

**ASSESSING THE ROLE OF QUALITY SERVICE DELIVERY IN CLIENT CHOICE FOR HEALTHCARE: A CASE STUDY OF BECHEM GOVERNMENT HOSPITAL AND GREEN HILL HOSPITAL**

**Irene Aikins**

Kumasi Polytechnic  
Faculty of Business and Management Studies  
Department of Procurement and Supply Chain Management  
P. O Box 854  
Kumasi – Ghana

**Mariam Ahmed**

Bechem Government Hospital  
P. O Box 29  
Bechem – B/A

**Emelia Darko Adzimah**

Kumasi Polytechnic  
Faculty of Business and Management Studies  
Department of Procurement and Supply Chain Management  
P. O Box 854  
Kumasi – Ghana

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**ABSTRACT:** *Healthcare is one of the Ghana's biggest sectors, in terms of revenue and Employment. With Ghanaians fast growing purchasing power, patients are willing to avail themselves with good quality healthcare deliveries. As a result, it is essential for health facilities to evaluate the quality of service being delivered.. Service Industries are now focusing on service quality so as to drive high levels of patients satisfaction (Kumar et al., 2008).This study sought to investigate the reason for client choice for a healthcare in Bechem Government Hospital and Green Hill Hospital. The research used quantitative research methods to collect and analyze data. The statistical Package for Social Sciences (SPSS) was used for quantitative data collection.From the respondents view point, the private hospital was rated better in terms of the reliability, responsiveness, empathy and tangibility as compared to Bechem Government Hospital. These means that management of Bechem Government Hospital need to improve more on these factors.Again, on the factors that affect quality healthcare delivery the private hospital was ranked higher than the public hospital (Bechem Government Hospital). The author therefore recommends the use of SERVQUAL model for the government Hospital used in this research. The SERVQUAL model will help the hospital to improve upon the gap identified in performing its service and consequently satisfy the patients.*

**KEYWORDS:** Bechem, Government, Healthcare, Hospital, Empathy, Tangibles, Reliability

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## INTRODUCTION

Clients' satisfaction has become the main focus in the healthcare delivery. It is a concept that is used to measure the fulfillment of a company offering, product or service. In order for clients /patients to be satisfied there is the need for health facilities/health institutions to offer services which gives the customer maximum value and satisfaction. Clients choose quality as one of the important criteria in selecting product or services, especially with the introduction of National Health Insurance Scheme (NHIS) where there is a keen competition among health facilities, as a result of globalization and trade liberalization. High quality service has become the main focus for firm survival (Cook and Verma, 2002). Muunsamy et al. (2010) found that client satisfaction is the main performance determinant and thus many health institutions consider it as a key element when developing their business goals.

The extent of once long service as against person's anticipation can be referred to as Satisfaction. Patients'/clients satisfaction is more of whole concepts of client's safety and illness. -specific needs are identified. The degree in which clients achieved their fulfill need when they attend hospital since with their fulfillment to greater extent will obey the provision of medical care and involved oneself to play a function when he/she receives medical treatment in a particular hospital in case the hospitals are many and continue treatment with the hospital. Again, employees of provider facilities would also enjoy gratification after such studies has pointed out some gaps which needs to be filled and enhance effectiveness by clients through system to achieve objective. Skillful and activities are important when health facilities want to achieve (Service quality thus technical and functional is a key factor in the success of service organizations (Grönroos, 1984). Having the best skills in hospital is basically having the preparatory tactical correctness of identification of illness and established. The hospital facilities have propounded many methods which are being used presently. This information is not yet in the domain of the public, and stays at the domain of employees of hospital facilities (Bopp, 1990).

### Problem Statement

Patients choose healthcare based on the satisfaction they receive from different health facilities (Choi et al.2004). Aragon et al. (2003) carried out a study in emergency department of a hospital, and determined client level of satisfaction in relating to waiting time. It was concluded that overall patient satisfaction was linked positively with two indicators of clients' recommendation and the extent to which service is satisfactory.

### Research Questions

The Research questions for the thesis are as follows:

- What factors affect the quality of Health care delivery by Bechem Government Hospital and Green Hill Hospital?
- Which aspects of Bechem Government Hospital and Green Hill Health care provision are satisfactory and which are unsatisfactory?

What are the expectations of patients on the health care delivered by Bechem Government Hospital and Green Hill Hospital?

### **Research Objectives**

Generally, the study sought to assess the level of customer satisfaction level with Health delivery in Ghana. To address the main objectives, the following specific objectives are set as follows:

- To ascertain the factors affecting quality service delivery by the Bechem Government Hospital and Green Hill Hospital.
- To determine the aspects of service quality that is satisfactory and unsatisfactory
- To identify the patients expectations of Health Service delivery system.

### **Significance of the Study**

The study provides an insight to client's satisfaction level of Health delivery services to enable Ghana Health Services identify service gap and improve upon it. By identifying the gap, the Ghana Health Service can revise its strategy and concentrate on cost effective way of managing its limited resources to improve service delivery. The research would provide a perspective for the understanding and measurements of patients' expectations, service quality dimensions critical to an efficient healthcare delivery system. This can be ascertained from the revelation of client expectation thereby enabling management of health services to prioritize the gap to focus on to guarantee patient's satisfaction. A measure of patients/clients satisfaction level will enable Ghana Health Service and for that matter the Bechem Government Hospital and Green Hill hospital management to develop client centered service approach to deal with patients to enhance satisfaction. By identifying what customers expect and perceived to be quality, The Ghana Health Service in connection with the Bechem Government Hospital can revise, redesign, or repackage its service operations and tailor them to meet the patient's expectations. The Ghana Health Services by virtue of this research will invest in resources and logistics particularly in areas which will enhance quality health delivery.

Finally, the research will serve as an example for future studies in servqual at public service healthcare or its related field.

### **Scope of Study**

The Brong Ahafo Region was chosen because it exhibits the features of a dense population and fast growing urban centre with clients /patients related problems. Also to enable the researcher to compare why patients /clients will choose to attend either a private hospital or government hospital in the Brong Ahafo Region.

