THE MEDIATING EFFECT OF EMPLOYEE COMMITMENT ON SERVICE QUALITY AND CLIENT SATISFACTION AMONG SELECTED HOSPITALS IN GHANA

BY

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DECLARATION

I hereby declare that this submission is my own work except for references which I have duly acknowledged towards the MBA degree and that to the best of my knowledge it contains neither materials previously published by another person nor materials which has been accepted for the award of any other degree.

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SUPERVISOR Signature Date

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DEDICATION

This work is dedicated to my wife Gloria Twum and my adorable daughter Angel Akyede Twum

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I wish to sincerely acknowledge the grace and mercies of the Most High God, who protected and guided my path throughout this period of study.

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ABSTRACT

In Ghana, despite the numerous challenges encountered by health professionals such as doctors and nurses in the performance of their duties, patients still expect quality health services. Poor conditions of service especially on the part of doctors have the tendency to limit their level of commitment at the hospitals hence affecting the quality of health care expected by patients. In light of this, this study seeks to unearth the mediating role of employee commitment on the relationship between service quality and customer satisfaction among Ghanaian hospitals. The study used a quantitative, correlational exploration approach as the study plan, where questionnaires were the main instrument for the collection of data. In all 700 participants using a convenience sampling technique were drawn from the population for the study. The sample comprised of 373 patients and 327 health professionals from 8 different hospitals. The analysis of the data collected using the SPSS software revealed the following findings; there was significant positive correlation between employee commitment and customer satisfaction. There was also significant positive correlation between service quality and customer satisfaction. Finally employee commitment partially mediated the relationship between service quality and customer satisfaction. The limitation and implication of the current study however is that the research was limited to patients and health professionals in the Brong-Ahafo, Ashanti and Greater Accra Regions of Ghana. The study provides an empirical analysis on patient satisfaction in Ghanaian hospitals thereby allowing policy makers to evaluate the level of public healthcare delivery service in the country and therefore assist in policy decision-making and implementation.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Research on service quality as a topic has increased critical grounds in the course of the last two and half decades (Amin & Nasharuddin, 2013). Discrete fulfillment as a part of consumer loyalty as for the human services area has evolved throughout the years as an amazing evaluation of the nature of administration gave by healthcare establishments (Abd-Manaf, 2012). It being in a private or open connection, a great appreciation of circumstances in the workplace that move and influence the conveyance of service quality and consumer loyalty is essential to healthcare managers (Scotti et al., 2007). It is not just essential for understanding and assessing the mindfulness/view of customers on the medicinal services administrations conveyed additionally, as said by Donabedian (1988 refered to in Abd-Manaf, 2012), a key component of consideration. As per Torres and Guo (2004), patients depend their lifetime and health to social insurance suppliers, and therefore assessing patient fulfillment is an essential segment for the estimation of an organization's proficiency and ought to be dependably be figured into arrangements to enhance nature of administrations rendered. As indicated by Elleuch (2008) evaluating patient fulfillment likewise can help key arrangement creators in assignment and circulation of assets, as patient organized needs can be recognized from the different human services quality qualities. This point was likewise confirmed by RamsaranFowdar (2005), who expressed that aside the previously stated advantages of understanding consumer loyalty, patients who are fulfilled by social insurance administrations are more inclined to return for such administrations when the need emerges

As indicated by Amin and Nasharuddin (2013), till as of late, a lot of analysts have propounded a few measurements of service quality. The accompanying are some of them as referred to by the scientists; doctor's facility service quality as found by Duggirala et al. (2008). Their model constituted seven distinct territories to be specific, staff quality, base, regulatory procedure, procedure of clinical consideration, wellbeing, general experience of medicinal consideration, and social obligation. Aagja and Garg (2010), likewise thought of an open healing center service quality model called PubHosQual which is taking into account five measurements. The measurements recognized this model incorporates; affirmation, restorative administration, general administration, release procedure, and social obligation. As reported by Otani and Kurz (2004), by expressing that confirmation process, doctor consideration, nursing consideration, sympathy to family and companions, charm of surroundings, and release procedure are the measurements to assess healing facility service quality. Sohail (2003) likewise tried the SERVQUAL scale for measuring social insurance service quality, and they found that five measurements existed to quantify healing center service quality (tangibles, unwavering quality, responsiveness, certification, and sympathy).

Enhancing the nature of restorative consideration administrations has turned into an essential sympathy toward patients, and so as to give better support of patients, service quality has turned out to be progressively vital for healing centers in admiration of fulfilling and holding patients (Arasli et al., 2008). For instance, Meehan et al. (2002) proposed that comprehension inpatients impression of doctor's facility service quality execution helps in enhancing the current medicinal services framework result and upgrade service quality, which thus will prompt addition in the quantity of fulfilled clients along

these lines making them to keep on visiting the hospital/clinicfor their healthcare needs (Arasli, Ekiz, &Katircioglu, 2008). The specialists further included that patients who esteem connections have a high likelihood of staying faithful to the probable clinic and have slant to support companions, families and others everywhere to the human services focus (Kessler &Mylod, 2011). A research by (Osborne, 2004; Ramsaran-Fowdar, 2008), uncovered that patient who are fulfilled by social insurance administrations of human services suppliers have the inclination to show recognitions that are promising to the triumph of those wellbeing administration suppliers. Then again persistent disappointment can bring about unfavorable behavioral goals, for example, negative verbal or changing to option human services administration suppliers. In any case, healing facilities that neglect to comprehend the significance of conveying service quality and consumer loyalty may be welcoming a conceivable loss of patients (Padma, Rajendran & Lokachari, 2010). In this connection, consumer loyalty has been viewed as a basic determinant in keeping up long haul client conduct subsequent to the more fulfilled clients, the more prominent the maintenance. Moreover, patients are turning out to be more open to focused advances and more acquainted with social insurance administrations, and, accordingly, benefit quality alone may not be adequate to guarantee a long haul relationship between the patients and the doctor's facility (Gaur et al., 2011). Consumer loyalty is seen just like a basic variable of impressive significance during the time spent building and keeping up connections in restorative administrations (Aagja and Garg, 2010; Gaur, Quazi, Nandi, 2011). In this manner, upgrading behavioral goal ought to be a key driver for doctor's facilities in keeping up a long haul organization with their patients.

Forefront clinic representatives specifically, assume a key part in service quality conveyance and patients will frequently judge their medicinal services experience in view of their cooperation with the forefront clinic representatives (Ashill et al., 2005).

Babakus et al. (2003, cited in Ashill& Rod, 2010) characterize Management Commitment to Service Quality (MCSQ) as "workers' examination of an organization's dedication to sustain, create, bolster and prize its representatives to accomplish administration greatness." However, next to no consideration has been given to the effect of administration duty to service quality (MCSQ) on forefront clinic executives' administration recuperation endeavors in a medicinal services setting. This is particularly essential given that staff engagement is a discriminating segment of administration conveyance in human services and forefront clinic executives are more connected with when they see administration to be locked in. The dedication of Frontline representatives (FLEs) assume an essential part in administration conveyance and building organizations with clients demeanors and practices focus their apparent service quality and fulfillment (Babakus, Yavas, Karatepe, &Avci, 2003 cited in Ashill, 2010).

Based on this background, the current study seeks to find out the mediating effect of employee commitment on service quality and client satisfaction among selected hospitals in the Brong-Ahafo region of Ghana.

1.2 Problem Statement

In the midst of the developing number of private healthcare facilities combined with public healing centers in Ghana, the nature of administrations given to patients is still to be determined principally because of insufficient staff and absence of current offices. As

indicated by Mostafa (2005), there is still a critical need to fund wellbeing offices in the creating scene as venture to giving quality consideration to patients. Berman-Brown and Bell (1998 cited in Mostafa, 2005) affirm that much research into client arranged service quality recognitions exists in territories other than human services, creating a crevice yet-to-be connected in the social insurance enclosure. As indicated by Ashill and Rod (2010), huge changes in the worldwide economy in the course of recent years have had generous implications for responsibility and complementary relationship in the middle of superintendents and representatives and in this way unreasonable assets, high work costs, customer requests for ever higher service quality have provoked organizations to rebuild themselves. .

Whilst some studies have been done in the area of service quality and customer satisfaction, not much has been done to explore the effect of employee commitment on service quality and customer satisfaction. This study therefore seeks explore the mediating role of employee commitment on service quality and patients' satisfaction among selected hospitals in Ghana.

1.3 Objectives of the Study

The general purpose of the study is to examine the mediating effect of employee commitment on service quality and client satisfaction. The specific objectives of the study are to:

1. Examine the relationship between employee commitment and patient's satisfaction.
2. Examine the relationship between service quality and patients' satisfaction.
3. To ascertain whether employee commitment will mediate the relationship between service quality and patients' satisfaction.

1.4 Research Questions

1. What is the association between employee commitment and customer satisfaction?

2. What is the association between service quality and customer satisfaction?

3. Does employee commitment mediate the relationship between service quality and customer satisfaction?

1.5 Statement of hypotheses

H1: There is a significant positive relationship between employee commitment and patients' satisfaction.

H2: There is a significant positive relationship between service quality and patients' satisfaction.

H3: Employee commitment mediates the relationship between service quality and patients' satisfaction.

1.6 Significance of the Study

The significance of a particular study is assessed from the dimensions of research and policy making. With regards to research, in recognition of the importance of the health sector to any country, this study is a modest effort to provide discernment into one of the problems faced by the Ghana Health Service in terms of employee commitment and service quality. The finding of the study therefore becomes a benchmark on which future researchers can dwell upon. The findings of the study will also afford management of the various health service providers, government, policy makers and regulators, an insight into the determinants of service quality and customer satisfaction, and aid in the

formulation of the right policies and measures to help improve upon the current health systems.

1.7 The scope of the study

The study concentrated solely among hospitals in the Brong-Ahafo, Greater Accra and Ashanti regions of Ghana. Taking into consideration the scope of the study, it will hinder the ability to generalize the findings of the study to hospitals in other regions of Ghana.

1.8 Limitations of the Study

Every study comes with various limitations of which this study was no exception.

First and foremost the timeframe within which this study was conducted was a major limitation in the sense that, the researcher could not explore hospitals in all the regions of the country. Hospitals of three regions out of the ten regions of Ghana were used for the study because of time constraints.

Secondly, the data collection process was very time consuming and challenging. This is because the researcher had to receive permission from the Ghana Health Service before he could gather data from the various hospitals. Data collection from the various hospitals that participated in the study was very tedious because the doctors and nurses had very tight time schedules which made it very difficult having access to them.

Thirdly, financial constraints were also a limitation in the sense that the researcher had to spend much money during the data collection process. The hiring of research assistants to assist in the data collection process came with financial obligations which were difficult for the researcher to bear.

1.9 Organization of the Study

The study was structured into five chapters. Chapter one emphasized on the background to the study, problem statement, aims and objectives of the study, research questions, significance of the study as well as scope and limitation of the study. Chapter two constituted the literature review by providing theoretical frameworks related to the topic under study. And review of related studies to the topic under study shall also be made available here. Chapter three elaborated on the methodology by making available the research design, population, sample size, sampling technique, materials for data collections, procedure involved in data collection as well as ethical considerations guiding the study. Chapter four of the study captured the analysis and interpretation of data the gathered for the study by using the Statistical Product and Service Solutions Software (SPSS). The analysis and interpretation of the data guided by the aims and objectives of the study. Chapter five treated the summary of the findings, conclusion and recommendations for the study as well as recommendations for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature of relevance to the study. It consists of the theoretical framework which discusses theories and models related to the variables of commitment, customer satisfaction and service quality. Moreover, the empirical review looks at what other researchers have found concerning the relationship between service quality and customer satisfaction as well as the mediating role of employee commitment on service quality and customer satisfaction.

2.1 Employee Commitment

Employee commitment as characterized by Newstrom and Davies (2002) is the extent to which an employee relates to the organization and needs to proceed with effectively taking an interest in it. Meyer and Herscovitch (2001) are additionally embraced that, dedication is "a drive that ties a person to an approach of pertinence to one or more targets". In the expressions of Allen and Meyer (1990) workers are speculated to experience this power as three bases, or mentalities: full of feeling, standardizing, and duration, which reflect enthusiastic ties, saw commitment, and saw sunk expenses in connection to an objective, individually. Pareek (2004) characterizes worker

responsibility as a man's inclination as to proceeding with his or her relationship with the organization, acknowledgment of the qualities and objectives of the organization, and eagerness to help the firm accomplish such objectives and qualities. Hellriegel (2001) in attestation of this, expressed that representative's dedication to an organization goes past reliability to incorporate a dynamic commitment to finishing hierarchical objectives.

Hierarchical duty measures a more extensive range of work methodology and mentality than a minor occupation fulfillment on the grounds that it applies to the whole organization instead of just to the employment. Further, duty ordinarily is steadier than fulfillment in light of the fact that regular occasions are less inclined to change it.

The examination of commitment as a subject matter for research began with a lot of confusion. Work by Morrow (1983, 1993 refered to in DeLoria, 2011) has assumed a critical part in serving to clear up the different areas to which specialists can be submitted (Lee, Carswell, & Allen, 2000). As indicated by Morrow (1983), more than 25 dedications

related ideas and measures exist. She investigated and analyzed the major types of work duty/commitment and investigated the interrelationships between them. Morrow recognized five noteworthy types of work duty/commitment in the writing: quality center, vocation center, occupation center, organization center, and union core interest. Further research by Morrow (1993) delivered a model of work duty that included full of feeling authoritative responsibility, duration hierarchical duty, vocation responsibility, work inclusion, and hardworking attitude underwriting. As per Mathieu and Zajac (1990) ORC (hierarchical duty) can be considered as 'a bond or connecting of the person to the organization'.

