An Empirical Case for Culture Change in Healthcare Delivery

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Abstract

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Abstract

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healthcare delivery. FOCOS' adherence to best practices in healthcare delivery presents a case for future research to adopt the culture espoused by FOCOS to help bridge gaps in healthcare delivery in Ghana. Unlike the traditional sectoral reforms that characterize healthcare delivery in Ghana, this paper proposes a holistic approach to culture change in healthcare delivery.

Keywords: Quality healthcare delivery, Culture change, Performance improvement

Culture Change in Healthcare Delivery: The Case of FOCOS Orthopedic Hospital in Ghana.

Quality of healthcare delivery is a long–standing issue that concerns every individual member or group in society. This inevitable phenomenon has attracted research interest spanning a broad range of disciplines, including the health sector and the social sciences. Hall (2013) reiterated the importance of healthcare to humans by stating that, "from the macro perspective an individual only leaves the healthcare system at the end of life because, he or she is constantly making decisions and engaging in activities that affect his or her health, whether or not under the direct care of a healthcare provider" (p. 6). Even though there has been significant improvement in healthcare delivery over the years, people continue to encounter problems mainly related to delays and scarcity of healthcare services in some parts of the world (Hall, 2013).

Despite numerous efforts to improve healthcare delivery, many problems continue to persist that need further attention. Chassin & Galvin (1998) classified problems in healthcare delivery into three main categories: "*Underuse,* the failure to provide a healthcare service when it would have produced a favorable outcome for a patient;*overuse* ', providing healthcare service under circumstances that present more harms than benefits to a patient; and *misuse* , when an appropriate service has been selected but a preventable complication occurs and the patient does not receive the full potential benefit of the service" (p. 1002). Chassin and Galvin (1998) suggested a complete systematic overhaul in healthcare delivery that encompasses a conclusive definition of what quality of care means, educating and training clinicians, and continuous assessment of healthcare programs to ensure effectiveness.

Other researchers have identified problems such as variations in access to healthcare (Kim, Sinco, & Kieffer, 2007; O Connor, Llewellyn-Thomas, & Flood, 2004; Wennberg, 2002); cultural and linguistic problems (Cioffi, 2003; Goode, Dunne, & Bronheim, 2006); discrimination in healthcare delivery (Shavers, Fagan, Jones, Klein, Boyington, Moten, & Rorie, 2012; Stuber, Meyer, & Link, 2008); perceptions of bias (Johnson, Saha, Arbelaez, Beach, & Cooper, 2004); and differences in beliefs and attitudes about healthcare, as some of the issues that need attention. Bishop, Foster, Thomas, and Hay (2008) asserted that, some of these factors are more difficult to study such that their existence underscore the complexity of the problem. Mills (2014) conducted a study on healthcare systems in low–income and middle–income countries and identified service delivery issues such as, shortage and poor distribution of qualified staff; low pay and poor motivation; weak technical guidance; poor program management, and supervision; inadequate drugs and medical supplies; and lack of equipment and infrastructure, as some of the problems facing healthcare delivery (p. 554). Carney, M. (2011) conducted a study at an acute healthcare facility and identifies some culture related dimensions as pertinent in the provision of quality care. These include, ethical values, involvement, professionalism, value-for-money, cost of care, commitment to quality and strategic thinking. To help solve some of the problems associated with healthcare delivery, some researchers and practitioners have suggested ways such as, the use of disruptive innovation, thus, a product which is not as potent as the one already in use but, presents a more convenient and affordable access by those who otherwise may not have access to healthcare (e.g. Christensen, Grossman, & Hwang, 2009; Hwang & Christensen, 2008). To reiterate the need for disruptive innovation in healthcare delivery, Christensen et al (2009) referred to transformations that occurred in the technology and auto industries resulting from the production of products that are more affordable but not of equal quality as the existing product. The question is, can this model work well with healthcare delivery which directly impact human life? This question cannot be answered with a simple *yes* or*no* , as further inquiry is needed to ascertain the goals, and the cost and benefit of such a model to the general population.

Others researchers and practitioners (e.g. De Koning, Verver, van den Heuvel, Bisgaard, & Does, 2006) have suggested the use of the *Six Sigma* approach to help solve some of the healthcare delivery problems.

