

**AN ASSESSMENT OF CONSUMER CARE AND SATISFACTION IN GOVERNMENT
HEALTHCARE INSTITUTIONS IN GHANA. THE CASE OF JUABEN
GOVERNMENT HOSPITAL.**

BY

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ABSTRACT

The concept of consumer care and satisfaction has been widely accepted by many business organisations. Businesses in the service industry consider consumer care and satisfaction a key ingredient to success. However, many service organisations in Ghana pay little attention to this all important aspect of doing business. Some of such organisations and the most cited are government hospitals. The Juaben Government Hospital was selected for a study to assess its level of consumer care and satisfaction and related issues. This was a descriptive study in which a sample size of 150 made up of hospital staff, board and management, patients and civil society organisation members was used. Data was gathered from both secondary and primary sources. Questionnaires were administered. Interviews and discussions were held with key actors and stakeholders of the hospital. Provision of health services was observed to determine the care and satisfaction patients received. The data collected were analysed using the Statistical Package for Social Services (SPSS). The study has revealed that customer care is ranked high by health service consumers at the Juaben Government Hospital. However, there were few consumer concerns which were sources of dissatisfaction to some of the patients. The study revealed that long waiting times, lackadaisical and disrespectful attitude of some hospital staff, unavailability of certain prescribed drugs, discrimination and favouritism when it comes to who should be attended to first at the OPD and consulting rooms were some of the few areas respondents called for improvement. Management of the hospital admits that consumer care and satisfaction in the hospital need to be improved in the face of keen competition from nearby hospitals, and added that this can threaten the growth and development of the hospital. The study recommends to the Board, Management and Staff to embrace total quality management and relationship marketing as strategies to improve consumer care and satisfaction.

DEDICATION

To those dear ones , both here and departed whose love and encouragement are part of this thesis.

KNUST



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A study like this is never solely the strength and wisdom of the researcher. Rather, many people have contributed to it, and I gratefully acknowledge their contributions.

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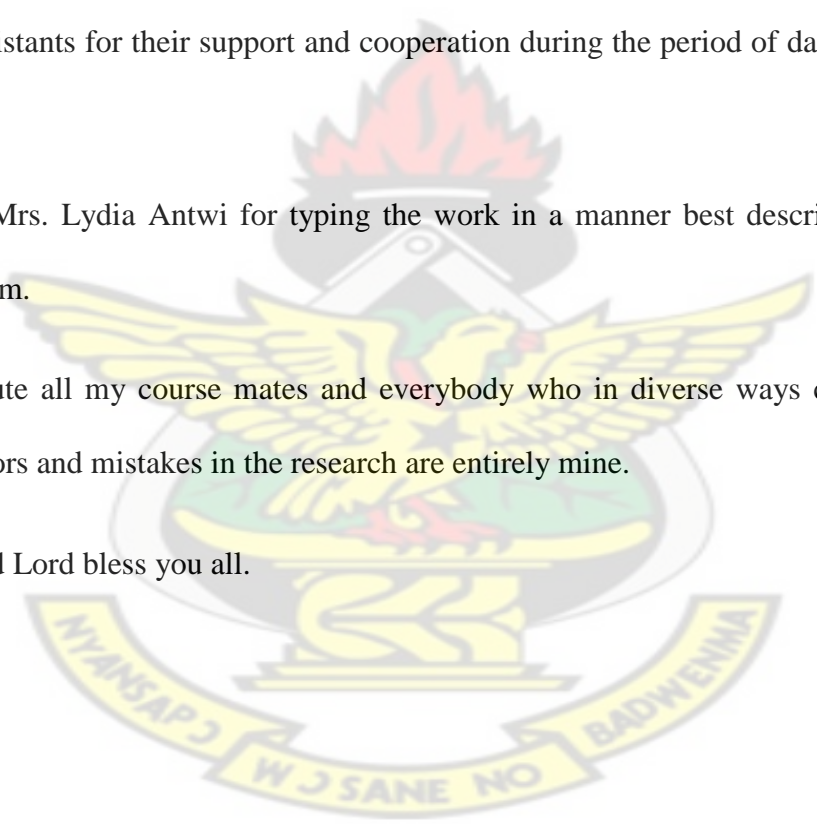


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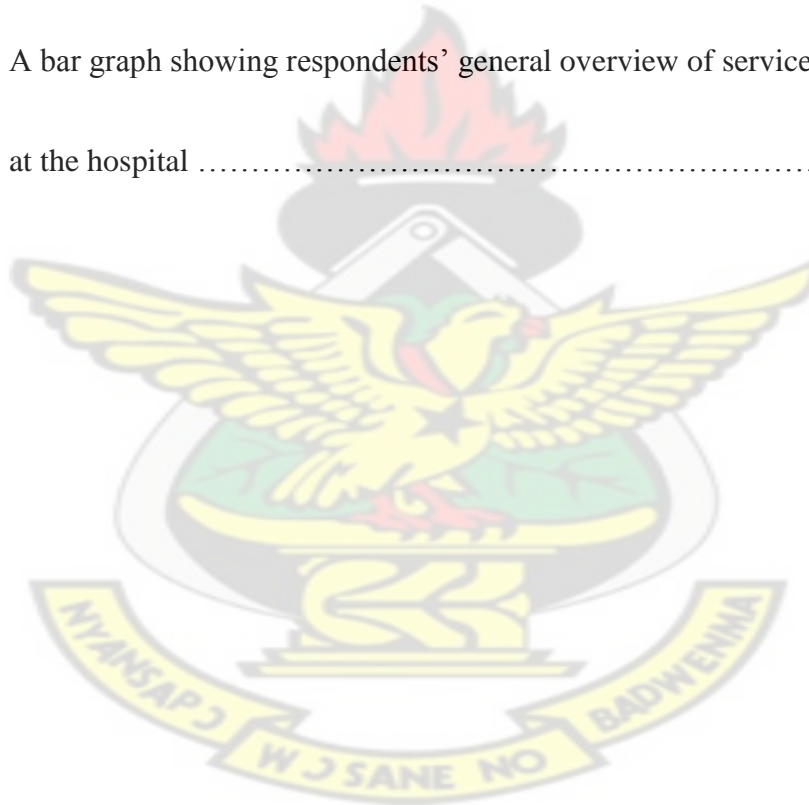
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ACRONYMS

1. ART - Anti Retroviral Treatment
2. CEMBA - Commonwealth Executive Masters in Business Administration
3. CSO - Civil Society Organisation
4. ENT - Ears, Nose and Throat
5. GHS - Ghana Health Service
6. JHS - Junior High School
7. KNUST - Kwame Nkrumah University of Science and Technology
8. MMDA - Metropolitan, Municipal and District Assembly
9. MOH - Ministry of Health
10. NHIS - National Health Insurance Scheme
11. OPD - Out Patient Department
12. PMTCT - Prevention Of Mother To Child Transmission
13. QFD - Quality Functional Deployment
14. RCH - Reproductive and Child Health
15. SHS - Senior High School
16. SMS - School of Medical Science
17. SPSS - Statistical Package for Social Services
18. TQM - Total Quality Management
19. VCT - Voluntary Counseling and Testing
20. WHO - World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Healthcare is one of the most important components in human life. Disease or illness can prevent a person from doing a host of activities one could have easily done when very strong. Healthcare is normally defined as the management or treatment of any health problem through the services that might be offered by medical, nursing, dental or any other health related service provider.

If a person is sick, he is more likely to be prevented by his ailment from going about his normal duties. That is why the World Health Organisation (WHO) defines health as a complete state of physical, mental and social well-being and not merely the absence of disease or illness. Therefore health is wealth and this is the biggest lesson that we can learn today. The national health policy for Ghana which is “Creating Wealth through Health” sums up everything important about health.

When healthcare financing in Ghana was reformed from the cash and carry system in 2003 with the passage of the National Health Insurance Act, Act 650 (2003), the financial barrier to accessing healthcare was consequently removed. The health financing reforms brought instantaneous change in healthcare seeking behavior of the people. The change brought about two issues. First the number of clients seeking health services increased dramatically, and secondly private healthcare service which hitherto was the preserve of a very few and the well-to-do in the society, became accessible to all and sundry. This provided a level playing field for

a healthy competition between the government healthcare institutions and the private healthcare providers to maintain their existing clients and also to gain as much market share as possible.

Customer care should be a prime consideration for every business because sales and profitability depend on keeping customers happy. A tall range of factors contribute to customer satisfaction, but customers are likely to take the following into account:

1. how well goods or services serve their needs;
2. quality of the goods or services ;
3. efficiency and reliability in meeting and fulfilling customer orders;
4. the professionalism, expertise and friendliness of sales staff;
5. how well customers are kept informed about the products, its quality, price, and availability.

In the healthcare delivery sector, the factors which largely affect customer care and satisfaction are quality services, waiting time, behavior of doctors, availability of specialists, behavior of other clinical staff and assistants, clean environment, etc.

Cronin and Taylor (1992) have realised the interrelated values of service quality and customer satisfaction and conclude that service quality and customer satisfaction “share a close relationship”. According to Pitt et al (1995) service quality is the key to measure user satisfaction.

Intensified competition and rapid deregulation have led many service and retail businesses to seek effective ways to differentiate themselves from their competitors. Rudie and Wansley (1985) as well as Thompson et al (1985) mention that one strategy that has worked to perfection and has accounted for a number of successes in certain businesses is the delivery of high quality service.

Quality of healthcare has always been a problem to most people in Ghana. A survey conducted by Core Welfare Indicators Questionnaires Monitoring (CWIQM) in 1997 indicates that 51.1% of clients were dissatisfied with public hospitals and facilities, and 53.7% for community health centres because of low quality services they render (Ghana Health Service Performance Report, 2004).

To survive and succeed under the current competitive health service market, hospitals and other health facilities must know their customers, their needs and wants and satisfy them efficiently and effectively. To this end, government healthcare institutions should embrace the concept of relationship marketing, and position themselves in a businesslike manner if they are to maintain their position as the biggest healthcare providers in Ghana. The few vibrant healthcare facilities that are still in competitive business are those that are able to maintain their most valued customers throughout time.

Customer satisfaction is a key ingredient to the success of any business. It is the most important factor that creates loyal customers. Many government healthcare facilities have downplayed the importance of customer care and this had negatively affected the image of such facilities. If customers are satisfied with goods or services an organisation offers, chances are that they will patronise more of your products, which will increase sales revenue and profitability. Accordingly, an improvement of service quality leads to customer satisfaction and loyalty as well as enhancement of corporate image. This in the long run impacts on how the organisation can effectively compete and succeed in this increasingly competitive environment.

Customer care and satisfaction and for that matter marketing relationship are relatively new concepts to many government healthcare institutions. These institutions for years widely believed that their consumers who are mainly patients are the ones who need their services and not the health facilities which need the patients to stay in business. But now, government

healthcare institutions are beginning to recognise that the national health insurance scheme has made healthcare delivery quite competitive and more so need the clients to survive.

In the present healthcare environment when competition has become quite keen, customer care and satisfaction have become the prime concerns of each and every healthcare facility. In the contemporary time companies are increasingly becoming customer focused. Satisfying the needs and wants of customers more efficiently and effectively enable them secure higher market share, increase sales, sales revenue and profitability as well as corporate image.

When not satisfied, patients will eventually turn to other healthcare providers who will meet their needs. Poor customer care and satisfaction in this perspective are the leading indicators of future decline or growth of a healthcare facility. There is obviously a strong link between customer satisfaction and retention in the healthcare delivery system. That is why many organisations are attempting to obtain increased customer satisfaction by focusing on the quality of their products and deliveries to consumers and customers.

The Ghana Health Service (GHS) as part of its re-organisation processes has taken some proactive measures by introducing important regulatory documents like, code of ethics for staff, patients' charter, code of conduct and disciplinary procedures, etc for staff. These are all in an attempt to address the perceived poor consumer care and satisfaction in public healthcare facilities. In spite of these measures and despite media criticisms, the attitudes of some health workers towards their patients and fellow health workers are often negative. Patients and other clients often complain about poor quality of services in public healthcare facilities and these are mostly centred on poor consumer care, unhealthy hospital environment and apathy of health service providers.

1.2 Statement of the Problem

A lot of concerns have been expressed in recent times about the relatively poor customer care and poor quality service in government healthcare institutions in the country. This has greatly dent the corporate image of the Ghana Health Service which is the major provider of healthcare service in Ghana. Many healthcare consumers cannot be loyal to any particular government hospital due to poor consumer care and satisfaction in these hospitals.

According to the Ghana Health Service (2009), it is believed that 65% to 95% of unhappy but non-complaining customers will never patronise the services of health institutions with poor service quality. There is also a strong perception that most health workers in our health facilities, especially those in the government hospitals often exhibit negative attitudes and behaviour towards their patients. They are described as disrespectful, unresponsive and have the tendency not to accord their customers due attention and recognition. Complaints about poor customer care in hospitals are rife and the most cited health institutions are government hospitals.

Consumers of health service have always believed that service provision in government hospitals should be adequate, client-focused, relevant, timely and above all cost effective. Unfortunately this is not the case. Consequently there has been a gradual but significant shift of clients from the government healthcare facilities to the private health service providers due to poor customer care in government hospitals.

Negative public perception about government hospitals has bad effect on the corporate image of these hospitals. Such negative perception could lead to low patronage of services, and possible medico-legal disputes. Customer care in the government hospitals has not improved. Patients'

attendance in the government hospitals has declined. Revenue to these hospitals has also declined and this has negatively affected their finances. Growth and development have been low. If this state of affairs continues private hospitals will monopolise healthcare service delivery in the country and the public hospitals will die off or be a shadow of their former selves. Most government hospitals think that marketing is not relevant in their operations, they are therefore less market-oriented and consumer-focused.

