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Original Research Article

Role of ethical communication among healthcare workers in improving the quality-of-service delivery at the Saint John of God Catholic Hospital, Lunsar, Sierra Leone

Richard A. Kabia[1]*, Michel Mutabazi[1], Carolyne S. M. Buya[2]

[1]Centre for Leadership and Management, Tangaza University, Nairobi, Kenya
[2]Department of Liberal, Development and International Studies, Technical University of Kenya, Nairobi, Kenya

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***Correspondence:**
Kabia Richard Alimamy,
E-mail: richard.kabia19@yahoo.com

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ABSTRACT

Background: Ethical communication among health workers is central to fostering patient trust, teamwork, and service effectiveness. At Saint John of God Catholic Hospital in Lunsar Town, Sierra Leone, challenges have emerged in upholding ethical communication principles, with patients reporting slow emergency responses and concerns about communication and service delivery. The study examines the role of ethical communication among health workers in improving the quality-of-service delivery at Saint John of God Catholic Hospital, Lunsar Town, Sierra Leone.
Methods: A convergent mixed-methods cross-sectional design was utilised, with proportionate stratified random sampling to select 96 participants from a population of 129 health workers. Key informant interviews provided qualitative insights to complement the quantitative data. The data were analysed using descriptive statistics (SPSS version 26) and thematic analysis.
Results: The overall scores for ethical communication (M=4.2608, SD=0.40812) indicated adequate communication, though areas for improvement remain. Similarly, the overall scores for quality-of-service delivery (M=4.1000, SD=0.44889) suggested satisfactory service delivery, with opportunities for enhancement. Statistical analysis demonstrated a moderate, positive, and significant correlation between ethical communication and quality of service delivery ($r=0.552$, $p<0.05$). The coefficient of determination ($R^2=0.305$) indicated that ethical communication accounted for approximately 30.5% of the variance in quality-of-service delivery.
Conclusions: The study concludes that ethical communication plays a vital role in improving healthcare delivery and recommends that health workers practice open and respectful communication during the delivery of services at Saint John of God Catholic Hospital Lunsar. Furthermore, hospital administration should employ additional trained staff to reduce workload and strengthen the quality-of-service delivery.

Keywords: Ethical communication, Healthcare workers, Quality of service delivery, Patient, Quality, Service

INTRODUCTION

Ethical communication helps healthcare workers consistently act rightly and avoid wrongdoing toward clients. It compels health workers to practice professionalism. Health workers must uphold its principles to enhance the quality-of-service delivery and minimise medical errors. Furthermore, ethical communication has been one of the fundamental pillars and practices mandated universally for all healthcare

providers to observe. In other words, it is one of the basic principles that all health workers are to practice among themselves. This can enable them to communicate and relate well in an ethical manner. The healthcare profession is based on the best ethical practices. Ethics demands that all health workers globally, regionally, and locally practice professionalism and avoid unethical practices among themselves in the workplace for quality service delivery for clients.

Globally, communicating ethically with clients is a fundamental component of professional relationships in healthcare, particularly between medical staff and patients.[1] Another study further emphasises that strong communication is essential for teamwork, which directly impacts service delivery efficiency and the quality of patient care.[2] Both studies highlight the necessity of communication for healthcare effectiveness, yet neither explores how cultural differences may influence ethical principles of communication in hospital settings, particularly in Africa.

Nevertheless, ethical communication skills are pivotal for meeting the various legal requirements such as: 'documenting encounters, assessments, investigations, management plans and treatment outcomes, and communicating about them with relevant team members'.[2] All these are to be done ethically in the hospital by the healthcare providers. Ethical communication can enable health workers to work in an atmosphere wherein teamwork is guided by a good code of ethics that enhances the quality-of-service delivery to patients.

Several studies done in Romania and Greece underscore the role of ethical communication in preventing workplace conflicts and medical errors.[3,4] Several studies focus on how communication gaps among healthcare staff can create inefficiencies, while another author emphasises active listening as a key component of responsible nursing practice.[3,4] These studies collectively highlight the need for structured ethical communication training in hospitals to improve patient safety and satisfaction. Therefore, ethical and effective communication can directly influence patient safety by reducing medication errors, improving clinical handovers, and ensuring continuity of care. It enhances patient satisfaction by promoting trust, understanding, and shared decision-making.[5]

Clinically, it is quite evident that the role of ethical communication among healthcare workers influences the quality-of-service delivery, and it can also influence the working relationships among team members. However, it can influence the quality of job satisfaction when there is good communication among health workers that is guided by ethics; it can prevent malpractice and unnecessary errors in the hospital. Communicating ethically among health workers in a hospital has the potential to reduce medical errors and improve patient safety.[4]

The fundamental part of relationships among health workers is based on the foundation of good ethical communication. This will help to support patient autonomy and facilitate patient decision-making and patient safety in the hospital setting.[6] Therefore, communicating ethically with patients by health workers means that the communication is based on openness, truthfulness, and honesty.

