CHALLENGES FACED BY CAREGIVERS AND THEIR INFLUENCE ON PATIENTS' HEALTH RECOVERY PROCESS AT MULAGO NATIONAL REFERRAL HOSPITAL: A CASE OF MULAGO NATIONAL REFERRAL HOSPITAL

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UGANDA CHRISTIAN
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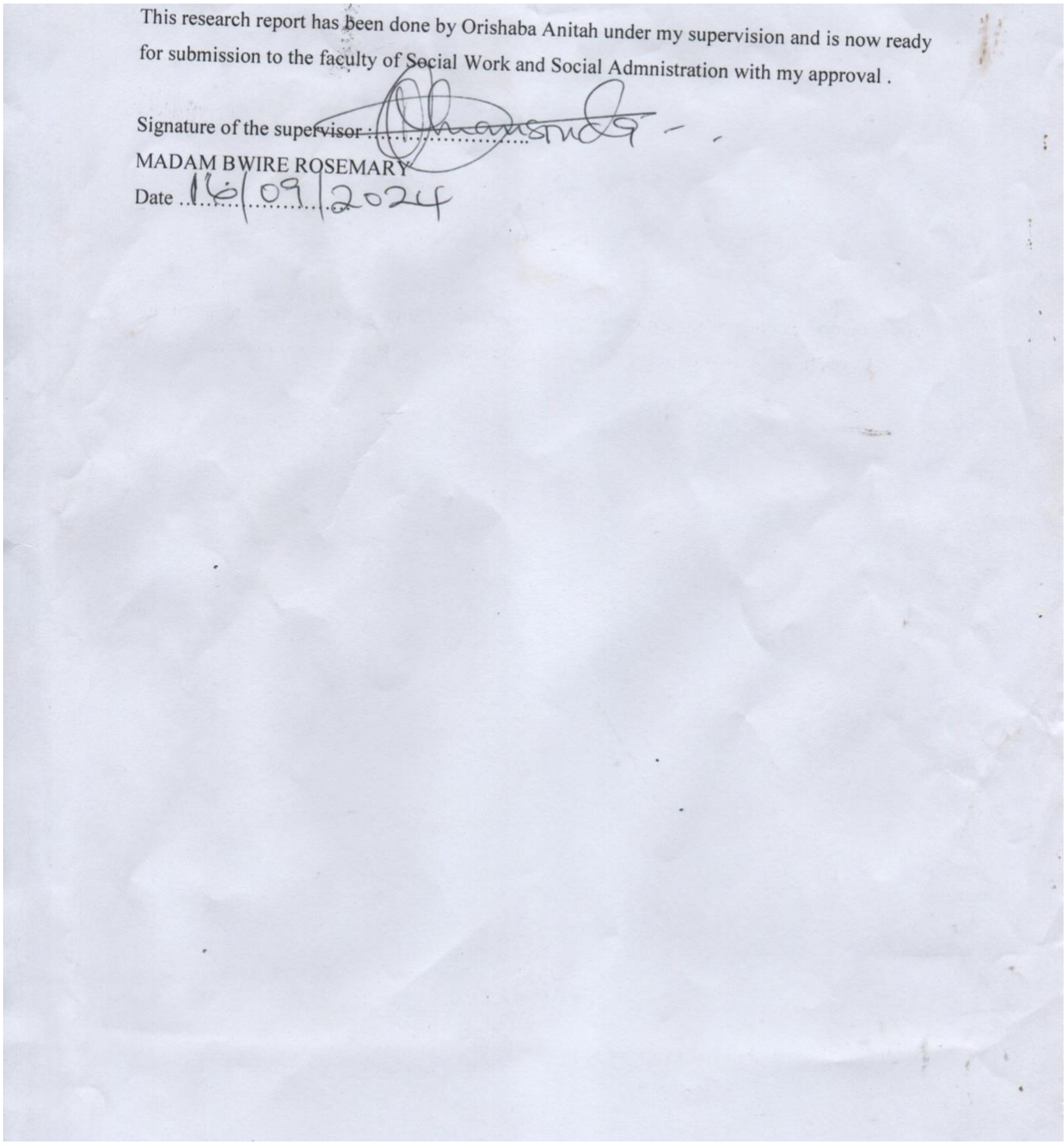
DECLARATION .

I Orishaba Anitah declare that this research report has been made by I and it is my own work and it does not contain any material previously published or written by another person except when due to reference are clearly exemplified in the text .

Sign …………………………………………
ORISHABA ANITAH
DATE ….16/9/2024….

APPROVAL



This research report has been done by Orishaba Anitah under my supervision and is now ready for submission to the faculty of Social Work and Social Admnistration with my approval .