The problem addressed by this study is that as a result of poor consumer care and satisfaction and as a result of intense competition in the healthcare sector between the public and private and among government hospitals, some government hospitals are losing patients to the private hospitals. More so, patients attendances in the government hospitals are declining and some government hospitals cannot mobilise the revenue they need to supplement government subventions. Added to this, some government hospitals cannot sufficiently acquire modern equipment and other logistics for quality healthcare delivery.

1.3 Objectives of the Study

The objectives of this study were classified into general and specific. The general objective of the study was to assess consumer care and satisfaction in government healthcare institutions, and the seemingly negative public perception about poor quality health services in government hospitals.

The specific objectives of the study were to:

1. evaluate the level of customer care and satisfaction in Juaben Government Hospital;
2. examine the factors that contribute to customer care and satisfaction at Juaben Government hospital;

3. determine the impact of poor customer care and satisfaction on healthcare delivery in government hospitals, especially Juaben Government Hospital;
4. determine how Juaben Government Hospital can improve on consumer care and patients' attendance and its market share in health service delivery in the Ejisu-Juaben Municipality.

1.4 Research Questions

The following questions are posed as a guide in an attempt to achieve the objectives of the study.

- i. what is the level/quality of care in Juaben government hospital ?
- ii. what factors account for quality of care and satisfaction at the Juaben government hospital ?
- iii. what are the effects of quality care and customer satisfaction on Juaben Government Hospital?
- iv. what can be done to by Juaben Government Hospital to improve customer care and satisfaction, increase patients attendance and compete effectively with private health facilities for high revenue?

1.5 Importance of the Study

This study is important because, it will be a source document that will guide and improve customer care and satisfaction in the government healthcare institutions in Ghana especially Juaben government hospital. The recommendations that have been given will be a rich source of reference for the hospital to improve customer care and quality of service at the hospital. Secondly, it will help awaken interest among the governors of Juaben government hospital

about the importance and benefits of consumer care and satisfaction in the growth and development of the hospital. Last but not least, it will help Juaben government hospital to re-package her services to attract more potential patients and retain existing ones.

1.6 Organisation of the Study

It study discusses the elements that constitute customer care and satisfaction in the healthcare delivery system and how to improve it and other related. The study is organised into five chapters.

Chapter one deals with the synopsis of the entire study. It traced the events and examined the issues which provided the background to the study. Added to this, the chapter gave a systematic approach on how the study was conducted, the rationale and benefits for undertaking the study.

Chapter two presents detailed review of some relevant literature on the subject. It also examined the various theoretical issues and dimensions of the topic in relation to what other researchers and authorities have done to advance academic literature on customer care and satisfaction.

Chapter three of the study, looks at the methodologies used in the study. The main areas covered in this chapter include- research design, the research population, sampling methods, classification of respondents, sources of data, data collection instruments, data presentation and data analysis methods. The Ejisu-Juaben municipality and the Juaben Government Hospital where the study was conducted have also been profiled in this chapter.

Data collection, presentation and analysis are covered in chapter four. The chapter looks at the approaches to data gathering and the tools for the analysis.

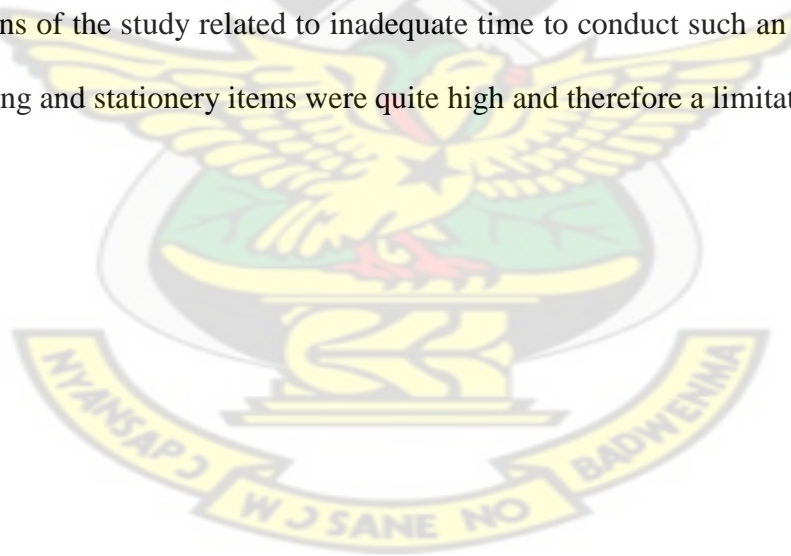
Chapter five draws the curtain down on the entire study by presenting its findings and draws conclusions and recommendations for implementation.

1.7 Limitations of the Study

Juaben Government Hospital was selected for study and not all government hospitals in Ashanti region for want of time and funding. Again Juaben Government Hospital in the Ejisu-Juaben Municipality of the Ashanti region was selected because it has a sizeable population useful for administration of questionnaires and interviews.

All the people of the Municipality constituted the research population but sizeable respondents were selected to determine the variables which dictate consumer care and satisfaction, thinking that the views of those selected would be representative of the population. Some respondents were naturally skeptical in answering the questions. Some did not even see the need to answer the questionnaires administered.

Other limitations of the study related to inadequate time to conduct such an important research. Cost of travelling and stationery items were quite high and therefore a limitation.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The concept of customer care and satisfaction has been widely discussed from the view of many researchers and institutions who increasingly desire to measure it. A group of researchers from the Centre for the Study of Social Policy in the United States of America (2007) state that satisfaction is based on the customer's experience of both contact with the organisation and personal outcomes. According to these authorities, satisfaction can be experienced in a variety of situations and connected to both goods and services.

Customer satisfaction is generally described as the full meeting of one's expectations in a product. It is therefore the feeling or attitude of a customer towards a good or service after it has been used. At another level, customer care and satisfaction are described as a highly personnel assessment "that is greatly influenced by individual expectations."

Brady and Robertson (2001) conceptualise customer satisfaction as an individual's feeling of pleasure or disappointment resulting from comparing a product's perceived performance or outcome to his or her expectation. Expectations are what the customer wants or requires from the product or service and perceived performance is the perception of the customer about the product or service before consumption. It is therefore an evaluation of the product or service after using it.

According to Pizam and Ellis (1999), consumer satisfaction is a psychological state that involves the feeling of well-being and pleasure that results when obtaining what is expected from a product or a service. For Churchill and Surprenant (1982) consumer satisfaction is the

result of purchase and use of a product, which derives from the comparison between reward and the cost of the purchase considering anticipated consequences.

Westbrook (1983) defines satisfaction as an emotional response to the experiences associated to products or services. Some authorities perceive consumer satisfaction process as subjective on the expectations, but objective on the product or results perceptions. According to Woodruff and Gardial (2001), it has become more and more evident that it is important for consumer satisfaction measurement, to capture not only the perception, but also the consumer's emotion. The greater the emotion (positive and negative) caused by the good and services, the more motivated the consumers will be in terms of future behaviour, such as repeated purchase or complaints.

2.2 The Concept of Service Quality

Nelson et al (1992) have said much in the area of service quality as well as customer satisfaction within the context of health care. There have been recent attempts by Jun et al (1998) to distinguish between patient perceived service quality and patient satisfaction Taylor (1994) defines quality as the extent to which a good or service satisfies a person or a group of persons. (Offei, 2004) mentions that a person's judgment about a good or service depends on what he/she expects of it or from it. Some of the words used by Offei to describe product quality are beautiful, durable, meeting standards, healthy and value for money.

Although different words are used to explain quality, it can still be defined as the extent to which a good or service meets a person's expectation, that is how much satisfaction the person gets from the service.

The intangible nature of a service makes defining its quality very difficult. Also, since service is experienced, perceptions can be highly subjective. Customers, however, make inferences about

the service quality on the basis of tangibles such as the buildings, the physical layout etc. that surround the service environment. Support for this argument comes from Wakefield and Blodgett (1999) that empirical evidence suggesting that the tangible, physical surroundings of the service environment can have a significant impact on customers' affective responses and their behavioural intentions. Dabholkar et al (1993) report of similar findings that go to buttress the point that the tangible aspects of service delivery organisations do influence customers' perceptions of service quality. Hence, there are reasonable grounds to assume that customer satisfaction is also related to customers' evaluation of physical surroundings of the service environment.

In addition to the intangible factors, quality of services is often defined by perceptual factors. These include responsiveness to customer needs, courtesy and friendliness of staff, promptness in resolving complaints, and atmosphere. Other dimensions of quality in service delivery include time, which is the amount of time a customer has to wait for the service, while consistency is the degree to which the service is the same each time. For these reasons, defining quality in services can be especially challenging.

Parasuraman et al (1990) argue that achieving and maintaining customer-perceived service quality is regarded as essential strategy for the successful provision of overall customer satisfaction and customer retention in today's competitive environment. To MacStravic (1997) the measurement of perceived service quality is commonplace in service industries today as it is considered fundamental for the long term survival of the service providers. He added that the evaluation of service quality-based on the expectation-performance gap derived from Parasuraman et al(1990) is insufficient because much of the empirical research supported performance-based measures of service quality. Babakus & Boller (1992) as well as Churchill

& Surprenant (1982) are of the view that this has more explanatory power than measures that are based on the gap between expectation and performance.

The ultimate expectation of consumers and their relations is to be satisfied with services rendered by healthcare institutions, and also to get well soon. Customer satisfaction is based on factors such as: affordable fee, promptness of attention, good staff attitude, respect for patients and their rights, providing privacy and confidentiality, providing adequate information, availability of drugs and logistics and above all a healthy and clean environment. (Mannerman, C. et al, 2006). Anderson and Sullivan (1993) maintain that the quality of services offered will determine customer satisfaction and attitudinal loyalty. They argue that the inter relationships of variables defining the antecedents and also the consequences of customer satisfaction have been studied extensively in the consumer research literature.

According to Oliver (1980) both service and manufacturing industries place high importance on product quality, which can affect customers' satisfaction and thus their willingness to make a purchase. Product quality is a key determinant of consumers' satisfaction. In the view of Radwin (2000) product quality is a strategic tool for attaining operational efficiency and improving business performance. This makes Jain and Gupta (2004) to postulate that although the medical industry is different from general service industries, high service quality is still a key success factor. In addition, scholars such as Milakovich (1995) have indicated that patients and their family members should be considered as strategic consumers for medical service providers.

It is important to manage consumers' perceptions of medical service quality, as higher appraisals are closely related to consumer satisfaction, and will thus influence the intention to use a service again in the future. This fact ultimately reflects in the financial performance of medical organizations. De Man et al (2002) recommend that the promotion of medical service

quality to satisfy patients' demands should be a primary aim for hospitals that seek to be more successful.

Leinonen et al. (2001) indicate that service quality, from the patients' viewpoint, requires that medical staff exhibit respect, empathy, and concern, as well as more traditional courtesy as well as professional skills and service attitude. In addition, patients will trust and rely on a hospital more once they experience satisfactory medical service, and will continue to go to it for future medical treatments.

Nonetheless, certain differences exist in the cognition of medical service quality held by hospitals and patients. Arasli et al (2008) maintain that it is necessary to develop a systematic approach to find out the real requirement of patients, as this leads to greater customer's satisfaction and ultimately make the hospital more successful.

Snow (2000) maintains that long waiting times and inconvenient clinic hours can prevent clients from accessing the services they need.

In a study conducted by Bioline International in 2005, it was realised that the average waiting time of patients in Malawi was 2 hours 53 minutes. 210 clients representing (84%) of the patients were satisfied with the time spent with the doctor (consultation time). Services at the pharmacy were satisfactory to 140 (56.0%) patients while 73.2% were satisfied with services rendered at the laboratory. 85% and 76.8% of patients were satisfied with the X – ray and catering departments respectively. However, patients' rating of the level of sanitation was poor -46% (Bioline International, 2005)

Buzzell and Gale (1987) for example have documented many instances that show a strong relationship between excellent service quality and profitability. These authorities say that higher perceived service quality leads to strong customer loyalty, more repeated purchases, less

vulnerability to price wars, ability to command higher relative price without affecting market share, lower marketing costs and an improvement in share prices.

Bolton and Drew (1991) propose a model of how customers with prior experiences and expectations assessed service levels, overall service quality and service value. They apply the model to residential customers of local telephone services. Their study explored how customers integrated their perceptions of a service to form an overall evaluation of that service. They developed a multiage model of determinants of perceived service quality and service value. The model described how customers' expectations, perceptions of current performance and disconfirmation experiences affect their satisfaction or dissatisfaction with a service, which in turn affect their assessment of service quality and value.

2.3 Customer Care and Satisfaction

The approach towards analysing customer care and satisfaction was first published in 1984 by Kano et al in the "Journal of Japanese Society for Quality Control" Vol.14, pp. 39-48. The delivery of consistently superior quality service has become a very important prerequisite for many service delivery organisations success (Parasuraman, Zeithaml and Berry, 1998) because it affects corporate image (Nguyen and Le Blanc, 1998) customer satisfaction (Lee and Yoo Zono) and customer loyalty (Bloemer, Ruyter and Wetzels, 1999).

According to the Ghana Health Service, customer care in healthcare should seek to provide higher or superior customer satisfaction, build customer loyalty and acquire new customers. Further to that, the service should uphold mutual respect and collaboration between the patient or client and the staff (GHS Handbook on Customer Care, 2009)

Sharma and Chahal (2003) state that due to increased awareness among the people, patient satisfaction has become very important for all hospitals. The two authors examined the factors

that relate to patient's satisfaction in government outpatient services in India. They state that there are some basic factors which impact on patient satisfaction namely, behavior of doctors, behavior of medical assistants, quality of atmosphere and quality of administration. They also provide strategic actions necessary for meeting the needs of the patients of the government healthcare sector in developing countries.

