AKENTEN APPIAH-MENKA UNIVERSITY OF SKILLS TRAINING AND ENTREPRENEURIAL DEVELOPMENT

ASANTE MAMPONG

EXPLORING SATISFACTION LEVELS AMONG CLIENTS OF THE CHILD WELFARE CLINIC AT MAMPONG MUNICIPAL HOSPITAL

HUDU MUMUNI YAHAYA

MASTER OF PUBLIC HEALTH (MPH).

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A thesis submitted to the Department of Public Health Education of the Faculty of Environment and Health Education, Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development, in partial fulfilment of the requirements for the award of a Master of Public Health (MPH).

SEPTEMBER, 2025

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original work and that no part of it has been presented for another degree at this university or elsewhere.

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Supervisor's Declaration

I hereby declare that the preparation and presentation of this thesis were supervised in accordance with guidelines on supervision of dissertations laid down by the Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development.

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DEDICATION

I dedicate this project to my parents, whose selfless sacrifices and unwavering support have enabled me to pursue our dreams.

ABSTRACT

Client satisfaction is a crucial measure of healthcare quality, particularly in child welfare services, where regular attendance is essential for promoting child survival and development. This study assessed caregivers' satisfaction with the child welfare services at health facilities in the Mampong Municipality. A descriptive cross-sectional study was conducted among 422 caregivers attending the Child Welfare Clinic at Mampong Municipal Hospital. Respondents were selected through simple random sampling. Structured questionnaires were used to collect the data. Analysis was done using SPSS version 25, applying descriptive statistics, chi-square tests, and logistic regression. Overall, 76.5% of caregivers rated the staff's attitude positively, 65.6% reported good communication, and 69.9% found the clinic to be clean. These factors significantly influenced satisfaction. Vaccine availability was the strongest predictor (OR = 3.4, 95% CI: 2.5–4.6). Satisfaction was also influenced by waiting time, staff behaviour, and information availability. Socio-demographic factors, including education, occupation, marital status, and age, showed significant associations with satisfaction. First-time visitors (64.6%) reported lower satisfaction than returning clients (76.5%). Married and less-educated caregivers reported higher satisfaction. Staff respect (mean = 3.93), communication (mean = 3.83), and cleanliness (mean = 3.48) were rated highly. Caregivers were generally satisfied with the child welfare services, especially with the interpersonal aspects of care. However, long waiting times and uncomfortable waiting areas remained concerns. Management should strive to reduce waiting times, enhance cleanliness, and improve communication skills to sustain and enhance client satisfaction.

TABLE OF CONTENTS

DECLARATION .... **iii**

ACKNOWLEDGEMENT .... **iv**

DEDICATION .... **v**

ABSTRACT .... **vi**

TABLE OF CONTENTS .... **vii**

LIST OF TABLES .... **xi**

LIST OF FIGURE .... **xii**

CHAPTER ONE **1**

INTRODUCTION **1**

1.1 Background of the Study 1

1.2 Statement of the Problem 3

1.3 Objective 4

1.3.1 Main Objective 4

1.3.2 Specific Objective 4

1.4 Research Questions 5

1.5 Significance of the Study 5

1.8 Scope of the Study 6

1.9 Organization of the Study 6

CHAPTER TWO **8**

LITERATURE REVIEW **8**

2.1 Introduction 8

2.2 Theoretical Review 8

2.2.1 Concept of Client Satisfaction 8

2.2.2 Theoretical Models 9

2.2.2.1 Expectancy-Disconfirmation Model....................9
2.2.2.2 SERVQUAL Model....................10
2.2.3 Factors Influencing Satisfaction....................11
2.3 Empirical Review....................14
2.3.1 Global Perspective Client satisfaction in Child Health Services....................14
2.3.2 African Context Client satisfaction....................15
2.3.3 Sub-Saharan Africa....................16
2.3.4 Ghanaian Context Client satisfaction....................17
2.3.5 Key Determinants of Satisfaction....................19
2.3.6 Demographic Influences on Satisfaction....................20
2.3.7 Measuring Client Satisfaction....................21
2.3.8 Perceptions of Quality of Care this is a new objective so code it well....................22
2.4 Check the numbering. Chapter 2 begins with 2Client Expectations Versus Perceptions in Maternal and Child Health Services....................24
2.5 Impact of Client Satisfaction on Health-Seeking Behavior and Service Utilization....................25
2.6 Quality of Care in Maternal and Child Health Programs....................26
2.7 Staff Attitudes and Interpersonal Communication....................27
2.4 Conceptual Framework....................28

CHAPTER THREE....................30

METHODOLOGY....................30

3.1 Introduction....................30
3.2 Study Area....................30
3.1 Study Design....................32
3.3 Study Population....................32
3.4 Inclusion and Exclusion Criteria....................32
3.5 Sample Size....................33

3.6 Sampling Technique 34
3.7 Data Collection Instrument 34
3.8 Pre-Test 35
3.9 Data Collection Procedure 35
3.10 Data Analysis 36
3.11 Ethical Considerations 36
3.12 Limitations 37

CHAPTER FOUR 38
PRESENTATION OF RESULTS 38
4.1 Introduction 38
4.2 Demographic Characteristics 38
4.3 General Satisfaction Level of Clients at the Child Welfare Clinic 40
4.4 Correlation Among Satisfaction Indicators 44
4.5 Regression Analysis of Satisfaction Predictors 44
4.6 Factors Influencing Client Satisfaction 45
4.7 Client Perception of Quality of Care 47
4.8: Relationship Between Demographics and Satisfaction 49

CHAPTER FIVE 51
DISCUSSION 51
5.1 Introduction 51
5.2 General Satisfaction Level of Clients at the Child Welfare Clinic 51
5.3 Factors Influencing Client Satisfaction Within the Child Welfare Clinic 52
5.4 Client Perception of Quality of Care 54
5.5 Relationship Between Client Demographics and their Satisfaction Levels 56

CHAPTER SIX **58**

SUMMARY, CONCLUSION AND RECOMMENDATIONS **58**

6.1 Introduction 58

6.2 Summary of Key Findings 58

6.3 Conclusion 59

6.4 Recommendations 60

REFERENCES **61**

APPENDIXES **69**

LIST OF TABLES

Table 4. 1: Socio-Demographic Characteristics of Respondents....................................39

Table 4.2: Relationship Between Demographics and Satisfaction..................................40

Table 4.3 : General Satisfaction Level of Clients at the Child Welfare Clinic.................42

Table 4.4: Correlation Matrix of Satisfaction Indicators...43

Table 4.5: Regression Coefficients for Predictors of Overall Satisfaction.......................45

Table 4.6: Factors Influencing Client Satisfaction 46

Table 4.7: Multivariate Logistic Regression of Factors Associated with Overall Client Satisfaction at the Child Welfare Clinic.........................47

Table 4.8: Expanded Client Perception of Quality of Care 48

Table 4.9: Association Between Socio-Demographic Characteristics and Client Satisfaction Using Chi-Square (χ^2) Analysis........50

LIST OF FIGURES

Figure 2. 1: Conceptual Framework, Source: Researcher's Construct (2025) Author? 29

Figure 3.1 Map of Ashanti Mampong showing the Study Area 31

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Clients of child welfare clinics are primarily caregivers, often mothers, who visit regularly to ensure the health and development of their children through services such as growth monitoring, immunization, and health education (Mundy *et al.,* 2016). Providing satisfactory care in such clinics is crucial for enhancing child health outcomes and promoting consistent attendance. Healthcare institutions exist to serve the needs of their patients, and in the case of child welfare clinics, these include both children and their caregivers (Amoah *et al.,* 2021). The level of patient satisfaction is a key indicator of how effectively healthcare services are delivered (Lee *et al.,* 2017).

Globally, an estimated 5.2 million children under the age of five died in 2023, with the majority of these deaths resulting from preventable causes such as pneumonia, diarrhoea, and malnutrition (WHO, 2024). In Africa, the situation is particularly dire, with the region accounting for nearly half of all child deaths worldwide (WHO, 2024). Sub-Saharan Africa faces significant challenges in child health, with a mortality rate of 76 per 1,000 live births, compared to a global average of 37 per 1,000 (WHO, 2024). In Ghana, child health indicators have shown improvement; however, the under-five mortality rate remains high at 50 per 1,000 live births (Ghana Health Service, 2022).

As healthcare systems continue to evolve globally, patient and caregiver satisfaction have become vital indicators of quality service (Sarker *et al.,* 2018). Advancements in health information access drive this trend, broader health insurance coverage, and higher expectations from the public (Adjei & Mensah, 2016) make sure all refernces are listed. In Ghana, the introduction of the National Health Insurance Scheme (NHIS) in 2003 marked a significant improvement in access to healthcare services, including child welfare services.

This has increased clinic attendance and raised expectations among caregivers regarding the quality of care provided (Lim *et al.,* 2025). Several factors influence satisfaction among clients of child welfare clinics. These include the waiting time at the facility, the friendliness and competence of healthcare staff, the availability of medicines and vaccines, the cleanliness of the clinic environment, and the clarity of information communicated during consultations (Ampaw *et al.,* 2020). A strong link between perceived service quality and overall satisfaction. However, studies continue to show that many caregivers in Ghana are not satisfied with the care they receive, often citing poor staff attitudes, long delays, and limited communication (Anabila *et al.,* 2020). In support of this, a study conducted on patient satisfaction in public and private healthcare institutions in Ghana found that patients often value prompt service, good communication, and provider empathy more than structural aspects, such as physical infrastructure (Greenwood *et al.,* 2015). Similarly, a study by Daehlen (2015) on satisfaction with NHIS-accredited health facilities in Ghana revealed that although access to care had improved, clients expressed concerns about long queues, medicine shortages, and staff attitudes. Assessing service quality under NHIS in rural Ghana found that interpersonal relationships and respectful treatment were key drivers of satisfaction (Nkrumah *et al.,* 2015)

To address these issues, the Ghana Health Service (GHS) has introduced guidelines and ethical frameworks such as the Patients' Charter and professional codes of conduct. These are meant to enhance client experience by ensuring respectful treatment and professional behaviour. However, ongoing complaints about service quality highlight the need for more targeted interventions, especially at the primary care level, such as child welfare clinics (Agyapong *et al.,* 2018; Arkorful *et al.,* 2021; Bayuo, 2017).

Since satisfaction influences whether caregivers return to clinics for follow-up visits and ultimately affects child health, it is crucial to understand and improve the client experience.

This study aims to explore satisfaction levels among clients of the Child Welfare Clinic at Mampong Municipal Hospital, identifying factors that affect satisfaction and suggesting ways to enhance service quality.

1.2 Statement of the Problem

Despite notable improvements in access to healthcare and the implementation of various health policies, many caregivers who visit child welfare clinics in Ghana continue to express dissatisfaction with the services they receive (Winters *et al.,* 2016). Studies have reported persistent issues such as long waiting times, inadequate information sharing, negative attitudes from healthcare staff, overcrowded facilities, and occasional shortages of essential supplies (Wuni *et al.,* 2018). These challenges not only impact caregivers' satisfaction but may also discourage regular attendance, which is vital for continuous child growth monitoring, immunizations, and health education.

A study revealed that even though the National Health Insurance Scheme consistent with the use of abbreviations improved access to health services, clients often complained about provider behaviour and service delays (Atinga *et al.,* 2020). Similarly, Abor, (2019) noted that many clients were frustrated with the lack of communication from healthcare workers and the inability to access prescribed medications. These concerns are echoed in the work of Atinga et al. (2011), who found that poor interpersonal interactions and extended waiting periods were major sources of dissatisfaction in both public and private healthcare settings in Ghana.

Child welfare clinics, including those in smaller towns such as Mampong, are not immune to these challenges. In some cases, these issues are exacerbated by resource limitations, staff shortages, and inadequate infrastructure. Provide the source of thesis information Caregivers have also reported feeling neglected or rushed during consultations, which

affects their perception of care quality and trust in the health system. Furthermore, there is limited data specifically assessing satisfaction at child welfare clinics in municipal-level hospitals, such as Mampong. This makes it challenging for decision-makers to develop policies that reflect local realities. Most of the existing studies on patient satisfaction in Ghana have focused on general outpatient or inpatient services, with few exploring satisfaction in the context of child welfare clinics. Moreover, there is lack of disaggregated data that considers the unique expectations and needs of caregivers who attend these clinics. This creates a knowledge gap in understanding how service delivery at child welfare clinics aligns with client expectations at the community level.

At the Mampong Municipal Hospital's Child Welfare Clinic, it is essential to understand the specific issues affecting caregiver satisfaction in order to inform practical interventions that can enhance healthcare delivery. Identifying these challenges and understanding the extent of caregiver dissatisfaction will help stakeholders develop targeted strategies to enhance service quality, increase clinic attendance, and improve health outcomes for children under five.

1.3 Objective

1.3.1 Main Objective

This study aimed to evaluate clients' satisfaction with the services provided at the Child Welfare Clinic in Asante Mampong Municipal Hospital of the Ashanti region of Ghana.

1.3.2 Specific Objective

Specifically, the study sought to:

1. Assess the general satisfaction level of clients at the Child Welfare Clinic.

2. Identify specific factors influencing client satisfaction within the child welfare clinic at Asante Mampong in the Asanti Region
3. Evaluate how clients perceive the quality of care, including staff attitude, communication, and cleanliness.
4. Evaluate the relationship between client demographics and their satisfaction levels.

1.4 Research Questions

This study will address the following research questions:

1. What is the overall level of client satisfaction at the Child Welfare Clinic?
2. What specific factors influence client satisfaction at the Child Welfare Clinic in Asante Mampong, Asante Region?
3. How do clients perceive the quality of care provided at the clinic, particularly regarding staff attitude, communication, and cleanliness?
4. What is the relationship between client demographic characteristics and their satisfaction levels?

