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MASTER OF HOSPITAL AND HEALTH CARE ADMINISTRATION (MHA)

IMPROVING PATIENTS' SATISFACTION WITH SERVICE IN THE PROSTHETICS AND ORTHOTICS

DEPARTMENT OF GATAGARA HOSPITAL

A dissertation submitted in partial fulfillment of the requirements for Master of

Hospital and Healthcare Administration (MHA)

By

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DECLARATION

I, Kizito MISAGO declare that this capstone Project entitled “**Improving patients’ satisfaction with service in prosthetics and orthotics department of HVP Gatagara Hospital**” is my original work achieved through my personal reading, scientific research method, and critical reflection with the guidance and support of the research supervisor. It is submitted in partial fulfilment of the requirements for the Degree of Master of Hospital and Health Care Administration in the University of Rwanda, College of Medicine and Health Sciences. It has never been submitted to any other College or University for academic credit. All resources have been cited in full and acknowledged.

Signature

Date.....

DEDICATION

To the late Father Joseph Fraipont NDAGIJIMANA who dedicated his life to the people with disabilities in Rwanda.

ACKNOWLEDGEMENT

I thank God for all the graces He showed upon me during my studies at the University of Rwanda, College of Medicine and Health Sciences.

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I also convey my special gratitude to all the personnel of HVP Gatagara Orthopedic and Rehabilitation Hospital especially prosthetists and orthoptists for their support during field activities, without them this work would have not been successful.

In a special way, I register my appreciation and thanks to my confreres in the community of Gatagara for their morale support and encouragement throughout the course of my studies.

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To all that I could not mention hereby, may the Almighty God bestow upon you his blessings!

May God bless you abundantly!

ABSTRACT

Background: The satisfaction of patients with the service is an indispensable measurement to ascertain the quality of health professionals in every health institution. This satisfaction is considered to be one of the key factors of evidence-based health care.

Objective: The focus of this project was to improve the satisfaction of patients with service in prosthetics and orthotics department in Gatagara Hospital from the mean score of 1.93 to 4 from February to May 2019. Whereby 1.93 mean scores represents low satisfaction while 4 mean scores show very high satisfaction.

Methodology: This study was conducted in Gatagara hospital and focused on the P&O department where low patients' satisfaction with service was mostly reported. The study adopted a pre and post-intervention survey design to investigate the impact of the intervention which was the training of P&O staff on skills in communication. After the intervention, data on the satisfaction of patients with service were collected from fifty patient respondents and they were selected by the use of convenience sampling. The instrument for data collection was the modified SERVQUAL questionnaire. Data were analysed utilizing descriptive statistics such as mean and standard deviation. In addition, the independent sample t-test was computed to test the research hypothesis at 0.05 level of significance using SPSS version 16.0.

Intervention: Training of P&O department staff on quality service delivery using organized communication skills sessions.

Results: The findings indicated that the pre-intervention mean scores of patients' satisfaction with service increased from 1.93 (48.25%) to 3.23 (80.75%). The results from the independent t-test analysis showed a statistically significant difference in patients' satisfaction with service before and after the intervention ($0.001 < 0.05$). The effect of intervention appeared to have improved communication of P&O staff with patients so that the level of patients' satisfaction had improved. The contribution factor was the training of staff on communication skills which has contributed to the improvement of patients' satisfaction with service delivered at the hospital.

Conclusion: The data analysis showed that communication skills training of P&O department staff increased the mean scores of patients' satisfaction with service within the department in Gatagara Hospital. Consequently, it is essential that the managers of hospitals design in-service communication training for all staff for better service delivery and patients' satisfaction.

TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
ABSTRACT	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES	vii
LIST OF FIGURES	viii
LIST OF ACRONYMS	ix
DEFINITIONS OF TERMS	x
CHAPTER ONE: GENERAL INTRODUCTION	1
1.1. Background of HVP Gatagara Hospital	1
1.2. Problem statement	2
1.3. Objective of the study	2
1.4. Hypothesis	3
1.5. Justification of the project	3
1.6. Organization of the report	3
CHAPTER TWO: LITERATURE REVIEW	4
2.1. Introduction	4
2.2. Patients satisfaction	4
2.3. Prosthetics and orthotics facility	4
2.4. Benefits of prostheses and orthoses on patients	5
2.5. Factors affecting patients' satisfaction with P&O services.....	5
2.6. Effect of Communication Skills Training on Healthcare Providers' Performance.....	6
2.7. Effect of Communication Skills Training of Health Providers on Patients' Satisfaction	7
2.8. Conclusion.....	8
CHAPTER THREE: RESEARCH METHODOLOGY	9
3.1. Study Design	9
3.3. The magnitude of the Problem	9
3.3.1. Analysis of Patients' satisfaction with service	10
3.4. Root Cause Analysis	12
3.4.1. Verification and Testing of Root Causes.....	13
3.5. Final Root Cause Analysis	15
3.6. Interventions.....	15

3.6.1 Establish a training program on effective communication of the Prosthetics and orthotics staff	15
3.6.2 Establish information management policy and procedures	15
3.6.3 Install the television screen/video in the prosthetics and orthotics department	16
3.6.4 Initiate internal regular meetings program amongst P&O staff	16
3.7 Comparative analysis	16
3.8. Intervention strategies ranking	17
3.9. Selection of final solution	18
3.10. Implementation plan with Gantt’s chart.....	18
3.11. Monitoring and Evaluation indicators.....	19
3.12. Indicators achieved.....	20
3.13. Implementation of Training Program.....	20
3.14. Retention of knowledge and skills	21
3.15. Data Analysis Procedure	21
3.16. Ethical Consideration	21
3.17. Delimitation of the study.....	22
4.1. Introduction	23
CHAPTER FIVE: DISCUSSION.....	29
5.1. Introduction	29
5.2. Discussion of the Findings	29
5.3. Challenges	31
5.4. Overcoming challenges	31
5.5. Lessons learned during implementation.....	31
CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS.....	32
6.1. Conclusion.....	32
6.2. Recommendations	32
REFERENCES	33
Appendix I: Ethical Clearance	i
Appendix II : Questionnaire.....	ii
Appendix III: Questionnaire in English	iii
Appendix IV: Training Manual on Communication Skills.....	v

LIST OF TABLES

Table 1 Gatagara Hospital partners -----	1
Table 2 Level of Patients' Satisfaction with Services Survey Analysis-----	11
Table 3 Verification and Testing of Root Causes -----	13
Table 4 Proposed solutions -----	16
Table 5 Implementation plan with Gantt's chart -----	18
Table 6 Process and Outcome Indicators, Responsible Person, How and When Activity were Done -----	19
Table 7 Demonstration of indicators achieved-----	20
Table 8 Patients' satisfaction with service delivery during post intervention-----	23
Table 9 Comparison of means of patients' satisfaction between pre and post-intervention -----	25
Table 10 Summary of the results -----	27
Table 11 Summary of t-test for patients' satisfaction with services during pre and post intervention -----	28

LIST OF FIGURES

Figure 1: Delivered orthopedic devices -----	2
Figure 2 : Fishbone indicating the possible root causes from the respondents -----	13

LIST OF ACRONYMS

- AIDET** : Acknowledge, Introduce, Duration, Explanation, and Thanking the patient
- DG** : Director-General
- GROH** : Gatagara Orthopedics and Rehabilitation Hospital
- HR** : Human Resource
- HVP** : Home de la Vierge des Pauvres
- ICRC** : International Committee of the Red Cross
- MHA** : Master of Hospital Management and Health Care Administration
- P&O** : Prosthetics and Orthotics
- QI** : Quality Improvement
- SD** : Standard Deviation
- SPSS** : Statistical Package for Social Sciences
- WHO** : World Health Organisation

DEFINITIONS OF TERMS

Communication: It is understood as an exchange of information between people by means of speaking, writing, or using a common system of behavior or signs. It is also a mutual way of sending and receiving messages using verbal and nonverbal skills of communication(1).

Inpatient: Inpatient is the hospital status given to a patient starting when admitted to a hospital with a doctor's order based on medically necessary hospital care(2).

Patient satisfaction. Patient satisfaction is the fulfillment of the patient's expectations, norms, and ideals(3).

CHAPTER ONE: GENERAL INTRODUCTION

1.1. Background of HVP Gatagara Hospital

HVP Gatagara center was initiated in 1960 by a Belgian Priest called Joseph Fraipont Ndagijimana. He died in 1982. Thereafter, the Episcopal Conference of the Catholic Church in Rwanda entrusted the center to the Congregation of the Brothers of Charity. Until the late 1990s, HVP Gatagara has been the first and the specialized center for offering orthopedic care and rehabilitation to people with physical limitations in Rwanda.

In April 2017, HVP Gatagara Center was upgraded by the Ministry of Health to the Specialized Orthopedic and Rehabilitation Hospital(4). HVP Gatagara Orthopedic and Rehabilitation Hospital is a 130-bed orthopedic and rehabilitation care hospital located in Nyanza District of the Southern Province, with a branch in Gikondo Sector/KICUKIRO District, and that provide clinical care to persons with physical disabilities. It was set up mainly to help persons with disabilities get orthopedic and reconstructive surgery and assistive devices that help them get back up on their

Table 1 Gatagara Hospital partners

- Ministry of Health
- FRACARITA Belgium
- Rhénanie-Palatinat (Rheinland-Pfalz)
- Liliane Foundation
- Médecins Sans Vacances
- Handicap International
- Gent University
- Cure International
- Community Based Rehabilitation International

“feet”. The staff of HVP/GORH includes 4 doctors, 9 nurses, 47 paramedical and 25 administrative staff. It is a specialized hospital and serves as well the population in neighboring Rwanda.

HVP/GORH receives annually more than 4000 patients with disabilities; including more than 300 children with disabilities given a residential status in HVP Gatagara Nyanza to receive health care and education (stay for several years). Services offered at HVP/GORH are reception,

hospitalization unit (130 beds), Social service, Nutrition, Orthopedic surgery (operatory room, included Sterilization unit, laundry unit...), anesthesia, laboratory, radiology, physiotherapy service, orthopedic workshop, pharmacy, clinical psychology, occupational therapy(5).

The Prosthetics and Orthotics department is one of the medical services at HVP Gatagara Orthopedics and Rehabilitation Hospital which plays a huge role in rehabilitation medicine. It works hand in hand with other medical services targeting to improve the persons’ life who may profit from prostheses, orthoses, mobility, and assistive devices. Prostheses and orthoses are devices used by

patients with different kinds of diagnoses to modify or replace a whole part or deficient limb segment.

To fulfill its duties, the prosthetics and orthotics department counts a number of twelve experienced staff (Five Prosthetist and Orthotist A1, and Seven Bench workers Male). In the overall year, 1619 orthopedic devices were delivered to the clients. The figure 1 below shows the number of orthopedic devices delivered in the overall years.

