

Factors Affecting Quality of Health Care Services in Government Facilities in Kakindo Health Centre IV in Kakumiro District

Semambo Nathan

Faculty of Clinical Medicine and Dentistry, Kampala International University Western Campus Uganda.

ABSTRACT

This study aimed to examine the factors that affect quality of health services in Kakindo Health Center IV in Kakumiro District. The study used a cross-sectional design using a quantitative approach on the population which was under study. Data was collected using questionnaires, processed in excel, and word using SSP software for correlation purposes. The study found a high significant relationship between health-related factors, health worker related factors and quality of health service delivery. Patient related factors had a low significance. The study concluded that the quality of health services depends on the level to which the management of the facility provides the employees with a conducive work environment. appropriate knowledge and skills, and positive attitude of health workers towards patients was emphasized. health workers were argued to carry out daily patient education in order to change their traditional beliefs. Grading the facility to a level of Hospital this would help to build more infrastructure for both patients and staffs, for security of both patients and staff, the facility needs tapped water so that staff can access clean water inwards, especially the paediatric ward, theatre, general ward, outpatient department, A R T Clinic Cold chain unit and a few staff quarters. A proper fence must be put constructed at the facility.

Keywords: Health service, Health workers, Patients, Delivery, Staff.

INTRODUCTION

The study examined the factors affecting the quality of health services at Kakindo Health Centre IV in Kakumiro District. The health facility, health workers, and patient factors were the independent variables, while the quality of health services delivery was the dependent variable of the study. This chapter describes in detail the background of the study, the statement of the problem, the general objectives of the study, the specific objectives, research questions, the research hypothesis, the scope of the study, the significance of the study, justification and the conceptual from work. There is great concern about the quality of health services in hospitals across the world. Varying deficiencies in the quality of health services have been evident in both developed and developing countries, especially in Africa. The quality of health services is still low in terms of the doctor-patient ratio, supply of drugs, medical tools and equipment for diagnosis services and access to health services in terms of long-distance move by patients to the hospitals [1, 2, 3].

Quality of health service delivery determines the level of utilization of the hospital facility by patient's treatment. Governments in both developed and developing countries have become interested in the need to improve the quality of health services. There is also a very minimal participation of the community in health services because of limited resources [4]. The funding for health services in African countries is mostly dependent on donor funds from developed countries. Over 50% of health sector funds are from developed countries. This is also reflected in the Poverty Eradication Action Plan (PEAP 2004-2005) [5]. As a result, the health sector in Uganda still has a challenge of achieving the global health objective of ensuring high-quality health service which can indicate a high recovery rate after treatment [6, 7, 8]. Thus, there is a need to monitor and evaluate the quality of health service delivery for quality assurance and put in place supportive actions through supervision of health services in health centers. Kakindo Health Centre IV was started in 1945

initially at the dispensary level. It used to provide a minimum of health services such as immunization of children for the six killer diseases, and first aid treatment for malaria, cough and flu. In 1986 the facility was upgraded from a dispensary to Health Centre Three with additional services including antenatal and, maternity, and finally, it became Health Centre IV in the year 2000 with the construction of the theatre which led to major operations like caesarian section to be done there. Construction of the mother's waiting shade was done in 2013 by I D I and S M G L, Construction of the pediatric ward was also completed in the year 2014 with a total bed capacity of sixteen beds, by World Vision Uganda. Other services offered include dental services, nutritional services, R C T, O P D, In-patient, and laboratory services. The health centre serves a collection area with an estimated population of more than one hundred thousand (100,000) people with only 49 health providers currently and yet there is a great concern about the low quality of health services this facility provides to the community in terms of long waiting hours before getting the service, inadequate medicines, unavailability of essential medicines among others. The study used Herzberg's motivation-hygiene theory to analyze the factors affecting the quality of health service at Kakindo Health IV. The theory assumes that human beings operate at two levels, the physical and psychological levels. The psychological level which includes the inmate motivation aspect of man influenced by several factors among which include achievement, recognition, work itself, responsibility, advancement and growth. This theory further considered the hygiene factors that were physical to human beings such as institutional policy and supervision, relationship with supervisors, working conditions, relationship with subordinates, status in society and security of the job and personal property [9]. At the psychological level, motivation to improve performance is linked to a feeling of self-fulfillment, achievement and recognition. These feelings can be influenced by providing quality

Study Design

A cross sectional descriptive study [11] using quantitative methods was used to assess the factors that were affecting the quality of health service delivery at kakindo health Centre IV. The factors in question were, environmental factors, attitude, knowledge and practices, of health workers at Kakindo Health Centre IV. This design was used because it was easy for the researcher to be able to quantify data from health workers by use of

services. The quality of service involves customer care to clients, teamwork and a conducive working environment to ensure that staff are motivated to satisfy patient's needs. At a large socio-cultural level, motivation factors can include Relationships between co-workers, and clients, support from community leaders and perception of community members concerning services [10].

Statement of the problem

The provision of quality health service is vital and a matter of great concern to the whole world. The perception of the community towards quality health services is aligned on the availability, sustainable, timely, patient oriented of affordable health services in health facility. Kakindo Health Centre IV handles complicated medical and surgical cases including those from the community around it and referrals from other health Centers such as Nyarweyo Health centre three, Kisiita Health Centre three, Kasambya Health Centre three, Birembo Health Centre three, Kasenyi Health Centre three, Kigando health Centre three, Igayaza and masaka health Centre three and many others from private health facilities. While efforts were made to ensure supply of drugs and some medical equipment to use in the facility, employment of skilled medical and nonmedical workers as well as improved remunerations, the quality-of-service delivery was still low. The community was concerned about the long waiting period by the patient before access to health services, unfriendly interpersonal relations between health workers and patients and the shortage of drugs in the facility, failure to get treatment or patients being told to go and buy certain drugs, others being referred to other facilities due to lack of certain treatment and others dying due to lack of proper management. There is no study done at kakindo health Centre iv to find out factors affecting quality of health care but it's believed that the quality of health services is still lacking. It was against this back ground the researcher set to the field in order to find out what were factors affecting the quality of health service delivery at Kakindo Health Centre IV.

METHODOLOGY

structured interviewed questionnaire.

Area of Study

The study was conducted at Kakindo Health Centre IV Kakumiro District which is a government Health Facility. It is approximately 50 kilometres from the District Headquarters and 340 Kilometers from Kampala Capital City of Uganda located in South Western of Uganda Bunyoro Region. The area has relatively flat Land with gentle slopes with fertile soils with the majority of the population being

peasant farmers, who are also Banyoro, Bakiga, Basoga, Banyankole, Banyalwanda tribes there. The facility currently serves a population of 500 patients per day and with the total number of staff equaling 49 these include medical officers, clinical officers, Nursing officers, Laboratory technicians and technologists, Lab Assistants, Theatre Assistants, among others.

Study Population

The study was conducted among all the staffs working at Kakindo Health Centre IV.

Sample Size Determination

Estimation of the sample size was determined statistically using [12] statistical method below

$$n = \frac{X^2NP}{d^2(N-1) + X^2P(1-P)}$$

$$d^2(N-1) + X^2P(1-P)$$

Where;

n= desired sample size,

X² = the table value of chi-square for 1 degree of freedom at the desired confidence level 1.96².

N = the population size,

P = the population proportion (assumed to be 48 since this would provide the maximum sample size) and d = the degree of accuracy expressed as a proportion (0.5).

$$n = \frac{(1.96)^2 \times 50 \times 0.5 \times (1-0.5)}{(0.05)^2 \times (50-1) + (1.96)^2 \times 0.5 \times (1-0.5)}$$

$$(0.05)^2 \times (50-1) + (1.96)^2 \times 0.5 \times (1-0.5)$$

Where;

n = 44 participants were selected.

Sampling Procedure and Rationale

A Convenience sampling technical is a type of non – probability or non–random sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate were included for the purpose of the study. It was important in this study because it gave time for the participants to carry out with their normal duty hence good results were generated as both interviewer and interviewee were not under tension.

Inclusion Criteria

The study included all health workers at Kakindo

Health Centre IV who were available and consented.

Exclusion Criteria

The supporting staff of Kakindo health, all health workers who were from Kakindo health Centre iv, and all staff of Kakindo health centre iv who did not consent, were excluded from the study.

Definition of Variables

Independent variables were the health facility environmental factors, attitude, knowledge and practices of health workers. The dependent variable was the quality of health service delivery.

Research instruments

These included structured questionnaires.

Data collection procedure

A Questionnaire was issued to each respondent after a thorough explanation of all the steps to follow. All completed questionnaires were collected by the researcher from the participants.

