

Determinants of Patients' Satisfaction at Sunyani Regional Hospital, Ghana

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ABSTRACT

Patient satisfaction is a major determinant of quality health care delivery. Many studies have reported that there is a positive relation between patients' satisfaction and outcome. This study was aimed at assessing factors associated with patients' satisfaction at Sunyani Regional Hospital in Ghana. A structured questionnaire was used to collect primary data and it was analysed using SPSS (version 16.0). Factor analysis based on principal component extraction using Oblimin with Kaiser Normalization rotation method was employed in assessing the factors that contribute to patients' satisfaction. The result showed that patients' satisfaction is influenced by a number of factors such as attitudes of nurses toward patients, the capacity to deliver prompt service without wasting time, ability to disseminate information to patients and the availability of up-to-date equipment. The hospital's ability to render 24 hour service, response to emergency cases, the patience of the doctor to clearly explain what was wrong with patients before giving treatment, providing patients with detail information about their medication, and attractiveness and cleanliness of the hospital among others constitute some of the factors that determined patients' satisfaction.

1.0 Introduction

In the past there was not much direct pressure to improve health service quality in Ghana, but now public health services face increased competition from the private sector (Atinga et al., 2011), along with rising expectations from patients who are more aware of what they need and what is available in terms of medical care. The health sector in Ghana is undertaking quite a lot of transformation, and there is a remarkable scope for the application of quality concepts to healthcare. Patients now have access to good quality healthcare, which comes with the readiness and ability to pay for medical care. The main beneficiaries of a good healthcare system are clearly the patients, making them the focus of the healthcare delivery system. Health, which is mainly the relief or cure of ill health, is universally vital and this results in the imperative to provide high-quality services in response to developments in medicine and the desire of the caring professions to aspire to clinical excellence (Sewell, 1997).

According to Duggirala et al.,(2008), a healthy population, characterized by balanced birth and death rates, and a low incidence of disease, is considered critical to the development and prosperity of a nation. This can be attained when the quality of healthcare provided to the people is successful in appropriate management of the disease, and is accessible to the large widely held of the population at an affordable cost. This means that the fundamental principle of a nation's health system should be quality patient-care.

A healthcare service has been described as one that requires high consumer involvement in the consumption process. Lengnick-Hall (1995) argued that the traditional health sector's views of technical quality and patient satisfaction were inadequate to manage the complex relationships between the healthcare provider and the patient. Importantly, successful healthcare relies extensively on the co-contribution of the patient to the service delivery process.

The Institute of Medicine (2001) considered Healthcare quality from two viewpoints: patients and technical or professional. The former includes assessment of service provider's ability to meet customer demand, customers' perception and satisfaction (Chatterjee and Yilmaz, 1993).

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Customer perception with respect to evaluation of healthcare quality has been supported by a number of researchers (Reerink and Sauerborn, 1996). Emphasising this, Peterson (1988) opines that how the patient felt is more important than the caregiver's perception of reality. Researchers observed that quality perceptions impact satisfaction; that is the service quality is the antecedent of satisfaction (Cronin and Taylor, 1992). Since it is more technical to assess service quality and factors contributing to patients' satisfaction from service providers point of view as pointed out by various studies, this study focuses on assessing factors influencing patients' satisfaction and perceived service quality from patients' perspective.

1.1 Statement of problem

The healthcare industry in recent years has restructured its service delivery system in order to survive in an unforgiving environment resulting from maturation of the industry, reduced funding, increased competition (Emanuel and Dubler, 1995) and the need to reduce cost. The restructuring has focused on finding effective ways to satisfy the needs and desires of the patients (Donabedian, 1996). This patient centred healthcare service approach shifts the culture of the healthcare system from one formed by the preferences and decisions of medical professionals to one shaped by the views and needs of its users.

Consumer satisfaction is a fundamental requirement for healthcare providers. Satisfaction is important when patients themselves and institutional healthcare service buyers make selection decisions (Woodside and Shinn, 1988; Woodside et al., 1989). In addition to its positive impact on patient retention and loyalty, patient satisfaction influences the rate of patient compliance with physician advice (Calnan, 1988; Roter et al., 1987) and the healing process of patients.