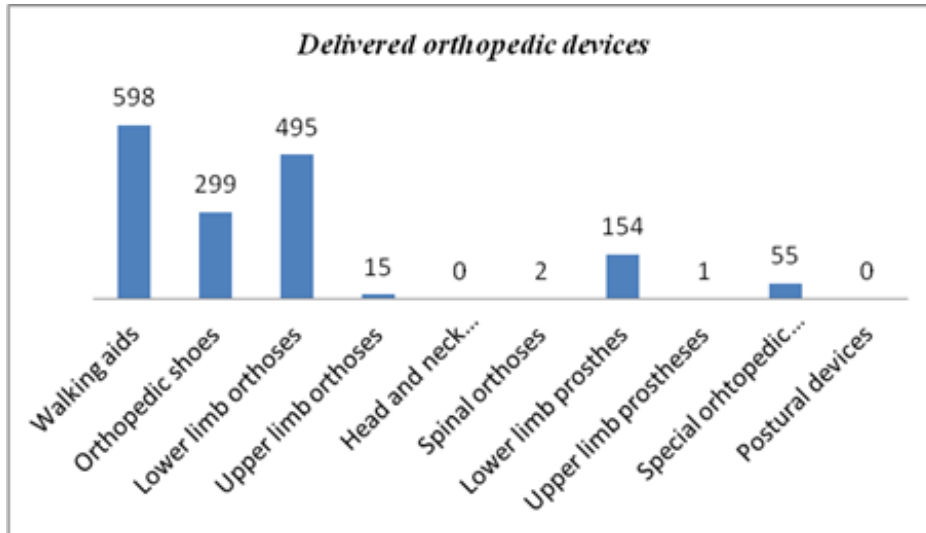


Figure 1 Delivered orthopedic devices

Even though HVP/GORH has a huge experience in orthopedic care, there is no scientific study on patients' satisfaction that has been done. Only the unpublished reports are found in archives of the hospital. This can hinder the performance and development of Gatagara Hospital as health systems are developing worldwide. As patients are the key stakeholders of any hospital, it is very important to pay attention to their health care services offered to them in order to help a hospital make any improvement.

1.2. Problem statement

There is poor service satisfaction of patients in the prosthetics and orthotics department of Gatagara Hospital.

1.3. Objective of the study

The aim of this project was to improve the level of satisfaction of patients with service in prosthetics and orthotics department of Gatagara Hospital from 1.93 mean score to 4 from February to May 2019.

1.4. Hypothesis

H₁: Training of P&O department staff on communication skills will improve the satisfaction of patients with the service delivered in the P&O department.

H₀: Training of P&O department staff on effective communication skills will not improve the satisfaction of patients with the service delivered in the P&O department.

1.5. Justification of the project

The best source recipients to have information on how a hospital organization is operating in terms of communication and education are the patients. They possess information from which one can realize whether they are treated with respect and dignity(6). The experiences of patients frequently disclose how the hospital or any health organization is functioning and can arouse insights to balance the breach between the care given and the one that has to be provided(7). The present project was conducted to establish the causes of low satisfaction of patients with the service and in order to design and implement an intervention to increase patients' satisfaction in the prosthetics and orthotics facility of Gatagara Hospital. The success of this project served as a contribution and experience for other health care institutions with a similar problem.

1.6. Organization of the report

This study is composed of six chapters. The first one is composed of the background which introduces Gatagara Hospital, problem statement, objective, hypotheses, and justification of the study. The second chapter focuses on the literature review where it gives details on related theme and includes discoveries from other related researches.

The third chapter shows the approach which deals with the study design, root cause analysis sample size, sampling techniques, data collection methods and identification of root cause analysis, monitoring and evaluation of indicators, the selection of intervention is also described. The methods of evaluating the effectiveness of the intervention, data analysis procedure, and ethical considerations are also included in this chapter.

The fourth chapter deals with the results on implementation and presents the comparison of patients' satisfaction with services pre and post-training on quality service delivery in the department of P&O in the hospital during pre and post-intervention.

The fifth chapter includes a discussion of the results. It presents also the challenges, limitations identified during implementation while chapter six provides a conclusion and proposes the way forward for future researchers.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

The literature review comprised the concept of patient satisfaction, the benefits of prosthetics and orthotics patients, factors associated to patients' satisfaction and the effects of communication skills training on healthcare providers' performance and patients' satisfaction

2.2. Patients satisfaction

Patient satisfaction is considered as a complex concept known as an essential component of health care. The study conducted on the measurement of satisfaction with healthcare in the United Kingdom showed that even though more efforts have been invested to elaborate and systematized patient reported outcome measures to assess a satisfaction with services related to rehabilitation, similar efforts in prosthetics and orthotics are rare(8). The same study showed that having measurements of satisfaction in prosthetics and orthotics facility may be a difficult task since patients' satisfaction has resulted from their experiences based on the services and the devices delivered(8).

According to Susie Linder-Pelz in her analysis of the literature on patient satisfaction, patient satisfaction is defined as "...positive evaluations of distinct dimensions of health care. (The care being evaluated might be a single clinic visit, treatment throughout an illness episode, a particular health care setting or plan, or the health care system in general.)". To this effect, Linder-Pelz suggested that patient satisfaction has to be comprehended in a situation where a variety of components may be more or less meaningful to the patient(9).

Linder-Pelz continues by mentioning ten elements from which the definition of satisfaction has to be based. These elements include accessibility/convenience, availability of resources, continuity of care, efficacy/outcomes of care, finances, humaneness, information gathering, information giving, pleasantness of surroundings and quality/competence. A sound designed patient satisfaction questionnaire will reflect the above concepts as it relates to the total patient experience(10).

2.3. Prosthetics and orthotics facility

Prosthetics is among other specialties in the sector of medical and health care aimed at researching, developing, designing, manufacturing, and applying prostheses while orthotics is specialized in orthoses. The two specialties often use the same steps in delivering service, the same tools, and equipment. However, their methods of working are often promoted, practices and taught together.

According to World Health Organisation “Prosthetics and orthotics” are together explained as the umbrella term for the science, technology, education, and application of prostheses and orthoses(11). Orthopedic devices help the users to restore some abilities that have been lost by supporting, assisting, strengthening and replacing missed limbs. Hence, patients start to be independent and be integrated into some daily living activities that they were unable to perform before getting orthopedic devices.

2.4. Benefits of prostheses and orthoses on patients

World Health Organisation considers beneficial as the appropriate supply of assistive devices since they strengthen the capacity of human being and be helpful in empowering people with disabilities to be active in their respective families(11).

World Health Organisation continues to show that assistive devices play an important role for physically impaired people with their tremendous contribution to barriers elimination and help physically handicapped people to be integrated into society and offer them equivalent chances like their counterparts. It has been revealed that prosthetics and orthotics services help the users to make considerable financial profits, enable them to support their families in particular and their communities and the society at large. For instance, the users may be more independent and work to gain an income whereas for the families and communities may reduce a lot of care and assistance that they may concentrate on the users. For the society or a country, once the physical impaired people get walking devices, their health care and welfare costs are reduced. These advantages are most perceptible in low-income populations, where prosthetics and orthotics are able to assist people in poverty reduction (11)

2.5. Factors affecting patients’ satisfaction with P&O services

The superior quality of the care may be enforced in higher satisfaction with the prosthesis and orthosis. Therefore, superiority of care implies the accurate of fabricating of the prosthesis, along with the use of cosmetic aspects and its comfort; the users’ quality of service given to them, for instance the orienting user’ approach, the provision and waiting time; and finally the looking of the P&O department, parking spaces, its equipment and confidentiality(6,8). In addition, the specific satisfaction with assistive devices is regularly appraised; nevertheless, most time, the satisfaction with service offered in a prosthesis and orthosis is rarely evaluated. Patient care satisfaction is a common treatment goal in all areas of medicine. The satisfaction of patients depends on a multiplicity of factors. A strong clinical correlation between health care providers and patients founded on effective interpersonal communication skills is vital. It was revealed that the main factor

of dissatisfaction with psoriasis treatment was insufficient communication between patients and service care providers (13). Another study that was conducted in primary care out hours in Denmark showed a strong association of low patient satisfaction with unacceptable waiting time(14).

Other studies carried out in different countries showed that satisfaction with assistive devices was related to the discomfort felt by the users. In Vietnam, for example, studies revealed that the number varying from 2% to 10% of users were uncomfortable with prosthesis provided by the International Committee of Red Cross with its polypropylene technology while the studies carried out in Cambodian represented 3% of patients and 28% in El Salvador both experienced pain when using ICRC polypropylene prosthesis(6,15). These studies report the level of pain (34%–40%) which is higher in relation to the use of assistive devices manufactured by the ICRC technology as found in earlier (16). The reason for this is that the assistive devices provided required repairs or replacing them. In addition, the studies conducted in Vietnam reported that one-quarter of the devices provided with patients requested to be repaired while only seven percent were in need of the new devices (17). The factor that contributed to this was that the patient respondents participated in the study approximately two months after service (17), whereas, in the other studies, the time was longer since receiving the service.

A study conducted in Haiti (20) showed similar results showed the quite satisfaction of patients with prosthetics and orthotics services. However, studies carried out in Iran(18), the Netherlands(19) and the United States show equal or less satisfaction in comparison to participants in the above-mentioned studies Even though the instrument used to measure satisfaction was different, participants in Sierra Leone and Malawi respectively reported numerous problems with their devices. Participants in Sierra Leone indicated less satisfaction than patients in Malawi. As cosmesis of the prosthesis were concerned patients in Haiti and Iran were less satisfied.

2.6. Effect of Communication Skills Training on Healthcare Providers' Performance

Numerous studies conducted in different health institutions showed positive effects of communication skills training on health care provider performance. For instance, the study carried out in an acute care hospital in the Houston Medical Center showed that the accurate communication is one of the essential characteristics of health care(22). In this regard, effective communication plays a vital role in improving health services as far as patient satisfaction is concerned. In addition, the same study conducted at the Houston Medical Center showed that lack of effective communication is the basis of errors that occur in health care administration especially the compliance of patients to treatment(22).

Furthermore, effective skills in communication are adaptation skills modulating job stress. The study conducted at inpatient departments of both hematology and oncology units of pediatric hospitals in Egypt communication skills are helpful for people to express themselves in order to fulfill their objectives in interpersonal relationship(23). They are important for nurses although they help them safeguard effective and sensitive relationship with patients and other health professionals.

The same study conducted in Houston Medical Center indicated that the training in communication skills caused an increase in the communication skills rate. It has been shown that the medical staff who get this training are more satisfied with their job and handle well patients issues as they enhance their communication skills. This is due to the fact that training in communication skills has been found to be important component in improving patient outcomes and skill acquisition(22).