Therefore the findings of this research can perhaps, be projected to the national level.

## **RESEARCH METHODOLOGY**

Qualitative, quantitative and mixed approach is the three main methods for used for conducting a study. The decision to use any method depends on the specific study. How one understands knowledge and reality, and the process of acquiring knowledge and about reality. Hathaway (1995) opines that certain assumptions are made concerning knowledge and reality which enables one to choose a particular study approach. The research is a comparative study of two hospitals which gives very similar services in terms of design, features, price, etc. for clients. Although it is the best way for the researcher to get reliable and accurate information, it is however impossible and

impractical and very costly to include the entire population. As a result, most studies consider selecting part of the population. Graziano and Raulin (1979) posit that smaller chunks of a unit sample are chosen to represent the relevant attributes of the whole of the unit. Clients of Bechem Government Hospital and Green Hill Hospital were about **7,500** grouped into two main categories in order to have a representative; participants were selected from each category. A convenient sampling technique was used by the researcher to select 100 clients from Bechem Government Hospital and 100 from Green Hill Hospital respectively, yielding 200 sample sizes for the study.

Primary data is the kind of data in which information is collected from the selected clients of Bechem Government Hospital and Green Hill Hospital. The other data study employed interviews and questionnaires in collecting the primary data. The analysis was based on primary data. The secondary data is the collecting of existing works of others. Therefore the literature review of the research was gathered from Internet, journals, Articles, and books. Questionnaire survey was seen as an appropriate tool for data collection in this research. The questionnaires were delivered to selected respondents for completion for Bechem Government Hospital and Green Hill Hospital. Respondents were allowed to read through and response to the questionnaires. The data was then analyzed using the Statistical Package for the Social Sciences software for analyzing quantitative research data. Quantitative data analysis methods provide a standardized basis for analyzing data. This allows easy and logical comparison and differentiation.

### **Limitations of research**

This research work is not without Limitations. The process of selecting respondents randomly from a sample frame was challenging. Also, some patients were reluctant to respond to the questionnaires. Again clients sometimes need to be convinced before answering the questionnaires. In addition to that, clients sometimes request for pens in order to fill the questionnaires. Finally, client's responses were not eligible enough.

## **LITERATURE REVIEW**

### **Concept of Service**

The term "service" consist of several meanings from literature. It has been described according to the context in which it is used

The service concept has been explained in many different ways. Heskett (1986) defines it as the way in which the "service organization would like to have its services understood precisely by its clients, Lenders, employees and shareholders.

The organization's business proposal can also be seen as an elements of the service package, or what collier (1994, calls the client benefit package. thus. things that gives benefit and value to the clients. This method of defining the nature of a service in terms of its ingredients forms parts in the marketing literature.

### **Causes of Poor Quality Healthcare Delivery**

#### **Poor Customer Service**

Inadequate provision of care in hospitals leads to lack of funds, interest, respect, belief etc. In Ghana, health service leading unproductivity main aim is to enhance the best care services given

to Ghanaians. It envisaged clients receive good customer care by health facilities given much focus so far as patient's expectation is concerned. In the healthcare facility, for every 100 clients that experienced poor services, about 70 patients would be unlikely to patronize the same health facility again. Moreover, for the same 100 patients who have experienced deficient services, about 75 of them will tell average 9 relatives members and colleagues about their experiences. 75 dissatisfied patients will finally be about 465 people who might have been potential patients will probably not patronize the health facility (Comm, 2001).

### **Inadequate Health Professionals**

According to a study conducted in 2006 by an organization responsible for health issues, propounded that African accounts for 24% of the world sickness, Meanwhile, 3% of the whole health employees to take care of them and the Movement of health professionals from developing countries to develop areas This showed worldwide worry which is called "brain drain". An organization concerned for health outlined Tuberculosis, Fever and Human Immune Virus as being the main concern to be addressed. The result arising from these sicknesses is amazing. Statistically, 350,000 persons live having human immune virus and Acquired Immune Deficiency Syndrome living here in the country (WHO 2006). Diseases that affect the lungs also recorded 79,000 whilst 3.5million was recorded for yearly (WHO 2006). With a population size of 22million citizen, such challenges affect the countries.

According to a study conducted by Turkson (2009) the researcher's focus on a community sectors above their understanding on prevention and treatment of diseases in Ghana. The research found out that inadequate health professionals, lack of ambulance at the hospital and payment policy were some of the factors that affect poor quality health care in Ghana.

### **Inadequate Resources/Materials**

Inadequate Resource like human resources, equipment, consumable supplies and some essential medicine undermines facility functioning, damages reputation, increased out-of-pocket costs to patients and brings a spiral of mistrust and alienation. Ghanaians seem to have the tendency to move from rural to urban cities. According to the study health professionals move to seek for better remuneration and, arrangement is even made before they are awarded the certificate.

### **Untrained Staff**

There is not enough staff training available in Ghana in order to take care of the available diseases hence the need for continuous in-service training to build up the capacities of health personnel's. This can go a long way to bridge up the gap in the various hospitals

### **Inadequate Funds**

Ghana is one of the few African countries that started the National Health Insurance (NHI) law (Act 650). This was possible due to the small population size. Inadequate fund is a major challenge faced by most health facilities. This is as a result of the implementation of National health Insurance Scheme. About 98% patients are insured living about 2% non-insured(Annual Report of Bechem Government Hospital 2012) The delay in the reimbursement of the NHIS consequently affect quality of healthcare delivery due to lack of enough fund to purchase medical equipment and supplies. Some of the challenges faced by the NHIS in Ghana include the institutional

framework as provided for in the NHIS Act. The application of the framework has led to governance, operational administrative and financial challenges (Government of Ghana, 2009)

### **Refusal of postings**

Padarah et al (2003) are of the view that movement factors by employees of hospital facilities are as a result of priorities given to material items. Vujick et al., (2004) in the research study indicated that health care professionals are ready to migrate from developing country to developed nation as a result of differential salaries between the two countries. The researchers caution adequate treatment will be given to clients of the developed nation due to higher salary.