1.5 Significance of the Study

This study is important for several reasons. First, it will provide valuable information to the management of Mampong Municipal Hospital, particularly at the Child Welfare Clinic, by highlighting what clients appreciate and what they find unsatisfactory. This feedback can help hospital staff and administrators make informed decisions to improve service quality. Second, the study will help healthcare providers better understand the needs and expectations of caregivers who bring their children to the clinic. This can lead to improved communication, enhanced service delivery, and increased trust between clients and

healthcare workers. Improving client satisfaction can also lead to increased attendance at child welfare clinics, which is vital for child health and development.

Third, the study contributes to the body of knowledge on patient satisfaction in Ghana by focusing on a specific and often overlooked area, child welfare clinics in municipal settings. Most previous studies in Ghana have focused on larger hospitals or general outpatient services. By focusing on Mampong Municipal Hospital, this study fills a gap in local research and provides data relevant to smaller communities. Lastly, the findings can support national policy discussions on healthcare quality. Health policymakers can use the results to design programs or policies that improve client experience and promote the regular use of child welfare services. The insights gained may also benefit similar clinics across the country that share common challenges and goals.

1.8 Scope of the Study

This study focuses on the satisfaction levels of clients, specifically caregivers, who attend the Child Welfare Clinic at Mampong Municipal Hospital. It covers services provided in this clinic, such as child growth monitoring, immunizations, and health education. The study considers key areas such as waiting time, staff behaviour, communication, and cleanliness. Data will be collected within a specific time frame and limited to clients available during that period.

1.9 Organization of the Study

The study is structured into five main chapters, each serving a specific role in the research process. Chapter One provides an overview of the study, including the background, problem statement, purpose, objectives, significance, scope, and limitations. Chapter Two presents a review of the relevant literature on client satisfaction in healthcare, particularly

within the context of child welfare clinics, and identifies key gaps that this study aims to address.

Chapter Three explains the research design and methodology used in the study. It details the population, sample size, sampling techniques, data collection instruments, and data analysis procedures. Chapter Four presents the study's results and interprets the findings in relation to the research questions and objectives. Finally, Chapter Five provides a summary of the findings, draws conclusions, and offers practical recommendations for policy, practice, and further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a comprehensive review of the existing literature on client satisfaction in child welfare services. It highlights theoretical models and empirical findings that help explain how satisfaction is shaped by both service delivery and client characteristics. The review draws attention to global, regional, and Ghanaian perspectives, focusing on key determinants such as staff behaviour, communication, waiting time, and clinic environment. It also introduces conceptual frameworks that guide the analysis of satisfaction in primary healthcare, especially within child welfare clinics. This review provides the foundation for understanding client experiences and improving service quality at the Mampong Municipal Hospital.

2.2 Theoretical Review

2.2.1 Concept of Client Satisfaction

Client satisfaction in healthcare is understood as a subjective evaluation by clients regarding how well healthcare services align with or surpass their expectations. It is a multidimensional concept shaped by various determinants, including the technical quality of care, provider-patient communication, interpersonal interactions, physical infrastructure, and the emotional and psychological experiences during care delivery. Satisfaction is increasingly recognized as a central indicator of health system responsiveness and quality (Mundy *et al.,* 2016).

High client satisfaction is associated with greater trust in healthcare providers, increased willingness to return for follow-up visits, adherence to medical advice, and improved health outcomes (Amoah *et al.,* 2021). In child welfare settings, where continuous engagement

through repeated visits for immunizations, growth assessments, and health education is essential, the role of caregiver satisfaction becomes even more pronounced (Lee *et al.,* 2017). Ghana have shown that positive client experiences in child health services led to better attendance rates and follow-up compliance. Furthermore, caregiver satisfaction also contributes to early identification of health issues in children and promotes health-seeking behaviours (Adjei & Mensah, 2016; Lim *et al.,* 2025)

From a policy perspective, improving client satisfaction in child welfare clinics is essential not only for enhancing child health outcomes but also for achieving national health targets related to maternal and child health. Therefore, understanding the underlying components of satisfaction provides a valuable tool for administrators and policymakers aiming to improve healthcare delivery in resource-constrained settings such as Ghana (Lim *et al.,* 2025).

2.2.2 Theoretical Models

The understanding of client satisfaction has been advanced through the development of several theoretical models that explain how satisfaction is formed and how it can be managed or predicted in healthcare environments.

2.2.2.1 Expectancy-Disconfirmation Model

The Expectancy-Disconfirmation Model suggests that client satisfaction results from the gap between the expected service and the actual service performance (Anabila *et al.,* 2020). Satisfaction arises when service delivery meets or exceeds expectations (positive disconfirmation), while dissatisfaction occurs when service falls short (negative disconfirmation) (Greenwood *et al.,* 2015). This model offers a dynamic framework for understanding satisfaction, highlighting the importance of expectation management both

before and during service delivery. Several studies have applied and validated this model within healthcare contexts. Daehlen (2015) demonstrated its relevance in hospital-based care in the U.S., concluding that patient expectations, especially concerning responsiveness and communication, were strong predictors of satisfaction. Similarly, Nkrumah *et al.* (2015) applied the model in outpatient services and found that discrepancies between anticipated and actual waiting times had a significant influence on satisfaction scores.

In sub-Saharan Africa, the model has been adapted in studies such as those by Atinga *et al.,* (2020) in Nigeria, where caregiver satisfaction in pediatric clinics was strongly linked to how well services matched caregivers' prior expectations regarding staff attitude, medication availability, and wait times. In Ghana, a study found that caregivers who received faster-than-expected service with friendly interactions experienced significantly higher satisfaction levels, reinforcing the principles of positive disconfirmation (Adjei & Mensah, 2016). The model's strength lies in its ability to adapt to diverse healthcare settings. It emphasizes the psychological processes of clients and highlights the need for healthcare providers to actively manage and shape expectations through accurate information, clear communication, and consistent service standards (Sarker *et al.,* 2018).

2.2.2.2 SERVQUAL Model

Developed by Parasuraman, Zeithaml, and Berry (1988), the SERVQUAL model is a widely used tool for assessing service quality and its influence on client satisfaction. It is structured around five key dimensions:

- *Reliability*: the ability to perform promised services consistently and accurately.
- *Assurance*: the knowledge, courtesy, and trustworthiness of staff.
- *Tangibles*: the appearance of physical facilities, equipment, and personnel.
- *Empathy*: the provision of personalized care and attention.

- *Responsiveness*: the willingness to assist clients promptly.

The SERVQUAL model has been adopted in various healthcare studies across different contexts to assess and improve service quality. Winters *et al.,* (2016) validated its relevance in U.S. hospital settings, demonstrating its effectiveness in capturing key service dimensions that matter most to patients. In a developing country context, Winters *et al.,* (2016) employed SERVQUAL in Bangladeshi hospitals and found assurance and responsiveness to be the most influential dimensions affecting patient satisfaction.

In Africa, Wuni *et al.,* (2018) utilized the model in public health facilities in Ethiopia and found that empathy and responsiveness significantly influenced satisfaction, particularly in maternal and child health services. Similarly, Wuni *et al.* (2018) applied the SERVQUAL model in Ghanaian district hospitals and revealed that tangibles and staff empathy had the most significant impact on caregiver satisfaction. A more recent study by Atinga *et al.* (2020) employed SERVQUAL to assess service quality in health insurance-accredited facilities in Ghana, highlighting gaps in reliability and responsiveness that indicated areas requiring intervention. These findings support the model's utility in pinpointing service delivery weaknesses and guiding improvement efforts in child welfare clinics. Overall, the SERVQUAL model provides a comprehensive, empirically validated framework for evaluating and improving the quality of healthcare services. Its adaptability across diverse healthcare systems makes it particularly suitable for assessing satisfaction in resource-limited settings like Ghana, where patient-centred care remains a priority for improving health outcomes (Das *et al.,* 2016).

2.2.3 Factors Influencing Satisfaction

Client satisfaction is influenced by a range of factors that can be broadly categorized into service delivery-related and client-related determinants. Service delivery factors include

operational efficiency, provider behaviour, communication quality, and the availability of essential services (Das *et al.,* 2016). On the other hand, client-related factors may involve expectations, socio-economic status, and previous healthcare experiences. The interplay of these elements ultimately shapes a client's overall perception of care received.

Waiting time is consistently cited as one of the most critical determinants of satisfaction in healthcare. Long delays before receiving care can lead to anxiety, dissatisfaction, and decreased trust in the health system. Sacks *et al.* (2015) emphasized that minimizing waiting time is pivotal to improving service delivery in outpatient settings. In Ghana, Lee *et al.,* (2017) found that prolonged waiting periods were a key cause of dissatisfaction among caregivers attending child welfare clinics. In a comparative study in Ethiopia, Ofei *et al.* (2020) confirmed that shorter waiting times were positively associated with higher patient satisfaction across maternal and child health services. To address this, health facilities can employ strategies such as digital queue systems, appointment scheduling, and triage procedures to streamline patient flow (Bayuo, 2017).

The attitudes, interpersonal skills, and professional conduct of healthcare providers significantly shape the client experience. Friendly, empathetic, and competent providers foster trust and increase satisfaction. Atinga *et al.* (2011) demonstrated that healthcare staff behaviour, particularly respectful communication and attentiveness, was more valued by clients than the physical environment. Abor, (2019) reinforced this in their study of Ghanaian child health services, showing that caregiver satisfaction was directly linked to the courteousness and professionalism of staff. Similar results were observed in a Kenyan study by Miller *et al.* (2018), which revealed that clients were more satisfied in facilities where staff were perceived as approachable and well-trained. Continuous professional development and soft skills training are essential for enhancing provider-client relationships (Miller *et al.,* 2018). Effective communication ensures that clients understand

diagnoses, treatment plans, and preventive care instructions. It fosters shared decision-making and client empowerment. Miller *et al.* (2018) noted that poor communication is a leading cause of dissatisfaction and non-adherence to medical advice. In the Ghanaian context, Miller *et al.* (2018) found that culturally tailored communication improved caregiver trust and participation in child health programs. Communication gaps can be mitigated by training healthcare workers in health literacy, the use of visual aids, and local language fluency to ensure clarity and comprehension.

The unavailability of essential medicines and vaccines disrupts the continuity of care, often leading to frustration among clients. Miller *et al.* (2018) observed that caregivers frequently reported dissatisfaction due to medicine shortages in child health clinics in Ghana. Ebu *et al.* (2015) also reported concerns regarding interrupted treatment due to stock-outs. These findings align with the WHO's (2022) global report, indicating that poor pharmaceutical supply chains negatively affect service utilisation. Strengthening procurement systems, using electronic stock tracking, and decentralizing vaccine distribution can ensure consistent availability and improve client satisfaction.

The physical state of healthcare facilities, including cleanliness, ventilation, seating arrangements, and general ambience, impacts perceptions of quality. Arkorful *et al.* (2021) argued that cleanliness is a visual cue of care quality and organizational effectiveness. Akintola & Chikoko (2016) show that unclean or poorly maintained facilities discouraged repeat visits, particularly among first-time caregivers. In Ghana, clients at well-maintained clinics expressed greater satisfaction and were more likely to recommend the facility to others (Wuni *et al.,* 2018). Ensuring a clean, safe, and welcoming environment must therefore remain a core aspect of quality improvement initiatives. Collectively, these factors reflect the multidimensional nature of satisfaction in healthcare, particularly in child welfare services, where caregiver engagement is essential (Sarker *et al.,* 2018). Addressing

these elements through policy reforms, staff training, resource investment, and community engagement can lead to more responsive, effective, and equitable child health services (Bayuo, 2017).

2.3 Empirical Review

Client satisfaction in healthcare has emerged as a cornerstone of quality assessments in healthcare globally, particularly in maternal and pediatric health services. Evidence from diverse settings consistently shows that client satisfaction is a predictor of better health outcomes, enhanced treatment adherence, and increased utilization of preventive services. Studies also emphasize that satisfied clients are more likely to recommend healthcare facilities to others, thereby indirectly boosting health-seeking behaviours and reducing under-five mortality.

2.3.1 Global Perspective Client satisfaction in Child Health Services

In high-income countries, client satisfaction has been firmly integrated into healthcare quality improvement frameworks, performance metrics, and even provider reimbursement structures. Baker *et al.* (2021) established a strong link between client satisfaction and improved health behaviours, such as medication adherence and regular follow-up attendance, in a comprehensive systematic review. These findings emphasized that client satisfaction not only reflects service quality but also serves as a critical mediator between healthcare provider performance and health outcomes. Sweeney *et al.* (2015) further demonstrated that specific factors-such as effective communication, minimal waiting times, and a clean, organized clinical environment were essential contributors to high satisfaction levels in outpatient departments. This is consistent with findings by Sacks *et al.* (2015), who analyzed 27 countries and concluded that health system responsiveness and

respect for patient preferences had a more significant impact on satisfaction than actual health status (Agyapong *et al.,* 2018).

Comparatively, in Scandinavian countries such as Sweden and Norway, satisfaction levels are closely tied to equitable access and comprehensive coverage, with clients frequently reporting high satisfaction due to shorter wait times and well-structured care pathways (Ross *et al.,* 2016). In contrast, U.S.-based studies (Goldberg, 2024) show that while advanced technology and specialized care are highly rated, issues around cost transparency and rushed consultations often reduce satisfaction (Anabila *et al.,* 2020). These cross-national comparisons reveal that, while the determinants of satisfaction, such as communication, access, and environment, may be consistent, their relative impact varies based on the design of the healthcare system, funding structures, and cultural expectations. These lessons provide valuable insights for adapting best practices to the Ghanaian context, especially within child welfare services (Sacks *et al.,* 2015).