In addition, health workers are to avoid any unethical communication that will affect the welfare of the clients. Therefore, patients will not suffer harm as a result of unethical communication among the health workers.[6] Furthermore, this has shown that globally, the concept of ethical communication among health workers plays an important role in providing quality medical attention to patients in the hospital system. According to a study carried out in Indonesia, it was stated that: "ethical communication is a determining factor in providing quality services in a hospital and plays an essential role in various activities to achieve set goals and develops an attitude of mutual understanding towards organisational members".[7]

Another point is that effective and ethical communication among health workers plays a role in promoting safe, quality service delivery and reliable patient care in a hospital.[7] Therefore, ethical communication among health workers plays an important role in improving the quality of services. In other words, good ethical communication among health workers can positively affect the quality of patient care outcomes in hospitals. Studies from Bahrain and the USA both demonstrate the impact of ethical communication on patient trust and satisfaction.[8,9] One of the studies emphasises that a breakdown in communication among healthcare providers leads to systemic inefficiencies, while the other highlights its role in improving patient adherence and clinical outcomes.[8,9] Together, these studies show that ethical communication augments trust and satisfaction in healthcare, but further research is needed on its application in different healthcare cultural settings.

Another point is that ethical and effective communication plays a significant role among healthcare workers; it enables them to improve the quality of services that are given to patients. This will also help healthcare workers perform the necessary care ethically for the patients.[8] In other words, when good ethical and efficient communication exists among health workers in a hospital, it helps to increase the quality of service provided for clients, create good partnerships and relationships, and enhance teamwork spirit.

Ethical communication among health workers must be built on some basic fundamental principles such as truthfulness and fairness, and the demonstration of respect at the workplace.[10] Therefore, this will also help healthcare workers to work in teams and to avoid doing what is wrong in the medical field, and to promote

practices that are right in the hospital setting professionally and ethically.

In Sub-Saharan Africa, little research has examined the role of ethical communication among health workers in improving the quality-of-service delivery in hospitals. Nevertheless, much academic research has been carried out on healthcare professional-patient communication interactions, and patient-doctor communication concerning healthcare proceedings in hospitals.[11] Therefore, a study was carried out at the University of Saskatchewan, Canada, and the research focused on Sub-Saharan Africa. The study focused on Communication in Nurse-Patient Interaction in Healthcare Settings in Sub-Saharan Africa: A Scoping Review. Moreover, the study argued that: "to deliver effective healthcare requires clear communication as an essential element and healthcare providers have the responsibility to communicate effectively with their clients. Therefore, poor communication can impact the quality-of-care health workers deliver to patients".[12] That means healthcare workers must practice good and ethical communication while providing care to clients.

Furthermore, the research illustrates that effective communication in the healthcare provider-patient interaction is stated to have therapeutic functions in healthcare, and it is also observed that in a hospital setting, the quality-of-service delivery or care can improve when the service that is provided is patient-centre and based on caring conversations. A conversation is based on good ethical principles.[12] In other words, health worker-patient communication must be built on empathic, specific, and ethical care; this must be encouraged among health workers. Moreover, they are encouraged to use simple language and avoid the use of jargon that patients and their caregivers cannot comprehend easily.

A study carried out in Nigeria explains that effective and ethical communication forms the foundation for relationships among healthcare providers and the patients they provide care for in the hospital. It plays a great role in building trust, understanding, and mutual respect among health workers, which are vital for improving the quality of care or services to the patient. Therefore, within the healthcare system, effective and ethical communication among different healthcare professionals is essential to ensure seamless and coordinated care. This is particularly important in complex medical cases.[13]

In addition, clear, ethical and effective communication among health workers in the workplace can help to reduce medical errors, improve treatment adherence, and enhance overall patient satisfaction. In other words, clear, effective and ethical communication among health workers can improve the quality of service delivered to clients. Moreover, when the mentioned aspects of communication are good and ethical, the quality of service improves; however, when the opposite happens, it can decline. That is to say, when the ethical communication principles are inadequately observed, it can lower the quality-of-service delivery to patients in the hospital.[13] In Sierra Leone, there is a research gap regarding the topic under study. After reviewing a large body of literature, the researcher noted that few studies have addressed this research topic. Therefore, due to the lack of relevant research and literature concerning Sierra Leone on the topic of this study. This is the reason why the researcher thought it necessary to carry out this study to add new knowledge to the existing body of knowledge in the academic research fields.

