk but consenting to being vulnerable by taking a risk. It therefore establishes vulnerability as a major constituent for the

establishment and survival of relationships. Vulnerability comes about when one party, usually the trustee has the opportunity to act otherwise but decides to keep his part of the agreement without any or little monitoring from the other party. The trustor is only left to dwell on trust whilst expecting that the requested service or act is done, and his interest greatly considered and protected. Experiences with people or institution also affect trust. This experience could either be personal or through recommendation from a third party. A positive experience in dealing with another person enhances trust and reduces vulnerability (Jamil & Askvik, 2016, p. 648), whereas a bad experience could mar or at worst, bring an end to existing relationships.

The perspective of (Mayer et al, 2009) resonates the relationship between citizens and the healthcare received from the government (public). In this instance, citizens stand susceptible to the knowledge of the healthcare given them, especially in situations when they have little or no knowledge whatsoever of their health conditions. Citizens can only expect that the healthcare givers: mostly doctors and nurses will act in their interest to enhance their trust in the system.

Rousseau et al. (1998:395), also define trust as ‘a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intention or behaviour of another. Rousseau et al adds to the argument that without vulnerability, there can be no trust. Vulnerability on the part of the trustor is a measure of risk which should be calculated. Risk and uncertainty are therefore important elements of trust. The idea of trust as a calculated risk makes the act of trusting a psychological activity. Adding to scholars like Rousseau et al who share this view is Kramer. Kramer (2009) defines trust from the point of perceived vulnerability and risk related to individuals about their motives and intentions for safe reliance. Trust from this point of view confines the trustor to positive actions of the trustee with very little influence.

While others are of the view that trust is a rational activity so it must be engaged cautiously, others argue it is embedded in societal norms and practices.

Other definitions of trust are based on more general terms and expressed as an ‘attitude’ or ‘expectancy’ about other people and or social systems in which they are embedded. (Garfinkel 1963; Luhmann 1988 cited in Haque, 2015). From the definitions of trust discussed above that, vulnerability and the willingness to take risk thereof are very rudimentary to trust relationships and engagements.

Focusing on this research, vulnerability on the part of citizens' is a key embodiment of the trust relationship they have with the government through the public health institution, ENRH. Citizens' decision to trust the government to provide quality and effective healthcare is their willingness to take risk on their health. Government as the other party should therefore create an enabling room for the trust of citizens to thrive by delivering on their promise to provide quality yet affordable healthcare to them. Institutional procedures must also be structured such that, it buttresses the trust of the citizens. This can be achieved when services are delivered in a fair and impartial manner regardless of the individual differences of the citizens. An enabling environment, in the sense of quality, affordable and accessible healthcare delivered to citizens in a manner free of politicization whatsoever, draws immense trust from the citizens towards the institution and hence, the service provided.

Citizens are also vulnerable in the doctor-patient relationship. Doctors and other health workers are mostly advantaged with regards to asymmetry of information as compared to the citizens. This should however be used to build the trust relationship by using it to the benefit of the citizens as well. A trusting citizen is an avenue for the growth of the legitimacy of the institution and trust in the service provided. Citizens, when developing a trusting relationship with the government regarding the provision of healthcare must be confident of the fact that their health needs are adequately cared for and their opinions considered. Citizen's trust in institutions and government can be seen as a measure of how well they perform. (Jamil et al., 2013 cited in Landmark 2016:37).

The vast literature on the concept of trust reiterates the fact that there are several dimensions to it. In spite of the differences, the fact remains that these various types of trust usually define relationships between persons, among institutions or between persons and institutions, the concern of this research. Trust relationships between persons can either take a personal or impersonal form. Whereas the personal form is based on repeated interactions, mutual dependence and supported by common norms and values, persons and institutions as well as among institutions may take a different form. This is usually an impersonal form of relationship strongly supported by legal terms and punishment or repercussions for breaching the agreement. This is usually a calculative action that is expected to be of merit to both the trustor and trustee. However, several interactions of impersonal nature may foster trust relationships and generate confidence, reliability and positive expectations. Even though trust relationship between persons and institutions as well as among institutions could be abstract; commitment, honesty and fairness help to build trust in the trustor. Therefore, trust

exists largely in two forms, institutional and interpersonal relationships. Peculiar to this research is the puzzling situation where citizens may not necessarily trust the health institution, ENRH but trust some doctors and nurses. This usually happens when there has been previous interaction between them (doctors and patients). This could be either at a different health facility or even at ENRH but under different conditions. In the happening of such situation, the citizen (patient) may be insistent on being attended to by the particular doctor which usually results in some disorder. This brings to bare, the point that citizens may not trust the institutions per se, but because of some of the staff, they continue to access healthcare from the institution. The reverse is also true, even though it tendencies are not as high as the former. Under such situation, citizens ‘comfort’ themselves that it is the regional hospital and therefore look forward to the best of care. Citizens may not necessarily have the basis of the assurance of quality care from the health facility yet they still hold on to their expectations of good care because it is a government hospital, and a lot is expected of them. Therefore, citizen’s continual visit to the health facility for care borders on either trust in the staff or trust in the institution as a whole.

Trust between persons (citizens) and institution (Effia Nkwanta Regional Hospital), the focus of this research is discussed further in the ensuing chapters.

2.2 EXPLAINING INSTITUTIONAL TRUST IN PUBLIC INSTITUTIONS

Among the types of trust itemised by Rosseau et al is Institutional - based trust. This is a very well structured form of trust along the lines of legality and defined systems of control. Parties to this kind of trust have clearly defined goals and the relationship that exists in between them is impersonal. Control mechanism, legal framework along with clearly defined roles of parties in interaction forms the basis of *institutional-based trust* (Oomsels & Bouckaert 2012:9 cited in Mahmud 2016). Unlike relational trust, institutional- based trust has almost nothing to do with emotions and repeated interactions among the parties or well calculated economic benefits like calculus- based trust. Institutional-based trust can however breed bureaucracies because of the procedural structures it employs in handling issues. Activities follow defined line of action. Institutional trust can only thrive when qualities such as impartiality, equity and equality, credibility, competency, keenness to serve the public good among other positive qualities are available. Rousseau et al (1998:400) further opines that institutional- based trust can result in both calculus based trust and relational trust. This

can come about when impersonal relationships attracts the confidence of the trustor which creates an enabling grounds to carry out transactions which results in economic gains to the trustee.

Institutional trust could however result in rigidity and delay in service delivery and other transactions due to systemic pursuance of procedures. Institutional trust can be achieved through the collective efforts of both employees and employers. It behoves on the employees in an institution to make policies and measures formulated by the employers' practical, to build trust and credibility from their customers.

In a broader sense, public institutions refer to organisations that are owned, financed and generally managed by the government. Usually the borders of operation are defined and have the satisfaction of the public as the utmost if not the only priority. They have a clear distinction from the private institutions regarding the ownership and parameters of operation. Mainly all government- managed institutions are public institutions. They largely have much resilience and continuity of operations compared to privately- owned institutions. Having the focus of meeting and satisfying public interest, it is therefore expected that they are trusted by the public (citizens). Under democratic governance, citizens should have access to basic services like healthcare. It is the obligation of governments to provide such services to meet their needs.

Trust in the public healthcare implies trust in the public health institution. Institutional trust in loose terms means the trust in the institution, whether public or private. Institutional trust is fostered from either within the institution or by an external factor. This means that institutional trust comes about either by certain internal procedures and traditions or caused by factors outside the institution.

Citizens' trust in the healthcare could be as a result of various reasons such as efficacy of medication, prompt response of nurses, shorter waiting periods and general institutional practices that is deemed favourable. Whiles findings from studies such as Rowe et al. (2009) emphasize that citizens' trust depend more on relationship factors than the characteristics of patients, Hall& Taylor (1996) argue that institutions contribution to solving collective action problems, elicits supports from citizens. This implies that the institution gains the trust of the citizens based on the assessment of their performance.

To understand this, the performance -based theory which mainly argues that citizens trust the institution based on satisfaction with their performance and the ability to meet their needs would be discussed. Performance of the institution therefore satisfies the internal conditions which elicit trust from users of the service provided (citizens). This is explained with the performance-based theory in the following pages.

The external factors that cause trust in the institution are explained by the socio -cultural theory which fundamentally argues that trusting institutions is a part o f the socialization process people go through from childhood. Thus people are socialised into either trusting or distrusting institutions.

2.3 PERFORMANCE-BASED THEORY AS INTERNAL FACTOR FOR EXPLAINING INSTITUTIONAL TRUST

Performance of institutions is measured by the delivery of their mandates and responsibility towards their service recipients (citizens). This is a decisive tenet in measuring the trust reposed in them. It should however be mentioned that the perception of citizens as to what makes them trust an institution is equally important in determining their level of trust. For this research, citizens' trust in the institutions is measured by the performance of the health facility.

Performance is therefore defined as the ability of the health facility to give comprehensive healthcare to citizens, and the eventual healing from their sickness. Performance of ENRH is based on individual experience, expectations and the medical conditions with which they visit the hospital. The implication of the performance of ENRH eventually forms the grounds for trusting the services of ENRH. Whether positive or negative view of ENRH, it is important that it aligns with the general perceptions of healthcare. Thus, what citizens mean by trusting the health facility is that, their sickness and general ailing nature is healed upon visit to the hospital. From the citizens' perspective, this can be achieved when the doctors and nurses exhibit genuine concern, competence, and a generally welcoming environment for them during their visits to the hospital.

Performance- based theory centres on the quality of service rendered to the citizens. Using the human capital and other available resources, the institution must deliver satisfactory health care to the citizens causing them to trust it. Citizens can only be confident and reliant

on the healthcare when it has proven to be concerned with ensuring that they receive quality healthcare devoid of partiality and power abuse to the disadvantage of the citizens.

As performance-based trust borders on internal factors that attract trust from the citizens, individual socio- demographic factors and expectations causes difference in the trust levels.. Christensen and Laegreid (2005) find that political culture and demographic factors such as age, education and occupation, play an important role in shaping institutional trust.

When institutions deliver on their mandates and meet the expectations of citizens, the institution is deemed trustworthy and hence gains the trust of the citizens. Whiles institutions whose performance meet citizens' expectations generate trust, low or non-performing institutions generate low trust or outright distrust from the citizens. High political trust usually reflects an efficient, effective and democratic government but low trust is as a result of government's failure to deliver public services. (Van De Walle and Six, 2014).

The fact that citizens' trust an institution when it meets their expectations is analogous to calculative –based trust. Citizens' trust in the institution then becomes a rational choice aimed at gaining. Citizens consequently expect a positive outcome by trusting the institutions to deliver their needs.

Competent staff, availability of resources, cost effectiveness; timely response to citizens' health needs coupled with infrastructural development enhances the trust of citizens in the health institution. With regards to the health sector, citizens' primary concern is getting cured of their sicknesses at an affordable fee and in a welcoming ambience. Citizens expect their health needs to be met without making them feel inferior to the doctors and nurses. Experiences with the institutions also affect trust. It is therefore a responsibility of the institution to create conditions necessitating a positive experience for the citizens. Trust can be built when people have a good experience with the institution or upon a recommendation from a third party. One can only give a positive recommendation based on the experience gathered.

With the emergence of New public management, where citizens are to be treated as customers and parties to a contract, citizens expect better services from the government and as such the public institutions. Regarding this research, citizens expect a faster and more convenient way of delivering healthcare. This could be translated into computerised system of keeping the bio data of citizens instead of having to queue for long hours for folders. There

should also be more specialist doctors to avoid referral to private hospitals. Doctor -patient relationships could be improved by doctors spending more time with the patients and lending them a listening ear during consultation rather than assuming to know what the patient is suffering from and going ahead to give prescriptions for medications. Quality healthcare should therefore be a collaborative effort between doctor and patient where doctors explain medical conditions and terms for patients to understand why they are given a particular treatment. The legitimacy of the institutions to the citizens becomes refutable when their expectations are not met.

Performance – based theory repudiates all assertions to the fact that other factors other than institutional performance elicit trust in citizens. As far as this theory is concerned, socio-cultural orientation and personal relationships in no way affect citizens’ trust in institutions, except the performance of the institutions. (Newton and Norris: 2000 cited in Landmark: 2016). The “foundation for this theory of institutional trust is quite simply that individuals’ trust in public institutions relies on how well the institutions perform according to their expectations and what has been promised” (Lühiste, 2006 cited in Landmark 2016:44).

Other scholars however argue the contrary, which is that institutional norms, procedures and bureaucracies make the institutions rigorous and rigid and that very nature undermines trust. It is important to mention that, whereas internal factors are indispensable to generating institutional trust, external factors which is explained by the cultural theory can equally not be overlooked.

2.4 SOCIO- CULTURAL THEORY IN EXPLAINING INSTITUTIONAL TRUST)

In broader terms, the arguments for socio -cultural theorists in explaining institutional trust is that trust in institutions is mainly dependent on individual traits and their socialization. These are conditions external to institutional influences and procedures that affect trust. This theory as well discards all factors which suggest relationship with the institutions causes the emergence of trust. It is mainly based on peoples experience and their upbringing. Mishler and Rose (2001) argue that trust in public institutions is exogenous in nature as it is caused by factors which are not related to the institutions. In general terms if people are socialised into trusting others, it is very likely that they will have trust for the institutions as well. Cultural theories in explaining institutional trust can be analysed from two broad views: the macro and micro perspective. Whilst the macro perspective focuses on regularised national orientations and pays little or no attention to modifications in trust among individuals in the society, the

micro level focuses on the variations in the socialization processes as a cause for the different levels of political trust both within and among societies (ibid).

As opposed to institutional theory in causing institutional trust, cultural theorists argue that institutional trust can be changed through a change in the social orientations and cultural norms of people which may take a very long time for the change to be effected. To the socio-cultural theorists, trust in institutions stems from cultural norms and is communicated through socialization: it is considered an extension of interpersonal trust. (Mishler and Rose 2001: 31 cited in Mahmud, 2017). Political socialization from older generations therefore affects and shapes the trust of younger generations in institutions. This however requires continuity and stability in the country's regime. (Landmark, 2016). Socio-cultural theory in the explanation of trust therefore argues that change or variations in the levels of trust for institutions only comes about through socializations. Unlike the performance- based theory where dissatisfaction with the outcome of the institutions causes low or outright distrust, younger generations have to be socialised into growing distrust for institutions based on the experiences and views of the older generation. This means that people do not get to assess the performance of the institutions themselves neither do they acknowledge the grounds for the distrust. This form of socialization may take several years to manifest or even decades unlike with performance based theory where the assessment of the institution can cause trust to either rise or fall within a relatively shorter period of time.

Whereas the performance – based theory attests to the internal factors that causes trust and its variation, socio-cultural theory is an evidence of the external factors. The experience and exposure of people with the institution is the main determinant of their trust whiles the individual orientations or socializations forms the basis for the trust or otherwise of institutions.

2.5 MEASURING TRUST IN ENRH

Judging from the arguments advanced, two factors (endogenous and exogenous) are responsible for the explanation of institutional trust., Trust in ENRH is also explained along the lines of endogenous factors represented by the performance -based theory and exogenous factors represented by the socio-cultural theory.

To measure the level of trust in ENRH, perceptions on areas such as maternal care, paediatrics, care for in-patients and quality of nursing service were sought. Internal factors such as politicisation of doctors, corruption at ENRH, fairness of service delivery among others were discussed. Details on the evaluations of these factors and how they affect trust is elaborated in the findings and analysis chapters.

2.6 TRUST AND HEALTHCARE DELIVERY

Trust is very essential for every social engagement especially in situations where one party has more knowledge or information that can be used against the other party. It is therefore very expedient that conditions that will create reliable, confident and enabling relationship are established. In the trust relationship between the citizen and health facility it is very necessary that trust is built and maintained as this will give rise to an assuring and reliance on the healthcare. (Offe 1996:10, cited in Haque 2015) argues that “When the culture of trust is present, transaction costs are significantly lowered and chances for cooperation increased”. Cooperation is an indispensable element for citizens’ trust in healthcare. It is only by that, that results will be achieved and health restored.

Even though trust is necessary in every human transaction, it is particularly pertinent to service delivery and for that matter healthcare. Gopi Chandran et al. (2013). Trust is an important value in health care as the person who is sick seeks the help of the health care provider to heal illness. This treatment seeking behaviour entails a level of trust in the provider. The issue of trust regarding health care is very important for a number of reasons. Citizens are susceptible to how the healthcare provider uses the knowledge they have. There is the tendency of being exploited by the healthcare providers to their detriment as they are desperate for cure. More particularly, “trust involves the question of proper diagnosis, appropriate treatment, non-exploitation and genuine interest in the welfare of the patient” (Gopi Chandran 2013:1 cited in Haque 2015). This makes the element of trust indispensable in the provision of healthcare. As has been discussed above, that institutional arrangements and procedures are internal factors for generating trust in the institutions, policies which are formulated by the institutions with regards to service delivery should also be analysed. Service providers: in this case, the government should be much concerned about gaining the trust of the citizens in the institutions through the service they provide. This is important to enable citizens seek healthcare from the facilities and not find alternative sources. To achieve

this, government should find out what matters to citizens health needs and take progressive steps towards ensuring it. For instance, in the case of Ghana, it may sit right with government to introduce a policy like the National Health Insurance Scheme (NHIS) which is aimed at providing affordable health care to citizens. However, accessibility of hospitals and the efficacy of medications provided under the scheme is what matters to the citizens and that will build their trust in the scheme.

Regardless of the several shortcomings of the government in the attempt to deliver quality and affordable healthcare to citizens, the Effia Nkwanta Regional Hospital has a good patronage from the citizens. It is the ‘most endowed’ government health facility as far as the western region is concerned. It is therefore expected to have a way out on all the health conditions reported there. However, until the provision of healthcare is made credible and appealing, citizens will take the risk of seeking healthcare elsewhere at rather expensive fees. And should the infrastructure be expanded, it could stand a chance of being underutilised once citizens do not trust that their wellness concerns the Government. Trust is also very important in the citizen-doctor relationship as it causes adherence to recommendations and prescriptions given by doctors for treatment. For most patients/ citizens, continuity with a healthcare provider is basically a matter of trust. Trust in healthcare providers is not static; it is subject to change just as trust in the institution. Citizens may trust the health facility because of a particular doctor or nurse and just the institution per se. Hence, citizens’ trust may vary with different healthcare providers. Loss of trust in a healthcare provider may however come about as a result of a drastic action. People can trust a healthcare provider so much that they cease to access healthcare from that facility when the person is transferred. The trust between doctor and patients borders much on the relationship established than individual traits and socio- demographic differences. Therefore interpersonal skills are as important as professional competency in building trust between the doctor and patient. This suffice why some citizens’ make remarks like ‘ am not going to this hospital because of the attitude of X doctor or Y nurse’ and yet the institution may retain working with such a person because they are professionally sound. Citizens are confident and comfortable relating to a health service provider who partners with them and respect their views on issues. This leads to satisfaction with the doctor or nurse. In the Ghanaian circle, it is very common to have people stop seeking medical care from a particular health facility because a particular doctor or nurse has stopped working there.