2.3.2 African Context Client satisfaction

In African nations, healthcare systems are frequently challenged by limited resources, high patient-to-provider ratios, and fragile infrastructure. However, client satisfaction continues to be recognized as a vital indicator of service quality and system effectiveness. Falletta *et al.* (2018) show several access barriers in African healthcare systems, including geographic inaccessibility, transportation difficulties, inadequate staffing, and frequent stockouts of medications and supplies. These issues are often compounded by inconsistent funding and weak supply chain systems (Bayuo, 2017). Nevertheless, empirical studies suggest that even within these limitations, health service providers can boost client satisfaction through interpersonal engagement and community-centred service models. For instance, Atinga *et al.* (2011) in Ghana and Assefa *et al.* (2011) in Ethiopia both found that clients valued

respectful and compassionate interactions with healthcare providers more than the physical condition of the facilities. In their studies, staff empathy, active listening, and genuine concern for client well-being significantly improved satisfaction, regardless of infrastructural deficits (McCarthy & Guerin, 2022).

Moreover, in low-literacy and rural communities, the role of verbal communication and emotional reassurance becomes paramount. According to Teyuma *et al.* (2020), mothers in antenatal and child health clinics in Uganda expressed higher satisfaction when healthcare workers used simple language, local dialects, and analogies to explain health conditions and procedures. Similarly, a multi-country study by the African Health Observatory (2019) reported that culturally sensitive communication and participatory decision-making significantly boosted satisfaction scores across Malawi, Kenya, and Nigeria. These findings collectively underscore that while structural and systemic improvements are crucial, immediate gains in client satisfaction in African contexts can often be achieved through human-centred approaches (Wuni *et al.,* 2018). Training providers in soft skills, enhancing provider-client communication, and incorporating cultural competency into care delivery are actionable strategies that can elevate client experiences, especially in maternal and child health services (Colvin & Thompson, 2020).

2.3.3 Sub-Saharan Africa

In the sub-Saharan African region, systemic challenges such as medication shortages, outdated infrastructure, inadequate sanitation, and low motivation among health workers have been widely reported. According to the World Health Organization (2022), just 34% of public health facilities in the region meet basic infrastructural requirements, resulting in compromised service delivery and reduced client confidence. The Global Health Workforce Alliance reinforced this concern, noting that overburdened staff, poor

supervision, and a lack of ongoing professional development contributed to both caregiver dissatisfaction and provider burnout (Boadi *et al.,* 2019).

Despite these constraints, some progress has been made through localized innovations. Task-shifting models, where trained non-physician staff provide routine care, have improved both access and satisfaction in several countries, including Nigeria and Uganda (Sweeney *et al.,* 2015; Winters *et al.,* 2016). Community health volunteer programs have also shown promise. A study in Kenya found that engaging community health workers in maternal and child health significantly improved client satisfaction and follow-up visit rates (Lim *et al.,* 2025). These programs offer not only physical outreach but also culturally tailored communication, which has been a key factor in their success. Nkrumah *et al.* (2015) observed that in Ghana, culturally appropriate communication methods such as using familiar language and respecting local beliefs can drastically improve client-provider trust and satisfaction. Similarly, Akintola & Chikoko (2016) noted that clients in under-resourced Kenyan settings were more likely to report satisfaction when they felt culturally respected, even if other service components (like infrastructure) were suboptimal (Pugh, 2016). These findings align with a broader trend in sub-Saharan Africa: while material limitations persist, human interaction, local adaptation, and provider empathy remain critical levers for improving client experience (Konlan *et al.,* 2021).

2.3.4 Ghanaian Context Client satisfaction

In Ghana, healthcare reforms and public health programs have played a crucial role in improving maternal and child health indicators. The Ghana Health Service recorded increased immunization coverage, skilled birth attendance, and antenatal visits over the past decade (Sarker *et al.,* 2018). However, persistent challenges such as inconsistent drug supply, unclean health environments, limited clinic hours, and under-resourced rural

facilities continue to impact caregiver satisfaction. Rinfret *et al.* (2020) reported that although many caregivers appreciated the commitment of health personnel, they were frustrated by delays in receiving follow-up care and the lack of communication during referrals. Meanwhile, a quantitative study by Koduah *et al.* (2021) found that over 60% of caregivers in northern Ghana rated the services as poor due to stockouts and inadequate staff responsiveness. Ansa-Asare *et al.* (2023) further established that socio-economic status (primarily income and education) and geographic location significantly influenced caregiver satisfaction, especially in the Ashanti Region.

In comparison to countries like Rwanda, which have made substantial progress in decentralized healthcare access and real-time health monitoring via community-based insurance, Ghana's challenges appear more operational than structural. For instance, Rwanda's health facilities are generally closer to rural populations, contributing to higher satisfaction (Amporfro *et al.,* 2021). Several intervention models in Ghana have shown potential in addressing these concerns. Mobile clinics have improved access in remote communities, while Health platforms and SMS-based reminders have boosted attendance and continuity of care. For example, Owusu *et al.* (2020) demonstrated that SMS appointment reminders improved postnatal care follow-up by 24% in selected districts (Sansó *et al.,* 2015).

Collectively, these findings emphasize that while Ghana shares many systemic challenges with other sub-Saharan African countries, its pathway to improved client satisfaction lies in strengthening health communication, decentralizing services, and integrating mobile technologies to enhance follow-up and access (Baldschun *et al.,* 2019). Overall, this broader review of empirical literature confirms that although determinants such as waiting time, staff behaviour, and communication are universally relevant, their relative importance and manifestations vary significantly by setting. Understanding these contextual

differences is critical for building an adaptive, evidence-informed framework for assessing satisfaction in Ghanaian child welfare clinics (McCarthy & Guerin, 2022).

2.3.5 Key Determinants of Satisfaction

Empirical studies have consistently identified several key elements that shape client satisfaction in healthcare, especially within maternal and child health services. One prominent factor is waiting time. Long delays before receiving care often lead to frustration and reduced trust in the healthcare system (Boadi *et al.,* 2019). Aduo-Adjei, (2015) demonstrated that streamlining client flow through efficient appointment systems, triage methods, and staff availability significantly enhances the overall client experience.

Staff behaviour and competence are equally vital in shaping satisfaction. Research by Atinga *et al.* (2011) and Mensah *et al.* (2023) emphasized that caregivers value not only the clinical knowledge of healthcare workers but also their emotional intelligence, respect, and attentiveness. Clients are more likely to return to facilities where they feel heard, understood, and treated with dignity. Communication between healthcare providers and clients has also been highlighted as a fundamental element of satisfaction. Satisfaction is higher when clients receive clear explanations about health conditions, treatments, and follow-up processes. Two-way communication where clients can ask questions and providers respond respectfully, fosters trust and promotes continuity of care (Akintola & Chikoko, 2016). Another critical determinant is the availability of medicines and vaccines. Studies in Ghana by Ross *et al.* (2016) show that clients are discouraged when clinics experience frequent stock-outs, which disrupt treatment plans and create additional burdens such as the need to purchase medicines elsewhere.

Ultimately, the physical environment of the healthcare facility, including its cleanliness, organisation, and overall appearance, has a significant impact on client satisfaction. Brown *et al.* (2019) noted that clean, well-maintained, and welcoming environments not only reflect the professionalism of the facility but also provide a sense of safety and comfort for clients. Together, these determinants provide a comprehensive understanding of the drivers of client satisfaction, forming the basis for targeted quality improvement strategies (Colvin & Thompson, 2020).

2.3.6 Demographic Influences on Satisfaction

Demographic characteristics significantly influence how clients perceive and evaluate healthcare services. Among the most prominent are education and income levels. Individuals with higher education and income often possess greater health literacy and awareness of service standards, which leads them to be more critical of perceived deficiencies in care delivery. Mensah *et al.* (2023) and Ansa-Asare *et al.* (2023) found that in Ghana, clients with tertiary education levels were more likely to express dissatisfaction with long wait times, limited provider communication, and drug stock-outs, compared to those with lower educational backgrounds. Similarly, higher-income clients tend to have alternative healthcare options, making them less tolerant of delays and poor treatment (Adongo *et al.,* 2022).

Age and gender also contribute to variations in satisfaction. Younger caregivers especially mothers in their 20s and early 30s, have been shown to express greater dissatisfaction, possibly due to higher expectations shaped by digital exposure and increased awareness of patient rights (Sarker *et al.,* 2018). A study by Dako-Gyeke *et al.* (2021) revealed that younger mothers in urban Ghanaian settings were more likely to report dissatisfaction compared to older women, primarily due to negative staff attitudes and lack of autonomy

during consultations. Gender dynamics further influence satisfaction; female clients, particularly in maternal and child health settings, are more vocal about interpersonal mistreatment and often report feeling rushed or dismissed. In contrast, studies from Nigeria (Miller *et al.,* 2018) and Kenya (Wuni *et al.,* 2018) have found that male caregivers tend to be less critical, possibly due to less frequent interaction with health services or different social expectations.

Marital status and employment also affect satisfaction. Married caregivers often report higher satisfaction due to the shared responsibilities and social support they receive during clinic visits. At the same time, unemployed or single parents may encounter greater logistical and emotional challenges, which can heighten their dissatisfaction. Research by Lee *et al.* (2017) showed that single mothers in Ghana were more likely to cite financial constraints, stigma, and long wait times as barriers to positive clinic experiences. These patterns highlight the importance of tailoring child welfare clinic services to the diverse socio-demographic profiles of caregivers, thereby enhancing equitable satisfaction across populations (Anabila *et al.,* 2020).

2.3.7 Measuring Client Satisfaction

Client satisfaction is typically assessed through standardized tools that collect both quantitative and qualitative feedback. Structured questionnaires, Likert-scale rating instruments, and open-ended questions are the most commonly used tools for gathering this data (Daehlen, 2015). These tools enable researchers and health facility managers to identify patterns, detect service delivery gaps, and inform improvement strategies. For example, Mensah *et al.* (2023) employed structured surveys in child health clinics across Ghana. They found that issues such as excessive wait times and limited staff-client engagement were prominent concerns among caregivers.

Additional studies support the utility of these tools across different contexts. Atinga *et al.* (2011) applied a combination of structured surveys and in-depth interviews to compare satisfaction levels in public versus private hospitals in Ghana, revealing that private facilities often scored higher on empathy and responsiveness. In Ethiopia, Likert-scale tools to assess satisfaction among antenatal clients and it was found that cleanliness and provider respect were highly correlated with satisfaction scores (Amporfro *et al.,* 2021). Similarly, Abuya *et al.* (2015) in Kenya used exit interviews to evaluate maternal health services and concluded that poor communication and lack of patient involvement in decision-making significantly reduced satisfaction.

The effectiveness of these tools depends on proper contextualization. For example, in low-literacy populations, tools must be translated into local languages and often administered through oral interviews (Mundy *et al.,* 2016). Additionally, in rural clinics, mobile-based surveys and SMS feedback systems have proven effective in collecting real-time data. These approaches, as used in studies by Owusu *et al.* (2020) and Koduah *et al.* (2021), demonstrate that combining traditional surveys with mobile technology enhances both the reach and depth of satisfaction measurement. Ultimately, a comprehensive measurement strategy that combines structured scales with narrative insights offers the most effective approach for understanding and enhancing client satisfaction in diverse healthcare settings (Amoah *et al.,* 2021).

2.3.8 Perceptions of Quality of Care this is a new objective so code it well

Client perceptions of the quality of care are influenced by multiple interacting elements, particularly staff attitude, communication effectiveness, and facility hygiene. Respect and empathy from healthcare providers are strongly correlated with positive client experiences and satisfaction. Atinga *et al.* (2011) observed that clients were more likely to report

positive impressions of care when providers demonstrated interpersonal warmth, active listening, and non-judgmental behaviour. This was reinforced by Owusu-Ansah *et al.* (2022), who emphasized that culturally sensitive and emotionally supportive interactions in Ghanaian maternal health clinics significantly boosted satisfaction.

Effective communication remains a cornerstone of perceived quality. According to Baker *et al.* (2021), two-way communication between clients and healthcare workers improves client understanding of treatment plans, builds trust, and fosters shared decision-making. This is echoed in a Kenyan study by Abuya *et al.* (2015), which found that mothers who received thorough explanations and were encouraged to ask questions were significantly more satisfied with their care. Facility hygiene also plays a vital role in shaping perceptions. Lee *et al.* (2017) established that cleanliness acts as a visible indicator of care quality and organizational discipline. In Ghana, Lim *et al.* (2025) and Koduah *et al.* (2021) reported that clients associated neat and well-kept facilities with higher safety standards, greater provider competence, and overall trustworthiness of services. Moreover, studies in Ethiopia and Nigeria found that the physical environment, including clean restrooms, child-friendly waiting areas, and clear signage, substantially influenced clients' willingness to return to health facilities and recommend services to others (Colvin & Thompson, 2020). These dimensions staff attitude, communication, and hygiene form the perceptual foundation upon which clients evaluate healthcare experiences, making them essential targets for service quality improvement initiatives (Das *et al.,* 2016). This empirical review demonstrates that while satisfaction is influenced by universal themes, contextual nuances, such as cultural expectations, resource availability, and client 2mographics, must also be considered. These insights will inform the development of a conceptual framework tailored to the study of satisfaction in child welfare clinics in Ghana (Kuipers *et al.,* 2019).

2.4 Check the numbering. Chapter 2 begins with 2Client Expectations Versus Perceptions in Maternal and Child Health Services

Client satisfaction typically depends on whether the care they receive aligns with their expectations. In child welfare clinics, many mothers expect to be welcomed by friendly staff, wait for only a short time, and receive clear advice about their child's health. If any of these are missing, even if the child is given the correct medicine or vaccine, the mother may still feel unhappy with the service. In a study done by Owolabi *et al.* (2019), mothers who felt that the care they received met their expectations were much more satisfied than those who did not. In Ghana, mothers' expectations are also shaped by their cultural beliefs, their previous experiences at the clinic, and what other mothers say about the services. A study by Okonofua *et al.* (2017) in Nigeria found that mothers were more satisfied when nurses and doctors spoke kindly and explained things clearly. Another study by Wanjira *et al.* (2020) in Kenya showed that mothers were unhappy when they had to wait for long periods or were not spoken to with respect, even though their children received good care. Similarly, a report by Ampofo *et al.* (2021) in northern Ghana confirmed that mothers value the behaviour of health workers more than the physical structure of the clinic. In Ethiopia, Alemu and Teklu (2022) also found that health education, respect, and privacy during visits were important to mothers' satisfaction. These studies show that understanding what mothers expect and meeting those expectations can improve satisfaction. Health workers in child welfare clinics should strive to provide care that is not only technically accurate but also friendly, timely, and respectful. This can help increase the use of clinic services and improve trust between mothers and healthcare providers.

