

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF ART AND SOCIAL SCIENCE

SCHOOL OF BUSINESS

AN INVESTIGATION INTO CUSTOMER CARE PRACTICES IN PUBLIC HOSPITALS IN  
KUMASI METROPOLIS



A THESIS TO THE BUSINESS SCHOOL

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AN INVESTIGATION INTO CUSTOMER CARE PRACTICES IN PUBLIC HOSPITALS IN  
KUMASI METROPOLIS

A DESSERTATION PRESENTED TO COLLEGE OF ART AND SOCIAL SCIENCE,  
SCHOOL OF BUSINESS, KWAME NKRUMAH UNIVERSITY OF SCIENCE AND  
TECHNOLOGY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE  
DEGREE OF MASTER OF BUSINESS ADMINISTRATION

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## DECLARATION

I hereby declare that under supervision I have personally undertaken the study herein submitted.

All references made in the study are duly acknowledged and all aspect of this study have been discussed with and approved by my supervisor Dr. Bylon Abeiku Bamfo (PhD.)

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## **DEDICATION**

This work is dedicated to God, the almighty who made all things possible for this work to be brought to completion.

I also dedicate this work to my wife, Mrs. Diana Baffour Agyeman Ramseyer for her encouragement and support.

Thirdly, I dedicate this work to the school of business studies, KNUST, for their kind tutelage in adding a business feel to my scientific background

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## **ABTRACT**

Customer care within the context of healthcare delivery is very broad. The healthcare institution has two forms of customers: The suppliers of goods to the Hospital and the patients and their relatives who seek for healthcare. The World Health Organization focuses on the Patient as the Customer. The World Health Organization (WHO) in 1995 defined Customer care as the process by which a healthcare organization delivers its services or products in a way that allows the customer (patients) to access them in the most efficient, fair, cost effective, and humanly satisfying and pleasurable manner possible. This makes the patient the most important partner in healthcare system. However, this patient - hospital relationship in Ghana is tilted in favour of the healthcare staffs who regard him or herself as more important than the client. The question is does this tilted relationship provides good customer care? The general objective of the study is to investigate customer care practices in public health institutions in Ghana - a case of selected government hospitals in Kumasi Metropolis. The researcher adopted simple random sampling techniques in collecting data from respondents. The respondents consisted of patients and staff in selected public health institutions in Kumasi Metropolis. Data was collected through direct visitation, observation, interviews and questionnaires. A total of 320 people were interviewed in 16 public health hospitals and data collected constituted the primary data. It was shown that most patients were not satisfied with the long waiting times in these hospitals. Patients were however satisfied with the quality of care. It is recommended that more doctors should be trained and retained in these institutions to reduce the long waiting times in the hospitals.

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# **CHAPTER ONE**

## **GENERAL INTRODUCTION**

### **1.1 Introduction**

This segment introduces the research topic under study – An investigation into customer care practices in Public Health institution in Kumasi metropolis. It describes and presents experts and scholarly opinions on the subject under study. Here, problem statement and the main objectives and the significance of the research work are elaborated.

### **1.2 Background to the Study**

One of the most interesting aspects in healthcare management is how to manage the relationship between a healthcare provider and its customers (patients) in order to create a greater mutual understanding, trust, and patient involvement in decision making. Offei (2004), were of the view that a good relationship between a healthcare provider and its customers will lead to improved customers' satisfaction, which in turn make them loyal customers.

A good relationship between a healthcare provider and its customers do not only foster effective communications between them but also helps in improving customer's care practices and satisfaction, which may help to improve their health and health-related quality life and more effective in disease management (Nelson et al, 2006). On the other hand, failure in improving customer care will create dissatisfaction of customers, which may lead to distrust towards the system.

In addition, bad or unmanaged customer care practices with patients will make them feel alienated during treatment; in summary, the business sustainability of the healthcare provider will be threatened by sour relationship with its customers (MacStravic, 1997). Therefore, improved customer care practices which lead to a good relationship between a healthcare provider and its customers are crucial and the relationship must be managed effectively to sustain the business.

In the healthcare environment, healthcare providers are challenged not only to retain existing customers but also to acquire potential customers for the healthcare services, retaining them to use the services, and extending various services in the future (Nguyen and LeBlanc, 2004). With the growing competition among healthcare providers, managing the customer care practices and providing better services through customer care management is a strategy that needs to be carefully planned.

Unfortunately, many see customer care practices as merely a management issue for improving patients' satisfaction which may lead to a failure in its implementation. Customer care management initiatives must be seen as a strategy for significant improvement in services by solidifying satisfaction, loyalty and advocacy through customer care practices (Lee, Lee and Yoo, 2000). As such, matters pertaining to people such as customer behaviour, culture transformation, personal agendas, and new interactions between individuals and group must be incorporated in customer care practices initiatives. Therefore, an organization needs to understand that behaviour and expectations of customers will continue to change overtime. Consequently customer care practices must address the dynamic nature of customers' needs and adjustment strategies embedded in customer care management system are required.

Increasingly, health care stakeholders such as governments, health authorities and consumers are attaching importance to health care quality (Jones and Suh, 2000). More and more, patients' satisfaction is recognized as essential component in the evaluation of health care quality (Jones and Suh, 2000). The quality of health care is not confined to resource use or economic efficiency, but also clinical effectiveness through effective customer care practices as an important quality objective (Jain and Gupta, 2004).

Monitoring and evaluating customer care practices and satisfaction with health care is a crucial input to improving the quality of health system and changes in the system as well as providing feedback for health care professionals and policy makers (David, 2001). Measures on customer care practices with health care can provide important assessment of quality of health care not adequately captured by other health service statistics such as patient throughput, waiting times, consultation times and proximity (Folkes and Patrick, 2003). In fact, it has been suggested that customer care practices is a major quality input in itself (Fornell and Claes, 2006). The extent to which health care users are satisfied with their local providers may be a key factor underpinning their health behaviour and health care utilization (Gardial et al, 2007). It is envisaged that timely, accessible, appropriate health interventions, continuous and effective customer care practices are important components of health care quality (Folkes and Patrick, 2003). Jain and Gupta (2004) observed that it has imperatively become clear that effective customer care practices therefore play an important role in providing effective healthcare delivery. Most of the researches in health management are concerned with optimizing the healthcare delivery in terms of its efficiency and competence in the effective customer care practices, but only limited studies are done considering the role effective customer care practices play in healthcare delivery of public healthcare institutions in Ghana.

Effective customer care practices in the health management can play a vital role in meeting patients' needs with the view of improving the general welfare of citizens, thus emphasizing the need of a general model for effective customer care practices within health management in health care institutions.

Therefore, the primary aim of this research is to investigate into customer care practices in public hospitals using selected Government Hospitals in Kumasi metropolis.

Public health sector is chosen as a case study for this research work mainly because of the numerous reports of staff and administrators' ineptitude and gross negligence despite various policies and programmes put in place to ensure effective customer care practices operation in health delivery in Ghana (Ghana Health Services Report, 2013).

### **1.3 Problem Statement**

To improve staff performance with the aim of ensuring continuous labour productivity, every organization needs to put in place pragmatic customer care practices that will aid in the achievement of public health care objectives of improving healthcare delivery for all. Effective customer care practices are not only considered to have a positive influence on strategy to retain existing customers and attract new ones, but rather as an important process of promoting health care outcomes (Churchill and Surprenant, 2007).

Investigating into customer care practices in health care is a crucial input to improving the quality of health system and changes in the system as well as providing feedback for health care professionals and policy makers (Folkes and Patrick, 2003).

As indicated earlier, measures of customer care practices in health care can provide important assessment of quality of health care not adequately captured by other health service statistics such as patient throughput, waiting times, consultation times and proximity (Folkes and Patrick, 2003).

However, investigating into this customer care practices of health organisations, especially in the public health sector has generated debates in recent time (Gardial, Sarah, Robert, Woodruff, Schumann and Mary, 2007).

Some researchers have suggested that many public health institutions practice customer care practices on ad hoc basis resulting in inefficient health delivery system in Ghana (David, 2001). As one researcher puts it, there are inappropriate customer care practices in most Ghanaian public hospitals jeopardizing healthcare delivery in Ghana.

They argued that the importance of customer care practices fails to provide appropriate goals, health care outcome, or health care delivery system (MacStravic, 1997). Distorted health care management system, can jeopardize healthcare delivery and may constitute bad welfare for its citizens (Jain and Gupta, 2004).

Despite the fact that investigating into customer care practices has become an important tool for overall healthcare delivery, little research have been done investigating customer care practices in Ghanaian public health system. This research work found it necessary to investigate into customer care practices in Ghanaian public health system in Ghana - a case of selected government hospital Kumasi Metropolis.

#### **1.4. Objective of the study**

The general objective of the study is to investigate customer care practices in public health institution in Ghana - a case of selected government hospitals in the Kumasi Metropolis.

*The specific objectives of this study include:*

- i. To identify the dimensions of customer care practices in public health institution in Ghana.
- ii. To analyse the satisfaction of patients on customer care practices in public health institution in Ghana.
- iii. To evaluate the challenges associated with the promotion of customer care practices in public health institution in Ghana.

#### **1.5 Research Questions**

- i. What are the dimensions of customer care practices in public health institution in Ghana?
- ii. What is the level of patients' satisfaction on customer care practices in public health institution in Ghana?
- iii. What are the challenges associated with the promotion of customer care practices in public health institution in Ghana?

## **1.6 Significance of the Study**

According to Maxwell (2004), effective customer care practices are not confined to clinical effectiveness but also incorporate social acceptability as a welfare benefits policy objective.

The rationale of this study is to investigate into customer care practices in Ghanaian public health institution in Ghana. This will help academicians and professional alike to appreciate and understand effectiveness and deficiencies inherent in in customer care practices in health institutions and determine various measures that can be implemented to improve the system.

This research aims to document and provide up-to-date evidence-based recommendations to policy makers not only to identify the dimensions of customer care practices in public health institution, but how policy makers can influence and redirect effort in ensuring that these health institutions leverage customer care practices in improving healthcare delivery.

The study among its usefulness adds to existing customer care practices and how it can be used to improve performance of healthcare institutions in Ghana. It will also serve as a good source of reference to stake holders in healthcare delivery so far as instituting and ensuring effective customer care practices are concerned. Further, this would enable the public hospital derive optimum results from its effective customer care practices employed by these health institutions.

Finally, the results of this study will help the healthcare institution in general and public hospital in particular to ensure the need to put in place pragmatic customer care practices measures in order to improve day to day healthcare delivery in the institution.

## **1.7 Brief Methodology**

The researcher employed a qualitative method for this research work. A field study was conducted to obtain the relevant data for the study. The target population for the collection of data for the research is the patients, staff and administrators in the various selected public health institutions in Kumasi Metropolis. The researcher adopted simple random sampling techniques in collecting data from respondents who consist of staff in both managerial/supervisory positions, patients and junior staff selected public health institutions in Kumasi metropolis. Data was collected through direct visitation, observation, interviews and questionnaires analyzed with the use of Statistical Package for Social Science.

## **1.8 The Scope of the Study**

The general objective of the study is to investigate into customer care practices in Ghanaian public health institution - a case of selected government hospital in Kumasi Metropolis.

This research aims at taking an extensive look at investigating into Customer Care Practices in the public health institutions in Ghana. This research work will identify the dimensions of customer care practices in public health sector, analyse the satisfaction of patients on customer care practices in the public health institutions, and evaluate the challenges associated with the promotion of customer care practices in public health institution in Ghana.

Kumasi Metropolis was taken as a case study because as a second largest city in Ghana with different public health centers and institutions providing heterogeneous health services to different people, the Metropolis stands as an ideal place to conduct such research.

## **1.9 Limitation of study**

The study is supposed to cover all public health institutions in Ghana; nevertheless, the researcher selected some public health institutions Kumasi metropolis as a case study to represent all public health institutions in Ghana, because of time and resource constraints. Furthermore for geographical reasons, the data coverage of the research will be limited to the Kumasi Metropolis. However it is believed above mentioned shortfalls, will not hamper the credibility of information therein contained to any marked degree.

