HEALTHCARE DELIVERY AND CUSTOMER SATISFACTION IN GHANA. A CASE STUDY OF THE KOFORIDUA REGIONAL HOSPITAL.

by

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DECLARATION

I hereby declare that this submission is my own work towards the Executive Masters of Business Administration and that, to the best to my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

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Certified by:

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DEDICATION

This project work is dedicated to the Almighty God for His numerous blessings and guidance throughout my life.

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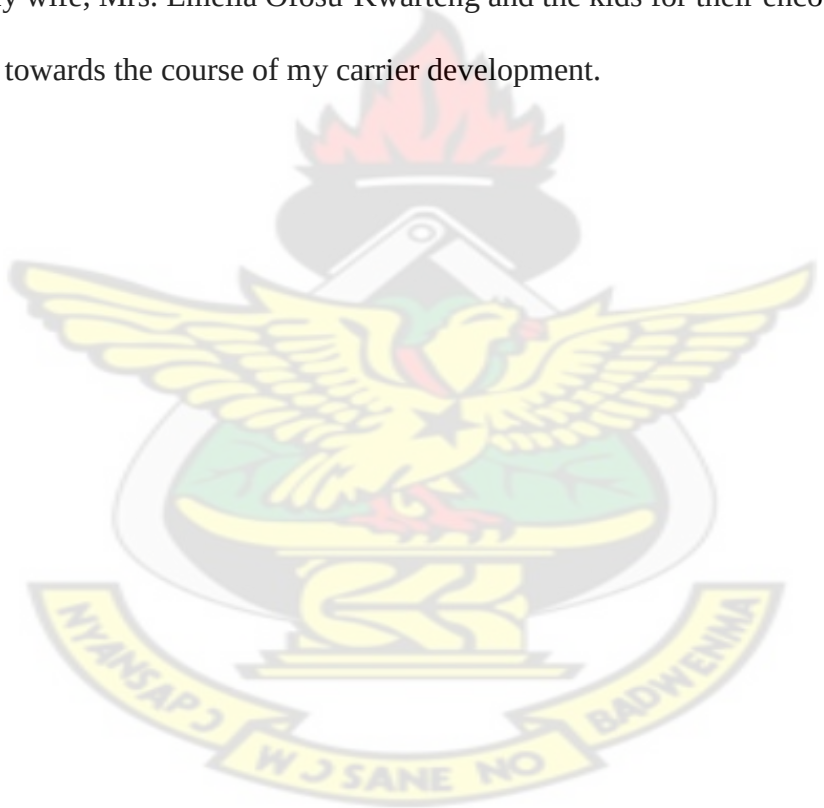
My final acknowledgement and appreciation go to my parents Mr. and Mrs. Ofosu-Kwarteng, my wife, Mrs. Emelia Ofosu-Kwarteng and the kids for their encouragement and commitment towards the course of my carrier development.



ABSTRACT

Quality Health care delivery is a crucial indicator in measuring the developmental challenges of every country. Patients who visit various health care services have different experiences to share regarding quality of the services they receive. The outpatient's satisfaction assessment study provides the data on their experiences interacting with health professionals at the Koforidua Regional Hospital during treatment. The result of the study provides valuable information for improved health care delivery. The main objective of the study was to explore the level of satisfaction of outpatients with the services of physicians, nurses, and pharmacists and to provide information on outpatient's expectation of their services. Two hundred and twenty one (221) respondents were used for the study. Analysis of results showed mixed responses. In terms of Physician and Nurses human relations, the respondents rated Physicians far higher than Nurses. Responses from respondents about service provision and the environmental conditions of the hospital were varied. Results revealed that information given by Pharmacists on the issuance of drugs does not include side effects of drugs. In addition, the immediate surroundings of the hospital were clean but areas that need improvement are the public toilet and urinals. Another area that needs urgent attention is the waiting time, which is unbearable. Many of the respondents were aware of their rights. However, the respondents did not know the avenues of seeking redress during violation. It was therefore recommended that the hospital administrators work hard to intensify customer right awareness campaigns, improve efficiency and reduce waiting time, guide patients on drug administration and its side effects, ensure clean operational environment to enhance health care delivery services in the Koforidua Regional Hospital. This means that health care providers should introduce and practice quality improvement measures at the hospital to

improve services delivery. The participation of consumers in assessing these qualities issues is therefore very important.

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CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND TO THE STUDY

There is no doubt that the greatest asset of every country is its citizens. This is because their general well-being determines the overall progress and development of a national economy as an enhanced quality of life means higher productivity. Any country that has unhealthy population is bound to suffer in the implementation of development programmes to improve the quality of life of the people. This had necessitated the adoption of various human rights provision at the national and international level to protect and enhance the basic needs of human kind including the right to adequate and quality health care during sickness. Article 25 of the UN Declaration of Human Rights says among other things, "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing , medical care, and necessary social services."

Every welfare state therefore seeks to provide the protection of the Right to basic needs of consumers especially for the have-nots and the under privileged such as the sick. The formalisation in 1948 of the consumer right as a human right recognized "the inherent

dignity" and the "equal and unalienable rights of all members of the human family." Moreover, it is because of this concept of the person, and the fundamental dignity and equality of all human beings, that the notion of patient rights was developed. In other words, what is owed to the patient as a human being, by Physicians and by the state, took shape due to this understanding of the basic rights of the person. It is because of this recognition by the world body, that the patients' bill of rights has found its place in legislations of almost all countries.

After attaining recognition, the next important thing is to make it work for the benefit of its target group - the patients and to achieve this will definitely demand the involvement of the patients in health care delivery to make the whole treatment process holistic. One cannot deny the fact that the health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of the patient's population. Hospitals are shifting from viewing patients as uneducated and passive individuals with little health care choices and to recognizing that the educated consumer has many services demands and health care choices available (Howard, 2000). To move towards higher quality health care delivery, more and better information is commonly required on existing provision, on the interventions offered and on major constraints on service implementation. Consumers need information about what is good and bad about their health. Why not all their expectations would be satisfied, and that they have rights, which all providers should respect (WHO, 2000).

This scenario had created the growing interest in improving the performance of health systems in many countries. It is now a major pre-occupation, reflecting common pressures for cost containment on one hand and the rising consumer expectation on the other. This has led to a number of recent initiatives by many countries to measure and improve performance

against quality, efficiency, and equity goals in health care delivery. As Brundtland rightly put it:

"The good health of nations is key to human development and economic growth and it is important to analyze health systems performance and to share what we knew with government and the international community'' (Brundtland G.H., 2001).

The major challenge facing many countries lies in ensuring and improving the performance of their health care systems. Some of the issues that the health agenda of most countries are raising for redress include the following.

- Improve the health services and outcomes for the benefit of the entire population.
- Raise clinical effectiveness through decisions that are influence by the prevailing best practices.
- Improving safety or reducing medical error- developing health care organization that are capable of detecting medical errors or adverse effects to patients, and been able to effectively act on them to avoid futures occurrences.
- Provide timely services i.e. reducing wasteful delays, which are patients-centred and respectful of individual preferences, needs, and values.
- Improving efficiency/containing cost by providing the right incentives to providers and consumers to get better value for money; and
- Ensuring that, everybody receives quality care, regardless of race, gender, geographic location, or ability to pay and reducing the gaps in health outcomes across different regions and socio economic and ethnic groups. (WHO, 2000).

Despite differences in the levels and methods of health care delivery, the challenges and solutions in quality are remarkably similar between countries. The common national concern over quality that cut across all nations are; unsafe health systems, unequal access to health

services, dissatisfaction on the part of users and the wider public, unacceptable levels of variations in performance, practices and outcome; overuse, misuse or under-use of health care technologies; unaffordable waste from poor quality and unaffordable costs to society (Shaw 2002).

Issues of responsiveness in health care delivery systems are many and varied. One basic distinction is between elements related to respect for human beings as persons, who are largely subjective and judged primarily by the patients and objective elements related to how a system meets common expressed concerns of patients and their families as clients of health systems. Observations on these things are at the health facilities (WHO, 2000). Respect for persons therefore include: 1) respect for the dignity of the person; 2) confidentiality or the right to determine who has access to one's personal health information; 3) autonomy to participate in choices about one's own health. This includes helping choose what treatment to receive or not to receive.

All people are consumers of health services and it is important to know their expectations on health care services. Users of health services want safe, appropriate interventions, treatment, and care that consider their dignity and respect. They want information that is accurate, timely, and relevant. Consumers believe that if this is to happen, then consumers of health services must be involved and consulted, not only in relation to their own healthcare, but also about service planning and delivery, health evaluation and research (Graham, 2001). Patient satisfaction measures therefore provide healthcare managers with useful information about the structures, process, and outcomes of care. They alert administrators of the positive and negative aspects of their institutions. Patients satisfaction assessments help maximize an organization's quality and the value of the care it provides (Bell et al., 1997, Kelsey, 2001). To the patients, the appearance of the environment

and employees, reliability, dependability of the service delivery, responsiveness, competence, understanding of the patients, access, courtesy, communication, credibility, and security, all indicate quality care. Patient's satisfaction also hinges on whether the service experiences meet consumer expectations. This has created the need for a system of continuous quality improvement aimed at providing valued services to the consumer. This is vital for improving the quality of care in the health delivery system in the country. However, the incidence of injuries and abuses that occur because of inappropriate decisions, attitude of health workers and physicians, and even the health system as an institution is less known. One reason why we know so little is that there is no systematic mechanism for gathering information about such injuries and abuses. Although the literature pertaining to patient satisfaction in the inpatients setting may be extensive, there is a paucity of data on patient satisfaction pertaining to outpatients clinical services.

While many current quality health care improvement efforts of the government of Ghana such as provision of health infrastructure, equipment, the introduction of the health insurance scheme and the adjustments of the salaries of health workers are commendable and show great promise, they seem to have overshadowed the need for constant monitoring to examine the quality of service being provided.

Again, the Ghana News agency of 14th September 2011 and captured on the internet www.ghanaweb.com, Dr. Frimpong Boateng, Head of the OPD Department was reported to have said that: "The Koforidua Regional Hospital has put in place measures to reduce the time spent by patients at its Out-patient Department (OPD). He said that under the programme, each department of the hospital is to ensure that there is a medical officer at the

OPD by 9:00am each day whiles specialist and other medical officers conduct ward round before reporting at the OPD".

The Head of the Surgical Department, Dr. Forster Amponsah Manu is also reported to have said that, "the surgical department of the Koforidua Regional Hospital has been able to reduce the average number of days patients spend at the surgical ward from 13 days in 2008 to 6 days presently".

(Source: GNA: September 14th 2011)

This instant case shows that the patients care, satisfaction, needs improvement, and that the general handling of patients all constitutes the psychological aspect of healing and treatment.

Figure one with yellow dot show the location of Koforidua Regional Hospital within the map of the Eastern Region of Ghana.

Figure 1.

1.2 STATEMENT OF THE PROBLEM

The problem statement, according to Weismann (1995),"describes the content for the study and it also identifies the general analysis approach", or it is the issue that exists in the literature, theory or practice that leads to a need for the study" (Creswell 1994, P: 50) and

when stated effectively should answer the question; why does this research need to be conducted?" (Parjares, 2007)

Despite all the efforts by the Ghana Health Services, the Central Government, donor funding agencies and all other stakeholders to improve quality health care delivery in Ghana, there is still perceived unsatisfactory services rendered by the staff of public hospitals in areas of care and treatment, relationship between patients and care givers, patients' consent and confidentiality, sanitation of working environment, access to basic information about their rights , consent and confidentiality of patients, among others.

It is in the light of this that the researcher decided to undertake this study to assess the level of customer satisfaction in health care delivery services in the above mentioned areas in the Koforidua Regional Hospital, a public hospital in the New Juaben Municipality of the Eastern Region.

1.3. OBJECTIVES OF THE STUDY

The main objective of the study was to assess quality of care provided by a typical public hospital in Ghana as mirrored by patients' in their quest for satisfaction.

Specifically, this research seeks to:

- Assess care and attention from doctors, nurses and assistant personnel
- Assess the effectiveness of medical care (hygiene, feeding, and wards' condition).
- Assess the level of satisfaction of patients with physicians and nurses at the Koforidua Regional Hospital in terms of courtesy of physicians and nurses towards patients, willingness of health workers to patiently listen to patients, and waiting time in accessing health care.
- Find out patients knowledge of their rights

- Offer the opportunity for health sector to measure or assess performance of health institution in areas of consumer/patients protection.
- Assess the relationships that exist between patients' satisfaction of services and the awareness of their rights and how they influence each other.
- Provide lessons, which all stakeholders such as government, health institutions and the patients will use to improve health services in the country for the benefit of all.

1.4. RESEARCH QUESTIONS

In view of this revelation, the study seeks to find answers to the following fundamental questions.

- What level of quality care and treatment are out- patients receiving now that health care is very accessible?
- Are patients satisfied with the services they receive from their health providers?
- To what extent are customers or consumers satisfied or dissatisfied with the services they receive at the Koforidua Regional Hospital?
- What are consumers' perspectives about quality health care delivery?
- What is the level of awareness of Ghanaian patients of the Patients Charter promulgated to protect their rights?

1.5. SIGNIFICANCE OF THE STUDY

The significance of this study included the development of lessons to serve as guiding principles for the improvement of the health care delivery systems at the Koforidua Regional Hospital and the findings to serve as one of the scientific basis on which researchers could use to assess health care delivery and customer satisfaction as a strategy for poverty reduction.

- Patients stand to gain if their concerns are factored into the daily administration and running of healthcare facilities for improvement.
- To the government, it will measure the performance of one sector (health) to the development of the nation.
- To the health sector, it will make them improve upon their services for patients' satisfaction and confidence and for the dignity of the institution and their workers.
- It will also assist the health sector in determining what patients' value in any health care delivery and hence their assessment of quality in health care's delivery.
- It will create awareness among hospital staff on the need to see patients not just as recipients of health care but have rights that must be protected.

1.6. ORGANIZATION OF THE STUDY

The work is organized into five main chapters that is chapters one to five. Chapter 1 sets the introductory stage to the study. Chapter 2 deals with the review of related literature, while Chapter 3 is the methodology used to carry out the study. Chapter 4 contains results and discussions of the study and chapter 5 is summary, conclusions, and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Quality health care delivery affects all sectors of the economy because every economy relies on a healthy working population to offer skill and unskilled labour for increased productivity and the growth of the national income. Hence, the structural connectivity between quality health care services and other sectors of the economy. This had necessitated the need for a system of continuous quality improvement committed to providing better medical services as a surest way of ensuring quality health care delivery. Despite the modern scientific development and technological advancement in health care delivery, issues of patients centred health care delivery still needs improvement. Even in the best systems, mistakes and lapses occur during treatment leading to injuries and dissatisfaction in service delivery. More importantly, health personnel could also undervalue the psychosocial aspect of treatment during the course of executing their duties.

It is no wonder that, states, international organizations, corporate bodies, and even individuals are working tirelessly to promote quality health care and patient's protection and safety. Relevant literatures on quality services, health care, customer satisfaction, and

patient's rights were undertaken. The research issues arising from these reviews guided the formulation of the research objectives.

2.2 CORE CONCEPTS OF HEALTH CARE QUALITY

2.2.1 Quality Values in Health care

One cannot deny the fact that openness, confidence, motivation, and commitment are the foundations of any quality culture. However, traditional practices and attitudes towards authority, mutual support, and individual responsibility actively resist improvement. This creates a culture of low expectations and quality (from public and professions), vertical command structures, restricted information, and a negative view of accountability and responsibility. This is still a major problem in the whole of Africa.

Quality designs involves providers, clients and managers in a structured process to explicitly identify clients needs and design services processes with the key feature to meet those needs. In the context of quality design, the features are concrete, practical expressions of client's needs, desires, and expectations. Quality design is use to develop an entirely new process or redesign an existing process for improved service delivery.

2.2.2 Definition of Health Care Quality

The most comprehensive and perhaps the simplest definition of quality is that used by advocates of total quality management (Deming, 1982): “Doing the right thing right, right away.’’ Almost as universal is the view by Ovretveit. (1992), who almost a decade later, recognised the three “stakeholders” components of quality namely clients, professional, and management quality. ***Client’s quality*** addresses what the client’s wants from the service. ***Professional quality*** indicates whether the service meets the needs as defined by professional providers and referrers and whether it correctly carries out techniques and procedures which are believed to be necessary to meet the client’s needs. The ***management quality*** aspect is concerned with the most efficient and productive use of the resources within limits and directives set by higher authorities and purchasers. An integrated definition of health care quality therefore combines these three elements: “A quality health service/system gives patients what they want and need at the lowest cost” (Ovretveit. 1992).