The importance of this study was to examine how ethical communication among health workers can help improve the quality-of-service delivery at SJOG Catholic Hospital in Lunsar. Addressing this gap has the potential to foster a strong, effective ethical environment among health workers, in which ethical communication serves as the guiding principle for upholding ethics and professionalism in the workplace. By embedding these principles into daily practice, health workers at Saint John of God Catholic Hospital can strengthen their commitment to professional standards, enhance collaboration, and ultimately elevate the quality-of-service delivery to patients.

Statement of the problem

Ethical communication is characterised by active listening, respect, transparency, confidentiality, and compassion, and is fundamental to safe, effective, and patient-centred healthcare. At Saint John of God Catholic Hospital in Lunsar Town, Sierra Leone, these communication principles are reported to be inconsistently practised by health workers, undermining service quality and collaborative functioning.

Weak teamwork and strained interpersonal relationships among staff are linked to poor communication practices. Frequent breaches of patient privacy and confidentiality in information sharing. Slow responsiveness to emergencies and inconsistent reliability, assurance, and tangibility of services. Patient dissatisfaction and reduced service utilisation driven by fears about confidentiality, unclear information, and perceived lack of respect. Existence of codes and protocols without effective enforcement, resulting in limited implementation of the hospital's ethical standards. These deficiencies compromise patient trust, increase misunderstandings, reduce efficiency in care delivery, and may deter patients from seeking timely medical attention. Left unaddressed, they threaten both individual patient outcomes and the hospital's institutional reputation.

Although Saint John of God Catholic Hospital has formal codes of ethics and relevant policies, there is a gap between written standards and everyday practice. It remains uncertain to what extent health workers apply ethical communication principles in their interactions with patients and colleagues, and how these practices affect the quality-of-service delivery, both quantitatively

and qualitatively. This thesis examines whether and how ethical communication is practised among health workers at the hospital and its influence on the quality-of-service delivery. Findings will identify actionable areas for strengthening policy implementation, staff training, and monitoring systems to improve patient trust, teamwork, and overall service delivery.

METHODS

This study employed a convergent mixed-methods analytical cross-sectional design. In other words, the research design is also referred to as the various processes of collecting and analysing data collected for the study in a manner that aims to combine the importance with the research purpose.[14] This study was carried out at Lunsar town, located in the Northwest region of Sierra Leone in West Africa. Lunsar town is a mining area where iron ore is extracted. Historically, Lunsar is a local traditional trade hub for both the Marampa Chiefdom and Masimera Chiefdom, where they sell their local agricultural produce. Lunsar, as a town, came into existence after 1933 with the discovery and exploration of the iron ore mineral, which is currently mined in Marampa Chiefdom, where Lunsar is located. The study period ran from March 2024 to November 2026. The study was carried out at the Saint John of God Catholic Hospital located in Lunsar Town, Sierra Leone.

Therefore, for the quantitative data collection, the research selected a population of 129 health workers who are working at the SJOG Catholic Hospital, Lunsar. The healthcare workers who participated in the research process work at the Hospital. The participants were within the age range of 25-50 years. The participants were from the SJOG Catholic Hospital. The participants were drawn from five units in the hospital: the administrative staff unit, the medical technicians' unit, the finance unit, the healthcare professionals' unit, and the support staff unit. In addition, for the qualitative data collection, the researcher involved 12 additional participants for the key informant interview. The participants comprise: four customers, three student nurses, three nursing tutors, one religious Brother, and one local community authority.

Before the researcher commences the process of data collection, all essential legal and institutional approvals will be obtained. This is to ensure that all necessary compliance is met under the ethical standards of the study. A letter of introduction was obtained from the Tangaza University Ethics Committee for Research (TUREC), responsible for postgraduate studies. This letter of introduction, accompanied by a signed soft copy of the research proposal, was submitted to the Sierra Leone Higher Education Office, which is responsible for academic research. A letter of permission was obtained from the UNIMAK Ethics and Research Committee (UERC) that allowed me to carry out this study in Sierra Leone, especially at the SJOG Catholic Hospital in Lunsar. Afterwards, the permit for this research was presented to the Hospital Director to obtain a letter of authorisation that allowed or permitted the researcher to conduct this research within the hospital. Furthermore, the researcher obtained the letter of authorisation from the Hospital Director before engaging in the process of collecting data from the health workers of the hospital; this is to ensure that all the necessary protocols of the institution are fully observed.