For the limited healthcare resources to be allocated effectively, it would be essential for healthcare providers to identify patients' priorities among various service quality dimensions and to improve these dimensions for patient satisfaction. Assessing the factors associated with patient's satisfaction is an important issue for a healthcare provider to understand what is cherished by patients, and to know where, when and how service can be altered or possible improvement can be made as well as how the scarce resources of the healthcare service would be channelled.

Therefore the objective of the study is

- to determine the factors associated with patient's satisfaction in Sunyani Regional Hospital

The result of the study will be significant to all stakeholders; it can be used by hospitals to reengineer and redesign creatively their healthcare quality management processes and strategies from the patient's viewpoint. The patients stand to gain if it leads to better services revealing the pitfall of the hospital for rectification. Also, the study will be useful to researchers who will in future undertake similar study as it will serve as a source of reference.

2.0 Literature Review

2.1 Service Quality

The competitiveness and long term profitability of both service and manufacturing organizations are determined by quality. According to Gronroos (1984), there are two distinct constituents of service quality. These are technical and functional service qualities. Technical quality refers to the basis of technical accuracy and procedures. In healthcare perspective, it is explained on the basis of the technical accuracy of the medical diagnoses and procedures or the compliance of professional specifications (Lam, 1997).

It can be considered as the competence of the staff as they go about performing their schedules. These consist of the clinical and operating skills of the doctors, and the nurses' knowledge and familiarity with the administration of drugs and the laboratory technicians' expertise in conducting tests on blood samples (Tomes and Ng, 1995).

Functional quality on the other hand alludes to the process by which the healthcare is delivered. Asubonteng et al., (1996) asserts that the distinction between these two aspects of service quality is widely accepted although different terminology is occasionally used. It has been argued by different researchers that functional service quality may be seen by the customer as the most important factor in a service transaction, given their inability to judge technical quality of service. Particularly in a healthcare context, it

is easier said than done for patients' to evaluate technical quality of a service since they have no technical expertise, whereas functional quality (the manner in which the service is delivered) can, and will, be evaluated by the consumer (Gronroos, 1984).

Parasuraman et al., (1988) explained that because it may be difficult for the consumer to assess technical quality, they tend to rely on the "how" of service delivery, and in addition also focus on the service dimensions like empathy, reliability, responsiveness associated with the service encounter.

Ware and Snyder (1975) found out that a lot of patients find it difficult to distinguish between the "caring" (functional) performance and the "curing" (technical) performance of healthcare providers. This situation forces most patients to assess their care on the functional aspects of the technical performance.

Soliman (1992) concluded in his study that non-technical interventions influenced patients' ratings of the overall quality of healthcare and that these aspects of the medical encounter were perhaps more important than the technical aspects. The identification and satisfaction of customer needs and requirements has been the basis for many definition of service quality (Cronin and Taylor 1992).

Parasuraman et al., (1985) argued that service quality can be defined as the difference between predicted or expected service (customer expectations) and perceived service (customer perceptions). If customers' expectations exceed performance, then perceived quality is considered less than satisfactory and a service quality gap materializes. This in effect does not necessarily represent the fact that the service is of low quality but rather customer expectations have not been met hence customer dissatisfaction occurs and opportunities arise for better meeting of customer expectations.

Asubonteng et al., (1996) defined service quality as the difference between consumer expectations of service performance before the service encounter and their perceptions of the service actually received. A number of researchers have reached the same conclusion. This gap concept has understandable implications for the measurement of service quality, this mean that both perceptions and expectations need to be clearly measured in order to quantify service quality gaps (Youseff et al., 1996).

2.3 A Conceptual Model of Service Quality

The well-documented "service quality" model of Parasuraman et al. (1985) is extensively employed as a conceptual framework for measuring service quality delivery in healthcare services (see Figure 1). The service quality model indicates that consumers' quality perceptions are influenced by a series of four distinctive gaps occurring in organizations. The gaps emanating from the service providers' side impede service delivery that is perceived by consumers as either high or low quality.