Another clients-focused definition of quality comes from Donabedian (1980) and Morgan and Murgatroyd (1994) ‘’Clients satisfaction is of fundamental importance as measure of quality of care, because it gives information on the provider’s success at meeting those client values and expectations on which the client has authority”

Donabedian A. also saw health care as consisting of two parts: a technical task and an interpersonal exchange whereby doctors and patients discussed and agreed on treatment. Donabedian suggested that quality of care is made of structures, processes, and outcome.

Structure refers to the attributes of the settings in which care occurs. This includes the attributes of material resources (such as facilities, equipment and money), of human resources (such as the number and qualifications of personnel), and of organizational

structures (such as medical staff organization, methods of peer review and methods of reimbursement).

Process denotes procedures in giving and receiving care. It includes the patient's activities in seeking care and carrying it out as well as the practitioner's activities in making a diagnosis and recommending or implementing treatment.

Outcome denotes the effects of care on the health status of the patients and the populations. Improvements in the patient's knowledge and salutary changes in the patient's behaviors are included under a broad definition of health status, and so is the degree of patient's satisfaction with care.

Patient's satisfaction is increasingly being recognized as an important measure of outcome and quality of care. Whether Patient's will seek medical advice or comply with treatment will depend on the level of satisfaction. These Quality health care concerns have led health care organizations to use patient satisfaction data to identify facts about the processes of work and the root causes of failures in those processes. This leads to improved standards of work leading to best clinical practices.

2.2.3 Quality Dimension in Medical Care

Diversity arises when examining the meaning of quality in medical care.

Medical quality consists of a mixture of hard technical elements such as correct diagnosis, appropriate intervention and effective treatment as well as soft element such as good communication, patient's satisfaction and consideration for the patients' preferences (Gill, 1993). It is therefore not sufficient to consider only the technical competence of those providing care, but also care provided more effectively, efficiently and humanely. Ovretveit, (1990) stated that "Professional quality has two parts: (1) Whether the service meet

professionally assessed needs of its clients and (2) Whether the service correctly select and carries out the techniques and procedures which professionals believe meet the needs of the clients".

Contributing to the research on quality, Brown et al. (1990) also describes nine quality dimensions of health service delivery: effectiveness, efficiency, technical competence, interpersonal relations, and access to service, safety, continuity, and physical aspect of health care. The table below vividly described Brown et al (1990) quality dimension.

Table 1 Quality dimensions (Brown et al, 1990)

Quality dimensions	**Description**
Effectiveness	The degree to which desired results (outcomes) of care are achieved through appropriate diagnosis and treatment
Efficiency	The ratio of the outputs of services to the associated costs of producing those services (taking into consideration both materials and time resources
Technical competence	The degree to which tasks carried out by health workers and facilities meet expectations of technical quality (according to clinical guidelines)
Interpersonal relations	The Level of respect, courtesy, responsive, empathy, effective listening, and communication exhibited between clinic personnel and clients.
Access to service	The degree to which healthcare services are unrestricted by geographic, economic ,social organizational or linguistic barriers
Safety	The level of trust , confidentiality and privacy in the service and the degree to which the risks of injury, infections or other harmful side effects are minimized

Continuity	The degree to which consistent and constant care is provided, including the value of visiting the same provider and continuing treatment
Physical aspects	The physical appearance of the facility and the level of cleanliness, comfort, and amenities offered.
Choice	It is the client's choice of appropriate provider, insurance plan, or treatment.

All these dimensions according to Brown et al (1990) constitute a holistic approach to ensuring quality health care delivery that ensures total customer satisfaction.

2.2.4 The Meaning of Quality

The definition and dimensions outlined above constitute a broad conceptual framework that includes almost every aspect of the health system performance. All these dimensions come into play as clients, health providers, and health care managers try to define quality of care from their unique perspectives. What does quality of health care mean for the communities and clients that depend on it, the clinicians who provide it and the managers and administrators who oversee it?

To the client, Quality health care is one, which meets their needs, and delivered courteously and on time (Brown. et al, 1990). In sum, client wants services that effectively relieve symptoms and prevent illness. This is because satisfied clients are more likely to comply with treatment and to continue to use health services. The dimensions of quality that relates to clients satisfaction also affect the health and well-being of the community. Hence, patients and communities often focus on effectiveness, accessibility, interpersonal relations, continuity, and amenities as the most important dimensions of quality.

From the provider's perspective, quality care implies that he or she has the skills, resources, and conditions necessary to improve the health status of the patients and community according to current technical standards and available resources. The provider's commitment and motivation depends on the ability to carry out his or her duties in an ideal or optimal way. Providers tend to focus on the technical competence, effectiveness, and safety. Key questions for providers may be; How many patients are providers expected to see per hour? What laboratory services are available to them, and how accurate, efficient and reliable are they. What referrals systems are in place to meet specialties services or higher technologies? Are the physical working conditions adequate and sanitary, ensuring the privacy of the patients and a professional environment? Does the pharmacy have a reliable supply of all the needed medicines? Are there opportunities for continuing medical education? Just as the health care system must respond to the patient's perspectives and demands, it must also respond to the needs and requirements of the health care providers. In this sense, health care providers are the systems internal clients. They need and expect effective and efficient technical, administrative, and support services in providing high-quality care.

Quality care requires that managers are rarely involved in delivering patient care although the quality of patients care is central to everything they do. The varied demands of supervision, financial and logistic management present many unexpected challenges. This can leave a manager without a clear sense of priorities or purpose. Focusing on the various dimensions of quality can help to set administrative priorities. Health care managers must provide for the needs and demands of both providers and patients, to be responsible stewards of the resources entrusted to them by the government, private entities, and the community.

Health care managers must consider the needs of the multiple clients in addressing questions about resources allocations, fee schedule, staffing patterns and management practices. In this way, there will be no trade-off between increasing patient satisfaction, improving professional outcomes, and reducing costs (Ovretveit J, 2001). Despite the different perspective on quality health by various players, a definition of quality needs to guide towards what is measured. It should resonate with professional's values, while increasing efficiency to satisfy the client.

2.2.5 Voice of the Customer

One cannot talk about quality issues without factoring in the concerns of customers. Increased contact with external and internal customers provides managers with new ideas for improvement and ultimately assists a manager to measure and adjust his or her performance against the all-important barometer of customer satisfaction (Longenecker and Neubert, 2003). There is variety of methods for finding out what customers think about a service (Ovretveit, 1993): talking to staff or clients about what clients like and dislike about the service. It also involves routine customer group meetings; a letter sent to a sample of clients; comments cards; free telephone lines for comments and complaints; observation against check-list; objective indicators of customer satisfaction, e.g. clients-cancelled appointments, demand and waiting times. Each measures different things and used for different purposes in different situations. The combined data collection methods give rich insights into client's perspectives on service quality.

2.3. CUSTOMER SATISFACTIONS AS QUALITY INDICATOR

Customer satisfaction is the personal feelings, meaning, and interpretation a consumer makes of a product and/or service following its usage (Solomon 1996, Wells and Prensky,

1996 cited in Metewa and Almossawi, 1998). Bitner and Hubbert (1994:77) also see the concept to imply assessment that a customer gives to a product after its usage in terms of its superiority and inferiority.

Dispensa (1997) observed that customers who are satisfied with a product would convey pleasurable information about the product to others with a view to convincing others to patronize it. At the polar end of such reasoning is the notion that, dissatisfied customer of a product will not only desist from subsequent patronage of the product but will spread damaging information about the product to other users, which might discourage its patronage. Customer satisfaction is now the 'essence of success in today's highly competitive world of business' (Kohl and Gasworks, 1990 cited in Jamal and Nasser 2002:146).

Customers or consumers of health care services therefore play a variety of roles in health care quality assessment and monitoring. By expressing their preference, they supply the valuations needed to choose among alternative strategies of care (Donabedian, 1987). They help define the meaning of quality in the technical sense. Moreover, their preferences are the paramount consideration in defining the quality of the interpersonal process and of the amenities of care. Consumers are also valuable sources of information in judging the quality of care and non-technical aspect of treatment. This is because consumers can and do, through expressing satisfaction or dissatisfaction, pass a judgment about many aspects of the process of care and its outcomes. Consumers, if properly informed, could help to regulate the quality of care by means of their choices. No wonder that, health care is now entering an age of accountability where patients are demanding services excellence.

There are different patient's expectations of quality care in the literature.

Some studies view patient's expectations as probabilities judgment about the likelihood that a set of events will occur (McKinley, 2002; Conway, Willcocks, 1997). Others view expectations on quality care as perceived needs, wants, importance, standards, or entitlements (Kravitz, 1996). These expectations may pertain to heath care in general or to a specific health care encounter such as a clinic visits or hospitalization. Whether patient's expectations are probabilities or values, an understanding of patient expectations is important because meeting these expectations may lead to greater satisfaction with care.

As the patient is becoming widely recognized as a reliable and important source of information about quality of medical practice (Lawathers, Rozanski, Nizankovski and Rys , 1999), important steps towards making performance transparent comes with the publication of concrete figures on the quality of outcomes relevant to patients. Patient's surveys are an important part of this. Advantages of patient's surveys are that it identifies what patients and the public value, and standardized ways to tailor such surveys to measure specific domains of experience and satisfaction. However to reach the valid and reliable results remain a challenge for the health care organizations (Sitzia, 1999). If the questionnaires and process are scrutinized using scientific methods, it can guarantee a useful and comparative data. Health care organizations using performance indicators to differentiate themselves and demonstrate customer focus reap considerable advantages, especially if they have a quality management system to underpin the development of performance. That is the benefit of both patients and staff (Kolking, 2003, Dolan, 1998)

According to Jenkinson et al. (2002), patient's experiences of health and medical care are at the very core of the purpose of clinical medicine. If medical treatment succeeds only in a limited, technical sense, without any benefit to those receiving them, then such

interventions would have failed. Health care providers must consider whether and how patient expectations of their services can be managed (McKinley et al., 2002). Dissatisfaction with the provision of health care services could be contained if consumers know what they can expect and then receive it.

The above analysis of customer satisfaction as a quality indicator, point to the fact that quality health service delivery should have the customer or patients concern as central to the overall treatment process.

2.4. CODE OF ETHICS OF GHANA HEALTH SERVICE

The Code of Ethics for the Ghana Health Service (GHS, 2008) defines the general moral principles and rules of behavior for all service personnel in the Ghana Health Service. The Service shall be manned by persons of integrity, trained to a high standard to deliver a comprehensive equitable service for the benefit of patients/clients and society as a whole.

- All Service personnel shall be competent, dedicated, honest, client-focused and operate within the law of the land.
- All Health Professionals shall be registered and remain registered with their Professional Regulatory Bodies.
- All Service personnel shall respect the Rights of patients/clients, colleagues and other persons and shall safeguard patients'/client' confidence.
- All Service personnel shall work together as a team to best serve patients'/clients' interest, recognizing, and respecting the contributions of others within the team.
- All Service personnel shall co-operate with the patients/clients and their families at all times.

- No service personnel shall discriminate against patients/clients on the grounds of the nature of illness, political affiliation, occupation, disability, culture, ethnicity, language, race, age, gender religion, etc. in the course of performing their duties.
- All Service personnel shall respect confidential information obtained in the course of their duties. They shall not disclose such information without the consent of the patient/client, or person(s) entitled to act on their behalf except where such disclosure is under the law or is necessary in the public interest.
- All Service personnel shall treat official discussions, correspondence, or reports obtained during official duties as confidential. In situation where such disclosure is necessary, it is legally.
- All information obtain from patients/clients is used for the prime purpose of their management. Any other use of such information is by the consent of the patient or person(s) entitled to act on his/her behalf.
- All Service personnel shall provide information regarding patient's condition and management to patients or their accredited representatives humanely and in the manner, they can understand.
- All Service personnel shall protect the properties of the Service including properties entrusted in their care.
- All Service personnel shall respect the rights and abilities of disabled persons and the aged and work together to serve or safeguard their interest
- All Service personnel shall keep their professional knowledge and skills up to date.
- No Service personnel shall demand unauthorized fees from patients/clients.

- No Service personnel shall accept any gift, favour, or hospitality from the patient/public, meant to exert undue influence to obtain preferential consideration in the course of their duty.
- All Service personnel shall refrain from all acts of indiscipline including drunkenness, smoking, immorality, abuse of drugs and pilfering in the course of performing their duties.
- All Service personnel shall avoid the use of their professional qualifications in the promotion of commercial products.
- All Service personnel shall act in collusion with any other person for financial gain.
- No Service facilities and resources are use for unauthorized private practice.

2.4.1 The Patients Charter in Ghana (2008)

The Ghana Health Service is for all people living in Ghana irrespective of age, sex, ethnic background, and religion. The service requires collaboration between health workers, patients/clients, and society. Thus, the attainment of optimal health care is dependent on teamwork. Health facilities must therefore provide for and respect the rights and responsibilities of patients/clients, families, health workers and other health care providers. They must be sensitive to patient's socio-cultural and religious backgrounds, age, gender and other differences as well as the needs of patients with disabilities. The Ghana Health Service expects health care institutions to adopt the patient's charter to ensure that service personnel as well as patients/clients and their families understand their rights and responsibilities. This Charter is to protect the rights of the patient in the Ghana Health Service. It addresses:

- The Right of the individual to an accessible, equitable, and comprehensive health care of the highest quality within the resources of the country.

- Respect for the patient as an individual with a right of choice in the decision of his/her health care plans.
- The Right to protection from discrimination based on culture, ethnicity, language, religion, gender, age, and type of illness or disability.

2.4.2 The Patients Rights

The rights of patients as contained in the patient's charter in Ghana are

- The patient has the right to quality basic health care irrespective of his/her geographical location.
- The patient is entitled to full information on his/her condition and management and the possible risks involved except in emergencies when the patient is unable to make a decision and the need for treatment is urgent.
- The patient is entitled to know of alternative treatment(s) and other health care providers within the Service if these may contribute to improved outcomes.
- The patient has the right to know the identity of all his/her caregivers and other persons who may handle him/her including students, trainees, and ancillary workers.
- The patient has the right to consent or decline to participate in a proposed research study on him or her. The patient may withdraw at any stage of the research project.
- A patient who declines to participate in or withdraws from a research project is entitled to the most effective care available.
- The patient has the right to privacy during consultation, examination, and treatment. In cases where it is necessary, to use the patient or his/her case notes

for teaching and a conference, the consent of the patient is paramount.

- The patient is entitled to confidentiality of information obtained about him or her and such information shall not be disclosed to a third party without his/her consent or the person entitled to act on his/her behalf except where such information is by law or is in the public interest.
- The patient is entitled to all relevant information regarding policies and regulation of the health facilities that he/she attends.
- The patients or their accredited representatives know procedures for complaints, disputes, and conflict resolution, in medical situations.
- Patients should know of all hospital charges, mode of payments and all forms of anticipated expenditure prior to treatment.
- Patients should know of all exemption facilities if any.
- The patient is entitled to personal safety and reasonable security of property within the confines of the institution.
- The patient has the right to a second medical opinion if he/she so desires.

2.4.3 The Patient Responsibilities

The patient should understand that he/she is responsible for his/her own health and should therefore co-operate fully with healthcare providers.

- Patients are responsible for providing full and accurate medical history for his/her diagnosis, treatment, counseling, and rehabilitation purposes.
- Patients are responsible for requesting additional information and or clarification regarding his/her health or treatment.

- Patients are responsible for complying with prescribed treatment, reporting adverse effects, and adhering, to follow up requests.
- Patients are responsible for informing his/her healthcare providers of any anticipated problems in following prescribed treatment or advice.
- Patients are responsible for obtaining all necessary information, which have a bearing on his/her management and treatment including all financial implications?
- Acquiring knowledge, on preventive, promotive, and simple curative practices and where necessary to seeking early professional help.
- Patients are responsible for maintaining safe and hygienic environment in order to promote good health.
- Patients are responsible for respecting the rights of other patients/clients and health service personnel.
- Patients are responsible for protecting the property of the Health facility.

The analysis of various legal provisions contains the rights and responsibilities of patient, which are paramount consideration during the course of treatment. The medical facility should provide the quality service possible and taking into consideration the best interest of the patients. With the requisite laws in place, availability of qualified health workers, with the right tools and willing to work according to the laws and patients ready and willing to take up their responsibilities, the health system should be able to provide a satisfactory service to the consumers/patients. What are consumers or customers expecting from the service? It is the soft and non- technical aspect of health care delivery and treatment, which are ccommunication with nurses, communication about medication, waiting time in accessing health care, responsiveness of hospital staff, pain management, cleanliness

of hospital environment, patient's protection of their rights and general perception of services, are the issues of concern to consumers of the health care services.

