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Resources Availability and Quality of Patient Care Services in Public Hospitals in Uganda: "Expert Patients" Perspectives

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Abstract: ***This study set out to examine the relationship between Hospital resources availability and patient care management in a government referral hospital in Uganda. It focused on Iganga Regional Hospital which handles patients from the districts of Mayuge, Namutumba, Luuka, Kaliro, Buyende that were curved from the original Iganga district. The research was based on the premise that resources in a regional hospital must be not only available but sufficient to serve the health needs of the local community including those who seek emergency treatment. A survey questionnaire approach was used for data collection from actual patients or those who take care of them in the different units of the hospital. The specific objective was to examine the relationship between resource availability and patient care using eleven different dimensions to investigate this phenomenon in the hospital. The study revealed that there is a positive and significant correlation between hospital resources availability and patient care in all the eleven aspects studied which include; (1) Child health care services [r = .562**, p<0.0001]; (2) Maternal health services [r = .571**, p<0.0001]; (3) STI/HIV/AIDS services [r = .415**, p < 0.0001]; (4) Tuberculosis services [r = .437**, p < 0.0001]; (5) Outpatient curative services [r = .607**, p<0.0001]; (6) Supervision [r = .471**, p<0.0001]; (7) Equipment, drugs and facilities [r = .559**, p<0.0001]; (8) Infrastructure [r = .426**, p<0.0001]; (9) Availability of specialists [r = .446** p < 0.0001]; (10) Staff training and development [r = .296*, p < 0.012]; and (11) Sanitation facilities [r = .471**, p < 0.0001. It was concluded therefore that referral hospitals in Uganda should be provided with the necessary resources in order to significantly deliver effective patient care. Similarly, hospital administrators are challenged to have the necessary managerial competencies to effectively lead with a realistic, credible and attractive commitment to ensure that services are delivered as expected.***

Keywords: Resources, patients care, expert patients, child health care, Sanitation facilities, child health care, maternal health

1. Introduction

The need to provide quality health care to patients has increasingly become critical given the centrality of life and the need to live better each every other day that comes. It is due to this pressure that the government created more district health facilities and ensured that a regional referral hospital is prodigiously established in each and every region. Iganga hospital which has been in operation since independence in the 1960s was upgraded to a referral hospital and at present it serves one of the most densely populated districts in the whole country. Moreover, the hospital does not only cater for patients from within but also from the neighboring districts of Namutumba, Luuka, Kaliro, Mayuge and the like. Therefore, while economists warn that scarce resources must be used sparingly, this research adds that hospital resources must be effectively managed in order to deliver services as expected. This poses a public health sector challenge. There is no doubt that providing health care requires a lot of resources but it is also true that they must be balanced among the many inputs used to deliver health services. Physicians, nurses and other staff are productive where there are adequately built, equipped and supplied facilities. In a referral hospital, available resources should be allocated both to investments in new skills, facilities and equipment. It should also provide for maintenance of the existing infrastructure. This is because as customers' expectations rise, patient care becomes more complex and resources continue to shrink.

Therefore hospital care systems are expected to have inbuilt sustainable initiatives that benefit in multiple areas. Such efforts should contribute to a healthier environment, improve the organization's public perception and help local communities to have a more than average life expectancy. The aim of resource availability is to; (1) improve population health; (2) improve the patient care and management; and (3) reduce per capita cost of treatment. According to UBOS (2001), Uganda is experiencing a burden of new emergent diseases due to the population changing lifestyles. New diseases have been reported within the aging population. For example diseases such as high blood pressure, heart disease, diabetes, cancer, and mental illness are on the increase. These health problems, along with the HIV/AIDS epidemic, have sharply limited gains in life expectancy and therefore have put more pressure on hospitals to manage not only referred patients but also an increasing number that seek outpatient care services.