Quality of nursing services also greatly influence citizens trust in a health facility. This usually means good demeanour, professionalism, genuine care for citizens wellness and timely response to citizens needs. Citizens trust in health institutions are therefore a blend of societal, personal and institutional factors. Each of these factors plays a significant role and cannot be overlooked. Trust is therefore very essential in provision of health care, hence the focus of this research in understanding it by mapping citizens' trust in the Effia Nkwanta Regional Hospital to the services provided.

2.7 OPERATIONALISATION OF VARIABLES

Yin (2003) argues that operationalisation of the concept makes it easy, feasible and realistic for the researcher to study the concept or else would be tempted to analyse all the various parts and dimensions there is to the concepts which is unattainable and hence the research becomes vague. This section therefore defines the concepts to make it measurable on the basis of the theoretical discussions made earlier.

This study is about citizens' trust in the Effia-Nkwanta Regional hospital. The dependent variable for the study is therefore **Trust** in the Effia-Nkwanta Regional Hospital. The independent or explanatory variables have been categorised into Institutional and Identity variables. Variations in the level of institutional trust as per the respondent's opinion are caused by the explanatory variables since the dependent variable is static.

2.7.1 DEPENDENT VARIABLE TRUST (IN THE EFFIA NKWANTA REGIONAL HOSPITAL)

The analysis of the argument on institutional trust has been made from several points of view and dimensions. Trust has been studied using the qualitative, quantitative and mixed methods approach. It has also been studied from the political, sociological and economic perspectives. Whiles most of the literature reveals the arguments in relation to specific western countries, that of Africa has been approached in a holistic manner. Researchers, with the help of afro barometer, even though attempt studying trust in the African context, it lacks country specific details and as such data from one country is assumed to be valid for another country. However, there are some very significant differences in the governance and political system of various African countries, in spite of the striking similarities as well. Castillo (2006) argues that it is a big task to measure institutional performance considering that the researcher has to deal with several variables and indicators at various levels. To measure the

trust in institutions, it is important to identify the extent of its responsiveness to the needs of the citizens and how well they are delivering on their mandate.

Trust in the health institution is based on the efficacy and credibility of the treatment received which provides meaningful healthcare to the citizens. The extent to which they have trust in the health facility shows their level of confidence in the institution and its administrative systems. The best measure available for trust in governing institution is translated as 'confidence' (Svedin 2012:147 cited in Mahmud 2016:20).

Trust in the Effia-Nkwanta Regional Hospital (ENRH) is the dependent variable for this research. The Ghanaian health system is categorised broadly under three main sections. The national level is under the administration of the Ghana Health Service, the regional level administered by the Regional Health Directorate, then the district levels by the District Health Offices. The small towns and villages have the zonal clinics which fall under the direct supervision of the district health directorates. The ENRH is reputedly the biggest health care centre in terms of infrastructure, logistics and staff size. It is the last resort for healthcare as far as the region is concerned. It serves as a referral hospital to all the other health facilities in the Region, both private and public and sporadically to the nearby region. Considering the quantum of health problems that it is to address as far as the region is concerned, the government sends well-trained and experienced doctors to this outfit. Therefore, ENRH is likely to be held in high esteem by citizens (inhabitants of the region and policy makers alike). It is the highest ranked and presumably the most equipped health facility as long as the western region is concerned.

However, there is a growing perception of distrust among citizens so much so that even staff of the Hospital seek healthcare from alternative source, especially maternal care. This unrest among citizens stems from a considerable number of factors further explained in the ensuing pages.

Given the importance of the ENRH in the area of public healthcare as far as the region is concerned, it is worth finding out the perceptions of citizens regarding their trust in the institution. The Government of Ghana, in its bid to provide affordable and accessible wholesome healthcare to citizens, introduced the National Health Insurance Scheme in the year 2003. During the early stages of the scheme, people found a reason to be enrolled unto it. However, people presently approach the scheme with an attitude of 'let me register and use the service when I don't have enough money or when it's no major illness'. It is bothersome

that a scheme that was meant to provide equitable access and financial coverage for basic healthcare is not serving its purpose even with the public health institutions which purports its essence. This definitely needs a scholarly attention; hence the motivation for the research.

2.7.2 EXPLANATORY OR INDEPENDENT VARIABLES.

From the analysis of the concept of trust discussed above institutional trust comes about either by institutional norms (performance –based factors) **or socio-cultural factors.** Whereas institutional theorists argue that institutional trust emanates from the satisfaction of citizens with the performance of the institutions, socio-cultural theorists maintain that it is social and cultural factors which stems from the socialization of people as well as their relationship with each other within the society that give rise to institutional trust.

To further explain how variations in these two schools of thoughts affect the overall trust in the institutions, the variables have been grouped under two main headings. The socio-demographic and institutional factors.

Gleave et al (2012) advances that trust determinants in sociological theory can be grouped under four classes: institutional quality, culture and values, civil society and demographic homogeneity. Kuenzi (2008) also argues that age, gender and education which are all socio-demographic variables have been identified to influence trust.

2.7.2.1 IDENTITY OR SOCIO- DEMOGRAPHIC FACTORS

The socio-demographic variables that are discussed in this study are age, gender, education, occupation, frequency of visits to the hospital and proximity to the hospital. These variables are individual characteristics that inform ones' choices and level of trust in general. In institutions, peculiar experiences about these factors are determinants of the level of trust.

Age:

This is an important determinant in the variation of trust levels in general and specifically, in an institution. It is interesting to note that, that age is among the demographic variables that surfaces in almost all arguments advanced in connection with trust, yet there is no single hypothesis that holds true for age all the time. It is therefore context specific and hypothesised on the merit of the arguments and findings in relation to the research under discussion. Seligson (2002) considers age an important factor in the explanation of political

trust (trust in public institution). He is of the view that higher trust is expected from younger people display higher trust because they have not experienced and accumulated several years of disappointment with the institutions unlike the older citizens. Christensen and Laegrid (2005) on the contrary argue that, trust in government increases with age. However, the recent generation has experienced a public sector in a dwindling state or shifting more towards the private sector while the older people tend to be collective.

For this study however, I add up to the notion of Christensen and Laegrid because, younger generation tend to be less trusting of the healthcare provided by the ENRH. With the influx of technology and massive subscription to social media, the younger generation have a wealth of information about healthcare and expect better and result-oriented services from the public institution. They are as well privy to happenings in other countries as well as alternate source of health care. This makes them tend to be less trusting of the traditional and routine service provided by the government coupled with the steep bureaucracies. The older generation however have always known and are used to the services from the government. They also have an attitude of being resistant to new ways and could affect them trusting alternate source of healthcare other than the public institution.

This study categorised the respondents largely under 18-40 being the 'younger' generation and 41 upwards being the older generation. Eighteen years is mostly recognized as the threshold for adulthood, the basis for the selection of respondents for the research.

Based on this it can be hypothesised that younger citizens have less trust in the ENRH than the older generation

Hypothesis₁: The older the generation, the more the trust in the ENRH;

Gender:

Of equal importance is gender as a demographic variable about social – related researches. The value of gender is an obvious disposition, thus level of trust is determined along the male and female lines. Different scholars give various views about whether men or women have more trust in public institutions. Chang and Chu (2006) argue the importance of gender in determining political trust and state that women are less likely to trust the public institutions.

Laegrid (1993) cited in Christensen & Laegreid (2005) rather support the argument that women rally more support for the public institutions than men do.

This study hypothesises based on the following arguments. In the African context, Ghana specifically childbirth is of extreme importance and almost the cutting edge in the definition of feminism. For this reason and certainly based on the socialisation process, everything related to child birth is of prime importance to most Ghanaian women, even if they do not yet have a child or have never had one. The ENRH has as one of its most important units, the Obstetrics and Gynaecology (O&G) unit. This unit is mainly the reason why most women patronise the hospital's service even though I rightly acknowledge, that there are several women with health conditions which have no relationship with the unit like diabetics and cancer.

However, for the lot more who do, they are less trusting of the ENRH. This is due to issues like mortality rates, inadequate infrastructure, bureaucracies, poor nursing services, to mention, a few. This causes women to be less trusting of the hospital especially in the wake of better services at alternate sources like the private sector. Even though it can be argued that policies like free maternal care introduced under the Kufour administration in 2008 and the NHIS was to make healthcare better for women. However, I dare say, what is the essence of free care when children are lost at the peak of the process and mothers as well.

For the males, it happens that their acute condition which is mostly prostate cancer and hernia are mainly treated at the public hospitals where ironically the specialists and needed logistics are available. Hence resorting to alternate healthcare is not really an option.

Again, women are naturally drawn towards caring attitudes and as such find it very difficult to relate with impolite or unresponsive nurses which is a menace at the ENRH. Even though males also appreciate endearing nurses and their service, the study identifies that it is not a basis for their decision on where to seek healthcare and who to trust as it is for women. To this end, the study hypothesises that women have less trust in the ENRH than men do.

Hypothesis 2: Males have more trust in ENRH than women.

Education:

There is a popular axiom that knowledge is power. This knowledge is harnessed through education. Naturally, people are critical of what knowledge they have. The contrary is when

education and awareness are less, one barely bothered about it. It has been argued that citizens grant or withhold trust based on their evaluation of the performance of the actors or institutions of government (Alvarez and Hall 2008 cited in Mbatudde 2013: 37). It follows that educated citizens critically examine the duties of the government as against their responsibilities. Being privy to information on issues such as democracy, accountable and inclusive governance, corruption and general matters related to the economy, educated people have the knowledge to examine the public institution.

They also understand their roles as citizens, what the government owes them and their responsibilities in turn, they are therefore likely to analyse the role of government in issues that concerns them like healthcare. The study identifies that educated people acknowledge that when the government meets their basic needs it is not some sort of favour but their rights. As they pay taxes and fulfil other civic duties, it is the responsibility of government to ensure their well being and be concerned with issues related to their health. This makes educated people very analytical of services received from ENRH about competence of doctors and nurses, availability of medicines, right diagnosis and treatment which result in good health as well as general hospital administration. Based on the arguments advanced, the study hypothesise that educated people have less trust in the ENRH than uneducated people do.

Hypothesis 3: The more educated the citizen, the less trust they have in ENRH.

Occupation:

This variable is somewhat related to education. The level and type of education is the basis for people's occupation.

Various occupation results in different health hazards and hence different medical needs. Jamil et al (2010) are of the view that occupational background is used as explanatory variable in other studies on trust influence trust relationships.

The study gathered that people's occupation had almost no bearing on the trust level in ENRH. To the citizens, once their health needs are met in a warm atmosphere, that is what mattered. The hypothesis drawn from this argument is that different occupations have no bearing on the level of trust in ENRH.

Hypothesis 4: Occupation has no bearing on the level of trust in ENRH.

Distance to ENRH:

It is natural that people resort to services in closer reach. For services like healthcare, distance is very important as it can be a determinant either gaining or losing life when in a critical condition. It is therefore rational to assume that people from longer distance have higher level of trust than those in closer reach. However, the study realised that people's distance from the hospital did not affect the level of trust. Citizens lived closer to ENRH but sought healthcare elsewhere because of lack of trust. In the same vein, others lived farther from ENRH yet it was their first choice for healthcare. It is interesting to note that people who lived in a closer distance and had no trust in ENRH would go there for first aid if it were any emergency, then resort to other options afterwards. The hypothesis drawn from this is that proximity in no way affect trust levels.

Hypothesis 5: Distance to ENRH has no effect on trust levels

Frequency of visits:

How often people seek healthcare from ENRH is a good indication of their levels of trust. Even though someone may seek healthcare for different health conditions, the argument is valid that satisfaction with previous healthcare is the reason for the continual patronage to the service. Therefore people who visit ENRH often for treatment, have higher trust level. However, it may also be true if a person has no access to other health facilities or exit option than the current option that person has no other way but to remain loyal to the existing healthcare and trust it for whatever service he gets.

Hypothesis 6: The frequent the number of visits to ENRH, the higher the level of trust.

Levels of income:

Alternate source of healthcare in Ghana other than the public is comparatively expensive. However, especially the private sector has earned for itself good disposition to Ghanaians. They comparatively have higher levels of trust, better nursing services, professionalism and show concern for the wellness of patients. They also have better infrastructure and advanced technology for their services. The patient- infrastructure ratio is considerably less compared to the public hospitals like ENRH. Due to this, citizens with higher income levels prefer their services to the public ones even though most of the doctors are the same who work in the public sector. From the research, respondents were of the opinion to spend more money for

better healthcare than put their health and for that matter life at risk or in jeopardy while subscribing to cheaper options like ENRH. Therefore, it can be said that citizens with higher levels of income have less trust in ENRH than those with lower levels. The rich have an exit option. The study also discovered that some citizens sort healthcare from ENRH not because they trusted their service but due to financial constraints, they had no choice. It can be hypothesised that people with higher levels of income had lower trust in ENRH than those who had lower levels of income.

Hypothesis 7: The higher the level of income, the lower the level of trust in ENRH.

2.7.2.2 INSTITUTIONAL FACTORS

Institutional norms are the internal factors which elicit trust in the citizens. The higher the level of satisfaction with these factors, the higher the trust level will be in the institution. The institutional norms are explained by quality of nursing services, availability of infrastructure and equipment, professionalism, institutional norms and values, general level of satisfaction with services.

Quality of nursing services:

Nurses are the main ‘frontliners’ when it comes to citizens interaction with health facilities. Because of scope of their work, they mediate between the doctor and the patient. This onus makes their role very significant in the building of trust in them as well as in the hospital. Patients, irrespective of how ‘minor’ the sickness, need endearing services from the hospital usually through the nurses. In general therefore, the demeanour of nurses and the ambience they create for patients cannot be undermined in the perception of trust among citizens. Timely response to patients and their needs, taking time to explain medical conditions and terms to them while not making them feel disrespected and the genuine concern of their wellness of builds lasting impressions on citizens. Nurses hold a very important role in ensuring the wellness of patients, negligence in the execution of this role could at worst cost lives. It is therefore a significant factor and a legitimate subject for citizen’s consideration in their level of trust for a health facility. The possible hypothesis to be drawn from the arguments is the better the quality of nursing services, the higher the trust.

Hypothesis 8: The better the evaluation of citizens of nursing service, the more is their trust in ENRH.

Availability of infrastructure and equipment:

This institutional factor does not in itself yield trust in citizens, but it is a means to an end. Healthcare is almost impossible without the supportive infrastructure and equipment needed to complete the healing process in patients. Wards, wheelchairs, medicines and other logistics are therefore very important for the delivery of healthcare. Patients are sceptical if they have to get all medicines from other sources after visiting a hospital. Services like laboratory and ultrasound are important to have in hospitals like ENRH. This creates a sense of wholesome healthcare delivery to the patients. For most Ghanaian patients it is convenient to have a 'one –stop' for all their health needs rather than having to do bits and pieces from different sources. This informs their choice of hospitals and their levels of trust eventually.

It is worthy of note that, citizens may not have such expectations of specialised hospitals known for the rendering of a particular health service. The argument is for bigger hospitals like ENRH. The hypothesis drawn from this is that the availability of infrastructure and equipment results in higher trust among citizens.

Hypothesis 9: the better the infrastructure and equipment in the hospital, the higher the level of citizens' trust in ENRH.

Professionalism:

Professionalism in the execution of duties is of general importance in the world of work. For the health sector it is of extreme merit. People's health status and their vulnerability when in need of healthcare is a sensitive aspect of their lives that must be treated with all the tact it deserves. Competence, commitment to duty, privacy and confidentiality of patient's profile connote a person's level of professionalism at work. These factions function mutually to give satisfactory service to patients. To create credible health relationship with patients, they must be able to rely on experiences of doctors and nurses.

Healthcare providers must handle patients with dignity while exhibiting higher levels of integrity themselves. The ability to be a master at what one does is of equal importance in rendering health service. The human life is too precious to play with. Healthcare providers must be apt to their duty since any mistakes caused by their negligence and incompetence can result in dire consequences. Health facilities that exhibit such qualities attract positive evaluation from citizens. Therefore, it can be hypothesised that lower levels of professionalism yields low trust in citizens.

Hypothesis 10: the higher the level of professionalism of ENRH, the higher the level of trust from citizens

Institutional norms and values:

Human beings are prone to acting in ways that favour them to the unfortunate extent of sometimes neglecting how others involved are affected. To this end, the human behaviour should be put under check, especially in their relationship with others. For healthcare facilities, this is no exception. Relationship between healthcare providers and patients must be put in a defined scope and perspective to avoid haphazard administrative procedures. This is of merit because of the importance of health. For instance, hospitals should define the procedure to follow upon reaching there. Systematic procedures like getting bio data checked first, then important conditions like checking blood pressure, temperature and so forth before seeing a doctor already informs him of who you are, the medical history you have and where to commence treatment . Institutions should also ensure continuity in the treatment and medical history of clients. This gives credibility and a sense of duty, knowing what you are about. It puts the health facility in a positive light for the patients.

Routine procedures to follow at health facilities breed less corruption while ensuring fair treatment to all. Procedures should be chronological and orderly. This makes it difficult to jump steps for patients as well as difficult to manoeuvre for healthcare providers. The study realised that this factor affects citizens' levels of trust as much as the others. "Knowing what to do at each stage of a visit to the hospital makes things less chaotic and its therapeutic in itself", a respondent argued.

Some health facilities as a matter of deterrence have explicit writings around the hospitals echoing that patients are not supposed to give 'tips' in any form to the staffs. They are punished by way of delaying them when found and the corresponding staff severely dealt with. The hypothesis from this is that the stronger the institutional norms and values, the higher the trust.