This research therefore assessed customers/consumers satisfaction of health care services provided at the Koforidua Regional Hospital purely on the non-technical aspects. The issues raised under the literature review, revealed relatively paucity of information on outpatient's satisfaction on health care delivery. Since majority of the customers of any health facility are outpatients, the research will target their satisfaction on the quality of health care services provided at the Koforidua Regional Hospital.

2.5. THEORETICAL FRAMEWORK FOR THE STUDY

The main theoretical framework underlying this study is the use of the system theory of management, regarded as one of the total quality management approaches espoused by quality management writer such Dobbins and Crawford-Mason, 1998. The system theory views organizations as a unified and purposeful system of interrelated parts. This approach expects management to look at the organizations as whole and as part of a larger, external environment. As Ludwig von Bertalantly et al 1956 pointed out; the system theory tells us that the activity of any part or segment of the organization affects, in varying degrees, the activity of every other segment. This pre-supposes that every part of the system including the work force must work to support each other. When the sub-systems of an organization do not support each other, then the organization cannot focus on quality management. The theory therefore emphasised that every organization interacts with the internal and external system by taking resources from the environment and providing output. According to the system theory, every organization has two major inputs:

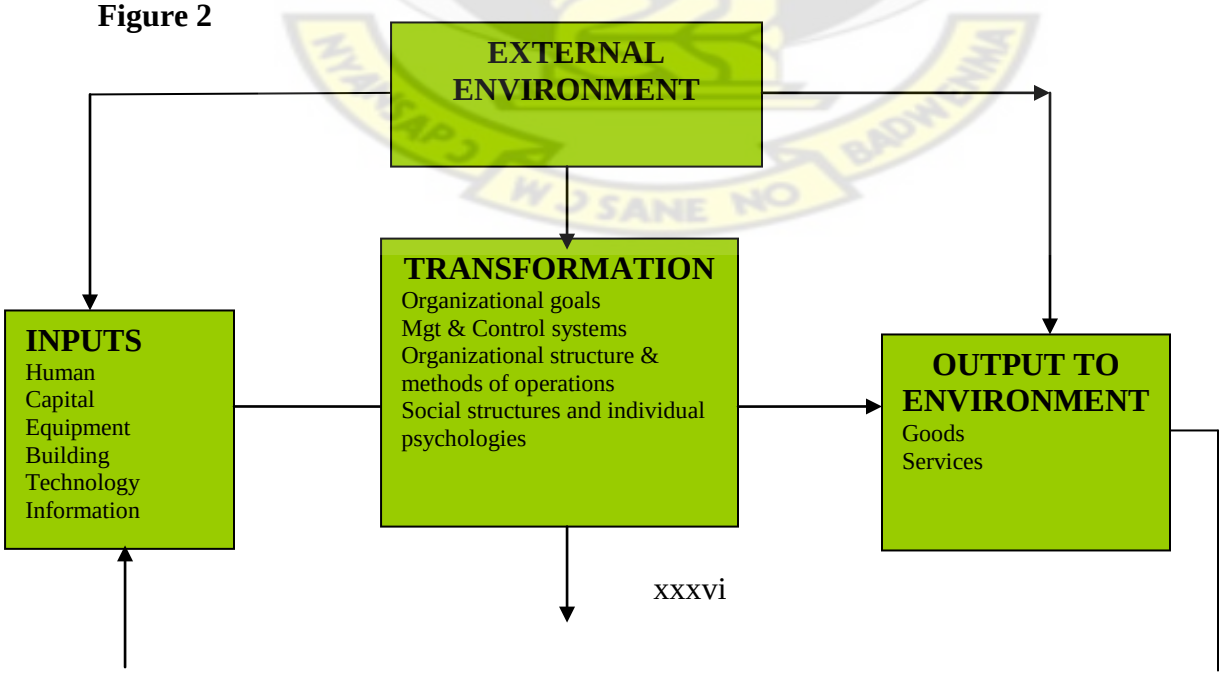
1) Human Resources – come from people who worked in the organization by contributing their time, energy, value systems to the organization in exchange for wages and other tangible and intangible resources.

2) Non-human Resources- consist of raw materials and information , technology, physical infrastructure

The human and material resources are inputs into the system and are transforming into final products and services to satisfy consumers. For instance, the hospital inputs are its staff, supplies, and patients. The patients go through the application of medical knowledge and treatment, and the inherent organizational culture and values system. The output is patients restored to a level of psychological and physical health consistent with the severity of the diseases. The system receives the feedbacks from the external environment for assessment in term of quality of service. How do organizations assess feedback of services provided? It is through customers surveys and the organizational systems improve through the results of such survey.

Management must therefore coordinate the activities of the entire organization and recognise that the organizations is an element of the larger system, consisting of individuals, organizations and institutions that make demand on the organization because of their dependency on it for some valued services. Below in figure 2 is a graph of the theory.

Figure 2



If one applies the system theory to assess customer satisfaction in service industry like the hospital, one should know that you could not separate the product or services from the provider. This justifies the need for continuous quality assessment of the system to ensure that quality services delivery. The question of satisfaction is therefore paramount for customers who regularly visit health facility and pay their hard-earned money in exchange for quality services from medical professionals. The ability of health care management to establish systems to improve service delivery will determine a repeat visit to the same facility next time. This is more so in the presence of increasingly availability of equally competitive services at their disposal.

2.6. DEFINITION OF CONCEPTS

In order to avoid some ambiguities and individual interpretation of certain concepts used in this research, I defined those concepts used in this study below.

Customers- The operational definition of customers in this research refers to patients and specifically outpatients that regularly visit a health facility and pay money to receive medical care for their illness.

Satisfaction - in this study means the perceived pleasurable experience of a customer after consumption of goods or services such that the same consumer will desire to experience same services with the same facility and provider and will not hesitate to recommend same facility to another person.

Consumer Satisfaction- Many researchers have varied definition of customer satisfaction and hence cannot develop a consensual definition of the term.

Oliver (1997) summed up this definitional difficulty thus "everyone knows what [satisfaction] is until asked to give a definition. Then it seems, nobody knows" (p. 13). Peterson and Wilson (1992) observed (and so it seems) that, "Studies of customer satisfaction are perhaps best characterized by their lack of definitional and methodological standardization" (p. 62).

This "lack of definitional and methodological standardization" is evident by the different and diverse definitions. Fornell, 1992; defined it as "an overall post purchase evaluation" (p.11), Hunt 1977 on his part saws it as a examination of whether the experience gained after the service was at least as good as it was supposed to be" (p. 459). Halstead, Hartman, and Schmidt looked at it in 1994 as "a transaction-specific affective response resulting from the customer's comparison of product performance to some pre-purchase standard (p. 122).

Tse and Wilton (1988) defined it as "the consumer's response to the evaluation of the perceived discrepancy between prior expectations (or some norm of performance) and the actual performance of the product as perceived after its consumption (p. 204).

A critical observation of the above definitions shows that most of them lean toward the notion of consumer satisfaction as a response to an evaluation process.

The lack of a consensus definition for satisfaction creates three serious problems for this research.

1**.** An appropriate and universal definition for the word satisfaction used in this study.

2. Operationalised the definition

3. Interpreting and comparing empirical results with other results.

To resolve these issues, the research focused on the following as operational definitions.

1. **Product or service**- was the product/service able to meet the needs of customers such that they will wish to experience the same pleasurable services next time.

2. **Providers** – Are the providers of the services person skilful, courteous, and efficient enough in the delivery of the service.

3. **Environment**- The environment according to the research includes

a) Laws governing the service or product and in that regard we are looking at whether the products /service produced or being provided is according to the laid down rules and regulations
b) Physical environment where the goods /service is provided - is the place hygienic and conducive for the provision of that good or service,
c) Equipment - especially in the service sector, have they the right/ required/needed equipment to enable them to provide a satisfying service to the consumer/patient.

Health Care is conceptualised in this study to mean the functional and non-technical aspect of health delivery which emphasis on the human aspect of interaction between the health provider and the customers such as courtesies and friendliness of medical staff, treatment explanations, along with appearance of surroundings etc in the delivering health care. The clarity of the operational definitions provided above leads one to analyse the causal relationships between the variables.

The research area therefore looks at health care delivery, how it meets and satisfies customers desired needs for which reason they visited the health facility. This implies that, the quality of health care delivery had a direct positive influence on the level of satisfaction that customers derived from visiting the health facility. Conversely, poor health care delivery will have a negative influence on the level of customer satisfaction. This will again debar the customer from visiting same facility next time and they will tell others about their bad experiences.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This study focused on the customer satisfaction and protection in health care delivery using the Koforidua Regional Hospital as case study.

This chapter discusses the study area, defines the population, research design, the sample size and sampling techniques, the instruments for the data collection, validation, and data collection procedure.

3.2. DESCRIPTION OF THE STUDY AREA

The Eastern Region, which was created on 1st November 1953, is one of the ten (10) administrative regions of Ghana. The Region lies between latitude 6^0 and 7^0 North and between longitudes 1^0 30'North and 0^0 30' East.

The Region shares common boundaries with Greater Accra, Central, Ashanti, Brong-Ahafo and Volta Regions. It has a land area of 19,323 square kilometer, which is about 8.19% of the total size of Ghana. It is the 7th largest region in terms of land area.

3.2.1 Population distribution - rural-urban composition

Under the 2010 Housing and Population Census, which was carried out recently, the Region registered 2,423,378 signifying a growth of 1.4% over a period of one decade.

The Region's population, which is very youthful, is made up of 51% females and 49% females. About 41.2% of the population is aged below 15 years with about 5.3% above 64 years leaving 53.5% in the economically active age group.

Occupationally, 67.3% of the employed population is engaged in Agriculture, 10.7% in Industry and the Service sector employs 22% of the workers. About 27.8% of the Region's population lives in urban settlements whereas the remaining 72.2% lives in rural communities.

There are three main ethnic groups in the Region and they are the Akans, the Krobos and the Guans.

Administratively the Region has twenty-six (26) Municipal/District Assemblies and 28 twenty –eight constituencies for electoral purposes.

3.2.2 Health facilities

The health sector is a very important component of the social system of every nation. There are two basic health care systems in the country and the region, the orthodox western allopathic type and the traditional and mainly herbal practice. The majority of Ghanaians regards the traditional and modern medical systems as complementary and patronizes both of them. The traditional medical systems are of four main types. They are traditional birth attendants who play the role of midwives, especially in the rural areas, faith healers who operate from religious movements and derive their healing powers through faith in a divine being, fetish priests, including indigenous priests and priestesses of shrines, ritual and cult leaders, and herbalists. In some cases, people practiced both spiritual and herbal healing. The orthodox health facilities that are available in the region are Government, Mission and

privately owned facilities. The Eastern Region also has a population of 659,827, with 19 government hospitals, 415 medical doctors, 159 health centers, 150 community based health planning and services(CHPS), 885 traditional birth attendants and 1,165 community based service volunteers. The Region has a doctor-patient ratio, which stood at 127,000 to a doctor while that of nurses is 1000. The Government owns 67.6 per cent of the health facilities in the region. The Koforidua Township, which is the study area, has the highest proportion, (32.4%) of health facilities, with the rest distributed evenly among the other districts. The Regional Hospital-Koforidua has a bed population estimated to be at 323 for in-patients on admission. The hospital has a full complementary of required medical units for a Regional hospital, which made up of 39 units/departments. The Koforidua Regional Hospital has a total of 57 Doctors and 320 nurses. The hospital has an average of 850 outpatients received every week.

3.3. POPULATION SIZE

In research, the term "population" includes all members of a defined group that one is studying or collecting information on for data driven decisions.

The study focused on 57 doctors, 320 nurses, 2 hospital administrators, and the head of the complaints Unit and 850 patients (both males and females) who visited the Koforidua Regional hospital every week during the period of the research irrespective of their educational background.

3.4. SAMPLE SIZE

A sample size is the proportion of the population, a slice of it, a part of it and all its characteristics. A sample is a scientifically drawn group that actually possesses the same characteristics as the population. (http://www.worldbank.org/poverty/impact/methods/qualitative

It was impossible to select all members of the population to take part in the research. For this reason, a sample size of 221 (18%) of the study population of 1,230 people was used. The reason for using only 18 percent of the study population was that, it was extremely difficult to administer questionnaires to very sick patients and health personnel on duty. In all, 315 questionnaires were administered of which 221 representing 70% of the total questionnaire given responded and returned the questionnaire. The 221 respondents comprised 183 patients, 5 doctors, 30 nurses 2 administrators and the head of the complaint unit.

3.5. DATA COLLECTION PROCEDURE

Before the study was carried out, the researcher sought for the permission from the hospital administrators by first sending a letter of introduction from the Institute of Distance Learning to them.

The researcher used simple random sampling and structured data collection instruments so that every person had an equal opportunity to be selected as one's sample and again it ensures that the selection of one person is independent of another person.

3.5.1 Pre-Testing of Questionnaire

In order to clear all ambiguities, 10 questionnaires were pre-tested. Instructions that were not clear to respondents were re-worded. The category of people interviewed.

- Head of Administration – There was the need to interview the administrator because he has the responsibility of managing the entire hospital and so should be aware of issues bordering on quality health care delivery, performance level of the staff and whatever constraints they may have.
- Head of Complaints unit – he is the best person to furnish information on how complaints are handled, which will give an idea as to the level of satisfaction and protection available to patients who visit the hospital for health care.
- Doctors – they are in constant contact with the patients and their performance and conduct, has an effect on patients level of satisfaction
- Nurses – like the doctors, also play a greater role in the satisfaction of patients.
- Outpatients – who visited the hospital for the past one year and over?

To supplement primary data obtained through qualitative and quantitative techniques, the study also used various secondary data. These included the use of the 2010 Ghana population and housing census, Ghana health services website and available records from the Koforidua Regional Hospital.

3.5. RESEARCH INSTRUMENTS

Because this is a social research, the study design made use of quantitative data gathering methods to ensure systematic empirical investigation of the social phenomena in data gathering. The objective for using quantitative method was to develop and employ mathematical models, theories and/or hypothesis pertaining to the phenomena. The researcher asked specific, narrow questions and collected numerical data from participants to answer the question. The researcher analyzed the data with the help of statistics hoping that

the numbers will yield an unbiased result that can be generalized to some larger population. Structured interviews were also used to support the findings.

A Questionnaire was developed as the main instruments for collecting the data. A questionnaire targeting doctors, nurses, administrators and patients was developed. Items were determined based on the objectives of the study and consisted of both close-ended and open-ended questions. The questionnaire contained thirty items. The questionnaire was divided into eight major sections, i.e. sections A, B, C, D, E, F, G and H.

Section A consisted of items that sought to elicit information on the biographical characteristics of respondents, while section B contained items relating to Customer hospital attendance. Section C was items that sought to elicit information about patients' communication with nurses during the implementation period of the programme. Section D contained items intended to elicit information about patients' communication with doctors. Section E contained items relating to communication about medication. Section F contained items relating to the operational environment of the hospital. Section G contained items relating to patients protection and Section H contained items relating to the general perception and impression about healthcare delivery.

Scoring of responses was done in accordance with the nature of questions. For closed-ended questions, responses were coded with values ranging from 1 to 3 while, open-ended questions which had similar responses were grouped and coded with values ranging from 1 to 9.

3.5.1 Ethical Considerations

Before the study was carried out, the researcher sought the consent of respondents by explaining the purpose of the study to them and assuring them of their confidentiality. In

addition to this, the researcher discussed the intended data collection period of one month with the management of the hospital before the questionnaire administration started.

The questionnaire were read and interpreted to respondents who could not read nor write for their consent before a questionnaire was administered for them.

3.6 RESEARCH DESIGN

The study was carried out through the evaluative case study method. In spite of the fact that the case study method is criticized for lack of grounds in establishing reliability or generality of findings and being an exploratory tool, the researcher saw the case study method as being relevant to his study and therefore decided to use it. As argued by Yin (2009), the case study method offers an in-depth, longitudinal examination of a single instance or event: a case. It provides a systematic way of looking at events, collecting data, analyzing information, and reporting the results. The case study was used to evaluate a programme or decision and usually, the focus is on a particular community, organization, or set of documents. Hence, since the study sought to evaluate health care delivery and customer satisfaction in the Koforidua Regional Hospital, with focus on the customer/patients that benefited from the services provided by the health personnel of the Koforidua Regional Hospital, it was more appropriate to use the case study method for the research.