Folkes and Patrick (2003) in their study show converging evidence of a positivity effect in customers' perceptions about service providers. According to them when the customer has little experience with the service, positive information about a single employee leads to the perception that the firm's other service providers are positive. To greater extent negative information leads to the perception that the firm's other service providers are similarly negative.

Taylor et al (1994) mention that customer satisfaction is widely recognised as a key influence in the formation of consumers' future purchase intentions. File and Prince (1992) also say that satisfied customers are also likely to tell others of their favourable experiences and thus engage in positive word of mouth advertising. Hofstede (1980) states that positive word of mouth advertising is particularly useful in collectivist Asian cultures like that of Pakistan where social life is structured in a way to improve social relationships with others in the society. Hall and Hall, (1987) reaffirm the assertion that dissatisfied customers, on the other hand, are likely to switch brands and engage in negative word of mouth advertising. Levesque and McDougall (1996) confirm and reinforce the idea that unsatisfactory customer service could lead to a drop in customer satisfaction and willingness to recommend the service to a friend. This leads to increase in switching by customers. Customer satisfaction can be considered as the essence of success in today's highly competitive world of business.

Customer satisfaction is increasingly becoming a corporate goal as more and more companies strive for quality in their products and services (Bitner and Hubbert, 1994). In this context

Levesque and McDougall (ibid), say that an understanding of “determinants of customer satisfaction” is of great significance to marketers.

Corrin and Taylor (ibid) have realised the interrelated values of service quality and customer satisfaction and concluded that service quality and customer satisfaction “share a close relationship”. This make Pitt et al (1995) add that service quality is the key to measure user satisfaction. Taylor and Baker (1994) as well as Rust and Oliver (1994) identify several factors that precede customer satisfaction. They argue that there are five (5) antecedents that contribute to satisfaction. These are:

1. clear understanding of customer needs and expectations;
2. perceived value of the product;
3. service quality;
4. internal satisfaction;
5. complaints management.

This research shows that service quality is one major attribute of consumer satisfaction. This makes Oliver (1993) to say that service quality is a casual antecedent of customer satisfaction, due to the fact that service quality is viewed at transactional level and satisfaction is viewed as an attitude. Fornell et al (1996) reaffirmed that consumer satisfaction is a consequence of service quality.

A major aspect of treating a client with dignity is to respect the patients’ right to privacy. The Ghana Health Service cautions that a health worker should always ensure confidentiality of patients’ information, because divulging clients’ information to unauthorised third persons is unethical. The cumulative effect of all these is that it makes the patient lose confidence in the care provider (Ghana Health Service Code of Ethics).

Customer satisfaction should be considered by healthcare providers as a key component of strategy and a significant determinant of a long term viability and success under competitive situation (Andaleep, 1998).

2.4 Conceptualisations about Consumer Satisfaction

Boulding et al (1993) and Yi and La (2004) classify consumer satisfaction into two general conceptualisations. These are:

- i. transaction specific consumer satisfaction;
- ii. cumulative consumer satisfaction.

Transaction specific consumer satisfaction is a customer's evaluation of his or her experience and expectations to a particular service encounter. This is episode specific and the evaluation is done instantaneously. This is often associated with first time visitors.

Cumulative consumer satisfaction refers to the customer's overall evaluation of the service experience to date. This is mostly associated with existing customers who for a considerable period of time have patronised the services.

Due to the fact that customer satisfaction is a variable assessment of individuals based on their experiences with specific features of goods and services they receive, it makes sense for service delivery organisations to involve customer satisfaction measurement as a meaningful benchmark for service improvement.

Consumers are becoming increasingly enlightened about where they choose to access healthcare. Therefore health service providers should also be mindful about the needs of their consumers. A recent survey in 2007 by the Centre for the Study of Social Policy USA indicates

that 72% of consumers are influenced by quality customer service when considering a good to buy or service they patronise. (Source: Centre for the Study of Social Policy USA)

2.5 Kano's Model of Customer Satisfaction

In his model Kano et al (1984) gave an insight into a quality management and marketing technique that is used to measure clients' happiness. Kano's model of customer satisfaction distinguishes three categories of attributes which actually influence customer satisfaction. These are basic factors, excitement factors and performance factors.

- (i) **basic factors** (dissatisfiers – must have) which are the minimum requirements which will cause dissatisfaction if they are not fulfilled, but do not cause customer satisfaction if they are fulfilled (or are exceeded.) The customer regards these as prerequisites and takes them for granted. For instance, a clean environment at a hospital.
- (ii) **excitement factors** (satisfiers- attractive) – these are the factors that increase customer satisfaction if delivered but do not cause dissatisfaction if they are not delivered. These factors surprise the customer and generate “delight “. Using these factors a company can really distinguish itself from its competitors in a positive way. For instance provision of health related documentary films at a hospital while waiting to be attended to by the doctor.
- (iii) **performance factors:** These are the factors that cause satisfaction if the performance is high and they cause dissatisfaction if performance is low. Here, the attribute performance – overall satisfaction is linear and symmetric. Typically these factors are directly connected to customers.

2.6 Dimensions of Service Quality

Parasuraman, Zeithaml and Berry (1985) have identified five (5) dimensions customers use when evaluating service quality. They named their findings SERQUAL (service quality). The five dimensions are:

1. **tangibility** that is appearance of physical facilities, equipment, personnel and communication materials;
2. **reliability** that is ability to perform promised service dependably and accurately;
3. **responsiveness** that is willingness to help customers to provide prompt services
4. **assurance** that is knowledge and courtesy of employees and their ability to convey trust and confidence
5. **empathy** that is caring, individualised attention the facility provides to its customers

Finn & Lamb (1991) agree that the aforementioned constructs are important aspects of service quality, but Cronin & Taylor (1992) have been skeptical about whether these dimensions are applicable when evaluating service quality in other service industries.

On the basis of their review of service quality literature, McDougall and Levesque (ibid), argue that there are two overriding dimensions to service quality. The first one being the core or outcome aspects (contractual) of the service, and the second being the relational or process aspects (customer-employee relationship) of the service.

Other dimensions that have been widely accepted by scholars as constituents of service quality dimensions are:

- i. **competence** talks about knowledge and skill to perform the service at any point in time;
- ii. **access**, this is the approachability and ease of contact of service personnel;

- iii. **courtesy** is the politeness, consideration, and friendliness of service personnel;
- iv. **communication** is about keeping customers informed; listening to customers demands and complaints;
- v. **credibility** has to do with trustworthy, believable, honest sales force personnel
- vi. **security** that is freedom from danger, risk, or doubt (Levesque and McDougall(ibid).

2.7 Total Quality Management

Total Quality Management (TQM) is an integrated approach that seeks to improve quality and performance which will meet or exceed customer expectations. TQM requires that all staff put quality needs of the consumers at the top of what they do. Ensuring consumer care and satisfaction therefore is a collective responsibility of the board, management and all the staff of the organisation. This can be achieved by integrating all quality-related functions and process throughout the company. It is an integrated organisational effort designed to improve quality at every level. TQM is about meeting quality expectations as defined by the customer. This is called customer-defined quality. The basic principles for the TQM philosophy of doing business are:

- i. the consumer likes quality;
- ii. the organisation has the responsibility to ensure quality needs of the consumer;
- iii. the board, management and the staff have responsibility to ensure that whatever duties they perform are geared towards achieving quality which the consumer needs or desires.

The first and overriding feature of TQM is the company's focus on its customers.

Another concept that is relevant to this study and closely related to TQM is Quality Function Deployment (QFD) .This is a systematic approach that integrates customers' voices and preferences into the product development process. Bossert (1991) considered that product

quality can transform patients' requirements into techniques to meet customers' expectation. Chen and Weng (2006) mention that QFD is relevant in achieving high customers' satisfaction when consumers and customers voices and preferences into product planning, engineering, and manufacturing to arrive the final the product.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the analytical tools and techniques applied to achieve the research objectives. The method of data analysis which includes the description of data collected - data type, source, and procedure have been elaborated in this chapter. This covers the research design, study population, sample size and sampling techniques in addition to data collection and analysis procedures.

3.2 Profile of the Study Area

Ejisu-Juaben municipality is one of the 29 Metropolitan, Municipal, and District Assemblies (MMDA) in the Ashanti region of Ghana. The municipality stretches over an area of 637.2 km² constituting 10% of the entire Ashanti Region, with Ejisu as the capital. Currently the municipality has four urban settlements which are Ejisu, Juaben, Besease and Kwaso. The municipality is located in the central part of the Ashanti region and provides a large opportunity for the creation of an inland port for Ghana to serve the northern section of the country.

Vital statistics of the municipality relevant to the study are:

- i. district population which is 151,761
- ii. number of communities which is 81
- iii. number of private and public health facilities which is 23

(Source: Municipal Health Administration, May 2011)

There are a number of health facilities in the municipality. See appendix 1 on page 65.

Juaben is strictly a traditional society in which the people lay emphasis on the clan system, akan culture and traditions. The major occupation of the people of Juaben is farming. Most of the natives produce food crops like maize, cassava, cocoyam, plantain and vegetables. Others are tree crops like cocoa and oil palm. There are programmes to improve the performance of farmers and this includes the training of farmers on improved farming methods, ensuring the effective and efficient delivery of agricultural services and advising farmers on the use of appropriate technology with the objective to increase productivity.

There is an oil palm processing factory in the town which is called the Juaben Oil Mills Limited. The factory processes palm fruit into refined oil. This provides employment for most of the town folks. The town has pipe borne water facilities which provide portable and clean water for the people. The town also has a bank which is called the Juaben Rural Bank Limited.

Juaben is a town with a lot of social amenities and this includes a number of schools in the town such as the Juaben Senior High School. It has a number of junior high schools and numerous basic schools. There are also tourist sites, entertainment centres and hospitality centres .

(Source :Juaben Traditional Council, 2011)

The Juaben Government Hospital was established by the Ministry of Health (MOH) in collaboration with the School of Medical Sciences (SMS), Kwame Nkrumah University of Science and Technology (KNUST) and the Juaben Traditional Council in 1987.

The main purpose for the establishment of the facility was to serve as a teaching facility for students in the Community Health Department, KNUST. The facility has grown over the years as a health centre to a municipal hospital for the Ejisu-Juaben Municipality. The facility also receives patients from neighboring districts particularly Sekyere East, Sekyere Central and Kwabre.

The Mission of the hospital is to provide total quality care to its cherished clients in and around the Ejisu-Juaben Municipality by skilled, highly motivated and people-centred health professionals. It exists to make its clients happier and healthier after each visit.

The vision of the hospital is to attain a fully fledged municipal hospital status and delivering quality health care to our clients in the most effective and efficient manner, to become one of the most rapidly expanding health facilities in the region in terms of service availability and to become a model facility of excellence.

The hospital's management of the hospital is made up of the following committees:

1. core management;
2. extended management;
3. tender committee;
4. quality assurance committee;
5. drugs and therapeutic committee;
6. hospital advisory committee.

(Source: Juaben Government Hospital, 2010 Annual Report)