Another argument for this research is that the availability of appropriately trained human resources staff is an important prerequisite for the delivery of the minimum health care package. According to the Health Sector Strategic Plan III (2014/2015), the minimum staffing norms for each level of service delivery is aimed at attaining at least 75 percent of the minimum staffing norms at each level of the district health service system. It is further reported that this target was revised to 52 percent of all approved posts to be filled by appropriately trained staff. Despite this however, reports

continue to indicate a widening gap of specialized staff especially in the upcountry hospitals. Meanwhile, the human resources inventory of the Ministry of Health and the Government of Uganda payroll indicated that there are 953 doctors working in government and private not-for-profit health facilities in Uganda: 2,074 clinical officers, 3,061 midwives, and 6,449 nurses. This scenario therefore calls for an investigation to establish the extent to which resources are available in referral hospitals and how they have influenced the overall patient care management.

2. Literature Review

The Government of Uganda (2010) reported in the 2010 Millennium Development Goals (MDG) Progress Report that Uganda is on track to achieve the targets of halving poverty as well as improving access to HIV/AIDS treatment and access to safe water. It however equally expresses worry of the slow progress towards child and maternal mortality, access to reproductive health services, and control of malaria and other communicable diseases.

According to a report published by Makerere University in conjunction with the Ministry of Health, USAID (2012), the high levels of maternal mortality in Uganda are attributed to high fertility, high incidence of infectious diseases, poverty and poor health services for pregnant women. It was observed that women often report to the hospitals too late in their labour process and the report outlined the specific challenges in addressing maternal health problems which include inadequate funding; lack of skilled health workers is the underlying cause in 38% of the maternal death cases, lack of medicines and supplies, inadequate transport, and lack of communication equipment for referral.

The research by James (1989) had earlier noted that while patients or other external customers determine expectations for quality of delivery of medical care services, medical content of care that is provided is still lacking and is still exclusively in the domain of the medical profession itself. This implies that the value of patient care is anchored in the following areas; (1) physical infrastructure which includes technology assessment, system integration and other issues regarding maintenance of physical plant without which high quality health care is impossible; (2) professional infrastructure which includes high the presence of well trained, dedicated health care professionals and managers.
Besides, Cosby *et al.,* (2008) documented that need for physicians to be more interested in strategies that improve the diagnostic process and clinical tasks they perform on a daily basis.

According to the research by South West Sydney (2013), the challenges facing hospitals among the Filipinos include; (1) health human resource complement at different levels; (2) persistence of stigma and discrimination in communities and health care facility settings for HIV/AIDS and TB; (3) inadequate and ineffective communication and education strategies among target population; (4) fast turn-over of staff volunteers or educational peer s; (5) healthcare workers who are overburdened with counseling, education and information dissemination limited, recording and reporting; (6) sustaining a disease free community from diseases such as malaria, filaria, rabies among others; and (7) the need to strengthen community awareness initiatives and also strengthen collaboration with partners from the private sector and Civil Society Organizations (CSOs). It was therefore concluded that the majority of Filipinos prefers to seek treatment in a government hospital. Therefore, just like Uganda, it is reported that in Filipinos, affordability is the main reason for going to a government medical facility, while excellent service is the main reason for going to a private medical facility. Private facilities are ranked superior on quality, at par with government facilities on convenience of location, but not as good on cost aspects.

3. Methodology

A cross sectional survey design was adopted. The study population comprised all patients who visited Iganga Hospital during the study period. However, a WHO criteria was adopted to identify patients that qualified to be "**expert patients**" and these were purposively selected as individual respondents who qualified to provide useful information. These included patients who were identified at the different selected units of the hospital. Critical ill patients were not interviewed. Parents or caregivers of children were interviewed concerning their children. In the final analysis, only 71 respondents returned completed questionnaires.
The self administrative questionnaire was used with a Likert scale in which respondents reported the degree to which they agree with various statements i.e. 5 = Strongly Agree to 1 = Strongly Disagree.

The data collected was processed before the actual analysis and this involved checking the completed questionnaires to check for any errors that might have been committed. This process involved editing the data, coding the data, entering the data in the computer and summarizing the data. Analysis was based on both descriptive and inferential statistical tools using SPSS version 20.

