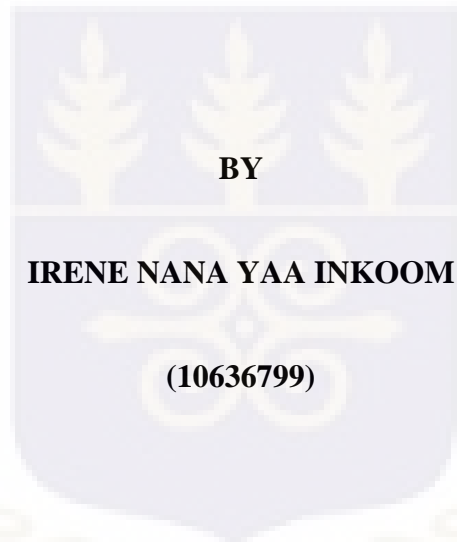


UNIVERSITY OF GHANA

**HEALTHCARE QUALITY AND PATIENT SATISFACTION AT INTERNATIONAL
MARITIME HOSPITAL-GHANA PORTS AND HARBOURS AUTHORITY (GPHA),
TEMA**



**THIS LONG ESSAY IS SUBMITTED TO THE DEPARTMENT OF PUBLIC
ADMINISTRATION AND HEALTH SERVICE MANAGEMENT OF THE
UNIVERSITY OF GHANA BUSINESS SCHOOL IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF MBA (HEALTH SERVICES MANAGEMENT)**

JUNE 2019

DECLARATION

I hereby declare that this thesis is the result of my own research undertaken towards the award of Master of Business Administration (MBA) degree in Health Service Management at the University of Ghana. Full acknowledgement has been given to where references have been made or cited. I wish to state with all academic honesty that, this is true and original work of mine. This research work has not been submitted anywhere in whole or in part, either for a certificate or for a degree by any other student for any academic award in any university.



.....

IRENE NANA YAA INKOOM

(10636799)

.....

DATE

CERTIFICATION

I hereby certify that this Long Essay was supervised in accordance with procedures laid down by the University of Ghana.

.....
DR. FRANCIS ANDERSON ADZEI

(SUPERVISOR)

.....
DATE



DEDICATION

I dedicate this project to the Almighty God, my parents, Mr Kofi Inkoom and Madam Felicia Yeboah and my husband, Mr Edmond Yaw Adjabeng.



ACKNOLWEDGEMENT

I am most grateful to the almighty God for all his provision for me throughout my studies. I am immensely grateful to my supervisor Dr. Francis Anderson Adzei for his patience, meticulous directions, unmeasurable support and guidance.

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TABLE OF CONTENT

Content	Page
DECLARATION.....	i
CERTIFICATION.....	ii
DEDICATION.....	iii
ACKNOLWEDGEMENT.....	iv
TABLE OF CONTENT.....	v
LIST OF TABLES.....	ix
LIST OF FIGURE.....	x
ABSTRACT.....	xi
CHAPTER ONE.....	1
RATIONALE FOR THE STUDY.....	1
1.1 Introduction.....	1
1.2 Background of Study.....	1
1.3 Problem Statement.....	3
1.4 Research Purpose.....	5
1.5 Research Objective.....	5
1.6 Research Questions.....	6
1.7 Significance of the Study.....	6
1.8 Organization of the Study.....	8
1.9 Chapter Summary.....	8
CHAPTER TWO.....	9
LITERATURE REVIEW.....	9
2.1 Introduction.....	9

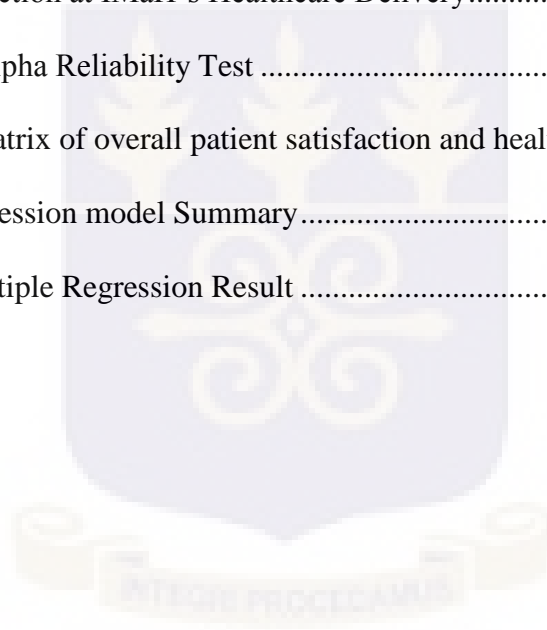
2.2 Conceptual Definitions.....	9
2.2.1 Concept of Service	9
2.2.2 Types of Service	10
2.2.3 Characteristics of Service	10
2.3 The Concept of Quality	11
2.4 Measuring Service Quality.....	12
2.4.1. Customers' Expectation of Service Quality.....	13
2.4.2 Customers' Perception of Quality of Service	13
2.5 Healthcare.....	15
2.5.1 Quality Healthcare.....	15
2.5.2 Quality Service in Health care Delivery.....	16
2.5.3 Service Quality Gaps.....	17
2.6 Patient Satisfaction with Healthcare	17
2.7 Patients' Satisfaction and Quality Healthcare in the Context of Ghana	19
2.8 Theoretical Framework	20
2.8.1 Tangibles.....	21
2.8.2 Reliability	21
2.8.3 Responsiveness	22
2.8.4 Assurance.....	22
2.8.5 Empathy	23
2.9 Conceptual Framework for the Study	25
2.10 Chapter Summary.....	27

CHAPTER THREE	28
RESEARCH METHODOLOGY	28
3.1 Introduction	28
3.2 Research Design	28
3.3 Research Approach	28
3.4 Target Population	29
3.5 Sampling and Sampling Procedure	29
3.6 Sources of Data	30
3.7 Data Collection Instrument	31
3.8 Data Analysis	31
3.9 Ethical Consideration	31
3.10 Scope of the Study.....	32
3.11 Chapter Summary.....	32
CHAPTER FOUR	33
RESULTS	33
4.1 Introduction	33
4.2 Rate of Response.....	33
4.3 Demographic Characteristics of Respondents.....	34
4.3.1 Demographics of Respondents	34
4.4 Expectation and Perception of Patients on Service Quality at IMaH	37
4.4.1 Patients Expectation on Health Service Quality at IMaH	37
4.4.2 Patients Perception on Service Quality at IMaH.....	39
4.5 Expectation and Perception of Healthcare Providers on Service Quality at IMaH	41

4.5.1 Healthcare providers' expectation on health service quality at IMaH	41
4.5.2 Healthcare Providers' Perception on Service Quality at IMaH.....	43
4.6 Patient Satisfaction of Healthcare Delivery at International Maritime Hospital	45
4.7 Cronbach's Alpha test of Reliability of Variables	47
4.8 Correlation Analysis.....	48
4.9 Regression Analysis	49
4.10 Chapter Summary.....	50
CHAPTER FIVE	51
DISCUSSIONS.....	51
5.1 Introduction	51
5.2 Discussion of Findings	51
5.2.1 Demographic Characteristics of Respondents	51
5.2.2 Patients and Healthcare Providers' Expectations and Perception of Service Quality at IMaH	53
5.2.3 Patients Satisfaction of Healthcare Delivery at IMaH.....	55
5.3 Recommendations.	56
5.4 Conclusion.....	57
REFERENCES.....	58
APPENDICES	66

LIST OF TABLES

Table	Page
Table 4. 1: Demographic Characteristics of Healthcare Providers.....	35
Table 4. 2: Patients Expectation on Health Service Quality at IMaH	38
Table 4. 3: Patients Perception on Service Quality at IMaH	40
Table 4. 4: Healthcare Provider’s Expectation on Health Service Quality at IMaH	42
Table 4. 5: Healthcare Provider’s Perception on Service Quality at IMaH.....	44
Table 4. 6: Patient Satisfaction at IMaH’s Healthcare Delivery.....	46
Table 4. 7: Cronbach’s Alpha Reliability Test	47
Table 4. 8: Correlation matrix of overall patient satisfaction and health service quality	48
Table 4. 9: Standard Regression model Summary.....	50
Table 4.10: Standard Multiple Regression Result	50



LIST OF FIGURE

Figure	Page
Figure 2. 1: Conceptual Framework for measuring quality healthcare	25



ABSTRACT

The overall aim of the study was to examine healthcare quality and patient satisfaction at the International Maritime Hospital of the Ghana Ports and Harbours Authority, Tema. The study employed mixed research approach with questionnaires as its major instrument for data collection. A total of 75 respondents participated in questionnaire administration with 74 being correctly filled and returned accordingly. Respondents included patients and healthcare providers, either nurses, doctors or administrators. The study reveals that, patients hold average expectations whilst having positive perception about the services provided by the hospital particularly in areas like reliability, assurance, responsiveness and empathy.

Further, the study reveals that, patients are satisfied with the service provision of the hospital in general and specifically in areas like responsiveness, empathy, reliability and that patients highly are satisfied with the services of nurses greatly than doctors of the hospital.

Following this, the study recommends that, management of the hospital should draw policies that is centered on responsiveness, reliability and assurance and empathy as this will help meet the needs and expectations of patients.

CHAPTER ONE

RATIONALE FOR THE STUDY

1.1 Introduction

Chapter one of the long essays discusses the background information and specifically treats the background to the study, problem statement, research purpose and research objective, questions guiding the study and significance of the study as well as how the entire research study is organized.

1.2 Background of Study

Healthcare sector and health delivery is often regarded as one of the most important sectors and services alike in the service sector around the world and Ghana (WHO, 2010). This has partly been occasioned by the positive impact of the sector to the development of the world's countries. Ghana has embraced the growth of the sector as an important agent in the economic fortunes of the country from the 1990s. The service industry includes "telecommunication, health, insurance, financial services, entertainment, among others" (State of the Nation Address, 2014) and client satisfaction is often the hallmark in the service industry. In the case of the health sector, patients' satisfaction forms as the focal and central focus of health service delivery and growth of the industry or otherwise. This is particularly the case as satisfaction of patients in the health industry is employed as an indicator of the extent of fulfillment of service received by patients from a given provider.

Empirical studies on healthcare delivery suggest that satisfaction of patients has been given prominence in both developed and developing countries since it helps determine the quality of service provision and also helps in planning healthcare delivery systems that meets the needs and expectations of patients (Camgoz-Akdag & Zineldin, 2010).

To achieve sound healthcare system and patient's satisfaction require the presence of good health facilities that seeks to provide the maximum client comfort. In the client's quest for service delivery, usually, quality selection is often made as an important factor in selecting where to receive medical care from. Patient satisfaction although "difficult to measure remains one major performance determinant and as such, many health facilities both public and private consider it as a crucial element in designing their business objectives" (Naidu, 2009, pg 18). Enhancing the delivery of service is a critical component towards the attainment of the Sustainable Development Goals (SDG3- Good health and wellbeing- (WHO, 2014). Thus far, it could be concluded that good health provision is a precondition for population's health and development. However, differences exist in terms of health organization; nature and content of services delivery as well differ from country to country, such that any effective health system is characterized by comprehensiveness, accessibility, and efficiency among such others. This signifies a systematic approach to health services organization in which the primary level is usually in the context of a local health system, which acts as a driver for the healthcare delivery system.

One major function of health institutions in Ghana and beyond is the delivery of health services which is accessible and meets the minimum quality standard of health care delivery (World Health Organisation, 2008). There is an increasing pace of competition in the healthcare delivery sector of Ghana among institutions and beyond due to several factors like globalization, technological advancement and the introduction of various healthcare subsidization schemes (Aikins, Ahmed, & Adzimah, 2014). The competition is among local and foreign as well as public and private health service providers. To attain competitive advantage in the health delivery business among institutions, the perception of patients for quality must be measured and with strategies for quality

adopted by management towards maintaining current client and securing future ones as well (Camgoz-Akdag & Zineldin, 2010).