3.8. DATA PROCESSING AND ANALYSIS

All questions were coded with values, imputed into computer software, that is, Statistical Package for Service Solutions (SPSS) and processed. Descriptive statistics were

used as a scale of measurement with the use of frequencies, as statistical tools for analyzing each research question/objective.

3.8.1 Field challenges

There were a number of challenges that faced the researcher in carrying out the study and these were:

- Difficulty in getting the busy health workers to respond to questionnaires and interviews. Most of them especially the Doctors had very little time to spare. To address this limitation, the researcher had to select only 8.7% percent of the doctors for the study. However, the problem with this number is that, the results or findings obtained have only an internal validity, that is, the results cannot be generalized. It is possible that what pertains in Koforidua Regional Hospital may not be the same as other health facilities and for that matter, an attempt to generalize the findings can be misleading.
- Too much time spent in grouping similar responses for open-ended questions as well as coding of the questionnaires. However, to address this problem, the researcher got two of his course mates to assist him in coding the questionnaires and this helped in reducing the number of days that the researcher used for the exercise.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF RESULTS

4.1 INTRODUCTION

This study focused on social and psychological aspect of health care delivery, which customers can adequately and reliably comment on the quality of services delivered to them. The data for the research measured customer's satisfaction, protection, and quality of service at the Koforidua Regional Hospital.

The results of the research are presented under various headings using various graphical presentation notably Pie chart, Bar Graph etc.

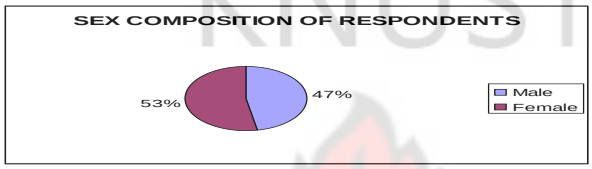
The analysis of the data is in two broad sections i.e. the Socio-demographic characteristics of respondents and quality of service delivery by the Koforidua Regional hospital. The first section principally concentrates on the respondents' profile while the second gives highlights on various issues dealing with customer's interactions with health personnel during treatment and how they assess quality of treatment.

4.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

4.2.1 Gender

Out of the sample of 221 respondents, 104 representing 47% were males and 117 respondents representing 53% were females as presented in Graph 3. The higher proportion of female patients is due to the fact that, female's turn to be more concern about their health status than male and may likely visit health care facilities than men. They are those who often send their sick children and relations to hospitals than their male counterpart. This is due largely by the gender-stereotyped roles defined for various sexes in the society, where women play nursing role at the family and societal level among other numerous roles assigned to them by the society

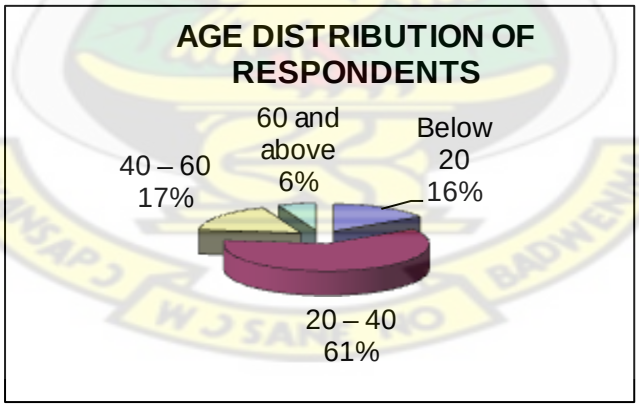
Figure 3



4.2.2 Age

The ages of the respondents are as shown below in pie chart 2. The data has 16% of respondents under 20 years, with non-below 18 years. There were also few cases of 60 years + and they formed 6% of the selected population. Greater percentages of the respondents were within the ages of 20-40 years and they formed 61% of the target group.

Figure 4

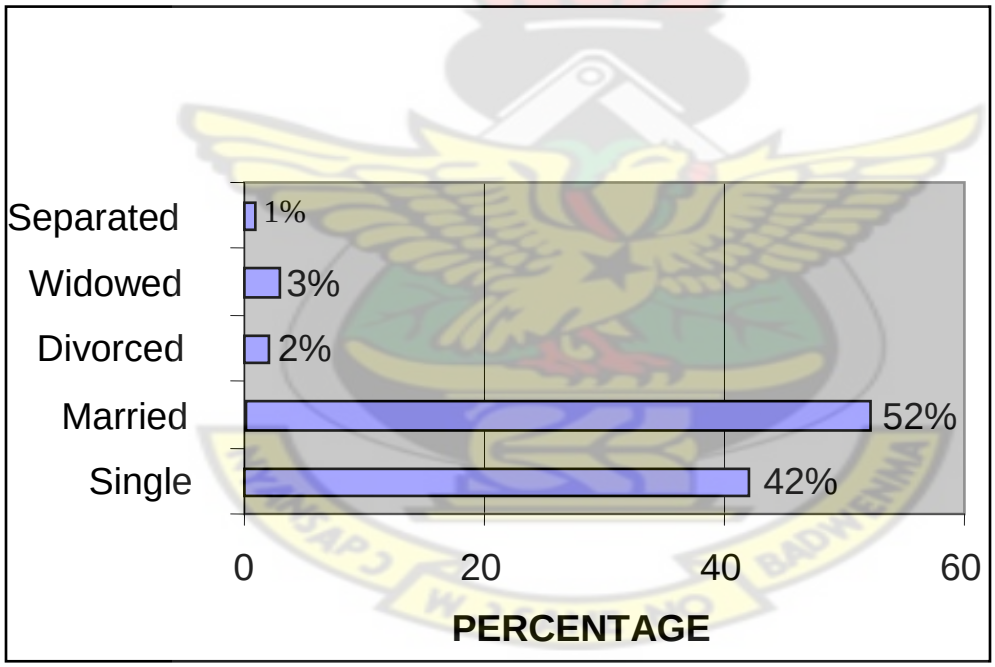


4.2.3 Marital Status

Out of the 221 respondents interviewed, 52% are married with the second highest of 42% who are single and not married. The respondents who were initially married but were

either divorced, widowed, or separated were 6%. The higher percentage of 94% of married and single respondents is because in most Traditional African society and more particularly the study area where social cohesion is strong, few cases of divorces are experienced and those that occurred, remarriage are common. Therefore, you may have higher percentage of marriage and single/no marriage category of people. Figure 5 below shows the picture

MARITAL STATUS OF RESPONDENTS
Figure 5



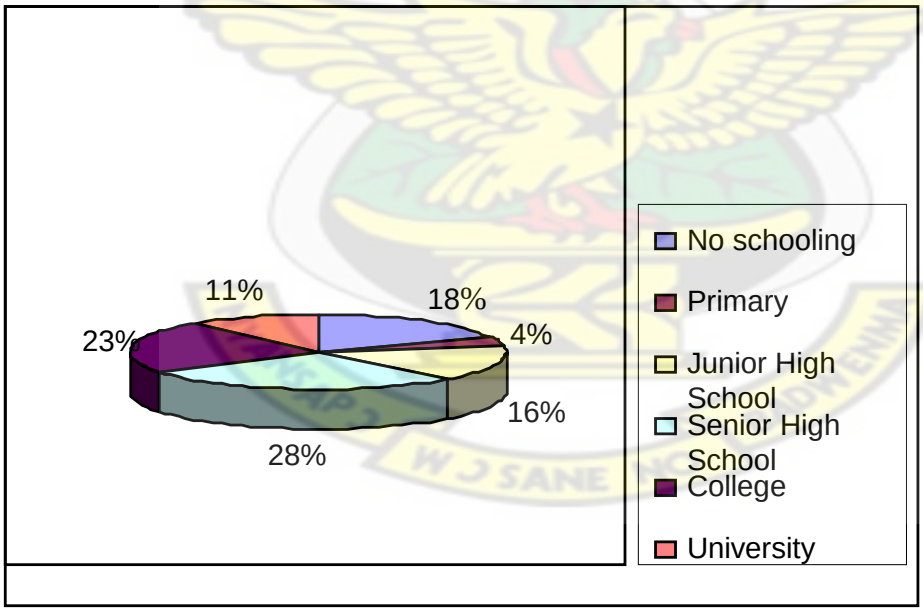
4.2.4 Educational Achievement of respondent

The questionnaire primary section also captured the socio-demographic characteristics of respondents in terms of their educational level. Below in figure 6 are the figures. The graph shows that 44% of the respondents had obtained educational level from

Junior High School and above, with 34% obtaining tertiary level education i.e. college or university education. The fact that 78% of the respondents can read and write gives an indication that they are capable of giving an independent assessment of the service delivery at the hospital. The other 22% had either no education or only achieved the basic primary level education. Out of this, only 18% had no level of education.

EDUCATIONAL LEVEL OF RESPONDENTS

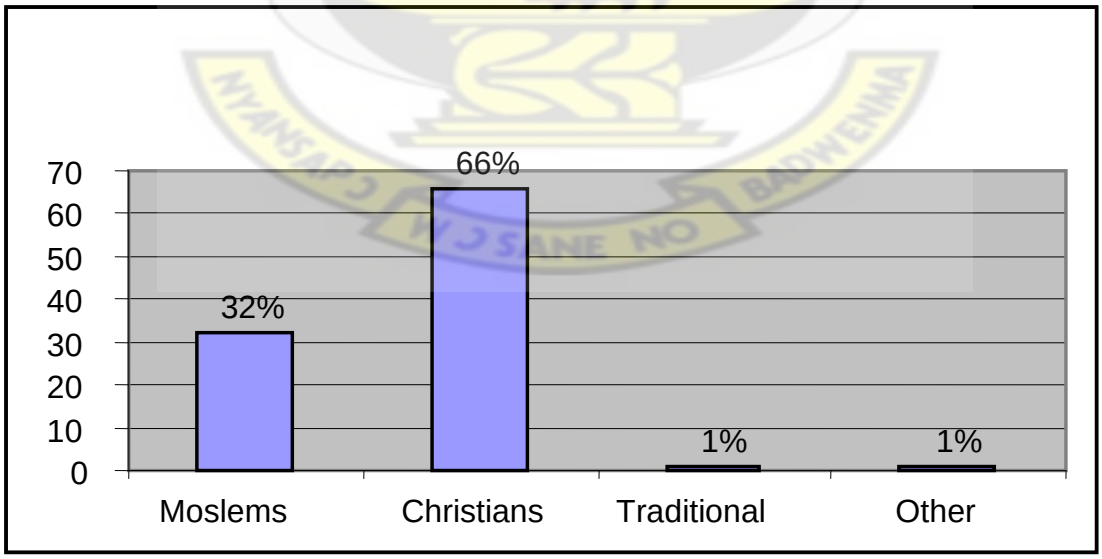
Figure 6



4.2.5 Religious Affiliation

The respondents for the study reported to have belonged to four religious groups. Whereas 66% of the respondents were Christians, 32% were Muslims and the remaining 2% were Traditionalists and other religious groups. The higher percentage of Christians is due to the fact the study institution i.e. the Koforidua Regional hospital is located in Koforidua Town, a predominantly Christian dominated area . That is why most of the people who visit that hospital for treatment are Christians. Below is the graphically presentation.

RELIGIOUS AFFILIATION OF RESPONDENTS
Figure 7

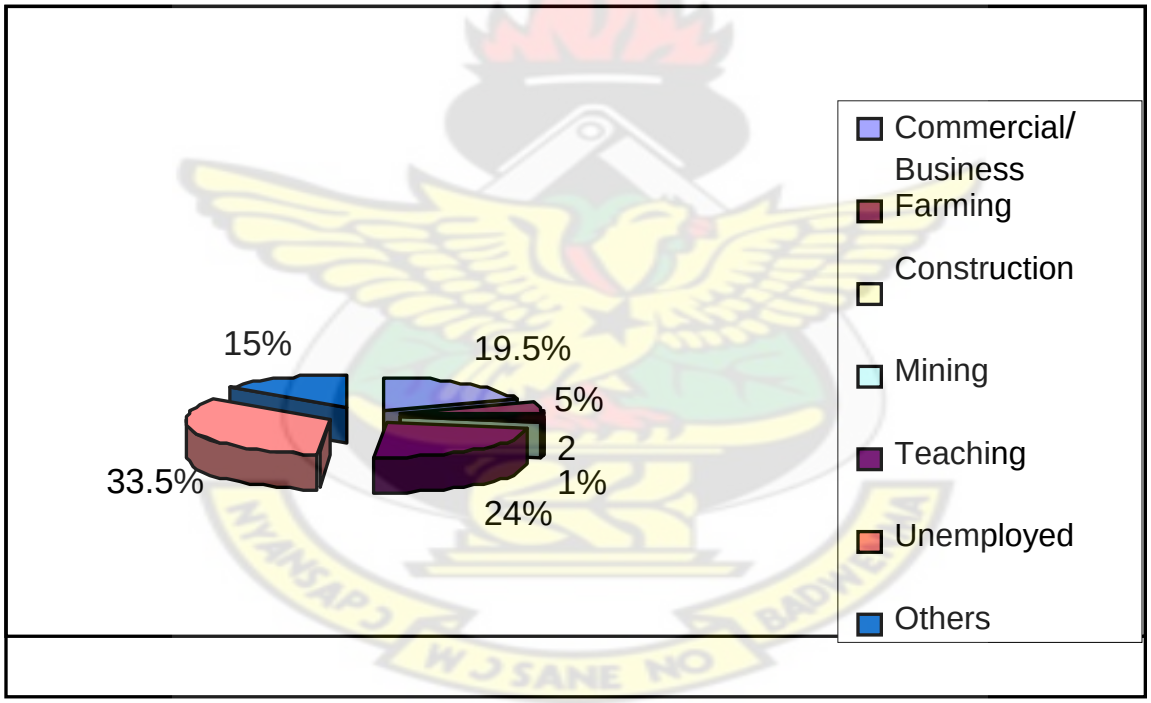


4.2.6 Occupation of Respondents

In terms of occupational background, Figure 8 indicates that a sizeable number of the respondents (33.5%) were unemployed, followed by 66.5% who were employed in various trades, majority (24%) of whom are professional teachers. Another 19.5% indicated that they were in commerce and industry. Below is the graphically presentation.

OCCUPATIONAL LEVEL OF RESPONDENTS

Figure 8



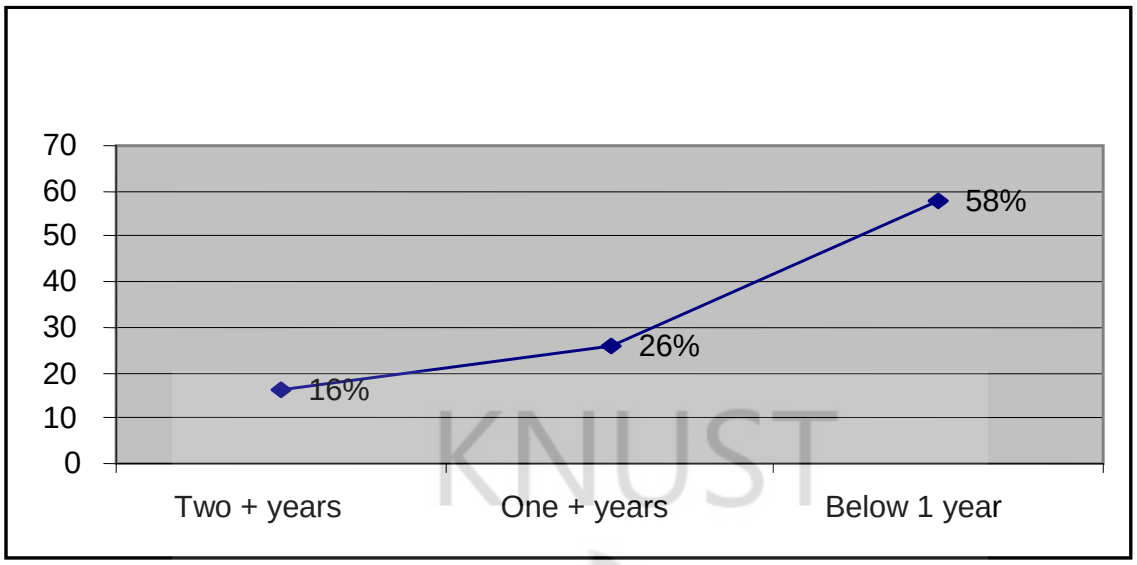
4.3 PATIENTS INTERACTION WITH HEALTH PERSONNEL AND ASSESSMENT OF QUALITY OF SERVICES.

