

Assessing Consumer Perception of Effective Health Service Delivery: A Study of The Perspectives of Users of Diocesan Health Services in Sunyani

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Abstract:

Background: The standard of the healthcare provided predicts a population's health. The purpose of this study is to comprehend how consumers perceive the effective management and provision of health services at the Diocesan Health Services in Sunyani, Ghana.

Materials and Methods: The study used a mixed methodology in which both quantitative and qualitative data were utilized. Semi-structured interviews and a questionnaire were used to collect the data. The nested case study design approach was used for this investigation. The study was carried out in a few chosen facilities of Diocesan Health Services Sunyani. The sample included 331 people from the facilities. Respondents' data were subjected to descriptive and inferential data analysis.

Results: The findings revealed focused primary healthcare delivery, good management and leadership, community engagement, and integration of traditional and complementary medicine into the national health systems as quality healthcare.

Conclusion: Users view increased accessibility, acceptability, availability, and good service outcomes as quality health service planning and delivery.

Key Word: Consume Perception; Perspective; effective; Health Service.

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I. Introduction

The quality of healthcare is a critical predictor of a population's health. The goal of this study is to learn about health service consumers' perceptions of effective health service delivery at the Diocesan Health Services in Sunyani, Ghana. Many healthcare providers throughout the world strive to deliver effective health services to improve the health of their citizens. (Naseer et al., 2012).

Providing better health services to the underserved is at the core of many governments' health policies in both emerging and industrialized nations. Since the Alma-Ata declaration in 1978, many countries have made progress toward eradicating communicable diseases, lowering maternal and infant mortality, eradicating smallpox, launching a campaign to eradicate polio, advancing medical technology, and involving more service users in health programming (Birn, 2018). However, there are still many obstacles that prevent people from accessing and using these services.

A good health system provides all people with high-quality services at the time and place when they need them, according to the WHO. Quality is acknowledged as a major factor in enhancing health outcomes and fostering improved efficiency in the provision of healthcare services. However, delivering effective and high-quality health care to the local population has never been a simple task for any government because the term "effectiveness" has many distinct meanings across disciplines and fields, which create some degree of uncertainty in actual practice.

Sustainable Development Goal 3 aims to ensure healthy lives and advance wellbeing for people of all ages and this suggests offering everyone access to universal healthcare (World Health Organization & others, 2021). World Health Organization et al, (2021) mentioned that the Health Sector Reforms initiative, which started in the middle of the 1980s, was considered as a long-term, deliberate transformation aimed at enhancing the management of the health sector, specifically its efficiency, equity, and effectiveness. The Budget and Management Centre (BMC) and Sub-Budget Management Center concepts are two of the reform programs that

Ghana has since undertaken, and it is largely intended to solve the inefficiencies in the financing and provision of health services (Gbagbo, 2015).

To enhance health outcomes, the nation has undertaken a number of health system reforms over the years. The current National Health Policy (2019) places a strong emphasis on system strengthening, expanding public health initiatives, and increasing the population's access to services through community health services. This can only be accomplished if users have a clear understanding of what constitutes effective and quality healthcare delivery and have a plan in place to do so. Since many academic studies such as Kolbila, (2019) suggest that effectiveness is frequently assessed using numerical matrices, such as determining whether established indicators are met and comparing the proportion of budgeted spending to planned activities, this does not give a true picture of health services. More notably, elements of an all-encompassing and integrative view of people's perspectives, particularly the views of users and practitioners, are wholly ignored or neglected in health services.

It is remarkable how little attention has been given to evaluating, investigating, and comprehending the concept of "effectiveness" in healthcare services in the study literature. As a result, the goal of this study is to analyze and comprehend what it means to provide "effective" healthcare from the viewpoints and perceptions of both healthcare professionals and patients at the Diocesan Health Services, Sunyani. Specifically, the study seeks to: determine users' views of effective health services, examine the challenges affecting quality and effective planning and management of primary healthcare services, and assess key interventions to improve health services planning and delivery.

