

## The Ghanaian Patient's Charter: Patient Awareness, and Implementation in Selected Public Ophthalmic Health Institutions in Ghana

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### Abstract

**Background:** The Ghana Health Service, in collaboration with the Commission on Human Rights and Administrative Justice in 2002 launched the Ghana Patients' Charter to facilitate the smooth administration of health facilities in the country. Patient satisfaction/safety is of primary importance on any visit to the eye unit, and as such, the total implementation of the Charter is a necessity. However, this may be affected by undue pressure on ophthalmic practitioners and institutions, human frailties, and most importantly, patient awareness of the Charter.

**Purpose:** This study was conducted to determine the level of awareness and knowledge of the Ghana patient's charter among patients who seek eye care services in Ghana, and how well eye care providers have discharged their responsibilities under the charter (according to patients' experience).

**Materials and Methods:** This was a descriptive cross-sectional study that employed the cluster sampling technique to select eye units in Ghana for the study. Researchers worked to obtain data from eye units from January 2015 to February 2015. Participants included patients 18 years and above, and the parents/guardians of patients younger than 18 years. Simple descriptive analysis were conducted using the Statistical Package for Social Scientists (SPSS) software, version 20.0.

**Results:** Low awareness of patient rights and responsibilities (Patient's Charter) was recorded among patients in this study. Media recorded the most common means by which patients became aware and informed of their rights and responsibilities. Although literacy level was found not to influence patient awareness and knowledge of the Ghana patient's charter, it informed and facilitated the nature of care given to patients by practitioners.

**Conclusion:** It is recommended that the Ghana Health service and member institutions improve awareness and implementation of the Ghana Patient's Charter by employing non-formal methods of education and harnessing the diverse opportunities that the media offers.

**Keywords:** Patient's Charter; Ghana; Practitioners

### Introduction

Health, the state of complete physical, mental and social well-being, is an essential basic human right necessary for the enjoyment of other basic rights [1]. As a result, medicine is among the most respected and revered professions in the world. Doctors are regarded as saviors who deliver people from their afflictions. However, to prevent healthcare providers from faltering in their service delivery, the code of medical ethics, etiquette and professional conduct were formulated as guidelines for medical practice [2]. The Ghana Health Service, in collaboration with the Commission on Human Rights and Administrative Justice in 2002, also launched the Ghana Patients' Charter to facilitate smooth administration of health facilities in the country. The Charter, like any other healthcare charter in any part of the world, embodies the rights and responsibilities of patients, and seeks to establish a good patient-practitioner relationship so as to enhance communication, and build mutual trust and respect during any visit to a health professional [3].

The unparalleled increase in population size and ophthalmic service personnel, has surmounted pressure on personnel and health facilities. With over one million people newly blind every year, it is only an illusion that the targets of Vision 2020 can be met [4]. Development of Human Resources for Eye Health (HReH), therefore remains a major focus of the Global Action Plan 2014 to 2019; to reduce the prevalence of avoidable visual impairment by 25% by the year 2019. Coupled with human frailties, there is the likelihood to either

observe or infringe on legal and ethical regulations in the delivery of ophthalmic services by practitioners to patients or vice versa. Observations made by researchers during clinical attachments and externships revealed that most often, patients were not involved in decision making concerning treatment of their ocular conditions. Treatment options available for their conditions were not discussed by practitioners at the clinical level, and these could constitute breach of the Ghana Patients’ Charter.

Patient satisfaction and safety is of primary importance on any visit to the eye unit, and this can be assured by adherence to the medical code of ethics and implementation of the patient’s charter. However, these questions still remain: Are patients well abreast with their rights and responsibilities as they seek eye care? How well are they allowed to enjoy their rights and execute their responsibilities at ophthalmic institutions in Ghana?