It could be observed that, patient satisfaction in healthcare delivery is an important facet for success in healthcare delivery in examining the competitive nature of business. Owing to the highly competitive nature of healthcare delivery among institutions in recent times as regards the quest to maintaining already existing client, and how to attract new customers, service quality and client satisfaction is now regarded a major source of concern in healthcare management. This has resulted in the adoption of various schemes, processes and strategies to ensure that client are treated to the utmost best in health care service provision. In this regard, Karatepea, Yavas, and Babakus, (2011) and Sharma and Gupta (2004) stated that maximum satisfaction of client satisfaction is attained when the provider of service examines the expectations of service seekers. The purpose of this study is thus to ascertain the quality of health service provision through patients' satisfaction at the International Maritime Hospital in Tema.

1.3 Problem Statement

The increasing pace of globalization with its attendant impact on rapid technological advancement has greatly led to the consciousness and sophistication of peoples towards the quest for satisfaction of a felt need in all human endeavors. Not only have consumers become complex but have also become powerful in determining, what and how services and commodities should be rendered by the service providers and how service providers thrive in the world of business. Bamossy et al. (2006), posited that customer satisfaction is a greater determinant of performance and this has often resulted in higher expectations and perceptions on the part of consumers in service requisition process and customer retention on the part of providers consequently resulting

increased competition among service providers and the healthcare provision industry is no expectation to this new business phenomenon.

Following the high pace of expectations on the part of client to service provision, various studies have been conducted in that respect across the globe tracing back to the 20th century (Andaleeb, 1998 as cited in Adjei, 2015). For instance, studies have been conducted on various aspect of health care delivery and patients satisfaction in Europe, Asia and the America by Choi et al, (2004); Bradshaw & Bradshaw, (2004); Leatherman & Sutherland, (2003); Aldana et al (2012); Tucker & Adams (2001); Zeithaml (1988); Adrienne & Sinclair (2002) and concluded in most instances, largely, patients were satisfied with the pace of service provision except in few unusual cases etc. However, largely, the context of their study as regards environment, socio-cultural and political factors quite differs from Ghana and African in general which is a developing country and as such most of the findings cannot be assumed to be same with that of Ghana.

Again, in the case of Ghana even though many studies have been conducted on quality of healthcare, they have often focused on quality award dimensions (Atinga et al, 2011; MOH, 2007b; Osei et al., 2005; GHS, 2010) and have also concentrated on traditional public hospitals like the regional, district and teaching hospitals. Moreover, majority of the studies have reported that the quality of health services offered by these hospitals are inadequate in most instances through objective measures by patient's opinions and that of health professionals (GHS, 2008; MOH, 2007b) and mostly cited "long waiting time, frequent shortage of drugs and the poor attitude of health providers as factors militating against patients' satisfaction with quality healthcare in Ghana" (Atinga et al, 2011; Turkson, 2009).

Despite the seeming existence of various empirical researches on the quality of health care and patients satisfaction in Ghana, it is important to mention that, almost all studies have concentrated on traditional public health facilities with little or no effort or studies done on the extent of quality of healthcare services examined from client perspectives provided by institutional based health facilities like that of Ghana Ports And Harbors Authority , Volta River Authority, University of Ghana, and University of Cape Coast Hospital among such others (Adjei, 2015 and Essiam, 2013). The object of this study thus is to fill the vacuum of institutional based healthcare quality and patient's satisfaction perspective.

1.4 Research Purpose

The overall purpose of the study is to fill the vacuum left in literature on health quality and patient satisfaction in Ghana by examining the aspect of the institutional based healthcare delivery.

1.5 Research Objective

For the purpose of attaining the overall research purpose outlined above, the following specific objectives were outlined;

- To examine the expectation and expectation of patients on service quality in the International Maritime Hospital of the Ghana Ports and Harbours Authority
- To examine the expectation and perception of healthcare providers on service quality in the International Maritime Hospital of the Ghana Ports and Harbours Authority
- To examine the impact of quality healthcare delivery on patients' satisfaction in the International Maritime Hospital of the Ghana Ports and Harbours Authority

1.6 Research Questions

In order that the outlined research purpose and objectives were attained in the study, answers were sought for the following questions;

- What is the expectation and perception of patients on service quality in International Maritime Hospital of the Ghana Ports and Harbours Authority?
- To examine the expectation and perception of healthcare providers on service quality in the International Maritime Hospital of the Ghana Ports and Harbours Authority
- What is the impact of quality healthcare delivery on patient's satisfaction in the International Maritime Hospital of the Ghana Ports and Harbours Authority?

1.7 Significance of the Study

A number of factors have necessitated the conduct of this research work. Specifically, the conduct of this study will serve the following importance;

First, the conduct of this research will aid in filling the gap in literature on client healthcare quality and satisfaction in relation to the perspective of institutional based health organizations in Ghana and Africa as well. This will result from the focus of the study on institutional based health organization as against the traditional public sector health institutions in Ghana. Through the study, literature will now be made available on the perspective of clients as regards the quality of healthcare delivery and patient's satisfaction in such hospitals in Tema and Ghana at large.

Secondly, the study's findings will aid management of the facility have knowledge on the perspective of client as regards quality levels provided by the facility, whether or not they are good enough. This is possible as the study will seek to examine the perspective of service quality delivery and the gap in service quality delivery offered by the institution. In this regard,

management will have better understanding of the service provision rate and performance of the organization visa-vie the expectations and of client. This will result in the development of the most appropriate strategies and techniques for serving the interest and expectations of client if the facility.

Again, the conduct of the study will position the health institution in attaining competitive advantage over its competitors. This is the case as the study will expose the shortfalls in the performance of the organization as regards quality service provision and client satisfaction. With the knowledge of this and the development and subsequent adoption of the most appropriate customer satisfaction schemes and systems, the organization will now be at best to serve the interest and needs of client by improving on service delivery and client satisfaction. This will result in drawing more clients to seek for tis services and activities thus resulting in the attainment of competitive advantage.

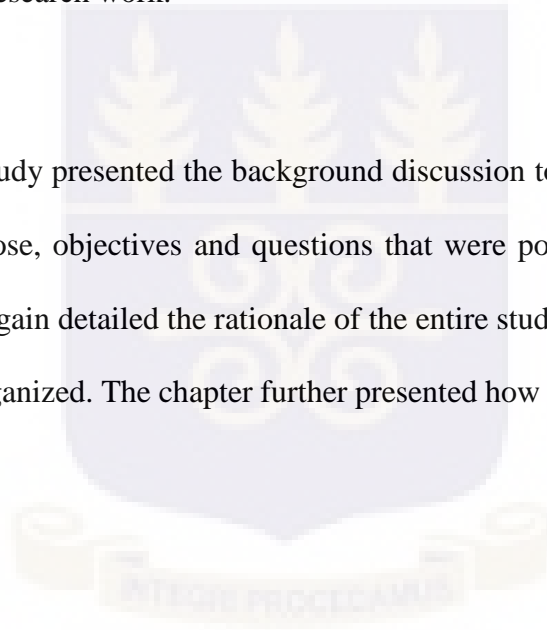
Finally, the conduct of the study will result in improving healthcare delivery in the entire country by examining the impact of quality healthcare delivery on patient's satisfaction. With this, the study will seek to find answer to the question of what is the impact of healthcare delivery on patients' satisfaction. Answers for this question will results in understanding what and how best client want service quality in the health sector of Ghana and what exactly are the setback for seeking healthcare provision among Ghanaians. By this, the state will have knowledge of the situation in the health sector and thus will resort to systems and procedures that will serve the purpose of developing peoples' interest in securing medical care in the country.

1.8 Organization of the Study

This research work is being organized into five different chapters with each chapter taking on a particular subject of discussions. As chapter one presents background, problem statement, research purpose, objectives and questions, significance and organization of the study; chapter two presents the literature review which discusses various themes and empirical investigations on the topic. Chapter three, however, discusses the methodology to the study with chapter four taking the results of the study. Chapter five, which is the last chapter, considered the discussions, conclusion and recommendations to the research work.

1.9 Chapter Summary

The first chapter of the study presented the background discussion to the study. The chapter also detailed the overall purpose, objectives and questions that were posed to attain the various set objectives. The chapter again detailed the rationale of the entire study whilst also presenting how the research work was organized. The chapter further presented how the entire research study was organized.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This second chapter details the various empirical literatures on the subject of study. The chapter specifically deals with; conceptual definitions, theoretical framework, conceptual framework and empirical literature.

2.2 Conceptual Definitions

This sub-section contains conceptual definitions of various terms associated with service quality and healthcare delivery sector.

2.2.1 *Concept of Service*

The term service as defined by Bateson and Hoffman (1999, pg.18 as cited in Adjei, 2015, pg. 28) “encompasses all forms of efforts, deeds or activities offered for sale or provided in relation with the sale or offer of a particular commodity like goods”.

In the case of Gronroos (2001) service refers to “those economic activities that typically produce an intangible product such as education, entertainment, food and lodging, transportation, insurance, trade, financial, real estate and take place in interactions between the customer and service employees and/or physical resources or goods and/or systems of the service provider, which are provided as solutions to customer problems”.

John (1991) presented that, service can occur in various forms, as performance or offering. The above definitions of service suggest that, service encompasses all forms of activities undertaken by an individual, group or organization for any other such group or individual. In this regard, any action or activity not rendered by a fellow for another or group cannot be described as a service.

The rendition of service could come for free or with payment or the agreement of receiving another form of service as a reward.

2.2.2 Types of Service

In an extensive search of the forms of services Schmenner (1986 as cited in Gronroos, 2001), categorized them into two broad types; vertical and horizontal dimensions. Vertical dimensions discusses the intensity of labor with regards to labor cost to capital whereas horizontal dimension takes on an examination of the rate at which customers in interact and impact on the nature of service delivered by an organization.

Gronroos (2001, pg.27) posited that, “services could occur in two main ways; high-touch or high-tech and that high-touch services are those, whose dependency rate on people is high in terms of their production in the production process whereas high-tech services however depend largely on automated systems and other forms of technology and physical resources as well”. Usually, physical resources and technologies of such kinds will have to be embedded into a well fitted customer-oriented fashion (Gronroos, 2001).

2.2.3 Characteristics of Service

Owing to the different forms of services, they equally carry different range of features. This subsection discusses the various different features associated with services and as illustrated by Kotler and Armstrong (2010);

- **Heterogeneity**

A critical feature of service is the differences in the nature of all services. This happens as services come in different forms ranging the provider, time, and location among others.

- **Intangibility**

Another critical feature of service intangibility. Generally, the extent to which a service is good cannot be guaranteed until it has been provided and proven to worth it by the service seeker. This is because, a service cannot be tested in advance by customers and firms cannot also establish the extent to which customers will receive the service until it has been consumed.

- **Inseparability**

Service provision is usually intertwined such that they often produce, delivered and consumed at the same time and not stored.

- **Perishability**

With service provision, they are often perishable since they cannot be stored for future use and will have to be offered at a particular point in time. As a result, usually, services are provided upon demands by customers. In this regard, if demands exceed production, it means such excess cannot be offered by the provider since they cannot be stored.

2.3 The Concept of Quality

Literature on quality shows that, the various forms of definitions have been provided for the concept by different researchers and organizations alike. Various, quality as a concept has been defined as;

On the part of Hardie & Walsh (1994 as cited in Adjei, 2015), quality refers to a “product performance which results in customer satisfaction freedom from product deficiencies, which avoids customer dissatisfaction”.

Juran, (1985 as cited in Adjei, 2015) defined it as “the extent to which the customers or users believe the product or service surpasses their needs and expectations”. Whereas Gitlow et al. (1989 as cited in Adjei, 2015) explained it as “the totality of features and characteristics of a product that

bear on its ability to satisfy stated or implied needs”. Feigenbaum, (1986 as cited in Adjei, 2015), referred to it as “the total composite product and service characteristics of marketing, engineering, manufacture and maintenance through which the product in use will meet the expectations of the customer”. Quality as a concept is regarded as an important issue in the management and survival of organizations particularly in relation to the services provided by a company as it helps in the provision of service that meets the satisfaction and expectations of customers as well as creating a positive image whilst sustaining the growth and development of organization. Ghylin et al., (2008, as cited in Adjei 2015, pg.75) for instance indicated that “one trait and feature of an enterprise or firm (as in property and character), an integral and vital character of a product or a person (as in nature and capacity), a notch of superiority (as in class) and as a societal standing (as in rank and aristocracy) and in order to improve and control its extents it must first be well-demystified and grade”.

