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Older people's challenges and expectations of healthcare in Ghana: A qualitative study

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Associated Data

Supplementary Materials

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Abstract

Background

The increase in the number of elderly persons in developing countries has not had a corresponding increase in social and health care support systems for the elderly. There is a substantial difference in the quality of healthcare received by older people in developing and developed

countries. Elderly persons in developing countries including Ghana are increasingly becoming marginalised and isolated. There is, however, limited evidence of healthcare challenges and expectations by elderly persons in Ghana. This study explored healthcare challenges and expectations of elderly persons to inform policy that could lead to improved quality of life for elderly persons in Ghana.

Materials and methods

Qualitative exploratory descriptive study design was used in conducting this study. Semi-structured interviews were used in collecting data from 30 participants from three regions in Ghana (10 from each region). Data analysis was carried out through content analysis.

Results

Four themes were extracted from data. These themes were: 1. Inadequate information from health workers regarding care of the older person. 2. Queuing frustrations. 3. Financial burden. 4. Focused elderly care demand.

Conclusion

The elderly in Ghana experience challenges of healthcare which include inadequate information, queuing frustrations and financial burdens. Elderly persons also have expectations of healthcare which include having dedicated professionals and units that will attend to them during their hospital visits. Academic and clinical gerontology experts could collaborate and help improve gerontology knowledge of health workers through workshops and conferences. Improving knowledge of health workers in gerontology may be a positive step towards meeting healthcare expectations of older Ghanaians.

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Background

The United Nations (UN) defines the elderly as a persons who is 60 years or above [1]. The world's population of elderly persons will nearly double from 12% to 22% between 2015 and 2050 [2] with 80% expected to reside in low and middle-income countries (LMICs) by 2050 [1]. Elderly persons globally suffer from various health problems such as chronic conditions, injuries, depression from loneliness, malnutrition, visual problems, hearing loss and complex dental problems [3–5]. Elderly persons across the globe are increasingly becoming isolated and marginalized despite the several challenges they face [6]. These challenges have been found to be proportionately higher in developing and LMICs due to social and economic disadvantages [7, 8]. The Challenges of elderly people in developing and LMICs are due to wide global variations of inequalities related to quality of life of elderly persons [9]. Whilst developed countries are increasingly providing opportunities for quality healthcare of their older population through services such as residential and communities services [10], developing countries lack such services for their elderly people [11]. In contrast to developed nations, several parts of the developing world have the majority of their elderly persons in rural areas and urban slums with no pension schemes [12, 13]. The response of African governments to issues of economic, health, disability, and living conditions in old age are minimal when compared with governments' response on other continents [14–16]. The recommended societal approach to population ageing, which includes building an age-friendly health system, requires a transformation of health systems in sub-Saharan Africa from curative models to provision of integrated care that is centered on preventive, psychosocial and cultural needs of elderly persons [2, 17]. There is, however, limited research evidence on long-term trends in psychological, cultural, health and social support systems of elderly persons in Sub-Saharan African countries [18]. The developmental

contributions that can be derived from elderly persons in African countries will heavily depend on the quality of healthcare provided to them.

The proportion of elderly persons in Ghana is currently at 7.2 percent, which indicate that Ghana has one of the highest proportions of elderly persons in sub-Saharan Africa [15]. The increase in the number of elderly persons has not had a corresponding increase in social and health care support systems for the elderly [15]. Population ageing is occurring at a time in which traditional systems that supported elderly persons have been affected by modernisation and globalisation resulting in downward trends of support through public welfare systems [16]. Existing inequalities in elderly care is particularly true for Ghana as two-third of her elderly population live in rural settings and are vulnerable to greater socio-economic and health marginalisation [19]. The government of Ghana tends to invest in health, education, and social support systems for her younger population whilst neglecting the support systems needed for elderly persons who contribute immensely to the development of their communities, families and country [18, 20].

Although the National Health Insurance Scheme (NHIS) of Ghana by law covers elderly persons above 70 years [21], elderly persons above 70 years are faced with the challenge of bearing the cost of health services, for example, paying for medications and investigations due to the inability of the National Health Insurance Authority (NHIA) to remit health facilities on time. Elderly persons within the age brackets of 60 and 69 have no NHIS cover, although the compulsory retirement age in Ghana is 60 years and average life expectancy is 63 years [14, 21]. Ghana may miss the opportunity of deriving maximum developmental benefits from her elderly population if she fails to make the appropriate adaptations and investments in the elderly [18]. The role of healthcare professionals in improving health outcomes of elderly persons in Ghana

cannot be underestimated [22]. However, several studies indicate that healthcare workers in Ghana lack the necessary knowledge in the care of the elderly [11, 13, 23, 24].

Inadequate knowledge in gerontology by healthcare workers usually results in negative health outcomes for elderly persons' [23, 25]. Ghana currently lacks age friendly hospitals and gerontological experts [26]. Very little is known about the health of the elderly population in Ghana. Although district hospitals are the first point of contact for ill elderly persons in Ghana, research evidence on the challenges and expectations of elderly persons in these hospitals is seldom looked into. Several reports on older people's care in Africa conclude there is an urgent need to constitute an agenda of research on ageing in African countries [16, 27–29].

This study set out to inform Ghanaian elderly care policy by identifying:

1. Challenges of elderly persons regarding healthcare in the Ghanaian health system, and
2. Expectation of elderly persons regarding healthcare in the Ghanaian health system.

A qualitative approach was used in this study because authors wanted to understand details older people's challenges and expectations of healthcare, from the viewpoint of older people themselves.

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Materials and methods

Study design

Qualitative exploratory descriptive design was used in conducting this study. Qualitative exploratory descriptive design was found to be useful in exploring experiences of older people in healthcare [30]. The design enabled researchers in this study to have in-depth understanding into challenges and expectations of healthcare by elderly persons in Ghana. The study was reported using the COREQ criteria for reporting qualitative research [31].

Study setting

Ghana is a country in West-Africa with a current projected population of 30.3 million people [32]. Ghana is divided into 16 regions. These 16 regions are divided into northern, middle and southern zones. The Northern zone consist of Upper West, Upper East, Northern, Northern East, and Savannah Regions [33]. The middle zone consist of Brong Ahafo, Bono East, Ahafo and Ashanti Regions [33]. The southern zone is made up of Western, Western North, Central, Greater Accra, Volta, Oti, and Eastern Regions [33]. This study was undertaken in three purposely selected regions in Ghana: one region from the southern zone, one from the middle zone and the other from the northern zone. Volta Region was selected from the Southern Zone, Ashanti from the middle zone and the Upper West from the Northern Zone. There are 17 district hospitals in the Volta Region, 25 district hospitals in the Ashanti Region, and 3 district hospitals in the upper west Region [33]. The bed capacities of public health hospitals in the Ashanti, Upper West and Volta are 1230, 225, and 1400 respectively [33]. Data was collected from these three regions because researchers wanted to have an in-depth understanding into challenges and expectation of elderly persons in many areas of Ghana.

Population and sampling

A purposive sampling technique was used in selecting one region from each of the three zones in Ghana. A purposive sampling technique was utilised in selecting regions because the researchers wanted to include a region from each of the three regional zones (northern zone, middle zone and southern zone) in Ghana. The Ashanti, Volta and Upper West Regions were selected from each zone. Participants in these regions were also selected through a purposive sampling technique. The targeted population for this research were persons who were 60 years and above, who had visited district hospitals in selected regions. These persons were selected in line with the United Nations (UN) definition an elderly person. The UN defines the elderly as a persons who is 60 years or above [1]. All participants were within the ages of 60 and 89 years. Only elderly persons who had visited the hospital during the year were involved in study. Participants were recruited through district focal persons of the Ministry of Gender and Social protection. Letters were sent to older persons requesting their participation in study. Only older persons who indicated their willingness to participate and met inclusion criteria were contacted for data collection. Only persons who could speak English were included in study. Older people who had intellectual disabilities or had mental illnesses were excluded from study.

Data collection

Data were collected with a semi-structured interview guide which was formulated by the research team (S1 Appendix). The semi-structured interviews were conducted in English since all participants could speak English. The interview guide was pretested on ten older people in other regions to identify ambiguous questions. Questions asked during interviews included the following: 1. Can you describe any challenges from healthcare workers that you faced when you visited a district hospital here for treatment? 2. Describe your perception of healthcare in Ghanaian district hospitals. 3. Describe how you see the current care of

the elderly in Ghanaian hospitals. 4. Describe ways you think health workers can improve their care for you in the hospital. Probes were used to elicit further descriptions of challenges and expectations. Data were collected within a three-month period from December 2018 to February 2019. Each interview lasted between one and two hours. Five participants were initially interviewed in each region. Additional five persons were interviewed in each region as saturation was not determined with the initial interviews. Saturation was determined after interviewing the 30th participant. The number of participants selected for qualitative interviews depends on the purpose of the study [34]. Qualitative studies work with small numbers that are feasible to study in depth [34]. Transcribed data was shown to some participants for their comments. Transcribed data were securely stored on a flash drive which was password protected.