**Materials and Methods**

This was a descriptive cross-sectional study that employed the cluster sampling technique to select eye units for the study. On the map of Ghana, four clusters were created; the upper, middle, lower west and lower east belts. Lists of eye units within these clusters were obtained, and simple random sampling done to select one eye unit each from each cluster. Selected eye units included the Tema General Hospital, Tema; Komfo Anokye Teaching Hospital, Kumasi; Cape Coast Teaching Hospital, Cape Coast and Tamale Teaching Hospital, Tamale. Researchers worked to obtain data from eye units from January 2015 to February 2015. Participants included patients 18 years and above, and the parents/guardians of patients younger than 18 years. They should have visited the eye unit at least three times by the time of data collection. Permission was obtained from hospital administrators. The consent of participants was sought, making them understand that they had the right to accept or decline partaking in the research and withdraw at any point they desired to. Statistical Package for Social Scientists (SPSS) software, version 20.0 was used to analyze the results obtained.

**Results**

**Demographic characteristics of participants**

All participants of the study were above eighteen years. Sixteen (23.9%) were between the ages of 18 and 24, while more than half 51 (76.1%) respondents were 25 years and above. There were more females 38 (56.7%) than males 29 (43.3%). More than half of participants 49 (73.1%) had received some form of formal education while 18 (26.9%) were illiterates; 12 (24.5%) had primary education and 37 (75.5%), secondary education or higher education. With respect to the religion of participants, 52 (77.6%) were Christians, 14 (20.9%) were Muslims and one person (1.5%) practiced Judaism. Table 1 illustrates this.

Participants	Number	Percentage (%)
<b>Age</b>		
18 - 24 years	16	23.9
25 years and above	51	76.1
<b>Gender</b>		
Males	29	43.3
Females	38	56.7
<b>Literacy Status</b>		
Formal Education	49	73.1
No Formal Education	18	26.9
<b>Religion</b>		
Christianity	52	77.6
Islam	14	20.9
Judaism	1	1.5

*Table 1: Demographic Characteristics of Participants.*

**Distribution of sampled participants by facility**

All participants interviewed had visited the health facility at least three times. In Kumasi, 28 (41.8%) patients were interviewed, while in Tema 15 (22.4%) patients were interviewed. Cape Coast Teaching Hospital and Tamale Teaching Hospital had 15 (22.4%) and 9 (13.4%) patients respectively, taking part in the study. Table 2 illustrates this.

Institution	Number	Percentage (%)
Tema General Hospital	15	22.4
Cape Coast Teaching Hospital	15	22.4
Komfo Anokye Teaching Hospital	28	41.8
Tamale Teaching Hospital	9	13.4

Table 2: Distribution of Participants by Health Institution Attended.

**Awareness of the Ghana patient’s charter**

More than half 44 (68.7%) of participants showed ignorance of rights that protect patients in the eye unit, while less than one-third 21 (31.3%) showed awareness. Among those who knew about their rights, more than half 13 (61.9%) were able to mention at least one content of the Ghana Patient's Charter. Regarding patient responsibilities at eye units, results obtained showed more than half 35 (52.2%) of participants to be aware of them, while 32 (47.8%) were ignorant of them. Figures 1 and 2 illustrate this.

**PARTICIPANTS' AWARENESS OF PATIENT RIGHTS**

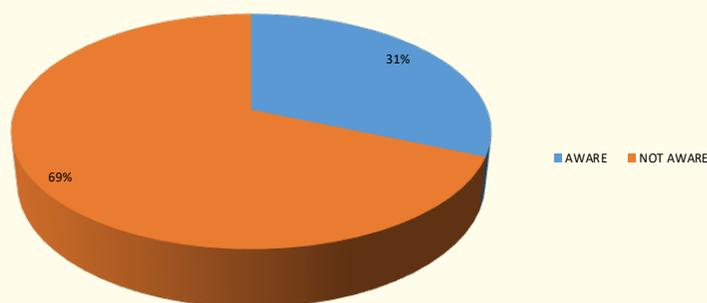


Figure 1: Awareness of patient rights.