### **Overview of the Health Sector in Ghana**

The Gold Coast formally named gained its freedom through their ruling masters, many policies emerged through the introduction of basic attainable macro activities to compact development, previously, business activities that have negative impact to the society involving the people in terms of their care as the ultimate key. Issues relating to health care, communities forms essential partners involving government as the leading role in delivering facilities receiving treatment at the cities, local levels, sub- local levels (MOH,n.d) Self- owned clinics has been on the increase to help reduce health related problems. Since then, major support has been given by the political authorities and Non-Governmental organizations. Self –owned clinics do not collaborate well with state owned hospital. The Ministry of Health forms an integral part in the formulation of policies and its agency which is the Ghana Health Service is in charge of implementing these policies. Moreover, there is the need to manage with the various sicknesses in order to ease overcrowding due to the geographical placement of sub-facilities. The country lacks employees as a result of Doctor to Patient ratio is very low according to health report 2006. Again, it also leads to strike action which is as a result of wages and salaries differentiation. These staff lack is also due to the migration of health staff for better wages and salaries (ISSER 2003). For this reason, government in one way or the other get support from other neighbor countries like Cuba and further reposting for the various health facilities. Enough prove shows that many health professionals like Nurses, Doctors in USA are more than such personnel in Country. global journal of health science report Vol.1, No. 2.

Even though the budget for each sector is loaded. World Health Organization (2003) observed that the budget spending for the country is thirty one United States Dollars and One Hundred and five Mauritius Dollars. Factually, the state health budget enjoys certain support from NGO's and other agency. Example, fund for state health institution added up to 11.1%, 16.2% and 14% in 2003, 2005 and 2006 respectively (WHO 2003). However, this support does not include programme of work and initiative.

### **Service Quality Concept**

Hardie & Walsh (1993 p.75) Sower and Fair, (2005, p 8); defines quality in various ways. A standard definition of quality however is not proven yet. Many schools of thought elude this to difficulties in defining it from various dimension including training and steps taken especially in defining the concepts. This research will elaborate quality in relating to health delivery and point out the dimension of service. Hence quality has different meanings in respect of production firms, and non-producing firms, intellectuals, and professionals. The differences emerged due to

unquantifiable element that makes it hard to compute. Quality in physical method, meaning deferent method need to be examined before assessing quality. Service quality involves essential instruments that firms adopt in order to distinguish among partners (Ladhari, 2008, p. 172). Service quality is needed by firms because it helps to improve client's satisfaction. Service quality however has attained recognition from intellectuals and professionals (Negi, 2009) Selling of goods and services in service study, explains quality to be what client enjoys (Eshghi et al., 2008, p.121). Ghylinet al., (2008, p.76) found that in explaining quality firms can render services in a better solution to upgrade clients satisfaction.

The following characteristics of quality intangibles, and inseparable, heterogeneous (Parasuraman et al., 1985, p.42); (Ladhari, 2008, p.172). Service quality will be measured easily using the characteristics above. For the purpose of this research, service quality will be defined as the distinction that exists between client's anticipation and their perception of services they receive. What the clients anticipate forms basis for evaluation service quality in the sense that quality becomes high when clients receives their performance above what they expect and less when performance fails to meet anticipation expectation (Asubonteng et al., 1996, p. 64).

### **Service Quality Theories and Models**

Many researchers and scholars had explored the service quality concept. Some of the widely referenced ones are as follows:

#### **SQ2: GAP model (Parasuraman et al, 1985)**

Parasuraman et al, (1985) propounded service quality as an activity having variations as compared with anticipation and work done alongside quality differentiation. Service quality is predetermining by chart variation. The gaps are as follows: The various gaps are:

**Gap one:** Variations as compared to clients anticipation and stakeholders understanding the anticipation thus without understanding the clients choice.

**Gap two:** Variation as to stakeholders understanding in client's anticipation. thus leading to poor quality.

**Gap three:** Variation as to service quality category is usually rendered. Thus improving the differences. Thus achievement of service differentiation.

**Gap four:** Variation as compared with service rendered and information for clients and service rendered. Thus between service delivery and communications to clients about service delivery,

**Gap Five:** Variation as compared patients anticipation and understanding of service. The differences depicts direction for four gaps in line with rendering service quality.

The matrix method is another key tool that has been used in a number of study's; It makes a direct similarities and differences of satisfaction levels of service quality factors and importance attached to each. These are referred as quadrant, matrix and performance –importance grid approaches. This separates the factors into four types, with those that fall within the importance for improving quadrant being the focus for action (Duffy et al, 2002).

Heskett et al (1994) in their research considers service profit chain in looking at the distinctions that exist as against employee's gratification in the organization in order to satisfy clients. The purpose for this model was to set up the essentials of staff in order to achieve client satisfaction. It also shows that essential role that lab our performance in achieving service delivery. The main fact

of the service profit chain shows a minute difference against client satisfaction, quality service and staff fulfillment.

### **The Servqual Model**

According to Lim and Tang (2000) studies clients' anticipation and understanding of a hospital service quality in Singapore. At first, the study tool used designed of five groups of the Servqual model. The tool was made up of 25 questions with five point likert scale. The same study have another dimensions thus " also having another questions with different questionnaires that was distinct from the original model. The extra also form part of the present research .Again, 'over all importance' was one of the questions that was asked. Overall rating of service quality was also asked at the anticipation section. 252 questionnaires were filled. This was out of a total of 300 questions. The researcher was able to retrieve from four medical officers whilst the rest was also retrieved from specialized people from other field. The total score for the servqual was included by the use of mean and standard deviation to test the hypothesis that was not having variation. In the research, pledge and response were the most essential variations of health care services. Manaf and Nooi (2009) in their research focused their survey using variation, anticipation and understanding of both inpatients and outpatients using servqual model in health facility at Malaysia. According to the study, 646 inpatients was recorded whilst 570 outpatients also recorded respectively. Responses were analyzed as follows:

Two factors were produced called clinical variations of service two and physical variations of service three.

Mirinda et al. (2010) also were with the view that servqual theory considers differences that exist against understanding of health professionals and clients. The dependable variable was client satisfaction.