Signature of the supervisor :……………………

MADAM BWIRE ROSEMARY

Date ..16/09/2024

DEDICATION

I warmly dedicate this research thesis report to my beloved father Mr. Mushabe Haningtton for the great work he has done. And also my special dedication and thanks to my guardians Hon Timuzigu Micheal and JovetTimuzigu for the great support they have given me interms of education, advise, guidance, Counseling and so forth. May the Almighty God continue to bless you abundantly .

ACKNOWLEDGEMENT

I extend my sincere gratitude to my research supervisor madam BwireRosemery for the great work she has done interms of guidance and correction and in which I have beneffitted by doing this report .

LIST OF ACRONYMS/ABREVIATIONS

MNRH -Mulago National Referral Hospital
MOH -Ministry of health
NAC -National Alliance For Caregiving
NGOs -National Government Authorities
PSM -Prospensity Score Matching
NLP -National Language Processing

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ABSTRACT

The research was about “Challenges Faced By Caregivers and their influence on Patients’ health recovery process At Mulago National Referral Hospital”. The goal of the study was to highlight the challenges faced by Mulago National Referral Hospital patients and caregivers in order to provide viable alternatives for maximizing the caregiving resources available in Ugandan healthcare institutions. The cross-sectional research approach used during the study enabled the researcher to analyze the challenges faced by Mulago National Referal Hospital patients and caregivers.

In this inquiry, the researcher used purposeful sampling. This is because the cross-sectional nature of the study required specificity in the selection of sample elementsStatistics gathered from the sampled caregivers at Mulago National Referral Hospital indicated that the problems pointed out by previous study findings still apply in the current situation. The results of this investigation indicated that caregivers encountered a variety of challenges, including the incapacity to care for patients and earn a living at the same time, the time commitment involved in providing care, the risk of depression and stress, the inability to get enough sleep while giving care, the frequency of financial issues related to providing care among others.

Overall, the study's insights captured the actual circumstances that caregivers face when tending to patients or loved ones. That is, caregivers face a number of difficulties, including the inability to provide care for patients and earn a living at the same time, the time commitment of caregiving, the associated stress and depression, the inability to get enough sleep during caregiving, the frequent occurrence of financial difficulties related to caregiving among others.

The study recommended the need for additional research on health insurance schemes. More research is required on the fundamental health curriculum and training paradigm for the general public. It is necessary to implement a fundamental health and first aid knowledge education model and methods of delivery because everyone has the potential to provide healthcare, whether at a medical facility or even at home.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter will be sub divided into sections including ; background of the study, problem statement purpose or general objectives, specific objectives, research questions, justification of the study , scope of the study significance and limitations .

1.1 Background of The Study

SAGE (2022) defines a caregiver as an individual without formal health training who works outside of a hospital, meaning that they are in a home environment rather than a hospital. Research from carers in India indicates that hospital conditions discourage patients from seeking timely care .Over 43.5 million persons in the US have given unpaid care to an adult or child in the past year, according to recent research done by the National Alliance for Caregiving (NAC, 2015). The majority of carers are allegedly individuals who look after a spouse or partner. Although providing care for family members can be a truly rewarding experience, the carers frequently encounter typical difficulties that make them feel overburdened, nervous, or afraid of their responsibilities and these include; emotional and physical stress, lack of privacy, financial strain, depression, and isolation.

According to SpringLink (2022), patients and carers in Ugandan hospitals face a variety of difficulties in accessing services, including financial strains, altered sleep patterns, and costs. In accordance with research conducted at Mulago, by GlobalHealth (2016) revealed that patients and carers face difficulties such as emotional burdens, lack of accommodations, lack of sanitation, insufficient health workers, finances, and recognition. Despite these difficulties, carersrecognise the significance of familial presence and set new standards for patient care by fostering the convenience of medical care in the privacy of their homes.

1.2 Problem statement

There is very scanty research about the influence of caregivers on the health recovery of petients. This is mainly because the concern of cregivers has received limited attention and mild interest from reserachers and health policy practitioners in Uganda (Owokuhaisa, 2022). The problem becomes more evident whereby care givers are faced with key challenges that limit their ability to support the recovery of patienst. These mainly include; lack of basice health literacy, negative attitude and lack of support from heath practitioners, emotional challenges and financial burdens.

For instance, according to Vaca et al (2019), Uganda's public health system is suffering from a 42% nurse deficit, with a 10% shortage at Mulago National Referral Hospital (MNRH), the nation's largest public hospital. This has had a significant impact on the country's health delivery services as health recovery oof patients is delayed.