This section also looked at customer's interaction with health workers and their assessment of the services provided. The responses of the patients on each area of the questionnaire were as follows:

4.3.1 Out patient's hospital attendance

Out of the 221 respondents, 84.6% of them visited the hospital when they were sick and the remaining 15.4% accompanied their sick relatives, friends to the hospital, visited friends, or relatives on admission. Only 2% of the respondents had visited the hospital for the first time, with 13.4% of them visiting the hospital periodically. Again 58% of the respondent visited the hospital just some few months before the administering of the questionnaire with 26% of them having done so a year ago. The rest, which make up 16% of the respondents, visited the hospital two years ago. This means that 84% of the respondents had visited the hospital within the past one year and below. This is an indication that their assessment of the hospital services could be accurate and reflect the current situation of service delivery at the facility. Below is the graphic presentation in figure 9.

LAST PERIOD VISIT TO HOSPITAL
Figure 9



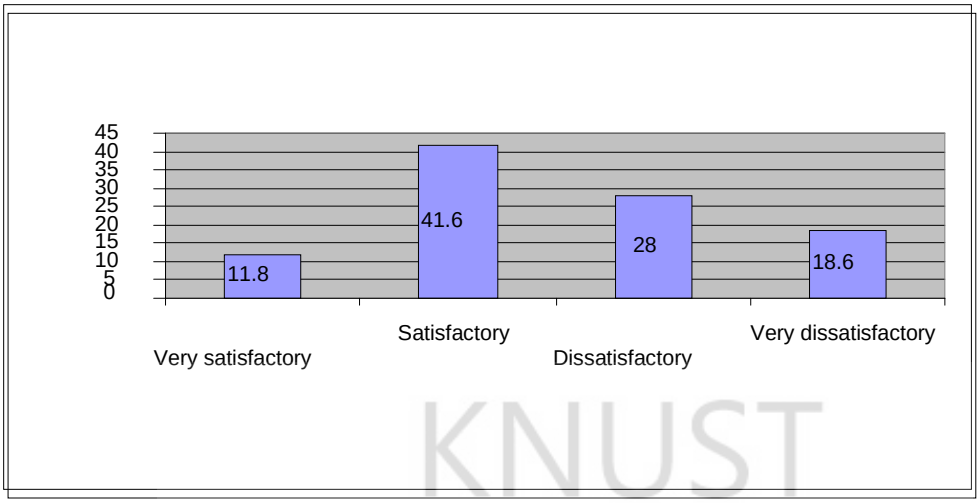
4.3.2 Communication with Nurses

This section of the questionnaire seeks to find out nurses human relation (courtesy, respect accorded to patients and their listening skills).

Out of the 221 respondent, 118 respondents representing 53.4 % rated nurse's human relations as satisfactory, while 46.6% representing 103 respondents rated nurses human relations dissatisfactory . Below is the graphic presentation in figure 10.

IMPRESSIONS ABOUT NURSES HUMAN RELATIONS

Figure 10



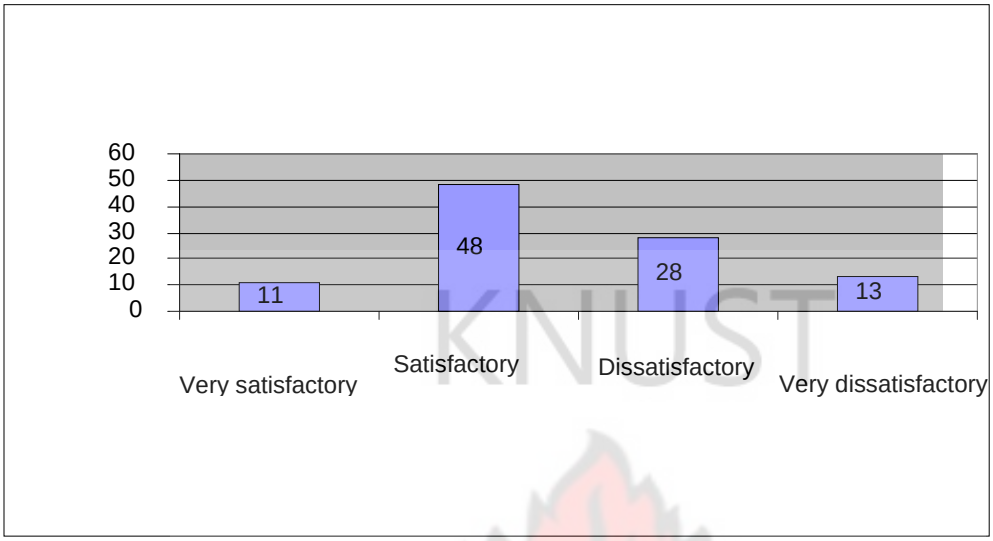
4.3.3 Nurse's explanation of issues

Asked to indicate their satisfaction or dissatisfaction with the way nurses take their time to explain issues for their understanding, 59% of the respondents said they were either very satisfactory or satisfactory, while 41% of them rated the nurses as dissatisfactory and very dissatisfactory.

Below is the graphic presentation in figure 11.

IMPRESSIONS ABOUT NURSES EXPLANATION OF ISSUES

Figure 11

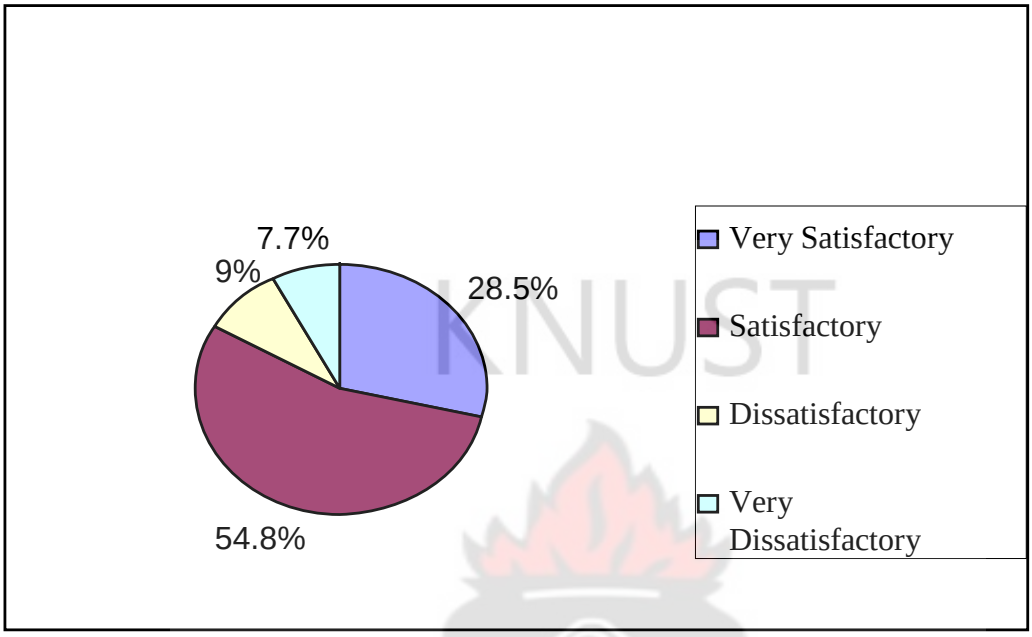


4.3.4 Communication with Doctors

This section also seeks to find out Doctors human relation (courtesy, respect accorded to patients and their listening skills). In assessing Doctors communication skills, 184 respondents out of 221 rated the Doctors in the satisfactory bracket. This represents 83.3%. In terms of dissatisfactory bracket, 16.7% representing 37 respondents rated the Doctors performance as dissatisfactory.

IMPRESSION ABOUT DOCTORS HUMAN RELATION

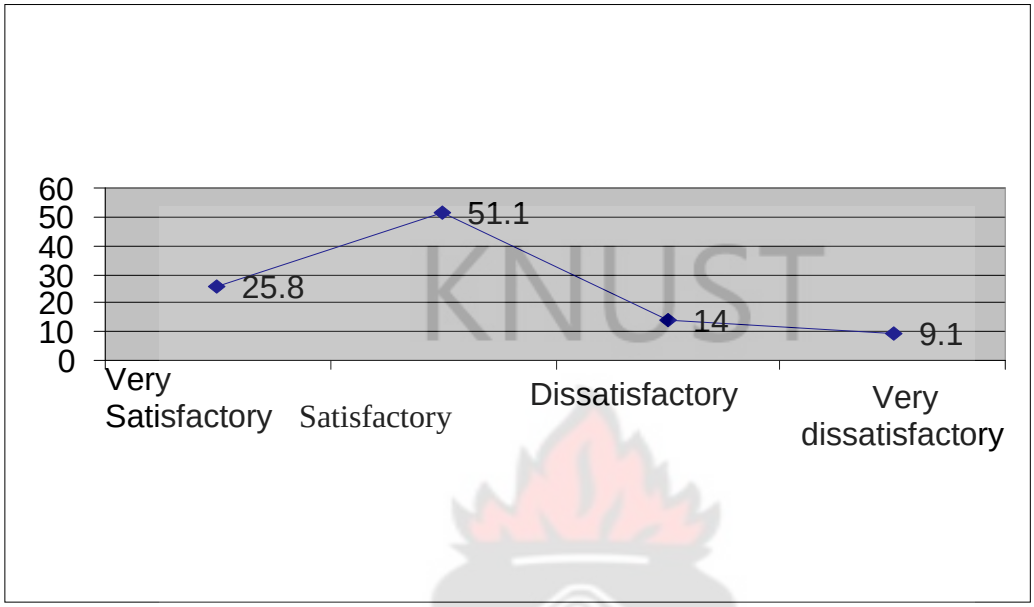
Figure 12



4.3.5 Doctor's explanation of issues

The respondents indicated their satisfaction or dissatisfaction with the way Doctors take their time to explain issues for their understanding. In this regard, 170 respondents out of 221 interviewed rated the Doctors very satisfactory and satisfactory. This represents 76.9% of the total respondents. As many as 51 respondents representing 23.1% rated them as either dissatisfactory or very dissatisfactory. Below is the figure presentation.

IMPRESSION ABOUT DOCTORS EXPLANATION OF ISSUES
Figure 13



4.3.6 Communication about Medication

The aspect of the questionnaire solicited the view of respondents regarding pharmacist explanation of the side effects of drugs.

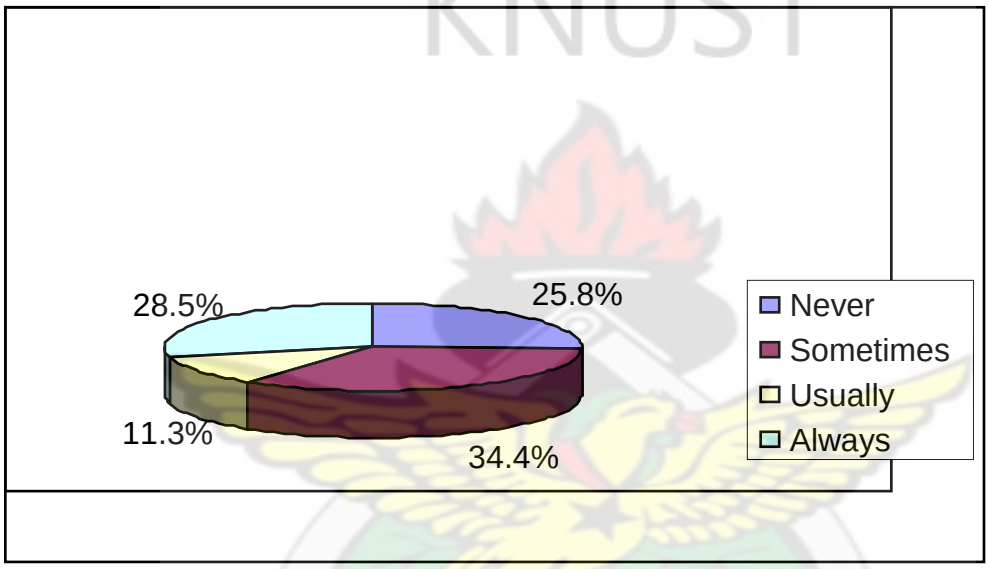
Of the 221 respondents, 25.8% answered never, 34.4% rated sometimes, 11.1% said they usually do so, 28.5% said they always do so.

The above picture shows that 60.2% rated communication about medication as not encouraging, while 38.9% rated it as encouraging. This is a serious issue, which needs immediately solution. This is because if the prescription of drugs were right, but administered wrongly, healing would be impossible. The performance of staff in taking the trouble to explain to the patients the side effects of medicine prescribed was woefully inadequate. In situation where the respondents, cannot read and understand the manufacturers manual to be able to understand the side effect, and the precautionary measures to take when

one is experiencing those side effects, then there is the likely that some patients may stop taking the medicine midway. The net result is that disease-causing agents becomes resistant to drugs used this way leading to deaths or the need to find a more powerful and sometimes costly drug deal with it. Below is the pictorial graph in figure 14.

PHARMACIST EXPLANATION OF SIDE EFFECTS OF DRUGS

Figure 14

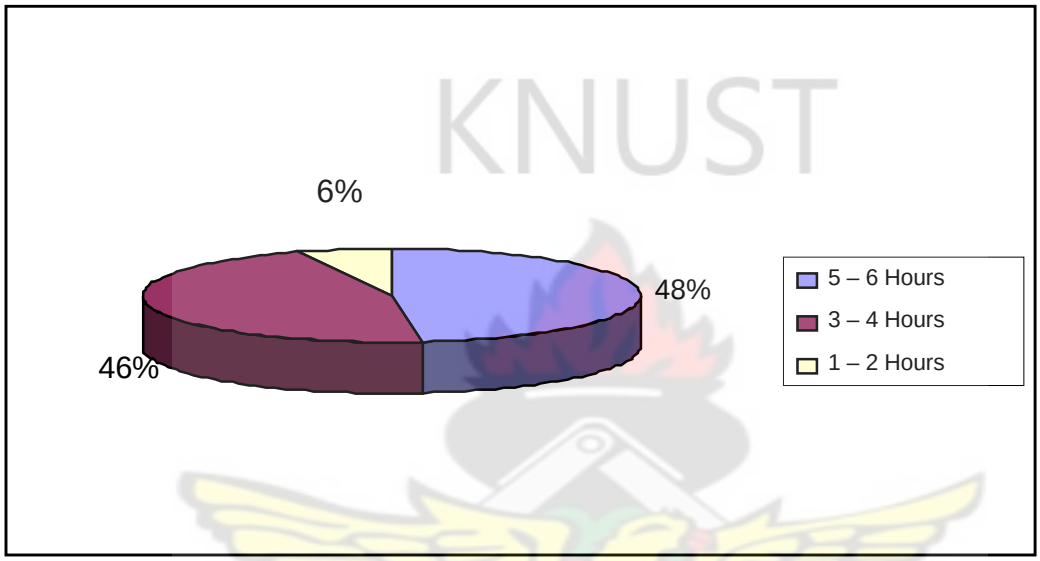


4.3.7 Time spent on visit to hospital

Out of the 221 respondent, 199 of them representing 90% reported spending more time at the hospital seeking for treatment. Only 10% representing 22 respondents said they do not spend more time at the hospital. The 199 people who confirmed spending more time in seeking medication, 94% representing 188 respondents spent between 3-6 hours. As low as 6% of the respondents spent between 1-2 hours, which they felt, is time consuming.

Below is the graphic presentation in figure 15.