**AWARENESS OF PATIENT RESPONSIBILITIES AT EYE UNITS**

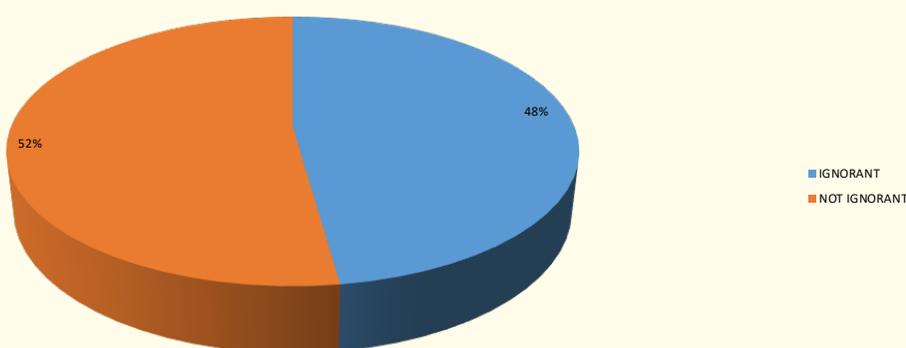


Figure 2: Awareness of patient responsibilities at eye care units.

**Means of access to information on the laws which protect patients**

The media (radio shows, television programs and movies) 10 (47.6%), recorded the highest means by which participants had received information on the laws that protected them at the eye units, followed by friends and close relations 9 (42.9%). Only 2 (9.5%) reported that they had been briefed by doctors when they visited the eye clinic. Figure 3 represents this pictorially.

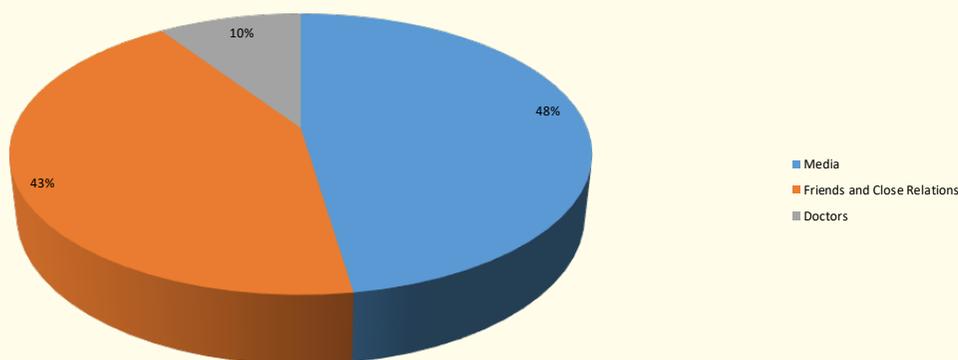
**Educational level and awareness of the Ghana patient's charter**

More than half 49 (73.1%) of participants interviewed had some level of formal education. Overall, less than one-third 14 (28.6%) of the literate participants reported awareness of Ghana's Patient Charter, while majority 35 (71.4%) reported ignorance of it. Eight (16.3%) participants with primary education were unaware of the patients' charter, while 4 (8.2%) claimed they were aware of it. About one-fifth 10 (20.4%) of participants with secondary education and higher responded in the affirmative, while more than half 27 (55.1%) reported not knowing about it. Table 3 outlines the results obtained.

**Patient involvement in decision-making during ophthalmic care**

Results obtained revealed that more than half 33 (52.4%) of participants had not been involved in decision-making regarding drugs that had been prescribed to them by the practitioner. More than half 40 (64.5%) of participants admitted to being exposed to available treatment options for their conditions by the practitioner. A little above a quarter 18 (26.9%) of respondents confirmed that they were provided information regarding the after-effects of the drugs prescribed by the practitioner, while more than half 49 (73.1%) reported that they were not given such information.

**MEANS TO AWARENESS OF PATIENT CHARTER**



*Figure 3: Means to awareness of patient charter.*

Educational Level	Awareness of Laws Protecting Patients in Eye Unit		Total (%)
	Number of Patients Aware (%)	Number of Patients Unaware (%)	
Primary	4 (8.2)	8 (16.3)	12 (24.5)
Secondary and Higher	10 (20.4)	27 (55.1)	37 (75.5)
Total	14 (28.6)	35 (71.4)	49 (100)

**Table 3: Educational Level and Awareness of Laws Protecting Patients in Eye Unit.**

In all, thirty patients had received ocular surgical treatment. They were questioned to determine whether they had been offered the opportunity to make decisions about the surgery they underwent. More than half 22 (73.3%) responded to have been involved, while 8 (26.7%) had not.