Such unnoticed gaps have jeopardized the healing processes of patients sine the quality of care recievd at the health facilities is so alarming. The situation has been further worsendby instead of promoting the health recovery of their patients, the health workers have deviated their focus on profiting rather than quick recovery of their petients (Kakumba, 2021). Consequently, caregivers are always compelled to prematurely flee the health facilities, fail to comply to the recommended treatment of their patients, resort to treatment abandonement leading to inevitable recovery relapses. Some efforts have been put in place such as health care monitoring and supervision though less has been achieved through these means. There is a need for practical solutions to improve the quality of caregiving in Ugandan health facilities that includes effective discharge planning to guarantee a safe and orderly transfer from inpatient to outpatient treatment, improves continuity of patient care, and lowers readmission rates.Therefore, this research seeks to address pertinent challenges faced by caregivers in Uganda’s health facilities.

1.3Purposeofthestudy

The research aims to identify the difficulties that patients and their carers at the Mulago National Referral Hospital encounter and consequently, provide alternative workable solutions to leverage the caregiving services in Uganda’shealth facilities.

1.4Specific Research Objectives

1. To find out the challenges faced bycaregivers as they care for their patients at Mulago National Referal Hospital
2. To find out what causes these challenges
3. To find out what can be done to improve the patients health recovery process

1.5 Research Questions

1. What are the challenges faced by caregivers as they care for their patients at Mulago National Referal Hospital What is the relationship between health policy and caregiving?
2. What are the causes of these challenges?
3. What can be done to improve the patients health recovery process?

1.6Scopeofthestudy

This section will essentially require to definitionof the parameters of this research, especially in terms of the geographical, content, and time scopes.

1.6.1 Geographicalscope.

The Mulago National Referral Hospital (MNRH) is situated in Uganda's capital city of Kampala, in the Kawempe North Division. Located on Mulago Hill, approximately 5 kilometers (3 km) north of Kampala's central business district, is Upper Mulago Hospital, also known as Old Mulago Hospital.

1.6.2 Time scope

The present study will take into account the patients and carers at Mulago National Referral Hospital, as well as the literature from all available sources regarding the difficulties faced by patients and their carers in Ugandan hospitals, as this topic has not been thoroughly researched in previous decades. Thus, this will last for four months in the final academic semester.

1.6.3 Content scope

With a case study of Mulago National Referral Hospital, the study will look at the difficulties faced by patients and their carers in Ugandan hospitals**.**

1.7 Justification

Although the underlying causes of many hospital issues that have negatively impacted these carers are not fully understood (MOH, 2020), the rise in death rates brought on by inadequate healthcare management and negligence, particularly in the majority of government health facilities, and the inescapable need for additional research as well as input into the development of policy have warranted the researcher's investigation of the difficulties faced by patients and carers.

1.8Significanceofthestudy

The study's findings will help policymakers around the world comprehend the difficulties faced by patients and their carers.

It will also increase the researcher's knowledge and understanding of study variables, which may be useful to those especially when they are in the field or conducting additional research.

The study's findings will also be used by other researchers who may be conducting similar research in the form of a literature review at various institutions of higher learning.

