

**EXAMINING THE SERVICE QUALITY AND PATIENT SATISFACTION AT
ANKAASE METHODIST HOSPITAL.**

By



DR. SETH GOMINA SIE (PG9545713)

(BSc. Human Biology, MBChB, MGCPS (Obst/Gyn))

A thesis submitted to KNUST School of Business, in partial fulfillment of the requirements
for the award of Master of Business Administration.

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND
TECHNOLOGY**

COLLEGE OF ARTS AND SOCIAL SCIENCE

AUGUST, 2015

KNUST



CERTIFICATION

I, Dr. Seth Gomina SIE, the author of this study, hereby declare that except for the references of other people's work, which I duly acknowledged, the work presented herein titled "examining service quality and patient satisfaction at Ankaase Methodist Hospital". Under the supervision of Dr. Ahmed Agyapong in partial fulfillment of the requirements for the award of Commonwealth Executive Master of Business Administration in Marketing. I also declare that this work has never been submitted partially or wholly to any institution for award of certificate.

Dr. Seth Gomina SIE (PG9545713)

(Student)

Signature

Date

DR. AHMED AGYAPONG

(Supervisor)

Signature

Date

Certified by:

.....

(Head of Department)

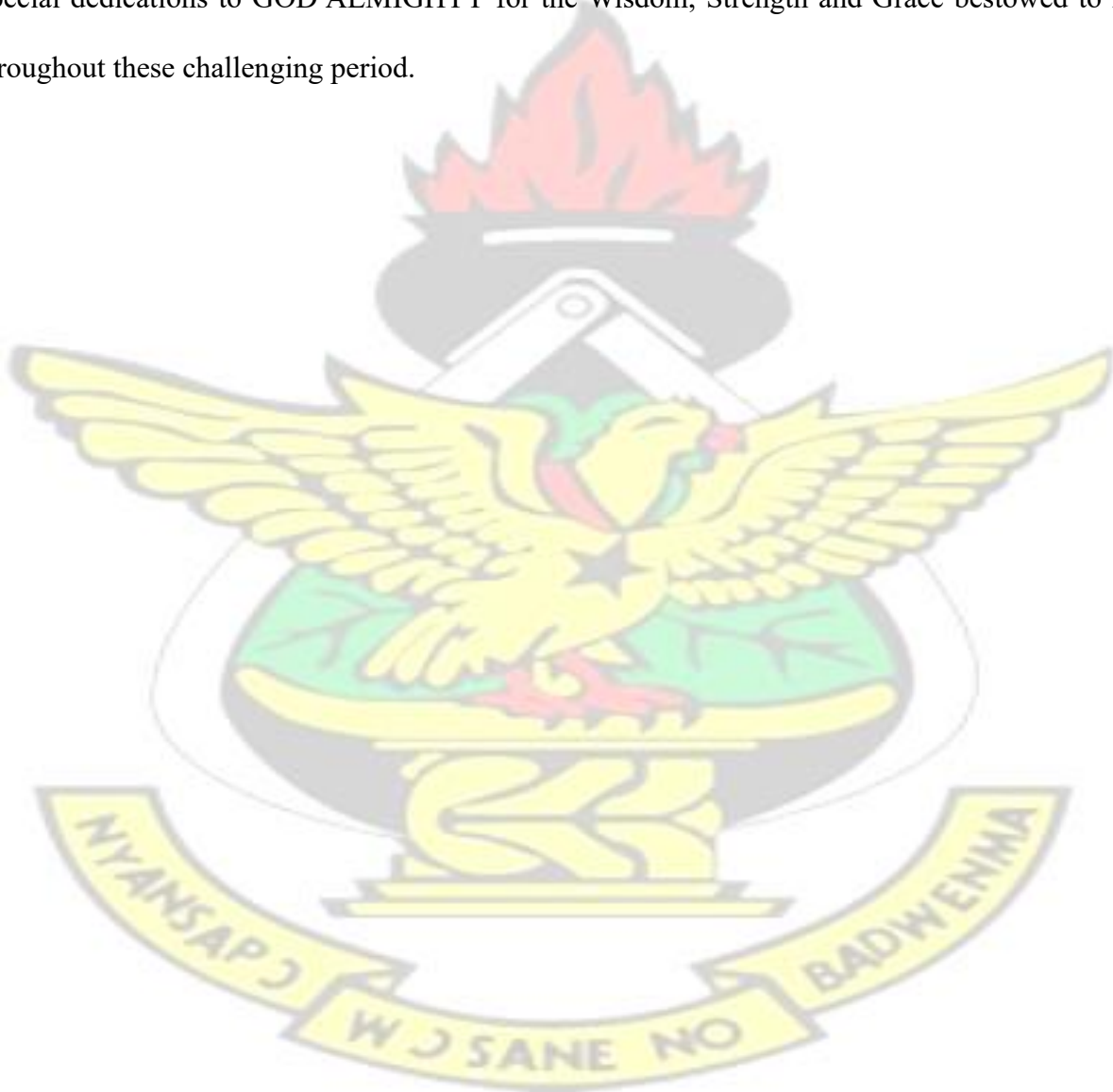
Signature

Date

DEDICATION

This work is dedicated to my mother, Madam Cecilia Abena Manu, whose encouragement has brought me this far. I also wish to dedicate it to my friends and my wonderful siblings. For their love and support during the pursuance of my academic work.

Special dedications to GOD ALMIGHTY for the Wisdom, Strength and Grace bestowed to me throughout these challenging period.



ACKNOWLEDGEMENT

I am grateful to God Almighty for his mercies and support through the writing of this research report.

I am also grateful to the management, staff and clients of Ankaase Methodist Hospital for their unconditional support in completing this work.

I would also like to extend my profound gratitude to my supervisor Dr. Ahmed Agyapong whose support, interest, encouragement and stimulating suggestions helped me during the research and writing process of this thesis.

Also, my most profound gratitude goes to my family and friends for their unconditional love and steadfast support always.

To all my Lecturers, I say a big thank you for your motivating effort in transferring knowledge.

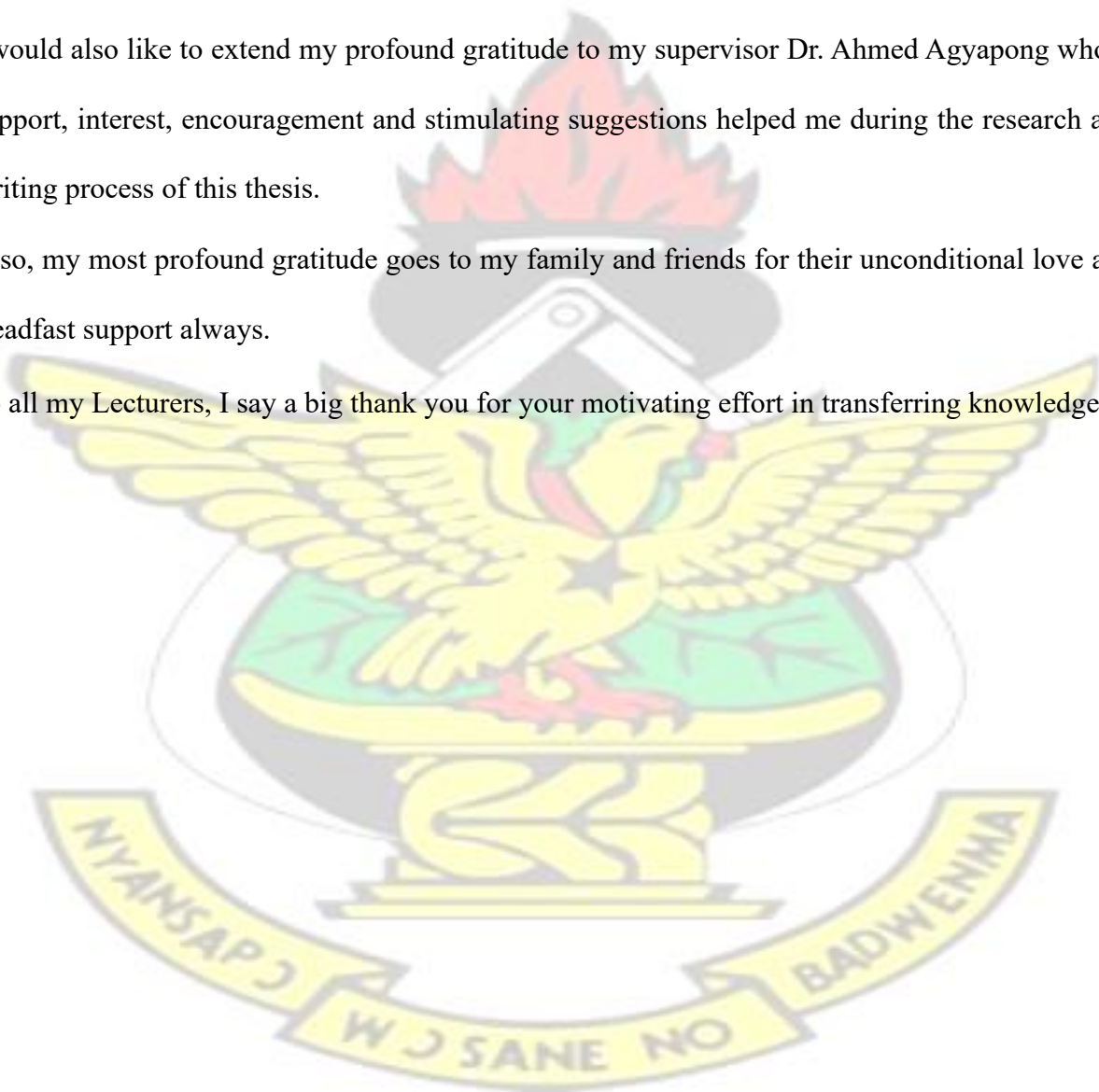


TABLE OF CONTENTS

Contents	Pages
CERTIFICATION	
i DEDICATION	
ii ACKNOWLEDGEMENT	
iii ABSTRACT	
viii CHAPTER ONE	1
INTRODUCTION	1
1.1 Background of the Study	1
1.3 Research Objectives	5
1.4 Research Questions	5
1.5 Scope of the study	5
1.6 Significance of study	6
1.7 Limitation of the study	6
1.8 Organization of the study	6
CHAPTER TWO	8
LITERATURE REVIEW	8
2.1 Introduction	8
2.2 Service Quality	8
2.3 Service quality measurements	13
2.4 Service Quality Gaps	13
2.5 Customer Satisfaction	16
2.6 Customer fulfillment in the clinics	18
2.7 Relationship between Service Quality and Patient Satisfaction	21
2.8 Empirical audit of administration quality and patients fulfillment	22
2.9 Overview of the Ghana Health Sector	28
CHAPTER THREE	
32 RESEARCH METHODOLOGY	32
3.1 Introduction	32

3.2 Research design	32
3.3 Study Population.	32
3.4 Sample size and Sampling procedure	33
3.6 Design of the questionnaires	34
3.7 Data analysis procedure	35
3.7.1 Regression equation	35
3.8 Profile of Ankaase Methodist Hospital	35
CHAPTER FOUR	
38 DATA ANALYSIS AND FINDINGS	
38	
4.0 Introduction	38
4.1 Background information on respondents	38
4.1.1 Age of respondent	38
4.1.2 Gender of respondent	39
4.1.3 Number of years of respondent with the hospital	39
4.1.4 Educational background of respondent	39
4.2 Examining the service quality gaps at Ankaase Methodist Hospital.	39
4.2.1 Examining the gap between patients perception and their expectation of service quality	44
4.2.2 Examining the gap between nurses' perception and their expectation of service quality.	49
4.2.3 Comparing the gap between patients' perception of service quality and nurses' perception of service quality.	50
4.3 Examining the satisfaction level of patients' at Ankaase Methodist Hospital.	51
4.4 Correlation analysis on the relationship between service quality and patients' satisfaction at Ankaase Methodist Hospital.	53
4.4.1 Regression equation	55
CHAPTER FIVE	57
SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS	
57	

5.0 Introduction	57
5.1 Summary of findings	57
5.1.2.1 Service quality gaps at Ankaase Methodist Hospital	57
5.1.2.2 Satisfaction levels of patients with service delivery at Ankaase Methodist Hospital	58
5.1.2.3 The relationship between service quality and patients' satisfaction at Ankaase Methodist Hospital.	59
5.2 Conclusion	59
5.3 Recommendations	60
5.3.1 Recommendation for further research	60
REFERENCES	61
APPENDIX A	68
APPENDIX B	74
LIST OF TABLES AND FIGURES	
Table 1: Population.....	33
Table 2: Population and sample size	33
Table 3: Descriptive Statistics on patients' expectation about the hospital's service quality..	40
Table 4: Descriptive Statistics on patients perception of the service quality rendered at the hospital.....	42
Table 5: The gap between patients' perception and their expectation of service quality.....	44
Table 6: Descriptive Statistics on nurses expectation on service quality.....	45
Table 7: Descriptive Statistics on nurses perception of service quality.....	47
Table 8: The gap between nurses' perception and their expectation of service quality.....	49

Table 9: comparing the gap between patients' perception of service quality and nurses' perception of service quality.....	50
Table 10: Descriptive Statistics on the overall satisfaction of patients.....	52
Table 11: Correlations of service quality and patient satisfaction.....	54
Table 12: Regression Model Summary.....	54
Table 13: ANOVA of regression.....	55
Table 14: Coefficient of regression.....	56



ABSTRACT

In an increasingly competitive health service environment, the initiation of a quality patient service strategy can be a critical success factor. The study examines service quality gaps and patient satisfaction within the Ghanaian health sector with particular focus on Ankaase Methodist Hospital. The study engaged quantitative approaches. The research population comprised Inpatients Out-patients and nurses of Ankaase Methodist Hospital within the year 2015 and was estimated at 780, out of which a sample of 250 was chosen. The sources of data included primary and secondary data. The researcher adopted convenient sampling techniques in soliciting information for the study. SPSS statistical package was used in analyzing the data. The study established that, the service quality gap per nurses was about tangibility service whiles that of patients was about empathy of service delivered by nurses at the hospital. The service quality gap within Ankaase Methodist Hospital was tangibility and empathy services. Again, the study established that, majority of patients did indicate that they were very much satisfied with the quality of service delivered at the hospital though they were not up-to expectation. Additionally, the result implied that service quality has a positive relationship with patient satisfaction given that the regression coefficients were all positive. The services rendered were statistically significant at p-value of 0.05. Also the services rendered had a predictive power (R^2) of 0.837 approximately 83.7 percent chance of predicting patient satisfaction which was moderate. The study finally recommended nurses and health assistants to encourage great association with patients in order to investigate unsatisfied needs. Nurses must be courteous and accurate in managing all patients.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Globally, issues related to healthcare service quality are crucial to any health system. Many researchers have associated the quality of healthcare service with patients' expectations and perceptions of quality, stating that the quality of services is the ability to meet the customers'/patients' expectation (Pui-Mun, 2006). Evans and Lindsay (1996) defined the quality of healthcare service as all characteristics of the service related to its ability to satisfy the given needs of its customers. Therefore, a survey of patients' opinions regarding the provided service is one of the main tools to measure the quality of healthcare services. There is a general agreement that patient satisfaction is an essential component of service quality (Säilä, 2008)

Furthermore, patient satisfaction is the critical issue for healthcare providers. Health care organizations are working in a competitive environment. In these days hospital needs to enhance the level of satisfaction if they want to remain in the competition with other hospitals. Patient satisfaction is basically satisfying patients' expectations and understanding their needs. Patients' feedback can affect the overall quality, to improve organizational learning and development agenda and provide an opportunity (Raheem, Nawaz, Fouzia & Khoso Imamuddin, 2014). Hospitals play a vital role in the health care system. Hospital is a place that provides a wide range of medical services to sick and injured patients

According to Soleimanpour (2011) and Lin (2009) reported that Satisfaction is a significant health issue now. Emergency department (ER) is known as the backbone of hospitals where the initial treatment is provided to the patients, which is considered to be the gatekeeper role. Emergency department must provide quality services in order to achieve the customer satisfaction. According

to Nichols (2007) the Quality of life and Patient satisfaction both are essentials in the monitoring and valuation of healthcare.