II. Material And Methods

This study was carried out in the Bono Region of Ghana at the Catholic Diocesan Health Service of the Catholic Diocese of Sunyani from December 2022 to October 2023. A total population of 2480 participants who were academics, administrative employees, patients, and healthcare workers (both male and females) were considered for this study of which 331 were sampled.

Study Design: The study used a mixed-methodology approach, combining quantitative and qualitative data. While quantitative data offers statistical description and prediction, qualitative data seeks a subjective and in-depth understanding of social realities (Yilmaz, 2013). Together, these two techniques tend to balance each other out in the collection of extensive and in-depth data. Johnson, Onwuegbuzie, and Turner (2007) claim that the mixed methods approach takes into account both the technique of study and logical presumptions. In a single research or set of studies, the mixed approach also emphasizes the collection, analysis, and blending of qualitative and quantitative data. The mixed method technique was chosen for this study because of its singular capacity to deliver a better understanding of the research problem with the combination of the two approaches than using each strategy alone.

Study Location: The study was conducted in some selected facilities of Diocesan Health Services Sunyani (Holy Family Hospital Berekum, St. Mary's Hospital Drobo, St. Mathew's Hospital Ampenkro, St. James Clinic Abesim) of the Catholic Diocese of Sunyani, Ghana, using Simple random sampling technique to choose the sample.

Study Duration: November 2022 to November 2023.

Sample size: 331 administrative employees, patients, and healthcare workers.

Sample size calculation: The sample was made up of 331 people who represented academics, administrative employees, patients, and healthcare workers to achieve the objectives specified and prevent unclear interpretations along with time restrictions, proximity, and cost. The sample was chosen using a straightforward random sampling procedure. Krejcie and Morgan's 1979 sample size determination table was considered in determining the sample size.

Subjects & selection method: The target population were the management, staff, and users of Diocesan Health service facilities. The participants were selected using the simple random sampling technique. The study was conducted in some selected facilities of Diocesan Health Services Sunyani (Holy Family Hospital Berekum, St. Mary's Hospital Drobo, St. Mathew's Hospital Ampenkro, St. James Clinic Abesim) of Catholic Diocese of Sunyani, Ghana, using Simple random sampling technique to choose the sample. The researcher adopted Simple random sampling technique because, the technique makes use of simple natural methods of selection which are not restricted to any conditions of a research design.

Inclusion criteria:

The target population was the persons that were carefully chosen from some facilities of the Diocesan Health Service in the Catholic Diocese of Sunyani, Bono Region. Only the target respondents who have knowledge of the issues under the study were included in this study.

Exclusion criteria:

1. Staff who were less than 6 months in the facility were excluded
2. Users with little knowledge of the issues under discussions were excluded.

Procedure methodology

After written informed consent was obtained. Data were gathered through the use of questionnaires and semi-structured interviews with key informants (KI) who included academics, administrative personnel, patients, and healthcare professionals. This study adopted the multiple embedded or nested case study design approach (Creswell, Plano Clark, Gutmann, & Hanson, 2003). A questionnaire constituted the primary data-gathering method employed by the researcher.

Primary and secondary sources were used to collect the research's data. Before conducting any analysis, the study used a self-administered descriptive questionnaire to gather primary data. In many ways, this questionnaire is practical. Firstly, the respondents answer at their convenience. Second, there is no need to schedule interview times. Additionally, no interviewer is present to influence the questions asked in a biased manner. The information was acquired by administering a questionnaire to a cross-section of respondents from various categories. While the researcher waited, the responders were asked to complete the questionnaire. Non-responses were reduced as a result of this. The questionnaires were also left behind and picked up later. To ensure a sustainable response rate for the study, follow-ups were conducted by phone calls, e-mails, and personal interviews. The researcher recorded a 100% response rate. Errors and omissions were checked, as well as ambiguity, legibility, and relevancy

III. Result

According to the findings, 331 people responded to the questionnaires in total. Out of the total respondents, 168 women comprised 51% of the total. Male respondents made up 163 of the remaining respondents, or 49%. This suggests that women made up the majority of respondents.

