

## Assessing Service Quality in the Ghanaian Private Healthcare Sector: The Case of Comboni Hospital.

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### Abstract

The healthcare industry has become a paramount concern for most people in Ghana and the quality of services rendered to the patients in the private hospitals cannot be overemphasized. Patients need quality of services most and are willing to seek better services. The government has been the main provider of health care services in Ghana but recently, some Non-Governmental Organization's (NGO's), private individuals and stakeholders also provide health care services which has surged the competitiveness in creating more healthcare facilities in Ghana. This study seeks to explore patients' choice of selecting quality healthcare services and the factors that affect patient satisfaction in private hospitals using the case of Comboni Hospital in Sogakope, Ghana.

The study therefore used the quantitative research method to collect the data and SPSS version 22 was used to analyze the data on high-quality healthcare. The SERVQUAL model was used as the measurement scale. Multiple regression analysis was used to reveal the effect of the independent variables (reliability, responsiveness, empathy, assurance, and tangibility) on the dependent variable (patient satisfaction). A detailed description in the analysis and the data processing identified the main factors affecting the general perceptions and patient preferences about their healthcare in the private hospital.

The study revealed that there exist a positive result and perception for quality healthcare services without a negative expectation of the patient healthcare being compromised. The study recommends that both the government and the private agencies should consider the important aspects of the hospital's healthcare management and also the policy and decision makers should have an efficient and effective standard that impact the quality of healthcare assessment in Ghana.

**Keywords:** Service Quality, Patient Satisfaction, Healthcare, Servqual Measurement, Comboni Hospital

### 1. Introduction

In today's highly competitive environment coupled with the implementation of the National Health Insurance Plan (NHIS), competition among the medical institutions are very delicate as well as advocates for the provision of quality healthcare services (Medhekar, 2014). The concept of patient satisfaction is old and patients are one of the main stakeholders in the ever-changing medical world. According to (Munusamy et al., 2010), formulating health business goals requires patient satisfaction, as this is a principal determinant of performance. Patients' satisfaction are related to their own health and safety issues that must be identified and addressed appropriately.

Healthcare is one of the largest and fastest growing industries in the world creating jobs and boosting the economies of most countries. Health workers respond to patients needs daily, such as disease treatment, diagnosis, and patient care (Papanikolaou & Zygiaris, 2014). The health care system consists of a variety of medical facilities across the country and provides universal health care for patients in hospitals. Emergency services, diagnostic medicine, surgery, and general care are some of the services provided by medical institutions (Organization, 2014).

The aim of this study is to assess the quality of service dimensions that affect quality services and the choice of patients in Ghana's private hospitals using the Comboni hospital. This research discusses the quality of healthcare received by patients in private hospitals in Ghana which provides keen insight into patient satisfaction. Also, this research identifies the gaps in health services that will help Ghana's health services to review their plans and focus on the cost-effectiveness of managing their limited resources to improve service quality. The study therefore provides beliefs about the patient's understanding and degree of expectations as well as the quality of service dimensions, which are essential for effective healthcare systems.

## **2. Literature Review**

### *2.1 Service Quality*

The meaning of service varies depending on the environment in which it is used. Edvardsson et al. defined service as an in-depth understanding of customer's needs so as to satisfy them (Edvardsson & Strandvik, 2000; Sangiorgi & Eun, 2014). Clark et al. visualized the concept of service as a kind of psychological picture. The need to minimize the gap between expectations and actual service delivery is by creating a service concept that is understood and shared by all stakeholders, employees, and customers (Lemke et al., 2011). According to (Hu et al., 2011), customer satisfaction and perceived value are affected by quality service and (Ahmad et al., 2013; Solomon & Dodor, 2014) found that service quality has been a top priority in the service industry in recent years.

In this study, the quality of service is defined as the gap between patients' perception and the actual services they receive (Asubonteng et al., 1996; El Saghier & Nathan, 2013). A closer look at the existing literature on the quality of health care services revealed that past researches have focused on issues related to internal service quality (Kang & James, 2004). Saravanan & Rao, (2007) found in their research that, from the patient's perspective, healthcare organizations are fully focused on defining quality of service as this illustrates the planning of good customer strategies (Negi, 2009; Wicks & Roethlein, 2009). Seth et al., (2005) believed that quality services in health care services can be technical or functional. The technical quality of health care includes the technical accuracy of diagnostics and procedures while the functional quality is related to the way health care is provided.

According to (Bopp, 1990), data on technical quality are not available to the public and remain within the purview of healthcare professionals and managers. Functional quality is often the fundamental determinant of a patient's perception of quality as patients are unable to measure the technical quality of medical services (Nandan, 2010). (Nandan, 2010; Parasuraman & Zeithaml, 8 C.E.) in their study reported that the perception of quality is the "most important variable influencing the opinion of patients on value and this influences their intention to buy a service." However, whether the patient has information or not, technical and functional qualities should control the overall quality of healthcare services.