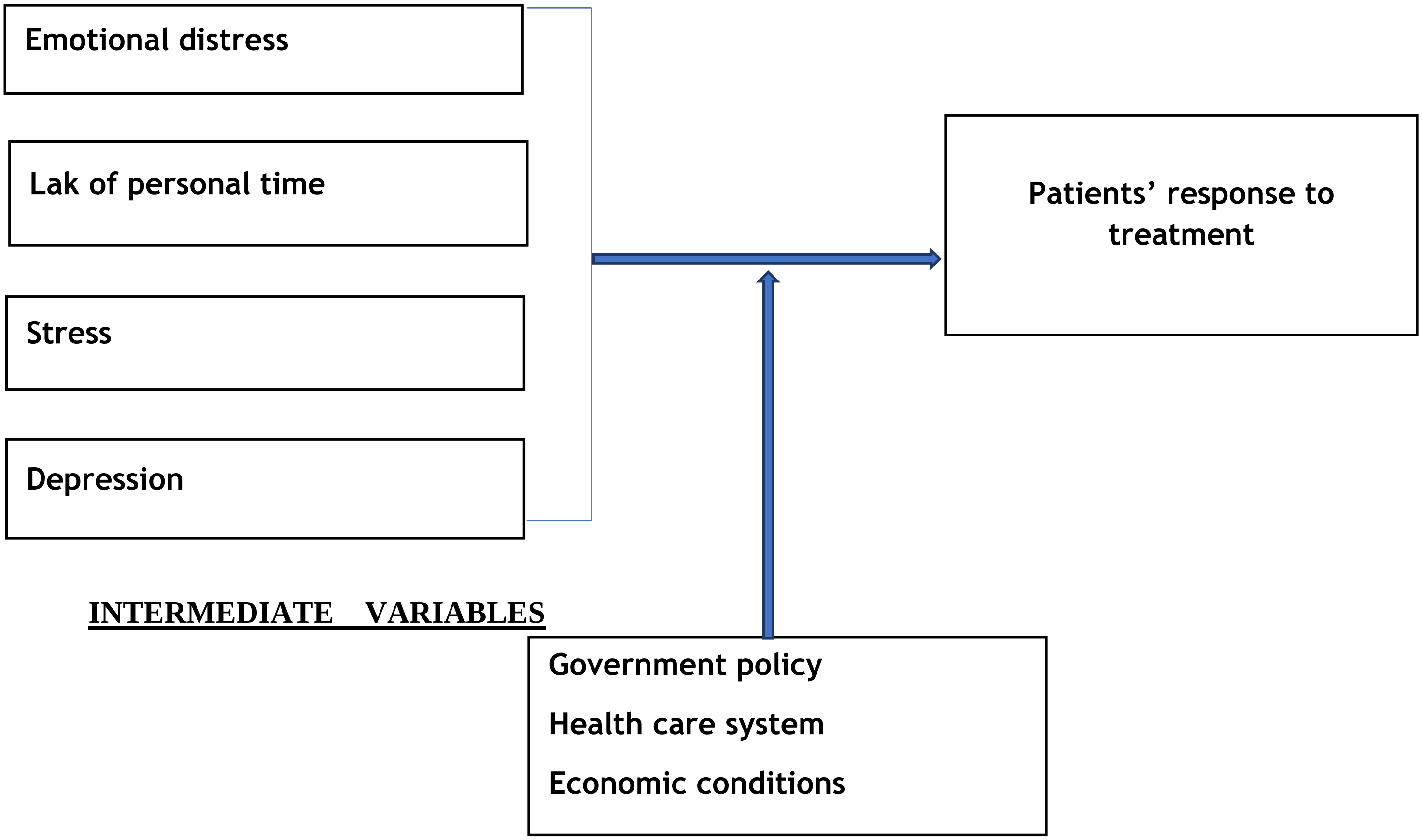
1.9 Limitations of the Study

The findings of this study might vary if they were carried out in rural Ugandan hospitals and clinics as opposed to the metropolitan environment in which Mulago National Referral Hospital is situated.

1.10Conceptual/Theoretical Framework.

The research is guided by two variable categories; the independent and dependent varaibles. That is, the challenges faced by the careres/patients (emotional distress, lack of personal time, stress and depression) comprise the independent variables while the patient/caregiver’s well-being is the response/dependent variable. On the other hand, there is external interference from the intermediate variables especially government policy, health care system and economic situation which may cause changes in the dependent variable.

INDEPENDENT VARIABLES DEPENDENT VARIABLE



Source: World Economic Forum (2022)https://www.weforum.org/agenda

CHAPTERTWO

LITERATUREREVIEW

2.0Introduction

The literature review process will be organized according to the order of the specific research objectives. In this section, the researcher will review a variety of literature about the study's problem of inquiry on the difficulties faced by patients and their carers.

2.1The challenges faced by caregivers as they care for their patients

Hughes (2007) claims that when all factors are taken into account, the caregiver's missed earnings measured as the family's total income come at a high opportunity cost associated with the caregiving role. According to research to this research, carers' employment involvement rates are almost 20% lower than those of non-caregivers. If carers are working, they frequently select more part-time jobs and occasionally flexible work schedules. The caretaker frequently has little choice but to quit their work if the care recipients are unable to execute basic daily tasks, which frequently could result in dangerous situations.

Office of Disease Prevention and Health Promotion (2022) emphasizes that being a carer is not easy. Furthermore, having a 24-hour schedule leaves little to no time for themselves. Many times, carers struggle with an upsurge of emotions that can be detrimental to their wellbeing. Stress from the mental and physical burden of caring for others is one typical emotion. It can seem like there is never enough time or energy to finish everything when the responsibilities mount up. Therefore, it should come as no surprise that they have lower rates of preventative health behaviour than people who are not caregivers (Haney, 2003). Carers who are under prolonged stress, especially in high-stress situations, are more susceptible to health problems and higher mortality rates from heart attacks and stroke. Anger, hopelessness, weight loss, or depressive feelings are often indicators of carer stress.

Among the difficulties a family carer encounters are: Regulating their schedule. It is common for carers to discover that their own and other family members' time is diminished. both physical and emotional strain. The majority of emotional strain appears to come from caring for long-term illnesses like dementia or Alzheimer's disease. Absence of sleep. For a family carer, sleep deprivation can be a major problem because it frequently throws off the loved one's regular sleep-wake cycle. loneliness and depression. A family caregiver's risk of developing depression is often elevated. Often, caring for others takes up so much of their time that they are unable to continue their social lives outside of the home (NAC, 2015).