The research also revealed that, 47% of the respondents, or 157 out of 331 respondents, were between the ages of 20 and 29. Additionally, 51% of the respondents—168 in total—were between the ages of 30 and 39. The final 6 responders, or 2% of the total, were over 40 and in the remaining age range. This suggests that the age range of the majority of responders was between 30 and 39. This indicates that, this age group at the point of service deal with consumers more and consumers perception may shaped by the kind of service provided to them by these age group in the facilities.

Again, from the findings, majority of respondents' educational level was at the college level with Diploma qualification representing 40% of the respondents.

Quality And Effective Healthcare Planning

The researcher also wanted to know what is considered as quality and effective healthcare planning in health institutions and this is represented in table 1 to 4

Table 1: The Healthcare Service I receive from this facility is to the best of my satisfaction

	Freq.	Percent	Cum.
No	56	17	17
Yes	275	83	100
Total	331	100	

Researcher's field work 2023

From the table above, the total respondents were 331 of which 56 respondents indicated no to the Health Service they receive from the facility is to the best of their satisfaction, representing 17% response rate. The remaining 275 respondents indicated yes to the Health Service they receive from the facility to be the best of their satisfaction, representing 83% respondents' response rate. This showed that majority of the respondents perceived the quality of health services they received as good.

The researcher also wanted to know if respondents have been recommending friends and family to the facility and this is represented in table 2 below:

Table 2: I have been recommending friends and family to this facility

	Freq.	Percent	Cum.
No	66	20	20
Yes	265	80	100
Total	331	100	

Researcher’s field work 2023

From table 5 above, 66 respondents indicated they have not been recommending friends to the facility representing 20% of the total respondents. The remaining 265 respondents revealed they have been recommending friends to the facility representing 80% of the total respondents’ response rate. This therefore revealed that, majority of respondents have been recommending friends and family to the Diocesan Health Service facilities.

The researcher wanted to know if there are available systems in Diocesan Health Service facilities to address respondents’ complaints and constantly improving quality of service, as part of what makes up quality and effective health service planning. This is represented in table 3 below:

Table 3: There are available systems in this facility to address my complaints and constantly improving quality of service.

	Freq.	Percent	Cum.
No	68	21	21
Yes	263	79	100
Total	331	100	

Researcher’s field work 2023

From table 3 above, 68 respondents out of 331 indicated no to available systems being in place in the facility to address their complaints and constantly improving quality of service, representing 21%. The remaining 263 respondents indicated yes to available systems being in place in the facility to address their complaints and constantly improve quality of service representing a 79% response rate.

This again indicated that, the Majority of respondents indicated available systems in Diocesan Health Service facilities to address respondents’ complaints and constantly improve the quality of service, as part of what makes up quality and effective health service planning.

The researcher went further to know if there is cordial and good relationship among them, as service users, staff and management of the hospital, as part of what makes up quality and effective health service planning. This is represented in table 4 below:

Table 4: There is a cordial and good relationship among us, as service users, staff and management of the hospital

	Freq.	Percent	Cum.
No	70	18	18
Yes	261	82	100
Total	331	100	

Researcher’s fieldwork 2023

From table 4 above, 70 respondents out of 331 indicate “no” to cordial and good relationship among them, as service users, staff and hospital management, representing an 18% response rate. The remaining 263 respondents indicate “yes” to cordial and good relationship among them, as service users, staff and management of the hospital representing 82% response rate. This again indicated that, the Majority of respondents said “yes” to cordial and good relationships among them, as service users, staff and management of the hospital, as part of what makes up quality and effective health service planning.

Users View Of Quality And Effective Health Service

The researcher investigated users’ view of quality and effective health service in health facilities and this is represented in table 5 to 9 below:

The researcher wanted to know if users’ view of quality and effective health service in health facilities is about quality improvement and effectiveness of the service. This is indicated in the table 5 below:

Sample size (Obs), mean value, standard deviation, minimum, and maximum are all provided in the descriptive output. The standard deviation indicates how closely the data sets are clustered around the mean. The standard deviation is less as concentration increases. Outliers, or exceptionally low or high numbers in the data set, also have an influence on the standard deviation. The standard deviation is reliant on the distance from the mean. This shows that a small standard deviation denotes data sets that, on average, are close to the data set

mean and a large standard deviation denotes data sets that, on average, are distant from the data set mean. Also, the key for the measurement of the mean statistics can be considered. This is represented below:

Key: Agree = mean value of 3.4 or less

Disagree = mean value of 3.5 or more

Table 5: Construct measuring users view of quality and effective health service as quality improvement and effectiveness of the service

Variable	Obs	Mean	Std. Dev.	Min	Max
Accessibility (there is physical accessibility of the service, economic accessibility or affordability and Information accessibility)	331	1.830816	1.395366	1	5
Acceptability (Affective attitude, Burden, Opportunity cost and satisfaction)	331	2.722054	1.20407	1	5
Availability (Presence of a trained worker, Healthcare services availability, Provider competence and adequate supply of health workers)	331	1.912387	1.543765	1	5
Satisfaction (The services in this facility are patient centered, safe, integrated, efficient and equitable)	331	2.652568	1.107885	1	5
Positive outcomes (any time I use the service of this facility, I get the needed results.)	331	2.220544	1.711725	1	5

Researcher's fieldwork 2023

Key: Agree = mean value of 3.4 or less

Disagree = mean value of 3.5 or more

From the table above, respondents indicated that, they see quality and effective health service to be a health service that improves its quality and effectiveness of the service all the time. They indicated that, that improvement should cover Accessibility, Acceptability, Availability, Satisfaction and positive outcomes of the service. This is to a great degree as indicated in the means and standard deviations in the table above. The standard deviations in the table are close to the means on average indicating the strong confirmation of their view on quality and effective health service planning. Also, in considering the key for measurement of the mean statistics as described above, all values of the data set in the mean of the above table are less than 3.4 indicating respondents' strong view that, improvement of service should cover Accessibility, Acceptability, Availability, Satisfaction and positive outcomes of the service, hence representing their view of quality and effective health service.

Table 6: Construct measuring users' view of quality and effective health service to be primary health care delivery

Variable	Obs	Mean	Std. Dev.	Min	Max
There is an integrated health service in this facility to meet my health needs all the time.	331	2.549849	1.020884	1	5
This facility addresses the broader determinants of health through multi-sectoral policies and actions	331	2.640483	1.165433	1	5
This facility empowers individuals, families and communities to take charge of their own health	331	2.129909	1.650908	1	5

Researcher's fieldwork 2023

Key: Agree = mean value of 3.4 or less

Disagree = mean value of 3.5 or more

Also from table 6 above, respondents indicated that, for quality and effective health service to be delivered, there is the need for focused primary healthcare delivery. They went further to indicate that, there should be an integrated health service available in facilities to meet their health needs at all times. A mean of 2.549849 and a standard deviation of 1.020884 show this to be the case. An average standard deviation of 1.020884 is closer to the mean value, showing a high belief in the delivery of primary healthcare that is focused.

They reiterated the need for facilities to address the wider determinants of health through multi-sectoral policies and actions in order to deliver healthcare that is of high quality and effectiveness. A mean of 2.640483 and a standard deviation of 1.165433 strongly suggest this. The average standard deviation of 1.165433 is closer to the mean value, showing a high belief in the delivery of primary healthcare that is focused.

The respondents went on to say that facilities must enable people, families, and communities to take control of their own health in order to give high-quality, effective healthcare. A mean of 2.549849 and a standard deviation of 1.020884 show this to be the case. An average standard deviation of 1.020884 is closer to the mean value, showing a high belief in the delivery of primary healthcare that is focused.

Also, in considering the key for measurement of the mean statistics as described above, all values of the data set in the mean of the above table are less than 3.4 indicating respondents' agreement that, for quality and effective health service to be delivered, there is the need for focused primary healthcare delivery.