The reliability of the questionnaire was ascertained using Cronbach's Alpha coefficient. The coefficient for this questionnaire was 0.9324 which demonstrated that the questionnaire was reliable for use.

4. Data Analysis

Table 1: Descriptive statistics for the variables studied (a)

Variable	Indicator	Response		
		SA & A	N	D & SD
Child health services	Capacity to maintain regular immunization services	74.6	7.0	18.3
	Equipments and supplies for assessment of the sick child	67.6	7.0	25.3
	Enough drugs for children	43.7	11.3	45.1
	Monitoring mechanisms to prevent and minimize child illness	73.2	15.5	11.2
Maternal health services	Availability of medicines and supplies for normal delivery services	59.2	9.9	31.0
	Availability of medicines and supplies for complicated delivery services	56.4	15.5	28.2
	Enough doctors to handle	52.1	12.7	35.2

	birth related complications			
	Anaemia diagnosis and treatment is done in pregnant mothers	64.8	26.8	8.4
	There is regular assessment and counseling of antenatal clients	90.2	4.2	5.6
	Availability of an emergency maternity transportation system	67.6	12.7	19.7
	Fair and friendly user fees for delivery	59.1	21.1	19.7
STI/HIV/ AIDS services	There is enough treatment for opportunistic infections	66.2	22.5	11.2
	Availability of laboratory testing capacity for monitoring HIV clients	78.9	12.7	8.4
	Hospital has enough antiretroviral drugs	47.9	26.8	25.3
	Hospital has link to home or community based care for HIV/AIDS patients	43.6	26.8	29.6
	Availability of youth friendly services for STI/HIV/AIDS	49.3	26.8	23.9
	Availability of pre and post counseling for STI/HIV/AIDS testing	83.1	7.0	9.8

4.1 Descriptive statistics as shown in Table 1(a)

4.1.1 Child health services

Descriptive statistics was analyzed and as indicated in Table 1(a), most of the respondents (74.6%) agreed that the hospital has capacity to maintain regular immunization services and 67.6% agreed that equipments and supplies for assessment of child health are available while on the contrary 45.1% disagreed that there are enough drugs for children implying that the drugs are insufficient. The analysis also reveals that 73.2% of the respondents agreed that the hospital has a monitoring mechanism to prevent and minimize child illness.

4.1.2 Maternal health services

Concerning maternal health services, descriptive statistics do reveal that 59.2% of the respondents agreed that with the availability of medicines and supplies to ensure normal delivery services while another slightly more than average number (56.4%) agreed that medicines and supplies for complicated delivery services are available. However, only an average number (52.1%) revealed that there are enough doctors to handle birth related complications and 64.8% added that anemia diagnosis and treatment is done in pregnant mothers while a very high number (90.2%) agreed that there is regular assessment and counseling of antenatal clients which implies that the hospital is doing it to the satisfaction of clients. Further analysis revealed that 67.6% of the respondents agreed that there is an emergency maternity transportation system available and 59.1% agreed that the user fees for delivery are fair and friendly.

4.1.3 STI/HIV/AIDS services

The analysis provides that 66.2% of the respondents agreed that there is enough treatment for opportunistic infections in Iganga hospital, and 78.9% agreed that the laboratory facilities for testing and monitoring HIV/AIDS are available in the hospital while only a small figure (47.9%) reported that there are enough antiretroviral drugs. This lower than average figure is supplemented by only 43.6% of the respondents who agreed that the hospital has a program that links homes or community based care for HIV/AIDS patients implying that the hospital has no program that links homes or communities to it for treating HIV/AIDS. Similarly, only 49.3% of the respondents agreed that there are youth friendly services for STI/HIV/AIDS given by the hospital. However, a higher number of 83.1% agreed that the hospital provides pre and post counseling for STI/HIV/AIDS testing. Therefore it is noted here that it is only patients who go to the hospital that benefit from STI/HIV/AIDS services and the hospital is yet to have programs of going to the communities for this service.