The definitions above give impetus to quality as a necessary pre-condition for the development and growth of organizations. Juxtaposing the above definitions and with a critical consideration of literature on quality, quality is defined by the researcher as “the development, and institution of certain forms of measures, standards, practices and systems with regards to the production and sale of a particular commodity or service and which meets the set international, domestic standards for the management and consumption of such services or commodities”. This definition by the researcher is thus adopted for further discussions and deliberations in the study.

2.4 Measuring Service Quality

For the measurement of service quality, it is important to consider two key items; customer expectation and customer perception. Gronroos (2007) for instance submitted that, customers often judge a commodity based on two main factors; first, “the quality of a service is regarded as

low when actual performance is far less compared with the expectations held by consumers before the purchasing whereas it is regarded as high when actual performance exceeds the expected quality standards held by consumers before purchasing the commodity”.

2.4.1. Customers' Expectation of Service Quality

Expectations of customers refers to the “mindset or opinions held by them about a particular commodity or service and which examines the relationship between the actual performance of the products and its set standards and is often judged by customers where the provider of service is required and necessary to render and of which service providers must render and which is necessary as against what needs to be offered” (Gronroos, 2007, pg.37; Parasuraman et al., 1988, pg. 42). This happens due to their individual needs and experience with the service provider.

2.4.2 Customers' Perception of Quality of Service

Customers' perception of quality of service defines their understanding and views of a particular commodity or an organization as regards their performance (Parasuraman et al., 1988). Most literature posit that, “total insight of a service is dependent on their worldview or perception of the result and the process; where the result is either worth added or quality and the process is the role undertaken by the customer” (Edvardsson, 1994). In most instances, customers view of a given service or commodity in terms of the quality of service lies in between the expectations held and actual experience of the commodity.

The concept of customer expectations refers to what customers desire to secure after the patronage of a given service or product. The foremost process of a service provider in meeting and exceeding customers' expectation is to know the expectations of the said customers (Williams, 1994). Usually, before a service encounter, customers often have a predetermined level of quality service that they envisage to receive. Customer satisfaction entails the expectations and experiences held

by customers over a given product. Expectations involve both past and current evaluation and experiences of product and services secured by customers. According to Tschohl (2011, pg 13) “customers hold both explicit and implicit performance expectations for attributes, features, and benefits of products and services”. Expectations of the customer set the level or bar for satisfaction and which influences the decision for repurchase and continuous customer loyalty. This is because when a customer posits that your service delivery did not meet his/her expectations they hardly will return for another service or product purchase. On the other hand, if service rendition meets the needs and expectations of customers, the possibility of repurchasing and loyalty is high on the part of the customer to the service provider and most likely would recommend the organization to close associates (Tschohl, 2011). In the event a customer is satisfied with a service or product delivered, it is termed as customer satisfaction. Satisfaction could also emanate from the feeling a person derives of product consumption by comparing with other similar products. Since satisfaction varies from one person to another it is often regarded as utility and thus companies compete to satisfy customers (Anderson, 1995). Customer satisfaction is grouped into three main parts; perceived service quality, perceived value and customer expectations.

Perceived service quality is usually expected to have a positive relationship on customer satisfaction. Expectations are often employed as the standard against performance (Anderson, 1995). As a result, if customer’s actual outcomes surpass their expectations, then consumers are regarded as satisfied, on the other hand, if expectations exceed outcomes, then the customer is not satisfied (Anderson, 1995). Customer perception often is employed as the basis for judgment and comparisons (Sudhakar, Rao, and Rahul, 2012). By this, if the expectations of the customer exceed their level of perception, service quality provision falls below satisfaction and is often termed as

poor. If the perception of customers exceeds expectation, service quality is regarded as high. These three facets of service provision are indispensable for the assessment of service quality provision.

2.5 Healthcare

According to the WHO (2008c), healthcare is defined as “medical diagnosis, treatment and prevention of disease, illness, injury, physical and other mental impairments in humans”. This definition by the WHO (2008c) is widely adopted by various countries, researchers, agencies, organizations and professionals in the healthcare delivery. This is particularly so as most researchers, agencies, and organizations collaborate the definition of WHO (2008c) to mean the provision of primary, secondary and tertiary care as well as public health education related task. Healthcare provision is regarded as the most important role in promoting the general health and wellbeing of people around the world (WHO, 2010).

2.5.1 Quality Healthcare

In order that quality healthcare would be achieved around the world, the various movement in the United Kingdom in 1997 and the Institute of Medicine (IOM) in USA in (2001) organized various campaigns to ensure the attainment of quality healthcare by bridging the gap between actual and recommended healthcare standards (Oliver, 2005). Until recently, the quest for quality healthcare was “regarded as something best left to a few maverick enthusiasts rather than an essential capability for all healthcare staffs and patients” (Fillingham, 2008, p. 3). However in recent times, the call for quality healthcare has been on the radar of the WHO that champions quality healthcare implementation systems in member countries and by professionals (WHO, 2008). This calls for the development of capacity and capability of professionals in the healthcare industry towards building a robust healthcare system. Eccles et al., (2009) indicate that healthcare professionals’ definition of quality healthcare is heterogeneous in nature but patients seem to have some form of

commonality as regards the definition of quality healthcare. Debates on the definition of quality healthcare lies in whether the definition should focus on the perspective of the patients or the professional (Yildi & Demirors, 2012).

In relation to this, a recent study by Collins and Joyce (2008), in Ireland on how the definition of quality healthcare should be indicated that the definition should be patient centered since healthcare provision is a service to be rendered for them. This is because, as patients become satisfied with the provision of healthcare service, then it is considered as the best form of services.

2.5.2 Quality Service in Health care Delivery

According to the WHO (2008), different definitions exist for the term quality not only in terms of healthcare delivery but also all areas of service provision. As a result, a single working definition is required to ascertain what exactly constitutes quality in healthcare services. The WHO contends that, different terminologies such as utilization, access, coverage and availability are often used interchangeably to examine the rate and extent of quality service received by patients. Satisfaction of the patient relates to identifying the specific patients' needs and expectations in relation to a particular healthcare need of the said client and as provided by the hospital (Aikins, et al, 2014). Again, having the needed skills and medical equipment in a given health facility relates to having the preparedness to examine the needs of a client so as to respond to them.

With the increasing pace of customers' expectations, patients are becoming more knowledgeable and complex and hospitals' old schemes of management, staffing and quality assurance are being recognized to not be adequate for meeting such new development. Such old schemes must be replaced with much modern schemes and systems. Majority of healthcare organizations have become much more aware that improving healthcare systems require a better understanding of

what constitutes quality, the role of hospitals and professionals in attaining such and how such quality could be attained.

2.5.3 Service Quality Gaps

Literature on service provision and quality service outlines seven major gaps which form an extension of Parasuraman et al, (1985).

Gap1: Expectations of customers as against management perceptions

Gap 2: Perceptions of management as against service specifications

Gap 3: Specifications of service against service delivery

Gap 4: Service delivery against external communication

Gap 5: Discrepancy between customer expectations and their perceptions of the service delivered

Gap 6: Discrepancy between customer expectations and employees' perceptions

Gap 7: The discrepancy between employee's perceptions and management perceptions

2.6 Patient Satisfaction with Healthcare

The views and expectations of patients have become very paramount in the management and improvement process of healthcare systems both in Ghana and beyond. The concept of patient satisfaction refers to the level of contentment experienced by patients with regards to a particular service secured at a given health facility (MOH, 2007). To this end, patient satisfaction is the main ingredient for the survival of any health system and the primary role of health providers and institutions (GHS, 2010). It is the key criteria for examining how effective and efficient a particular health institution has been in existence as regards the provision of quality healthcare. Swamy (1997 as cited in Adjei, 2015) submitted that, patient satisfaction forms the bedrock to either declaring the efficiency or not of a particular health system and health administration. Owing to the vast array of service health seekers with different forms of needs, expectations of such service seekers

differ from one to another. As a result, the determination of a patient's actual feeling and contentment or not with service rendition is difficult to measure. Despite this, the onus lies in management of every health facility to create and implement systems that seeks ensure the attainment of comfort and satisfaction by patients as they secure medical care at such facilities (Wensing et al, 2012). In some cases, programme evaluators employ service quality to improve the service rendition ability of healthcare towards meeting the needs and expectations of client. To this end, both service providers and seekers consent to the fact that, the views of client in examining healthcare quality is very important for both service seekers and providers alike.

Dansky and Milles (2007) presented the management perspective of patient satisfaction and contended that, patient satisfaction is important for various reasons; First, patient satisfaction results in greater customer retention and commitment to service provision of a particular health organization; Secondly, a company's ability to address the expectations of patients results in the improvement of services and meeting the expectations of customers through the institution of effective and efficient systems for service delivery; Again, patient satisfaction results in the attainment of competitive advantage in the management of health institutions and this presents opportunities for the growth and development of health centers both in Ghana and beyond. Further, satisfied patients are more likely to follow the routine of medication prescribed for by practitioners and medical facilities as they secured health services; and finally, measurement of patient satisfaction aids in measuring the gap between patient's expectation and service provision and this aids in the improvement of a country's health system in general.

Similarly, Brent et al., (2013), Fekadu et al,(2011); Zineldin, (2006) indicated that patient satisfaction and its measure aids in addressing the competitiveness needs of health institutions as patients satisfaction results in the development of competitiveness. Another important aspect of

patient satisfaction is how well client do since patients outcome and service quality are positively related. Baltussen et al (2002) argued that patient's perspective of satisfaction includes the supply and utilization of drugs and healthcare in Burkina Faso. In the case of Ghana, the Ministry of Health has presented in their five year programme of work that, the satisfaction of patients of healthcare services in the country is the most important ingredient in the delivery of healthcare quality and that it forms one of the core strategy of the health sector reforms (MOH, 2015). Again, Turkson (2009), indicated that, the satisfaction of patient may be achieved by having knowledge of patients expectations and meeting their expectations, educating and training service providers on various needs and expectations of client whilst improving the environment of service delivery and providing the needed and high quality medication and motivation of health professionals and service providers (Fekadu, 2011).

2.7 Patients' Satisfaction and Quality Healthcare in the Context of Ghana

In the Case of Ghana, the quality of healthcare service provision is regarded as sub-standard if it does not meet the needs and expectations of client such that, patients wait for long always at OPD, there is frequent shortages of drugs, and other medical supplies, there is absence of health professionals and poor staff behavior and there is also the absence of emergency healthcare services (Turkson, 2009). In this regards, trust is broken among client who secure a particular service of a hospital and therefore fail to seek for healthcare from such facilities. Largely, this situation is not limited to only a few institutions but on a larger note despite the heavy government investment in the sector (Gyapong et al, 2007). In this regard, most people in Ghana regard the quality of service delivery as poor whereas others also regard it as high. However, sections of the population also regard the services in the health sector as better, according to Turkson (2009), after examining the quality of healthcare delivery services in some district in the country and responses

shows that, services are quite good. That is over ninety percent of respondents indicated of being satisfied or over satisfied with the healthcare delivery system. Participant in the study however name poor attitude on the part of health professionals, high cost of service delivery and limited ambulances as the major setback to their experiences.