Table 7: Construct Measuring Users View Of Quality And Effective Health Service To Be Management And Leadership

Variable	Obs	Mean	Std. Dev.	Min	Max
This facility leaders ensure there is good customer care	331	2.734139	1.211816	1	5
The management ensure proper planning is carried out in service delivery	331	1.700906	1.334155	1	5
Expansion of facility infrastructure to meet the health needs of people	331	2.069486	1.64906	1	5
Ensure availability of essential medicines and equipment in the facility.	331	2.030211	1.587544	1	5
There is community involvement in decision making in this hospital in terms of expansion of infrastructure and other needs.	331	2.036254	1.411602	1	5
The management ensure staff and clients work together in peace and harmony	331	1.76435	1.379085	1	1
This hospital has an open communication system that is understood by both clients, management and staff.	331	1.716012	1.249612	1	1

Researcher's fieldwork 2023

Key: Agree = mean value of 3.4 or less

Disagree = mean value of 3.5 or more

From table 7 above, presents users' view on management and leadership as quality indicator for effective health service delivery. Respondents revealed that, for the service to be quality and effective, the facility leaders must ensure there is good customer care; proper planning as an integral part of the service delivery, expansion of facilities' infrastructure to meet the health needs of people, ensuring availability of essential medicines and equipment in the facility, community involvement in decision making in the facilities in terms of expansion of infrastructure and other needs, staff and clients working together in peace and harmony and putting in place open communication system that is understood by both clients, management and staff.

In considering the key for measurement of the mean statistics as described above, all values of the data set in the mean of the above table are less than 3.4 indicating respondents' agreement that, for quality and effective health service to be delivered, there must be proper management of material and human resources as well as good leadership in health facilities.

Table 8: Construct Measuring Users View Of Quality And Effective Health Service To Be Traditional Leaders Playing A Role In The Healthcare Service Delivery

Variable	Obs	Mean	Std. Dev.	Min	Max
The facility receives support from traditional leaders in terms of resources, communal labor, ideas for development, etc.	331	2.350453	1.546597	1	5
There is full participation of community leaders and members in every activity that concerns the hospital	331	2.320242	1.574469	1	5
The facility also ensures there is community engagement in the service delivery through entry, participation and ownership	331	2.296073	1.624607	1	5

Researcher's fieldwork 2023

Key: Agree = mean value of 3.4 or less

Disagree = mean value of 3.5 or more

The researcher investigated users' view of quality and effective health service in the form of traditional leaders' role in the healthcare service. From the table above, respondents revealed that, for the service to be quality and effective, health facilities should receive support from traditional leaders in terms of resources, communal labor and ideas for development. This is to a great extent indicated by a mean of 2.350453 and a standard deviation of 1.546597. The average standard deviation of 1.546597 is closer to the mean value, showing that traditional leaders should support health institutions with resources, volunteer labor, and development ideas.

Again, it was revealed that, traditional rulers support to facilities in health care delivery must include full participation of community leaders and members in every activity that concerns the hospital or the facility.

This is to a great extent indicated by a mean of 2.320242 and a standard deviation of 1.574469. A standard deviation of 1.574469 is closer to the mean value on average indicating that, traditional rulers support to facilities in health care delivery must include full participation of community leaders and members in every activity that concerns the hospital or the facility.

The findings proved that, traditional rulers' role in healthcare delivery must allow for community engagement in the service delivery through entry, participation and ownership by health facilities. This is to a great extent is indicated by a mean of 2.296073 and a standard deviation of 1.624607. A standard deviation of 1.624607 is closer to the mean value on average indicating that, for the service to be effective, the facility must ensure there is community engagement in the service delivery through entry, participation and ownership.

Again, in considering the key for measurement of the mean statistics as described above, all values of the data set in the mean of the above table are less than 3.4 indicating respondents' view that, for quality and effective health service to be delivered, facilities must ensure there is community engagement in the service delivery through entry, participation and ownership.