Data management

Data was managed to maintain the maximum level of confidentiality of information collected from each participant. Un Authorized Personnel were not allowed to access data. Data was collected during the day to ensure safety.

Data Processing and Analysis

The filled questionnaires were checked at the end of each day by the researcher to ensure completeness and accuracy. Data collected was processed and analyzed using Microsoft word 2010, Microsoft Excel, and calculators and presented in a descriptive form of pie charts, and tables using the SPSS system.

Ethical Considerations

The researcher obtained an introductory letter from Kampala International University western compass, faculty of clinical medicine and dentistry, introducing him to the in charge of Kakindo Health Centre IV as a fifth-year medical student, requesting for permission to conduct his research. The researcher obtained permission from the facility in charge which made him to reach the respondents for data collection. All participants were given a consent form and signed before the process of data collection. All participants were assured of confidentiality. In case one wanted to stop from participating for any reason, he or she was not stopped [13].

RESULTS

Biodemographic Data

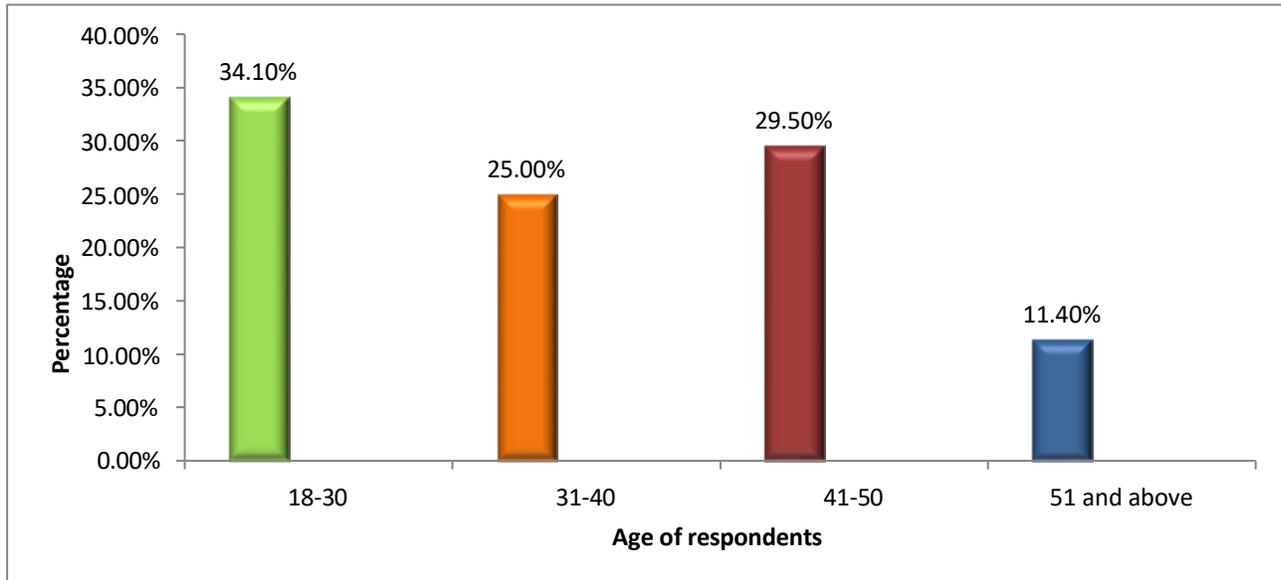


Figure 1: Age of respondents

Results represented from the figure above show that the majority (34.1%) of respondents were aged between 18-30, followed by the age group 41-50 (29.5%), then followed by the age group 31-40 (25.0%), and the minority of the respondents (11.4%) belonged to 51 years and above. These results indicate that the health facility consists of young and

energetic health workers, with the highest proportion falling within the age group of 18-30. Younger health workers often bring fresh perspectives, up-to-date knowledge, and enthusiasm for their roles, which can positively impact the quality of health care service delivery at Kakindo Health Centre IV, Kakumiro District.

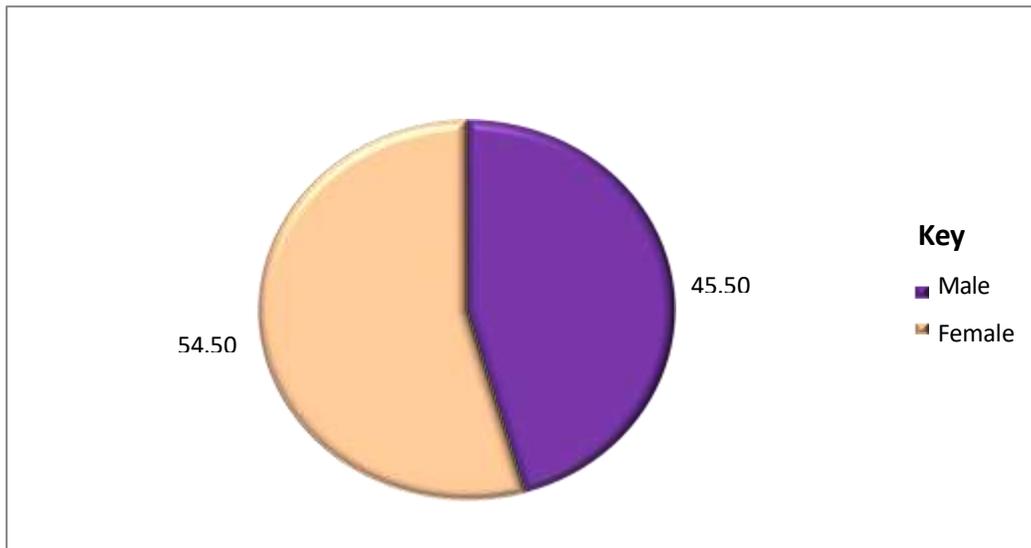


Figure 2: Respondent's gender

Results represented from the figure above show that the gender distribution of respondents was such that 45.5% of them were male and 54.5% were female. These results indicate that the study had a relatively balanced representation of both genders. This gender

balance suggests that the study considered perspectives from both males and females, contributing to a more comprehensive understanding of the healthcare service delivery dynamics.