As reported by Wu (2011), in the competitive health care industry, the impact of hospital brand image on the attitudes and behaviors of patients towards hospitals has become an important issue. The study suggesting that brand image has both direct and indirect effects on loyalty and positive brand image for hospitals. Draper (2001) have done different surveys on the same subject matter and the results of those surveys showed that quality healthcare services always influence the patient satisfaction and retention in long-run. According to Chakraborty (2011) the Satisfaction is a psychological concept, which is defined in different ways. The satisfaction of patient should be address in a continuous manner for organizational growth. Both medical cost and quality of services are important in this aspect. Ahmed et al.(2011) reported that Patient satisfaction is a critical issue for healthcare providers. Diversity in patient's demographics also molds their perceptions about hospital facilities and services. This study measures the changes brought in the patient satisfaction of admitted patients in different wards of the public sector hospitals in the Ankaase district within the Ashanti Region of Ghana. Perception of the quality of care and patient satisfaction are very much associated to each other and cannot be perceived standalone.

According to Chassin (2010), hospitals are common place to measure healthcare quality and use these measurements to promote the improvement of healthcare services, and also increase transparency in this regard. In view of Carthon (2011) study, there is a demonstration on nurses' evaluation regarding quality measures and patient satisfaction in healthcare organizations. McKinley (2001) reported that many factors depend on Patient satisfaction. He also studied the discrepancies between expectations and received a reduction in services in related to satisfaction in hospitals.

1.2 Problem statement

Currently, consideration of patient satisfaction forms an integral part of hospital management across the world and also an essential necessity for healthcare providers. In Ghana, patient satisfaction is considered a major criterion of quality; however, related data has not been formally collected and published to help with the improvement of the healthcare service quality. Misunderstanding of patients' needs has led to an underutilization of the existing facilities and hindered the overall development of the health system. A challenging issue for healthcare providers is to realize what elements of patients' perception significantly influence on patient satisfaction.

Ankaase Methodist Hospital over the past three years has been experiencing unattractive performance in-terms of profit making and low patients retention rate. An interview conducted on one of the senior doctors of the hospital signaled that some of the patients of the hospital are not comfortable with the patients' service delivery of the hospital thereby refusing to patronize service of the hospital and to seek for greener pastures. The low retention rate of Ankaase Memorial Hospital is not only affecting profitability of the hospital but rather the corporate image that is emanating from the word of mouth advertising of unsatisfied patients' to the public (field survey, 2015).

In view of the above problem the researcher recognizes the need to examine the service quality gaps and patient satisfaction within the Ghanaian Health sector. With special focus on Ankaase Memorial clinic, the study aims to fill the gap between patients' expectation and quality of service rendered by health providers.

1.3 Research Objectives

The common objective of the research was to examine service quality gaps and patient satisfaction within the Ghanaian Health sector. With exceptional spotlight on Ankaase Methodist Hospital the study aims to achieve the following objectives:

1. To examine the service quality gaps at Ankaase Methodist Hospital.
2. To examine patients' satisfaction with service quality at Ankaase Methodist Hospital.
3. To examine the relationship between service quality and patients' satisfaction at Ankaase Methodist Hospital.

1.4 Research Questions

The following questions shall be addressed:

1. What gaps exist in the quality of service rendered at Ankaase Methodist Hospital?
2. How satisfactory is the quality of services rendered at Ankaase Methodist Hospital?
3. What is the relationship between service quality and patients' satisfaction within Ankaase Methodist Hospital?

1.5 Scope of the study

The study covers the relationship between service quality and patient satisfaction within the Ghanaian Health sector. The study was performed on patients' and nurses of Ankaase Methodist Hospital within the Ashanti Region of Ghana. The population in focus included the nurses and patients' (in and out patients) of the Ankaase Methodist Hospital. Ankaase Methodist Hospital was selected because the hospital has a growing patient's base.

1.6 Significance of study

The study was gone for looking at the service quality crevices and patient satisfaction inside of the Ghanaian Health segment with uncommon spotlight on Ankaase Methodist Hospital. The study will help fill the administration quality crevices inside of the Ghanaian Health division. The work will advantage patients since it will permit wellbeing experts to go further to give quality administrations that will meet the desires of patients. Once more, the discoveries of the study will empower wellbeing specialists to turn out with reasonable patients' relationship administration techniques to empower them hold their patients' and thusly augment benefit. The study will likewise be a wellspring of reference material for teachers, understudies and analysts who longing to know more about relationship between administration quality and patients' fulfillment inside of the Ghanaian Health part.

1.7 Limitation of the study

Given that, the information gathered utilized convenient sampling, it was very difficult to mirror the examination all in all patients' populace. Nonetheless, this is not to say that the information gathered relating to this particular healing facility is erroneous, however only to pinpoint the setbacks that potential examination expert ought to consider. Also, of all the wellbeing administration suppliers inside of the Ashanti area the study considered just Ankaase Methodist Hospital

1.8 Organization of the study

The study is sorted out into five sections. Section One exhibits the introduction into the topic. It covers the background of the study, problem statement, research objective and questions, significance of the study, scope of the study and limitation of the study. Part Two exhibits the writing audit of past studies directed in the zone of patient satisfaction and service quality termed as literature review. The methodology is introduced in the third section. The fourth part shows the

data presentation and discussion of findings. At last, Chapter Five displays a synopsis of examination discoveries, conclusions, proposals and recommendations for the future exploration.

KNUST



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This area gives the writings regarding relationship between administration quality and patient fulfillment inside of the Ghanaian Health segment. Speculations as far as client administration quality crevices and patients fulfillment inside of the Ghanaian commercial enterprises are displayed. Moreover the outline of the Ghanaian Health segment is additionally displayed.

2.2 Service Quality

The thought of value as indicated by Gronroos (2001) methods greatness, clear guidelines and higher execution, quality element can be measured, and the part of value come in accomplishing (Competitive Advantage) to the concerned establishment, nature of wellbeing administration is connected by therapeutic science and innovation in a way to accomplish the fullest conceivable general wellbeing without expanding danger, along these lines quality is controlled by the best conceivable harmony in the middle of dangers and advantages (Niaz, 2007).

Seen administration quality is the client general judgment of the prevalence of an administration (Lawis et al 1994). As indicated by Bonsu and Mensah (2013), it is the thing that clients think as far as execution and worth by an administration. A vital part of saw administration quality that is easily proven wrong in the audit is whether seen administration quality is either the total of client view of distinguished segments of administration quality or it a develop is measured independently from the elements identified with administration quality (Bonsu & Mensah, 2013). In this study, saw administration quality was considered as basic or weighted normal scores of clients' impression of recognized traits of administration quality instead of a develop measured independently from the elements the impact it.

Today, clients are more esteem arranged in their utilization of administrations in light of the fact that they have elective decisions (Slater, 1997; Woodruff, 1997). For instance, Gale and Wood (1994) clarified how clients settle on buy choices between contending suppliers. The creator contended that clients purchase on quality; they don't just purchase items. Interestingly, it was watched that clients figure out how to ponder esteem as favored qualities, trait execution, and outcomes from utilizing an item as a part of an utilization circumstance (Woodruff, 1997). In this manner, banks must have the capacity to give "very close" individual administration for clients who accompany elevated requirements. For clients who esteem comfort most, banks must offer the most recent item, for example, electronic managing an account, touch-tone telephone record access and web keeping money. Obviously, client quality can be an in number driver of client maintenance.

Reidenbach (1995) contended that client worth is a more practical component than consumer loyalty on the grounds that it incorporates not just the standard advantages that most banks spotlight on additionally a thought of the value that the client pays. Client quality is a dynamic that must be overseen Customers (Reidenbach, 1995). By this perspective, banks must decide how clients characterize esteem so as to give included quality administrations fulfillment is only a reaction to the worth suggestion offered in particular items markets. This wonder prompts another critical subject in client care, which benefit quality.

The nature of an administration is subjectively seen by clients amid the communications with a firm (Grönroos, 2000). Parasuraman et al. (1988) characterized administration quality as the shoppers' judgment around an association's general perfection or predominance. What happens and saw by clients in the association procedure will clearly have basic effects on client's assessment of administration quality (Grönroos, 2000).

Nature of administration depends intensely on the nature of its faculty. This is all around recorded in a study by Leeds (1992), who archived that more or less 40 percent of clients exchanged banks on account of what they thought to be poor administration. Leeds further contended that about seventy five percent of the saving money clients specified teller graciousness as a prime thought in picking a bank. The study additionally demonstrated that expanded utilization of administration quality/deals and expert practices, (for example, formal welcome) enhanced consumer loyalty and diminished client steady loss.

Be that as it may, keeping clients is likewise reliant on various different variables. These incorporate a more extensive scope of item decisions, more prominent accommodation, better costs, and upgraded pay (Storbacka et al., 1994). Fornell (1992), in his investigation of Swedish shoppers, takes note of that albeit consumer loyalty and quality seem, by all accounts, to be imperative for all organizations, fulfillment is more critical for unwaveringness in commercial ventures, for example, banks, protection, mail request, and autos. Ioanna (2002) further suggested that item separation is inconceivable in a focused domain like the keeping money industry. Banks all over are conveying the same items. Case in point, there is generally just negligible variety in interest rates charged or the scope of items accessible to clients. Bank costs are altered and driven by the commercial center. In this way, bank administration has a tendency to separate their firm from rivals through administration quality. Administration quality is a basic component affecting clients' fulfillment level in the keeping money industry. In managing an account, quality is a multi-variable idea, which incorporates varying sorts of comfort, dependability, administrations portfolio, and basically, the staff conveying the administration.

Also, in view of coordinating past studies and calculated works, Grönroos (2000) compressed seven criteria of good saw administration quality as: (1) polished methodology and aptitudes; (2)

representatives' states of mind and conduct; (3) availability and adaptability; (4) unwavering quality and reliability; (5) administration recuperation; (6) servscape ; and (7) notoriety and believability. The principal criteria is result related and in this way a specialized quality measurement; the last one is picture related and satisfies a separating capacity; and the rest five ones are procedure related and present the practical quality measurements (Ibid).

High administration quality is viewed as a key to succeed in aggressive administration markets. Numerous scientists have demonstrated that administration quality saw by clients will specifically impact clients' fulfillment, and also their trust in the administration firm (Aydin & Özer, 2005). In the writing, elements adding to administration quality in human services administration are perplexing and there is no agreement among analysts. SERVQUAL scales created by Parasuraman et al. (1988) have offered critical advances to the comprehension and estimation of saw administration quality. Seen wellbeing administration quality has been examined broadly in the human services administration division and analysts have recorded a scope of forerunners that add to saw administration quality (Andaleeb, 1998; Zineldin, 2006).

The most generally perceived system for the human services administration quality has been produced by Donabedian (2005). The system comprises of structure, procedure, and result measurements. The structure which contains the traits of the offices, gear, work force, and association where consideration is given; process which incorporate exercises that occur between consideration suppliers and the patients who get care; and the result which is a definitive wellbeing conditions coming about because of administrations gave (Donabedian, 2005). Studies have demonstrated that of the three classifications of value evaluation, the procedure quality/utilitarian quality is the most straightforwardly and most applicable in social insurance administration setting (Choi et al., 2004).

In this manner, the procedure quality or practical quality conveyed by specialists, medical attendants and other social insurance administration suppliers are a vital variable in assessing medicinal services administration quality. In the wake of investigating the accessible writing on the social insurance administration quality, it is noticed that forerunner of administration quality comprises of specialized quality and practical quality segments. The specialized quality for the most part alludes to the nature of medicinal care and nursing consideration gave; it alludes to the fundamental specialized exactness and techniques, which is characterized taking into account the specialized precision of the determination and restorative methods or agreeability with expert details (Lam, 1997). The specialized quality additionally alludes to the proficiency of the staff as they go perform their schedule; which incorporates clinical and restorative aptitudes, nature with the organization of medications, nursing abilities, and research center experts' fitness in completing tests on blood tests (Tomes & Ng, 1995).

Utilitarian quality is the procedure of consideration gave; it alludes to the path in which the administrations conveyed to clients. Patients regularly depend on utilitarian viewpoints, for example, foundation, connection, and authoritative build as opposed to specialized angles when surveying the nature of social insurance administration. As per Lam (1997) patients base their assessment of social insurance administration quality on the nature of interpersonal components and the ecological variables, which the medicinal expert has been viewed as less critical.

Subsequently, the accompanying sections quickly talk about the forerunners of medicinal services administration quality which incorporate specialized and utilitarian quality. The predecessors are framework, cooperation; authoritative, medicinal care and nursing consideration which are identified with saw administration quality develop and after that to patient fulfillment build.

2.3 Service quality measurements

Estimation of administration quality has been led in different administration associations and in distinctive administration areas, the SERVQUAL model proposed by Parasuraman et al. (1988) has been utilized as a part of a wide mixed bag of studies to surveys both the client's administration desires and impression of the supplier's execution (Zarei et al., 2012; Ladhari, 2009; Pakdil & Aydin, 2007). As indicated by Parasuraman et al. (1985), the SERVQUAL scale was in light of the fifth crevice and the first ten measurements were further united into five measurements of administration quality to be specific Tangibles, Reliability, Responsiveness, Assurance and Empathy. These measurements are portrayed as takes after:

Tangibles: Appearance of physical offices, hardware, representatives and correspondence materials from an administration organization. **Unwavering quality:** An administration organization's capacity to perform the guaranteed administration constantly and precisely. **Certification:** representatives' learning and conduct about civility. **Responsiveness:** An administration organization is willing to help clients and give dependable administrations. **Empathy:** An administration organization gives mind and individualized regard for its clients, and in addition having advantageous working hours (Parasurman et al (1985)).