To completely conceptualize duty, an adjustment in the conceptualization of responsibility is needed. Allen & Meyer (1990) expressed that authoritative responsibility comprises of three sorts of duty. They incorporated these sorts into a three-segment model of responsibility.

2.1.1 Affective commitment

Affective commitment is the individual's mental or passionate organization with, distinguishing proof with and interest in the organization (Meyer & Allen 1997).

It has been accounted for those employees who are affectively dedicated to the organization will most likely stay and work for their organizations on the grounds that they need to (Meyer & Allen 1991). Workers with high passionate level of duty more often than not stay with the organization in light of the fact that they see their individual business relationship as to be in compatibility with their present organization's objectives, values and targets. As indicated by Beck & Wilson (2000) full of feeling responsibility

improvement incorporates recognizable proof oneself with the organization and disguise of hierarchical standards and models.

2.1.2 Continuance commitment

Continuance commitment is considered by (Meyer & Allen 1997) as an attention to the expenses connected with leaving the organization. Due to the individual's mindfulness or thought of costs and dangers connected to leaving the organization, continuation responsibility is thought to be calculative (Meyer & Allen 1997). People with duration duty stay with a particular organization due to the cash they as workers gain as an aftereffect of the time spent in the organization, and not on the grounds that they need to. This contrasts from affective commitment, where people stay with an organization on the grounds that they need to and on the grounds that they are acquainted with the organization and its standards.

2.1.2 Normative commitment

Normative commitment can be clarified as having a feeling of commitment to stay utilized with a particular organization (Meyer & Allen 1997). The disguised thought of obligation and responsibility permits representatives proceeded with participation that is refreshing by a particular organization (Allen & Meyer 1990). The regularizing component is seen as the dedication people consider ethically fitting in regards to their staying with a particular organization, independent of the amount of status change or satisfaction the organization gives the person throughout the years.

2.2. The concept of customer satisfaction and its models

Organizations public or private, small or large have given much regard for the idea of consumer loyalty in the recent decades. Kotler (2000) characterized consumer loyalty as a man's sentiments of joy or disillusionment coming about because of looking at an item's apparent execution (or result) in connection to his or her desires. As indicated by Hansemark and Albinsson (2004), consumer loyalty is a general client state of mind towards an administration supplier, or an enthusiastic response to the contrast between what clients foresee and what they get, with respect to the satisfaction of some need, objective or yearning.

Organizations attempt to keep up their reliability with their clients by enhancing item and service quality. Subsequently in the most recent decade, numerous national records have been created so as to quantify consumer loyalty over an extensive variety of organizations. In this manner, at the national level, the consumer loyalty record (CSI) is utilized to quantify organizations and organizations how they fulfill clients' necessities.

The CSI's model can be additionally utilized for contrasting administrations and items inside of an industry. As per Hom (2000), most nations have set their own consumer loyalty lists to quantify consumer loyalty and the business execution of organizations and organizations. The main really national consumer loyalty list was the Swedish Customer Satisfaction Barometer, or SCSB, created in 1989. The SCSB incorporates 31 noteworthy Swedish businesses.

Oliver (1981 cited in Hom, 2000) compresses the exchange particular nature of fulfillment, and separates it from disposition, as takes after: Attitude is the buyer's moderately persisting

full of feeling introduction for an item, store, or procedure (e.g., client administration) while fulfillment is the passionate response taking after a disconfirmation experience which follows up on the base mentality level and is utilization particular. As per research findings, clients will likewise have a tendency to say great things and to prescribe the item or administration to others. Then again disappointed clients react in an unexpected way. Disappointed clients may attempt to lessen the discord by deserting or giving back the item, or they may attempt to diminish the cacophony by looking for data that may affirm its high esteem (Kotler, 2000).

The models of consumer loyalty can be arranged into large scale and smaller scale models in light of the connection and strategy ramifications of the exploration being referred to. Large scale models have uncommon significance for the arrangement level ramifications of an organization's examination in consumer loyalty. Full scale models give the analyst the key connection of the configuration and of the outcomes for an investigation of consumer loyalty.

The present study however should make utilization of the seven smaller scale levels model as proposed by Erevelles& Leavitt (1992) which are quickly broke down in the following paragraphs.

2.2.1 Expectation Disconfirmation Model

The Expectations Disconfirmation Model has been the prevailing model in fulfillment research. The model has purchasers utilizing pre-utilization desires as a part of an examination with post-utilization encounters of an item/administration to shape a state of

mind of fulfillment or disappointment toward the item/benefit. In this model, desires begin from convictions about the level of execution that an item/administration will give.

This is the prescient importance of the desires idea

2.2.2 Perceived Performance Model.

The Perceived Performance Model digresses from the model number 1 above in those desires assume a less huge part in fulfillment development. The model performs particularly well in circumstances where an item/administration performs so absolutely that the purchaser's desires get marked down in her/his post-utilization response to the item/benefit.

2.2.3 Normative Model

Normative Models take after the Expectations Disconfirmation Model in that the buyer contrasts saw execution and some standard for execution. For this situation, then again, the standard is not a prescient desire. Instead of considering what will happen in the utilization encounter, the purchaser utilizes what ought to happen as the examination standard.

This is the standardizing significance of "ought to" instead of its intermittent ordered essence in the English language.

2.2.4 Multiple Process Model

Multiple Process Models portray the fulfillment development process as multidimensional. That is, shoppers utilize more than one standard of correlation in shaping a disconfirmation judgment around an involvement with an item/benefit.

2.2.5 Attribution Model

Attribution Models incorporate the idea of saw causality for an item/benefit execution into the fulfillment process. Purchasers utilize three components to focus attribution's impact in fulfillment. These are locus of causality, solidness, and controllability. The locus of causality can be outside (that is, the administration supplier gets the credit or fault) or inside (that is, the shopper is in charge of the item/benefit execution). Stable reasons would have a tendency to have more effect in fulfillment in light of the fact that customers have a tendency to be all the more lenient of item/administration disappointments that give off an impression of being uncommon occasions. At long last, controllability influences attribution in that a poor result in an utilization experience may imply that the purchaser will be unsatisfied with the item/benefit supplier if the customer trusts the supplier had the limit, that is, control, to perform in a superior manner.

2.2.6 Equity Models

Equity Models underscore the shopper's state of mind about reasonable treatment in the utilization process. Reasonable treatment can utilize the idea of the value proportion (that is, the measure of her/his arrival for her/his exertion made) or the idea of social correlation (that is, the apparent, relative level of item/administration execution that different shoppers experience). Oliver (1997) separates value further into three classifications, procedural decency; interactional reasonableness; and distributional reasonableness.

This study however would be in view of the disconfirmation hypothesis which is by all accounts the most modern among all the above talked about speculations.

The disconfirmation hypothesis proposes that disconfirmation is the essential determinant of customer fulfillment/satisfaction. This disconfirmation model is the most prevalent fulfillment model utilized crosswise over industry (Oliver, 1997; Patterson, 2000; Wirtz and Lee, 2003; Wirtz and Mattila, 2001). This infers that fulfillment mirrors the extent to which a buyer trusts that the ownership and utilization of an administration bring out positive sentiments taking into account the disconfirmation standard in procedure hypothesis. All things considered, this view of disconfirmation is prone to be negligible since execution stays inside satisfactory or middle of the road ranges (Kim et al., 2008; Wirtz and Mattila, 2001; Zeithaml et al., 1993). Case in point, Linder-Pelz (1982 cited in Amin and Nasharuddin, 2013) proposed that patient fulfillment was interceded by a persistent's close to home convictions and qualities around a healthcare facility and their past assumptions about the hospital/clinic. In the human services industry, the error and transgression hypotheses clarify that the patients' introductions and the supplier conditions were diverse, and that if these introductions and conditions were coordinated with the patients desires, then the patients would be fulfilled, yet in the event that not, then the patients would be disappointed (Fox and Storms, 1981; Gill and White, 2009).

Accordingly, in the doctor's facility industry, patients' fulfillment assumes an essential part in measuring the nature of consideration and proceeding with their administrations (Grogan et al., 2000).

2.3 Service quality and its models

Administration commercial enterprises are assuming an undeniably basic part in the general economies of both developed and developing nations. Scientists/researchers have attempted to characterize administration and to clarify what administration constitutes.

The idea of administration has been characterized in a few courses by diverse analysts. Kotler et al. (1999) characterized administration as any action or advantage that one gathering offers to another which is basically immaterial and does not bring about the responsibility for, and it might possibly be fixed to a physical item.

Wong (2004) found that negative feelings have a more grounded impact on fulfillment with quality than positive feelings. In spite of the fact that service quality has been seen for quite a while to be a result of client psychological evaluation, late studies affirm that service quality includes a result as well as feelings of clients. It is contended that "amid the utilization experience, different sorts of feelings can be inspired, and these client feelings pass on essential data on how the client will at last evaluate the administration experience and consequently, the general relationship quality" (Wong 2004, p. 369).

Research on service quality has become completely and basically in the course of the last two and half decades. The service quality model got a considerable measure of consideration after the dubious discoveries of Parasuraman et al. (PZB) in 1985. His SERVQUAL model has given an exhaustive conceptualization of service quality with an instrument to quantify saw service quality, and give a bigger number of diagnostics and functional ramifications than were beforehand suspected conceivable (Parasuraman et al.,

1991). Albeit widely alluded to as SERVQUAL, Tenner and DeTorro (1992 refered to in Dogbe, 2011) begat the acronym "RATER "to depict the five components which makes them all the more effortlessly to recollect. These are:

Dependability: capacity to perform the guaranteed administration constantly and precisely.

Affirmation: the learning and civility of workers and their capacity to motivate trust and certainty.

Tangibles: The physical offices, gear, and appearance of work force.

Sympathy: The minding, individualized consideration, and appearance of work force.

Responsiveness: The eagerness of staff to help clients and give brief administration.

Duggirala et al. (2008) found that healing center service quality comprises of seven measurements (staff quality, foundation, authoritative procedure, procedure of clinical consideration, wellbeing, general experience of therapeutic consideration, and social obligation). Aagja and Garg (2010) then again, created open clinic service quality model (PubHosQual) in view of five measurements: affirmation, restorative administration, general administration, release procedure, and social obligation. In a created nation, Otani and Kurz (2004) found that affirmation process, doctor consideration, nursing consideration, and empathy to family and companions, enjoyableness of surroundings, and release procedure were measurements to gauge clinic service quality in the USA.

Amin &Nasharuddin, (2013) tried the SERVQUAL scale for measuring social insurance service quality, in Asian nations and they found that five measurements existed to quantify clinic service quality (tangibles, dependability, responsiveness, affirmation, and compassion).

Brogowicz et al., (1990) likewise propounded the blended model of service quality.

As indicated by these analysts, in-service quality hole may exist notwithstanding when a client has not yet encountered the administration but rather learned through verbal,

promoting or through other media correspondences. Along these lines there is a need to consolidate potential clients' view of service quality offered and additionally real clients' impression of service quality experienced. This model endeavors to coordinate conventional administrative system, administration plan and operations and promoting exercises. The motivation behind this model is to distinguish the measurements connected with service quality in a conventional administrative system of arranging, execution and control. The orchestrated model of service quality considers three elements, viz. organization picture, outside impacts and conventional advertising exercises as the components affecting specialized and useful quality desires.

Another helpful model of service quality was advanced by (Oh, 1999), the Service quality, client worth and consumer loyalty model.

The creator proposed an integrative model of service quality, client worth and consumer loyalty. The proposed model concentrates mostly on post buy choice procedure. Bolts in the model demonstrate causal bearings. The model joins key variables, for example, observations, service quality, shopper fulfillment, client worth and expectations to repurchase. At long last informal correspondence aim is conceptualized as an immediate, consolidated capacity of observations, esteem, and fulfillment and repurchases goals.

The model gives proof that client quality has a noteworthy part in client's post-buy choice making procedure. It is a quick forerunner to consumer loyalty and repurchases aims. Results likewise demonstrate that apparent cost has a negative impact on saw client worth and no organization with saw service quality.

Similarly, another persuasive model is the inner service quality model by Frost and Kumar (2000). The creators have built up an inward service quality model taking into account the idea of GAP model (Parasuraman et al., 1985). This model analyze the different measurements, and their connections, that focus service quality among inner clients (bleeding edge staff) and inside suppliers (supporting staff) inside of organizations with an expansive administration base. The interior crevice 1 demonstrates the distinction in backing staff's discernment (inward supplier) of bleeding edge staff's desire (inner clients). Inner crevice 2 is the huge distinction between service quality details and the administration really conveyed bringing about an inward administration execution hole. Interior hole 3 is the crevice which concentrates on the forefront staff (inside clients). The crevice model is grounded on the varieties between bleeding edge staff's desires and view of backing staff's (inward supplier) service quality.

Hospital service quality recognition from a more extensive viewpoint is in light of patient decision/judgment of the administrations gave by the medicinal services supplier, that is, the relationship between the patients and attendant, specialist and staff of the health center (Martinez Fuentes, 1999 cited in Amin &Nasharuddin, 2013). Chahal and Kumari (2010) recommend that the view of patients of medicinal services service quality is taking into account three measurements: physical environment (involving encompassing condition, social element and tangibles), cooperation quality (including mentality and conduct, mastery and procedure quality), and result quality (embodying holding up time, quiet fulfillment and reliability). In the meantime, Arasli et al. (2008) recognized six service quality measurements out in the open and private clinics: compassion; offering need to the inpatient needs; relationship in the middle of staff and patients; demonstrable skill;

sustenance and the physical environment. Also, Brady and Cronin (2001) characterized communication quality, physical environment quality, and result quality as measurements to quantify service quality in the medicinal services segment. Besides, Brady and Cronin (2001) clarified that those three measurements lead to service quality observations. In this setting, interpersonal organization in the middle of patients and administrations has the best effect on service quality discernments. The patients' involvement with healing facility administrations and the relationship in the middle of patients and the doctor's facility are essentially impacted by utilitarian and specialized quality measurements. Case in point, Trumble et al. (2006) clarified that patients have the capacity to assess the specialists and medical attendants' abilities when they are managing the patients. The patients' capacity to comprehend and their view of the clinic administrations results altogether impact the general patients' assessment

The specialists keep up that client view of service quality is past intellectual evaluation as it is framed amid the creation, conveyance and utilization of administrations and not exactly at the utilization stage. This is made conceivable as clients assume their part as co-makers via completing exercises and also being a piece of collaborations impacting both procedure quality and result quality. Again on the part of service quality stresses that dealing with the aggregate client experience. Along these lines an enthusiastic response is a piece of a quality and positive experience.