- (i) Differences between patient expectations and management perceptions of patients expectations. i.e. not knowing what patients expect.
- (ii) Differences between management perceptions of patient expectations and service quality specifications. i.e. improper service-quality standards.
- (iii) Differences between service quality specifications and service actually delivered. i.e. the service performance gap
- (iv) Differences between service delivery and what is communicated about the service to patients.
- (v) Differences between patients' expectations and perceptions, which sequentially depends on the size and direction of the four gaps associated with the delivery of service quality on the service provider's side.

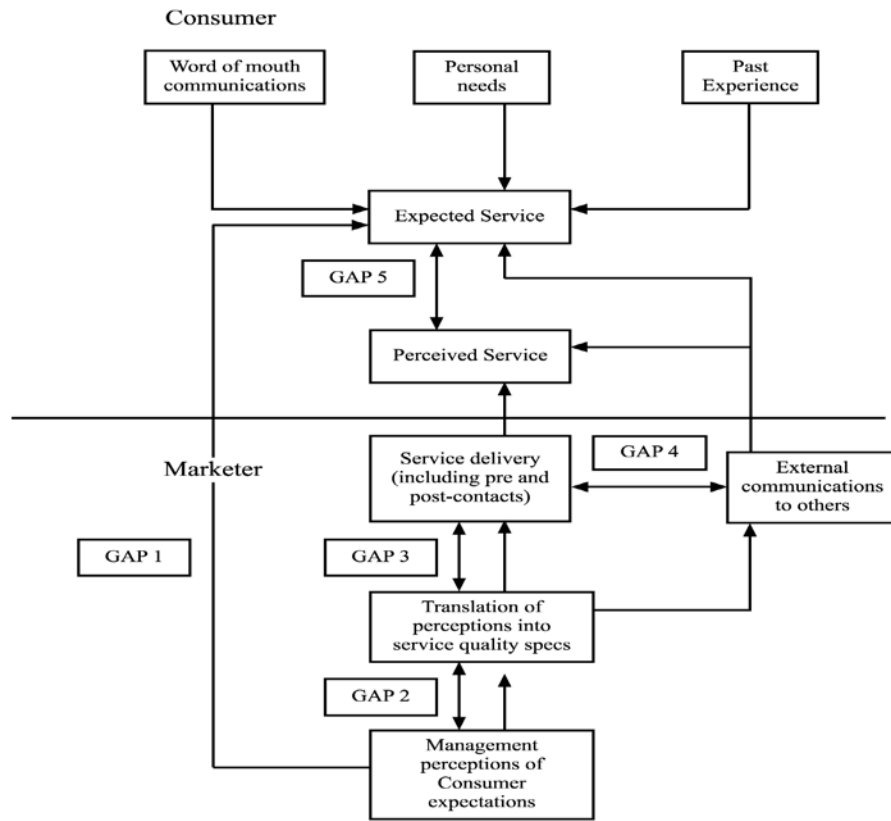


Figure 21: A Conceptual model of service quality
 Source: Parasuraman et al., (1985)

According to this model, the service quality is a function of perception and expectations and can be modelled as:

$$SQ = \sum_{i=1}^k (P_{ij} - E_{ij})$$

Where:

SQ = overall service quality; k number of attributes.

P_{ij} = Performance perception of stimulus i with respect to attribute j.

E_{ij} = Service quality expectation for attribute j that is the relevant norm for stimulus i.

Service quality occurs when expectations are met (or exceeded) and a service gap materializes if expectations are not met (Parasuraman et al., 1985). The gap score for each statement is computed as the perception score minus the expectation score. The presence of a positive gap score means that expectations have been met or exceeded and a negative score also implies that expectations are not being met. Gap scores can be analyzed for individual statements and can be aggregated to give an overall gap score for each dimension.

2.4 Patients Satisfaction

According to Churchill and Suprenant (1992), early concepts of satisfaction study have typically defined satisfaction as a post choice evaluative judgment concerning a specific purchase decision. Swan and Combs (1976) were among the first to argue that satisfaction is associated with performance that fulfils expectations, while dissatisfaction occurs when performance falls below expectations.

Poisz and Von Grumbkow (1988) Viewed satisfaction as a discrepancy between the observed and the desired. This finding is in line with value-percept disparity theory. This theory was developed as a result of

the problem that consumers could be satisfied by aspects of the service for which expectations never existed. Parker and Mathews, (2001) provided further explanation that value-percept theory considers satisfaction as an emotional response triggered by a cognitive-evaluative process. That is, it considers the comparison of the "object" to patients' values rather than an expectation.