In another study, Atinga et al (2011), examined how health staff courtesy, hospital environment communication and waiting time at the OPD impacted patients satisfaction in northern region of Ghana and concluded that factors like environment, waiting time and support care determined the satisfaction level of respondents and this resulted from the 51% of response generated from the regression model. In Sunyani, Peprah (2014) similarly applied the SERVQUAL model to study patient's satisfaction and concluded that patient were more satisfied with service provision

2.8 Theoretical Framework

The Service Quality Model- Measuring Quality Using the SERVQUAL Model

An incredible volume of variables exist as determinants in many written works towards estimating the nature of administration in a given industry. Parasuraman et al., (1988) distinguished estimates like fulfillment of the client, client recognition, desire for the client, and client disposition as basic to the proportion of administration quality. Despite the fact that few measures and models have been proposed for the estimation of administration quality, SERVQUAL has been viewed as the most overwhelming element and estimation framework for administration quality among the various frameworks and models in writing. Following the overall acknowledgment and acknowledgment of SERVQUAL, this examination embraces the model to gauge the nature of social insurance in GPHA emergency clinic at Tema. The SERVQUAL model includes a few distinct segments like: “tangibles, reliability, responsiveness, assurance and empathy and are the

basis for service quality measurement” (Parasuraman et al., 1988; Zeithaml et al., 1990). This study will thus employ the various elements of the model for the attainment of its objectives.

2.8.1 Tangibles

Effects in accordance with SERVQUAL includes all the physical parts in associations like materials, hardware, offices, and agents that can be seen and felt by the two workers and clients of the association and which more often than excludes the physical environment and condition and which fills in as proof of consideration and heading just as correspondence to the association (Fitzsimmons and Fitzsimmons, 2001; Davis et al., 2003). At the end of the day, effects contain the physical environment and proof for administration arrangement as contained by the supplier of administration.

2.8.2 Reliability

Another key part of SERVQUAL is dependability. Dependability alludes to the degree to which specialist organization's offices, products, staff and other basic wares at the authoritative levels are solid and reliable enough in helping the work and administration arrangement of the association. Dependability is significant for the achievement and development of the association (Frost and Kumar (2000). This incorporates however not constrained to standard conveyance of administration and the capacity of the association to adhere to understanding and course of action made with clients. Frost and Kumar (2000) introduced that, dependability hints the capacity of an association or specialist organization to embrace all concurred undertaking with the client with either constrained or no blunder.

2.8.3 Responsiveness

Responsiveness alludes to the capacity of association to fulfill every single concurred rule as respects speed and time of conveyance of administration as far as normal occasions or crisis times of administration. Ice and Kumar (2000) exhibited that, responsiveness alludes to "the speed and practicality of administration conveyance". This incorporates the capacity of the association to opportune react to crisis solicitation and administration needs of clients with constrained time spent by the client either pausing or line. The capacity of a firm to react opportune to the necessities of a client in this manner suggests a decent condition of client care and fulfillment. Devedakan and Aksarayli (2005) submitted for instance that, in the occasion a client is continued sitting tight for the demand of a specific administration with no unmistakable reason, it makes a negative impression of the shortcoming and poor administration conveyance of the firm though in the occasion the association can meet the auspicious need and solicitation of clients, clients create positive observation about the association.

2.8.4 Assurance

Affirmation subtleties the capacity of representatives of an organization to be respectful in the presentation of errand at work while displaying more noteworthy degrees of learning, abilities and experience. This passes on abnormal amounts of trust and certainty with respect to clients to the specialist co-op. Confirmation part of the model epitomizes things like, regard and courteousness, experience, information and abilities, uplifting dispositions towards clients just as great correspondence (Devedakan and Aksarayli, 2005).

2.8.5 Empathy

The final part of the SERVQUAL model is the empathy. Empathy according to Chase and Brown (1998) is the “provision of caring, individualized attention to customers”. Similarly, Devebakan and Aksarayli (2005) explained empathy to mean the ability of employees to make customers feel at home and comfortable in relation to various service requisitions. Empathy includes ability to understand the needs and request of customers, sensitivity and best methods for approaching customers. The model “identify a gap which maintains that satisfaction is related to the size and direction of disconfirmation of a person’s experience vis-à-vis his/her initial expectations” (Parasuraman, Zeithaml & Berry, 1985).

The SERVQUAL model is the most dominant model in healthcare quality provision and patient satisfaction. For instance, a search in the empirical literature on healthcare quality examination has revealed the application of the model for the following use in different socio-cultural settings; In an examination of the quality of physiotherapy services rendition in Dundee Scotland, Devebakan and Aksarayli (2005), they applied the five main features of the model, namely, tangibles, reliability, responsiveness, assurance (including competence, courtesy, credibility, and security) and empathy (including access, communication, and understanding). The application of the main tenet of the model resulted wholly in examining the level of satisfaction of service seekers and concluded thus that, customers really appreciated the various services rendered even though there was a gap in perception and expectation of customers and this could be improved. They further instigated that, assurance and empathy were very critical for the improvement of quality healthcare.

Again, in United Arab Emirates, Edvardson (1994), compared the quality of service provision between public and private organizations and employed the five main dimensions of the model,

namely; empathy, tangibles, reliability, responsiveness and supporting skills. Their finding showed a difference in the level of satisfaction and quality of service rendition among the two streams of healthcare provision. For instance, they concluded that, public hospitals were perceived to be better on service quality as against private hospitals.

Similarly in Northern Cyprus, Yesilada and Direktor (2010), employed the SERVQUAL model and based on three critical quality dimensions; reliability–confidence, empathy and tangibles to examine the quality of healthcare between public and private hospitals. Their study found out that both public and private hospitals failed to provide the expected services to various clients who throng the facilities to seek for medical care. However, largely, public hospitals provided the lower levels of quality care than private organizations. As a result, the researchers recommended for further studies on the causes of the gaps between patients expectations and hospitals performance and as such recommend the best possible means of improving service rendition.

In Pakistan, similar study was conducted by Irfan and Iiaz in (2011) to examine the performance of public and private hospitals as regard quality service provision and employed SERVQUAL instrument. They concluded that, better services were being provided by private sector led organizations as against public sector organizations. Essiam (2013) also applied the SERVQUAL model to examine quality dimensions and patient satisfaction with healthcare delivery in a public university hospital of Ghana and found out that the satisfaction of patient is explained better by perceived responsiveness, followed by perceived empathy, perceived assurance, perceived tangibility, and perceived reliability.

The SERVQUAL model is selected for this study because it explains and depicts basically the various element and process of quality of service. Employing patient satisfaction, the concept of

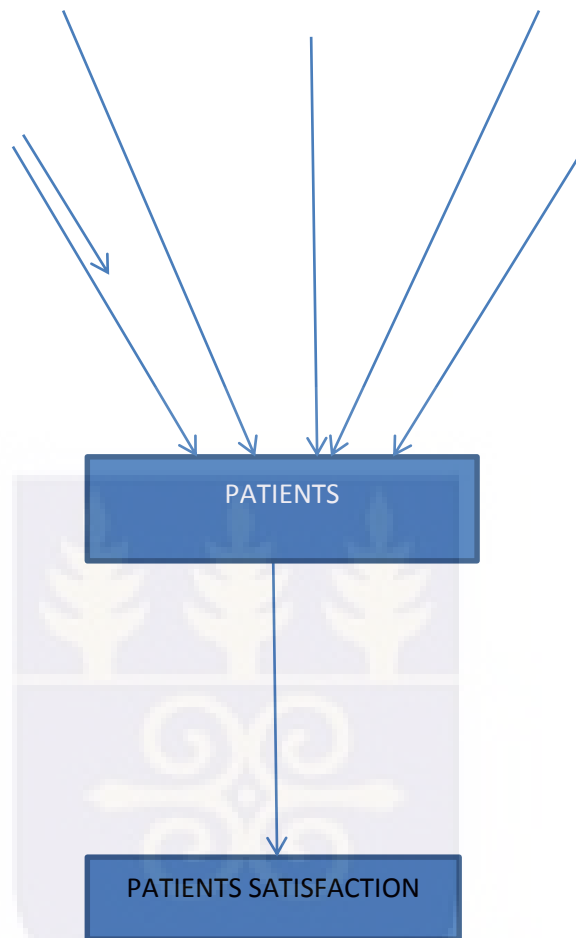
expectation which forms part of the model is being applied since perception positively relates with the extent of patient satisfaction. This is because, their satisfaction level will be held as a perception of the services and extent of quality of a particular hospital (Naidu, 2009; Pakdil & Harwood, 2005; Drain, 2001). After offering a definition for the concept of quality and service quality, the researcher would need a model and system that that would assist in the measuring of quality and quality standards of service delivery. The model contains the attributes necessary to improve service delivery, the extent of improvement needed and how the contribution of the improved service quality could be assessed (WHO, 2014).

Again, the model is being applied because it can used to examine the perception of client on healthcare quality of a given hospital as against its major competitors as it allows for the identification and presentation of strength and weaknesses in a competitive industry. Moreover, it allows a company to assess its quality performance employing various dimensions of service quality. Finally, the model could be used in any service rendition industry as it provides a general framework that can be adjusted to suit a particular service sector with its unique features. It is thus applicable in every society, cultural and political settings regardless. Based on the vast array of advantages offered, the Parasuraman et al. (1988) SERVQUAL model will be adopted with it five major features to assess health quality provision at the GHPA Tema hospital.

2.9 Conceptual Framework for the Study

Figure 2. 1: Conceptual Framework for measuring quality healthcare





Source: Author's construct (2019) as adapted from SERVQUAL MODEL (Parasuraman et al, 1988)

Contained in figure 1.0 is the conceptual framework for measuring healthcare quality and which guides the conduct of the study. That is usually, patients of healthcare service although have many perceptions, the above listed five are very key to determining their level of satisfaction or otherwise of health service. The model reveals the relationship between the dimensions of service provision and patient satisfaction of health service quality. The five independent dimensions according to the diagram all have an impact on the patient in one way or the other.

Tangibles: It examines and measures the physical environment of the hospital in relation to the Out - Patient Department and the state as well as nature of the equipment used at the hospital.

Responsiveness: Deals with the caring nature of the staff as regards the health needs of patients

Reliability: It describes the trust of patient regarding services offered according to the standard of Operating Procedures (SOP's) and consistency in care delivery.

Empathy: Details the interest of the patients at the heart of the staff.

Assurance: This dimensions measures the efficiency of the hospital as well as skills and professionalism of staff

Patient's satisfaction: This measures the level of satisfaction of patients with respect to service received and whether they will revisit the hospital.

2.10 Chapter Summary

The second chapter of the research work presented the various empirical literature to the study. The chapter discussed the concept of service and quality, healthcare and quality healthcare as well as the expectations and perceptions of patients on quality healthcare. The chapter again discussed the quality healthcare as pertains to Ghana, and the theories and conceptual framework guiding the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Chapter three of the research work details the methods and approaches employed for the study. The section discusses how the entire process of data collection and presentation of findings were made. Specifically, the chapter discussed the research design, research approach, target population, types of data, research instrument, sapling size and sampling approach and data analysis procedure.

3.2 Research Design

The study employed the case study design to for its data collection and objective attainment. A single case of the International Maritime Hospital of the Ghana Ports and Harbors Authority in Tema was considered to carry out this project. The choice of just one case organization for the study is due to the fact that, it is an institution based health service provider and receive several clients, both of different nationals with a modernized features of healthcare service provider and which aided in examining what client actually want in healthcare service provision as regards quality and satisfaction.

3.3 Research Approach

Research design refers to the strategic framework that guides research activities to produce sound results (Creswell, 1998). A research design is comparable to “an architectural blue print”. There are diverse categories of research design centred on different philosophical assumptions, categories of strategies used and detailed methods employed. The choice of a particular research design is based on the research objectives and questions (Creswell, 2007). According to (Creswell & Clark 2007), research designs falls in three categories, the Qualitative, the Quantitative and

mixed methods approach. Qualitative research seeks to examine a particular situation by adopting exploratory or descriptive techniques to generate words rather than numbers as data for analysis. Quantitative analysis on the other hand seeks to measure the relationships that exist between variables. Mixed method approach combines both qualitative and quantitative methods. This study employed mixed methods of research. It is a type of method use to cover both statistical and qualitative data. Mixed research approach was used to assist in gathering quantitative data whilst also aiding the usage of qualitative schemes and principles in the conduct of the study.