Hypothesis 11: The stronger the institutional norms and values of ENRH, the higher the trust of citizens.

General level of satisfaction:

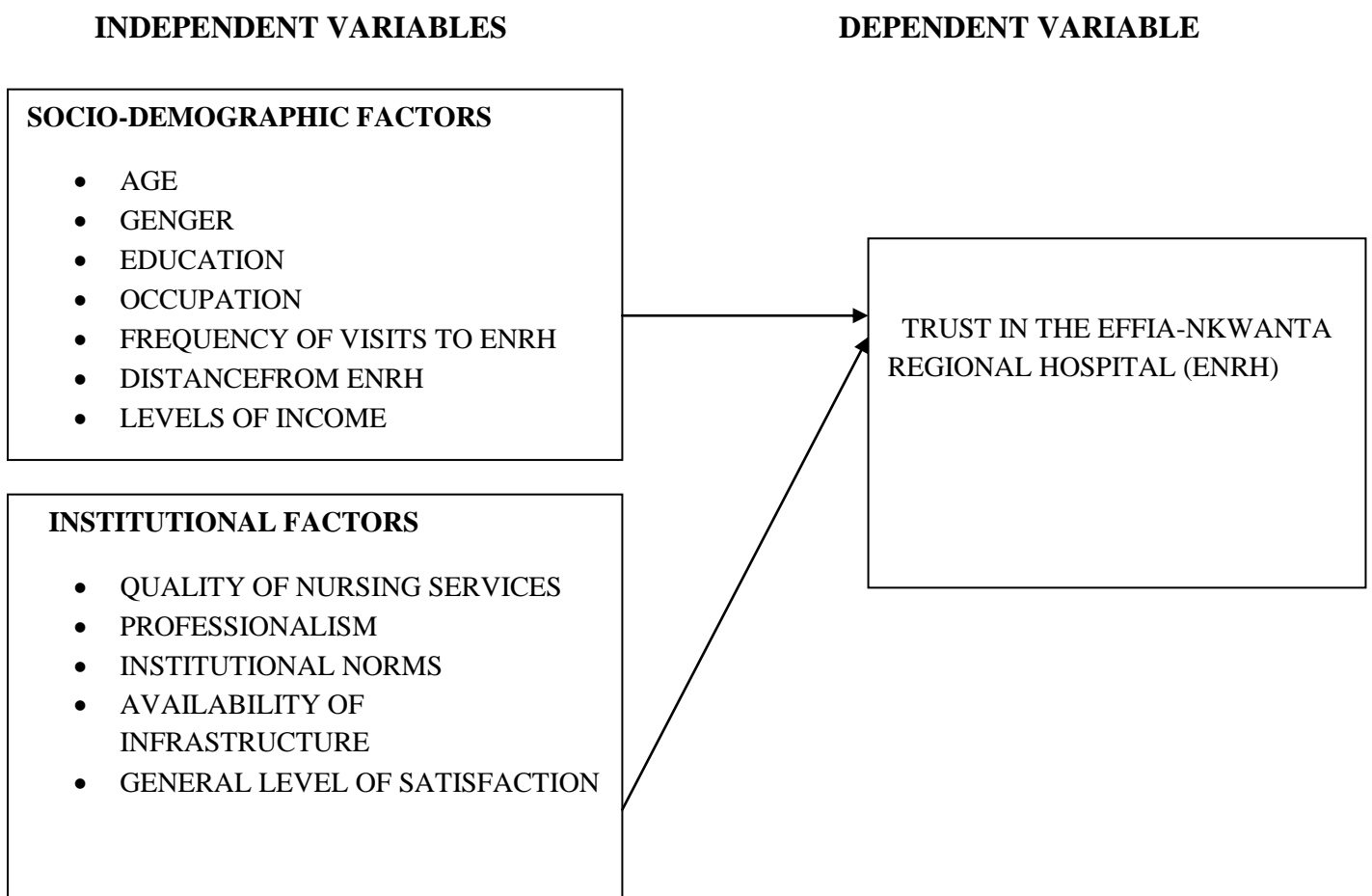
Even though this institutional factor may seem a sum of all the other factors mentioned, it is interesting to note what this study unravelled from the respondents. To the users of ENRH,

general satisfaction with the services meant getting recovery after diagnosis and treatment from the doctors: dependency on sound treatment. This is a ‘big deal’ as far as their trust levels are concerned. To some, the essence of a visit to a hospital is lost if you are not ensured of treatment. This manifests itself in other norms such as competence and diligent execution of tasks. Therefore, the higher the general level of satisfaction, the higher the trust levels

Hypothesis 12: The higher the general satisfaction with ENRH, the higher the level of trust of citizens.

Table 1

Diagrammatic representation of dependent and independent variables



SOURCE: RESEARCHER’S SYNTHESIS FROM DATA

CHAPTER THREE

DESIGN AND METHODOLOGY

3.0 INTRODUCTION

This chapter discusses the methodological choices made in this research. It elaborates the research design, scope of the study and the unit of analysis. The methods for the data collection to arrive at the empirical findings and the rationale for choosing them are also explained. It also discusses the challenges encountered during the data collection process. Finally, the chapter addresses discussions on the quality of the research process and the ethical considerations observed in the research.

3.1 RESEARCH DESIGN

When carrying out a research work the researcher has three options on methodology that should be aimed at accurately answering the research question. The choices that are made have been given thorough considerations so that it is almost the best under the given circumstances. The research could either be qualitative, quantitative or mixed methods (a mixture of the two). However, the choice made depends on the scope of the research (social and human subjects or hard sciences), nature of research (inductive /deductive) and the consideration of the timing of the event under study (whether it is an ongoing social phenomena or a past experience). The choice on the research design should clearly justify the research evidence.

Creswell (2014:12) defines research designs as types of inquiry within qualitative, quantitative and mixed methods approaches that provide specific direction for procedures in a research. According to Yin (2009:26) a research design is therefore the logic that links the data to be collected to the initial questions of study. Yin puts the research design under five main categories: the study's questions, its propositions, its unit of analysis the logic linking the data to the propositions, and the criteria for interpreting the findings (2009:27). However, King et al (1994:13) categorises them into four components: the research question, the theory, the data and the use of the data. Even though the design has been divided into various components, they do not necessarily follow a particular order. It is much dependent on the research environment and what is being studied.

This research adopts the qualitative approach to gathering evidence and answering the research question. The basis for such is further explained in the ensuing pages.

3.2 RESEARCH STRATEGY

According to Creswell (2014:4), qualitative approach to research is for exploring and understanding the meaning that individuals or groups ascribe to a social or human problem whereas mixed methods involves the integration of both qualitative and quantitative using distinct designs that may involve philosophical assumptions and theoretical frameworks.

King et al (1994) also argue that quantitative research uses numbers and statistical methods which tend to be based on numerical measurements of specific aspects of a phenomenon. To them qualitative study involves instances where the researcher needs to get an in-depth knowledge and understandings about the phenomenon.

The concept under study, trust is in no doubt a complex and vast human phenomenon. It is very difficult to numerically quantify and measure it. It is an abstract term and hence the best way to measure it is through the meanings of the perceptions and experiences of the participants (citizens).

Unlike most researches on the concept of trust, this research employed the qualitative strategy which better aligns with the objective of the research than quantitative or mixed methods approach. This method establishes the meaning of the concept under study mainly from the respondent's point of view. The context and setting for the gathering of information makes it possible for the researcher to engage the respondents for meanings ascribed to the factors being studied. This limits the tendencies to carry personal sentiments and assumptions to the research. The disadvantage with qualitative studies however is its limitation to empirical generalization of findings due to the small number of cases it addresses. Nonetheless, qualitative studies focus on analytical generalizations of the sample studied. This is explicated under the quality of the research in this chapter. For this reason, the study adopts Focus Group Discussions (FGD'S) and In-depth interviews as a way of mapping and measuring the perceptions of the citizens.

The In-depth interviews explain the extent to which participants answer and give meanings after comprehending the interview questions. Without haste, the real meaning of their understanding of situations, such as patient-doctor relationships are expressed and mapped accordingly. Proper understanding of real life situations and formation of meaning are based

on experiences. Capturing those experiences require asking the respondents a number of questions. Discussions and dialogues with the respondents are sometimes necessary to elucidate the situation and capture their real experiences. With these methods, the researcher learns about the meanings ascribed to the variables for understanding the concept from the citizen's point of view. The interaction affords the opportunity to unearth deeper meaning which would otherwise be difficult to identify. To get a better understanding of how citizens perceive trust in the public healthcare, longitudinal studies with the same respondents and conditions are very important. However, due to limitations of time and other resources, this study could not be repeated, yet the meanings of the perceptions and experiences cannot be undermined in explaining the concept trust.

3.3 UNIT OF ANALYSIS (PRIMARY LOCATION FOR RESEARCH)

3.3.1 THE EFFIA NKWANTA REGIONAL HOSPITAL

It was established in 1938 as a military hospital by the then British West African Royal Frontier Force (BWARFF) based in Takoradi. It covers an area of 202 hectares. The hospital was handed over to the British Colonial Administration soon after the Second World War in 1945 and eventually developed to its present state. The maternity and the service blocks were built in 1964 and commissioned in 1995. The core functions of the Regional Hospital as a major referral centre includes:

- Provision of Clinical Care
- Provision of Public health care
- Training centre for other health workers
- Provision of technical support to districts
- Conduction of Operational Research

The Hospital has a bed compliment of 308 and a total workforce of about 786. It offers practical training for Health Service Administrators, Student Nurses, Medical Housemen, Pharmacy, Laboratory and Radiology Interns.

To arrive at the research objectives, the study was carried out in four different districts which access healthcare from the unit of analysis, the Effia Nkwanta Regional Hospital (ENRH).

These are the Sekondi-Takoradi Metropolitan Assembly, (STMA), Shama District Assembly, (SDA), Ahanta West District Assembly (AWDA) and the Wasa East District Assembly. (WEDA) From the records of ENRH, these are the districts where most patrons of ENRH resided. Though occasionally citizens from other districts of the region, even other regions assessed healthcare from ENRH, the focus was on the regular citizens (patients).

The western region was chosen for this study because of its varied demographic and socio - political features. The region houses residents from almost all the ethnic backgrounds in the country because of its commercial nature. It has no unitary political affiliation unlike other regions. This makes it the appropriate region for the study coupled with comparatively easy access to information considering limited resources like time and finances of the researcher. The diversified nature of the region in every regard gives a comprehensive yardstick for the assessment of citizens trust, thus the nuances to the concept are attainable with this choice.

Even though it is the regional hospital, it is located on the southern part which makes it very difficult to be accessed by the residents in the northern and central belts of the region especially in emergency cases. This explains why most of the patrons are also along the southern belt of the region.

Even though the focus is on the unit of analysis, and as such prudent to analyse residents of the districts who patronised ENRH's services, it is interesting to note that they have demographic features that represents the entire region and generally, Ghana as a whole.

The Sekondi-Takoradi Metropolitan Assembly, (STMA) is the political and administrative capital of the region. It houses the regional capital and largely all the head offices for both public and private sector. It is considered the 'city centre' of the region. Schools, offices, and most commercial activities have a larger portion of their patrons in this district. Residents of this district have a good grasp and much informed of governments political and other engagements and as such in a better position to access the performance of the ENRH. It mostly houses citizens from the various ethnic backgrounds unlike the other three districts which are largely resided by natives.

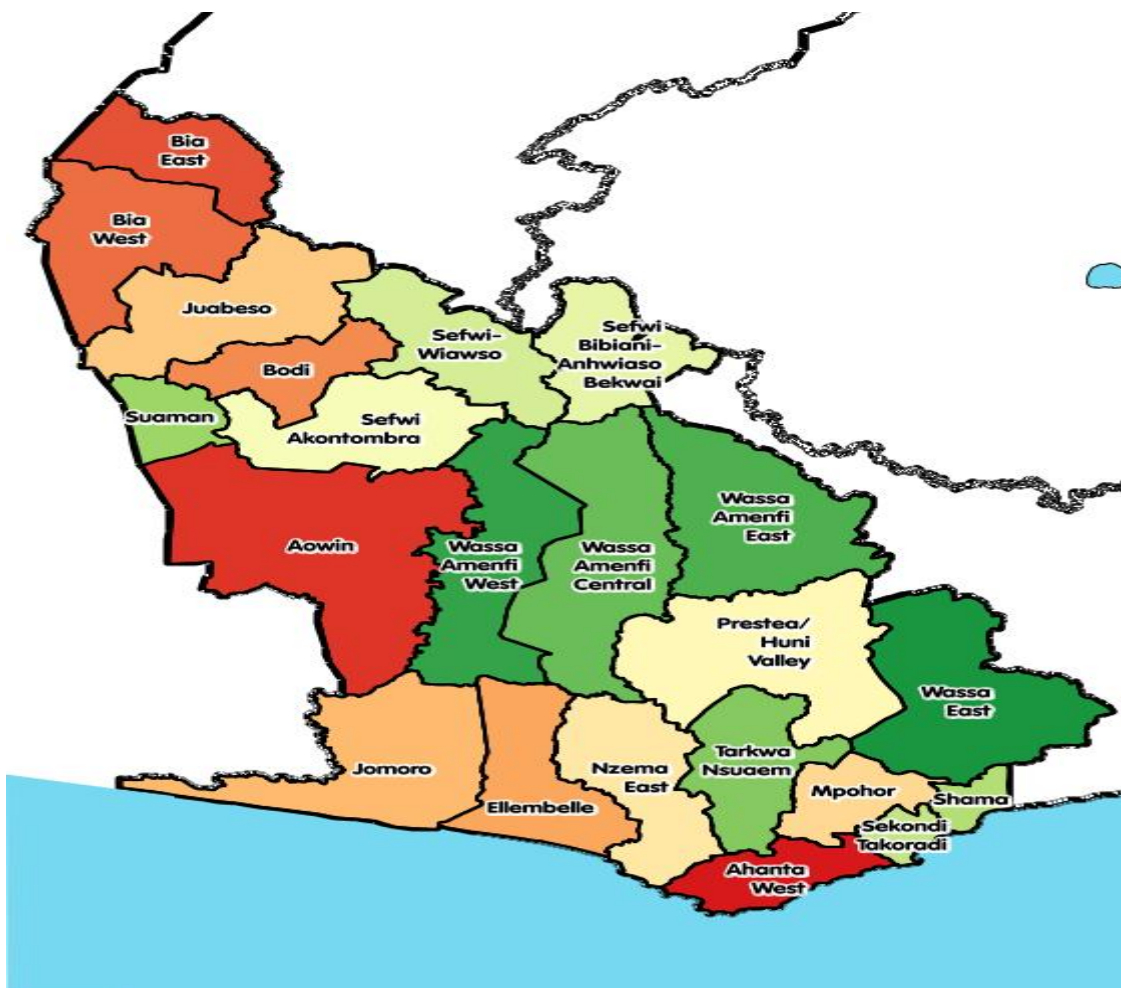
The Ahanta West (AWDA), Wasa East (WEDA) and Shama (SDA) districts share similar characteristics with little distinctions. The farthest from the 'city centre' to the east is the Wasa East district mainly resided by natives. They are served by the chip zonal⁶ health centre; they therefore resort to ENRH for major health concerns. Most of the formal sector workers in the district live in STMA and commute to work on daily basis. It is a youthful

district with low level of education and economic growth compared to the other three under discussion.

SDA is fairly developed district with commercial activities. It equally has a vibrant and youthful population. Residents of this district are much engaged in economic activities than the Wasa east. It has a very politically engaged youth and that gives good grounds for the assessment of government's provision through healthcare.

The Ahanta west has a good representation of older and younger generations. It is an economically buoyant district and politically active as well. It has a good representation of educated citizens. Residents of this district usually seek services from the regional capital so they are abreast with the happenings in the region.

FIGURE 2: (DISTRICT MAP OF THE WESTERN REGION OF GHANA)



SOURCE: GhanaDistricts.com

The map above shows the districts in the western region of Ghana. As discussed in the research, the unit of analysis, ENRH is located at the southern part of the region. It follows logically then that, the inhabitants of the surrounding districts assess healthcare from ENRH.. The pictorial view gives a better understanding of the geography of the region, hence the choice of respondents.

3.4 DATA COLLECTION METHODS

For a comprehensive evidence and understanding of the research, data collection methods were chosen from both from primary and secondary sources. Creswell (2014:185) argues that ‘qualitative researchers typically gather multiple forms of data such as interviews, observations, documents and other audiovisual information rather than rely on a single data source’

In qualitative researches, the role of the researcher in the data collection methods cannot be over emphasised. This is because it is an interpretative research; the researcher is therefore involved in a sustained and intensive experience with participants. (Creswell 2014:187).

To this end the researcher employed, Focus Group Discussions (FGD’S), In–depth interviews, direct observation and document (report) analysis.

Table 2

Data Collection Methods

Tools used	Source of Information
Focus Group Discussions	Respondents from various districts
In-depth Interviews	Purposively selected respondents
Direct Observation	Ongoing sequence of accessing healthcare from ENRH
Document Analysis	Periodic report of ENRH

Source: Field Data (June –August, 2016)

3.4.1 FOCUS GROUP DISCUSSIONS (FGD'S)

A focus group is a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening, non judgmental way. The purpose of conducting a focus group is to listen and gather information. Participants are selected because they have certain characteristics in common and relate to the topic of the focus group. To identify trends and perceptions, the researcher does not do one focus group discussion. The discussion is conducted several times with different participants (Krueger and Cassey 2009:2 cited in Mbatudde 2013:43). The choice of FGD was made because this set of respondents could not be directly observed and the researcher controls the line of questioning yet being cognisant of the fact that respondents are not equally perceptive.(Creswell 2014:191). This allows the researcher to draw the needed responses for the purpose of the research.

This research employed FGD'S with participants of diversified socio- economic backgrounds. Even though the participants had differences they were purposively selected based on their experiences of accessing healthcare from the ENRH. It was expedient to contact people who were not receiving treatment at the time of research; this afforded enough time for the discussion and was as well not intimidated by the presence of staff of ENRH which could influence their opinions.