Table 9: Construct measuring users' view of quality and effective health service to be traditional complementary and integrative medicine approach

Variable	Obs	Mean	Std. Dev.	Min	Max
Professionals are trained to practice the ethics in healthcare delivery and the use of the patient charter as core to professional practice.	331	2.767372	1.23471	1	5
Community practitioners work to promote safe practice and minimize the risk of accidents	331	2.640483	1.114937	1	5
Managers of Healthcare services work in collaboration with other stake holders and partners to encourage the incorporation of secure, scientifically-supported alternative and traditional medicine into national health systems.	331	1.906344	1.377412	1	5

Researcher's fieldwork 2023

Key: Agree = mean value of 3.4 or less

Disagree = mean value of 3.5 or more

The researcher went further to investigate users' view on quality and effective health service provision in the context of traditional complementary and integrative medicine approach. The findings revealed that, Professionals must be trained to practice the ethics in healthcare delivery and the use of the patient charter as core to professional practice. This is to a great extent indicated by a mean of 2.767372 and a standard deviation of 1.23471. A standard deviation of 1.23471 is closer to the mean value on average indicating that, Professionals must be trained to practice the ethics in healthcare delivery and the use of the patient charter as core to professional practice.

The results once again demonstrated the need for community practitioners to promote safe behavior and reduce the likelihood of accidents. The fact that the mean is 2.767372 and the standard deviation is 1.23471 shows how significant this is. Averagely, a standard deviation of 1.23471 is closer to the mean value, showing that community practitioners must endeavor to encourage safe practice and reduce the probability of accidents.

The results also showed that managers of healthcare services should collaborate with other interested parties and partners to encourage the incorporation of secure, evidence-based complementary and alternative medicine. A mean of 1.906344 and a standard deviation of 1.377412 show this to a large extent. The fact that the standard deviation of 1.377412 is closer to the average value suggests that managers of healthcare services should collaborate with other stakeholders and partners to promote the integration of traditional and complementary medicine into the national health systems.

IV. Discussions

Determine users' views of effective health services

The objective was to determine users' views of effective health services. According to Liu et al. (2018) study, only 26% of the population of India lives in metropolitan regions, where more than 70% of doctors work. Similar to this, just 13% of Ghana's population (out of a total of 87% in rural districts 21) resides in urban areas, while the remaining 80% of health personnel (80%) work there (McIntyre et al., 2008). According to the research by Kartika (2018), there is a need for a contextual model of healthcare that takes into account the needs of service users as well as an assessment of the current healthcare system, particularly at the primary healthcare level as the first point of contact with the formal healthcare system. They came to the conclusion that the local

community's health status may significantly improve if the viewpoints of health services users are taken into account in health policy. Kartika (2018) study also supports the findings of the present study.

The study also revealed that, Management and leadership must ensure there is proper management of material and human resources as well as good leadership in health facilities. Facility leaders must ensure there is good customer care; proper planning being carried out in the service delivery, expansion of facilities' infrastructure to meet the health needs of people, ensuring availability of essential medicines and equipment in the facility, community involvement in decision making in the hospital in terms of expansion of infrastructure and other needs, staff and clients working together in peace and harmony and putting in place open communication system that is understood by both clients, management and staff. This supports the findings of the Koce et al. (2020) study, which suggested a review of the current system for delivering healthcare.

Rababa, (2022) cited Abu-Kharmeh (2012) who conducted an assessment of Jordan's healthcare system's quality. He indicated that, five dimensions-based SERVQUAL questionnaire with 31 items was given to 556 patients in three hospitals in Jordan. The study's findings showed that the given services were of moderate quality; in addition, responsiveness and assurance were the most important determinants of quality. This confirms the present study.

According to Perera and Dabney's (2020) research, hospital management should integrate and reinforce service quality aspects emphasis on a patient-centered environment and a successful service delivery system in order to increase patient satisfaction. It was found that key maternal characteristics and factors related to the health system have a positive association with patient satisfaction with the delivery of health services, so health care managers must take this into account when ensuring that systems are improved for better health care. This supports the findings of the current study.

V. Summary And Conclusion

From the study, majority of respondents were females and were between the ages of 30 to 39. Majority of respondents' educational level was also at the college level with Diploma qualification. Majority of respondents claimed the Healthcare Service they receive from the facility is to the best of their satisfaction and hence have been recommending friends and family to the Diocesan Health Service facilities. Majority of respondents also indicated there are available systems in Diocesan Health Service facilities to address respondents' complaints and constantly improve quality of service, as part of what makes up quality and effective health service planning.