2.4 Service Quality Gaps

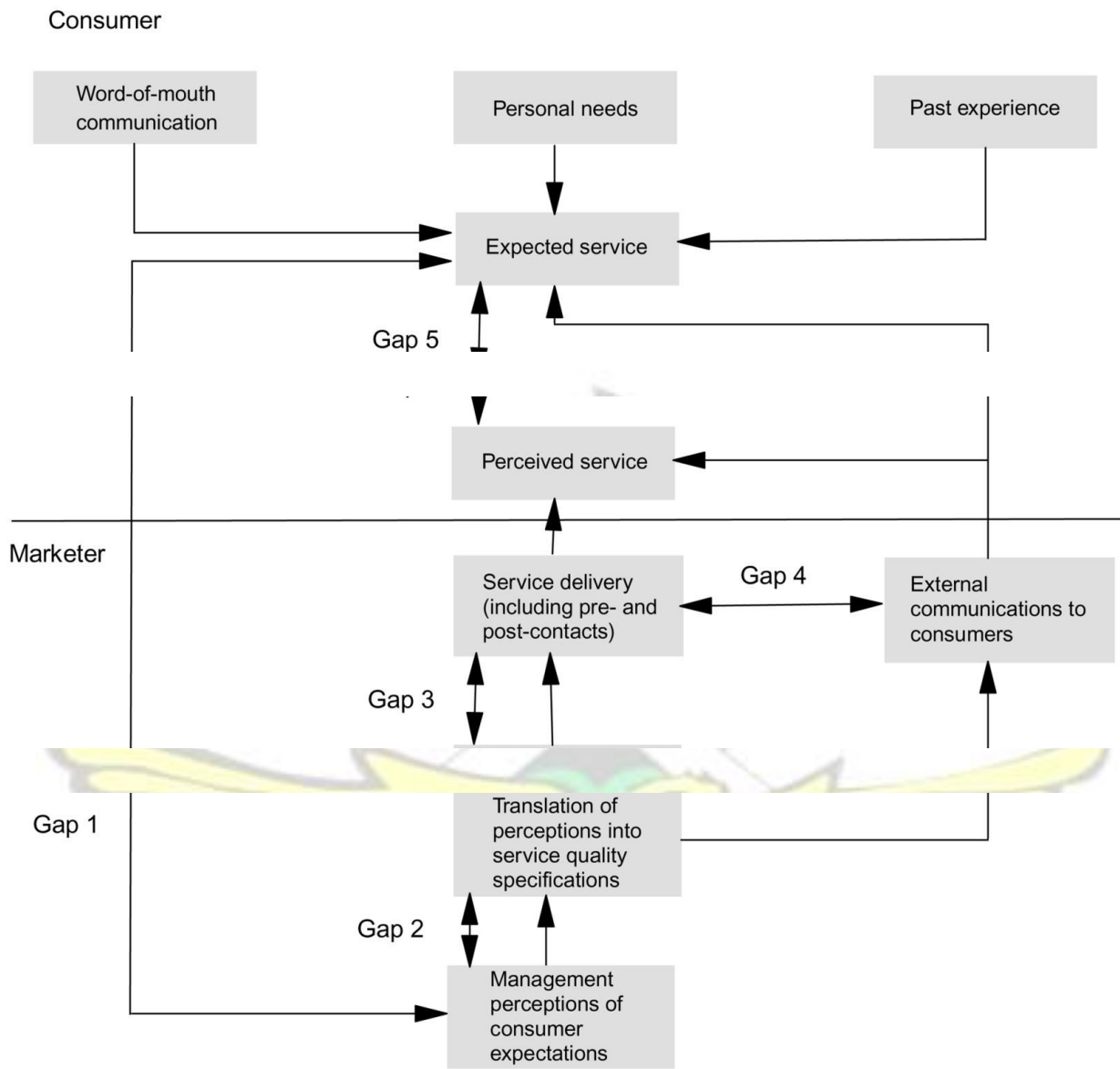
Quality has gotten to be imperative for clients when settling on an administration or item and it has been considered as a vital point of interest for associations to pick up and keep up accomplishment in the business world (Irfan & Ijaz, 2011). Administrations are impalpable and hard to quantify, so benefit quality relies on upon client recognitions and desires. The medicinal services division today has an exceptionally aggressive. The discernments and desires of patients are thought to be the significant marker to evaluate the administration nature of social insurance

association (Cronin & Taylor, 1992) and nature of administration conveyed to the patients ought to meet or surpass their observations and desires (Zeithaml, Berry & Parasuraman, 1993).

Besides, Parasuraman, Zeithaml and Berry (1985) conceptualized administration quality utilizing a disconfirmation show that looked at client desires and discernments from information assembled in retail managing an account, money related administrations, and item repair and upkeep commercial enterprises from which they built up the gap model (Zeithaml, Bitner, Gremler, 2012). The primary gap is known as the listening gap, which is the contrast between client desires of administration and organization comprehension of those desires. The second gap is known as the administration outline and principles gap speaks to the contrast between an organization's comprehension of client desires and the advancement of client driven administration plans and models.

The third gap is known as the administration execution gap which to be inconsistency between the advancement of client driven administration guidelines and genuine administration execution (Yousapronpaiboon & Johnson, 2013). Next, the fourth gap is the administration conveyance outer interchanges gap which is in view of the company's capacity to convey what is guaranteed and totally educate purchasers (Parasuraman et al 1985). At long last, the fifth gap is the normal administration saw administration gap includes the distinction between clients' general desires and impression of administration quality (Akter, Upal & Hani, 2008).

Conceptual framework for service quality gaps



Source: Parasuraman, Zeithaml and Berry, 1985.

2.5 Customer Satisfaction

Consumer loyalty is characterized as a client's general assessing of the execution of an offering to date (Gustafsson, Johnson & Roos, 2005) and is seen as the way to an organization's prosperity

and long haul intensity (Hennig-Thurau & Klee, 1997). The fulfillment additionally serves as a judgment that an item or administration highlights, or the item or administration itself, gives a pleasurable level of utilization related satisfaction (Oliver, 1997). In less specialized terms (Zeithaml & Bitner, 2003) made an interpretation of this definition to imply that fulfillment is the client's assessment of an item or administration as far as whether that item or administration has lived up to their needs and desires. Inability to address the issues and desires is expected to result in disappointment with the item or administration.

This general fulfillment has emphatically affect decidedly on clients' steadfastness goals over an extensive variety of item and administration classes. As a general estimation that is developed after some time, fulfillment normally intervenes the impacts of item quality, administration quality and cost or installment value on steadfastness (Gustafsson et al., 2005). It likewise contains a huge successful segment, which is made through rehashed item or administration use (Gustafsson et al., 2005). In an administration setting, general fulfillment is like general assessments of administration quality. In the connection of relationship advertising, consumer loyalty is regularly seen as a focal determinant of client maintenance. Then again, the couple of observational examinations around there demonstrate that an immediate relationship between these develops is powerless or even nonexistent (Hennig-Thurau, & Klee 1997).

Aboagye (2011) study showed that, fulfillment is for the most part saw as a more extensive idea though benefit quality concentrates particularly on measurements of administration. Moreover, saw administration quality is a segment of consumer loyalty and that, fulfillment is impacted by view of administration quality, item quality and cost and in addition situational elements and individual components. In conclusion, Service quality is an engaged assessment that mirrors the

client's view of dependability, affirmation, responsiveness, compassion and unmistakable. Consumer loyalty is controlled by item and administration highlights, shopper feelings, impression of item and administration quality, and value (Zeithaml et al 2009).

The urgent component of the administration benefit chain is the connection between consumer loyalty and monetary execution. Administration scholars and CEOs have frequently contended that predominant business execution depends basically on fulfilling the client (Peters & Waterman, 1982; Watson, 1963). In backing of this perspective, purchaser specialists have built up that clients who are fulfilled by a supplier report have a more grounded aims to buy from that supplier than do disappointed clients (Anderson & Sullivan, 1993; Mittal, Kumar, & Tsiros, 1999; Zeithaml, Berry, & Parasuraman, 1996). Then again, as noted by Verhoef and Hoekstra (2001), the connection between consumer loyalty and real, rather than expected, buy conduct is less entrenched.

Furthermore, Gelade and Kennett (2000), study demonstrated that, at the specialty unit level of investigation, connections between consumer loyalty levels and monetary execution have been accounted for by both customer and authoritative analysts. Relationships between consumer loyalty and budgetary execution have been noted in the eatery division In the keeping money segment, Loveman (1998) found that higher consumer loyalty prompts expanded cross-offering at the branch level, and Ittner and Larcker (1998) discovered consumer loyalty was a main pointer of income, and development in the client base, in bank offices. In general, and in spite of some negative discoveries, these outcomes bolster the general origination of a connection between consumer loyalty and budgetary execution.

2.6 Customer fulfillment in the clinics

In perspective of Donabedian, (1980) Client fulfillment is of prime significance as a measure of the nature of therapeutic administrations on the grounds that it gives data on the supplier's prosperity at meeting those customer qualities and desires, which are matters on which the customer is a definitive power. The estimation of fulfillment is, hence, an essential apparatus for examination, organization, and arranging. The casual evaluation of fulfillment has a significantly more imperative part over the span of every expert customer communication, since it can be utilized persistently by the specialist to screen and aide that collaboration and, toward the end, to acquire a judgment on how fruitful the cooperation has been (Donabedian, 1980).

Moreover, customer fulfillment likewise has a few restrictions as a measure of value. Customers by and large have just an extremely deficient comprehension of the science and innovation of consideration, so that their judgments concerning these parts of consideration can be defective. In addition, customers here and there expect and interest things that it would not be right for the expert to give in light of the fact that they are professionally or socially illegal, or on the grounds that they are not in the customer's best advantage. Case in point, if the patient (customer) is disappointed in light of the fact that his absurdly exclusive standards of the viability of therapeutic science have not been met, one could contend that the specialist has neglected to teach the patient. What's more, when the patient is disappointed in light of the fact that a craved administration has been denied, the reason for that disavowal could be of sketchy legitimacy, particularly if is expected that the essential obligation of the specialist is to the individual customer, and that the customer is, eventually, the best judge he could call his own advantage, gave that he is rationally healthy and legitimately educated. These constraints don't bring down the legitimacy of patient fulfillment as a measure of value, however they are the best representation of specific parts of the

meaning of value, in particular, those which relate to customer desires and valuations (Donabedian, 1980).

Medicinal services is the quickest developing administration in both created and creating nations (Dey et al 2006). Patients are presently viewed as human services clients, perceiving that people intentionally settle on the decision to buy the administrations and suppliers that best meet their social insurance needs (Wadhwa, 2002). Identified with this, human services quality and patient fulfillment are two essential wellbeing result and quality measure (Ygge and Arnetz, 2001; Jackson et al., 2001; Zineldin 2006). A few written works recognized the fulfillment as a superordinate develop and considered saw administration quality as a predecessor of fulfillment (Cronin, Brady and Hult, 2000; Cronin and Taylor, 1994).

A few studies on medicinal services administration watched a causal relationship between saw administration quality and patient fulfillment (Woodside et.al., 1989, Choi et.al.2004). Truth be told, addressing the needs of the patient and making medicinal services gauges are basic to accomplish top notch (Ramachandran & Cram 2005). In this manner, the patient is the focal point of medicinal services' quality motivation (Badri et. al.,2007). Scotti, Harmon and Behson (2007) led a study that backings the contention that the apparent quality is one of the determinants of patient fulfillment. Howard and Sheth (1969) clarified consumer loyalty as an intellectual reaction of clients. Chase (1977) characterized shopper fulfillment on the premise of buyers' assessment of utilization experience. Then again there are examples to be specific, Churchill and Surprenant (1982) who have characterized shopper fulfillment in light of the subjective and full of feeling measurements of the idea.

Further Oliver (1997) highlights definitions on consumer loyalty that perceive the passionate twisted of a buyer towards the coveted items or administrations. Mutawa et.al. (2006), in the

meeting paper, have specified that administration or item itself is one of the foremost elements of consumer loyalty; characterized as a framework that client experiences to get the quality for cash. Newman et.al. (2001) opined that client administration is an essential for consumer loyalty. The estimation of administration comprises of eight measurements viz. dependability, confirmation, access, correspondence, responsiveness, graciousness, compassion, and tangibles (Brown, 1997; Caruana and Pitt, 1997; Cooke, 1998; Homburg and Garbe, 1999; Clemes et al., 2001; Sower et al., 2001; Yang et al., 2003).

In a few writings, consumer loyalty has been characterized as a repeating model which clarifies the relationship between consumer loyalty and client dedication. Concurring McAlexander (2003) consumer loyalty is a precursors of dependability where as Compton (2004) opined that the client devotion drives the desire esteem that in the long run drives the estimation of consumer loyalty in future buy (Compton, 2004). Lee (2004) characterized consumer loyalty as a proportion of client recognition and client desire. As per the Center for the Study of Social Policy (2007), fulfillment is an individual evaluation of clients which is influenced by both the desire and experience of clients. As noted from the above compositions, there is no agreement on characterizing the reaction to fulfillment. To put it plainly, fulfillment is a passionate reaction (Zineldin 2006). Some hypothetical ideas point out the disconfirmation of desires model (Oliver, 1980, Carson et.al.1998).

Fulfillment is likewise depicted on the premise the estimation of items and administrations that clients or patients assess contingent upon clients' experience and recognition (Liljinder & Strandvik, 1995). Smith and Swinehart (2001) pointed out an in number relationship between nature of item or administration and fulfillment of clients. As per them, clients' discernment with respect to nature of items or administrations achieves fulfillment in their brain. Above examination

implies that patient fulfillment is specifically identified with the apparent administration quality. Subsequently, it is critical to lead a writing overview to see how the estimation of administration quality is imperative to focus quiet fulfillment.

2.7 Relationship between Service Quality and Patient Satisfaction

The relationship in the middle of fulfillment and administration quality has pulled in incredible consideration in the writing. In the advertising writing a few studies demonstrated that apparent administration quality and administration fulfillment have a blended relationship. Regularly, the nature of the administration quality and fulfillment connection is seen as direct, showing that the level of higher administration quality prompts more elevated amounts of fulfillment (Pollack, 2008). Various studies have affirmed that administration quality is a forerunner to consumer loyalty (Cronin & Taylor, 1992; Dabholkar et al., 2000; Brady & Robertson 2001; and Dagger & Sweeney, 2006). As indicated by Dabholkar et al. (2000) and Choi et al. (2004) consumer loyalty and administration quality are two unmistakable yet related develops. Dabholkar et al. (2000) prescribed that consumer loyalty and saw administration quality ought to be measured independently keeping in mind the end goal to see how clients assess administration quality.

Consumer loyalty in promoting idea has been connected in human services segment so as to serve the patient in a more productive and compelling way (Kay, 2007). Fulfillment with human services is identified with ideas of social insurance quality. As per Donabedian (2005) patient fulfillment has turned into an essential result of human services administration quality and is not just a critical segment of nature of consideration, additionally a key benefactor to the meaning of value from the viewpoint of patient desires. The tolerant's impression of administration quality is accepted to emphatically influence persistent fulfillment, showed that patient fulfillment is a key result of

consideration (Andaleeb, 2001). Along these lines, exist an in number connected between social insurance administration quality and patient fulfillment.