4.1.4 Additional Descriptive statistics for Tuberculosis services, OPD services and Supervision

Table 2: Descriptive statistics for the variables studied (b)

Variable	Indicator	Response		
		SA & A	N	D & SD
Tuberculosis services	Hospital has regular facilities for tuberculosis (TB) diagnosis	85.9	5.6	8.4
	Hospital has medicine for TB treatment	80.3	7.0	12.6
	Hospital has decontaminants for infection prevention for patient attendants	39.4	25.4	35.2
	There is regular assessment and counseling of TB patients in the hospital	78.9	8.5	12.6
Outpatient curative services	The hospital offers regular treatment for Outpatients	78.9	4.2	16.9
	Doctors are readily available for the Outpatients	54.9	12.7	32.4
	The drugs are readily available for the Outpatients	42.2	23.9	33.8
Supervision	There are weekly audits for both the nurses and doctors in the hospital	36.6	36.6	26.8
	The hospital has adequate resources to support supervision	40.8	11.3	47.8
	There is good doctor to patient relationship	80.3	14.1	5.6
	There is good nurses to patient relationship	59.2	18.3	22.5
	There is proper coordination within the health delivery system in the hospital	56.3	18.3	25.3

4.2 Descriptive statistics as shown in Table 2 (b)

4.2.1 Tuberculosis services

As shown in the table above 85.9% of the respondents agreed that Iganga hospital regular facilities for tuberculosis (TB) diagnosis. In the same vein, 80.3% of the respondents

agreed that the hospital has medicine for TB treatment while only 39.4% of the respondents agreed that the hospital has decontaminants for infection prevention for patient attendants which is very worrying. However, 78.9% of the respondents agreed that there is regular assessment and counseling of TB patients in the hospital which is one of the best practices of TB treatment. Therefore, the analysis here reveals that there is need for the hospital management to ensure that decontaminants are availed to patient attendants to avoid spread of disease.

4.2.2 Outpatient curative services

Concerning outpatient curative services, 78.9% of the respondents agreed that the hospital offers regular treatment for outpatients while only an average number (54.9%) agreed that doctors are readily available for the outpatients and less than an average number (42.2%) agreed that drugs are readily available for the outpatients. This finding reveals that there is need for management to ensure that doctors are significantly available and that sufficient drugs are available for outpatients in such a referral hospital.

4.2.3 Supervision

Concerning supervision, a small number (36.6%) were non committal and therefore undecided on stating that there are weekly audits for both the nurses and doctors in the hospital. However, it is the same number that agreed implying that there is a problem with the management doctors and nurses attendance roasters. Similarly, a less than average number (40.8%) of the respondents agreed that there are adequate resources to support the supervision while a greater number (47.8%) disagreed with this assertion implying that there are insufficient resources to support supervision in the hospital. However, it was agreed that there is good a good doctor to patient relationship (80.3%). Meanwhile, only 59.2% of the respondents agreed that there is a good nurses to patient relationship. Similarly, it is only 56.3% of the respondents who agreed that there is proper coordination within the delivery system in the hospital. The analysis here implies that there should be resources including the human resource to ensure adequate supervision and ensure that weekly audits are done for both the nurses and doctors in the hospital. The overall outcome will be a proper coordination which would ensure an effective health delivery system.