Data analysis

Data analysis was conducted with qualitative content analysis. Data was analysed manually by research team which was headed by a professor of nursing. Data was analysed in line with COREQ criteria for analysing qualitative research data [31]. The COREQ criterion for analysing qualitative data uses the following pattern: coding; derivation of categories from codes; formation of themes; participants checking of codes; presentation of quotations. The research team sat together and read through the content of field data. Data was cleaned by removing all identifiable information. Codes were found during readings of transcripts. Codes were discussed within the research team. Similar codes were used by the team to create families and similar families grouped together as themes. The themes were discussed among all members of the research team for agreement. The themes were also discussed with some participants to find out if themes represented their views.

Rigour

A pretest of semi-structured interview guide was carried out in the Central Region. Pretest ensured that ambiguous questions were modified to make them clearer for participants. The researchers had prolonged interactions with elderly persons to ensure in-depth understanding of findings that emerged. Member checking was carried out to validate data from the participants. Data transcriptions and coding were done by the research team to ensure that the right challenges and expectations were reported. Researchers went back to elderly persons to find out if themes formulated represented their opinions. The background of the authors as qualitative researchers further helped in providing qualitative research rigour in the study.

Ethical consideration

Ethical approval for this study was granted by the Committee on Human Research Publication and Ethics (CHRPE) at the Kwame Nkrumah university of Science and Technology (KNUST), Ghana with reference number CHRPE/AP/634/18. Permissions were also sought from district assemblies where data were collected. Anonymity and confidentiality were explained to participants. Participants were assured that withdrawal from study will not in any way attract sanctions. Informed consent forms were filled and signed by participants. Participants were identified with codes to ensure anonymity. Questions that could cause any form of psychological trauma on participants were avoided.

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Results

Demographic data of respondents

As shown in Table 1, the majority of participants were women. All participants were within the ages of 60 and 89. The majority of elderly persons were Christians and as many as 40% were widows/widowers. The highest level of formal education for most participants was primary school level (see Table 1). About 67% were retired from their formal jobs.

Table 1

Demographic characteristics of participants.

Parameters	Value
Age (years)	**Number (%)**
60–69	15 (50%)
70–79	10 (33.3%)
80–89	5 (16.7)
Gender	
Male	12 (40%)
Female	18 (60%)
Religion	
Christianity	20 (66.7%)
Islam	7 (23.3%)
Traditional religion	3 (10%)
Education	
Primary school level	20 (66.7%)
Junior high school level	6 (20%)
Secondary school level	2 (6.7%)
Tertiary level	2 (6.7%)
Marital status	
Married	10 (33.3%)
Divorced	8 (26.7%)
Widow/widower	12 (40%)
Employment	
Currently employed	10 (33.3%)
Retired	20 (66.7%)

Themes

Four themes were formulated from content analysis. The themes were: 1. Inadequate information from health workers regarding care of the older person. 2. Queuing frustrations. 3. Financial burden. 5. Focused elderly care demand.

Inadequate information from health workers regarding care of the older person

Majority of participants pointed out that inadequate information from health workers in the out-patient department and other departments in Ghanaian district hospitals was a challenge for them. Elderly persons did not have detailed explanations of nursing activities when they visited district hospitals for care. Elderly persons indicated they did not receive specific education from nurses and medical officers regarding maintenance of good health in old age. Some participants attributed the lack of information from nurses and medical officers to inadequate time and workload:

…Nurses and doctors did not explain issues into details when taking care of me. Maybe it is because they don't have much time. Not much explanation is given on the needs and how important that task will affect my health. We also need more information on how to prevent diseases from getting to us in our old age

[AP3].

Some participants shared their thoughts on the need for receptions in district hospitals similar to what can be found in several other organisations in Ghana. Others said they wished they could be given necessary information at these proposed receptions without having to ask for such information from nurses and medical officers:

… I think nurses and doctors could give us enough information without asking. If they can have receptions to give us information in the hospital, it will be good

[AP5].

……Some nurses should be at receptions to explain things to us to understand well. Information is necessary to know what to do…..we don't have to ask for information all the time before we are offered important information about our health…

[AP7]

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Queuing frustrations

The majority of participants stated their frustrations in joining long queues for treatment in Ghanaian district hospitals. Participants shared their thoughts on the need for prioritisation of their healthcare needs because of their age. Participants did not want to join the regular long queues found in many Ghanaian district hospitals:

I am always joining long queues with the young and energetic people. Health workers keep us in a long queue and keep us waiting before later seeing the doctor. This is frustrating…..they should consider treating us with special care

[AP28]

…..My son look at me and my age and joining all those long queues in the hospital for treatment. If I had an option to find some other treatment somewhere else, I will take it……

[AP3].

The long waiting hours in queues have resulted in some participants seeking to treat themselves with over the counter medications instead of reporting to the hospitals for treatment:

….It is not easy when you think of going to the hospital. All that comes to mind is the long queues that will be waiting for you when you get there. Sometimes I just go to the drug store or the local chemist shop to get something for myself instead…

[AP3].

Participants indicated that they usually try other sources of treatment locally because of the frustrations they experience in hospitals. However, they visit hospitals when there are complications in their conditions:

…. I prefer to take some drugs at home rather than to waste my time at the hospital. But when it becomes very serious, I go to the hospital

[AP20].

…Sometimes I just buy some local medicines and take to help myself rather than going to the hospital to queue. But when the local medicines are not helping, I go to the hospital

[AP1].

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Financial burden

Participants in the study reported that there were high financial burdens in seeking medical treatment in Ghanaian district hospitals. Although Ghana has an insurance system for the elderly persons, participants interviewed stated they had to buy most of the expensive medications that were prescribed in the hospitals and pay for some investigations. Participants indicated the need for subsidisation of their healthcare cost by government:

Although we have insurance, we still pay for services when we go to the hospital. Many of the good medicines are never on the insurance. Even some of the investigations that we are supposed to do in the hospital are not free. The insurance should cover everything. There should also be a reduction in the cost involved in our care since we don't work at this age…

[AP4].

They say we have insurance covering elderly persons in Ghana but when I go to the hospital, they tell me that I have to still pay for some stuff such as investigations and medicines. The insurance seems to be for only folder. I don't think this should be the case

[AP2].

Participants were financially constrained as a result of retirements from their formal jobs:

…..The government has to improve the insurance especially for elderly persons since our income has reduced due to retirement. I think we should

be attended to without all the cost that we bear in district hospitals. The Government can make this happen.

[AP 7].

Some participants who were between the ages of 60 and 70 indicated their frustration at their exclusion from the health insurance package for the aged in Ghana.

…The health insurance is supposed to cater for elderly persons over 70 years. What about those of us who are 65. We retire at 60 in Ghana, but the insurance starts from 70. This I don't understand….

[AP29].

Some participants were of the view that the National Health Insurance Authority in Ghana does not reimburse hospitals regularly and this was partly the cause of having to pay for healthcare cost despite being covered by the national health insurance.

…The health insurance people don't pay the hospitals, so hospitals don't also give us the free service they are supposed to provide for us……..the hospitals make us pay for services because they don't have any other income

[AP9].

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Focused elderly care demand

The theme of focused elderly care demand has two sub-themes: 1. Need for routine check-up visits. 2. A call for dedicated elderly care units and consulting rooms.

Need for routine check-up visits

Participants were of the view that problems they faced could be reduced to the barest minimum through regular check-up visits from healthcare workers. Participants indicated that these check-up visits could take place in their communities or homes. Check-up visits in their homes or communities will help reduce the cost of transportation to hospitals for healthcare:

….For me, there should be regular check-up programs for us in our homes. These check-up visits could be free so that many of our challenges can be prevented. It will prevent our travels and monies spent on travelling all the way to the hospitals

[AP24].

…….I think sometimes these check-up visits can be done in our communities. Sometimes nurses and other health workers can come and see how we are doing in our homes. It will be good for us, so we do not take cars and spend our little monies going to the hospital

[AP26].

Some participants also recommended that in the absence of the regular visits by health workers, health workers can alternatively call them on the phone on regular basis to check up on them:

…Even if health workers can't come to us regularly, they should call us on the phone on some regular basis to find out how we are doing. We have phones now, so we are ready for health workers to call us and check up on us

[AP7].

…Check-up visits can even be done through calls to us by health workers, so we know whether we really need to come to the hospital. I am reluctant to take a car all the way to the hospitals for check-up……..

[AP28].

Participants shared their thoughts on the importance of regular check-up visits from nurses as pertains to monthly antenatal programs for pregnant women in Ghanaian hospitals.

……Just like what is done for pregnant women, we can also have dedicated days to come for our check-up or reviews. Nurses have done it for pregnant women so why can't they do it for us too?

[AP18].

A call for dedicated units and consulting rooms

Participants suggested that Ghanaian district hospitals should be designed to prevent queuing for elderly persons. Creation of elderly wards and consulting rooms with aged care experts were suggested by participants. Participants expected health workers to dedicate a consulting room to them to reduce their waiting time at the out-patient department:

…….I mean there should be departments and special health workers for elderly persons. The health workers can find a separate room or unit for us where they will see only elderly persons….