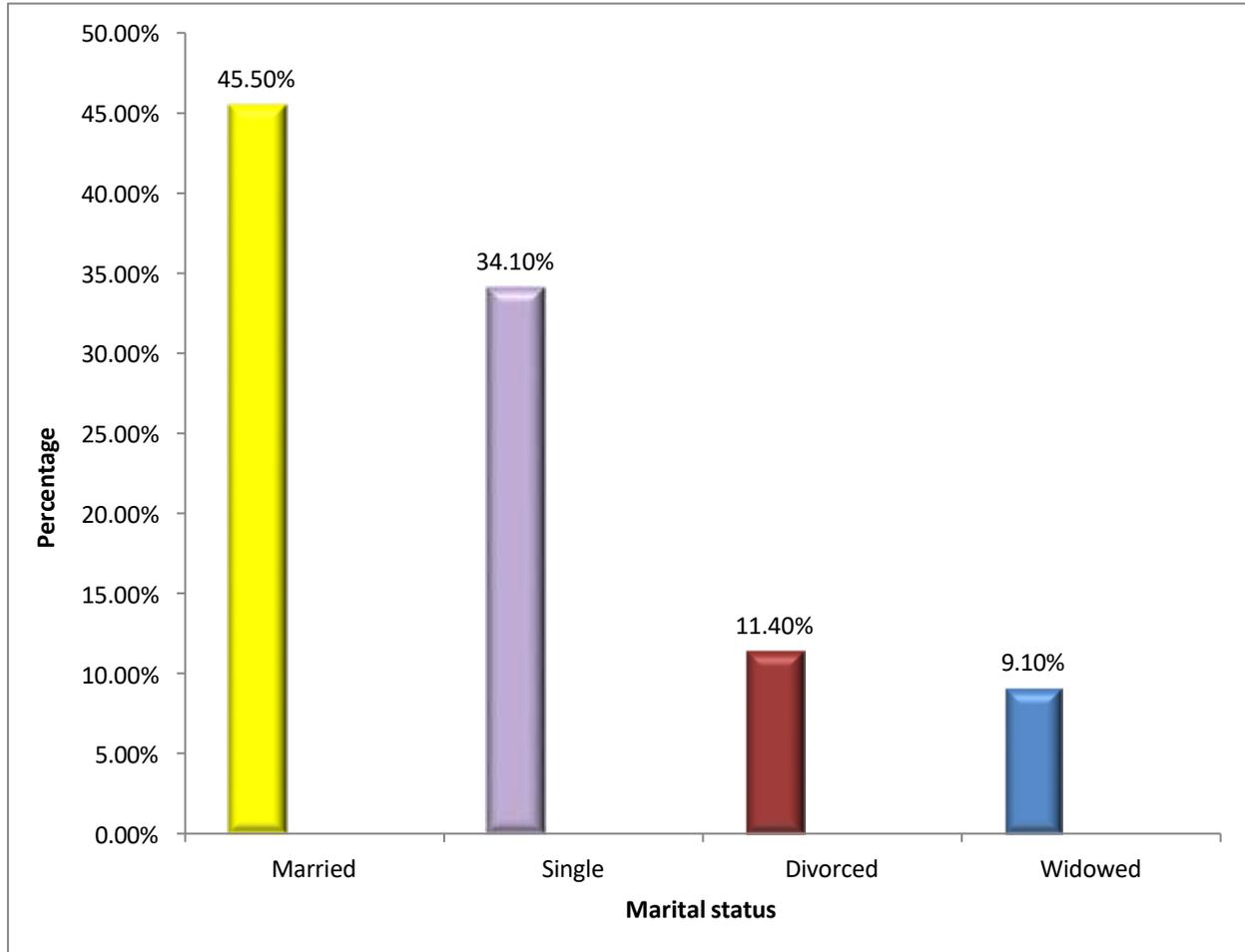


Figure 3: Marital status of the respondents

The figure above shows the marital status distribution of the respondents in the study. Among the participants, 45.5% were married, 34.1% were single, 11.4% were divorced, and 9.1% were widowed. The results demonstrate a diverse representation of marital statuses among the respondents, which

allows for a comprehensive analysis of factors affecting the quality of health care service delivery at Kakindo Health Centre IV, Kakumiro District, considering the perspectives of individuals in different marital situations.

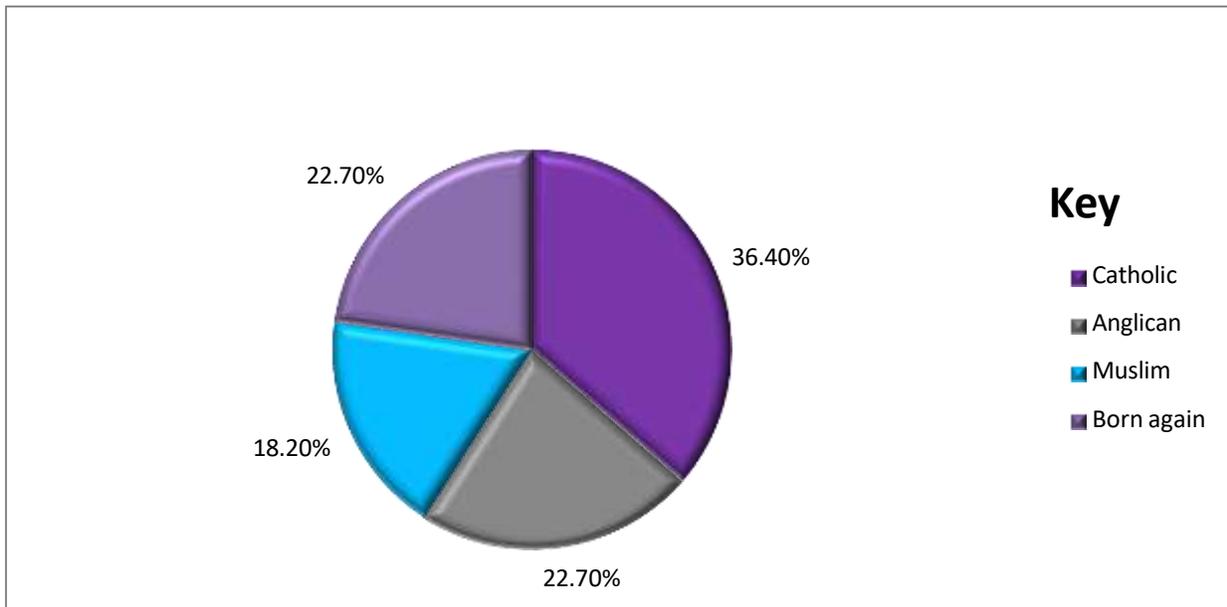


Figure 4: Religion of the respondents

The figure above presents the distribution of respondents' religious affiliations in the study. Among the participants, 36.4% identified as Catholic, 22.7% as Anglican, 18.2% as Muslim, and another 22.7% identified as "Born again." The results highlight the

religious diversity among the respondents, which is essential for understanding the impact of religious beliefs and practices on factors affecting the quality of health care service delivery at Kakindo Health Centre IV, Kakumiro District.

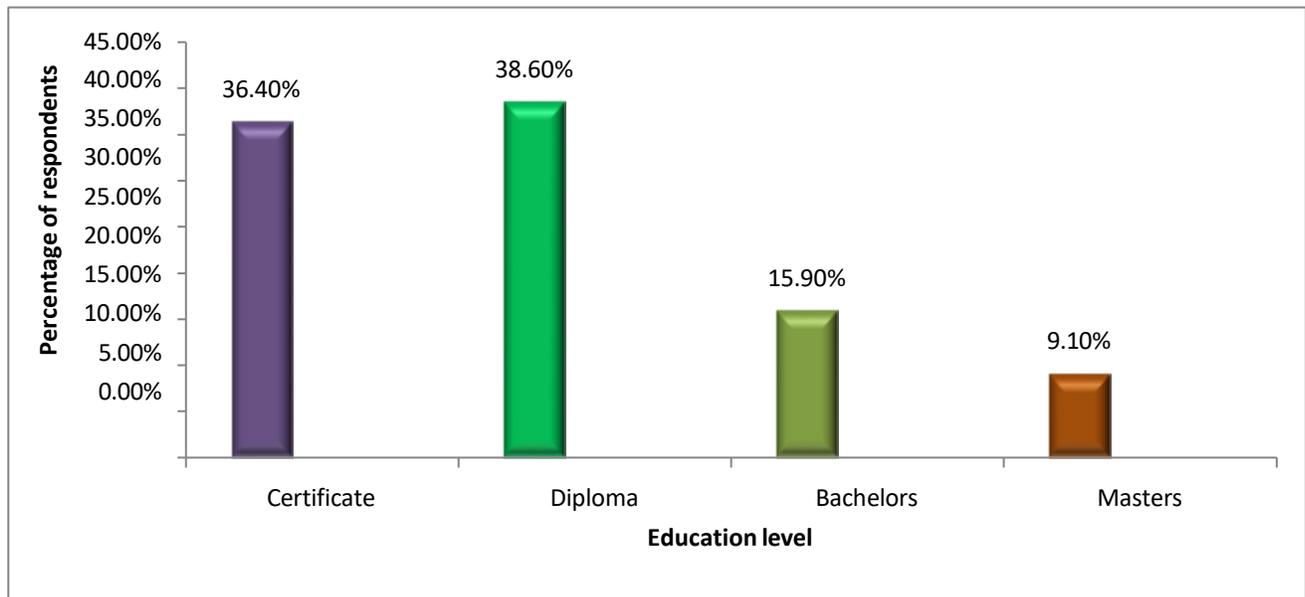


Figure 5: Education level of the respondents

The figure above illustrates the education level distribution of the respondents in the study. Among the participants, the majority (38.6%) held a Diploma, followed closely by those with a Certificate (36.4%). In comparison, a smaller proportion had a Bachelor's degree (15.9%), and the minority of the respondents (9.1%) held a Master's degree. The results reveal a

diverse range of educational backgrounds among the participants, with the majority having completed a Diploma, which is crucial for understanding how different levels of education may influence the perception and utilization of health care services at Kakindo Health Centre IV, Kakumiro District.