3.4 Target Population

This study employed patients who secure services from the GPHA hospital in Tema. Moreover, staff of the hospital will be employed for the study. Owing to the high number of client who visits the facility on daily basis, at 50 client and 25 health professionals spanning doctors, nurses and administrators of the health center formed part of the study. The choice of patient and health professionals as target population in the study draws from the fact that, they serve as the primary agent of examining the quality of service provision and satisfaction in the hospital. Again, it is quite unlikely to assembly all client that throug the health center for questionnaire administration. As a result, it was proper to have a handful of client for the study as against hoping to assembly all of them and which can never be possible. According to Saunders, (2009; 18) “if the greater population cannot be covered, then every effort should be put to obtain as high response rate as possible to ensure that the sample be a representative of some major characteristics for the population” and statistical inference can be drawn (Didier, 2013).

3.5 Sampling and Sampling Procedure

The simple random sampling and convenient sampling techniques are adopted to cover both client and employees of the hospital. Simple random sampling is a non-probability sampling technique

in which every member of a population has the chance of being chosen for the study. In this study, specifically, all clients, those who have visited the facility for more than once or not as well as men and women had the possibility of being chosen without preference to anything or feature whatsoever. Respondents who serve as employees at various departments also formed part of the study without any special form of consideration to any department. In all, a total of seventy-five (75) respondent's size participated in the study with client being 50 and employees being 25. The choice of 75 respondents was informed by the need to a wider respondent's size covering both patients and staff so as to assist in the overall examination of the quality of healthcare provision in the facility.

3.6 Sources of Data

The study employed both primary and secondary data. Primary data are data observed or collected directly from first-hand experience. In other words, it is the original data obtained through first-hand investigation. Primary data include information collected from interviews, experiments, surveys, questionnaires, focus groups and measurements. An advantage of primary data is that; it is specifically tailored to one's research needs. However, it is expensive to obtain. Primary data for the study were gathered through fieldwork by administering questionnaires. Primary data was adopted for this research work as it paved way for the collection of first-hand information from the various respondents.

On the other hand, secondary data refers to data that have been already collected by and readily available from other sources. That is, it is data collected by someone other than the user. Common sources of secondary data include consensus, information gathered by government department, organization records and data originally collected for other research purposes. An advantage of secondary data is that, it is readily available and cheaper. However, there is the possibility of data

inaccuracy with secondary data. In the case of this research activity, secondary materials were obtained from books, reports, newspapers, articles, journals, and past thesis. This was done by reviewing existing related materials to the topic under study by gathering ideas from those past works.

3.7 Data Collection Instrument

Data for the study was obtained by through questionnaire administration. Separate questionnaires were made for staff and patients. Each questionnaire contained three separate sections with different forms of questions. Respondents were provided with a five likert scale to choose from the alternative answers attached to each question. Questions were close ended. Questionnaire was used as it aids respondents to have the independence and time to answer questions on their own and at the appropriate time without being under any pressure and influence of the researcher. The choice of questionnaire method was informed by the nature of the study as it sought to delve into the expectations and perceptions of client on service quality.

3.8 Data Analysis

Data analysis is the interpretation of information gathered during the research activity. For attaining uniformity and coherence, data gathered from the study was analyzed using SPSS version 25. Responses were coded with codes generated for each question. Various figures, percentages, and other statistical tools were used to analyze the data. Data was presented through thematic analysis model accompanied by detailed descriptive and qualitative interpretations.

3.9 Ethical Consideration

For the purpose of ethical considerations, the researcher sought permission from the hospital from authorities before conducting the study.

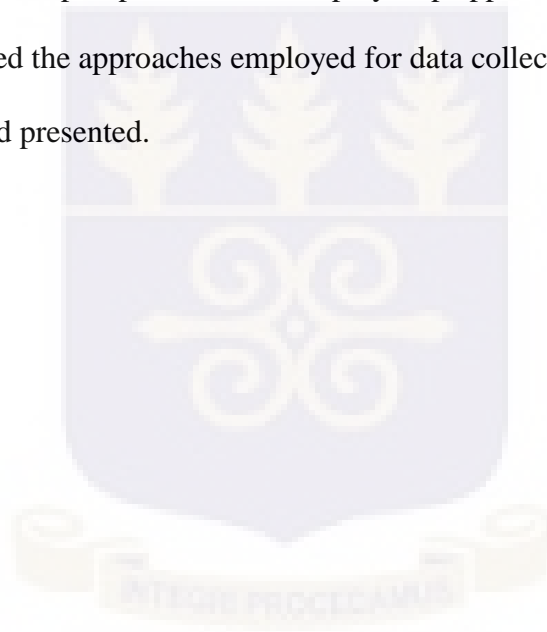
Again, respondents, personal identity were hidden to allow confidentiality. They were further assured that, this work is only for academic purposes and that information provision does not in any way affect the hospital or the respondent.

3.10 Scope of the Study

This study was restricted to only the IMaH patients of the hospital as well as staff.

3.11 Chapter Summary

The research methodology chapter presented the step by step approach of how the entire study was conducted. It discussed the approaches employed for data collection, as well as how the data gathered was analyzed and presented.



CHAPTER FOUR

RESULTS

4.1 Introduction

This section provides a comprehensive presentation of the results obtained from the data analyses. The analyses provide answers to the research questions in order to achieve the study objectives outlined in chapter one. The data analyzed was obtained using questionnaires administered to the selected respondents which consisted of both patients and healthcare providers at the International Maritime Hospital of the Ghana Ports and Harbours Authority. The study adopted a mixed analysis which consists of four main analyses: descriptive analysis, reliability analysis, correlation analysis and Standard multiple regression analysis. The analyses were carried out using SPSS version 25 to compute the various statistics. Responses from the closed-ended questions were coded, grouped, and analyzed from which frequencies and percentage were calculated.

4.2 Rate of Response

The questionnaire was administered to randomly selected respondents (consisting of healthcare providers and patients) at the International Maritime Hospital of the Ghana Port and Harbor Authority. The questionnaires were filled and returned within few minutes. 75 questionnaires were administered to the respondents in total: 25 questionnaires to the healthcare providers and 50 questionnaires to the patients. All but one of the questionnaires was adequately answered and returned. That is, 74 questionnaires were properly used: 24 from the healthcare providers and 50 from the patients. Thus, a response rate of 98.67% was achieved which indicates that the respondents were interested in the study.

4.3 Demographic Characteristics of Respondents

The details of the demographic characteristics of respondents are presented in this section. The total sample size used for the study was 74 respondents which included 24 healthcare providers and 50 patients who visit the International Maritime Hospital of the Ghana Port and Harbor Authority.

4.3.1 Demographics of Respondents

Table 4.1 shows the frequency distributions and their corresponding percentages of the gender, age, religion, nationality, marital status, profession and years of working experience at the hospital.



Table 4. 1: Demographic Characteristics of Healthcare Providers

	Frequency	Percent (%)
Age		
18-25	21	28.4
26-35	28	37.8
36-45	18	24.3
46 and above	7	9.4
Total	74	100.0
Gender		
Male	30	32.8
Female	44	62.8
Total	74	100.0
Profession		
Patients	50	67.5
Doctor	4	5.4
Nurse	20	27
Total	74	100.0
Religion		
Christianity	50	67.5
Muslim	15	20.3
Traditionalist	7	9.4
Other	2	2.7
Total	74	100.0
Marital Status		
Single	28	37.8
Married	36	48.6
Divorced	10	13.5
Total	74	100.0

Source: Field data (2019)

It can be observed from Table 4.1 that more than half of the respondents were female with a percentage of 62.8% and a frequency distribution of 44 out of 74 respondents. The percentage of the male is less than half of that of the female. The male represents 32.8%, also with a frequency distribution of 30 out of 74 respondents. The gender disparity in the health service sector as regards employees for instance is clear with female domination of the health services sector. Thus, it is seen that the distribution is skewed towards the female respondents.

From the table, it can be seen that most of the respondents fall between the age range of 26-35 and 18-25, with the remaining respondents falling between the ranges of 36-45 and above. 28 respondents representing 37.8% fell within the age's range of 26-35 whereas 21 representing 28.4% fell within 18-25. The age distribution of the respondents is distributed fairly well across the age ranges which provides perception not skewed towards one age group.

In order to ensure that perceptions were obtained from healthcare providers across various professions both doctors and nurses were targeted. Majority of the respondents were nurses which clearly explains why majority of respondents were females notwithstanding that there are male nurses in recent times. From Table 4.1, 20 of the respondents were nurses representing 27%, whereas 4 were doctors representing 5.4%. The proportion of doctors was less possibly because the doctors are usually hard to come by and are mostly in the hospital for appointment or consultations. On the other hand, patients numbered 50 representing 67.5%. This indicates a higher patient's response rate.

The distribution on marital status from Table 4.1 shows that majority, 36 representing 48.6%, of the respondents are married and 10 representing 13.5% have been once married but divorced.

The remaining 37.8% which represents 28 are still single.

In terms of religion, majority, 50 respondents representing 67.5%, were Christians, whereas the least of respondents forming ratio 2 and representing 2.7% were from other religions aside Christianity, Islamic and traditional religion which are commonly known in Ghana.

4.4 Expectation and Perception of Patients on Service Quality at IMaH

Quality of service in healthcare literature is predicated on several dimensions, five of which form the core of service quality in healthcare provision and significantly predict the satisfaction level of patients. These five main dimensions include reliability, assurance, tangibles, responsiveness and empathy. These dimensions owing to their influence to service quality examination were employed for this study. A five likert scale were developed various forms of indications under each dimension to examine their importance or otherwise both to the patients and healthcare providers. Responses generated are discussed as follows;

4.4.1 Patients Expectation on Health Service Quality at IMaH

In order to examine health service quality on patient satisfaction, the expectation of the patients was sought with regards to their engagement with the International Maritime Hospital. Likert Scale where 1= not at important at all to 5= very important, was used to measure the expectation of patients before using the service provided at the hospital. 5 main items were used to assess the perception about the service quality at the hospital, with each item having a sub-item. Overall, 22 sub-items are used. The mean expectation of patients is computed and presented in Table 4.3.

Table 4. 2: Patients Expectation on Health Service Quality at IMaH

	N	Mean	Std. Deviation
Reliability			
ER1	50	3.94	1.02
ER2	50	4.10	0.74
ER3	50	4.32	0.79
ER4	50	4.12	0.90
		4.12	0.66
Assurance			
EA1	50	4.14	0.78
EA2	50	4.04	0.81
EA3	50	4.08	0.85
EA4	50	4.12	0.82
		4.10	0.63
Tangibles			
ET1	48	4.06	1.04
ET2	49	4.33	0.72
ET3	50	4.02	0.65
ET4	50	3.92	0.75
ET5	49	3.98	0.83
ET6	50	4.22	0.82
		4.07	0.56
Empathy			
EE1	50	4.20	0.83
EE2	50	4.08	0.72
EE3	50	4.06	0.84
EE4	50	3.82	0.98
EE5	50	4.12	0.80
		4.06	0.60
Responsiveness			
ERE1	50	4.14	0.78
ERE2	50	4.10	0.89
ERE3	50	4.18	0.90
		4.14	0.76

Source: Field Data (2019)

The mean score computed for all the sub-items under the various factors of health service quality showed a mean value ranging from 3.82 to 4.33. Generally, the mean results showed an average expectation of patients with respect to the kind of health service they receive at the International Maritime Hospital (IMaH) of the Ghana Ports and Harbours Authority. Among all the main items

or factors, patient's expectation for responsiveness had the highest mean ($M= 4.14$, $SD= 0.76$). This shows that most of the respondents are looking forward to receiving better treatment at the hospital. This could be because the main aim of every patient is to receive well by the doctors and nurses and their condition or illness adequately treated. The next factors patients had high expectation toward were reliability ($M= 4.12$, $SD= 0.66$) and assurance ($M= 4.10$, $SD= 0.63$).

Generally, the patients of IMaH have high expectation towards receiving very satisfactory health service from the hospital.