[AP11].

For us not to queue for longer periods, health workers who have knowledge in old people care should be employed to care for elderly persons. In that case, we will just go straight to see our health workers when we go to the hospital…

[AP9].

Participants were of the view that hospital mangers and health workers could help in setting up these special units and consulting rooms for the elderly client:

…. Managers and health workers of the district hospitals in this country should come together and develop a plan that will make sure that there are units with experts for the elderly in every hospital just for the elderly……

[AP3].

…Our hospitals should create units and consulting rooms just for us to come and see specialist health workers…….

[AP24].

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Discussion

This section is discussed in line with findings of the study. The discussion is therefore organised under the following sub-headings: Inadequate information from health workers regarding care of the older person; Financial burden of the older Ghanaian regarding healthcare; Dedicated units and consulting rooms for the care of older Ghanaians.

Inadequate information from health workers regarding care of the older person

Participants indicated that healthcare workers did not provide them with enough information on how to prevent diseases in their old age. This may be due to inadequate education of health workers in gerontological care in Ghana [11, 29]. Clinical staff such as nurses and medical officers are not examined in gerontological care during their licensing examinations [11, 35]. A policy on inclusion of gerontology content in the training of healthcare workers in Ghana may contribute to addressing issues of inadequate information from health professionals regarding aged care. Healthcare workers in Ghana should be provided knowledge on the current national aging policy of Ghana [36] in order to understand their roles regarding the care of the older Ghanaian. Training could be conducted through workshops to improve knowledge of healthcare workers. These ideas are supported by previous studies from other parts of the world [37–40]. These studies [37–40] recommend curriculum modifications and training in gerontology as necessary steps for meeting expectations of elderly persons and achieving positive health outcomes for the elderly.

Financial burden of the older Ghanaian regarding healthcare

Participants in this study indicated that meeting the current healthcare cost in hospitals is a challenge to them. Currently the National Health Insurance Scheme (NHIS) only covers elderly persons above 70 years

[21] whilst life expectancy of the Ghanaian elderly person is 63 years and compulsory retirement is 60 years [14]. The national health insurance scheme could be extended to elderly persons between 60 years and 69 years since many of them may not live to 70 years to benefit from the current elderly health insurance package. Today's generation owe it as a duty to honour and guarantee better living conditions for our elderly persons [21] as they have contributed their quota to the development of the nation [36]. Ageing could also be defined in terms of functionality rather than a stage in a life time because some elderly persons could function at the age of 60 and beyond [41, 42].

The fact that 33% of elderly participants in this study were still actively engaged in various forms of employment (Table 1) shows that some older people could work after age 60. Rehiring older people is in line with the United Nation's (UN) recommendation on rehiring retired persons to enhance knowledge transfer to the younger generation of workers [43]. Retiring every elderly person at the age of 60 may be disadvantageous to institutions which could benefit from their experiences. The UN recommends development of regulations for the utilisation of the experiences of elderly persons who are over 60 years [43]. Older people who are active and still working after age 60 may find it easier to pay for their healthcare cost and avoid unorthodox methods of treatments which complicates their conditions. Being active at an old age has also been shown to improve physical and psychological well-being of older people [44–46].

Dedicated units and consulting rooms for the care of older Ghanaians

In this study, older Ghanaians indicated that they expected hospitals to implement dedicated services towards older people's care. Participants indicated the need for dedicated units and consulting rooms with gerontology experts where they could be provided services. Evidence

available shows such dedicated services can reduce complications and admission rates in older people and cost effective for both older people and health facilities [47, 48]. Older persons could have their check-up visits in these dedicated units to avoid queuing with other aged groups. Staff from these dedicated aged care units could provide regular community care to older Ghanaians. Specialist training could be provided to health workers in order to provide such dedicated services to older people. Academic and clinical gerontology experts could help establish advanced specialist courses for health workers in Ghana to be able to manage these dedicated units. Implementing these suggested dedicated units for older people will prevent the frustration of constant queuing, which was a major concern of participants in the study.

Aged care home services could also be introduced by the Ghana Health Service (GHS) as pertains in other countries [49, 50]. The introduction of aged care home services by the GHS should be accompanied by appropriate regulatory and monitoring mechanisms that will protect and improve health of older Ghanaians. This is because increasing commercialisation, lack of regulation and inadequate monitoring can result in poor quality care for elderly persons in aged care homes [50]. The regulatory mechanism could include the use of professionally trained persons and adequate remuneration for these professionals. Elderly care models that are implemented in Ghana should integrate client choices, community/primary health care services, residential and non-residential elderly care services, as these have been found to be effective in other countries [51].

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Strengths of the study

This study discussed challenges and expectation of the elderly regarding healthcare in Ghana. It is one of the few studies that explored this phenomenon in Ghana. The researchers also covered the three zones in Ghana by taking data from a district in the northern, middle, and southern zones. A rigorous result was ensured by including qualitative research experts in this study. This study discussed models of elderly care as pertains to other continents and recommended elderly care models for Ghana. Further education for health workers in gerontology has been suggested in a bid to improve expertise for gerontology care in Ghana.

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Limitations of study

This study investigated only district hospitals which are public hospitals in Ghana. Further studies of private, regional, and tertiary health institutions may also be necessary in the future to compare results to district hospitals. Data from three regions (out of 16) in Ghana may not be sufficient to make adequate generalisation from study results. It must however be stated that qualitative research is usually assessed regarding credibility, transferability, dependability, and confirmability [52] which were applied and described throughout the study. Transferability to similar population may be possible due to the rigorous qualitative methods used to conduct the study.

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Conclusion

Elderly persons in Ghana have challenges as well as expectations of healthcare. Challenges include inadequate information, queuing, and financial burdens. Expectation of nursing care included organisation of

regular routine check-up visits, dedication of units to the elderly and cost subsidisation. Health workers could be trained in gerontological care through workshops to provide appropriate care to older Ghanaians. Bottom up approaches should be utilised in elderly care where concerns and opinions of the elderly and their relatives are considered in their care. Evidence informed curricula frameworks for teaching elderly care in Ghana could be formulated through further research. The current national aged policy could be included in curricula of health training institutions to create some awareness of elderly care in Ghanaian health students.

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Supporting information

S1 File

Audit trail for aged care research.

(DOCX)

Click here for additional data file.(28K, docx)

S2 File

Interview data.

(DOCX)

Click here for additional data file.(25K, docx)

S1 Appendix

Interview guide.

(DOCX)

Click here for additional data file.(27K, docx)

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Acknowledgments

The authors are grateful to older persons who participated in this study.

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Funding Statement

The authors received no funding for this work. All funds for the study was provided by the first author.

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Data Availability

Due to the sensitive nature of data, the institutional review board recommended that the data should only be shared on request. Data contain potentially identifying and sensitive patient information and as such the ethical review board had requested that the data only be shared with justifiable reasons. These restrictions were imposed by the institutional review board of the Kwame Nkrumah University of Science and Technology. Data request may be sent through this phone number and email of the ethical review board administrator +233205453785, hg.ude.tsunK@eprhc. However, a minimal data set and an audit trail has been provided to enable replication.

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- PLoS One. 2021; 16(1): e0245451.

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- Decision Letter 0

2021; 16(1): e0245451.
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Decision Letter 0

Andrew Soundy, Academic Editor

28 Jan 2020

PONE-D-19-28368

Older people's challenges and expectations of nursing care in Ghana: A qualitative Study.

PLOS ONE

Dear Prof Atakro,

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we feel that it has merit but does not fully meet PLOS ONE's publication criteria as it currently stands. Therefore, we invite you to submit a revised version of the manuscript that addresses the points raised during the review process.

See comments below.

We would appreciate receiving your revised manuscript by Mar 13 2020 11:59PM. When you are ready to submit your revision, log on to https://www.editorialmanager.com/pone/ and select the 'Submissions Needing Revision' folder to locate your manuscript file.

If you would like to make changes to your financial disclosure, please include your updated statement in your cover letter.

To enhance the reproducibility of your results, we recommend that if applicable you deposit your laboratory protocols in protocols.io, where a protocol can be assigned its own identifier (DOI) such that it can be cited independently in the future. For instructions see: http://journals.plos.org/plosone/s/submission-guidelines#loc-laboratory-protocols

Please include the following items when submitting your revised manuscript:

- A rebuttal letter that responds to each point raised by the academic editor and reviewer(s). This letter should be uploaded as separate file and labeled 'Response to Reviewers'.
- A marked-up copy of your manuscript that highlights changes made to the original version. This file should be uploaded as separate file and labeled 'Revised Manuscript with Track Changes'.
- An unmarked version of your revised paper without tracked changes. This file should be uploaded as separate file and labeled 'Manuscript'.

Please note while forming your response, if your article is accepted, you may have the opportunity to make the peer review history publicly available. The record will include editor decision letters (with reviews) and your responses to reviewer comments. If eligible, we will contact you to opt in or out.