Health Facility Related Factors Affecting Quality Health Care Service Delivery

Table 1: Health-facility related factors affecting quality health care service delivery

Statement		Strongly	Agree	Disagree	Strongly
		Agree		Disagree	Disagree
The health center has enough buildings to accommodate patients and staff.	Freq	9	14	19	2
	(%)	20.5	31.8	43.2	4.5
There are enough seats and waiting areas for patients at the health center.	Freq	6	17	20	1
	(%)	13.6	38.6	45.5	2.3
The health center has enough beds and mattresses for patient care.	Freq	9	12	22	1
	(%)	20.5	27.3	50.0	2.3
There are enough wards to provide appropriate patient isolation and care.	Freq	5	24	13	2
	(%)	11.4	54.5	29.5	4.5
The health center provides accommodation for its staff, if necessary.	Freq	14	19	10	1
	(%)	31.8	43.2	22.7	2.3
The noise level at the health center is controlled and conducive to healing.	Freq	2	24	15	3
	(%)	4.5	54.5	34.1	6.8
The health center has a reliable source of water for various purposes.	Freq	1	21	18	4
	(%)	2.3	47.7	40.9	9.
	Freq	8	14	19	3
The health center premises are properly fenced for security and privacy.	(%)	18.2	31.8	43.2	6.8
	Freq	7	24	12	1
The health centre is accessible to people with disabilities.	(%)	15.9	54.5	27.3	2.3
	Freq	4	20	19	1
The health centre maintains a clean and hygienic environment.	(%)	9.1	45.5	43.2	2.3

The majority of the respondents (43.2%) disagreed that the health centre has enough buildings to accommodate patients and staff. This might be because the health centre is facing increased demand, and the current infrastructure may not be sufficient to meet the growing patient population. On the other hand, 20.5% of respondents strongly agreed, indicating that while some recognize the limitations in the existing infrastructure, they still acknowledge that the health centre is making efforts to manage the available buildings. The highest number of respondents (38.6%) agreed that there are enough seats and waiting areas for patients at the health centre. This positive response may indicate that the health centre has adequate facilities to accommodate patients while they wait, leading to a more comfortable experience. Conversely, the lowest percentage of respondents (2.3%) strongly disagreed, suggesting that there is at least a small portion of respondents who feel strongly dissatisfied with the seating and waiting arrangements, possibly due to overcrowding or poor seating conditions. The highest number of respondents (50.0%) strongly disagreed that the health centre has enough beds and mattresses for patient care. This indicates a critical issue with the availability of beds, which could lead to compromised patient care and comfort. On the other hand, 27.3% of respondents agreed, suggesting that some recognize that there might be a shortage, but the health centre still manages to accommodate patients to some extent. The majority of the respondents (54.5%) agreed that there are enough wards to provide appropriate patient isolation and care. This suggests that the health center is making efforts to maintain proper isolation facilities, especially during contagious disease outbreaks. In contrast, the lowest percentage of respondents (11.4%) strongly disagreed, indicating that a minority of respondents perceive that the health center does have adequate wards for patient isolation, possibly due to real issues with insufficient isolation wards or a lack of awareness among some respondents about the availability of such facilities. The highest number of respondents (43.2%) agreed that the health centre provides accommodation for its staff if necessary. This positive response suggests that the health centre takes care of its staff's accommodation needs, which can be beneficial in attracting and retaining healthcare professionals. Conversely, the lowest percentage of respondents (2.3%) strongly disagreed, indicating that only a small portion of respondents believe that the health

centre does not provide staff accommodation when necessary. The reasons for this response could be limited availability of staff accommodation or dissatisfaction among some staff members. The majority of the respondents (54.5%) agreed that the noise level at the health centre is controlled and conducive to healing. This suggests that the health centre has implemented measures to maintain a peaceful environment for the patient's well-being and recovery. However, only a small minority (4.5%) strongly agreed, indicating that some respondents feel there is still room for improvement in providing an optimal noise-free environment for healing. The highest number of respondents (47.7%) agreed that the health centre has a reliable source of water for various purposes. This positive response suggests that the health centre ensures a consistent water supply, which is crucial for maintaining hygiene and patient care. On the other hand, the lowest percentage of respondents (2.3%) strongly disagreed, indicating that only a small minority believe that the health centre lacks a reliable source of water, which could be due to isolated incidents or specific periods of water supply disruption. The majority of the respondents (43.2%) disagreed that the health centre premises are properly fenced for security and privacy. This suggests that many respondents believe that the health centre needs to improve its security measures to ensure the safety and privacy of patients and staff. Conversely, 18.2% of respondents agreed, indicating that while the health centre has taken some security measures, there are still areas for improvement. The majority of the respondents (54.5%) agreed that the health centre is accessible to people with disabilities. This indicates that the health centre has made efforts to ensure it is inclusive and accessible for all patients, regardless of their disabilities. On the other hand, only a very small minority (2.3%) strongly disagreed, suggesting that there might be specific instances of difficulty faced by individuals with disabilities, but overall, the majority of respondents acknowledge the centre's efforts towards accessibility. The highest number of respondents (45.5%) agreed that the health centre maintains a clean and hygienic environment. This suggests that the majority of respondents are satisfied with the cleanliness standards at the health centre. However, only 9.1% of respondents strongly agreed, indicating that there might be some room for improvement in the health center's cleanliness and hygiene practices. Overall, the agreement shows that the health center is making efforts to provide a clean environment for patients.

Health-Worker Factors Affecting Quality Health Care Service Delivery

Table 2: Health worker-related factors affecting Quality health care service delivery

Statement		Strongly	Agree	Disagree	Strongly
		Agree			Disagree
The health workers at the facility demonstrate sufficient medical knowledge and expertise.	Freq	4	17	21	2
	(%)	9.1	38.6	47.7	4.5
The health workers show empathy and respect towards patients' concerns and needs.	Freq	8	14	14	8
	(%)	18.2	31.8	31.8	18.2
The health workers actively involve patients in the decision-making process.	Freq	3	18	22	1
	(%)	6.8	40.9	50.0	2.3
The health workers communicate clearly and effectively with patients.	Freq	10	16	17	1
	(%)	22.7	36.4	38.6	2.3
The health workers maintain a professional attitude and behavior at all times.	Freq	17	9	15	3
	(%)	38.6	20.5	34.1	6.8
The health workers are skilled in accurately diagnosing medical conditions.	Freq	10	13	14	6
	(%)	22.7	29.5	31.8	13.6
The health workers provide clear explanations of medical conditions and treatment options.	Freq	11	13	12	8
	(%)	25.0	29.5	27.3	18.2
The health workers maintain confidentiality and privacy in patient interactions.	Freq	8	26	10	0
	(%)	18.2	59.1	22.7	0.0
The health workers regularly update their medical knowledge and skills.	Freq	2	21	12	9
	(%)	4.5	47.7	27.3	20.5
The health workers ensure continuity of care and provide adequate follow-up.	Freq	5	23	13	3
	(%)	11.4	52.3	29.5	6.8

The majority of the respondents (47.7%) disagreed that the health workers at the facility demonstrate sufficient medical knowledge and expertise. This suggests that a significant number of respondents have concerns about the level of knowledge and expertise displayed by the health workers. Conversely, 38.6% of respondents agreed, indicating that some respondents are satisfied with the medical knowledge and expertise demonstrated by the health workers. The highest number of respondents (31.8%) agreed that the health workers show empathy and respect towards patients' concerns and needs. This indicates that a considerable portion of respondents perceive that the health workers treat patients with empathy and respect. However, the same percentage of respondents (31.8%) disagreed, suggesting an equal number of respondents have a different experience, possibly feeling that the health workers lack empathy and respect. The majority of the respondents (50.0%) disagreed that the health workers actively involve patients in the decision-making process. This indicates that many respondents feel that patients are not adequately involved in their treatment decisions. On the other hand, 40.9% of respondents agreed, suggesting that some patients do experience active involvement in the decision-making process. The highest number of respondents (38.6%) disagreed that the health workers communicate clearly and effectively with patients. This suggests that a significant portion of respondents feel that the health workers' communication is lacking. On the other hand, 36.4% of respondents agreed, indicating that some patients do experience clear and effective communication with health workers. The majority of the respondents (38.6%) strongly agreed that health workers maintain a professional attitude and behaviour at all times. This indicates that a significant number of respondents perceive the health workers as consistently displaying professionalism. Conversely, 20.5% of respondents disagreed, suggesting that some respondents have observed

unprofessional behaviour among health workers. The highest number of respondents (31.8%) disagreed that the health workers are skilled in accurately diagnosing medical conditions. This suggests that a considerable portion of respondents doubt the diagnostic skills of the health workers. On the other hand, 29.5% of respondents agreed, indicating that some believe the health workers possess adequate diagnostic skills. The highest number of respondents (29.5%) disagreed that the health workers provide clear explanations of medical conditions and treatment options. This indicates that many respondents perceive that the health workers' explanations are not clear enough. Conversely, 25.0% of respondents agreed, suggesting that some patients do receive clear explanations from health workers. The majority of the respondents (59.1%) agreed that health workers maintain confidentiality and privacy in patient interactions. This positive response suggests that the health workers are generally perceived as respecting patient privacy. However, 22.7% of respondents disagreed, indicating that there are some concerns about confidentiality and privacy breaches. The highest number of respondents (47.7%) agreed that health workers regularly update their medical knowledge and skills. This indicates that many respondents believe that health workers make efforts to stay updated. On the other hand, 20.5% of respondents strongly disagreed, suggesting that some believe that health workers do not prioritize continuous improvement of their knowledge and skills. The majority of the respondents (52.3%) agreed that the health workers ensure continuity of care and provide adequate follow-up. This indicates that many respondents perceive that the health workers make efforts to provide ongoing care and follow-up. Conversely, 11.4% of respondents disagreed, suggesting that a minority believe there are shortcomings in the continuity of care and follow-up provided by health workers.