This is supported by Current studies in two ways. First, while traditional models absolutely presume that customer satisfaction emanate from cognitive processes, new conceptual developments put forward that affective processes may also contribute considerably to the explanation and prediction of consumer satisfaction (Westbrook and Oliver, 1991). Secondly, Wilton and Nicosia, (1986) explains that satisfaction should be seen as a judgment based on the cumulative experience made with certain service rather than the processes governing a specific transaction.

Oliver (1997) defined satisfaction as consumers' emotional feelings about a specific consumption experience. Oliver implies that satisfaction is a consequence of a mental evaluation of what customers experience and the resulting outcome of the services provided. This means that perceived service quality is considered as a cognitive construct, at the same time as satisfaction is an affective reaction to a specific service experience as a consequence of an evaluation process.

Kotler (2003) put forward a discussion that Satisfaction is a person's feelings of pleasure or disappointment as a result of comparing a product's perceived performance (or outcome) in relation to his or her expectations. Founded on this review, customer satisfaction is defined as the result of a cognitive and affective assessment, where certain comparison standard is compared to the actually perceived performance. When the expected performance is more than perceived performance then, customers become dissatisfied. Alternatively, if the expectation exceeds perceived performance, customers turn to be satisfied. Otherwise, if the perceived performance is equal to expectations, customers are in an indifferent or neutral stage.

According to Gustafsson (2005), customer satisfaction as a customer's overall evaluation of the performance of an offering to date. This general satisfaction has a strong positive consequence on customer loyalty intentions across a wide range of service and product groups. Kotler (2003), give details that the satisfaction judgment is associated to all the experiences made with a certain business relating to its known products, the sales process, and the after- sale service. The ability to satisfy the customer after sales purchase depends on the offer's performance with regard to the customer's expectation, Customers form their expectation from previous buying experience, and word of mouth from associates and friends, and marketers' and competitors' information and promises.

Factors, that establish the degree of expectations include total customer value, customer needs, and total customer cost. Studies have shown that choosing a product or service is only one of the stages customers go through. A purchase decision is affected by the buyer's characteristics. The characteristics include social, personal, cultural, and psychological factors. Additionally, the buyer's characteristics, a purchase decision are influenced by the buyer's decision process. The typical buying process develops through five stages: (i) need recognition; (ii) information search ;(iii) information evaluation; (iv) purchase decision; and (v) post-purchase evaluation (Chaston, 2001). Searching for information is a key stage of a consumer's decision-making process and may include a search for both internal and external information. As the perceived risk of a purchase decision goes high, consumers search for more information in order to deal with uncertainties about the potential positive or negative consequences (Kim and Park, 2005).

Buyers go through successively all the five stages in making a buying decision. Value becomes a sign of what customers do in estimating, attaining, using and disposing of the product or service. Values are considered as set principles or standards of an individual as a whole. They depict a person's judgment regarding what is significant or imperative in life. Customer delivered value is a result of comparison of total customer value with total customer cost. To have a thorough satisfaction, firstly the good working condition is needed to bring satisfied employees which leads to loyal employees and by preparing all this, good production would be followed which influenced on Customer satisfaction and make them loyal and as mentioned before high profit is about customer retention.

3.0 Methodology

The main objective of this research was to determine the factors that influence patients' satisfaction. The study population consisted of patients who had visited the hospital during the time of the research. Simple random technique was employed in selecting the respondents. This sampling technique was possible and convenient because the hospital had record of patients from which the researcher selected the respondents randomly. A total of three hundred and forty-five structured questionnaires were continuously administered. Out of this number, two hundred and ninety-eight were received and only two hundred and fourteen were eligible for analysis. This gave a total response and active response rates as 86.4% and 62.0% respectively. Baruch (1999) cited in Saunder et al, (2007) states that response rate of approximately 35% is reasonable. This means that the number of responses used for the analysis were valid since the response rate was more than 35%.The questionnaire was pre- tested, refined and finally administered to the target sample through personal contact by the researcher. Informed Consent information was attached to each questionnaire. Data was analysed using SPSS (version 16.0) for descriptive statistics. Factors influencing patients' satisfaction were also determined by factor analysis based on principal component extraction using Oblimin with Kaiser Normalization rotation method.