We look forward to receiving your revised manuscript.

Kind regards,

Andrew Soundy

Academic Editor

PLOS ONE

Journal Requirements:

1. When submitting your revision, we need you to address these additional requirements.

Please ensure that your manuscript meets PLOS ONE's style requirements, including those for file naming. The PLOS ONE style templates can be found at

http://www.journals.plos.org/plosone/s/file?id=wjVg/PLOSOne_formatting_sample_main_body.pdf and http://www.journals.plos.org/plosone/s/file?id=ba62/PLOSOne_formatting_sample_title_authors_affiliations.pdf

2. We note that you have indicated that data from this study are available upon request. PLOS only allows data to be available upon request if there are legal or ethical restrictions on sharing data publicly. For information on unacceptable data access restrictions, please see http://journals.plos.org/plosone/s/data-availability#loc-unacceptable-data-access-restrictions.

In your revised cover letter, please address the following prompts:

a) If there are ethical or legal restrictions on sharing a de-identified data set, please explain them in detail (e.g., data contain potentially identifying or sensitive patient information) and who has imposed them (e.g., an ethics committee). Please also provide contact information for a data access committee, ethics committee, or other institutional body to which data requests may be sent.

b) If there are no restrictions, please upload the minimal anonymized data set necessary to replicate your study findings as either Supporting Information files or to a stable, public repository and provide us with the relevant URLs, DOIs, or accession numbers. Please see http://www.bmj.com/content/340/bmj.c181.long for guidelines on how to de-identify and prepare clinical data for publication. For a list of acceptable repositories, please

see http://journals.plos.org/plosone/s/data-availability#loc-recommended-repositories.

We will update your Data Availability statement on your behalf to reflect the information you provide.

3. Please include additional information regarding the aemi-structured interview guide used in the study and ensure that you have provided sufficient details that others could replicate the analyses. For instance, if you developed a guide as part of this study and it is not under a copyright more restrictive than CC-BY, please include a copy, in both the original language and English, as Supporting Information. Also, pretesting of this guide was referred to in the text but further details concerning the nature of number of participants is required. Furthermore, please expand on the recruitment of participants to this study and any inclusion/exclusion criteria employed.

Additional Editor Comments:

Abstract

No need for prevalence figures in background information

Introduction

Make sure you justify why qualitative descriptive approaches are so valuable

Methods

You need to consider a framework which will support your write up e.g., COREQ or SRSQ – you need this to make sure you address each

requirement of these – again it is not about a correct answer but that your method make sense in terms of the results you give e.g., sample size considerations? when I started to look at this type of approach this article talks about content analysis and frameworks https://journals.sagepub.com/doi/full/10.1177/1937586715614171

Study design

You will need to give a better reference for your qualitative descriptive design e.g., a paper which gives key steps that are expected to be taken e.g., a specific paper which mentions some options could be. A general text book which is not specific to the design wouldn't be appropriate. Reconsider this and within this consider your paradigmatic stance and methodological stance

You need to justify your selected interview guide – did you do a cognitive interview before? Was it piloted – did you use literature to work out questions? Why so few questions? Not looking for a correct answer but your choices need justification

You will need to include a full audit trail without this it will be hard to follow how you got the results that you have obtained - without this the paper will be rejected at the next point.

Does your data analysis approach fit with the descriptive design you mention above? Please justify your choices

Results

I would like to see themes at the minor level from an audit trail

[Note: HTML markup is below. Please do not edit.]

Reviewers' comments:

[NOTE: If reviewer comments were submitted as an attachment file, they will be attached to this email and accessible via the submission site. Please log into your account, locate the manuscript record, and check for the action link "View Attachments". If this link does not appear, there are no attachment files to be viewed.]

While revising your submission, please upload your figure files to the Preflight Analysis and Conversion Engine (PACE) digital diagnostic tool, https://pacev2.apexcovantage.com/. PACE helps ensure that figures meet PLOS requirements. To use PACE, you must first register as a user. Registration is free. Then, login and navigate to the UPLOAD tab, where you will find detailed instructions on how to use the tool. If you encounter any issues or have any questions when using PACE, please email us at gro.solp@serugif. Please note that Supporting Information files do not need this step.

- PLoS One. 2021; 16(1): e0245451.

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- Author response to Decision Letter 0

2021; 16(1): e0245451.
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Author response to Decision Letter 0

12 Mar 2020

Comment 1:When submitting your revision, we need you to address these additional requirements.

Please ensure that your manuscript meets PLOS ONE's style requirements, including those for file naming.

Response 1: Plos one requirements were followed in the submission of manuscript

Comment 2: We note that you have indicated that data from this study are available upon request. PLOS only allows data to be available upon request if there are legal or ethical restrictions on sharing data publicly. For information on unacceptable data access restrictions, please see http://journals.plos.org/plosone/s/data-availability#loc-unacceptable-data-access-restrictions.

In your revised cover letter, please address the following prompts:

a) If there are ethical or legal restrictions on sharing a de-identified data set, please explain them in detail (e.g., data contain potentially identifying or sensitive patient information) and who has imposed them (e.g., an ethics committee). Please also provide contact information for a data access committee, ethics committee, or other institutional body to which data requests may be sent.

b) If there are no restrictions, please upload the minimal anonymized data set necessary to replicate your study findings as either Supporting Information files or to a stable, public repository and provide us with the relevant URLs, DOIs, or accession numbers. Please see http://www.bmj.com/content/340/bmj.c181.long for guidelines on how to de-identify and prepare clinical data for publication. For a list of acceptable repositories, please

see http://journals.plos.org/plosone/s/data-availability#loc-recommended-repositories.

We will update your Data Availability statement on your behalf to reflect the information you provide.

Response 2: Cover letter was modified to reflect data availability. An audit trail has now been provided that shows data collection at every stage and could show some challenges and expectations described by older people. Minimal data collected has also been provided to enable replication of this study. The number of the ethical committee provided for request of full data set.

Comment 3:Please include additional information regarding the semi-structured interview guide used in the study and ensure that you have provided sufficient details that others could replicate the analyses. For instance, if you developed a guide as part of this study and it is not under a copyright more restrictive than CC-BY, please include a copy, in both the original language and English, as Supporting Information. Also, pretesting of this guide was referred to in the text but further details concerning the nature of number of participants is required. Furthermore, please expand on the recruitment of participants to this study and any inclusion/exclusion criteria employed.

Response 3: A copy of interview guide provided. all participant could speak English and did not need any translation for researchers. Additional information on the pretest such as the number pf people pre-tested has now been added.

Comment 4:Abstract

No need for prevalence figures in background information

Response 4: The prevalence has now been removed as suggested.

comment 5: Introduction

Make sure you justify why qualitative descriptive approaches are so valuable

Response 5:Justification of the qualitative study in introduction has now been included and highlighted.

Comment 6: . Methods

You need to consider a framework which will support your write up e.g., COREQ or SRSQ – you need this to make sure you address each requirement of these – again it is not about a correct answer but that your method make sense in terms of the results you give e.g., sample size considerations? when I started to look at this type of approach this article talks about content analysis and frameworks https://journals.sagepub.com/doi/full/10.1177/1937586715614171

Response 6: The COREQ framework has now been used in reporting work. The framework of COREQ was used in reporting all sections of the study.

Comment 7: Study design

You will need to give a better reference for your qualitative descriptive design e.g., a paper which gives key steps that are expected to be taken e.g., a specific paper which mentions some options could be. A general text book which is not specific to the design wouldn't be appropriate.

Reconsider this and within this consider your paradigmatic stance and methodological stance

Response 7: This suggestion has been complied with and highlighted.

Comment 8: You need to justify your selected interview guide – did you do a cognitive interview before? Was it piloted – did you use literature to work out questions? Why so few questions? Not looking for a correct answer but your choices need justification.

Response 8: Justification now provided for the interview guide and highlighted. Questions were developed based on literature review. A pilot was done with 10 older people and ambiguous questions were modified.

Comment 9:You will need to include a full audit trail without this it will be hard to follow how you got the results that you have obtained - without this the paper will be rejected at the next point.

Response 9: The audit trail of this study has now been provided.

Comment 10: Does your data analysis approach fit with the descriptive design you mention above? Please justify your choices.

Response 10: This suggestion has been complied with and highlighted.

Comment 11: . Results

I would like to see themes at the minor level from an audit trail

Response 11: Audit trail now provided.

Attachment

Submitted filename: *RESPONSE TO REVIEW COMMENTS.docx*
Click here for additional data file.(27K, docx)

- PLoS One. 2021; 16(1): e0245451.

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- Decision Letter 1

2021; 16(1): e0245451.
Published online 2021 Jan 19. doi: 10.1371/journal.pone.0245451.r003

Decision Letter 1

Andrew Soundy, Academic Editor

7 May 2020

PONE-D-19-28368R1

Older people's challenges and expectations of nursing care in Ghana: A qualitative Study.