Patient-Related Factors Affecting Quality Health Care Service Delivery

Table 3: Patient-related factors affecting quality healthcare care service delivery

Statement		Strongly Agree	Agree	Disagree	Strongly Disagree
Patients maintaining good personal hygiene positively influence the quality of care they receive from health workers.	Freq	17	9	16	2
	(%)	38.6	20.5	36.4	4.5
Patients' adherence to treatment plans enhances the effectiveness of care provided by health workers.	Freq	14	15	14	1
	(%)	31.8	34.1	31.8	2.3
Patients' Religion	freq	17	10	10	7
	%	38.6	22.7	22.7	15.9
Patients' cultures	freq	9	16	2	17
	%	20.5	36.4	4.5	38.6
Addiction to drugs	Freq	5	16	15	8
	(%)	11.4	36.4	34.1	18.2
Patients' financial cooperation allows health workers to offer comprehensive care without constraints.	Freq	7	17	16	4
	(%)	15.9	38.6	36.4	9.1
Patients being proactive in sharing their medical history helps health workers make accurate diagnoses.	Freq	7	17	10	10
	(%)	15.9	38.6	22.7	22.7
Patients actively engaging in discussions with health workers leads to more informed and personalized care.	Freq	2	21	9	12
	(%)	4.5	47.7	20.5	27.3
Patient's willingness to follow health workers' advice and instructions contribute to better health outcomes.	Freq	6	17	15	6
	(%)	13.6	38.6	34.1	34.1
Patients having a support system or caregiver assists health workers in ensuring continuity of care.	Freq	4	20	16	4
	(%)	9.1	45.5	36.4	9.1
Patient's commitment to lifestyle changes positively impacts the overall effectiveness of healthcare interventions provided by health workers	Freq	5	16	15	8
	(%)	11.4	36.4	34.1	18.2

The majority of the respondents (36.4%) disagreed that patients maintaining good personal hygiene positively influence the quality of care they receive from health workers. This suggests that a significant portion of respondents do not believe that personal hygiene directly impacts the quality of care. On the other hand, 38.6% of respondents strongly agreed, indicating that a considerable number of respondents recognize the importance of personal hygiene in influencing the care they receive. The highest number of respondents (34.1%) agreed that patients' adherence to treatment plans enhances the effectiveness of care provided by health workers. This indicates that a considerable portion of respondents acknowledge the importance of patient compliance in achieving better health outcomes. However, 31.8% of respondents disagreed, suggesting that some respondents may not perceive a direct correlation between treatment adherence and the effectiveness of care. The majority of the respondents (38.6%) agreed that patients' religion influences health service delivery. This suggests that many respondents believe that religion plays a role in shaping the healthcare experience. Similarly, 22.7% of respondents disagreed, indicating that a significant number of respondents do not consider religion as a significant factor in healthcare. There is also a sizeable proportion of respondents (15.9%) who were neutral on this aspect. The highest number of respondents (38.6%) agreed that patients' cultures impact health service delivery. This indicates that many respondents perceive culture as an influential factor in the healthcare context. On the other hand, 36.4% of respondents disagreed, suggesting that a significant proportion of respondents do not view culture as a major determinant of healthcare outcomes. A smaller percentage (20.5%) of respondents were neutral on this matter. The majority of the respondents (36.4%) agreed that addiction to drugs affects health service delivery. This suggests that many respondents believe drug addiction plays a role in influencing healthcare outcomes. Additionally, 34.1% of respondents disagreed, indicating that a significant number of respondents do not consider drug addiction to have a strong impact on health service delivery. A smaller percentage (18.2%) of respondents were neutral on this issue. The majority of the respondents (38.6%) agreed that patients' financial cooperation allows health workers to offer comprehensive care without constraints. This suggests that many respondents recognize the significance of financial cooperation in facilitating better access to healthcare services.

Conversely, 15.9% of respondents disagreed, indicating that some believe financial cooperation might not directly impact the quality of care provided. The highest number of respondents (38.6%) agreed that patients being proactive in sharing their medical history helps health workers make accurate diagnoses. This indicates that a significant portion of respondents perceive patient involvement in providing medical history as essential for effective diagnosis. On the other hand, 22.7% of respondents disagreed, suggesting that some do not consider patient participation in medical history sharing as crucial for accurate diagnoses. The majority of the respondents (47.7%) agreed that patients actively engaging in discussions with health workers lead to more informed and personalized care. This suggests that many respondents recognize the value of patient engagement in discussions as a means to better understand their healthcare needs. Conversely, 4.5% of respondents strongly agreed, indicating that only a small minority strongly believes in the impact of patient engagement on care personalization. The highest number of respondents (34.1%) disagreed that patients' willingness to follow health workers' advice and instructions contributes to better health outcomes. This suggests that a considerable portion of respondents might not perceive a direct relationship between patient compliance with advice and improved health outcomes. Conversely, 13.6% of respondents strongly agreed, indicating that only a small minority strongly believe in the importance of patient compliance for better health outcomes. The majority of the respondents (45.5%) agreed that patients having a support system or caregiver assists health workers in ensuring continuity of care. This suggests that many respondents recognize the significance of patient support systems in maintaining continuous care. Conversely, 9.1% of respondents disagreed, indicating that some do not consider patient support systems as crucial for care continuity. The highest number of respondents (36.4%) disagreed that patients' commitment to lifestyle changes positively impacts the overall effectiveness of healthcare interventions provided by health workers. This suggests that a significant portion of respondents may not perceive a direct correlation between patient lifestyle changes and the overall effectiveness of healthcare interventions. Conversely, 11.4% of respondents strongly agreed, indicating that only a small minority strongly believe in the impact of patient lifestyle changes on healthcare interventions' effectiveness.

Table 4: Relationship between Health worker related factors and patient-related factors

Health-worker related factors	Patient-related factors	
Health-worker related factors	1.297**	
Pearson Correlation Sig. (2-tailed)		
N	125	125
Patient related factors	.297**	1.000
Pearson Correlation Sig. (2-tailed)		
N	44	44

The table above presents the results of the correlation analysis between Health-worker-related factors and Patient-related factors. The Pearson correlation coefficient between these two sets of factors is 0.297 with a two-tailed significance level of $p = 0.000$ (expressed as 0.000 in scientific notation). The positive correlation coefficient ($r = 0.297$) indicates a moderate positive association between

Health-worker related factors and Patient-related factors. The statistically significant p-value ($p < 0.001$) suggests that this correlation is unlikely to have occurred by chance, providing strong evidence to reject the null hypothesis. Thus, the relationship between Health-worker-related factors and Patient-related factors is positive and statistically significant.

Table 5: Relationship between Health worker related factors and Health facility related factors

Health worker related factors	Health facility-related factors	Pearson Correlation
Sig. (2-tailed)	1.184**	.032
N	44	44

The table above presents the results of the correlation analysis between Health worker-related factors and Health facility-related factors. The Pearson correlation coefficient between these two sets of factors is 0.184 with a two-tailed significance level of $p = 0.032$. The positive correlation coefficient ($r = 0.184$) indicates a weak positive association between Health worker-related factors and Health

facility-related factors. The statistically significant p-value ($p = 0.032$) suggests that this correlation is unlikely to have occurred by chance, providing evidence to reject the null hypothesis. Thus, the relationship between Health worker-related factors and Health facility-related factors is positive and statistically significant.