Moreover, the study conducted at the pediatric hospitals in Egypt revealed that effective communication skills are essential to express the news of their illness, attain approval from patients for different measures and tests, and in general, to help them manage with what they are going through(23). Another study indicated that communication skills program improves communication behavior in health care providers to some extent. In addition, it is the best way to uplift the disclosure of essential information; this involves the utilization of open directive questions, focusing on and illustrative emotional aspects, using empathic statements, summarizing and making skilled guesses(24).

2.7. Effect of Communication Skills Training of Health Providers on Patients' Satisfaction

Numerous studies on the effect of communication skills training of health care providers on patients satisfaction showed positive results. For instance, the study conducted in the teaching hospital of Shiraz University of Medical Sciences in Iran on effective interpersonal and communication skills between health care providers and patients showed that interpersonal and communication skills were the key players to promote patients' satisfaction, acceptance and overall health outcome(24). This is due to the fact that the quality of service that can be provided to the patients could be limited with ineffective communication(22).

The study conducted at Debre Markos Hospital in Ethiopia showed that patients made the impression of health care providers on how they communicated and related with them, and the impression they passed to patients will influence their satisfaction and hence their healthcare output(25). Another study carried out on the effect of communication skills training on quality of nursing care in patients in Teaching Hospitals of Shiraz University of Medical Sciences in Iran showed that the mean scores for the total quality health care in the training of communication skills

group were significantly higher after the intervention(24). In addition, in the review of literature on the effect of communication skills training on patients' satisfaction, most studied revealed that the patients were found to be more satisfied under the care of trained nurses compared to those that served with untrained nurses(26). This implies that the implementation of communication skills training courses for nurses leads to improved patients' satisfaction.

2.8. Conclusion

It was seen that patient satisfaction is a complex concept to explain due to its multidimensionality. Some of the studies that were conducted were based on service delivery and quality of devices. Factors affecting patients' satisfaction were as well tackled in this literature review. Various studies showed different factors associated with patient satisfaction.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Study Design

The study design is defined as the drawing for fulfilling research objectives and answering hypotheses(27). In addition, it refers to the strategy that a researcher adopts to integrate the various elements of the study in a comprehensive and logical manner to ensure that the research problem is exhaustively addressed.

The study was conducted using pre and post-intervention research design to assess the effect of the intervention which was the communication skills training of the P&O staff on patients' satisfaction with service in the P&O department of Gatagara Hospital. During the pre-intervention period, the researcher conducted an assessment of patients' satisfaction in order to major the magnitude of the problem. The pre-intervention data served as the study baseline. Based on the pre-intervention assessment data, the root cause analysis conducted which led the choice of the type of intervention to be conducted. After the root cause analysis, the intervention was selected and then implemented in May 2019. In this regard, the planned activities in the Gantt chart were executed according to the schedule.

3.2 Identification of the problem

After conducting the senior hospital management meeting, various issues were discussed together with the heads of services of the hospital. In order to be focused and deepen the problem from a particular service, the orthopedic workshop was selected to conduct the study. The orthopedic workshop was purposefully selected among other services basing on the specialization of the hospital. This service was regarded as a core service that needed particular attention compared to other services.

Hospital management meeting identified three problems such as low satisfaction of patients, long waiting time and low-quality health care providers as the most potential in which hinders quality service delivery in their service. Then the hospital management meeting prioritized patient satisfaction problems to be analyzed. Even though the hospital management meeting pointed out the low patient satisfaction, the researcher did not have the assurance to confirm that the problem really exists. The researcher conducted a data collection from the patients using a questionnaire in order to confirm the problem basing on data-driven.

3.3. The magnitude of the Problem

The degree of patients' satisfaction was ranked using a modified SERVQUAL standard questionnaire(28) and adapted based on items of satisfaction as stated by Susie Linder-Pelz(9). In this questionnaire, patients were assessed on a 4-point Likert scale. This standard questionnaire was

used as well in the North of Netherlands to evaluate consumer satisfaction with the service of the prosthetics and orthotics facilities and it is mostly used by American Board for certification in orthotics, prosthetics and orthopedic when assessing patients' satisfaction in P&O department. The questionnaire consisted of 20 items on patients' satisfaction with service. Respondents were invited to rate their satisfaction.

The selection criteria were that the participants were at least eighteen years old and they are normally using prosthetic and orthotic service offered at Gatagara Hospital. A total of 50 patients including 17 females (34%) and 33 males (66%) were selected by the use of convenience sampling technique completed questionnaire for evaluation of their satisfaction with service. The English version of the instrument used in this study was translated into Kinyarwanda by the researcher and validated by the assistance of two bilingual both with experience as Kinyarwanda and English Lecturers at the University of Rwanda, College of Education. The instrument was evaluated for their clarity, grammatical and meaning equivalence. The feedback from these experts was incorporated in the process of revising and modifying the translated version of the instrument.

3.3.1. Analysis of Patients' satisfaction with service

The mean and standard deviations were used to evaluate the satisfaction of patients with service. In this regard, the following range of mean was used with the corresponding interpretation(29).

Table 1: Likert Mean Range and Interpretation

Mean range	Response mode	Interpretation	Percentage
3.26-4.00	Strongly Agree	Very high satisfaction	81.5%-100%
2.51-3.25	Agree	High satisfaction	62.75%-81.25%
1.76-2.50	Disagree	Low satisfaction	44%-62.5%
1.00-1.75	Strongly Disagree	Very low satisfaction	25%-43.75%

Source: Adapted from Rensis (1932) and Amin (2005)

In addition, a one-way t-test was utilized to find out the significant difference between means for patients' satisfaction during pre and post-intervention at 0.05 level of significance.

Items on Patient satisfaction with service	Mean	Std. Deviation	Interpretation	Mean Rank
I am informed of my payment responsibility upon my first visit	3.19	.57	High satisfaction	1
Appointment is scheduled in reasonable amount of time	3.12	.23	High satisfaction	2
The prosthetic and orthotic installation features a well-appointed waiting-room	2.64	.49	High satisfaction	3
The prosthetic and orthotic installation delivers as agreed	2.53	.47	High satisfaction	4
The prothesist, orthotist and orthopaedic shoe staff give me the feeling that I am always welcome	2.16	.43	High satisfaction	5
The prosthetic and orthotic installation offers enough parking space	2.11	.49	High satisfaction	6
The prothesist, orthotist and orthopaedic shoe technician gives me advice on the use and maintenance of the device	2.08	.52	Low satisfaction	7
I am frequently given an explanation of the requirement of the treatment	2.07	.50	Low satisfaction	8
The prothesist, orthotist and orthopaedic shoe technician is always willing to see me at short notice	2.02	.36	Low satisfaction	9
My consent is always sought prior to treatment	1.77	.44	Low satisfaction	10
The prosthetic and orthotic installation, staff seriously consider my questions and remarks	1.69	.62	Low satisfaction	11
At the prosthetic and orthotic installation there is a display in the hall giving information on its products and services	1.69	.48	Low satisfaction	12
A reason is explained to me when seen in delayed time	1.68	.51	Low satisfaction	13
The prothesist, orthotist and orthopaedic shoe technician respects my wishes concerning the appearance of the device	1.67	.52	Low satisfaction	14
Patient right protocols are available in the service	1.62	.56	Low satisfaction	15
The prosthetic and orthotic installation is accessible by means of public transport	1.6	.51	Very low satisfaction	16
Prosthetic and orthotic installation is easy to reach by telephone	1.26	.38	Very low satisfaction	17
The fitting rooms and the training space offer good privacy and comfortable	1.24	.39	Very low satisfaction	18
I am treated with respect by the orthopedic technicians	1.22	.69	Very low satisfaction	19
I am acknowledged when I enter into orthopedic service	1.2	.45	Very low satisfaction	20
Average mean	1.93	.48	Low satisfaction	

Table 2: Satisfaction of Patients with service before intervention (N=50)

The table above shows that means indicate that the items ranked from 1 to 4 are perceived to be high satisfaction with the mean ranging between 2.51 to 3.25 on the Likert scale mean ranges of interpretation. The items from 5 to 10 were perceived as low satisfaction on the Likert scale with means ranging between 1.76 and 2.50. The items 11 to 20 proved to be very low and the are mean

were between 1.00 and 1.75 on the Likert scale mean ranges of interpretation. The overall computed mean to ascertain the level of patients' satisfaction with service delivery was 1.93 which is, in turn, fall under low satisfaction as it is ranged between 1.76 and 2.50 on the Likert scale mean ranges of interpretation. All in all, the level of patients' satisfaction with the service delivery in the P&O department of Gatagara Hospital was low as indicated by the overall mean computed which is 1.93 which is ranged between 1.76 and 2.50 the Likert scale mean ranges of interpretation.

3.4. Root Cause Analysis

After getting feedback from the patient respondents, a meeting with the orthopedic staff and hospital management committee were organized to discuss the results of the questionnaire and point out possible causes of low patient satisfaction. Items were broken down and key concepts were put on fishbone in four categories that included people, environment, policy, and equipment. 20 items that represented root causes were projected and presented on the wall using the projector so that everyone could see clearly the root causes and have the discussion.

During the discussion, brainstorming was carried out to identify all causes pertaining to patients' satisfaction in prosthetics and orthotics department. The highlighted root causes included all 20 items stated in the self-administered questionnaire from which the researcher tried to summarize in order to fit in the fishbone. After gathering all possible root causes, the researcher went on collecting the relevant data for verification and testing. Root causes were accepted or rejected based on the means. Then decisions were taken basing on the achievability and feasibility of the root causes.