A focus group for each of the district was formed making four different groups in all. Each group was made up of at least 8 participants. The groups were fairly represented by males and females, educated and uneducated (Educated means from senior high school onwards while uneducated meant no formal education to senior high school), young and old citizens (young means 18 to 40 and 41 onwards was categorised under older generation). Generally, the respondents had either been in or out patients at their time of being patients at ENRH. Some had added advantage of being caregivers to patients as well. This gave a comprehensive view of the opinions on ENRH either from the patients' point of view or being a caregiver to a patient.

To enable in the selection of a civic- engaged respondents, I sought help from the district councils. Every district comprises of several towns. At the district levels, there are representatives from each town who came together to form the district council. These people certified the conditions of being privy of the activities of government in terms of healthcare in the region. Most of the respondents were carefully selected from among them.

Discussions were held usually at the town halls, which was open to everyone as long as it was in the interest of the residents. The venue was a popular place for them to assemble so a warm ambience was created. On countless times the respondents were assured of the anonymity and non-partisan nature of the discussions. Incessantly, I reiterated the purpose of the research: reminding them that it is solely for academic reasons. I expressed gratitude for their time and willingness to partake in the research. This made them agree have the discussions recorded. The languages used in the discussions were English, Ahanta, and Fante. I must say that my ability to express myself very well in the two dialects was of immense value to the research. Some of the respondents, especially the older folks in the native districts barely understood any language except Ahanta⁷

The whole discussion was directed by an interview guide which aimed at evoking conversations with the respondents. Among the issues discussed were nursing services, competence of staff particularly doctors and nurses, meals for in- patients, infrastructure and responsiveness of staff.

Table 3

Profile of Focus Group Discussion

AREA	NO. OF GROUPS	GENDER		NUMBER OF PARTICIPANTS	EDUCATION
		FEMALE	MALE		
S.T.M.A	1	5	3	8	All groups had a balance of educated and uneducated respondents
W.E.D.A	1	4	4	8	
A.W.D.A	1	4	4	8	
S.D.A	1	4	4	8	
TOTAL RESPONDENTS				32	

Source: Field Data (June-August, 2016)

3.4.2 IN-DEPTH INTERVIEWS

This type of interview was used to gather information from the key informants. The key informants were carefully selected to get diversified views on the services of ENRH.

For a fair representation of all stakeholders as far as ENRH is concerned, government representative, the administrator of ENRH, a doctor, a nurse, In and Out patients were interviewed. In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of people to explore their perspectives on a particular idea, program or situation (Boyce and Neale 2006 cited in Mbattude: 2013)

This was the main source of information for the research so it sought to get the opinions of people who had direct and on-going relationships with the institution.

The government representative (Western Regional Director, Ghana Health Service) was interviewed to understand the government's role in evoking trust from the citizens through the service they provided. What measures were put in place to ensure satisfaction with the healthcare given to citizens?

The administrator of ENRH was also interviewed about their performance and how it affected the levels of trust of citizens.

As the staff that got into direct contact with the citizens, the nurse and doctor were interviewed to find out how their interactions influenced trust and continuity of service. To find out the dimensions of the relationship of ENRH with all the stakeholders necessitated the interview with the key respondents. The interview was carried with predetermined open-ended questions. This was aimed at engaging the respondents to educate the researcher with their opinions on the subject under study. Interviewing the key respondents, especially the in and out patients who were receiving healthcare at the time of the research gives a recent opinion about the topic. Information gathered from this interview was supplemented by information gathered from the FGDS where the respondent's had at least once, sought healthcare from ENRH.

Table 3.0

Profile of In-depth Interview respondents

Nature of Respondents	Gender	Number of respondents
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	Female	Male	
Western Regional Director (GHS)		1	1
Administrator of ENRH (Aug. 2016)		1	1
Medical Officer – ENRH	1		1
Nurse (ENRH)	1		1
In-Patients (2 from Obstetrics and Gynecology, and 1 from general male ward)	2	1	3
Out-Patients (1 from Eye Dept. and 2 from general medical department)	2	1	3
Total			10

Source: Field Data (June-August, 2016)

3.4.3 DIRECT OBSERVATION.

Yin (2009:109) explains that this method helps to reveal some relevant behaviours or conditions for observation. The nature of the concept under study is such that the researcher mostly relies on the personal interpretations and perceptions of respondents. This gives the researcher access to only the information that the respondent is willing to reveal. Therefore, direct observation affords the opportunity to unravel all the ‘hidden’ events for a clearer perception and understanding of the research. In situations when the respondents were unwilling to ‘release’ further information, this method gave the opportunity to better understand the concept under study.

I observed the routine of citizens seeking healthcare from ENRH at the Out Patients Department (OPD), their interaction with nurses, waiting time and the general procedures to follow to get medical care. This gave a better understanding of their perceptions on some of the issues discussed.

3.4.4 DOCUMENT ANALYSIS

Yin (2009:103) argues that documentary sources of data minimise interviews problems of bias and poor recalls. Some documentation sources include reports, records, articles and media publications like newspapers among others.

To complement the data gathered from the primary sources, report from the ENRH was analysed as a secondary source. According to Twumasi, documents (materials) obtained from 'well-established institutions' are usually reliable the reason being that they were collected with more care and patience (Twumasi 2001: 63 cited in Kipo 2011:44).

These documents are usually a useful source of information for a researcher. The document reviewed was a survey conducted by the hospital to know the satisfaction of their patients on the services they received. There was also the annual report for ENRH for analysis.

Through the review of the documents, data on the role of the hospital, staff size, the health issues they addressed, their support to the district and the teaching assistance they offered to midwives and nurses was obtained. This gave more information to help in the analysis of the research.

3.5 SAMPLING METHODS AND TARGET RESPONDENTS

To get respondents for the research, I employed random and purposive sampling techniques. For the in-depth interviews, I targeted a class of people who posed to have insight on the topic under study. For that reason, I purposely interviewed ten (10) key respondents to get holistic views from every dimension of the research.

For the FGD's the respondents were selected using both purposive and stratified random sampling. This consisted of 32 respondents with 8 people in each group from each district.

FGD'S are conducted to understand how people feel and the opinions they hold about the topic being discussed. It is therefore essential to select respondents randomly to avoid bias and the tendency of having the research skewed towards a particular dimension. This results in getting the views of respondents with varying political, social, economic and educational prospects.

3.5.1 SAMPLE SIZE

It is important to identify the population used for the study. The overall sample sized used for the research was 42 respondents. Thirty- two (32) people were for the focus group discussions and 10 people for the in depth interviews. The number for the FGD'S (32 people), was divided into four groups. One FGD for each district each with an average of (8) eight people.

The eight people were made up averagely of four men and four women who were either educated or uneducated and belong to different economic and social classes. As has been mentioned earlier, the only essence for incorporating the views of respondents with diversified background is to get a rounded argument touching all spheres of concern to the topic under discussion. Gathering the views of diversified respondents yields a better evaluation of ENRH's performance, considering that several variables are applied.

To avoid the tendencies of a particular respondent "taking charge" of the discussion, respondents were asked questions in turns. In the situation of general questions where respondents shared their experiences, I ensured that they were given a fair audience. The environment was also enabling to avoid shyness and passive engagements. From the selection process, since most of them were active with issues concerning their district and met intermittently for discussions, the rapport was somewhat built already. This fostered an open environment for free and continuous discussions among each other and on the topic being discussed as well.

The in-depth interview respondents were all scheduled for an appointed time except the patients who were given about thirty (30) minutes to get ready and psyche up for the interview. The interview lasted averagely for an hour and was at their respective offices since they couldn't afford granting the interview outside their offices.

The FGD'S took two (2) hours on an average. The first fifteen minutes was for interaction among the respondents discussing trending issues especially civic ones that affected them

To capture as much diversified views as possible, it was important to discuss with more people. It was also important to have more respondents so observe certain trends in responses. This also helped to identify when the information gathered had reached a saturation point.⁴

The in-depth interviews coupled with FGD'S created several lines of enquiry. This improves the overall quality of the findings and eventually, the conclusions drawn.

⁴ Saturation point in data collection is reached when no new information is being gathered. The researcher gets the same information repeatedly.

Table 4.0

Sample Size

TOOLS	NUMBER OF RESPONDENTS
Focus Group Discussion's	32
In-Depth Interview	12
Direct Observation	Not Applicable
Document Analysis	Not Applicable
TOTAL RESPONDENTS FOR THE RESEARCH	42

Source: Field Data (June-August, 2016)

3.6 DATA ANALYSIS

Creswell (2013:195) explains data analysis as making sense out of the data collected from sources like face-to-face interview, focus group discussions, document, observations and presenting what it reveals.

Unlike quantitative data where the researcher preserves all the data and even goes length to replace missing data, the qualitative researcher has to focus on some part of the data and disregard others. “Thus in the analysis of the data, researchers need to ‘winnow’ the data (Guest, MacQueen and Namey, 2012 cited in Creswell 2014:195). Content analysis was used in analysing the documents (both audio and written) to make meaning of the data collected. The data was further analysed by explaining the narrations used by respondents. Tables were created in order to understand the trend. At some point, exact statements from respondents were quoted to buttress some significant arguments made.

Most of the data gathered was audio recorded with full consent of respondents. This was later transcribed to aid the analysis. For clarity and consistency of respondent’s views’, narrations were edited and tabulated. For qualitative data, there is the possibility of the researcher veering off the purpose of the research due to the enormity of the information gathered or at

the researchers' disposal. It is therefore important that the researcher keeps focus on the purpose of the study all the time. Comparative analysis of the information gathered from the various districts particularly, through the FGD'S was also used. This meant putting data of similar dimensions together to identify if patterns of relationship existed among the opinions and the prevailing variables and conditions under which it happened.

3.7 CONCERNS ON QUALITY OF THE RESEARCH (VALIDITY, RELIABILITY. GENERALISATION)

There is a long held opinion of critics on qualitative research. They argue its potential failure to address issues on validity, reliability and generalizations of findings, thus the general quality of the research. Yin (2003) itemises four standards commonly used to establish the quality of any empirical social research. These are construct validity, internal validity, external validity and reliability.

Creswell on the is specific about these principles of quality check for a qualitative research. To him, "validity does not carry same connotations in qualitative research as it does in quantitative research: nor is it a companion of reliability (establishing stability) or generalizability (the external validity of applying results to new settings, people or samples)". (Creswell 2014:201). Qualitative validity means that the researcher checks for the accuracy of the findings by employing certain procedures while qualitative reliability indicates that the researcher's approach is consistent across different researchers and different project.(Gibbs 2007 cited in Creswell 2014).

Validity mainly concerns the proper operationalisation of the concepts under study. This means, to show the connection that exists between the concepts and variables. This also focuses on explaining the measurements of these variables regarding their state as dependent or independent in the study.

Addressing issues of reliability and validity for the research, I used triangulation of methods for gathering data. Employing several means to gather data essentially was to help compare the answers and opinions from respondents as well as the answers from one source with another. Interviewing different persons representing different stakeholders heightens the quality of the research with the different views and information gathered. There are variations

in the opinions gathered as a result of the different respondents used and the different role they play either as beneficiaries of the healthcare or implementers of Government's policies. This ensured accuracy in explicating the concept under study. Also, the approach used in gathering the information was the same for all the different sources which certifies the reliability and validity of the research. Documentation of the processes and methodologies used for this work was also documented to serve as a reference and a guide to verify the findings made.

Generalizability which is also external validity means the ability use the findings of the research as a basis to conclude for other research. In the case of this research, it may not be a yardstick to reveal the level of trust of citizens in a different regional hospital. . This is because the socio- demographic and economic factors vary based on region and from person to person. The location of the hospital in the region also limits the number of citizens who freely access healthcare to the southern dwellers mainly. However it will give an insight into understanding the trust relationship between citizens and the public health facility especially those that share similar social, demographic and economic factors as the western region.

3.8 ETHICAL CONSIDERATIONS

There are ethical guidelines to adhere to when conducting social researches. This is to respect and protect the rights of the respondents. It ensures that information gathered is not misinterpreted and does not deviate from the intended meaning of the respondents.

Creswell (2009) advances the need for researchers to protect their respondents, develop trust with them, promote the integrity of the research, and guard against misconduct that might reflect on their institutions during data collection. Obtaining the consent of respondents, participating at will, confidentiality of information gathered, anonymity and informed consent are some of the ethical measures that Creswell further suggests to be considered.

It is important to give much regard to these ethical measures especially in the face of research that involves human subjects as in the case of social research. The research rigorously obliged to the ethical measures as suggested by Creswell. When a respondent was unwilling to share a view or experience on a particular subject being analysed, I agreed with that and sought the information through the other means of collecting data so as not to miss the impact it makes on the research as a whole.

An introductory letter from the Department of Administration and Organization Theory of the University of Bergen was sent to the Hospital I was studying in Ghana. This was forwarded to the departments and then the districts. This reinforced the credibility of the research for academic purpose. To use the recorder for the discussions, I sought the consent of the respondents. This was useful for recalling events. I assured them of the anonymity of their views and it influenced them to freely share their thoughts. During the data collection process, the respondent interest was never compromised. I made sure they understood every activity undertaken and were willing to comply. I assured them periodically of the anonymity of the data. This put them at ease during the process and encouraged them to be candid about with their views.

3.9 CHALLENGES FACED DURING THE RESEARCH

The main challenge I encountered, even among some educated respondents was correcting the assertion that the research was for a political agenda since it was an election year⁸ in Ghana at that time. It was obvious that citizens looked forward to the elections and so aligned the research to it as a government agenda even before hearing the details of the research.

The demand for money was also very common. I managed to avoid it but not entirely which increased my anticipated expenditure.

Arriving at a favourable time for the FGD's was problematic. This was due to the differences in the schedules of the respondents. With the help of the district assemblies however, the inconveniences were reduced. .

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF THE RESEARCH FINDINGS

4.0 INTRODUCTION

The research under this chapter and the next, discusses findings from the data collected during the field work. This chapter focuses on the dependent variable: **Trust in ENRH**. The findings on the dependent variable are discussed here. This translates into institutional factors. Respondents' views and exact statements have been transcribed from the original languages which were mostly Fante and Ahanta⁵. This has been done with care and is near the original intended meanings as much as possible. The views of the respondents are presented in quotation marks.

As earlier mentioned, the analysis is based on the discussions from ten (10) in-depth interviews and four (4) focus group discussions; one (1) for each of the districts whose dwellers seek healthcare from ENRH. The focus group comprised of eight (8) members each, with a common experience of having received healthcare from ENRH. The groups were made up males and females, young (eighteen to forty years) and older people (forty –one years and above), lowly educated (participants with education from basic level⁶ to secondary level) and highly educated (participants with education above secondary level⁷) as well as both formal⁸ and informal⁹ workers.

The opinions of the participants of the study are presented as they emerged from the various discussions held. The discussions gave room for the participants to explain their views and experiences on the issues being analysed. This was to avoid lending credence to assertions and views that may be personal, since I am a Ghanaian with an opinion on the topic of the research too. I try my best not to assume meanings of popular vocabulary in connection with the study but focus on the implications intended by the participants with what they said. I try as much as possible therefore, to present the originality of the responses with probably minor

⁵ Ahanta and Fante are local Ghanaian dialects spoken in the western region. Ahanta is a native language and so peculiar to the region. Fante is however spoken in other parts of the country as well, like the central region.

⁶ Basic level of education is the basis of education in Ghana. It takes twelve (12) years to complete this cycle which is crowned with the Basic Education Certificate Examination (BECE) written by all students in Ghana. Without passing this examination one cannot proceed with formal education in Ghana.

⁷ Secondary level of formal education in Ghana refers to the senior high school, vocational and technical training. It is usually after twelve (12) years of basic education and it currently takes three years to complete.

⁸ These are types of jobs with regular working hours and wages

⁹ These are the types of jobs where workers earn irregular wages and are mostly privately owned.

adjustments aimed at simplifying analysis and overall understanding of the research. This is in hope that respondents can readily identify with the work should they get the chance to. The analysis chapters therefore attempts to answer the research questions stated earlier with emphasis on the dependent and independent variables for the study.

In an attempt to answer the research question: what is the state of citizens trust in the healthcare received from ENRH? The answer to the main research question is derived from the views and opinions of the respondents interviewed.

4.1 WHAT IS A PUBLIC INSTITUTION AND IS ENRH ONE?

To begin the study, it is important that the participants have a clear understanding of what exactly they share their views on. An understanding of the scope of research elicits the right information and approach towards answering operational research questions. Hence, it was deemed necessary to first establish the fact that ENRH is a public health facility and to ascertain whether citizens acknowledged it as such. To arrive at this: the participants were asked the question, “*what is a public institution and is ENRH one?* According to Knill and Tosun (2012:40), “Institutions are conceived of as established sets of formal rules that determine the extent to which actors’ preferences may be transported into public policies”. Actors are defined as (groups of) individuals who participate in policy processes and whose preferences will ultimately determine the policy choice. (ibid)

Actors for public institutions are mainly citizens. However, people can only be elected to represent the citizens at the front of policy making. Policies are formulated and implemented by institutions with the aim of serving citizens. Therefore, when an institution is said to be public it is thought of to be the choice of citizens since it purportedly represents their interests.

Through the discussions, respondents revealed that they are informed of the fact that what is ‘public’, should serve their interests. A participant from the SDA echoed, “**what is public, belongs to all of us ...ENRH is public and we communally own it**”. Another opinion from the STMA was “**what then is the need for a government when the people lack basic services like education, healthcare, transportation and security**”. Adding to these opinions was another from STMA “**public entities are usually solely managed by**

governments: government is in charge of staff hiring, their salaries and ensures that the reason for which the institution was established, either to render service or something else is met... so of course ENRH is a purely government facility and we ¹⁰are in charge of all these things. That is not a contested view at all, ENRH is for the government’.

It was revealed that the respondents have high expectations from the government for their wellbeing and general safety. Participants in all the focus groups, exhibited awareness of the normative role of government: the provision of basic goods and services and when possible, at reasonable costs. Participants expressed the eagerness with which they look forward to the government’s provision of such.

This parochial view of government is very common among citizens of under developed and developing countries like Ghana. To citizens of such countries, government exist ‘to take care of them’. Even though this is undeniably the fundamental role of government, it contrasts sharply with the western notion of citizenship based on citizen participation and communitarian values. (Mbatudde 2013: 62)

Having gathered participant’s views on what public institutions are, the discussion focused on ENRH, the centrality of the study.