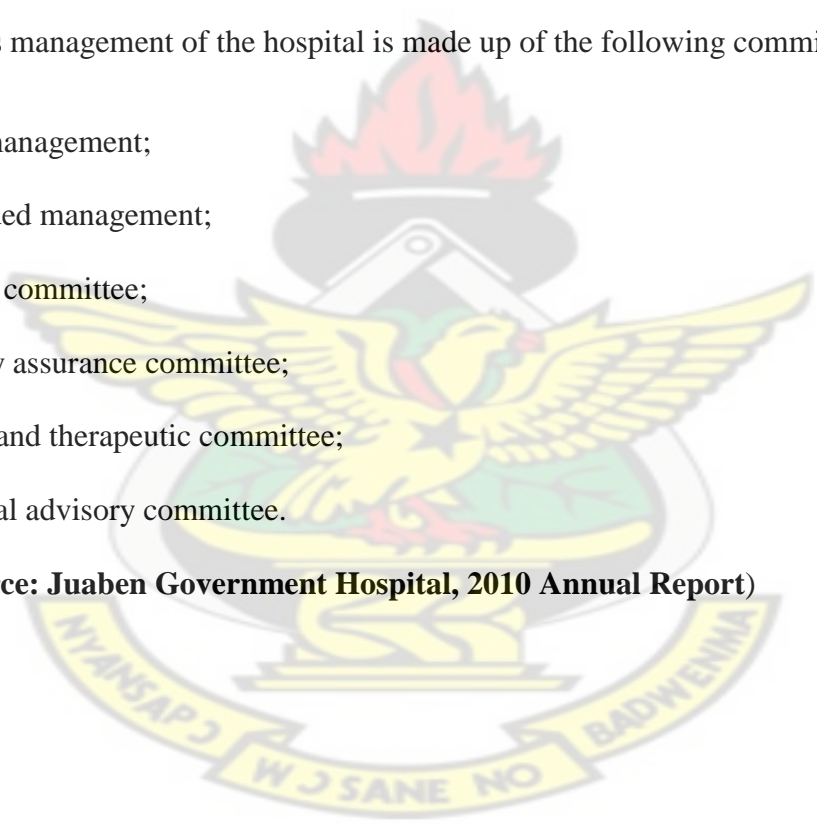
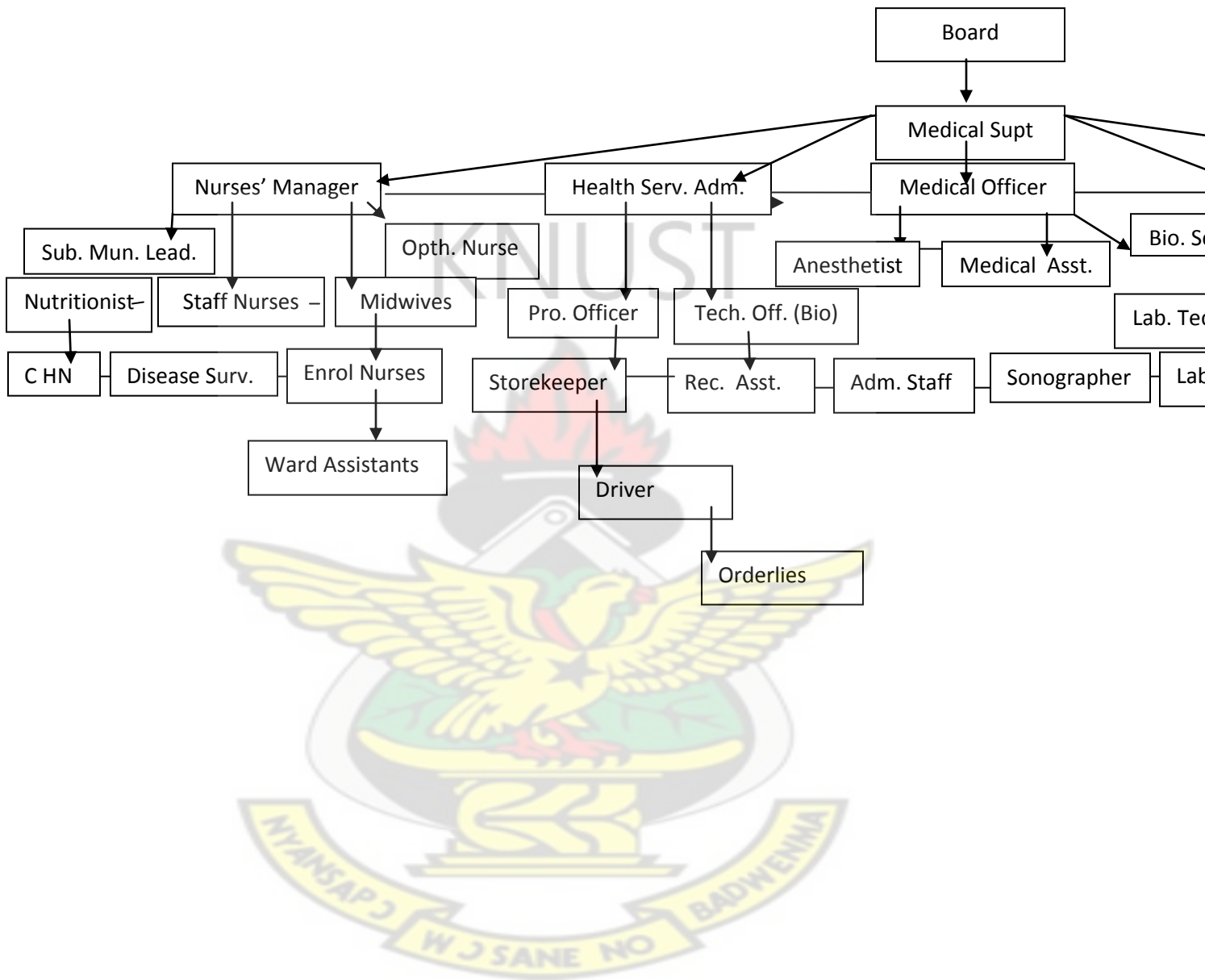


Figure 1. Organisational Chart of Juaben Government Hospital



Source: Juaben Government Hospital, Strategic Plan (2010-2015)

The hospital's strategic posture, according to the management is to expand infrastructure and introduce more services like Dental, Ears, Nose and Throat (ENT), X'ray etc. In doing so, the hospital has identified the following as its strengths:

1. it has focused and committed management and board;
2. it has dedicated and committed staff;
3. it has a reputation of quality service delivery.

Their weaknesses are the following:

1. inadequate clinicians and ageing midwives;
2. inadequate infrastructure;
3. absence of essential services like x-ray, dental, ENT etc;
4. obsolete equipment.

Opportunities open to the hospital are:

1. growth in its market share over the of five years;
2. roll out new services to attract more patients;
3. vast tract of land for future development of the hospital;
4. good relationship with benevolent societies and Non-Governmental Organisations in Ghana, United Kingdom and the United States of America.

The threats which face the hospital are:

1. new entrants in the health service market in the municipality;
2. soaring prices of health inputs;
3. increasing competition from private healthcare providers.

The hospital renders a 24-hour service to patients in Pharmacy, Laboratory, OPD, Surgery, In-patients services and maternity. (Source: Juaben Government Hospital, Strategic Plan 2010-2015)

These services are currently available at the facility from Mondays to Fridays – ultrasound, Prevention of Mother To Child Transmission (PMTCT)/Voluntary Counseling and Testing(VCT), Anti Retroviral Treatment (ART), Eye, Reproductive and Child Health Services (RCH), Nutrition, Disease Surveillance and Mortuary.

Other specialists’ services offered by the hospital to patients on Tuesdays and Fridays on an outreach basis are urological and gynaecological care to add value to health service consumer care and satisfaction. (Source: Juaben Government Hospital 2010 Annual Report)

The table below depicts performance statistics about number of patients who accessed health service at the hospital for the period 2008-2010

Table 1. Performance statistics of Juaben Hospital (2008-2010)

Parameter	2008	2009	2010
Number of outpatient visits	33,349	42,411	47,719
OPD Insured	26,978	36,675	43,827
OPD Non- Insured	6,371	5,736	3,892
% OPD Insured	80.9	86	91.8
Deliveries	1,272	899	982
Admissions	3,390	4,032	4,568
Surgeries (caesarian section)	139	107	100
Surgeries (hernia)	117	90	61
Revenue	610,364.68	560,972.47	1,223,733.29

Source: Juaben Government Hospital 2010 Annual Report

Patients Satisfaction Survey: To a its consumer care and satisfaction levels, the hospital carried out patient care and satisfaction survey in 2009. The summary of their findings are reproduced in table 2 below. The result shows mixed performance with medicine availability and environmental cleanliness scoring higher marks, whiles on the other hand the hospital's performance on patients' waiting time and reviews was not encouraging.

Table 2. Patient satisfaction survey result (2009)

Parameter	Yes	No
Were there any unnecessary delays before you saw the Doctor?	32%	68%
Did the Doctor examine you?	89%	11%
Did the Doctor tell you what was wrong with you?	65%	35%
Did the Doctor give you instructions about your disease?	56%	44%
Did the Doctor tell you to come for review?	38%	62%
Did you have privacy during your consultation?	74%	26%
Did you receive the entire drugs that were prescribed?	95%	5%
Did the dispenser give you instructions about how to take your drugs?	97%	3%
Were the hospital and its surrounding clean?	98%	2%
Are you satisfied with all services during your visit?	96%	4%

Source: Juaben Government Hospital 2010 Annual Report

3.3 The Research Population and Sampling Techniques

The hospital's catchment area which includes Juaben, Ejisu, Kumawu, Effiduase, Asokore, and surrounding towns and villages constituted the research population. It includes patients, hospital board members, management, staff and civil society organisation members. The total estimated population for these communities was about 190,000.

Simple random sampling technique was used to select 150 respondents. Every patient that visits the hospital for healthcare had an equal chance of being selected as a respondent. This technique was used due to its advantages. It is simple to use by non-mathematicians and highly representative if all respondents participate in the data collection. It is very fast because no mathematical calculations are involved and also allows the researcher to consider socio-economic issues that affect data collection and drawing of conclusions.

Respondents were stratified into various groupings such that data collected will be representative for all stakeholders. The detail of the stratification is shown in table 3 below.

Table 3 A Table Showing Classification of Respondents

Category	Number	Percentages
Board members	5	3.3 %
Management	5	3.3%
Other staff	20	13.3%
Doctors/ nurses	10	6.7%
Patients	100	66.7%
Civil society organisation members	10	6.7%
Total	150	100%

Source: Researcher's field data, 2011

3.4 Data Collection Procedure

Questionnaires administration: A total of 150 questionnaires were administered. Before that a pre-test of the instruments was conducted on 20 respondents. This was done to ensure the validity of the instruments. The questionnaires were administered after the client has received

services from the hospital and was leaving. The questionnaires received were vetted and found to be acceptable.

Interview: Interviews were conducted with by some board members, civil society organisation members and hospital management on selected issues related to consumer satisfaction and care. Some of the areas covered under the interviews were patronage of hospital services, current customer care and satisfaction, how to improve on service quality, and criteria for assessment of services at the hospital among others.

Focus group (round table discussions) :This was organised for the civil society organisation members and among the topics discussed were, their assessment of the hospital performance, customer care at the hospital, how to improve service quality, the role of the community in service delivery etc.

Observation :The researcher observed procedures like dispensing of drugs and education of patients on how to administer medicines, how vital statistics like Blood Pressure (BP), Weight and Pulse of patients are checked at the OPD etc. The procedures by which patients folders at the medical records department are distributed were also observed.

Data was obtained from both primary and secondary sources. The primary data was gathered through interviews, questionnaire administration, focus group discussion and observations. The secondary sources were annual reports, records and other documents like consulting rooms' registers of the hospital, results of client satisfaction survey by the hospital, Ghana Health Service publications among others.

3.5 Data Collection Instruments

Instruments used for the data collection were:

- i. Questionnaires made up of structured and unstructured questionnaires with both open and closed-ended format.
- ii. Interviews with actors and stakeholders who are board and management members, patients, staff as well as Civil Society Organisation (CSO) members.
- iii. Observation of health service delivery processes and procedures.
- iv. Focus group discussions with identifiable groups like youth organisations, religious leaders, traditional authorities, etc.

3.6 Research Design

This research was a field study rather than scientific laboratory one. It was also descriptive by design and describes certain variables as to whether they have correlations among themselves and how relevant they are to the topic. Data were collected from both secondary and primary sources for analysis to determine how they answer the research questions.

In gathering data for the study, the researcher made use of instruments like questionnaire, interviews, observation and focus group discussion.

The research population and respondents were selected from all stakeholders within the catchment area of the hospital. They included patients, staff, management, board members and civil society organisation members.

3.7 Data Analysis

The responses received from respondents were presented in simple percentages. The percentage of respondents for each variable was given and analysed. The data collected were analysed using the Statistical Package for Social Services (SPSS). The views expressed by management, board members, civil society organization members and clients in the interviews conducted were presented and discussed qualitatively.

KNUST



CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF RESULTS

4.1 Introduction

This chapter deals with data collected on the field, its presentation and analysis in relation to the research objectives and questions. The data gathered are analysed using the computer software called Statistical Package for Social Services (SPSS) software.

4.2 Demographic Characteristics of Respondents

The demographic characteristics of respondents used in the study were age, sex, education and occupation. The table below depicts the age distribution of the 150 respondents who some answered questionnaires, granted interviews and participated in the round table discussions. The age data were obtained from both the external and the internal clients, who are the main respondents selected for the study.

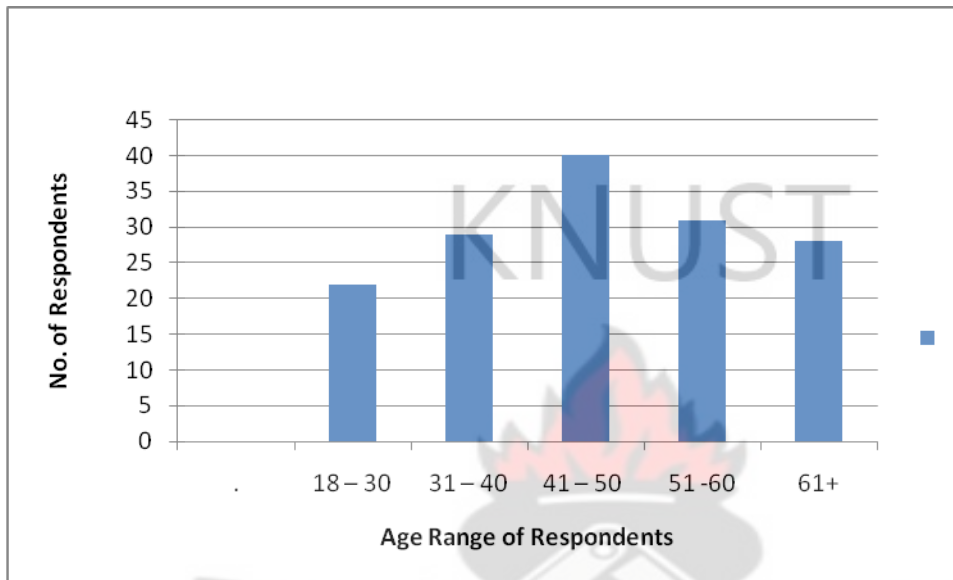
Table 4 A table showing demographic characteristics of Respondents

Age	No. of respondents	Percentages (%)
18 – 30	22	15
31 – 40	29	19
41 – 50	40	27
51 -60	31	21
61+	28	18
Total	150	100

Source: Researcher's field survey, April 16th, 2011.

From table 4, it was released that the age group 41-50 dominated the distribution with 40 respondents, followed by the 51-60 age group with 31 respondents. The least year group was the 18-30 with 22 respondents which constitutes 15% of the total respondents.

Figure 2: A bar graph showing age distribution of respondents.



Source: Researcher's field survey, April 16th, 2011.

A total of 98 people representing 65.3% of the respondents were females, while 52 respondents representing 34.7% were males. The ages and gender of the respondents were considered necessary in the study simply because such demographic characteristics, in the view of the researcher determine differences or similarities of consumer satisfaction levels in healthcare delivery.

4.3 Educational Background of Respondents

Table 5 on page 36 indicates the educational background of respondents. The belief of the study is that people's educational background has a high correlation to consumer care and satisfaction in the health sector

Table 5 A table depicting educational background of respondents

Category	No. of respondents	Percentages (%)
No education	12	12
Primary School	6	6
JHS/Middle School	38	38
SHS/Secondary School	32	32
Tertiary	12	12
Total	100	100

Source: Researcher's field survey, April 16th, 2011.