4.4.2 Patients Perception on Service Quality at IMaH

In order to examine patient's satisfaction with health service quality, the perception of the patients was sought with regards to their engagement with the International Maritime Hospital whether their expectations were met when they visited the hospital. Likert Scale where 1= not at all satisfactory to 5= very satisfactory, was used to measure the perception of patients after using the service provided at the hospital. 5 main items were used to assess the perception about the service quality at the hospital, with each item having a sub-item. Overall, 22 sub-items are used. The mean perception of patients is computed and presented in Table 4.2.

Table 4. 3: Patients Perception on Service Quality at IMaH

	N	Mean	Std. Deviation
Reliability			
PR1	50	3.44	1.13
PR2	50	3.60	1.03
PR3	50	3.82	1.17
PR4	49	3.67	1.14
		3.63	0.97
Assurance			
PA1	50	3.84	0.89
PA2	49	3.69	1.00
PA3	50	3.64	1.05
PA4	50	3.84	1.08
		3.75	0.85
Tangibles			
PT1	50	3.72	0.99
PT2	48	3.92	1.11
PT3	50	3.78	0.82
PT4	50	3.78	0.91
PT5	50	3.94	0.87
PT6	50	4.14	0.90
		3.88	0.72
Empathy			
PE1	50	3.62	0.97
PE2	50	3.70	1.00
PE3	49	3.94	1.05
PE4	50	3.64	1.27
PE5	50	3.94	1.02
		3.76	0.88
Responsiveness			
PRE1	50	3.76	1.08
PRE2	50	3.70	0.95
PRE3	50	4.02	0.98
		3.83	0.85

Source: Field Data (2019)

Just like the expectation of patients, the mean score was computed for all the sub-items under the various factors of health service quality. The mean score showed a mean value ranging from 3.44 to 4.14. Generally, the mean results showed an average perception of patients with respect to their level of satisfaction about the health service they receive at the International Maritime Hospital (IMaH) of the Ghana Ports and Harbors Authority. Among all the main items or factors, patient's

satisfaction for tangibles had the highest mean ($M= 3.88$, $SD= 0.72$). This shows that most of the patients were quite satisfactory with the dressing of doctors and nurses, and the adequacy of the hospital facilities and equipment. Respondents are looking forward to receiving better treatment at the hospital. The patients were also fairly satisfied with the responsiveness and empathy of the hospital, ($M= 3.83$, $SD= 0.85$) and ($M= 3.76$, $SD= 0.88$) respectively.

4.5 Expectation and Perception of Healthcare Providers on Service Quality at IMaH

4.5.1 Healthcare providers' expectation on health service quality at IMaH

In order to examine health service quality on patient satisfaction, the expectation of the healthcare providers was also sought in relation to five factors of health service quality. Likert Scale where 1= not at important at all to 5= very important, was used to measure the expectation of healthcare providers with respect to the service provided at the hospital. 5 main items were used to assess the expectation about the patient's perception of service quality at the hospital, with each item having a sub-item. Overall, 22 sub-items are used. The mean expectation of healthcare providers is computed and presented in Table 4.3.

Table 4. 4: Healthcare Provider’s Expectation on Health Service Quality at IMaH

	N	Mean	Std. Deviation
Reliability			
ER1	23	2.57	1.59
ER2	23	3.22	1.17
ER3	23	3.17	1.50
ER4	24	3.29	1.30
		3.09	1.14
Assurance			
EA1	24	3.25	1.42
EA2	24	3.13	1.45
EA3	24	3.50	1.45
EA4	24	3.04	1.33
		3.23	1.18
Tangibles			
ET1	24	3.25	1.39
ET2	24	3.54	1.38
ET3	24	3.58	1.14
ET4	24	3.08	1.41
ET5	24	3.50	1.32
ET6	24	3.83	1.27
		3.47	1.05
Empathy			
EE1	24	2.88	1.54
EE2	24	3.21	1.62
EE3	24	3.29	1.40
EE4	24	3.29	1.23
EE5	24	3.58	1.67
		3.25	1.29
Responsiveness			
ERE1	24	3.50	1.45
ERE2	24	3.21	1.41
ERE3	23	3.13	1.29
		3.28	1.24

Source: Field Data (2019)

The mean score computed for all the sub-items under the various factors of health service quality showed a mean value ranging from 2.57 to 3.83. Generally, the mean results showed an average expectation of healthcare providers regarding the satisfaction of patients with respect to the kind of health service they receive at the International Maritime Hospital (IMaH) of the Ghana Ports

and Harbors Authority. Among all the main items or factors, healthcare providers expect patient's to be satisfied with tangibles of the hospital as it had the highest mean ($M=3.47$, $SD= 1.05$). This shows that most of the health care providers believe that the hospital facilities and equipment are adequate to provide satisfactory health service to patients. Responsiveness and empathy follow with the mean scores of ($M= 3.28$, $SD= 1.24$) and assurance ($M= 3.24$, $SD= 1.29$) respectively.

Overall, the healthcare providers expect patients who visit IMaH to be satisfied with the health service provided by the hospital.

4.5.2 Healthcare Providers' Perception on Service Quality at IMaH

In order to examine health service quality, the perception of the healthcare providers was also sought with regards to the services they provide to patients at the International Maritime Hospital whether they think patients' expectations were met when they visited the hospital. Likert Scale where 1= not at all satisfactory to 5= very satisfactory, was used to measure the perception of healthcare providers after providing service to patients who visited the hospital. 5 main items were used to assess the perception about the service quality at the hospital, with each item having a sub-item. Overall, 22 sub-items are used. The mean perception of healthcare providers is computed and presented in Table 4.4.

Table 4. 5: Healthcare Provider’s Perception on Service Quality at IMaH

	N	Mean	Std. Deviation
Reliability			
PR1	23	2.83	1.47
PR2	23	3.09	1.20
PR3	23	3.13	1.36
PR4	23	3.48	1.41
		3.13	1.17
Assurance			
PA1	23	3.13	1.55
PA2	23	3.57	1.34
PA3	24	2.83	1.40
PA4	24	3.42	1.35
		3.24	1.17
Tangibles			
PT1	24	3.38	1.14
PT2	24	3.25	1.36
PT3	24	3.25	1.36
PT4	24	3.38	1.17
PT5	24	3.50	1.45
PT6	24	3.63	1.25
		3.40	0.98
Empathy			
PE1	24	3.21	1.25
PE2	24	3.13	1.04
PE3	24	3.08	1.25
PE4	24	3.54	1.22
PE5	24	3.13	1.42
		3.22	0.98
Responsiveness			
PRE1	24	3.29	1.33
PRE2	24	3.38	1.17
PRE3	24	3.92	1.10
		3.53	1.03

Source: Field Data (2019)

The mean score was computed for all the sub-items under the various factors of health service quality. The mean score showed a mean value ranging from 2.83 to 3.92. Generally, the mean results showed an average perception of healthcare providers regarding the satisfaction of patients with respect to the kind of health service they receive at the International Maritime Hospital

(IMaH) of the Ghana Ports and Harbours Authority. Among all the main items or factors, healthcare providers believe patients are satisfied with the level of responsiveness of the hospital as it had the highest mean ($M=3.53$, $SD= 1.03$). This shows that most of the health care providers believe that doctors keep to waiting time; doctors are accessible during emergencies; and that health providers keep to time given for appointments. Thus, generally the patients are received well at the hospital. This is followed by tangibles and assurance with mean scores of ($M= 3.40$, $SD= 0.98$) and assurance ($M= 3.24$, $SD= 1.17$) respectively.

Overall, the healthcare providers believe that patients who visit IMH are satisfied with the health service provided by the hospital.

4.6 Patient Satisfaction of Healthcare Delivery at International Maritime Hospital

To further analyze the health service quality at IMaH, the overall satisfaction that patients derive when they visit the hospital was grouped into three categories: overall satisfaction of service delivered by nurses, overall satisfaction of service delivered by doctors, and overall satisfaction of service delivered by other areas. The perception of the patients was again sought with regards to the overall satisfaction they obtain with regard to the three categories. Likert Scale where “1= Strongly Disagree “and “5= Strongly Agree”, was used to measure the level of agreement to the attributes of the services provided. The mean response from patients is then computed based on the three categories. This is presented in Table 4.5 below.

Table 4. 6: Patient Satisfaction at IMaH's Healthcare Delivery

	N	Mean	Std. Deviation
Overall Satisfaction of Service Delivered by Nurses			
OSN1	50	3.52	1.00
OSN2	50	3.66	0.87
OSN3	50	3.76	1.04
OSN4	50	3.68	1.04
OSN5	50	3.80	0.99
OSN6	50	3.82	1.14
OSN7	50	4.00	1.21
OSN8	47	3.77	1.01
		3.75	0.84
Overall Satisfaction of Service Delivered by Doctors			
OSD1	50	3.26	1.45
OSD2	50	3.16	1.41
OSD3	49	3.55	1.24
OSD4	50	3.70	1.18
OSD5	49	3.02	1.49
OSD6	50	3.34	1.38
OSD7	50	3.54	1.28
OSD8	50	3.46	1.39
		3.37	1.14
Overall Satisfaction of Service Delivered by Other service areas			
OSO1	50	3.10	1.46
OSO2	50	3.20	1.44
OSO3	47	3.36	1.37
OSO4	50	3.16	1.35
OSO5	50	3.18	1.35
OSO6	50	3.26	1.37
OSO7	50	3.18	1.24
OSO8	50	3.28	1.33
		3.21	1.12
Overall satisfaction		3.44	0.89

Source: Field Data (2019)

From Table 4.6, the overall mean perception on the satisfaction of service quality is given as 3.44, implying that the patients fairly agree to the fact that the service delivered by nurses, doctors and other areas of the hospital is satisfactory. The level of service quality was high for services delivered by nurses with a mean score of ($M=3.75$, $SD=0.84$). This suggests that patients believe the service quality is and resulted in higher satisfaction for services provided by nurses. This was followed by services provided by doctors with a mean of ($M=3.37$, $SD=1.14$).

4.7 Cronbach's Alpha test of Reliability of Variables

In order to ensure internal consistency on the variables measuring service quality levels as well as the satisfaction received by patients when they visit International Maritime Hospital, the Cronbach's Alpha test was employed for reliability analysis. According to Pallant (2005) and Teddlie and Tashakkori, (2009) the minimum acceptable level of Alpha coefficient is 0.75 and 0.7 respectively. Using all the items under the health service quality as well as the items under patient satisfaction (total of 55 items under the 5 variables was used), the estimated Cronbach's Alpha is 0.91. This Alpha coefficient obtained in Table 4.6 indicates the reliability of scales employed in this study was high, approaching 1.0.

Table 4. 7: Cronbach's Alpha Reliability Test

Cronbach's Alpha	Number of items	Level of Significance
0.90	55	0.05

Source: Field Data (2019)

4.8 Correlation Analysis

The correlation analysis was employed in the study to test the relationship between health service quality and patient satisfaction. Responsiveness, Empathy, Tangibles, Assurance and Reliability is used to measure quality of health delivery. The study employs the Pearson correlation (r) which measures the degree of association between bivariate. The degree of association ranges from -1 to +1. The value obtained indicates the strength of the association while the sign indicates the direction of the linear association between the variables. Correlation of 1 indicates a strong association, while a value approaching 0 indicate a weak association (Teddlie, & Tashakkori, 2009). The correlation matrix is presented Table 4.7 below.

Table 4. 8: Correlation matrix of overall patient satisfaction and health service quality

Variables	Overall Satisfaction	P-value
Overall Satisfaction (OS)	1	
Responsiveness (PRE)	.420**	0.002
Empathy (PE)	.506**	0.000
Tangibles (PT)	.417**	0.003
Assurance (PA)	.528**	0.000
Reliability (PR)	.569**	0.000

** . Correlation is significant at the 0.01 level (2-tailed).

From the correlation matrix presented in Table 4.8, there is a significant positive association between all the measures of quality healthcare delivery (independent variables) and patient satisfaction (dependent variable). This implies that when all measures or factors of quality healthcare delivery are improved, the more patients would be. Moreover, it suggests that when the

factors of healthcare quality are changed, there is a corresponding alteration in patients' satisfaction.