DISCUSSIONS

Facility-related factors affecting the quality of health service delivery

The facility did not have enough infrastructure in terms of patient ward, O P D, which resulted in the congestion of the facility, leading to poor health service delivery. Patients were found sleeping on the floor while receiving treatment because the facility did not have enough beds and mattresses. The result of a similar study was reported by [14] in his study in Entebe Hospital where he found out that poor, unrenovated wards were the factor affecting health service delivery. In addition, the facility was found to have very small wards, with many patients. The space within the wards was quite inadequate. The (U R N, 20170) revealed the same results in the Kagadi General Hospital Kagadi district that expectant mothers struggle to find space and beds. The hospital receives about 20 expectant mothers daily, and the available space and beds in the facility are not enough for the expectant mothers, exposing newborn babies to infections. In addition to the above, a study from Palisa General Hospital palisa district revealed that

due to lack of space in the hospital patient with diabetes are reviewed once in a month. Inadequate protective gears for the staffs like gloves, boots, aprons were not available most of the times, 52% of respondents reported. This implied that most health workers do not put on gloves while doing some procedure on patients. Leading to the contraction of diseases, and contamination. In line with the above, lack of essential medicines was another surrounding factor affecting healthcare delivery at kakindo Health Centre IV. This was because the facility receives very little medicine from the government, causing patients to go home without medications, and developing complications. This finding concurred with Studies done in South Africa on the Experience of Nurses in a critical shortage of medical equipment in a rural District revealed that Nurses expressed concern about inadequate and irrelevant equipment for demonstrating Nursing procedures to students' e.g. incomplete delivery parks and lack of valval swabbing packs after delivery [15]. In South Africa, a study was carried out to find out the effects and determinants of stock outs of Anti TB Drugs and

found out that health workers were substituting Anti TB drugs with other Medicines hence causing poor treatment outcomes [16]. The study found that the facility had only a borehole as the source of water. This borehole supplies water to all departments where a cleaner has to pump water in a jerrycan, then carry it and pour it into buckets to various departments. Alternatively, the facility uses rain as a second source of water. This is only applicable during the rainy season. This was in line with the [17] report which indicated that one in four healthcare facilities lacks basic water supply services worldwide. This impacts 1.5 billion people majority being in less developed countries. This has resulted in the spread of infections, and sepsis among others The study further added that 17 million people give birth in health centres with in adequate water supply, sanitation, and hygiene. The fact the facility is located along the highway to Hoima near the stage of Boboda, and also within the town council there was noise in the facility though it was reported by the minority 38% of the respondents. This affected the mental well-being of the patients who receive patients and, destruction of health workers while on duty. This study finding concurs with [18] report where it was stated that an estimated one million healthy life years were lost from traffic-related noise in the western part of Europe only. The report further mentioned the causes of noise in health facilities such as exposure are road, railway and air traffic, or building sites. The report it was also added that noise exposure can also occur through other sources such as wind turbines, and leisure activities such as listening to loud music or other audio content including participation in e-sports (video and computer game competitions). Excessive noise can cause annoyance; in addition, research shows it increases the risk for IHD and hypertension, sleep disturbance, hearing impairment, tinnitus and cognitive impairment, with increasing evidence for other health impacts such as adverse birth outcomes and mental health problems. The study further found out that there was a lot of insecurity within the facility. This was so because ever since the facility was constructed it has never been fenced. This puts the lives of patients staff, and the government at high risk of being stolen by thieves.

The health worker's related factors affecting the quality of health service delivery.

They further established that more than half of the respondents 54% of the respondents were unable to manage patients properly on their own. The majority could not take a proper history of the patients, could not ask for correct investigations, and hence made a wrong diagnosis. This is because

the majority were certificate holders, yet they are the ones most employed in big numbers as compared to other higher carders. They spend most of the time consulting other than the management of the patients, hence causing the delay. Further studies in Masindi District in which the primary care health workers were asked about how comfortable they were in diagnosing and managing respiratory diseases, only 8% indicated that they were very comfortable in doing so. More than half (52%) of the respondents indicated that they were not comfortable with diagnosing and managing respiratory diseases [6]. In Nigeria, a study conducted on the knowledge and attitude of health workers towards TB patients under direct observation treatment found that of the 76 respondents, 41 (53.9%) were females, 39.9% were community health workers, and 26.3% were Nurses and Midwives. 30.3% lacked training on the management of TB patients. Only 43.4% knew when to take action on patients who missed their dose in the intensive phase, and 30.3% and 35.5% knew defaults among category one and category two in the continuation phase of treatment [19]. In Nepal, a study was done about knowledge and practice on prevention and control of TB among Nurses working in Regional Hospital found that majority of the Nurses had an inadequate level of knowledge and poor practice of prevention and control of Tuberculosis. Regarding practice, none of them reported the use of N95 masks or respirators during the care of TB patients [20]. Studies conducted in Uganda by the World Bank found that there was a knowledge gap between Teachers and Healthy workers in both private and Government facilities. Only a third of the public health workers could correctly diagnose four out of five common conditions such as Diarrhea, or Malaria with Anemia [6]. [21], in her study found that 8% of the clinicians were comfortable with the diagnosis of lung diseases and 52% were not comfortable. Due to the Lack of enough trained health workers, triaging of patients was mostly done by a V H T who is less knowledgeable about patient conditions, the study revealed. Similar findings were reported by [22] in their study of northern Uganda Hospitals. He stated that "Lack of training variation of triage protocol from hospital to hospital, shortage of staff on duty were among the factors hindering this medical practice" In Kenya knowledge gap among health workers has been worsened by the use of Community health workers to supply information to the end users (patients) and then back to the professionals hence affecting the quality of health service delivery. This information conquers with the

study done in Uganda which found out that VHTs are still doing the same work of giving treatment at village levels [23]. A study done into hospitals of Uganda to assess medical error reporting among physicians and nurses found that nurses and physicians make a lot of medical errors that were not reported. This harmed patient lives. About 33 (42.9%) respondents reported the occurrence of overdoses in two hospitals followed by prescription errors 27 (35.1%). Other errors that were identified included near misses (11.7%), Adverse drug reaction 6 (7.8%) and careless handling of patients (2.6%) [24]. A study done in Tanzania to Assess the antimicrobial dispensing practice among ADDO dispensers for children revealed that appropriate dispensing and use of anti-microbial in children were influenced by multiple factors for example patients and dispenser's knowledge, attitude, finance and product-related factors. Only 8% (62 out of 773) of the dispensers asked for a prescription before dispensing medicine while 90% of them did not ask for them prescription. In most of the dispensers 83% (436 out of 513 supplied incomplete doses of antimicrobial, 60.5% (345 out of 370) gave incorrect instruction over 75% of the ADDOS displayed poor practice in taking patient history [25]. In Ethiopia, a study conducted on medication administration errors and contributing factors among nurses showed that 298 (98.3%) of Nurses completed the survey questionnaire of these 203 (68.1%) reported committing medication Administration errors [26]. Whereas in Malawi studies showed that about 65% of clinicians were not adhering to hygiene and this led to hospital-acquired infections [27]. Studies done in Northern Uganda in 6 hospitals showed that 33 participants consented and participated. Only one hospital (16.7%) of six hospitals had a formal best adult protocol. Only two hospitals (33.5%) had an allocated emergency department the rest received emergency patients/ performed triage from OPD and Wards. In News land a study conducted by Hellen on factors why don't Nurses consistently take patients reparatory rate found out that majority of the Nurses were overloaded by the ward activities and end up forgetting vitals such as respiratory rate [28]. The study also found out that 67% of the respondents had never attended any quality improvement training. Majority attributed this to the fact that they were new in the system and they had not been called upon to attend such training. Knowledge and skills in guiding and counselling patients was another factor that was found to affect health service delivery at Kakindo Health Centre IV. This leads to many of them remaining unsatisfied with service delivery since

patients need to be prepared differently because they suffer from different conditions. This finding concurred with a [29] study where it was found that Counselling children was reported to be a difficult exercise due to some children being unable to express themselves, being dependent on adults for their care, being fearful, and requiring more time to open up during counselling. This was compounded by some caretakers' unwillingness and difficulty to disclose the HIV status of their children. Other issues about the caretakers were: lack of consistency in caretakers; old age; sickness; and poverty. Health workers mentioned the following as some of the challenges they face in the delivery of HIV counselling and testing services for children: lack of counselling skills; failure to cope with the knowledge demand; difficulty to facilitate disclosure; heavy workload; and lack of other support services. Institutions were found to be constrained by limited space and lack of antiretroviral for children. Attitudes refers to Manner, disposition, feeling, position, etc., with regard to a person or thing; tendency or orientation, especially of the mind: or Attitude can be defined as the way in which a person views and evaluates something or someone, a predisposition or a tendency to respond. In Uganda, poor attitude ranks first in affecting quality health care in both private and public health facilities [31]. A study done in mulago national referral hospital about infection control knowledge, attitudes and practices among health care workers, revealed that nursing and support staff were likely to perceive that HCWs hands can be a vector of disease transmission. Sinks were not readily accessible, and soap at sinks were not uncommon throughout the medicine and the obstetric wards [32]. Stigmatized attitudes towards patients especially those with chronic conditions patients were reported by half of the respondents 53%. This has caused a delay for such patients to access health services. A group of patients in particular is the mentally ill patients, and malnourished children under five years. Similarly, the same percentage of respondents expressed fear attitudes during treatment of infectious patients. This was because they fear to contract the disease, and most of the time the facility is in crisis of protective gears for the health workers. Studies done from Shiraz University of Medical Workers found out that most of the health workers had a stigmatized attitude towards care of patients of HIV. 42% of health workers feared to treat HIV positive patients because they fear to be affected by the same illness [33]. Where as in Qatar a study was done on health care professional attitudes towards patients with mental illness 406 nurses