Junior High School/Middle School and Senior High School/Secondary School were the two most dominant attainments of respondents. They constituted 38% and 32% of the total respondents. Respondents with no education constituted only 12% and those with primary education were 6%. The probability is that since most respondents are educated they will be very much concerned about healthcare satisfaction levels at the hospital.

4.4 Occupation of Respondents

Table 6 shows that most of the respondents are farmers and traders with 12% being civil servants. By the nature of their occupation the study assumed that respondents who are farmers and traders would be considered about consumer care and satisfaction in a form of reduced waiting time and quick service delivery and possibly respect and courtesy shown them by medical and para-medical staff of the hospital.

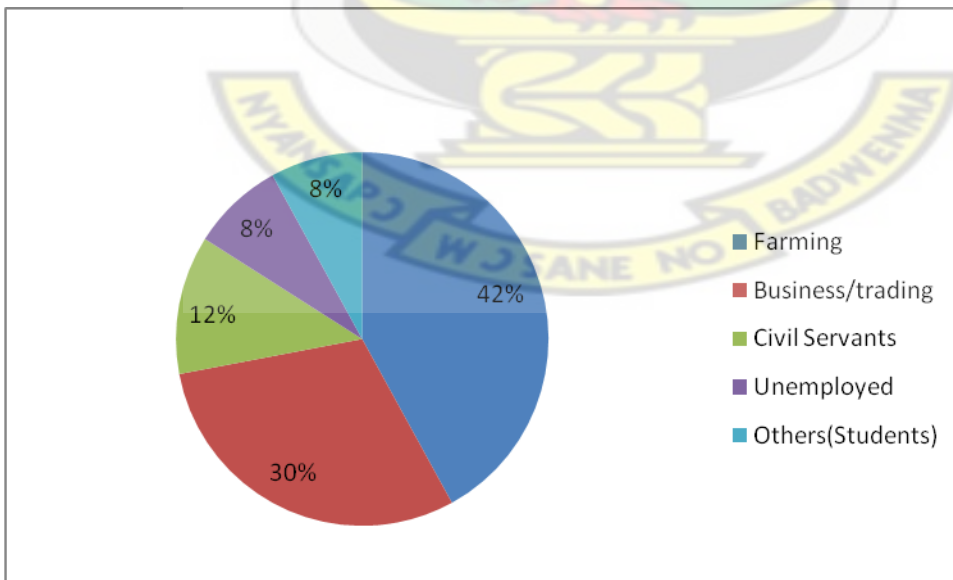
Table 6: A table showing occupations of respondents

Category	No. of respondents	Percentages (%)
Farming	42	42
Business/trading	30	30
Civil Servants	12	12
Unemployed	8	8
Others (students)	8	8
Total	100	100

Source: Researcher’s field survey, April 2011.

The occupations of respondents are also shown in the pie chart in figure 3 below to give a broad picture of the size of respondents likely to be more concerned consumer care and satisfaction.

Figure 3. A pie graph showing occupations of respondents.



Source: Researcher’s field survey, April 16th 2011.

The graph shows that 42% of respondents who are patients are farmers while 32% are business persons or traders. The study realised that consumer occupation correlates consumer care and satisfaction. According to interviews conducted and discussions held healthcare consumers who are business persons, traders and civil servants lay more emphasis on consumer care and satisfaction with respect to time spent in accessing the service more than unemployed people.

4.5 Factors that affect health service consumer care at the hospital

For the purpose of this study, variables that were examined under consumer care and satisfaction are:

- i. waiting time;
- ii. the environment of the hospital;
- iii. privacy and confidentiality;
- iv. health staff attitude and behavior;
- v. time management of healthcare delivery staff.

From responses received on patients' visits, 25% of respondents indicated that it was their first time of visiting the facility, while 86% of the respondents said they were existing patients of the hospital. Out of the first time visitors 40% of them said their visits were recommended by friends and relatives who patronise the services of the hospital. The remaining 60% of the respondents who were patients visiting the hospital for the first time said they had come there because:

- a. service quality in their previous hospital was on the decline;
- b. staff of their previous hospital had poor client relations;
- c. charges were exorbitant at their previous health facility;
- d. there were persistent long waiting times.

4.(a) Waiting time

In response to questions on the time patients spent at the medical records, OPD, Laboratory, dispensary and other service delivery points of Juaben Hospital, responses of respondents are shown in table 7 below.

Table 7 A table showing respondents' waiting times at the Hospital

Unit	Less than 30mins	1hr	2hrs	3hrs	More than 3hrs
Records	12	57	31	0	0
OPD	24	52	22	2	0
Laboratory	5	54	36	5	0
Dispensary	28	40	32	0	0

Source: Researcher's field survey, April 2011.

As many as 57 patients spent 1hour, 31 patients 2 hours and 12 patients spent 30 minutes at the medical records section. At the laboratory, 36 respondents spent 2 hours, 5 spent 3 hours and 54 spent 1 hour. At the dispensary, 32 spent 2 hours, 40 spent 1 hour and 28 spent less than 30 minutes. No respondent spent 3hours or more at any of the service deliver points.

A total of 41% respondents said they were satisfied with the total time they spent at the hospital, while 59 of them were not happy with the time they spent at the facility.

From the survey as seen in table 8, an appreciable number of the respondents were not happy with the waiting time at the hospital. Respondents mentioned that long waiting time diminishes the hospital's consumer care and satisfaction and called on management and the entire staff to work towards its improvement.

4.(b) Environment of the hospital

With regards to the conditions of the environment 43% of the respondents gave an excellent rating in terms of cleanliness, while 52% of the respondents simply said that the environment was okay. Only 5% of the respondents saw the environment to be poor. The laboratory was also ranked high in terms of neatness. There is an area designated for visitors' car park. Their responses are shown in table 8 below.

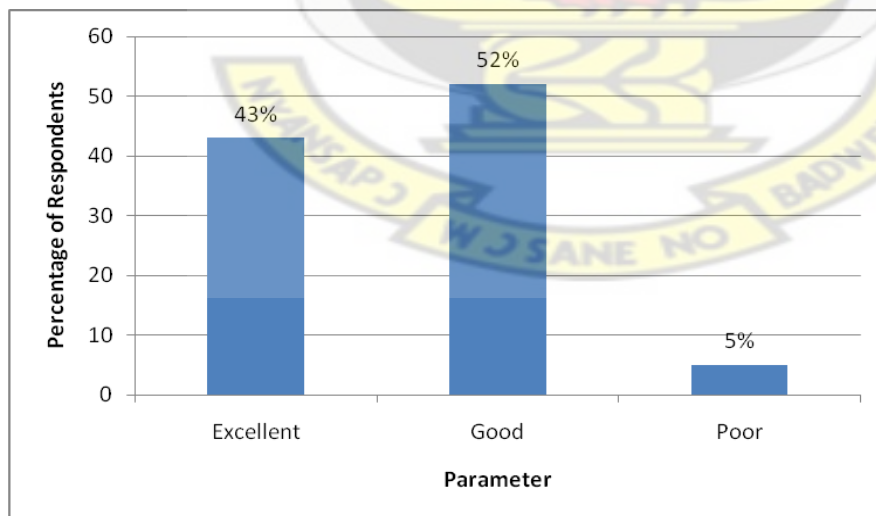
Table 8 : A table depicting respondents' view of the hospital environment

Parameter	No. of Respondents	Percentage (%)
Excellent	43	43
Good	52	52
Poor	5	5
Total	100	100

Source: Researcher's field survey, April 16th 2011.

The rating is displayed graphically in figure 4 below.

Figure 4. A Bar Graph showing respondents' rating of the hospital's environment.



Source: Researcher's field survey, May 10th 2011.

Only a few respondents rated the environment as poor and therefore did not meet their satisfaction. From the bar graph, a high percentage of respondents are satisfied with the hospital's service delivery environment.

4.(c) Staff Attitude and Behaviour

52% of respondents were of the view that the general staff attitude at the hospital was good, while 10 % gave the staff an excellent mark. However, 38% of the respondents were not happy with the attitude and behaviour of some staff towards them.

In their view consumer care and satisfaction with respect to staff attitude and behavior in the hospital leaves much to be desired. According to them they expect better attitudes and behavior from service delivery staff of the hospital.

60 % of the respondents said they were happy with the appearance of the doctors and nurses of the hospital.

Table 9: A table depicting respondents' ranking of hospital attitudes and behavior of hospital's staff

Parameter	No. of Respondents	Percentage (%)
Excellent	10	10
Good	52	52
Poor	38	38

Source: Researcher's field survey, May 10th 2011

Respondents said that staff attitude and behavior was not encouraging. The management of the hospital should therefore work harder to address the concerns of those respondents who were not satisfied with staff attitude before their subsequent visits to the hospital. When asked to suggest how to improve staff attitudes and behaviour towards patients, respondents suggested

that both medical and para-medical staff especially nurses should exhibit higher levels of respect, consumer care, courtesy, friendship, sympathy and decent language with patients and other healthcare consumers.

4.(d) Privacy and Confidentiality

The number of respondents who were satisfied with hospital's staff with regard to patients' privacy and confidentiality was very encouraging. A big number of them gave the hospital good rating. On privacy, 96% of the respondents said they were happy with the privacy accorded them, while 92% of respondents were satisfied with confidentiality provided by doctors, nurses and dispensary staff of the hospital.

4.6 Health Service Quality

Under service quality, the following parameters were used to determine consumer care and satisfaction:

- i. whether the patient was informed of the diagnosis made;
- ii. whether the patient was educated on the treatment regimen and its side effect;
- iii. whether the patient was told to come for a review.

A total of 95 respondents confirmed in the survey that they were told of their diagnosis, with 94 respondents saying they were adequately educated on the treatment regimen and the possible side effects. In addition to this, 78 % of respondents were told to return for a review on the progress of treatment given them.

From the survey, it was established that 5% of respondents were not told the type of sickness they have been diagnosed of. In addition to this, 45% of the respondents confirmed they were physically examined by the doctors when they were diagnosing them. The 5% of respondents

whose diagnosis were not disclosed to them, though not very huge always creates anxiety on the part of the patient to know the type of sickness that took them to the hospital. The study showed that the total number of patients who were not educated on the treatment regimen formed 6% of the total respondents. From respondents who are management members, even though this group might be regarded as very small in terms of numbers, they are very significant because the patients might not follow the instructions governing a particular treatment line which can be fatal. For this reason those respondents said that there should be 100% coverage on the education in treatment regimen.

Respondents who are board members said that for a total treatment regimen to be complete the clinician needs to monitor the progress of recovery by the patient, hence the need for periodic review which is a very important ingredient in quality healthcare delivery.

4.7 Level of Consumer Satisfaction

The level of consumer care and satisfaction at the hospital was measured under the following parameters:

- i. drugs prescribed and supplied;
- ii. opportunity to ask questions about what they did not understand;
- iii. treatment given;
- iv. communication in language spoken;
- v. time management of hospital staff;
- vi. staff preparedness to assist patients;
- vii. canteen services;
- viii. OPD service;
- ix. TV entertainment.

Table 10 A table showing Levels of Consumer Care and Satisfaction on specific issues

Parameter	High	Low
drugs prescribed and supplied	64	36
opportunity to ask questions about what they did not understand	58	42
treatment given	72	28
communication in language spoken	71	29
time management of hospital staff	73	27
staff preparedness to assist patients	75	25
canteen services	95	5
OPD services	80	20

A total number of 36 respondents were not satisfied with the drugs prescribed by Doctors supplied because they did not get all their drugs from the dispensary and had to either buy them from the open market with cash or go to accredited NHIS chemical sellers to collect them. Commenting on this, respondents who are civil society members said it will make patients lose confidence in the health facility since it is one of the most influential factors that determined the level of consumer patronage of the hospital. They therefore suggested that, the hospital especially its pharmacy department should try as much as possible to stock all essential medicines particularly those on the NHIS medicine list. They added that when patients receive all medicines prescribed they feel happy and the chances are that they will patronise more and more of the services of the hospital.

Respondents ranked treatment given and friendly language spoken quite high. As many as 58 % the respondents said they were given the opportunity to ask questions related to their diagnosis. Out of these respondents, 70% said they were satisfied with the answers given. They subsequently called for more improvements on all the other parameters considered under consumer satisfaction to achieve a 90% mark or above within the shortest possible time. This

they said will make them recommend the facility to other patients especially relatives. Respondents who are in management agree that recommendations by patients to other patients can also attract more patients to the hospital and increase their daily OPD attendance. According to them, this will consequently increase their revenue to enable them embark on the projects and extensions they so much desire.

The level of service quality was also assessed on departmental basis. The laboratory received the highest ranking from 38 respondents, the general OPD came second with 29 respondents while the dispensary had 22% of the total score. The medical records department received only 11% of the total respondents' score. The survey shows that each department of the hospital contributes to the general services quality and consumer satisfaction.

4.8 Internal Service Provision

Thirty (30) health professional groupings who work at the hospital as internal service providers were randomly selected as respondents for questionnaire administration on various issues relating to provision of services to internal consumers such as medical officers, medical assistants and nurses.

Table 11: A table showing internal service providers and internal service consumers

Units that are internal service providers	Internal service consumers
Records	doctors, nurses, administration
Laboratory	doctors, nurses
OPD	laboratory, pharmacist, records
Pharmacy	doctors, nurses
Eye Clinic	records, nurses, pharmacy
Stores	records,nurses,pharmacy,administration

Source: Researcher's field survey, May 10th 2011.

The roles of internal health service provided were considered relevant because the quality of healthcare delivered to patients of the hospital is determined by the working relations of the various functional areas, the internal structures, operational systems in the hospital as well as the quality of services delivered by internal service providers. It was observed during the study that there is a chain of working relationship between internal service providers and internal service consumers of the hospital.

