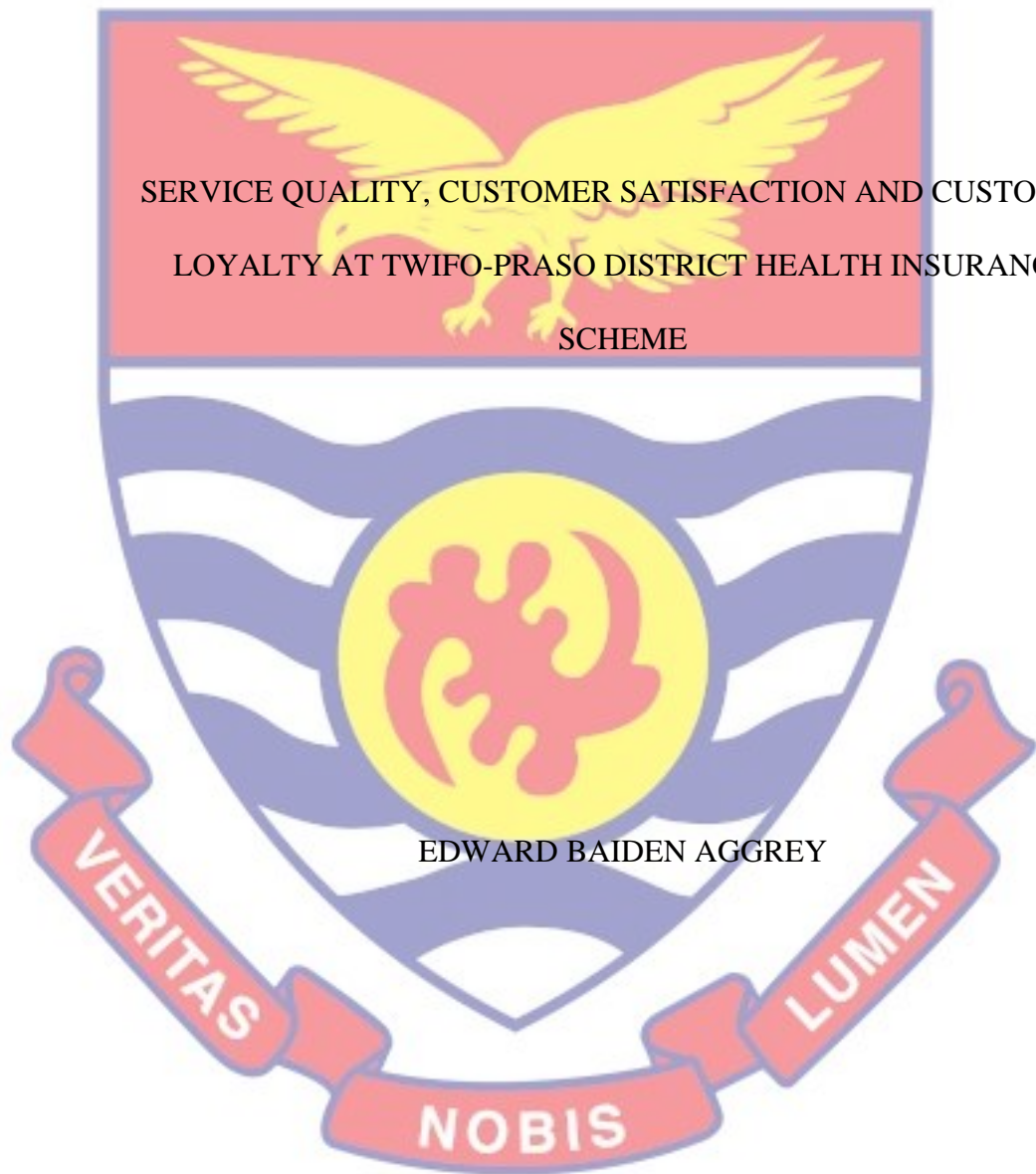
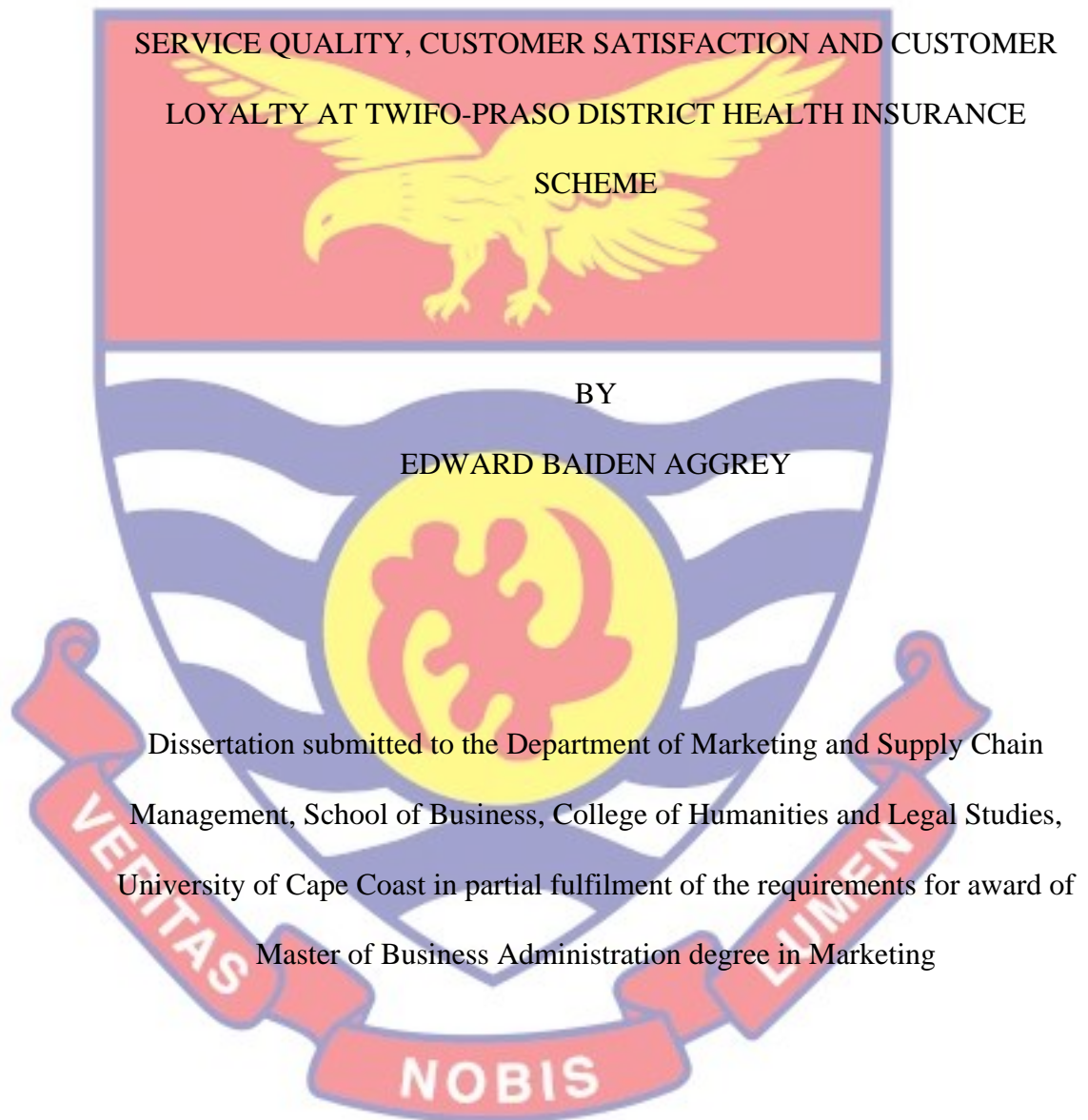