and 92 Doctors were interviewed. The study revealed that nurses and Doctors had a stigmatized attitude towards people with mental illness. The prevalence being more on nurses than Doctors [34]. The abusive behaviours among health workers were reported by 61% of the respondents. This implies that there is disrespect for patients since health workers feel they are in control of the patient's life. This was found to affect quality of care because over time patients became annoyed and also started abusing the health workers. In a related development majority of the participants had problems with communication skills. This was attributed to burn out syndrome that occurs due to over working hours of seeing many patients by a few health workers. These health workers become very much tired, loss their temper and start communicating in an appropriate way to patients. Corruption practice among respondents was reported by 10% of them. This was in terms of extorting money from patients before getting service. [35] noted that Uganda faces considerable challenges related to corruption and that healthcare is among the most affected public sector services. This study highlighted bribery, absenteeism and ghost workers' impact on public service delivery as the major forms. These practices constrained access to essential health services, affecting people's everyday health, well-being and life chances. Data available further suggests that the problem is growing, an increasing share of Ugandans report that they pay bribes and state that corruption has worsened. Despite being a clear challenge to Uganda's sustainable development, comprehensive estimates of the extent and cost of corruption in the healthcare sector are lacking.

The patient-related factors affecting the quality of health service delivery

From the study, it was established that Patients with a support system from relatives and other caregivers were well managed because these would assist health workers in ensuring continuity of care as compared to those who had no support system. The recent study done in Morocco, confirms the role of the parents or guardians is crucial in caring for children and seeing to it that their requirements for food, clothes, education, shelter, and protection are addressed, particularly in times of crisis. In addition to these responsibilities, if the children suffer chronic psychological disorders or mental illness, this requires additional work and duties. The presence of the family thus becomes vital in ensuring that these children receive social assistance, particularly since researchers have confirmed that mothers of mentally ill children

have a two to three times higher risk of developing depression than mothers of healthy children [36]. The study further established the significance of patient cultures on the quality of health service delivery. Half of the respondents. The study findings concurred with [37], who found out that culture influences health and illness from how people conceptualize the illness, seek medical care, perceive healthcare providers, and accept medical care. The study found that religious beliefs among patients were more likely to impact the quality of health service delivery at Kakindo Health Centre iv. This was because some patient's religion prohibits them from receiving drugs and other health products for a better life. [38], cited religions such as Jehovah's Witnesses – which follow several Old and New Testament scriptures that were used by Jehovah's Witnesses to explain why their religion refuses to accept blood transfusions. This is a religious issue rather than a personal one. We avoid taking blood not only in obedience to God but also out of respect for him as the Giver of life.' Followers are quick to point out that other than accepting blood, Jehovah's Witnesses are told to seek and receive the best medical care available" The Amish – "The Amish will not allow heart transplants and, in some cases, heart surgery because they view the heart as 'the soul of the body.' Children who have not been baptized are exempt from that restriction. Though the religion does not forbid its members from seeking medical attention, many Amish are reluctant to do so unless necessary. They believe that God is the ultimate healer, and they are likely to turn to folk remedies, herbal teas and other more "natural' antidotes. They do not practice birth control, often lack prenatal care and avoid preventative screenings" [38]. Hindus – "Vaishnavism, the major branch of the Hindu faith, considers the killing of animals, especially cows, to be sinful. Therefore, the religion does not condone the use of any drugs, implants, skin grafts or medical dressings that contain parts of pigs or bovines" [38]. Muslims – "Both Sunni and Shiite Muslims also do not approve of any drugs, medical dressings or implants that contain porcine ingredients. But they too allow exceptions for emergencies and when no alternative drugs or materials are available" [38]. The examples above demonstrate just how important an understanding of individual spiritual beliefs can be to successful healthcare outcomes. We live in a world where healthcare and religious freedom must be taken into account when care is being provided. When providers take the time to understand the faith of a patient, as well as how religion may affect the ability to receive care, everyone benefits.

CONCLUSIONS

From the findings, one can conclude that the environmental factors, knowledge and practices of health workers, and their attitudes have a strong positive relationship if health service delivery must be of better quality in Kakindo Health Centre IV.

Recommendations

Based on the findings of the study, the researcher would like to suggest to the management of Kakindo Health Centre IV and policymakers in public health management the following for each of the factors under the study as follows.

Facility-related factors

Upgrading the facility to the level of a hospital will help to build more infrastructure for both patients and staff and for security purposes of both patients and staff, the facility needs to be enclosed in a concrete fence. The facility needs tap water so that staff can access clean water inwards, especially in the pediatric ward, theatre, general ward, outpatient department, ART Clinic Cold chain unit and a few staff quarters. The government needs to supply enough drugs and other medical supplies that are always inadequate, yet they are very important for both health workers and patients so that health

workers have what to use for treating patients.

Health worker-related factors

Emphasis should be put on continuous medical education related more on quality improvement. Staff should go for further studies to improve their skills and knowledge. There is a need for health workers to follow ethical codes of conduct while executing their work. There needs to be teamwork for all staff. The staff should avoid reporting late on duty. Should be non-discriminative while giving care. Staff should be motivated equally by the top management. Qualified staff should be the ones to do the work of triaging patients, not the V H TS. The same study should be carried out in other health facilities within Kakumiro District. This will lead to the accumulation of data on issues surrounding factors affecting health service delivery in the district and it will help and guide in proper planning. Patient-related factors. Patients should ensure that they are clean before coming to the facility. Continuous community sensitization about the causes, prevention and management of diseases. Family therapy should be conducted by a trained therapist.

REFERENCES

1. Azevedo, M. J. (2017). Historical Perspectives on the State of Health and Health Systems in Africa. Vol. 2, Palgrave Macmillan, Cham. <https://doi.org/10.1007/978-3-319-32564-4>
2. Ibebuike, J. E., Nwokike, G. I., Kor, R., Nwagu, S. A., Agu, G. C., Ezenwuba, C. O. and Nwanjo, H. U. (2017). Factors that influence health care givers' 2016 effective implementation of infant immunization in Calabar Cross River state, Nigeria. *Int. J. Curr. Res. Biol. Med.*, 2(7), 38-44.
3. Obeagu, E. I. (2020). Mental Health Care during the COVID-19 Pandemic. *Journal of Public Health and Nutrition*, 3(5).
4. Murray, S. (2006). Poverty and health. *CMAJ*.174(7):923. doi: 10.1503/cmaj.060235..
5. PEAP. (2005). Poverty Eradication Action Plan. Kampala: Ministry of Finance, Planning and economic development MOFP&ED.
6. Nantanda, R., Kayingo, G., Jones, R., van Gemert, F. and Kirenga, B. J (2020). Training needs for Ugandan primary care health workers in management of respiratory diseases: a cross sectional survey. *BMC Health Serv Res.* 20(1):402. doi: 10.1186/s12913-020-05135-3.
7. Adam, A. M., Quadri, K. K., Lawal, S. K. and Muhammed, O. (2017). Cranial Fronto-Temporal Depression in a Fetus (A Case Report). Society for Health Care & Research Development". Website: www.ajournals.com/journals/aaanat
8. Hassan, A. H., Matthew, M. and Novembrieta, R. S. (2022). Fiscal Decentralisation and Primary Health Care Services Delivery in Mbale District, Uganda. *International Research Journal of Innovations in Engineering and Technology*, 6(6):135-148. DOI:10.47001/IRJIET/2022.606017
9. Cole, T. J. (2000). Establishing a Standard Definition for Child Overweight and Obesity Worldwide: International Survey. *BMJ*, 320, 1240-1240. <https://doi.org/10.1136/bmj.320.7244.1240>
10. Dieleman, M., Cuong, P. V., Anh, L. V. and Martineau, T (2003). Identifying factors for job motivation of rural health workers in North Viet Nam. *Hum Resour Health*.1(1):10. doi: 10.1186/1478-4491-1-10.
11. Ugwu, C. N. and Eze Val, H. U. (2023). Qualitative Research. *IDOSR Journal of Computer and Applied Sciences* 8(1) 20-35. <https://www.idosr.org/wp-content/uploads/2023/01/IDOSR-JCAS-8120-35-2023.docx.pdf>
12. Krejcie, R. V. and Morgan, D.W. (1970). Determining Sample Size for Research