Fishbone indicating the possible root causes from the respondents and discussed with P&O workshop staff

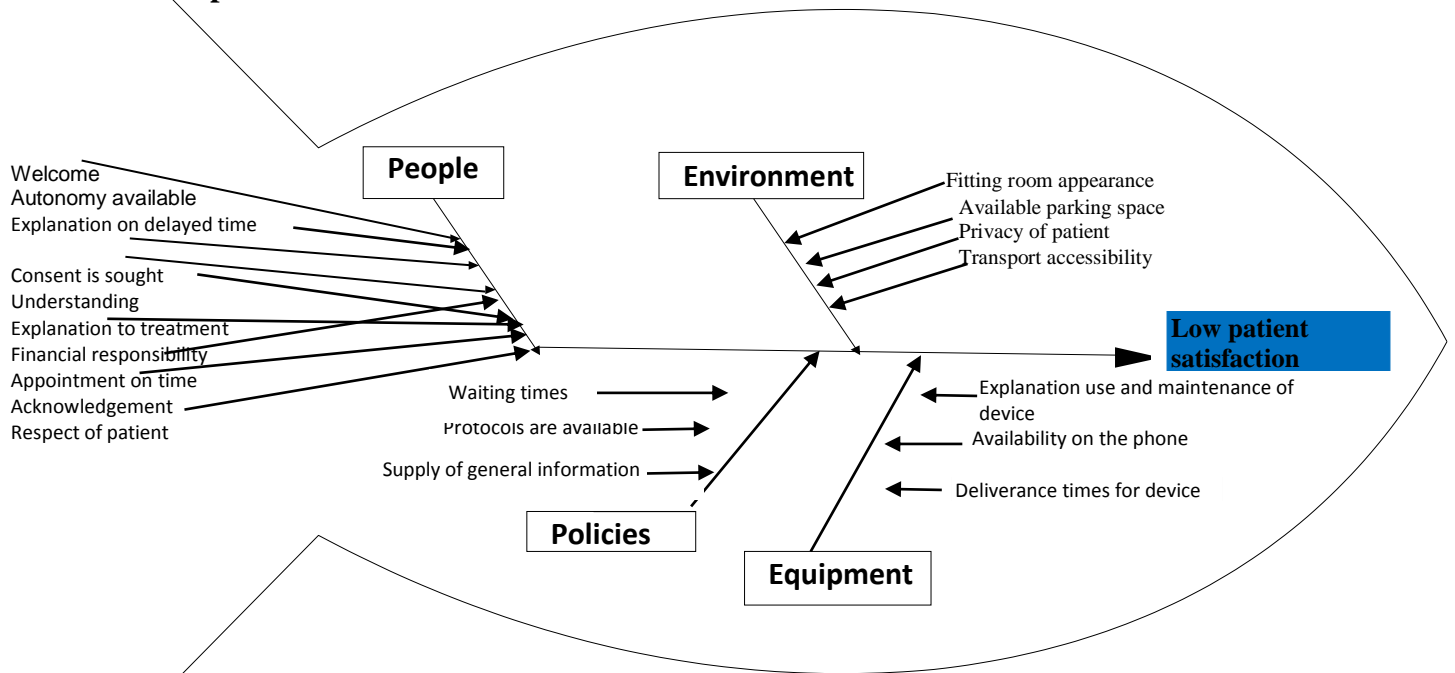


Figure 2 Fishbone indicating the possible root causes from the respondents

3.4.1. Verification and Testing of Root Causes

As indicated in the root cause analysis section, items constituted the questionnaire were broken down and put into the table for verification. The testing of broken-down items was tested using the work of Amin(29). This has helped the researcher in decision making whether to accept or reject the different root causes.

Table 2 Verification of possible causes

Possible Causes	Mean	Accept/Reject
Welcome	2.16	Reject
autonomy available	1.67	Accept
Explanation on a delayed time	1.68	Accept
Supply of general information	1.69	Accept
Explanation use and maintenance of device	2.08	Accept
Explanation about treatment	2.07	Accept
Understanding	1.69	Accept
Deliverance times for device	2.53	Reject
Waiting times	1.69	Accept

Financial responsibility	3.19	Reject
Appointment on time	3.12	Reject
Consent is sought	1.77	Accept
Respect of patient	1.22	Accept
Protocols are available	1.62	Accept
Waiting room appearance	2.64	Reject
Available parking space	2.11	Accept
Privacy of patient	1.24	Accept
Public transport accessibility	1.6	Accept
Acknowledgment	1.2	Accept
Attainableness by phone	1.26	Accept

3.4.1.1 The prosthetic and orthotic department is easily accessible by public transport

Public transport accessibility was seen as the root cause of low patient satisfaction but it is beyond the capacity of the hospital since it involved road rehabilitation. Advocacy and lobbying should be done through the local authorities to get funds for rehabilitation.

3.4.1.2 The fitting rooms and the training space offer good privacy and comfortable

The privacy of the patient was again another cause that involved the renovation of the fitting room, which is not beyond the capacity of the hospital, but depending on a short period of our study, this intervention could not be implemented due to lack of funds. Renovation of the fitting room was not budgeted and therefore it was rejected.

3.4.1.3 The prosthetist, orthotist and orthopedic shoe technician is most of the time willing to see me at any time

The feedback from the respondents showed a mean of 2.02(50.5%) which represented low satisfaction. The staff in prosthetics and orthotics did not show empathy towards clients. This service was taken as a serious issue to be addressed in order to increase patients' satisfaction and this was maintained.

3.4.1.4 The prosthetist and orthotist staff seriously consider my questions and remarks

The feedback from the respondents showed a mean of 1.69 (42.25%) which represented low satisfaction. The staffs in the prosthetist/ orthotist were somehow careless about the remarks of patients. Their attention and understanding of patients' issues were neglected. This service was as well taken as the most important root cause to be addressed in order to increase patient satisfaction of patients.

3.4.1.5 P&O department presents a display in the waiting room offering information on its products and services

By the fact that the P&O department did not supply enough information on their products, patients did not have enough information on the quality and use of products neither did they not have full information on how this department operates. However, this service resulted in low patients satisfaction. The real root causes of low patients' satisfaction were attainability/accessibility and fitting room. But, the researcher did not suggest these roots cause the hospital management committed to being the first issue to be addressed. This was because they were beyond the capacity of the researcher as well as the hospital management.

3.5. Final Root Cause Analysis

Based on results on data collected from the patients together with the hospital management committee; lack of supply of information, acknowledgment, consent, and respect of patients were considered as the final root causes of low patients' satisfaction in the prosthetist/ orthotist department.

3.6. Interventions

After identifying the root cause, the hospital management together with the researcher suggested the following interventions;

3.6.1 Establish a training program on effective communication of the Prosthetics and orthotics staff

During the implementation of this intervention, some tasks such as availability of trainer, materials/syllabus to be used for training, hiring of appropriate room to conduct training were carried out. It was an important solution since it included the handout (training manual) on patients' management availed to participants. The prosthetist/ orthotist staff was trained on effective communication between clinical staff and patients. The training also focused on maintaining good relationships, empathy, and respect between prosthetist/ orthotist staff and patients. It is assumed that when the patients are understood and empathized that their satisfaction is increased. This strategy seems not to cost too much and it did not exceed the time for the research.

3.6.2 Establish information management policy and procedures

Under this intervention, some tasks were needed to carry it out including a committee to work on policies and procedures, a staff/person in charge of information, didactic materials/posters, banners, leaflets, and flyers. This strategy helped display photos of the products and different services offered in the P&O department. Then patients could either see or read all information from the P&O department. This solution could cost a bit but very important.

3.6.3 Install the television screen/video in the prosthetics and orthotics department

This solution involved the availability of screen, specific programs on customer care (DVD, Flash disk and other), accessories of the screen and television. This intervention helped patients watch information on the provision of services in the orthopedic workshops while waiting for services. It was useful as well for prosthetic and orthotic staff when looking for different methods of caring for patients. This strategy was useful since it was used as well in other various health facilities but it could be costly and needed regular maintenance.

3.6.4 Initiate internal regular meetings program amongst P&O staff

Internal meetings were the best strategy as well because it involved the staff in prosthetics and the orthotics department in discussion regarding the issues that hinder the progress of service delivery. Reports could be made as a way of communication to search for help from a high hierarchy in the hospital. It is through the organized meetings that the issue of empathy and respect towards patients can be discussed and find out the better way to supply information for the use of patients. The needed actions included scheduling of meeting time either daily or weekly, topic to be discussed, scheduling persons(head of the department, customer care, HR, DG, QI) to chair the meeting and reporting. This strategy was not taken since all departments are supposed to hold regular meetings.

3.7 Comparative analysis

The four interventions were compared and analyzed using four criteria such as impact, time, cost and feasibility. During the meeting with the hospital management committee and all the staff in the P&O department, the researcher clearly explained the importance of each criterion. Then everyone in the meeting had an idea on how to rank each intervention basing on four criteria. However, each one was given a sheet of paper to rank each intervention in a vertical way according to his/her view and intuition. The researcher collected all sheets of papers and made an average on each intervention for every criterion. Every average was put in the table under each criterion according to the intervention. The intervention that scored high points compared to other interventions was chosen as the best solution.

Table 3 Proposed intervention

Solutions	Impact(very	Cost	Time	Feasibility	Total
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	high:5, very low:1	1-2m 2-3m	2- 3weeks 3- 4weeks	Means or resources, acceptance	
Initiate internal meetings program amongst prosthetics and orthotics staff	4	3	4	3	14
Establish information management policy and procedures	3	4	3	2	12
Install the screen/video in the prosthetics and orthotics department	3	2	3	2	10
Establish a training program on communication skills of the Prosthetics and orthotics staff	5	4	4	4	17

3.8. Intervention strategies ranking

Establish a training program on the communication skills of the prosthetics and orthotics staff was found to be the best solution which can bring a considerable impact on patients' satisfaction. The prosthesis and orthosis communication skills training could not take as well a long time. It could enhance the relationship between clinical staff and patients. The hospital management and researcher adopted this intervention as the best among others.

Establish information management policy and procedures was also suggested as one of the solutions but the feasibility of it was not effective. It can necessitate some expertise.

Install the television screen in the prosthetics and orthotics department was proposed as a solution but when it came to the criterion of cost and feasibility it was rejected. The technician is needed to install this television screen. It has to be bought and be connected as well as television. Procurement procedures and budgets can limit its implementation in the short term.

The researcher, hospital management and prosthetics and orthotics staff realized that establishing a training program on effective communication of the prosthetics and orthotics staff was to be the best strategy since it has scored high points compared to other interventions. This strategy brought much impact. It did not involve a lot of resources in terms of money or time and it is feasible.

3.9. Selection of final solution

Establish a training program on communication skills of the Prosthetics and Orthotics staff was chosen as the best strategy since it weighed a high score compared to other interventions in terms of effectiveness, financial cost, time frame, and feasibility. It can be effective and efficient in handling the issue of lack of empathy, respect, and supply of information in the orthopedic workshops.

3.10. Implementation plan with Gantt's chart

Table 4 Implementation plan with Gantt's chart

Tasks	Responsible	10/05	13/05	14/05	15/05	16/05
Inviting key persons to conduct the training	DG					
Informing participants (P&O staff) about training	Head of P&O					
Booking for training room	Adm Assist					
Preparation of topics for training and organization of training	HR, Head of P&O, Customer care, QI,					
Avail training manual	Adm Assist					
Avail materials to take notes	Accountant, Logistic officer					
Open discussions and sharing outputs on training	All participants					
Reporting	Head of P&O					
Disseminate key concepts	Head of P&O					

3.11. Monitoring and Evaluation indicators

Table 5: Process and Outcome Indicators, Responsible Person, How and When Activity was done

Indicator	Definition	Person	How	When
Process				
The number of training planned	Frequency of the training held	Researcher, P&O staff, QI, HR, Customer care, Head of P&O, researcher	Attendance list	May 2019
The number of topics planed	Number of topics covered	Researcher, QI, HR, Customer care, Head of P&O,	Syllabus, agenda	May 2019
The number of staff attended training	Number of staff attended the training in different topics	Researcher, P&O staff, QI, HR, Customer care, Head of P&O,	Attendance list	May 2019
Outcome				
Improved patients' satisfaction with service in P&O department	Mean of P&O on the importance of effective communication	Researcher, P&O staff, QI, HR, Customer care, Head of P&O,	Patients 'views/feelings	May 2019

3.12. Indicators achieved

Table 6 Demonstration of indicators achieved

Indicator	Definition	Person	How	When
Process				
Number didactic materials/posters, banners, leaflet, and flyers posted	10 posters; 4 banners; leaflet are posted	Researcher, P&O staff, QI, HR, Customer care, Head of P&O,	Posters	May 2019
Number of staff trained	12 staff trained, HR and Customer care, QI, DG)	Researcher and administration	Attendance list	May 2019
Outcome indicator				
Improved patients' satisfaction with the service at the P&O department in Gatagara Hospital from 1.93 to 3.23 patients' satisfaction mean score.				