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DECLARATION

Candidate's Declaration

I hereby declare that this submission is my own work towards the Masters of Business Administration and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

Candidates Signature: Date:

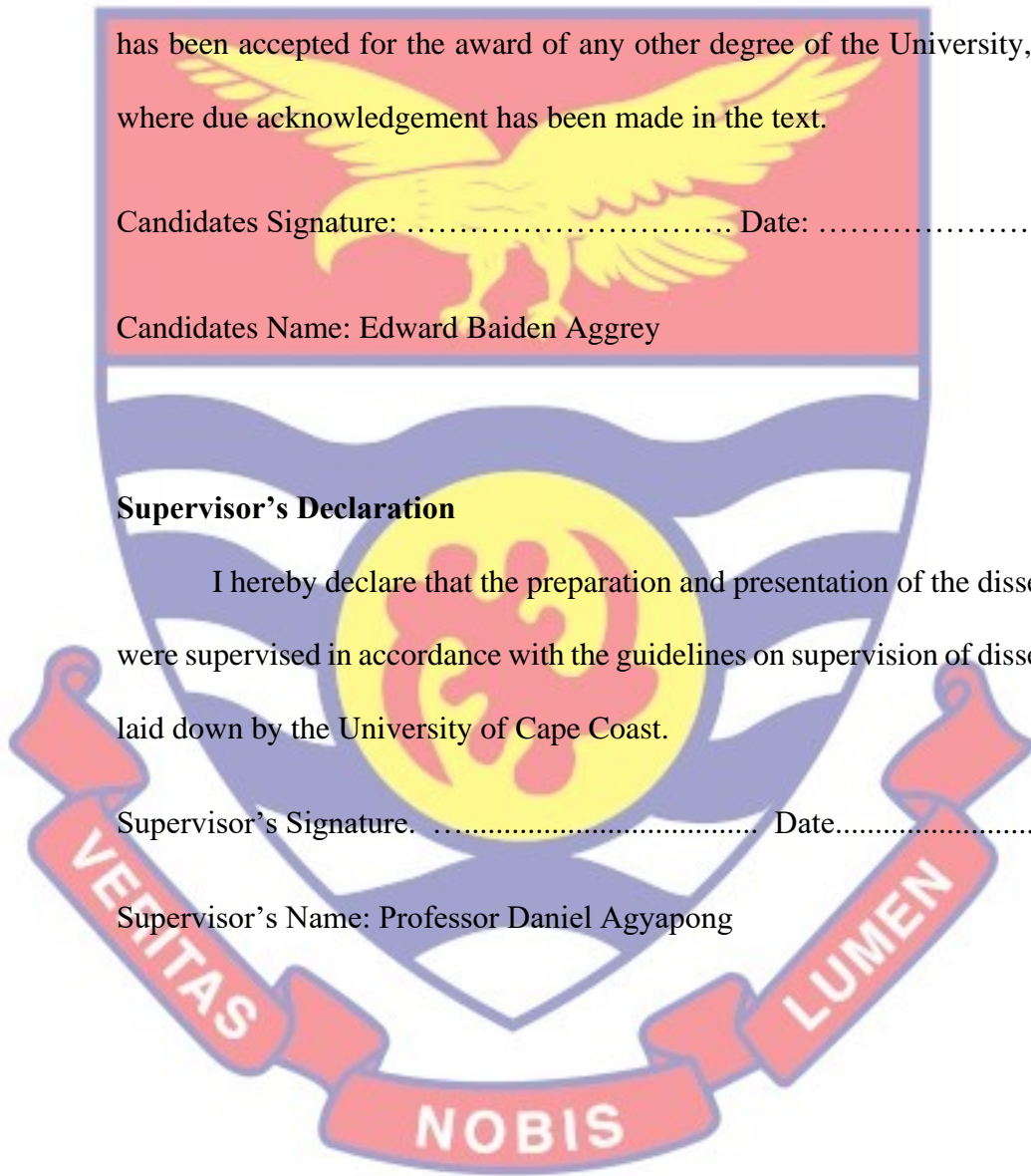
Candidates Name: Edward Baiden Aggrey

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.

Supervisor's Signature. Date.....

Supervisor's Name: Professor Daniel Agyapong



ABSTRACT

This study sought to assess the effect of service quality on customer loyalty at Twifo-Praso District Health Insurance Scheme in the Central Region of Ghana. It also assessed whether state of customer satisfaction mediate such supposed predictive relation or not. The study employed the explanatory research design.

The population included 33,129 registered subscribers at said authority. A sample size of 395 respondents was targeted based on a recognized scientific formula. The respondents were selected through the systematic sampling technique. Structured questionnaire was used for the primary data collection. Statistical Package for Social Sciences application was used for the primary data processing and analysis. It was discovered that the predictors accounted for 24.0% positive variance in customer loyalty. It was also found that reliability and tangibles made significant positive contributions to predicting the 24.0% variance in customer loyalty. Customer satisfaction did not mediate the predictive relation between service quality and employee loyalty at Twifo-Praso District Health Insurance Scheme. The study concluded that the key component of service delivery that can significantly affect customer loyalty at Twifo-Praso District Mutual Health Insurance Authority was reliability of the staff and empathy. Furthermore, if customers are not satisfied with the services provided at Twifo-Praso District Mutual Health Insurance Authority, it does not guarantee customers being loyal to the scheme even if the services provided are of utmost quality. The study recommended that management of the Twifo-Praso District Mutual Health Insurance Authority must put in place well-structured customer loyalty programs to win, maintain and expand its client base.

ACKNOWLEDGEMENT

My thanks goes to my supervisor, Prof. Daniel Agyapong, and Dr. (Mrs.) Gloria K. Q. Agyapong, whose comments and suggestions contributed greatly to the success of this work as well as all my friends who helped me in various forms to come out with this work piece.