In the social insurance writing, a few studies have built up the relationship between nature of clinic administrations and patient fulfillment. A study led by Gotlieb et al. (1994) on 232 release patients found that apparent administration quality emphatically influences quiet fulfillment. This finding was bolstered by Tucker and Adams (2001), in an investigation of patient fulfillment at open clinics; they affirmed that the administration quality has a positive association with patient fulfillment. As needs be, Badri et al. (2009) dissected the relationship between human services administration quality and patient fulfillment utilizing auxiliary mathematical statement displaying among patients at United Arab Emirates open healing facilities and found that the apparent administration quality is emphatically identified with patient fulfillment.

2.8 Empirical audit of administration quality and patients fulfillment

Aladham, (2004) study entitled "distinguishing saw administration quality wellbeing in Palestinian doctor's facilities" study expected to investigate the likelihood of applying quality administration in social insurance framework through the recognizable proof of the effectively pertinent and saw administration level in Nablus open, private and magnanimous doctor's facilities. A poll has been based on an example of representatives and patients. Aggregate example size was (650) surveys, (150) disseminated on patients and (500) on staff and branches of the healing centers. The study reasoned that the larger part of Nablus healing facilities did not have a workable framework that distinguishes a wide range of activities forced in this heading, this study demonstrated distinctive patterns and contrasts via care and administration beneficiaries to add to understanding and recognizing the get process for the administration and the study shows an immediate relationship in all clinics between administration methods and patient fulfillment. Likewise, staff states of mind

and qualities are connected with patient fulfillment, as well as have an immediate effect on every one of the exercises of the doctor's facility.

Furthermore, Shahin, (2006) Study entitled: "Servqaul and Model of Services Quality Gaps" took place in Iran in some sustenance organizations and the study test comprised of 52 client from the clients of these organizations where the study was intended to utilize SERVQVAL scale for measuring nature of administration through distinguishing gaps between client desires and real administration rendered to him likewise it expects to help oversee and enhance quality in recognizing vital measurements of value and recognize needs in enhancing quality and decreasing the gap, The study demonstrated that the measure of SERVQVAL is broadly utilized as a part of outer administration quality estimation of the outside customer and this standard can likewise be framed to quantify the nature of the Interior quality between the segments and units inside of the establishment.

Moreover, Azizan & Mohamed (2013) study concentrated on the impacts of saw administration quality on patient fulfillment in an open doctor's facility. Information incorporated 109 respondents that accomplished the clinic administration. Utilizing a PLS-SEM apparatus, the speculated impacts among the builds were tried exactly. No factually noteworthy connections were found between saw administration quality develop and (i) the doctor's facility foundation builds and it didn't bolster the speculation H1 (ii) cooperation with consideration suppliers build and it didn't bolster the theory H2. Be that as it may, the outcomes show that the way coefficients were critical between saw administration quality build and (iii) patients' view of regulatory methodology develop and it upheld the speculation H3, (iv) patients' impression of restorative consideration

develop and it bolstered the theory H4 and (v) patients' impression of nursing consideration develop and it upheld the theory H5. The develops were viewed as the key variables that impact the apparent administration quality in the present study. The way coefficient from saw administration quality to patient fulfillment was extremely huge and it upheld the speculation H6. The precursors of administration quality exhibited extensive force in clarifying difference in saw administration quality. The base, connection, managerial, medicinal care, and nursing consideration builds clarified 69.7 percent of the fluctuation in saw administration quality and general the model clarified 66.6% percent of the change in patient fulfillment. Consequently, it can be reasoned that the model is suitable in deciding the human services administration quality.

In addition, Irfan, Ijaz and Farooq (2012) study examined the level of nature of social insurance administrations conveyed to patients by general society doctor's facilities in Pakistan. As of now, social insurance framework in Pakistan is embodied open doctor's facilities, human services units and dispensaries, which are not adequate to meet the medicinal services necessities of 169.9 million individuals. This study means to examine, nature of administrations conveyed to patients by open doctor's facilities in Pakistan. For this reason, a poll was created in light of adjusted "SERVQUAL" utilizing five administration quality measurements, to be specific; compassion, tangibles, convenience, responsiveness and confirmation. A sum of 369 reactions were gathered from the patients profiting administrations from the general population healing centers situated in Lahore, Pakistan. Information was investigated utilizing basic comparison displaying system (SEM) and aftereffects of this study show that open doctor's facilities are not trying noticeable endeavors to convey nature of administrations to their patients and are not attempting any obvious endeavors to address quiet's issues and needs.

Zamil, Areiqat and Tailakh, (2012) study measured the Impact of Health Service Quality on Patient's Satisfaction in the Hospital's of Public and Private segments in Jordan. an arbitrary specimen of inpatients was decided to direct this study inside. The example comprised of 450 inpatients. To focus the effect of Health Service Quality on Patient's fulfillment the scientist utilized an exceptional measure called "SERVPERF" which was planned uncommonly to quantify the nature of administration in diverse Service parts the substance legitimacy of the measure led by board of trustees authorities and all through the various utilization of this measure over the time. The dependability of the measure processed utilizing Cronbach alpha and the outcome showed that the interior consistency of the measure was 90%. The outcome uncovered that: 1) there is an Impact for the wellbeing administration quality on tolerant's fulfillment. 2) There is a critical measurable contrast of the Impact of Health Service quality on tolerant's fulfillment between Hospitals of open and private part. 3) The Impact of wellbeing administration quality on understanding's fulfillment in private Hospitals part is superior to anything that out in the open Hospitals segment. 4) The responsiveness reduction of wellbeing administration quality has the most minimal mean out of other administration quality decreases in broad daylight and private divisions.

Rad, Som and Zainuddin,(2010)study researched the impact of social insurance administration quality on therapeutic visitors' fulfillment that come to Malaysia as global patients. The units of examination of this present study are people that go to private human services focuses in Penang. In general, the study discoveries uncovered a positive relationship between social insurance administration quality and general patient fulfillment. In this manner, the administration and administration suppliers ought to give careful consideration to social insurance administration

quality to have the capacity to make dependable game changers for building up the medicinal tourism industry contrasted with their local rivals.

Ramez, (2012) paper assessed the level of administration nature of social insurance suppliers in Bahrain with a perspective to revealing, essentially; the relationship between administration quality measurements and the generally patients' fulfillment and breaking down behavioral expectation of patients. An example of 235 patients of clinics and restorative focuses took part in the poll review. Clear, figure examination, relapse and connection factual procedures were utilized to explore the relationship between administration quality (SQ) measurements, patients fulfillment (SAT) and behavioral aim (BI). The study results demonstrate that SERVPERF scale was more productive than SERVQUAL scale in clarifying the change in administration quality. Two – Factor arrangement was given by the SERVPERF scale, where dependability, responsiveness and affirmation and the larger part of compassion measurement were profoundly connected and stacked on the first element, while the second element secured just the substantial measurement. Responsiveness, compassion and unmistakable measurements had the biggest impact on the general administration quality. Positive and noteworthy connections were found between general administration quality (OSQ), patients' fulfillment (SAT), and their conduct expectation (BI).

In conclusion, Chang, Chen and Lan (2013) study, endeavored to overcome any issues between administration quality and consumer loyalty with a proof based practice study. The study embraced a cross-sectional outline utilizing a poll review of outpatients in seven medicinal focuses of Taiwan. Three hundred and fifty duplicates of survey were appropriated, and 285 substantial duplicates were recovered, with a legitimate reaction rate of 81.43%. The SPSS 14.0 and AMOS 14.0 (basic mathematical statement displaying) measurable programming bundles were utilized for examination. Auxiliary mathematical statement demonstrating clears up the degree of

connections between variables and additionally the chain of circumstances and end results. Restated, SEM results don't simply indicate exact connections between variables when characterizing the pragmatic circumstance. Thus, SEM was utilized to test the theories. View of interpersonal-based medicinal administration experiences absolutely impacts administration quality and patient fulfillment. Impression of administration quality among patients decidedly impacts their trust. View of trust among patients emphatically impacts their fulfillment.

Investigation of Abu Musa, (2000) entitled: "effect of administration quality on consumer loyalty and benefit in Jordanian banks" (a relative study between the Housing Bank and Islamic Jordanian Bank). Gone for recognizing quality keeping money benefits really gave in each of the Housing Bank and the Jordan Islamic Bank, furthermore intended to connect the relationship between Bank administration quality and gainfulness increment spoke to at the rate of quantifiable profit, three polls were dispersed: one for customers, and another for staff, and another for executives, including an example of 112 Directors (148) from banks, (602) for banks' customers. Where the study closed: The requirement for each of the Housing Bank and the Jordan Islamic Bank to outline systems and strategies keeping in mind the end goal to enhance the nature of the administration really gave by the Bank through the advancement of impalpable perspectives, indicating premium and individual learning of clients, notwithstanding attempting to enhance mental impression of value saving money benefit really gave, through increased advancement of individual correspondence with clients and direct more statistical surveying to focus the reasons for the gap between the administration's view of managing an account administration quality really gave and clients' view of saving money administration quality.

Shkukani, (2003) study entitled: "impact of perceived quality on profitability and growth" (a near study between the divisions of business banks and private clinics in Jordan of applying the model

of administration and productivity arrangement) the point of this study is to test the effect of saw quality on gainfulness and development in the Jordanian administrations foundations, where the study was in light of ordered inspecting of the study group (1000) people from clients and (500) person from staff. The study finished up: the need to build the enthusiasm of private healing center offices and business banks to give an open to workplace to staff and enhance different parts of the Interior quality specifically concerning admiration and energy about staff , adding to their aptitudes , expanding the level of investment ,raise confidence , build the certification on inspecting the needs of clients and pinpoint , expand consideration regarding the bleeding edge staff in the administrations associations and overhaul their aptitudes and capacities in managing clients.

2.9 Overview of the Ghana Health Sector

Ghana's medicinal services industry is exemplified by an administration part that serves most of the populace and a developing private division that serves 40 percent of social insurance needs. The social insurance industry is indicating positive development as the Ministry of Health (MOH) is putting a lot of capital into the revitalization of every single open establishment. The National Health Insurance Scheme (NHIS) executed by the MOH has made medicinal services products and administrations more reasonable and available to Ghanaians. Lucrative development is knowledgeable about both the pharmaceutical-and therapeutic gadgets businesses.

This Frost & Sullivan exploration administration titled Overview of the Healthcare Industry in Ghana gives a brief diagram of the structure and operations of the medicinal services industry in Ghana, and offers a more inside and out investigation of the pharmaceutical and therapeutic gadgets commercial ventures by distinguishing the key members and focused progress. The study

evaluates the business sector size in 2008 and gives income conjectures until 2015 alongside the key difficulties and drivers experienced by members. In this examination, Frost & Sullivan's master investigators altogether inspect over-the-counter pharmaceuticals, doctor prescribed medications (marked and nonexclusive) and additionally examinations the restorative gadgets and the social insurance industry in Ghana.

This investigation is accessible through our Medical Devices Growth Partnership Services program. With nonstop access to knowledge and assets from every one of the seven viewpoints of the Complex Business Universe, the Growth Partnership Services project guarantees that you and your Growth Team™ have the capacity to keep up a 360 Degree Perspective of the business sector. This exhaustive, target data permits your organization to alleviate danger, recognize new open doors, and drive compelling procedures for development. For more data on this custom membership administration, please [click here](#).

Open Funding to Boost Diagnostic Capabilities Driving Uptake of Medical Imaging Devices and Laboratory analysers. Ghana's human services industry is encountering different regions of development. On the other hand, the drive towards enhanced analytic ability has prompted popularity for therapeutic imaging gadgets. The Ghanaian Government has put resources into the revitalisation of every open doctor's facility; the preparing of 41 chose open healing facilities with imaging gadgets frame a piece of this try. A noteworthy test in Ghana is the absence of subsidizing with a specific end goal to back the high starting expense of capital hardware. All things considered, support from outside producers and givers has made this a reality and the medicinal gadgets industry is developing at a quick rate. The key drivers of development incorporate government venture into open doctor's facility revitalisation and the National Health Insurance

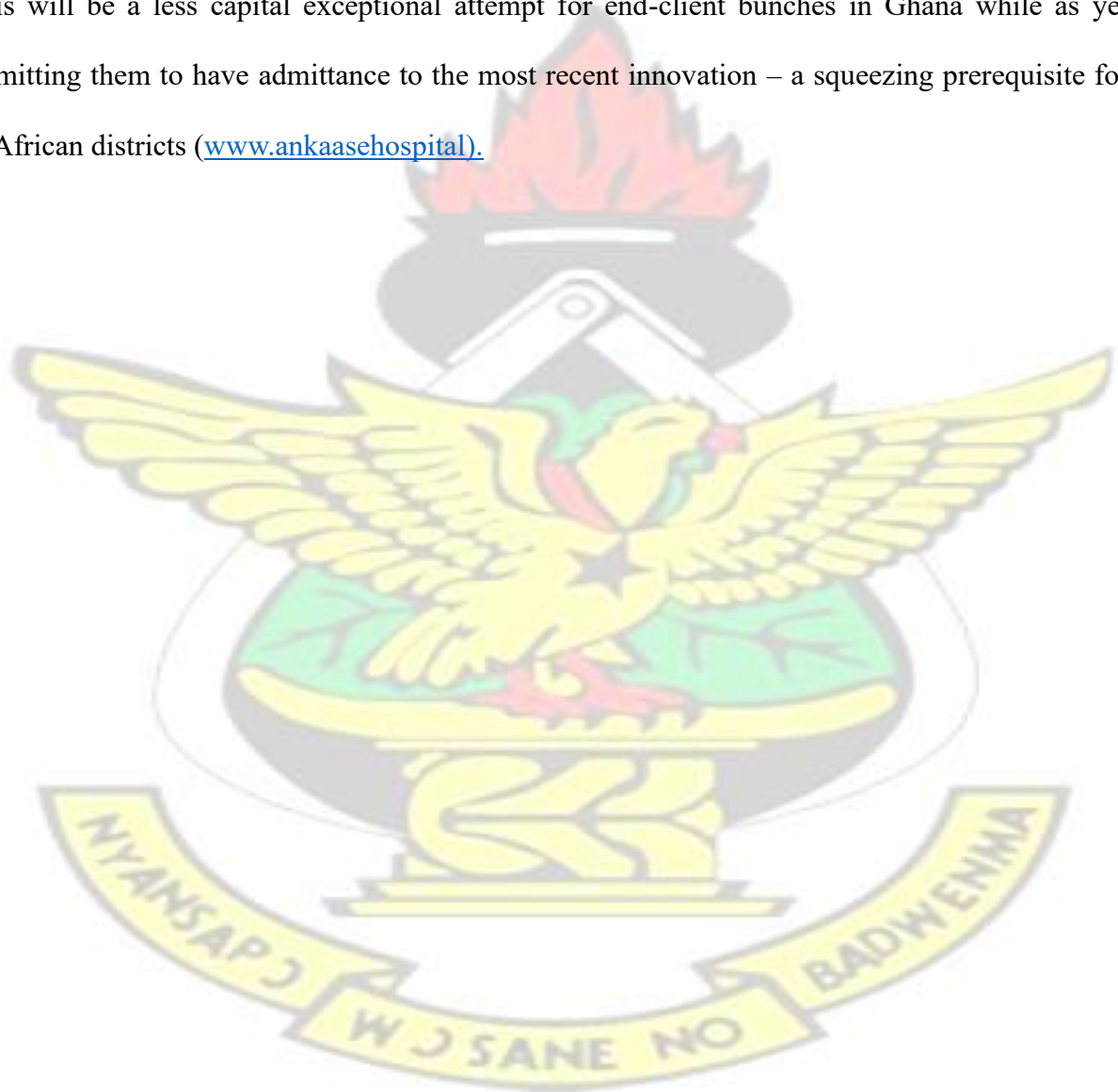
Scheme, which has made social insurance merchandise and administrations more moderate to Ghanaians. The high rate of irresistible ailments is, in the meantime, pushing the symptomatic imaging and lab analyser business in Ghana.