PLOS ONE

Dear Dr Atakro,

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we feel that it has merit but does not fully meet PLOS ONE's publication criteria as it currently stands. Therefore, we invite you

to submit a revised version of the manuscript that addresses the points raised during the review process.

Please see comments from the reviewers and address.

We would appreciate receiving your revised manuscript by 6 June 2020. When you are ready to submit your revision, log on to https://www.editorialmanager.com/pone/ and select the 'Submissions Needing Revision' folder to locate your manuscript file.

If you would like to make changes to your financial disclosure, please include your updated statement in your cover letter.

To enhance the reproducibility of your results, we recommend that if applicable you deposit your laboratory protocols in protocols.io, where a protocol can be assigned its own identifier (DOI) such that it can be cited independently in the future. For instructions see: http://journals.plos.org/plosone/s/submission-guidelines#loc-laboratory-protocols

Please include the following items when submitting your revised manuscript:

- A rebuttal letter that responds to each point raised by the academic editor and reviewer(s). This letter should be uploaded as separate file and labeled 'Response to Reviewers'.
- A marked-up copy of your manuscript that highlights changes made to the original version. This file should be uploaded as separate file and labeled 'Revised Manuscript with Track Changes'.
- An unmarked version of your revised paper without tracked changes. This file should be uploaded as separate file and labeled 'Manuscript'.

Please note while forming your response, if your article is accepted, you may have the opportunity to make the peer review history publicly available. The record will include editor decision letters (with reviews) and your responses to reviewer comments. If eligible, we will contact you to opt in or out.

We look forward to receiving your revised manuscript.

Kind regards,

Andrew Soundy

Academic Editor

PLOS ONE

[Note: HTML markup is below. Please do not edit.]

Reviewers' comments:

Reviewer's Responses to Questions

Comments to the Author

1. If the authors have adequately addressed your comments raised in a previous round of review and you feel that this manuscript is now acceptable for publication, you may indicate that here to bypass the “Comments to the Author” section, enter your conflict of interest statement in the “Confidential to Editor” section, and submit your "Accept" recommendation.

Reviewer #1: (No Response)

Reviewer #2: (No Response)

****

2. Is the manuscript technically sound, and do the data support the conclusions?

The manuscript must describe a technically sound piece of scientific research with data that supports the conclusions. Experiments must have been conducted rigorously, with appropriate controls, replication, and sample sizes. The conclusions must be drawn appropriately based on the data presented.

Reviewer #1: Yes

Reviewer #2: (No Response)

****

3. Has the statistical analysis been performed appropriately and rigorously?

Reviewer #1: N/A

Reviewer #2: (No Response)

****

4. Have the authors made all data underlying the findings in their manuscript fully available?

The PLOS Data policy requires authors to make all data underlying the findings described in their manuscript fully available without restriction, with rare exception (please refer to the Data Availability Statement in the manuscript PDF file). The data should be provided as part of the manuscript or its supporting information, or deposited to a public repository. For example, in addition to summary statistics, the data points behind means, medians and variance measures should be available. If there are restrictions on publicly sharing data—e.g. participant privacy or use of data from a third party—those must be specified.

Reviewer #1: Yes

Reviewer #2: (No Response)

****

5. Is the manuscript presented in an intelligible fashion and written in standard English?

PLOS ONE does not copyedit accepted manuscripts, so the language in submitted articles must be clear, correct, and unambiguous. Any typographical or grammatical errors should be corrected at revision, so please note any specific errors here.

Reviewer #1: Yes

Reviewer #2: (No Response)

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6. Review Comments to the Author

Please use the space provided to explain your answers to the questions above. You may also include additional comments for the author, including concerns about dual publication, research ethics, or publication ethics. (Please upload your review as an attachment if it exceeds 20,000 characters)

Reviewer #1: 1. Study setting

Page 5 under settings: lines 2 -5, the authors stated that Ghana has 10 regions and listed the 10 regions. Now Ghana has 16 Regions. I recommend that the 16 regions should be used since the work is yet to be published. When stating the regions, for instance Ashanti Region, the R for the region should be an upper case. For example, Volta Region, Ashanti Region etc.

2. Data collection

Page 6, line 2, I suggest that the authors use researchers instead of investigators.

3. Page 6, line 4: the authors stated that the interview guide was tested on 10 elderly persons; were these 10 elderly persons selected from the 3 research settings or other settings? Please state it.

4. Pages 6 and 7 seem to have repetitions:

• lines 3-6, the authors stated that "The interview guide was developed based on literature and pre-tested on 10 elderly persons in order to identify and modify ambiguous questions. Semi-structured interviews (Appendix 1) were conducted in English since all participants could speak English."

• Last sentence on page 6 and first sentence on page 7 seems to be saying the same thing; “Interview guide was pretested on ten older people to identify ambiguous questions. Interviews were conducted in English”.

The authors should please work on the repetition.

5. Rigour

Page 7 line 1 should be “a pretest of semi-structured interview guide was …” the guide was omitted.

6. Ethical considerations

Page 8, the last sentence: the authors stated that “Researchers made sure that this study did not cause any physical or psychological harm to any participant”. Please state how these were ensured.

7. Demographic characteristics of participants

Page 8, the authors should be consistent with the use of the percentages. Some are in words and others are in figures. Please reconcile.

8. Discussions

• Page 17: instead of using ‘elderly persons in this study’ authors should rather use participants. This should be effected throughout the manuscript.

• Page 19, line 20: The authors should use client instead of patient since not all aged sent to the aged homes for care are sick.

9. Strengths of the study

Page 20 line 4: throughout the manuscript, I did not see any recommendation for medical officers to be trained in Gerontology as stated here by the authors. Please delete the medical officers if it has not earlier been stated.

10. There are few grammatical errors. I suggest the authors employ the services of a language editor

Reviewer #2: (No Response)

****

7. PLOS authors have the option to publish the peer review history of their article (what does this mean?). If published, this will include your full peer review and any attached files.

If you choose “no”, your identity will remain anonymous but your review may still be made public.

Do you want your identity to be public for this peer review? For information about this choice, including consent withdrawal, please see our Privacy Policy.

Reviewer #1: No

Reviewer #2: No

[NOTE: If reviewer comments were submitted as an attachment file, they will be attached to this email and accessible via the submission site. Please log into your account, locate the manuscript record, and check for the action link "View Attachments". If this link does not appear, there are no attachment files to be viewed.]

While revising your submission, please upload your figure files to the Preflight Analysis and Conversion Engine (PACE) digital diagnostic tool, https://pacev2.apexcovantage.com/. PACE helps ensure that figures meet PLOS requirements. To use PACE, you must first register as a user. Registration is free. Then, login and navigate to the UPLOAD tab, where you will find detailed instructions on how to use the tool. If you encounter any issues or have any questions when using PACE, please email us at gro.solp@serugif. Please note that Supporting Information files do not need this step.

Attachment

Submitted filename: *PONE-D-19-28368_reviewer.pdf*
Click here for additional data file. (806K, pdf)

Attachment

Submitted filename: *older people paper.docx*
Click here for additional data file. (17K, docx)

- PLoS One. 2021; 16(1): e0245451.

»

- Author response to Decision Letter 1

2021; 16(1): e0245451.
Published online 2021 Jan 19. doi: 10.1371/journal.pone.0245451.r004

Author response to Decision Letter 1

19 May 2020

Response to reviewer 1

comment 1:Study setting

Page 5 under settings: lines 2 -5, the authors stated that Ghana has 10 regions and listed the 10 regions. Now Ghana has 16 Regions. I recommend that the 16 regions should be used since the work is yet to be published. When stating the regions, for instance Ashanti Region, the R for the region should be an upper case. For example, Volta Region, Ashanti Region etc.

Response 1: These recommended corrections have been adhered to and highlighted in manuscript.

Comment 2: Data collection

Page 6, line 2, I suggest that the authors use researchers instead of investigators.

Response 2: This suggestion had been adhered to and highlighted.

Comment 3: Page 6, line 4: the authors stated that the interview guide was tested on 10 elderly persons; were these 10 elderly persons selected from the 3 research settings or other settings? Please state it.

Response 3:The pretest was conducted in another region (Central region). This is now stated in manuscript as suggested.

Comment 4:Pages 6 and 7 seem to have repetitions:

• lines 3-6, the authors stated that “The interview guide was developed based on literature and pre-tested on 10 elderly persons in order to

identify and modify ambiguous questions. Semi-structured interviews (Appendix 1) were conducted in English since all participants could speak English."

• Last sentence on page 6 and first sentence on page 7 seems to be saying the same thing; "Interview guide was pretested on ten older people to identify ambiguous questions. Interviews were conducted in English".

The authors should please work on the repetition.

Response 4: Repetitions were removed throughout manuscript.

Comment 5:Rigour

Page 7 line 1 should be "a pretest of semi-structured interview guide was …" the guide was omitted.

Response 5:This recommended correction has been adhered to and highlighted.