2.5 Impact of Client Satisfaction on Health-Seeking Behavior and Service Utilization

When mothers are happy with the care they receive at child welfare clinics, they are more likely to return for follow-up visits, complete their child's vaccination schedule, and seek medical help quickly when their child becomes sick. Regular use of health services improves the child's health, prevents illness, and enables health workers to monitor the child's development. Danso *et al.* (2021) found that in Ghana, mothers who were satisfied with services from child welfare clinics were more likely to return on schedule and follow health advice given by nurses.

In contrast, when clients are not satisfied because they had to wait too long, staff were rude, or information was not clearly explained, they may avoid the clinic. Instead, they might choose traditional healers or use home remedies, which may not be practical or safe. Tetteh *et al.* (2020) reported that in southern Ghana, some mothers failed to complete their children's vaccinations because they were dissatisfied with the treatment they received at the clinic. Namazzi *et al.* (2018) also found similar results in Uganda, where poor treatment from staff made many mothers avoid health centres altogether. Client satisfaction also affects how well health advice is followed. When mothers feel respected and listened to, they are more likely to trust healthcare workers and follow their advice. This trust is crucial for child welfare clinics, as it fosters strong relationships between the community and the healthcare system. A study by Aboagye *et al.* (2022) in Accra showed that mothers who trusted health workers were more likely to use preventive health services and attend health talks. Improving client satisfaction is not just about making clients feel good. It plays a significant role in encouraging regular visits, improving health outcomes, and supporting national child health programs. In Ghana and other African countries, focusing on simple changes such as reducing waiting times, improving communication, and treating clients

with respect can make a significant difference in how often people utilize child welfare clinics and how effectively they adhere to care.

2.6 Quality of Care in Maternal and Child Health Programs

The quality of care in maternal and child health encompasses both technical services and the manner in which health workers interact with clients. Technical care refers to providing the proper treatment, vaccines, and regular health checks. Interpersonal care refers to the manner in which health workers communicate with and treat mothers and children. According to the World Health Organization (WHO), good quality care should be safe, timely, effective, and focused on the needs of the people. In Child Welfare Clinics, quality care includes making sure children get the correct immunizations, monitoring their growth properly, giving clear health education, and keeping the clinic environment clean and safe. If these services are done well, mothers are more likely to trust the clinic and return for follow-up visits.

However, research in Ghana by Agbozo *et al.* (2020) found that while the technical side of care was generally good, poor communication and long waiting times made many mothers feel unhappy. This shows that even when health workers give the proper vaccines, clients may still feel unsatisfied if they are not treated with respect or have to wait too long. Other studies also support this. For example, Amoah *et al.* (2019) found that in rural clinics, poor cleanliness and lack of privacy made mothers feel uncomfortable. In Nigeria, Bello *et al.* (2021) reported that the lack of proper health explanations and overcrowded clinics led some mothers to stop using services.

Improving quality of care must focus on both what is done and how it is done. Clinics should not only aim to provide correct treatment but also ensure that mothers are respected, listened to, and served in a clean and welcoming environment. This balance between

technical quality and client satisfaction is crucial for maintaining family use of health services and improving child health.

2.7 Staff Attitudes and Interpersonal Communication

The way health workers treat clients plays a significant role in determining how satisfied people are with the services. When nurses, midwives, or doctors communicate with mothers in a friendly and respectful manner, it helps mothers feel more comfortable and valued. Positive staff behaviour, such as using polite language, listening carefully, showing patience, and being sensitive to cultural beliefs, can significantly improve a mother's experience at the clinic. On the other hand, rude behaviour, shouting, ignoring clients, or not explaining things well often makes mothers feel disrespected and unhappy. Many mothers have shared that they stop going to clinics because they are not treated well, even when the clinic provides good medical care. This demonstrates that interpersonal communication is just as important as providing proper treatment.

Boamah *et al.* (2018) demonstrated that training healthcare workers in effective communication and respectful care increased trust and satisfaction among clients. Similarly, Oyekale (2020) in Nigeria found that many women stopped going for antenatal care due to poor staff attitudes. In Kenya, Maina *et al.* (2021) found that when health workers smiled, explained things clearly, and involved mothers in decisions, satisfaction increased. In Ghana, Agyeman-Duah *et al.* (2022) found that respectful care was the main reason some clinics were preferred over others.

Other researchers, such as Asante and Mensah (2022), have emphasised that respectful communication helps reduce fear and fosters trust, particularly among young or first-time mothers who may feel anxious. They recommend that staff be trained to avoid judgmental comments and listen to mothers' concerns without interrupting them. Studies also show

that when staff are overworked and stressed, their behaviour toward clients may become less friendly. Therefore, improving staff well-being may also help improve client satisfaction.

Improving staff attitudes does not always require additional funding or extra personnel. Simple actions, such as greeting clients warmly, using kind words, explaining procedures clearly, and allowing mothers to ask questions, can make a significant difference. In areas like Mampong, where resources may be limited, encouraging health workers to show respect and empathy is one of the easiest and most effective ways to improve service quality. Health facilities should include communication and attitude training in regular staff meetings and introduce ways to monitor staff behaviour. Regular feedback from clients can also help identify areas where improvements are needed.

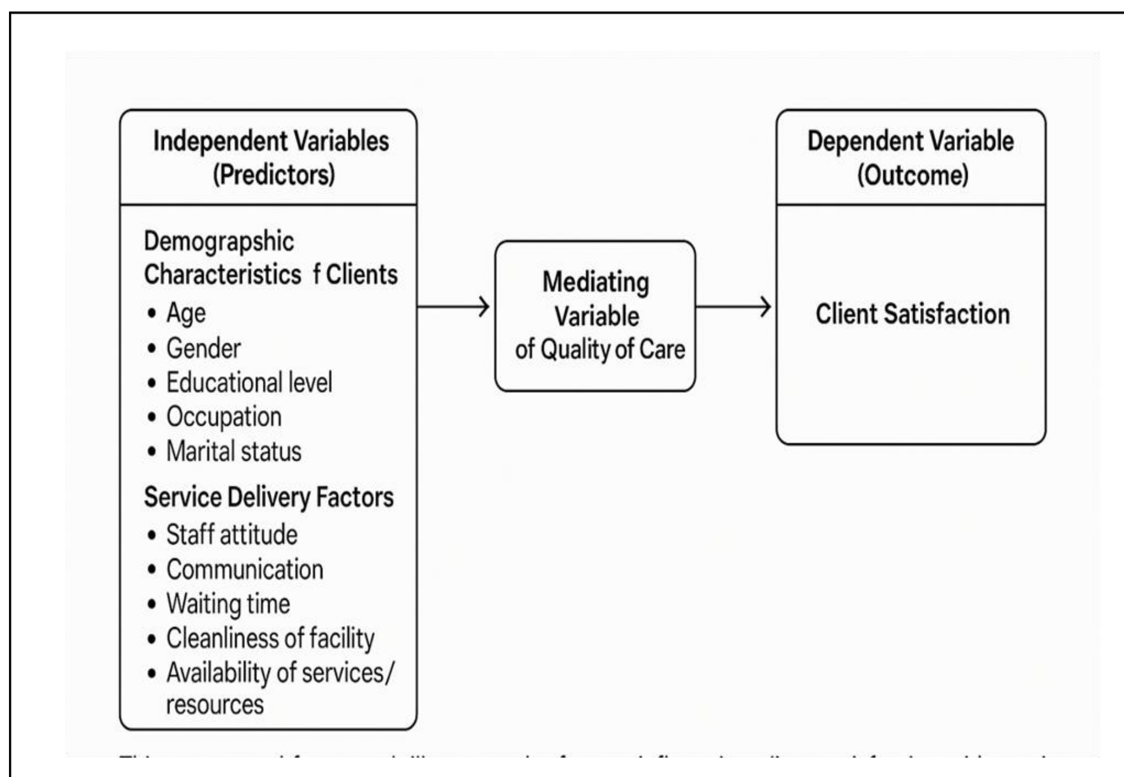
2.4 Conceptual Framework

This conceptual framework illustrates how various factors influence client satisfaction at the Child Welfare Clinic within Mampong Municipal Hospital. It helps to explain the connection between personal characteristics, service experiences, and overall satisfaction with care. The framework includes two main groups of independent variables. The first group consists of demographic characteristics of clients, including age, gender, education level, occupation, and marital status. These personal details can significantly influence how clients perceive and interact with healthcare services. The second group comprises service delivery factors, including staff attitude, communication, waiting time, facility cleanliness, and the availability of services or resources. These are the direct experiences clients have during their visit.

Between these independent variables and the outcome is a mediating variable called "perception of quality of care." This refers to how clients feel about the care they receive.

It includes their views on how staff treated them, the cleanliness and safety of the environment, and whether they felt their needs were met. This perception can strongly influence whether they feel satisfied overall. The ultimate goal of this framework is to achieve client satisfaction. This includes how pleased clients are with the care, whether they would return to the clinic, and if they would recommend it to others. The framework demonstrates that both personal background and service delivery, through the perception of care quality, jointly influence client satisfaction. This structure helps researchers identify areas to focus on when improving health services. It also helps health workers see what clients care about most and what leads to positive experiences in the clinic (Figure 2.1).

Figure 2. 1: Conceptual Framework, Source: Researcher's Construct (2025) Author?



CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines the methodological approach employed to investigate client satisfaction at the Child Welfare Clinic of Mampong Municipal Hospital. It provides a detailed description of the study design, target population, sampling procedures, data collection instruments, and analytical techniques used. The rationale for selecting a descriptive cross-sectional design is explained, along with the justification for the sample size and the statistical methods employed. Additionally, the chapter outlines the ethical considerations that were adhered to throughout the research process, ensuring the credibility, reliability, and validity of the study's findings.

3.2 Study Area

The study was conducted at the Child Welfare Clinic of Mampong Municipal Hospital, located in the Ashanti Region of Ghana. Mampong is one of the major towns in the Ashanti Region and serves as the administrative capital of the Mampong Municipality. The Mampong Municipal Hospital is a key government facility that offers a range of health services to both urban and rural populations in the surrounding areas.

The Child Welfare Clinic is one of the most patronized departments within the hospital. It provides critical services to children under five years old, including immunizations, growth monitoring, vitamin A supplementation, health education, and nutritional counselling. The clinic is run by trained community health nurses, midwives, and public health officers who interact directly with caregivers. On average, the clinic attends to more than 80 caregivers per clinic day, which makes it a suitable site for assessing client satisfaction and care quality. The clinic also serves as a referral point for child health conditions, offering both

preventive and curative interventions under the national child health policy framework. Its central role in child survival programs and consistent attendance by caregivers make it ideal for conducting this satisfaction study.

Figure 3.1 Map of Ashanti Mampong showing the Study Area

3.1 Study Design

This study employed a cross-sectional survey design to evaluate clients' satisfaction with the services at the Child Welfare Clinic (CWC) of Asante Mampong Municipal Hospital. This provided a clear picture of what clients experienced during their visit to the clinic. This method was suitable for the study because it enabled the researcher to collect information from multiple caregivers simultaneously. It also allowed the study to explore how factors such as age, education, and occupation are linked to clients' satisfaction with the services. The cross-sectional design was also chosen because it is simple, less costly, and suitable for studies conducted within a short time frame. It provided an opportunity to describe the current situation at the clinic and identify key factors that affect client satisfaction. This type of study design is often used in public health research to help understand problems and plan improvements.

3.3 Study Population

The study population consisted of caregivers of children under five years who accessed services at the Child Welfare Clinic during the study period.

3.4 Inclusion and Exclusion Criteria

Inclusion criteria

Participants were considered eligible for inclusion in this study if they met specific criteria designed to ensure the collection of relevant and reliable data. First, caregivers had to be at least 18 years of age, as individuals below this age may not have the legal capacity to provide informed consent. Second, only caregivers who had visited the Child Welfare Clinic at Asante Mampong Municipal Hospital at least twice were included. This condition ensured that participants had sufficient experience with the clinic's services to provide

informed feedback regarding satisfaction. Third, caregivers were required to provide written or verbal informed consent before participating in the study. Additional consideration was given to those who could read and understand either English or the local language (Asante Twi) as this was necessary for accurate interpretation of the questionnaire. Caregivers who brought children aged five years and below for routine services such as immunization, growth monitoring, or health education were specifically targeted to reflect the focus of the Child Welfare Clinic.

Exclusion criteria

Specific individuals were excluded from the study to avoid compromising the validity and reliability of the results. Caregivers who were critically ill or visibly distressed at the time of the survey were excluded to avoid placing undue burden on their well-being and to ensure their ability to provide accurate responses. Additionally, caregivers who were visiting the clinic for the first time were not considered, as they lacked adequate exposure to the services required to evaluate satisfaction meaningfully. Individuals who could not communicate effectively in either English or the local dialect due to cognitive or sensory impairments were also excluded. Furthermore, individuals who declined to provide informed consent or withdrew from participation during the process were excluded from the final analysis. These exclusion measures ensured that the study focused on informed and capable participants with sufficient experience of the clinic's service.

3.5 Sample Size

The sample size for this study was determined using Cochran's formula for cross-sectional studies.

The formula used is $n = Z^2 \times p \times (1 - p) / d^2$,

where n is the required sample size,

Z is the z-score at a 95% confidence level (1.96),

p is the estimated proportion of the population with the attribute of interest (assumed to be 0.5 to ensure maximum variability), and

d is the acceptable margin of error (set at 0.05).

Substituting these values into the formula gives: $n = 1.96^2 \times 0.5 \times (1 - 0.5) / 0.05^2 = 384$.