The Six Sigma approach presents five phases that are followed for problem solving in both small and large scale industries. These are,*define* , cost benefit analysis phase; *measure* , data collection and diagnosis phase; *analyze* , quantification of the problem using the critical to quality characteristics; *improve* , solution and performance improvement strategies are suggested at this phase; and *control,* systems are developed to improve and maintain the new strategies (De Koning, et al., 2006). We propose, that in addition to the Six Sigma idea, a well–planned cultural change and restructuring of the healthcare delivery systems will help achieve excellence in healthcare delivery. This cultural change and system restructuring should be tailored to serve specific needs within specific situations (Osafo & Yawson, 2017). At the later part of this paper, we present a model of Total Quality Care in healthcare delivery by altering the existing healthcare delivery culture in the countries of interest.

Purpose and Theoretical Framework of Study

The purpose of this paper is to identify problems in healthcare delivery and to suggest ways to improve and sustain quality healthcare delivery in Ghana. Cultural change themes underlie this research. Specifically, the Total Quality Care (TQC) Model will be presented in the later part of this paper as an ideal model to help reduce some of the institutional problems that threaten healthcare delivery in Ghana. The TQC model was developed based on data collected from FOCOS Orthopaedic Hospital. We will proceed with a brief overview of the theories of performance, because, improved performance is the basis of this study. Furthermore, we will review relevant literature on healthcare delivery and the problems encountered in the Ghana healthcare sector. Next, theories of performance which is the theoretical framework for the study will be discussed. Assumptions formulated from the literature review will be outlined, and a report of a case study conducted at the FOCOS Orthopaedic Hospital in Pantang, near Accra, Ghana discussed. The literature review will cover a broad range of materials including, journal articles, books, and other relevant material on healthcare delivery in Ghana. Literature will be accessed mainly from the electronic library of a large size research university in Midwestern United States. Keywords such as healthcare delivery, problems in health care provision, human resource issues in healthcare, and the quality of healthcare delivery in Ghana will be identified.

Theories of Performance

One important theory that cannot be overlooked when discussing issues of work performance is Herzberg–Two Factor Theory (Herzberg, Mausner, & Snyderman, 1959; Herzberg, 1966). Herzberg discussed motivation to perform under two main factors; *motivation factors* and*hygiene factors* . According to Herzberg et al. (1959),*motivation factors* (recognition, sense of achievement, growth and promotional opportunities, responsibility, and meaningfulness of work) are intrinsic factors that when present motivate employees to expend more effort on achieving work goals. *Hygiene factors* (pay, company policies and administration, fringe benefits, physical working conditions, status, interpersonal relations, supervisory practices, and job security, among other things) on the other hand are extrinsic factors that may not directly inspire employees to expend more effort on their jobs but, their absence can lead to dissatisfaction (Herzberg et al., 1959). Even though this theory seems outdated and has been criticized for many reasons, including its lack of attention to individual differences in their response to situational factors, it provided the impetus for research into work design and how it affects employees performance. It is recommended that the tenets of the Two–Factor Theory are critically considered in designing work (Hackman & Oldham, 1976) to enhance performance.

Motowidlo and Van Scotter (1994) defined performance in the dimensions of *task* and *contextual performance* . Task performance refers to those behaviors that directly impact the organization's technical core, either by implementing the organization's technical processes or by maintaining and servicing its technical requirements (Motowidlo & Van Scotter, 1994). Contextual performance behaviors aid the technical core by shaping "the organizational, social, and psychological context that serves as the catalyst for task activities and processes. . . . . .the social and psychological environment in which the technical core must function" (Motowidlo & Van Scotter, 1994, p. 476).

Contextual performance comprise of two classes of behaviors, thus,*organizational citizenship behavior* (OCB)

and*counterproductive workplace behavior* (CWB). "OCB is defined as extra–role discretionary behavior intended to help others in the organization or to demonstrate conscientiousness in support of the organization" (Boman & Motowidlo, 1997, p. 100). Examples of OCBs are altruism and compliance. CWB on the other hand refer to behaviors intended to contradict the organization's legitimate interest (Sackett, 2002). Common examples of CWBs are employee theft and destructive behaviors. Both task performance and contextual performance aggregate to ensure efficiency and effectiveness.

Bell (2008) described performance in three main domains: thus, performance as a process and a product; performance as a set of activities aimed at accomplishing well specified goals; performance as productive and purposeful. Performance is traditional and transformative such that it produces specific goals and achieves unintended results as well. Performance is a reflection of the way things were done in the past to provide grounds to uphold, critique, or change the status quo, "a mode of communicative behavior and a type of communication event" (Bell, 2008. P. 16).