Respondents who are internal service consumers such as medical officers and the medical assistants admitted that for them to effectively and efficiently diagnosis disease conditions they depend heavily on the services of the laboratory staff. They therefore require efficient, accurate, effective and quality services from such internal service providers.

According to respondents who are laboratory staff they also depend on the stores for timely supply of reagents and other consumables. Respondents who are internal service consumers described services provided by internal service providers as satisfactory.

As shown in table 12, 53.3% of internal service consumers in the survey said that they were satisfied with the services provided by internal service providers whilst 23.3% were very satisfied. Only 1 and 4 of such respondents were either very dissatisfied or dissatisfied.

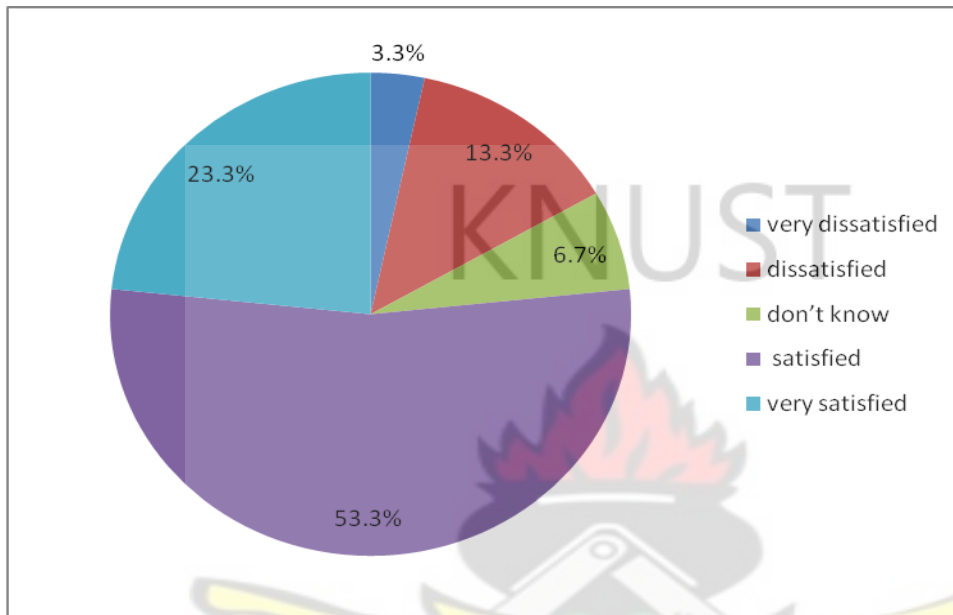
Table 12: A table of Internal Consumers' description of services provided by internal service providers

Parameter	No. of respondents	Percentage (%)
very dissatisfied	1	3.3
Dissatisfied	4	13.3
don't know	2	6.7
Satisfied	16	53.3
very satisfied	7	23.3
Total	30	100

Source: Researcher's field survey, May 10th 2011.

Responses of respondents which are represented graphically in a pie chart in figure 5, 3.3% were very dissatisfied, 13.3% dissatisfied and 6.7% could not rank the services of the internal service providers.

Figure 5: A Pie Graph showing internal service consumers levels of satisfaction



Source: Researcher's field survey, May 10th 2011.

The 3.3% of respondents who were very dissatisfied and the 13.3% who were dissatisfied assigned the following reasons for their dissatisfaction:

1. delays in receiving services from other internal service providers;
2. low quality of services received from internal service providers;
3. lack of commitment in service provision.

The satisfaction level of the staff was high. A total of 16 internal service consumers in the study representing 53.3% were satisfied. According to them they are able to satisfy external health consumers as a result of efficient and effective services provided them by the internal service providers.

Out of the respondents who are satisfied with quality of internal services provided, 28% called for a more healthy working culture from the other departments of the hospital to ensure that they in turn serve final consumers better.

4.9 Overall Services Ratings

A high number of respondents described the general services at the hospital as good, very good and excellent. Only 8 respondents described the services as poor.

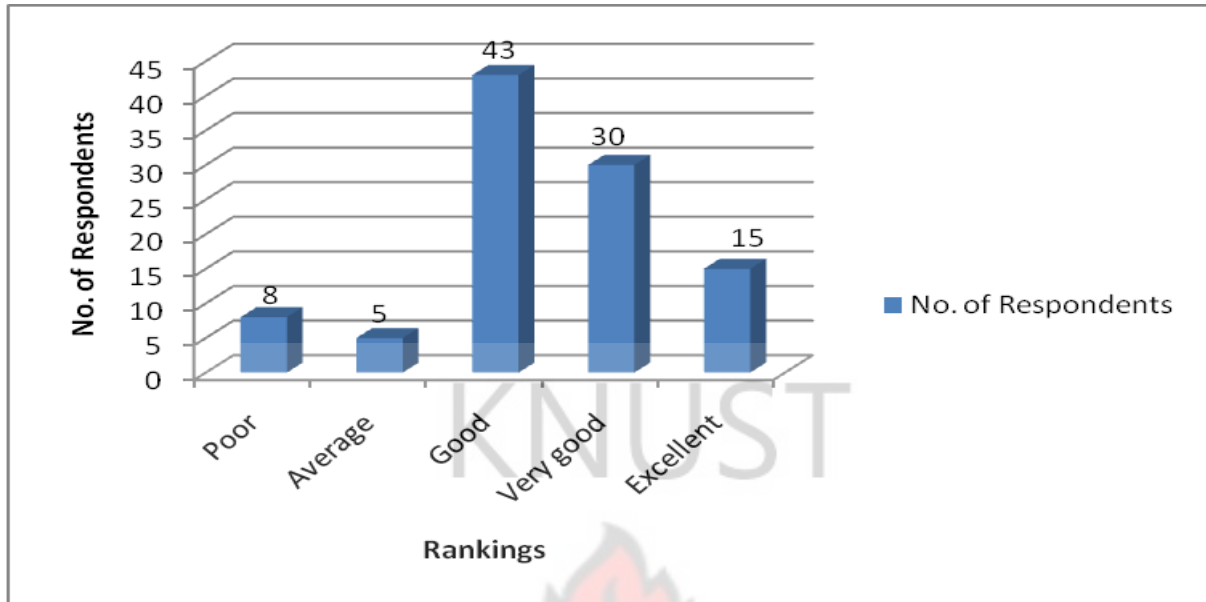
Table 13: A table showing respondents' general overview of service satisfaction

No. of Respondents	Ranking
8	Poor
5	Average
43	Good
30	Very good
15	Excellent
Total = 100	

Source: Researcher's field survey, May 10th 2011.

Table 13 above and figure 6 on page 49 depict respondents' over-all rank of the services of the hospital. As many as 73% of them rank the services very good and good and 15% rank it as excellent. As to how to give an overall description of the services of the hospital compared to other hospitals, 65% of respondents described the services as very competitive, while 35% described the services slightly competitive.

Figure 6: A Bar Graph showing respondents' general overview of service quality at the Hospital



Source: Researcher's field survey, May 10th 2011.

To make the hospital's services highly competitive than those of its competitors, respondents made a number of recommendations for the management and staff to consider and implement them. Among the recommendations were that, management should make sure that all the staff are properly trained on customer care and establish complaints or information desk at the hospital. They added that, the staff should always show respect as well as make themselves accessible to patients who need immediate attention and care.

4.9 (a) Responses of key Actors and Stakeholders on consumer care and satisfaction

A total number of ten (10) board and management members as well as key stakeholders interviewed on the performance of the hospital in areas of customer care, service utilisation, finances and challenges in relation to the development of the hospital provided the following responses shown in table 14 on page 50.

Table 14: Service Utilisation

Description of performance	No. of respondents	Percentage
improving significantly	4	50%
quite impressive	4	40%
no significant change	1	10%
declining	1	10%
Total	10	100%

Source: Researcher's field survey, May 10th 2011.

From table 14, 50% of these key respondents said the hospital's consumer care and satisfaction were improving significantly, while 40% said the performance of the hospital and its consumer care and satisfaction were quite impressive. These respondents are of the view that the increases in patients' attendance being 2008 (33,349), 2009 (42,411) and 2010 (47,719) are linked to improvements in the hospital consumer care and satisfaction programmes.

Again respondents who are board and management members agree that the hospital has the potential to do better in improving consumer care and satisfaction if the necessary systems are put in place. According to them some of the challenges facing the hospital are logistics, inadequate health professionals, inadequate infrastructure, and emerging competition from the private healthcare providers.

Their responses are shown in Table 15 below.

Table 15: A table showing challenges of the hospital as mentioned by the respondents who are management and board members

Challenges	No. of respondents	Percentage
Logistics	2	20%
Personnel	4	40%
Infrastructure	3	30%
Competition	1	10%
Total	10	100

Source: Researcher's field survey, May 10th 2011.

The assessment of these respondents of the level of customer care provided by the hospital is displayed in the table 16 below.

Table 16: A table showing board and management respondents' views on the hospital's customer care

Level of customer care	No. of respondents	Percentage
Excellent	2	20%
Good	7	70%
Poor	1	10%
Total	10	100%

Source: Researcher's field survey, May 10th 2011.

An interview with key respondents in management revealed to the study that the increases in OPD attendance has direct correlation with the trend of revenue generated.

Records on the hospital's OPD attendance for the past three years, that is from 2008-2010 confirm an increasing trend in attendance levels from 33,349 (2008), 42,411 (2009) to 47,719 (2010). Asked to comment on relationship between consumer care and increases in OPD attendance in an interview, 80% of key respondents in the survey mentioned that there is a direct relationship, while 20% were of the view that the annual increment can be attributed to factors such as increases in disease prevalence and accessibility due to the NHIS.

For them to get the maximum consumer patronage of health service offered to patients, management respondents indicated in the interview that, the hospital needed to introduce new products and programmes listed below. These are:

- i. strengthen the quality assurance team of the hospital;
- ii. make customer care one of the core values of the hospital;
- iii. introduce new services like dental, ENT and other specialist services.

4.9 (b) Responses of Respondents who are Civil Society Organisation (CSO) members

For the purpose of this research interviews and face-to-face round table discussions were held with key respondents consisting Civil Society Organisation (CSO) members on why they or their relatives go to the to access healthcare at Juaben Government Hospital.

These respondents said that the hospital is their first point of call when it comes to health services.

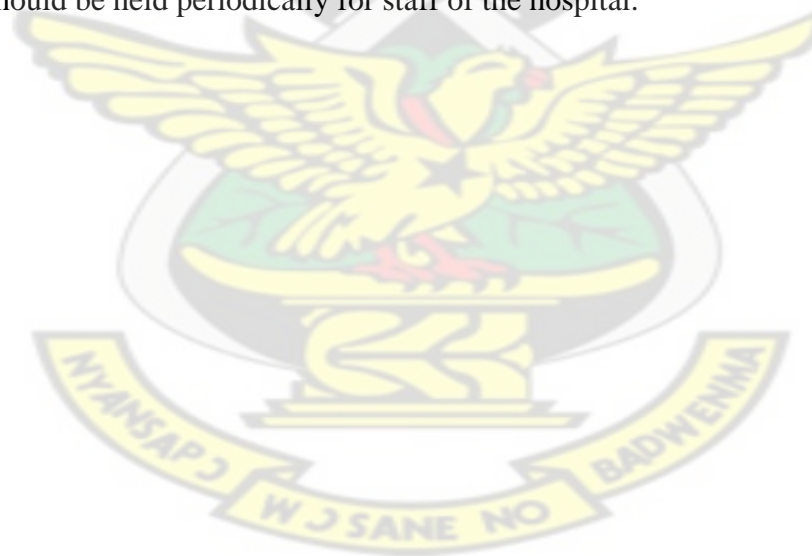
According to them, they rate the quality of healthcare at the hospital very satisfactory, but called for an improvement in service delivery especially at the medical records department. They were of the view that the hospital has the potential to render quality services given the calibre of the health professionals, the environment and facilities available at the hospital.

The environment of the hospital was described by these respondents to be very tidy. They however pointed out that the patients washrooms' cleaning should be done properly and if possible the frequency intensified.

Among the things they called on the management to consider for improvement are:

1. reduction in patients' waiting time;
2. institution of health talk at the OPD every morning;
3. ensuring staff courtesy, care and friendliness towards patients;
4. training and development of staff on courtesy, care and friendliness.

They recommended that the hospital should establish complaints boxes to enable patients channel their complaints and grievances to management for investigation. They also recommended that open fora and discussions on matters that border on customer care and satisfaction should be held periodically for staff of the hospital.



CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the findings of the research to enable conclusions to be made. The findings are drawn mainly from the research data bearing in mind the research objectives and questions. From the findings and conclusions, recommendations are made to the Board, Management as well as the staff of the hospital with the view that the hospital will improve on its customer care and satisfaction for a higher market share in health service delivery in the municipality.

5.2 Summary of Findings

The primary and secondary data made some revelations to the study. The researcher has high confidence in the research data and therefore states that what have been revealed by respondents to the study is representative of the entire population in the research.

The research has revealed that patients who visit the hospital for healthcare service are pleased with the environment. It was also revealed that health service providers at the hospital show their clients and consumers an appreciable level of respect, sympathy, courtesy and friendship. On internal service provision, it was revealed that internal service providers provide quality and timely service to their internal consumers such as doctors and nurses and this also enable them to provide high quality and timely services to external consumers.

The study has revealed that patients who accessed healthcare at the hospital are satisfied with the privacy and confidentiality exhibited by doctors, nurses and other para-medical staff. In addition to this a high percentage of respondents who are patients are educated about their health status and treatment regimens. It was further revealed that patients are also informed about results of their diagnosis. This makes them happy and gives them a sense of relief. The research has shown that patients whose conditions need further attention are provided with periodic reviews on treatment given and these give them assurance as well as boost their confidence for recovery. The hospital's consumer care and satisfaction is generally ranked excellent and good and this has given hospital about 60% market share in healthcare delivery in the municipality.