### *2.2 Perception of Service Quality and Patient Satisfaction in Healthcare*

The difference between a patient's perception of the services provided by a particular medical institution and their expectations of the medical institution providing these services can be defined as the quality of service in healthcare (Aagja & Garg, 2010). Patient satisfaction is positively rewarding, such as spreading positive rumors or recommending word of mouth to others, which will save medical institutions a lot of advertising costs (Swensen et al., 2013; V. A. Zeithaml & Mary, n.d.). The opposite is true in this statement because dissatisfied patients inevitably lead to disappointment (Zarei et al., 2012). Customer satisfaction can encourage loyalty among customers, although this varies across businesses (Imran et al., 2013).

Andaleeb, 2001; Nkrumah et al., 2015; Purcărea et al., (2013) clearly defined the relationship between five factors of service quality and patient satisfaction. They found that the bonus factor had the lowest outcome

while "tangible" and "assurance" had the greatest impact on patient satisfaction. The SERVQUAL instrument was used to quantify patient referrals in Turkey by engaging 472 patients which revealed that the perception scores of patients were higher than their expected scores for standard hospitals and for first-class hospitals, the expected values were lower (Muhammad Butt & Cyril de Run, 2010). The "responsiveness" and "reliability" tests recorded the least expected scores of all the measures.

Owusu-Frimpong et al., (2010) also assessed patient satisfaction with access to public and private health facilities. Their study found that public patients unlike their private colleagues were not satisfied with the delivery of services. Relatively, it has been revealed in the studies of Irfan & Ijaz, (2011) that Pakistani public hospitals provide fewer services in terms of quality as compared to the private hospitals. It was concluded that various studies and researches have been conducted in this areas where various techniques and methods have been used in different places, producing a mass of different results. Even though these differences in results shows the patient's overall satisfaction, some specific service dimensions need improvement.

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

Patients often receive different treatments from health professionals who conclude based on the type of quality treatment provided to them (Choi et al., 2004). A study in the emergency department of a hospital to determine the level of patient satisfaction with medical assistance, waiting time, nurses, etc. through a theory of the main provider was undertaken by (Aragon & Gesell, 2003). They concluded that overall patient satisfaction was closely related to two indicators; patient's recommendations made by medical staff and satisfaction with services. Besides, they pointed out that patient satisfaction varies from patient to patient, depending on the type of experience the patient has received, the general patient satisfaction, and their perception of the treatment.

### *2.4 The SERVQUAL Model*

The Servqual model has become one of the main tools for testing service quality. Literary studies indicate that customer satisfaction should be the primary goal of every organization. Effective implementation of service quality can ensure the improvement of the organization's goals in terms of time, guarantee, value, trust, etc. When using the SERVQUAL questionnaire to measure service quality, it involves the difference between the expected level of quality and the level of perception associated with the above statement (Azmi et al., 2017). Below are the service quality dimensions.

**Tangibility:** This relates to the physical environment and appearance of the health facility. This condition includes physical dimensions, appearances, clothing, equipment and tools used by medical staff to provide better medical quality and cleanliness (Grönroos, 2000).

**Reliability:** It refers to the ability to perform expected duties independently and reliably (Parasuraman & Zeithaml, 8 C.E.). Often, health professionals must carry out their activities correctly on their first visit without any errors in treating the patient and this can greatly increase patient satisfaction.

**Responsiveness:** Responsiveness refers to the readiness and willingness of healthcare professionals to provide services to patients. In achieving this condition, time is of the essence (Ghaye & Lillyman, 2014).

**Assurance:** Assurance refers to the skills and courtesy of medical professionals to influence a patient's trust and confidence in the patient (Nkrumah et al., 2015).

**Empathy:** It refers to the paramedics who care most about the patient's interests. Thus, the ability to be compassionate and the ability to show care to the needs of patients (Parasuraman & Zeithaml, 8 C.E.).

### *2.5 Quality Service Gaps*

Five service quality gaps occurred in service industries (B. Zeithaml & Bitner, 2013). The gaps include the following;