'The greatest commute towards the uptake of restorative imaging gadgets and lab analysers in Ghana is the way that Government is putting resources into this zone so as to enhance the symptomatic ability of the nation,' takes note of the expert of this exploration. 'Because of the high occurrence of different irresistible maladies, the Government of Ghana has put noteworthy capital into the updating of their clinics, uprooting outdated gear and supplanting these with better than ever hardware.' keeping in mind the end goal to meet its umbrella objective to enhance human services administrations and make it more open to the populace, restorative imaging gadgets, especially enhanced X-beam gadgets and ultrasound gear have been set by the Government in 41 chose open doctor's facilities. Moreover, the Government is additionally redesigning open research centers – manual operations at labs are being computerized, supporting sizeable development in the analyser business. The Government's objective to have analytic capacity effectively open to the populace is expanding the development of this industry.

Portable Units Emerge as could reasonably be expected Solution to the Challenge of High Initial Capital Investments the Ministry of Health (MOH) is the biggest purchaser of therapeutic gear in Ghana. In any case, the MOH does not dispense adequate stores to getting the fundamental gadgets. With financing being a key limitation to the uptake of new advances, the restorative gadget industry is particularly influenced because of the high beginning capital speculation needed. While there is real interest for restorative gadgets in Ghana, the capital speculation needed to secure the hardware is not generally accessible. People in general part depends incredibly on gifts, while the private division shows an inclination for revamped gear. The usage of a versatile

unit with gadgets that can be shared between doctor's facilities will be a key answer for the capital imperative confronting the nation.

To address the issues of both producer and end-client, a portable unit set up by makers that would permit healing facilities to share specific gadgets could diminish execution and support expenses and could rather work by charging administration and preparing expenses,' clarifies the expert. 'This will be a less capital exceptional attempt for end-client bunches in Ghana while as yet permitting them to have admittance to the most recent innovation – a squeezing prerequisite for all African districts (www.ankaasehospital.com).



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section provides the procedure that was used in achieving the study. The section talk about the study design, the population, sample size and sample selection strategy and data analysis procedure.

3.2 Research design

Explanatory research was utilized for this study. As per Gay (1990) "logical examination included gathering information with a specific end goal to answer inquiries concerning the present status of the subject of the study". It was sparing and advantageous for the investigation of this nature. Yin (1993) expressed that "informative examination clarified causal relationship in the middle of circumstances and end results of a marvel". It went for clarifying causal relationship between variables. In this study patients' fulfillment relies on upon the administration quality conveyed by the healing facility staff of Ankaase Methodist Hospital. Furthermore, using qualitative and quantitative approaches, the study identifies the service quality gaps at Ankaase Methodist Hospital, examined patients' satisfaction with service quality at Ankaase Methodist Hospital and lastly, examined the relationship between service quality and patients' satisfaction at Ankaase Methodist Hospital.

3.3 Study Population.

The study's population consists of In-patients Out-patients and nurses of Ankaase Methodist Hospital within first quarter of the year 2015. The total population was approximated to be nine hundred and eighty (780). This is presented in the table below.

Table 1: Research population

	Category of respondents	Approximated Population
Patients	In-patients	180
	Out-patients	300
	Nurses	300
Total	Population	780

Table 2: Research population and sample size

	Category of respondents	Approximated Population	Approximated Sample
Patients	In-patients	180	50
	Out-patients	300	100
Staff			
	Nurses	Approximately 300	100
Total	Sample size	Approximately 780	250

3.4 Sample size and Sampling procedure

A sample size of two hundred and fifty (250) respondents was chosen for the analysis. For the reasons of this study, convenient testing procedure was for the most part utilized. The objective was basically on two gatherings, along these lines the formal and the casual gatherings. Formal gatherings were those customers who were educated in the territory of study while casual gatherings were those buyers who were uneducated in the region of study. Snowball examining uses a little pool of starting sources to choose, through their informal communities, different

members who meet the qualification criteria and could conceivably add to a particular study. This system was utilized as a part of request to decrease hunt expense furthermore to guarantee that specimen incorporates respondents who are proficient or are specialists in the exploration territory. The specialist received this system for Formal and casual gathering of purchasers and clients on the grounds that it was the most ideal approach to evoke the perspectives of persons who have particular mastery in the theme territory furthermore to give confirmation to the legitimacy of the report.

3.5 Data collection

Data collection sources for the study comprised both primary and secondary sources. Primary data for the study was collected through questionnaires while secondary data was collected from the various hospital's archives, books, and documentations on admitted and non-admitted patients.

3.6 Design of the questionnaires

The survey was outlined keeping in mind the end goal to encourage procuring responses to answer the exploration questions. A draft poll was exhibited to the theory administrator so that any deficiency or shortcoming in the survey was adjusted before the last form directed. It was intended to request the master suppositions of patients who are essentially worry about administration quality in the healing center.

In conclusion, the survey was planned keeping in mind the end goal to empower the scientist finish the examination destinations. The data that was required yet couldn't be gotten from auxiliary source was deciphered into a situated of inquiries. So as to enhance the reaction rate and guarantee that respondents feel extremely good when noting the inquiries, the survey did not oblige respondents to uncover their personality.

3.7 Data analysis procedure

Data was analyzed with SPSS to obtain results in tables. Descriptive statistics and other regression concepts were used to justify the responses of respondents. Deducing from the descriptive statistics, the higher the value of the mean, the higher the disagreement with the statement: The key is as follows: One = Strongly agree, Two = Agree, Three = Neutral, Four = Disagree, Five = Strongly disagree.

3.7.1 Regression equation

In analyzing the relationship between service quality and patients' satisfaction at Ankaase Methodist Hospital, the following analysis was used in producing and elucidation the regression equation acquired from the coefficient table.

Coding: service quality 1 = Yes 2 = No

Patients' satisfaction 1=Very high 2=High 3 = No impact 4= No impact at all. In the coefficients table,

3.8 Profile of Ankaase Methodist Hospital

The Ankaase Methodist Faith Healing Hospital was inherent 1990, and Gongwer was its first specialist. The doctor's facility now has four specialists, three doctor's associates, around 130 other staff individuals, and around 200 patients once a day. The new pastor has the capacity offer plan to these individuals included with the healing center as he leads day by day dedications, both for patients and the staff. The clergyman's employment extends to a more individual level as he petitions God for every patient separately. "Each morning we have what we call 'petition to God rounds,' where the pastor and his group of low maintenance clergymen go around and appeal to God for each patient in the wards and clergyman to them," says Gongwer. So far the outcomes have been certain.

"Patients are just so appreciative to come to Ankaase. A large number of them trust that God arrives and that He will bring their recuperating there. So they advise their companions and individuals to come to Ankaase in light of the consideration that they get. You simply perceive how individuals are consoled and given trust that they will be dealt with."

While the doctor's facility keeps on prospering in physical and profound mending, it has not been sufficiently blessed to maintain a strategic distance from the impacts of the current financial downturn. Gongwer notes that numerous Ghanaians can't bear the cost of even to pay the National Health Insurance costs, which come down to just around 22 dollars a year. Stores remain an issue in which full reliance on the Lord is basic. Gongwer approaches you to appeal to God for knowledge, sympathy, solidarity and participation among the staff. At last, Gongwer says, "We have to appeal to God for the 65 or 70 individuals that are on the wards consistently and evaluate how we can serve the uplifting news of Jesus to them. In the event that you might want to help bolster the Ankaase Methodist Faith Healing Hospital fiscally, [click here](#). To bolster Cameron Gongwer and his family on the mission field,

The Methodist Faith Healing Hospital is a non-benefit and non-administrative association which tries to give all encompassing social insurance to all patients that visit the office. The group upheld Mr. J.K. Manu's vision to give medicinal services to the populace of Ankaase and its environs with a collective work.

The principle healing facility building was given to the Methodist Church Ghana. The doctor's facility was committed on September 24th 1988, and began as an outpatient division (OPD) on March 25th 1991. From that point forward there has been real advancements in the different administrations office gives and these incorporate Maternity, Laboratory, In-Patient Services,

Surgery, Nutrition, Chaplaincy, Casualty, X-Ray, Public Health, Counseling, Family Planning and Mortuary administrations. The office right now serves as a referral healing center for two primary areas inside Ashanti Region including Afigya Kwabre and Kwabre. (www.ankaasehospital.org).

KNUST



CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.0 Introduction

This section presents the analyses of data in relation to the service quality gaps and patient satisfaction with uncommon focus on Ankaase Methodist Hospitals within the Ashanti region of Ghana. Using SPSS statistical tool, the results of the data analysis are represented in tables. Two hundred and fifty-five (255) questionnaires were administered to the respondents and 250 retrieved after a week of administering. Items that were not answered on the questionnaires were treated as missing. The section commence with the demographic analysis of respondents.

4.1 Background information on respondents

This section provides the demographic characteristics of respondents. The demographic discussed includes age, gender, educational background and number of years with Ankaase Methodist Hospitals. Demographic characteristic are very critical in assisting the researcher identify the target market of the hospital, the trend of retention rate of customers (patients). The results are represented in graphs below

4.1.1 Age of respondent

The analysis indicated that, 23.8% of the respondent within the hospital had their ages below 25 years whereas only 7.5% had their ages above 45 years. The most dominant age ranges was below 25 years with 23.8% of the respondents indicating patient traditions of the hospital. The hospital's target patients are possibly are on the youth. The last group in the age distribution table was between 36-40 years who recorded 16.8%.

4.1.2 Gender of respondent

Additionally, the analysis revealed that 60.3% of the respondents are female with males covering about 39.7% of the respondents. However the dominant nature of high female participant reflects the patients' culture of the hospital. Thus the patients of the hospital were female dominated. of the

4.1.3 Number of years of respondent with the hospital

Furthermore, the result indicated that, respondents who had 3-4 years relationship with the hospital formed about 90% of the total while those above 5 years is about 10%. This indicates that Ankaase Methodist Hospital has a high patient retention rate. This may be attributed to its effective and quality motivational packages design for its patient, corporate image and proper management of staff. Alternatively it can be established that the retention rate of customers was relatively high

4.1.4 Educational background of respondent

The educational background of the respondent indicated that 59% of the respondents are HND leavers with first degree following with 30% of the respondent. The least in this category are those with second degree and above. This group covers only 4% of the respondent. The dominant nature of HND leavers reveals the target market of the hospital's patients.

4.2 Examining the service quality gaps at Ankaase Methodist Hospital.

In view of the analysis, service quality gap was defined as the difference between customer expectations of service and company understanding of those expectations and designing services necessary to meet those expectations. In the quest to assess the service quality gaps of Ankaase Methodist Hospital, the analysis was carried out in two phases. For the first phase, respondents (In and Out patients and nurses) of the hospital were asked to indicate their preference by either indicating very important, important, Neutral, Not Important Not all important on various statement pertaining to patients' expectation about the hospital's service quality. The second

phase was done by allowing respondents to strongly-agree, agree, neutral, disagree, stronglydisagree on the various statement pertaining to extent to which their expectation on service quality was met at the hospital. Their responses are analysed and presented in the descriptive statistics table below:

Table 3: Descriptive Statistics on patients' expectation about the hospital's service quality.

	N	Minimum	Maximum	Mean	Std. Deviation
Reliability	150	1.00	5.00	4.630	.63012
Assurance	150	1.00	5.00	4.830	.97576
Tangible	150	1.00	4.00	3.833	.77145
Empathy	150	1.00	5.00	4.963	1.42146
Responsiveness	150	1.00	5.00	4.557	.75789
Valid N (listwise)	150				

From table 3, patients uncovered that it was important for attendants and wellbeing help to be reliable in their administration conveyance. Subsequently, attendants and wellbeing colleagues ought to guarantee patients take their medicine as endorsed. Additionally, attendants are to be tried and true when taking care of patients' issues. Once more, attendants must be individuals they can trust with understanding's privacy and in conclusion, medical caretakers ought to guarantee that patients don't invest a lot of energy holding up in lines and where there are postponements clarifications are to be given. The mean for this item is 4.6300 approximately 5 (important).

Furthermore, in table 3 above, patients uncovered that it was important for medical attendants and wellbeing help to make assurance air of good administration conveyance. Along these lines medical attendants ought to be respectful and amicable to patients. Likewise, nurture must have

the capacity to move trust and trust in patients. Once more, attendants ought to guarantee that, solutions are tackled time and that no errors are made with measurement. In conclusion, medical caretakers must make a well disposed air for patients to feel sheltered and loose. The mean for this item is 4.8 pretty approximately 5 (important).

Besides, table 3 above uncovered that, it was important for the healing facility to be substantial in their conveyance of administration. In this manner attendants are ought to be fashionable at all times with the healing center working with cutting edge therapeutic hardware. Additionally, the healing facility need to have outwardly alluring and agreeable physical office (i.e seats, beds, table) with engaging materials (i.e handouts, magazines, daily papers and so forth) to draw in patients as they hold up. Ultimately, There ought to be directional signs to help patients with simple route furthermore the doctor's facility structures ought to be incapacity neighborly, The mean for this item is 3.8 approximately 4 (important).

Also, table 3 above uncovered that it was important for that attendants and wellbeing help ought to be empathic in their administration conveyance. In this manner Nurses ought to be understanding when managing patients furthermore were hesitant when reacting to patients' dissensions. Again medical caretakers ought to require some serious energy to listen to patients and recall names and appearances of patients. Finally, medical attendants ought to guarantee patients feel great sincerely and mentally. The mean for this item is 4.9 more or less 5 (important).

Finally, table 3 above uncovered that it was important for medical caretakers and wellbeing help to be responsive in their administration conveyance. Accordingly attendants ought to constantly capable and prepared to get patients and willing to help patients notwithstanding amid odd hours.

In conclusion, attendants ought to have patients' enthusiasm on a basic level. The mean for this item was 4.55 approximately 5 (important). In synopsis the administration quality gap recognized here was the empathy administration.

Table 4: Descriptive Statistics on patients perception of the service quality rendered at the hospital.