Opinions and answers gathered on the question ‘what is a public institution, and is ENRH one?’ revealed their understanding of public institutions. Whilst most participants were keen on the continuity of the study (because of the government element in there), others showed some sort of apathy and hopelessness evident in the opinion of a respondent from WEDA ‘**government barely thinks about us, not to talk of lending a listening ear to our opinions’**. Despite the lack of enthusiasm shown by few participants, there was a general exhibition of zeal and interest amongst all the groups. For those participants who were not enthused about the ‘government’ element in the research, the feeling was triggered by their opinion that researches almost never cause a change in conditions and the situation remains the same. A respondent from the WEDA cried ‘**this (referring to the on-going discussions for the research) amounts to nothing, government doesn’t heed to such’**.

ENRH was therefore acknowledged as a ‘government facility’ by all respondents.

4.2 WHO OWNS ENRH?

The question on who owned ENRH was to determine who and how ENRH was financed. Proceeding with the discussions, I sought the views on ‘**whether ENRH was owned by an**

¹⁰ The respondent used ‘we’ because he is a civil servant and represents the government in this research.

individual or group of people.’ This question generally gathered satiric reactions from participants, particularly the women. A respondent from AWDA argued **‘how they run their affairs would certainly be different if it were owned by an individual’**. Another view from STMA was that **‘ENRH belongs to us all, it behoves on us all; whether on the demand or supply side to do our bit to handle it well’**.

The culture of doing public work anyhow with no sense of excellence and no punishment for offensive acts, accounts for the mediocre attitude by most workers of the Ghanaian public sector. This notion is a canker in Ghana and it could be the reason for the sluggish attitude of most workers in the public sector.

The assertion that public institution is owned collectively by citizens did not receive any contestations from respondents. Participants were however quick to lament the contradiction of the fact that they are assumed to be ‘part owners’ of public entities yet their views are hardly considered when making decisions and as such their needs remain unmet. Participants however expressed awareness of the roles and responsibilities of government and their rights as citizens. From the discussions, the opinions expressed by citizens showed how much participants wished ENRH belonged to an individual, better still it had a ‘person figure’ they could report their dissatisfaction and complaints to rather than the complaint box¹¹. Participants shared the general thought that ENRH is owned by no particular individual but by all citizens. This they argued as being true theoretically, the reality is different. There was also the general feeling of discontentment with the healthcare patients received (emphasis on in-patients) considering the number of years it has been in existence and its role as the regional hospital. A respondent from STMA cried **“consider the good number of years that ENRH has been in existence, yet look at the state of facilities like the maternity wards... Madam, have you seen it yourself if not please go and check, it is very heartbreaking. However, people like us have no choice than to keep visiting ENRH because we can’t afford the private care. We are also Ghanaians! Government should come to our aid. If it was owned by a ‘private’ person, it would have been renovated... their focus is in making profit so they do what attracts their customers”**

The discussions on who owned ENRH seemed a comparison between alternate healthcare, particularly private care and the public healthcare. Among other things, citizens revealed the fact that decisions made by the private health facilities revolved around the citizen, their

¹¹ This is a container, (usually a plastic or wooden box) under lock that is been put at the Out Patients Department for patients to drop their complaints and questions in. As to how promptly suggestions were considered, the respondents could barely attest.

‘customer’. Every effort made was to satisfy the ‘customer’. In return, the ‘private man’ reaped profits. That served as a reason for the private owner to prioritize the citizen in when making decisions.

What is the government’s motivation to provide quality care for citizens? Was it to ensure the execution of a constitutional mandate or it considered the wellbeing of citizens? Owing to the fact that citizens acknowledged ENRH as owned by ‘all’, it should be the reason to have their concerns and health needs prioritised.

4.3 ROLES OF ENRH

Like any public institution, ENRH was built to serve various purposes. Among the various functions are the provision of clinical care, a training centre for other health workers, provision of support to other districts, and a centre for the conduction of operational research. Very popular among citizens is the provision of clinical care which is the focus of this research.

From the earlier discussions, it was observed that ENRH is acknowledged as the last resort for the delivery of healthcare in the western region. Thus, for both public and private healthcare, ENRH is considered the last resort in dire conditions. Justification of ENRH as the last resort is on the grounds of the wide range of health conditions which are addressed, the expertise and capacity of the doctors and the staff size, which are comparatively advanced than other health facilities in the region. Ironically however, was the gathering of the general notion that it is not the first choice of citizens when seeking healthcare, even to those who lived in a closer reach to the hospital. An respondent from STMA opined “ **I live just here, just here at nkotompo¹², I can even show you my roof from here (ENRH) but I pick myself up and head to another hospital when I realise am not feeling well. This time round I just feel some body aches which I think it’s as result of the work¹³ I do... nothing serious, that’s why am here with my NHI for their paracetamol¹⁴”** As a result citizens would rather treat ‘minor’ health conditions with ENRH and seek healthcare from alternate sources with ‘major’ and life threatening cases. They considered diseases such as

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¹³ The participant was a fishmonger so she was engaged in some form of a physical activity which may have resulted in the body aches.

¹⁴ Paracetamol is used in a derogatory manner here. It is used to generally refer to the inadequate and less efficient medicines given to patient because of the use of the health insurance. The general notion is that you are given quality medicines when you pay for the health service.

malaria¹⁵ as a ‘minor’ case and a ‘major’ case as maternal and childbirth¹⁶ emergencies, generally health conditions that needed immediate attention or could result in death. The classification of the two health conditions as being either ‘minor’ or ‘major’ does not necessarily imply they are, it is just used to depict diseases with similar urgency for treatment.

Delivery of healthcare can be looked at from the demand and supply point of view, where demand connotes the need for treatment on the part of citizens and supply from the service providers’ view point. From the supply side, government acknowledges the responsibility it has in making quality healthcare accessible to citizens. Failure to do so does not only affect their responsibility towards citizens but also challenged their legitimacy and essence. Good health and vitality to citizens amounts to growth in the socio-economic activities of the country. This makes the provision of credible healthcare to citizens important to government as it is to citizens.

Generally, participants were passive about the role of ENRH in the provision of services other than clinical care. As such, participants barely shared opinions and experiences on the other roles of ENRH. This however does not restrain the study in any way since the study focuses on the provision of public healthcare. The basis for the analysis of citizens’ trust rests on their experiences of healthcare, their opinions on that was the important element for the study.

4.4 ROLES OF CITIZENS TOWARDS ENRH

Following discussions on the understanding of public institutions and the acknowledgement of ENRH as one, I deemed it fit to inquire if citizens owed any allegiance to it or had any responsibility in making it a better institution, since it was ‘owned by all’.

From the discussions, I gathered that participants were aware of their civic responsibilities towards state-owned facilities like schools, roads, community centres and other facilities that were to serve their interest and surely, ENRH was not left out.

In that light, there was discussion on some civic duties and responsibilities aimed at the maintenance of ENRH. Participants expressed their expectations of government to ensure

¹⁵ This is a very common disease in Africa in general due to the weather as well as level of sanitation. It is caused by the bite of an infected female anopheles mosquito carrying the parasites.

¹⁶ These are medical conditions related to pregnancy and delivery which are urgent and can cause deaths when care is not taken. An example of such conditions is breach birth: a baby who comes out with the pelvis and legs and not the head as expected.

their wellbeing once they performed their responsibilities. Since the focus of the study is on ENRH's role in the provision of healthcare, citizens' duty towards it seems limited. This is due to the fact that citizens in this situation are beneficiaries to the service. This makes it different from the regular civic roles towards government and other public institutions. However, there was mention of a few;

4.4.1 Maintenance of Physical Infrastructure:

To most of the respondents, the idea that citizen's show concern and some measure of care for the facilities at ENRH was no strange demand on them.

During visits to the hospital, citizens are expected to be responsible in the usage of facilities and use it rightly to ensure its longevity. A responded from AWDA advised that **'It is in our own interest to take good care of the items and structures at ENRH; it is useful when we visit there'**.

4.4.2 Payment of Taxes:

Respondents exhibited a lucid understanding that it will be difficult and almost impossible for government to operate without funds. One of the means to inhibit that from happening is by paying taxes. Taxes from citizens are used in several ways by government and subsidising the cost for the provision of healthcare, through the NHIS is one of such. However, there was disappointment with the benefits derived from the payment of taxes. The arguments expressed the fact that citizens wanted a tangible reflection of the taxes paid as citizens. This notion was common among the older respondents, particularly the retired ones. From SDA, a respondent cried **'we have been paying taxes since our youthful years of employment till our old age now: there is hardly any evidence for it.** From the discussions, I gathered that citizens are willing to pay their taxes dutifully and hopefully more if they could readily identify with some direct benefits derived from it, especially the older generation. Participants however acknowledged that it helped reduce the costs of healthcare at ENRH, through the health insurance scheme which is free for pensioners. The taxation system in Ghana is however problematic since a small percentage of Ghanaians are taxed. The tax system makes it difficult to tax adequately the informal sector workers who make the majority of the population.

4.5 THE EFFECT OF NHIS ON TRUST IN ENRH

The discussion on healthcare in Ghana, particularly public healthcare is incomplete without mention of the National Health Insurance Scheme. This is due to its significance in the country and the Sub - Saharan Africa as a whole.

The NHIS was rolled out in August 2003 under the National Health Insurance Act (NHIA) with the primary aim of making healthcare affordable and accessible to all Ghanaians. This policy was implemented after several unsustainable attempts to deliver quality but affordable healthcare. The NHIS logically, was to be a relief to both government and citizens after several problematic attempts. Various healthcare facilities, including private entities have been franchised to operate under the NHIS, to make healthcare accessible to as many Ghanaians as possible.

It is therefore consistent to expect that a policy aimed at delivering quality yet affordable healthcare which is accessible to citizens will elicit their trust. More so with ENRH, this directly executes government's policies and programmes on healthcare. Respondents for this research however revealed different opinion on the NHIS' relationship with public healthcare. To the respondents, no significant change in healthcare from ENRH can be attributed to the NHIS. Rather, the quality of healthcare under NHIS has deteriorated since its inception, they cried. In Ghana, to be enrolled on the scheme is profoundly referred to as having 'health'. From AWDA a respondent cried, **'the health insurance scheme has worsened the public healthcare'**.

Very common among the complaints of participants about the NHIS regarding healthcare at ENRH is the fact that they are given scanty or no medicines after consulting the doctor. They are mostly given the reason that the insurance does not cover the medicines for their health conditions and as such are compelled to buy medicines from pharmacies and other licensed chemical shops in town. The insurance scheme at its best, affords the patients drugs which are cheap and with less efficacy. To the participants, this situation is very frustrating: if you have to spend money after being enrolled on the insurance scheme, then the essence is not achieved. Citizens' expectation of the scheme remains unmet as a result of these limitations. This leaves the citizens' with choices of self-medication either traditionally or with over the counter medicines (especially when they are familiar with the symptoms) or going to private hospitals when they have money to pay for the bills.

Unlike other public hospitals, ENRH does not categorically treat NHIS holders and the 'cash payers' differently. There is nothing like different queues for 'cash payers' which makes

them to be attended to faster than the NHIS holders. Nonetheless, the shortfalls of the scheme eventually affects the trust citizens repose in ENRH and it is no doubt that addressing them will increase the level of trust in ENRH and the patronage of the hospital in general.

4.6 ESSENCE OF TRUST

The trust relationship between citizens and ENRH is double-sided where each party seeks to gain, or at least incur minimal losses. In this sense, just as ENRH gains when citizens trust their services, it as well suffers when the trust of citizens dwindles or is lost entirely. Prior to the introduction of formal medicines in Ghana which metamorphosed into the hospital system, people cured all sorts of ailments by resorting to the traditional means. This meant the use of herbs was primarily used to cure diseases. Even though it yielded in obvious relief from some of the conditions, the consequences were severe resulting even in death in some cases. This was as a result of infections, improper dosage and, unhygienic way of handling the medicines. Amidst all the dire consequences, the traditional means was still used for treatment. This establishes the fact that there was a resort to addressing health concerns, at least.

When trust is lost, on the aspect of the citizens, there could be a decline in the patronage of the services of the hospital and resort to the old traditional ways or over the counter ¹⁷medicines.. This could lead to loss of lives and hence loss of human capital to the nation at large.

From the service providers; **“we lose our competitiveness with other health facilities”**, **“no justification for resources and equipment”**, the ENRH administrator mentioned as some of the consequences they suffer when citizen’s lose their trust in them. This could eventually throw them out of service since citizens will have lost trust in them and may not patronise their services over time.

It is essential then, that the trust relationship is maintained for a mutually rewarding service for both citizens and the service providers. The focus of trusting ENRH on the part of citizens can therefore not be downplayed. The major reason that validates citizens’ choice as the centre for assessing their healthcare is trust. It is this same reason that makes ENRH the alternative regardless of the several others citizens could choose from. It is therefore an important element to both the hospital and citizens in their relationship.

¹⁷ These are medicines usually bought without prescriptions from pharmacies and chemical shops in Ghana.

4.7 WHAT THEN IS THE STATE OF CITIZENS' TRUST IN ENRH?

In response to the main research question; **what is the state of citizens' trust in ENRH?** It is imperative that trust is explained. Regarding this research, trust connotes receiving medical care in a cordial and safe manner. To the citizens, the ultimate basis for building trust in ENRH is receiving medical care which eventually restores their health. However, what it means to have trust in ENRH is very relative and dependent on a patient's experience, expectation, exposure as well as medical condition. Experience with different staff by a citizen on various visits to ENRH can as well affect the level of trust.

In the levels of administering public healthcare in Ghana, ENRH is the topmost at the regional level. It is ideally to be functioning as a referral hospital. Citizens however access regular healthcare due to factors such as population growth, number of health facilities available, staff competence, among others. Factors such as proximity and the notion that 'it is the regional hospital' accounts for why it is some citizens' first point of call instead of resorting to it as the referral hospital it is supposed to be. Answering the main research question, the participants were asked **'Would you then say that you trust the services of ENRH?'** Discussions revealed that, citizens' trust in ENRH was based on the assessment of how their medical needs have been met. To citizens' who had diseases like diabetes, there was no place to have a dialysis¹⁸ in the region and so had no option than having it done at ENRH. A respondent from STMA cried **"my mother-in law has diabetes and other renal issues. But she resists, always resists anytime we have to come to ENRH. She never likes the place... to the extent that there were times she needed the admission or her condition will grow worse and she chose to get worse"**. A citizen with such opinion undoubtedly has a questionable view of trust in ENRH. To citizens with maternal and childcare related issues, trust in ENRH meant something different. From direct observations, the maternal unit is in a very deplorable state much that it has attracted the attention of other social groups to raise funds for the construction of another unit. To the regular out-patient who visits ENRH with cough, head and body ache, malaria and other medical conditions which are considered 'basic' in Ghana, trust is as well different.

This affirms that trust in ENRH is based on individual experiences and conditions. A general factor was of concern to most respondents was the 'staff attitude' A respondent from SDA

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argued “I don’t know if the green ¹⁹ has spirit of rudeness in it or they are socialised to be rude at the training college”. From the discussions, even though there were seemingly pressing factors that challenged the smooth delivery of healthcare than the attitude of nurses, it was a problem of grave concern that they discuss at the slightest opportunity, hoping it changes.

I also gathered that participants acknowledged that ENRH had the best expertise as far as the region is concerned. The absence of specialised doctors in areas such as of urology did not seem to affect the decision of seeking healthcare from ENRH. It was obvious that the absence of specialists was not even popular among the participants. Few participants were however aware due to either their own medical conditions or that of a relative .This however, had insignificant effect on their trust levels in ENRH.

Participants’ major concern was therefore to be treated with respect and dignity, to have responsive staff and adequate equipments. It is interesting to note that the cost of services at ENRH was not an issue to citizens because it was comparatively cheaper as compared to private sources, which is the main competitor.

In conclusion, it can be said that citizens trust for ENRH mostly rests on the premise that it is the regional hospital with the specialist care .The level of trust hoverer, is dependent on individual reasons and may be difficult to generalise considering the diverse reasons that prompts their trust in ENRH.

4.8 CONCLUSION

This chapter revolved around the independent factor, Trust in ENRH. The chapter analyses an answer to the main operational question of the research after discussing the basis upon which trust is built in ENRH. It also revealed the opinions of the respondents for the research as gathered from the various discussions. This helped in understanding the research from their point of view and experiences. Amongst other problems, the research revealed the attitude of staff as being problematic and needs to be addressed. Nonetheless, it is obvious that citizens ENRH and it can be boosted when the concerns are addressed. The ensuing chapter discusses the dependent factors and it relationship on trust in ENRH.

¹⁹ Nurses, who enrol at the Nursing Training Colleges (NTC) in the country, put on green uniform. Student nurses differ from those who have completed their training by the number of white bands on the sleeves of their uniform. While the number of slim whites bands determine the level (from first to third year), a comparatively bigger band means the person has completed training.

CHAPTER FIVE

ANALYSIS OF FINDINGS II- (INDEPENDENT FACTORS)

5.0 INTRODUCTION

This chapter continues the discussion on the analysis of the findings for the research, with emphasis on the independent variables. This chapter explains the perceptions of the participants on the various factors that affect the trust level in ENRH.

5.1 PERCEPTION OF AREAS OF UNDER PERFORMANCE

From the discussions held, it was realised that participants had varying opinions on the issues addressed. This is due to the differences in experiences citizens gather upon visit to ENRH.

The varying experience with ENRH is caused by factors such as time of visit, (morning, afternoon or evening), type of health condition and the particular staff who attends to the patient.. This research however focuses on the general conditions that most respondents could identify with. The areas are discussed below.

5.1.1 MATERNAL HEALTH:

Discussions on maternal health ended up as a very emotional one. It gathered that it stirred up emotions of disappointment, anger and bitterness among most of the participants. However, as natural as it would be, the women (representing all the females) expressed a lot of these emotions. On the average, every participant could recall the incident of the death of at least, one person as a result of maternal mortality at ENRH. From STMA, a young educated lady argued **“what annoys me is that some of these deaths could be avoided... I don’t blame them. They themselves²⁰ don’t give birth there²¹, they know what they do’**. However, the fact that some of the conditions that mothers and babies suffer are beyond the control of the medical staff was duly acknowledged. The resentment was directed towards the conditions that could be resolved if not for the negligence and insensitivity the staff sometimes exhibited.