4.3 Additional Descriptive statistics

Table 3: Descriptive statistics for the variables studied (c)

Variable	Indicator	Response		
		SA & A	N	D & SD
Equipment, drugs and facilities	The hospital has enough drugs to cater for the increasing population	15.5	12.7	71.8
	The hospital has regular communication gadgets in place	25.3	12.7	62.0
	The hospital has enough refrigerators for drugs safety	64.8	15.5	19.8
	The hospital has a well equipped radiography unit	63.4	14.1	22.5
	The hospital has a well equipped diagnostic laboratory	69.0	14.1	16.9
	The hospital has an ambulance(s)	83.1	5.6	11.2
	The hospital has enough hospital beds, bed sheets and blankets for patients	23.9	8.5	67.6
Physical Infrastructure	The hospital has enough buildings for health service delivery	56.3	9.9	33.8
	The hospital has spacious wards	57.7	8.5	33.8
	There is routine maintenance of the hospital buildings	52.1	16.9	31.0
	The buildings are enough for staff accommodation	11.3	14.1	74.6
Availability of specialists	The hospital has a gynecologist(s)	73.2	16.9	9.8
	The hospital has a pediatrician	77.4	14.1	8.4
	The hospital has a physician	62.0	16.9	21.1
	The hospital has a psychiatrist	28.2	25.4	46.5
	The hospital has a surgeon	74.6	21.1	4.2
	The hospital has staff in charge of physiotherapy	47.9	35.2	16.9
	The hospital has enough well trained nurses	57.7	8.5	33.8

4.3.1 Equipment, drugs and facilities

The results indicate that 71.8% of the respondents disagreed that the hospital has drugs to cater for the increasing population, while 62% disagreed that there are regular communication gadgets in the hospital which is a very worrying trend that begs for urgent attention. However, 64.8% of the respondents agreed that the hospital has enough refrigerators for drug safety and 63.4% agreed that the hospital has a well equipment radio therapy unit and 69% agreed that the hospital has well equipped diagnostic laboratory. In addition, 83.1% agreed that the hospital has an ambulance which is one of the best practices for such a referral hospital. However, it is noted that 67.6% of the respondents disagreed that the hospital has enough beds, bed sheets and blankets for patients. This implies that the poor accommodation of patients should be looked into because it determines whether the patients get enough treatment before they are sent home or they are forced to leave before ending the treatment. In the same way, the drugs to cater for the increasing population should be a priority for not only management but the Government of Uganda for such referral hospitals as examined in this study.

4.3.2 Descriptive statistics on infrastructure

As shown in table 3 only 56.3% of the respondents agreed that Iganga hospital has enough buildings for health service delivery and almost the same number (57.7%) agreed that the hospital has spacious wards and that there is routine maintenance of the hospital buildings (52.1%) implying that this is rarely done and a higher number (74.6%) disagreed that the buildings are enough for staff accommodation. The analysis here implies that in terms of physical infrastructure, Iganga hospital still needs more facilities. However, there was a government plan to provide more space for the

hospital by providing physical facilities to supplement the existing ones.

4.3.3 Availability of specialists

Table 3 shows that 73.2% of the respondents agreed that the hospital has a gynecologist and 77.4% agreed that it has a pediatrician specialist and 62% agreed that it has a physician. However, 46.5% of the respondents disagreed that Iganga hospital has a psychiatrist. Additionally, 74.6% of the respondents agreed that there is a surgeon while only 47.9% agreed that the hospital has a staff in charge of physiotherapy. To crown it all, only 57.7% of the respondents agreed that there are enough well trained nurses. This perhaps implies that either the nurses available are not well trained or that they are not well motivated to demonstrate their competence.

4.4 Descriptive statistics on staff training and development, sanitation and patient care

Table 4: Descriptive statistics of the variables studied (d)

Variable	Indicator	Response		
		SA & A	N	D & SD
Staff training and development	The hospital has a training policy	32.4	39.4	28.1
	The hospital provides on-job training/in-service training	36.6	22.5	40.8
	The hospital has enough trained staff	39.4	9.9	50.7
	The hospital has an exit policy	50.7	33.8	15.5
	The hospital carries out routine staff appraisals	60.5	29.6	9.8
Sanitation facilities	The hospital has waste disposal mechanism in place	85.9	4.2	9.8
	It has enough toilets for staff	70.5	12.7	16.9
	It has enough toilets for patients	63.4	14.1	22.5
	It has an incinerator (s)	77.5	14.1	8.4
	It has bathrooms for staff	69.0	12.7	18.3
	It has bathroom for patients	78.9	7.0	14.1
Patient care	The hospital's clinical governance is good	60.5	22.5	16.9
	Patients handling is good	61.9	11.3	26.8
	Drugs are available in the hospital	35.2	16.9	47.9
	The hospital has a monitoring unit for the health services provided	32.4	28.2	39.5
	Overall health services delivery is good	74.6	11.3	14.1
	Health services are responsive to local needs	73.2	11.3	15.5