## **1.10 Organization of the study**

The study is divided into five chapters. Chapter One deals with the background, the statement of the problems, research question, justification of the study, objectives, methodology, scope, limitation as well as organization of the study. Chapter Two provides an overview of existing literature. This chapter provided a review of already existing literature on this topic. Chapter Three gives the profile of the selected district to be studied. It also describes the data that form the basis for the research reported in this paper and provides an overview of the methods or the methodology used in the study. Again it will deal with the theoretical framework and the empirical model that underpin the analysis of the data. Chapter Four reports the results of the empirical analysis. That is, it deals with the presentation, analysis and discussion of the data collected from the field. Chapter Five which is the last chapter look at the summary of findings, conclusions and policy recommendations to management of public health institutions in Ghana.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

This chapter reviews the theoretical and empirical literature on Customer Care practices in public health institutions. Here, the concept of customer care and customer (patients) care practices in healthcare are well elaborated. Additionally, the changing view of the doctor-patient relationship and customer care and satisfaction are reviewed. Finally, the challenges associated with the promotion of customer care practices in healthcare are explained.

#### **2.2. The Definitions of Customer Care**

Customer care within the context of healthcare has been defined in various ways by different scholars. WHO in 1995 defined Customer care as the process by which a healthcare organization delivers its services or products in a way that allows the customer (patients) to access them in the most efficient, fair, cost effective, and humanly satisfying and pleasurable manner possible.

According to Andaleep (2007), customer care as a service is any activity or benefit that one party (healthcare organization) can offer to another that is essentially intangible and does not result in the ownership of anything. According to Hofstede and Geert (2000), customer care in healthcare sense can be defined as any service rendered to a customer (Patients) in the process of selling a product or service. They further explain customer care as the “activities” which are offered for sale or are provided in connection with the sale of services. According to Arasli et al (2008) any service rendered to a customer is the one referred to as customer care. Indeed so many scholars have attempted to described customer care but the gist of the whole concept of customer care

from such definition above is that any one in business must not only concentrate on the product he or she is offering, but must accompany it with great service to the targeted customers. They observed that the concept of customer care is still new and most managers are yet to embrace it.

According to Anderson et al (2004), wrote that there is need to make customers satisfied since they help institutions to earn. In most offices, customer care starts with the front office clerks. The secretaries at the front office should be made to appreciate the importance of customer care because this is the best chance for any business to create the first impression of good service to its customers. Babakus and Mangold (2003) observed that customer satisfaction depends on the extent to which customer's expectations about the services are fulfilled and these expectations are not static. They further noted that good customer service among other things entails keeping the promises made to customers, and not guaranteeing things that cannot be possible given the nature of the operating environment.

To provide an excellent service to customers, the organization should deliver beyond the expectations of the customers. Arasli et al (2008) argues that, to provide good customer services, the organization in designing must focus wholly on the customer. This brings us to who actually is the customer. A customer is an individual or organization that makes a purchase decision. Aurora and Malhotra (2007) identified customer creation as one of the major objectives of the business. Without a customer, other components of organization will not be viable for long. Organizations therefore design customer care programs seeking to acquire new customers, provide superior customer satisfaction and build customer loyalty.

### **2.3 Concept of customer care in Health Services**

According to Folkes and Patrick (2003) in this age, healthcare providers have gone beyond the orthodox way of doctors sitting in their health facilities, engaging in other vain negotiations hoping that patients would patronize their healthcare services. They stressed that various healthcare providers have carved out a role for themselves using customer care systems to expand their process. Even though the key intention of healthcare establishments is to save lives, the reality is that healthcare services are sometimes profit-driven as owners have to provide for various payments and overheads to keep the operation of health facilities moving (Babakus and Mangold, 2003).

A work done by Bitner and Hubbert (2001) revealed that those who run healthcare institutions deal with consistent procurement of new medical equipment, payment of staff salary and maintenance of existing ones, maintenance of computers and buildings, payment of electricity bills, procurement and fuelling of power generators, maintenance of official vehicles, staff seminars and printing of receipts, communication expenses, appointment cards, medical report sheets and a host of others. Just like a good product, a good hospital service sells itself. This arises mostly through recommendations from people who have essentially experienced the services. Nevertheless a good service or product cannot, by itself, promulgate its services to the users. Certain mechanism should be put in place to realise this end.

Although medical bodies such as Ghana Medical Association strictly prohibits advertising hospitals, the dynamic nature of medical operation, not only in Ghana has made it mandatory for Health care organizations to place their advertisements on the pages of newspapers, over the

radio/television and on the Internet under the guise of health insurance, since insurance does not forbid advertising its services to various target groups.

According to Bloemer (1999), good customer care matters in healthcare because keeping the existing clients, (the patients) seems easier than getting the new ones, as satisfied clients will do a lot of testimonial appeals for the hospital to the prospective clients. Testimonial appeal in this case refers to the words of mouth attestation/assurances by the user of a service to those yet to experience it. They said some people will use the service on the recommendation of a friend or sibling. This is because patient who feels good experiencing the medical service is most likely to stay with the healthcare and make recommendations to others about the services rendered. In these days of sophisticated and well educated customers, patients look beyond coming to the hospital and being attended to in the "usual manner" (Andreassen and Lindestad, 2005).

They want to experience an informal contact (tactile communication). Cronin, Joseph and Steven (2007) wrote: They want the doctor to tell them what they do not know in medicine because many of them have already log on to the Internet to know about their ailments before consultation. They want to feel like they are in their homes; they want to feel that they are in safe hands and they want to be healed by the words of mouth of the doctors in charge, nurses on duty as well as all other contact points in the hospital.

## **2.4 Patients Care Practices in healthcare**

The Institute of Medicine in 2012 identified six important components of a health care practices that healthcare institutions provide to individuals. First, the system is safe (i.e., free from accidental injury) for all patients, in all processes, all the time. This standard implies, for example, that there should not be lower standards of safety on weekends or at night that patients need only tell their health care providers information once, and that information is not misplaced or overlooked.

Second, a high quality customer health care system provides care that is effective (i.e., care that, wherever possible, is based on the use of systematically obtained evidence to make determinations regarding whether a preventive service, diagnostic test, therapy, or no intervention would produce the best outcomes). Third, a high quality customer health care system is patient-centered. This concept encompasses the following; respect for patients' values, preferences, and expressed needs; coordination and integration of care; information, communication, and education; physical comfort; emotional support (i.e., relieving fear and anxiety); and involvement of family and friends.

Fourth, high quality customer health care implies care that is delivered in a timely manner (i.e., without long waits that are wasteful and often anxiety-provoking). Fifth, a high quality customer health care system is efficient (i.e., uses resources to obtain the best value for the money spent). Sixth and lastly, a high quality customer health care system is equitable (i.e., care should be based on an individual's needs, not on personal characteristics--such as gender, race, or insurance status-- that are unrelated to the patient's condition or to the reason for seeking care).

## **2.5 The changing view of the doctor-patient relationship**

According to Dabholkar (2004), the consultation between doctor and patient is an integral part of patients care practice and the formation of the doctor-patient relationship. Four models of this relationship have been described. Churchill and Surprenant (2007) said historically, the ‘paternalistic’ model was popular. This model is disease-focussed. The doctor is the expert (‘parent’) who makes decisions on behalf of the patient (‘child’). The ‘mutual’ relationship model is becoming more common now. It is based on the modern cultural belief that individuals should not be passive followers of authority, but rather self-determining free agents. The doctor recognises patient autonomy and adopts a ‘patient-centred’, bio-psychosocial approach (David, 2001). File, Judd and Prince (2002), said the ‘consumerist’ model has resulted in privatisation, patients ‘shopping around’, higher costs and a culture of litigation. However, it also promotes competition with resultant quality improvement and cost containment. The relationship is like a transaction between the consumer or purchaser (patient) and the seller, provider or supplier (doctor). Finally, the ‘default’ model is often found in situations where somatisation takes place (Folkes and Patrick, 2003). There is little engagement between the doctor and the patient.

In reality, Cronin et al (2007) said modern medical practice calls for different models to be adopted in different contexts, as is appropriate to the particular clinical situation. There is fluidity present in the doctor-patient relationship, as we need to adapt to the complexity and diversity that characterise modern medicine. Bloemer, et al (1999), emphasised that a paternalistic model may be more appropriate in the Emergency Department, whereas the mutual relationship model will often work best in a general practice context.

According to Jones and Suh (2000), various metaphors have been used to describe the doctor-patient relationship. Apart from 'paternalism' and 'consumerism' which are reflected in the four models described above, they said, there are the metaphors of 'education' in which the doctor-patient relationship mimics teacher-scholar learning, 'partnership' which was alluded to with the label for a patient as 'partner', and 'negotiation' or the formation of a contract between two rational parties. According to Cronin, et al (2007), a dominant metaphor in medical ethics and law today is the 'fiduciary' metaphor where the doctor is regarded as a fiduciary for his patient. A fiduciary role relates to the Biblical concept of stewardship and originates from the law of trusts and agency. David (2001) defined a fiduciary as 'someone with power or property to be used for the benefit of another and legally held to the highest standard of conduct'. It implies a relationship based on dependence and trust. He said, a fiduciary may not promote his own interests or those of a third party. If he has divided loyalties or a conflict of interest, there is an increased risk of this 'trust' relationship being breached.

According to Fornell and Claes (2006), there are many similarities between this relationship and the doctor-patient relationship. They said ethical standards dictate that a doctor's most important consideration should be the patient's welfare. Legally, however, doctors are not held strictly accountable as fiduciaries. They may also have obligations to other parties such as medical aid schemes or managed care organisations (MCOs). Distributive justice and prioritisation of resources require an increasing emphasis on groups rather than individuals which implies an obligation to promote public health and consider all patients at any time, not just the specific, currently consulting patient.

According to Nelson (2003) the core fiduciary value of accountability remains essential in the doctor-patient relationship, and this accountability of individual health care providers and health workers, as well as collective ones (health establishments and facilities), will be enforced in Ghana through the establishment of the Office for Health Standards Compliance.

## **2.6 Dimensions of customer care in health practices and customer satisfactions**

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

According to the Ghana Health Service, customer care in healthcare should seek to provide higher or superior customer satisfaction, build customer loyalty and acquire new customers. Further to that, the service should uphold mutual respect and collaboration between the patient or client and the staff (GHS Handbook on Customer Care, 2009). Sharma and Chahal (2003) stated that due to increased awareness among the people, patient satisfaction has become very important for all hospitals. The two authors examined the factors that relate to patient's satisfaction in government outpatient services in India. They stated that there are some basic factors which impact on patient satisfaction namely, **behaviour of doctors, behaviour of medical assistants, quality of atmosphere and quality of administration. In addition, they**

**stated that hospitals need to provide a clean environment, a spacious waiting area, and customer complaints desk.**

They also provided strategic actions necessary for meeting the needs of the patients of the government healthcare sector in developing countries.

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

According to Taylor et al (2004), customer satisfaction is widely recognised as a key influence in the formation of consumers' future purchase intentions. File and Prince (2007) also say that satisfied customers are also likely to tell others of their favourable experiences and thus engage in positive word of mouth advertising. Hofstede (2012) states that positive word of mouth advertising is particularly useful in collectivist Asian cultures like that of Pakistan where social life is structured in a way to improve social relationships with others in the society. Hall and Hall, (2005) reaffirm the assertion that dissatisfied customers, on the other hand, are likely to switch brands and engage in negative word of mouth advertising. Levesque and McDougall (2010) confirm and reinforce the idea that unsatisfactory customer service could lead to a drop in customer satisfaction and willingness to recommend the service to a friend. This leads to increase in switching by customers. Customer satisfaction can be considered as the essence of success in today's highly competitive world of business.

Customer satisfaction is increasingly becoming a corporate goal as more and more companies strive for quality in their products and services (Bitner and Hubbert, 2007). In this context Levesque and McDougall (2002), said that an understanding of “determinants of customer satisfaction” is of great significance to marketers. Corrin and Taylor (2000), realised the interrelated values of service quality and customer satisfaction and concluded that service quality and customer satisfaction “share a close relationship”. This make Pitt et al (2005) add that service quality is the key to measure user satisfaction. Taylor and Baker (2011) as well as Rust and Oliver (2004) identify several factors that precede customer satisfaction. They argue that there are five (5) antecedents that contribute to satisfaction. These are: Clear understanding of customer needs and expectations; Perceived value of the product; Service quality; Internal satisfaction; and Complaints management.

This research shows that service quality is one major attribute of consumer satisfaction. This makes Oliver (2011) to say that service quality is a casual antecedent of customer satisfaction, due to the fact that service quality is viewed at transactional level and satisfaction is viewed as an attitude. Fornell et al (2003) reaffirmed that consumer satisfaction is a consequence of service quality.