2.4 Measuring Service Quality using SERVQUAL Model

A large group of elements or reasons has been distinguished by a few scientists for the estimation service quality. Case in point, Sachev and Verma (2004) deliberates on service

quality as far as client recognition, client desire, consumer loyalty, and client mentality. Nyeck et al. (2002) recognized that in the midst of the different models for measuring service quality, the SERVQUAL model as indicated before in the writing stays as the most finish endeavor to conceptualize and measure service quality. The SERVQUAL is conceptualized in the accompanying measurements: tangibles, unwavering quality, responsiveness, affirmation and sympathy are the premise for service quality estimation.

2.4.1 Tangibles

The tangibles embodied the physical cosmetics of the organization to be specific; agents, offices, materials, and hardware and in addition correspondence materials. The state of the physical surroundings is seen as unmistakable proof of consideration and scrupulousness displayed by the administration supplier (Fitzsimmons & Fitzsimmons,
2001).

2.4.2 Reliability

As indicated by Johnston (1997) the unwavering quality and consistency of execution of administration offices, products and staff is considered as vital. This incorporates timely administration conveyance and capacity to keep to assertions made with the client. As indicated by Fitzsimmons and Fitzsimmons (2001), dependability is the capacity to convey the ensured administration both constantly and precisely without any blunders.

2.4.3 Responsiveness

Johnston (1997) portrays responsiveness as the pace and auspiciousness of administration conveyance. This incorporates the pace of throughput and the capacity of the support of react instantly to client administration demands, with insignificant holding up and lining

time. Fitzsimmons and Fitzsimmons (2001) contend that when the client is continued sitting tight for no clear reason makes pointless negative impression of value. Then again, the capacity for the bank to recuperate immediately when administration comes up short and show polished skill will likewise make extremely positive impression of value.

2.4.4 Assurance

This affirmation measurement is concerned with the mindfulness, politeness of workers and their capacity to expense trust and certainty. This part of the hypothesis is comprised of the accompanying segments: aptitudes and capabilities to perform the administration, courteousness and regard for the client, compelling correspondence with the client and additionally the general disposition that the server has the client's best enthusiasm on a basic level (Fitzsimmons & Fitzsimmons, 2001).

2.4.5 Empathy

According to Johnston (1997), portrays sympathy as the capacity to make the client feel at home, particularly they come into with contact the staff individuals. Pursue et al. (2001), characterize sympathy is the procurement of minding, individualized regard for clients. Fitzsimmons and Fitzsimmons (2001) are likewise of the perspective that compassion incorporates congeniality, affectability, and push to comprehend the client's necessities.

2.5 Review of empirical studies on service quality

2.5.1. The relationship between employee commitment and service quality

A few studies have been done to investigate the relationship between the two variables.

Berg (2011) placed other than the explanation of employee commitment; a few researchers decided the outcomes and forerunners of this build. Employee commitment is the most

generally investigated center amongst the worker responsibility foci in view of the outcomes it postures for organizations. Outcomes of a conferred workforce are authoritative adequacy, decreased non-appearance; aggressiveness and additional part conduct (Meyer and Allen, 1997). Consumer loyalty has a constructive outcome on an organization's gainfulness. The more clients are fulfilled by items or administrations offered, the more are chances for any fruitful business as consumer loyalty prompts rehash buy, brand devotion, and positive verbal showcasing. Consumer loyalty prompts rehash buys, dedication and to client maintenance (Zairi, 2000). Fulfilled clients are more inclined to rehash purchasing items or administrations.

An exploration by Rod and Ashill (2010) which went for researching a model of administration responsibility to service quality (MCSQ) and administration recuperation execution from the viewpoint of open and private clinics in New Zealand uncovered that the relationship in the middle of MCSQ and administration recuperation execution is intervened upon by hierarchical duty. Barring the relationship in the middle of MCSQ and authoritative duty, there are no noteworthy varieties amongst Frontline Hospital Employees in the private and open divisions. The scientists utilized a cross-sectional overview taking into account Bagozzi's reformulation of mentality hypothesis, cutting edge healing facility workers were gotten some information about how MCSQ affected on their administration recuperation execution in both people in general and private parts. The example size of the study was 281.

Research uncovered that specialists that are submitted (i.e. distinguish and include themselves) to their organizations perform to a higher standard (Meyer et al., 1989;

Mowday et al., 1979 refered to in Hom, 2000) and with higher saw service quality (Malhotra and Mukherjee, 2004).

Parker, Williams, & Turner, (2006); Parker, (2006) researched employment improvement's relationship to proactive work practices—those self-started "additional" commitments noted in numerous engagement definitions. Discoveries demonstrate that directors who give advanced work (occupations that are high in seriousness, assortment, self-sufficiency and colleague trust) animate duty and excitement in their representatives. Thusly, responsibility and excitement urge representatives to characterize their work parts extensively. Expansive meaning of employment parts then improves specialists' eagerness to take responsibility for that lie past their quick appointed undertakings. These difficulties move individuals to develop and to tackle issues proactively. Therefore, work improvement advances engagement in both recommended and intentional work exercises. Albeit to some degree preparatory, these studies shed important light on how your organization may plan work to motivate representative engagement and duty. "The Power of Job Enrichment" catches key lessons from this exploration.

As indicated by the Corporate Leadership Council (2004), dedication and engagement studies led by exploration firms crosswise over numerous organizations ordinarily offer ascent to experimentally grounded engagement models. Consider this illustration from the Corporate Leadership Council (CLC). In view of broad overviews of more than 50,000 representatives of 59 worldwide organizations speaking to 10 commercial ventures and 27 nations, the CLC model distinguishes 300 or more potential "levers of engagement" (particular head honcho rehearses that drive worker engagement). These levers by and large

impact representatives' objective and passionate duty to their occupations, groups, managers and organization, which thusly impacts workers' optional endeavors and expectations to stay with their head honchos. "Going the additional mile" and wanting to stay with an organization then prompt enhanced execution and maintenance, separately.

Lee, Carswell and Allen (2000) stated a positive relationship between occupational commitment (OCC) and job involvement, job satisfaction and creativity at work. Also they have discovered a positive relationship in the middle of OCC and worker execution. Campbell (1995) pointed out that a submitted workforce has a tendency to have higher execution quality models and are more inspired to accomplish these gauges than a less dedicated workforce. OCC could likewise expand execution by securing more applicable learning and abilities. By implication, OCC is connected with word related and hierarchical turnover expectations, which infers a focal part of state of mind towards the employment in regards to OCC (Lee, Carswell and Allen, 2000). Other than exploration seeing to representative duty as an indicator, this term is additionally alluded as an outcome of a few attributes. These attributes could fit in with somebody by and by, the occupation or the organization.

As indicated by Amin & Nasharuddin (2013), past exploration has recognized different variables that focus consumer loyalty in the doctor's facility industry and the distinctions in how buyers see administrations crosswise over nations and societies that can't be summed up. Case in point, Urden (2002) highlighted that patient fulfillment are an intellectual methodology, candidly influenced, and an understanding's subjective observation. Moreover, Crowe et al. (2002) pointed out that the interpersonal connections

between the patients and social insurance supplier is the most critical determinant of consumer loyalty (Gill and White, 2009).

Long haul client connections can be fabricated with a long haul submitted workforce (Boshoff & Allen, 2000). Hence, the authoritative responsibility of FLEs has a vital part to play in deciding the level of service quality conveyed to clients (Malhotra & Mukherjee, 2004). Two meta-investigations give confirmation of a noteworthy relationship between hierarchical responsibility and occupation execution (Jaramillo et al., 2005; Meyer et al., 2002). In their meta-investigations, Jaramillo et al. (2005) and Meyer et al. (2002) observed full of feeling hierarchical responsibility to be a critical indicator of employment execution with the recent study showing that this relationship is more grounded for FLEs included in limit spreading over than in noncustomer-contact

parts.

2.5.2 Relationship between service quality and customer satisfaction

Concerning relationship between consumer loyalty and service quality, Oliver (1993) initially opined that service quality would be forerunner to consumer loyalty regardless of whether these builds were total or exchange particular. A few specialists have discovered experimental sponsorships for the perspective of the point raised above (Anderson & Sullivan, 1993; Fornell et al 1996; Spreng & Macky 1996); where consumer loyalty came as a consequence of service quality.

As Wilson et al., (2008,) put it, connecting consumer loyalty to service quality; analysts are briefer about the importance and estimations of fulfillment and service quality. As indicated by him fulfillment and service quality have particular things in like manner, yet fulfillment for the most part is a more extensive idea, though benefit quality concentrates particularly

on measurements of administration. Among the few distinguished elements, for example, cost and item quality as determinant of consumer loyalty, saw service quality is said to be a chief part of consumer loyalty too. The relational word is in accordance with the conclusion of Wilson et al. (2008). It has been built up from past studies carried on service quality and consumer loyalty that Customer fulfillment and service quality are associated from their definitions to their organizations with different perspectives in business. Truth be told there is an accord among a few scientists that service quality decides consumer loyalty. Parasuraman et al., (1985) in their study, recommended that when seen service quality is high, then it will prompt increment in consumer loyalty.

Sivadas & Baker-Prewitt (2000) utilized a national arbitrary phone study of 542 customers to inspect the relationship between service quality, consumer loyalty, and store devotion inside of the retail chain setting. The scientists found among different results that service quality impacts relative state of mind and fulfillment with retail chains. They figured out that there exist a relationship between consumer loyalty and service quality.

Likewise Su et al., (2002) in their investigation of consumer loyalty and service quality, additionally figured out that; the two variables are firmly connected. They likewise recognized service quality as a more dynamic in light of the fact that it might be influenced by impression of worth or by the encounters of others that may not be so great, than consumer loyalty which mirrors the client's sentiments about numerous experiences and encounters with administration firm (Su et al., 2002).

Firmly identified with the prior studies is the discoveries of Wang & Hing-Po (2002), who went into points of interest to acquire client esteem in the investigation of the relationship

between consumer loyalty and service quality. Their study utilized SERVQUAL model as a part of measuring service quality in China's cellular telephone market, yet with alteration on the premise of center gathering talks and master suppositions to mirror the particular business characteristics and the uncommon society of China. They analysts laid accentuation on the investigation of the dynamic connections among service quality, client esteem, consumer loyalty and their impacts on future practices after the key drivers of client worth and consumer loyalty were distinguished. Their study blended the investigation of consumer loyalty and service quality with client esteem which added more weight to the linkage between consumer loyalty and service quality on the grounds that esteem is the thing that clients look in an offer.

Amin and Nasharuddin (2013) directed a study to explore healing facility service quality and its impact on patient fulfillment and behavioral expectation. An accommodation examining method was utilized as a part of this study. Out of 350 polls conveyed for the study, 216 were returned making the reaction rate 61.7%. The consequences of the study affirm that the five measurements – affirmation, therapeutic administration, general administration, release and social obligation are a different develops for healing center service quality. Every part has its own noteworthy relationship with clinic service quality. The discoveries of this study showed that the setting up progressed levels of healing center service quality would thus lead clients to have a huge ascent in levels of fulfillment and future behavioral expectation.

Zain, Setiawan and Rahayu (2013) als0oo led a related study. The motivation behind their paper was to conceptualize clinic service quality into its segment markers from the points

of view of patients. All the more particularly, their exploration expects to test and clarify experimentally the go between of relationship between patient fulfillment, trust, responsibility and dedication out in the open healing centers Southeast Sulawesi of Indonesia. The study utilized poll review ways to deal with acquire the impression of patients. The surveys were actually conveyed to the respondents and were gathered following one week. In the primary overview, 200 polls were dispersed to more seasoned patients admitted to the doctor's facility for no less than 6 days and at least an understanding's condition that is impractical, be supplanted by a relative why should capable give applicable data out in the open doctor's facility Southeast Sulawesi territory from which 165 were given back; the reaction rate was 82.5 percent. The substantial and useable surveys for information examination were 150 (90.90 percent from the returned questionnaires).The information were investigated utilizing basic mathematical statement demonstrating. The outcomes demonstrate that service quality has positive and noteworthy impacts on patient fulfillment, and patients trust and responsibility fundamentally influence persistent's dependability. On the other hand, the patient fulfillment has no noteworthy impact on quiet's dedication. Moreover, patient trust and responsibility is emphatically influenced by patient fulfillment. Further, this exploration can demonstrate an increment in patient fulfillment fit enhance tolerant steadfastness through the intervening part of patient trust and duty (complete intervention), yet quiet fulfillment did not intercede the relationship between administration qualities toward patient devotion. At last, abnormal state of patient responsibility turned out to be a fractional go between the relationships between trusts toward patient faithfulness.