Mostafa (2005) used perception measures in service quality at Egypt. According to the researcher, understanding the difference that exist between the government health facilities and self-owned hospital clients was the goal. Questionnaires were given to clients on evaluating service quality adopting important variation. Five hundred clients from twelve hospitals of Egypt were researched. This recorded three hundred and thirty three (333) questionnaires filled. The designed ranged from 1-5 using likert scale ranking. The outcome shows that three factor results of SERVQUAL theory. Statistically, minute distinction was drawn from the two hospitals using Servqual theory.

### **Tangibility**

(Gronroos 2000) This involves the physical environment of the health facilities, how the staff appears, equipment's and tools used by healthcare professionals to provide good quality healthcare.

### **Reliability**

Johnson (1997) sees reliability as standardized activities of health professionals. This is very essential in achieving quality health care delivery. Their activities right at the first time, no mistake in treating patients/clients goes a long way to improve client satisfaction.



### **Responsiveness**

Responsiveness concerns the preparedness of health professional in proving service to clients. Timeliness of activities of health professionals, making sure clients go through successful review, providing immediate services to patients/clients/ payment of suppliers (Gronroos 2000)

### **Assurance**

In assurance, the skills and politeness of health professions needs to be impact believe and hope by clients. This aspects involves facts like capability to do the job, competency levels, how clients are handled and treated etc and the overall attitude towards patient's needs. Patients however should feel secured assessing healthcare delivery (Fitzsimmons and Fitzsimmons, 2001)

### **Empathy**

Health professionals have client's best interest at heart. And therefore understands their specific needs (Rizwan et al. (July, 2011) in their study, determining the service quality of hospital at Karachi using the servqual theory. The hospital provides care and individualized attention to its clients. Patients were made to answer questions from the determinants aspect of servqual. Twenty-two qualities were suggested. Patients were asked to forward their expectation using the scale 1-7 likert.

### **Application of Servqual Model**

Anderson (1995) studied the SERVQUAL model to determine the quality of healthcare services offered by a public university of health clinic. The research pointed out that the clinic was poor on the assurance variation. Youseff (1996) used SERVQUAL in National Health Service Hospitals in the UK and found that the reliability recorded the most important factor affecting the clients overview of SERVQUAL and analyzed its applicability to the health sector in Hong Kong. The result was quality perceptions. Empathy was rated second important dimension closely followed by responsiveness and assurance. In the study of Youseff, tangibility was ranked the least important of the five of the SERVQUAL dimensions. Lam (1997) observed the validity, reliability and future validity that SERVQUAL is a reliable model to determine health care service quality. However, factor determinants on five dimensions showed that the scale could be processed as one-dimensional for the results determine, one concurrent factor representing expectations and perceptions. Sewell (1997) in his study with National Health Service Hospitals realized that the highest quality dimension was reliability followed by assurance. Empathy and responsiveness were both ranked as almost the same. Tangibles were recorded fifth dimension. Angelopoulou et al., (1998) in their study on service quality provided in the public and private hospitals, found that clients in public hospitals were satisfied with the competence of physicians and nurses whereas finding on private hospitals were more satisfied with physical facilities, waiting times and admission procedures. Dean (1999) in his investigation used SERVQUAL in two different health settings at Australia to test the transferability of the said model. The result indicated that quality factors differ on the basis of the type of health service provided to clients. Lim and Tang (2000) determine satisfaction of 252 patients in hospitals of Singapore by adopting new version of SERVQUAL and found that the hospital needed upgrading across all six dimensions thus tangibles, reliability, assurance, responsiveness, empathy, accessibility and affordability. Wong (2002) pointed out that three variations thus responsiveness; assurance and empathy of

SERVQUAL model were more significant factors than other two dimensions affecting overall client satisfaction. Sohail's (2003) aim was to assess the dimensions of the SERVQUAL model that affect the perception of patients in regards to the service quality in private hospitals in Malaysia. Client's satisfaction was taken as dependent factor and it was determined on the basis of five variations defined in the SERVQUAL model. The research tool was a questionnaire based upon an improved version of SERVQUAL having five dimensions Tangibility, Reliability, Responsiveness, Assurance and Empathy and it included of 15 pairs of linking expectation/perception items. A total of 186 responses were recorded and this recorded a response rate of 18.6%. To show construct validity of the research, factor analysis was conducted. None of the reliability beginning were below the cut of service quality were low Curry et al., (2002, p.197) in an effort to assess the quality of physiotherapy services applying the SERVQUAL model and three physiotherapy services in Dundee, Scotland.

They determined the ten original ways for evaluation and adding them into five thus tangibles, reliability, responsiveness, assurance (including ability, Politeness, credibility, and security) and empathy (including access, communication, and understanding). The quality gap is determined through these five dimensions with the use of an adaptable 22 item survey tools. The survey includes questions comprising to clients expectations and anticipation. They sought to determine five gaps developed by Parasuraman et al., (1985). They found out that the services were highly valued by clients even though they realized that the perception gaps were slightly negative and the services could be modernized. Their studies proved that assurance and empathy were very important in their research. Despite the criticisms of the SERVQUAL model they agree that its vital usage in measuring service quality in the public sector to determine consumer priorities and measure performance.

### **Patient Satisfaction: A measurement of quality of health care service**

Clients as a whole view receives different treatment from healthcare providers and they make their conclusions by the type of quality treatment given to them Choi et al .(2004) The two aspects of service provided are the core and non-core (Gronroos 2000)

Aragon et, al. (2003) carried out a study in emergency department of a hospital. The primary provider theory was used to determine client level of satisfaction in relating it to the medical assistance waiting time, the nurses etc.. They concluded that over all client satisfaction was linked positively with two indicators of clients suggestion from the healthcare providers and the extent to which the service is sufficient when it comes to payment made. support (Shi & Singh, 2005). Also viewed client satisfaction by elaborating quality in two dimension that it varies from one client to another depending on the type of one experience from receiving medical treatment. Again, the overview of clients satisfaction and their anticipation of receiving medical care.