4.0 Analysis and Discussion

4.1 Demographic Profile of Respondents

Demographic characteristics such as age, gender, and educational level are important when considering decisions on factors associated with patients' satisfaction and perceived service quality in healthcare delivery. These are needed to be able to determine how they influence satisfaction of patients. Table 1 presents detailed findings on demographic data and background characteristics of respondents. The age of the respondents (see Table 1) indicated that the age range varied 18-30 (30.4 per cent), 31-40 (33.2 per cent), 41-50 (22.9 per cent), and > 50 years (13.5 per cent). 55.1 per cent of the respondents employed in the study were females whilst the remaining 44.9 per cent were males. As a public hospital, it seeks to serve both males and females. In total, 74.3 per cent of the respondents had some form of formal education ranging from secondary (JHS/SHS) to tertiary while about 25.7 per cent did not have formal education. All these could have very important implications for how respondents perceive satisfaction of the service delivery.

Table 1 Demographic Profile of Respondents

Independent variable	Number (n)	Percentage (%)
Age		
18-30 years	65	30.4
31-40 years	71	33.2
41-50 years	49	22.9
51-60 years	17	7.9
60 +	12	5.6
Gender		
Male	96	44.9
Female	118	55.1
Educational level		
None	50	23.4
Primary	5	2.3
secondary(JHS/SHS)	80	37.4
Post Secondary	30	14.0
Tertiary	49	22.9

4.2 Factors associated with Patient's Satisfaction

The provision of satisfactory health services is a product of a range of factors reflecting patients' expectations, values and experiences (Baker and Streatfield, 1995). As the core objectives of the study, it sought to determine the factors associated with patient's satisfaction in Sunyani regional Hospital. This

objective was achieved by means of factor analysis based on principal component extraction using Oblimin with Kaiser Normalization rotation method. Before the analysis, it was important to determine whether the data were appropriate for factor analysis. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity was carried out. The KMO value was 0.775 which means the data were appropriate for factor analysis. The Bartlett's test of sphericity was significant ($p < 0.001$)

Initial analysis was run to obtain eigenvalues for each variable in the data. Six components had eigenvalues over Kaiser's criterion of 1. Table 2 shows all the components from the analysis along with their respective eigenvalues, the percent of variance attributable to each component, and the cumulative variance of the component. It can be observed that the first component accounted for 33.220% of the variance, the second 12.310%, the third 8.402%, fourth 6.187%, the fifth 5.219% and the sixth 4.042%. All the remaining components were not significant due to the fact that they had eigenvalues less than 1. The first six components were retained since they had eigenvalues greater than one. Malhotra (1996) stated that for component solution of retained components to be deemed satisfactory, the cumulative percentage of variance extracted by the retained components has to be at least 60 percent. From the total variance explained table, the cumulative percentage of the extracted components were 69.380%.

Table 2. Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings ^a
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	9.634	33.220	33.220	9.634	33.220	33.220	7.917
2	3.570	12.310	45.530	3.570	12.310	45.530	4.582
3	2.437	8.402	53.932	2.437	8.402	53.932	3.525
4	1.794	6.187	60.119	1.794	6.187	60.119	4.654
5	1.514	5.219	65.338	1.514	5.219	65.338	1.950
6	1.172	4.042	69.380	1.172	4.042	69.380	2.681
7	.994	3.427	72.807				
8	.886	3.056	75.863				
9	.838	2.888	78.751				
10	.726	2.502	81.253				
11	.660	2.275	83.529				
12	.606	2.089	85.618				
13	.538	1.856	87.473				
14	.506	1.746	89.219				
15	.450	1.553	90.772				
16	.408	1.408	92.180				
17	.331	1.143	93.323				
18	.274	.944	94.267				
19	.258	.888	95.155				

20	.248	.854	96.009			
21	.206	.711	96.720			
22	.192	.663	97.383			
23	.154	.530	97.913			
24	.136	.469	98.382			
25	.125	.429	98.811			
26	.109	.378	99.189			
27	.096	.330	99.519			
28	.082	.283	99.802			
29	.057	.198	100.000			

Extraction Method: Principal Component Analysis

The six components extracted were confirmed on the scree plot shown on figure 1 below.