- Activities. Educational and Psychological Measurement, 30, 607-610.
13. Ugwu, C. N., Eze, V. H. U., Ugwu, J. N., Ogenyi, F. C. and Ugwu, O. P. C. (2023). Ethical Publication Issues in the Collection and Analysis of Research Data. Newport International Journal of Scientific and Experimental Sciences (NIJSES) 3(2): 132-140. <https://nijournals.org/wp-content/uploads/2023/07/NIJSES-32-132-140-2023.pdf>
 14. Wakooli, P. P. (2014). Factors Affecting Health Service Delivery at Entebbe Hospital. <https://hdl.handle.net/20.500.12305/681>
 15. Merriam, B. and Moyimane, H. (2017). Experiences of nurses on the critical shortage of medical equipment at a rural district hospital in South Africa: a qualitative study. Pan African Medical Journal. 28:100. [doi: 10.11604/pamj.2017.28.100.11641]
 16. van Doorslaer, E., Wagstaff, A., van der Burg, H., Christiansen, T., De Graeve, D. and Duchesne, I et al. (2000). Equity in the delivery of health care in Europe and the US. J Health Econ 19:553-83.
 17. WHO/UNICEF (2019) Progress on Household Drinking Water, Sanitation and Hygiene 2000-2017. Special Focus on Inequalities. United Nations Children's Fund (UNICEF) and World Health Organization, New York.
 18. WHO (2011) Guidelines for Drinking Water Quality. 4th Edition World Health Organization, Geneva, Switzerland. http://apps.who.int/iris/bitstream/10665/44584/1/9789241548151_eng.pdf
 19. Ibrahim, L. M., Hadjia, I. S., Nguku, P., Waziri, N. E., Akhimien, M. O., Patrobas, P. and Nsubuga, P. (2014). Health care workers' knowledge and attitude towards TB patients under Direct Observation of Treatment in Plateau state Nigeria, 2011. Pan Afr Med J.;18 Suppl 1(Suppl 1):8. doi: 10.11694/pamj.suppl.2014.18.1.3408. PMID: 25328627; PMCID: PMC4199343.
 20. Baral, M. A. and Koirala, S. (2022). Knowledge and Practice on Prevention and Control of Tuberculosis Among Nurses Working in a Regional Hospital, Nepal. Front Med (Lausanne). 8:788833. doi: 10.3389/fmed.2021.788833. PMID: 35223880.
 21. Siddharthan, T., Grigsby, M., Morgan, B., Kalyesubula, R., Wise, R. A., Kirenga, B. and Checkley, W. (2019). Prevalence of chronic respiratory disease in urban and rural Uganda. Bull World Health Organ. 97(5):318-327. doi: 10.2471/BLT.18.216523. Epub 2019 Mar 26. PMID: 31551628; PMCID: PMC6747035.
 22. Opiro, K., Wallis, L. and Ogwang, M. (2017). Assessment of hospital-based adult triage at emergency receiving areas in hospitals in Northern Uganda. Afr Health Sci.17(2):481-490. doi: 10.4314/ahs.v17i2.23. PMID: 29062344.
 23. Turinawe, E.B., Rwemisisi, J.T., Musinguzi, L.K. et al. (2015). Selection and performance of village health teams (VHTs) in Uganda: lessons from the natural helper model of health promotion. Hum Resour Health 13, 73 (2015). <https://doi.org/10.1186/s12960-015-0074-7>
 24. Mauti, G. and Githae, M (2019). Medical error reporting among physicians and nurses in Uganda. Afr Health Sci.19(4):3107-3117. doi: 10.4314/ahs.v19i4.33. PMID: 32127887; PMCID: PMC7040326.
 25. Myemba, D. T., Maganda, B. A., Kibwana, U. O., Nkinda, L., Ndayishimiye, P., Kilonzi, M., Mikomangwa, W. P., Njiro, B. J., Ndumwa, H. P., Mlyuka, H. J., Felix, F. F., Mwakawanga, D. L., Kunambi, P. P., Sambayi, G., Costantine, J. K., Marealle. A. I., Mutagonda, R., Makuka, G. J., Kubigwa, S. W., Sirili, N., Mwakalukwa, R., Mfaume, R., Nshau, A. B., Bwire, G. M., Nyankesha, E. and Scherpbier, R. W. (2022). Profiling of antimicrobial dispensing practices in accredited drug dispensing outlets in Tanzania: a mixed-method cross-sectional study focusing on pediatric patients. BMC Health Serv Res. 22(1):1575. doi: 10.1186/s12913-022-08980-6.
 26. Wondmieneh, A., Alemu, W., Tadele, N. et al. (2020). Medication administration errors and contributing factors among nurses: a cross sectional study in tertiary hospitals, Addis Ababa, Ethiopia. BMC Nurs., 19, 4. <https://doi.org/10.1186/s12912-020-0397-0>
 27. Adam, T., Lim, S. S., Mehta, S., Bhutta, Z. A., Fogstad, H., Mathai, M., Zupan, J. and Darmstadt, G. L. (2005). Cost effectiveness analysis of strategies for maternal and neonatal health in developing countries. BMJ. 331(7525):1107. doi: 10.1136/bmj.331.7525.1107.
 28. Nzanga, M., Panulo, M., Morse, T. and Chidziwisano, K. (2022). Adherence to Hand Hygiene among Nurses and Clinicians at Chiradzulu District Hospital, Southern Malawi. International Journal of Environmental Research and Public Health. 19. 10.3390/ijerph191710981.

29. Ansell, H., Meyer, A. and Thompson, S. (2014). Why don't nurses consistently take patient respiratory rates? *Br J Nurs.* 7;23(8):414-8. doi: 10.12968/bjon.2014.23.8.414.
30. Rujumba, J., Mbasalaki-Mwaka, C. L. and Ndeezi, G. (2010). Challenges faced by health workers in providing counselling services to HIV-positive children in Uganda: A descriptive study. *Journal of the International AIDS Society*, 13, 9. <http://dx.doi.org/10.1186/1758-2652-13-9>
31. Kiguli, J., Ekirapa-Kiracho, E., Okui, O., Mutebi, A., MacGregor, H. and Pariyo, G. W. (2009). Increasing access to quality health care for the poor: Community perceptions on quality care in Uganda. *Patient Prefer Adherence*, 3:77-85 <https://doi.org/10.2147/PPA.S4091>
32. Sethi, A., Acher, C., Kirenga, B., Mead, S., Donskey, C. and Katamba, A. (2012). Infection Control Knowledge, Attitudes, and Practices among Healthcare Workers at Mulago Hospital, Kampala, Uganda. *Infection control and hospital epidemiology. Journal of the Society of Hospital Epidemiologists of America.* 33. 917-23. 10.1086/667389.
33. Zarei, N., Joulaei, H., Darabi, E. and Fararouei, M. (2015). Stigmatized Attitude of Healthcare Providers: A Barrier for Delivering Health Services to HIV Positive Patients. *Int J Community Based Nurs Midwifery* 3(4):292-300. PMID: 26448956.
34. Chakraborty, S., Mashreky, S. R. and Dalal, K. (2022). Violence against physicians and nurses: a systematic literature review. *Z Gesundh Wiss.* 2022;30(8):1837-1855. doi: 10.1007/s10389-021-01689-6.
35. Zhang, C., Qing, N. and Zhang, S. (2021). The Impact of Leisure Activities on the Mental Health of Older Adults: The Mediating Effect of Social Support and Perceived Stress. *J Healthc Eng.* 2021:6264447. doi: 10.1155/2021/6264447. PMID: 34790344.
36. Kadiri, Mohamed. (2023). Family Social Support and Children's Mental Health Resilience during COVID-19—Case of Morocco" *Youth* 3, no. 2: 541-552. <https://doi.org/10.3390/youth3020037>
37. Hernandez, M., Nesman, T., Mowery, D., Acevedo-Polakovich, I. D. and Callejas, L. M. (2009). Cultural Competence: A Literature Review and Conceptual Model for Mental Health Services. *Psychiatric Services*, 60,1046-1050.
38. Spencer, J. R. (2000). A point of contention: the scriptural basis for the Jehovah's Witnesses' refusal of blood transfusions. *Theology & Religious Studies.* 61. http://collected.jcu.edu/theo_rels-facpub/61

CITE AS: Semambo, Nathan (2024). Factors Affecting Quality of Health Care Services in Government Facilities in Kakindo Health Centre IV in Kakumiro District. *IDOSR JOURNAL OF EXPERIMENTAL SCIENCES*, 10(1): 50-68. <https://doi.org/10.59298/IDOSR/JES/101.5068.1724>