**Criticism of Servqual model. (Buttle, 1996, p. 10-11)** In spite of its growing popularity and widespread application, SERVQUAL has been subjected to a number of theoretical and operational criticisms which are detailed below:

### **Criticisms (Theory)**

- **Paradigmatic objections:** SERVQUAL is on a disprove of typical example rather

than an opinion example; and SERVQUAL fails to draw on standard business, numerical values and mental theory.

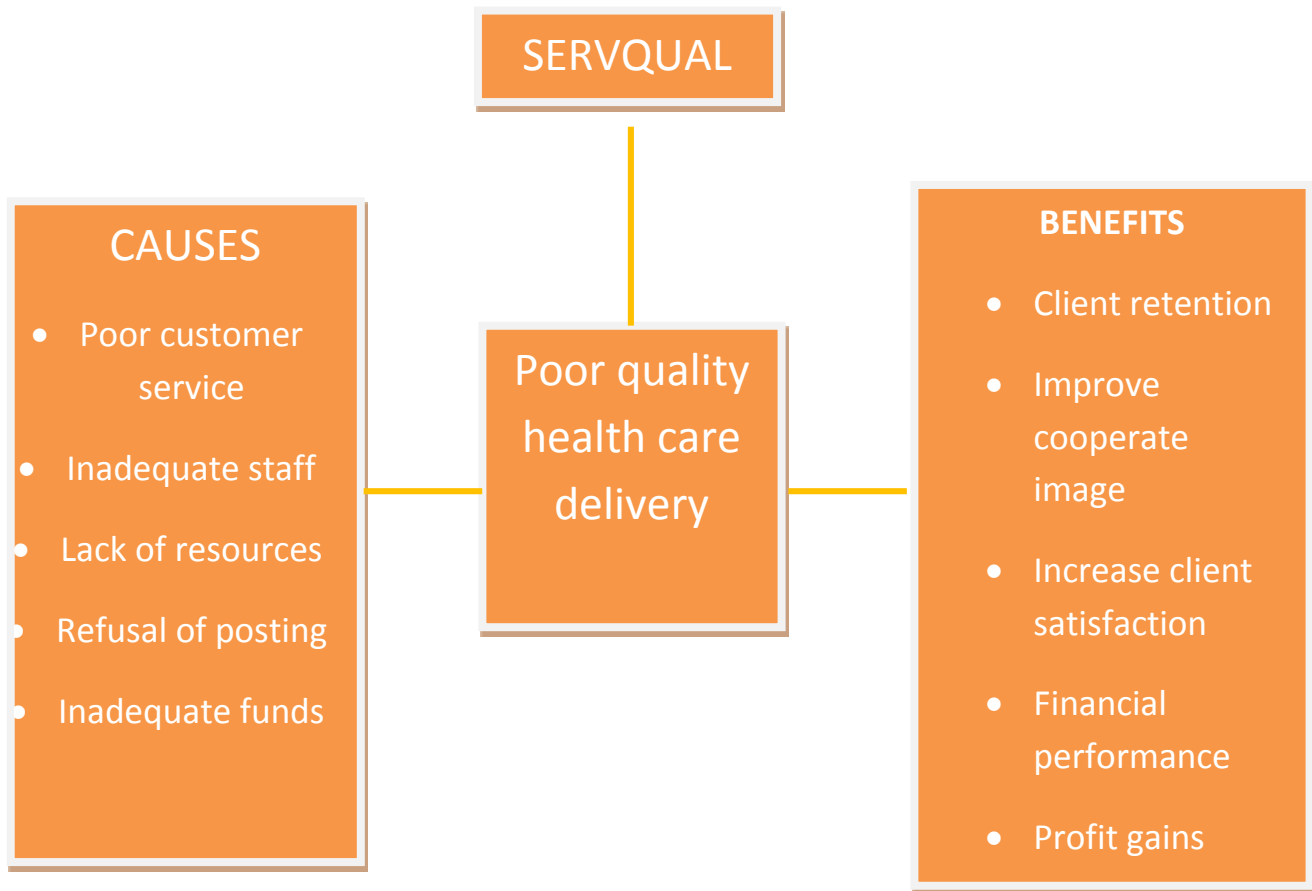
- **Processes (Orientation):** SERVQUAL emphasis on the ways of delivering services, but not the results of expectation.
- **Aspects of Dimensionality:** SERVQUAL theory of 5 variations is not worldwide. The number of dimensions includes service quality is not placed in a particular context; items do not always load on to the factors which one would a priori expect; inter-correlation therefore exist among the dimensions (empathy and responsiveness Reliability, assurance, tangible,).

### **Justification of the criticality of servqual model in measuring patient satisfaction:**

According to Sohail (2003), a SERVQUAL tool among other instrument for determining patient satisfaction is the most preferred used tool. The literature above observed that some survey have confirmed the reliability of SERVQUAL model. Some other studies have confirmed five generic quality variations of SERVQUAL tools where as some survey have identified either less number of dimensions or additional dimensions. On the basis of variation in dimensionalities, studies prefer to apply new version of the same tools. Initially, in 1985, SERVQUAL tools emphasize on ten dimensions thus. Reliability, responsiveness, competence, access, courtesy, communication, credibility, security, understanding/ knowing the customer, tangibles. In 1988, the same model has been upgraded by reducing the number of variations from ten to five thus. Responsiveness, reliability, assurance, tangibles and empathy. Later on some researchers upgraded the same by changing some dimensions by the modern components which were never mentioned earlier in the original model of SERVQUAL. According to literature survey it has been realized that some identifiable variations have been selected based on country specific cultural practices. For instance, hospitals of Bangladesh, discipline, and communication (tips) to staff have been varied. SERVQUAL model helps obtain clients ranking of anticipation and expectation on the basis of ordinal scale. Moreover, application of statistical tool with the ordinal data in the SERVQUAL model is inaccurate. Continuous measurement of patients' and perception is also incorrect. The literature survey indicated that in a number of health care settings various researchers viz. Anderson (1995), Youseff (1996), Lam (1997), Sewell (1997), Angelopoulou et.al.(1998), Dean (1999), Lim and Tang(2000), Wong (2002), Jaboun and Chaker (2003), Boshaff and Gray (2004), Kilbourne et.al. (2004),

Wisniewski (2005), Karassavidou et. al. (2007), Mangkolrat (2008), Akter et. al. (2008) and Qin et. al. (2009) have applied SERVQUAL model since mid-90s to 2009. It was suggested however that in spite of all limitations, SERVQUAL is still popular instrument to measure patient satisfaction even in recent days.