NUMBER OF HOURS SPENT
Figure 15



4.3.8 Reasons for the delay

The same 199 Respondents were to state reasons for the delays during visits to the hospital. Out of this number 78% (154 respondents) cited

- Delays in processing the National Health Insurance Cards of outpatients
- Many Patients and Inadequate Doctors and Nurses
- Long and Cumbersome procedures

In similar vain, 45 respondents representing 22% also cited

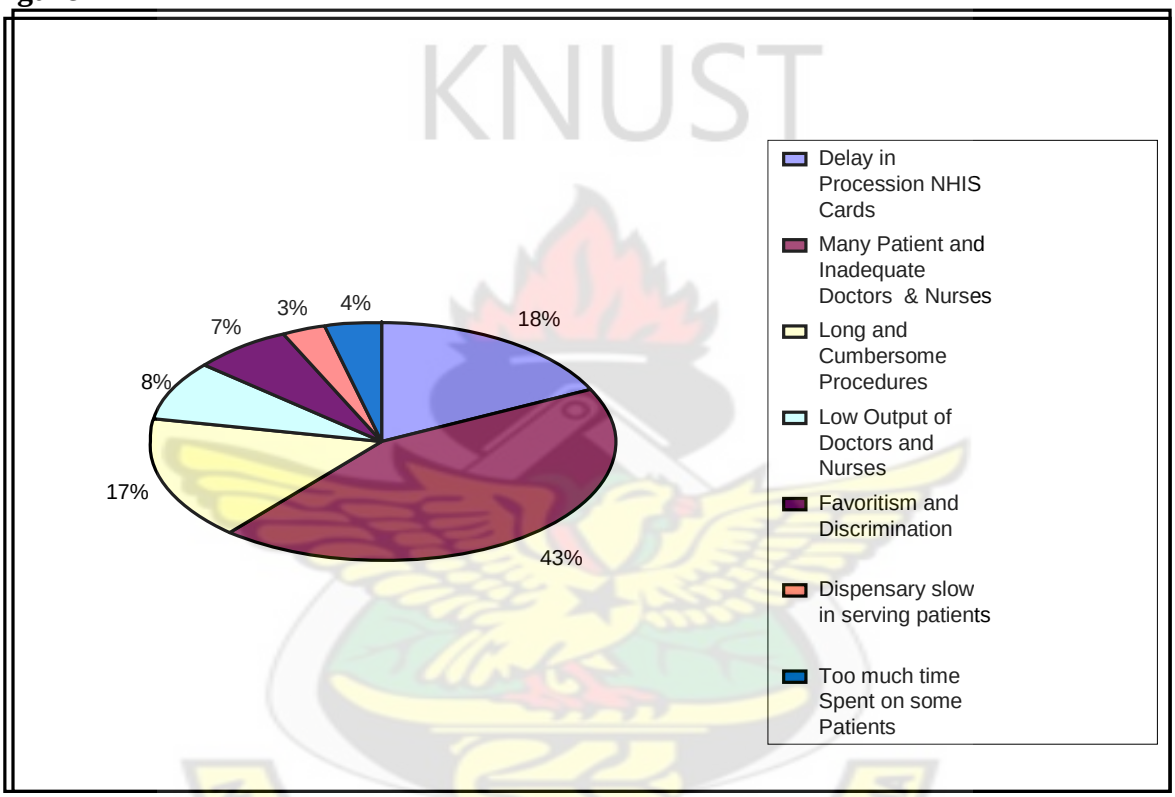
- Low output of Doctors and Nurses
- Favouritism and discrimination
- Dispensary slow in serving patients

- Too much time spent on some patients

Below is the graphic picture in figure 16

REASONS FOR DELAY

Figure 16

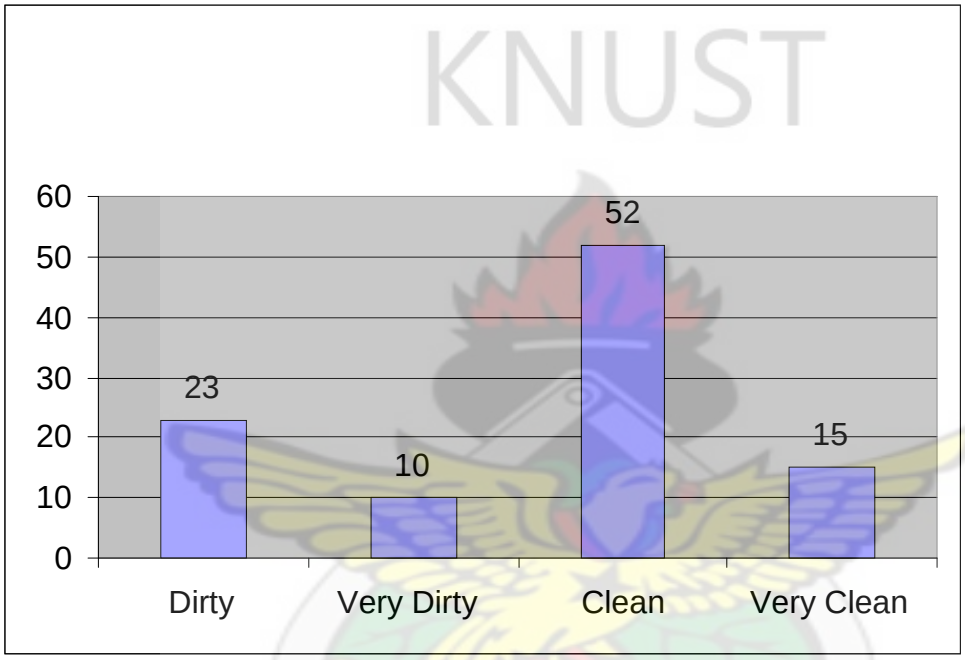


4.3.9 Cleanliness of the hospital immediate surroundings

The respondents were to assess the tidiness of the hospital environment. Out of the 221 respondents, 33% representing 74 people assessed the environment as dirty and very dirty. To them the environment is not clean. Again 67% made up of 147 people describe the environment as clean and every clean. Figure 17 portray the vivid picture of the situation.

CLEANLINESS OF HOSPITAL IMMEDIATE SURROUNDINGS

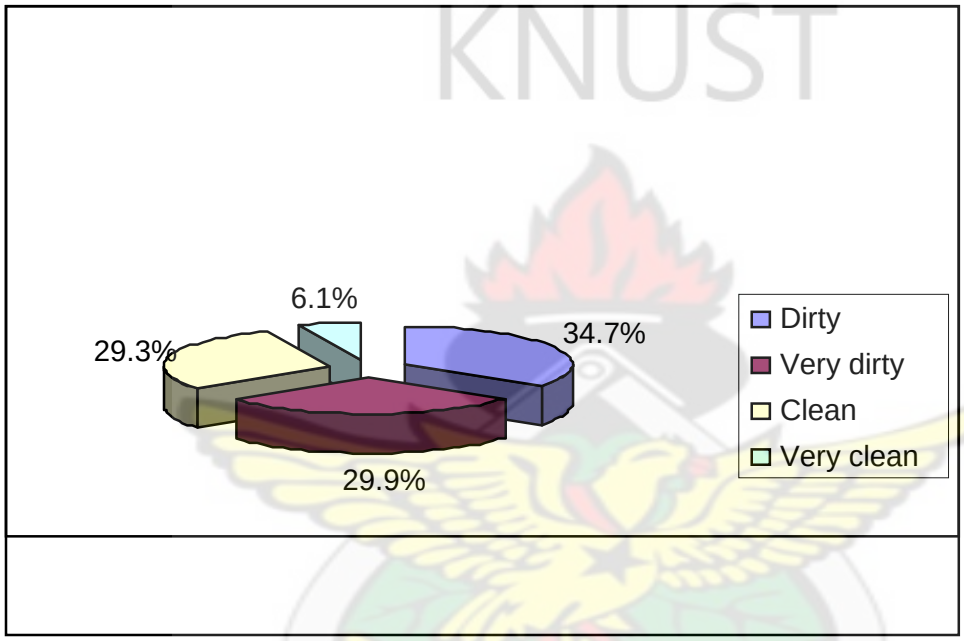
Figure 17



4.3.10 Access to Public Urinal and Toilet at the hospital

Of the 221 respondents, 147 of them representing 67% answered in the affirmative that they have access to such facilities. Out of the 147 respondents who have access to the facilities, 95 of them representing 64.6% describe the facilities as dirty and very dirty. Out of the 147 respondents, 52 of them, representing 35.4% describe same facilities as clean and very clean. Below is the graphic presentation.

CLEANLINESS OF TOILET AND URINAL FACILITIES
Figure 18



4.3.11 Action Taken when pressed up for toilet or urine

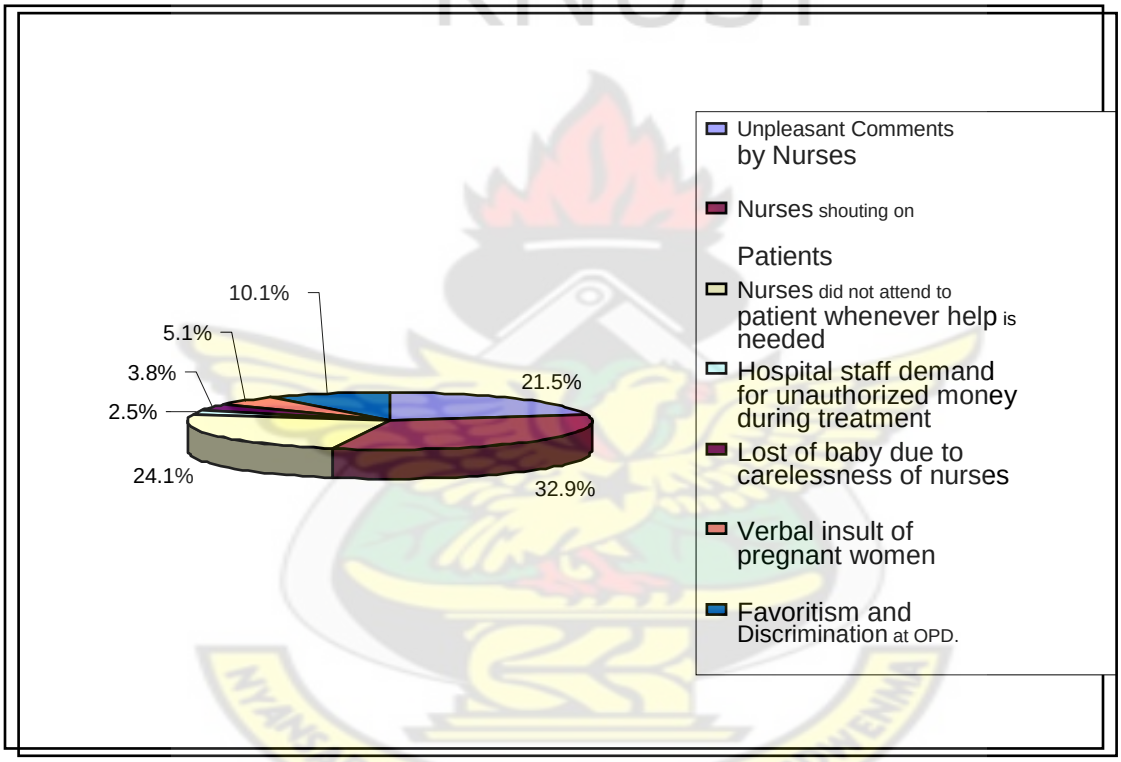
This issue was targeting those respondents who said they do not have access to toilet and urinal and what they do when they want to visit the toilet.

Out of the 74 people who responded to this question, 74.3 %(55 respondents) said they find an alternative toilet and urinal outside the hospital premises. In a similar vain, 25.7 %(19) urinate at any obscure place in the hospital environment but when pressed up for toilet, they moved outside the hospital.

4.3.12 Mistreatment of Patients by Health workers

Patients were to tell any form of mistreatment they suffers in the hands of health worker. Out of those interviewed for this study, 36% (79 respondents) reported experiencing some form of mistreatment, while 64% (142 respondents) said they have not experience any form of mistreatment from health worker. Those who experienced mistreatment cited the nature of mistreatment as shown in figure 19.

NATURE OF MISTREATMEN ACTION TAKEN
Figure 19

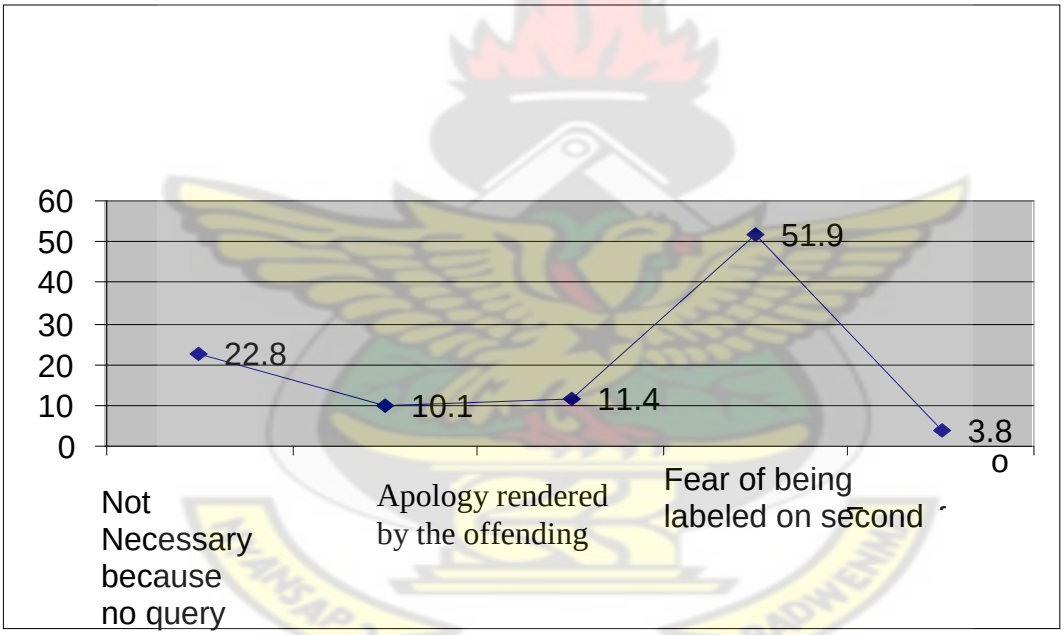


The study noted that, of the 79 respondents who experienced mistreatment from health workers, none had taken any action to seek redress. They offered varied reasons for not taken action. Out of the 79 respondents, as much as 51.9% did not complain because they do not know the procedure. As many as 22.8% (18 respondents) interviewed thought that

there was no point reporting, as they do not anticipate any disciplinary action against the offenders.

In similar vain, 10.1% (eight respondents) did not take action because they do not want to create problems for the nurse. Furthermore, 11.4% (9 respondents) did not take any action because the offending nurses apologised for their unethical actions. As small, as 3.8% (3 respondents) took no action as they fear the hospital staffs labelling them as trouble makers on subsequent visits. Below are the various reasons in graph 20.

REASONS WHY NO ACTION WAS TAKEN
Figure 20



4.3.13 Knowledge of Rights as Patients

The respondents were to state if they knew their rights as patients. Out of the 221 respondents interviewed, 52% (115 respondents) answered yes while 48% (106 respondents) said they did not know their rights. The 115 respondents who knew their rights were able to mention one right.

Below are the identified, fundamental rights in

Table 3.

TABLE 3 MENTIONING OF ONES RIGHTS AS PATIENTS

MENTIONING OF ONES RIGHTS	FREQUENCY	PERCENTAGE
Right to privacy and confidentiality during consultation and treatment	10	8.7
Right of access to proper and quality diagnosis and medication	28	24.3
Right of patients to medical protection and care.	27	23.5
Right to receive treatment during emergency	3	2.6
Right to fair treatment	22	19.1
Right to communication and full information during treatment	11	9.6
Right to comfort, care, love and concern during treatment	6	5.2
Right to know the proper use and side effects of drugs.	5	4.3

Right to sue medical personnel for negligence.	3	2.6
Total	**115**	**100**

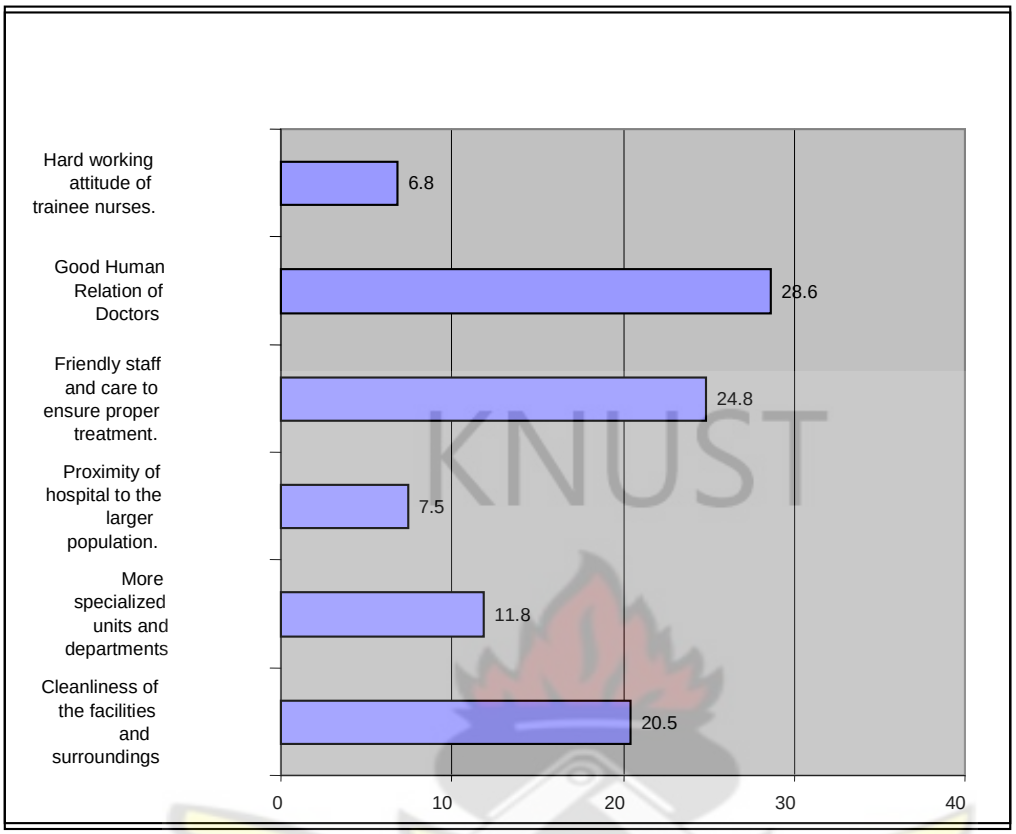
4.3.14 Likes and Dislikes about the overall operational environment of the Koforidua Regional Hospital.