Other scholars have defined performance. For example Daft (2012) defined organizational performance in the domain of *effectiveness* ; "the degree to which organization achieves its goals", and*efficiency* ; "the amount of resources used to achieve organizational goals" (p. 23). Thus, effectiveness refers to goal clarity, focus, and the strategies used to accomplish such goals. Efficiency relates more to the volume of raw materials, money, and man hours needed to accomplish a particular organizational goal (Daft, 2012). There is agreement in the performance literature regarding the potency of effectiveness and efficiency in defining organizational performance, other researchers have suggested that, beyond effectiveness and efficiency, providing comparative net value to customers is imperative in ensuring survival in a competitive market (Fugate, Mentzer, & Stank, 2010).

Problems associated with key performance indicators such as supervisory practices, employee motivation, and other task and behavioral concerns continuously threaten quality healthcare delivery worldwide. In a triangulation manner, strategies designed to enhance effective healthcare delivery should explore various models and contextualize ideas from these models to solve specific situational problems. To afford distinctive net value to patients without compromising quality, performance in healthcare delivery should be assessed by using a multi–level approach that provides solutions based on well–defined endemic units.

Research Question

The main research question in this study is: How can a change in healthcare delivery culture improve performance and drive quality healthcare delivery in Ghana?

Literature Review

Ghana is a sub–Saharan African country with a population of approximately 25 million. Compared to other sub–Saharan African Countries, Ghana enjoys relatively stable economy, but ironically, about 79% of the population lived on $2 or less per day between 1999 and 2005 (Asante & Zwi, 2009). Thus, economic problems, present a challenge to healthcare accessibility in Ghana, with the northern part of the country experiencing the poorest healthcare delivery status (Asante & Zwi, 2009). The literature review will focus on healthcare delivery in Ghana.

Healthcare Delivery in Ghana

Healthcare delivery problems in Ghana seem to be unrelenting with issues ranging from resource allocation to behavior of healthcare workers continually threatening the healthcare system with strikes and other agitations. Problems with healthcare delivery in Ghana have been widely described to include lack of infrastructure; insufficient resources, both human and material; lack of essential equipment, and attitudinal problems of healthcare workers among other things. Agyepong, Anafi, Asiamah, Ansah, Ashon, and Narh-Dometey (2004) conducted a study of healthcare delivery in the public healthcare sector of Ghana and posited that, one of the main causes of poor quality healthcare delivery in the Ghana public health sector is a frustrated and dispirited labor force who encounter daily obstacles such as lack of equipment and essential tools.

Agyepong et al. (2004) categorized healthcare delivery problems in Ghana into two: *Unresolved work situation obstacles* , and *service quality problems* . According to Agyepong et al. (2004), *unresolved work situation obstacles* comprise of poor or absent supervisory and support mechanisms; delayed promotion; lack of essential equipment, tools, and supplies; inadequate basic and in–service training; effect of job placement on social factors such as children's education, and marital situation; inadequate/inappropriate incentives and reward systems; low salaries; staff shortage; and exodus to look for better jobs. *Service quality problems* on the other hand comprise of, easily angered and impatient providers; inconvenient hours of operation/non availability of providers; long waiting times and delayed service; failure to provide required technical level of care to achieve prompt recovery without complications for clients; excessive formal and informal out of pocket service charge; and strikes by service providers (Agyepong et al., 2004). According to Agyepong et al. (2004), these workplace obstacles repress staffs' performance and consequently lead to poor quality healthcare delivery.

Turkson (2009), conducted research in a rural district of Ghana and identified issues similar to those outlined by Agyepong et al. (2004) as some of the factors that influence the quality of healthcare delivery in Ghana. These include, limitation of medication to painkillers, vitamins, and antimalarial as prescribed drugs for most ailments; inadequate staffing; rude and unfriendly staff; lack of ambulances; poor supervision of healthcare workers; long wait times; and lack of avenues to seek information and launch complaints (Turkson, 2009). Other notable problems that affect the quality of healthcare delivery in the public health sector of Ghana are the dwindling financial inflow and technical inefficiencies (Akazili, Adjuik, Jehu-Appiah, & Zere, 2008). Incessant financial problems and inefficient use of resources put pressure on core healthcare components such as infrastructure and human resources. Human resource has been described as "the crucial core of a health system" (Hongoro, & McPake, 2004, p. 1451), but this component has experienced great neglect in the Ghana healthcare systems, mainly due to inadequate financing and waste in the system. For example in 2002 out of the 46 sub–Saharan African countries in the World Health Organization program, 36 countries spent between $10 and $30 per person per year on healthcare (Kirigia, Preker, Carrin, Mwikisa, & Diarra–Nama, 2007).