Yousapronpaiboon and Johnson (2012) likewise directed a study to focus the

measurements utilized as a part of judging the doctor's facility administrations quality; to build up an apparatus for measuring saw service quality for healing facilities; to test the legitimacy and dependability of the new scale; lastly to utilize the consequences of the information gathered to recommend enhancing service quality. A cross-sectional field study was directed among 400 doctor's facility out-patients in Thailand. The scientists managed the SERVQUAL instrument with a specific end goal to survey the materialness of this service quality ascribes to the out-patient clinic setting in Thailand. The information gathered were utilized to survey the psychometric properties of the SERVQUAL instrument and to break down whether and to what degree the SERVQUAL measurements satisfactorily anticipated general service quality among Thailand healing facility out-patient respondents. The psychometric properties of the instrument were truly worthy and the subsequent five-element structure was reliable to and affirms prior estimation hypothesis. The estimation model as evaluated by the utilization of basic comparison demonstrating further demonstrated that the theorized model fit the observational information well. The outcomes show that SERVQUAL's five inert measurements had a critical impact on general service quality. Responsiveness had most impact; trailed by sympathy, tangibles, certification; lastly dependability.

AbdManaf (2010) additionally directed a study which objective's was giving a down to earth investigation on inpatient fulfillment in Malaysian open clinics. The study utilized a self-controlled survey containing things grounded on the accompanying variables. The cleanliness and security of the physical surroundings, fulfillment in wording the nourishment gave, the clamor level in the surroundings and the administration of guests to the wards, treatment and solution got, administrations of the specialists and attendants, and

the criticism given to patients of the degree of their circumstances. On the whole, 23 doctor's facilities crosswise over Malaysia tuned in the review. The researcher utilized group testing method as a part of selecting respondents from the different healing facilities, while accommodation inspecting was utilized as a part of overseeing the polls for the overview. The discoveries of the study uncovered that three elements of patient fulfillment were found. The components that were found by the study incorporates; clinical and physical extents of administration, and extra offices for patients and relatives. Inpatient fulfillment was observed to be higher for the clinical measurement than for the physical measurement. By and large, the study uncovered that inpatient delight was on the high as reflected by the high mean score of the variables; the scientists however communicated alerts in deciphering the discoveries, especially the low desires of patients.

A study by Severt et al, (2008) is likewise related the present point under scrutiny. The motivation behind this paper was to analyze the cordiality theory organization as for the medicinal services setting. This study made utilize an exploratory contextual analysis research technique. Firstly, a cordiality driven rationality was all around characterized by the analysts from the survey of related writing. This was then trailed by a triangulation of off the cuff visits, organized and routine visits where key witness meetings led to investigate further a friendliness driven rationality in one organization. After this, the Hospital Centric Programs (HCPr) supporting the HCP are all around characterized, known, marked and arranged. Their discoveries likewise found that a just as distinctive HCP viewed as a strategy for enhancing administration fineness was made accessible and strengthened by top administration. The healing center is intended to offer neighborliness to patients that are equivalent to the glow of administrations involvement with inn

accommodation settings. A branch of cordiality administrations, a quality administration board, a chief of administration magnificence, and an outer friendliness counseling board were set up and met consistently. In addition, numerous formalized accommodation driven projects were systematized for the execution of the HCP. The analysts trust adequately overseeing HCP could be upgraded through society of the organization to enhance the nature of administration rendered to the customers in clinics and in the friendliness business. For clinics, further improvements can be acknowledged through creating and executing accommodation driven objectives adjusted to the execution measurements past customary rivalry limits, for example, a doctor's facility trying to convey an administration experience keeping pace with an inn. For conventional friendliness administration suppliers, the compelling connection of a clinic where the significance of neighborliness is amplified because of treating and administering to wiped out visitors offers an alternate edge of reference for learning. This present day ideal model can prompt more enhanced, refined administration outline and conveyance. For both healing centers and friendliness organizations, putting set up a HCP with the proper hierarchical backing with the guide of accommodation driven projects serves to accumulate exact data and render enhances administration subsequently.

Arasli, Ekiz and Katircioglu (2006) additionally led a comparative study with the goal to create and look at a few determinants of service quality in both the general population and private healing facilities of Northern Cyprus. The scientists arbitrarily enrolled an example of 454 respondents, who were late recipients of doctor's facility administrations in Famagusta to react to a changed sort of the SERVQUAL instrument. The test/instrument is made administration desires and discernments questions. The study perceived six

noteworthy viewpoints as for the service quality as saw out in the open and private healing centers alike in northern Cyprus. The elements found by the study incorporate; compassion, organizing the inpatients needs, staff and patients connections, how professionally the staff act, sustenance and the physical environment. Exploration results uncovered that the different desires of inpatients have been met in neither people in general nor the private doctor's facilities.

A related study by Mostafa (2005) investigated customer's impression of nature of the administrations they get from Egyptian healing facilities. The paper likewise tried the SERVQUAL perspectives among healing facility patients in an alternate connection in particular, Arab a non-Western setting. This analyst utilized a cross-sectional poll overview. An example size of 332 patients from 12 Egyptian healing centers both private and open took an interest in the study. The outcomes distinguished a three-component solution for the SERVQUAL instrument with 67% of change clarified. This outcome on the other hand, is not in similarity of the five-segment conventional SERVQUAL. A discriminant capacity was evaluated for patients who chose open clinics and the individuals who chose private healing centers. The model was observed to be noteworthy in evaluating patients' inclination for a specific sort of hospital.

Lim and Tang (2000) likewise created paper with a push to analyze the desires and view of patients utilizing the customary SERVQUAL instrument. The examination of information gathered from 252 inspected patients demonstrated there exist service quality crevice between patients' desires and recognitions. They analysts in this way closed and prescribed

for refinements of all the six parts, which incorporates, unmistakable quality, unwavering quality, responsiveness, confirmation, compassion and openness and moderateness.

2.5.3 The mediating role of employee commitment on the relationship between service quality and customer satisfaction

A few literary works have demonstrated the causal relationship between worker responsibility and consumer loyalty (Rao, 2005), however Zeithmal and Bitner (2003) trust that representative duty achieves consumer loyalty through the interceding impact of service quality. The relationship between representative duty and service quality is grounded in the social value hypothesis by Adams (1963; 1965). This hypothesis uncovers that a progression of human collaborations create commitments that by and large can't be determined (Emerson, 1976; Cropanzano and Mitchell, 2005). This hypothesis puts stock in a give and take approach, where parties in a relationship respond advantages offered to one another, in an alternate, yet related way. Applying this hypothesis to the administrations division implies that a conferred representative as an aftereffect of good inspiration by his superintendent would respond the support through offering superb administrations to the clients, who will thus discharge a progression of advantages back to the firm. The conduct of administration workers has an effect on the clients' impression of service quality (Zeithmal & Bitner, 2003). These creators trusted that all the five measurements of saw service quality to be specific unwavering quality, responsiveness, certification, tangibles and sympathy are tied down on worker endeavors. Past examination has additionally proposed that dedicated representatives are more excited to and equipped for conveying larger amounts of service quality (Loveman, 1998; Silvestro and Cross, 2000 refered to in Yee et al, 2008). Also Hartline and Ferell (1996) refered to in Yee et al (2008) contended

that service quality is affected by occupation fulfillment of workers which makes them focused on their organizations. Service quality is additionally identified with consumer loyalty. Service quality is typically assessed by clients as far as its specialized and utilitarian measurements (Gronroos, 2003). Be that as it may, this is to some degree dangerous since a large portion of the clients don't have much specialized data about the administration keeping in mind the end goal to evaluate it, the utilitarian measurement consequently turns into the real premises from which clients structure impression of service quality.

2.6 Hypotheses

Based on the literature reviewed, the following hypotheses were developed

H1: There is a significant positive relationship between employee commitment and patient's satisfaction.

H2: There is a significant positive relationship between service quality and patient's satisfaction.

H3: Employee commitment mediates the relationship service quality and patient's satisfaction.

2.7 Conceptual Framework

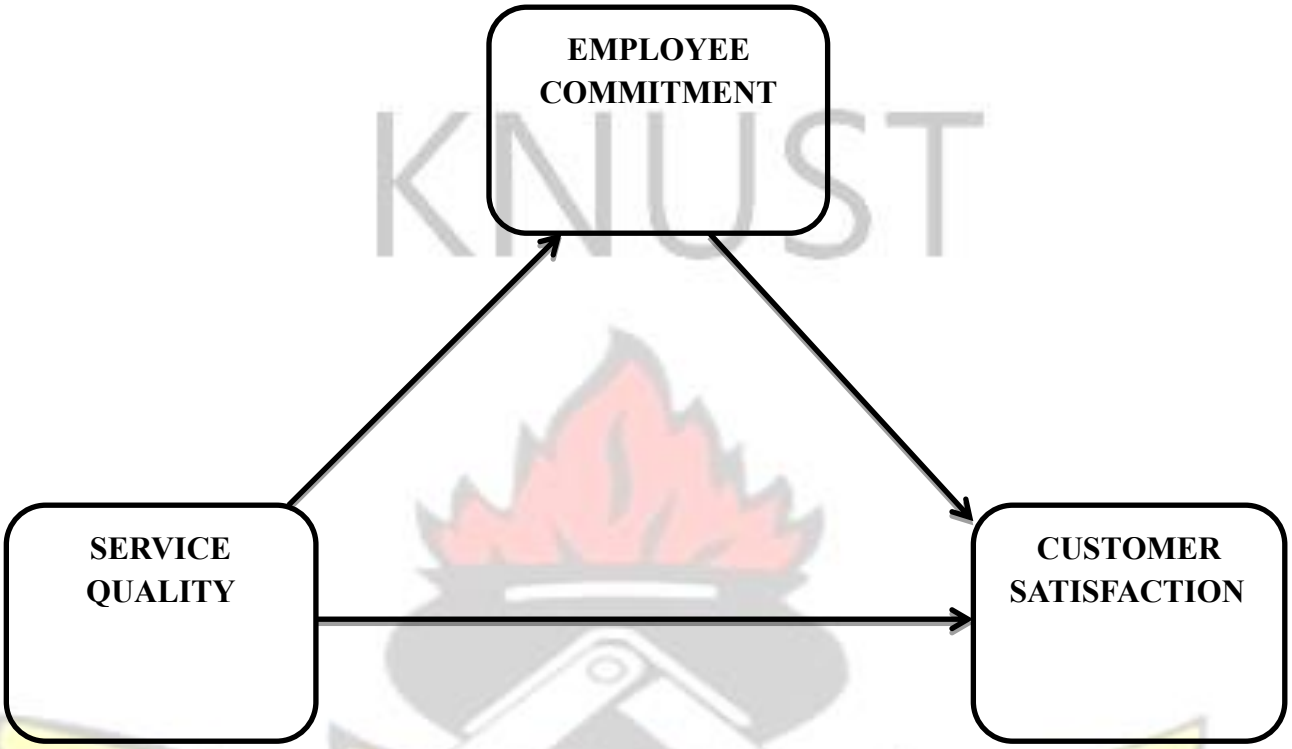


Figure 2.1: Conceptual Framework for the Study

Based on literature reviewed, the researcher came up with a conceptual framework as depicted in figure 2.1. In this conceptual framework, the study predicts a positive relationship between service quality which serves as the predictor/independent variable and customer satisfaction which also serves as the dependent or outcome variable.

Moreover, the framework also predicts that the relationship between service quality and customer satisfaction could be explained by a mediating variable which is employee commitment. Thus the commitment of health professionals has the tendency to explain the relationship between service quality received by patients and the satisfaction of patients with health services at hospitals in Ghana

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter is a detailed description of the research paradigm and the design adopted for the study. The chapter further presents a discussion on the population, sample and sampling techniques, instrument and statistical procedures used for the data analysis. It also elaborates on issues of ethical considerations and data collection method and presents an overview of the framework within which the study was carried out.

3.1 Research Paradigm and Design

Kothari (2004) characterizes research procedure as the efficient system comprising of articulating the issue, defining a theory, gathering data and coming to specific conclusions either as arrangements towards the concerned issue or in certain speculation for some hypothetical plan. As per Wahyuni (2012) examination approach likewise alludes to the structure used to direct an exploration, inside of the setting of a specific ideal model (arrangement of philosophical presumptions). A strategy is in this way formed by the viewpoints the scientist decides to approach a study.

The study used a quantitative, correlational exploration approach as the study plan. Quantitative examination is in light of the post-positivist theory of how learning is created (Creswell, 2009; Phillips &Burbules, 2000). This, post-positive standard (Lincoln &Guba, 1990) includes an arrangement of inspirations that immediate activities (Guba, 1990, p.17) in which the specialist basically uses to create information that is (a) circumstances and end results considering (b) in light of watchful examination and estimation of the target reality that existed in the functional settings and (c) diminished them into particular and testable relational words and exploration inquiries, utilization of estimations and perception, and the test of hypotheses (Creswell, 2009).

As indicated by Leedy and Ormrod (2010), a correlational study looks at the degree to which contrasts in one trademark or variable are identified with contrasts in one or more different attributes or variables (p.183). Leedy and Ormrod further placed that analysts in correlational studies accumulate information around two or more attributes in a characteristic setting for particular estimation of the qualities being referred to. In this way,

correlational examination configuration is fitting when specialists are occupied with measuring numerous variables and evaluating the relationship between them without fundamentally deciding circumstances and end results (Bluman, 2012; Cozby& Bates, 2012; Jackson, 2008). This sort of outline (Bluman, 2012) can be utilized to focus the size and heading of the relationship between two or more quantifiable variables.

Correlational designs (Creswell, 2005, 2009), utilize correlational information, outlined with the targets of (a)measuring or foreseeing the relationship between two or more variables, (b) mulling over a solitary gathering of people (instead of two or more as in an examination), and (c) are utilized when it is difficult to direct controlled investigations. It is along these lines fitting that this present study utilized a correlational methodology since this study looks to build up the relationship between employee responsibility, service quality and consumer loyalty.