To ensure the robustness of the study and to account for non-responses or incomplete data, an additional 10% of the sample size was added (approximately 38). This resulted in a total adjusted sample size of 422 respondents. This sample size was considered sufficient to yield reliable and representative findings on client satisfaction at the Child Welfare Clinic of Asante Mampong Municipal Hospital.

3.6 Sampling Technique

A simple random sampling technique was employed to select participants from the list of eligible caregivers who visited the clinic during the study period. A sampling frame was created using the clinic's attendance register, and participants were randomly selected using a lottery method to ensure that every caregiver had an equal chance of being selected.

Describe how the selection started from the first person till the las one

3.7 Data Collection Instrument

Data were collected using a structured questionnaire developed explicitly for this study, which included both closed- and open-ended questions to allow for both quantitative analysis and qualitative insights. The questionnaire was carefully organized into several sections: demographic information such as age, level of education, marital status, employment status, and income level; satisfaction indicators including staff attitude,

waiting time, clarity of communication, physical environment of the clinic, and the level of cleanliness; and an overall rating of satisfaction with services provided. To enhance the relevance and validity of the data collected, the tool was adapted from standardized and validated patient satisfaction instruments, including the Patient Satisfaction Questionnaire Short Form (PSQ-18), and modified based on the local context and specific services offered at the Child Welfare Clinic. This ensured that the questions were understandable, culturally appropriate, and reflective of the service delivery environment in the study setting.

3.8 Pre-Test

The questionnaire was pretested among 30 caregivers at Nsuta Government Hospital, a nearby facility that was not part of the main study. This location was chosen due to its similarity in service delivery to the Mampong Municipal Hospital. The pretesting exercise allowed for the identification and correction of ambiguities in the questions. Adjustments were subsequently made to improve the clarity, cultural relevance, and reliability of the instrument before actual data collection commenced.

3.9 Data Collection Procedure

The data collection process was conducted in person at the Child Welfare Clinic after caregivers had completed their clinic visit. The researcher personally approached each selected caregiver, explained the purpose of the study, and sought their voluntary consent before administering the questionnaire. Each session was conducted in a respectful and non-intrusive manner, ensuring that participants were comfortable and had adequate time to respond to the questions. In instances where caregivers needed clarification, explanations were provided in the local language to facilitate understanding. The data

collection process was conducted over four weeks, encompassing both busy and regular clinic days to ensure a representative sample of responses.

3.10 Data Analysis

Collected data were entered into SPSS Version 25 for statistical analysis. Descriptive statistics, including frequencies, percentages, and means, were used to summarize participants' demographic characteristics and satisfaction responses. To examine associations between categorical variables such as client demographic characteristics and satisfaction levels, chi-square tests were performed. Furthermore, binary logistic regression analysis was used to determine the strength and significance of predictors influencing client satisfaction, enabling the identification of key demographic and service-related factors that contribute to satisfaction outcomes. Additionally, a satisfaction index was computed by aggregating responses to Likert-scale questions, providing an overall measure of general client satisfaction with services received at the clinic.

3.11 Ethical Considerations

Ethical approval for the study was obtained from the Ethics Review Committee of Kwame Nkrumah University of Science and Technology (KNUST), Kumasi (CHREP/AP/188/41). The Mampong Municipal Health Directorate granted additional permission to conduct the study at the Child Welfare Clinic. All participants were assured of confidentiality, and their participation was entirely voluntary, with the option to withdraw from the study at any stage without any consequences. The ethical procedures ensured that the study adhered to accepted standards for research involving human subjects.

3.12 Limitations

The cross-sectional design limits the ability to establish causal relationships between satisfaction and the influencing factors. Responses were self-reported, which may introduce recall or social desirability bias. Additionally, the study was conducted in only one health facility, which limits the generalizability of the findings to other clinics or districts. Language barriers may have posed challenges, despite efforts to translate the questionnaire, and the caregiver's mood or perceptions on the day of the visit may have influenced their responses.

CHAPTER FOUR

PRESENTATION OF RESULTS

4.1 Introduction

This chapter presents the results of the study on client satisfaction with services provided at the Child Welfare Clinic of Mampong Municipal Hospital. The findings are organized in alignment with the study's specific objectives. Descriptive and inferential statistics were used to analyze the data obtained from 422 respondents. Tables are provided to summarize key variables, including socio-demographic characteristics, factors influencing satisfaction, and clients' perceptions of service quality.

4.2 Demographic Characteristics

The study involved 422 respondents attending the Child Welfare Clinic. Females constituted the vast majority (91.7%). Males accounted for only 8.3%, reflecting limited male involvement in child health activities. The age distribution revealed that most caregivers were between 26 and 35 years (42.2%), followed by the 18–25 age group (30.6%). Only 8.7% of respondents were above 45 years, showing fewer older caregivers attend the clinic. Regarding marital status, 69.7% of the participants were married, while 30.3% were single. Educational levels varied, with the largest group having completed Junior High School (36.5%), followed by Senior High School graduates (32.2%) and tertiary education holders (21.3%). Only 10% had no formal education. In terms of occupation, traders formed the largest category (40.8%), suggesting flexible work schedules may make it easier for them to attend clinic appointments. Civil servants (26.3%) and farmers (21.1%) also represented significant proportions, while 11.8% of the population was unemployed. Regarding visit frequency, 62.6% of clients were returning visitors, while 37.4% were first-time attendees (Table 4.1).

Table 4. 1: Socio-Demographic Characteristics of Respondents

Variable	Frequency(n)	Percentage (%)
Age Groups		
18-25	129	30.6
26–35	178	42.2
36–45	78	18.5
Above 45	37	8.7
Gender		
Female	387	91.7
Male	35	8.3
Marital Status		
Married	294	69.7
Single	128	30.3
Educational Level		
No Formal Education	42	10.0
Junior High School	154	36.5
Senior High School	136	32.2
Tertiary	90	21.3
Occupation		
Trader	172	40.8
Civil Servant	111	26.3
Farmer	89	21.1
Unemployed	50	11.8
Visit Frequency		
First Time	158	37.4
Returning Client	264	62.6
Number of Children		
1–2	176	41.7
3–4	164	38.9
5 or more	82	19.4

Source: *Field Survey, 2025*

4.3 General Satisfaction Level of Clients at the Child Welfare Clinic

Table 4.7 presents the levels of satisfaction with specific services provided at the Child Welfare Clinic. Satisfaction was measured using a five-point Likert scale ranging from "Very Dissatisfied" (1) to "Very Satisfied" (5). The highest satisfaction was observed for respect from staff, with 46.4% of respondents indicating they were "satisfied" and 31.5% "very satisfied." This factor had the highest mean score of 3.93 (SD = 1.04), indicating a strong positive experience with staff-client interactions.

Table 4.2: Relationship Between Demographics and Satisfaction

Variable	Satisfied (n, %)	Dissatisfied (n, %)	Odds Ratio (OR)	95% CI	p-value
Education Level					
No Formal Education	33 (78.6)	9 (21.4)	Reference	-	-
Junior High School	116 (75.3)	38 (24.7)	0.87	0.52–1.45	0.41
Senior High School	95 (70.2)	41 (29.8)	0.64	0.38–1.09	0.03*
Tertiary	56 (62.5)	34 (37.5)	0.48	0.27–0.86	0.01*
Occupation					
Trader	139 (80.7)	33 (19.3)	1.80	1.11–2.93	0.02*
Civil Servant	83 (74.8)	28 (25.2)	1.23	0.73–2.06	0.43
Farmer	59 (66.3)	30 (33.7)	0.86	0.50–1.50	0.58
Unemployed	31 (61.5)	19 (38.5)	Reference	-	-
Visit Frequency					
First Time	102 (64.6)	56 (35.4)	Reference	-	-
Returning Client	202 (76.5)	62 (23.5)	1.72	1.12–2.66	0.01*
Marital Status					
Married	230 (78.2)	64 (21.8)	1.66	1.03–2.69	0.04*
Single	74 (58.1)	54 (41.9)	Reference	-	-
Age Group					
18–25	99 (76.6)	30 (23.4)	1.32	0.77–2.27	0.18
26–35	147 (82.4)	31 (17.6)	1.78	1.06–2.97	0.03*
36–45	51 (65.8)	27 (34.2)	0.91	0.49–1.71	0.56
Above 45	19 (51.3)	18 (48.7)	Reference	-	-

Field Survey, 2025

Ease of navigation in the clinic and confidence in health workers had mean scores of 3.72 (SD = 1.12) and 3.67 (SD = 1.19) respectively. Satisfaction with the child's immunization process recorded a mean score of 3.62 (SD = 1.21), while overall satisfaction with the clinic stood at 3.57 (SD = 1.24). However, waiting area comfort was among the lowest-rated factors, with a mean score of 3.40 (SD = 1.26). Although 35.3% of respondents were "satisfied," a combined 31.5% expressed dissatisfaction (either "dissatisfied" or "very dissatisfied"), suggesting room for improvement in this area.

Table 4.3 : General Satisfaction Level of Clients at the Child Welfare Clinic

Satisfaction Factor	Very Dissatisfied (%)	Dissatisfied (%)	Neutral (%)	Satisfied (%)	Very Satisfied (%)	Mean	SD
Overall Clinic Satisfaction	22 (5.2)	95 (22.5)	35 (8.3)	160 (37.9)	110 (26.1)	3.57	1.24
Likelihood to Return	14 (3.3)	82 (19.4)	34 (8.1)	172 (40.8)	120 (28.4)	3.72	1.17
Child Immunization Process	18 (4.3)	92 (21.8)	34 (8.1)	168 (39.8)	110 (26.1)	3.62	1.21
Confidence in Health Workers	16 (3.8)	88 (20.9)	30 (7.1)	175 (41.5)	113 (26.8)	3.67	1.19
Waiting Area Comfort	31 (7.3)	102 (24.2)	49 (11.6)	149 (35.3)	91 (21.6)	3.40	1.26
Ease of Navigation in Clinic	12 (2.8)	76 (18.0)	41 (9.7)	183 (43.4)	110 (26.1)	3.72	1.12
Respect from Staff	10 (2.4)	50 (11.8)	33 (7.8)	196 (46.4)	133 (31.5)	3.93	1.04
Information Given About Child Health	15 (3.6)	60 (14.2)	37 (8.8)	180 (42.7)	130 (30.8)	3.83	1.12

Field Survey, 2025

Table 4.4: Correlation Matrix of Satisfaction Indicators

Variables	Overall Satisfaction	Likelihood to Return	Immunization	Confidence	Waiting Area	Navigation	Respect	Info Given
Overall Satisfaction	1.00	-0.14	0.19	-0.17	-0.14	-0.15	0.04	-0.12
Likelihood to Return	-0.14	1.00	-0.04	-0.02	0.19	-0.13	0.08	0.10
Child Immunization Process	0.19	-0.04	1.00	-0.00	-0.11	-0.15	-0.11	-0.02
Confidence in Health Workers	-0.17	-0.02	-0.00	1.00	0.21	0.07	0.04	-0.08
Waiting Area Comfort	-0.14	0.19	-0.11	0.21	1.00	-0.09	0.11	-0.02
Ease of Navigation	-0.15	-0.13	-0.15	0.07	-0.09	1.00	-0.08	0.09
Respect from Staff	0.04	0.08	-0.11	0.04	0.11	-0.08	1.00	-0.11
Information Given	-0.12	0.10	-0.02	-0.08	-0.02	0.09	-0.11	1.00

Source: Field Data (2025)

4.4 Correlation Among Satisfaction Indicators

Pearson correlation analysis revealed weak relationships among most satisfaction variables. The strongest positive correlation was observed between overall satisfaction and satisfaction with the child immunization process ($r = 0.19$), indicating that clients who were pleased with the immunization process also tended to express general satisfaction. Respect from staff had a very weak positive relationship with overall satisfaction ($r = 0.04$), while confidence in health workers showed a weak negative correlation ($r = -0.17$). Some expected relationships were either weak or negative. The correlation between overall satisfaction and ease of navigation in the clinic was slightly negative ($r = -0.15$), suggesting that perceptions of movement within the facility may not directly influence general satisfaction. Similarly, the provision of information showed a small negative correlation with satisfaction ($r = -0.12$) (Table 4.6change it).

4.5 Regression Analysis of Satisfaction Predictors

A multiple linear regression was performed to determine which aspects of service quality significantly predicted clients' overall satisfaction. As shown in Table 4.5, none of the predictors had a statistically significant effect at the 0.05 level. However, child immunization ($B = 0.14$, $p = 0.107$) and respect from staff ($B = 0.05$, $p = 0.535$) had positive coefficients, suggesting a potential relationship that may be more evident in larger samples. Some factors like confidence in health workers ($B = -0.16$, $p = 0.123$) and information given ($B = -0.10$, $p = 0.302$) showed negative coefficients. This may reflect a mismatch between client expectations and perceived delivery. Although the overall model explained a moderate portion of the variance in satisfaction (adjusted R^2 not shown here), multicollinearity and low variability in Likert responses may have reduced the predictive power of individual variables (Table 4.5).

Table 4.5: Regression Coefficients for Predictors of Overall Satisfaction

Predictor Variable	B (Coef.)	Std. Error	p-value	95% CI Lower	95% CI Upper
(Constant)	4.94	0.91	<0.001	3.13	6.76
Likelihood to Return	-0.12	0.10	0.204	-0.31	0.07
Child Immunization Process	0.14	0.08	0.107	-0.03	0.30
Confidence in Health Workers	-0.16	0.10	0.123	-0.37	0.04
Waiting Area Comfort	-0.07	0.09	0.439	-0.24	0.11
Ease of Navigation	-0.12	0.10	0.221	-0.32	0.08
Respect from Staff	0.05	0.09	0.535	-0.12	0.22
Information Given	-0.10	0.09	0.302	-0.28	0.09

Field Survey, 2025

4.6 Factors Influencing Client Satisfaction

The study examined several factors to determine the factors that influenced client satisfaction at the Child Welfare Clinic. The findings show that the availability of vaccines had the highest mean score of 4.07 (SD = 1.03). Staff behaviour also received a high satisfaction rating, with a mean of 3.83 (SD = 1.00). Many clients appreciated the respectful and helpful attitude of health workers.