4.9 Regression Analysis

In order to examine the effect of quality healthcare delivery on patient's satisfaction at the International Maritime Hospital, a regression analysis is employed which simultaneously measures the impact of the independent variables on the dependent variable. The dependent variable in this study is patient satisfaction while the independent variable is quality of healthcare delivery. The quality of healthcare delivery is a composite of Responsiveness, Empathy, Tangibles, Assurance and Reliability. The impact of the quality of healthcare service is examined using a simple regression analysis. The result from the regression is presented in Table 4.10. Table 4.9 presents a summary of the regression model.

Table 4.9 represents the regression model summary. The R- value in the model summary which is 0.563 indicates a fit model. However, the adjusted R-square (0.303) which is mostly used to show how fit the model is shows that the model is fairly fit statistically considering that close to half of the variation in the dependent variable is predicted by the independent variable. The p-value of the model (0.000) is less than 0.05 indicating statistical significance.

Table 4. 9: Standard Regression model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.563 ^a	0.317	0.303	0.741

Source: Field Data (2019)

Table 4.10: Standard Multiple Regression Result

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	0.916	.545		1.679	.010
Quality of Healthcare service	0.671***	.142	.563	4.722	.000

*Note: 0.01 (***) shows level of significance; $F = 2.770$, $Df (1,48)$, $p < 0.05$*

Source: Field Data (2019)

From Table 4.10, the column labelled Beta (standardized coefficient) shows the variable that leads to the dependent variable (patient satisfaction). The standardized coefficient converts the value of different variables into the same scale for comparison (Pallant, 2001). These shows that patient satisfaction is positively influenced by the quality of healthcare delivery patients receive when the visit the hospital ($\beta = 0.563$, $p < 0.000$).

Generally, the findings showed that the quality of healthcare delivery is important in impacting satisfaction patients receive.

4.10 Chapter Summary

This forth chapter of the study presented the findings of the study. Specifically, the chapter presented the socio-demographic characteristics of various respondents in the study as well as the perception and expectations of patients and healthcare providers as regards quality healthcare rendition at the IMaH and the level of satisfaction of services received by patients.

CHAPTER FIVE

DISCUSSIONS

5.1 Introduction

This chapter of the study presents the discussions of the study, conclusion and recommendations on healthcare quality and patients' satisfaction at the International Maritime Hospital of the Ghana Port and Harbor Authority in Tema. The chapter is organized into three main sections; discussion of findings, conclusion and recommendations. The first section presents the discussion of findings, with the second and third sections respectively taking on conclusion and recommendations of the study.

5.2 Discussion of Findings

5.2.1 Demographic Characteristics of Respondents

Findings in the study reveal that, it embodied the two main agent or stakeholders of healthcare quality examination at the IMaH. These two main stakeholders were the patients and healthcare providers. These two different respondents also have had long periods of either service rendition or seeking with the hospital and that they have better knowledge and understanding of the services quality or not of the IMaH at Tema.

In a related examination of healthcare service quality in Ghana, Turkson (2009); Atinga et.al, (2011) indicated that, the key stakeholder to examining the quality of services rendered by a particular hospital is the numerous patients that throng to the facility to secure services. This is partly the case as patients stand at the end of the chain of healthcare service provision and that they are better positioned to give full account of their experiences to services provided by a given

hospital. Specifically, Atinga et.al (2011) and Gyapong et.al (2007) included the notion of healthcare providers like nurses and doctors as paramount to any effort seeking to examine the quality of healthcare provision. This they explained that, providers of healthcare are also put in a good position to understand the expectation and perception of client whilst also holding personal views of what constitutes quality healthcare.

In this regard, the two separate researchers submitted that, healthcare providers are critical agent to healthcare assessment and that they offer important understanding and views of the health industry since they are the key drivers of service provision.

In a similar examination of who should form the core of quality healthcare assessment in the United Kingdom, Williams (1994) and Brent et.al (2013) submitted respectively that, patients and healthcare providers are the first most important factors to consider in any examination of healthcare quality. On their part, these two are critical as one serves as the provider whereas the other is the recipient. In this regard, the provider understands the views and expectation of recipient whereas the recipient also has better understanding of the extent of quality of service sought or not.

Juxtaposing the above findings with that of the study, it is pretty clear that, the involvement of patients and healthcare providers in the study were critical to achieving the objectives set out. To this end, healthcare quality examination basically centers on patients and service providers and that, the findings in the study agrees largely with that of literature on healthcare quality assessment both in Ghana and other parts of the world.

5.2.2 Patients and Healthcare Providers' Expectations and Perception of Service Quality at IMaH

With regards to the expectations of patients at IMaH, it was found out that, generally, patients have average expectation of service quality ranging all forms of services. Specifically, among all the main items or factors, patient's expectation for responsiveness had the highest mean ($M= 4.14$, $SD= 0.76$). This shows that most of the respondents are looking forward to receiving better treatment at the hospital. The next factors patients had high expectation toward were reliability ($M= 4.12$, $SD= 0.66$) and assurance ($M= 4.10$, $SD= 0.63$). Generally, the patients of IMaH have high expectation towards receiving very satisfactory health service from the hospital.

Just like the expectation of patients, the mean score for perception of patients was computed for all the sub-items under the various factors of health service quality. Generally, the mean results showed an average perception of patients with respect to their level of satisfaction about the health service they receive at the International Maritime Hospital (IMaH) of the Ghana Ports and Harbours Authority. Among all the main items or factors, patient's satisfaction for tangibles had the highest mean ($M= 3.88$, $SD= 0.72$). This shows that most of the patients were quite satisfactory with the dressing of doctors and nurses, and the adequacy of the hospital facilities and equipment. Respondents are looking forward to receiving better treatment at the hospital. The patients were also fairly satisfied with the responsiveness and empathy of the hospital, ($M= 3.83$, $SD= 0.85$) and ($M= 3.76$, $SD= 0.88$) respectively.

Eccles et.al. (2009); Fillingham (2008); Gyapong et al (2007) and Oliver (2005) also found that, patients expectation and perception were key to the examination of the quality levels of healthcare service provision such that, expectations translates the for the forming of positive or negative perception about a given product, service or company. In their view, in the event customers have

high expectations and service providers are not able to meet such expectations, negative perceptions are formed. However, if low expectations are held and services provided are high, then positive perceptions are established.

Service quality status formation by patients from various healthcare providers thus depends on the rate at which providers are able to meet the expectations of clients. In this event, if expectations are met and even goes beyond, positive image are created for client who also sell the business to their close associates. Gyapong et al (2007) and Oliver (2005) indicated that, high healthcare expectations in Ghana occurs in most private hospitals since they are believed to provide better services as they are profit oriented organizations as against government. However, largely some client expects higher services from government based hospitals such that, in the event such expectations are not met, patients become frustrated and form negative perception of the hospital. By this, they are not willing to secure additional services whilst discouraging close associates from visiting such facilities. On the other hand, when patients have high expectations and are met accordingly, clients automatically become customers to such facilities.

Similarly, Fillingham (2008); Gyapong et al (2007) in examining healthcare quality in United Arab Emirates found that, the perception and expectations of patients were key to healthcare service provision. In their study, they found that, expectations of quality service provision were average generally whereas being high in specific parameters of healthcare examination and that when such expectations are met, good will is developed for organizations whilst client become perpetual customers.

The above literature collaborates the findings in this study in where expectations by patients for quality healthcare at IMaH are high. Again, such expectations largely have been met and that there

is satisfactory perception of patients to the operations and activities of the organization as a recognized healthcare provider.

On the part of the expectation and perception of healthcare providers, the study's finding that, healthcare providers hold an average and satisfactory expectations of services rendered by the hospital to patients within the parameters of the five main instruments of measures employed for the study agrees with that literature. For instance, Yildi and Demirors (2012); Pakdil, F., & Harwood, T.M. (2005) and Fekadu, Andualem and Yohannes (2011) presented respectively that, health practitioners in Ukraine and Hungary, expect that, patients who visits various hospitals employed for their study expects satisfactory and average healthcare provided for them. This is more so as healthcare providers indicated that, patients have different forms of needs and expectations and that, service providers are bent on providing adequate and satisfactorily services for their respective needs.

5.2.3 Patients Satisfaction of Healthcare Delivery at IMaH

With regards to the satisfaction of service delivery at the hospital, patients revealed that they are satisfied to some extent of the various services delivered. This was collaborated by the fact that, services delivered by nurses were more satisfactory and this is evident by their highest mean score of (M=3.75, SD=0.84). This suggests that patients believe the service quality is and resulted in higher satisfaction for services provided by nurses. This was followed by services provided by doctors with a mean of (M=3.37, SD=1.14). The Cronbach's Alpha test also showed a high reliability of scale of 0.91 in the study and that there is a positive correlation between all items employed for measurement. This account of the study agrees with that of Sudhakar, Kameshaw, and Rahul, (2012); Wensing et al. (2012); Anderson (1995) when they also established in their respective studies that, patients in various hospitals examined were satisfied with the rate of

services provided. Respectively according to Wensing et al (2012), patients examined in a municipal hospital in the United Kingdom established of being satisfied with service rendition particularly on the part of the way nurses treat and talk to patients whilst on admission. The further added that, doctors and other health professionals in the hospital performed excellently well and that, service rendition was at its apex.

On the part of Anderson (1995), it was found out that, even though not all patients were satisfied with service provision in the study hospitals, averagely, patients indicated of the services provided to be quite good and meets their expectations despite the petty lapses which need maximum attention.

In this regard, it is established in this study that, findings have been supported by previous studies in which patients indicated of being satisfied with the level of services received in various hospitals.

5.3 Recommendations.

Considering the findings of the study, the following recommendations are made;

1. Following the importance of service quality to patients and the sustainability of the hospital as well, management should institute regular and periodic measures of assessing the quality of services provided by the facility taking into account the needs and expectations of patients.
2. Management of the hospital should draw policies that are centered on responsiveness, reliability and assurance as this will help meet the most needs and expectations of patients.

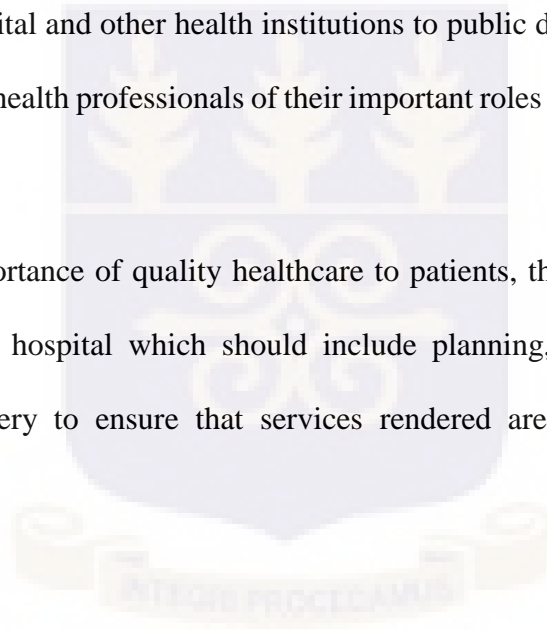
Recognizing the finding that, patients are more satisfied with the services of nurses, it is important management develop schemes to offer in-service training for other health care

providers in the hospital on their various responsibilities as well as on service quality and patients satisfaction.

5.4 Conclusion

Healthcare Quality and patients' satisfaction have been one of the core pillars of healthcare provision, policy formulation and implementation in the health sector both in Ghana and beyond. Specifically, in Ghana, patient satisfaction have been on the radar of MOH, GES, teaching hospitals and other major hospitals in providing quality healthcare for citizens. Following this, it is required to by the hospital and other health institutions to public display the patient charter for the purpose of reminding health professionals of their important roles in achieving patient-centered healthcare.

Again, owing to the importance of quality healthcare to patients, there is the need for stringent healthcare system at the hospital which should include planning, financing, monitoring and evaluation, service delivery to ensure that services rendered are centered on the need and satisfaction of patients.