Few respondents and for that matter patients are however, dissatisfied with services at the OPD, Dispensary, Laboratory and the Consulting Rooms. Their dissatisfactions are seen in waiting times, lackadaisical and disrespectful attitudes and behavior of some nurses and other para-medical staff, unavailability of certain prescribed drugs which had to be procured elsewhere by the patient and unfriendliness language of few hospital staff.

Through the research observations and discussions held with focus groups and interviews revealed that service delivery delays are due to the following reasons- clients health insurance cards are validated using a computer software before the folders will be searched for manually; books and documents that are hand-written in addition to raising of patient billing processes.

Management has put in place consumer care and satisfaction programmes. They are planning capacity building programmes to educate and train healthcare delivery staff including doctors and nurses on consumer care and satisfaction. It has plans to introduce specialist services like dental and ENT to improve its consumer care and satisfaction in the long run.

5.3 Conclusion

The conclusion that can be drawn from the research data and analyses are that, the hospital has the capacity to improve its consumer care and satisfaction which will enable them increase their OPD attendance.

Even though the introduction of NHIS and the establishment of more private hospitals within the municipality has intensified competition, with appropriate consumer care programmes the hospital can still improve upon its current market share and subsequently revenue mobilisation.

It was realised that the management and board of the hospital are poised to improve infrastructure of the hospital and introduce more specialist services to serve their consumers better. During the study it was revealed that hospital is more consumer-focused and market-oriented this time than before due to the emerging competition in the healthcare industry in the municipality.

Finally, the OPD attendance has increased between 2007 and 2010 due to improved consumer care and satisfaction at Juaben Government Hospital.

5.4 Recommendations

The need for the government healthcare institutions particularly Juaben Government Hospital to restructure their customer care orientation programmes and make consumer care and satisfaction part of their organisational culture is long overdue. Based on this assertion and the findings of the study, the following recommendations are made for consideration of the board, management, and staff and other government hospitals in the country.

There should be an intensive in-service training for all the staff of the hospital on customer care and satisfaction. The process has started for all staff of the Ghana Health Service (GHS) to undergo such training. The hospital should take advantage of the process that has been started by the GHS.

The hospital should periodically measure customer care satisfaction levels through surveys and open forums with the communities that patronise their services. Even though the hospital has done few surveys on client satisfaction and rational use of medicine, the scope should be widened to include communities and all identifiable groups in the municipality.

Furthermore, the hospital should ensure customer relationship marketing. That is the facility should open avenues for frequent interactions with its clients. Healthcare consumers' needs, wants and concerns are constantly changing. The hospital should keep asking and listen to customers' feedback and analyse the feedback on an ongoing basis. By doing so, the hospital will be able to not only retain more customers, but continually recruit fresh and new customers. It should map out programmes and strategies that can be used to introduce new services tailored to consumer needs. This will surely increase the hospital's revenue.

The existing quality assurance team should be strengthened by the management. This team will be the main body that will ensure that the tenets of quality service are adhered to, and that they will work vigorously to achieve them. It will also be responsible for identifying quality problems and drawing up action plans as well as monitor and implement quality activities in the hospital. All staff should be made aware of the need to improve quality in their routine duties. Management should also bring to the attention of the quality assurance team quality issues that are beyond them but require more analysis and planning. Members of staff assigned to carry out specific quality improvement tasks should see those tasks as part of their routine responsibilities rather than extra duties. Units within the hospital should be regarded as quality action teams,

which identify and solve problems that emerge at the unit level. Every staff in each unit should be part of the action team.

The hospital should establish customers' complaints and information desk immediately. There is no proper and established procedure at the hospital for the handling of complaints. Worldwide financial services industry study shows that among customers who register a complaint, 95% will buy again if their complaint is resolved quickly. The study further reveals that customers whose complaints are resolved satisfactorily tell an average of five people about their good treatment. (Troubled Asset Relief Programme USA 2008)

The hospital should also institute awards and prizes for the staff who distinguish themselves in customer relations. This will serve as challenge to the other staff to strive for such recognition in the cause of their work.

Last but not least, the directional signs of the hospital need an immediate improvement to assist first time visitors locate their way easily. It was realised that most of the patients had difficulties in locating the eye clinic, laboratory and the maternity units. This could be addressed partly if an information desk is established.

These recommendations if adhered to and properly implemented will see the hospital reap the benefits of ensuring consumer care and satisfaction. Some of these benefits are:

- i. consumers will become loyal and develop a sense of familiarity;
- ii. consumers and patients are likely to comply with treatment;
- iii. the patient will build trust and confidence in the facility and be loyal;
- iv. satisfied consumers will tend to bring in more clients to the hospital;
- v. the hospital's revenue will continue to increase and this will help the hospital to grow and expand.

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Appendix Table 1: Public and Private Health facilities in the Ejisu-Juaben Municipality

No.	Facility	Location	Type	Ownership
1.	Apromase Health Centre	Apromase	clinic	government
2.	SDA Clinic –Nobewam	Nobewam	Clinic	mission
3.	Madonna Clinic	Besease	Clinic	mission
4.	Achiase Health Centre	Achiase	health centre	government
5.	Bomfa Health Centre	Bomfa	health centre	government
6.	Kwaso Health Centre	Kwaso	health centre	government
7.	Dakopon Hospital	Dakopon	hospital	private
8.	Ejisu Government Hospital	Ejisu	hospital	government
9.	Global Evangelical Hospital	Apromase	hospital	mission
10.	Paradise Hospital	Ejisu	hospital	private
11.	Rev. Walker Hospital	Kokobra	hospital	private
12.	Supercare Hospital	Ejisu Krapa	hospital	Private
13.	Divine Hospital	Ejisu	hospital	private
14.	Church of God- Essienimpong	Essienimpong	hospital	mission
15.	Onwe Government Hospital	Onwe	hospital	government
16.	Juaben Government Hospital	Juaben	hospital	government
17.	Donyina St. Anns	Donyina	maternity clinic	mission
18.	Fumesua Clinic	Fumesua	maternity clinic	government
19.	Bonwire Maternity	Bonwire	maternity home	private
20.	Humble Maternity Home	Kokobra	maternity home	private
21.	Jesus Is Lord Maternity Home	Ejisu	maternity home	Private
22.	Mama Tina’s Maternity Home	Kwaso	maternity home	Private
23.	Yaa Asantewaa Maternity	Ejisu	maternity home	Private

Source: Municipal Health Directorate –Ejisu

KWAME NKURUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI
INSTITUTE OF DISTANCE LEARNING (COMMONWEALTH EXECUTIVE MASTERS IN BUSINESS
ADMINISTRATION)

Questionnaires for Health Service Consumers

1. Introduction

My name is Francis Boadu, a student of Kwame Nkrumah University of Science and Technology, Kumasi. I am doing a study on the topic- **an assessment of consumer care and satisfaction in government healthcare institutions in Ghana. The case of Juaben Government Hospital in the Ejisu-Juaben Municipality** as part of the requirement for the award of the CEMBA degree.

I will be very grateful if you will spend some few minutes to answer this questionnaire about the services you have just obtained from the hospital. This is purely an academic exercise and information provided will be treated as confidential.

Thank you.

Tick () as appropriate

Demographic characteristics of respondents

1. Age.....
2. Sex.....
3. Educational Background
 - a. None ()
 - b. Primary ()
 - c. JHS/Middle School ()
 - d. SHS/Secondary school ()

e. Tertiary []

4. Occupation

a. Farming []

b. Business /Trading []

c. Civil Servant []

d. Unemployed []

e. Other(s) Specify.....

Level of Customer Care and the Factors that affect it (patients)

5. Is this your first time of attending this hospital?

a. Yes

b. No

6. If Yes, did somebody recommend this hospital to you?

(a) Yes

(b) No

7. How long did you wait before getting your folder at the medical records unit?

a. Less than 30mins ()

b. 1 hour []

c. 2 hours{ }

d. 3 hours{ }

e. More than 3 hours{ }

8. How long did you wait before seeing the doctor after taken your folder?

a. less than 30mins ()

- b . 1 hour []
- c. 2 hours[]
- d. 3 hours[]
- e. More than 3 hours[]

9. Did you like the appearances of the doctors, nurses, etc.

- (a) Yes
- (b) No

10 . Can you describe how you were received at the consulting room?.....

11. Were you physically examined?

- (a) Yes
- (b) No

12. Did the Dr/Medical Assist/nurse tell you the disease you were diagnosed?

- (a) Yes
- (b) No

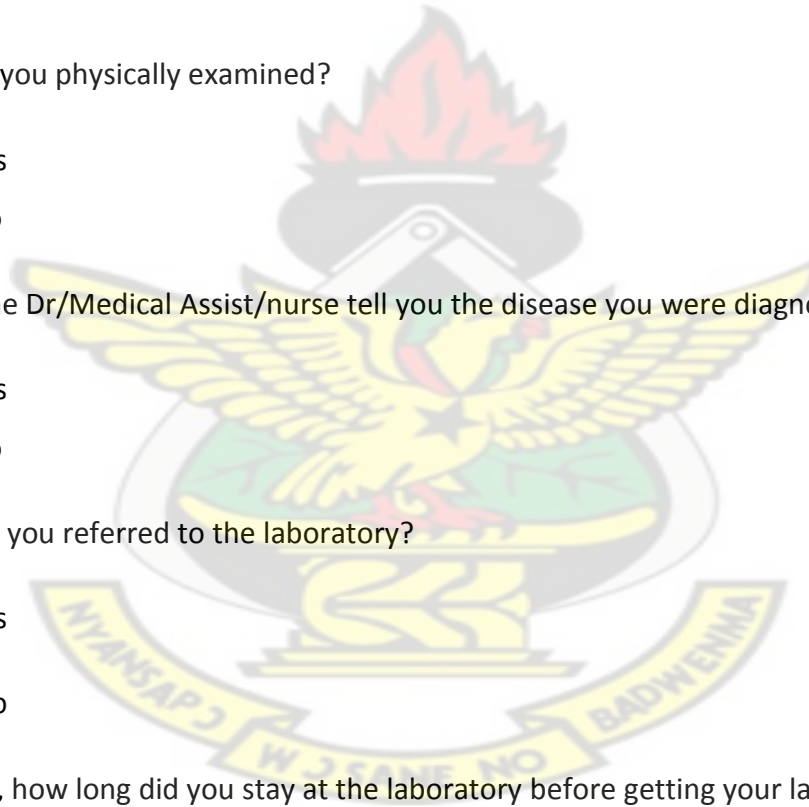
13 . Were you referred to the laboratory?

- (a) Yes
- (b) No

14. If yes, how long did you stay at the laboratory before getting your laboratory results?

- a. less than 30mins ()
- b .1 hour []
- c. 2 hours []
- d. 3 hours []

KNUST



e. More than 3 hours ()

15. Did you like the laboratory in terms of neatness?

(a) Yes

(b) No

16. How will you rate the services at the laboratory?

a. excellent ()

b. good ()

c. Poor ()

KNUST

17. Were some drugs prescribed for you?

(a) Yes

(b) No

18. Were you referred to the pharmacy to collect drugs?

(a) Yes

(b) No

19. Were you asked to buy the prescribed medicine or you collected them per NHIS medicine's

list?.....

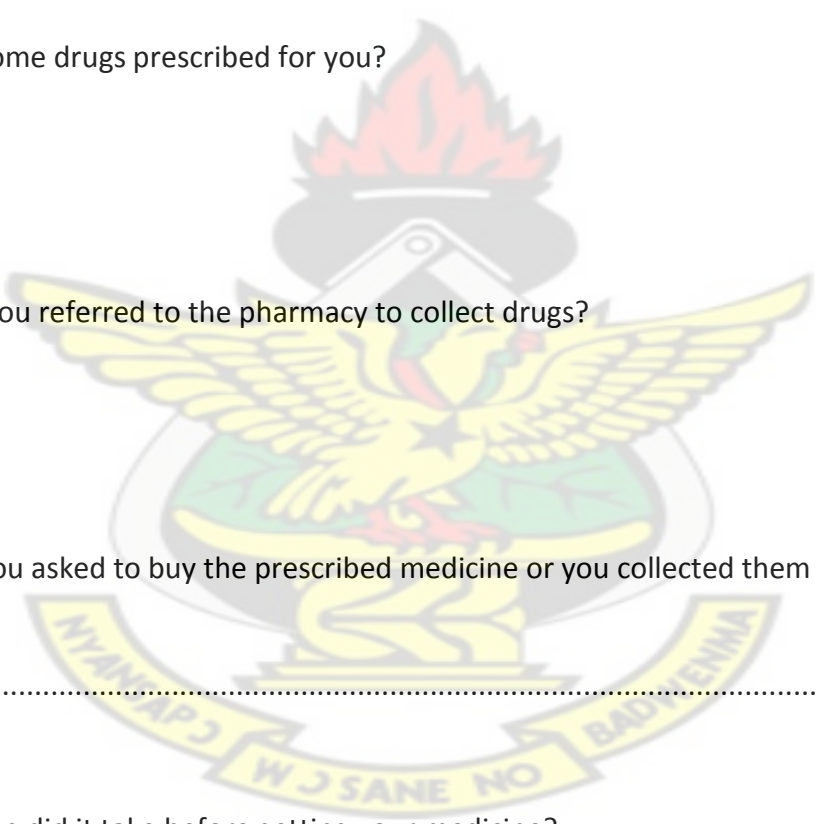
20. How long did it take before getting your medicine?

a. less than 30mins ()

b. 1 hour ()

c. 2 hours ()

d. 3 hours ()



e. More than 3 hours ()