²⁰This was in reference to the hospital staff, mostly the nurses of ENRH.

²¹ ‘There’ was used to refer to Effia Nkwanta Regional Hospital.

From the nurse's point of view however, some of the conditions are technical for the patients to understand, yet they assume things work in a way which they know when it actually doesn't, and based on that, they draw conclusions.

This is a challenge to many citizens. Sadly, they have no option than to resort to the ENRH again after such heart breaking experiences. Healthcare, especially maternal related is very expensive²² with the private health facilities, the major alternative available.

Upon direct observation, the female ward, particularly at the O&G²³ department is not in the best of shape, especially for the fact that newborns are to be there with their mothers till they are discharged after delivery.

It is therefore not disputable, that most citizens are dissatisfied with maternal care, especially for in-patients and look forward to better conditions. Citizens, through the research pleaded with the GoG to channel efforts towards the reduction of maternal and infant mortality at ENRH. The provision of modern equipments to address complicated medical conditions, upgrading staff competence as well as a renovation of the maternal block were basically their concerns to GoG, should this research ever get to their reach. A young female respondent from STMA cried **“if it is happening here (ENRH) then where do we go, this place is the mother²⁴ hospital”**.

Adding to the findings of the research on maternal and infant mortality is the **‘Save-A- Child Save -A- Mother’** Campaign. This was a campaign championed by Mrs. Rebecca Akufo - Addo in the year 2017. Together with the Multimedia group limited, the campaign was launched to solicit for assistance (funds or technical help) for the construction of a maternity and a mother and baby unit at the Komfo Anokye Teaching Hospital (KATH), Kumasi²⁵. Mrs. Rebecca Akufo- Addo²⁶. This had become necessary as a result of the countless deaths particularly of newborns at KATH²⁷ due to congestion, inadequate infrastructure and insufficient equipments which were needed to aid the delivery of pregnant women. The report revealed the death of at least four (4) babies every single day at KATH. This incident

²² Delivery at all government health facilities in Ghana is free as a result of a policy ‘FREE MATERNAL CARE’ that was rolled out in the year 2000. Averagely the cost of delivery at private health facilities is about USD 542 as against the minimum wage of about USD 2.1 which was effective from January 2018.

²³ Obstetrics and Gynaecology is the department at ENRH, mainly responsible for women's general health as well as delivery - related issues.

²⁴ Mother is used figuratively to mean the highest ranked in terms of services hospital in the region.

²⁵ Kumasi is the second largest city in Ghana, the capital city of the Ashanti Region.

²⁶ Mrs. Rebecca Akuffo-Addo is the First Lady of Ghana. The wife of the current P resident, Nana Addo Dankwa Akufo -Addo.(2016-)

²⁷ KATH is the second largest public hospital in Ghana. It serves as a teaching hospital for the Kwame Nkrumah University of Science and Technology (KNUST) medical school

was brought to the public domain by the works of Seth Kwame Boateng²⁸, on a special assignment documentary; *Next to Die*²⁹.

The campaign talked about earlier, points to the fact that the issue of maternal mortality is a problem across the whole of Ghana and Africa, I dare say. Admittedly, some of the causes of these unfortunate situations are beyond the skills and expertise of nurses and doctors. However, the ones within their power of be addressed with a high sense of urgency and responsiveness, bearing in mind it can avert the situation significantly.

To the participants, it is a very heartbreaking situation and can be said to be a reflection of what happens in several other hospitals in the country. To the participants, the situation at ENRH is just a ‘ticking time bomb’ waiting to explode.

The research identified the worried emotions that this topic stirs among the participants. They look forward to a change in the circumstances in the near future.

5.1.2 PEADIATRIC CARE UNIT:

From the discussions, the participants either had children or planned to have at their various scheduled times. Child birth is given a high social recognition and issues’ concerning it is treated with passion and sensitivity. At the time of this research (June-August, 2016), ENRH, did not have a resident paediatrician. In a region with over forty percent (40%)of its dwellers being children³⁰, (0-14 years) it is disturbing that there is no specialist for children at the top-most hospital. **“Medical conditions related to children, especially the school going aged ones, are countless and very recurring”**, a young male respondent from the STMA cried. It is therefore a responsive drive on the part of government to have a paediatrician at ENRH. The participants expressed worry over the fact of having to travel with their children for medication during emergency cases, just as the disappointment felt when referred to ENRH from one of the districts only to realise there is no paediatrician.

BURNS UNIT

Burns and explosions (both household and industrial) are legitimate for considerations in any health and safety discussions. Even though it has the tendencies of occurring in most industrial settings, it is more prone to some sectors than others. As such, sectors like the oil

²⁹ Source: <https://www.myjoyonline.com/news/2017/July-14th/save-a-child-save-a-mother-saves-gh10m-for-kath.php>

³⁰ Source : <http://www.ghana.gov.gh/index.php/about-ghana/regions/western>

and gas have increased tendencies to suffer this fate. In this regard, ENRH, the regional hospital must have a unit to address such issues. Considering the fact that the western region houses most of the oil and gas companies in the country, arrangements should be made to help in times of such misfortunes. Adding to the considerations of the oil and gas company's is the haphazard location of fuel (petrol, kerosene) and the lots of usage of gas by Ghanaian households mostly for cooking. All of these give a reason for the consideration of a burns unit at ENRH. At the slightest mishandling of these fuels, fire could be started. For this reason, ENRH which is the government hospital must take the necessary steps to offer medical care to victims in the unfortunate situation of such happenings. From the discussions, even though citizens never wish for such happening, it is prudent that arrangements are made to cater for such should it happen.

Burns may not necessarily be caused by any of the identified factors, but it is a human happening just like any health condition that should be duly considered, especially in the case of a regional hospital like ENRH.

Participants therefore question the wholesomeness of healthcare without such facilities.

5.1.3 CARE FOR IN-PATIENTS

The general perception gathered from the respondents on the attitude of staff at ENRH, particularly nurses is questionable. These attitudes are suffered by all patients, but in-patients suffer it most due to the extra time they spend at the hospital seeking treatment. To the respondents, the situation is rather appalling since a patient on admission needs much support and care from the staff, particularly nurses. This questionable behaviour has been the norm for years and has resulted in patients having to be catered for by their relatives when on admission. Even though the health workers blame this condition on the large number of patients as against the insufficient number of nurses, the situation has not been reported different with fewer patients.

ENRH also provides meals for patients on admission for at least twice a day. For sick patients on admission, the nutritional balance and quality of the food served is sub standard. Some patients do feed on the food, but it was observed that they would opt for alternative if they had the chance. Most admitted patients' are therefore fed with food from their respective homes or any alternate source, but rarely counting on the hospitals meals.

These reasons compel citizens to opt for alternate source of healthcare. Citizens' trust is greatly affected which manifests in decisions to either stop assessing healthcare from ENRH or continue to do so.

5.1.4 NOTION OF 'HOME /TRADITIONAL SICKNESSES'

As mentioned earlier, Ghanaians had a means of curing themselves of infirmities before the introduction of formal medicines and hospital systems. It is interesting to note however, that amidst all the modernisation affecting healthcare and the great influx of technology, some citizens are still of the view that, some sicknesses are not 'meant for the hospital'

Typical examples of such medical conditions are shingles and epilepsy. I need say that such perception is ingrained especially among the rural folks and from observations, it could be difficult to correct or, hopefully with a lot of education. To such citizens, these diseases are caused by the 'gods' to mostly punish an individual for wrongdoing. This definitely has an effect on their trust in the hospital system. Another account from a nurse who was privy of living among the rural folks is that, times past, such diseases were difficult to cure when sent to the hospitals. This made the patients question the credibility of western medicines as well as the competence of doctors. Traditional medicines however cured it within a short period. What the bearers of this notion fail to acknowledge is the infections they consequently suffer due to the unhygienic ways of administering the medications and with the right dosage. For public hospitals like ENRH, whose role is to have education on public health, energies must be channelled into getting such 'head strong' citizens into understanding the intricacies of self medication whiles giving them evidence that such diseases can be cured by the hospitals.

5.2 THE STATE OF TRUST IN ENRH OVER THE YEARS

The concept of trust attracts lots of divergent views in its literature due to the various academic angles it has been discussed. Some scholars argue that the tendency to trust either individuals or institutions is as a result of the socialisation process. Time does not affect people's trust for institutions and others; they are socialised to trust them.

Other scholars vehemently oppose the static nature of trust as held by others. To such scholars, trust for others and institution changes with time and it is as a result of the factors upon which the trust is built. This could either be internal or external factors. The general

opinion gathered from the discussions was that, citizens' trust in ENRH has changed over the years.

Of the reasons outlined to be the causes, some were repetitive across the various groups and people interviewed.

To the elderly (40 years and above) participants who likely have more experience, ENRH was once a 'welcoming' hospital. The nurses showed more passion and concern about the health of citizens. A participant from the SDA opined **'is it not obvious the older nurses live longer and fare well in life, can same be said of the younger generation?'** The respondents' attributed the lack of passion for the jobs to the rate of unemployment in the country. In Ghana, the government absorbs most of the nurses and teachers upon completion of their respective training colleges. This means 'ready jobs' right after schooling and the individuals involved do not have to worry about unemployment. To the participants' such people do not necessarily desire the nursing profession, but get enrolled basically to make a living. Such nurses work with no zeal and interest and as such end up negatively affecting the trust that citizens' repose in ENRH.

Another line of complaint was with the growing population of the region and the pressure it puts on public facilities like ENRH. Clearly the government hasn't been at its best in coping with the pressure of increasing numbers. This has resulted in a lot of demands on ENRH without a matching workforce, particularly doctors and nurses to respond to the needs of the citizens.

Another reason was the desire of the doctors to make money from their private practice. This makes them spend less time with patients during consultation. This as well limits the time for citizens to explain their conditions to the doctors. In a bid to attend to many patients within a given time, they are referred to private hospitals. These hospitals turn out mostly to be for the same doctors where they make ample time for the citizens which results in their eventual recovery from their illness.

From the arguments levelled in relation to trust in ENRH over the years, it can be said, both institutional factors as well as individual experiences affect the declining state of trust in ENRH. It was gathered that, people subscribe to the services of ENRH due to low financial power; should it increase, they will seek alternate source of healthcare. This observation is however not conclusive, especially among the older generation. Citizens therefore call on government to advance their structures and revise policies to absorb the increasing demand on ENRH. Doctors and nurses are equally admonished to develop and build better

relationships with the patients. It is only upon satisfactory service; when diseases are cured that trust in ENRH will grow to compel citizens to also continue seeking services.

5.3 GENERAL LEVEL OF SATISFACTION WITH SERVICES AT ENRH

From the various discussions held, it can be said holistically that citizens' level of satisfaction is low and wavering regarding services at ENRH. However, the general opinion among the older citizens is that, it is the best as far as the quality of doctors and nurses are concerned. It is therefore up to Government to channel efforts in to the areas lagging so that it can be the first choice for citizens in the region. To them the most problematic factor that needs attention is the attitude of staff, particularly the nurses. To the older participants, the government is a formidable team and as such no individual can manage healthcare better than government. Other issues like long waiting time, disregard of citizens' opinion, lack of comprehensive care (having to do x- rays and other laboratory services with other health facilities, and generally having to buy drugs when enrolled on the insurance scheme hampers the satisfaction with services at ENRH.

From a participant from AWDA, **“they should treat those of us from the villages with a little respect, we are also human: will they disown us if we were members of their family?”** This ingeminates the treatment meted out to citizens especially those from the village which from all indications isn't positive. However, the participants argued the possibility that, ENRH can evoke trust in citizens again. For this to happen, they recommended that GoG addresses the concerns raised by citizens, realign the tenets of the NHIS, and then ENRH could be as intended or at least, elicit trust from majority of the citizens. From observation, this 'correction' could be difficult to achieve considering the intensity of 'damage' caused, however it can be possible.

5.4 PERCEPTION ON FAIRNESS OF SERVICE AT ENRH

The views of participants were sought on whether the service delivery at ENRH was non-discriminatory with the question: 'How fair is the means of rendering services at ENRH? From the participants, there was a collective opinion that the staff sometimes gives preferences to citizens with certain conditions and the aged.

In emergency conditions and usually among aged citizens, the service was delivered in a rather faster manner to their favour. From the discussions, this did not qualify as a discriminatory way of delivering service since the same conditions were administered to patients once they fell in the category.

This factor attracted a general sense of understanding and humaneness from the citizen. The general opinion gathered was that ENRH was by far non-discriminatory, with insignificant exceptions. There was mention of situations where nurses, with no such reasons as mentioned above, gave preferential treatment to a patient. Such behaviour stirs up anger in the citizens. Even though the reason for such actions wasn't readily identified, the probable reason given was the fact that such patients were in the position to return the favour to the staff, mostly in the form of financial rewards. In a nutshell, the responses gathered, gave the basis to conclude that, healthcare delivery by ENRH is fair to all clients.

5.5 CITIZENS CONFIDENCE IN DOCTORS AND NURSES AT ENRH

It is common to find literature on trust studies explaining trust in institutions or general trust relationships as confidence. In trust relationships, the continuity or discontinuation could be attributed to the level of confidence reposed in the parties to the relationship. Among other things, the confidence that the relationship will be mutually rewarding is a big determinant of the outcome of the relationship. From the discussions held, it was realised that the general notion on the level of confidence reposed in the staff, especially doctors was appreciable. A participant from AWDA noted, "I have no doubt of the doctors, is it not the same skill they operate their private clinics with... even some of the nurses are also good... all hope is not lost. This reveals the positivity with which citizens regard the skill and competence of the doctors and nurses at ENRH in spite of all the obvious problems.

For most citizens, their relationship with the hospital thrives mainly because of the skills of the staff, disregarding all other factors.

Another participant argued that you could only get the specialist care at ENRH, because it is the regional hospital. So irrespective of where people seek healthcare, there is the likelihood of ending up at ENRH, should there be deterioration in the condition. This reveals the importance citizens attach to receiving the best of care in spite of all glaring problems and distractions. It is deduced that, if there was an option of receiving the best care from alternate sources, citizens may subscribe to that, at least to receive quality medical and all other

services at a hospital. It was also realised that, even though some citizens find the general state of affairs unsatisfactory, they continue seeking healthcare ENRH only because of the competence of the staff, mostly doctors.

5.6 VIEWS ON POLITICIZATION OF POLICIES AND STAFF AT ENRH

As a public institution, whether directly or indirectly, ENRH is affected by decisions made by the government. The ENRH just as any government institution therefore obliges to decision made by government in its regard. The latent realities to such decisions are that, the citizens tend to be affected as well. It may take various forms and could either be beneficial or unfavourable to them. Some decisions by government directly affect the citizens while others affect them consequently. The fact is, regardless of the intent of the decision, citizens are affected in either a grave or small way.

Among other decisions, citizens are mainly affected with politicisation of policies and staff which directly affect health delivery at ENRH.

Politicisation of policies is quite a common practice in the political life of Ghana. This is usually championed by the political party members and their cohorts who are in opposition to the political party in power. It is usually a means to discredit the efforts of the ruling party and score political points. In the end, citizens suffer from such actions. Policies that are politicised spans from education, health, transport and everything else that revolves around citizens.

For this research, the question was asked “**how does politicization of policies affect delivery at ENRH**”? Answering this, the service providers explained how that can delay response from government to their requests. The Administrator of ENRH said ‘honestly, I cannot vividly point to a particular situation like that, except the general NHIS issue that was nationwide, I think. Maybe it is because the people at the fore front here do not openly indulge in partisan politics. But in the likelihood of it happening, it will surely affect our relationship with government and definitely our services. That said, it could also be in your favour you know, particularly when your government is in power. So there are two sides to it, but to openly do politics in this sector, I don’t think it’s advisable’.

The NHIS which was rolled out in the year 2003 by the Kuffour³¹ Administration under the NPP³² government. The implementation of the policy was effective until the NDC³³ won power to govern the country in the 2008 general elections. During their reign, the implementation of the NHIS faced several challenges which resulted in the loss of the essence of the Scheme.

Citizens who were enrolled on the scheme during that period had to pay for health services when they visited the hospitals. The reason was that government did not have enough funds to finance the policy. Citizens who did not have the money to pay for healthcare had to find alternate ways of treating their ailment.

Even though it may seem unlikely to happen, staff of ENRH could as well be politicized. This can happen in instance where the individual openly criticises the government to an extent that it is deemed humiliating. The individual is sabotaged and denied some benefits. For doctors and nurses at ENRH, this may mean being posted to a remote area where conditions of life may be difficult and uncomfortable for someone from the city. This eventually affects citizens in a way that they lose the skill and expertise of such a doctor or nurse. This becomes a hindrance to continuity of treatment from the particular doctor or the general services of the doctor to the hospital and as well deters others in like position from being critical government engagements. It as well hampers people from freely exercising their civic rights with fear of having their job at stake. The ‘radically’ political ones argued that everyone is entitled to their opinions on political issues and should be able to do so freely without any inhibitions and fear of reproach in whatsoever form.

5.7 CORRUPTION AT ENRH

Most public institutions are thought of to be corrupt in Ghana. This ideology about state-owned institutions has a long standing in the tradition of institutions and how they are managed in Ghana. Whilst others are charged against hard evidence, others remain ideology because it is difficult to lay hold of evidence to support the claims. Institutions like the Ghana Police Service, Driver and Vehicle Licensing Authority (DVLA) among others are perceived as corrupt.

³¹The president of Ghana from the year 2000 to 2008 was President John Agyekum Kuffuor, popularly referred to as Kuffuor.

³² The New Patriotic party is the centre right and liberal conservative party in Ghana.

³³ The National Democratic Party is the social democratic political party in Ghana.

Even though the public health sector is generally tagged corrupt on the sheer basis that it is a state- owned entity, not much of a scandal or dealings relating to corruption has been found or at least, brought to the public domain.