Levels of ethical communication and levels of quality-of-service delivery are scored and measured, respectively, using a composite score to gauge their various levels. The third research objective, to test the strength and direction of the relationship between the role of ethical communication among health workers in improving the quality-of-service delivery at SJOG Catholic Hospital in Lunsar, is analysed using Pearson's Correlation Coefficient analysis.

In addition, frequencies and percentages were used to compare demographic characteristics of the participants such as age, gender, level of education, religious affiliations, department/unit, marital status, and years of work experience. To set up a mathematical analysis of the data, the IBM Statistics 26 edition of SPSS was used. The purpose of descriptive statistics is to collect information on respondents' demographic characteristics, such as age, level of education, gender, religious affiliations, department/unit, marital status, and years of work experience, using stratified sampling.

The qualitative data collected were analysed using the thematic data analysis method. Nevertheless, the researcher presented and interpreted the data using the verbatim quoting method of reporting the qualitative results that were obtained from the analysis. The themes that occur most frequently are reported as the final result obtained from data collected from the respondents. Therefore, after analysing each data type, the findings are integrated to cross-validate and explain patterns.

RESULTS

Demographic characteristics of participants

Healthcare workers (administrative staff, medical technicians, finance staff, healthcare professionals, support staff, and other staff) were asked to specify their gender, age, job title, years of experience, and department to identify any variation in participation rates across demographic groups. The results are presented in Table 1.

Table 1 shows that, in terms of age distribution, most participants were aged 26-35 years. This suggests that the Saint John of God Catholic Hospital workforce is largely young to middle-aged professionals, indicating a dynamic, productive, and potentially adaptable workforce that can drive institutional growth and improve the quality-of-service delivery for clients.

Table 1: Demographic characteristics of participants.

Variables	Category	Frequency	Percentage (%)
Age (years)	20-25	20	18.9
	26-35	57	53.8
	36-45	19	17.9
	46-55	10	9.4
Gender	Female	65	61.3
	Male	41	38.7
Level of education	SECHN	11	10.4
	Bachelor	16	15.1
	Masters	5	4.7
	Medical doctor	7	6.6
	Other qualification	9	17.9
	SRN	48	45.3
Religious affiliation	Catholic Christian	34	32.1
	Another Christian Church	26	24.5
	Muslim	46	43.4
Department/Unit	Administrative	6	5.7
	Medical technicians	15	14.2
	Finance	7	6.6
	Health care professionals	70	66.0
	Support staff	8	7.5
Marital status	Married	31	29.2
	Single	73	68.9
	Divorced	2	1.9
Work experience in years	1-5	59	55.7
	6-10	26	24.5
	Above 10	17	16.0

Source: Field data 2025

Firstly, the majority of the participants were female, 61.3% (n=65), and 38.7% (n=41) were male. This indicates that women significantly outnumber men at Saint John of God Catholic Hospital, Lunsar (SJOG). Therefore, this implies that there is a significant gender imbalance in the institution's workforce, showing that the female employees are in the majority. The imbalance of the gender ratio of the respondents may limit diversity when it comes to the decision-making process in the hospital among the healthcare workers. Therefore, this can potentially affect the process of ethical communication among healthcare workers in improving the quality-of-service delivery. However, this illustrates the growing participation of women in the healthcare workforce and the very low participation of men in the healthcare workforce in the healthcare setting.

Secondly, the results pertaining to participants' level of education and religious affiliation are presented in Table 4. The distribution of educational qualifications is as follows: SECHN 10.4% (n=11), SRN 45.3% (n=48), Bachelor's degree 15.1% (n=16), Master's degree 4.7% (n=5), Medical Doctor 6.6% (n=7), and Other qualifications 17.9% (n=19). The distribution of religious affiliations is: Catholic Christian 32.1% (n=34), Other Christian denominations 24.5% (n=26), and Muslim 43.4% (n=46).

Thirdly, in terms of department/unit, the administrative unit makes up 5.7% (n=6), followed by the Medical technicians 14.2% (n=15), the Finance unit 6.6 % (n=7), Healthcare professionals 66.0 % (n=70), and finally Support staff 7.5% (n=8). This illustrates that healthcare professionals' roles constitute a significant proportion of the workforce, reflecting the structure of Saint John of God Catholic Hospital, where healthcare professionals play an essential function in supporting and improving the quality of healthcare service delivery.