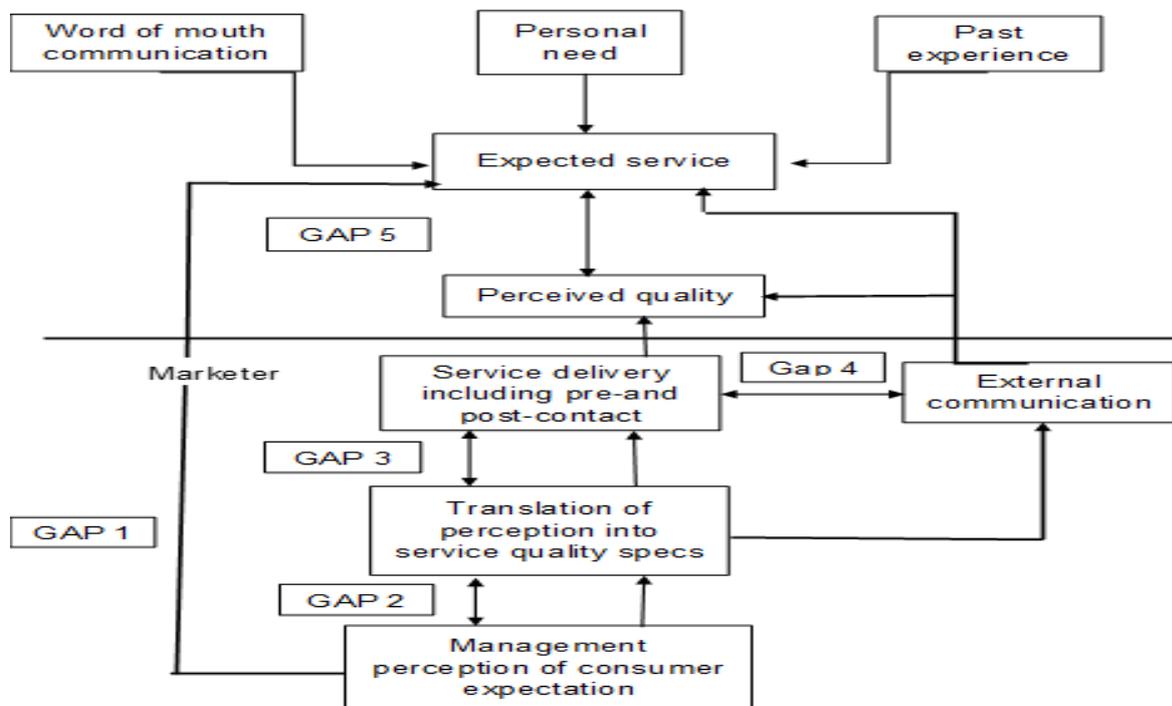


Fig 1: Conceptual Framework  
Source: Adopted from Wilson

- *Gap 1- Listening gap:* points to the differences between patient expectations and management's understanding of expectations regarding service delivery (V. A. Zeithaml et al., 1990).
- *Gap 2- Service scheme and the Standard gap:* represent the difference between management's compassion in patient expectations and the development of patient-led policies and values (Huang & Li, 2010).
- *Gap 3-Performance Gap:* explains the difference between the growth of patient-driven service standards and actual service performance (B. Zeithaml & Bitner, 2013).
- *Gap 4- External Communications gap:* was built on management's responsiveness and ensures full positive interaction with patients (B. Zeithaml & Bitner, 2013).
- *Gap 5- The Expected Service-perceived service gap:* is the difference between patients' perceptions and expectations of quality services (P. Pai & T. Chary, 2013).

Most businesses used the SERVQUAL to measure service quality. That's because it assesses the prospects of customers with the five service dimensions and what they think of the services they receive. McCabe et al in their research believes that SERVQUAL is not only a "measurement model", but also a good management model (Nkrumah et al., 2015; Regber et al., 2013). Among the tools for measuring patient satisfaction, the SERVQUAL tool is the ideal tool. Numerous studies have proven that the SERVQUAL model has been used in various medical centers to measure patient perceptions of service quality (Irfan & Ijaz, 2011; Zarei et al., 2012). Other studies have identified either fewer dimensions or additional dimensions and have confirmed the five standard quality variations of SERVQUAL tools. However, despite its limitations, SERVQUAL is still the standard tool for measuring patient satisfaction today.

### 3. Methodology

#### 3.1 Data Collection

This study uses a quantitative approach. This research was conducted at Sogakope in the Volta region, Ghana. It shares borders to the West with the Republic of Togo and to the east of Lake Volta. Sogakope homes the Comboni Hospital. There are multiple ethnic and linguistic groups in the area, such as ewe, Guan and Akan. The Sogakope district is mainly a rural area with a nearby 87.1% majority and only 12.9% living in urban areas. Sogakope was chosen because it reveals signs of a densely populated and fast-growing urban center and brings patient-related difficulties.

The researchers selected 150 respondents for this study using a convenient sampling technique. In this study, the questionnaire was a suitable tool for collecting data so the questionnaire was delivered to the selected patients and completed at Comboni Hospital. The questionnaire was structured according to the SERVQUAL dimensions. The research questionnaire consisted of two parts; the first part assessed demographic characteristics of patients, such as gender and age. In the second part, regarding the quality of service, the questionnaire consists of 26 questions divided into five dimensions, including reliability, responsiveness, assurance, empathy, and tangibles. For descriptive statistics, frequency, percentage and mean were applied. Table 1 provides the descriptive statistics of the respondents of this study. The data was measured on a five-point Likert – type scale, where 1 = strongly disagree, 2= disagree, 3=neutral, 4= agree and 5= strongly agree.

The analysis was based on the primary data. These patients were permitted to read through and respond to the questionnaires willingly. Out of the 150 questionnaires administered, 135 questionnaires were retrieved for the analysis. The Statistical Package for the Social Sciences software (SPSS) version 22, was used to analyze the data received. Quantitative data analysis methods provide a unified basis for examining data. This makes logical comparisons and distinctions easy.