In Ghana, as in much of sub-Saharan Africa, there are problems with the functioning of basic healthcare systems. These problems encompass issues such as the quality of the services available, geographical and financial access to services, and efficiency of service delivery and availability of adequate resources to finance and sustain health systems. These and other problems such as migration of health professionals (Martineau, Decker, & Bundred, 2002) continue to threaten healthcare delivery in Ghana on daily basis. Problems such as poor quality service, negative attitude of healthcare workers, and inadequate financing reemerges with the healthcare delivery at all levels (Witter, Arhinful, Kusi, & Zakariah–Akoto, 2007). Another area of prodigious concern in the healthcare sector of Ghana is infant mortality. Problems similar to those already mentioned earlier have been identified as threats to maternal delivery in Ghana.

One nerve–wracking issue that has exacerbated the already gargantuan problems faced by the healthcare sector of Ghana is government policy. Many efforts made by successive governments to improve accessibility and the quality of healthcare delivery in Ghana have failed because, there is a history of healthcare policy change whenever a new government is voted into power. For example, the Hospital Fee Legislation and the Cash and Carry systems were introduced in 1985 and 1992 respectively (Asenso–Okyere, Anum, Osei-Akoto, & Adukonu, 1998) to improve accessibility and quality of care. These policies required patients to pay part of consultation and diagnosis fees, and entirely pay for medication supplies (Asenso–Okyere et al., 1998). However, this approach resulted in disproportionate access and delivery of essential healthcare to the different socio–economic classes, with the rich urban dwellers having more access to quality healthcare delivery than the poor rural dwellers (Asenso–Okyere et al., 1998; Agyepong, 1999) because, the urban dwellers had more access to money than the rural folks who relied mainly on subsistence farming for their livelihood.

To help clean the perceived mess created by the Hospital Fee Legislation and the Cash and Carry systems, a policy of delivery fee exemption was introduced in 2004 with funds from the Highly Indebted Poor Countries (HIPC) initiative to help assuage the suffering of the Ghanaian regarding healthcare delivery, and to make

healthcare accessible to both the "rich" and the "poor". The Free Medical Care for Pregnant Women was also introduced with funding from a bilateral UK grant of PS42.5 million (Witter et al., 2009). Under the Free Medical Care for Pregnant Women policy, pregnant women received free healthcare from the date of conception until delivery of their babies. This policy was absorbed as part of the National Health Insurance Scheme (NHIS) which was implemented in 2008 (Witter et al, 2009; Blanchet, Fink, & Osei-Akoto, 2012; Agyepong & Adjei, 2008; Gobah & Zhang, 2011). With a change in government in 2009, these programs dwindled because of inadequate funding and government support.

To help improve the quality of healthcare delivery in Ghana, some researchers have suggested ways to reduce the recurrence of some persistent problems. However, problems with healthcare delivery in Ghana appear unending as many of the initiatives proposed for improvement in the past have been ineffective. For example, in the 1980s, policy makers suggested the recruitment and training of Community Health Nurses to provide more efficient and professional care than the volunteers who were used to augment the existing workforce, due to the shortage of registered nurses (Nyonator et al., 2007). However, questions regarding the efficiency of these nurses and continuous financing of the project have been raised (Nyonator et al., 2007). In spite of the many attempts made in the 1980s to make healthcare accessible to all Ghanaians, about 70% of Ghanaians had to travel eight kilometers or further to access healthcare by the 1990s (Ministry of Health, 1998). This contributed to a disturbing phenomenon of increased infant mortality rates among the rural folks of Ghana. Accessibility was, therefore, placed high on the healthcare delivery agenda. Based on results of experiments carried out at the Navrongo Health Research Centre (NHRC), the Community–Based Health Planning and Services (CHPS) Initiative was expanded across Ghana (Nyonator, Awoonor-Williams, Phillips, Jones, & Miller, 2005). The CHPS initiative promotes the utilization of cultural institutions and volunteers to improve healthcare delivery and accessibility to local communities (Nyonator et al., 2005).