Comment 6: Ethical considerations

Page 8, the last sentence: the authors stated that "Researchers made sure that this study did not cause any physical or psychological harm to any participant". Please state how these were ensured.

Response 6: This has now been corrected. Researchers avoided questions that could cause any form of psychological trauma.

Comment 7: Demographic characteristics of participants

Page 8, the authors should be consistent with the use of the percentages. Some are in words and others are in figures. Please reconcile.

Response 7: This recommended suggestion has been implemented.

Comment 8: Discussions

• Page 17: instead of using 'elderly persons in this study' authors should rather use participants. This should be effected throughout the manuscript.

• Page 19, line 20: The authors should use client instead of patient since not all aged sent to the aged homes for care are sick.

Response 8: This change has been done as recommended.

Comment 9: Strengths of the study

Page 20 line 4: throughout the manuscript, I did not see any recommendation for medical officers to be trained in Gerontology as stated here by the authors. Please delete the medical officers if it has not earlier been stated.

Response 9: This correction has been done.

Comment 10: There are few grammatical errors. I suggest the authors employ the services of a language editor.

Response 10: The help of an editor was sought to make necessary grammatical corrections within manuscript.

Response to reviewer 3:

Comment 1: Title: I suggest that the word “nursing care” in the title be replaced with “healthcare” as findings from the study were not exclusively nursing care issues,

Response 1: This suggestion has been adhered to.

Comment 2: Abstract

The abstract was well structured and well written, but minor revisions required. See main document.

Response 2: Minor correction made in abstract.

Comment 3: Background

The background was well written to set the stage for the study. Very minor revisions required.

Response 3: Minor correction made in background.

Comment 4: Methods

This section although it read well, there were few repetitions. Some revisions required.

Response 4: Repetitions now removed as recommended.

Comment 5: The descriptions of the elderly demographic characteristic did not play any role in the study as it would have been interesting elaborating on that. For example, it was reported that 33% of the older people who were presumed to have been retired were still in active employment. The detail of this was missing. Also, how it impacted their

health and medical cost was also left hanging. Furthermore, majority of the older people were females. It would have been interesting to explore and report on the motivation for health seeking behaviour among the two gender and whether marital status and number of children played a role in their healthcare needs and hospital attendance.

Response 5: This suggestion has been complied with and highlighted within work. However, differences in heath seeking behaviors between females and males was not explored in this study.

Comment 6: The descriptions of the codes (variables) in the themes well not detailed enough. Moreso, most of the themes described were basic healthcare delivery or system challenges and not exclusive nursing care issues. There were some overlaps, for example, the themes financial burden and a cry for cost subsidisation read pretty much the same and could be collapsed as one theme. I believe repetitions and discrepancies will be minimised if further descriptions are given to all the codes/variables. The lengthy quotations should be reduced.

Response 6: The recommendation has been complied with. Overlapping themes have now been condensed to avoid repetitions. There is also now more concentration on health workers rather than just nurses. Lengthy quotations reduced as recommended.

Comment 7: The discussion needs a major revision. The discussion as it is shows a substantial difference of what is discussed and what was reported in the findings. For example, the chunk proportion of information on nursing education in gerontology and licencing examination in that field has no relation to the findings. The study did not look at the courses nurses read in training and therefore has no business discussing that. There is no consistency in the discussion as some of the information given was out of context.

The study did not look at health service organisation and implications on the care of the elderly, yet, the discussions covers it. I suggest that the discussion section should be rewritten and attention paid to the findings of the study.

Response 7: The discussion has been rewritten as recommended. Discussions now organised to be in line with findings as recommended in order to stay away from extensive discussions that did not border on findings specifically.

Comment 8: Referencing

The recommended referencing style and format must be adhered to.

Response 8: Referencing format adhered to as recommended.

Attachment

Submitted filename: *Responses to reviewers17thmay20.docx*
Click here for additional data file.(29K, docx)

- PLoS One. 2021; 16(1): e0245451.

»

- Decision Letter 2

2021; 16(1): e0245451.
Published online 2021 Jan 19. doi: 10.1371/journal.pone.0245451.r005

Decision Letter 2

Rosemary Frey, Academic Editor

10 Jul 2020

PONE-D-19-28368R2

Older people's challenges and expectations of healthcare in Ghana: A qualitative study

PLOS ONE

Dear MS ATAKRO,

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we feel that it has merit but does not fully meet PLOS ONE's publication criteria as it currently stands. Therefore, we invite you to submit a revised version of the manuscript that addresses the points raised during the review process.

==========

Please make the minor changes to wording requested by Reviewer 2.

==========

Please submit your revised manuscript by 10 August 2020. If you will need more time than this to complete your revisions, please reply to this message or contact the journal office at gro.solp@enosolp. When you're ready to submit your revision, log on to https://www.editorialmanager.com/pone/ and select the 'Submissions Needing Revision' folder to locate your manuscript file.

Please include the following items when submitting your revised manuscript:

- A rebuttal letter that responds to each point raised by the academic editor and reviewer(s). You should upload this letter as a separate file labeled 'Response to Reviewers'.
- A marked-up copy of your manuscript that highlights changes made to the original version. You should upload this as a separate file labeled 'Revised Manuscript with Track Changes'.
- An unmarked version of your revised paper without tracked changes. You should upload this as a separate file labeled 'Manuscript'.

If you would like to make changes to your financial disclosure, please include your updated statement in your cover letter. Guidelines for resubmitting your figure files are available below the reviewer comments at the end of this letter.

If applicable, we recommend that you deposit your laboratory protocols in protocols.io to enhance the reproducibility of your results. Protocols.io assigns your protocol its own identifier (DOI) so that it can be cited independently in the future. For instructions see: http://journals.plos.org/plosone/s/submission-guidelines#loc-laboratory-protocols

We look forward to receiving your revised manuscript.

Kind regards,

Rosemary Frey

Academic Editor

PLOS ONE

[Note: HTML markup is below. Please do not edit.]

Reviewers' comments:

Reviewer's Responses to Questions

Comments to the Author

1. If the authors have adequately addressed your comments raised in a previous round of review and you feel that this manuscript is now acceptable for publication, you may indicate that here to bypass the “Comments to the Author” section, enter your conflict of interest statement in the “Confidential to Editor” section, and submit your "Accept" recommendation.

Reviewer #1: All comments have been addressed

Reviewer #2: All comments have been addressed

****

2. Is the manuscript technically sound, and do the data support the conclusions?

The manuscript must describe a technically sound piece of scientific research with data that supports the conclusions. Experiments must have been conducted rigorously, with appropriate controls, replication, and sample sizes. The conclusions must be drawn appropriately based on the data presented.

Reviewer #1: Yes

Reviewer #2: Yes

****

3. Has the statistical analysis been performed appropriately and rigorously?

Reviewer #1: N/A

Reviewer #2: Yes

****

4. Have the authors made all data underlying the findings in their manuscript fully available?

The PLOS Data policy requires authors to make all data underlying the findings described in their manuscript fully available without restriction, with rare exception (please refer to the Data Availability Statement in the manuscript PDF file). The data should be provided as part of the manuscript or its supporting information, or deposited to a public repository. For example, in addition to summary statistics, the data points behind means, medians and variance measures should be available. If there are restrictions on publicly sharing data—e.g. participant privacy or use of data from a third party—those must be specified.

Reviewer #1: No

Reviewer #2: (No Response)

****

5. Is the manuscript presented in an intelligible fashion and written in standard English?

PLOS ONE does not copyedit accepted manuscripts, so the language in submitted articles must be clear, correct, and unambiguous. Any typographical or grammatical errors should be corrected at revision, so please note any specific errors here.

Reviewer #1: Yes

Reviewer #2: Yes

****

6. Review Comments to the Author

Please use the space provided to explain your answers to the questions above. You may also include additional comments for the author, including concerns about dual publication, research ethics, or publication ethics. (Please upload your review as an attachment if it exceeds 20,000 characters)

Reviewer #1: (No Response)

Reviewer #2: Title: Fits the content

Abstract

The abstract is well structured and well written.

Background

The background was well written to set the stage for the study.

Methods

This section reads well.

Findings

The findings section was well structured for easy read, however, few observations made and outlined as follows:

1. Under theme 1, the use of verbs such as thoughts, wish, and felt are difficult to measure. Hence, it they must be written as reported expressions. For example, … some participants shared their thoughts that...Others said that they wished….

2. Under theme 2, similar observations were made for example…in line 2 sentence 2 the word felt was used.

3. Under theme 3, the second sentence should begin with the word "Although" instead of though.

4. Under the fourth theme, subtheme 1, the check-ups should read check-up visits from health workers, not by health workers.

Discussion

The discussion reads much better.

Limitation

Well written

****

7. PLOS authors have the option to publish the peer review history of their article (what does this mean?). If published, this will include your full peer review and any attached files.

If you choose “no”, your identity will remain anonymous but your review may still be made public.

Do you want your identity to be public for this peer review? For information about this choice, including consent withdrawal, please see our Privacy Policy.