### 3.2 Model Estimation and Measurement of Variables

When testing the relationship between the service quality dimension and patient satisfaction, patient satisfaction was used as the dependent variable and the service quality dimensions as the independent variables to estimate the multiple regression model. The model is listed as follows:

Let: Patient Satisfaction =  $Y_1$ , Reliability =  $X_1$ , Responsiveness =  $X_2$ , Assurance =  $X_3$ , Empathy =  $X_4$ , Tangibility =  $X_5$ , and Error Term =  $e$

$$Y_1 = B_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5 + e \tag{1}$$

Where

$X_1 \dots \dots \dots X_5$  are the independent variables,  $\beta_1 \dots \beta_5$  are the coefficients of the independent variables,  $\beta_0 =$  intercept, and  $e =$  error term.

## 4. Results

### 4.1 Demographic characteristics of respondents

Out of the 135 patients who completed the questionnaire at Comboni Hospital, 61 were males (45%) and 74 were females (55%). With the age distribution, more than half of the participants (63.0%) were aged between 29-39years, 18- 28 years denoted (15.6%) and those aged 40-50 years comprised 14.8%. Participants aged 51 and over accounted for 6.6%. From table 1, the marital status distribution shows that 78.5% of the participants were married with 21.5% being single. 23% had primary education. 45.9% of the participants had high school education and those who fell under tertiary education constituted 31.1%. In the distribution regarding occupation, 26.7% of the participants were company workers, 29.6% were teachers, 11.1% were farmers and 32.6% of the participants were in other occupations other than the ones listed.

In the patronizing the services of Comboni hospital, the first-timers represented 20.0%, those who visit monthly were 24.4% and those who attend on weekly and daily basis were 7.4% and 3.7% respectively. Most participants (44.4%) visited the hospital only when they are sick.

**Table 1: General information**

Variables	Responses	Frequency (N)	Percentages (%)
Gender	Male	61	45
	Female	74	55
Age	18-28 years	21	15.6
	29 - 39years	85	63.0
	40 - 50years	20	14.8

	Above 51years	9	6.6
Marital Status	Married	106	78.5
	Single	29	21.5
Educational Level	Basic School	31	23
	High School	62	45.9
	Tertiary	42	31.1
Occupation/Profession	Company Employee	36	26.7
	Teaching	40	29.6
	Farmers	15	11.1
	Others	44	32.6
How often do you visit this hospital	First time Yearly	27	20.0
	Monthly	33	24.4
	Weekly	10	7.4
	Daily When sick	5 60	3.7 44.4

Source: Author's guide (2019)

#### 4.2 Gaps

The quality of service is calculated as the difference between the perception and expectations of each dimension, called the gap (Parasuraman & Zeithaml, 8 C.E.). Table 2-6 lists the assessment gaps for each dimension. In general, patient expectations tend to be average or slightly higher. It is worth emphasizing that despite the average expectations, patients give a positive evaluation of almost all aspects of service quality, which reflects that the gap in almost all aspects is positive.

Reliability is the dimension where patients were satisfied but with a smaller deviation than all the other dimensions, because patients' expectations for this dimension were higher. This happened because patients' expectations were at the maximum, and because the service evaluation average score is 4.49, the evaluation tends to be good. This aspect is considered to be the top priority in terms of whether the hospital is fulfilling its promises. This contributed to Johnson's research that the reliability and performance of health facilities and their employees are critical to patient satisfaction (Sweeney et al., 1997).

**Table 2: Reliability**

Factors under Reliability Dimension	Expectation (Average)	Patient's Perception (Average)	Gap Score (Expectation - Perception)
<i>REL1</i>	4.09	4.58	0.49
<i>REL2</i>	4.16	4.47	0.31
<i>REL3</i>	4.03	4.24	0.21
<i>REL4</i>	4.08	4.55	0.47
<i>REL5</i>	4.13	4.61	0.48
<b>Average Reliability Gap Score</b>			<b>0.39</b>

Source: Author's calculation

Responsiveness is a dimension in which patient satisfaction is higher than other dimensions. With regard to responsiveness, patients' expectations were above average, and their actual perception of service quality was assessed to be slightly higher than this good level of 3.81, with a gap value of 0.54, indicating that patients were indeed satisfied with this dimension. With the results above, it can be concluded that workers responding quickly to patients' request was the highest factor with a relative mean of 3.29. This makes it the most critical factor. This proved that staff willingness to provide better services can improve the quality of care (Grönroos, 2000).

**Table 3: Responsiveness**

<b>Factors under Responsiveness Dimension</b>	<b>Expectation (Average)</b>	<b>Patient's Perception (Average)</b>	<b>Gap Score (Expectation - Perception)</b>
<b>RES1</b>	3.17	3.72	0.55
<b>RES2</b>	3.25	3.74	0.49
<b>RES3</b>	3.29	4.05	0.76
<b>RES4</b>	3.35	3.72	0.37
<b>Average Responsiveness Gap Score</b>			<b>0.54</b>

Source: Author's calculation

Assurance is another dimension where patient outcomes were very satisfied with a gap greater than the other three dimensions and patients' expectations for this dimension were higher. Given that this involves the ability of the doctor to care and diagnose, this is normal and expected. It was also important to emphasize that even real estimates were high with an average of 4.57, resulting in a positive gap of 0.52 which indicates that patients were very satisfied. The results obtained from the participants showed that skilled and knowledgeable staff were rated as the highest element. It comes with a mean factor of 4.25. This means that skillful and knowledgeable was the most important element to patients. (Fitzsimmons et al., 2008) emphasized this factor. They emphasized that "knowledge is the ability of healthcare professionals to convey patient trust and confidence."