In–service training has been suggested as another strategy to close competency gaps of healthcare staff but, this strategy is embedded with some problems because, the program is "centralized, short–term, predominantly classroom training offered from the regional or national level" (Agyepong, 1999. p. 64). Beside the problems with funding, the program is sponsored under specific programs that may not serve the needs of all. For instance, selection of who to train is mainly based on availability of funding, leaving many healthcare staff who need training out (Agyepong, 1999). Also, funds released for malaria control for instance can only be used for malaria control training, irrespective of whether other areas of healthcare need more training than malaria control (Agyepong, 1999). Above all, training may require the introduction of new resources which in many cases are not provided (Agyepong, 1999). These and other problems continue to impede progress in solving some pertinent healthcare problems in Ghana.

Auspiciously, global efforts to reduce financial barriers to healthcare is ongoing, with emphasis on venerable groups (Witter, Adjei, Armar–Klemesu, & Graham, 2009). Efforts by global organizations such as the World Health Organization (WHO) to make quality healthcare accessible to all has been in place since the 1990s (Nyonator, Akosa, Awoonor–Williams, Phillips, & Jones, 2007). As part of the strategies to ensure success with this effort, measures have been put in place to increase accessibility to healthcare, to eliminate obstacles to healthcare delivery, and to enhance the technical competence of service providers, and respect for human dignity and rights (Nyonator et al., 2007). One major scheme to achieve this goal is to establish small–scale healthcare projects within communities to cater for the healthcare needs of community members who otherwise would have difficulty accessing healthcare (Nyonator, 2002).

The Case of FOCOS Orthopaedic Hospital

Research Methodology and Methods

The qualitative methodology, specifically a case study method was utilized in this study. The study is situated in interpretivist epistemology and constructivist ontology. Data collection was based on in–depth interviews, direct observations, and analysis of relevant documents. Face–to–face interviews were conducted at the FOCOS Orthopaedic Hospital facility near Accra, Ghana. A total of 25 managers and supervisors of FOCOS participated in the study. The interviews were organized in an interactive manner. Open ended

questions based on some indicators of *task* and *contextual* performance were asked. Questions to assess performance centered on the dimensions outlined by Poister (2008) and Lambert (2007). Other measures used to assess contextual performance were, *employee satisfaction* and*commitment* to the organization, *trust in leadership* , and*altruism* .

Data were coded and analyzed using the qualitative data analysis procedures presented by Bernard and Ryan (2010). The methods used include transcribing and summarizing the voice recorded responses of each individual interviewee. Individual interview data were coded, and common themes identified of the overall data set. Document reviews were conducted of the policies and protocols used by the organization in its operations. Information gathered from direct observation were also recorded. Data from all three sources; direct interviews, document analyses, and direct observations were compared for validity checks. The proceeding findings from the study are purely based on the data analyses.

Findings

Performance of FOCOS Orthopaedic Hospital

For the purpose of this study, performance at FOCOS was assessed by the scope used by Boman and Motowidlo (1997) in their definition, thus,*task performance* and *contextual performance* . Furthermore, various other dimensions outlined by Poister (2008) and Lambert (2007) were used to assess task performance and contextual performance.

Task Performance

Three of Poister (2008) dimensions, *program effectiveness, operating efficiency,* and *service quality* and three of Lambert (2007) dimensions, *financial stability, long verses short–term impact* , and *tangible impact* were used to assess task performance. Each of the dimensions was distinctly assessed through direct interviews.

Program effectiveness. Target–setting is one criterion used by departmental managers of FOCOS to ensure program effectiveness. Targets are set for members of each department to guide their activities and to ensure they meet organizational goal requirements in a timely manner. Managers monitor progress of work and inspire department members to strive to achieve goals. For clarity of information, instructional materials are translated into "handy measures" that are easily comprehensible by all employees. Also, FOCOS uses strategic planning to ensure the effectiveness of their programs. As indicated by a respondent during the interviews, *the management of FOCOS plan ahead to ensure availability of resources necessary for operational efficiency.*Also, a*ll programs are monitored and evaluated continuously for quick updates where necessary.* One employee narrated that, *good leadership drives the operations of the organization to ensure policies work. . . . . that is why FOCOS emphasizes good leadership as key to program effectiveness.*

Patient feedback is a major source of assessment of employee performance and program effectiveness. Because patient referrals are a major source of publicity for FOCOS, exit interviews are conducted of outpatients to ascertain the quality of service delivery and other environmental issues that contribute to patient satisfaction with the services they received at FOCOS. Other measures of organizational effectiveness include, adherence to organizational values, role modeling, effective communication and the use of protocols for checks and balances to ensure accountability. Employees are expected to do more than their basic job description requirements. As indicated by an executive officer at FOCOS, ordinarily performing ones duties do not constitute high performance. Thus, employees are encouraged to discover new ways to improve service delivery.