In addition, the marital status of the participants was distributed as follows: 29.2% (n=31) were married, 68.9% (n=73) were single, and finally, 1.9% (n=2) were divorced. Lastly, the distributions suggested that the hospital benefits from a fairly experienced workforce, with most employees having accumulated enough exposure to work practices within the hospital.

Table 2 reports the overall level of ethical communication grouped under each category. The mean and standard deviation scores of the categories were the totals for each

level. Furthermore, the overall level of ethical communication is the total of the items that fall under each level of categories, as illustrated above.

Table 2: Overall score on level of ethical communication.

	Mean	Std. Deviation
Respect	4.3472	0.40713
Transparency	4.2340	0.54404
Confidentiality	4.1925	0.68504
Ethical behaviour	4.1830	0.53246
Overall level of ethical communication	4.2608	0.40812

Table 3: Closed-ended question result.

	Freq	%	Valid Percentage (%)	Cumulative Percentage (%)
Yes	105	99.1	99.1	99.1
No	1	0.9	0.9	100.0
Total	106	100.0	100.0	

Field data 2025

As presented in Table 3, the binary-choice question was answered by all 106 participants. The majority of respondents selected Yes (99.1%, n = 105), while only one respondent selected No (0.9%, n=1). All responses were valid, and no missing data were recorded. 4.5 Levels of Quality-of-Service Delivery.

The second objective of this study was to analyse the levels of quality-of-service delivery at SJOG Catholic Hospital, Lunsar. The participants were requested to give their responses based on the statements on a Likert Scale that was divided into four categories: Reliability, Responsiveness, Assurance, and Tangibility. Each of the items was added to obtain the level of each category. The descriptive statistics are presented in Table 7, showing the analysis results obtained from the level of service delivery items below.

Table 4: Overall scores on level of quality-of-service delivery.

	Mean	Std. Deviation
Reliability	4.0472	0.56520
Responsiveness	4.1226	0.60366
Assurance	4.1305	0.60815
Tangibility	4.0959	0.53499
Overall level of quality of service delive	4.1000	0.44889

Table 4 reports the overall level of quality-of-service delivery grouped under each category. The mean and standard deviation scores of the categories were the totals for each level. In addition, the overall level of quality-of-service delivery is the total of the items that fall under each level of categories, as shown above.

Relationship between ethical communication and quality of service delivery

The third objective of this study was to determine the influence of ethical communication on quality-of-service delivery at SJOG Catholic Hospital, Lunsar Town, Sierra Leone. The Pearson correlation coefficient analysis was used to determine the strength and direction of association between the two variables. The results are given in Table 5.

Table 5: Relationship between ethical communication and quality of service delivery.

		Overall level of ethical communication	Overall level of quality-of-service delivery
Overall level of ethical communication	Pearson correlation	1	0.552**
	Sig. (2-tailed)	-	0
	N	106	106
Overall level of quality-of-service delivery	Pearson correlation	0.552**	1
	Sig. (2-tailed)	0	-
	N	106	106

**Correlation is significant at the 0.01 level (2-tailed). Source: Field data, 2025.

As illustrated in Table 5 above, the findings indicated a moderate, positive and significant relationship (r=0.552, p=0.000<0.05 level of significance) between ethical communication and quality of service delivery at SJOG Catholic Hospital in Lunsar Town, Sierra Leone. This suggests a direct relationship, whereby an increase in one variable leads to a corresponding increase in the other. Thus, an improvement in ethical communication leads to a corresponding increase in the quality-of-service delivery. Specifically, the correlation coefficient of r=0.552 implies that ethical communication moderately enhances the quality-of-service delivery's ability to achieve its goals. Moreover, the coefficient of determination (R=0.305) indicates that approximately 30.5% of the variance in the quality-of-service delivery is explained by ethical communication.[15]

DISCUSSION

The discussion of the essential findings from the data illustrates an in-depth analysis of how the practice of ethical communication among health workers can influence the quality of healthcare service delivery at SJOG Catholic Hospital, Lunsar. The results reveal that the good practice of ethical communication among health workers can influence job satisfaction, teamwork spirit, quality of service delivery, and clients' satisfaction.