**Table 4: Assurance**

<b>Factors under Assurance Dimension</b>	<b>Expectation (Average)</b>	<b>Patient's Perception (Average)</b>	<b>Gap Score (Expectation - Perception)</b>
<b>ASS1</b>	4.19	4.51	0.32
<b>ASS2</b>	4.10	4.68	0.58
<b>ASS3</b>	3.96	4.71	0.75
<b>ASS4</b>	4.25	4.60	0.35
<b>ASS5</b>	3.76	4.37	0.61
<b>Average Assurance Gap Score</b>			<b>0.52</b>

Source: Author's calculations

Empathy is another aspect of positive indicators for improving patient satisfaction, as staff are relatively sensitive, polite and genuinely worry about patients. This happened because the expectations were not at their maximum and also because the service evaluation averaged was 4.31, so it was evaluated and tended very well.

**Table 5: Empathy**

<b>Factors under Empathy Dimension</b>	<b>Expectation (Average)</b>	<b>Patient's Perception (Average)</b>	<b>Gap Score (Expectation - Perception)</b>
<b>EMP1</b>	3.81	4.44	0.63
<b>EMP2</b>	3.93	4.22	0.29
<b>EMP3</b>	3.89	4.15	0.26
<b>EMP4</b>	3.98	4.43	0.45
<b>Average Empathy Gap Score</b>			<b>0.40</b>

Source: Author's calculation

Tangibles are the dimension that shows a positive deviation with a slightly good average deviation of 0.46. This shows that patients were more satisfied despite the obstacles. Estimates of negative gaps in this regard are related to the modernization of equipment and technology used (and much more to be improved) and

food. Hospital and staff have slightly higher cleanliness levels. However, the average gap is still positive, indicating that patients are at least happy with this dimension. From the results obtained, the system expansion, modern equipment and new equipment scored the highest, with an average of 3.99 and 3.50. This means that these two elements were ranked the most important by patients. (Grönroos, 2000) described in his research that physical facilities such as equipment, employees, and work materials can promote high- quality healthcare. This factor is also true for private-sector medical institutions, as they also buy medicines on credit to meet the needs of patients.

**Table 6: Tangibility**

Factors under Tangibles Dimension	Expectation (Average)	Patient's Perception (Average)	Gap Score (Expectation - Perception)
<i>TAN1</i>	3.17	3.12	-0.05
<i>TAN2</i>	3.99	4.72	0.73
<i>TAN3</i>	3.50	4.18	0.68
<i>TAN4</i>	3.06	3.52	0.46
<i>Average Tangible Gap Score</i>			<b>0.46</b>

Source: Author's calculation

**Table 7: Regression Analysis**

Variables	$\beta$	SE	t	Prob.
Constant	-1.770	.321	-5.506	.000
REL	.033	.016	2.135	.035
RES	.727	.055	13.113	.000
ASS	.472	.056	8.494	.000
EMP	.611	.109	5.606	.000
TAN	.527	.069	7.589	.000
R <sup>2</sup>	.730	F-statistic	71.024	

\*\*\*  $\approx$  P-value significant at 0.1% (0.001)

\*\*  $\approx$  P-value significant at 1% (0.01)

\*  $\approx$  P-value significant at 5% (0.05)

### *General Patient Satisfaction*

Patients that preferred an alternative healthcare rather than Comboni Hospital were 27% while 73% preferred to visit Comboni hospital for treatment representing the highest percentage.

## **5. Discussions**

The study aimed at assessing the quality of service choices made by patients in the private medical sector in Ghana. The following five quality of service dimensions were used to assess a patient's choice of a private healthcare system: reliability, responsiveness, assurance, compassion, and the tangibles of the services provided. A multiple regression analysis was performed using data collected from Comboni Hospital and the

results showed that these service dimensions are important to patient satisfaction. Comboni Hospital represents private healthcare because it has the practical characteristics of a typical private hospital in Ghana.

Multiple regression analysis was used to test the relationship between the service quality dimensions and patient satisfaction. Patient satisfaction was used as the dependent variable, and quality of service dimensions were used as independent variables. The results shown in Table 7 indicate a positive significant relationship between patient satisfaction and service quality dimensions ( $F = 71.024, p < .05$ ). This means reliability, responsiveness, assurance, empathy, and tangibility define patient satisfaction. An  $R$ -squared of .730 shows that the independent variables describe 73% of patient satisfaction.