Operating efficiency. Taking proper inventory and ensuring equitable distribution of resources is key to operational efficiency. Because FOCOS focuses on orthopedic care, most of the equipment are purposely purchased for orthopedics to ensure equitable use of resources. Electricity and water are considered highly essential for the operations of FOCOS. Therefore, the management of FOCOS ensures that there is constant supply of water and electricity, even in the midst of constant power outages in Ghana. Providing constant electricity and water through means other than the national grid is relatively expensive but FOCOS do that

to ensure patients get value for their money. Employees are encouraged to use resources efficiently and report any faults with equipment as soon as they are detected for immediate attention. FOCOS does everything possible to ensure constancy in the provision of quality service.

Service quality. Providing quality care is central to FOCOS' mission. Achieving this mission goal requires a holistic approach to healthcare delivery. To that effect, the surgery team of FOCOS engages in comprehensive screening to ensure patients are totally ready for surgery before they proceed to the surgery room. One way FOCOS accomplishes this goal is by analyzing patients' history from intake time to the surgery day. This approach provides the surgery team information about patients' progress and areas that need attention. Quality is achieved by involving patients in their own care such that, they are made to ask and answer questions related to the care they receive. One participant stated; *one important measure of patient readiness for surgery is their weight..... weeks prior to and post–surgery, patients are put on special diets and are monitored for progress with their weight to ensure they go through surgery successfully and recover fully without incidence.* Post-surgery reviews are made periodically to ensure patients recover fully, even after they leave the facility. FOCOS links up with a nonprofit organization in Ethiopia to follow up with patients from that country who are the dominant beneficiaries of the services provided at FOCOS presently. Service quality extends beyond patients care to employee care. Work life balance is pertinent to FOCOS, thus, employees are giving some level of flexibility to attend to important issues in their lives beyond work, whilst being monitored to prevent abuse of such privileges. Similar to the patients, FOCOS encourages all employees to stay healthy and sound to continue providing the needed services to patients.

Financial stability. The main goal of FOCOS is to provide quality and affordable orthopedic care to the underprivileged in society but, irrefutably, sustaining the organization depends on financial stability. It was discovered during the interviews that FOCOS' annual budget is approximately six million dollars ($6 million), out of which the organization generates about four million dollars from its operations. An executive member whom we interviewed informed us that, it behooves management to raise the difference of two million ($2 million) from other sources. The organization organizes fundraising, galas, and other activities to raise money to keep the facility running. The executive officer stated that, *it is a huge responsibility but with the help of some philanthropists and by the grace of God we are surviving..... I can confidently say we are financially stable..... at least for now.* FOCOS invests any excess money back into the organization.

Long versus short–term impact. In the interim, FOCOS concentrates on orthopedic care but, there are plans in place to expand their services to include other specialized areas of healthcare delivery. As part of the agenda to sustain their labor needs, FOCOS has instituted a training program for young medical doctors to embrace orthopedic care as their specialty. The ultimate goal of FOCOS is to reach the status of a teaching hospital where orthopedic professionals will be trained. The projected medical school will not only produce professionals with the right skills but, the right attitudes as well. This is because, FOCOS views the provision of quality care not only from the lens of successful surgery or exhibition of excellent skills, but also, having the right attitude to create harmony and inspire others to put up their best. As one participant put it, *training people to acquire the right skills is good but, training people to adopt good working habits is paramount..... our long–term goal is to make FOCOS a brand, and of course, the best specialized hospital in West Africa and beyond.* To achieve the goal of the best orthopedic care facility in West Africa, FOCOS aims at maintaining excellence and delivering optimum satisfaction to their patients.