21. Are you satisfied with information given by the dispensary staff on the administration of the drugs?

a. Yes ()

b. No ()

22. Did the Dr/MA/nurse/pharmacist educate you on your treatment regimen and its side effects?

a. Yes ()

b. No ()

23. Were you told whether or not you need to return for a review?

a. Yes ()

b. No ()

24. Were you satisfied with the total time spent at the facility?

a. Yes ()

b. No ()

25. Were you satisfied with the time management of the staff?

a. Yes ()

b. No ()

Hospital Staff Attitude

26. Were you accorded privacy during physical examination?

a. Yes ()

b. No ()

27. If yes, were you satisfied with the privacy provided?

a. Yes []

b. No []

28. Will you say you were assured of confidentiality at the health facility?

a. Yes ()

b. No ()

29. Were you given the opportunity to ask questions about something you did not understand?

a. Yes ()

b. No ()

30. If Yes, were you satisfied with answers given?

(a) Yes

(b) No

31. Did any staff talk to you rudely?

a. Yes ()

b. No ()

32. How would you rate the general attitude of staff at the facility?

a. Excellent []

b. Good ()

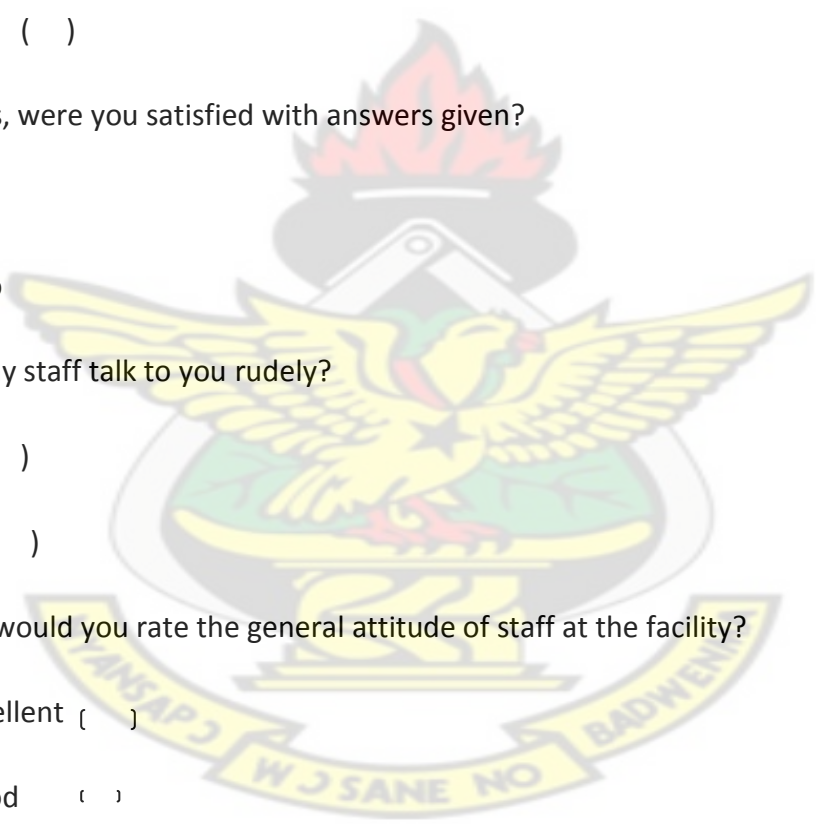
c. Poor []

33. What suggestions will you make to staff on their attitude to patients?.....

34. Did the staff assist you when you called for their help?

(a) Yes

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(b) No

General Questionnaires

35. How do you rate the hospital's environment in terms of cleanliness?

a. excellent ()

b. good ()

c. Poor ()

36. Did you get a proper place to park your vehicle?

(a) Yes

(b) No

37. Were there canteen services?

(a) Yes

(b) No

38. Did you like the canteen services?

(a) Yes

(b) No

39. If, No what did you find wrong about the services?

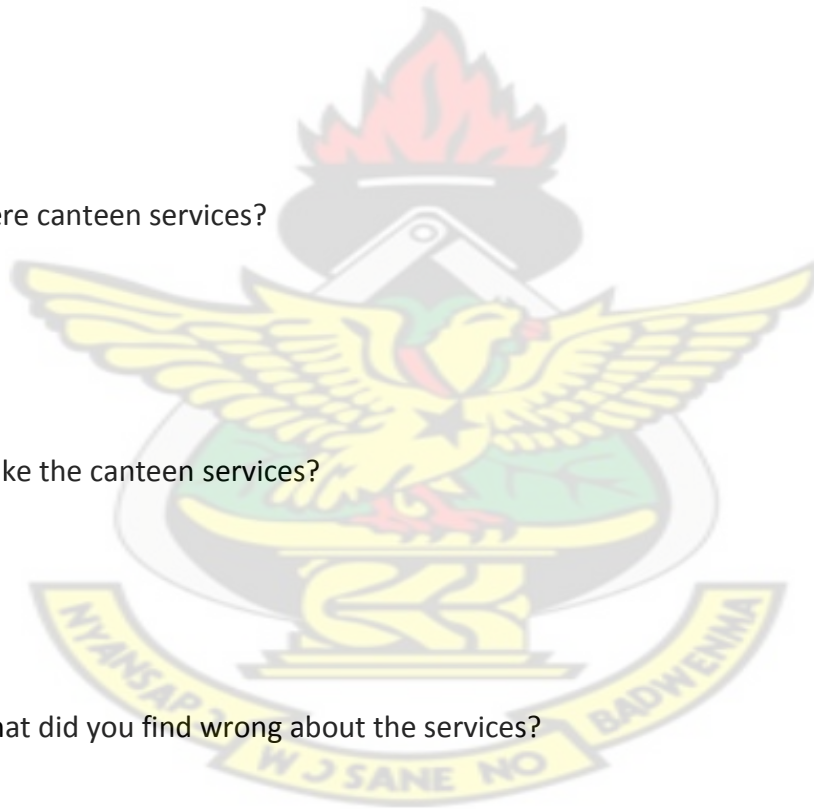
(i)

(ii)

(iii)

40. Does the hospital provide security?

(a) Yes



(b) No

41. If Yes , what is the form of security?.....

42. Were you satisfied with the security?

(a) Yes

(b) No

43. Does the hospital provide TV at OPD and wards?

(a) Yes

(b) No

44 . Was there any form of entertainment for patients?

(a) Yes

(b) No

45. How will you describe the general services at the hospital?

a. Poor

b. Average

c. Good

d. Very good

e. Excellent

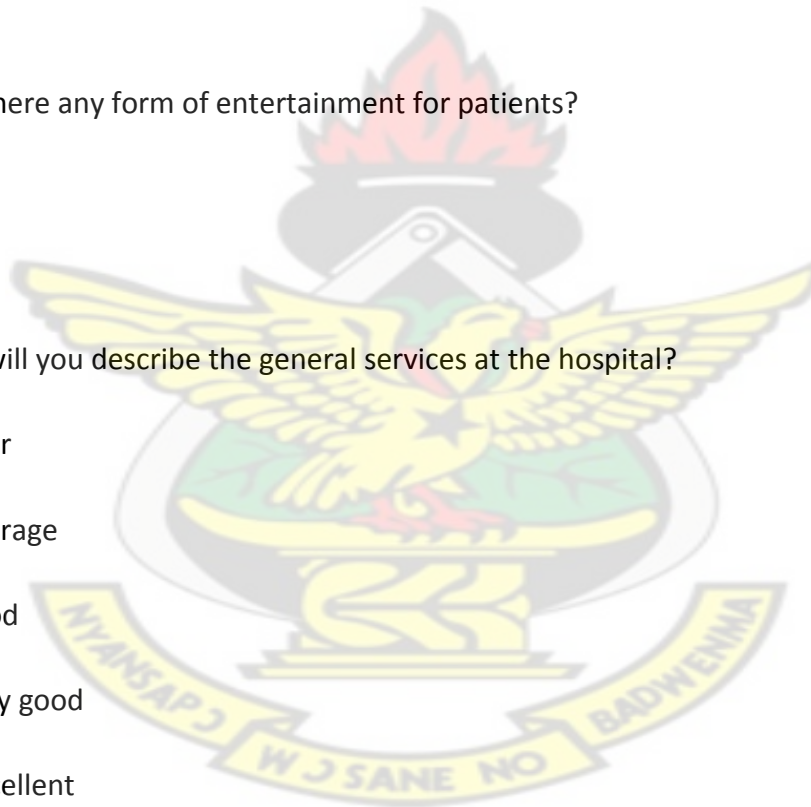
46. How will you compare the services of the hospital to others.

(a.) very competitive

(b.) not competitive

(c) slightly competitive

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(d) very bad

47. Are you satisfied with the services received?

(a) Yes

(b) No

(c) can't tell

48. If, No state why

(i).....

(ii).....

(iii).....

49. Name departments whose services are better

(i).....

(ii).....

(iii).....

50. Name departments whose services are poor

(i).....

(ii).....

(iii).....

51. What do you think should be done to make the hospital services better?.....

52. Will you recommend this hospital to somebody?

a. Yes

b. No

53. Any general comment from you.....

.....
.....

Thank you

Internal Customers (Staff)

1. Please are you a staff of this hospital?

(a) Yes ()

(b) No ()

2. If yes, which department do you work?.....

3. Please what is your profession an rank ?.....

4. How old are you?..... gender.....

5. Do you have any working relation with other departments of the hospital?

(a) Yes ()

(b) No ()

6. If yes, which departments

7. What is the nature of the working relationship?
.....

8. Are you satisfied with the services you receive from these departments?

a. very dissatisfied

b. dissatisfied

c . don't know

d. very satisfied

e. satisfied

9. If not satisfied, why.....

10. Does the service you received from the other departments have a bearing on how you provide services to patients?

(a) Yes ()

(b) No ()

11. (a) If yes, how ?.....

(b) If No, why ?.....

12. Any general comment on this internal working relationship ?

.....

Thank you

Board and Management Members

1. Please are you a board or management member

(a) Yes

(b) No

2. Age..... Gender.....

3. How do you see your hospital in terms of patronage by patients over the last 3 years ?

a) significant improvement

b) average performance

c) no significant improvement

d) declining

4. Do you think you could have done better than this in terms of patronage?

a) Yes

b) No

5. If Yes, what do you think are the challenges?.....

6. Are staff sensitised on the concept of customer care?

a) Yes

b) No

7. How do you see the level of customer care in this hospital?

a. excellent ()

b. good ()

c. Poor ()

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8. Do you have other healthcare providers in your catchment area?

a) Yes ()

b) No ()

9. If yes, do their operations affect the patronage of your services in terms of numbers?

a) Yes ()

b) No ()

10. Does the level of patronage of your services have an impact on your finances?

a) Yes ()

b) No ()

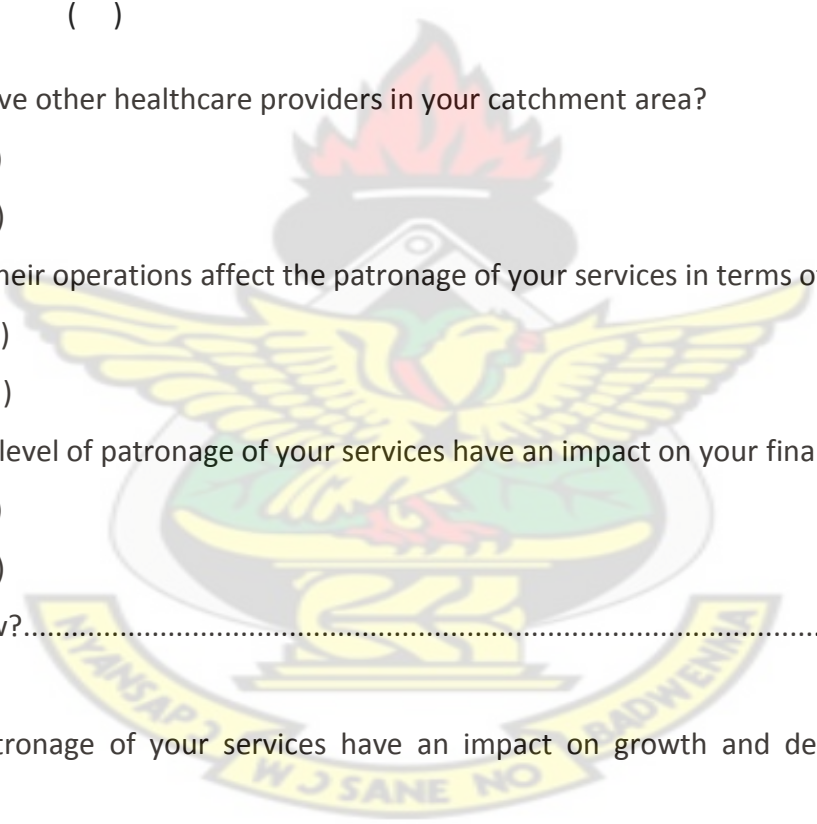
11. If, yes how?.....

12. Does patronage of your services have an impact on growth and development of the hospital?

a) Yes ()

b) No ()

13. If, yes how?.....



14. Do you have any plan to step up efforts in the area of customer care?

a) Yes ()

b) No ()

15. If yes, could you explain further?.....

16. Any general comment you want to make in relation to this interview

.....
.....
.....

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Thank you.

Civil Society Organisation Members interview guide

1. Age..... gender.....
2. Please can you say who you are (name, position, role) in the town?
3. Do you know Juaben Government Hospital? If Yes do you patronise their services? If No do you hear comments others pass about their services?
4. How do you rate their services when you go to the hospital for healthcare?
5. Is there anything you like about the hospital?
6. What are the things you dislike when you go to the hospital for medical services?
7. Do you have any recommendation to the management to improve their services?
8. Any other thing you want to say about the hospital and their services?

Thank you.