3.3 Population

In the expressions of Walliman (2011), research population refers to the generic term used to portray the aggregate amount of cases, which are significant subjects to the study. Neuman (2007) is additionally of the supposition that population alludes to the name for extensive general gathering of numerous cases from which an analyst draws a sample and which is typically expressed in hypothetical terms. The population for this study comprised of patients and medicinal staff of hospitals in the Brong-Ahafo, Ashanti and the Greater Accra Regions of Ghana. Table 3.1 below provides details of the accessible population on the part of patients and health personnel (doctors and nurses) from which the sample was chosen from.

Table 3.1: Accessible population for patients and health professionals (doctors and nurses)

Region	Number of Hospitals	Accessible Population (Patients)	Accessible Population (Doctors and Nurses)
Brong-Ahafo	4	325	208
Greater Accra	2	117	175
Ashanti	2	165	149
Total	**8**	**607**	**532**

Grand Total (Accessible Population) 607 + 532 = 1,139

3.4 Sample and Sampling Technique

Out of a total of population of 607 patients, a total sample of 373 was chosen from hospitals in the Brong-Ahafo, Ashanti and Greater Accra Regions. With regards to doctors and nurses, out of a total of population of 532, a sample of 327 was attained. Therefore the total sample size for the study was 700 respondents. The choice of respondents (both patients and health professionals) was based on the convenience sampling technique. This is because, only respondents who were available and willing to participate in the study at the time of data collection were included in the study. Table 3.2 below provides details of the sample drawn from hospitals from each of the regions.

Table 3.2: Sample Sizes obtained from the accessible populations

Region	Number of Hospitals	Accessible Population (Patients)	Sample Size (Patients)	Accessible Population (Doctors and Nurses)	Sample Size (Doctors and Nurses)
Brong-Ahafo	4	325	198	208	179
Greater Accra	2	117	69	175	57
Ashanti	2	165	106	149	91
Total	**8**	**607**	**373**	**532**	**327**

Grand Total (Sample Size) 373 + 327 = 700

3.4 Sample and Sampling Technique

The researcher used a sample a total of 700 participants comprising of 373 patients and 327 medical staff drawn from the four hospitals. Thus with regards to the patients, a total of 280 patients were drawn from each of the two public hospitals which participated in the study while the private and mission hospitals contributed 57 and 36 participants respectively. On the other hand, with regards to the medical staff, a total of 327 respondents were drawn to form their sample size. The patients and medical staff from the hospitals were selected using the convenience sampling technique. This is because, in a hospital setting, the researcher can only have access to respondents based on their availability as well as willingness to participate in the study.

3.5 Data Collection Instrument

As indicated by numerous analysts, in the utilization of study technique, the principle instruments utilized are self-administered questionnaire, directed organized/unstructured meetings and polls or a blend of both (Malhotra & Birks, 2007; Saunders et al., 2009). They scientists further expressed that, by and large, a survey can be utilized for enlightening or illustrative study, and must have a decent design, unambiguous inquiries, complete things, non-hostile however significant things, legitimate game plans of things, and the capacity to evoke readiness to reply by respondents. In such manner, the study utilized a self-regulated, organized poll in gathering the information from respondents.

Hierarchical responsibility should be measured utilizing (Meyer & Allen, 1997) Three Component Model (TCM), Organizational Commitment Survey (OCS). The adjusted OCS was 18-thing, 3-aspect scale outline to evaluate worker responsibility to an organization.

Every aspect was evaluated with six things on a 7-point scale running from 1 emphatically differ to 7 firmly concur. The three features are emotional, standardizing and continuation responsibility (Meyer & Allen, 1997).

The service quality and consumer loyalty then again will be measured utilizing the SERVQUAL survey created by Parasuraman et al. (1985). A changed of the SERVQUAL was embraced from (Puay Cheng Lim Nelson K.H. Tang, 2000). A 5-point Likert scale was utilized for the scoring framework with 1 speaking to minimum vital/exceptionally poor and 5 speaking to most critical/great.

3.6 Sources of Data

Two principle wellsprings of information gathering in exploration have been distinguished, these include: essential and optional information sources. As per Malhotra and Birks (2007), "Essential information is information begun by the analyst for the particular reason for tending to the examination issue." It is the thing that the scientist initially gathers from the example or target populace. Hair et al (2006) likewise alluded to essential information as a unique information source where information is gathered direct by the specialist for a specific reason. "Auxiliary information is information gathered for some reason other than the current issue (Malhotra & Birks, 2007). Auxiliary information sources contain information that have as of now been accumulated and gathered for alternate purposes than the ebb and flow research issue information (Saunders et al., 2009; Yin 1994; Hair et al., 2006).

The study made use of both primary and secondary data sources in order to answer the research questions stated. The primary data used are those responses of patients obtained

with the help a questionnaire survey. Secondary data for this study are collected from the web sources as well as published online articles in refereed journals, books and periodicals.

3.7 Ethical Consideration

Ethics in research refers to the norms of conduct that distinguish between acceptable and unacceptable behaviour (David &Resnik, 2011).

First, a letter of introduction was obtained from the school to introduce the researcher to the Ghana Health Service (GHS) for permission to carry out the research within the various hospitals. Informed consent information is attached to each questionnaire explaining the purpose and nature of the study as well as asking their permission to respond to the questionnaire for this study. Respondents are also assured of anonymity and confidentiality of their responses. All documents such as professional and academic articles and other published papers collected are duly acknowledged in the reference list.

Similarly, participants were voluntarily allowed to participate in the survey without any coercion.

3.8. Data Analysis

This section discusses the descriptive and inferential statistical methods that were used to analyse the data gathered for the study. The survey data collected will be analysed using the Statistical Product and Service Solutions Software (SPSS) version 20. The demographic characteristics of respondents will be examined using descriptive statistics such as frequency, percentage, mean and standard deviation. However, the first two hypotheses which seek for the relationships among the variables will be tested using the simple regression analysis. However, the third hypothesis which seeks to explain the mediating

effect of employee commitment on service quality and customer satisfaction shall be tested using the hierarchical multiple regression.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF RESULTS

4.0 Introduction

This section of the study dealt with the analysis of data and presentation of results. In all 700 respondents comprising of 373 patients and 327 health professionals from three regions in Ghana participated in the study. The subsequent sections of the data analysis comprises of demographic analysis and the testing of hypotheses.

4.1 Demographic Analysis of Data

In this section of the analysis, the demographic data of both patients and health professionals are duly analyzed using descriptive statistics which include the use of frequencies and percentages. Demographic variables such as gender, type of hospital, tenure, region etc are being analyzed

Table 1: Analysis of Demographic Data of Patients

Type of Hospital	**Frequency**	**Percentage (%)**
Public	280	75.1
Private	57	15.3
Missions	36	9.7
Total	373	100
Region	**Frequency**	**Percentage (%)**
Brong-Ahafo	188	50.4
Greater Accra	149	39.9
Ashanti	36	9.7
Total	373	100
Type of Patient	Frequency	**Percentage (%)**
In-Patient	152	40.8
Out-Patient Total	221	49.2
	373	100
Gender of Respondents	**Frequency**	**Percentage (%)**
Male	185	49.6
Female	188	50.4
Total	373	100
Age of Respondents	**Frequency**	**Percentage (%)**
Less than 20 years	39	10.5
20-30 years	169	45.3
30-40 years	77	20.6
40-50 years	34	9.1
Above 50 years	54	14.5
Total	100	100
How long patients have patronized services of hospital	**Frequency**	**Percentage (%)**

Less than 2 years	136	36.5
2-5 years	109	29.2
5-10 years	36	9.7
More than 10 years	92	24.7
Total	373	100
Level of Compliance	**Frequency**	**Percentage (%)**
Highly Compliant	300	80.4
Compliant	18	4.8
Somehow Compliant	55	14.7
Total	373	100

Source: Field Data, 2015

According to table 1, majority of patients who participated in the study normally patronized public hospitals in Ghana as they were represented by 75.1%. On the other hand, 15.3% of patients who participated in the study normally patronized the services of private hospitals while 9.7% of patients normally patronized the services of mission hospitals in Ghana. According to the results, majority of patients who participated in the study were situated at the Brong-Ahafo region at the time of data collection. However, 39.9% of the respondents were situated at the Greater Accra region at the time of data collection while 9.7% of the respondents were situated at the Ashanti region at the tie of data collection.

Findings of the study further shows that majority of the patients who took part in this study were out-patients as they constituted 49.2%. On the other hand, in-patients who formed the minority constituted 40.8%.From the findings of the study, it could be deduced that the study was slightly dominated by females who were represented by

50.4%. On the other hand, males constituted 49.6%.

According to 1, majority of the patients were between the ages of 20-30 years (45.3%). 20.6% of the patients were between the ages of 30-40 years while 14.5% were above 50 years. Also, 10.5% of patients were less than 20 years while 9.1% were between the ages of 40-50 years.

Moreover, majority of the respondents had patronized the services of their respective hospitals for less than 2 years. 29.2% of respondents had patronized the services of their respective hospitals for a period of 2-5 years. 24.7% of respondents had patronized the services of their respective hospitals for more than 10 years while 9.7% of respondents had patronized the services of their respective hospitals for a period of 5-10 years.

From table 1, majority of the patients (80.4%) attested that they were highly compliant or obedient to the instructions of nurses and doctors whenever they were receiving treatment. On the other hand, 14.7% of the respondents asserted that they were somehow compliant to instructions from doctors and nurses whenever they were receiving treatment at the hospital while 4.8% claimed that they were compliant to instructions from nurses and doctors whenever they received treatment at the hospital.

Table 2: Analysis of Demographic Data for Health Personnel

Type of Hospital	**Frequency**	**Percentage (%)**
Public	240	73.4
Private	70	21.4
Missions	17	5.2
Total	327	100
Region	**Frequency**	**Percentage (%)**

Brong-Ahafo	209	63.9
Ashanti	18	5.5
Greater Accra	100	30.6
Total	327	100
Gender	**Frequency**	**Percentage (%)**
Male	261	79.8
Female	66	20.2
Total	327	100
Tenure	**Frequency**	**Percentage (%)**
Under 5 years	175	53.5
5-10 years	62	17.0
10-15 years	90	27.5
Total	327	100

Source: Field Data, 2015

According to table 2, majority of health professionals who participated in the study (73.4%) operated in public hospitals. On the other hand, 21.4% of the health professionals operated from private hospitals while 5.2% of the health professionals operated in mission hospitals.

Also, table 2 shows that majority of health professional who participated in the study were from the Brong-Ahafo Region (63.9%). On the other hand, 30.6% of the respondents were from the Greater Accra Region while 5.5% of the respondents were from the Ashanti region.

From the same table, it could be deduced that majority of health professionals who participated in the study were males as they constituted 79.8% whiles females who constituted the minority were made up of 20.2%.

From the table, majority of the health professionals who participated in the study have been in the health service for less than 5 years. However, 27.5% of the health professionals have been in the health service for a period of 10-15 years while 17.0% of the respondents have been in the health service for a period of 5-10 years.

4.2 ASSESSMENT OF PERCEPTION OF DOCTORS ABOUT SERVICE QUALITY

Table 3: Doctors Perception about service quality

Service Quality Dimensions	N	Minimum	Maximum	Mean	Std. Deviation
Reliability	122	2.00	5.00	4.0255	.69487
Assurance	122	2.00	4.75	4.0417	.57236
Tangibles	122	1.67	4.67	3.5739	.71243
Empathy	122	2.00	4.80	3.6911	.65299
Responsiveness	122	2.33	5.00	3.9409	.81015
Doctor's Commitment	122	2.00	4.86	3.4595	.86582
Patients' Satisfaction	122	1.00	5.00	4.2546	.88717

	3			4	

This table assesses the perceptions of doctors on service quality measured across five dimensions namely reliability, assurance, tangibles, empathy and responsiveness. With a minimum value of 2 and a maximum value of 4.75, service quality is firstly perceived more in terms of assurance by doctors because it had the highest mean score of 4.042 with its related standard deviation of 0.69487. Secondly, doctors do perceive service quality more in terms of reliability (Minimum=2.00, Maximum=5.00, Mean=4.025, S.D=0.57236). Thirdly, doctors who participated in the study do perceive service quality in terms of its responsiveness (Minimum=2.33, Maximum=5.00, Mean=3.940, S.D=0.81015). Fourthly, service quality is perceived by doctors in terms of its empathy (Minimum=2.00, Maximum=4.80, Mean=3.691, S.D=0.65299). Lastly, service quality is perceived by doctors in terms of its tangibility (Minimum=1.67, Maximum=4.67, Mean=3.573, S.D=.71243)

4.3: PATIENTS' ASSESSMENT OF SERVICE QUALITY PROVIDED BY DOCTORS

Table 4: Patients' Assessment of Service Quality Provided by Doctors

	N	Minimum	Maximum	Mean	Std. Deviation
Reliability	373	1.25	4.50	3.2272	.78126
Assurance Tangibles	373	1.33	4.00	2.7408	.62946
	373	1.40	4.20	2.7962	.83052
Empathy	373	1.00	5.00	3.9496	.89505

Responsiveness	373	1.75	3.75	2.8874	.53291

Table 5: Patients Expectations of Service Quality as Provided by Doctors

	N	Minimum	Maximum	Mean	Std. Deviation
Reliability	373	3.25	5.00	4.7775	.35367
Assurance	373	4.00	5.00	4.9088	.25480
Tangibles	373	3.17	5.00	4.6962	.53466
Empathy	373	3.40	5.00	4.5158	.36938
Responsiveness	373	2.75	5.00	3.9202	.71994

Table 4 assesses the service quality provided by doctors to patients. According to the table, the first most dominant form of service quality provided by doctors is empathy doctors do provide service quality by showing empathy to patients (Mean=3.949, S.D=.89505, Minimum=1.00, Maximum=5.00). The second most prominent form of service quality provided by doctors to patients is their reliability (Mean=3.227, S.D=.78126, Minimum=1.25, Maximum=4.50).According to the table, the third most prominent form of service quality provided by doctors to patients is their responsiveness (Mean=2.887, S.D=.5329, Minimum=1.75, Maximum=3.75). The fourth most prominent form of service quality provided by doctors is their tangibility (Mean=2.786, S.D=.83052, Minimum=1.40, Maximum=4.20). However the least form service quality provided by doctors to patients is assurance (Mean=2.7408, S.D=.62946, Minimum=1.33, Maximum=4.00)

Table 5 assesses the expectations of patients about the kind of service quality that they expect doctors to provide. From table 5, it is deduced that, patients expect doctors to provide service quality mostly in terms of assurance (Mean=4.9088, S.D=.25480, minimum=4.00, Maximum=5.00). The second dimension of service quality expected by patients from doctors is their reliability (Mean=4.7775, S.D=.35367, Minimum=3.25, Maximum=.5.00). The third dimension of service quality that patients expect doctors to provide is tangibles (Mean=4.692, S.D=.53466, Minimum=3.17, Maximum=5.00).