DEDICATION

To Obrempong Kwadwo Nti Aggrey

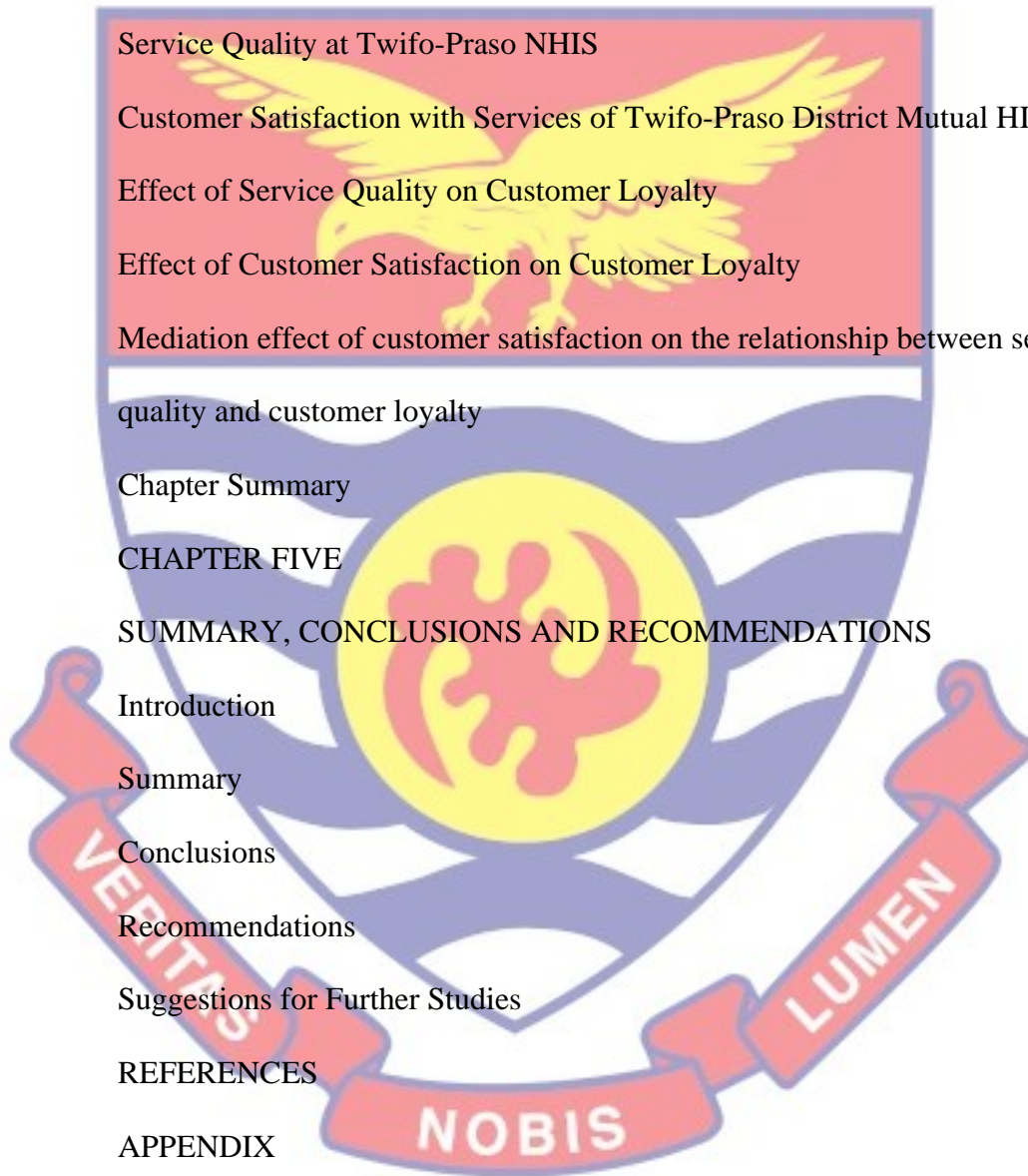


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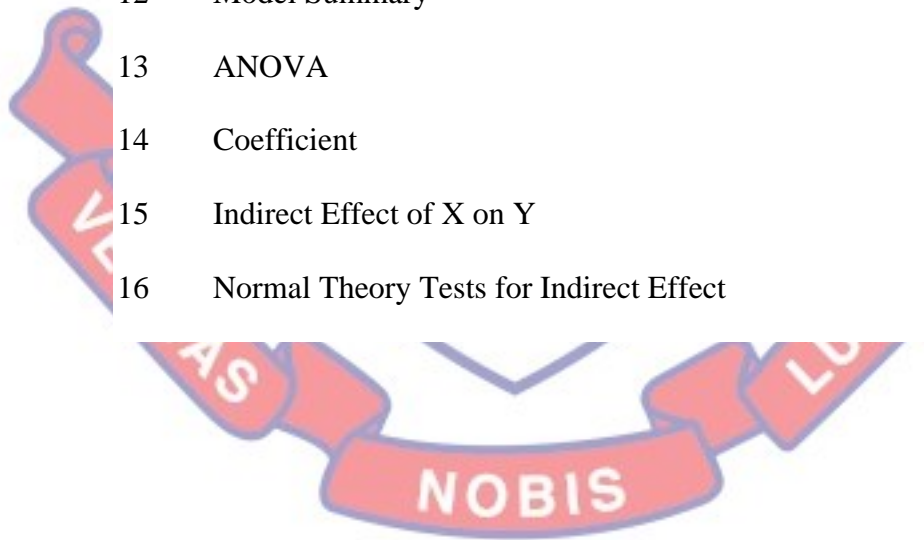
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CHAPTER ONE

INTRODUCTION

Sustaining the Ghana National Health Insurance Scheme (NHIS) partly hinges on the level of service quality delivery by the legally mandated Administrator-Ghana National Health Insurance Authority (NHIA). This study is primarily being conducted to assess the state of perceived service quality delivery and how the level of service quality predicts customer loyalty at Twifo-Praso District Health Insurance Scheme.

Background to the Study

Ghana is among the first nations in sub-Saharan Africa to begin implementation of a National Health Insurance Scheme (NHIS) (Aryeetey, Nonvignon, Amisshah, Buckle & Aikins, 2016; Kotoh. Aryeetey & Van der Geest, 2018). Health insurance is said to be a method of providing members of a defined group or community with protection against the cost of medical care (Munyua, Rucha & Yitambe, 2018). It is based on the principle of pooling risks, and therefore, the redistribution of financial resources from that segment of a community that does not incur high healthcare cost to those segments of the community that do (Darkpani, 2011; Van Der Wielen, Channon & Falkingham, 2018). Health reforms with accompanying exemption policies included general tax revenues and user fees with the latter dominating the health financing scene from the early 1970s until 2003 when a NHIS law was passed (Owusu-Sekyere & Bagah, 2014; Dake, 2018). The NHIS is managed by Ghana National Health Insurance Authority (NHIA).

Service quality has since emerged as a perceived strategic force and a key strategic issue on management's agenda (Poister, 2010). It is no surprise

that practitioners and academics alike are keen on accurately measuring service quality in order to better understand its essential antecedents and consequences, and ultimately, establish methods for improving quality to achieve competitive advantage and build customer loyalty (Singh & Prasher, 2019). A service is a set of singular and perishable benefits delivered from the accountable service provider, mostly in close coaction with service suppliers, generated by functions of technical systems and by distinct activities of individuals according to the needs of service consumers (Deshmukh & Chourasia, 2012).

Perceived service quality is a result of the comparison of perceptions about service delivery process and actual outcome of service (Lovelock & Wright, 2011). Improvement in the quality of hospital services increase patient satisfaction, consolidate customer loyalty (Arasli, Haktan & Turan Katircioglu 2008), affects customers' willingness to buy (Yarimoglu, 2014), leads to customers' retention (Eid, 2015) enhances corporate image (Jin, Lee & Lee, 2015; Iglesias, Markovic, Singh & Sierra, 2019), provides opportunities for cross-selling as well as developing of customer relationships (Adil, 2013). Services rendered in the health sector, unlike other sectors, must be executed with extraordinary professionalism since the level of competence displayed by service personnel can make a difference between life and death (Mensah, Yamoah & Adom, 2014).