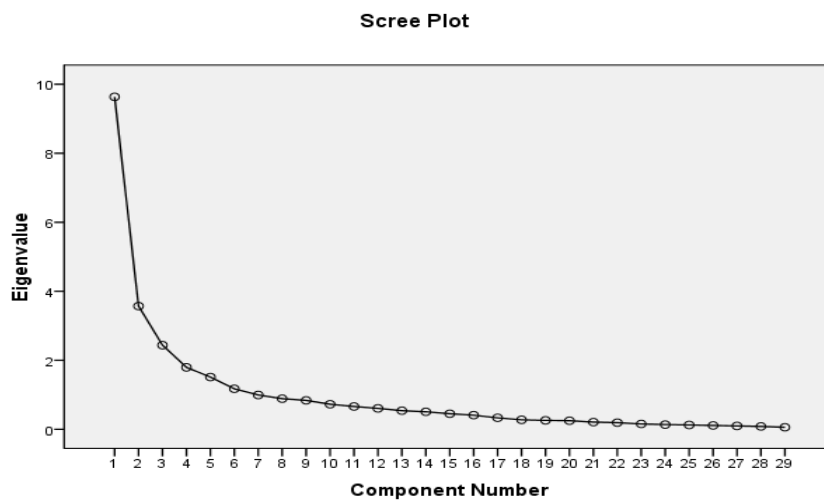


Figure 4.1 Scree Plot

The retained components were rotated using oblique rotation (Oblimin with Kaiser Normalization rotation). The result of rotation produced three matrices; pattern matrix, structure matrix and a component correlation matrix. Rietveld and Van Hout (1993) explained that most of the time the pattern matrix is used to interpret the factors. Therefore, interpretation of the components were based on the pattern matrix presented in Table 3

Table 3 pattern matrix

Pattern Matrix^a

	Component					
	1	2	3	4	5	6
E2	.858					
A2	.773					
E5	.772					
RS5	.739					
CM3	.735					
E4	.693					
A5	.677					
RS2	.621					
E3	.560					
E1						
A4						
A3						
RI4		.900				
RI1		.730				
RI2		.714				
RI3		.707				
RS4		.625				
RS3		.585				
T4			.777			
T2			.669			
T1			.652			
T3			.605			
T5			.569			
CM1				.858		
CM2				.843		
CM5				.661		
CM4				.579		
A1					.773	
RS1						.838

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

Rotation converged in 16 iterations.

The results showed that factors associated with patients' satisfaction at Sunyani Regional Hospital were categorized into six main components. The pattern matrix (see Table 3) indicated that most of the factors affecting patients' satisfaction under Component 1 were mainly items from Empathy dimension. This means that one of the key factors that influence patients' satisfaction is empathy. Patients felt that their satisfaction level about the service delivery would probably go high when they are treated with utmost care and given individualized attention. Many studies have found that courtesy, friendliness, care and respectful attitudes of health staff are major determinants of quality of care and clients' satisfaction with care (Morgan et al., 1998; Aldana et al., 2001).

The finding pointed out that the rudeness of nurses and other staff, the ability of the hospital to provide individualized attention to the aged and physically challenges, understanding the specific needs of patients, and keeping patients informed about when service will be performed were other factors under empathy dimension that determined patients' satisfaction. Other factors extracted under component 1 were the politeness of staff, the willingness of nurses to answer patients' questions, patients being given enough time to tell the doctor their problem and the feeling of being secure at the hospital. These factors among others were also paramount in determining the satisfaction of patients of Sunyani Regional Hospital. Avortri et al., (2011) also identified the feeling of been treated with care and respect as a key predictor of satisfaction. This requires a pragmatic effort by the management of the hospital to develop policies and strategies that would seek to ensure that these factors are incorporated in the everyday operation of the hospital since their presence would have a positive influence on service delivery.

Reliability of the hospital was identified as another factor that contributed immensely to patients' satisfaction. Thus, the ability of the hospital to perform the promised service reliably and accurately. Patients expected that service delivered was without time wasting, the level of service remained the same all times (day and night), patients had enough time to tell the doctor their problems, and the hospital delivered 24hour service.