From the discussants, the possibility of ENRH being corrupt was acknowledged. This means there is the tendency of engaging in corrupt practices and as such will not come as a shock should any news about that get to their knowledge. To gather evidence to support their opinions, I asked whether any of them had a personal experience of such an ENRH, and none of the respondents in any of the groups responded in the affirmative. From the service providers, the organogram of ENRH is such that doctors and nurses hardly make contact with cash. Yet they are the direct people who provide the essence of visits to ENRH, logically it is difficult to ask for money or cajole citizens into some corrupt acts. Irrespective of this however, it is possible for doctors and nurses to engage in corrupt practices. be possible and I asked further what in their views could be the reason for corruption at ENRH. The general opinion therefore is the acknowledgement of the possibility of corrupt practices, particularly because it is a Government institution; however, no tangible evidence of experience was given in support of the claims.

5.8 SOCIO DEMOGRAPHIC VARIABLES AND ITS EFFECT ON TRUST

Like many researches on social sciences and particularly on the trust concept, socio demographic variables have been operationalised in several ways. Whereas these factors have caused tremendous influence on the dependent variables of some study, others cause less to no significant difference at all. Very common among the various factors categorised under socio-demographic variables are age, gender, and education. Even though there are some variations on these based on the particular study area and thematic under consideration.

For this study, the socio demographic variables considered are age, gender, education, and occupation. From the discussions held, questions were asked whether these individual factors affected their choice of healthcare facility and consequently their level of trust in the respective institution.

The research revealed that the choice of ENRH as the health facility to resort to and experience with the service providers (doctors and nurses) was mainly on an individual level. Considering the number of participants for the research, it does not give enough evidence to generalise the findings based on the opinions gathered. There was however similarities and

trends in the opinions. This point to the fact that, the socio-demographic variables influence the level of trust of the citizens in ENRH, irrespective of the participants (sample) size.

AGE, did not reveal a conclusive explanation to the level of trust in ENRH. Among the various groups and people interviewed, age was not a valid reason to access healthcare from ENRH just as the level of trust reposed in it. The basis for the choice of a health facility and whether it was trusted or not was beyond the age of participants. The older generation however stressed the fact that ENRH has been in existence for over a century. It is therefore expected to be delivering 'state-of-the-art healthcare to citizens.

EDUCATION as a factor however put participants on two opposite side of the discussions. Notwithstanding, the expectation of both the educated and uneducated was the eventual restoration of health. The manner with which the care was administered seemed to be of more concern to the educated than the uneducated. This however was influenced by other factors than education even though its influence cannot be written off. The educated are also concerned with issues like understanding the care being given as well as the choice of drugs being offered.

There was however a common opinion on issues such as efficacy of drugs, eventual recovery from sickness on the basis of treatment given and general credibility of healthcare received. In fine, whilst the educated are concerned about the intricacies of the service received, the uneducated mainly focused on the recovery from sickness after visit to the hospital.

GENDER has obvious value, which is male and female. It was hypothesised that men are more trusting of the services at ENRH than women. The research findings confirmed the hypothesis. The findings revealed that woman are more critical of the service at ENRH, and were poised to make comparisons of the various dimensions to the healthcare from ENRH with that of alternate health facilities. Just as pregnancy and delivery are peculiar to women and The findings revealed good grounds to assess the trust in ENRH, men equally had sicknesses that they could suffer from as a result of their being. Therefore the mere value of gender was not grounds for the determination of trust in ENRH.

The findings from the study therefore revealed factors such as the state of health, expectations of ENRH, exposure to alternate healthcare and financial capabilities as having great influence on the choice of health facility as well as the level of trust reposed in it.

5.9 PERCEPTION ON QUALITY OF NURSING SERVICES

This contributes to the decision to continuously seek healthcare from ENRH or opt for an alternate source. Nursing services is explained as the provision of direct medical care to citizens at the hospital. Nursing of citizens is expressed in various forms such as timely response to the call of citizens for assistance and respectful conduct. In general terms, professionalism in the execution of responsibilities towards citizens. This is important particularly to in-patients; they are mostly at the mercy of nurses when admitted.

The opinion of citizens gathered on this from the research was very diverse.

The general opinion of nurses in Ghana and ENRH in particular is that they are rude and insensitive to citizens. This however does not rule out the fact that there are some exceptions. Every citizen appreciates positive attitude from nurses when the need be. As some participants recounted some unpleasant experiences with nurses, others shared some great moments they had experienced with some nurses at ENRH as well. The participants argued that while some nurses are generally rude, and wait for the slightest opportunity to ‘pounce’ on citizens, the attitude of others towards the citizens are due to the demands and pressure their job puts them through. Some participants were quick to counter the argument that rude attitude of nurses was in no way justifiable and should not the least be blamed on work load. There was clear segregation of older nurses from younger ones. Older nurses are thought of to show much enthusiasm and concern for citizens than younger citizens. The younger nurses were therefore admonished to take a cue from the older ones to help their carrier and citizens as a whole. The positive accounts of engagements with nurses were nonetheless not enough erase the negative notion that citizens have for nurses.

Lastly, time of visit to ENRH (morning, afternoon, evening, dawn) type of ailment as well as general state of the nurse play a significant role in the determination of their attitudes towards citizens.

5.10 PERCEPTION ON INFRASTRUCTURE AND LOGISTICS SUPPLY

As mentioned earlier, the facilities in themselves do not affect trust neither do they have a physical bearing on the fitness of citizens. However, their availability facilitates the healthcare and sometimes, speedy recovery for the patients. Clinical infrastructure and logistics are very important for the discharge of care. Its unavailability or limited supply could have dreadful consequence on the health of patients: at worst, it could result in deaths.

For instance, the shortage of cylinders to be filled with oxygen to assist with the breathing of patients can result in loss of lives. Hence, it is as important to citizens as any factor under consideration for this research. 'The importance of logistic supplies like medicines and other medical gadgets cannot be overemphasised. After diagnosis, it is the medicines that cure the patient of the illness. How then can one recover from an ailment without these? Just as many public institutions, ENRH lacks adequate infrastructure to deliver its mandate and the growing population. Obvious among this need is the maternity block which is fast deteriorating. Other infrastructure like elevator to carry citizens to and fro the hospital for treatment, ambulance, among others. Medicines and other logistics needed should be made available to enhance healthcare at ENRH. Generally, ENRH lacks not just infrastructure, but modern equipments for the delivery of healthcare to citizens.

The existing infrastructure has 'unfriendly' topography which also needs to be rectified to make the hospitable easy to navigate. For instance patients have to navigate one hundred and twenty footsteps before getting to the casualty unit. This makes it difficult for accident victims, and people with impaired limbs to get through to such places.

CHAPTER SIX

SUMMARY AND CONCLUDING DISCUSSIONS ON THE RESEARCH

6.0 INTRODUCTION

This is the last chapter for the research; ASSESSING CITIZENS TRUST IN PUBLIC HEALTHCARE: A STUDY OF THE ENRH IN THE WESTERN REGION OF GHANA. This section summarises the entire study beginning with an overview of the research questions and the methodology employed in addressing it. I further emphasize on the choice of theoretical underpinnings and its relation with the study. The chapter concludes with the limitations of the entire study and suggest apparent areas for further consideration.

6.1 OBJECTIVE OF THE STUDY

The primary purpose of this research was to identify the **state of citizens' trust in the public healthcare received at ENRH**. The research sought to understand what citizens meant by trusting public healthcare: was it the eventual recovery from sickness and diseases after visiting ENRH? Or other reasons attributed to institutional factors.

The initiative of the research aligns with the institutionalism argument that trust is not merely an act from social orientations of people but greatly reliant on the actions and output of institutions and their actors analysed by the recipients' of the service the institution is intended for. (Newton: 2007)

6.2 OVERVIEW OF THE RESEARCH PROBLEM

The Ghanaian health system; particularly the public health system, has undergone significant transformations. Consistent among these changes however, is the aim to make it accessible and affordable. The ultimate rationale behind the various transitions has been to address the health needs of citizens whilst enriching its credibility. Like many other sectors for the provision of services to citizens, there are competitors and alternate significant sources.

In the healthcare sector, there are the traditional medicines, healthcare provided by various missionaries, NGO'S, and the popular private healthcare. Amongst all the alternate source of healthcare provision, the private source keenly contests the public healthcare even though they are significantly fewer than the public healthcare facilities across the country.

In view of this, credibility and trust from the citizens (patrons) is essential to all the healthcare providers to ensure legitimacy, acceptance and continual reliance on their service. It is worthy of mentioning, that while it is a profit making venture for sources like the private and missionaries, and a social responsibility for NGOS and others, it is a constitutional mandate for the GoG to provide healthcare as a basic need for the citizens. Hence to government, it is a major responsibility that must be executed. For a long time after the somewhat migration from traditional medicines unto the western style of medicines, the cash and carry system for healthcare was a major problem to most Ghanaians, in their bid to access healthcare. The cash and carry system implied that citizens had to make monies available at the health facility before even treatment commenced. Lives were lost and people had to endure devastating experiences due to inability to raise monies.

It was therefore with much hope and eagerness that Social Intervention Programs (SIPs) like the NHIS was embraced when it was implemented. With the aim of making healthcare affordable to all Ghanaians, it is expected that the trust in the service provided will increase. Amidst all these social interventions however, the growing notion that services provided by public institutions are inferior has not waned if not increased, neither has the preference to alternate source of healthcare, particularly the private ones.

There is also the popular opinion among citizens about doctors of public health facilities like ENRH not having enough time for them during consultations and rather refer them to private clinic which ends up belonging to them. Despite the increased expenditure incurred at the private facilities, citizens prefer assessing healthcare there to the public health facilities,

This research is therefore driven by the interest to understand what evokes the trust of Ghanaians in the healthcare provided by government; focusing on the country's western region. The study explored the factors that elicit trust from the citizens towards public healthcare. From the traditional regime and roles of government to the era where government is taking up lots of responsibilities to ensure the general wellness of citizens, does trust matter? And if it does what factors account for it and how can it be sustained. Does the existence or absence of trust in the government- citizen relationship matter?

In seeking answers to the questions above, citizen's response revealed that building and maintaining trust in the public healthcare rested mainly on institutional factors with little effects from individual characteristics. Citizens experience of services and attitude of staff on an individual level even though informed their personal trust levels, it did not affect the

generalised notion of trust in ENRH much. However, the generalised trust in ENRH is based mainly on the institutional factors which manifest in the internal procedures pertaining to seeking healthcare from the facility. The institutional factors pertains to every citizens who seeks healthcare from ENRH and was therefore a good measure for exploring the trust in ENRH more than socio –demographic variables which is mainly individual traits. As a public health facility then, it is prudent that the measure for the level of trust is explored on the basis of universal factors. This adds to the trust literature just like scholars who argue that trust in institutions is as a result of satisfaction with the institutional factors applied in the delivery of the service. Fairness and equality in the provision of the service creates satisfaction with the service and hence the trust of the service recipients gained.

I gathered therefore, that the current state of trust in the public healthcare which literally translates as dissatisfaction is as a result of factors such as exposure to alternate source of healthcare, growing health demands of citizens, influx of numerous diseases requiring both upgraded skills and modern equipment and the general expectation from citizens on the need for government to do better. The study therefore advanced an argument that when citizens perceive ENRH as improving to meet their ever growing health needs in a cordial manner, trust is built and hopefully maintained.

Based on the arguments advanced above, the performance based theory was chosen to explain the institutional factors that cause citizens to trust ENRH. The research questions for the study was used as a guide to realise the opinions of the citizens on the healthcare received.

A review of both the socio-cultural and performance – based theory reveals the importance attached to institutional factors, more especially, the attitudes of staff greatly influences the level of trust in ENRH.

It can therefore be said that as surprising as it seems, the attitudes of staff is a major factor in the decision of citizens to either continue or cease accessing healthcare from ENRH.

6.3 STUDY CONTEXT AND METHODOLOGY

This is a summary of the elaborate discussions in chapter three. The study was conducted in the western region of Ghana and the unit of analysis was the EFFIA NKWANTA

REGIONAL HOSPITAL. The study was specifically conducted in the four districts that seek healthcare from ENRH; these are the Sekondi Takoradi Metropolitan Assembly, Wasa East District Assembly, Shama District Assembly and the Ahanta West District Assembly. The discussions took place at the district capital of each district, Takoradi for STMA, Apowa for Ahanta West, Daboase for Wasa East and Shama for Shama district assembly respectively.

The study was addressed with a qualitative approach and the methods employed in collecting data were FGDs, in- depth interviews, direct observation and document analysis. It was 4 focus group discussions; a group from each district comprising of eight (8) people each, ten (10) in depth interviews with major stakeholders as far as public healthcare is concerned. The participants were males and females, educated and uneducated, young and old. Participants for the discussions were sampled out with both purposively random and stratified random sampling making a total of 42 respondents for the entire discussions held.

The various data collection methods were chosen to augment data from each source. The weakness of one method was annulled with the strength of another, yielding a comprehensive analysis of the research: hence, the essence of the triangulation of methods. The data gathered was used for the exploration of the state of citizens' trust in the public healthcare from ENRH.

FGD'S was the main source of data and it was mainly buttressed with the in- depth interviews then direct observation and document analysis. This was the basis of the findings and analyses of the study. The data therefore helps in understanding the nuances and diversified opinions on trust in ENRH. Some participants go as far as suggesting what they need and think will work for them. However, policy making is not the responsibility of just an individual. It takes the collective effort of all stakeholders to an issue. Even though in the government –citizen relationship, citizens' satisfaction is usually the motivation for making policies, all other parties who are affected by the policy have their interest considered too.

6.4 SUMMARY OF KEY FINDINGS

The research identified a number of factors from the interviews conducted. Amongst the several of them, I present the major and most recurring ones based on the questions asked as a guide for the discussions.

a. What does it mean to trust healthcare received from ENRH.

For many citizens, wellness from illness does not necessarily mean physical fitness: after all sickness itself does not necessarily mean physical unwellness a discussant from shama district assembly argued. To the citizens, even though Ghanaians generally visit hospitals when unwell physically, paradoxically they admit that wellness is yet not limited to physical healing. To them even the way they are received by nurses particularly is therapeutic. This emphasises on the importance of attitude of nurses and doctors as discussed..

A recurring observation, which seemed to bother the citizens themselves, is the fact that the same doctor treats at ENRH and the citizen does not fully recover except they go to their private hospitals or one they associate with. Even though, it was acknowledged that this does not happen all the time, most discussants affirmed experiencing it especially with units like the eye department.

To the citizens therefore, trusting ENERH meant that the doctors and nurses brought their best to bear whilst working at ENRH and not reserving their best skills and service for the minority who could afford a follow up at their various private hospitals.

To them, once they were giving off their best just like they do in the private hospitals, they were sure everything else like attitudes, right diagnosis and eventual healing from sickness was sure to be attained.

It was rightly acknowledged however, that the government had a role to play in ensuring this comes to fruition by making the various logistics and assistance needed in the delivering of healthcare available, so that all there is to do will be delivering the necessary assistance to patients.

2 What are the perceptions on quality of service received from ENRH?

For most citizens, the first reaction the question of quality service is that, it can be better. This is not mentioned without reference to the private healthcares. From the discussion with a doctor of ENRH ‘what the public do not know is that at the private health facilities, they are attended to by medical officers and not specialists or experienced doctors, yet they prefer going there and claim wellness after their visits. It means there is something different they are doing or giving the public that ENRH is not. When we identify that and incorporate it, ENRH will assume the regard that is due it’

I can say from the view of the doctor that, the issue of quality service goes beyond efficacy of treatment and eventual wellness. Just as the issue of trust in ENRH, is one of a social orientation and an ideology that keeps being passed on. If not, how is it empirically possible that a medical officer performs well at the job than specialists and experienced doctors? The general feeling on this issue is that, even if citizens ultimately get healed after a one attempt treatment from doctors at ENRH, other institutional factors will always be a reason for others to resent the services and vehemently oppose seeking healthcare from there. The reason for this may be examined by the opinion from a discussant from the Ahanta west district that “we are Ghanaians, and morals matter in our daily engagements with people”.

On a general level it can be said that the perception on this issue is low but are however optimistic that ENRH has all it takes to act accordingly to gain the trust of the citizens as well as on the quality of service delivery to boost the confidence and reliance on ENRH for general healthcare needs.

Do people then not trust ENRH

For most citizens, continual seeking of healthcare from ENRH goes beyond a matter of choice. Even though they have legitimate concerns on the problems faced with upon their visits to the hospitals, alternate healthcare is not an option mainly because of financial constraints. This therefore suffices the findings that proximity and frequent visits to ENRH does not necessarily equate to having trust in the hospital but rather, the only option to resort to. They will rather go to ENRH, for at least first aid treatment amidst all the obvious problems than fall back and have their health conditions worsen.

For many more others too, once it is a public hospital and fact remains that the specialists work there, they prefer that to all other alternate sources regardless of the quantum of setbacks and inconvenience suffered.

Basically, apart from financial constraints, the fact that it is the ultimate and last resort for healthcare provisions as far as the region is concerned, they prefer to access healthcare from there regardless.

3. What is the general state of trust in ENRH.

Following the arguments advanced in the study, it is logically expected that the level of trust in ENRH therefore is insignificant. However, even though it is dwindling, better still not at the level it is expected to be regarding its status as the Regional Hospital, it is impressive.

This is a generalised notion which runs across old and young, rich and poor. This means that even though the level of resentments and a fair share of inconveniences has been experienced or is till experienced by citizens, the fact remains that it is the ultimate in the delivery of public healthcare so far as the region is in question.

To the old, it is the regional hospital, run by Government, and no single person (in the case of private owners) can do it better than a collaborated front like the government, even though some private hospitals are also jointly owned and managed.

The young however are of the view that irrespective of the trust accorded to private healthcare, when it gets serious; it ends up there, echoing the power it wields in the delivering of healthcare.

Whereas the poor argue that it is significantly cheaper, at least with the use of the NHIS, the rich argue that the very doctor who supposedly perform magic at the private hospitals have their first point of call and duty to the ENRH. Therefore to wav off all the problems associated with the use of NHIS , they will pay for the Service on their visits to ENRH This is a motivating step and a call on the government that all is not lost, rather the shortcomings should be addressed with urgent attention to satisfy the citizens wholly.