Service quality measurement enables managers to identify the problem in the service provided to the customers to enhance the efficiency and quality for the purpose of customers' satisfaction and fulfilling desire (Ghotbabadi, Feiz & Baharun, 2015). Hospitals need to use a context-specific service quality

measurement for the best understanding of consumers' perception on service quality (Singh & Prasher, 2019; Behdioğlu, Acar, & Burhan, 2019).

Service quality in terms of NHIS could be well-defined in the context of the user-based approach (Yarimoglu, 2014). In this view, quality means the best satisfaction of consumers' preferences (Yarimoglu, 2014). Munusamy, Chelliah and Mun (2010) postulate that customer satisfaction and service quality are inter-related and that the higher the service quality, the higher is the customer satisfaction. Customer satisfaction is the result of an evaluation process whereby the customer compares his/her expectations of how the service should perform with actual experience with the service (Alfers, 2012). Dissatisfaction with a service causes customer to spread bad news of such experience to others (Chelminski & Coulter, 2011).

According to Chaffey (2008), consumer loyalty is a desire on the part of the customer to continue to conduct business with a given company over time. Kotler and Armstrong (2008) use the idea of repetitive buying patterns of a particular brand as an indication of consumer loyalty. This also includes a verbal promotion of the currently used product or services by the incumbent consumer to others who have yet to try a particular product or service (Kotler & Armstrong, 2008). Mensah *et al.* (2014) opined that customers who are loyal are seldom discounted-led and firms that create and maintain good customer loyalty are able to benefit from such mutually beneficial relationship with customers (Yarimoglu, 2014; Dalinjong, 2018).

Improvement in the quality of health services increases patient satisfaction, consolidates customer loyalty (Arasli, Haktan & Turan Katircioglu 2008), affects customers' willingness to buy (Yarimoglu, 2014), leads to

customers' retention (Eid, 2015), enhances corporate image (Jin, Lee & Lee, 2015; Iglesias, Markovic, Singh & Sierra, 2019), provides opportunities for cross-selling as well as developing of customer relationships (Adil, 2013). It is in view of this that the study seeks to assess the effect of service quality on customer loyalty among customers of the Twifo-Praso NHIS.

Statement of the Problem

There have been several reports of the relative success of social national health insurance schemes in developing countries such as Mexico, Costa Rica and South Korea (Lieblong, Montgomery, Su & Nakagawa, 2019). However, the NHIS in Ghana has struggled over the years about how to adequately finance public sector health care delivery, especially, regarding adequate supply of drugs and supplies (Kotoh, Aryeetey & Van der Geest, 2018; Fenny, Yates & Thompson, 2018). Ghana has struggled for years to provide equitable and adequate healthcare services for all her citizens (Osei-Kwabena, 2003). The NHIS is wasting millions of Ghana Cedis each year due to corruption and institutional conflict (Barnett *et al.*, 2018). Apanya (2013) found that some accredited healthcare facilities perceive the NHIS to have a negative effect on the quality of healthcare delivery while others regarded the scheme to be discriminatory in favour of higher-level health facilities.

Additionally, it has been found that poor quality care in NHIS-accredited health facilities potentially reduces clients' trust in the scheme and consequently decreases (re)enrolment rates (Alhassan, Nketiah-Amponsah & Arhinful, 2016; Kotoh, Aryeetey & Geest, 2018). Emergent proof shows a diversity of problems of implementation, like the apparent low quality of health care, the absence of trust in the management of the scheme, longer time spent

in the NHIS card production and its distribution, the length of time the insured client waits and high rate of dropout of membership (Bruce, Narh-Bana & Agyepong, 2008; Ahmed, 2015; Ahn & Back, 2018).

Studies on the NHIS focused on the poor (Alfers, 2012; Kotoh *et al.*, 2018), but do not consider the state of quality service delivery with the scheme.

Beside the scheme is saddled with challenges such as high drop-out rates, small risk pools and low premiums (Coheur, Jacquier, Schmitt-Diabate & Schremmer, 2007). Major research contributions to defining service quality and establishing its determinants have been conducted in North America (Borsky, Zhan, Millner, Ngo-Metzger, Bierman & Meyers, 2018; Batista, Pottie, Bouchard, Ng, Tanuseputro & Tugwell, 2018; AL-Mhasnah, Salleh, Afthanorhan & Ghazali, 2018) and from Scandinavia (Alstrup, Petersen, Barfod, Knudsen, Rognås, & Møller, 2019). This calls for similar studies to be conducted in the Ghana health sector as well (Agyepong & Adjei, 2008).

Some studies have lamented that researches on customer loyalty have been concentrated on tangible products and not services (Lewis & Soureli, 2006; Dehghan, 2012; Yunus, Bojei & Rashid, 2013). Such findings cannot be generalised on service loyalty (Mandhachitara & Poolthong, 2011). Based on these considerations, this study was conducted to assess the influence of perceived service quality on customer loyalty at Twifo-Praso District NHIS, given cognisance to customer satisfaction.

Purpose of the Study

The purpose of the study was to examine the effect of service quality on customer loyalty among customers of the Twifo-Praso NHIS.

Research Objectives

The following objectives were developed to;

1. assess the perceived service quality at the Twifo-Praso District NHIS.
2. assess customer satisfaction with the services of Twifo-Praso District NHIS.
3. examine the effect of perceived service quality on customer loyalty.
4. examine the effect of customer satisfaction on customer loyalty.
5. assess the mediating effect of customer satisfaction on the relationship between perceived service quality and customer loyalty.

Research Questions

Based on the study's objectives, the following research questions were developed:

1. What is the perceived service quality at Twifo-Praso District NHIS?
2. Are customers satisfied with the services of the Twifo-Praso District NHIA?
3. Does perceived service quality affect customer loyalty at Twifo-Praso District NHIA?
4. How does customer satisfaction affect customer loyalty at Twifo-Praso District HIS?
5. What is the mediation effect of customer satisfaction in the relationship between perceived service quality and customer loyalty at Twifo-Praso District NHIS?

Significance of the Study

The fast-growing world and excessive contribution of service industry in our economy compels organizations, whether public or private to satisfy the

customer. This, however, could be done if service providers understand the perceptions of customers, because it relates strongly to the continual survival, as well as the future growth and development of organizations. The findings would provide useful marketing insights to management of the Twifo-Praso District Health Insurance Scheme about the state of service quality delivery at the outfit. This will decision making on how the satisfy customers and policies to achieve service quality. It would also provide insights as to how service quality improves customers' loyalty for the scheme. This would guide management as to how to design and effectively implement marketable customer loyalty programs and policies for the sustainability of the NHIS.

The findings would provide adequate information that could be relied on by Ministry of Health and its Agencies as to how they can improve quality service delivery in various branches of the NHIA across the entire nation. Its findings would also be useful for policy directions. Researchers and students alike would find this study very useful as it presents information about some gaps in literature that could be exploited for further studies. The findings of the study also would contribute to literature and theory building which would serve as basis for scientific approach to developing customer-centric services at Twifo-Praso District Health Insurance Scheme. The general public could rely on the findings of this study to make informed decision about whether to join or opt out of the NHIS, subject to the fact that the findings would indicate whether there is service quality at the Twifo-Praso District Health Insurance Scheme or not. The findings of the study may also contribute to theory especially if the behaviour of the respondents exhibits the tenets proposed in the Cognitive Dissonance Theory that guides this study.