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

According to Peer Review (2011), Customer friendly facilities had the following: Spacious outpatient department, adequate diagnostics and laboratories, clean environmental sanitation, improved privacy in consulting rooms, and pharmacy service. They added that, reduced waiting time at all units was less than thirty minutes , ensured that drugs were stored well to maintain their potency and providing adequate logistics and resources for their operations.

According to Peer Review (2012), **Ghana Health Service concentrated on patient privacy, discussing patient problems and scheduling next review visits as well as patient education at all units in the facilities.**

Customer satisfaction should be considered by healthcare providers as a key component of strategy and a significant determinant of a long term viability and success under competitive situation (Andaleep, 2006).

## **2.7 Conceptualisations about Consumer Satisfaction**

According to Boulding et al (1993) and Yi and La (2004), consumer satisfaction can be classified into two general conceptualisations. These are: Transaction specific consumer satisfaction and Cumulative consumer satisfaction.

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

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

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

Consumers are becoming increasingly enlightened about where they choose to access healthcare. Therefore health service providers should also be mindful about the needs of their consumers. A recent survey in 2007 by the Centre for the Study of Social Policy USA indicates that 72% of consumers are influenced by quality customer service when considering a good to buy or service they patronize (Centre for the Study of Social Policy USA).

## **2.8 Challenges inherent in customer care practices in public healthcare in Ghana.**

According to Ghana Health Report (2013), Ghana's healthcare problems particularly in the area of customer care practices related to healthcare Infrastructure where in many public health care institutions these amenities are either obsolete or dilapidated thus hindering healthcare delivery.

The report further indicated that incessant strike actions by doctors, nurses and other health professionals over one demand or the other at national levels, and government's slow response to conflict management create uncertainties that sometimes take months to resolve. The health system is worse for it and customers (care-seekers) suffer a great deal during such industrial actions.

Many people in Ghana continue to experience mortality due to the fact that they do not practice the habit of periodic medical check-up and only seek medical but only seek medical attention or when seriously ill. They said, most of the time, patients seek medical assistance when the illness has reached an advanced stage. Amankwaa (2006), admitted that due to the inadequate healthcare professional (doctors, nurses, paramedical etc.), many of the remaining ones are stressed up and engage in some unprofessional attitudes like insulting patients, extorting money from patients etc. which affect patients care practices.

In addressing the challenges inherent in customer practices in health care administration in Ghanaian healthcare, Akosah (1996), explained that public hospitals experience uncertainty problems in the selection or appointment of chief executive officers; the outcome of which may be dependent on how connected the candidate is, and not necessarily based on the most experienced or one with best leadership qualities. Private practitioners may have limited experience in the management of certain disease conditions. Decision uncertainty may occur about referral or retention of patients.

The operational costs of public hospitals are high because hospitals perform a mission critical task of 24 hours a day, and need constant supply of water and electricity to say the least. Cost of healthcare is therefore high where basic amenities for hospital operations are luxury due to constant electric power outages. In a population with low income per capita, majority will not be able to afford quality health care, or may end up incurring catastrophic health expenditure.

Further, uncertainty arises on how the procured drugs and vaccines would be stored at appropriate temperatures in health settings without constant electricity supply. Supply chain in

public health facilities is poor and has resulted in out-of-stock syndrome for medicines and supplies, chaotic drug distribution system, erratic drugs and vaccines supply, and drug resistance.

Corruption, unstable economy and ignorance generate uncertainty factors, which impact negatively on the Ghanaian health system. The 2012 auditor report indicates that unparalleled and unrivalled corruption in Ghana made the health care delivery system comatose and nearing total collapse. It also gave room for counterfeit and adulterated drugs to find easy passage into Ghana, thus affecting customer care practices jeopardising healthcare delivery in Ghana.

In summary, the dimensions of health care delivery in Ghana included the following:

Mutual respect between patients and hospital staff ; behaviour of medical staff; cleanliness of hospital environment; spacious waiting areas, availability of customer complaint desk, adequate Diagnostic centres and laboratories, pharmacy services, Patient waiting time, privacy and confidentiality, discussing diagnosis with patients, scheduling of review visits, health education, adequate potent drugs and patient safety concerns in the health facilities.

## **CHAPTER THREE**

### **RESEARCH METHOD**

#### **3.1 Introduction**

This chapter describes the method and the procedure adopted for the study. The composition of the target population, the method of sampling and the research instruments are described here. The descriptions of the research method used as well as the data collection procedure are outlined in this section. This chapter also covers the profile of the study area.

#### **3.2 Research Design**

This research work is quantitative in nature in which descriptive research is used to investigate into customer care practices in public health institution in Ghana. Saunders, Lewis and Thornhil (2007) note that quantitative research seeks to understand a phenomenon by focusing on the total picture rather than breaking it down into variables. Consequently, this research aims at achieving an in-depth understanding into customer care practices in public health institution in Ghana. Health sector provided the necessary data for this study.

Further, Cooper et al (2010) argued that quantitative research includes techniques which seek to describe, decode, translate and otherwise come to terms with the meaning of naturally-occurring situation in the social world. This technique focuses on the quality of data rather than its quantity. A qualitative study method was used in collecting information from respondents who are patients and staff of the various public health care institutions in the Kumasi Metropolis in order to describe and analyse customer care practices in public health institution in Ghana.

In order to successfully meet the objectives of this study, a descriptive study was carried out. Cooper and Schindler (2010) stated that a case study is suitable for descriptive research and hence public health sector was used in this study. Kombo and Tromp (2006) noted that a descriptive study is concerned with fact finding which results in the formation of important principles of knowledge and solutions to investigations associated with a study. Therefore, a descriptive study was carried out in the measurements, classification, analysis, comparison and interpretation of the data that was collected. Data was collected through the use of interviews, questionnaires, observation and a document analysis relating to public health sector in which information on investigating into customer care practices in public hospitals in Ghana was collected.

### **3.3 Research Populations**

According to Welman and Kruger (2001) population of a study is made up of the object of a study. It comprises of individuals, objects, organisations, events and products. This study focused on an investigation into customer care practices in public health institutions in Ghana. The targeted population for the study was 16 public health institutions in Kumasi Metropolis. This included the administrators and staff of some of the public health institutions.

**Table 3.1 Public Health Facilities in Kumasi Metropolis: 2014**

Name	Type of Facility	Ownership
Medical Reception Station	Clinics	Quasi Government (Military)
Anwomaso Health Centre	Health Center	Government (public) facility
Apatrapa Community Clinic	Clinics	Government (public) facility
Ayeduasi Health Centre	Health Center	Government (public) facility
Central Male Prisons Clinic	Clinics	Quasi Government (Prisons)
KMA Clinic	Clinics	Government (public) facility
KNUST Hospital	Other Hospitals	Quasi Government
Komfo Anokye Teaching Hospital	Teaching hospital	Government (public) facility
Kumasi South Hospital	Regional Hospital	Government (public) facility
Manhyia Hospital	Other Hospitals	Government (public) facility
Maternal and Child Health Hospital	Other Hospitals	Government (public) facility
Police Clinic	Clinics	Quasi Government (Police)
Railway Clinic	Clinics	Quasi Government Railways
Sepe - Buokrom Community Clinic	Clinics	Government (public) facility
Suntreso Government Hospital	Other Hospitals	Government (public) facility
Tafo Hospital	Specialized hospitalized	Government (public) facility

### 3.4 Sampling method

Sampling is a procedure that a researcher uses to select a number of individuals or objects from a population to be the subject of a study (Kombo and Tromp, 2006). They noted that the selected group should contain representative characteristics of the entire group. The researcher adopted a

simple random sampling technique in gathering information from respondents. In regard to a simple random sampling method, a sample of the population was selected and each member of the population had an equal chance of being selected. The basic concept underlying this method of sampling was that the elements or the individuals in the population were judged to be homogenous.

### **3.5 Sample size**

As said earlier, a simple random sampling method was adopted to select respondents for this study. The researcher chose 20 patients from each of the 16 public health center in the Kumasi metropolis making total sample size of 320. Respondents were required to be a regular patients of the hospitals with a minimum visit of 5 visits to be considered for the research work. Additionally 32 respondents consisting of 2 staff were chosen from all the 16 healthcare centers in the Kumasi metropolis.

### **3.6 Data Collection**

Data Collection tells how the data collection procedures and the types of data used for this study are organized. Data was collected through the use of structured questionnaires.

#### **3.6.1 Data Sources and survey instruments**

The study mainly used primary data for discussions and analyses.

### **3.6.2 Primary data (Field survey)**

As said earlier, data was collected from respondents who are patients taking from all the public health centers in Kumasi metropolis. The questionnaires elicited extensively from those respondents on customer care practices in public health institution in Ghana. Data was collected by face-to-face based on structured questionnaires. The questionnaires were evaluated in order to ensure that they were valid for use before administering them.

This research work sought the consent of the officials of all the public health centers in Kumasi Metropolis through letter of introduction from KNUST business school. The questionnaires were administered to the respondents from February to March 2015.

Majority of the questions were pre-coded with multiple choice responses. Other questions were open ended seeking respondents to provide the specific response. The questionnaire was made up of four sections;

- i. Personal Data.
- iv. Identifying customer care practices in public health institution in Ghana.
- v. Analyse patients' satisfaction on customer care practices in public health institution in Ghana.
- vi. The challenges associated with the promotion of customer care practices in public health institution in Ghana.

### **3.7 Research Instrument**

The questions contained in the questionnaire are discussed into detail in this section. How the questions were framed and the possible options (answers) available for respondents to choose from are explained in this section. The section also explains how the answers to the questions were used for both the descriptive and qualitative analysis.

### **3.8 Data Analysis and Interpretation**

The data collected from the respondents were sorted and edited for analysis. The questionnaires were organised and classified according to the patterns given by the respondents and the responses from the questionnaires were organised in line with the research questions.

Both descriptive and inferential statistics were used in the analysis of the data. Descriptive statistics included frequencies and their percentages. The analyzed data were summarized and findings were reported as a description of the total population of the study. In this descriptive analysis, data retrieved were presented in the form of frequencies, mean, graphs (line graphs and bar chart) and percentages were used to highlight the respondent's perception on the research topic. Data was recorded with Microsoft Excel and analysed by the use of Statistical Package for Social Sciences (SPSS).

### **3.9 The profile of the study area**

The Kumasi Metropolis is centrally located in the Ashanti Region and its capital, Kumasi, is also the regional capital. The metropolitan area shares boundaries with Kwabre District to the north, Atwima District to the west, Ejisu-Juaben District to the east and Bosomtwe-Atwima-Kwanwoma District to the south. The Kumasi Metropolis has a total area of 299 square

kilometres. The metropolis and its surrounding areas are supplied from two water sources, the Owabi and Barekese head works both of which were rehabilitated in 1999. The main distribution centre in the metropolis is Suame.

There are small-scale, medium scales and large scale industrial activities including pharmaceuticals and medical accessories, mechanical and electrical engineering works, logging and saw milling, alcoholic beverages and textiles, footwear, cosmetics, soap making, carpentry and joinery, foam and plastic, printing and stationery and metal works. Kumasi Metropolis is the second largest city in Ghana with all the telecommunication networks and the city has the highest mobile number subscriber penetration rate of about 80% in 2011 contrasted with national penetration rate of 50.5% for the same period (National communication Authority third quarter Report, 2011).

The Kumasi Metropolitan Assembly (KMA) constitutes the highest political authority in the metropolis. It provides guidance, gives directives and supervises all other administrative authority in the city. The Metro Assembly is divided into four Administrative Sub-Metro Council Areas. It has 24 Town Councils and 412 Unit Committees made up of 87 members with 60 of them elected and 27 appointed by the state. A Metro Chief Executive who is the Mayor of Kumasi heads Kumasi Metropolitan Assembly. KMA can be described as a mega of investment opportunities. It has a number of peculiar and unique advantages which no other Region or City can boast of. With a population of economically active 2.2 million residents and the capital of the most populace Region in Ghana, KMA has a market the size which is enormous. The existence of institutions of higher learning such as KNUST, Kumasi Polytechnic and others have made it the home some of most skilled and gifted workforce in Ghana.