In the broader perspective, other than hospital alone, a study claimed that those involved expressed serious concerns regarding their financial situation (Riffin, 2017). They stressed that there could be financial difficulties when caring for an ageing parent at home. They said it might be challenging to strike a balance between their regular financial obligations and the costs of prescription drugs, medical supplies, and healthcare expenditures because these costs can add up quickly. The senior carer also stated that having to take time off or cut back on work hours in order to give sufficient care can result in a drop in revenue, exacerbating the already precarious financial predicament.

Opposed to the previous findings, The underpayment of medical professionals, a shortage of medical professionals, a lack of necessary supplies and equipment in government hospitals, a lack of hospital beds, excessive costs, and limited access to healthcare, especially in rural areas, are some of the other significant issues facing Uganda's health system (Nabukeera, 2016; Ministry of Health, 2020). The results of the most current Afrobarometer study conducted in Uganda indicate that individuals' top concerns, which demand immediate government response, are related to health. The majority of Ugandans claim not to have received necessary medical care; this deficiency is most prevalent among respondents from the Northern and Eastern regions, rural dwellers, and the impoverished. Many residents who sought care at public health facilities had to pay bribes, and a sizable fraction had trouble getting care.

2.2 The Causes of the challenges

According to Owokuhaisa (2023), there is lack of successful discharge from acute care settings to the community which is required coordinate and communicate between the healthcare workers the healthcare team and patients themselves. This transition of care represents one of the most vulnerable periods during an illness. Indeed, one-third of hospitalized older adults encounter more complications post-discharge, including reduced functional capacity, than at admission.5 More so, about 5% of the older adults die during hospital admission and 20–30% pass on within one year after hospital discharge.4 Postdischarge deaths often times are more than in-hospital deaths. In addition, majority of post-discharge deaths occur at home, suggesting that the point of discharge represents an opportunity for innovative interventions to improve health outcomes among older adults.

Research findings by Komuhangi et al (2021) claim that insufficient study has been done on providing care for people with non-communicable diseases. Larger studies are required to create and test interventions intended to support the needs of carers, as the majority of research has focused on small qualitative studies that are instructive for understanding roles, burdens, and contextually-specific features of care. The review uncovered recurring themes that should guide future research and interventions that are both well-targeted and contextually appropriate. These themes include the difficulties in providing physical support and gaining access to treatment services, the financial burden of care, the effects on mental and psychological health, and the experience of stigma.

In view of the study by Lindt (2020), it was discovered that the length of caregiving and the degree of patient dependence are the most significant indicators of carer strain. Furthermore, the degree of dependency and, thus, the weight of care, are determined by the patient's behavioural issues and cognitive abilities. The course of a particular disease's condition and the attendant requirements for social support for the patient as well as the carer must be taken into consideration when designing interventions to reduce burden.The ageing of the global population raises the need for care and the cost of healthcare, which in turn causes a shift from formal to informal care. But not only is the pool of possible informal carers rapidly shrinking, informal carers themselves are bearing a greater weight of care.

There are limits to how much carer policies (also known as "carer policies") can achieve to support people who provide care for others (Beach et al, 2022). Policies that do exist usually concentrate on easing the demands of the person being cared for or the burdens of providing care, rather than taking into account the holistic requirements of the carer that would allow them to thrive. Researchers contend that the way carer policies are now implemented represents a policy failure and calls for a review of carer support practices. Carer policies frequently focus on the needs of the care beneficiary as opposed to the provider.

Researchers contend that the existing carer policies approach represents a policy breakdown and calls for a reevaluation of carer support practices. A more integrated and comprehensive approach to policy creation would be beneficial, especially in a global context, as it is in many other areas of policymaking. The narrative surrounding carer policy needs to change from one of burden to one that supports the total well-being of those for whom caregiving is a primary responsibility (James et al, 2018).

Furthermore, it is also claimed that long-standing advocates for carers, academics, and policymakers have drawn attention to the increasing and predicted difficulties posed by these demographic shifts (Shrestha, 2000). While some nations have made advances in identifying carers and putting legislation in place to support them, there are still issues with assuring consistency in various contexts and fostering positive results for carers. Inaction on the part of carer policies could lead to a concerning situation in the future, especially in lower- and middle-income nations where the majority of older people reside.

Keating (2021, PP. 611–30) claims that we can identify specific policies in each of our countries that aim to address these various need categories one at a time, but even when considering needs alone, we argue that carers are let down by such a fragmented approach. Considering McConnell's (2015, PP. 221–42) concept of policy failure, such meager program accomplishments are not sufficient to warrant a claim of success because the underlying objectives of improving the lives of carers don't seem to have been fulfilled. Nevertheless, this shows that policy objectives need to be reoriented to produce results that would get broad support from stakeholders.