Likes

Respondents were to enumerate what they like and dislike about the Koforidua Regional Hospital. In the case of the likes, 161 respondents enumerated their likes as presented in figure 21 below

LIKES OF THE KOFORIDUA REGIONAL HOSPITAL

Figure 21

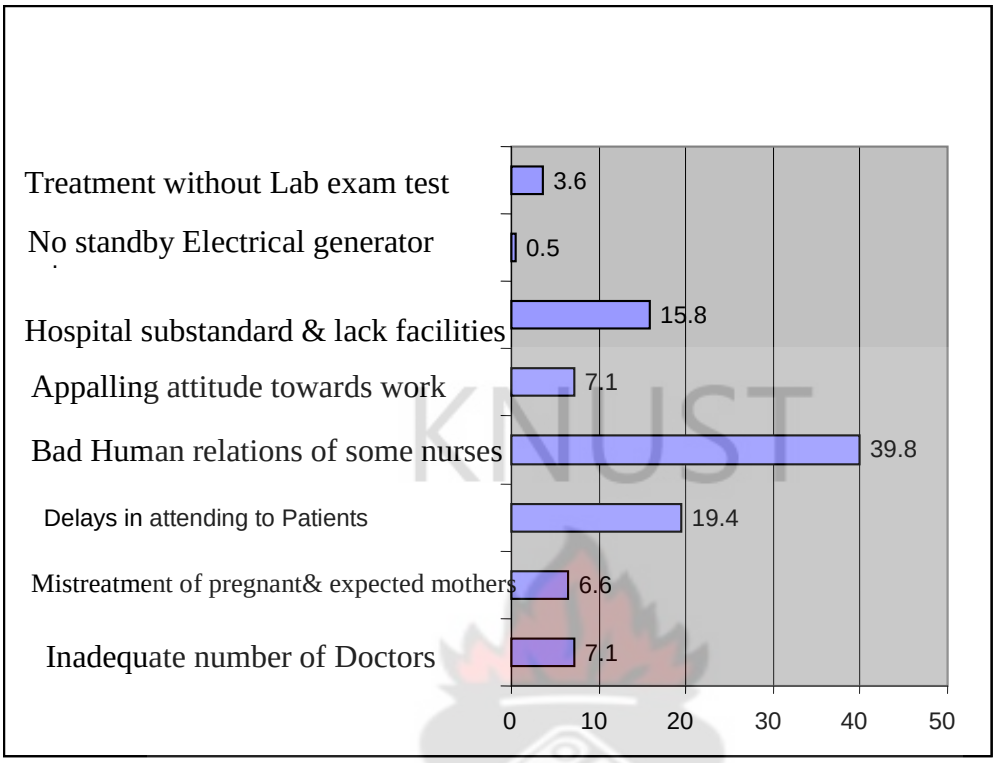


Dislikes

In the case of dislikes, the 196 respondents who answered to this question enumerated their dislikes. Below is graphically presentation of responses in figure

DISLIKES OF THE REGIONAL HOSPITAL

Figure 22

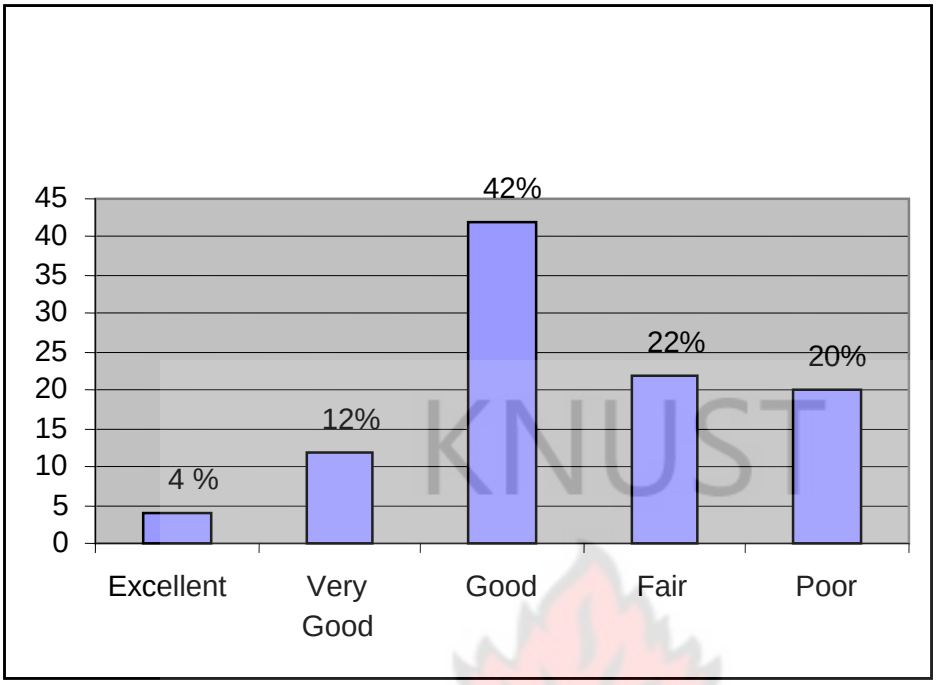


4.3.15 Overall Assessment of Services at the Hospital by Out Patients

All the 221 respondents were to assess the overall services of the hospital in terms of excellent, Very good, Good, Fair, and Poor. Out of this number, 58% (127 respondents) rated their services from Excellent – Good, while 42% (94 respondents) rated their overall services from fair poor. Below in figure 23 is the assessment.

OVERALL ASSESSMENT OF SERVICES AT HOSPITAL

Figure 23

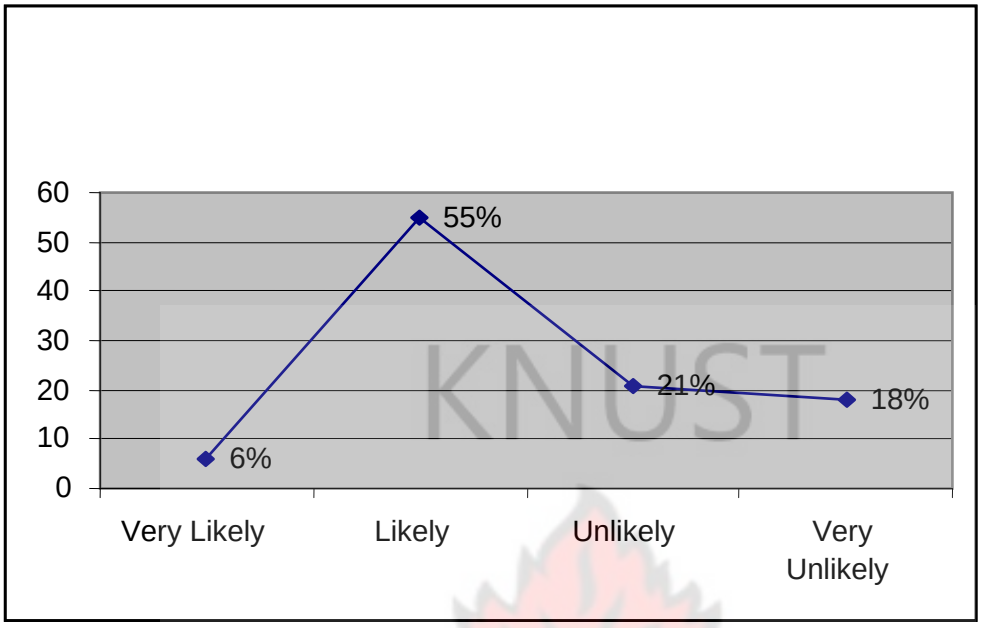


4.3.16 Willingness of Repeat visits to the Hospital

Of the 58% of the 221 respondents rated the overall services of the hospital from excellent-Good, 61% (134 respondents) are willing to repeat visit to the same facility when they are sick. As much as 39% (87 respondents) are not willing to visit the same facility when sick. Below are the figures for better comprehension.

WILLINGNESS OF REPEAT VISITS AT THE HOSPITAL

Figure 24



4.3.17 Overall Assessment of Hospital Services and their willingness to repeat visit to hospital when they fall sick

Of the 57.5% (127 respondents) who rated the overall services of the hospital from excellent to Good, as shown in table 4 , 60.6%(134 respondents) said they will visit the same facility on subsequent sickness. This mean that an additional 3.1% (7 respondents) who rated the facility as fair and poor also indicated that they would still visit the facility despite poor rating of the facility. Table 4 below gives the details.

TABLE 4 OVERALL ASSESSMENTS OF HOSPITAL SERVICES AGAINST RESPONDENTS WILLINGNESS TO REPEAT VISIT TO HOSPITAL

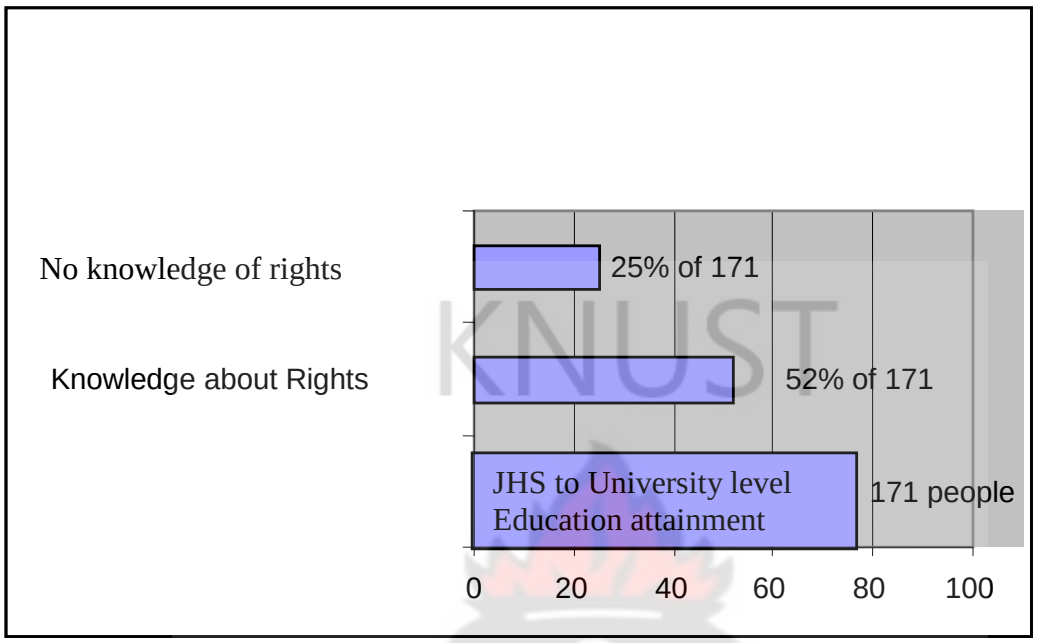
ASSESSMENT	**FREQ. (%)**	**WILLINGNESS TO REPEAT VISIT**	**FREQ. (%)**	**DIFFERENCE**
Overall Rating Of Hospital (Excellent, Very Good and Good)	127 (**57.5%**)	Very Likely and Likely To Visit	134 (**60.6%**)	7 **(3.1%)**

4.3.18 Analysis of Respondent level of Education and Knowing of their rights

A simple analysis was done to find out whether knowledge of patients rights has any relation with level of education. In this respect, we used the educational attainments from Junior high School to the University. This category of people, which was made up of 77% (171 respondents), had attained that level of education. Out of this number, 52% (115 respondents) know one or more basic right as patients. As much as 25% (56 respondents) did not know their rights. This is an indication that some level of educational attainment of the person has positive relation with knowledge of rights. Below in Figure 25 is the detail picture.

LEVEL OF EDUCATION AND PATIENT KNOWLEDGE ABOUT RIGHTS

Figure 25



4.3.19 Suggestions for Improved Services at the Hospital

All the respondents were to offer some suggestions for improved services at the Hospital.

Below are the various suggestions in table 5.

Table: 5 Respondents Suggestions for Improved Services

SUGGESTION FOR IMPROVED SERVICES	FREQUENCY	PERCENTAGE
Nurse's human relations towards patient's needs improvement.	54	23.3
Improved upon staff working conditions	8	3.4
Improved upon hospital facilities	41	17.7
Provide enough seats for patients at OPD.	3	1.3
Deploy some staff to direct patients on procedure and processes	1	0.4
Public toilet and urinal should be nearer to OPD	5	2.2
In-service Training of Nurses on Human Relation and Code of ethics	28	12.1
More doctors for the hospital	39	16.2
Health personnel should attached seriousness and urgency in treatment	6	2.6
All prescribed drugs should be available at the hospital.	3	1.3
Increase dispensary staff to accommodate large crowd at dispensary	3	1.3
ICT staff are slow and should improved their services	6	2.6
All nurses should regularly wear their tags for identification	2	0.7
Routine maintenance of available equipment	1	0.4
Laboratory test before treatment for great number of patients.	3	1.3
Patients should be treated on first-in first service basis	5	2.2
Complaint department should be created and closed to OPD.	4	1.7
Nurses should exercise patience when dealing with patients	13	5.6

New hospital construction should have Doctors premises closer to hospital	7	3.0
Total	**232**	**100**

4.4 CONCLUSION REMARKS OF DATA PRESENTATION AND ANALYSIS

The conclusions drawn from this chapter on data analysis and findings are that outpatient's satisfactions of the Koforidua Regional hospital service delivery is dependent on Nurses and Physician human relation and how they explain issues for the full understanding of the customers. It is also dependant on the waiting time that customers experienced when they visit the hospital for treatment. Customer's satisfaction rating is also dependant on customers being aware of their rights and avenues of seeking redress. The cleanliness of the immediate environment and public toilet and urinal has positive influence on customer satisfaction.

The outcome indicated that most customers who visited the Koforidua Regional Hospital were satisfied with the overall services of the hospital. About 58% of the 221 respondents rated the overall performance of the hospital as satisfactory from Excellent - Good rating. At the same time, 61% (134 respondents) expressed willingness to visit the hospital again whenever they fall sick. They were also satisfied with Nurses and Doctors human relations during the course of treatment. However, while nurses overall human relations was about 56.1% that of Physician is about 80%. This means that customers are rating doctors far more favourable than nurses are. Nurse's human relation therefore needs improvement than is currently confirmed by this study, if the hospital wants to be patient-friendly. However a lot of the respondent 90% (199 respondents) reported spending more waiting time at the hospital and out this number, 94%(188 respondents) reported spending

between 3-6 hours at the hospital for treatment. Therefore, there is the need for improvement by hospital management to reduce the waiting time.

In terms of cleanliness of the immediate surroundings, 67% of the respondents described them as clean. A lot of them also have access to toilet and urinal when they want to visit those facilities. However 64.6% of the respondents who used those facilities described them as dirty. On the part of their rights as patients, 52% (115 respondents) are aware of their rights. As regards to mistreatment experiences by patients, 36% (79 respondents) reported experiencing one form of mistreatment or the other. Out of this number, 51.9% (41 respondents) did not know the avenues and procedures of seeking redress.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

5.0. INTRODUCTION

This section outline the summary findings of the research work, draw conclusions based on the findings and making appropriate recommendations for consideration of future research work and for policy makers in their decision making process.