It has a cultural heritage and entrepreneurial tradition that is unequalled in the country. No wonder industrial giants like Coca Cola, Guinness Ghana Ltd, Neoplan Ghana Ltd and all the telecommunication networks have all made Kumasi a significant base for their operations. Guinness Ghana Ltd and Neoplan Ghana Ltd have both their factory and national headquarters in Kumasi and yet are the market leaders in their respective area of operations in the country. There is no doubt that KMA, and for that matter the Ashanti Region, constitute the very core of the cultural and tourism heartbeat of Ghana. The scenic and hilly capital of Kumasi has the following attractions that will make any discerning tourist heart jump with joy; Manhyia Palace, Cultural Centre Okomfo Anokye Sword Site, Fort St. George Museum, Kumasi Zoological Gardens, Suame Magazine, KNUST etc.

There are 330 kindergartens in the metropolis of which 239 are privately owned. At the primary school level, the private sector has 269 schools, while the public sector has 179. However, at the junior secondary school level, the public sector leads with 137 schools compared to the private sector's 84 schools. The metropolis has 30 second cycle institutions, made up of senior secondary schools, commercial, technical and vocational institutions and training colleges. The metropolis also has several tertiary institutions including Kwame Nkrumah University of Science and Technology, Kumasi Polytechnic and Kumasi campus of the University College of Education. The metropolis has Okomfo Anokye Teaching Hospital, which is the Regional Hospital. There are four Urban Health Centres and three Specialized Health Centres. There are about 16 government and quasi government hospitals including maternity homes and more than 60 privately run ones.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### 4.1 Introduction

This chapter reports the analysis and findings. The analysis was basically descriptive. The descriptive analysis was based on self-reported data by respondents, who are patients and staff of the various public health care institutions in the Kumasi Metropolis. A total of 320 respondents were interviewed.

#### 4.2 Demographic Profile of Respondents

This section describes demographic data of respondents:

##### 4.2.1 Gender

Out of the 320 respondents interviewed, as much as **198** respondents representing 61.87% of the respondents were females. The remaining 122 representing 38.13% of the respondents were males as shown in Table 4.1. This indicated that females usually attend hospitals more than their male counterpart because of their physiological nature.

Table 4.1 Sex of Respondents

Sex of Respondents				
Sex	Frequency	Percent	Valid Percent	Cumulative Percent
Male	122	38.13	38.13	38.13
Female	198	61.87	61.87	61.87
<b>Total</b>	<b>320</b>	<b>100.00</b>	<b>100</b>	<b>100</b>

Source: Author from field survey data, 2015.

#### 4.2.2 Age of Respondents

Information retrieved from the respondents indicated that the highest age group were people within 31 – 40 year bracket having 132 representing as much as 41.25% of the respondent. This was followed by 27.19% within 41 – 50 years, 16.89% within 51 – 60 and 11.25% having between 18 – 30 years. The least year group as indicated on the table was those within 61 years and above having 3.42% of the total respondents. This is shown in table 4.2. A critical analysis of the table indicated that more respondents were recorded as the age increases.

The minimum age and the maximum age captured by the survey were 22years and 62years respectively with the mean age of 35.1818 years. This showed that the respondent were fairly matured enough to give accurate responses as far as possible.

**Table 4.2. Age of Respondents**

<b>Age of Respondents</b>				
<b>Age</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
18 - 30	36	11.25	11.25	
31 - 40	87	27.19	27.19	
41 - 50	132	41.25	41.25	
51 - 60	54	16.89	16.89	
<b>61+</b>	<b>11</b>	<b>3.42</b>	<b>3.42</b>	<b>100</b>

Source: Author from field survey data, 2015.

### 4.2.3 Educational Level of Respondents

Information retrieved from the respondent indicated that most of them were educated (literate). Those with secondary education constituted the highest with 188 (representing 58.75%) respondents of the total respondents; this was followed by those with primary education with 82 (representing 25.62%) of respondents and those with no formal education having 31 (representing 9.68%) of respondent. Those respondents with tertiary education recorded 19 (representing 5.93%) of the total respondents as seen from the table 4.3 below.

**Table 4.3. Educational Level of Respondents**

Educational level of Respondents				
Education Level	Frequency	Percent	Valid Percent	Cumulative Percent
No Education	31	9.68	9.68	0
Primary Education	82	25.62	25.62	15.5
Secondary Education	188	58.75	58.75	45.5
Tertiary Education	19	5.93	5.93	98
<b>Total</b>	<b>320</b>	<b>100</b>	<b>100</b>	100

Source: Author from field survey data, 2015.

### 4.2.4 Primary occupations of the respondents

From Table 4.5 below, most of the respondents (as much as 154 respondents representing 154%) listed petty trading as their main occupation. From the table, other important activities included Big businesses, crafts, farming and civil servants having 26 (8.12%), 38 (11.88%), 18 (5.63%) and 31 (9.69%) of respondent respectively. These are shown in table 4.4 below. Again, from the table 4.4 below, 53 respondents representing 16.56% indicated unemployment category.

**Table 4.4 Primary occupations of the respondents**

<b>Occupation</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Farmers	18	5.63	5.63	0
Craftsmen	38	11.88	11.88	4
Petty traders	154	48.12	48.12	15.5
Civil servants	31	9.69	9.69	57.5
Unemployed	53	16.56	16.56	66.5
Businessmen	26	8.12	8.12	94
<b>Total</b>	<b>200</b>	<b>100</b>	<b>100</b>	100

Source: Author from field survey data, 2015.

#### **4.2.5 Monthly Income Level**

From the table 4.5 below, 73 (12.86%), 167 (52.19%), 42 (13.15%), 22 (6.80%) and 16 (5.00%) of the respondents had average monthly income of below GH¢0 – 500, GH¢501 - GH¢1000, GH¢1001 - GH¢1500 and GH¢1501 - GH¢2000 and above GH¢ 2000 respectively. The average income of respondents was GH¢644.436 per month.

**Table 4.5 Income Level of Respondents**

<b>Amount( GH¢)</b>	<b>Frequency</b>	<b>Percentage</b>
<b>0 – 500.00</b>	73	22.86
<b>501 – 1000</b>	167	52.19
<b>1001 – 1500</b>	42	13.15
<b>1501 – 2000</b>	22	6.80
<b>2000+</b>	16	5.00
<b>Total</b>	320	100

Source: Author from field survey data, 2015.

### **4.3 Dimensions of Customer Care Practices**

Information retrieved from the respondents indicated virtually all of them understood the concept of customer care practices in healthcare and their views were contained in the table 4.2 below. From table 4.6, as much as 61.56% of the respondents stated that the concept of customer care practices in healthcare involved a process by which a healthcare organization delivers their services or products in a way that allows the customer in the most efficient, fair, cost effective, and humanly manner.

Respondents' assertion confirms the views expressed by World Health Organisation (WHO) in 1995, where customer care was described as the process by which a healthcare organization delivers its services or products in a way that allows the customer (patients) to access them in the most efficient, fair, cost effective, and humanly satisfying and pleasurable manner possible.

about 10.63% of the respondents stated that the concept of customer care practices encompasses an “activities” which were offered for sale or were provided in connection with the sale of services, 8.44% of the respondents stated that it was a any service rendered to a customer (Patients) in the process of selling a service, 15.31% of the respondents indicated that customer care practices refered to service in any activity or benefit that one party (healthcare organization) can offer to another that is essentially intangible and does not result in the ownership of anything and 4.06% of the respondents stated others.

**Table 4.6. The concept of customer care practices**

<b>Categories</b>	<b>Number</b>	<b>Percentage</b>
An “activities” which are offered for sale or are provided in connection with the sale of services.	34	10.63
Any service rendered to a customer (Patients) in the process of selling a service.	27	8.44
A service in any activity or benefit that one party (healthcare organization) can offer to another that is essentially intangible and does not result in the ownership of anything.	49	15.31
The process by which a healthcare organization delivers its services or products in a way that allows the customer in the most efficient, fair, cost effective, and humanly manner	197	61.56
Others	13	4.06
Total	320	100

Source: Author from field survey data, 2015.

### 4.3.1 The Kind of customer care practices received by respondents

Respondents were asked to indicate the kind of customer care practices received by respondents when they accessed healthcare services and their responses are indicated in the fig 4.7 below. As much as 168 representing 52.50% of the respondents indicated that they received patient-centered customer care practices, 14.38% of the respondents stated that they received effective customer care practices, 15.93% of the respondents stated that they received Safe customer care practices and 10.31% of the respondents emphasised that they received Efficient customer care practices. Other 4.69% of the respondents stated that they received effective customer care practices and 15.93% of the respondents stated that they received Safe customer care practices

**Table 4.7 The Kind of customer care practices received by respondents**

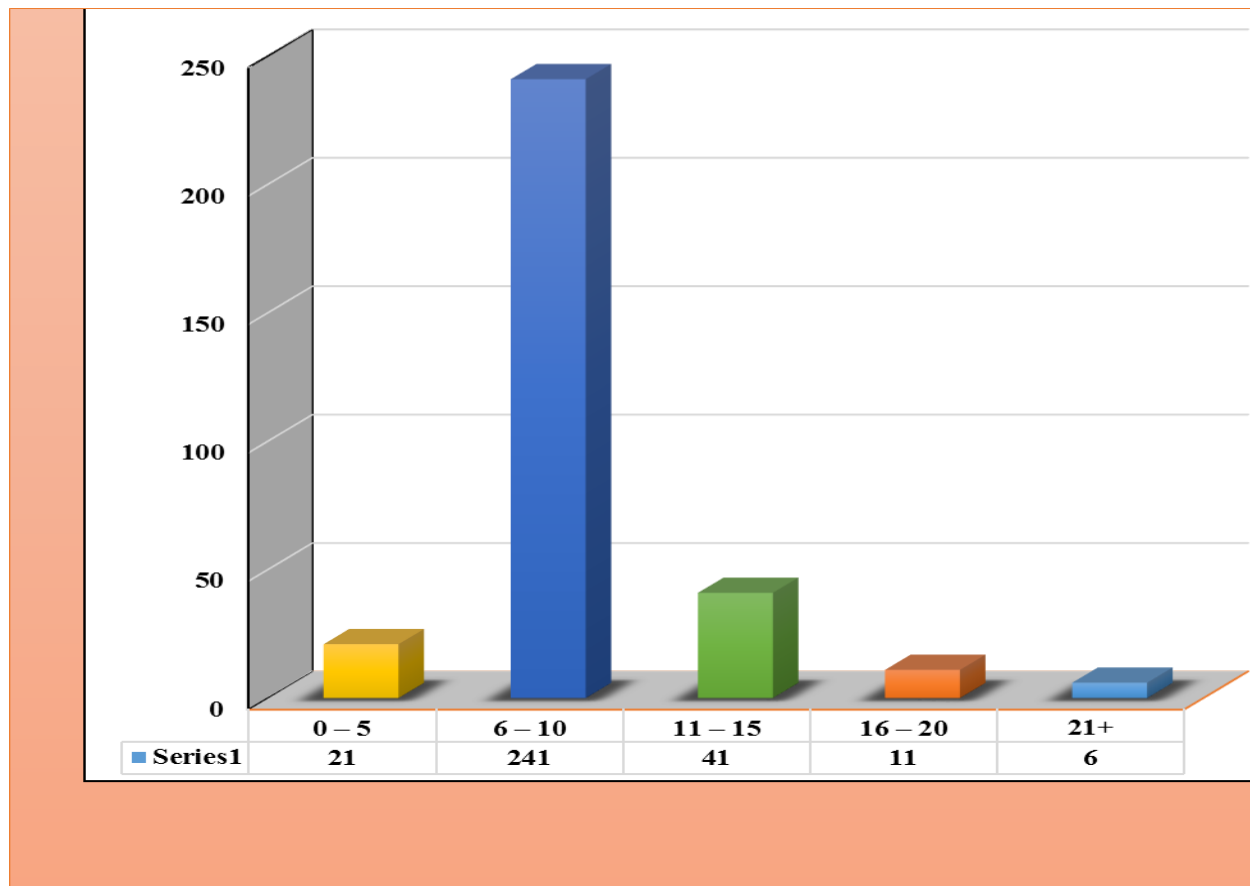
Items	Number	Percentage
Safe Practices	51	15.93
Effective Practices	46	14.38
Patient-centered Practices	168	52.50
Timely Practices	15	4.69
Efficient Practices	33	10.31
Equitable Practices	7	2.19
Total	320	100

Source: Author from field survey data, 2015.