The fourth dimension of service quality that patients expect doctors to provide is empathy (Mean=4.5158, S.D=.36938, Minimum=3.40, Maximum=5.00). The fifth and least form of service quality that patients expect doctors to provide is responsiveness (Mean=.39202, S.D=.71994, Minimum=.2.75, Maximum=5.00).

Additionally, it could be deduced that, the satisfaction of patients outweighs the commitment of doctors. This is because, per their mean values, it is clear that the mean value for patients' satisfaction which is 4.2544 is greater than that of doctor's commitment which is 3.4956. This gives the indication that, patients are much more satisfied with the services they receive from the hospitals more than the level at which doctors are committed to their job at the hospitals.

4.4 THE RELATIONSHIP BETWEEN EMPLOYEE COMMITMENT AND PATIENTS' SATISFACTION.

H1: There is a significant positive relationship between employee commitment and customer satisfaction.

Table 6. Summary of Pearson Moment Correlation Co-efficient for the relationship between Employee commitment and Patients' Satisfaction.

Variables	r-value	p-value
Employee Commitment Patients' Satisfaction	0.92	0.000

Source: Field Data, 2015

From table 6, it could be deduced that there is a significant negative relationship between employee commitment and customer satisfaction (r=0.92, p=0.000). This is because the rvalue which depicts a positive sign shows the direction of the relationship between the variables as postive. This gives the indication that health professionals from hospitals in Ghana are committed to their work in their various workplaces, patients are satisfied with the kind of healthcare that they receive. The finding is significant at the 0.05 level of significance because its related p-value (0.000) is less than 0.05. Thus, the hypothesis was supported because the researcher proposed a positive relationship to exist between employee commitment and customer satisfaction.

4.5 THE RELATIONSHIP BETWEEN DOCTOR'S PERCEPTION OF SERVICE QUALITY AND PATIENTS' SATISFACTION WITH DOCTORS.

Table 7: Summary of Pearson Moment Correlation Co-efficient for the relationship between doctor's perception of service quality and patients' satisfaction with doctors.

Variables	r-value	p-value
Doctor's Perception of Service Quality Patient's Satisfaction with Doctors	.707	.000

The table above shows that there is a strong significant positive relationship between doctor's perception about service quality and patients' satisfaction with doctors. This means that the more doctors have good perceptions about service quality in terms of reliability, assurance responsiveness, empathy and tangibility, the better employees get satisfied with services provided by doctors. Thus a good perception about service quality on the part of doctors makes them to give off their best which brings about patient satisfaction.

Table 8. Correlation matrix for the relationship between Service quality and Overall Patients' Satisfaction

		1	2	3	4	5	6
Res.							
Emp.	1 Res.	1.00					
Tan.							
Ass.	2 Emp.	.358**	1.00				
Rel.							
OS.	3 Tan.	.425**	.398**	1.00			
	4 Ass.	.381**	.539**	.396	**	1.00	
	5 Rel.	.249**	.418**	.338**	.420**	1.00	
	6 OS	-.07	.03	-.02	-.07		-.08
	1.00						

.

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

OS=Overall Satisfaction, Rel=Reliability, Ass=Assurance, Tan=Tangibles, Emp=Empathy, Res=Responsiveness, Sig=Significant Level.

The correlation matrix above shows an insignificant negative relationship between overall customer satisfaction and doctors perception of service quality in terms of reliability (r=-.08, p=.13). There is also an insignificant negative relationship between overall service quality and doctors' perception of service quality in terms of assurance (r=-.07, p=.18). The results also showed an insignificant negative relationship between overall service quality and doctors' perception of service quality in terms of tangibles (r=-.02, p=.76). From the table, there is also an insignificant positive relationship between overall satisfaction and doctor's perception of service quality in terms of empathy (r=.03, p=.54). There is an insignificant negative relationship between overall satisfaction and doctors' perception of service quality in terms of responsiveness (r=-.07, p=.21).

The table further showed significant positive relationships existing among the dimensions of service quality as perceived by doctors.

4.6: THE MEDIATING ROLE OF EMPLOYEE COMMITMENT ON THE RELATIONSHIP BETWEEN SERVICE QUALITY AND CUSTOMER SATISFACTION

H3: Employee commitment mediates the relationship between service quality and customer satisfaction.

This hypothesis was tested following the mediating analysis procedure proposed by Baron and Kenny (1986). According to the authors, in order to determine the mediating role of a

variable on the relationship between a dependent (outcome) and an independent variable, four steps needs to be followed.

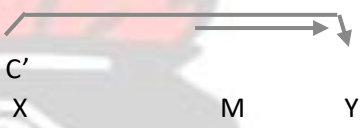
Firstly, there is the need to conduct a simple regression analysis to find out whether a significant relationship exists between the Independent variable (X) and the dependent variable (Y). The second step is to conduct another linear regression analysis to determine the significant relationship existing between the independent variable and the mediating variable (M). The third step is to conduct a simple linear regression to ascertain whether a significant relationship exists between the mediating variable (M) and the dependent variable (Y). At the fourth stage, it is required to conduct a standard multiple regression where the Independent Variable (X) and the Mediating Variable (M) are regressed against the Dependent Variable (Y).In the step four model some form of mediation is supported if the effect of M (path b) remains significant after controlling for X. If X is no longer significant when M is controlled, the finding supports full mediation.

If X is still significant (that is both X and M both significantly predict Y), the finding supports partial mediation

The four stage process showing the mediating effect of employee commitment on service quality and customer satisfaction is presented below in table 9

Table 9: Four stage process showing the mediating effect of employee commitment on service quality and customer satisfaction

	Analysis	Visual Depiction	B - value	p- value
Step 1	Conduct a simple regression analysis with X predicting Y to test for path c alone. $Y = B_0 + B_1X + e$	c X → Y	0.92	0.000

Step 2	Conduct a simple regression analysis with X predicting M to test for path a. $M= B_0 + B_1X + e$		0.864	0.000
Step 3	Conduct a simple regression analysis with M predicting Y to test the significance of path b alone $Y= B_0 + B_1M + e$		0.918	0.000
Step 4	Conduct a multiple regression analysis with X and M predicting Y. Y, $Y= B_0 + B_1X + B_2M + e$		.497 (M) .488 (X)	0.000 0.000

According to the analysis, in step 1, it is deduced that there is a significant positive relationship between service quality (X) and customer satisfaction (Y) (β=.92, pvalue=.000). The Beta value of .92 shows the direction of relationship between service quality and customer satisfaction was a positive. However, the p-value (0.000) depicts the significance of the relationship since it was less than 0.05. This result shows that at Path c, there is a significant positive relationship between service quality (X) and customer satisfaction Y).

At step 2, results from the simple regression analysis shows a significant positive relationship between service quality (X) and employee commitment (M) (β=.864, pvalue=.000). The Beta value of 0.864 indicates a positive relationship existing between service quality and employee commitment. Thus as service quality increases, employee

commitment increases and vice versa. The p-value of 0.000 shows the significance of the relationship existing between X (service quality) and M (employee commitment). Therefore at path a, there is a significant positive relationship between service quality and employee commitment.

At step 3, the results from the simple regression analysis showed a significant positive relationship between employee commitment (M) and customer satisfaction (Y) (β=.918, p-value=.000). The beta value (0.918) depicts the positive relationship existing between employee commitment and customer satisfaction. This means that as employee commitment increases, customer satisfaction increases and vice versa. The pvalue (0.000) shows the significance of the relationship existing between the two variables since the value is less than 0.05. Therefore at path b, it is being concluded a significant positive relationship exists between employee commitment (M) and customer satisfaction (Y).

At step 4, a hierarchical multiple regression was conducted where the independent variable (X-service quality) and the mediating variable (M-employee commitment) were regressed against the dependent variable (Y-customer satisfaction). The results from the regression shows a significant positive relationship between service quality (X) and customer satisfaction (Y) (β=.488, p-value=.000). Further, the result also depicts a significant positive relationship between employee commitment (M) and customer satisfaction (Y) (β=.497, p-value=.000). From step one model the β=0.92 for the direct path c, whilst at step four model the β=0.488 for the indirect path. Therefore the indirect coefficient is 0.432. According to Baron and Kenny (1986), a partial mediation exists

when at the fourth stage; the mediating and independent variable significantly predict the dependent variable. According to the authors, both the relationship existing between the mediator and dependent variable should be positive. Moreover, a positive relationship must also exist between the independent variable and the dependent variable. Based on this premise, it could be justified that employee commitment partially mediated the relationship between service quality and customer satisfaction. Therefore, there are other variables that also impact on the relationship between service quality and customer satisfaction. According to Weiner, S.P (2001), employees who are attached to their job derive satisfaction from the job and can lead to customer satisfaction. Again Ram et al (2011) also indicated that investing heavily in training employees can result is improved service quality that can lead to customer satisfaction

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This section of the study dealt with the summary of findings derived from the study, conclusion of the study and also recommendations for the study.

5.1 Summary of Findings

The study sought to ascertain the mediating role of employee commitment on the relationship between service quality and customer satisfaction.

5.1.1Summary on Demographic Data

In all seven hundred (700) respondents comprising of three hundred and seventy three patients (373) and three hundred and twenty seven (327) health professionals participated in the study.

According to the findings of the study, majority of patients who participated in the study were from Public Hospitals in the Brong Ahafo Region of Ghana. Further, most of the patients were out-patients who were between the ages of 20-30 years. However, most of the patients were highly compliant to instructions given to them by nurses and doctors as they received health care.

With regards to health professionals, the study found that majority of them practiced their profession in public hospitals. Also, most of the health professionals who participated in the study were stationed in the Brong-Ahafo Region and had been in the health profession for less than five years.

5.1.2: Relationship between Employee Commitment and Patients' Satisfaction

According to the findings of the study, there was a significant positive relationship between employee commitment and customer satisfaction. This means that, the level of commitment exhibited by health professionals in the performance of their various functions in hospitals is seen as satisfactory by patients. The hypothesis proposed by the study was therefore supported because it hypothesized a positive relationship between employee commitment and customer satisfaction.

5.1.3 Relationship between Service Quality and Patients' Satisfaction

Hypothesis 2 which proposed for a significant positive relationship between doctor's perception of service quality and patients' satisfaction with doctors was supported. This gives the indication that as doctors have good perceptions about service quality, the better patients receive good health care which gives them optimum satisfaction.

5.1.3 Mediating role of Employee Commitment in the relationship between Service Quality and Patients' Satisfaction

Finally, the study supported the hypothesis that, employee commitment will mediate the relationship between service quality and patients' satisfaction. This gives the indication that employee commitment does explain to some extent the kind of relationship existing between service quality and patients' satisfaction. Employee commitment partially mediated the relationship between service quality and customer satisfaction. Therefore other variables also impact on the relationship between service quality and patient satisfaction. This is to say that for patients of hospitals to become satisfied with the quality of services in terms of reliability, responsiveness, tangibility, assurance and empathy, the commitment level of health professional has a role to play though not entirely

5.2 Conclusion

This study explored the mediating role of employee commitment on service quality and customer satisfaction. In reference to the findings derived from the study, the researcher concludes that for patients to really experience service quality and hence become satisfied with services of hospitals in Ghana, the commitment of health professionals (doctors and

nurses) has a significant role to play. In this regard, there is the need for appropriate measures to be put in place by the Ministry of Health and the Ghana Health Service to ensure that, the conditions of service of health professionals in the country are well improved in order to enhance their level of commitment at the workplace.

5.3 Recommendations

Based on the findings of the study, the researcher recommends the following:

The researcher recommends that, in order to improve the service quality among hospitals in Ghana, there is the need for the Government and other stakeholders in the health industry such as the Ministry of Health and Ghana Health Service to ensure that hospitals in Ghana are provided with ultra-modern equipment and relevant medical logistics in order to enhance the level of efficiency of health professionals in the course of their work.

Lastly, the researcher recommends that, doctors, nurses and other health professionals in hospitals across the country should be provided with proper conditions of service especially in terms of remunerations in order to motivate them to give off their best and hence become more committed to their work.

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APPENDIX

SURVEY GUIDE (NURSES)

As part of measures toward improving health care service delivery in Ghana, this study seeks to examine patients' expectation and perception about the quality of health care services provided by hospitals in Ghana. This questionnaire requires respondents to answer questions relating to staff motivation and commitment and their effect on patients' satisfaction and service quality levels. Respondents are assured that all information given shall be treated as highly confidential.