Although a large number of studies have examined the relationship between the burden of informal care and carers' well-being (Do et al., 2015; Schmitz andWestphal, 2015), little research has been done on the effect that changes in the availability of formal care have on carers' well-being (Van den Broek and Crundy, 2020). Miyawaki et al. (2020) conducted an analysis utilizing a difference-in-differences technique with propensity score matching (PSM-DD) and nationally representative survey data to examine the effects of Japan's 2006 LTCI reform on the well-being of carers. They found that after the change, carers' self-rated health declined, and they had musculoskeletal pain, and depressed symptoms, highlighting the need for formal care for carers' overall wellbeing. Significant new information about the effects of less formal care on well-being can be gained from the findings of Miyawaki et al. (2020).

Opposed to the aforementioned discussions, despite an increasing body of research (Edwards et al., 2002; Rosenthal et al., 2007) on the effects of employment on different carer outcomes, few significant conclusions have been drawn (Reid et al., 2010). According to Sims-Gould and Martin-Matthews (2007), sociologists have made contributions to the historical and societal understanding of this phenomenon, but studies about carer exhaustion (CEs) are primarily found in the fields of gerontological and family studies, with a focus on carer strain and burden. Although still small, our understanding of CEs is expanding (Fast and Keating, 2000; Fast et al., 2014).

2.3 What can be done to improve the patients health recovery process

Kaye (2022) suggests that even if the financial load may occasionally be too much to bear, there are strategies to reduce some of the tension. Investigate the various financial aid programs first. The expense of treatment can be lessened with the assistance of government-funded programs like Medicaid, Medicare, and the Veterans Administration Aid and Attendance Pension. Structured Family Caregiving, wherein the family carer can be paid and get additional support, including training, has been allowed in several states. Utilizing tax credits created especially for carers, like the Credit for Caring Act, is an additional option to think about. Other tax credits are also provided by the IRS to assist with paying unpaid medical expenses; however, certain requirements must be fulfilled, such as caring for a dependent who is unable to care for themselves.

Furthermore, if the care receiver qualifies, consider seeking assistance from local, community-based organizations at the grassroots level to secure volunteers or a reduced-fee service(Village to Village Network, 2023). Even if your loved one might not want a stranger in the house, you can begin by spending the first few days with them when the carer comes to develop a routine and level of familiarity. Even though providing care can have a financial impact, it's crucial to keep in mind that there are solutions and resources available to lessen the load and free up your time so that you can concentrate and enjoy the entire experience.

Michial(2022) proposes that in the event patients have received relevant education regarding their diseases, treatments, and risk factors, they are more likely to engage in good behaviours. Research suggests that individuals who participate actively in their care frequently experience better therapeutic results. Patients are more likely to participate in their continuous chronic care management when you educate them about their chronic diseases. Stressing the need of preventative treatment for long-term health and general well-being helps motivate patients to undergo suggested risk screenings. Emphasising the risk of stopping medicine without first seeing a doctor can encourage individuals to follow their prescription regimens.

According to the World Economic Forum (2022), the workforce has to be healed and rebuilt, and that is why we are making investments to make that possible. Safe spaces are established via new workforce-centered mental health programs, which provide free counseling as well as a variety of other supportive services to carers and their families. Human resource techniques include tuition reimbursement, fair and equal pay, referral and recruitment bonuses, recognition, predictive hiring and scheduling, and fair and equitable remuneration. We are looking for new hires, and I think that the very meaningful job that nonprofit health care provides draws and retains physicians and other employees.

Meeting patient demands and growing an organization can be made much easier with the support of efficient information systems (Dimovska, 2015). An organization can examine trends in illnesses and medical problems, as well as assist providers in following up with patients and their families over time via the use of electronic medical data. Furthermore, offering excellent and reasonably priced care encourages patients to visit your clinic and, based on their positive experience, to refer friends and family, which in turn grows your clientele and strengthens your organization's clientele.

As per a survey, 64% of patients feel at ease using artificial intelligence (AI) to obtain round-the-clock help from nurses (IBM, 2023). AI-powered chatbots, applications, or other interfaces that function as virtual nursing assistants can aid patients with scheduling doctor's appointments, answering medication-related queries, and forwarding reports to physicians or surgeons. Clinical staff can focus more of their time on patient care, where human judgement and contact are most important, by delegating mundane duties to them. Natural language processing (NLP), speech recognition, and predictive analytics are examples of AI technologies that may improve patient communication for healthcare professionals.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter defined the procedure for data collection which involved; research design, study population, sampling technique, sample size determination, data sources, data collection tool, data quality control, data analysis plan, ethical consideration, anticipated methodological considerations, and the solutions to the methodological constraints.