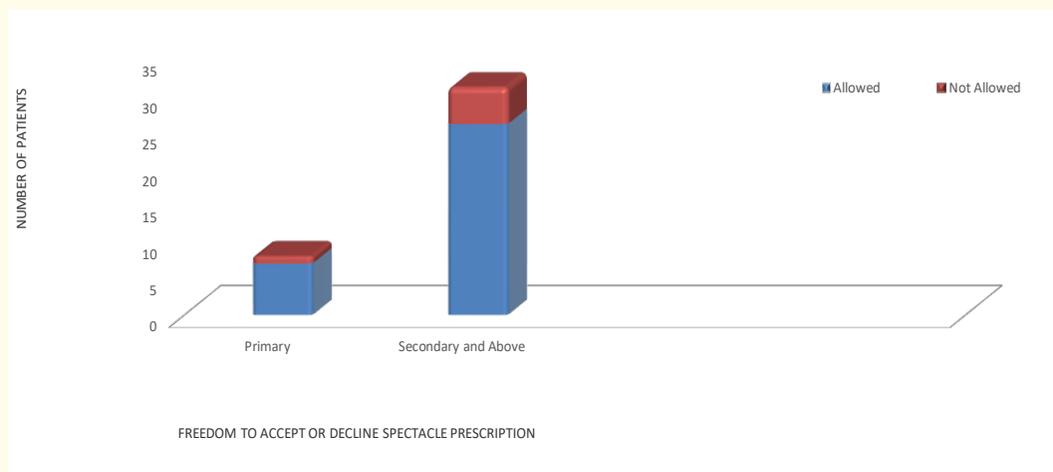
**Patient literacy and full disclosure on treatment procedures by practitioners**

Of the 49 patients who had received formal education, 30 patients with secondary education were informed by practitioners on their condition and its prognosis whereas 6 patients with primary education were informed by practitioners on their condition and its prognosis. Details are outlined in table 4.

Description	Number of Participants	Percentage (%)
<b>Treatment Options</b>		
Free to Choose	40	64.5
Not Free to Choose	22	35.5
<b>Drugs</b>		
Involved	30	47.6
Not Involved	33	52.4
<b>After-Effects of Drugs</b>		
Informed	18	26.9%
Not informed	49	73.1%
<b>Surgical Intervention</b>		
Involved	22	72.3
Not Involved	8	26.7

**Table 4:** Patient Involvement In Decision-Making When Accessing Ophthalmic Service.

Seven and twenty-six patients who had primary and secondary educations respectively were given the freedom to accept or decline spectacle prescriptions by ophthalmic practitioners. One and five patients who had attained primary and secondary education respectively were not given the freedom to accept or decline spectacles prescribed by ophthalmic practitioners. Figure 4 pictorially represents the responses



**Figure 4:** Educational level of respondents and freedom to accept or decline spectacle prescription.

On assessing respondents on the whether they received full disclosure on surgical procedures before surgery was administered, the following responses were obtained.

Twenty patients (58.8%) said they were briefed on all the procedures before they received surgical treatment. Fourteen respondents (41.2%) claimed they were given no information on surgical procedures; however, the surgeries were performed on them.

### Patient reception by ophthalmic practitioners in consulting room

Majority of participants 57 (85.1%) reported that practitioners had sought for their consent before conducting necessary clinical procedures that required they being touched. On assessment of satisfaction of the post-operative care received, almost all 50 (90.9%) responded that they were satisfied with the care given, as against the few 5 (9.1%) who responded in the negative.

All in all, majority 59 (88%) of participants reported that doctors had been receptive and welcoming. Likewise, more than half 47 (70%) responded that ophthalmic nurses had been receptive and welcoming.

### Respondents' actions in the face of violation of their patient rights

Respondents were asked to select the actions they would embark on should a practitioner violate their rights in the eye clinic. Less than one-third 18 (28%) said they would report the caregivers to the hospital administration. More than half 44 (68%) claimed they would do nothing on their own, while 3 (4%) respondents said they would abuse the practitioner in retaliation. Figure 5 represents this pictorially.