At Comboni Hospital, responsiveness has been found to have the greatest impact on patient satisfaction ( $\beta = .727, t = 13.113, p < .001$ ). Followed by assurance ( $\beta = .472, t = 8.494, p < .001$ ) indicates that skills that evoke trust and confidence in patients may also affect patient satisfaction. More so, Tangibles was also discovered as a significant determinant of patient satisfaction ( $\beta = .527, t = 7.589, p < .001$ ) followed by Empathy with ( $\beta = .611, t = 5.606, p < .001$ ) and Reliability in relation to patients in the hospital was the least significant impact on patient satisfaction ( $\beta = .033, t = 2.135, p < .005$ ). It is also important to point out that all five dimensions of service quality are important in the analysis of achieving patient satisfaction at Comboni Hospital.

Tangibles dimension having negative gap estimates show that there is more room for improvement. Therefore, marketing managers and governments must also invest in technology and equipment as well as employee image. This is logical because most patients try to assess services based on tangible factors such as the environment and the price of the service business. Managers can apply strategies used in ergonomics, such as music, and must take care of their medical environment. Managers must pay careful attention to the recruitment phase of employees and ensure continuous training of employees based on each employee's ability. These trainings will focus on professional qualifications and how to communicate with patients if they want to improve scores of empathy and reliability indicators.

Although the analysis showed that patients were highly satisfied with all service dimensions (positive gaps), the average gap was relatively low. One explanation for this result is the low expectation of patients due to the service they had encountered during their hospitalization in previous years. Even if the analyzed dimensions have high scores, if all the dimensions are ranked first, then it is the responsiveness, then the assurance, tangibility, empathy, and reliability. In addition, it is important to emphasize that patients rated high scores for staff skills in defining an accurate diagnosis, the readiness of staff to respond in a friendly and polite manner. This is important information for hospital administrators that, they should go all out to improve equipment and other content conditions to make the hospital more attractive so as to improve quality services and patient satisfaction in the future.

Furthermore, it is highly recommended that quality services be evaluated occasionally in different ways to assess the situation through the patient's eyes to develop and improve the competitiveness of Comboni Hospital in the field of health. However, the analysis showed that despite the assessment, the hospital's patients were loyal and they would return to the hospital. This happens mainly because the services provided have improved and because a large percentage of the patients questioned have enough financial resources to operate in private medical institutions. Strengthening health care systems can reduce hospital stays and reduce deaths. Failure to meet the needs of patients in a healthcare facility can lead to finding opportunities and learning from their shortcomings.

## **Conclusion**

The Comboni hospital (private sector) selected for this study scored higher in all the quality of service dimensions. The analysis of the data received from the Comboni Hospital showed that the hospital has made improvements in recent years in the quality of its services. A comparison between lower patient expectations and higher scores can attest to this fact, as well as from patient statements, especially for first-time hospitalized patients who claim situations have improved. However, the road to higher achievement in high-quality services is long and cumbersome.

In summary, in order to provide high-quality medical services and gain patient preferences, hospital managers should be made aware of these requirements by listening to patients and participating in further improvement projects. The authorities of private hospitals must continue to use the SERVQUAL model proposed by (Parasuraman & Zeithaml, 8 C.E.) to improve their performance in medical institutions, compete with others and enhance the service level for Ghanaians. For health care organizations to survive longer in a changing population, preferences, and lifestyle, it is important to continuously study patients' expectations and perspectives. It is also important to understand healthcare customers in a highly competitive market.