	N	Minimum	Maximum	Mean	Std. Deviation
Reliability	150	1.00	5.00	4.970	.55432
Assurance	150	1.00	5.00	4.860	.79135
Tangible	150	1.00	5.00	4.245	.59018
Empathy	150	1.00	4.00	3.664	.84907
Responsiveness	150	1.00	4.00	4.587	0.85907
Valid N (listwise)	150				

Source: field survey, 2012.

In surveying the administration quality gap inside Ankaase Methodist Hospital, patients uncovered that medical attendants and wellbeing help were reliable in their administration conveyance. Along these lines strongly concurring that, attendants and wellbeing partners guarantees patients take their medicine as recommended. Likewise, medical attendants are reliable when taking care of patients' issues. Once more, medical caretakers are individuals they can trust with quiet's classifiedness and in conclusion, attendants guarantees that patients don't invest a lot of energy holding up in lines and where there are deferrals clarifications are given. The mean for this is 4.970 approximately 5 (strongly agreed).

Furthermore, in evaluating the administration quality gap inside Ankaase Methodist Hospital, table 4 above uncovered that medical attendants and wellbeing help guaranteed patients of good administration conveyance. In this way medical attendants were gracious and well disposed to

patients. Additionally, medical attendants had the capacity move trust and trust in patients. Once more, attendants guarantee that, prescriptions are tackled time and that no slip-ups are made with dose. In conclusion, medical attendants make an agreeable environment for patients to feel protected and loose. The mean for this is 4.86 approximately 5 (strongly agree).

Besides, table 4 above uncovered that respondents strongly agreed with the announcement that, the healing facility was substantial in their conveyance of administration. Along these lines attendants are sharp looking at all times with the doctor's facility working with present day restorative gear. Additionally, the doctor's facility have outwardly alluring and agreeable physical office (i.e seats, beds, table) with engaging materials (i.e leaflets, magazines, daily papers and so on) to draw in patients as they hold up. In conclusion, There were directional signs to help patients with simple route furthermore the doctor's facility structures were inability benevolent, The mean for this is 4.25 approximately 4 (agreed).

Additionally, table 4 above uncovered that respondents concur with the announcement that medical attendants and wellbeing help were empathic in their administration conveyance. In this way Nurses were persistent when managing patients furthermore were hesitant when reacting to patients' dissensions. Again attendants require some serious energy to listen to patients and recall names and appearances of patients. Finally, medical attendants guarantee patients feel great sincerely and mentally. The mean for this is 3.66 approximately 4 (agreed). In conclusion, table above uncovered that respondents agreed with the announcement that medical caretakers and wellbeing help were responsive in their administration conveyance. In this manner medical caretakers were constantly capable and prepared to get patients and willing to help patients notwithstanding amid odd hours. In conclusion, medical caretakers have patients' enthusiasm on

the most fundamental level. The mean for this was 3.66 approximately 4 (agree). In summary the administration quality gap distinguished here was the empathy administration.

4.2.1 Examining the gap between patients perception and their expectation of service quality

Table 5: The gap between patients' perception and their expectation of service quality

Services	Mean perception	Mean of expectation	Difference between mean of perception and expectation
Reliability	4.970	4.630	0.34
Assurance	4.860	4.830	0.03
Tangible	4.245	3.833	0.41
Empathy	3.664	4.963	-1.30
Responsiveness	4.587	4.557	0.03
Valid N (listwise)			

In assessing the service quality gap within Ankaase Methodist Hospital, table above established that, in terms of reliability of service patients expectation was quite lower than patients' expectation on assurance according to table 5 above. Thus indicating that once nurses are reliable to patients there is an assurance of good service delivery. This expectation was also realised at the hospital thereby resulting a positive gap of 0.34 and 0.03. Additionally, the analysis recognized that, in terms of tangibility of service delivery by the hospital, patients' expectation was quite lower than patients' expectation on empathy service delivery. Thus, indicating that nurses are more significant than the hospital structures. Implying that once they are well treated the facilities of the hospital was immaterial. This expectation on empathy was not realised at the hospital resulting in a negative gap of -1.3. Lastly, the analysis recognized that, in terms of responsiveness of service delivery by nurses, patients' expectation was quite lower than patients' expectation on empathy service delivery. This implies that, nurses immediate responds to patients was paramount in service

delivery and that more was expected from them. This expectation was also realized producing a positive gap of 0.03

Table 6: Descriptive Statistics on nurses expectation on service quality

	N	Minimum	Maximum	Mean	Std. Deviation
Reliability	100	1.00	5.00	4.2120	1.91356
Assurance	100	1.00	5.00	4.8160	1.47746
Tangible	100	1.00	4.00	3.5520	1.81595
Empathy	100	1.00	5.00	4.0960	2.15996
Responsiveness	100	1.00	5.00	4.0200	1.21388
Valid N (listwise)	100				

From table 6 above, medical attendants additionally uncovered that it was important for them and wellbeing collaborators to be reliable in their administration conveyance. Along these lines, attendants and wellbeing partners ought to guarantee patients take their prescription as recommended. Likewise, medical attendants are to be trustworthy when taking care of patients' issues. Once more, medical attendants must be individuals they can trust with quiet's secrecy and finally, attendants ought to guarantee that patients don't invest an excess of energy holding up in lines and where there are deferrals clarifications are to be given. The mean for this is 4.2 approximately 4 (important).

Furthermore, in table 6 above uncovered that it was important for medical attendants and wellbeing partners to make assurance air of good administration conveyance. Along these lines medical attendants ought to be considerate and agreeable to patients. Likewise, nurture must have the capacity to rouse trust and trust in patients. Once more, attendants ought to guarantee that,

prescriptions are tackled time and that no oversights are made with dose. In conclusion, attendants must make a well disposed environment for patients to feel sheltered and loose. The mean for this is 4.8 approximately 5 (important).

Moreover, table 6 above uncovered that, it was important for the doctor's facility to be substantial in their conveyance of administration. In this way attendants ought to be sharp looking at all times with the healing center working with advanced medicinal hardware. Additionally, the healing facility need to have outwardly alluring and agreeable physical offices with engaging materials (i.e handouts, magazines, daily papers and so on) to draw in patients as they hold up. Ultimately, There ought to be directional signs to help patients with simple route furthermore the doctor's facility structures ought to be incapacity well disposed, The mean for this is 3.55 approximately 4 (important).

Additionally, table 6 above uncovered that it was important for medical attendants and wellbeing collaborators to be empathic in their administration conveyance. Hence Nurses ought to be persistent when managing patients furthermore were hesitant when reacting to patients' dissensions. Again attendants ought to require some serious energy to listen to patients and recall names and appearances of patients. In conclusion, medical attendants ought to guarantee patients feel great sincerely and mentally. The mean for this is 4.0 approximately (important).

In conclusion, table 6 above uncovered that it was important for medical attendants and wellbeing aides to be responsive in their administration conveyance. Therefore medical caretakers ought to constantly capable and prepared to get patients and willing to help patients notwithstanding amid odd hours. In conclusion, medical caretakers ought to have patients' enthusiasm on the most fundamental level. The mean for this was 4.02 approximately 4 (important).

Table 7: Descriptive Statistics on nurses perception of service quality

	N	Minimum	Maximum	Mean	Std. Deviation
Reliability	100	1.00	5.00	4.8800	2.03941
Assurance	100	1.00	5.00	4.9670	1.59178
Tangible	100	1.00	2.00	2.0750	1.91775
Empathy	100	1.00	5.00	4.8500	2.25230
Responsiveness	100	1.00	5.00	4.9650	1.14030
Valid N (listwise)	100				

In evaluating the service quality gap inside Ankaase Methodist Hospital, attendants uncovered that they and wellbeing associates were reliable in their service conveyance. In this way strongly concurring that, attendants and wellbeing colleagues guarantees patients take their drug as recommended. Additionally, medical caretakers are trustworthy when taking care of patients' issues. Once more, medical caretakers are individuals they can trust with quiet's classifiedness and in conclusion, attendants guarantees that patients don't invest an excess of energy holding up in lines and where there are postponements clarifications are given. The mean for this is 4.880 approximately 5 (strongly agreed).

Also, in evaluating the service quality gap inside Ankaase Methodist Hospital, table 7 above uncovered that medical caretakers and wellbeing collaborators guaranteed patients of good service conveyance. In this manner medical caretakers were considerate and amicable to patients. Additionally, medical caretakers had the capacity move trust and trust in patients. Once more, attendants guarantee that, meds are tackled time and that no oversights are made with

measurements. Ultimately, attendants make an agreeable air for patients to feel protected and loose. The mean for this is 4.9 approximately 5 (strongly agree).

Moreover, table 7 above uncovered that respondents disagreed with the announcement that, the healing facility was unmistakable in its conveyance of service. Consequently attendants are sharp looking at all times with the healing facility not working with present day restorative gear. Likewise, the doctor's facility does not have outwardly alluring and agreeable physical office (i.e seats, beds, table) with no engaging materials (i.e handouts, magazines, daily papers and so on) to connect with patients as they hold up. Ultimately, There were no directional signs to help patients with simple route furthermore the healing center structures were handicap hostile, The mean for this is 2.0 approximately 2 (agreed).

In addition, table 7 above uncovered that respondents strongly concur with the announcement that medical caretakers and wellbeing help were empathic in their service conveyance. In this manner Nurses were understanding when managing patients furthermore were hesitant when reacting to patients' grievances. Again medical attendants require some serious energy to listen to patients and recall names and appearances of patients. In conclusion, medical caretakers guarantee patients feel great candidly and mentally. The mean for this is 4.86 approximately 4 (agreed). In conclusion, table above uncovered that respondents strongly agreed with the announcement that attendants and wellbeing help were responsive in their service conveyance. Hence attendants were constantly capable and prepared to get patients and willing to help patients notwithstanding amid odd hours. Finally, attendants have patients' enthusiasm on the most fundamental level. The mean for this was 4.9 approximately 5 (strongly agree). In summary the service quality gap recognized here was the tangibility service.

4.2.2 Examining the gap between nurses' perception and their expectation of service quality.

Table 8: The gap between nurses' perception and their expectation of service quality

Services	Mean perception	Mean of expectation	Difference between mean of perception and expectation
Reliability	4.8800	4.2120	0.67
Assurance	4.9670	4.8160	0.16
Tangible	2.0750	3.5520	-1.47
Empathy	4.8500	4.0960	0.75
Responsiveness	4.9650	4.0200	0.95
Valid N (listwise)			

In assessing the service quality gap within Ankaase Methodist Hospital, table 8 above established that, in terms of reliability of service delivery nurses' expectation was lower than expectation on assurance. Thus indicating that once nurses are reliable to patients there is an assurance of good service delivery. This expectation was also realised at the hospital thereby resulting a positive gap of 0.67 and 0.16. Additionally, the analysis recognized that, in terms of tangibility of service delivery by the hospital, nurses expectation was high . Thus, indicating that nurses are more particular about the hospital structures and facilities given that once the facilities are available they can satisfy patients. This expectation was not realised at the hospital thereby resulting in a negative gap of -1.47. Lastly, the analysis recognized that, in terms of empathy and responsiveness of service delivery by nurses, nurse expectation was lower than expected. This implies that, nurses immediate responds to patients was slightly not paramount in service delivery and that more was not expected. This expectation was also realised producing a positive gap of 0.95.

4.2.3 Comparing the gap between patients' perception of service quality and nurses' perception of service quality.

Table 9: The gap between patients' perception of service quality and nurses' perception of service quality

Services	Service quality gap of patients	Service quality gap of nurses
Reliability	0.34	0.67
Assurance	0.03	0.16
Tangible	0.41	-1.47
Empathy	-1.30	0.75
Responsiveness	0.03	0.95
Valid N (listwise)		

By comparing the service quality gap of nurses and patients within Ankaase Methodist Hospital, the analysis recognized that, in terms of reliability of service nurses expectation was quite lower than patients' expectation thereby resulting in a higher gap in the view of nurses than in the views of patients. Additionally, the analysis in table 9 recognized that, in terms of assurance of service delivery nurses' expectation was quite lower than patients' expectation thereby resulting in a higher gap in the view of nurses than in the views of patients. Thus nurses need not to expect more given that they were already aware of how assured they were to patients. Furthermore, the analysis established that, in terms of tangibility of service delivery by the hospital, nurses' expectation was higher than patients' expectation thereby resulting in a negative gap in the view of nurses and positive in the views of patients. Thus, patients were not expecting more from the hospital facilities but rather from the nurses since they are the point of service delivery at the hospital. Alternatively patients are of the view that, once they are treated well by the nurses the hospital facilities are

immaterial. But nurses' expectation on tangibility was high given that they needed Modern and standard facilities necessary to satisfy patients.

Moreover, the analysis recognized that, in terms of empathy of service delivery by nurses, expectation was lower than patients' expectation thereby resulting in a negative gap in the view of patients and positive gap in the views of nurses. Thus more was expected from nurses by patients in terms of empathy but nurses already aware of their ability were not expecting much from themselves. Lastly, the story was not different in terms of responsiveness of service delivery. In summary, patients' expectation on nurses was higher than that of the hospital facilities. Also nurses' expectation on their service delivery was lower than their expectation on the hospital facilities.

4.3 Examining the satisfaction level of patients' at Ankaase Methodist Hospital.

Table 10 beneath shows that, every one of the patients agreed that attendants are polite and accommodating to patients. Likewise, medical attendants rushed to react to crisis cases and can be trusted with quiet's privacy. Furthermore, medical attendants guaranteed that patients don't invest a lot of energy holding up in lines and where there are postponements clarifications were given. Moreover, attendants don't oppress patients with genuine conditions but instead motivate trust and trust in patients. Ultimately patients strongly agreed that attendants guarantee pharmaceuticals are tackled time and that no mix-ups are made with measurements and along these lines make an amicable air for patients to feel sheltered and loose. The mean for these was approximately 5(agree)

**Table 10: Descriptive Statistics on the overall satisfaction of patients
(patients perspective)**

	N	Minimum	Maximum	Mean	Std. Deviation

courteous to patients	150	1.00	5.00	4.4230	.45432
Quick responds to emergency cases.	150				.89135
		1.00	5.00	4.4391	
Trusted with patient's confidentiality	150				.49018
		1.00	4.00	4.8913	
time spend in waiting queues reduced	150	1.00	4.00	4.6164	.74907
No discrimination against patients with serious conditions	150				.78331
		1.00	4.00	4.555	
inspire trust and confidence in patients	150	1.00	4.00	4.4661	.67617
medications are taken on time with no mistakes	150				.83296
		1.00	5.00	4.7217	
friendly atmosphere for patients to feel safe and relaxed	150				.74387
		1.00	5.00	4.8923	

4.4 Correlation analysis on the relationship between service quality and patients' satisfaction at Ankaase Methodist Hospital.