Delimitations

The study aimed at assessing the effect of service quality on customer loyalty among customers of the Twifo-Praso District HIS in Central Region. Registered members of the NHIS at the Twifo-Praso District NHIS were considered as the main target of the study. The study adopted the descriptive survey design and quantitative approach to research. An estimated number of 33,129 registered members form the client data base of Twifo-Praso District Mutual HIA (Record Section of Twifo-Praso District NHIS Head Office, October, 2018) was the population. Exempted class under the NHIS were excluded from the total population of interest. Based on this population size, a sample size of 395 was randomly selected through a simple random sampling technique.

Limitations

It could have been appropriate for the study to cover all outlets of NHIA nationwide but was limited to Twifo-Praso District NHIS. Also, exempted classes who experience the services of the Twifo-Praso District NHIS were not included in the study, which limits the generalization of the outcome of study to all customers of the scheme. Since one dependent variable was used (customer loyalty) through a data transformation process, it becomes difficult to know how exactly each indicator of the construct statistically measured the construct.

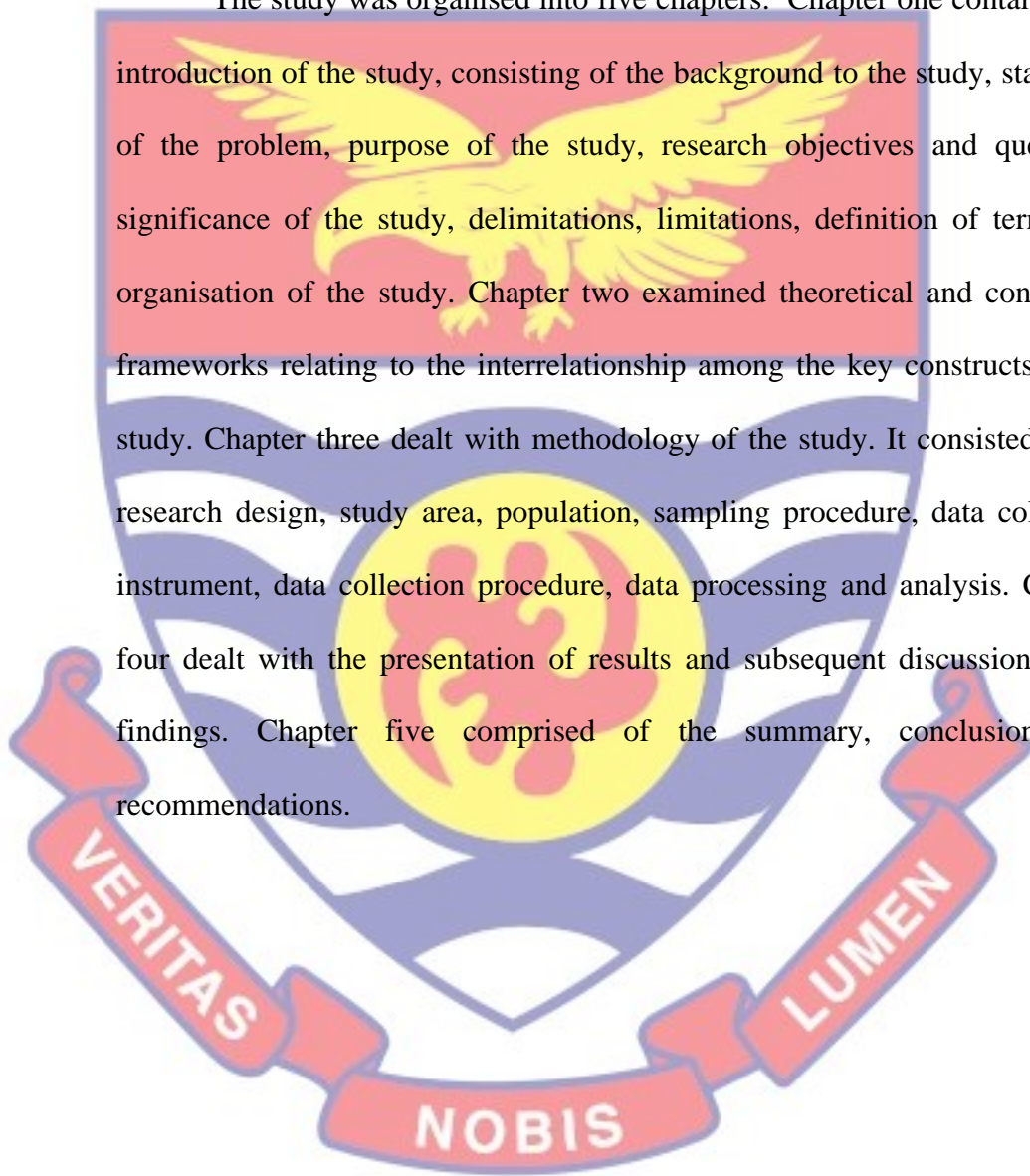
Definition of Terms

Perceived Service Quality: Perceived service quality is defined as the extent to which services of Twifo-Praso District Health Insurance Authority meets members' needs or expectations.

Customer Loyalty: Customer loyalty means customers' (members) willingness to subscribe to the National Health Insurance Scheme frequently over all others.

Organisation of the Study

The study was organised into five chapters. Chapter one contained the introduction of the study, consisting of the background to the study, statement of the problem, purpose of the study, research objectives and questions, significance of the study, delimitations, limitations, definition of terms and organisation of the study. Chapter two examined theoretical and conceptual frameworks relating to the interrelationship among the key constructs of the study. Chapter three dealt with methodology of the study. It consisted of the research design, study area, population, sampling procedure, data collection instrument, data collection procedure, data processing and analysis. Chapter four dealt with the presentation of results and subsequent discussion of the findings. Chapter five comprised of the summary, conclusions and recommendations.



CHAPTER TWO

LITERATURE REVIEW

Introduction

This study researches on the service quality, customer satisfaction and customer satisfaction and customer loyalty at Twifo-Praso District Health Insurance Scheme. This section provides information about the related literature that informs and guides the conduct of this study. Specifically, the chapter is divided into three sections: theoretical perspectives-mainly for description of key concepts of the study and reviewing of supporting theory underpinning the study-empirical review-to guide comparisons and discussions in chapter four and five and conceptual framework-to clearly articulate the rationale behind the study based on empirical inferences and logic behind this study.

Cognitive Dissonance Theory

The study is supported by the cognitive dissonance theory because the theory is pronounced much in marketing and psychology (Werner-Lin, *et al.*, 2018; Graff, Sophonthummapharn & Parida, 2012; Bawa & Kansal, 2008). Cognition refers to one's beliefs, affect, opinion, values, and knowledge about one's environment, while behavior refers to actions initiated in response to this cognition and/or personal evaluation of that behavior (Oinas-Kukkonen & Harjumaa, 2009; Newman, 2018; Festinger 1957; Bhattacharjee & Premkumar, 2004). Dissonance comes It is a psychologically uncomfortable state that arises from the existence of contradictory (dissonant, non-fitting) relations among cognitive elements. As the person believes both the thoughts to be true, it invokes mental tension in his mind.