3.1 Research Design

To investigate the difficulties faced by patients and carers, the study used a cross-sectional research approach, which allowed the researcher to analyse the difficulties that patients and carers at Mulago National Referal Hospital encounter. That is to say, the researcher was able to examine why there were disparities in the healthcare services that different patients received across the medical departments of Mulago National Referal Hospital by using a cross-sectional study methodology.

The cross-sectional research design was characterised by three features that set it apart from other study designs: it excluded a time dimension, it concentrated on present differences rather than changes brought about by interventions, and it assigned groups based on existing disparities rather than at random. Only differences between or from a collection of topics, individuals, or phenomena were quantified using the cross-sectional design; it was not capable of measuring change. Because of this, scientists who employed this methodology were limited to concluding causality from data in a somewhat passive manner (Khan, 2022). Employing a mixed-method approach, the study probed issues impacting patients and their carers with both qualitative and quantitative approaches.

3.2 Study Population

The researchers at Mulago National Referral Hospital looked at patients as well as carers in the hospital's various medical departments and wards. Consequently, the study focused exclusively on the patients and carers at the medical institution, looked into the issues that affect both the patients and the caretakers.

3.3Sampling Technique

Purposive sampling was employed by the researcher in this investigation. This is because the study's cross-sectional design necessitated specificity in the sample element selection. After all, it sought to comprehend the variations. In this case, a group of people were chosen especially for the study or a group of people the researcher believed to be normal were both picked by the researcher. Put another way, the researcher specifically targetedMulago National Referral Hospital patients who have carers at their service.

3.4 Sample Size Determination

The sample size for the investigation was determined using the Slovin method. This was due to the fact that the target population was quite vast, made the Slovin formula the most suitable approach for determining the study's sample size.

$n = N / (1 + Ne^2)$

$n = 100 / (1+100*0.05^2)$

$n = 100 / 1.25$

n = 80 respondents

Therefore, the study comprised a sample size of 80 elements for examination on the challenges faced by patients and their caregivers.

3.5 Data Sources

To respond to the research questions, both primary and secondary data sources were used in the study. In other words, the examination of the information that was already available was predicated on a combination of primary and secondary data regarding the different issues that impacted patients and their carers while they received health services at the hospital.

3.5.1 Primary Data

Primary data was gathered by the researcher from Mulago National Referral Hospital. The evidence from the patients and the caregiversformed the main basis of the primary data for this research.

3.5.2 Secondary Data

Secondary data was obtained from only credible sources such as, Mulago National Referral Hospital, Ministry of Health status reports, Uganda health survey reports and data from NGOs that provided medical intervention at Mulago.

3.6 Data Collection Tool

The researcher primarily employed questionnaires and interviews as her two main methods of data collection, given the nature of the problem she looked into. Owing to the selected research design, the overall combination of patient and carer demographics, and the need for comprehensive data on the difficulties encountered by patients and carers, the investigator needed to employ a combination of questionnaires and interviews as detailed below.

3.6.1 Questionnaire

In addition to open-ended and closed-ended questions, the highly well-designed questionnaires for the study were also featureLikert scale questions. Questionnaires offered a quick, efficient, and cost-effective way to collect a significant amount of data from a large sample size, which was the main rationale for prioritizing them. In these situations, questionnaires were commonly employed to collect data, which was essentially the outcome.

3.6.2 Interview

One of the methods used to acquire data was interviews. The researcher scheduled individual or in-person meetings with each of the primary focal points, especially the selected medical staff members or assistants at Mulago. Consequently, the focal individuals the researcher was carefully selected was in close physical contact with her, and they were sufficiently informed about the difficulties faced by patients and carers. In this case, the interview allowed the researcher to gather more extensive information and produced more thorough findings than other forms of investigation.

3.7 Data Quality Control

The type of content was given in the field was carefully considered by the researcher. To ensure uniformity, the answers and the questions were compared. This suggested that the researcher got the necessary data from the field, double-checked the responses especially the questionnaire responsesfor mistakes, and ensured the responses made sense.

There was further quality control measures implemented, included response screening, survey phrasing simplification, and elimination of respondents who were known to be biassed. It was finished in the order indicated below:

In addition to producing and ensuring the dependability of results by performing multiple measurements, observations, and samples from a variety of sources, data collection involved calibrating the data collection tools (interviews and questionnaires) and assessing them for accuracy and respondent biases. To document field observations and data, the researcher adhered to specified methods and procedures. Clear guidelines for things like interview question structure were also included in these procedures and protocols.

Along with data editing, cleansing, and verification against the questions' logical flow, the focus of the data verification also involved cross-checking and validation. After that, she will verified the entries one more time.

3.8 Data Analysis Plan

The data analysis plan will methodically observed and adhered to key elements. Both qualitative and quantitative approaches were used in most data analysis projects. Key responses from the qualitative data also needed to be identified in order to analyse recurring themes. There will be an integration of quantitative and qualitative evidence from multiple sources. Following that, there was analysis and debae, and via inspection and comparison, the evidence from primary and secondary sources tied to the study's objectives.