In assessing the relationship between service quality and patients' satisfaction at Ankaase Methodist Hospital, correlation analysis was used to describe the strength and direction of the linear relationship between variables of service quality delivery and patient satisfaction. Additionally, considering the direction of the relationship between the variables, it can be inferred that there was a positive relationship between service quality variables and patient satisfaction. For instance the strength of the relationship between assurance and patient satisfaction was 0.426 which was moderate. Thus assurance explains approximately 43 percent of patient satisfaction. Furthermore, considering the direction of the relationship between responsiveness and patient satisfaction it was realized that, there was a positive relationship between them with strength of 36 percent. Lastly, with a 95 percent confidence, there was a positive relationship between patient satisfaction and quality of service delivery.

Table 11 : Correlations of service quality and patient satisfaction

	1	2	3	4	5	6
1. Reliability	1					
2. Assurance	.033	1				
3. Tangible	.078	-.056	1			
4. Empathy	.001	-.148	.235**	1		
5. Responsiveness	.033	.030	-.080	-.177*	1	
6. patient satisfaction	.084	.426**	.051	.142	.360**	1

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

* . Correlation is significant at the 0.05 level (2-tailed).

Table 12 Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.915 ^a	.837	.818	.10087

a. Predictors: (Constants) services rendered

Table 12 above provides the R^2 (coefficient of determination or predictive power) value. The R^2 value is 0.837 representing a good correlation. The value indicates a strong degree of determination. When the R^2 value falls between .70 and .90 it is considered a strong correlation.

The R^2 value indicates how much of the dependent variable patient satisfaction can be explained by the independent variable quality of service rendered. In this case, 83.7% can be explained, which is strong. Thus patient satisfaction does not occur by chance but rather based on the services rendered at the hospital. **Table 13 ANOVA of regression**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	5.398	15	.360	35.363	.000 ^a
	Residual	1.007	99	.010		
	Total	6.405	114			

a. Predictors: (Constant), services rendered

b. Dependent Variable: patient satisfaction.

Table 13 above indicates ANOVA of regression. The ANOVA indicates how well the independent variables significantly predict the outcome variable which is patient satisfaction. The Sig. value on the regression row indicated 0.00 which is less than the p-value of 0.05 and indicates that, the model applied is significantly good enough in predicting the outcome variable (patients satisfaction).

4.4.1 Regression equation

From the coefficients table below, the Level of patient satisfaction can be established using the specified traits of services highlighted in the coefficient table. For instance in estimating the level of patient satisfaction in the case of reliability by nurses and health assistance: predicted Level of patient satisfaction = $0.937 + 0.409x$ (reliability by nurses and health assistance). Thus, if the patients agreed (4) that nurses and health assistants were reliable then the Impact on patient

satisfaction = $0.937 + 0.409 * 4 = 2.57$ approximately 3 meaning that reliability was effective and the patients did not disagree. According to the regression model, service quality has a positive relationship with patient satisfaction given that the regression coefficients were all positive.

KNUST

Table 14: Co-efficient table

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.937	.209		4.480	.000
Reliability	.242	.021	.409	11.277	.000
Assurance	.274	.023	.384	11.952	.000
Tangible	.274	.021	.484	12.912	.000
Empathy	.051	.016	.094	3.126	.002
Responsiveness	.002	.032	.002	.052	.002

a. Dependent Variable: patient satisfaction

CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.0 Introduction

The chapter presents the summary of the main findings of the study with special focus on the four objectives. The chapter ends with the alternative action plans needed to implement, conclusion and recommendations which have been made base on the findings of the study.

5.1 Summary of findings

5.1.2.1 Service quality gaps at Ankaase Methodist Hospital

In assessing the service quality gap within Ankaase Methodist Hospital, the analysis established that, in terms of reliability of service patients expectation was quite lower than patients' expectation on assurance. Thus indicating that once nurses are reliable to patients there is an assurance of good service delivery. This expectation was also realised at the hospital thereby resulting a positive gap. Additionally, the analysis recognized that, in terms of tangibility of service delivery by the hospital, patients' expectation was quite lower than patients' expectation on empathy service delivery. Thus, indicating that nurses are more significant than the hospital structures. Implying that once they are well treated the facilities of the hospital was immaterial. This expectation on empathy was not realised at the hospital resulting in a negative gap. Lastly, the analysis recognized that, in terms of responsiveness of service delivery by nurses, patients' expectation was quite lower than patients' expectation on empathy service delivery. This implies that, nurses immediate responds to patients was paramount in service delivery and that more was expected from them. This expectation was also realized producing a positive gap.

Moreover the analysis recognized the difference between the means of perception and expectation of service quality of nurses and that of patients at the hospital. The analysis indicates that, the service quality gap from the views of nurses was about tangibility service whiles that of

patients was about empathy of service delivered by nurses at the hospital. The service quality gap within Ankaase Methodist Hospital were tangibility and empathy services.

5.1.2.2 Satisfaction levels of patients with service delivery at Ankaase Methodist Hospital

The study established that, majority of patients of Ankaase Methodist Hospital did indicate that they were very much satisfied with the quality of service delivered at the hospital. Some of the patients of the hospital were also satisfied with the quality of service rendered at the hospital. Few of the patients were not satisfied with the services provided at the hospital with very few were not satisfied at all with the services rendered at Ankaase hospital. The results therefore suggested that the services rendered at the hospital were very good in the enhancement of patient satisfaction and also enabling the institutions achieve good corporate image. The results again suggest that, the services rendered at the hospital was experiencing some setbacks in its operations.

Lastly, from the descriptive statistics analysis, patients agreed that, nurses were courteous and helpful to patients. Also, nurses were quick to respond to emergency cases and can be trusted with patient's confidentiality. Additionally, nurses ensured that patients do not spend too much time waiting in queues and where there are delays explanations were given. Furthermore, nurses do not discriminate against patients with serious conditions but rather inspire trust and confidence in patients. Lastly patients strongly agreed that nurses ensure medications are taken on time and that no mistakes are made with dosage and thus create a friendly atmosphere for patients to feel safe and relaxed.

5.1.2.3 The relationship between service quality and patients' satisfaction at Ankaase Methodist Hospital.

According to the regression model, service quality has a positive relationship with patient satisfaction given that the regression coefficients were all positive. The services rendered were

statistically significant at p-value of 0.05. Also the services rendered had a predictive power (R^2) of 0.837 approximately 83.7 percent chance of predicting patient satisfaction which was moderate. This answers the fourth objective.

5.2 Conclusion

Service quality and staff is the key differentiator for hospitals in highly competitive industries.

As products become commodities, hospitals attract and retain patients on the basis of good Service quality. Given that it is much costlier to attract a new patient than to retain an existing one, hospitals are increasingly focusing on making patients interactions efficient and effective, thereby enhancing patients' satisfaction, retention, and loyalty. A business that wants to increase its patient's retention and to provide a comprehensive high quality customer service must be able to analyze the service quality critically. The study concludes that a very good patient service is the key differentiator for companies in highly competitive industries. Hospitals attract and retain customers on the basis of good service quality. Furthermore, the study established that service quality has 83.7% chance of explaining patient's satisfaction. However, if the service quality is not well managed, patients might leave the hospital no matter how hard the hospital try to retain them.

5.3 Recommendations

The study has given some intriguing results furthermore cleared route for future utilization in the field of client consideration and relationship administration. On the premise of the above discoveries, the analyst makes the accompanying proposals;

Firstly, staff of the doctor's facilities should continually be reminded on the patients care arrangement and this must be caught in a short succinct however simple to review way. Staff must give brief data to patients to empower them use sound judgment when they visit the healing facility. Each patient is one of a kind in one way or the other. It is the obligation of staff to encourage great association with patients in order to investigate unsatisfied needs. Staff must be gracious and true in managing all patients.

Great patient consideration is not restricted to just human mediations, the appropriation of cutting edge however persistent benevolent frameworks will further upgrade patient consideration hones in picking up an aggressive edge. It is additionally prescribed that administration dedicates assets in guaranteeing patients appreciate the best service constantly.

5.3.1 Recommendation for further research

The analyst perceives that some further research should be done with a specific end goal to draw solid inductions on a few issues important to service quality gaps and key administration. These incorporate, however not restricted to the accompanying: The impact of the doctor's facility's statements of purpose on medical attendants and specialists execution in addressing patients' requirements. A similar investigation of some chose healing facilities inside of the Ashanti Region of Ghana. Accomplishing a focused development through worth included client services inside of the Ghanaian wellbeing division.

REFERENCES

- Ahmad I., Nawaz A. and Uddin S., (2011) Dynamics of patient satisfaction from health care Services, *Gomel Journal of Medical Sciences*, 9(1), 37-41
- Akter S.M., Upal M and Hani U (2008), “Service Quality Perception and Satisfaction: A Study Over Sub-urban Public Hospitals in Bangladesh”, *Journal of Service Research*, special Issue.
- Andaleeb, S. (1998). Determinants of customer satisfaction with hospitals: a managerial model. *International Journal of Health Care Quality Assurance*, 11(6), 181-187.
- Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social Science & Medicine*, 52, 1359–1370.
- Assurance, 19(1): 60-92.
- Badri, M.A., Attia, S. & Ustadi, A M. (2009). Healthcare quality and moderators of patient satisfaction: testing for causality. *International Journal of Health Care Quality Assurance*, 22(4), 382-410.
- Carthon J.M.B., et al., (2011). Quality of Care and Patient Satisfaction in Hospitals with High Concentrations of Black Patients, *Journal of Nursing Scholarship*, 43(3), 301–310
- Chakraborty R., Majumdar A. (2011). Measuring consumer satisfaction in health care Sector: the applicability of SERVQUAL, *Journal of arts, science & commerce*, 2(4), 149-160
- Chassin M.R., Loeb J.M., Schmaltz S.P. and Wachter R.M., (2010) Accountability Measures Using Measurement to Promote Quality Improvement, *New England Journal of Medicine*, 363(7), 783-793

Ching-Sheng Chang¹, Su-Yueh Chen^{2*} and Yi-Ting Lan (2013). Service quality, trust, and patient satisfaction in interpersonal-based medical service encounters. Chang et al. BMC Health Services Research 2013, 13:22 <http://www.biomedcentral.com/1472-6963/13/22>.

Choi, K. S., Cho, W. H., Leec, S. Leed, H. & Kim, C. (2004). The relationships among quality, value, satisfaction and behavioural intention in health care provider choice: A South Korean study. Journal of Business Research, 57, 913– 921.

Compton, J. (2004), „How to manage customer expectations“. Customer Relationship Management, 8(10): 52-52

Cronin, J.J. and Taylor, S.A. (1994) SERVPERF versus SERVQUAL: Reconciling PerformanceBased and Perceptions-Minus-Expectations, Measurement of Service Quality, vol. 58, issue 1 pp 125-131

Dabholkar, P. A., Shepherd, C. D. & Thorpe, D. I. (2000). A comprehensive framework for service quality: an investigation of critical conceptual and measurement issues through a longitudinal study. Journal of Retailing, 76(2), 139-173.

Dey, P.; Hariharan, S.; Brookes, N.(2006), Managing healthcare quality using logical framework analysis. Managing Service Quality.: 16 (2): 203-222.

Donabedian, A. (2005). Evaluating the Quality of Medical Care. The Milbank Quarterly, 83(4), 691–729.

Donabedian, A., (1980), The definition of Quality and Approaches to its Assessment,

Drapper M., Bushan N. and Cohen P., (2001). Seeking consumer view: what use are results of hospital patient satisfaction surveys, International Journal for Quality in Health Care, 13(6), 463-

et al (1985), “A Conceptual Model of Service Quality and its Implications for further Research”, *Journal of Marketing*, Vol.49 pp.41-50.

Evans, J. & Lindsay, W., 1996. *The Management and Control of Quality*. Cincinnati: West Publishing Company. Government of Mongolia, D. o. H., 2008. *Health indicators 2008*, Ulaanbaatar.

Fornell, C. (1992), A National Customer Satisfaction Barometer: The Swedish experience. *Journal of Marketing*, Vol. 56, No.1, pp.6-21.

Gale, B. T and Wood, R. C. (1994), *Managing Customer Value: Creating Quality and Services that Customers Can See*. The Free Press.

Gotlieb, J. B., Grewal, D. & Brown, S.W. (1994). Consumer satisfaction and perceived quality: complimentary or divergent constructs. *Journal of Applied Psychology*, 79(6), 875-85.

Grönroos, C. (2000), “Service Management and Marketing: A Customer Relationship Management Approach”, John Wiley & Sons, Ltd., (Second edition). ISBN 0-471-72034-8.

Howard, John A. and J.N. Sheth. (1969). *The Theory of Buyer Behavior*. New York: John Wiley and Sons, P.145

Ioanna, P. D. (2002), “The Role of Employee Development in Customer Relations”, *The Case of UK Leeds*, B. (1992), 'Mystery Shopping' Offers Clues to Quality Service. *Bank Marketing*,

24(11), November, pp. 24-27. *Retail Banks. Corporate Communication*, 7(1), pp. 62-77.

Joseph C. and Nichols S., (2007). Patient satisfaction and quality of life among persons attending chronic disease clinics in South Trinidad, West Indies, *West Indian Medical Journal*, 56(2), 10814

Kay, M. K. (2007). Healthcare marketing: what is salient? *International Journal of Pharmaceutical and Healthcare Marketing*, 1(3), 247-263.

Lam, S. S. K. (1997). SERVQUAL: A tool for measuring patients' opinions of hospital service quality in Hong Kong. *Total Quality Management*, 8(4), 145-152.

Lewis, R., et al, "The Marketing Aspects on Services Marketing", Quoted in Parsuraman

Liljander.V and Strandvik T (1995), *The Nature of Customer Relationships in Services*, Swartz T.A., Bowen D.E. and Brown S.W. (Eds) *Advances in Service Marketing and Management*, 4, JAI Press, London.

Lin D. J., Sheu C. I., Pai Y. J., Bair A., Hung Y.C. and Chou J.M. (2009), "Measuring Patients" Expectation and Perception of Quality in Lasik Services", *Health and Quality of Life Outcomes*, Vol.7.

McAlexander, J., Kim, S., and Roberts, S. (2003), „Loyalty: the influences of satisfaction and brand community integration“. *Journal of marketing Theory and Practice*, 11(4): 1-11.

McKinley R. and Roberts C. (2001). Patient satisfaction with out of hour's primary medical care, *Journal quality in health care*, 10(1), 23-28

Mutawa A. T., Elbabi T. and Brinkman P.W.(2006), *Development of Conceptual Model of Internal Data Source for Measurement of Customer Satisfaction*, European and Mediterranean Conference on Information System (EMCI), July 6-7, Costablanca, Alicante, Spain

Navid Fatehi R 1 ad, 2Ahmad Puad Mat Som and 3Yuserrie Zainuddin (2010). *Service Quality and Patients" Satisfaction in Medical Tourism*. *World Applied Sciences Journal* 10 (Special Issue of Tourism & Hospitality): 24-30, 2010 ISSN 1818-4952 © IDOSI Publications.

Newman, K.; Maylor, U.; Chansarkar, B.(2001) The nurse retention, quality of care and patient satisfaction chain. International Journal of Health Care Quality Assurance.: 14 (2): 57-68.

Noor Azlinna Azizan¹, Bahari Mohamed (2013). The effects of perceived service quality on patient satisfaction at a public hospital in state of pahang, Malaysia. ISSN: 2186-8492, ISSN: 2186-8484 Print Vol. 2 No. 3.