5.1. SUMMARY OF FINDINGS

This study was undertaken to investigate the level of satisfaction of customers and in the case of this research, outpatients on the services provided by the Koforidua Regional Hospital on purely the soft aspect of health care delivery. This is to assess what quality health care service has been provided for customers at the Koforidua Regional Hospital. Moreover, to what degree are customers or consumers satisfied or dissatisfied with their services.

The emphasis of this research work is purely on human relations and psychological aspect of treatment. The study therefore was to unearth the quality of service delivery by health personnel's as perceived by outpatients purely on non-technical aspect of treatment. The data for the research was from primary and secondary sources. This was to measure customer's satisfaction of services of the Koforidua Regional Hospital based on

- promptness and alertness with which doctors and nurses attend to customers, the courtesies, respect with which they treat them,
- ability and willingness of doctors and nurses to explain issues to the understanding of customers
- Waiting time in the delivery of services
- Cleanliness of the Hospital Environment

- The level of awareness of patients rights on the part of doctors, nurses and patients and how it is being used
- How complaints are dealt with

The summarized findings from the study are as follows:

Customers' satisfaction of the service of Koforidua Regional Hospital is dependent on the human relations of Nurses and Physician. It is also dependent on how they explain issues for the full understanding of customers. It is further dependent on the waiting time of customers in accessing health care. The satisfaction rating is also dependent on customers being aware of their rights and avenues of seeking redress when health personnel violate those rights. The cleanliness of the immediate environment, public toilet, and urinal also have positive influence on customer satisfaction. The findings revealed that most customers who visit the Koforidua Regional Hospital were satisfied with the overall services of the hospital. About 58% of the 221 respondents rated the overall performance of the hospital as satisfactory from Excellent - Good rating. At the same time, 61% (134 respondents) expressed willingness to visit the hospital again whenever they fall sick. They were also satisfied with Nurses and Doctors human relations during treatment. However, while nurses' overall human relations was about 53.1% that of Physician is 80%. This implies that customers are rating doctors far more favourable than nurses are. The findings also revealed that 60.2% of the 221 respondents rated communication about medication in terms of pharmacist explanation of side effects as not encouraging. However, 38.9% rated it as encouraging.

Again, many respondents representing 90% i.e. (199 respondents) reported spending more waiting time at the hospital and out this number 94%, (188 respondents) reported

spending between 3-6 hours at the hospital for treatment. In terms of cleanliness of the immediate surroundings, 67% of the respondents described them as clean. Many of the respondents also had access to public toilet and urinal when they want to visit those facilities. However 64.6% of the respondents who used those facilities described them as dirty. On the part of their rights as patients, 52% (115 respondents) are aware of their rights and were able to enumerate at least one right that they have as patients.

On the issue of mistreatment experienced by patients in the hands of health workers, 36% (79 respondents) out of the 221 respondents reported experiencing one form of mistreatment or the other. Out of the 79 respondents, 51.9% (41 respondents) did not know the avenues and procedures of seeking redress for the violation of their rights

The conclusion drawn from the findings is that, customer's opinion on the quality of service delivery by the Koforidua Regional Hospital is a mixed one. It will therefore be difficult and misleading for any body to make a blanket statement that customers (out-patients) of the Koforidua Regional Hospital are not satisfied with the service delivery of the hospital. Whilst customers showed dislike for many services and practices, they also expressed satisfaction and appreciation with many services and practices of the hospital

5.2. DISCUSSION OF FINDINGS

The research findings revealed that majority of the respondents were satisfied with the services of the nurses and physicians at the hospital. While the overall assessment of the health workers was generally satisfactorily, the positive rating of the physicians was far more favourable than nurses despite the fact that the nurses rating was just above 50%. This means that the nurse's human relations in terms of courtesies towards customers needs improvement

if the hospital wants to be customer-friendly in service delivery since they are the first line of contact in health care delivery.

Pharmacist explanation of side effects of drugs is inadequate and need to be improved. This is because, if the prescription is right but the administration of the drug is wrong, no healing will result into recovery. In situations where the respondents, cannot read and understand the manufacturers manual and be able to understand the side effect and the precautionary measures to take when one is experiencing those side effects, then there is the likelihood that some patients may stop taking the medicine midway. The net result is that disease-causing agents becomes resistant to drugs used this way leading to deaths or the need to find a more powerful and sometimes costly drug deal with it.

The situation whereby respondents spent more waiting time in accessing health care with greater majority (94%) of the 221 respondents spending as long as 3-6 hours is not good enough. This appalling situation would definitely aggravate the pains of sickness if patients have to spend such a long time in accessing health care treatment. There is the need for urgent action by the hospital administration to adopt strategies of minimizing beauracratic systems in health care delivery. The study also revealed that, slightly more than half of the respondents were aware and could enumerate at least one right of patients. This means close to about half of that number are not aware of their rights as patients. This means that a lot of education to sensitize patients on their rights through outreach sensitization and pasting of posters within the hospital environment is required. In the case of those who had experienced some form of mistreatment and violation of their rights, majority of them did not know the avenues and procedures for seeking redress. The possibility could also be that majority of those who had not experienced any form of mistreatment did not also know of the avenues

for seeking redress when they suffer from mistreatment. A lot of education targeting Patients to inform them of their rights, avenues, and procedures for seeking redress is paramount. The hospital public toilet and urinal needs to be clean as majority of respondents rated them as dirty. However, the hospital's immediate environment, which is clean, needs commendation.

5.3. CONCLUSIONS

This study recognised the fact that, quality health care delivery is not only limited to providing professional and technical treatment to patients, where the patient is regarded as the recipient of health care diagnosis and treatment without rights of participation in the treatment process. Health care delivery is now a mutual relationship between the patients and the health care provider. In this circumstance, the patients have rights incorporated in the overall treatment processes. Showing courteous behaviours, listening skills, ability to explain issues for the satisfaction of the patients, are important in the overall treatment. Patients regard it as part of the overall quality health care delivery.

However, one fundamental paradigm shift needed in the overall health care delivery in Ghana is a shift of emphasis from the orthodox system of health care delivery. This system see the patients as a passive recipient and consumer of health services while physicians and nurses merely provide treatment purely on technical basis without regard to the concerns and participation of the patients in the overall treatment process. This system of treatment gives little credence to the opinion of the health care consumer in the overall service delivery. Quality issues in healthcare delivery from the perspective of the consumer is given little attention as health professionals are only satisfied in measuring quality from the quantitative perspective i.e. the number of patients treated and discharged for a period without regard to the patients satisfaction of the service delivered.

The research issues raised various views on the subject matter and pointed out various legislations and authoritative opinions that supported the need to protect the rights of health professionals and patients in the delivery of quality health care and more importantly involving the consumer of health services in the overall treatment process and quality assessment. But the basic issues realised in the literature review was the fact that most of this studies was done in various part of the Western World with little or no study of same in Ghana. Hence, the need to begin agitating the minds of researchers to begin seeing health delivery services as a commodity where the consumer is paying for the services in anticipation of quality services delivery.

An analysis of the literature review also revealed that many recent researches on quality issues in health delivery centred on in-patients with little or no data on same issue from the perspective of majority outpatient. Hence, the emphasis of this research work on outpatient's perception and assessment of quality health services delivery.

The theoretical framework that informs this research work is the system theory of management, which is one of the total quality management approaches. This theory espoused the organization as a system with components or parts that work in unison to produce quality products and services to satisfy consumers. This theory also laid emphasis on the need for feedback from the external environment for purposes of quality improvement of products and services. This research work emphasised and espoused this theory and its application in the delivery of health care so as to make patients part of the overall assessment of quality issues in health care delivery by seeking their opinion on quality issues. It also emphasised the need for protecting patient's rights and treating them with outmost courtesies, respect, and

empathising in their situation. This is why the psychosocial aspect of treatment is very important in the overall health care delivery.

One other paradigm shift in health care delivery in Africa and for that matter Ghana is to begin commoditising health services since patients are now paying for full cost of health services when they fall sick with the exception of certain category of children and expectant mothers. With the advent of National health insurance programme in Ghana where majority of Ghanaians are under the Mutual health insurance system, health institutions need to pay more attention on quality issues in health care delivery. To stay competitive and be able to attract patients for repeat visits to the same facility, the psychosocial aspect of treatment needs to be blend with the orthodox methods of health care. This will enable the various government health institutions to claim more funds in addition to the traditional government funding of their activities, to improve the working conditions and environment of the health facility. This means that health care providers should introduce and practise quality improvement measures at the hospital to improve services delivery. The participation of consumers in assessing these qualities issues is therefore very important.

5.4. RECOMMENDATIONS

Based on the findings of the study, the following recommendations need the attention of Hospital Administration, Policy makers and future researchers.

Despite the fact that majority 52% of the 221 respondents knew their rights as patients, the remaining 48% did not know their rights. It is therefore recommended that the Hospital administration design various communication messages in a form of leaflets and posters, which contain the basic rights of patients, violation of those rights and avenues of seeking redress. The posters should be on various walls of the hospital for the attention of the public.

Patients should be given some of the leaflets on visit to the hospital or at the point of discharge.

There is equally the need for public education in the local languages on patient's rights, violation of those rights and procedures for seeking redress for the attention of the illiterate population.

A billboard should be erected at the entrance of the hospital enumerating the main basic rights of patients during the course of seeking health care.

The complaints unit of the hospital should be advertised and made operational for patients' complaints and suggestions to be considered for improved services.

The complaints unit should institute a yearly survey where patients are given the opportunity to assess the performance of the hospital in areas of care and treatment, sanitation of working environment, access to information, and relations of health workers with patients, the consent and confidentiality of patients, among others for improved service delivery.

There is the need for the hospital to improve efficiency of services to reduce the waiting time in accessing health care. In the absence of adequate physicians at the hospital, the hospital should assign more health professionals in peak periods or days to enable them to cater for patients.

There is equally the need for Pharmacist not only to tell patients of the dosage of drugs but also the side effects of some noted drugs that can cause some discomfort when administered as well as avoidance of some meals during the course of administering some drugs.

Though nurses' human relation with patients was rated by respondents as 52%, the same respondents rated doctors as 80% in terms of their human relations with patients. There is therefore the need for nurses to improve their current rating. This requires constant in-service training for nurses on the basic human relation issues and the exercise of extreme patience in the handling of patients.

Despite the fact that patients rated the immediate surrounding of the hospital as clean, the same is not true of the public toilet and urinal. Public toilet and urinal should always be clean and directional signpost should direct people to public toilet and urinal for easy identification.

There is also the need for Policy makers to take affirmative action to compel young physicians who had completed their houseman-ship to take postings to the deprived areas of the country for a period instead of the normal no action scenario even when such physician refused posting to such areas.

There should be incentive packages to encourage more physicians to accept posting to deprived areas. Bursary support for further studies for physicians based among other yardstick, required service in a deprived area.

It is also recommended that future research work should examine the bureaucratic systems with the hospital operations and how it contribute to the long waiting time of patients

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APPENDIX 1

INSTITUTE OF DISTANCE LEARNING (IDL)
KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
INTERVIEWER ADMINISTERED QUESTIONNAIRE FOR OUTPATIENTS ON:

HEALTH CARE DELIVERY AND CUSTOMER SATISFACTION IN GHANA: A CASE STUDY OF THE KOFORIDUA REGIONAL HOSPITAL.

INTRODUCTION

Dear Respondent,

I wish to seek your candid opinion about the level of satisfaction you derive from services delivery of Koforidua Regional hospital.

The rationale for the study is to contribute to stock of research conducted on service delivery in Ghana. The findings are to help inform policy makers and implementers to initiate measures to ensure quality service delivery at health facilities

INSTRUCTION

1) For each of the following statement please check one of the options that describe your situation or experience
2) There is no right or wrong answers. What is needed are honest are **honest** answers for the findings to be useful
3) Your response will be kept **confidential**
4) Do not write your name

SECTION I

DEMOGRAPHIC DATA

Please tick where appropriate (√)

1) What is your Sex?

Male □ {1}

Female □ {2}

2) What is your age?

Below 20 □ {1}

20-40 □ {2}

40-60 □ {3}

Above 60 □ {4}

3) Marital status: Are you now?

Single □ {1}

Married □ {2}

Divorced □ {3}

Widowed □ {4}

Separated □ {5}

4) What is the highest level of education you attained?

No schooling at all □ {1}

Primary □ {2}

Junior high School □ {3}

Senior High School /Advance level □ {4}

College □ {5}

University □ {6}

5) What is your Religious Affiliation?

Christian □ {1}

Muslim □ {2}

Traditional □ {3}

Others (specify) □ {10}

6) What is your Occupation/Profession?

Commerce/Business □ {1}

Farming □ {2}

Construction □ {3}

Mining □ {4}

Teaching □ {5}

Unemployed □ {6}

Others specify □ {10}

SECTION B: CUTOMER HOSPITAL ATTENDANCE

7) How often do you visit the Regional hospital-Koforidua?

This is my first time □ {1}

Yearly □ {2}

Monthly □ {3}

Weekly □ {4}

Daily □ {5}

When I fall sick □ {6]

8) When was the last time you visited the Koforidua Regional Hospital for treatment?

2+ years ago □ {1}

1 year ago □ {2}

Below 1 year □ {3}

SECTION C: COMMUNICATION WITH NURSES

9) Would you describe nurses' human relation in terms of courtesy, respect accorded you and their listening skills during interaction with them as?

Very satisfactory □ {1}

Satisfactory □ {2}

Dissatisfactory □ {3}

Very Dissatisfactory □ {4}

10) Would you describe the way nurses explain issues to you for your understanding as?

Very satisfactory □ {1}
Satisfactory □ {2}
Dissatisfactory □ {3}
Very Dissatisfactory □ {4}

SECTION D: COMMUNICATION WITH DOCTORS

11) Would you describe Doctor human relation in terms of courtesy, respect accorded you and their listening skills during your interaction with them as?

Very satisfactory □ {1}
Satisfactory □ {2}
Dissatisfactory □ {3}
Very Dissatisfactory □ {4}

12) Would you describe the way Doctors explain issues to you for your understanding as?

Very satisfactory □ {1}
Satisfactory □ {2}
Dissatisfactory □ {3}
Very Dissatisfactory □ {4}

13) What is your view about doctors' performance?

Very satisfactory □ {1}
Satisfactory □ {2}
Dissatisfactory □ {3}

Very Dissatisfactory □ {4}

SECTION E: COMMUNICATION ABOUT MEDICATION

14) Before giving you any drug, did the hospital staff explain to you the usage and side effects of the drug?

Never □ {1}
Sometimes □ {2}
Usually □ {3]
Always □ {4}

SECTION F: OPERATIONAL ENVIRONMENT OF THE HOSPITAL

15) Do you spend more time when you visit the hospital for treatment?

Yes □ {1}

(If yes, please answer question # 15 & 16)

No □ {2}

(If no go to question # 17)

16) How long does it take you?

5-6 hours □ {1}
3-4 hours □ {2}
1-2 hours □ {3}

17) Can you explain the reason for the delays?

……
……

18) How would you describe the surrounding environment of the hospital in terms of cleanliness?

……..
……..
……..
……

19) Do you have access to urinal and toilet facilities while at the hospital?

Yes □ {1}

(If yes, please answer question # 19)

No □ {2}

(If no please answer question # 20)

20) How would you describe those facilities in terms of cleanliness?

……..
……

21) What do you do when you are pressed for toilet or urine?

……
……

SECTION G: PATIENTS PROTECTION

22) Have you ever been mistreated by a health worker (Doctor, Nurse etc) while at the hospital for treatment?

Yes □ {1}

(If yes, please answer question # 22 & 23)

No □ {2}

(If no please answer question # 24)

23) Explain the nature of the mistreatment and action taken for redress?

……..
……..
……

24) If no action was taken for redress, can you explain why?

……
……
……

25) Do you know that patients have rights protected by law?

Yes □ {1}

(If yes, please answer question # 25)

No □ {2}

(If no please go to question # 26)

26) Mention one of them?

……

SECTION H: GENERAL PERCEPTION AND IMPRESSION

27) What do you like and dislike about the Koforidua Regional hospital?

…….
……..
…….
……..

28) How would you assess the overall services provided to patients?

Excellent □ {1}
Very Good □ {2}
Good □ {3}
Fair □ {4}
Poor □ {5}

29) If I had access to any other hospital with the same facilities as the Koforidua Regional Hospital, I will still patronize the services of Koforidua Regional hospital?

Very Likely □ {1}
Likely □ {2}
Unlikely □ {3}
Very Unlikely □ {4}

30) What suggestions would you recommend to the hospital for improved services?

…….
…….
…….
…….

THANK YOU FOR YOUR PATIENCE AND CO-OPERATION