Barriers that hinder effective ethical communication among health workers

The results from the items on the level of ethical communication in Table 5 illustrate that, firstly, respect has the highest mean, showing that ethical communication is essential for client safety in the health care facility (M=4.51, SD=.725). From the findings, the lowest mean is for an open and respectful atmosphere (M=3.88, SD=1.144). The result indicates that respect is strongly valued, especially in relation to patient safety and their rights. Furthermore, maintaining an open, respectful atmosphere shows more variability, suggesting inconsistency in daily practices. Secondly, the highest mean for the level of transparency demonstrates that teamwork in the workplace is most transparent (M=4.56, SD=.757). The lowest mean for transparency shows transparent relationships with clients in the hospital (M=4.00, SD=.966). Therefore, transparency is strongest in teamwork among staff and weaker in ongoing patient relationships. This gap indicates that transparency needs to be reinforced in patient-facing communication. Thirdly, confidentiality has the highest mean, indicating that preventing litigation through confidentiality is valued (M=4.31, SD=.821). The lowest mean shows that clients' information is kept private while communicating (M=4,04, SD=1.013).

Moreover, confidentiality is recognised as crucial, especially for legal protection; however, practical lapses in ethical communication do exist. The Standard Deviation values suggest variability in how consistently confidentiality is applied in the hospital among healthcare workers. Fourthly, the highest mean for level of ethical behaviour reports that it enables professional communication among health workers in the hospital (M=4.57, SD =.602). The lowest mean indicates that observation of ethical principles in communication is less consistent (M=3.96, SD=.965). The findings from the results illustrate that staff acknowledge the importance of ethical behaviour in professionalism; however, regular observation of ethical principles in communication is less consistent. Finally, respect and patient safety emerge as the strongest ethical anchors from the findings of the study. On the other hand, transparency and confidentiality are moderately strong; however, they need reinforcement when it comes to the patient care context. Furthermore, ethical behaviour is valued conceptually but inconsistently practised by health workers in the hospital.

Additionally, the findings revealed that respect is the strongest principle of ethical communication among health workers, with the highest mean and lowest variability. From the results, transparency and confidentiality are moderately strong but show more inconsistency, indicating areas for improvement in daily practice. The results revealed that ethical behaviour is acknowledged but slightly weaker compared to respect, suggesting that while principles are understood, consistent application is less evident. The results further show that the overall mean (M=4.26) reflects a generally high level of ethical communication across the hospital, with relatively stable responses (SD=0.14).

Nevertheless, the findings from the qualitative results revealed the barriers that affect ethical communication among health workers, such as staff shortages and workload, which limit the time available for health workers to communicate effectively with patients and their relatives. Limited training of staff in ethical communication principles and skills. Personal attitudes, lack of sensitivity, and language and cultural barriers are factors that make it hard for healthcare workers to practice ethical communication at SJOG Catholic Hospital. A study reveals that effective ethical communication can be hindered by numerous barriers, resulting in misunderstandings, inefficiencies, and workplace conflicts.[15] Moreover, when the barriers are too many, they can greatly affect the effectiveness of ethical communication in a hospital. Another study's findings identified barriers to communication reported by patients, including nurse workloads, age, gender, language differences, moral stances, and environmental issues.[16]

Inability to manage self-emotion or transfer anger, natural attitudes of some health workers, and some health workers feeling more superior than others in the workplace. Resource limitations, time constraints, cultural practices and beliefs, and dealing with distressing situations. Furthermore, stress, fatigue, and workload are factors that make it hard for health workers to practice ethical communication in the workplace.

Assessment of quality of service delivered

The findings from the results illustrate that the highest mean value for timely and appropriate treatment is (M=4.19, SD=.806). The lowest mean from the results is safe and reliable service (M=3.94, SD=1.145). From the analysis, it is shown that reliability is moderately strong, but variability in perceptions of safety and reliability suggests that consistency in care delivery needs reinforcement. Moreover, responsiveness has the highest mean, showing that meeting patients' expectations in care values is (M=4,42, SD=.767). The lowest mean for responsiveness in the hospital is the availability of health workers for medications (M=3.91, SD=.951). Nonetheless, responsiveness is generally strong, especially in professionalism and meeting expectations. However, staffing and availability issues may affect patient satisfaction. In addition, the highest mean for

assurance is that doctors collaborate with nurses for positive outcomes (M=4.50, SD=0.720). The lowest mean for assurance is seminars to update staff performance (M=3.75, SD=1.214). The findings show that assurance is strong in teamwork and competence, but professional development opportunities (seminar training) are rated lowest, indicating a gap in continuous improvement.

The results of the fourth item on quality-of-service delivery illustrate that tangibility has the highest mean and is safe and trained to professional standards (M=4.38, SD=.871). From the findings, tangibility is strong in staff qualifications and treatment processes, but physical infrastructure lags, which may affect perceptions of overall quality. Moreover, the strengths of tangibility as revealed by the results are based on professionalism, teamwork, patient-centered care, and respect for patients. However, the weaknesses are the lack of adequate infrastructure, staff availability, and continuous training opportunities. The implication is that the hospital demonstrates strong ethical and professional foundations, but investment in physical resources and ongoing staff development would enhance the quality-of-service delivery further.