3.9 Ethical Consideration

The researcher asked for ethical approval from Uganda Christian University's faculty of social sciences through the academic supervisor before accessing the field to conduct the data-gathering exercise. This was authorized by a letter of introduction given to the responsible officers at Mulago National Referal Hospital, and authorization to carry out the exercise was sought from them. Additionally, consent was freely and voluntarily given by each participant in the data collection process to the researcher.

Strict adherence to and preservation of significant perceptions of confidentiality was fully observed. Stated differently, the researcher ensured the respondents' identity remained anonymous and safeguarded the privacy of participants.

3.10 Anticipated Methodological Constraints

The respondent werereluctant to provide the necessary details out of concern for their privacy. There were environmental dangers that made traveling challenging, such as heavy rain. The majority of hospital staff weretoo busy tending to the excessive number of patients at the facility to have time to perform a thorough investigation. Certain respondents reacted by the influence and persuasiveness of their colleagues.

3.11 Solutions to the Methodological Constraints

Through asking soft and indirect questions, the researcher used morally sound methods to obtain private and sensitive information from physicians and patients. Enough and timely planning were done to prevent delays caused by inclement weather. The study reduce the amount of time spent gathering data in the field by using a straightforward purposive sampling technique. The process of gathering data was meticulously designed to enable prompt access for Mulago medical staff and other emergency responders.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION

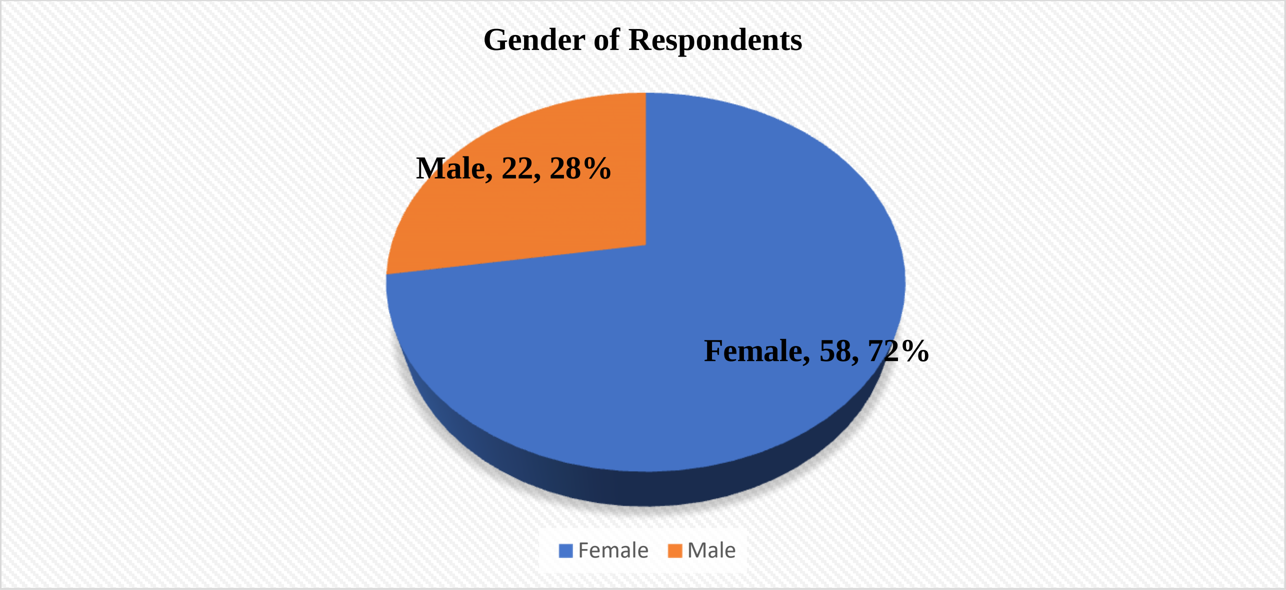
4.1 Introduction

This chapter mainly comprises the filed findings especially from the repondents in lie with the specific research objectives. Some of the he results from the field have been presented by visualization while others by direct narrative responses which were recorded down and transcribed by the researcher. The analysis and discussion offer the detailed explanations about the overall findings of the study.

4.2 Background Characteristics of the Respondents

The study considered gender, level of education, relationship with patients, health training background and registration of patient caring services as the most appropriate variables to describe the background characteristics of the participants.

Figure 1: Gender of Respondents



The data in figure 1 above shows the study comprised 22 (28%) male and 58 (72%) female respondeents. In other words, there were more female respondents than the male ones I the study.