#### **4.3.2 Number of times Respondents have Attended Healthcare**

The respondents were asked to indicate the number of times they had been attending healthcare and their response are indicated in fig 4.1 below. About 21 respondents representing 6.56 % had been attending healthcare between 0 – 5 times, 241 constituting 71.35% had been attending healthcare between 6 – 10 times, 41 constituting 12.81% had been attending healthcare between 11 – 15 times, 11 constituting 3.43% have been attending healthcare between 16 – 20 times and in fact, 6 constituting 1.87% had attended healthcare 21 times and above. The minimum and maximum years of respondents captured by the survey were 5 years and 30 times respectively with the mean times of 17.35. The average years of respondent at post was a clear indication that the respondents have vast experience in their various departments and were in the best position to give responses for this research work.

**Fig 4.1 Number of times Respondents have Attended Healthcare**



Source: Author from field survey data, 2015.

#### **4.4 Assessment of patients' level of satisfaction on customer care practices in public health institution**

Under this section, respondents were asked to indicate their level of satisfaction or dissatisfaction with the healthcare safety practices in the healthcare institutions.

##### **4.4.1 Level of satisfaction respondents placed on hospital's providing safety for patients**

With regard to this issue, 15 representing 4.68% of the respondents indicated that they were very satisfied with the level of patients safety provided by the hospital they attend, 164 representing 51.25% of the respondents stated that they were satisfied with the level of patients safety

provided by the hospital, 76 representing 23.75% of the respondents indicated that they were unsatisfied with the level of patients safety provided by the hospital and 43 representing 13.44% of the respondents indicated that they were highly unsatisfied with the level of patients safety provided by the hospital. Another 22 representing 6.88% of the respondents indicated that they were not sure on the level of satisfaction with patients' safety provided by the hospital they attend.

**Table 4.8 Level of satisfaction respondents placed on hospital's providing safety for patients**

<b>Items</b>	<b>Number</b>	<b>%</b>
Very Satisfied	15	4.68
Satisfied	164	51.25
Unsatisfied	76	23.75
Highly Unsatisfied	43	13.44
Not Sure	22	6.88
<b>Total</b>	<b>320</b>	<b>100</b>

Source: Author from field survey data, 2015.

#### **4.4.2 Level of satisfaction Respondents place on patients subjected to unsafe treatment methods**

Respondents were asked to indicate their level of satisfaction they placed on patients not being subjected to unsafe treatment methods and their responses were contained in the table below.

As much as 58.75% of the respondents indicated that they were very satisfied with patients not being subjected to an unsafe treatment methods in the hospital, 17.81% of the respondents stated that they were satisfied, 10.62% of the respondents indicated that they were unsatisfied, 2.50% of the respondents mentioned that they were highly unsatisfied, while only 10.31% of the respondents indicated that they were not sure.

**Table 4.9 Level of satisfaction respondents placed on patients subjected to unsafe treatment methods**

Items	N	%
Very Satisfied	188	58.75
Satisfied	57	17.81
Unsatisfied	34	10.62
Highly Unsatisfied	8	2.50
Not Sure	33	10.31
Total	320	100

Source: Author from field survey data, 2015.

#### **4.4.3 Level of satisfaction respondents placed on Co-patients relative in the hospital ensuring the safety of their patients.**

On this issue, while 38.44% of the respondents indicated that they were very satisfied with Co-patients relatives in the hospital ensuring the safety of fellow patients, only 2.81% of the respondents stated that they were not sure. Further, 20.94% of the respondents stated that they

were satisfied with Co-patient relatives in the hospital ensuring the safety of fellow patients, 27.19% of the respondents indicated that they were unsatisfied and 10.62% of the respondents indicated that they were highly unsatisfied with Co-patient relatives in the hospital ensuring the safety of fellow patients.

**Table 4.10 Level of satisfaction respondents placed on Co-patient relative in the hospital ensuring the safety of fellow patients**

<b>Items</b>	<b>Number</b>	<b>Percentage</b>
Very Satisfied	123	38.44
Satisfied	67	20.94
Unsatisfied	87	27.19
Highly Unsatisfied	34	10.62
Not Sure	9	2.81
Total	320	100

Source: Author from field survey data, 2015.

#### **4.4.4 Level of satisfaction respondents place on the way Healthcare Staff encouraging patients to record near misses in the hospital**

In response to this issue, 62.81% of the respondents indicated that they were unsatisfied with the way Healthcare Staff encouraging patients to record near misses in the hospital, 3.13% of the respondents stated that they were very satisfied with the way Healthcare Staff encouraging

patients to record near misses in the hospital, 20.94% of the respondents indicated that they were highly unsatisfied and 2.50% of the respondents indicated that they were not sure.

**Table 4.11 Level of satisfaction respondents placed on the way Healthcare Staff encouraging patients to record near misses in the hospital**

<b>Items</b>	<b>Number</b>	<b>Percentage</b>
Very Satisfied	10	3.13
Satisfied	34	10.62
Unsatisfied	201	62.81
Highly Unsatisfied	67	20.94
Not Sure	8	2.50
Total	320	100

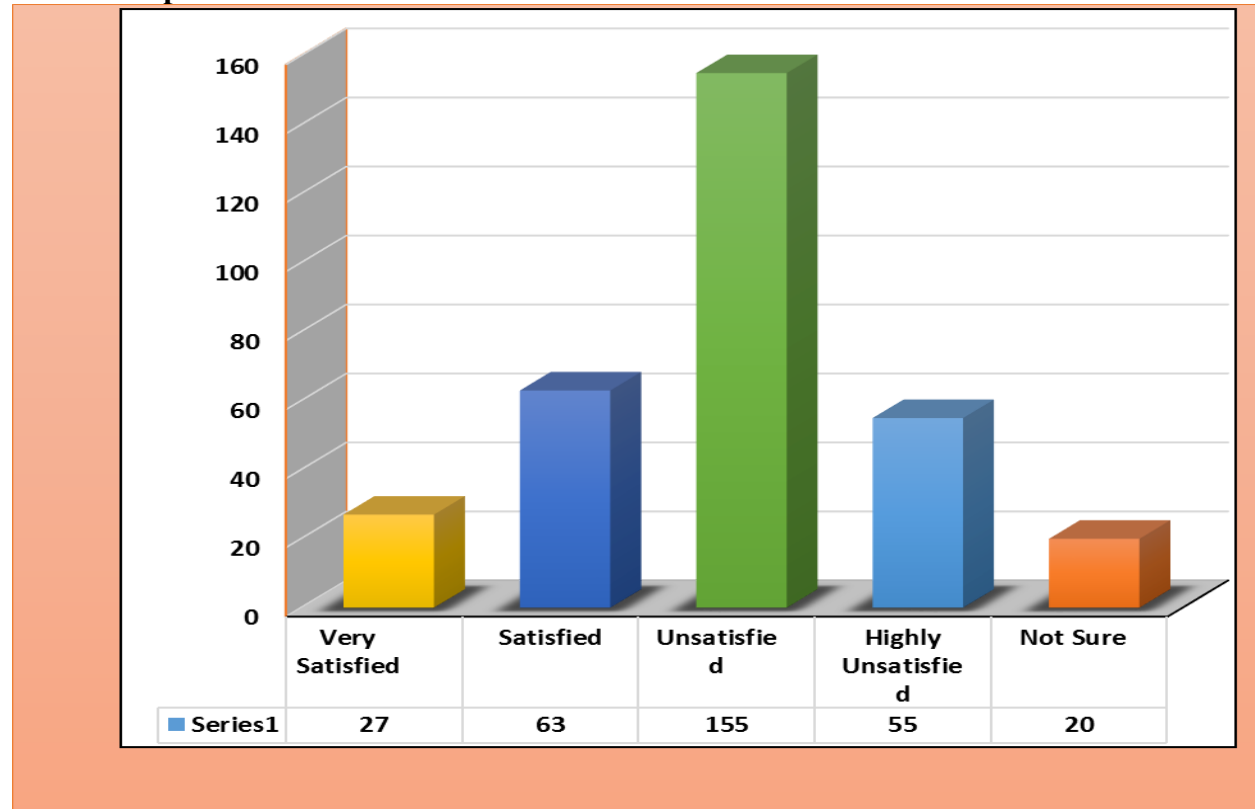
Source: Author from field survey data, 2015.

#### **4.4.4 Level of satisfaction respondents place on Healthcare Staff responds to safety concern of patients**

Information received from respondents who are patients in public hospitals in Kumasi metropolis indicated that, 48.44% were unsatisfied with Healthcare Staff responds to safety concern of patients, 19.69 % of the respondents stated that they were satisfied with Healthcare Staff responds to safety concern of patients, 231 representing 17.19% of the respondents stated that they were highly unsatisfied with Healthcare Staff responds to safety concern of patients and 8.44% of the respondents indicated that they were satisfied with Healthcare Staff responds to

safety concern of patients. Other 6.25% of the respondents indicated that they were not sure their Level of satisfaction with Healthcare Staff responds to safety concern of patients.

**Fig 4.2 Level of satisfaction respondents placed on Healthcare Staff responds to safety concern of patients**



Source: Author from field survey data, 2015.

#### **4.4.6 Level of satisfaction respondents place on Cleanliness of hospital environment**

With regard to this issue, 2.50% of the respondents indicated that they were very satisfied with Cleanliness of hospital environment, 56.87 % of the respondents stated that they were satisfied with Cleanliness of hospital environment, 20.94% of the respondents indicated that they were unsatisfied with Cleanliness of hospital environment, 3.75% of the respondents indicated that they were highly unsatisfied with Cleanliness of hospital environment and 15.94% of the respondents indicated that they were not sure.

**Table 4.12 Level of satisfaction respondents placed on Cleanliness of hospital environment**

Items	Number	Percentage
Very Satisfied	8	2.50
Satisfied	182	56.87
Unsatisfied	67	20.94
Highly Unsatisfied	12	3.75
Not Sure	51	15.94
Total	320	100

Source: Author from field survey data, 2015.

#### **4.4.7 Level of satisfaction respondents place on waiting time at the hospital before getting your folder at the medical records unit**

Base on the information retrieved from respondents, while as much as 51.25% of the respondents indicated that they were unsatisfied with waiting time at the hospital before getting their folders at the medical records unit, only 4.68% of the respondents stated that they were very satisfied with waiting time at the hospital before getting your folder at the medical records unit. Also 23.75% of the respondents indicated that they were satisfied, 13.44% of the respondents indicated that they were highly unsatisfied and 6.88% of the respondents indicated that they were not sure on their level of satisfaction with waiting time at the hospital before getting your folder at the medical records unit.

**Table 4.13 Level of satisfaction respondents placed on waiting time at the hospital before getting your folder at the medical records unit**

<b>Items</b>	<b>Number</b>	<b>Percentage</b>
Very Satisfied	15	4.68
Satisfied	76	23.75
Unsatisfied	164	51.25
Highly Unsatisfied	43	13.44
Not Sure	22	6.88
Total	320	100

Source: Author from field survey data, 2015.

#### **4.4.8 Level of satisfaction respondents placed on waiting time at the hospital before seeing the doctor after taken their folder**

With regard to this issue, 79.06% of the respondents indicated that they were highly unsatisfied with waiting time at the hospital before seeing the doctor after taken your folder and 3.75% of the respondents stated that they were very satisfied with waiting time at the hospital before seeing the doctor after taken your folder. Further 3.12% of the respondents indicated that they were satisfied with waiting time at the hospital before seeing the doctor and 6.88% of the respondents indicated that they were not sure their level of satisfaction with waiting time at the hospital before seeing the doctor after taken your folder. Some respondents complained that

sometime they were made to wait for doctors as long as 12 to 18 hours. They therefore described the waiting time as unbearable.