Reviewer #1: No

Reviewer #2: **Yes:** LILLIAN AKORFA OHENE

[NOTE: If reviewer comments were submitted as an attachment file, they will be attached to this email and accessible via the submission site. Please log into your account, locate the manuscript record, and check for the action link "View Attachments". If this link does not appear, there are no attachment files.]

While revising your submission, please upload your figure files to the Preflight Analysis and Conversion Engine (PACE) digital diagnostic tool, https://pacev2.apexcovantage.com/. PACE helps ensure that figures meet PLOS requirements. To use PACE, you must first register as a user. Registration is free. Then, login and navigate to the UPLOAD tab, where you will find detailed instructions on how to use the tool. If you encounter any issues or have any questions when using PACE, please

email PLOS at gro.solp@serugif. Please note that Supporting Information files do not need this step.

- PLoS One. 2021; 16(1): e0245451.

»

- Author response to Decision Letter 2

2021; 16(1): e0245451.
Published online 2021 Jan 19. doi: 10.1371/journal.pone.0245451.r006

Author response to Decision Letter 2

10 Jul 2020

Comment 1: Under theme 1, the use of verbs such as thoughts, wish, and felt are difficult to measure. Hence, it they must be written as reported expressions. For example, … some participants shared their thoughts that...Others said that they wished….

Response 1: The recommended change has been complied with and highlighted within manuscript.

Comment 2: Under theme 2, similar observations were made for example…in line 2 sentence 2 the word felt was used.

Response 2: The recommended change has been complied with and highlighted within manuscript.

Comment 3: Under theme 3, the second sentence should begin with the word “Although” instead of though.

Response 3: The recommended change has been complied with and highlighted within manuscript.

Comment 4: Under the fourth theme, subtheme 1, the check-ups should read check-up visits from health workers, not by health workers.

Response 4: The recommended change has been complied with and highlighted.

Attachment

Submitted filename: *RESPONSE TO REVIEWERS.docx*
Click here for additional data file. (21K, docx)

- PLoS One. 2021; 16(1): e0245451.

»

- Decision Letter 3

2021; 16(1): e0245451.
Published online 2021 Jan 19. doi: 10.1371/journal.pone.0245451.r007

Decision Letter 3

Rosemary Frey, Academic Editor

13 Nov 2020

PONE-D-19-28368R3

Older people's challenges and expectations of healthcare in Ghana: A qualitative study

PLOS ONE

Dear Dr. Atakro,

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we feel that it has merit but does not fully meet PLOS ONE's publication criteria as it currently stands. Therefore, we invite you to submit a revised version of the manuscript that addresses the points raised during the review process.

==========

Please address the issues raised by reviewers three and four.

==========

Please submit your revised manuscript by 13 December 2020. If you will need more time than this to complete your revisions, please reply to this message or contact the journal office at gro.solp@enosolp. When you're ready to submit your revision, log on to https://www.editorialmanager.com/pone/ and select the 'Submissions Needing Revision' folder to locate your manuscript file.

Please include the following items when submitting your revised manuscript:

- A rebuttal letter that responds to each point raised by the academic editor and reviewer(s). You should upload this letter as a separate file labeled 'Response to Reviewers'.
- A marked-up copy of your manuscript that highlights changes made to the original version. You should upload this as a separate file labeled 'Revised Manuscript with Track Changes'.

- An unmarked version of your revised paper without tracked changes. You should upload this as a separate file labeled 'Manuscript'.

  If you would like to make changes to your financial disclosure, please include your updated statement in your cover letter. Guidelines for resubmitting your figure files are available below the reviewer comments at the end of this letter.

  If applicable, we recommend that you deposit your laboratory protocols in protocols.io to enhance the reproducibility of your results. Protocols.io assigns your protocol its own identifier (DOI) so that it can be cited independently in the future. For instructions see: http://journals.plos.org/plosone/s/submission-guidelines#loc-laboratory-protocols

  We look forward to receiving your revised manuscript.

  Kind regards,

  Rosemary Frey

  Academic Editor

  PLOS ONE

  [Note: HTML markup is below. Please do not edit.]

  Reviewers' comments:

  Reviewer's Responses to Questions

  Comments to the Author

1. If the authors have adequately addressed your comments raised in a previous round of review and you feel that this manuscript is now acceptable for publication, you may indicate that here to bypass the “Comments to the Author” section, enter your conflict of interest statement in the “Confidential to Editor” section, and submit your "Accept" recommendation.

Reviewer #2: (No Response)

Reviewer #3: (No Response)

Reviewer #4: All comments have been addressed

****

2. Is the manuscript technically sound, and do the data support the conclusions?

The manuscript must describe a technically sound piece of scientific research with data that supports the conclusions. Experiments must have been conducted rigorously, with appropriate controls, replication, and sample sizes. The conclusions must be drawn appropriately based on the data presented.

Reviewer #2: (No Response)

Reviewer #3: No

Reviewer #4: Yes

****

3. Has the statistical analysis been performed appropriately and rigorously?

Reviewer #2: (No Response)

Reviewer #3: N/A

Reviewer #4: Yes

****

4. Have the authors made all data underlying the findings in their manuscript fully available?

The PLOS Data policy requires authors to make all data underlying the findings described in their manuscript fully available without restriction, with rare exception (please refer to the Data Availability Statement in the manuscript PDF file). The data should be provided as part of the manuscript or its supporting information, or deposited to a public repository. For example, in addition to summary statistics, the data points behind means, medians and variance measures should be available. If there are restrictions on publicly sharing data—e.g. participant privacy or use of data from a third party—those must be specified.

Reviewer #2: (No Response)

Reviewer #3: No

Reviewer #4: Yes

****

5. Is the manuscript presented in an intelligible fashion and written in standard English?

PLOS ONE does not copyedit accepted manuscripts, so the language in submitted articles must be clear, correct, and unambiguous. Any typographical or grammatical errors should be corrected at revision, so please note any specific errors here.

Reviewer #2: (No Response)

Reviewer #3: No

Reviewer #4: Yes

****

6. Review Comments to the Author

Please use the space provided to explain your answers to the questions above. You may also include additional comments for the author, including concerns about dual publication, research ethics, or publication ethics. (Please upload your review as an attachment if it exceeds 20,000 characters)

Reviewer #2: (No Response)

Reviewer #3: This study of perceptions of health care among a population of elderly patients addresses an important subject. However, I am concerned that the study lacks a basic hypothesis which leads to a-theoretical purposive sampling and difficulty in interpreting results. It is unclear if saturation was achieved and if so by what criteria; rather, the approach seems to have been to select a qualitative sample size ahead of

the study. The paper also does not frame the study in any larger conversations about care for aging populations or quality of care more broadly. Though local by nature, qualitative research is made valuable to various readers through this final process of synthesizing and making connections.

Reviewer #4: Thank you for giving me to review your manuscript. This manuscript is interesting and scientifically meaningful for exploring healthcare challenges and expectations of elderly persons in developing countries facing aging societies in the future. Regarding the contents, I have several suggestions.

1. In the abstract, the authors stated, "Elderly persons across the globe are increasingly becoming marginalised and isolated." This research focuses on developing countries, so the author should focus this sentence on the issues in developing countries.

2. In the introduction, the authors delineate the condition of healthcare among older people broadly. The background section should include developed countries' conditions and the differences from LMICs that the authors deal with in this research for international readers.

3. In the introduction, again, several grammatical mistakes such as the many challenges, very little empirical, and so on. The authors should check wording seriously in the whole manuscript.

4. In the sample section of the method, there is no definition of older persons. There is various definition regarding older people/patients. The authors should show the definition with a reference.

5. In the method section's measurement, the authors clearly described the rigor of the method. To improve the rigor, the authors can include the researchers' reflectivity, such as researchers' backgrounds.

6. This research was based on content analysis, which may not be based on grounded theory. So, a theoretical foundation cannot be achieved based on the authors' methodology. A description of the situation may not be needed.

7. The result section should include a table of the background of the participants.

8. In the limitation section of the discussion, the authors delineate the generalizability of this study. Qualitative research should be assessed regarding credibility, transferability, dependability, and confirmability. This study has a high level of truthfulness. These four criteria should be evaluated through the manuscript.

****

7. PLOS authors have the option to publish the peer review history of their article (what does this mean?). If published, this will include your full peer review and any attached files.

If you choose “no”, your identity will remain anonymous but your review may still be made public.

Do you want your identity to be public for this peer review? For information about this choice, including consent withdrawal, please see our Privacy Policy.

Reviewer #2: No

Reviewer #3: No

Reviewer #4: No

[NOTE: If reviewer comments were submitted as an attachment file, they will be attached to this email and accessible via the submission site. Please log into your account, locate the manuscript record, and check for the action link "View Attachments". If this link does not appear, there are no attachment files.]

While revising your submission, please upload your figure files to the Preflight Analysis and Conversion Engine (PACE) digital diagnostic tool, https://pacev2.apexcovantage.com/. PACE helps ensure that figures meet PLOS requirements. To use PACE, you must first register as a user. Registration is free. Then, login and navigate to the UPLOAD tab, where you will find detailed instructions on how to use the tool. If you encounter any issues or have any questions when using PACE, please email PLOS at gro.solp@serugif. Please note that Supporting Information files do not need this step.