Cognitive dissonance occurs when a person gets confused between two cognitions which inherently cannot co-exist at the same time thereby creating tension for such person (Festinger, 1957). Such cognitive discomfort is caused primarily by variations in both expectation (desire) and experience (perceived performance). Expectation or desire is related to the pre-purchase time period that a customer has initial expectation or desire about a specific performance such as quality of products or services (Auer & Griffiths, 2018; Oinas-Kukkonen & Harjuma, 2009; Newman, 2018). Experience or perceived performance is related to the after-purchase time period that the customer gets the experience after perceiving a real performance such as quality of a specific product or service (Elkhani & Bakri, 2012).

Product experience consists of product usage and evaluation, number of exposures to advertisements, and influences of others in the social environment (De Mooij, 2018; Graff, et al, 2012; Baumeister, Bratslasky & Muraven, 2018; Elkhani & Bakri, 2012). Cognitive dissonance occurs because the person knows the purchased product has some disadvantages as well as advantages (Pennesi & Wade, 2018; Liu & Sunder, 2018; Mosala, 2007; Wilkins, Butt & Hefferman, 2018; Harmon-Jones & Harmon-Jones, 2008). The gap between the expected performance of certain product, against an exchange of certain amount of money, and its actual performance creates post purchase regret which leads to customer dissatisfaction. Festinger (1957) further holds that the individual being captured by unpleasant cognitions is psychologically compelled to take remedial measures to get rid of this dissonance and attain consonance.

Consumers try to reduce dissonance by justifying their decision. They might seek new information that reinforces positive ideas about the purchase

(confirming that it was the right decision), avoid information that contradicts their decision, or revoke the original decision by returning the product (Liu & Sunder, 2018; Czinkota, Dickson, Dunne, Griffin, Hoffman, Hutt & Lusch, 2000). Cognitive dissonance is reported to have an inverse relationship with service quality (O'Neill & Palmer, 2004). If there is positive purchase evaluation, then customer will be more likely to repeat purchase (Young, 2011; Nadeem, 2007), become word-of-mouth-advocates for the brand (De Mooji, 2019; Nadeem, 2007), be willing to capture other customers that creates crowd following for the selected brand (Andreassen & Olsen, 2008) and reduces customer complaints (Nyer, 2000).

Regarding the impact of the Cognitive theory in this study, it is, therefore, proposed that, if members of the Twifo-Praso District Mutual HIS evaluate the service quality of the Twifo-Praso District Mutual HIA as satisfactory, then, they would be willing to renew their membership for the scheme, say positive things about the Twifo-Praso District Mutual HIA, recommend the Twifo-Praso District Mutual HIA to others, will not switch to competing health care service provider/insurance companies, patronize new services of the Twifo-Praso District Mutual HIA and so forth-all captured as part of key customer loyalty indicators. On the other hand, if members of the Twifo-Praso District Mutual HIA suffer dissonance after service experience, then they will defect, say negative things about the Twifo-Praso District Mutual HIA to others, will switch to competing health insurance service providers.

Concept of Service Quality

Judgement on service satisfaction, quality service delivery and service quality are within the purview of customers (Lovelock & Wright, 2002). The

“will-o’-wisp” nature of service quality is captured by Tan (1986) who described it as being like beauty in the eye of the beholder; in other words, it has different meaning for different people. If the service provider implements its service quality programs from the angle of the organization, there is likelihood of consumer’s different perception about it (Xuehua, 2018; Kotoh *et al.*, 2018; Manzuma-Ndaaba,

Harada, Romle & Shamsudin, 2016). It is therefore necessary to measure quality improvement programmes from the perspectives of customers. Similarly, Zeithaml, Parasuraman, Berry and Berry (1990) see consumers as being the sole judge of service quality. Service has been defined as any act or performance one party can offer to another that is essentially intangible and does not result in the ownership of anything (Saeidi, Rasli, Saeidi, Saeidi & Saeidi, 2017; Kotler & Keller, 2013).

It is difficult to fine what constitute service quality as well as how to measure it (Wicks & Roethlein, 2009). However, some researchers have come out with some acceptable definitions. One that is commonly used defines service quality as the extent to which a service meets customers’ needs or expectations (Lewis & Mitchell, 1990; Wisniewski, 1996; Berndt & Brink, 2004). Srivastava and Rai (2013) also defined service quality as the extent to which the service, the service process and the service organization can satisfy the expectations of the user. Gronroos (1984) distinguished between technical and functional quality. Technical quality refers to the relatively quantifiable aspects of service that customers receive in their interactions with service firm or service providers (Sivakumar, Li & Dong, 2014; Ali, 2015).

Consumers are influenced by “how” the technical quality is delivered to them (consumers) and this is termed as function quality. Functional quality

cannot be measured objectively as the case of technical quality (Osman & Sentosa, 2013). Functional quality is subject assessment by customers about the ability of products or services to perform their intended purpose. The European Customer Satisfaction Index (ECSI) model, as advanced by Grönholdt, Martensen and Kristensen (2000), also divides quality into two segments:

Product/service attributes and human attributes. Product related attributes refer to the quality of the product or service attributes, and human related features concern the interactive elements in service.

The SERVQUAL model has been accepted as a popular and reliable tool for service quality dimension measurement (Parasuraman, Zeithaml & Berry, 1988; Sivakumar, Li & Dong, 2014). The SERVQUAL model was first developed by Parasuraman, Zeithaml and Berry (1985) as a nine-dimensional tool, and later refined into five dimensions of reliability, responsiveness, assurance, empathy and tangibles (Parasuraman, Zeithaml & Berry, 1988). SERVQUAL is based on five dimensions of service. Tangibility refers to the physical characteristics or appearance of physical elements associated with the service encounter. The physical surroundings represented by objects (for example, interior design) and subjects (for example, the appearance of employees).

According to Yator (2012), facilities, like well-furnished reception desk or trained personnel, can influence customer perceptions about tangibles service quality. Reliability measures the degree of dependability and accuracy of performance (Ali, 2015; Osman & Sentosa, 2013). Specifically probing into the service provider's ability to provide accurate and dependable services; consistently performing the service right

(Al-Azzam, 2015). It also encompasses the ability of a service provider to provide committed services truthfully and consistently (Alnaser, Ghani, Rahi, Mansour & Abed, 2017).

Responsiveness includes giving customers feedback immediately, and the easiness of giving appointments to customers (Fodness & Murray, 2007).

When the staff of insurance companies deliver services to their customers in a prompt manner, it signifies the employees' attitude, which is also perceived as good service by the customer (Grönroos, 2007; Rodrigues, 2013). It is usually hard for a customer to pass judgment on the quality of service.

Assurance measures employees' knowledge and courtesy and their ability to inspire trust and confidence (Naik, Gantasala & Prabhakar, 2010).

Diverse features that provide confidence to customers (Yeo, 2009). There are four items of assurance as a service quality dimension. These measurement items according to Kassim and Asiah Abdullah (2010) and Rodrigues (2013) include the employee's attitude boosted the customers' confidence, the customers felt secure when transacting for insurance products, the employees were steadily careful with the customers and the employees had knowledge regarding the questions asked by the customers. From previous studies (Asghari & Babu, 2018; Gray & Boshoff, 2004), it is expected that this study will establish a positive relationship between the assurance from the companies and the satisfaction and loyalty of the customer to the company.