**Table 4.14 Level of satisfaction respondents placed on waiting time at the hospital before seeing the doctor after taken their folders**

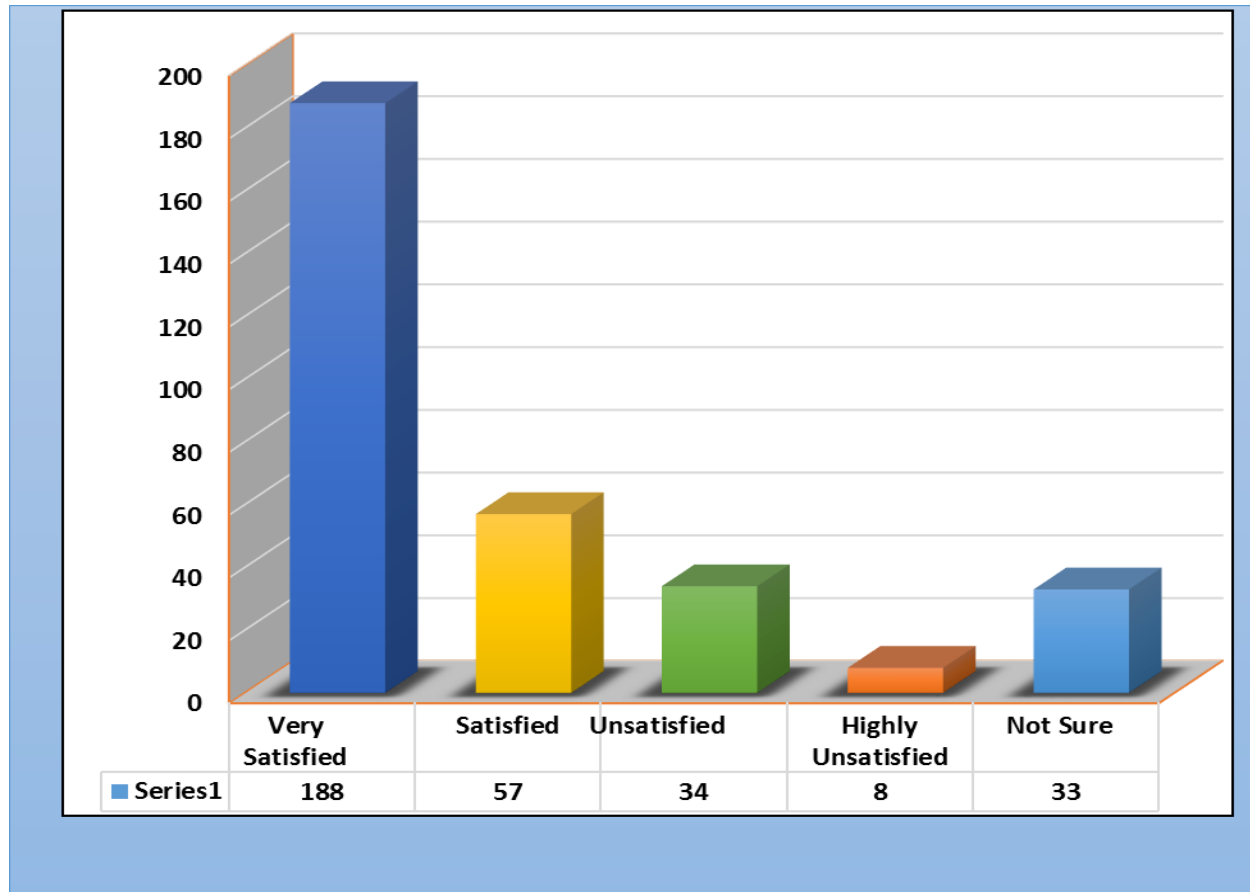
Items	Number	Percentage
Very Satisfied	12	3.75
Satisfied	10	3.12
Unsatisfied	23	7.19
Highly Unsatisfied	253	79.06
Not Sure	22	6.88
<b>Total</b>	<b>320</b>	<b>100</b>

Source: Author from field survey data, 2015.

#### **4.4.9 Level of satisfaction respondents place on the appearances of the Doctors, Nurses, etc.**

On this area, 58.75% of the respondents indicated that they were very satisfied with the the appearances of the doctors, nurses, etc., 17.81% of the respondents stated that they were satisfied, 10.62% of the respondents indicated that they were unsatisfied, 2.50% of the respondents indicated that they were highly unsatisfied with the appearances of the doctors, nurses, etc. and other 10.31% of the respondents indicated that they were not sure their level of satisfaction with the appearances of the doctors, nurses, etc.

**Fig 4.3 Level of satisfaction respondents place on the appearances of the doctors, nurses, etc**



Source: Author from field survey data, 2015.

#### **4.4.10 Level of satisfaction respondents place on doctor diagnostic test**

With regard to this issue, 14.38% of the respondents indicated that they were very satisfied with doctor diagnostic test, 24.69% of the respondents stated that they were satisfied with the doctor diagnostic test, 34.69% of the respondents indicated that they were unsatisfied with the doctor diagnostic test and 23.75% of the respondents indicated that they were highly unsatisfied with the doctor diagnostic test. Based on the information retrieved from respondents, 2.50% of the respondents indicated that they were not sure their level of satisfaction with doctor diagnostic test.

**Table 4.15 Level of satisfaction respondents placed on doctor diagnostic test**

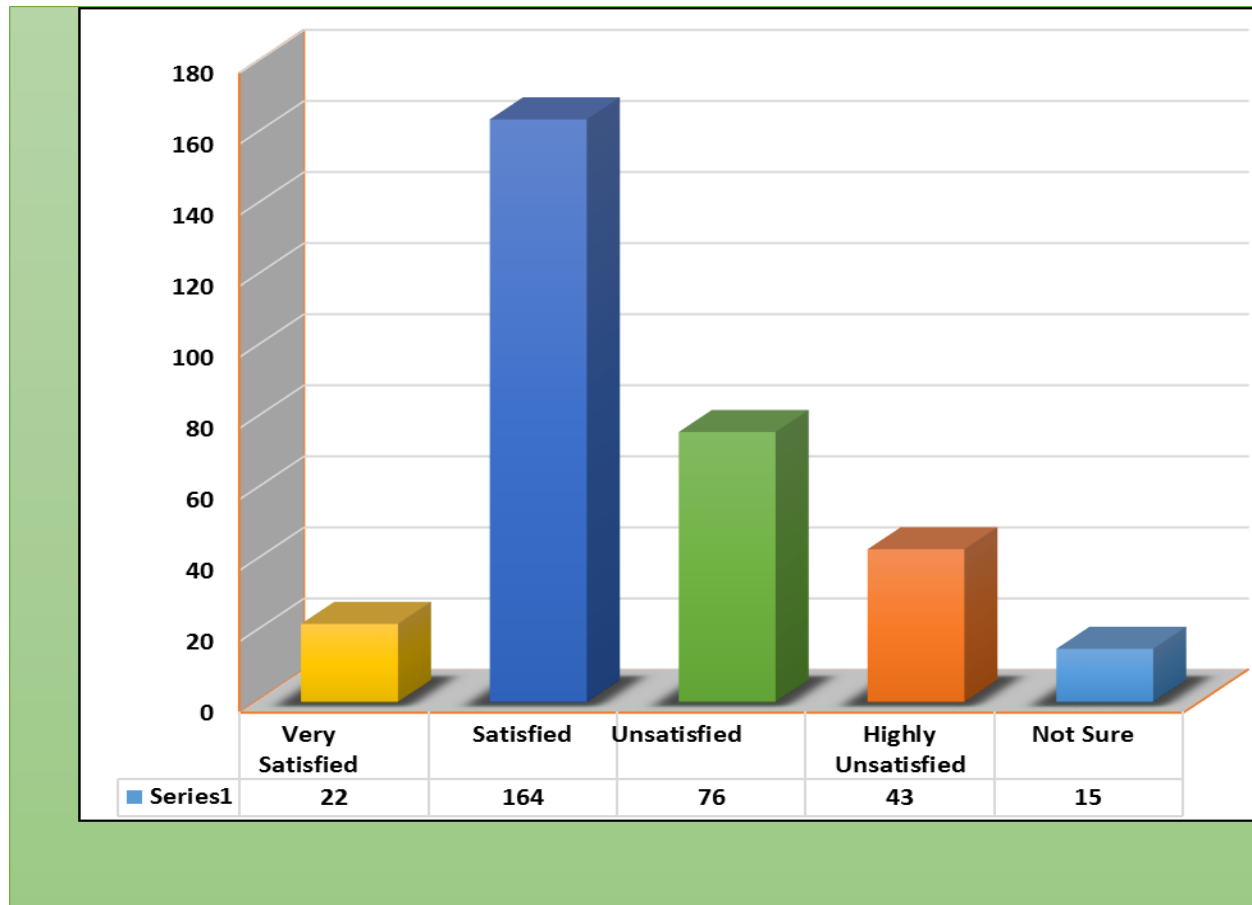
<b>Items</b>	<b>Number</b>	<b>Percentage</b>
Very Satisfied	46	14.38
Satisfied	79	24.69
Unsatisfied	111	34.69
Highly Unsatisfied	76	23.75
Not Sure	8	2.50
Total	320	100

Source: Author from field survey data, 2015.

#### **4.4.11 Level of satisfaction respondents placed on the doctor respecting your (patients') values**

In reference to this issue, 51.25% of the respondents indicated that they were satisfied with the doctor respecting your (patients') values, 6.88% of the respondents stated that they were very satisfied with the doctor respecting your (patients') values, 23.75% of the respondents indicated that they were unsatisfied with the doctor respecting your (patients') values, 13.44% of the respondents indicated that they were highly unsatisfied with the doctor respecting your (patients') values and 4.68% of the respondents indicated that they were not sure.

**Fig 4.4 Level of satisfaction respondents placed on the doctor respecting their (patients') values**



Source: Author from field survey data, 2015.

#### **4.4.12 Level of satisfaction respondents place on the level patient-centered treatment**

In response to this, 1.56% of the respondents indicated that they were very satisfied with the level patient-centered treatment provided by the hospital, 33.44% of the respondents stated that they were satisfied with the level patient-centered treatment, 30.93% of the respondents indicated that they were unsatisfied with the level patient-centered treatment, 27.19% of the respondents indicated that they were highly unsatisfied with the level patient-centered treatment and 6.88% of the respondents indicated that they were not sure. The combined effects of unsatisfied and highly

unsatisfied suggested that they did not receive patient-centered treatment from public hospitals in Ghana.

**Table 4.16 Level of satisfaction respondents placed on the level patient-centered treatment**

<b>Items</b>	<b>NUMBER</b>	<b>%</b>
Very Satisfied	5	1.56
Satisfied	107	33.44
Unsatisfied	99	30.93
Highly Unsatisfied	87	27.19
Not Sure	22	6.88
Total		100

Source: Author from field survey data, 2015.

#### **4.4.13 Level of satisfaction respondents placed on waiting time before getting Services at the laboratory**

With regard to this issue, 0.94% of the respondents indicated that they were very satisfied with waiting time at the hospital before getting Services at the laboratory, 20.00% of the respondents stated that they were satisfied with waiting time at the hospital before getting Services at the laboratory, as much as 55.00% of the respondents indicated that they were unsatisfied with waiting time at the hospital before receiving Services at the laboratory and 13.44% of the respondents indicated that they were highly unsatisfied with waiting time at the hospital before getting Services at the laboratory.

**Table 4.17. Level of satisfaction respondents placed on waiting time before getting Services at the laboratory**

Items	Number	Percentage
Very Satisfied	3	0.94
Satisfied	64	20.00
Unsatisfied	176	55.00
Highly Unsatisfied	43	13.44
Not Sure	22	6.88
Total	320	100

Source: Author from field survey data, 2015.

It must be noted that another 6.88% of the respondents indicated that they were not sure their Level of satisfaction with waiting time at the hospital before getting Services at the laboratory.

#### **4.4.14 Level of satisfaction respondents placed on the level of cleanliness at the laboratory**

On this issue, 23.75% of the respondents indicated that they were very satisfied with the level of cleanliness at the laboratory, 51.88% of the respondents stated that they were satisfied with the level of cleanliness at the laboratory, 4.06% of the respondents indicated that they were unsatisfied with the level of cleanliness at the laboratory and 16.56% of the respondents indicated that they were highly unsatisfied with the level of cleanliness at the laboratory.

Only 3.75% of the respondents indicated that they were not sure of their level of satisfaction with the level of cleanliness at the laboratory.