Atinga et al., (2011) identified in their study that waiting time resulting from medical and administrative procedures is a critical factor predicting patient's satisfaction with quality of healthcare delivery. This means that service delivery with no or little waiting time will positively affect patients' satisfaction. These calls for the hospital to consider and reengineer its operations to ensure that these factors are manage to meet the satisfaction of patients.

The result further showed that the third factor affecting patients' satisfaction was tangibility. By this dimension, the provision of direction / written material that are easy to read and understand, how easy to locate the hospital, attractiveness and cleanliness of the hospital all the time, the neatness and smartness of the staff and the availability of up-to-date equipment play a crucial role in determining the satisfaction of patients. This finding confirm previous studies (Hardy et al., 1996; Hair, 1998; Taylor, 1994) that the cleanliness of the hospital environment emerged as a strong factor influencing patient satisfaction with quality of care. This suggests that, since hospitals exist as healing institutions, a very tidy environment is necessary not only as a primary measure to control disease outbreak but also to provide some form of psychological relieve to the patient's condition. Therefore it would not be out of place for the hospital to ensure that the hospital's environment is clean and neat all the time.

Communication/interpersonal relationship at Sunyani Regional hospital was identified as the fourth component/factor associated with patients' satisfaction. Patients were of the view that they felt satisfied with service delivered whenever the doctor patiently told them their diagnosis, clearly explained what was wrong before giving any treatment, and was ready to answer their question. Also whenever the pharmacist gave them detailed information / instruction about their medicines made them happy and satisfied with the service. This finding supports the study by Rispel et al.,(1995) that whether services are described as good or not, a positive health provider-client relationship contributes significantly to the perception of satisfaction. Harding (2000) reported that effective communication/interpersonal relationship and provision of adequate information are important determinants of satisfaction with service delivery. This finding of the study further strengthens the argument that interpersonal relationships, including friendliness of staff constitute an essential determinant of patients' satisfaction. This indeed needs innovative strategies by management of the hospital to improve patient/health worker interpersonal relationships for all categories of staff since their interactions affect patients' perception of the service delivery.

Another interesting finding of the study was that the reputation of the hospital was also recognized as a factor affecting patients' satisfaction. Patients were of the view that a hospital with good reputation is capable of assuring of quality service delivery. According to them, they feel save and secured about the services of a hospital with a good reputation. Therefore, it is important that management consider any issue or act of staff that stands the chance of tarnishing the image and reputation of hospital serious.

The responsiveness of the hospital in terms of how it responded to emergency cases was also identified as the last component associated with the satisfaction level of patients in Sunyani Regional Hospital. From the

analysis whenever the hospital reacted promptly to the needs of patients and emergency case made them recognized the willingness of the hospital to help him/her and therefore, felt satisfied about the service delivery. This finding further suggests that plans need to be put in place to improve and maintain the responsiveness of the hospital since it has influence of patients' satisfaction.

Limitations and Future Research

As with any study, the present study has certain limitations. Firstly, the study focussed on only outpatients. Views of inpatients could not be captured which affect the result to some extent therefore, future study could consider using inpatients. The study was also limited to a public hospital only. Therefore, it is suggested that further study be carried out in the private healthcare centres in order to understand the factors affecting patients' satisfaction there. To fully assess the quality of healthcare delivery, it is expected that both technical and function aspects of the service be considered. As another limitation to this study, it was based on only the functional aspects of the service delivery thus only patients' view were used for the research.

Conclusion

The study was conducted to assess the factors associated with patients' satisfaction and perceived service quality at the hospital. The result showed that a number of factors influencing patients satisfaction. These factors were attitudes of nurses toward patients, the capacity to deliver prompt service without wasting time, ability to disseminate information to patients, the availability of up-to-date equipment, the hospital's ability to render 24 hour service, response to emergency cases, the patience of the doctor to clearly explain what was wrong with patients before giving treatment, providing patients with detail information about their medication, and attractiveness and cleanliness of the hospital. It is therefore imperative that these factors are given the necessary attention to help deliver services that meet the needs and expectations of patients.

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