## References

- Aagja, J. P., & Garg, R. (2010). Measuring perceived service quality for public hospitals (PubHosQual) in the Indian context. *International Journal of Pharmaceutical and Healthcare Marketing*, 4(1), 60–83.
- Ahmad, Z., Yusoff, W., & Zahari, W. (2013). *Johor's potential as a medical tourism destination: measuring medical tourism service quality using modified SERVQUAL Scale*.
- Ajimase, A. (2016). Créolité et créolisation dans les pays Caraïbiens: implications pour une mondialisation culturelle
- Ajimase, A. (2016). Littérature, politique et pouvoir aux Antilles
- Ajimase, A. A. (2019). Coolitude in an Era of Cultural Globalization and Creolization: An Epistemological Perspective. *Lwati: A Journal of Contemporary Research*, 16(2), 107-127.
- Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social Science & Medicine*, 52(9), 1359–1370.
- Aragon, S. J., & Gesell, S. B. (2003). A patient satisfaction theory and its robustness across gender in emergency departments: a multigroup structural equation modeling investigation. *American Journal of Medical Quality*, 18(6), 229–241.
- Asubonteng, P., McCleary, K. J., & Swan, J. E. (1996). SERVQUAL revisited: a critical review of service quality. *Journal of Services Marketing*, 10(6), 62–81.
- Asuquo, O. O. (2018). The Role of the African Church Movement in Nigeria's Independence.
- Asuquo, O. O. (2019). A critical evaluation of the writing methods of selected scholars of African culture and traditional religion—EB Idowu; EG Parrinder and KA Opoku.
- Azmi, T., Hafizur, M., Dutch, R., Limited, B. B., Ameen, M., Mustafi, A., & Islam, M. R. (2017). Measurement of Patient Satisfaction with SERVQUAL Model of Private Hospitals: SEM Approach.
- Bassey, O. O., Ajimase, A. (2016). A socio-psychological reading of Camera Laye's The Radiance of the King
- Bopp, K. D. (1990). How patients evaluate the quality of ambulatory medical encounters: a marketing perspective. *Journal of Health Care Marketing*, 10(1).
- Choi, K.-S., Cho, W.-H., Lee, S., Lee, H., & Kim, C. (2004). The relationships among quality, value, satisfaction and behavioral intention in health care provider choice: A South Korean study. *Journal of Business Research*, 57(8), 913–921.
- Duke, E. O. (2013). *Ecclesial Communion in the Theology of John Henry Newman* (Doctoral dissertation, Pontificia università gregoriana).
- Duke, E. O. (2016). Content Analysis of The Catholic School and Religion and National Values, Primary 1-6: Implications for Religious Education in Catholic Primary Schools within Calabar Archdiocese-Cross River State.
- Duke, E. O. (2016). Religion, Psychology and Globalisation Process: Attitudinal Appraisal. *Legon Journal of the Humanities*, 27(1), 119-143.
- Duke, E. O. (2016). Religious Culture in Mental Health Issues: An Advocacy for Participatory Partnership.
- Duke, E. O. (2018). „Eyen mi nyamkkenyam, nno ke ndo...”: Deconstructing Some Stereotypic Views on Marriage in Efik Culture.
- Duke, E. O. (2018). CHRISTIAN MILITARY CHAPLAINS'ROLE AND THE GOSPEL OF NON-VIOLENCE AND MUTUAL CO-EXISTENCE IN CONTEMPORARY NIGERIAN SOCIETY: AN ETHICAL STUDY.
- Duke, E. O. (2019). FROM CHRISTIAN SPIRITUALITY TO ECO-FRIENDLINESS.
- Duke, E. O. (2019). Tract No. 90: An Ecumenical Opportunity from the 'Anglican'Newman.
- Edvardsson, B., & Strandvik, T. (2000). Is a critical incident critical for a customer relationship?
- El Saghier, N., & Nathan, D. (2013). Service quality dimensions and customers' satisfactions of banks in Egypt. *Proceedings of 20th International Business Research Conference*, 13.

- Enor, F. N. Leadership, Governance and the Development Agenda: Old Wine in Old Wineskin.
- Enor, F. N., & Duke, O. O. Local Government Creation in Nigeria and its Implications for Inter-group Relations: The Case of Agbokim Mgbabo in Ikom Urban II, Cross River State, Nigeria.
- Enor, F. N., & Ekpo, C. E. (2018). The 2016 Abortive Coup in Turkey: Warning to Africa? Lessons for Nigeria?. *Calabar Journal of Liberal Studies (CAJOLIS)*, 20(1), 287-308.
- Enor, F., & Ebaye, S. E. (2011). Military Coup as a Negation of Social Revolution: the Nigerian Experience. *Mediterranean Journal of Social Sciences*, 2(3), 419-425.
- Eyo, U. E. (2011). *An interpretation of "And the Word became flesh and dwelt among us"(John 1: 14) to the Efik people*. Institut oecuménique.
- Eyo, U. E. (2012). Religion and Gender-a Reflection on the Biblical Creation Accounts. *American Journal of Social Issues and Humanities*, 2(1), 20-28.
- Eyo, U. E. A Feminist Interpretation and Reconstruction of John 7: 53-8: 11 in the Light Violence against Women and Its Implications Today.
- Fitzsimmons, J. A., Fitzsimmons, M. J., & Bordoloi, S. (2008). *Service management: Operations, strategy, information technology*. McGraw-Hill New York, NY.
- Fr, R., & DUKE, E. O. The Culture of Slavery in Traditional Context and Globalized Society.
- Ghaye, T., & Lillyman, S. (2014). *Reflection: Principles and practices for healthcare professionals 2nd edition* (Vol. 1). Andrews UK Limited.
- Grönroos, C. (2000). *Service management and marketing: A customer relationship management approach*.
- Hu, H.-Y., Cheng, C.-C., Chiu, S.-I., & Hong, F.-Y. (2011). A study of customer satisfaction, customer loyalty and quality attributes in Taiwans medical service industry. *African Journal of Business Management*, 5(1), 187–195.
- Huang, Y.-Y., & Li, S.-J. (2010). Understanding quality perception gaps among executives, frontline employees, and patients: the outpatient services in Taiwan hospitals. *Quality Management in Healthcare*, 19(2), 173–184.
- Imran, M., Ghani, U., & Rehman, K. U. (2013). Consumer perception of store image and store loyalty. *Journal of Managerial Sciences Volume VII Number, 1*, 76.
- Irfan, S. M., & Ijaz, A. (2011). Comparison of service quality between private and public hospitals: Empirical evidences from Pakistan. *Journal of Quality and Technology Management*, 7(1), 1–22.
- Kang, G.-D., & James, J. (2004). Service quality dimensions: an examination of Grönroos's service quality model. *Managing Service Quality: An International Journal*, 14(4), 266–277.
- Lemke, F., Clark, M., & Wilson, H. (2011). Customer experience quality: an exploration in business and consumer contexts using repertory grid technique. *Journal of the Academy of Marketing Science*, 39(6), 846–869.
- Managing Service Quality: An International Journal*, 10(2), 82–91.
- Medhekar, A. (2014). Public-private Partnerships for Inclusive Development: Role of Private Corporate Sector in Provision of Healthcare Services. *Procedia - Social and Behavioral Sciences*, 157, 33–44. <https://doi.org/10.1016/j.sbspro.2014.11.007>
- Muhammad Butt, M., & Cyril de Run, E. (2010). Private healthcare quality: applying a SERVQUAL model. *International Journal of Health Care Quality Assurance*, 23(7), 658–673.
- Munusamy, J., Chelliah, S., & Mun, H. W. (2010). Service quality delivery and its impact on customer satisfaction in the banking sector in Malaysia. *International Journal of Innovation, Management and Technology*, 1(4), 398.
- Nandan, S. (2010). Determinants of customer satisfaction on service quality: A study of railway platforms in India. *Journal of Public Transportation*, 13(1), 6.
- Negi, R. (2009). DETERMINING CUSTOMER SATISFACTION THROUGH PERCEIVED SERVICE QUALITY: A STUDY OF ETHIOPIAN MOBILE USERS. *International Journal of Mobile Marketing*, 4(1).
- Nkrumah, S., Yeboah, F. B., & Adiwokor, E. (2015). Client satisfaction with service delivery in the health sector: The case of Agogo Presbyterian Hospital. *International Journal of Business Administration*, 6(4), 64.
- Nwosu, N., & Ajimase, A. (2016). FABULISTIC INSIGHTS INTO JUSTICE AND HUMAN DIGNITY AS DEPICTED IN LA FONTAINE'S FABLES TRANSLATED INTO ENGLISH LANGUAGE. *GLOBAL JOURNAL OF APPLIED, MANAGEMENT AND SOCIAL SCIENCES*, 11.
- Organization, W. H. (2014). *Global status report on noncommunicable diseases 2014*. World Health Organization.