Users View Of Quality And Effective Health Service

Users' views were taken into consideration on quality and effective health service of which they revealed that;

Quality improvement and effectiveness of the service

Respondents have strong view that, improvement of service covered Accessibility, Acceptability, Availability, Satisfaction and positive outcomes of the service

Primary Healthcare

Respondents reiterated facilities addressing the wider determinants of health through multi-sectoral policies and actions in order to deliver healthcare that is of high quality and effectiveness. They also revealed that facilities enable people, families, and communities to take control of their own health in order to give high-quality, effective healthcare. They also indicated a focused integrated health service available in facilities to meet their health needs at all times. Facilities address the broader determinants of health through a multi-sectoral policies and actions, empower individuals, families and communities to take charge of their own health.

Management and leadership

Management and leadership of facilities ensure there is proper management of material and human resources as well as good leadership in health facilities, good customer care, proper planning being carried out in the service delivery, expansion of facilities' infrastructure to meet the health needs of people, ensuring availability of essential medicines and equipment in the facility, community involvement in decision making in the hospital in terms of expansion of infrastructure and other needs, staff and clients working together in peace and harmony and putting in place open communication system that is understood by both clients, management and staff.

Traditional rulers support

Facilities in health care delivery include community leaders and members in every activity that concerns the hospital or the facility. The facility ensures there is community engagement in the service delivery through entry, participation and ownership. Health facilities receive support from traditional leaders in terms of

resources, communal labor and ideas for development. Traditional rulers' role in healthcare delivery allows for community engagement in the service delivery through entry, participation and ownership by health facilities

Traditional complementary and integrative medicine approach

Facilities training professionals to practice the ethics in healthcare delivery and the use of the patient charter as core to professional practice. Community practitioners work to promote safe practice and minimize the risk of accidents. Managers of Healthcare services work in collaboration with other stake holders and partners to promote the integration of safe, and evidence-based traditional and complementary medicine into the National Health Systems.

VI. Conclusion

Users' views of quality and effective health service planning include

Quality improvement and Effectiveness

From the findings of the study, it can be concluded that, users view of quality and effective health service planning include; quality improvement and effectiveness of the service through focused primary healthcare delivery leading to: improvement in accessibility, acceptability, availability, satisfaction and positive outcomes of the service.

Primary Healthcare

The health care is focused on integrated health service available in facilities to meet their health needs at all times. Users are of the view that, facilities address the broader determinants of health through a multi-sectoral policies and actions, empower individuals, families and communities to take charge of their own health.

Management and leadership

It is again concluded with the findings that; Management and leadership ensure there is proper management of material and human resources as well as good leadership in health facilities. Facility leaders ensure there is good customer care; proper planning being carried out in the service delivery, expansion of facilities' infrastructure to meet the health needs of people, ensuring availability of essential medicines and equipment in the facility, community involvement in decision making in the hospital in terms of expansion of infrastructure and other needs, staff and clients working together in peace and harmony and putting in place open communication system that is understood by both clients, management and staff.

Traditional rulers support

It is further concluded that, traditional rulers support to facilities in health care delivery must include full participation of community leaders and members in every activity that concerns the hospital or the facility. The facility must ensure there is community engagement in the service delivery through entry, participation and ownership. Health facilities should receive support from traditional leaders in terms of resources, communal labor and ideas for development. Traditional rulers' role in healthcare delivery must allow for community engagement in the service delivery through entry, participation and ownership by health facilities.

Traditional complementary and integrative medicine approach

It is concluded that, health facilities train professionals to practice the ethics in healthcare delivery and the use of the patient charter as core to professional practice. Community practitioners work to promote safe practice and minimize the risk of accidents. Managers of Healthcare services work in collaboration with other stake holders and partners to promote the integration of safe and evidence-based traditional and complementary medicine into the National Health Systems.

Recommendations

Increasing Access to Responsive Clinical and Public Health Emergencies

It is recommended that; management should concentrate on increasing access to responsive clinical and public health emergencies through the network of practice concept.