Kindly select by ticking [√] the box or column that best describes your opinion; also fill in the spaces provided where applicable.

PART A: DEMOGRAPHICS

1. Which of the following hospitals do you work with? [ ]Public, [ ] Private, [ ]Missions
2. Name of hospital and District located

   ……
3. Region [ ] Volta, [ ] Eastern, [ ]Greater Accra, [ ] Central, [ ]Western

   [ ] Ashanti, [ ] BrongAhafo, [ ]Northern, [ ]Upper East, [ ]Upper West
4. Gender [ ] Male, [ ]Female
5. How long have you worked with the hospital?

   [ ] under 5 years, [ ] 5-10yrs, [ ] 10-15yrs, [ ]15-20yrs, [ ] more than 20yrs

PART B: STAFF ASSESSMENT OF PATIENTS' EXPECTATION ABOUT SERVICE QUALITY

This section requires respondent to use a 5point Likert scale in indicating what they think patients' expectation and overall perception are about service quality.

i. EXPECTATION: What do you think patients expect about quality health service?

EXPECTATION ***1= Not all important,, 2=Not important, 3=Neutral, 4=Important*** ***5=Very important***	**EXPECTATIONS** *How important do you think these items are to patients?*				
RELIABILITY	**1**	**2**	**3**	**4**	**5**

1.	Nurses and health assistants should ensure patients take their medication as prescribed					
2.	Nurses should be dependable when handling patients problems					
3.	Nurses should be people I can trust with patient's confidentiality					
4.	Nurses should ensure patients do not spend too much time waiting in queues and where there are delays explanations should be given					
ASSURANCE		**1**	**2**	**3**	**4**	**5**
5.	Nurses should be courteous and friendly to patients					
6.	Nurses should be able to inspire trust and confidence in patients					
7.	Nurses must ensure medications are taken on time and that no mistakes are made with dosage					
8.	Nurses should create a friendly atmosphere for patients to feel safe and relaxed					
TANGIBLES		**1**	**2**	**3**	**4**	**5**
9.	Nurses should be well dressed at all times					
10.	The hospital must have modern medical equipment					
11.	The hospital must have visually attractive and comfortable					
	physical facility (i.e chairs, beds, table).					
12.	There should be appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
13.	There should be directional signs to help patients with easy navigation					
14.	The hospital structures should be disability friendly					
Empathy		**1**	**2**	**3**	**4**	**5**
15.	Nurses should be patient when dealing with patients					
16.	Nurses should be willing to respond to patients' complaints					
17.	Nurses should take time to listen to patients					

18.	Nurses should remember names and faces of patients if necessary					
19.	Nurses should ensure patients feel good emotionally and psychologically					
Responsiveness		**1**	**2**	**3**	**4**	**5**
20.	Nurses should always be ready to receive patients					
21.	Nurses should be willing to help patients even during odd hours					
22.	Nurses should have patients' interest at heart					
23.	Nurses should be concerned with patients' quick recovery					

PART C: ASSESSMENT OF PATIENTS' PERCEPTION ABOUT SERVICE QUALITY

This section requires respondent to use a 5point Likert scale in indicating what they think patients' overall perception are about the hospital's services.

ii. PERCEPTION: What do you think patients PERCEIVE the hospital's services to be?

PERCEPTION	**PERCEPTION**

1= Not all satisfactory , 2=Not satisfactory, 3=Neutral, 4= Satisfactory , 5=Very satisfactory		*To what extent do you think patients are satisfied with these items*				
RELIABILITY		**1**	**2**	**3**	**4**	**5**
1.	Nurses and health assistants ensure patients take their medication as prescribed					
2.	Nurses are dependable when handling patients problems					
3.	Keeping patient's confidentiality					
4.	Ensuring patients do not spend too much time waiting in queues and where there are delays explanations are given					
ASSURANCE		**1**	**2**	**3**	**4**	**5**
5.	Being courteous and friendly to patients					
6.	Inspiring trust and confidence in patients					
7.	Ensuring medications are taken on time and that no mistakes are made with dosage					
8.	Creating a friendly atmosphere for patients to feel safe and relaxed					
TANGIBLES		**1**	**2**	**3**	**4**	**5**
9.	Dressing and appearance of nurses					
10.	Availability of modern medical equipment					
11.	Existence of visually attractive and comfortable physical facility (i.e chairs, beds, table).					
12.	The use of appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
13.	The use of directional signs to help patients with easy navigation					
14.	Ensuring hospital structures are disability friendly					
Empathy		**1**	**2**	**3**	**4**	**5**
15.	Patience displayed by nurses when dealing with patients					

16.	Willingness of nurses to respond to patients' complaints					
17.	Listening to patients concerns					
18.	Using patient's first names and remembering faces of patients					
19.	Ensuring patients feel good emotionally and psychologically					
Responsiveness		**1**	**2**	**3**	**4**	**5**
20.	Availability of nurses to receive patients at all times					
21.	Helping patients even during odd hours					
22.	Showing a sense of empathy and fellow feeling towards patients					

PART D: STAFF MOTIVATION

This section requires respondents to use a 5point Likert scale (***strongly disagree1, 2, 3, 4, 5, strongly agree***) in assessing their level of motivation and its possible effect on their commitment.

To what extent do you agree with the following statements?

PART E: EMPLOYEE COMMITMENT: How would you assess yourself using the following indicators?

Strongly disagree 1, 2, 3, 4, 5, strongly agree

COMMITMENT		**1**	**2**	**3**	**4**	**5**
1.	It would be very hard for me to leave my organization right now.					
2.	I see myself as part of this organization.					

3.	I feel emotionally attached to this organization.					
4.	I feel bonded to this organization.					
5.	This is the best organization to work for.					
6.	I am not thinking of changing to another organization.					
7.	I will like to spend greater part of my working life in this organization.					
8.	I am proud to tell others about my work in this organization.					
9.	I believe that this organization has my interests at heart.					
10.	My organisation generally has employee interest at heart.					
11.	My supervisor's visibly demonstrates a commitment to quality.					
12.	Top management ensures that tools needed for work are available.					
13.	Top management visibly demonstrates their commitment to employee wellbeing.					
14.	Top management visibly demonstrates their commitment to customer satisfaction.					

PART F: EMPLOYEE SATISFACTION

To what extent do you agree with the following? Strongly disagree 1, 2, 3, 4, 5, strongly agree

JOB SATISFACTION		**1**	**2**	**3**	**4**	**5**
1.	I enjoy my work most days.					
2.	My job is interesting and challenging					
3.	There is a lot of variety in my job					

4.	I enjoy working under less supervision					
5.	I feel the level of responsibility I am given is acceptable.					
6.	I have a clear understanding of my job responsibilities and what is expected of me.					
7.	The major satisfaction in my life comes from my job					
8.	I feel my opinion counts in the organisation.					
9.	I feel my colleagues treat me with respect.					
10.	I get a feeling of accomplishment from my job					
11.	I'm not likely to change my profession/ job					
12.	I'm more likely to recommend my career to others					
13.	I work in this profession because I love helping people					
14.	My motivation is being appreciated for helping save lives					
15.	I have no regrets joining this profession					

SURVEY GUIDE (DOCTORS)

As part of measures toward improving health care service delivery in Ghana, this study seeks to examine patients' expectation and perception about the quality of health care services provided by hospitals in Ghana. This questionnaire requires respondents to answer questions relating to staff motivation and commitment and their effect on patients' satisfaction and service quality levels. Respondents are assured that all information given shall be treated as highly confidential.

Kindly select by ticking [√] the box or column that best describes your opinion; also fill in the spaces provided where applicable.

PART A: DEMOGRAPHICS

1. Which of the following hospitals do you work with? [ ]Public, [ ] Private, [ ]Missions
2. Name of hospital and District located

   ……
3. Region [ ] Volta, [ ] Eastern, [ ]Greater Accra, [ ] Central, [ ]Western

   [ ] Ashanti, [ ]BrongAhafo, [ ]Northern, [ ]Upper East, [ ]Upper West
4. Gender [ ] Male, [ ]Female
5. How long have you worked with the hospital?

   [ ] under 5 years, [ ] 5-10yrs, [ ] 10-15yrs, [ ]15-20yrs, [ ] more than 20yrs

PART B: STAFF ASSESSMENT OF PATIENTS' EXPECTATION ABOUT SERVICE QUALITY

This section requires respondent to use a 5point Likert scale in indicating what they think patients' expectation and overall perception are about service quality.

iii. EXPECTATION: What do you think patients expect about quality health service?

EXPECTATION	**EXPECTATIONS**

1= Not all important, 2=Not important, 3=Neutral, 4=Important, 5=Very important		*How important do you think these items are to patients?*				
RELIABILITY		**1**	**2**	**3**	**4**	**5**
1.	Doctors should provide accurate diagnosis of patient's problems					
2.	Doctors should be dependable in handling patients' problems					
3.	Doctors should prescribe efficient and reliable medicines					
4.	Doctors should take time to advice patients about healthy lifestyles					
ASSURANCE		**1**	**2**	**3**	**4**	**5**
5.	Doctors should be courteous and friendly					
6.	Doctors should be able to inspire trust and confidence in patients					
7.	Doctors should take time to explain patients' medical condition and treatment					
8.	Doctors should create an atmosphere for patients to feel safe and relaxed					
TANGIBLES		**1**	**2**	**3**	**4**	**5**
9.	Doctors must look professional at all times					
10.	The hospital must have modern medical equipment					
11.	The hospital must have visually attractive and comfortable physical facility (i.e chairs, beds, table).					
12.	There should be appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
13.	There should directional signs to help patients with easy navigation					
14.	The hospital structures should be disability friendly					

Empathy		**1**	**2**	**3**	**4**	**5**
15.	Doctors must reassure patients about their medical treatment					
16.	Doctors should make time to listen to patients					
17.	Doctors should be ready to respond to patients' questions and worries					
18.	The hospital should be willing to take feedback from patients					
19.	Doctors should be willing to make follow-ups to check on patients (i.e phone calls)					
Responsiveness		**1**	**2**	**3**	**4**	**5**
20.	Doctors should keep to time given for appointment					
21.	There should be less waiting time to meet doctors					
22.	Doctors should accessible to patients by phone					
23.	Doctors should be available at odd hours in case of emergency					

PART C: ASSESSMENT OF PATIENTS' PERCEPTION ABOUT SERVICE QUALITY

This section requires respondent to use a 5point Likert scale in indicating what they think patients' overall perception are about the hospital's services.

iv. PERCEPTION: What do you think patients PERCEIVE the hospital's services to be?

PERCEPTION	**PERCEPTION**

1= Not all satisfactory , 2=Not satisfactory, 3=Neutral, 4= Satisfactory , 5=Very satisfactory		*To what extent do you think patients are satisfied with these items*				
RELIABILITY		**1**	**2**	**3**	**4**	**5**
	The provision of accurate diagnosis of patient's problems					
	Being effective at handling patients' problems					
	Prescribing efficient and reliable medicines					
	Taking time to advice patients about healthy lifestyles					
ASSURANCE		**1**	**2**	**3**	**4**	**5**
	Being courteous and friendly to patients					
	Inspiring trust and confidence in patients					
	Taking time to explain patients' medical condition and treatment					
	Creating an atmosphere for patients to feel safe and relaxed					
TANGIBLES		**1**	**2**	**3**	**4**	**5**
	Looking professional at all times					
	Availability of modern medical equipment					
	The use of visually attractive and comfortable physical facility (i.e chairs, beds, table).					
	The use of appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
	Using directional signs to help patients with easy navigation					
	Having hospital structures that are disability friendly					
Empathy		**1**	**2**	**3**	**4**	**5**
	Reassuring patients about their medical treatment					
	Making time to listen to patients					

	Responding to patients' questions and worries					
	The hospital should be willing to take feedback from patients					
	Making follow-ups to check on patients (i.e phone calls)					
Responsiveness		**1**	**2**	**3**	**4**	**5**
	Keeping to time given for appointment					
	Waiting time to meet doctors					
	Accessibility ofDoctors by phone					
	Accessibility during emergency cases					

PART D: STAFF MOTIVATION

This section requires respondents to use a 5point Likert scale (***strongly disagree1, 2, 3, 4, 5, strongly agree***) in assessing their level of motivation and its possible effect on their commitment.

To what extent do you agree with the following statements?

Intrinsic factors	**1**	**2**	**3**	**4**	**5**

	I enjoy working on new health cases					
	I feel an inner satisfaction when I'm part of an outreach team					
	I enjoy contributing to healthcare research					
	I enjoy helping patients recover					
	The major satisfaction in my life comes from my job					
	Pursuing my career is important to my self-image					
	I'm motivated when I get recognized by peers					
	I am noticed when I do a good job					
	I feel valued when recognized by senior management					
	I'm excited when I get full credit for the work I do					
	I feel a personal obligation to give out my best					
	I don't need to be told what I already know I have to					
	I work hard because I want to be the best					
	EXTRINSIC Factors	**1**	**2**	**3**	**4**	**5**
	I feel motivated when my pay /salary increases					
	I chose this job because of the respect given to the profession					
	I'm more likely to give out my best if other work benefits (i.e allowances) are paid on time					
	I believe in equal pay for equal work					
	Work environment has a great impact on my productivity					
	I do well when I know the standards of work expected of me.					
	I will do better if I have a clear understanding of my job responsibilities and what is expected of me.					
	I do far better if my immediate supervisor gives me feedback on my job					
	Having a clear career path would motivate me to give out my best					
	I love working with minimal supervision					
	Leadership style of my supervisor can affect my output					
	I believe health workers should be accorded much respect if they need to give out their best					
	Different reward systems should be developed for different category of health workers if they need to give out their best					

PART E: EMPLOYEE COMMITMENT: How would you assess yourself using the following indicators?