Data were collected on outcome indicators using questionnaires to assess patients' satisfaction with service delivery. These provide information on its improvement as it was prior done to define the baseline for the magnitude of the problem. To achieve this, 50 patients were asked to show their level of agreement or disagreement on items on satisfaction with service. The satisfaction mean scores obtained was compared to the mean satisfaction scores obtained before the intervention.

3.13. Implementation of Training Program

The training program was prepared by the researcher based on the review of the current literature described in this study. It includes the importance of therapeutic and empathetic skills in interacting with patients, expressing empathy and building relationships, dealing with uncertainty, anger, and giving bad news. Body language, principles for giving effective feedback and facilitating and blocking behaviors areas included.

The training program was implemented in three sessions and covered a period of one week from 10 to 16 May 2019, and was conducted in the morning and afternoon. Each session took about 25 to 30 minutes.

The first session was carried out during the assessment phase. During the first session, the researcher explained the aim of the study, meeting time. This session focused on building professional relationships with P&O staff. It also aimed to identify and understand the training program and its objectives and exploration of positive and negative communication behavior.

The second session focused on principles of communication with patients, establish an empathetic relationship with patients, facilitating and blocking communication behavior. The third session concerned with strategies for handling difficult communication situations such as communication with angry behavior, uncertainty and giving bad news.

Various methods were used to deliver training. These include all group discussions, brainstorming, group reports, roleplaying, questions, and answers. The use of these methods made the training participative as patients had the opportunity to share their previous knowledge and ideas on communication skills. In addition, trained personnel were given some relevant materials as well as reference books to enable them to continue learning on effective communication with patients.

3.14. Retention of knowledge and skills

It is very necessary to ensure knowledge and skills retention captured in the training aiming at maintenance of sustainability of the project. Therefore it is advised to implement various strategies to encourage sharing knowledge. The hospital should reinforce the implementation of rewards and recognition structures to stimulate the staff to share their knowledge and skills. There should be an effective relationship between the superior and the staff, knowledge should be transferred both sides up and down. Job rotation, mentoring and discussions among employees should be encouraged. The retirees had to be brought back in various capacities in order to transfer their knowledge and skills to the current recruited employees(30).

The management of the hospital is advised to integrate the monitoring, refresher course and evaluation strategic plan in order to ensure that the staff is up to date with service improvement projects within Gatagara hospital.

3.15. Data Analysis Procedure

After collection of data, data was edited and then entered into the computer using SPSS version 16.0. Descriptive statistics such as mean and standard deviation were used to analyze data. To test the hypothesis, an independent t-test was used with a 0.05 level of significance. In addition, data were presented using tables.

3.16. Ethical Consideration

During the conduct of this project research, the following was observed. The researcher obtained ethical clearance from the College of Medicine and Health Sciences-Institution Review Board, as

well as permission from the management of Gatagara Hospital and the consent of respondents which granted him to conduct research. In addition, the autonomy of the patients was respected and granted with a right to withdrawal in the study at any time. Furthermore, Confidentiality was maintained by excluding the name of patient respondents from questionnaires. Finally, all collected data was kept in a secure place to which only the researcher was having access.

3.17. Delimitation of the study

The delimitations for this study consisted of the pre-intervention and post-intervention periods and sample selection(31). The pre-intervention period for the collection of patients' satisfaction mean scores were the three months prior to the implementation of the communication skills training program, and post-intervention period as the three months after implementation. The other delimitation was to survey only the inpatients discharged during the study period, and limiting the study only to the P&O department in Gatagara Hospital in the Southern Province of Rwanda.

3.17. The strengths of the study

All active P&O staff participated in the study. In addition, the use of group discussions, role-plays, participatory games, group works, plenary presentations, short presentations, questions and answers and brainstorming sessions as training methods during the training process was also a positive development since such methods are active and focus on the individual differences. In addition, at the end of the training session, participants were provided with photocopies of some relevant material as well as useful reference books and literature that will enable the P&O staff to continue to learn on the communication skills. The sample of patients showed as well the strengths of the study.

CHAPTER FOUR: RESULTS OF INTERVENTION

4.1. Introduction

This study aimed at improving patients' satisfaction with service in the P&O department in Gatagara Hospital. To achieve this, the post-intervention was implemented with the Gantt chart and the patients' satisfaction with service after the intervention was analyzed and then compared with the patients' satisfaction before the intervention. The study used the following mean ranges to arrive at the mean of the individual indicators and interpretation in which the mean ranging between 3.26 and 4.00 shows very high satisfaction, 2.51-3.25 shows high satisfaction, 1.76-2.50 shows low satisfaction and between 1.00-1.75 shows very low satisfaction as suggested by Amin(29). In addition, to find out the mean difference between the overall mean before and after the intervention, the research hypothesis was tested using an independent sample t-test.

To assess the level of patients' satisfaction with the service delivery in the department of P&O in Gatagara Hospital after the intervention, patient respondents were asked to give their opinions by scoring on items depicted in table 8.

Means and standard deviations were computed from their scores and items were ranked in order of strength from the highest to the lowest as indicated in table 8. From the findings in table 8, the means indicate that the items ranked from 1 to 4 are perceived to be very high with the mean ranging between 3.26 to 4.00 on the Likert scale mean ranges of interpretation. The indicators from 5 to 17 were perceived as high on the Likert scale with means ranging between 2.51 and 3.25. The items 18 and 19 proved to be low and their mean was between 1.76 and 2.25 on the Likert scale mean ranges of interpretation. The average computed mean to ascertain the level of patients' satisfaction with service delivery was 3.23 which is, in turn, fall under high satisfaction as it is ranged between 2.51 and 3.25 on the Likert scale mean ranges of interpretation. The overall mean computed to ascertain the level of patients' satisfaction with service in the P&O department in Gatagara Hospital after the intervention was 3.21 which indicates high satisfaction as it is ranged between 2.51 and 3.25 on the Likert scale mean ranges of interpretation.

Table 8 Patients' satisfaction with service delivery during post-intervention

Items on Patient satisfaction with service	Mean	Std. Deviation	Interpretation	Mean Rank
I am informed of my payment responsibility upon my first visit	3.94	.44	Very high satisfaction	1
Appointment is scheduled in reasonable amount of time	3.87	.43	Very high satisfaction	2
The prosthetic and orthotic installation features a well-appointed waiting-room	3.79	.40	Very high satisfaction	3
The prosthetic and orthotic installation delivers as agreed	3.76	.36	Very high satisfaction	4
The prothesist, orthotist, orthopedic shoe facility staff give me the feeling that I am always welcome	3.66	.40	High satisfaction	5
Prosthetic and orthotic installation technicians are easy to reach by telephone	3.53	.48	High satisfaction	6
The prothesist, orthotist, orthopedic shoe technician gives me clear advice on the use and maintenance of the device	3.48	.53	High satisfaction	7
I am always given an explanation of what treatment is required	3.42	.54	High satisfaction	8
The prothesist, orthotist, orthopedic shoe technician is always willing to see me at short notice	3.37	.36	High satisfaction	9
My consent is always sought prior to treatment	3.28	.30	High satisfaction	10
The prosthetic and orthotic installation staff take my questions and remarks seriously	3.21	.32	High satisfaction	11
At the prosthetic and orthotic installation there is a display in the hall or waiting room giving information on its products and services	3.13	.65	High satisfaction	12
When seen in delayed time reason is explained to me	3.11	.63	High satisfaction	13
I am acknowledged when I enter into orthopedic service	3.09	.55	High satisfaction	14
The prothesist, orthotist and orthopedic shoe technician respects my wishes concerning the appearance of the device	2.99	.59	High satisfaction	15
I am treated with respect by the orthopedic technicians	2.84	.66	High satisfaction	16
Patient right protocols are available in the service	2.75	.71	High satisfaction	17
The prosthetic and orthotic installation is easy to reach by means of public transport	2.69	.52	Low satisfaction	18
The fitting rooms and the training space offer good privacy and comfortable	2.44	.43	Low satisfaction	19
The prosthetic and orthotic installation offers enough parking space	2.11	.41	Very low satisfaction	20
Average mean	3.23	.49	High satisfaction	

In order to find out whether the post-intervention had an effect on the improvement of patients' satisfaction, the mean scores obtained on each item of patient satisfaction with service before and after intervention were compared by computing mean gained. The findings are illustrated in table 9 below.

Table 9 :Comparison of means of patients' satisfaction between pre and post-intervention

Items on Patient satisfaction with service	Pre-intervention		Post-intervention		Difference	P-value
	Mean	SD	Mean	SD		
I am informed of my payment responsibility upon my first visit	3.19	.57	3.94	.44	0.75	.000
Appointment is scheduled in reasonable amount of time	3.12	.23	3.87	.43	0.75	.001
The prosthetic and orthotic installation features a well-appointed waiting-room	2.64	.49	3.79	.40	1.15	.048
The prosthetic and orthotic installation delivers as agreed	2.53	.47	3.76		1.23	.004
The prothesist, orthotist, orthopaedic shoe facility staff give me the feeling that I am always welcome	2.16	.43	3.76	.36	1.6	.001
The prosthetic and orthotic installation offers enough parking space	2.11	.49	2.11	.41	0	-
The prothesist, orthotist, orthopaedic shoe technician gives me clear advice on the use and maintenance of the device	2.08	.52	3.48	.53	1.4	.012
I am always given an explanation of what treatment is required	2.07	.50	3.42	.54	1.35	.041
The prothesist, orthotist, orthopaedic shoe technician is always willing to see me at short notice	2.02	.36	3.37	.36	1.35	.001
My consent is always sought prior to treatment	1.77	.44	3.28	.30	1.51	.000
The prosthetic and orthotic installation staff take my questions and remarks seriously	1.69	.62	3.21	.32	1.52	.013
At the prosthetic and orthotic installation there is a display in the hall or waiting room giving information on its products and services	1.69	.48	3.13	.65	1.44	.000
When seen in delayed time reason is explained to me	1.68	.51	3.11	.63	1.43	.000
The prothesist/orthotist/orthopaedic shoe technician respects my wishes concerning the appearance of the device	1.67	.52	2.99	.59	1.32	.001
Patient right protocols are available in the service	1.62	.56	2.75	.71	1.13	.000
The prosthetic and orthotic installation is easy to reach by means of public transport	1.6	.51	2.69	.52	1.09	.062
Prosthetic and orthotic installation technicians are easy to reach by telephone	1.26	.38	3.53	.48	2.27	.005
The fitting rooms and the training space offer good privacy and comfortable	1.24	.39	2.44	.43	1.2	.063
I am treated with respect by the orthopedic technicians	1.22	.69	2.84	.66	1.62	.000
I am acknowledged when I enter into orthopedic service	1.2	.45	3.09	.55	1.89	.000
Average mean	1.93		3.23		1.28	

According to the table 9, the mean scores of patients who were informed about their payment responsibility upon their first visit increased from 3.19 to 3.94 after the intervention. The change between pre and post-training was statistically significant with 0.75 (p-value=.001<.05).