Oliver, Richard L.,(1997) Satisfaction: A Behavioral Perspective on the Consumer. New York: The McGraw-Hill Companies, Inc, P.13.

Parasuraman, A., Zeithaml, E. V. & Berry, L. L. (1988). SERVQUAL: a multiple items scale for measuring customers perception of service quality. Journal of Retailing, 64, 12-23.

Pollack, B. L. (2008). The nature of the service quality and satisfaction relationship. Managing Service Quality, 18(6), 537-558.

Pui-Mun Lee, P. K. D. N. G., 2006. Impact of deficient healthcare service quality. The TQM Magazine 18(6): 563-571.

Ramachandran; A. ; Cram, N(2005), Standards and Customer Satisfaction in the Healthcare industry. Journal of Clinical Engineering.; October/December: 219-228

Reidenback ER, Sandifer-Smallwood B (1990). Exploring perceptions of hospital operations by a modified SERVQUAL approach. J. Health Care Mark. 10(4): 47-55

S.M. Irfan, 2Aamir Ijaz and 1M.M. Farooq (2012). Patient Satisfaction and Service Quality of Public Hospitals in Pakistan: An Empirical Assessment. Middle-East Journal of Scientific Research 12 (6): 870-877, 2012ISSN 1990-9233 © IDOSI Publications, 2012 DOI: 10.5829/idosi.mejsr.2012.12.6.2743.

Säilä, T. M. E. K. M. A. P. K. M., 2008. Measuring patient assessments of the quality of outpatient care: a systematic review. *Journal of Evaluation in Clinical Practice* 14: 148-154.

Scotti.D.J.,Harmon J., Behson. S.J. (2007), Links among High-performance Work Environment, Service Quality and Customer Satisfaction: an Extention to the Healthcare Sector, *Journal of Helth Care Mangement*, 52(2),109-24.

Soleimanpour H., Gholipouri C., Salarilak S., Raoufi P., Vahidi G.R., Rouhi A.J., Ghafouri R.R. and Soleimanpour, M., (2011). Emergency Department Patient Satisfaction Survey In Imam Reza Hospital, Tabriz, Iran, *International Journal of Emergency Medicine*, 4(1), 838

Storbacka, K., Strandvik, T. and Grönroos, C. (1994), “Managing customer relationship for profit: the dynamics of relationship quality”, *International Journal of Service Industry Management*, Vol. 5, No. 5, pp. 21-38

Tomes, A. E. & Ng, C. P. (1995). Service quality in hospital care: the development of an inpatient questionnaire. *International Journal of Health Care Quality Assurance*, 8(3), 25-34.

Tucker III, J. L. & Adams, S. R. (2001). Incorporating patients' assessments of satisfaction and quality: An integrative model of patients' evaluations of their care. *Managing Service Quality*, 11(4), 272-286.

vol.1:Explorations in Quality Assessment and Monitoring. Ann Arbor, Michigan, Health Administration Press.

Wadwha, S. S. (2002). Customer satisfaction and health care delivery systems: Commentary with Australian bias. [Electronic Version]. *The Internet Journal of Nuclear Medicine*. 1(1): 1539-4638.

Woodruff, R. B. (1997), Customer Value: The Next Source of Competitive Advantage. *Journal of Academy of Marketing Science*, 25(2), pp. 139-153.

Wu C.C. (2011). The impact of hospital brand image on service quality, patient satisfaction and loyalty, African Journal of Business Management, 5(12), 4873-4882

Zeithaml, V. A., Bitner, M. J. & Gremler, D. D. (2009). Services marketing: integrating customer focus across the firm. (5th Edition). New York: McGraw-Hill.

Zineldin M (2006). The quality of health care and patient satisfaction. Int. J. Health Care Quality.



APPENDIX A

Questionnaire (In and out patients)

This questionnaire aims at assessing the service quality gaps and patient satisfaction at Ankaase Methodist Hospital. Kindly indicate your preference among alternative answers for each question by ticking in the appropriate box. Where alternative answers are not provided, fill in the gaps provided. Respondents are assured of confidentiality of this exercise because it will be solely used for academic purpose. Thank you for your contribution.

Name of researcher: seth

A. Background Information

1. What is your gender? A. Male [] B. Female []
2. What is your age? 25 years and below [] Between 26 and 35 years [] Between 36 and 45 years [] Between 46 and 55 years [] Above 55 years [] 3.
- What type of patient are you? A. In-patient [] B. out-patient []
6. How long have you been a patient of Ankaase Methodist Hospital?
- A. Less than 1 year [] B. Between 2 and 5 years [] C. Between 5 and 10 years [] d. More than 10 years [].
7. Are your expectations met when you visit Ankaase Methodist Hospital? Yes [] No [] 8. Do you feel satisfied with the services rendered at Ankaase Methodist Hospital? Yes [] No []
7. How would you rate the service quality of Ankaase Methodist Hospital?
- A. Good [] B. Average [] C. Below average [] D. Poor []

B. Assessment of service quality gaps at Ankaase Methodist Hospital.

Phase One

How important is the following statement on patients' expectation and overall perception about the hospital's service quality?

Key: 5= very important, 4= important, 3=Neutral, 2= Not Important 1=Not all important

Reliability of service delivery	1	2	3	4	5
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					
Nurses and health assistants should ensure patients take their medication as prescribed					

Assurance of service delivery	1	2	3	4	5
6. Nurses should be courteous and friendly					
7. Nurses should be able to inspire trust and confidence in patients					
8. Nurses must ensure medications are taken on time and that no mistakes are made with dosage					
9. Nurses should create a friendly atmosphere for patients to feel safe and relaxed					

Tangibility of service delivery	1	2	3	4	5
10. Nurses should be well dressed at all times					
11. The hospital must have modern medical equipment					
12. The hospital must have visually attractive and comfortable physical facility (i.e chairs, beds, table).					
13. There should be appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
14. There should directional signs to help patients with easy navigation					
15. The hospital structures should be disability friendly					
16. Nurses should be well dressed at all times					

Empathy of service delivery	1	2	3	4	5
17. Nurses should be patient when dealing with patients					
18. Nurses should be willing to respond to patients' complaints					
19. Nurses should take time to listen to patients					

20. Nurses should remember names and faces of patients					
21. Nurses should ensure patients feel good emotionally and psychologically					

Responsiveness to patients	1	2	3	4	5
22. Nurses should always be ready to receive patients					
23. Nurses should be willing to help patients even during odd hours					
24. Nurses should have patients' interest at heart					
25. Nurses should always be ready to receive patients					
26. Nurses should be willing to help patients even during odd hours					
27. Nurses should have patients' interest at heart					
28. Nurses should always be ready to receive patients					

Phase Two

To what extent do you agree with the following statements on the extent to which patients' expectation and the hospital's service quality was met?

Key: 5=SA-Strongly Agree 4=A-Agree 3=N-Neutral 2=D-Disagree 1=SD-Strongly Disagree

Reliability of service delivery	SA	A	N	D	SD
Nurses and health assistants ensure patients take their medication as prescribed					
2. Nurses are dependable when handling patients problems					
3. Nurses are people I trusted with patient's confidentiality					
4. Nurses ensure patients do not spend too much time waiting in queues and where there are delays explanations should be given					

Nurses and health assistants ensure patients take their medication as prescribed					
--	--	--	--	--	--

Assurance of service delivery	SA	A	N	D	SD
6. Nurses should be courteous and friendly					
7. Nurses should be able to inspire trust and confidence in patients					
8. Nurses must ensure medications are taken on time and that no mistakes are made with dosage					
9. Nurses should create a friendly atmosphere for patients to feel safe and relaxed					

Tangibility of service delivery	SA	A	N	D	SD
10. Nurses should be well dressed at all times					
11. The hospital has modern medical equipment					
12. The hospital has visually attractive and comfortable physical facility (i.e chairs, beds, table).					
13. The hospital has appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
14. There are directional signs to help patients with easy navigation					
15. The hospital structures are disability friendly					
16. Nurses should are well dressed at all times					

Empathy of service delivery	SA	A	N	D	SD
17. Nurses are patient when dealing with patients					
18. Nurses are willing to respond to patients' complaints					
19. Nurses take time to listen to patients					
20. Nurses remembers names and faces of patients					

21. Nurses ensure patients feel good emotionally and psychologically					
--	--	--	--	--	--

Responsiveness to patients	SA	A	N	D	SD
22. Nurses are always ready to receive patients					
23. Nurses are willing to help patients even during odd hours					
24. Nurses have patients' interest at heart					
25. Nurses are ready to receive patients					
26. Nurses are willing to help patients even during odd hours					
27. Nurses have patients' interest at heart					
28. Nurses are always ready to receive patients					

Patient satisfaction	1	2	3	4	5
29. Nurses are courteous and helpful to patients					
30. Nurses are quick to respond to emergency cases					
31. Nurses can be trusted with patient's confidentiality					
32. Nurses ensure patients do not spend too much time waiting in queues and where there are delays explanations are given					
33. Nurses do not discriminate against patients with serious conditions					
34. Nurses inspire trust and confidence in patients					
35. Nurses ensure medications are taken on time and that no mistakes are made with dosage					
36. Nurses create a friendly atmosphere for patients to feel safe and relaxed					

22. Any other comment

.....
.....
.....
.....
...

APPENDIX B

Questionnaire (Nurses)

This questionnaire aims at assessing the service quality gaps and patient satisfaction at Ankaase Methodist Hospital. Kindly indicate your preference among alternative answers for each question by ticking in the appropriate box. Where alternative answers are not provided, fill in the gaps provided. Respondents are assured of confidentiality of this exercise because it will be solely used for academic purpose. Thank you for your contribution.

Name of researcher: seth

A. Background Information

1. Gender? A. Male [☐] B. Female [☐]
2. Age? 25 years and below [☐] Between 26 and 35 years [☐] Between 36 and 45years [☐] Between 46 and 55 years [☐] Above 55 years [☐]
3. How long have you been working at Ankaase Methodist Hospital?
A. Less than 1year [☐] B. Between 2 and 5years [☐] C. Between 5 and 10 years [☐] d. More than 10years [☐].
7. Are your expectations met at Ankaase Methodist Hospital? Yes [☐] No [☐]
8. Do you feel satisfied with your work at Ankaase Methodist Hospital? Yes [☐] No [☐]
7. How would you rate the service quality of Ankaase Methodist Hospital?
A. Good [☐] B. Average [☐] C. Below average [☐] D. Poor [☐]

B. Assessment of service quality gaps at Ankaase Methodist Hospital.

Nurses expectation

How important is the following statement on nurses' expectation about the hospital's service quality?

Key: 5= very important, 4= important, 3=Neutral, 2= Not Important 1=Not all important

Reliability of service delivery	1	2	3	4	5
Nurses and health assistants should ensure patients take their medication as prescribed					
30. Nurses should be dependable when handling patients problems					
31. Nurses should be people I can trust with patient's confidentiality					
32. Nurses should ensure patients do not spend too much time waiting in queues and where there are delays explanations should be given					
Nurses and health assistants should ensure patients take their medication as prescribed					

Assurance of service delivery	1	2	3	4	5
34. Nurses should be courteous and friendly					
35. Nurses should be able to inspire trust and confidence in patients					
36. Nurses must ensure medications are taken on time and that no mistakes are made with dosage					
37. Nurses should create a friendly atmosphere for patients to feel safe and relaxed					

Tangibility of service delivery	1	2	3	4	5
38. Nurses should be well dressed at all times					

39. The hospital must have modern medical equipment					
40. The hospital must have visually attractive and comfortable physical facility (i.e chairs, beds, table).					
41. There should be appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
42. There should directional signs to help patients with easy navigation					
43. The hospital structures should be disability friendly					
44. Nurses should be well dressed at all times					

Empathy of service delivery	1	2	3	4	5
45. Nurses should be patient when dealing with patients					
46. Nurses should be willing to respond to patients' complaints					
47. Nurses should take time to listen to patients					
48. Nurses should remember names and faces of patients					
49. Nurses should ensure patients feel good emotionally and psychologically					

Responsiveness to patients	1	2	3	4	5
50. Nurses should always be ready to receive patients					
51. Nurses should be willing to help patients even during odd hours					
52. Nurses should have patients' interest at heart					
53. Nurses should always be ready to receive patients					
54. Nurses should be willing to help patients even during odd hours					
55. Nurses should have patients' interest at heart					
56. Nurses should always be ready to receive patients					

Nurses' perception

To what extent do you agree with the following statements on the perception of nurses in their service quality delivery?

Key: 5=SA-Strongly Agree 4=A-Agree

3=N-Neutral 2=D-Disagree 1=SD-Strongly Disagree

Reliability of service delivery	SA	A	N	D	SD
Nurses and health assistants ensure patients take their medication as prescribed					
30. Nurses are dependable when handling patients problems					
31. Nurses are people I trusted with patient's confidentiality					
32. Nurses ensure patients do not spend too much time waiting in queues and where there are delays explanations should be given					
Nurses and health assistants ensure patients take their medication as prescribed					

Assurance of service delivery	SA	A	N	D	SD
34. Nurses should be courteous and friendly					
35. Nurses should be able to inspire trust and confidence in patients					
36. Nurses must ensure medications are taken on time and that no mistakes are made with dosage					
37. Nurses should create a friendly atmosphere for patients to feel safe and relaxed					

Tangibility of service delivery	SA	A	N	D	SD
38. Nurses should be well dressed at all times					
39. The hospital has modern medical equipment					

40. The hospital has visually attractive and comfortable physical facility (i.e chairs, beds, table).					
41. The hospital has appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
42. There are directional signs to help patients with easy navigation					
43. The hospital structures are disability friendly					
44. Nurses should be well dressed at all times					

Empathy of service delivery	SA	A	N	D	SD
45. Nurses are patient when dealing with patients					
46. Nurses are willing to respond to patients' complaints					
47. Nurses take time to listen to patients					
48. Nurses remember names and faces of patients					
49. Nurses ensure patients feel good emotionally and psychologically					

Responsiveness to patients	SA	A	N	D	SD
50. Nurses are always ready to receive patients					
51. Nurses are willing to help patients even during odd hours					
52. Nurses have patients' interest at heart					
53. Nurses are ready to receive patients					
54. Nurses are willing to help patients even during odd hours					
55. Nurses have patients' interest at heart					
56. Nurses are always ready to receive patients					

Patient satisfaction	1	2	3	4	5
29. Nurses are courteous and helpful to patients					
30. Nurses are quick to respond to emergency cases					
31. Nurses can be trusted with patient's confidentiality					
32. Nurses ensure patients do not spend too much time waiting in queues and where there are delays explanations are given					
33. Nurses do not discriminate against patients with serious conditions					
34. Nurses inspire trust and confidence in patients					
35. Nurses ensure medications are taken on time and that no mistakes are made with dosage					
36. Nurses create a friendly atmosphere for patients to feel safe and relaxed					

22. Any other comment

.....

.....

.....

.....

.....

PART D: Nurses overall 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					