Strongly disagree 1, 2, 3, 4, 5, strongly agree

STAFF COMMITMENT		1	2	3	4	5
1.	It would be very hard for me to leave my organization right now.					
2.	I see myself as part of this organization.					
3.	I feel emotionally attached to this organization.					
4.	I feel bonded to this organization.					
5.	This is the best organization to work for.					
6.	I am not thinking of changing to another organization.					
7.	I will like to spend greater part of my working life in this organization.					
8.	I am proud to tell others about my work in this organization.					
9.	I believe that this organization has my interests at heart.					
10.	My organisation generally has employee interest at heart.					
11.	My supervisor's visibly demonstrates a commitment to quality.					
12.	Top management ensures that tools needed for work are available.					
13.	Top management visibly demonstrates their commitment to employee wellbeing.					
14.	Top management visibly demonstrates their commitment to customer satisfaction.					

PART F: EMPLOYEE SATISFACTION

To what extent do you agree with the following? Strongly disagree 1, 2, 3, 4, 5, strongly agree

JOB SATISFACTION		1	2	3	4	5
	I enjoy my work most days.					
	My job is interesting and challenging					
	There is a lot of variety in my job					
	I enjoy working under less supervision					
	I feel the level of responsibility I am given is acceptable.					
	I have a clear understanding of my job responsibilities and what is expected of me.					
	The major satisfaction in my life comes from my job					
	I feel my opinion counts in the organization.					
	I feel my colleagues treat me with respect.					
	I get a feeling of accomplishment from my job					
	I'm not likely to change my profession/ job					
	I'm more likely to recommend my career to others					
	I work in this profession because I love helping people					
	My motivation is being appreciated for helping save lives					
	I have no regrets joining this profession					

SURVEY GUIDE (PATIENTS)

As part of measures toward improving the quality of health care service delivery in Ghana, this study seeks to examine patients' expectation and perception about the quality of health care services provided by hospitals in Ghana as well as the effect of staff motivation on customer

satisfaction and perceived service quality. Respondents are assured that all information given shall be treated as highly confidential.

Kindly select by ticking [√] the box or column that best describes your opinion; also fill in the spaces provided where applicable.

PART 1: DEMOGRAPHICS

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6. Which of the following hospitals do you normally patronize? [ ]Public, [ ] Private, [ ]Missions
7. Name of hospital and District located

   ……
8. Region [ ] Volta, [ ] Eastern, [ ]Greater Accra, [ ] Central, [ ]Western

   [ ] Ashanti, [ ] Brong Ahafo, [ ] Northern, [ ] Upper East, [ ] Upper West
9. Type of patient [ ] in-patient, [ ] out-patient, [ ] others, please specify……
10. Gender [ ] Male, [ ]Female
11. Age [ ] less than 20yrs, [ ] 20-30yrs, [ ] 30-40yrs, [ ] 40 -50yrs, [ ] above 50yrs
12. How long have you patronized the services of this hospital?

    [ ] less than 2years, [ ] 2-5yrs, [ ] 5-10yrs, [ ] more than 10yrs
13. What is your level of compliance (obedience to) with your doctor and/or nurse's instructions?
    a. Highly compliant [ ]
    b. Compliant [ ]
    c. Somehow compliant [ ]
    d. Not compliant [ ]

PART 2: PATIENTS' EXPECTATION AND PERCEPTION ABOUT NURSES AND HOSPITAL SERVICES

2.1: PATIENTS' EXPECTATION ABOUT SERVICE QUALITY

This section requires respondent to use a 5point Likert scale in indicating what they think patients' expectation and overall perception are about service quality.

v. EXPECTATION: What is your expectation about nurses and service quality?

EXPECTATION ***1= Not all important,, 2=Not important, 3=Neutral, 4=Important*** ***5=Very important***		**EXPECTATIONS** *How important do you think these items are to patients?*				
RELIABILITY		**1**	**2**	**3**	**4**	**5**
24.	Nurses and health assistants should ensure patients take their medication as prescribed					
25.	Nurses should be dependable when handling patients problems					
26.	Nurses should be people I can trust with patient's confidentiality					
27.	Nurses should ensure patients do not spend too much time waiting in queues and where there are delays explanations should be given					
ASSURANCE		**1**	**2**	**3**	**4**	**5**
28.	Nurses should be courteous and friendly					
29.	Nurses should be able to inspire trust and confidence in patients					
30.	Nurses must ensure medications are taken on time and that no mistakes are made with dosage					
31.	Nurses should create a friendly atmosphere for patients to feel safe and relaxed					
TANGIBLES		**1**	**2**	**3**	**4**	**5**
32.	Nurses should be well dressed at all times					

33.	The hospital must have modern medical equipment					
34.	The hospital must have visually attractive and comfortable physical facility (i.e chairs, beds, table).					
35.	There should be appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
36.	There should directional signs to help patients with easy navigation					
37.	The hospital structures should be disability friendly					
Empathy		**1**	**2**	**3**	**4**	**5**
38.	Nurses should be patient when dealing with patients					
39.	Nurses should be willing to respond to patients' complaints					
40.	Nurses should take time to listen to patients					
41.	Nurses should remember names and faces of patients					
42.	Nurses should ensure patients feel good emotionally and psychologically					
Responsiveness		**1**	**2**	**3**	**4**	**5**
43.	Nurses should always be ready to receive patients					
44.	Nurses should be willing to help patients even during odd hours					
45.	Nurses should have patients' interest at heart					

2.2: PATIENTS' PERCEPTION ABOUT SERVICES PROVIDED BY NURSES

This section requires respondent to use a 5point Likert scale in indicating what their overall perception is about the hospital's services.

vi. PERCEPTION: What is your perception about services rendered by the hospital through Nurses?

PERCEPTION **1= Not all satisfactory , 2=Not satisfactory, 3=Neutral, 4= Satisfactory , 5=Very satisfactory**		**PERCEPTION** *To what extent do you think patients are satisfied with these items*				
RELIABILITY		**1**	**2**	**3**	**4**	**5**
23.	Nurses and health assistants ensure patients take their medication as prescribed					
24.	Nurses are dependable when handling patients problems					
25.	Ability of nurses to keep patient's confidentiality					
26.	Ensuring patients do not spend too much time waiting in queues and where there are delays explanations are given					
ASSURANCE		**1**	**2**	**3**	**4**	**5**
27.	Being courteous and friendly to patients					
28.	Inspiring trust and confidence in patients					
29.	Ensuring medications are taken on time and that no mistakes are made with dosage					
30.	Creating a friendly atmosphere for patients to feel safe and relaxed					
TANGIBLES		**1**	**2**	**3**	**4**	**5**
31.	Dressing and appearance of nurses					

32.	Availability of modern medical equipment					
33.	Existence of visually attractive and comfortable physical facility					
	(i.e chairs, beds, table).					
34.	The use of appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
35.	The use of directional signs to help patients with easy navigation					
36.	Ensuring hospital structures are disability friendly					
Empathy		**1**	**2**	**3**	**4**	**5**
37.	Patience displayed by nurses when dealing with patients					
38.	Willingness of nurses to respond to patients' complaints					
39.	Ability to listen carefully to patients concerns					
40.	Using patient's first names and remembering faces of patients					
41.	Ensuring patients feel good emotionally and psychologically					
Responsiveness		**1**	**2**	**3**	**4**	**5**
42.	Availability of nurses to receive patients at all times					
43.	Helping patients even during odd hours					
44.	Showing a sense of empathy and fellow feeling towards patients					

PART 3: PATIENTS' EXPECTATION AND PERCEPTION ABOUT DOCTORS AND HOSPITAL SERVICES

3.1: PATIENTS' EXPECTATION ABOUT DOCTORS AND SERVICE QUALITY

This section requires respondent to use a 5point Likert scale in indicating their expectation and overall perception are about service quality. ***vii. EXPECTATION: What level of service do you expect from Doctors and the hospital?***

	EXPECTATION ***1= Not all important, 2=Not important, 3=Neutral, 4=Important, 5=Very important***	**EXPECTATIONS** *How important do you think these items are to patients?*				
RELIABILITY		**1**	**2**	**3**	**4**	**5**
24.	Doctors should provide accurate diagnosis of patient's problems					
25.	Doctors should be dependable in handling patients' problems					
26.	Doctors should prescribe efficient and reliable medicines					
27.	Doctors should take time to advice patients about healthy lifestyles					
ASSURANCE		**1**	**2**	**3**	**4**	**5**
28.	Doctors should be courteous and friendly					
29.	Doctors should be able to inspire trust and confidence in patients					
30.	Doctors should take time to explain patients' medical condition and treatment					
31.	Doctors should create an atmosphere for patients to feel safe and relaxed					

TANGIBLES		**1**	**2**	**3**	**4**	**5**
32.	Doctors must look professional at all times					
33.	The hospital must have modern medical equipment					
34.	The hospital must have visually attractive and comfortable physical facility (i.e chairs, beds, table).					
35.	There should be appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
36.	There should directional signs to help patients with easy navigation					
37.	The hospital structures should be disability friendly					
Empathy		**1**	**2**	**3**	**4**	**5**
38.	Doctors must reassure patients about their medical treatment					
39.	Doctors should make time to listen to patients					
40.	Doctors should be ready to respond to patients' questions and worries					
41.	The hospital should be willing to take feedback from patients					
42.	Doctors should be willing to make follow-ups to check on patients (i.e phone calls)					
Responsiveness		**1**	**2**	**3**	**4**	**5**
43.	Doctors should keep to time given for appointment					
44.	There should be less waiting time to meet doctors					
45.	Doctors should accessible to patients by phone					
46.	Doctors should be available at odd hours in case of emergency					

3.2 PATIENTS' PERCEPTION ABOUT DOCTORS AND SERVICE QUALITY

This section requires respondent to use a 5point Likert scale in indicating their overall perception are about the hospital's services.

viii. PERCEPTION: What is your level of satisfaction about services of Doctors and the hospital?

PERCEPTION **1= Not all satisfactory , 2=Not satisfactory, 3=Neutral, 4= Satisfactory , 5=Very satisfactory**		**PERCEPTION** *To what extent do you think patients are satisfied with these items*				
RELIABILITY		**1**	**2**	**3**	**4**	**5**
1.	The provision of accurate diagnosis by Doctors					
2.	Effectiveness of Doctors at handling patients' problems					
3.	Prescribing efficient and reliable medicines					
4.	Taking time to advice patients about healthy lifestyles					
ASSURANCE		**1**	**2**	**3**	**4**	**5**
5.	Being courteous and friendly to patients					
6.	Inspiring trust and confidence in patients					
7.	Taking time to explain patients' medical condition and treatment					
8.	Creating an atmosphere for patients to feel safe and relaxed					
TANGIBLES		**1**	**2**	**3**	**4**	**5**
9.	Looking professional at all times					

10.	Availability of modern medical equipment					
11.	The use of visually attractive and comfortable physical facility (i.e chairs, beds, table).					
12.	The use of appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
13.	Using directional signs to help patients with easy navigation					
14.	Having hospital structures that are disability friendly					
Empathy		**1**	**2**	**3**	**4**	**5**
15.	Reassuring patients about their medical treatment					
16.	Making time to listen to patients					
17.	Responding to patients' questions and worries					
18.	The hospital should be willing to take feedback from patients					
19.	Making follow-ups to check on patients (i.e phone calls)					
Responsiveness		**1**	**2**	**3**	**4**	**5**
20.	Keeping to time given for appointment					
21.	Waiting time to meet doctors					
22.	Accessibility of Doctors by phone					
23.	Accessibility during emergency cases					

PART 4: PATIENTS' OVERALL SATISFACTION WITH HEALTH SERVICE DELIVERY

In this part, patients are required to state their overall satisfaction with health care service delivery.

OVERALL SATISFACTION WITH SERVICE DELIVERY ***1= Strongly disagree 2=Disagree, 3=Uncertain, 4=Agree 5=Strongly agree***		**SATISFACTION**				
A: OVERALL SATISFACTION WITH SERVICES DELIVERED BY NURSES		**1**	**2**	**3**	**4**	**5**
1.	Nurses are courteous and helpful to patients					
2.	Nurses are quick to respond to emergency cases					
3.	Nurses can be trusted with patient's confidentiality					
4.	Nurses ensure patients do not spend too much time waiting in queues and where there are delays explanations are given					
5.	Nurses do not discriminate against patients with serious conditions					
6.	Nurses inspire trust and confidence in patients					
7.	Nurses ensure medications are taken on time and that no mistakes are made with dosage					
8.	Nurses create a friendly atmosphere for patients to feel safe and relaxed					
OVERALL SATISFACTION WITH SERVICES DELIVERED BY DOCTORS		**1**	**2**	**3**	**4**	**5**
1.	Doctors are punctual and willing to attend to patients at all times					
2.	Prescriptions made by doctors are effective with minimal errors					
3.	Doctors exercise patience in explaining patient's conditions to them					

4.	Doctors put up a friendly attitude to ensure patients feel comfortable					
5.	Doctors are willing to follow up on patients even when discharged					
6.	Doctors can be trusted with patients' information and conditions					
7.	Doctors show empathy and are attentive to patients					
8.	Doctors communicate in local dialects when necessary					
OVERALL SATISFACTION WITH OTHER SERVICE AREAS		**1**	**2**	**3**	**4**	**5**
1.	The hospital has modern equipment and facilities (i.e. lab facilities)					
2.	The hospital environment is kept clean at all times					
3.	Workers are well dressed at all times					
4.	Fees charged by the hospital are moderate					
5.	The hospital has in stock 85% of all drugs prescribed in most cases					
6.	The hospital has disability friendly structures and facilities					
7.	The hospital experiences less congestion even during peak hours					
8.	The hospital does not discriminate against patients on NHIS					

Thank you for participating