**Table 4.18 Level of satisfaction respondents placed on the level of cleanliness at the laboratory**

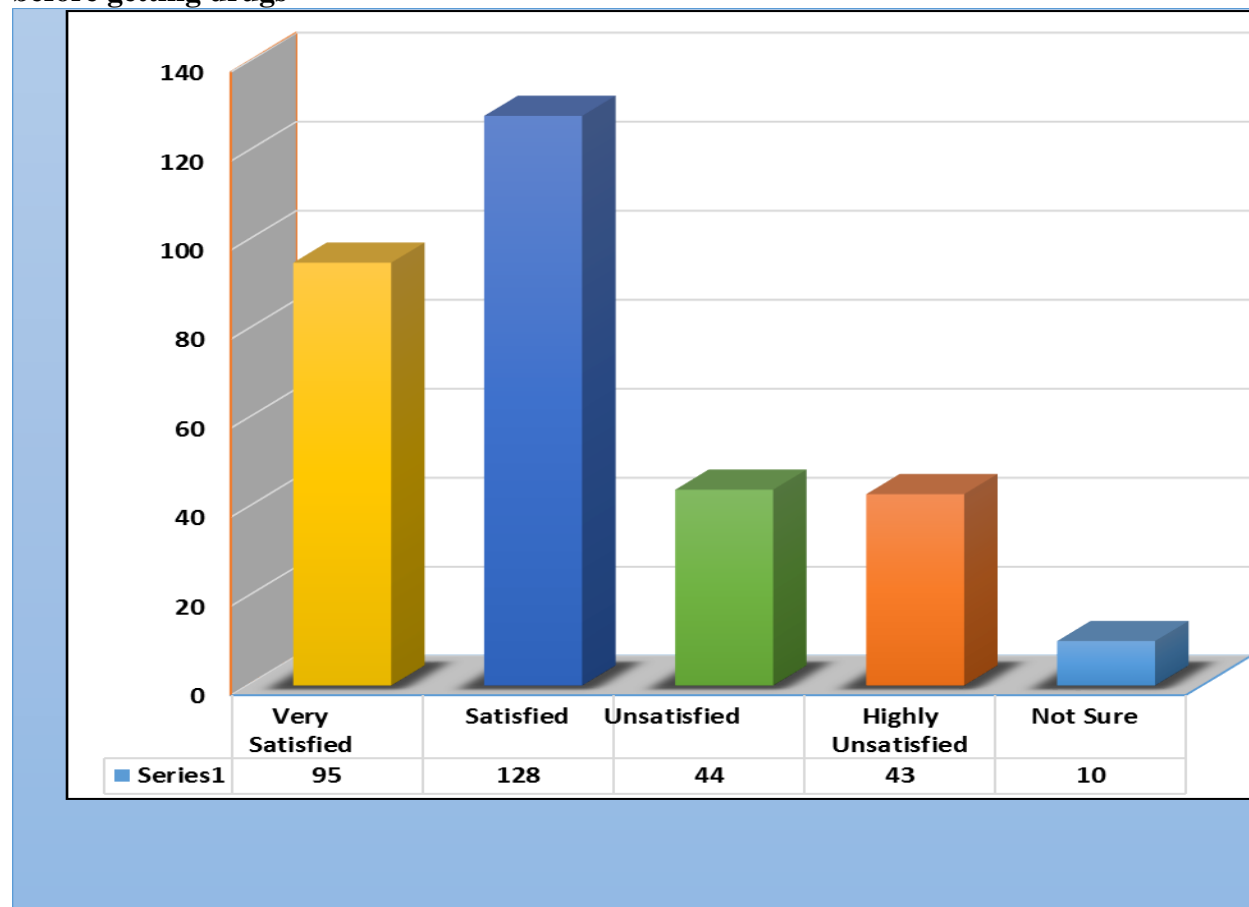
<b>Items</b>	<b>Number</b>	<b>Percentage</b>
Very Satisfied	76	23.75
Satisfied	166	51.88
Unsatisfied	13	4.06
Highly Unsatisfied	53	16.56
Not Sure	12	3.75
Total	320	100

Source: Author from field survey data, 2015.

#### **4.4.15 Level of satisfaction respondents placed on waiting time at the pharmacy shop before getting drugs.**

With regard to this issue, 29.69% of the respondents indicated that they were very satisfied with waiting time at the pharmacy shop before getting drugs, 40.00% of the respondents stated that they were satisfied, 13.75% of the respondents indicated that they were unsatisfied and 13.44% of the respondents indicated that they were highly unsatisfied with the waiting time at the pharmacy shop before getting drugs. 3.13% of the respondents indicated that they were not sure.

**Fig 4.5 Level of satisfaction respondents placed on waiting time at the pharmacy shop before getting drugs**



Source: Author from field survey data, 2015.

#### **4. 4.16 Level of satisfaction respondents placed on the effectiveness of the drugs prescribed**

Respondents were asked to indicate the level of satisfaction they place on the effectiveness of the drugs prescribed and their responses are contained in table below. 57.18% of the respondents indicated that they were very satisfied with the effectiveness of the drugs prescribed, 28.13% of the respondents stated that they were satisfied, 3.13% of the respondents indicated that they were unsatisfied and 1.56% of the respondents indicated that they were not sure their level of satisfaction with the effectiveness of the drugs prescribed.

**Table 4.19 Level of satisfaction respondents placed on the effectiveness of the drugs prescribed**

<b>Items</b>	<b>Number</b>	<b>Percentage</b>
Very Satisfied	183	57,18
Satisfied	122	28.13
Unsatisfied	10	3.13
Highly Unsatisfied	0	
Not Sure	5	1.56
Total	320	100

Source: Author from field survey data, 2015.

#### **4. 4.17 Level of satisfaction respondents placed on resources used for treatment**

In response to this issue, 48.44% of the respondents indicated that they were very satisfied with resources used for treatment, 18.44% of the respondents stated that they were satisfied with resources used for treatment, 10.94% of the respondents indicated that they were unsatisfied with resources used for treatment, 20.00% of the respondents indicated that they were highly unsatisfied with resources used for treatment and 2.19% of the respondents indicated that they were not sure their level of satisfaction with resources used for treatment.

**Table 4.20 Level of satisfaction respondents placed on resources used for treatment**

Items	Number	Percentage
Very Satisfied	155	48.44
Satisfied	59	18.44
Unsatisfied	35	10.94
Highly Unsatisfied	64	20.00
Not Sure	7	2.19
Total	320	100

Source: Author from field survey data, 2015.

#### **4. 4.18 Level of satisfaction respondents placed on the level of quality of care at the hospital**

With regard to this issue, 80.00% of the respondents indicated that they were highly satisfied with the level of quality of care at the hospital, 5.31% of the respondents stated that they were very satisfied with quality of care at the hospital, 2.81% of the respondents indicated that they were satisfied with quality of care at the hospital and 10.00% of the respondents indicated that they were unsatisfied with quality of care at the hospital. Moreover, 1.88% of the respondents indicated that they were not sure their level of satisfaction with quality of care at the hospital.

**Table 4.21 Level of satisfaction respondents placed on the level of quality of care at the hospital**

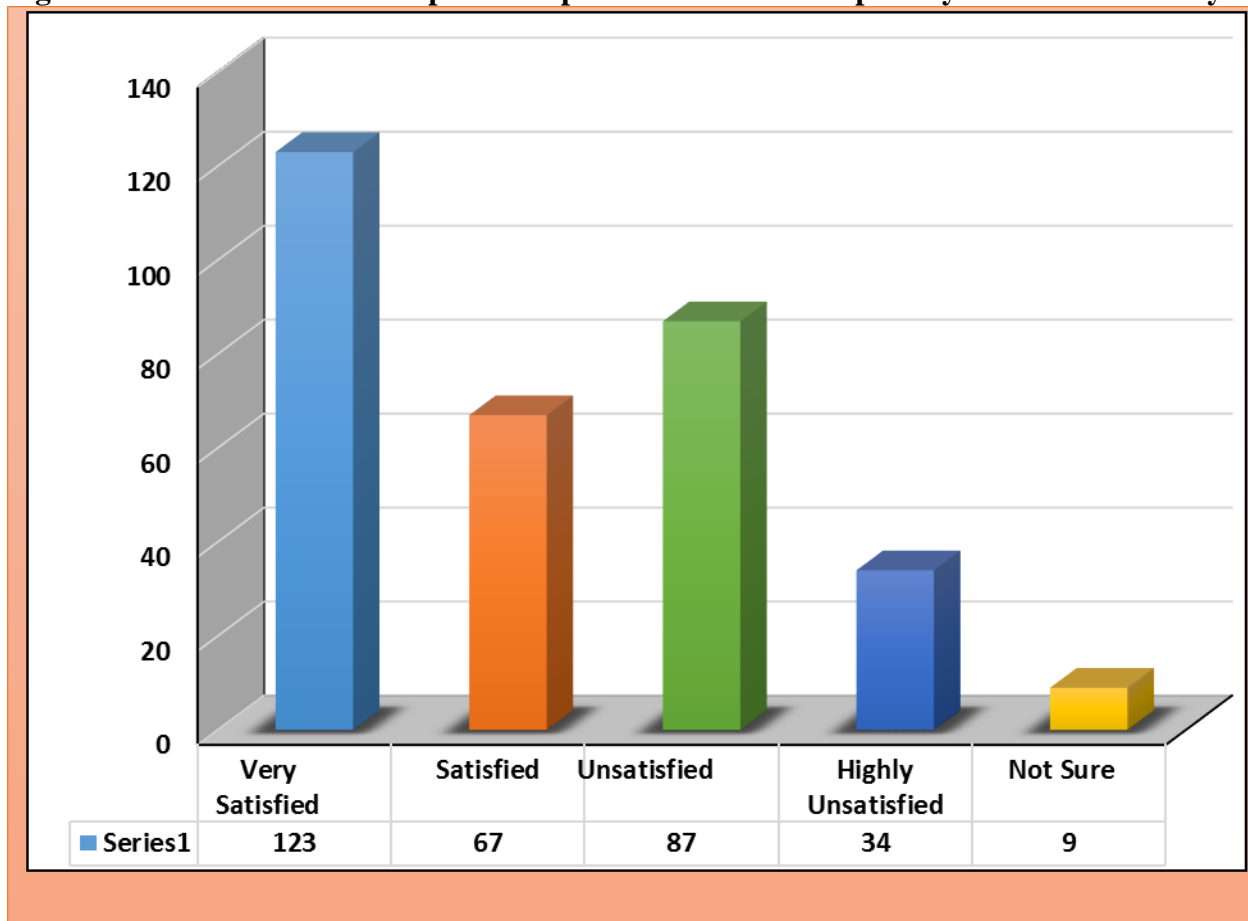
<b>Items</b>	<b>Number</b>	<b>Percentage</b>
Very Satisfied	17	5.31
Satisfied	9	2.81
Unsatisfied	32	10.00
Highly Unsatisfied	256	80.00
Not Sure	6	1.88
Total	320	100

Source: Author from field survey data, 2015.

#### **4. 4.19 Level of satisfaction respondents placed on the level of privacy and confidentiality**

On this issue, 38.44% of the respondents indicated that they were highly satisfied with the level of privacy and confidentiality at the hospital, 20.94% of the respondents stated that they were satisfied with privacy and confidentiality at the hospital, 27.19% of the respondents indicated that they were unsatisfied with privacy and confidentiality at the hospital and 10.62% of the respondents indicated that they were highly unsatisfied with privacy and confidentiality at the hospital. Moreover, 2.81% of the respondents indicated that they were not sure.

**Fig 4.6 Level of satisfaction respondents placed on the level of privacy and confidentiality**



Source: Author from field survey data, 2015.

#### **4.4.20 Overall Level of satisfaction of respondents customer (patients) care practices at the hospital.**

Respondents were asked to indicate their overall level of satisfaction in respect of customer (patients) care practices at the hospital and their responses are contained in table below. As much as 65.00% of the respondents indicated that they were unsatisfied with overall level of customer (patients) care practices at the hospital. This meant that the level of customer care in public healthcare system was very poor. About 4.36% of the respondents stated that they were very satisfied, 12.16% of the respondents said that they were satisfied, 19.06% of the respondents

indicated that they were highly unsatisfied and 0.52% of respondents indicated that they were not sure.

**Table 4.22. Overall Level of satisfaction of respondents customer (patients) care practices at the hospital**

Items	Number	Percentage
Very Satisfied	14	4.36
Satisfied	39	12.16
Unsatisfied	204	65.00
Highly Unsatisfied	61	19.06
Not Sure	2	0.52
Total	320	100

Source: Author from field survey data, 2015.

#### **4.5 Challenges associated with the promotion of customer care practices in public health institutions in Ghana**

Information retrieved from staff of various healthcare centers in the Kumasi metropolis indicated that as public hospitals, they practice various kinds of customer care practices among them include: patient-centered approach, safe practices, effective, efficient and equitable practices. Principally, most of them indicated that they practiced patient-centered method of customer care. They said this method supports active involvement of patients and their families in providing care and in decision-making about individual options for treatment. One medical superintendent

remarked that patient-centered approach to customer care involves "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values and ethical consideration guide all clinical decisions."