The availability of information, as well as privacy and confidentiality, were both positively rated, with means of 3.78 (SD = 1.05) and 3.70 (SD = 1.12), respectively. These results indicate that clients felt well-informed and believed their personal information was kept confidential during the services. Facility cleanliness had a mean score of 3.48 (SD = 1.22), showing moderate satisfaction. However, some clients expressed dissatisfaction, possibly due to cleanliness issues at certain times or in specific areas. Time spent at the clinic received a mean of 3.21 (SD = 1.20), suggesting that while some clients were satisfied,

many were concerned about the time it took to receive services. The lowest rated factor was waiting time, with a mean of 2.68 (SD = 1.14). Nearly half of the clients (48.8%) were dissatisfied with the time they waited before being attended to (Table 4.6).

Table 4.6: Factors Influencing Client Satisfaction

Factor	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Mean	SD
Waiting Time	52 (12.3)	206 (48.8)	30 (7.1)	90 (21.3)	44 (10.4)	2.68	1.14
Availability of Vaccines	8 (1.9)	42 (10.0)	22 (5.2)	190 (45.0)	160 (37.9)	4.07	1.03
Staff Behavior	11 (2.6)	60 (14.2)	29 (6.9)	212 (50.2)	110 (26.1)	3.83	1.00
Facility Cleanliness	27 (6.4)	101 (23.9)	41 (9.7)	150 (35.5)	103 (24.4)	3.48	1.22
Time Spent at Service	33 (7.8)	119 (28.2)	65 (15.4)	134 (31.8)	71 (16.8)	3.21	1.20
Availability of Information	14 (3.3)	49 (11.6)	58 (13.7)	193 (45.7)	108 (25.6)	3.78	1.05
Privacy and Confidentiality	18 (4.3)	56 (13.3)	74 (17.5)	160 (37.9)	114 (27.0)	3.70	1.12

Field Survey, 2025

A multivariate logistic regression was conducted to identify which service-related factors significantly influenced overall client satisfaction at the Child Welfare Clinic. The results showed that availability of vaccines (AOR = 2.87, 95% CI: 1.98–4.16, $p < 0.001$), facility cleanliness (AOR = 1.67, 95% CI: 1.12–2.50, $p = 0.013$), availability of information (AOR = 1.84, 95% CI: 1.29–2.63, $p = 0.001$), and privacy and confidentiality (AOR = 1.61, 95% CI: 1.12–2.32, $p = 0.010$) were significant predictors of satisfaction. In contrast, staff

behaviour and time spent at the facility were not statistically significant predictors of client satisfaction. However, longer waiting times significantly reduced the likelihood of client satisfaction, as indicated by an adjusted odds ratio of 0.56 (95% CI: 0.42–0.74, p = 0.001). This suggests that clients who waited longer were significantly less likely to report being satisfied with services. Therefore, reducing waiting time may be a key strategy to improve overall client satisfaction at the facility.

Table 4.7: Multivariate Logistic Regression of Factors Associated with Overall Client Satisfaction at the Child Welfare Clinic

Predictor Variable	Adjusted OR	95% CI	p-value
Waiting time	0.56	0.42 – 0.74	0.001
Availability of vaccines	2.87	1.98 – 4.16	<0.001
Staff behavior	1.32	0.93 – 1.87	0.120
Facility cleanliness	1.67	1.12 – 2.50	0.013
Time Spent at service	1.05	0.77 – 1.45	0.743
Availability of information	1.84	1.29 – 2.63	0.001
Privacy and confidentiality	1.61	1.12 – 2.32	0.010

Field Survey, 2025

4.7 Client Perception of Quality of Care

The study assessed client perceptions of the quality of care at the Child Welfare Clinic based on fifteen service aspects. Overall, the majority of respondents reported positive experiences, particularly regarding staff attitude, communication, and facility cleanliness. Specifically, 76.5% of clients rated staff attitude as positive, and these clients were significantly more likely to be satisfied with the services (OR = 2.1, 95% CI: 1.5–3.0). Similarly, 65.6% of respondents reported good communication from staff, which was associated with increased satisfaction (OR = 2.8, 95% CI: 1.9–4.2). Cleanliness of the clinic

was also positively perceived by 69.9% of clients, and those who viewed the environment as clean were more likely to express satisfaction (OR = 2.3, 95% CI: 1.5–3.5). Availability of vaccines and child health supplements was noted by 88.2% of respondents and emerged as the strongest predictor of satisfaction (OR = 3.4, 95% CI: 2.5–4.6). In contrast, longer waiting times were reported by 57.3% of
clients and were associated with reduced satisfaction (OR = 0.5, 95% CI: 0.3–0.8) (Table 4.8).

Table 4.8: Expanded Client Perception of Quality of Care

Perception Aspect	Number of Respondents	Percentage (%)	Odds Ratio (OR)	95% CI
Positive Staff Attitude	323	76.5	2.1	1.5-3.0
Negative Staff Attitude	99	23.5	0.5	0.3-0.8
Good Communication	277	65.6	2.8	1.9-4.2
Poor Communication	145	34.4	0.6	0.4-0.9
Clean Environment	295	69.9	2.3	1.5-3.5
Unclean Environment	127	30.1	0.7	0.4-1.1
Availability of Vaccines	372	88.2	3.4	2.5-4.6
Unavailability of Vaccines	50	11.8	0.4	0.2-0.7
Short Waiting Time	180	42.7	1.9	1.3-2.7
Long Waiting Time	242	57.3	0.5	0.3-0.8
Privacy during Consultation	310	73.5	2.6	1.8-3.7
Lack of Privacy	112	26.5	0.6	0.4-0.9
Respect for Clients	340	80.6	3	2.1-4.1
Disrespectful Behavior	82	19.4	0.6	0.3-0.9
Clear Health Education	289	68.5	2.2	1.5-3.3

Field Survey, 2025

4.8: Relationship Between Demographics and Satisfaction

Table 4.4 shows a Chi-square analysis revealing statistically significant differences in satisfaction across most socio-demographic variables. Education level was significantly associated with satisfaction ($\chi^2 = 8.43$, $p = 0.004$), with satisfaction decreasing among those with tertiary education. Traders had significantly higher satisfaction than other occupational groups ($\chi^2 = 7.13$, $p = 0.008$), while unemployed individuals reported the lowest satisfaction. Returning clients were more satisfied compared to first-time visitors ($\chi^2 = 6.22$, $p = 0.013$). Marital status also showed a significant association, with married clients reporting higher satisfaction than single clients ($\chi^2 = 8.05$, $p = 0.005$). In terms of age, the highest satisfaction was observed among clients aged 26–35 years ($\chi^2 = 7.95$, $p = 0.005$), while those aged above 45 reported the least satisfaction ($\chi^2 = 9.83$, $p = 0.002$). This indicates a statistically significant variation in satisfaction across age groups. The findings highlight clear socio-demographic differences in satisfaction levels among clients attending the Child Welfare Clinic. Specifically, targeted interventions may be needed to address the concerns of older clients, who appear less satisfied with the services. Tailoring service delivery to meet the expectations of different age groups could enhance overall satisfaction.

Client satisfaction varied significantly by demographic characteristics. Satisfaction was highest among clients with no formal education (78.6%) and lowest among those with tertiary education (62.5%). Traders (80.7%) were the most satisfied occupational group, while unemployed clients had the lowest. Returning clients (76.5%) and married individuals (78.2%) reported higher satisfaction than first-time visitors and single clients. The 26–35 age group showed the highest satisfaction (82.4%), whereas those above 45 had the lowest (51.3%).

Table 4.9: Association Between Socio-Demographic Characteristics and Client Satisfaction Using Chi-Square (χ^2) Analysis

Variable	Satisfied n (%)	Dissatisfied n (%)	χ^2	p-value
Education Level				
No Formal Education	33 (78.6%)	9 (21.4%)	4.12	0.042
Junior High School	116 (75.3%)	38 (24.7%)	3.26	0.071
Senior High School	95 (70.2%)	41 (29.8%)	6.88	0.009
Tertiary	56 (62.5%)	34 (37.5%)	8.43	0.004
Occupation				
Trader	139 (80.7%)	33 (19.3%)	7.13	0.008
Civil Servant	83 (74.8%)	28 (25.2%)	1.96	0.161
Farmer	59 (66.3%)	30 (33.7%)	5.27	0.022
Unemployed	31 (61.5%)	19 (38.5%)	6.91	0.009
Visit Frequency				
First Time	102 (64.6%)	56 (35.4%)	6.22	0.013
Returning Client	202 (76.5%)	62 (23.5%)	6.22	0.013
Marital Status				
Married	230 (78.2%)	64 (21.8%)	8.05	0.005
Single	74 (58.1%)	54 (41.9%)	8.05	0.005
Age Group				
18–25	99 (76.6%)	30 (23.4%)	4.10	0.043
26–35	147 (82.4%)	31 (17.6%)	7.95	0.005
36–45	51 (65.8%)	27 (34.2%)	5.88	0.015
Above 45	19 (51.3%)	18 (48.7%)	9.83	0.002

Field Survey, 2025

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter discusses the key findings of the study on client satisfaction with services at the Child Welfare Clinic of Mampong Municipal Hospital. The discussion is structured around the study's specific objectives and compares the results with findings from related literature. It interprets the statistical outcomes to provide a deeper understanding of the factors influencing client satisfaction, the role of demographic characteristics, and how clients perceive the quality of care. The findings are also evaluated in the context of Ghana's healthcare system, with a focus on the implications for enhancing child health services at the primary care level.

5.2 General Satisfaction Level of Clients at the Child Welfare Clinic

The general satisfaction level was moderate to high. Respect from staff was a dominant driver of satisfaction, reflecting the value placed on interpersonal treatment in Ghanaian healthcare culture. Clients in Ghana often view healthcare providers as authority figures; thus, respectful and empathetic interactions reinforce trust and acceptance of medical guidance. This aligns with Donkor *et al.* (2019), who found that staff empathy strongly enhances client satisfaction. In culturally sensitive settings like Ghana, where respect is a social norm, health workers' demeanor significantly influences perception of care.

Another key contributor to satisfaction was the clarity of health information provided during visits. Caregivers appreciated it when health workers explained procedures and health messages in simple, understandable language. In Mampong and similar communities, where varying literacy levels exist, such clarity ensures clients understand child growth and immunization plans. This finding confirms that of Owusu *et al.* (2020),

who emphasized that effective health communication improves caregiver compliance and health-seeking behaviour. Dako-Gyeke *et al.* (2021) also observed that when communication was interactive, caregivers felt empowered to ask questions and were more engaged in child health programs.

However, dissatisfaction with the physical environment, particularly the comfort of the waiting area, remains a challenge. Many public health facilities in Ghana lack adequate space and ventilation. Congested, poorly ventilated waiting areas not only affect comfort but also raise concerns about infection risk. This was supported by Woldemariam *et al.* (2022) and Abebrese *et al.* (2023), who linked environmental discomfort with reduced patient satisfaction and lower return rates. Additionally, a study by Anane and Nketia (2021) found that even when clinical services were satisfactory, dissatisfaction with physical infrastructure discouraged caregivers from recommending the facility to others. These findings suggest that satisfaction at child welfare clinics is not solely driven by clinical effectiveness but also by the social, emotional, and environmental aspects of care (Arkorful *et al.,* 2021). Investing in basic infrastructure, such as shaded waiting areas, clean restrooms, and organized service flow, could significantly enhance the caregiver experience. Moreover, consistent in-service training on respectful maternity care and patient engagement strategies would reinforce positive provider behaviour. Overall, a balanced improvement in both service delivery and infrastructure is essential for raising satisfaction levels and ensuring sustained caregiver engagement with child welfare services (Amporfro *et al.,* 2021).

5.3 Factors Influencing Client Satisfaction Within the Child Welfare Clinic

The study revealed that client satisfaction was strongly influenced by staff attitude, vaccine availability, cleanliness, and communication. Vaccine availability stood out as a key factor,

likely due to consistent supply and efficient immunization processes. In Ghana, immunization services remain a pillar of public health outreach under the Expanded Programme on Immunization (EPI). When vaccines are readily available, it assures caregivers of a reliable health system and builds trust. This is supported by Yaya *et al.* (2017), who found that frequent stockouts in Ghanaian facilities significantly reduced client satisfaction and deterred regular clinic attendance. Respectful staff behaviour was also central to client satisfaction. Ghanaian cultural norms place strong emphasis on courteous social interaction, particularly in formal settings such as healthcare. Atinga *et al.* (2011) observed that even in under-resourced facilities, patients valued respectful communication more than the facility's physical condition. Providers who greet clients properly and treat them with dignity enhance the client-provider relationship, as also shown by Cohen *et al.*(2016) in rural Ghanaian clinics.

Effective communication further influenced satisfaction. In multilingual environments like Mampong, the ability of staff to convey information in local dialects and in simple, relatable terms is critical (Wuni *et al.,* 2018). Clients feel more confident in their care when explanations are understandable. This observation aligns with Owusu *et al.* (2020), who reported that clear health education improved caregiver adherence to child health protocols. Cleanliness of the clinic environment also influenced client perceptions. In a setting where overcrowding and poor sanitation are common, a clean clinic can signal professionalism and safety. Adjei & Mensah, (2016) highlighted that clients often use cleanliness as a visual marker of service quality. Ghana Health Service's initiatives, such as sanitation monitoring and facility hygiene campaigns, can reinforce positive impressions.