Tangible impact. FOCOS Orthopaedic Hospital has achieved significant tangible results since its inception in Ghana in 1998. FOCOS started as a mission hospital with mainly volunteers who travelled from the United States to Ghana periodically to offer orthopedic care to people in need. Currently, FOCOS employs about 200 people with healthcare and non–healthcare related backgrounds. Over 35,000 patients have been attended to with 3,000 successful surgeries done with no casualties recorded. A participant stated during the interviews;*successful surgery is the key motivating factor for what we do here..... proudly, not even a single mortality that is directly linked to our work has been recorded since we began operations in Ghana..... some patients come in immobile but return walking, these are some of what the organization esteems..... achieving excellent surgery outcomes and infection free work environment is our goal.* Due to the expertise and the

positive attitude of FOCOS staff, all patients who are referred to FOCOS from other facilities go home amused.

Contextual Performance

Contextual performance was assessed by using one of Poister's dimensions, thus, client satisfaction, and two of Lambert's dimensions, community support and publicity. Other areas of interest were assessed through direct observation and interaction with patients and staffs. Areas assessed include, employee satisfaction and commitment to the organization, trust in leadership, and altruism. Each of the dimensions will be examined in details next.

Client satisfaction. Based on the information obtained from participants of the study, patient satisfaction is central to FOCOS' mission. Patient satisfaction is so pertinent to FOCOS such that, healthcare professionals respond to patients' calls even beyond their work schedule. One senior officer reiterated FOCOS' desire for high patient satisfaction by stating that, *we can only talk about program success when our patients are satisfied with our services... the compelling moral prominence with which employees strive to achieve our mission goals of providing quality care is derived from patients' satisfaction* . Patients with whom we had the opportunity to interact expressed high satisfaction with the services they received from FOCOS and echoed their readiness to refer friends and relatives to FOCOS without hesitation. **Community support.** As part of their contribution to the community in which they operate, FOCOS organizes yearly community outreach programs to educate community members and to do scoliosis screening for school children. When available, FOCOS distributes water back packs to community members to avoid carrying water on their heads, as this act has been identified as a possible cause of spine injury. The presence of FOCOS in the community also serves as a means of security to the community. With the help of FOCOS security, some suspicious people have been apprehended and arrested for theft and burglary. Other unintended consequences that add to the support the community enjoys from FOCOS are more of economic value. One executive officer narrated that, *since the hospital moved to this location, property rates have gone up... all those buildings you see over there were completed because we moved here. Most employees have moved to live closer to their work so there are no empty rooms for rent in this community.* Participants were emphatic about FOCOS' desire to continue supporting the community

Publicity. The laws of Ghana forbid advertising healthcare services on electronic and print media. FOCOS has therefore adopted numerous strategies to publicize their services. As a result of the quality work done at FOCOS, the CEO has received major media attention. The CEO has featured on many local and international media networks, including Ghana Television (GTV), CNN, and Aljazeera, to grant interviews and explain his work as an orthopedic surgeon and the work done at FOCOS. One major medium of publicity for FOCOS is patient referrals. One participant narrated that, *through the provision of quality services our patients go out there to encourage other people to attend the hospital.* Outcome of surgeries and quality of care are major sources of publicity. Some prominent public figures who were once patients of FOCOS have also helped to publicize the hospital.

Employee satisfaction and commitment to the organization. Employee satisfaction and commitment to the organization is perceived to be high. Some participants expressed high satisfaction with their working conditions. For example, one participant explained how the provision of transportation from vantage points to work has eased the pressure on him to get to work early. Another participant emphasized the provision of subsidized lunch at the workplace as a relief to their dining needs. Also prominent was the employees' welfare fund. Some participants expressed gratitude about how the fund has helped them to overcome short–term financial needs. Employees show high sense of commitment and satisfaction by engaging actively in the operations of the organization. A participant posited that, the work environment itself inspires him to work harder.

Trust in leadership. Most participants expressed trust in the management of FOCOS to provide resources so long as they are convinced of its utility to the individual's task performance. Some participants commended the open door policy adopted by management as a resource for transparency and information accessibility.

Overall, information obtained from participants showed that, employees trust the leadership of FOCOS. Notwithstanding the high level of trust expressed by some participants, others indicated their trust in some leaders but not others for various reasons. One participant stated that....*sometimes leaders need to be cautious as people hardly express their real concerns with their leadership styles openly .....Seriously, some individual managers have attitudes that do not please employees but, that does not represent the values of FOCOS so there is no need to complain as the organization does not sanction such behaviors.* Other participants were emphatic about the fact that, in a typical Ghanaian style, a little bit of power play exist in the leadership circles, and personalization of issues intimidate some employees from approaching certain people in the leadership ranks.