4.4.1 Staff training and development

Table 4 reveals that in terms of staff training and development, 39.4% of the respondents had no knowledge that the hospital has a training policy in place. This is perhaps because it was not directly related to the patient care that they were seeking. Similarly, 40.8% disagreed that the hospital provides on job training/in service training. Likewise, 50.7% disagreed that the hospital has enough trained staff implying that the staff is quite lacking in the hospital. It is also noted that 50.7% of the respondents agreed that the hospital has an exit policy in place and 60.5% agreed that the hospital carries out routine staff appraisals.

4.4.2 Sanitation facilities

Table 4 reveals that 85.9% of the respondents agreed that the hospital has a waste disposal mechanism in place, and 70.5% agreed that there are enough toilets for staff, 63.4% that the hospital has enough toilets for patients while 77.5% agreed that there is an incinerator. Moreover, 69% agreed that the hospital has bathrooms for staff while 78.9% agreed that it has bathrooms for patients. Therefore in terms of sanitation, there was high agreement that the hospital sanitation facilities are in place.

4.4.3 Statistics on patient care

In terms of patient care, it is interesting to note that 60.5% of the respondents agreed that Iganga hospital clinical governance is good, and that patient handling is good (61.9%), still 47.9% of the respondents disagreed with the statement that the drugs are available in this hospital which aspect had been asked earlier on and the results remain the same. Similarly, 39.5% of the respondents disagreed that the hospital has a monitoring unit for the health services provided. However, it is noted that 74.6% of the respondents agreed that overall, the health service delivery is good and 73.2% agreed that the health services are responsive to local needs. This implies that the communities and therefore patients still believe in the services of the hospital and have high hopes that this is their hospital for which they need improvement in service delivery in order for it to offer viable and significant services.

4.4 Pearson Product Moment Correlation results

In order to test the hypothesis that there is a significant correlation between patient care and the eleven variables, a correlation matrix was developed as indicated in table 5. The finding here is that there is a significant correlation between child health services and maternal health services with ($r = .551^{**}$ and $p<0.0001$). Therefore the services of child health care and those of maternal health services demand for the same attention. There is also a significant correlation between STI/HIV/AIDS services and child health services ($r = .433^{**}$, $p<0.0001$) and with maternal health services ($r = .425^{**}$, $P< 0.0001$). This is interpreted that because mothers' status have to be known concerning HIV/AIDS and its influence on delivery, the relationship is significant as expected. There is an equally significant relationship between tuberculosis (TB) treatment and HIV/AIDS services ($r = .482^{**}$, $p<0.0001$). While most correlations are highly significant, it is also important to note that number seven (7) concerning equipment, drugs and facilities relate with child health services ($r = .437^{**}$, $p<0.0001$), maternal health services ($R = .494^{**}$, $P < 0.0001$), STI/HIV/AIDS services ($r = .460^{**}$, $p<0.0001$), tuberculosis services ($R = .521^{**}$, $P<0.0001$), outpatient curative services ($r = .422^{**}$, $p<0.0001$); and supervision ($r = .516^{**}$, $p<0.0001$). This illustrates the importance of equipment, drugs and facilities in the hospital. Equally worthy noting is the finding that infrastructure facilities relate with maternal health services,