The mean scores of patients realized that their appointment was scheduled in a reasonable amount of time increased from 3.12 to 3.87 after the intervention and the change was .75 which was statistically significant (p-value=.001<.05).

With regard to P&O facilities, it was realized that the mean scores of patients who saw them as well-appointed waiting rooms increased from 2.64 to 3.79 and the change was 1.15 which was

statistically significant ($p\text{-value}=.048 <.05$). In addition, the mean scores of patients who indicated that the P&O facility delivers as agreed during pre-intervention were 2.53 and 3.76 in post-intervention. The change between pre and post-training was statistically significant with 1.23 ($p\text{-value}=.001<.05$).

Results of this study showed that after the intervention, the mean scores of patients who indicated that the prosthetist/ orthotist/ orthopedic shoe facility staff gave them the feeling that they were always welcome changed from 2.16 to 3.76 and the change was 1.6 which was statistically significant ($p\text{-value}=.000<.05$).

Moreover, the results showed that the mean score of patients who saw that the P&O facility offered enough parking space was 2.11 before intervention and 2.11 after the intervention and had no difference.

Further, the mean scores of patients who indicated that prosthesis/orthotist/orthopaedic shoe technicians give them clear advice on the use and maintenance of the device were 2.08 before the intervention and 3.48 after the intervention. The change between pre and post-intervention was statistically significant with 1.4 ($p\text{-value}=.012<.05$).

Furthermore, the results indicated that the mean scores of patients who revealed that they were always given an explanation of what treatment was required were 2.07 before intervention and 3.42 after the intervention. The change between pre and post interventions was 1.35 which was statistically significant ($p\text{-value}=.041<.05$).

The results also show that the mean scores of patients who indicated that P&O facility technicians were easy to reach by telephone was 1.26 before the intervention and was 3.53 after the intervention. The change was 2.27 which was statistically significant ($p\text{-value}=.001<.05$).

Results in Table 8 also show that the mean scores of patients indicating that prosthesis/ orthotist/ orthopaedic shoe technicians were always willing to see them at short notice was 2.02 before the intervention and 3.37 after intervention with the change of 1.35 which was statistically significant ($p\text{-value}=.000<.05$). The results also show that the mean score of patients who indicated that their consent was always sought prior to treatment was 1.77 prior to treatment and 3.28 after treatment with a change of 1.51 which was statistically significant ($p\text{-value}=.013<.05$).

Further, the mean scores of patients who revealed that the P&O facility staff took their questions and remarks seriously were 1.69 before intervention and 3.21 after the intervention. The change was 1.52 which was statistically significant ($p\text{-value}=.000<.05$).

The results also show that the mean scores of patients indicating that at the P&O facility there was a display in the hall or waiting room giving information on its products and services was 1.69 before

the intervention and was 3.13 after the intervention. The change was 1.44 which was statistically significant ($p\text{-value}=.000<.05$).

In addition, the results show that the mean scores of patients who indicated that when seen in delayed time, the reason was explained to them was 1.68 before the intervention and was 3.11 after the intervention. The change was 1.43 which was statistically significant ($p\text{-value}=.000<.05$).

The results further indicated that the mean score of patients who indicated that the prothesist, orthotist, orthopaedic shoe technician respects their wishes concerning the appearance of the device was 1.67 before the intervention and was 2.99 after the intervention. The change was 1.32 which was statistically significant ($p\text{-value}=.001<.05$). In addition, the results show that the mean scores of patients who indicated that patient right protocols were available in the service was 1.62 before the intervention and was 2.75 after the intervention. The change was 1.13 which was statistically significant ($p\text{-value}=.000<.05$).

Furthermore, the results indicated that the mean scores of patients indicated that the prosthetics and orthotics facility was easy to reach by means of public transport was 1.6 before the intervention and was 2.69. The change was 1.09 which was not statistically significant ($p\text{-value}=.062>.05$).

The mean scores of patients who indicated that the fitting rooms and the training space offer good privacy and comfortable was 1.24 before the intervention was 1.24 and was 2.44 after the intervention. The change was 1.2 which was not statistically significant ($p\text{-value}=.063>.05$).

Moreover, the mean scores of patients who indicated that they were treated with respect by the orthopedic technicians were 1.22 before the intervention and were 2.84 after the intervention. The change was 1.62 which was statistically significant ($p\text{-value}=.000<.05$). Finally, the results indicate that the mean scores of patients who indicated that they were acknowledged when they entered into orthopedic service was 1.2 before the intervention and was 3.09 after the intervention. The change was 1.89 which was statistically significant ($p\text{-value}=.000<.05$).

However, it was necessary to compare the overall patients' satisfaction with service before and after intervention using the results in table 9. The results in table 9 on the comparison of patients' satisfaction mean scores before and after intervention are summarized in table 10 below.

Table 10: Summary of the results

Intervention	N	Mean	Std.Deviation	Mean difference
Pre-intervention	50	1.93	.48	1.28
Post-intervention	50	3.23	.49	

Table 10 revealed that the means and standard deviations of patients' satisfaction scores of pre-intervention were 1.93 and a standard deviation of 0.48, while that of post-intervention was 3.23 and

a standard deviation of 0.49 with a mean difference of 1.28. This implied that the patients' satisfaction improved after the intervention. To show whether the differences in patients' satisfaction mean scores with service during pre-intervention and post-intervention is statistically significant or not, the independent sample t-test statistics was carried out. The results are shown in Table 11 below.

Table 11: Summary of t-test for patients' satisfaction with services during pre and post-intervention

Intervention	N	Mean	SD	df	t-cal	t-table	p-value	Decision
Pre-intervention	50	1.93	0.48	98	5.61	1.96	.0001	*S
Post intervention	50	3.23	0.49					

*S=Significant at $p \leq 0.05$ level

From table 11, the p-value obtained was 0.001 which is <0.05 . The value of t-calculated 5.61 was found to be higher than the t-critical of 1.96. This implies that there was a significant difference between patients' satisfaction mean scores during pre and post-intervention. The results showed that the intervention done in the project has had success in improving patients' satisfaction with the service in the P&O department in Gatagara Hospital. Thus, the hypothesis H₀ is rejected and H₁ is accepted.

CHAPTER FIVE: DISCUSSION

5.1. Introduction

The objective of this study was to improve patients' satisfaction with service in the P&O department in Gatagara Hospital by the end of May 2019. The intervention used to improve patients' satisfaction was the communication skills training of the P&O staff.

5.2. Discussion of the Findings

This study attempted to improve the patients' satisfaction with service in the P&O department in Gatagara Hospital. To achieve this intended objective, a pre-and post-intervention survey was utilized to assess the impact of the intervention (educating the P&O staff on effective communication). To evaluate the effect of the intervention, the level patients' satisfaction with service before the intervention was compared with the level of patients' satisfaction after the intervention.

The findings revealed that there was an increase in the patients' satisfaction with the mean score from 1.93 to 3.23 and the p-value of 0.001. The results are similar to the finding of other studies (26,27) showing improved service delivery after training where the mean score for self-efficacy in communication with patients increased from 6.68 to 7.88 ($p < .001$). The finding is also similar to the study (25) in which after training of nurses on interpersonal communication, there was an increase in patients' satisfaction with service. In addition, this study finding supported the results of the study conducted in Guan Medical Center in the USA that evaluated the impact of the communication tool AIDET training of nurses on patients' satisfaction and patient satisfaction scores were measured(34). The findings showed that nurses were using AIDET consistent after the training, resulted in the overall improvement in patient satisfaction after the training(22). Furthermore, the study on the effectiveness of Communication Skills Training Program on Empathetic Skill and Communication Self Efficacy of Pediatric Oncology Nurse conducted in Egypt also found that there was a highly significant difference between pre and posttest regarding communication skills, empathetic and communication self-efficacy after implementing communication skill training(23).

In this study, the independent t-test showed a statistically significant difference in patients' satisfaction with services before and after the intervention ($0.001 < 0.05$). This implies that the study intervention appeared to have increased the communication of P&O staff with their patients which in turn enhanced the level of patients' satisfaction. The finding demonstrated the effectiveness of communication skills training on the quality of communication between P&O staff and patients.

From this finding, it is clear that the P&O staff's effective communication with patients became one of the determinants for patients' satisfaction after the intervention. This might be due to the fact that the training enabled P&O staff to exchange health information with their patients thereby allowing patients to express their views and ask their worries and this likely increased the level of patients' satisfaction. This finding is similar to other studies where educating health care providers increases patients' satisfaction(20,21) in which after training hospital nurses on communication skills, there was a significant difference before and after the intervention.

According to the results of the t-test, the difference between the overall mean of patients' satisfaction scores after the intervention had a statistically significant increase compared with before the intervention ($t\text{-cal} > t\text{-table}$, $0.001 < 0.05$). This may be related to the P&O staff taught how to respond to patients' difficult questions, how to communicate effectively with the patient about treatment options as well as knowing the importance of the role of healthcare providers in different conversations with patients. This finding is similar to other studies conducted in Hospitals of Tabriz in Iran, other in Ugandan Hospitals where the communication skills training was conducted on the nurses and the results showed that patients' satisfaction was significantly higher compared with before intervention(21,24).

In addition, the result is consistent with the study(35)conducted in Uganda which examined the impact of communication training intervention on nurses' perception of verbal and non-verbal skills, patients' satisfaction with nurses' communication. The findings showed that the training increased from a pretest mean score of 2.54 to a posttest mean score of 3.76 with a highly significant difference.

Another study on the effect of training programs on interpersonal communication skills of nurses in Methodist Hospital at Houston Medical Center in the USA also reported a significant difference in the nurse' attitudes and knowledge about communication skills before and after the intervention(22). Also, in a stud carried out by Tanabe et al. in Japan, communication skills training increased the nurses' communication skills(26).