**CONCEPTUAL FRAMEWORK**



Servqual model has become one of the important instruments used to test service quality. Literature studies recommend that satisfaction of clients should be the ultimate aim of every institution. When service quality is applied effectively it helps to improve the organizations objectives in terms of time, assurance, value, trust etc...

Various school of thought have come out with different models and methods to determine clients satisfaction using servqual model, their advantages and challenges that exist between servqual

**ANALYSIS OF DATA AND FINDINGS**

**Administration of Research Instrument (Bechem Government Hospital)**

**Reasons for Attendance**

The following depicts the reasons for attendance

Easy access recorded 54% of the total questionnaires administered making it the highest percentage of all the others, followed by good customer service with 35% and 11% were record for good infrastructure

### Frequency of Visit

With frequency of visit to the facility, clients who visits weekly basis were 7% followed by clients with 36% who visit monthly, 57% of clients visit the hospital on quarterly basis making the higher percentage recorded.

### Alternative Healthcare

Patients that would prefer an alternative healthcare rather than Bechem Government Hospital were 21% whilst 79% preferred to visit Bechem Government Hospital for treatment representing the highest percentage.

**Table 1: What are the factors that affect quality healthcare delivery?**

FACTORS THAT AFFECT POOR QUALITY HEALTH CARE DELIVERY	% AGREE	% NEUTRAL	% DISAGREE	MEAN	STANDARD DEVIATION	RII
Inadequate Staff	69	11	20	4	0.552	0.818
Poor Customer Service	81	19	0	4	0.695	0.822
Refusal of Posting	84	12	4	4.1	0.759	0.82
Lack of resources	79	17	4	4.05	0.796	0.81
Inadequate funds	68	20	12	3.72	1	0.744
Untrained staff	65	21	14	3.74	1.06	0.748

As per the results above from Bechem Government Hospital, 81% of the respondents agree that poor customer service was one of the main factors that affected the quality of healthcare delivery. Another 84 % attributed poor quality health care service to Refusal of posting by health professionals to where they were posted. 69% said inadequate staff was a major factor. Other 68% respondents also were with the view that inadequate funds were major factor to poor quality health care delivery at Bechem. More so, 4% disagree to the fact that inadequate resources affect quality healthcare delivery in Bechem Government hospital. However, no respondent disagree to the fact that poor customer service affect quality health care delivery.

According to the results from the table above, the highest factors that contributed to poor quality health care was poor customer service with Relative Importance Index of 0.822 and a corresponding mean of 4.0. This therefore represents the most significant factor that contributes to poor service delivery. This is buttressed by the findings of Comm (2001) who conducted a study about healthcare delivery. According to the researcher's findings every 100 patients that goes through improper treatment by health professionals, 70 of them would not be likely to receive treatment at the same health facility again in future. Again, for the same 100 patients who have experienced similar problems, about 75 of them will inform a relative and colleagues about this experience. 75 dissatisfy patients will at the long run be 465 patients who might have been potential clients will probably not patronize the hospital again. This however explains to the fact that poor customer service is associated with most public services like a public hospital of this nature. This might probably be due to the fact that it's a state own and for that matter, personnel's don't attach much importance to it.

**Table 2: Reliability of the Hospital**

RELIABILITY	% AGREE	%NEUTRAL	% DISAGREE	MEAN	STANDARD DEVIATION	RII
Acts on its promises	62	15	23	3.49	1.235	0.698
Interest in Clients	59	14	27	3.43	1.225	0.686
Treatment received	51	27	22	3.32	1.205	0.664
Error free equipment	51	20	26	3.3	1.251	0.66
Suppliers paid in time	43	23	24	3.36	1.185	0.672
Pre-empt outbreak	50	29	21	3.3	1.04	0.66
Feed Clients with Information	49	24	27	3.27	1.254	0.654

From the table above, 62% of the respondents agree that Bechem Government Hospital acts on its promises making it the highest percentage of clients that have the view that the hospital keep on their promises. Another 23% clients disagree that the hospital does not act on its promises.

Another 49% attributed to (feed clients with information) was the least of clients to agree that the hospital is not reliable when it comes to this factor.

However, 27% disagree that feed clients with information is not a contributing factor when it comes to reliability.

From the results obtained from the table, the reliability factor (acts on its promise) was rated the highest factor with a relative important index of 0.698 and a corresponding mean of 3.49. This factor was considered the most important as to whether the hospital acts on its promises.

This point goes a long way to add to what Johnson said (1997) argue that, reliability and performance of the health facility and its employees are important.

**Table 3: Responsiveness of the Hospital**

RESPONSIVENESS	% AGREE	% NEUTRAL	% DISAGREE	MEAN	STANDARD DEVIATION	RII
Time frame for payment of suppliers	53	20	27	3.35	1.149	0.65
Information easily obtained by clients	44	28	28	3.23	1.221	0.646
Willingness to help Clients	50	25	25	3.17	1.129	0.634
Respond quickly to Clients	44	35	21	3.29	1.028	0.658

From the results obtained from the above table, 44% respondents agree that employees respond quickly to client's request. However, it was the highest factor that clients acknowledged highest percentage than all the others. Whilst 35% of clients were neutral, 21% disagree that employees responds quickly to client's request. Time frame for the payment of suppliers was also ranked high with 53%.