- Owusu-Frimpong, N., Nwankwo, S., & Dason, B. (2010). Measuring service quality and patient satisfaction with access to public and private healthcare delivery. *International Journal of Public Sector Management*, 23(3), 203–220.
- P. Pai, Y., & T. Chary, S. (2013). Dimensions of hospital service quality: A critical review: Perspective of patients from global studies. *International Journal of Health Care Quality Assurance*, 26(4), 308–340.
- Papanikolaou, V., & Zygiaris, S. (2014). Service quality perceptions in primary health care centres in Greece. *Health Expectations*, 17(2), 197–207.
- Parasuraman, A., & Zeithaml, V. A. (8 C.E.). A. Berry LL 1998. *SERVEQUAL: A Multiple-Item Scale for Measuring Consumer Perception of Service Quality*, 12–35.
- Purcărea, V. L., Gheorghe, I. R., & Petrescu, C. M. (2013). The assessment of perceived service quality of public health care services in Romania using the SERVQUAL scale. *Procedia Economics and Finance*, 6, 573–585.
- Regber, S., Mårild, S., & Hanse, J. J. (2013). Barriers to and facilitators of nurse-parent interaction intended to promote healthy weight gain and prevent childhood obesity at Swedish child health centers. *BMC Nursing*, 12(1), 27.
- Sangiorgi, D., & Eun, Y. (2014). Service Design as an approach to New Service Development: reflections and future studies. *ServDes 2014*, 194–204.
- Saravanan, R., & Rao, K. S. P. (2007). The impact of total quality service age on quality and operational performance: an empirical study. *The TQM Magazine*, 19(3), 197–205.
- Seth, N., Deshmukh, S. G., & Vrat, P. (2005). Service quality models: a review. *International Journal of Quality & Reliability Management*, 22(9), 913–949.
- Solomon, A., & Dodor, A. (2014). Improving the service quality of healthcare in Ghana: The role of Locum nursing. *Australian Journal of Business and Management Research*, 3(12), 1.
- Sweeney, J. C., Soutar, G. N., & Johnson, L. W. (1997). Retail service quality and perceived value: A comparison of two models. *Journal of Retailing and Consumer Services*, 4(1), 39–48.
- Swensen, S. J., Dilling, J. A., Mc Carty, P. M., Bolton, J. W., & Harper Jr, C. M. (2013). The business case for health-care quality improvement. *Journal of Patient Safety*, 9(1), 44–52.
- Wicks, A. M., & Roethlein, C. J. (2009). A satisfaction-based definition of quality. *The Journal of Business and Economic Studies*, 15(1), 82.
- Zarei, A., Arab, M., Froushani, A. R., Rashidian, A., & Tabatabaei, S. M. G. (2012). Service quality of private hospitals: The Iranian Patients' perspective. *BMC Health Services Research*, 12(1), 31.
- Zeithaml, V. A., & Mary, J. (n.d.). Bitner.(2000). *Services Marketing: Integrating Customer Focus across the Firm*.
- Zeithaml, V. A., Parasuraman, A., Berry, L. L., & Berry, L. L. (1990). *Delivering quality service: Balancing customer perceptions and expectations*. Simon and Schuster.