Altruism. From close observation, there is cordial relationship among the employees of FOCOS. Further information provided by participants during the interviews, indicated the presence of high perception of helping behavior among FOCOS employees. Especially the security guards go out of their way to help people who visit the facility. They provide directions and offer help whenever needed. One participant stated that, *people go out of their way to help..... even where the situation presents some sort of discomfort.... especially in the wards where patient care is paramount..... some employees switch schedules when their colleagues really need a day off in a collegial manner.* As part of FOCOS organizational culture, employees are encouraged to ask for help when needed, and to offer assistance whenever possible.

Discussion and Research Implications

The findings from this research present a challenge to policy makers and officials of the Ghana Health Services to adopt a more comprehensive approach that goes beyond adopting short–term measures such as training community health nurses and the provision of basic health needs to help solve the many challenges facing the Ghana healthcare system. In addition to fulfilling duties that constitute the technical core of the organizations performance, other contextual factors such as employee attitudes and commitment to work are critical in the delivery of quality healthcare. Based on the findings of this work a model of *Total Quality Care* (TQC) is presented to elaborate the case for quality healthcare delivery in meeting the healthcare needs of the people of Ghana and other developing countries with similar healthcare needs.

Figure 1: **The Total Quality Care Model**

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The Total Quality Care Model presented above emanates from information gathered from the FOCOS case study. This model assumes a holistic approach to healthcare that considers a composite of job relevant skills and other behavioral and environmental factors essential in achieving total quality care for all. Total quality care requires provision of affordable care for all citizens, irrespective of their age, gender, religious affiliation, political affiliation, disability status or any other characteristics that drives discrimination in healthcare delivery. Achieving the total quality care goals requires the establishment of basic infrastructure, rules, and providing the requisite skills to healthcare providers. Provision of clean and safe physical environment is pertinent to total quality care to the extent that, it is important to ensure patients and all who visit the hospital return home without infection from the environment. Total quality care aims at incident free delivery. Other factors that are critical to total quality healthcare delivery include effectiveness and efficient use of resources. Effectiveness refers to strategies adopted to achieve total quality care delivery whilst efficiency relates more to equitable distribution of available resources to achieve total quality care goals. Other contextual factors such as adherence to workplace ethics are critical to total quality care goal achievement.

Value–based leadership helps to establish an ethically charged work environment where trust, respect, and fairness are key drivers of total quality care delivery. Healthcare delivery should be viewed as a relationship

rather than a system of rules that need to be followed. Caring for others should be more of a moral response than a job demand. Skillful and committed employee that experience ccontinuous training and development to sharpen their skills and discover their potential are more likely to be motivated by who lack the necessary skills to perform their duties. Skillful and talented employees are more likely to be efficient and contribute significantly to team performance and overall total quality care delivery goals achievement than semi–skilled employees. Collaboration and recognition of employees' good work coupled with a culture that espouses patient-centered thinking are also important to the total quality care delivery agenda. Working as team rather than a decentered experts will more likely lead to better results and heighten the need to consider patients interest as paramount. Answering the research question, "how can a change in healthcare delivery culture inspire quality healthcare delivery in Ghana", requires a clear definition of each of the dimensions in the TQC model to include the criteria for measuring each of them and continuous monitoring of how the dimensions interact to enhance organizational effectiveness. Also, examining the information gathered to identify systemic strengths and weaknesses, adopting strategies to improve upon weak ends whilst striving to maintain strengths, and developing new strategies to control contradictory occurrences in both the internal and external environments as a result of interactions between the components of the TQC model are important. Careful adherence to these steps will help ensure total quality healthcare delivery for Ghanaians.

Conclusion

Quality health care delivery is important to every nation, however, healthcare delivery in many developing countries including Ghana is embedded with unfathomable problems. Attempts to solve some these problems are met with challenges including insufficient funding and poor work attitudes. Also, most interventions target specific problems with no plan to solve other extraneous problems that impede successful implementation of these interventions. The Total Quality Care Model is presented as an alternative model that espouses the need for a holistic approach to solving healthcare problems and achieving the goal of total quality care delivery for all. Careful adherence to the ideas presented in the TQC will enhance policy decision making regarding quality healthcare delivery.

Limitations

The study was conducted at a nonprofit healthcare facility therefore, the results may not be generalized to all healthcare systems, thus, public and for-profit private facilities. It is recommended that future research include nonprofit, for–profit and, the public healthcare systems to make well informed decision about quality healthcare delivery in Ghana.

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