Empathy reflects the ability to make customers feel welcome, especially by staff contacts (Hwang & Kim, 2018; Brink & Berndt, 2004; Fitzsimmons & Fitzsimmon, 2001; Al-Azzam, 2015). It also measures the state of rendering individualized services to customers (Panigrahi, Azizan & Khan, 2018; Alsaqre,

2011). When staff is not able to pay attention to a customer, it negatively affects the quality of service. It has been found that empathy is an important aspect of service quality (Hill & Alexander, 2017; Johnson & Sirikit, 2002; Mckeecnie, Ganguly & Roy, 2011).

Patients' perception of service quality, in particular, has become a vital aspect of quality assessment of health care because of the relationship between health care utilization and user perception of quality (Andoh-Adjei, Nsiah-Boateng, Asante, Spaan & van der Velden, 2018). The Ministry of Health in Ghana has been concerned about quality of care, but improvements in quality have been slow partly because quality improvement activities have received inadequate priority (Kwiatkowski, 2018; Lavy, Haran, Shemer & Shani, 2000). Boateng and Awunyor-Vitor (2013) and Wiesmann and Jütting (2000) further asserted that due considerations should also be given to clients' perception quality of healthcare delivery since it plays influential roles in health care utilization under the scheme.

The insured in NHIS think that the uninsured are generally not given quality drugs as compared to them (Ayimbillah Atinga, 2012). In the opinion of Cheng, Kao, Lin, Lee and Lai (2011) and Turkson (2009), quality can only be achieved by ensuring clients' participation and proper assessment about perception about quality of care. Though, clients' perceptions have been researched into by scholars such as (Yi, Gong & Lee, 2013; Lee *et al.*, 2013), others including (Arhinful, 2003; Akazili, Anto & Anoyoriga, 2005) admit that studies regarding perceptions about quality of health care and their impact on decisions to enroll into the scheme in Ghana are still limited (Boateng & Awunyor-Vitor, 2013).

Concept of Customer Loyalty

Firms with loyal customer base are able to succeed and improve their level of profitability (Barra, Pressgrove & Torres, 2018; Oliver, 1997; Dehghan & Shahim, 2011; Yi, Gong & Lee, 2013; Lach, 2000). The concept of loyalty first appeared in the 1940s. Two separate loyalty concepts evolved, namely, “brand preference” (Guest, 1955) which was later referred to as attitudinal loyalty and “share of market” (Cunningham, 1956), which was later referred to as behavioral loyalty. This bi-dimensional concept has since been combined and referred to as composite loyalty. The composite definition of loyalty has become the basis for much loyalty research that has since been undertaken (Bennett, 2001). The composite definition of loyalty considers that loyalty should always comprise favorable attitudes; intentions and repeat-purchase (Jacoby & Chestnut, 1978; Shamah, Mason, Moretti & Raggiotto, 2018). Mandhachitara and Poolthong (2011) proposed that the combinational method involving both attitudes and behavior is the most robust and appropriate as it captures the two major influences of consumer decision making.

Concept of Customer Satisfaction

The role of service quality is inevitable in customer satisfaction and it plays a key role in the enhancement of customer satisfaction. Responsiveness and empathetic behavior of the employees, physical and information resources, committed and assured services of the organization lead to maximum customer satisfaction (Ali & Tausif, 2018). Customer satisfaction is most important result of marketing and practice and occupies a significant position both in theory and observation (Ramamoorthy, Gunasekaran, Roy Rai & Senthilkumar, 2018; Sallem, Ghafar, Ibrahim, Yousuf & Ahmed, 2015) and has been one of the

frequently studied variables of consumer behavior (Manzuma-Ndaaba *et al.*, 2016).

The purchase of a product is followed by a post-purchase behaviour evaluation exercise (Teshnizi, Aghamolaei, Kahnouji, Teshnizi & Ghani, 2018).

In this situation, it is acknowledged that, when consumers' expectations are not met by the product performance, they get dissatisfied, when performance meets consumers' expectations, consumers are satisfied and when consumers' expectation are surpassed by the performance, they are delighted (Harun, Prybutok & Prybutok, 2018; Kotler & Keller, 2013).

In less 'technical' terms, satisfaction is the consumer's assessment of a product or service in terms of the extent to which that product or service has met his/her needs or expectations (Saeidi *et al.*, 2018; Illieska, 2013). It has been also explained to mean a highly personal assessment that is greatly affected by customer expectations. According to Hansemark and Albinson (2004) satisfaction is an overall customer attitude towards a service provider, or an emotional reaction to the difference between what customers anticipate and what they receive, regarding the fulfillment of some needs, goals or desire. Customer satisfaction has three main components (Liu & Sunder, 2018; Giese & Cote, 2000). Customer satisfaction is a response (cognitive or emotional), the response relates to a particular focus (expectations, product, consumption, experience) and the responses occurs at a particular time (after consumption, after choice, based on accumulated experiences).

Illieska (2013) opined that customer satisfaction evaluation can be quite specific in nature - a specific subset of experience such as a single transaction and/or particular attribute - but may also be cumulative, based on all previous

experience with a good or service (Tan, Lv, Liu & Gursoy, 2018). Following a satisfactory or dissatisfactory experience, consumers have three possible responses, exit, voice or loyalty (Widyanto & Saleh, 2018; Shen & Bae, 2018; Kheng, Mahamad, Ramayah & Mosahab, 2010). Positive word-of-mouth (typical of voice) correlates to purchase intention (Shi, Mu, Lin, Chen, Kou & Chen, 2018; Molinari, Abratt & Dion, 2008). Also, satisfied customers are less sensitive to price variations and have high capacity to purchase additional products (Kuo, Hu & Yang, 2013; Zineldin, 2000; Kuusik, 2007).

Empirical Review

Service Quality

Osman and Sentosa (2013) hint that in today's modern, globalised and competitive environment, firms that want to success must maintain and enhance the state of service quality management if such firms are to improve the state of customer satisfaction. Customer satisfaction is also based upon the level of service quality provided by the service provider (Yi, Gong & Lee, 2013; Kwiatkowski, 2018; Lee, Lee & Yoo, 2000) and service quality acts as a determinant of customer satisfaction (Bai, Law, & Wen, 2008). Service quality and customer satisfaction have been conceptualized as a distinct, but closely related constructs (Siddiqi, 2011). Service quality leads to customer satisfaction (Lee, Madanoglu, Ha & Fritz, 2018; Kassim & Abdullah, 2010). Eboli and Mazzulla (2012) opine that customer satisfaction is one of the determinants that is used to measure quality of service.

Parasuraman, Berry and Zeithaml (1991) found that satisfaction is a decision made after experience while quality is not the same. Agbor (2011) first propounded that service quality would be antecedent to customer satisfaction

regardless of whether these constructs were cumulative or transaction-specific and this assertion was further supported by (Lee et al., 2018; Anderson & Sullivan, 1993; Spreng & Macky 1996); where customer satisfaction came as a result of service quality. Brady, Robertson and Cronin (2001) also found that service quality had significantly impact on customer satisfaction. Wang and Shieh, (2006) and Miranda, Tavares and Queiro (2018) asserted that service quality and customer satisfaction were highly related.