- PLoS One. 2021; 16(1): e0245451.

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- Author response to Decision Letter 3

2021; 16(1): e0245451.
Published online 2021 Jan 19. doi: 10.1371/journal.pone.0245451.r008

Author response to Decision Letter 3

15 Nov 2020

Response to reviewer 3.

Comment 1:This study of perceptions of health care among a population of elderly patients addresses an important subject. However, I am concerned that the study lacks a basic hypothesis which leads to a-theoretical purposive sampling and difficulty in interpreting results.

Response 1: The authors did not formulate a hypothesis in the study. The study used a content analysis approach to explore challenges and expectations of older people in Ghanaian health system and reported this using COREQ criteria for reporting qualitative research (cited in study). The study did not utilise a grounded theory approach and therefore did not use a theoretical sampling technique. These methods were further clarified by the 4th reviewer as she/he states “This research was based on content analysis, which may not be based on grounded theory. So, a theoretical foundation cannot be achieved based on the authors' methodology”.

Comment 2: It is unclear if saturation was achieved and if so by what criteria; rather, the approach seems to have been to select a qualitative sample size ahead of the study.

Response 2: This has now been clarified in the data collection section as follows: Five participants were initially interviewed in each region. Additional five persons were interviewed in each region as saturation was not determined with the initial interviews. Saturation was determined after interviewing the 30th participant.

Comment 3: The paper also does not frame the study in any larger conversations about care for aging populations or quality of care more broadly. Though local by nature, qualitative research is made valuable to

various readers through this final process of synthesizing and making connections.

Response 3: The difference in the quality of healthcare received by older people in developed and developing countries has now been stated in abstract to set the tone for the details in differences in background and discussion. The first section of the background is discussed in line with global dynamics in ageing. This has now been given a broader perspective by comparing health systems for the aged in developing countries to developed countries. The difference in care is mostly due to social and economic disadvantages in African countries (this point made and highlighted). The discussion section has also now suggested some evidence-informed global practices that could be adapted in Ghana to improve the health of older Ghanaians. These changes are highlighted in the study.

Response to reviewer 4.

Comment 1: In the abstract, the authors stated, "Elderly persons across the globe are increasingly becoming marginalised and isolated." This research focuses on developing countries, so the author should focus this sentence on the issues in developing countries.

Response 1: This suggestion has been made and highlighted in manuscript (abstract).

Comment 2: In the introduction, the authors delineate the condition of healthcare among older people broadly. The background section should include developed countries' conditions and the differences from LMICs that the authors deal with in this research for international readers.

Response 2: This suggestion has now been included. Aged care systems such as residential and community care in developed countries are now compared with developing and middle-income countries. The changes have been highlighted in the background of the study.

Comment 3: In the introduction, again, several grammatical mistakes such as the many challenges, very little empirical, and so on. The authors should check wording seriously in the whole manuscript.

Response 3: grammatical errors were corrected throughout the manuscript with the assistance of a professional editor.

Comment 4: In the sample section of the method, there is no definition of older persons. There is various definition regarding older people/patients. The authors should show the definition with a reference.

Response 4: The United Nations definition of older persons, that is persons who are 60years or over, has now been included and highlighted.

Comment 5: In the method section's measurement, the authors clearly described the rigor of the method. To improve the rigor, the authors can include the researchers' reflectivity, such as researchers' backgrounds.

Response 5: This suggestion has now been included and highlighted. The background of the authors as qualitative researchers further helped in ensuring qualitative rigor in the study.

Comment 6: The result section should include a table of the background of the participants.

Response 6: A table has now been included and highlighted.

Comment 7: In the limitation section of the discussion, the authors delineate the generalizability of this study. Qualitative research should be assessed regarding credibility, transferability, dependability, and confirmability. This study has a high level of truthfulness. These four criteria should be evaluated through the manuscript.

Response 7: These suggested corrections have now been done and highlighted.

Attachment

Submitted filename: *Response to reviewers15thNov20.docx*
Click here for additional data file.(26K, docx)

- PLoS One. 2021; 16(1): e0245451.

»

- Decision Letter 4

2021; 16(1): e0245451.
Published online 2021 Jan 19. doi: 10.1371/journal.pone.0245451.r009

Decision Letter 4

Rosemary Frey, Academic Editor

2 Jan 2021

Older people's challenges and expectations of healthcare in Ghana: A qualitative study

PONE-D-19-28368R4

Dear Ms. ATAKRO,

We're pleased to inform you that your manuscript has been judged scientifically suitable for publication and will be formally accepted for publication once it meets all outstanding technical requirements.

Within one week, you'll receive an e-mail detailing the required amendments. When these have been addressed, you'll receive a formal acceptance letter and your manuscript will be scheduled for publication.

An invoice for payment will follow shortly after the formal acceptance. To ensure an efficient process, please log into Editorial Manager at http://www.editorialmanager.com/pone/, click the 'Update My Information' link at the top of the page, and double check that your user information is up-to-date. If you have any billing related questions, please contact our Author Billing department directly at gro.solp@gnillibrohtua.

If your institution or institutions have a press office, please notify them about your upcoming paper to help maximize its impact. If they'll be preparing press materials, please inform our press team as soon as possible -- no later than 48 hours after receiving the formal acceptance. Your manuscript will remain under strict press embargo until 2 pm Eastern Time on the date of publication. For more information, please contact gro.solp@sserpeno.

Kind regards,

Rosemary Frey

Academic Editor

PLOS ONE

Additional Editor Comments (optional):

Reviewers' comments:

Reviewer's Responses to Questions

Comments to the Author

1. If the authors have adequately addressed your comments raised in a previous round of review and you feel that this manuscript is now acceptable for publication, you may indicate that here to bypass the “Comments to the Author” section, enter your conflict of interest statement in the “Confidential to Editor” section, and submit your "Accept" recommendation.

Reviewer #2: All comments have been addressed

Reviewer #4: All comments have been addressed

****

2. Is the manuscript technically sound, and do the data support the conclusions?

The manuscript must describe a technically sound piece of scientific research with data that supports the conclusions. Experiments must have been conducted rigorously, with appropriate controls, replication,

and sample sizes. The conclusions must be drawn appropriately based on the data presented.

Reviewer #2: Yes

Reviewer #4: Yes

****

3. Has the statistical analysis been performed appropriately and rigorously?

Reviewer #2: N/A

Reviewer #4: Yes

****

4. Have the authors made all data underlying the findings in their manuscript fully available?

The PLOS Data policy requires authors to make all data underlying the findings described in their manuscript fully available without restriction, with rare exception (please refer to the Data Availability Statement in the manuscript PDF file). The data should be provided as part of the manuscript or its supporting information, or deposited to a public repository. For example, in addition to summary statistics, the data points behind means, medians and variance measures should be available. If there are restrictions on publicly sharing data—e.g. participant privacy or use of data from a third party—those must be specified.

Reviewer #2: Yes

Reviewer #4: Yes

****

5. Is the manuscript presented in an intelligible fashion and written in standard English?

PLOS ONE does not copyedit accepted manuscripts, so the language in submitted articles must be clear, correct, and unambiguous. Any typographical or grammatical errors should be corrected at revision, so please note any specific errors here.

Reviewer #2: Yes

Reviewer #4: Yes

****

6. Review Comments to the Author

Please use the space provided to explain your answers to the questions above. You may also include additional comments for the author, including concerns about dual publication, research ethics, or publication ethics. (Please upload your review as an attachment if it exceeds 20,000 characters)

Reviewer #2: Title: Fits the content

Abstract

The abstract is well structured and well written.

Background

The background was well written to set the stage for the study.

Methods

This section reads well.

Findings

The findings section was well structured for easy read.

Discussion

The discussion reads much better.

Limitation

Well written

Reviewer #4: The manuscript has been considerably improved. I think that this paper is suited for inclusion in our journal.

****

7. PLOS authors have the option to publish the peer review history of their article (what does this mean?). If published, this will include your full peer review and any attached files.

If you choose “no”, your identity will remain anonymous but your review may still be made public.

Do you want your identity to be public for this peer review? For information about this choice, including consent withdrawal, please see our Privacy Policy.

Reviewer #2: No

Reviewer #4: **Yes:** Ryuichi Ohta

- PLoS One. 2021; 16(1): e0245451.

»

- Acceptance letter

2021; 16(1): e0245451.
Published online 2021 Jan 19. doi: 10.1371/journal.pone.0245451.r010

Acceptance letter

Rosemary Frey, Academic Editor

7 Jan 2021

PONE-D-19-28368R4

Older people’s challenges and expectations of healthcare in Ghana: A qualitative study

Dear Dr. Atakro:

I'm pleased to inform you that your manuscript has been deemed suitable for publication in PLOS ONE. Congratulations! Your manuscript is now with our production department.

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