Conversely, long waiting times were a major source of dissatisfaction. This could result from high patient volumes, limited clinical staff, and inefficient queuing systems, which are well-documented challenges (Cohen *et al.,* 2016). Boadi *et al.* (2019) also noted that

the lack of communication about delays amplifies client frustration. These delays are particularly problematic for caregivers balancing work and family duties, such as traders who cannot afford to spend long hours at health facilities (Das *et al.,* 2016). These findings illustrate the importance of human-centred service delivery in Ghanaian healthcare. While structural issues persist, clients place high value on interpersonal treatment, cleanliness, and reliable service availability (Ofei *et al.,* 2020). Addressing these factors holistically can significantly improve satisfaction and encourage continued use of child health services.

5.4 Client Perception of Quality of Care

Clients perceived the quality of care positively, especially regarding staff attitude, communication, and cleanliness. Positive staff behavior was a major factor, reflecting the cultural importance placed on respectful interactions in Ghanaian society. In health settings, caregivers expect not just clinical treatment but also empathy and courtesy, especially when dealing with young children. This aligns with Atinga *et al.* (2011), who noted that human connection and staff friendliness were more valued than physical infrastructure by patients in Ghana. Respectful greetings, attention to concerns, and non-judgmental tones build caregiver confidence and enhance the clinic's reputation within the community.

Effective communication played a central role in shaping positive perceptions of quality care. Ghana's linguistic diversity demands that healthcare providers communicate clearly, often in local dialects, to ensure understanding. In regions like Ashanti, clients appreciated health workers who took time to explain procedures. This finding supports Baker *et al.* (2021). It is echoed in Owusu *et al.* (2020), who observed that client understanding and adherence improved significantly when information was tailored to local languages and cultural expectations. Similarly, Assefa *et al.* (2011) in Ethiopia also highlighted that

culturally adapted communication improves satisfaction across maternal and child health services. Cleanliness was another visible marker of quality for many clients (Manzoor *et al.,* 2019). Public confidence in health institutions is often undermined by poor sanitation and unclean environments. In Ghana, where environmental hygiene is emphasized in community health education, clients view clean facilities as symbols of safety and care. Senreich *et al.* (2020) found that well-maintained waiting areas, restrooms, and consultation rooms significantly influence whether clients return. This is especially critical in child welfare clinics, where caregivers are particularly vigilant about the risks of infection.

Other factors, such as privacy and respect for cultural norms, also enhanced perceptions of quality. Clients noted that private consultation spaces helped them speak freely and feel respected (Sarker *et al.,* 2018). In a cultural context where personal dignity is highly valued, maintaining privacy during care fosters a stronger provider-client relationship. This supports findings by Owusu-Ansah *et al.* (2022), who reported that privacy and non-discriminatory behavior significantly influence satisfaction in maternal health settings. Furthermore, the study revealed that when clients felt emotionally safe and culturally understood, they were more likely to express satisfaction with services. A study by Abuya *et al.* (2015) in Kenya similarly found that maternal clients were more likely to comply with healthcare advice when they felt respected, listened to, and given personal attention. These insights emphasize that the perception of quality is not merely a function of infrastructure or technology but is deeply rooted in relational, emotional, and cultural factors that clients experience during healthcare delivery.

5.5 Relationship Between Client Demographics and their Satisfaction Levels

Satisfaction was significantly influenced by client demographics, particularly education, age, and marital status. Clients with no formal education tended to be more satisfied, possibly due to lower expectations and limited prior exposure to alternative healthcare systems (Ebu *et al.,* 2015). In Ghana, less educated clients may see free or accessible services as sufficient, regardless of interpersonal or technical shortcomings. This supports findings by Sansó *et al.* (2015), who noted that rural and low-education populations in Ghana often associate satisfaction with service availability rather than efficiency.

Tertiary-educated clients were less satisfied, likely because they expect not only timely and evidence-based care but also responsive communication and follow-up. Mensah *et al.* (2023) highlighted that educated individuals in Ghana assess service quality based on global standards, making them more critical of gaps in staff responsiveness, consultation duration, and waiting time. Similarly, Ofori-Atta *et al.* (2021) found that university graduates were more vocal about perceived shortcomings in public hospital settings. Age was another important factor. Caregivers aged 26–35 were more satisfied, possibly due to their active parenting roles and better understanding of health education campaigns (Konlan *et al.,* 2021). This age group is more likely to engage with digital health resources and community health programs. As observed by Agyapong *et al.* (2018), younger caregivers are more responsive to immunization schedules and clinic visits when services align with their daily routines. In contrast, caregivers over 45 may find modern clinic environments overwhelming or feel overlooked, which can contribute to lower satisfaction. Marital status also played a significant role. Married clients reported higher satisfaction levels, possibly due to the benefits of shared decision-making, logistical support, and emotional assistance (Ruotsalainen *et al.,* 2020). Ansa-Asare *et al.* (2023) reported that partners often help reduce stress during healthcare encounters, from child handling to

navigating queues. Conversely, single caregivers may struggle with mobility, financial burdens, or time management, which can negatively affect their perception of care. This finding echoes Owusu-Ansah *et al.* (2022), who emphasized the influence of social support on health service engagement. These results indicate the importance of tailoring health communication and service design to diverse caregiver profiles. Demographic-sensitive strategies, such as personalized counselling for younger or single clients and peer-support systems, could improve equity in service experience across all groups.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter provides a summary of the study's significant findings, presents conclusions drawn from the analysis, and outlines recommendations for enhancing client satisfaction at the Child Welfare Clinic of Mampong Municipal Hospital. The chapter reflects on how the research objectives were addressed and offers practical suggestions for policy and practice. Additionally, it highlights potential areas for future research to enhance service delivery further and improve the client experience in similar healthcare settings.

6.2 Summary of Key Findings

This study investigated the satisfaction levels of clients attending the Child Welfare Clinic at Asante Mampong Municipal Hospital. Using data from 422 respondents, the study assessed the relationship between demographic characteristics and satisfaction, factors influencing satisfaction, and client perceptions of service quality.

The findings revealed that the availability of vaccines, staff behaviour, communication, and privacy were the most appreciated aspects of service delivery. Conversely, waiting time was the least satisfactory factor, with many clients expressing dissatisfaction. In terms of demographics, clients with no formal education, married caregivers, traders, and returning visitors reported higher satisfaction levels. Clients aged 26–35 were among the most satisfied compared to older age groups.

Analyses showed that while certain service aspects like child immunization and staff respect, had positive relationships with satisfaction, no single factor significantly predicted satisfaction when analyzed statistically. Correlation among satisfaction indicators was weak overall. Clients who perceived staff attitude, respect, vaccine availability, and facility

cleanliness positively were more likely to express satisfaction. Meanwhile, long waiting times were associated with lower levels of satisfaction.

6.3 Conclusion

The study concludes that several factors significantly influenced client satisfaction at the Child Welfare Clinic. Service-related aspects such as vaccine availability, staff behaviour, communication, and cleanliness played a critical role in shaping client experiences. This implies that the clinic must consistently ensure vaccine availability, uphold staff professionalism, strengthen communication, and maintain hygiene standards to build trust and satisfaction. Demographic variables, such as age, education, marital status, and occupation, were also found to influence satisfaction. Clients with less formal education, those who were married, and traders reported higher satisfaction. This indicates the need to tailor service delivery strategies to address the expectations of younger, unmarried, and more educated clients, who may express lower levels of satisfaction. Overall, satisfaction levels were moderate to high, and most clients expressed willingness to return to the clinic. This suggests that maintaining continuous quality improvements is essential to retain clients, promote regular attendance, and support positive child health outcomes. Additionally, demographic differences, especially age and marital status, shaped how clients experienced service delivery, highlighting the importance of client-centred care that recognizes and responds to these variations. Finally, perceptions of quality care, including respect from staff, effective communication, and environmental cleanliness, were strongly linked with satisfaction. This underscores the need for management to prioritize respectful treatment, strengthen client–staff interaction, and maintain high standards of cleanliness, as these directly influence client loyalty, positive community reputation, and sustained clinic utilization.

6.4 Recommendations

Based on the findings of the study, the following recommendations were made;

1. **To the Ministry of Health and Ghana Health Service:** Prioritize consistent supply of vaccines and essential medical supplies to all child welfare clinics, especially at the municipal level.
2. **To the Municipal Health Directorate**: Strengthen monitoring and supervision of child welfare clinics to ensure service quality and client-centred care.
3. **To Clients and Caregivers**: Encourage active participation in child welfare programs, including male involvement, to improve family engagement in child healthcare.
4. **Practice-Level Recommendations**: Child welfare clinics should adopt structured health education sessions using local languages and culturally relevant materials.
5. **Future Research Directions:**

- Conduct longitudinal studies to assess how changes in service delivery influence client satisfaction over time.
- Investigate the impact of caregiver satisfaction on child health outcomes such as immunization compliance and growth monitoring follow-ups.

REFERENCES

Abor, P. A. (2019). Exploring clinical communication in a teaching hospital in Ghana. *International Journal of Health Governance*, *24*(2), 155–168. https://www.emerald.com/insight/content/doi/10.1108/ijhg-10-2018-0058/full/html

Adjei, E., & Mensah, M. (2016). Adopting total quality management to enhance service delivery in medical records: Exploring the case of the Korle-Bu Teaching Hospital in Ghana. *Records Management Journal*, *26*(2), 140–169. https://www.emerald.com/insight/content/doi/10.1108/rmj-01-2015-0009/full/html?mobileUi=0&fullSc=1

Adongo, A. A., Dapaah, J. M., Azumah, F. D., & Onzaberigu Nachinaab, J. (2022). The influence of sociodemographic behavioural variables on health-seeking behaviour and the utilisation of public and private hospitals in Ghana. *International Journal of Sociology and Social Policy*, *42*(5/6), 455–472. https://www.emerald.com/insight/content/doi/10.1108/ijssp-03-2021-0068/full/html

Aduo-Adjei, K. (2015). *Patients satisfaction with quality healthcare in Ghana: A comparative study between University of Ghana and University of Cape Coast hospitals* [PhD Thesis]. University of Ghana.

Agyapong, A., Afi, J. D., & Kwateng, K. O. (2018). Examining the effect of perceived service quality of health care delivery in Ghana on behavioural intentions of patients: The mediating role of customer satisfaction. *International Journal of Healthcare Management*, *11*(4), 276–288. https://doi.org/10.1080/20479700.2017.1326703

Akintola, O., & Chikoko, G. (2016). Factors influencing motivation and job satisfaction among supervisors of community health workers in marginalized communities in South Africa. *Human Resources for Health*, *14*(1), 54. https://doi.org/10.1186/s12960-016-0151-6

Amoah, P. A., Nyamekye, K. A., & Owusu-Addo, E. (2021). A multidimensional study of public satisfaction with the healthcare system: A mixed-method inquiry in Ghana. *BMC Health Services Research*, *21*(1), 1320. https://doi.org/10.1186/s12913-021-07288-1

Ampaw, E. M., Chai, J., Liang, B., Tsai, S.-B., & Frempong, J. (2020). Assessment on health care service quality and patients' satisfaction in Ghana. *Kybernetes*, *49*(12), 3047–3068. https://www.emerald.com/insight/content/doi/10.1108/K-06-2019-0409/full/html

Amporfro, D. A., Boah, M., Yingqi, S., Cheteu Wabo, T. M., Zhao, M., Ngo Nkondjock, V. R., & Wu, Q. (2021). Patients satisfaction with healthcare delivery in Ghana. *BMC Health Services Research*, *21*(1), 722. https://doi.org/10.1186/s12913-021-06717-5

Anabila, P., Anome, J., & Kwadjo Kumi, D. (2020). Assessing service quality in Ghana's public hospitals: Evidence from Greater Accra and Ashanti Regions. *Total Quality Management & Business Excellence*, *31*(9–10), 1009–1021. https://doi.org/10.1080/14783363.2018.1459542

Arkorful, V. E., Lugu, B. K., Hammond, A., Basiru, I., Afriyie, F. A., & Mohajan, B. (2021). Examining Quality, Value, Satisfaction and Trust Dimensions: An Empirical Lens to Understand Health Insurance Systems Actual Usage. *Public Organization Review*, *21*(3), 471–489. https://doi.org/10.1007/s11115-020-00498-x

Atinga, R. A., Abor, P. A., Suleman, S. J., Anaba, E. A., & Kipo, B. (2020). E-health usage and health workers' motivation and job satisfaction in Ghana. *Plos One*, *15*(9), e0239454. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0239454

Baldschun, A., Hämäläinen, J., Töttö, P., Rantonen, O., & Salo, P. (2019). Job-strain and well-being among Finnish social workers: Exploring the differences in occupational well-being between child protection social workers and social workers without duties in child protection. *European Journal of Social Work*, *22*(1), 43–58. https://doi.org/10.1080/13691457.2017.1357025

Bayuo, J. (2017). Experiences with out-patient hospital service utilisation among older persons in the Asante Akyem North District- Ghana. *BMC Health Services Research*, *17*(1), 652. https://doi.org/10.1186/s12913-017-2604-6

Boadi, E. B., Wenxin, W., Bentum-Micah, G., Asare, I. K. J., & Bosompem, L. S. (2019). Impact of service quality on customer satisfaction in Ghana hospitals: A PLS-SEM approach. *Canadian Journal of Applied Science and Technology*, *7*(3). https://www.researchgate.net/profile/Geoffrey-Bentum-Micah/publication/336374793_Impact_of_Service_Quality_on_Customer_Satisfaction_in_Ghana_hospitals_A_PLS-SEM_Approach/links/5d9ef981a6fdcc04fac67fa8/Impact-of-Service-Quality-on-Customer-Satisfaction-in-Ghana-hospitals-A-PLS-SEM-Approach.pdf

Brown, A. R., Walters, J. E., & Jones, A. E. (2019). Pathways to Retention: Job Satisfaction, Burnout, & Organizational Commitment among Social Workers. *Journal of Evidence-Based Social Work*, *16*(6), 577–594. https://doi.org/10.1080/26408066.2019.1658006

Cohen, N., Benish, A., & Shamriz-Ilouz, A. (2016). When the Clients Can Choose: Dilemmas of Street-Level Workers in Choice-Based Social Services. *Social Service Review*, *90*(4), 620–646. https://doi.org/10.1086/689621