STI/HIV/AIDS services, tuberculosis services, outpatient curative services, supervision and equipment, drugs and facilities. This implies that without proper physical and non physical infrastructural facilities, patient care and treatment be it for those who are inward patients or outpatients becomes difficult or impossible. A similar analysis can also be deduced from variable number 9 that is, availability of specialists. These specialists are important in child health services ($r = .270^*$, $p < 0.023$), STI/HIV/AIDS services ($r = .318^{**}$, $p < 0.007$), supervision ($r = .269^*$, $p < 0.024$), equipment drugs and facilities ($r = .380^{**}$, $p < 0.0001$); and infrastructure ($r = .396^{**}$, $p < 0.0001$). This is because specialists make the definition of a referral hospital. It is specialists that people mostly look for in these hospitals. In addition, specialists cannot operate without enough equipments, drugs and facilities as well as infrastructure.

There is also a significant association between sanitation facilities and outpatient curative services ($r = .317^{**}$, $p < 0.007$), supervision ($r = .249^*$, $p < 0.036$), equipment, drugs and facilities ($r = .318^{**}$, $p < 0.007$), infrastructure ($r = .526^{**}$, $p < 0.0001$); availability of specialists($r = .529^{**}$, $p < 0.0001$), and staff training and development ($r = .535^{**}$, $p < 0.0001$). This explains the centrality of sanitation without enough disposal mechanisms in place, toilets for patients and staff, incinerators, bathrooms, the hospital would be offering a defeating service to the population. These must not only be in place but they must be maintained with high standards to ensure that the patient confidence is built in the hospital service delivery process.

Finally and as expected, there is a significant association between patient care and all the eleven variables studied in this research implying that patient care is anchored on the extent to which a hospital can provide child care services, maternal health services, STI/HIV/AIDS services, tuberculosis services, outpatient curative services, put in place effective supervision, sanitation facilities, infrastructure, equipment, drugs and facilities.

Table 5: Correlation matrix for the different study variables in health care

	1	2	3	4	5	6	7	8	9	10	11	12
1. Child health services	-											
2. Maternal health services	.551**	-										
3. STI/HIV/AIDS services	.433**	.425**	-									
4. Tuberculosis services	.467**	.564**	.482**	-								
5. Outpatient curative services	.466**	.420**	.304**	.510**	-							
6. Supervision	.374**	.460**	.349**	.409**	.459**	-						
7. Equipment, drugs and facilities	.437**	.494**	.460**	.521**	.422**	.516**	-					
8. Infrastructure	.199	.281*	.255*	.393**	.463**	.464**	.617**	-				
9. Availability of specialists	.270*	.189	.318**	.146	.191	.269*	.380**	.396**	-			
10. Staff training and development	.078	.237*	.131	.283*	.289*	.060	.312**	.398**	.448**	-		
11. Sanitation facilities	.223	.173	.209	.163	.317**	.249*	.318**	.526**	.529**	.535**	-	
12. Patient care	.562**	.571**	.415**	.437**	.607**	.471**	.559**	.426**	.446**	.296**	.471**	-

*.Correlation is significant at the 0.05 level (2 tailed)
**. Correlation is significant at the 0.01 level (2-tailed)

5. Discussion and Iimplications

The research findings in this study indicate the urgent need by government and administrators of hospitals to refocus their attention and improve the health care system which is at present in a deplorable condition. Patients and their families want assurances that enough staff are on duty to ensure that the care that is given meets patients' needs. The findings here are in line with other researchers like Gesell and Wolosin (2004) who have strongly suggested that hospital professionals need to pay more attention to the emotional support dimension of patient care. Improvement in performance should be by ensuring that all the sections of the hospital right from outpatient department to the paediatrics' wards are given sufficient resources to deliver services as expected.

Similarly, the research findings here indicate that being present and available by health specialists and supervisors is what can make these hospitals revive their lost glory. The study identified eleven (11) dimensions that are important for patients in their perception of care. These dimensions illustrate that if there is sufficient physical infrastructure in place, equipment, drugs and facilities with sufficient supervision mechanisms, service delivery would improve significantly. According to Adamson et al (2012), patients cannot be satisfied if they are not emotionally supported, as well as having their physical care needs attended to. This means that standardizing quality within health care organizations is one aspect which should preoccupy all stakeholders involved in managing referral hospitals in Uganda.