6.5 CONTRIBUTION OF THE STUDY TO THE TRUST LITERATURE

To the general body of trust literature, this study adds up with its findings. In the sub Saharan Africa, Ghana to be precise, the study is a right step in helping to bridge the gap in literature as far as trust studies are concerned. As mentioned earlier, previous studies on trust lack individuality of countries and usually generalise their findings based on data from a particular country. Despite all the similarities in culture and political designs, no two countries are the same in Africa, it is therefore expedient that the various intricacies peculiar to a country are addressed in studies of these sort. This makes the Study unique on its own merit, addressing the trust in public healthcare in Ghana.

Unlike the usual studies on trust which employs either a mixed method or quantitative approach, this study draws on a collection of rich data revealing the perceptions and understanding of trust from the citizens point of view. The setting of the discussions gave room for the discussants to thoroughly explain the opinions , sentiments and meanings attached to trust in the public healthcare . the choice of a qualitative study gives a solid basis to analyses the nuances of trust as per their opinions which is not unravelled using survey and other quantitative choices.

The study as well adds to argument advanced by various scholars on the grounds that positive institutional performance sets the trust of citizens into motion. As this opinion has been tested in so many ways in the trust rhetoric across several countries, the contextual analysis of Ghana affirms the general findings bit this time with a particular factor ‘the attitude of staff’. Institutional factors should therefore in general be enhanced to advance the trust in the institutions, however, the identified factor ‘staff attitude’ should be given more consideration and focus.

6.6 LIMITATIONS OF STUDY

Despite the profound contribution that this study makes to the trust literature, it has limitations, just like any other research. it focuses on the discussions with the respondents to make claims and analyse the level of trust of citizens in ENRH. The limited number f respondents as compared to the number of people who seek healthcare from the hospital on daily basis, makes the generalisation of the findings marginalised,

Nonetheless, the generalisation made from the study is clearly explained to be based on the information through the responses gathered fro the discussions, in that light, the findings are valid and can be generalised as per the parameters within which it is established.

The study also focuses on general healthcare provided by ENRH which gives a broader array for the analysis of the trust reposed in them. This makes it difficult to get a concrete view and understanding of the perception held on the numerous services provided. A critical look at a particular service rendered say maternal health or paediatrics will give a much insightful look at the trust held in the delivery of such at ENRH. For the analysis of the general healthcare, people experience different services with respect to health needs addressed. This may cause one to have a better experience on an encounter and a worse or comparatively bad experience on another occasion. In a situation like this, it may be difficult to find a balance from the two

extreme experiences. It is in no doubt that the review of trust for such a person may not truly reflect the ideal state of trust.wrbg

6.7 FURTHER RESEARCH CONCERNS

The study has revealed the effect of institutional factors particularly staff attitude on the trust of ENRH. Future studies can have a comparative study of ENRH and another private hospital where supposedly staff attitude is better to know what other factors contribute to trust in Public healthcare.

Again this study was limited to the western Region, study of other Regions, suggestively the region that hosts the capital city, Greater Accra region where other smaller hospitals are better equipped compared to others of the same standard in different regions can be studied to have a more generalised view of citizens on public healthcare in the country as a whole.

6.8 FINAL REMARKS AND CONCLUSIONS

Findings from the study have revealed a rather peculiar factor, staff attitude which may not necessarily amount to anything, much more a finding from an academic research. This echoes the importance of context and culture in researches. The finding from this research which is very peculiar to Ghana may at its best, hold true for other African countries but not developed countries. This affirms the fact that socio cultural factors influence the trust people has in various relationships, in this case institutions and individuals.

This is however a solvable problem and as such should be addressed by Government as the study acknowledged from the interview with the Regional health director. In its truest sense, the finding from this research should not amaze Government as this is a problem that faces almost all Ghanaian sectors. For an academic observation to reveal it, therefore makes it deserve an urgent attention from Government to address it. A positive staff attitude towards citizens may not only increase the level of trust, but will as well increase profit margins when citizens engage the services of ENRH.

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APPENDIX

I. INTERVIEW GUIDE

RESEARCH APPROACH (INTERVIEW AND FGD'S GUIDE)

TOPIC: CITIZENS TRUST IN PUBLIC HEALTH CARE IN GHANA: A CASE STUDY OF THE EFFIA-NKWANTA REGIONAL HOSPITAL

QUALITATIVE APPROACH: 31 RESPONDENTS

IN-DEPTH INTERVIEW OF 11 KEY INFORMANTS AND 20 FOCUS GROUP DISCUSSIONS

KEY INFORMANTS FOR IN-DEPTH INTERVIEW

INFORMANT/PERSONS TO BE INTERVIEWED	NUMBER	GENDER
DOCTOR	1	MALE
NURSE	1	FEMALE
HOSPITAL ADMINISTRATOR	1	MALE
NHIS (DIRECTOR)	1	MALE
IN-PATIENTS	3	2 FEMALE/1 MALE
OUT -PATIENTS	3	2 MALE/1 FEMALE
TOTAL INTERVIEWEES	11	

GHANA HEALTH SERVICE/ NATIONAL HEALTH INSURANCE SCHEME

REGIONAL DIRECTORS

GREETINGS AND PLEASANTRIES

MAKE HIM/ HER AWARE THAT THE INTERVIEW IS PARTICULARLY ON THE GROUNDS OF BEING A GOVERNMENT REPRESENTATIVE/ APPOINTEE AND NOT ON INDIVIDUAL LEVEL.

ENQUIRE ABOUT HIS/HER PERIOD OF STAY IN THE REGION, HOW CONVERSANT HE/SHE IS WITH THE EFFIA NKWANTA HOSP AS THE REGIONAL HEALTH CARE FACILITY

AGE RANGE: 18 -25 26-30 31- 35 36- 40 ABOVE 40.....

LEVEL OF EDUCATION..... MARITAL STATUS & FAMILY SIZE.....

GENDER..... DISTRICT OF RESIDENCE OCCUPATION.....

ANNUAL INCOME..... 12,000 AND BELOW 18,000 – 24000 ABOVE 24000

MEMBERSHIP WITH ANY SOCIAL GROUP/CIVIL SOCIETY ORGANISATION

LEVEL OF INTEREST IN POLITICAL AND GENERAL SOCIO ECONOMIC ISSUES

1 -NOT INTERESTED

2- INTERESTED IN AREAS THAT CONCERNS YOU

3 -GENERALLY INTERESTED

- GOVERNMENT, BEING THE MANDATED SECTOR FOR THE PROVISION OF SOCIAL SERVICES SUCH AS HEALTH CARE TO ALL CITIZENS, CAN WE SAY THAT IT WOULD DELIGHT GOVERNMENT TO HAVE A GREATER

PORTION OF THE CITIZENS, ACCESSING HEALTHCARE FROM THE PUBLIC HEALTH FACILITIES?

- CAN YOU PLEASE SHED LIGHT ON SOME ARRANGEMENTS PUT IN PLACE BY GOVERNMENT TO ENSURE THAT?
- IS IT A CONCERN TO GOVERNMENT THAT CITIZENS HAVE TRUST IN THE SERVICES IT PROVIDES? ESPECIALLY IN ESSENTIAL AREAS LIKE HEALTH CARE?
- HOW CAN GOVERNMENT AFFECT THE CITIZENS TRUST, BOTH NEGATIVELY AND POSITIVELY.?
- CAN CITIZENS TRUST BE LOST? OR ONCE EARNED IT LINGERS ON FOREVER.
- IS GOVERNMENT IN ANY WAY AFFECTED BY CITIZENS TRUST IN THE HEALTH CARE IT PROVIDES?
- CAN WE SAY THAT NHIS DOES AFFECT CITIZENS TRUST IN THE HEALTHCARE PROVIDED BY THE GOVERNMENT? HOW?
- a. What in your view are challenges to general health care in terms of access, quality and general service delivery as far as the Effia –Nkwanta Regional Hospital is concerned?
- Is there any institutional framework from the NHIS perspective (e.g standard operating procedures and protocols) that is designed to protect patient interest by regulating the behaviour and conduct of Doctors and other health service providers in their duties

d. Please comment: To what extent has Effia-Nkwanta regional hospital been able to provide responsive and effective general health care to the citizens?.

e. Do you think the services delivered at Effia-Nkwanta hospital have met -standard levels of general health care? Please provide evidence in support of your opinion.

f. What is the current patient-doctor ratio at Effia-Nkwanta hospital and how does it affect service delivery?

g. Could you state how in your view patients trust in the services of Effia-Nkwanta hospital can be affected?

h. Do you have timely and adequate supply of resources for delivering treatment to the patients at Effia-Nkwanta hospital?

I. What is your take on the options listed below with respect to making Effia-Nkwanta Regional Hospital as a trustworthy public institution?

- Ability and competence of the doctors to diagnose the sickness , prescribe drugs and ultimately cure it.,
- Commitment and compassion of doctors towards patients,
- Availability and Sufficiency of resources (supply of medicines and other needed logistics)
- Full organizational strength in terms of manpower and have the right work environment,
- Professionalism and responsive service to the patients

Any other comments, suggestions and observations are welcome.

c. Could you please share your opinion on some complaints about the general healthcare at Effia –Nkwanta Regional Hospital such as non-availability of medicines, poor quality of food for in-patients, long waiting time, absenteeism of doctors and nurses, negligence, corruption etc and how they affect citizen’s trust?

d. Please comment to what extent Effia-Nkwanta has been able to provide responsive and effective general health care to the citizens.

e. Do you think the services delivered at Effia-Nkwanta have met satisfactory levels of general health care? Please provide evidence in support of your opinion.

h. Do you have timely supply of resources for delivering treatment to the patients at Effia-Nkwanta?

I.What is your take on the options listed below with respect to making Effia-Nkwanta Regional Hospital a trustworthy public institution?

- Ability and competence of the doctors to diagnose the sickness, prescribe drugs and ultimately cure it.,
- Commitment and compassion of doctors towards patients,
- Availability and Sufficiency of resources (supply of medicines and other needed logistics)
- Full organizational strength in terms of manpower and have the right work environment,
- Professionalism and responsive service to the patients

Any other comments, suggestions and observations are welcome.

CLOSING COURTESIES

THANK YOU SO MUCH SIR FOR THE TIME AND INSIGHTFUL CONTRIBUTION TO MY WORK.

I APPRECIATE IT, I HOPE I CAN CALL ON YOU FOR FURTHER ASSISTANCE AT ANYTIME WHEN NEED BE.

CAN I PLEASE HAVE A MEANS TO REACH YOU,

HAVE A NICE DAY SIR AND A GREAT WEEKEND.

A. QUESTIONNAIRE GUIDE FOR IN-DEPTH INTERVIEW

(HOSPITAL ADMINISTRATOR, GHANA HEALTH SERVICE (REGIONAL)

DIRECTOR, NATIONAL HEALTH INSURANCE SCHEME (REGIONAL) DIRECTOR)

PERSONAL PROFILE

AGE LEVEL OF EDUCATION..... MARITAL STATUS &
FAMILY SIZE.....

GENDER..... DISTRICT OF RESIDENCE OCCUPATION.....

ANNUAL INCOME.....

GUIDELINES

What is your perception of trust in Effia Nkwanta

a. What in your view are challenges to general health care in terms of access, quality and general service delivery as far as the Effia –Nkwanta Regional Hospital is concerned?

b. Is there any institutional framework such as standard operating procedure and protocols for both in and out patients to make the general health care at the Effia –Nkwanta Regional Hospital more trustworthy? For instance, are the doctors and nurses bound to observe a mandatory code of conduct to ensure sound health care delivery?

c. Could you please share your opinion on some complaints about the general healthcare at Effia –Nkwanta Regional Hospital such as non-availability of medicines, poor quality of food for in-patients, long waiting time, absenteeism of doctors and nurses, negligence, corruption etc and how they affect citizen's trust?

d. Please comment to what extent Effia-Nkwanta has been able to provide responsive and effective general health care to the citizens.

e. Do you think the services delivered at Effia-Nkwanta have met satisfactory levels of general health care? Please provide evidence in support of your opinion.

f. What is the current patient-doctor ratio at Effia-Nkwanta and how does it affect service delivery?

g. Could you state how in your view patients trust in the services of Effia-Nkwanta can be affected?

h. Do you have timely supply of resources for delivering treatment to the patients at Effia-Nkwanta?

I. What is your take on the options listed below with respect to making Effia-Nkwanta Regional Hospital a trustworthy public institution?

- Ability and competence of the doctors to diagnose the sickness, prescribe drugs and ultimately cure it.,
- Commitment and compassion of doctors towards patients,
- Availability and Sufficiency of resources (supply of medicines and other needed logistics)
- Full organizational strength in terms of manpower and have the right work environment,
- Professionalism and responsive service to the patients

Any other comments, suggestions and observations are welcome.

(SELECTED IN & OUT PATIENTS)

PERSONAL PROFILE

AGE LEVEL OF EDUCATION..... MARITAL STATUS &
FAMILY SIZE.....

GENDER..... DISTRICT OF RESIDENCE OCCUPATION.....

ANNUAL INCOME.....

Frequency of visits to the hospital

GUIDELINES

- a. Is Effia –Nkwanta your first choice of health care facility whenever you are sick?
- b. Prior to today when last did you visit Effia-Nkwanta Hospital?
- c. Why do you choose Effia –Nkwanta and not other health facility?
- d. Do you have to get your own medicines for treatment at the Effia-Nkwanta Hospital?
- e. When you go to Effia-Nkwanta do you take long hours to see the doctor? What do you think are the reasons for that
- f. Are you able to really explain your health condition to the doctor when you see him/her?
- g. Do you trust the doctor and nurses that attend to you on your visit to the Hospital?
- h. How do you perceive trust for Effia-Nkwanta Hospital?
- i. Do you trust the general services provided by Effia-Nkwanta, What accounts for that
- f. Would you choose a different hospital over Effia-Nkwanta if you had the means?
- g. Does NHIS in anyway influence your choice of hospital when you need medical attention?
- h. would you have attended ^{another} hospital if you had the means?
- i. in your view, is Effia Nkwanta living its mandate as the regional health facility?
- j. How regular do you access health care at the Effia Nkwanta Reg. Hosp?
- k. Do you think /can you relate it to your personal health status or inefficient treatment received/

(DOCTOR & NURSE)

PERSONAL PROFILE

AGE LEVEL OF EDUCATION..... MARITAL STATUS &
FAMILY SIZE.....

GENDER..... DISTRICT OF RESIDENCE OCCUPATION.....

00

ANNUAL INCOME.....

GUIDELINES

How do you perceive trust in the service at the Effia Nkwanta Hosp?

Would you subscribe to the services of this hospital if you weren't working here?

Do your family, siblings and close relatives seek health care from this facility upon your advice or willingly.

Would you say citizens generally trust the services provided by the hospital?

In what ways do you think you contribute to citizens either having trust or being critical of the service provided by the Effia-Nkwanta Hospital?

How in your view do you measure citizen's trust in the services at the Effia Nkwanta Hospital.

How do you react/ is it by any means rewarding / otherwise to know that people trust the service you render?

Would you say that you abide by the code of conduct in delivering health care?

Do you think citizens are even aware of the patient charter, and what is their reaction to it?

(B) GUIDE FOR FOCUS GROUP DISCUSSION (would be modified depending on who the respondent is)

a. How do you understand the term 'public institution' and in your opinion is Effia-Nkwanta regional hospital one of them?

b. What is your opinion on the general belief that services provided by public institutions are inferior and sub-standard?

Can you say Effia- Nkwanta depicts that belief?

c. Has the services provided by the Effia-Nkwanta hospital improved or deteriorated since you became a user?. Can you in any way

attribute your answer to the preceding question to the introduction of the NHIS?

- e. What is your take on general health care provided by private facilities?
- f. Would you say you are generally satisfied with the service provided after visiting the Effia-Nkwanta hospital ,?
- g. Do doctors and nurses and the general working procedures at Effia Nkwanta in any way affect your level of trust for the hospital.
- h. Would you prefer treatment with a private facility if you had the means?
- i. Would you say you trust the services provided at the Effia Nkwanta Hospital? Elaborate on your answer.
- j. How do you think citizens trust can be won and maintained with the Effia-Nkwanta hospital against all odds?

II. AUTHORIZED LETTER OF CONSENT



UNIVERSITY OF BERGEN

Department of Administration and Organization Theory

The District Chief Executive,
Wassa East Constituency,
Western Region, Daboase.

LETTER OF RECOMMENDATION

This is to introduce GERTRUDE YEBOAH MENSAH who is a student pursuing an MPhil degree in Public Administration at the Department of Administration and Organisation Theory, University of Bergen, Norway.

She is conducting the research on the following topic: CITIZENS TRUST IN PUBLIC HEALTH CARE IN GHANA: A CASE STUDY OF THE EFFIA –NKWANTA REGIONAL HOSPITAL.

For purposes of a comprehensive research, she may interview a private health facility she deems fit.

As an important part of this exercise she has to interview various persons and collect relevant documents. I hope you may assist her in the research. The information provided to her is for academic purposes only. Any assistance given to her is highly appreciated.

Yours sincerely,

.....

Associated Professor Ishtiaq Jamil
Supervisor

Postaddress: Christiesgt. 17 Officeaddress: Christiesgt. 17
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N-5007 Bergen 5007 Bergen

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e-mail: post@oarg.uib.no

III. INTRODUCTORY LETTER FROM ENRH

In case of the reply the number and the date of this letter should be quoted.

My Ref No: EFH/PN 3
Your Ref No:.....

TEL NO. 031-2023151-4
FAX NO: 233-31-2024565
E-mail: enrgh@yahoo.com



EFFIA NKWANTA REGIONAL HOSPITAL
GHANA HEALTH SERVICE
P.O. BOX 229
SEKONDI

6TH SEPTEMBER, 2016


- WARD C IN-CHARGE
- OBS & GYNAE IN-CHARGE

INTRODUCTORY LETTER MS. GETRUDE YEBOAH MENSAH

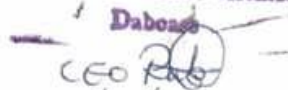
This serves to introduce the above-named final year Masters Student from University of Bergen, Norway.


She desires to collect data for her project work on the topic "Citizens Trust in Public Health Care, a case study of Effia Nkwanta Regional Hospital.

Kindly offer her the necessary assistance.


Deputy Head of Administration
Effia Nkwanta Reg. Hos,
Sekondi

HABIB GANIYU
(DEP. HEAD OF ADMINISTRATION)

Office of the
Wassa East District Assembly
Dabon

CEO
08/09/16


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