From the results, assurance shows the strongest dimension, reflecting confidence in staff competence and collaboration. Responsiveness also comes up strongly from the findings, but variability suggests not all patients experience timely care equally in the hospital. Reliability is slightly weaker, pointing to occasional gaps in consistent, safe and dependable service. Finally, tangibility is strong from the results analysis, illustrating that infrastructure and staff qualifications are generally satisfactory. In conclusion, the overall mean (M=4.10) indicates a high level of perceived quality of service delivery, with relatively low variability (SD=0.45), meaning most patients agree on the hospital's good performance. To begin with, the qualitative findings reveal that the quality of services currently delivered in the hospital, such as respect and compassionate care, polite staff attitudes, and waiting times for patients in the Outpatient Department (OPD), is moderate. The health workers attend to clients' needs effectively and promptly. In addition, the hospital has qualified medical professionals, good drugs, good medical equipment, and visiting specialist Doctors from Europe.

Additionally, hospital services are accessible 24 hours a day. The health workers at SJOG Catholic Hospital respect the dignity of the human person and provide fast customer care and quick responses to patients' needs. Moreover, a study illustrates that Healthcare providers are ethically responsible for dealing with their patients with respect and dignity, and it is the patients' right to receive such care. The goals of medical care are to provide comfort, well-being, and the best care to the clients that is error-free and accurate.[17] Furthermore, the health workers at SJOG Catholic Hospital always prioritise clients over personal interests at the workplace; this practice of clear ethical communication fosters trust, satisfaction, and confidence in the health workers.

In conclusion, clear and honest communication, empathy and emotional support, competence and safety practice, involvement in decision-making, and accountability and responsiveness. The clients have strong confidence in the safety and quality care provided for them by trained, qualified, and experienced healthcare workers. The clients value staff with good attitudes like compassion, respect, responsibility, empathy and good treatment, and outcomes that bring consistency, which are identified as the most important components of quality healthcare service delivery in a hospital. Quality healthcare service delivery can only thrive in an environment that is ethical.

Relationship between ethical communication and the quality-of-service delivery at SJOG Catholic Hospital, Lunsar Town

The findings of the study indicate a moderate positive correlation between ethical communication and the quality-of-service delivery ($r=.552$, $p<.01$). This means that as ethical communication improves, the quality-of-service delivery also tends to increase. From the results, it is revealed that the significance level is ($p=.000$). Moreover, since the p-value is less than 0.01 ($p<0.01$), it indicates that the result is highly significant. The possibility that this relationship between ethical communication and quality of service delivery occurred by chance is extremely low. The research selected 106 participants, which shows a solid dataset and strengthens the reliability of the results.

Furthermore, from the results of the Pearson Correlation coefficient analysis, it is revealed that honesty, transparency, and respect are components of ethical communication that are positively linked to better quality of service delivery outcomes. In addition, the strength of ($r=0.552$) suggests that while ethical communication is important, other factors can also influence the quality-of-service delivery output in a hospital. This supports the idea that hospitals should invest more in ethical communication training to enhance the quality-of-service delivery.

The findings from the qualitative results illustrated that ethical communication and quality of service delivery in a hospital play a significant role in interactions between healthcare workers and patients, and help in trust-building. Clear, respectful and honest communication promotes mutual understanding and cooperation among nurses, doctors, and patients. Moreover, it helps to prevent medical errors and ensure clarity of care through proper and effective handover. Therefore, ethical communication and quality of service delivery are related in patient care in the hospital. Ethical communication helps clients feel safe and valued. It builds trust and mutual respect between patients and healthcare workers. It improves the quality of care, patients' satisfaction and the positive relationship between healthcare workers and patients.

In addition, ethical communication among healthcare workers can greatly influence teamwork and help to

improve the quality-of-service delivery in a hospital. Communicating ethically means being clear, respectful, and honest with one another. It helps to promote understanding and transparency and to foster conflict resolution and collaboration in the hospital. Ethical communication helps to build confidentiality and create unity among health workers and clients in the hospital. In other words, it helps to foster growth in the quality-of-service delivery and a positive working environment.