The current study also showed significant improvement in patients' satisfaction scores of the respondents in the sense that the patients who received care from trained staff were significantly more satisfied with service than before the intervention. Furthermore, the study conducted by Yazdi et al. also found significantly higher satisfaction scores among the patients under the care of nurses who participated in the communication skills training course(26).

5.3. Challenges

The post-intervention period of this project was limited knowledge that the quality improvement project requires much time. Due to interventions and unplanned activities of partners of the hospital, some staff had to respond to different activities organized by the partners. Hence the absence of some staff during the meeting organized by the researcher. The routine and daily schedule of the hospital humped the planned activities of the researcher which had to be incorporated/to go in hand in hand with the daily activities of the hospital. Training manual was in English while some of the staff especially the bench workers in prosthetics and orthotics department who don't understand English.

5.4. Overcoming challenges

In order to handle the communication issue that appeared among prosthetics and orthotics staff while being trained, the trainer tried to use both languages Kinyarwanda and English. The researcher tried to organize the extra time in order to provide some knowledge and importance of effective communication between clinical staff and patients. Informal meetings were used as well as strategy to meet some clinical staff especially those who stay near the hospital.

5.5. Lessons learned during implementation

Lessons have been learned while implementing this project. First of all the strategic solving problem steps used in the process of quality improvement project were paramount. Through the leadership and management skills acquired helped to realize that effective quality management requires changes in organizational culture which involved effective management of the workforce towards positive changes within their organization. This has been embraced when all staff contributed efficiently and effectively in problem-solving in order to uphold the quality improvement of health services at the standard level. The teamwork spirit has been seen as an engine to make things done and be accepted by everyone. This has been called upon all staff members to be aware of their roles and responsibilities in embracing all challenges of their respective services and the hospital as a whole.

As the researcher was one of the managerial positions, the researcher accepted with humility, simplicity and active listening to the views of all the staff from which encouraged the ownership and full participation of the staff in identifying the main problems that hump the development of their hospital. Through various activities and opportunities, the implementation helped the staff to stay focused and set priorities towards the accomplishment of the quality project improvement.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

The aim of this study was to increase patients' satisfaction with service in P&O staff in Gatagara Hospital from February to May 2019. To achieve this, the interventions were selected based on the root cause analysis. Among the proposed interventions, the training of P&O staff on effective communication was chosen to be the best intervention to be implemented in order to achieve the objective of the project.

After the intervention, assessment of patients' satisfaction with service revealed that the patients' satisfaction means score improved from 1.93 to 3.23. The results showed that using a strategic problem-solving approach could improve and achieve desired results with minimum available resources to increase patients' satisfaction with service in health organizations.

Due to the positive results of this project generated by the training of the P&O staff on effective communication, its implementation was simple and cost-effective, maintaining it in Gatagara Hospital in particular and expanding its application to other health facilities in Rwanda in general, should be considered.

6.2. Recommendations

Basing on the results of our project, the following recommendations were made:

For policy: Effective communication must be taught in the health facilities to ensure the good relationship between health providers and patients.

For research: Carrying out further studies with different study designs on devices and services offered in the prosthetics and orthotics department in order to generate information to be used in the improvement of the quality of devices and services.

For education: Establishing a policy on ongoing training and continuing education for prosthetics and orthotics in order to maintain their ability to provide to patients with the best possible care.

For practice: Effective clinical practices should be strengthened among prosthetic and orthotic technicians in order to ensure patients' satisfaction.

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APPENDICE

Appendix I: Ethical Clearance



Appendix II : Questionnaire

INTERURO YEREKANA UKO WISHIMIYE SERVISI	BYIZA CYANE	BYIZA	BIBI	BIBI CYANE
Nasobanuriwe ibijyanye n'imyishyurire nkigera muri serivisi				
Rendez-vous/ Gahunda itangwa mu gihe gikwiye				
Imiterere y'icyumba bategererezamo cya serivisi ikora insimburangingo n'inyunganirangingo ni myiza				
Servisi ikora insimburangingo n'inyunganirangingo itanga serivisi nk'uko zemeranyijweho				
Abaganga bakora insimburangingo/ inyunganirangingo bamfata neza ku buryo igihe cyose numva na bagana				
Serivisi ikora insimburangingo /inyunganirangingo ifite umwanya uhagije wo guparikamo ibinyabiziga				
Abaganga bakora insimburangingo /inyunganirangingo bangira inama zo gukoresha no gufata neza insimburangingo/inyunganirangingo				
Igihe cyose mpabwa ubusobanuro bw'ubuvuzi nkeneye				
Abaganga bakora insimburangingo /inyunganirangingo baba bifuzako nabona serivisi mu gihe gito				
Ibyifuzo byanjye bihabwa agaciro mu buvuzi mpabwa				
Abakozi ba serivisi ikora insimburangingo /inyunganirangingo baha agaciro ibibazo byanjye bakanabyitaho.				
Muri serivisi ikora insimburangingo/inyunganirangingo ku nkuta zo mu cyumba bategererezamo hagaragara amakuru ajyanye na serivisi batanga				
Iyo natinze kwakirwa mpabwa ibisobanuro				
Abaganga bakora insimburangingo /inyunganirangingo bubaha ibyivuzo byanjye ku bwiza				

bw'insimburangingo/inyunganirangingo ngiye guhabwa				
Uburenganzira bw'umukiriya buri aho umukiriya ashobora kubona muri serivisi				
Uburyo bwo kugera kuri serivisi ikora insimburangingo/inyunganirangingo buroroshye muri rusange				
Abaganga bakora insimburangingo /inyunganirangingo boroshya uburyo bw'itumanaho hakoreshejwe telefoni				
Ibyumba bitangirwamo serivisi biteye neza kandi biratekanye				
Nitabwaho mu gihe ndi kuvurwa n' abaganga bakora insimburangingo /inyunganirangingo				
Ndishimirwa iyo ni njiye muri serivisi y'inyunganirangingo/insimburangingo				

Appendix III: Questionnaire in English

Items on Patient satisfaction with service	Very high	High	Low	Very low
I am informed of my payment responsibility upon my first visit				
Appointment is scheduled in reasonable amount of time				
The P&O facility features a well-appointed waiting-room				
The P&O facility delivers as agreed				
The prothesist/ orthotist/ orthopaedic shoe facility staff give me the feeling that I am always welcome				
The P&O facility offers enough parking space				
The prothesist/orthotist/orthopaedic shoe technician gives me clear advice on the use and maintenance of the device				
I am always given an explanation of what treatment is required				
The prothesist/ orthotist/ orthopaedic shoe technician is always willing to see me at short				

notice				
My consent is always sought prior to treatment				
The P&O facility staff take my questions and remarks seriously				
At the P&O facility there is a display in the hall or waiting room giving information on its products and services				
When seen in delayed time reason is explained to me				
The prothesist/orthotist/orthopaedic shoe technician respects my wishes concerning the appearance of the device				
Patient right protocols are available in the service				
The P&O facility is easy to reach by means of public transport				
P&O facility technicians are easy to reach by telephone				
The fitting rooms and the training space offer good privacy and comfortable				
I am treated with respect by the orthopedic technicians				
I am acknowledged when I enter into orthopedic service				

Appendix IV: Training Manual on Communication Skills
SESSION ONE: COMMUNICATION PROCESS

1. Objectives

By the end of this session, the participants should be able:

- define communication process
- list the basic elements of effective communication
- identify the characteristics of a good communicator
- identify the barriers to effective communication
- explain the model of communication
- describe the role of communicator in the communication process

1.2. Methodology: Participatory games, group discussions, plenary presentations

1.3. Duration: 30 minutes.

1.4. Materials: Flip chart, Markers

1.5. Procedure:

In plenary let participants define communication. After listening to the participants give the definition in the reference guide.

1. Give out instructions for the whispering game. Ask participants to stand in a semi-circle
2. Whisper a sentence in the ear of the first participant. Example of the sentence: “In this Hospital, service delivery is not good, so patients are dissatisfied.”
3. Ask him/her to whisper the same sentence to the next participant only once and so on.
4. After the message reaches the last participant ask three or four people to repeat what they were told including the first and last person.
5. Tell the group the sentence you told the first participant.
6. Compare the similarities and differences; ask why there was a breakdown in communication and relate to real-life experiences. Allow participants to share their experiences. Ask participants how they can avoid such distortions
7. Post a flip chart paper showing the two boxes of “sender” and “receiver”. Explain the model and emphasis on the importance of two-way communication.

Note to facilitator:

1. Communication process

Effective communication is the key to changing people's health behavior. Communication is necessary for all aspects of health education such as:

- encouraging community participation in
- developing inter-sectoral co-operation
- Sharing knowledge about health, so that people can take more responsibility for looking after themselves. Therefore, health workers need to develop effective communication skills.

Definition

Communication is a process by which people share ideas, experiences, knowledge, and feelings through the transmission of symbolic messages. The means of communication are usually spoken or written words, pictures or symbols. We also give information through our body language. Gestures, postures, looks, facial expressions can show how we feel and what we think about an issue or another person. Good communication is mutually beneficial for the sender and the receiver of information.

The literature recognizes four forms of communication:

- Interpersonal: communication with oneself
- Interpersonal: person to person communication
- Mass media: through the mass media
- Organizational communication within an organization or among the organization.

Communication means making oneself understood and trying to understand the communication partner. The person who wants to communicate something is the **sender**. The person to whom this communication is directed is the **receiver**.

1. The sender has a message (idea, thought, feeling, opinion, etc.) that he/she wants to communicate
2. The sender must code his/her message. He/she must put his/her thoughts or feelings into sounds. Words or written characters (verbal communication) or into gestures, mime, body position, etc (non-verbal communication) which are understandable to the receiver.
3. The sender must now send the message in such a way that it can be received by his/her communication partner.
4. The receiver receives the message over one or more of his/her perception channels. If this takes place without any omission or distortions, the receiver then has an exact copy of the transmitted message.

5. The receiver must decode and interpret, classify, and adopt the message in order to understand it correctly.
6. The receiver must now acknowledge receipt of the message, i.e he/she must let the sender know that he/she has received, duplicated, and understood the message.

2. Characteristics of effective communication

Effective communication is a two-way process. This calls for the establishment of dialogue. As a health counselor one is both in the situation of the sender and the receiver.