Following the results above, employees respond quickly to clients request was the highest factor with a Relative Importance Rate of 0.658 and a mean of 3.29. This makes it the most important factor that clients rated the highest among all. This is supported by the findings of (Gronroos 200) willingness of employees to provide better services enhance quality health delivery

**Table 4: Assurance**

ASSURANCE	% AGREE	% NEUTRAL	% DISAGREE	MEAN	STANDARD DEVIATION	RII
Employees' behavior	49	24	27	3.22	1.011	0.644
No difficulty in receiving treatment	47	33	20	3.3	1.078	0.66
Polite employees	54	32	14	3.42	0.904	0.684
Skillful and knowledgeable	56	26	18	3.42	1.075	0.684

As indicated in the table above, 56% respondents agree that Bechem Government Hospital has skillful and knowledgeable employees whilst 18% are with the view that the hospital does not have enough skills and knowledge. However, 47% respondents recorded the least clients who have no difficulties in receiving treatment with the hospital. In this regard, 20% of respondents objected to this fact. From the results obtained from the respondents, skillful and knowledgeable were ranked the highest factor when it comes to the skills and knowledge of employees of the hospital with a relative importance index of 0.684 and a mean factor of 3.42. This means that skillful and knowledgeable was the most important factor to clients. This factor was highlighted by Fitzsimmons, (2001) that, knowledge is the ability to convey trust and confidence of clients by health employees. This factor attests to the fact that government has the capital to employ more qualified employees as compared to the private sector health service.

**Table 5: Empathy**

EMPATHY	% AGREE	NEUTRAL %	% DISAGREE	MEAN	STANDARD DEVIATION	RII
See individual clients as important	56	26	18	3.41	1.074	0.682
Offer personal assistance to clients	57	24	21	3.46	1.077	0.692
Convenient service hours	54	25	21	3.37	1.107	0.674
Preference to client interest	54	31	15	3.41	0.944	0.682

From the table above, 57% respondents recorded the highest clients that agree that Bechem Government Hospital employees offer personal assistance to clients. Whilst 21% disagree to this factor. The least percentage recorded were 54% of respondents for both convenience service hours

and preference to client's interest accordingly. However 21% and 15% also disagree to these factors respectively.

**Table 6: Tangibles of the Hospital**

TANGIBLES	% AGREE	% EUTRAL	% DISAGREE	MEAN	STANDARD DEVIATION	RII
Modern and New equipment	67	29	4	3.72	0.683	0.744
Improved and Upgrading	82	18	0	4.1	0.674	0.82
Replaced broken Equipment	81	18	1	4.05	0.687	0.81
Have system Expansion	86	14	0	4.17	0.652	0.834
Availability of Medicine	86	14	0	4.12	0.624	0.824
Employees appear nice	72	17	8	3.77	0.952	0.754

From the results obtained from the respondents, 86% agree to both system expansion and availability of medicine. However, none disagree to these factors. Modern and new equipment recorded the least respondents with 67% agreeing that the hospital has new and modern equipment whilst 4% disagree to this factor. From the results obtained from the respondents, having system expansion and modern and new equipment were ranked the highest response from clients with a relative important index of 0.744 and 0.834 respectively. Meaning that, these two factors were rated the most important by respondents. This study was elaborated by Groomer (200) that physical facilities like equipment's, employees, and working materials facilitate good quality healthcare. These factors were so because government has capital to expand its facilities and provide the needed medicines from its stores for the government hospitals on credit basis.

#### **ADMINISTRATION OF RESEARCH INSTRUMENT (GREENHILL HOSPITAL)**

##### ***Reasons for Attendance***

The following depicts the reasons for attendance.

Easy access recorded 67% of the total questionnaires administered making it the highest percentage of all the others, followed by good customer service with 31% and 2% were record for good infrastructure.



**Table 7: What are the factors that affect quality health care delivery at Green Hill Hospital?**

<b>FACTORS THAT AFFECT POOR QUALITY HEALTH CARE</b>	<b>% AGREE</b>	<b>% NEUTRAL</b>	<b>% DISAGREE</b>	<b>MEAN</b>	<b>STANDARD DEVIATION</b>	<b>RII</b>
<b>Inadequate Staff</b>	56	4	40	4.36	0.56	0.872
<b>Poor Customer Service</b>	48	7	45	4.38	0.616	0.876
<b>Refusal of Posting</b>	58	5	37	4.32	0.566	0.864
<b>Lack of resources</b>	53	9	38	4.29	0.624	0.858
<b>Inadequate funds</b>	48	8	44	4.36	0.68	0.872
<b>Untrained staff</b>	57	10	33	4.23	0.617	0.846

From the results 56% of the respondent agree that inadequate staff was one of the main factors that affected the quality of health care delivery. Another 58% attributed poor quality health care service as Refusal of health professionals to go to posing they have been allocated. Another 57% said untrained staff was a major factor. However, 45% disagree that poor customer service contributed to poor service health delivery. Another 44% also said that inadequate funds were not a major factor to poor service delivery. From the results obtained from the respondents, inadequate staff and inadequate funds were ranked the highest factors that contributed to poor service delivery with a Relative Importance Index of 0.872 and a corresponding mean of 4.36. These two factors were adjudged the most significant factors that contribute to poor service delivery.

Among all the factors, untrained staff was ranked the lowest.

This is buttressed by the findings of WHO report 2006 explaining that 24% of global burden diseases was handle only by 3% of the world healthcare work force.

**Table 8: Reliability**

<b>RELIABILITY</b>	<b>% AGREE</b>	<b>%NEUTRAL</b>	<b>% DISAGREE</b>	<b>MEAN</b>	<b>STANDARD DEVIATION</b>	<b>RII</b>
<b>Acts on its promises</b>	85	12	3	4.17	0.753	0.834
<b>Interest in Clients</b>	60	26	4	3.87	0.861	0.774
<b>Treatment received</b>	75	23	2	3.94	0.802	0.788
<b>Error free equipment</b>	67	30	3	3.87	0.837	0.774
<b>Suppliers paid in time</b>	56	35	9	3.6	0.865	0.72
<b>Pre-empt outbreak</b>	58	23	7	3.59	0.866	0.718
<b>Feed Clients with information</b>	60	25	14	3.54	0.989	0.708

From the table above, 85% of the respondents agree that Green Hill Hospital acts on its promises making it the highest percentage of clients that have the view that the hospital keep on their promises. Another 3% clients disagree that the hospital does not act on its promises.