Furthermore, trust ensures patients' autonomy and improves healthcare outcomes. It dictates that health workers communicate with truthfulness, empathy, and respect. Help provides a bond with patients, forming therapeutic relationships that benefit patients and care outcomes. The general principles of ethical communication in healthcare include: maintaining honesty and transparency with patients, respecting patient privacy and confidentiality, speaking in a non-judgmental manner, and actively listening to patients' concerns in striving for understanding. Moreover, it helps to build and improve clients' satisfaction, as widely recognised in the healthcare domain. Finally, ethical communication helps to improve interpersonal relationships, promote effectiveness, skills improvement, effective use of hospital resources, time and equipment, promote respect and trust, and respect institutional values. Information empowerment and good rapport promote quick recovery, confidence to abide by the treatment order, and respect and trust.

Theoretical implications

The findings agreed with the Deontology Theory (DT) by demonstrating that ethical communication, such as respect, transparency, confidentiality, and ethical behaviour, can help to build a healthcare environment where health workers practice good ethical principles. This can enhance patients' trust and confidence in health workers. The theory of Deontology always compels health workers to avoid causing harm to patients. It means health workers are strictly bound by this theory to do their work ethically and to desist from committing errors. In our African context, doing what is ethical in society is an obligation. It is a moral duty of all in Africa to promote the common good of all. In the Ubuntu African Philosophy, it emphasises that I am, therefore you are; it means that we live as a community for one another and for the common good. In addition, Ubuntu philosophy enables people like health workers to relate to each other and their clients as a family. This will create reliability, responsiveness, assurance, and tangibility in the manner in which health workers relate to patients respectfully and truthfully. In the Ubuntu African context, ethical communication and quality of service delivery among people in the society are very fundamental. Therefore, we live to serve each other with respect and honesty.

The study further discusses Avedis Donabedian's Model (ADM) as one of the modern tools used to evaluate the quality-of-service delivery in the healthcare system. The model utilised three dimensions to measure the quality-of-service delivery, such as structure, process, and outcome. However, the findings further confirmed that reliability, responsiveness, assurance, and tangibility are the core elements that will enhance the evaluation and measurement of the quality of service a health facility can deliver to its respective clients. The model is still relevant in the contemporary African context in measuring and evaluating the quality of healthcare service delivery. The model enables Africans research experts to look at the various healthcare structures, the process of how they deliver their healthcare and the outcomes of the services rendered to clients.

Practical implications

For health workers, the findings from the various results outline the importance of practising ethical communication among each other in the workplace for the good of the clients. At the institutional level, ethical communication helps promote and enhance the dignity of the human person and enhance the quality-of-service delivery. At the policymakers' level, ethics enables them to monitor the full implementation of the ethical principles that promote trust, respect, transparency, confidentiality, and ethical behaviour. This improves quality service delivery by enhancing responsiveness, reliability, assurance and tangibility for the good of the clients they serve.

CONCLUSION

In conclusion, the overall scores for the level of ethical communication are (M=4.2608, SD=0.40812), indicating that there is adequate ethical communication in the hospital among health workers. However, there are some areas that need improvement regarding the barriers that hinder ethical communication, such as shortage of staff, heavy workload, effective ethical communication, and language and cultural differences. The research also concludes that the overall scores on the level of quality-of-service delivery are (M=4.100, SD=0.44889). The results illustrate that the quality-of-service delivery in the hospital is satisfactory. Nevertheless, some areas require improvement in client safety and reliability in the hospital. Improvement in patient-centred care, providing services that are equitable, timely responses to patients' needs, and professional performance of the staff. Finally, the study identified a moderate, positive relationship between ethical communication and the quality-of-service delivery ($r=.552$, $p=0.000 < 0.05$ level of significance). Ethical communication within the Saint John of God Catholic Hospital plays a vital role in fostering interactions between health workers and patients, thereby building trust and strengthening the overall quality of care.

Recommendations

The health workers should improve on practising open and respectful ethical communication at Saint John of God Catholic Hospital, Lunsar. The hospital

administration should employ additional trained and qualified staff to reduce the workload on existing healthcare workers. Health workers should always maintain healthy, ethical communication that is transparent with patients at Saint John of God Catholic Hospital.

Healthcare workers should improve confidentiality by keeping patients' information secret at Saint John of God Catholic Hospital. Hospital administration should encourage its staff to provide care that is safe, reliable, timely, and patient-centred in the hospital. The hospital administration should frequently evaluate staff performance at Saint John of God Catholic Hospital. The hospital administration should provide staff training on strategies to address barriers to ethical communication, thereby improving the quality-of-service delivery. A longitudinal study on ethical communication and quality of service at other healthcare facilities in Sierra Leone is recommended for other researchers to carry out. The researcher recommends further study of ethical communication with other hospital stakeholders. The research recommends another study on workload among health workers at healthcare facilities other than Saint John of God Catholic Hospital Lunsar.

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