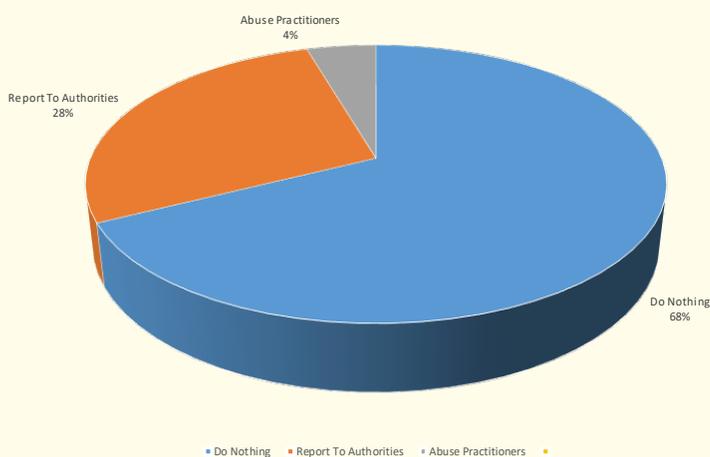


Figure 5: Patients actions and the violation of charter by caregivers.

## Discussion

Results from this study showed low awareness of the Ghana patient's charter among patients. Fair knowledge (61.9%) of the charter was observed among those who were aware of its existence. Similar finding of low awareness was reported in a cross-sectional study conducted in Ghana by Abekah-Nkrumah, *et al* [5]. Majority of their study sample 102 (53.4 %) reported not being aware of the existence of a charter. A study done by Oti, *et al*. [6], also showed majority 144 (84.7%) of patients sampled at the Komfo Anokye Teaching Hospital (KATH) to be totally unaware of the Ghana Patient's Charter. Also consistent with these findings is Yarney, *et al*. [1], study conducted in 2016 in a peri-urban public hospital. Relatively lower percentage recorded in this study could be explained by the lower sample size used.

Media recorded the most common means by which patients were made aware or informed about the Ghana patient's charter. It was seen to record the second highest means after 'self-sought' in Abekah-Nkrumah's study. These high frequencies for media can be attributed to the diverse channels by which media is used to relay and circulate information. For instance, through movies, radio and television advertisements, and various social media platforms, essential information is readily made available to patients without them having to go look for them.

In this study, majority of the literate participants still showed ignorance of the Ghana patient's charter. This showed that the literacy status of patients did not increase the chances of awareness and knowledge of the patient's charter. These findings are in contrast with that found by Abekah-Nkrumah, where education was found to show a positive correlation with awareness and knowledge of the patient's charter. Literacy status, however, influenced how much patients were involved throughout the care process in this study. This goes to suggest that the literacy level of patients created the environment for practitioners to inform and involve patients in their care process.

Results from this study suggested cordial relationships existed between caregivers and patients. Fifty-nine (87%) patients expressed that doctors were receptive to them in the consulting room; Similarly, forty-seven (85%) patients claimed ophthalmic nurses were receptive to them in the consulting rooms.

Eighty-eight percent of patients Reported they were given the freedom to accept or decline surgery and spectacle prescriptions: Bowers, *et al.* [7] and Kronenfeld [8], suggested that an appropriate partnership between providers and patients constituted an essential foundation for quality improvements and better population health outcomes.

## Conclusion

It was found from this study that majority of patients who accessed eye care services in Ghana were unaware of the Ghana patient's charter; subsequently their rights and responsibilities. The media was identified to be the significant means by which patients had been informed about their rights and responsibilities at health centres. Level of literacy was found not to directly influence patient awareness of the charter, but rather patient care, in this study. It was observed from this study that eye care practitioners did well to ensure that patients enjoyed their right to information and consent, even though there was more room for improvement in those areas. Illiteracy was among the challenges they faced while discharging their duties towards their patients.

## Recommendations

The Researchers' observation had indicated that most hospitals had the Code of Ethics and the Ghana Patients' Charter printed in English and pinned to notice boards. This, however did not guarantee patients education, considering that other lingua franca exist in Ghana. It is recommended that the Ghana Health Service prints the Code of Ethics and Patients' Charter in local dialects if possible, for patients who are able to read in those languages to appreciate the laws protecting them in the eye units. Furthermore, the Service should give a directive to hospital administrators to create awareness-driven drama on the Charter in local dialects to be displayed on monitors available at out-patient departments.

## Limitations

Not all participants were ready to give responses. A rather small sample size was used in study due to very limited time for data collection.

## Competing Interests

There were no competing interests.

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