Training of Health care staff on National Health Strategy and the Sustainable Development Goals

It is again recommended that, healthcare managers and staff be trained on the National Health Strategy and the Sustainable Development Goals which seek to ensure that all people have access to higher-quality, more effectively managed health services, and increase access to timely clinical care and public health emergencies while decreasing unnecessary maternal and child health with disabilities.

Holistic Health Financing Approach

Additionally, it is advised that the government, together with stakeholders, consider a comprehensive health financing approach to help healthcare providers sustain their facilities in order to give quality care.

Future Research

Based on the results, the study recommends that, a similar study is conducted in selected Ghana Health Service facilities to validate the user's perspective of quality and effective health service planning and delivery in the service (GHS).

Reference

- [1] anderson, G., & Arsenault, N. (2005). *Fundamentals Of Educational Research*. Routledge.
- [2] Atinga, R. A. (2012). Healthcare Quality Under The National Health Insurance Scheme In Ghana: Perspectives From Premium Holders. *International Journal Of Quality & Reliability Management*.
- [3] Birn, A.-E. (2018). Back To Alma-Ata, From 1978 To 2018 And Beyond. In *American Journal Of Public Health* (Vol. 108, Issue 9, Pp. 1153–1155). American Public Health Association.
- [4] Gbagbo, F. (2015). Effect Of Administrative Decentralisation In Korle-Bu Teaching Hospital On The Performance Of The Medical Subbudget Management Centre. University Of Ghana.
- [5] Kabeer, N. (2003). Gender Mainstreaming In Poverty Eradication And The Millennium Development Goals: A Handbook For Policy-Makers And Other Stakeholders. Commonwealth Secretariat.
- [6] Kartika, L. W. (2018). Facilitators And Barriers To Health Workforce Retention In Rural And Remote Setting Of Indonesia: A Literature Review. *Kne Life Sciences*, 140–157.
- [7] Kolbila, R. (2019). Assessing The Effectiveness Of The Community Based Health Planning And Services As A Close-To-Client Strategy In Health Care Delivery In West Mamprusi District, Ghana.
- [8] Liu, X., Zhu, A., & Tang, S. (2018). Attraction And Retention Of Rural Primary Health-Care Workers In The Asia Pacific Region. World Health Organization. Regional Office For South-East Asia.
- [9] Mate, K. S., Rooney, A. L., Supachutikul, A., & Gyani, G. (2014). Accreditation As A Path To Achieving Universal Quality Health Coverage. *Globalization And Health*, 10(1), 1–8.
- [10] Mcintyre, D., Garshong, B., Mtei, G., Meheus, F., Thiede, M., Akazili, J., Ally, M., Aikins, M., Mulligan, J.-A., & Goudge, J. (2008). Beyond Fragmentation And Towards Universal Coverage: Insights From Ghana, South Africa And The United Republic Of Tanzania. *Bulletin Of The World Health Organization*, 86, 871–876.
- [11] Muntlin, Å., Gunningberg, L., & Carlsson, M. (2006). Patients' Perceptions Of Quality Of Care At An Emergency Department And Identification Of Areas For Quality Improvement. *Journal Of Clinical Nursing*, 15(8), 1045–1056.
- [12] Naseer, M., Zahidie, A., & Shaikh, B. T. (2012). Determinants Of Patient's Satisfaction With Health Care System In Pakistan: A Critical Review. *Pakistan Journal Of Public Health*, 2(2), 52.
- [13] Rababa, M. (2022). Health-Care System In Jordan: Challenges And Solutions. Working With Older People, Ahead-Of-Print.
- [14] Smith, P. C., Mossialos, E., Papanicolas, I., & Leatherman, S. (2009). Performance Measurement For Health System Improvement: Experiences, Challenges And Prospects.
- [15] Stuckler, D., Basu, S., Suhrcke, M., Coutts, A., & Mckee, M. (2009). The Public Health Effect Of Economic Crises And Alternative Policy Responses In Europe: An Empirical Analysis. *The Lancet*, 374(9686), 315–323.
- [16] W. H.O., & Others. (2021). Stronger Collaboration For An Equitable And Resilient Recovery Towards The Health-Related Sustainable Development Goals: 2021 Progress Report On The Global Action Plan For Healthy Lives And Well-Being For All.