Another 56% attributed to (suppliers paid in time) was the least of clients to agree that the hospital is not reliable when it comes to this factor.

However, 35% disagree that suppliers paid in time is not a contributing factor when it comes to reliability.

**Table 9: Responsiveness**

<b>RESPONSIVENESS</b>	<b>% AGREE</b>	<b>% NEUTRAL</b>	<b>% DISAGREE</b>	<b>MEAN</b>	<b>STANDARD DEVIATION</b>	<b>RII</b>
<b>Time For Payment Suppliers</b>	46	40	14	3.38	0.94	0.676
<b>Information Easily Obtained By Clients</b>	57	29	14	3.43	0.913	0.686
<b>Willingness To Help Clients</b>	43	43	14	3.3	0.87	0.66
<b>Respond Quickly To Clients</b>	50	35	15	3.39	0.963	0.678

From the results obtained from the above table, 57% respondents agree that easily information obtain by client was one of the factors that clients acknowledged that information was easily obtained. Rating it the highest percentage than all the others. However, whilst 14% disagree to this factor. Again, 43% was the least to agree that Green Hill hospital employees are willing to help clients. 14% of clients however disagree to this fact.

**Table 10: Assurance**

ASSURANCE	% AGREE	% NEUTRAL	% DISAGREE	MEAN	STANDARD DEVIATION	RII
Employees' behavior	52	35	11	3.4	0.841	0.68
No difficulty in receiving treatment	56	33	11	3.51	0.916	0.702
Polite employees	56	35	9	3.48	0.797	0.696
Skillful and knowledgeable	57	36	7	3.56	0.795	0.712

As indicated in the table above, 57% respondents agree that Green Hill Hospital has skillful and knowledgeable employees whilst 7% are with the view that the hospital does not have enough skills and knowledge.

However, 52% respondents are with the view that employees are well behaved which recorded the least clients who agreed. In this regard, 11% of respondents objected to this fact.

**Table 11: Tangibles**

TANGIBLES	% AGREE	% NEUTRAL	% DISAGREE	MEAN	STANDARD DEVIATION	RII
Modern and New equipment	75	25	0	3.9	0.646	0.784
Improved and upgrading of Equipment's	88	12	0	4.14	0.603	0.828
Replaced broken Equipment	84	15	0	4.16	0.662	0.832
Have system Expansion	84	16	0	4.08	0.631	0.816
Availability of Medicine	89	11	0	4.3	0.659	0.86
Employees appear nice	75	19	6	3.95	0.83	0.79

From the results obtained from the respondents, 89% agree to availability of medicine. However, none disagree to this factor. Another 88% attested that Green Hill Hospital should have improved and up-grading equipments. Modern and new equipment recorded the least respondents with 75% agreeing that the hospital has new and modern equipment, whilst none disagreed to this factor.

From the results obtained from the respondents, availability of medicine was ranked the highest response from clients with a relative index of 0.86 and a corresponding mean of 4.3. Meaning that this factor was rated most important to respondents. This study was elaborated by (Gronroos 2000) that physical facilities like equipment's, employees, and working materials facilitate good quality healthcare. This factor is also true about private sector health facilities due to the fact that they also purchase medicine on credit basis to meet their patients demand

## **COMPARISON OF BECHEM GOVERNMENT HOSPITAL AND GREEN HILL HOSPITAL**

From the table above, comparison of the two hospitals could be drawn from the research questions below:

Comparably, inadequate staff was recorded the highest with 56% when it comes to factors that affect poor quality healthcare. This probably might be due to the fact that private hospital managers or C.E.O lacks the financial capabilities to employ more skilled professionals to ensure effective health care system, whereas Bechem government hospital clients ranked poor customer service as the highest representing 81%. This however buttressed the point that government hospital employees do not attached much importance to customer care in. Comparing the two hospitals in terms of reliability, Green Hill hospital was rated 85% representing the highest among all the factors. Likewise, Bechem Government was also ranked the highest with different percentage of 62%. Despite the fact that all was ranked the highest by respondents, in percentage wise, it is clearly showed that employees of Green Hill hospital attach more importance in promise delivery.

When it comes to responsiveness of the two hospitals, Green Hill hospital ranked 57% of information easily obtained by clients out of the 100 total marks. It was however the highest implying that clients of the hospital get information as and when needed. Bechem Government hospital recorded 44% of clients which in their view thinks information is not easily obtained. It goes again to stress that in one way or the other, private hospitals employees makes information available to their clients at all times as against Bechem, which is a public facility.

Furthermore, in the assurance aspects of the survey, it was deduced from the table that Employees of Green Hill Hospital was again adjudged the best in terms of Skillful and knowledgeable staff with 57% whereas Bechem Government Hospital also recorded closely 56%. The difference between these percentages however is very significant which means all the two hospitals have employees who are skillful and knowledgeable in terms of delivering their service.

In comparing Empathy at the two hospitals, Green Hill recorded 56% on employees seeing individual clients as important, whereas Bechem Government Hospital rated 57% given closely percentage.

Finally, tangibles being the expectations of patients for both hospitals, the following analysis could be drawn from the table above:

Green Hill hospital rated availability of medicine as the highest with a percentage of 89% whilst Bechem Government Hospital rated it 86% with very significant differences.

## **SUMMARY OF FINDINGS RECOMMENDATION AND CONCLUSION**

In the private hospital sector chosen for this research (Green Hill Hospital) the reliability, responsiveness, empathy and tangibility as compared to Bechem Government Hospital was rated better than the Government Hospital (Bechem) as per the study. These means that management of Bechem Government Hospital need to improve more on these factors. However, on the factors that affect quality healthcare delivery the public hospital recorded the highest in terms of poor customer service. It is recommended however that both hospitals needs to organize training to enhance the capacities of employees in order to handle patients to achieve their goal as healthcare facilities. Also, the researcher recommends the need for the authorities of the Public hospital to use SERVQUAL Model as propounded by Parasuraman et al.1985 to improve their service performance in the health facility in order to compete with private hospitals and consequently satisfying the customer as well.

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