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APPENDICES

UNIVERSITY OF GHANA

DEPARTMENT OF PUBLIC ADMINISTRATION AND HEALTH SERVICES

MANAGEMENT

Purpose

The purpose of this study questionnaire is to gather primary data on the topic “Quality healthcare and patients satisfaction at the International Maritime Hospital of the Ghana Port and Harbors Authority at Tema. The researcher Irene Nana Yaa Inkoom is a final year MBA Health Services Management of the University. Please, your participation in this study is very key towards examining the satisfaction of patients’ visa-vie the services provided at the hospital. Kindly note that information provided is only for academic purposes and will be treated with the outmost privacy ever needed.

SECTION A: Demographic Characteristics of Respondents

1. Age
2. Sex: i. Male [] ii. Female []
3. Nationality.....
4. Religion
5. Marital status? i. Single [] ii. Married [] iii. Divorced [] iv. Other (Please specify).....
6. Employment Status: i. Employed [] ii. Unemployed [] iii Student ()
7. Level of education i. None [] ii Primary [] iii. Secondary [] iv. Undergraduate [] v. Postgraduate []

8. Type of Patient in-patient, [] out-patient, [] others, please specify.....

9. How long have you been patronizing the services of this hospital? less than 2years, [] 2-5yrs, [] 5-10yrs, [] more than 10yr []

SECTION B:

(a) PATIENTS’ EXPECTATION AND PERCEPTION ABOUT NURSES, DOCTORS AND HOSPITAL SERVICES

This part of the questionnaire requires respondents to use a five point scale by ticking the appropriate box corresponding to each question about service quality. Key; 1= not important at all; 2= not important; 3= neutral; 4= important; 5=very important

(a) Expectation: What is your expectation about nurses and service quality?

EXPECTATIONS		EXPECTATIONS				
		How important do you think these elements are to patients				
Reliability		1	2	3	4	5
1	Doctors, Nurses and health assistants should ensure patients take their medication as prescribed					
2	Doctors, and Nurses should be dependable when handling patients problems					
3	Doctors, and Nurses should be people I can trust with patient’s confidentiality					
4	Doctors, and Nurses should ensure patients do not spend too much time waiting in queues and where there are delays explanations should be given					
Assurance		1	2	3	4	5
5	Doctors, and Nurses should be courteous and friendly					
6	Doctors, and Nurses should be able to inspire trust and confidence in patient					
7	Doctors, and Nurses must ensure medications are taken on time and that no mistakes are made with dosage					

8	Doctors, and Nurses should create a friendly atmosphere for patients to feel safe and relaxed					
Tangibles						
9	Doctors, and Nurses should be well dressed at all times					
10	The hospital must have modern medical equipment					
11	The hospital must have visually attractive and comfortable physical facility (i.e chairs, beds, table).					
12	There should be appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
13	There should directional signs to help patients with easy navigation					
14	The hospital structures should be disability friendly					
Empathy						
15	Doctors, and Nurses should be patient when dealing with patients					
16	Doctors, and Nurses should be willing to respond to patients' complaints					
17	Doctors, and Nurses should take time to listen to patients					
18	Doctors, and Nurses should remember names and faces of patients					
19	Doctors, and Nurses should ensure patients feel good emotionally and psychologically					
Responsiveness						
20	Doctors, and Nurses should always be ready to receive patients					
21	Doctors, and Nurses should be willing to help patients even during odd hours					
22	Doctors, and Nurses should have patients' interest at heart					

(b) PATIENT PERCEPTION ABOUT SERVICES PROVIDED BY NURSES AND DOCTORS

This part of the questionnaire requires respondents to use a five-point scale by ticking the appropriate box corresponding to each question about their overall perception of the services rendered by the hospital. Key; 1= not all satisfactory; 2= not satisfactory; 3= neutral; 4= satisfactory; 5=very satisfactory

PERCEPTION		EXPECTATIONS				
		To what extent do you think patients are satisfied with these items				
Reliability		1	2	3	4	5
1	Nurses and health assistants should ensure patients take their medication as prescribed					
2	Nurses are dependable when handling patients problems					
3	Ability of nurses to keep patient's confidentiality					
4	Ensuring patients do not spend too much time waiting in queues and where there are delays explanations are given					
Assurance		1	2	3	4	5
5	Being courteous and friendly to patients					
6	Inspiring trust and confidence in patients					
7	Ensuring medications are taken on time and that no mistakes are made with dosage					
8	Creating a friendly atmosphere for patients to feel safe and relaxed					
Tangibles						
9	Appropriateness of dressing and appearance of nurses					
10	Availability of modern medical equipment					
11	Existence of visually attractive and comfortable physical facility (i.e. chairs, beds, table).					
12	The use of appealing materials (i.e. brochures, magazines, newspapers etc) to engage patients as they wait					
13	The use of directional signs to help patients with easy navigation					
14	Ensuring hospital structures are disability friendly					
Empathy						
15	Patience displayed by nurses when dealing with patients					
16	Willingness of nurses to respond to patients' complaints					
17	Ability to listen carefully to patients concerns					
18	Using patient's first names and remembering faces of patients					
19	Ensuring patients feel good emotionally and psychologically					
Responsiveness						
20	Availability of nurses to receive patients at all times					
21	Helping patients even during odd hours					
22	Showing a sense of empathy and fellow feeling towards patients					

(C) PATIENTS’ OVERALL SATISFACTION WITH HEALTH SERVICE DELIVERY

This part of the questionnaire require respondents to rate the overall performance of the hospital and services delivery from the hospital. Key; 1= strongly disagree; 2= disagree; 3= uncertain; 4= Agree; 5= Strongly Agree

OVERALL SATISFACTION OF SERVICE DELIVERED		SATISFACTION				
		To what extent are satisfied with service provision				
OVERALL SATISFACTION OF SERVICE DELIVERED by NURSES		1	2	3	4	5
1	Nurses are courteous and helpful to patients					
2	Nurses are quick to respond to emergency cases					
3	Nurses can be trusted with patient’s confidentiality					
4	Nurses ensure patients do not spend too much time waiting in queues and where there are delays explanations are given					
5	Nurses do not discriminate against patients with serious conditions					
6	Nurses inspire trust and confidence in patients					
7	Nurses ensure medications are taken on time and that no mistakes are made with dosage					
8	Nurses create a friendly atmosphere for patients to feel safe and relaxed					
OVERALL SATISFACTION OF SERVICE DELIVERED by DOCTORS						
10	Doctors are punctual and willing to attend to patients at all times					
11	Prescriptions made by doctors are effective with minimal errors					
12	Doctors exercise patience in explaining patient’s conditions to them					
13	Doctors put up a friendly attitude to ensure patients feel comfortable					
14	Doctors are willing to follow up on patients even when discharged					
	Doctors can be trusted with patients’ information and condition					
15	Doctors show empathy and are attentive to patients					
16	Doctors communicate in local dialects when necessary					

OVERALL SATISFACTION WITH OTHER SERVICE AREAS		SATISFACTION				
		To what extent are satisfied with service provision				
		1	2	3	4	5
1	The hospital has modern equipment and facilities (i.e. lab facilities)					
2	The hospital environment is kept clean at all times					
3	Workers are well dressed at all times					
4	Fees charged by the hospital are moderate					
5	The hospital has in stock 85% of all drugs prescribed in most cases					
6	The hospital has disability friendly structures and facilities					
7	The hospital experiences less congestion even during peak hour					
8	The hospital does not discriminate against patients on NHIS					



PART D: Purpose

The purpose of this study questionnaire is to gather primary data on the topic “Quality healthcare and patients satisfaction at the International Maritime Hospital of the Ghana Port and Harbors Authority at Tema. The researcher Irene Nana Yaa Inkoom is a final year MBA Health Services Management of the University. Please, your participation in this study is very key towards examining the satisfaction of patients’ visa-vie the services provided at the hospital. Kindly note that information provided is only for academic purposes and will be treated with the outmost privacy ever needed.

SECTION A: Demographic Characteristics of Respondents

1. Age: i. 18-25 [] ii.26-35[] iii.36-45[] iv. 46 and above [] .
2. Sex: i. Male [] ii. Female []
3. What is your profession? Doctor [] Nurse []
3. Nationality: Ghanaian [] Nigerian [] Burkina Faso [] Togo [] other specify.....
4. Religion: Christianity [] Muslim [] Traditionalist [] other specify.....
5. Marital status? I. Single [] ii.Married [] iii. Divorced [] iv. Other specify).....
6. How long have you been working at this hospital? Less than 2years [], 2-5years [], 5-10years [], more than 10years [] .
6. Employment Status: i. Employed [] ii. Unemployed [] iii Student ()

(b) STAFF ASSESSMENT OF PATIENTS’ EXPECTATION ABOUT SERVICE QUALITY

Section B of the questionnaire requires respondents to use a five-point scale by ticking the appropriate box corresponding to each question about their overall perception of the services rendered by the hospital. Key; 1= not all satisfactory; 2= not satisfactory; 3= neutral; 4= satisfactory; 5=very satisfactory

EXPECTATIONS		EXPECTATIONS				
		How important do you think these elements are to patients				
Reliability		1	2	3	4	5
1	Doctors should provide accurate diagnosis of patient’s problems					
2	Doctors should be dependable in handling patients’ problems					
3	Doctors should prescribe efficient and reliable medicines					
4	Doctors should take time to advice patients about healthy lifestyles					
Assurance		1	2	3	4	5
5	Doctors should be courteous and friendly					
6	Doctors should be able to inspire trust and confidence in patients					
7	Doctors should take time to explain patients’ medical condition and treatment					
8	Doctors should create an atmosphere for patients to feel safe and relaxed					
Tangibles						
9	Doctors must look professional at all times					
10	The hospital must have modern medical equipment					
11	The hospital must have visually attractive and comfortable physical facility (i.e. chairs, beds, table).					
12	There should be appealing materials (i.e. brochures, magazines, newspapers etc) to engage patients as they wait					
13	There should directional signs to help patients with easy navigation					
14	The hospital structures should be disability friendly					
Empathy						
15	Doctors must reassure patients about their medical treatment					

16	Doctors should make time to listen to patients					
17	Doctors should be ready to respond to patients' questions and worries					
18	The hospital should be willing to take feedback from patients					
19	Doctors should be willing to make follow-ups to check on patients (i.e. phone calls)					
Responsiveness						
20	Doctors should keep to time given for appointment					
21	There should be less waiting time to meet doctors					
22	Doctors should be available at odd hours in case of emergency					

(c) STAFF ASSESSMENT OF PATIENTS' PERCEPTION ABOUT SERVICE QUALITY

This requires respondents to use a five point scale by ticking the appropriate box corresponding to each question about staff assessment of patient's perception about service quality. Key; 1= not all satisfactory; 2= not satisfactory; 3= neutral; 4= satisfactory; 5=very satisfactory

satisfactory; 5=very satisfactory

PERCEPTION		PERCEPTION				
		How important do you think these elements are to patients				
Reliability		1	2	3	4	5
1	The provision of accurate diagnosis of patient's problem					
2	Being effective at handling patients' problems					
3	Prescribing efficient and reliable medicines					
4	Taking time to advice patients about healthy lifestyles					
Assurance		1	2	3	4	5
5	Being courteous and friendly to patients					
6	Inspiring trust and confidence in patients					
7	Taking time to explain patients' medical condition and treatment					
8	Creating an atmosphere for patients to feel safe and relaxed					
Tangibles						
9	Looking professional at all times					
10	Availability of modern medical equipment					
11	The use of visually attractive and comfortable physical facility (i.e. chairs, beds, table).					

12	The use of appealing materials (i.e. brochures, magazines, newspapers etc) to engage patients as they wait					
13	Using directional signs to help patients with easy navigation					
14	Having hospital structures that are disability friendly					
Empathy						
15	Reassuring patients about their medical treatment					
16	Making time to listen to patients					
17	Responding to patients' questions and worries					
18	The hospital should be willing to take feedback from patients					
19	Making follow-ups to check on patients (i.e. phone calls)					
Responsiveness						
20	Keeping to time given for appointment					
21	Waiting time to meet doctors					
22	Accessibility during emergency cases					