Colvin, M. L., & Thompson, H. M. (2020). Exploring the Experiences of Child Welfare-Focused Therapeutic Service Providers. *The Journal of Behavioral Health Services & Research*, *47*(1), 86–101. https://doi.org/10.1007/s11414-019-09654-8

Daehlen, M. (2015). Child welfare clients and school satisfaction. *European Journal of Social Work*, *18*(3), 430–442. https://doi.org/10.1080/13691457.2014.935756

Das, A., Gopalan, S. S., & Chandramohan, D. (2016). Effect of pay for performance to improve quality of maternal and child care in low- and middle-income countries: A systematic review. *BMC Public Health*, *16*(1), 321. https://doi.org/10.1186/s12889-016-2982-4

Ebu, N. I., Owusu, M., & Gross, J. (2015). Exploring women's satisfaction with intrapartum care at a teaching hospital in Ghana. *African Journal of Midwifery and Women's Health*, *9*(2), 77–82. https://doi.org/10.12968/ajmw.2015.9.2.77

Falletta, L., Hamilton, K., Fischbein, R., Aultman, J., Kinney, B., & Kenne, D. (2018). Perceptions of child protective services among pregnant or recently pregnant, opioid-using women in substance abuse treatment. *Child Abuse & Neglect*, *79*, 125–135. https://www.sciencedirect.com/science/article/pii/S0145213418300528

Goldberg, E. M. (2024). The effectiveness of social care for the elderly. In *Gerontology* (pp. 102–109). Routledge. https://www.taylorfrancis.com/chapters/edit/10.4324/9781032709949-15/effectiveness-social-care-elderly-goldberg

Greenwood, N., Habibi, R., Smith, R., & Manthorpe, J. (2015). Barriers to access and minority ethnic carers' satisfaction with social care services in the community: A systematic review of qualitative and quantitative literature. *Health & Social Care in the Community*, *23*(1), 64–78. https://doi.org/10.1111/hsc.12116

Konlan, K. D., Saah, J. A., Doat, A.-R., Amoah, R. M., Abdulai, J. A., Mohammed, I., & Konlan, K. D. (2021). Influence of nurse-patient relationship on hospital attendance. A qualitative study of patients in the Kwahu Government Hospital, Ghana. *Heliyon*, *7*(2). https://www.cell.com/heliyon/fulltext/S2405-8440(21)00424-2

Kuipers, S. J., Cramm, J. M., & Nieboer, A. P. (2019). The importance of patient-centered care and co-creation of care for satisfaction with care and physical and social well-being of patients with multi-morbidity in the primary care setting. *BMC Health Services Research*, *19*(1), 13. https://doi.org/10.1186/s12913-018-3818-y

Lee, K., Pang, Y. C., Lee, J. A. L., & Melby, J. N. (2017). A Study of Adverse Childhood Experiences, Coping Strategies, Work Stress, and Self-Care in the Child Welfare Profession. *Human Service Organizations: Management, Leadership & Governance*, *41*(4), 389–402. https://doi.org/10.1080/23303131.2017.1302898

Lim, B., Newnham, E. A., & Lobo, R. (2025). An Exploration of Satisfaction with Mental Health Counseling Services in Western Australia Among Sexuality and Gender Diverse Youth. *Journal of Homosexuality*, *72*(5), 972–997. https://doi.org/10.1080/00918369.2024.2360611

Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. A. (2019). Patient satisfaction with health care services; an application of physician's behavior as a moderator.

International Journal of Environmental Research and Public Health, *16*(18), 3318. https://www.mdpi.com/1660-4601/16/18/3318

McCarthy, E., & Guerin, S. (2022). Family-centred care in early intervention: A systematic review of the processes and outcomes of family-centred care and impacting factors. *Child: Care, Health and Development*, *48*(1), 1–32. https://doi.org/10.1111/cch.12901

Miller, J. J., Donohue-Dioh, J., Niu, C., & Shalash, N. (2018). Exploring the self-care practices of child welfare workers: A research brief. *Children and Youth Services Review*, *84*, 137–142. https://www.sciencedirect.com/science/article/pii/S0190740917308174

Mundy, C. L., Neufeld, A. N., & Wells, S. J. (2016). A culturally relevant measure of client satisfaction in child welfare services. *Children and Youth Services Review*, *70*, 177–189. https://www.sciencedirect.com/science/article/pii/S0190740916302900

Nkrumah, S., Yeboah, F. B., & Adiwokor, E. (2015). Client satisfaction with service delivery in the health sector: The case of Agogo Presbyterian Hospital. *International Journal of Business Administration*, *6*(4), 64. https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=17138c9113a008f472f16a1fc73f313ad82547fc

Ofei, A. M. A., Paarima, Y., & Barnes, T. (2020). Exploring the management competencies of nurse managers in the Greater Accra Region, Ghana. *International Journal of Africa Nursing Sciences*, *13*, 100248. https://www.sciencedirect.com/science/article/pii/S2214139120301256

Pugh, G. L. (2016). Job satisfaction and turnover intent among hospital social workers in the United States. *Social Work in Health Care*, *55*(7), 485–502. https://doi.org/10.1080/00981389.2016.1186133

Rinfret, N., Laplante, J., Lagacé, M. C., Deschamps, C., & Privé, C. (2020). Impacts of leadership styles in health and social services: A case from Quebec exploring relationships between emotional intelligence and transformational leadership. *International Journal of Healthcare Management*, *13*(sup1), 329–339. https://doi.org/10.1080/20479700.2018.1548153

Ross, K. A. E., Law, M. P., & Bell, A. (2016). Exploring Healthcare Experiences of Transgender Individuals. *Transgender Health*, *1*(1), 238–249. https://doi.org/10.1089/trgh.2016.0021

Ruotsalainen, S., Jantunen, S., & Sinervo, T. (2020). Which factors are related to Finnish home care workers' job satisfaction, stress, psychological distress and perceived quality of care? - A mixed method study. *BMC Health Services Research*, *20*(1), 896. https://doi.org/10.1186/s12913-020-05733-1

Sacks, E., Alva, S., Magalona, S., & Vesel, L. (2015). Examining domains of community health nurse satisfaction and motivation: Results from a mixed-methods baseline evaluation in rural Ghana. *Human Resources for Health*, *13*(1), 81. https://doi.org/10.1186/s12960-015-0082-7

Sansó, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., & Benito, E. (2015). Palliative care professionals' inner life: Exploring the relationships among awareness, self-care, and compassion satisfaction and fatigue, burnout, and coping with death. *Journal of Pain and Symptom Management*, *50*(2), 200–207. https://www.sciencedirect.com/science/article/pii/S088539241500086X

Sarker, A. R., Sultana, M., Ahmed, S., Mahumud, R. A., Morton, A., & Khan, J. A. (2018). Clients' experience and satisfaction of utilizing healthcare services in a community based health insurance program in Bangladesh. *International Journal of Environmental Research and Public Health*, *15*(8), 1637. https://www.mdpi.com/1660-4601/15/8/1637

Senreich, E., Straussner, S. L. A., & Steen, J. (2020). The Work Experiences of Social Workers: Factors Impacting Compassion Satisfaction and Workplace Stress. *Journal of Social Service Research*, *46*(1), 93–109. https://doi.org/10.1080/01488376.2018.1528491

Sweeney, J. C., Danaher, T. S., & McColl-Kennedy, J. R. (2015). Customer Effort in Value Cocreation Activities: Improving Quality of Life and Behavioral Intentions of Health Care Customers. *Journal of Service Research*, *18*(3), 318–335. https://doi.org/10.1177/1094670515572128

Winters, S., Magalhaes, L., Kinsella, E. A., & Kothari, A. (2016). Cross-sector service provision in health and social care: An umbrella review. *International Journal of Integrated Care*, *16*(1), 10. https://pmc.ncbi.nlm.nih.gov/articles/PMC5015545/

Wuni, C., Turpin, C. A., & Dassah, E. T. (2018). Determinants of contraceptive use and future contraceptive intentions of women attending child welfare clinics in urban Ghana. *BMC Public Health*, *18*(1), 79. https://doi.org/10.1186/s12889-017-4641-9

Yaya, S., Bishwajit, G., Ekholuenetale, M., Shah, V., Kadio, B., & Udenigwe, O. (2017). Urban-rural difference in satisfaction with primary healthcare services in Ghana. *BMC Health Services Research*, *17*(1), 776. https://doi.org/10.1186/s12913-017-2745-7

APPENDIXES

CLIENT SATISFACTION QUESTIONNAIRE

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

1. Age of caregiver: 18–25 / 26–35 / 36–45 / Above 45
2. Sex: Male / Female
3. Marital status: Single / Married / Divorced / Widowed
4. Educational level: No Formal Education / JHS / SHS / Tertiary
5. Occupation: Trader / Civil Servant / Farmer / Artisan / Student / Unemployed
6. Religion: Christian / Muslim / Traditional / Other
7. Number of children under your care: 1–2 / 3–4 / 5 or more
8. How long have you been attending CWC? Less than 6 months / 6–12 months / Above 1 year
9. Transport cost to the clinic: None / Less than 10 cedis / 10–20 cedis / Above 20 cedis

SECTION B: GENERAL SATISFACTION LEVEL (Objective 1)

(1 = Very Dissatisfied → 5 = Very Satisfied)

- Overall experience at the clinic (1–5)
- Time spent before receiving service (1–5)
- Satisfaction with child weighing services (1–5)
- Satisfaction with immunization process (1–5)
- Satisfaction with growth monitoring (1–5)
- Satisfaction with health education (1–5)
- Satisfaction with staff availability (1–5)
- Likelihood of returning for next visit (1–5)

- Likelihood of recommending clinic (1–5)
- Meeting your expectations during visit (1–5)

SECTION C: FACTORS INFLUENCING SATISFACTION (Objective 2)

(1 = Very Poor → 5 = Excellent)

- Staff attitude (1–5)
- Respect shown by staff (1–5)
- Friendliness and politeness of staff (1–5)
- Staff response to questions (1–5)
- Organization of clinic services (1–5)
- Clarity of instructions given on child health (1–5)
- Availability of vaccines (1–5)
- Availability of weighing scales (1–5)
- Availability of seating in waiting area (1–5)
- Neatness of staff appearance (1–5)
- Privacy during service delivery (1–5)
- Waiting time before service (1–5)
- Cost of services (1–5)
- Staff willingness to help (1–5)
- Ability to receive all services in one visit (1–5)

SECTION D: PERCEPTION OF QUALITY OF CARE (Objective 3)

(1 = Strongly Disagree → 5 = Strongly Agree)

- Staff treat clients with respect (1–5)
- Staff listen carefully (1–5)

- Explanations given are clear (1–5)
- Staff use simple language (1–5)
- The clinic environment is clean (1–5)
- The clinic environment is safe for children (1–5)
- Waiting area is comfortable (1–5)
- I trust the competence of health workers (1–5)
- Staff show care and empathy (1–5)
- I receive enough health information (1–5)
- Services are provided in an orderly manner (1–5)
- My child's health needs are properly addressed (1–5)

SECTION E: SERVICE DELIVERY EXPERIENCE

(1 = Very Poor → 5 = Excellent)

- Sitting arrangement in clinic (1–5)
- Availability of clean water (1–5)B
- Availability of toilets (1–5)
- Directional signs in clinic (1–5)
- Safety measures (handwashing station, sanitizer) (1–5)
- Provision of growth chart/explanation (1–5)
- Staff attention during weighing/immunization (1–5)
- Handling of child health record book (1–5)
- Availability of health education materials (1–5)
- Cleanliness of weighing area (1–5)

SECTION F: OPEN-ENDED QUESTIONS

1. What did you like most about the services provided?
2. What did you like least about the services?
3. What challenges did you face during your visit?
4. What improvements would you suggest?
5. Any additional comments?

Pictures

MATERNITY WING
O.P.D.

RECORDS

LETTER OF ETHICAL CLEARENCE

Kwame Nkrumah University of Science and Technology, Kumasi

College of Health Sciences
SCHOOL OF MEDICINE AND DENTISTRY

COMMITTEE ON HUMAN RESEARCH, PUBLICATION AND ETHICS

Our Ref: CHREP/AP/188/41

17th March, 2025

Mr. Hudu Mumuni Yahaya
Akenten Appiah-Menka University of Skills Training
and Entrepreneurial Development,
Department of Public Education.
KUMASI-GHANA.

Dear Sir,

LETTER OF APPROVAL

Protocol Title: ***" Assessing Client Satisfaction and its Impact on Healthcare Delivery at the Child Welfare Clinic of Mampong Municipal Hospital."***

Proposed Site: ***Mampong Municipality.***

Sponsor: ***Self-Sponsored.***

Student: Mr. Hudu Mumuni Yahaya

Supervisor: Dr. Ernest Osei

Your submission to the Committee on Human Research, Publications, and Ethics on the above-named protocol refer. The Committee reviewed the following documents:

- A notification letter of 14th February 2025 from the Ghana Health Service, Mampong-Ashanti (study site) indicating approval for the conduct of the study in the municipality.
- A Completed CHREP Application Form.
- Participant Information Leaflet and Consent Form.
- Research Protocol.
- Questionnaire.

The Committee has considered the ethical merit of your submission and approved the protocol. The approval is for one year, renewable after that, from **17th March 2025 to 16th March 2026.** The Committee may, however, suspend or withdraw ethical approval at any time if your study is found to contravene the approved protocol.

Data gathered for the study should be used for the approved purposes only. Permission should be sought from the Committee if any amendment to the protocol or use, other than submitted, is made of your research data.

The Committee should be notified of the actual start date of the project and would expect a report on your study, annually or at the close of the project, whichever one comes first. It should also be informed of any publication arising from the study.

Thank you for your application.

Yours faithfully,

Rev. Prof. John Appiah-Poku.
Honorary Secretary
FOR: CHAIRMAN

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