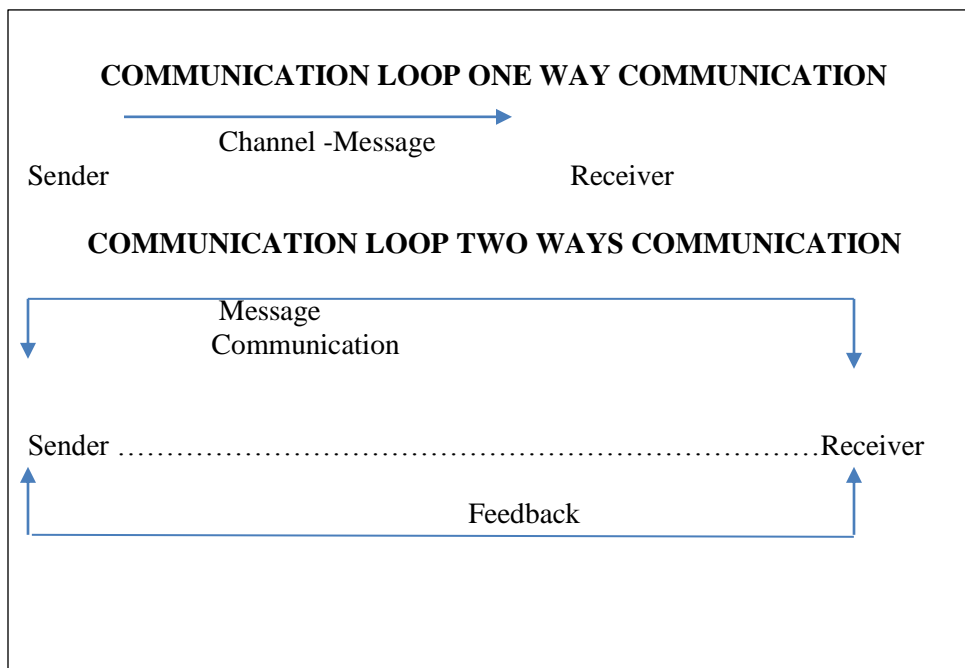
As a sender a good communicator should:

- Make sure he has the full attention of the communication partner
- Speak in a loud and clear voice
- Formulate the message clearly in a way that can be easily understood
- Explain technical terms
- Be able to adapt the same (health) message to the educational background of the receiver.

As a receiver a good communicator should:

- Encourage the client to speak openly
- Give full attention to the client
- Listen carefully
- Ensure that the message is understood
- Show by way of acknowledgment that the message has understood
- Take questions and concerns of the client seriously
- Answer any question fully

Figure 1



Facilitator Notes:

3. Barriers to Effective Communication

The following are possible barriers to effective communication:

- Different assumptions
- Different points of view
- Emotions
- Misunderstanding of language
- Use of difficult words
- Lack of attention.
- Poor clarity of speech
- Conflicting body language
- Sending discouraging feedback
- Cultural differences
- Lack of trust
- Too much information.

4. Ways to Improve Communication

- ✓ Become sincerely interested in the other person
- ✓ Listen well
- ✓ Check your own understanding of what the other person said.
- ✓ Try to see things from the other person's point of view
- ✓ Use appropriate words.
- ✓ Speak clearly
- ✓ Encourage questions
- ✓ Know exactly what you want to communicate.
- ✓ Think: "How is it possible for someone to misunderstand my message?"
- ✓ Ask yourself: "Am I giving too much information or not enough?"
- ✓ Use encouraging non-verbal communication
- ✓ Check people's understanding

5. Group work

Group work	Form working groups and discuss effective communication, rules for sender and receiver, barriers to communication-based on the experience of the audience, e.g.: Group 1: what is expected from the sender (nurse) and receiver (patient) to make communication effective Group 2: which communication difficulties (barriers to communication) do you experience in your field of work (department) and how can the difficulties be overcome?	10min
Presentation and discussion	Presentation and discussion of the results of the group work	10 min
Summing up	Lesson learnt	10 min

SESSION 2: INTERPERSONAL COMMUNICATION (IPC)

2.1. Objectives

By the end of this session, participants should be able to:

- Define the concept of IPC
- Describe the process of IPC
- Identify opportunities in IPC

2.2. Methodology: Plenary discussions, role plays

2.3. Materials: Chart papers, markers, Handout on GATHER - steps, principles, and topics of IPC.

2.4. Duration: 30 minutes.

2.5. Procedure:

1. In plenary ask participants to tell you what they understand by IPC. Write their responses on a flip chart. This will take 10 minutes. Discuss in brief their ideas on what is IPC and give them the correct definition.
2. Present the topic of IPC. Together with participants elaborate opportunities for IPC
3. The handout can be given after the session. Develop the steps explaining each step at a time.

Note to facilitator

1. Definition of IPC

Interpersonal communication (IPC) is a person, two-way, verbal and nonverbal interaction that include the sharing of information and feelings between individuals or in small groups that establishes trusting relationship. IPC in health care settings takes place between service providers and their clients and is a key element in maximizing access to quality care. IPC includes the process of education, motivation, and counseling and starts with understanding the critical role of good client service.

Special features of IPC include the following:

- Interpersonal communication is influenced by attitudes, feelings, values, social norms, and the environment of people involved.
- IPC is an influential means for the adoption of proposed health behavior and the continued compliance with and maintenance of health behaviors.

2. Process of IPC

2.1. History taking

1. Standard: during the history-taking session of the encounter, the health service provider will use interviewing skills to effectively elicit from the client the information needed to make an accurate diagnosis. Interview skills include question-asking, listening, and dialogue.

2. Guidelines

- **Effective listening:** health service providers show concern and interest while the client is speaking; they demonstrate understanding by acknowledging the client's statements and do not interrupt the client unnecessarily, etc.
- **Dialogue:** good communication means that the client has the opportunity to give information and to ask questions.
- **Probing:** health service providers encourage client input by using methods such as probing, paraphrasing when appropriate, and encouraging clients to tell them more about their conditions
- **Appropriateness:** effective questions take into account factors such as the social and cultural context, the medical conditions in question, the educational level of the patient, etc.

- **Completeness:** a complete interview includes questions about all symptoms and all relevant medical history.

2.2. Counseling

Standard: during the counseling session of the encounter, the health service provider effectively uses information-giving and educational skills to orient the client about his or her conditions. To promote compliance with medical treatment, and or behavioral changes that will improve the health of the client, the provider uses negotiation skills. There is a need to:

- Create rapport with the client
- Allow the client to tell their side of the story without interruption
- Listen actively
- Give information and education to orient the client about her condition
- Help the client to make an informed decision.

Guidelines:

- **Appropriate language:** the health service provider delivers counseling in the clients' language of fluency. Local language and /or translations should be used when necessary.
- **Comprehension:** the health service provider communicates in ways that are easy to understand, i.e. avoiding technical jargon, and by taking into account the cultural and educational level of the client.
- **Organization of information:** the health service provider presents the information in blocks according to a few categories in order to make it easier for the client to remember.
- **Acceptability:** the health service provider presents treatment options, solicits information about client preferences, and involves the client in decision-making, in order to ensure that the treatment and other recommendations are acceptable to the client.
- **Sufficiency:** the health service provider gives enough information to the client to enable him or her to understand the illness, participates in the decision about the treatment, and follows the treatment protocol.
- **Relevance:** the health service provider focuses on the information that is most important to the client during the particular encounter, thus reflecting an awareness of the priority and relevance of the message
- **Empowerment:** counseling enhances the client's self-esteem, confidence, and sense of competence in order to promote compliance and behavior change specific to the conditions, as well as overall health and well-being.

2.3. Social-emotional communication

Standard: the health service provider establishes and maintains a positive rapport with the client throughout the encounter.

Guidelines:

- Framing of the encounter: the health service provider makes a statement that establishes a positive environment for the client to share his/her feelings, attitudes and beliefs so that the client feels that the health service providers are interested in his or her perspective. For instance, the health service provider might say” Good morning, Mrs. John, my name is..... and I want you to tell me about anything that you think may be affecting your health.
- Attention: the health service provider focuses attention on the client and does not engage in other activities during the encounter.
- Constructive non-verbal behavior: behaviors such as forward body lean, eye contact, smiling and touching, are appropriate and conducive to dialogue when deemed culturally acceptable.
- Positive regard: the health service provider shows respect and positive regard for the client, irrespective of differences of age, social and educational status, gender, religion, etc.
- Empathy: the health service provider will elicit feelings from the client and reflect or restate those feelings to the client. This helps to establish rapport.
- Non-judgment: the health service provider makes an effort to validate the way the client is feeling without judgment, so that the client will feel free, to be frank, and open.
- Concern: the health service provider shows that he/she cares about the client and the client’s problem. For example, he or she might use statements such as” I am worried about you” or I am concerned that you are not taking care of yourself”
- Reassurance: the health service provider encourages and assures the client when appropriate while avoiding premature or unjustified reassurance.

SESSION THREE: QUALITY ASSURANCE

3.1. Objectives

By the end of this session, participants should be able to:

- Define quality assurance
- Define the concept of quality care
- Describe the dimensions of quality care

3.2. Methodology: lecture –guided dialogue, visits, group works and role plays

3.3. Materials: Chart papers, markers

3.4. Duration: 30 minutes.

3.5. Procedure:

Present the topic and the objectives of the sessions and ensure that participants understand and agree to the objectives. This will take 8 minutes. Present the topic of quality assurance, definition quality assurance methods

Note to facilitator

Quality assurance is a set of activities that are carried out to set standards and to monitor and improve performance so that the care provided is effective and as safe as possible.

Quality assurance program involves:

- Orientation towards meeting the needs and expectations of the patients
- Focusing on systems and processes, i.e. dealing with root causes of health problems
- Use of data to analyze service delivery
- Encourage the team approach to problem-solving

The following dimensions contribute to the effective quality of care:

- Quality demand sacrifice
- Time well spent with a patient is time well saved
- Quality costs less
- Commitment and respect
- Observing ethical practices
- Listening attentively
- Sharing information and explaining procedures
- Sensitive to the client's opinion
- Providing appropriate constellation of service e.g. immediate attention, listening and avoiding delays

In conclusion, holistic care that fulfills the needs and the rights of the patient take into account the following:

1. Choice of care and treatment
2. Providing relevant information to the client
3. The right to:
 - Be treated with dignity and respect
 - Know the names of people serving you
 - Have privacy and confidentiality of your records
 - Receive explanations, education, and counseling
 - Consent to or refuse any care or treatment

3.6.Roleplays

<p>Roleplays</p>		<p>1.Interviews on quality of care: participants take the role of health service provider interviewing staff and patients on their:</p> <ul style="list-style-type: none"> - View of quality service - Recommendations for improvement <p>2.Reacting to complaints of patient: calming an angry patient</p> <ul style="list-style-type: none"> - Preparation: have participants to prepare for the role of the client or staff members and decide on their needs, complaints, areas for improvement of quality, etc. <p>Role play: finding out about patient’s views of quality issues</p> <p>Evaluation: of the role-play-trainer and participants give feedback to the role-players using the criteria laid down guidelines.</p> <p>Evaluation criteria:</p> <ul style="list-style-type: none"> • Use active listening skills exercises • Helping patients express their concerns • Taking patients concerns seriously • Not getting angry yourself 	<p>30 min</p>