On the issue of challenges inherent in customer care practices in public healthcare institutions, the hospital staff interviewed indicated the following problems:

Respondents asserted that the Ghana's healthcare problems related to healthcare and health infrastructure in general as many hospitals have inadequate infrastructure to house both patients and hospital staff thus impeding healthcare administration. Due to inadequate infrastructure, staff were unable to give better customer care for patients.

Respondents said many people in Ghana continue to experience avoidable deaths due to the fact that many do not practice the habit of periodic medical check-up, but rather many patients only go to the doctor or to the hospital when seriously ill only to be misdiagnosed or wrongly medicated. They said, most of the time, patients seek medical assistance when the illness has reached an advanced stage which might be difficult to manage.

Respondents were of the view that it was alarmingly scary and more uncomfortable with the realization of the fact that the healthcare system in hospitals were not equipped to deal with present and future challenges in health delivery.

Respondents stated the fact that the basic problem facing customer care in healthcare system in Ghanaian public hospitals was the inadequate healthcare professional (like doctors, nurses, mid-wives etc.), thus making those available unable to give best customers care to patients.

Most respondents admitted that due to the inadequate healthcare professional (doctors, nurses, paramedical etc.), the remaining ones act oblivious of the hypocritical oath they have taken to protect the interest of patients at all time by indulging in unprofessional attitudes like extorting money from patients.

Respondents mentioned that public hospitals do not periodically measure customer care satisfaction levels through surveys and open forums with the communities that patronise their services.

Finally, respondents affirmed that though they were doing their best in managing patients care practices in various healthcare institutions, there is more room for improvement in their customer care practices.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1. Introduction**

In this chapter, the summary of findings and conclusions which were derived from the analysis are formally documented here. Again, the conclusions were made from the findings of this study. Finally policy recommendations are also made in this chapter.

#### **5.2 Summary of Findings**

Out of the 320 respondents interviewed, as much as **198** respondents representing 61.87% of the respondents were females while the remaining 122 representing 38.13% of the respondents were males. The minimum age and the maximum age captured by the survey were 22years and 62years respectively with the mean age of 35.1818 years.

Information retrieved from the respondent indicated that most of them were educated (literate) as those with secondary education constituted the highest with 188 (representing 58.75%) respondents of the total respondents. Most of the respondents (as much as 154 respondents representing 48.13%) listed petty trading as their main occupation.

Information retrieved from the respondents who were patients of various public hospital in Kumasi metropolis indicated virtually all of them do understand the concept of customer care practices in healthcare, where as much as 61.56% of the respondents stated that the concept of customer care practices in healthcare involves a process by which a healthcare organization delivers its services or products in a way that allows the customer in the most efficient, fair, cost effective, and humanly manner.

Respondents were asked to indicate the kind of customer care practices they have received when they accessed healthcare services and as much as 168 representing 52.50% of the respondents indicated that they received patient-centered customer care practices and 241 constituting 71.35% had been attending healthcare between 6 – 10 times.

164 representing 51.25% of the respondents stated that they were satisfied with the level of patients safety provided by the hospital, 58.75% of the respondents indicated that they were very satisfied with patients not being subjected to an unsafe treatment methods in the hospital and 38.44% of the respondents indicated that they were very satisfied with co-patient relatives in the hospital ensuring the safety of their patients.

Moreover, 62.81% of the respondents indicated that they were unsatisfied with the way Healthcare Staff encouraging patients to record near misses in the hospital and 48.44% of the respondents indicated that they were unsatisfied with healthcare staff responds to safety concern of patients and 56.87 % of the respondents stated that they were satisfied with Cleanliness of hospital environment. Also as much as 51.25% of the respondents indicated that they were unsatisfied with waiting time at the hospital before getting your folder at the medical records unit.

Further, 79.06% of the respondents indicated that they were highly unsatisfied with waiting time at the hospital before seeing the doctor after taken your folder, and 58.75% of the respondents indicated that they were very satisfied with the the appearances of the doctors, nurses, etc., 34.69% of the respondents indicated that they were unsatisfied with the doctor diagnostic test and 51.25% of the respondents indicated that they were satisfied with the doctor respecting your (patients') values, 30.93% of the respondents indicated that they were unsatisfied with the level

patient-centered treatment and 27.19% of the respondents indicated that they were highly unsatisfied with the level patient-centered treatment from public hospitals in Ghana. Other, 55.00% of the respondents indicated that they were unsatisfied with waiting time at the hospital before getting Services at the laboratory and 51.88% of the respondents stated that they were satisfied with the level cleanliness at the laboratory.

29.69% of the respondents indicated that they were very satisfied with waiting time at the pharmacy shop before getting drugs and 40.00% of the respondents stated that they were satisfied with waiting time at the pharmacy shop before getting drugs. 57.18% of the respondents indicated that they were very satisfied with the effectiveness of the drugs prescribed.

48.44% of the respondents indicated that they were very satisfied with resources used for treatment, 80.00% of the respondents indicated that they were highly satisfied with the level of equality of care at the hospital, 38.44% of the respondents indicated that they were highly satisfied with the level of privacy and confidentiality at the hospital and 65.00% of the respondents indicated that they were unsatisfied with overall level of customer (patients) care practices at the hospital.

Information retrieved from staff of various healthcare centers in the Kumasi metropolis revealed challenges inherent in customer care practices in public healthcare institutions and this include: inadequate healthcare infrastructure, irregular habit of periodic medical check-up, inadequate healthcare professional (like doctors, nurses, mid-wives etc), unprofessional attitude of healthcare professional, etc.

### 5.3. Recommendations

This section makes recommendations based on the findings of the study to stakeholders involved in the management of customer care practices in public healthcare institutions in Ghana. The recommendations hammer on the following area:

- It was found from the empirical analysis that almost all the respondents indicated that they were unsatisfied with waiting time at the hospital before seeing a doctor due to inadequate of health professionals, it is recommended that government should implement pragmatic policy measures to train more healthcare professional (like doctors) and also make sure to retain them with attractive condition of service.
- Additionally, the study recommends that government should establish a system that would make doctors and hospitals to be liable for unnecessary deaths caused as a result of negligence on their part. When they are found liable, they would be required to cough out huge sums of money for the families of the victims. There should be checks and balances in our health care system so that customer (patients) life would be valued.
- Further, the study recommends that there should be an intensive in-service training for the staff of all the public hospitals on customer care and satisfaction in Ghana. This process should be vigorously pursued by all staff of the Ghana Health Service (GHS) throughout Ghana.
- Moreover, public hospitals should periodically measure customer care satisfaction levels through surveys and open forums with the communities that patronise their services as these were not available in the hospitals surveyed.

- Finally, public hospitals should establish customers' complaints and information desk immediately as most public healthcare institutions in Ghana do not have proper and established procedure at the hospital for the handling of patients' complaints. This will go a long way to improve healthcare delivery in Ghana.

## **5.4 Conclusions**

After investigating customer care practices in the Kumasi metropolis, the study document that respondents were unsatisfied with healthcare staff responds to safety concern of patients, highly unsatisfied with waiting time at the hospital before seeing the doctor after taken your folder, but very satisfied with the the appearances of the doctors, nurses, etc. Again, respondents were very satisfied with the effectiveness of the drugs prescribed. About 80.00% of the respondents indicated that they were highly satisfied with the level of equality of care at the hospital. 65.00% of the respondents indicated that they w

ere unsatisfied with overall level of customer (patients) care practices at the hospital. Challenges inherent in customer care practices in public healthcare institutions includes: Inadequate healthcare infrastructure, irregular habit of periodic medical check-up, inadequate healthcare professional (like doctors, nurses, mid-wives etc.), unprofessional attitude of healthcare professional, etc.

This study recommends that government should establish a system that would make doctors and hospitals to be liable for unnecessary deaths caused as a results of negligence on their part and that there should be an intensive in-service training for the staff of all the public hospitals on customer care and satisfaction in Ghana.

Finally, public hospitals should establish customers' complaints and information desk as most public healthcare institutions in Ghana do not have proper and established procedure at the hospital for the handling of patients' complaints.

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## **APPENDIX 1. QUESTIONNAIRES**

### **KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

#### **BUSINESS SCHOOL**

This questionnaire is to enable me collect necessary information to complete my research on the topic:

#### **INVESTIGATING INTO CUSTOMER CARE PRACTICES IN GHANAIAN PUBLIC HEALTH INSTITUTION - A CASE OF SELECTED GOVERNMENT HOSPITAL IN KUMASI METROPOLIS.**

All information provided in this study will be treated as confidential and your anonymity is assured.

#### **Patients Questionnaires**

##### **PREDISPOSING CHARACTERISTICS**

1. Gender: 1= Male [ ] 2= Female [ ]
3. Indicate your age group:  
0=18 – 30      1= 31 – 40      2=41 – 50      3= 51 – 60      4= 61+
4. Educational level:  
0=No schooling 1=Primary education 2=Secondary education 3=Tertiary
5. Indicate your Primary occupations  
0=Craftsmen 1=Petty traders 2=Civil servants 3=Unemployed 4=Businessmen  
5=Farmers
6. Indicate below the categories in which your income falls into:
  - a. less than 0 – 500.00 [ ]
  - b. GH¢501 – 1000 [ ]
  - c. GH¢1001 – 1500 [ ]
  - d. GH¢1501 – 2000. [ ]
  - f. GH¢2000 + [ ]

#### **6. Respondents' views on Customer care Practices**

6. Do you understand the concept of customer care practices?
6. If your answer is yes, then state the concept of customer care practices in health care.
6. Indicate the kind of customer care practices do you receive.
  - A= Safe Practices [ ]
  - B=Effective Practices [ ]
  - C= Patient-centered Practices [ ]
  - D= Timely Practices [ ]
  - E= Efficient Practices [ ]
  - F= Equitable Practices [ ]
  - G= Others [ ]

4.1.5 Indicate the number of times you have being attending this hospital. ....

19. Indicate from the scale below the extent the extent of your satisfaction on the level of safety provided by the hospital's for patients.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent the extent of your satisfaction on patients not being subjected to unsafe treatment methods.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on Co-patients in the hospital ensuring the safety of fellow patients.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on **the way** Healthcare Staff encouraging patients to record near misses in the hospital.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on Healthcare Staff responds to safety concern of patients.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on the level of Cleanliness of hospital environment.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on waiting time at the hospital before getting your folder at the medical records unit

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on waiting time at the hospital before seeing the doctor after taken your folder

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on the appearances of the doctors, nurses, etc

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on the doctor diagnostic test

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on the doctor respecting your (patients') values

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on the level of patient-centered treatment

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on waiting time at the hospital before getting your folder at the medical records unit Services at the laboratory

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on the level of Cleanliness at the laboratory

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on waiting time at the pharmacy shop before getting drugs

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on the level of Effectiveness of the drugs prescribed

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on resources used to obtained treatment

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on equality of care in the hospital.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

19. Indicate from the scale below the extent of your satisfaction on privacy and confidentiality

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

12. Indicate from the scale below the overall level of satisfaction of customer (patients) care practices at the hospital

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Very Satisfactory	Satisfactory	Unsatisfactory	Highly Unsatisfactory	Not Sure

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY  
SCHOOL OF BUSINESS**

This Interviewed guide is to enable me collect necessary information to complete my research on the topic:

**INVESTIGATING INTO CUSTOMER CARE PRACTICES IN GHANAIAAN PUBLIC  
HEALTH INSTITUTION - A CASE OF SELECTED GOVERNMENT HOSPITAL  
KUMASI METROPOLIS.**

All information provided in this study will be treated as confidential and your anonymity is assured.

**Staff Questionnaires**

1. Do you understand the concept of consumer care practices in healthcare?
2. Explain the meaning of consumer care practices in healthcare.
3. Indicate the type of consumer care practices in healthcare in your hospital.
4. Explain the importance of consumer care practices in the hospital.
5. Explain how information and communication activities are carried in the bank?
37. Does your hospital often encounter challenges in promoting consumer care practices?
38. If your answer is yes, then state the major and minor challenges your hospital encounter in promoting consumer care practices.

***Minor challenges***

- i. ....
- ii. ....
- iii. ....
- iv. ....

***Major challenges***

- i. ....
- ii. ....
- iii. ....
- iv. ....

39. How often does your department encounter these challenges?

- a. Very regularly
- b. Regularly
- c. Not regularly

40. What measures have you taken to deal with the problems of consumer care practices?

- i. ....
- ii. ....
- iii. ....
- iv. ....

41. Give your general comment on investigating into customer care practices in Ghanaian public health institution.

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