Similarly, the research by Okiria et al (2016) on public hospitals in Uganda revealed that there is a weak inventory management practice in place such that there is need to revive and strengthen the supply chain of essential medicines in the public sector. It has been found here that the major complaint in such a referral hospital has been that there are inadequate drugs in all the health units and departments of the hospital.

Stern et al (2003) concluded their research by advising that patients and family members want a health care environment that; (1) facilitates a connection to staff; (2) is conducive to a sense of wellbeing; (3) is convenient and accessible; (4) promotes confidentiality and privacy; (5) is caring of the family; (6) is considerate to impairments; (7) facilitates a connection to the outside world; and (8) is safe and secure. The research here adds that the availability of resources as

demonstrate by the significance of the eleven (1) variables is key to patient health care.

6. Conclusion

In conclusion, the research documents that resource availability is a key ingredient in the patient care process. Therefore, hospital administration and management should strengthen the existing strategies by ensuring that the patients have access to health facilities and medicine and that patients are able to view the outside world with hope while lying in their beds. Government and hospital administrators should ensure therefore that the value of patient care is strengthened so as to ensure that facilities are available, convenient and accessible to the satisfaction of patients and their families or caretakers. This also means that there is need to manage resources with high integrity. People high in integrity make excellent administrators because they will not steal organizational resources, treat others unfairly, or deceive themselves or others.

References

[1] UBOS. (2006). Uganda demographic and health survey. Kampala: UBOS.
[2] Government of Uganda; Ministry of Health - Health Sector Strategic Plan III 2010/11-2014/15
[3] Uganda Bureau of Statistics (UBOS) and ORC Macro. 2001. Uganda Demographic and Health Survey 2000-2001. Calverton, Maryland, USA: UBOS and ORC Macro.
[4] Brent C. James, M.D. (1989). Quality management for health care delivery. The Hospital Research and Educational Trust: 840 North Lake Shore Drive Chicago, Illinois 60611. Catalog No 169501 ISBN 0-87258-537-9.
[5] Okiria J.C., Mwirumubi R., and Mpaata K.A., (2016). Inventory Management Practices and the Effectiveness of the Supply Chain of Essential Medicines in the Public Sector. Evidence from Six Selected Public Hospitals in Uganda. International Journal of Science and Research (IJSR). ISSN (Online): 2319-7064.
[6] Stern Leventhal Amy, Susan MacRae, Margaret Gerteis, Teresa Harrison, Emily Fowler, Susan Edgman-Levitan, Janice Walker, and Wayne Ruga (2003). Understanding the Consumer Perspective to Improve Design Quality. Journal of Architectural and Planning Research. Locke Science Publishing Company. Chicago, IL, USA.
[7] Adamson K., Jatinder B., Lydia P., Jessica T., George T., and Terry M., (2012). Understanding the Patients' Perspective of Emotional Support to Significantly Improve Overall Patient Satisfaction. Healthcare Quarterly Vol.15 No.4 2012.
[8] Gesell, S.B. and Wolosin R.J., (2004). "Inpatient Ratings of Care in 5 Common Clinical Conditions." Quality Management in Health Care 13(4): 222–27.
[9] Cosby K.S., Rebecca R., Lisa P., Christopher R., Jeffrey S., Scott S., Isam N., Eileen C., Moses L., Shari S., Ibrar A., Douglas S. (2008). Characteristics of Patient Care Management Problems Identified in Emergency Department Morbidity and Mortality Investigations During 15 Years. Department of Emergency Medicine, Cook County Hospital, Rush Medical School, Chicago, IL. e American College of Emergency Physicians. Volume 51, NO. 3.
[10] South Western Sydney Local Health District (2013). Strategic & Healthcare Services Plan Strategic Priorities in Health Care Delivery to 2021

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