A study was conducted by Amo-Adjei, Anku, Amo and Effah (2016) to assess the perception of quality of health delivery and health insurance subscription in Ghana. The survey relied on multi-staged sampling, which involved the selection of 427 clusters/ enumeration areas (EAs) drawn from the 2010 Population and Housing Census. The study adopted the cross-sectional research design. The research instrument used was structured questionnaires. Data analysis was conducted with Descriptive statistics (Mean, Standard Deviation, Frequency, Percentage) and inferential statistics (Independent Sample T-Test; Standard Multiple Regression). Also, it was found out that the poorest among males were more likely to state that service quality by holding NHIS was better while richest males tended to rate NHIS services poor.

It was also discovered that males in the Central Region tended to rate service under the NHIS as better while their counterparts in the Greater Accra Region as poor. It was also found that there is the need for improving quality of healthcare in general and particularly among subscribers given the pro-poor nature of the program so far as perception of service quality and NHIS subscription are concerned. Moreover, the study concluded that concurrent

running of the scheme with out of-pocket payment could be contributing to perception of poor quality to subscribers.

Customer Satisfaction

On the other hand, Michael, Christopher, Tzu-Hui and Michelle (2008) asserted that customer satisfaction is not a guarantee of a repeat patronage (an indicator of customer loyalty) in that satisfied customers sometimes jump ship and the reasons are not always due to customer dissatisfaction, some customers are lost due to indifference which arises from pure neglect. There is some sort of direct link between loyalty and satisfaction (Farooq, Salam, Fayolle, Jaafar & Ayupp, 2018; Kotler & Keller, 2013; Reichheld, Markey & Hopton, 2000). Coyles and Gokey (2002) found that satisfaction alone does not make a customer loyal and that merely measuring satisfaction does not tell a company how susceptible its customers are to changing their spending patterns or jump ship to competitors with a better offering.

To Gitomer (1998) customer satisfaction is worthless because a satisfied customer still will buy the other company's product or service. It also argued that customer satisfaction per se does not necessarily assure continued purchases if, for example, competitors offer attractive promotions (Jones & Sasser, 1995). Customer satisfaction is increasingly viewed as a necessary first step, but not a sufficient condition for creating customer retention and impacting market share (Miranda et al., 2018; Lee, Madanoglu, Ha & Fritz, 2018; Jones & Sasser, 1995; Reichheld, 1996).

Service Quality on Customer Loyalty

Jones, Beatty and Mothersbaugh (2002) discovered that there is a positive relationship between service quality and loyalty variables, such as

repurchase intention, recommendation and resistance to better alternatives. A study was conducted by Ramamoorthy, Gunasekaran, Roy, Rai and Senthilkumar (2018) to assess the impact of service quality on behavioural intentions and satisfaction among customers in the Indian life insurance sector. A survey of current life insurance policy holders in India was carried out.

Participants of the study included customers of private insurance companies and authorized sales agents of insurance service providers. A structured questionnaire was used for data collection.

Data were collected by personal interview of customers of public and private life insurance companies in India. Data analysis was conducted by using the techniques of inferential statistics, and especially exploratory factor analysis and confirmatory factor analysis. A modified SERVQUAL instrument was used to capture customers' perceived service quality, followed by exploratory factor analysis to study the dimensionality of service quality, satisfaction, and behavioural intentions in the Indian life insurance industry. Structural equation modelling was used to probe the influence of the dimensions of service quality, satisfaction, and resultant behavioural intentions. There was a significant positive association between reliability and customer satisfaction whilst customer satisfaction positively predicted a significant variance in behavioural intentions for insurance services in India.

Another study was conducted by Kotoh, Aryeetey and Geest (2017) to assess the factors that influence enrolment and retention in Ghana's National Health Insurance Scheme. The study was carried out in Central Region and Eastern Region of Ghana. All districts used in the study had hospital, health centres, clinics and CHPS zones. The sample size of 3000 households for the

whole project was based on 80% power to detect a 5% difference in overall enrolment between intervention and control communities and 10% was added to cater for non-response rate; making the total sample 3300 households (110 for each community).

Forty key informants (community members, health providers and district health insurance schemes' (DHISs) staff) purposely selected from two case-study communities in the Central Region were interviewed. Several community members, health providers and DHISs' staff were also engaged in informal conversations in the other five communities in the region. Also, four staff of the Ministry of Health (MoH), Ghana Health Service (GHS) and National Health Insurance Authority (NHIA) were engaged in in-depth interviews. Descriptive statistics was used to analyse the quantitative data. Qualitative data was analysed using thematic content analysis. The findings illustrated that factors that influence enrolment and retention in the NHIS were multi-dimensional and cut across all stakeholders.

Customer satisfaction on Customer Loyalty

According to Rust, Zahorik and Keiningham (1995) customer satisfaction decides customer loyalty. Cronin Jr and Taylor (1992) indicated that customer satisfaction can influence customer loyalty directly. Zairi, (2000) also found that when customers are satisfied, they are more likely to share their experiences with five or six people. Another study was conducted by Amo (2014) to assess the challenges of enrolment and satisfaction with the current national health system in the Dormaa Ahenkro Municipality. The research adopted a descriptive and cross-sectional study with both quantitative and qualitative approaches in the data collection.

The quantitative method includes the use of a structured questionnaire and the qualitative approach was through personal observation. The researcher adopted both probability and non-probability sampling techniques in the selection of samples. The purposive sampling was used for the non-probability sampling and simple random sampling was used for the probability sampling.

Three hundred (300) questionnaires were distributed out of which two hundred and seventy (270) were retrieved which represented 90% return rate.

It was discovered in the study that most of the respondents were satisfied with the health care provision, symptom improvement, the attitude of the NHIS staff, and the attitude of health personal and the availability of drugs from NHIS.

It was also found out that satisfaction with the current national health care provision has a direct/positive relationship with age. Also, the researchers found out that understanding consumer preference will increase satisfaction in health care provision, which ultimately increases membership to raise enough revenues to improve the current system.

Another study was conducted by Nkansah (2012) to assess the challenges facing effective implementation of the health insurance scheme in the Assin North Municipality. The population of the study included the beneficiaries (registered members of NHIS), service providers (assigned hospital and a pharmacy) and head of NHIS in Assin North municipality. The Non-probability and convenient sampling techniques were used to select respondents for the study.

The sample size was 138. In addition to this, three key informants comprising the manager of Assin North NHIS, the head of one accredited NHIS pharmacy and the head of one accredited NHIS health centre

were purposely selected. Both interview guide for interviewing (qualitative method) and questionnaire (quantitative method) were used to collect data from the field. The two sources of data were primary and secondary data. Statistical Product and Service Solutions (SPSS version 16) was used to analyze the data.

The study discovered that majority of people who were registered under the NHIS were from the informal sector. Also, it was deduced that there was high level of subscription in the municipality because of factors such as trust in the NHIS and the affordability of the NHIS premium. Again, the study discovered that most of the respondents were satisfied with the services delivered by accredited NHIS health centres but had an average level of satisfaction of the services delivered by accredited NHIS pharmacies and the NHIS registration officials. The respondents' perception of the overall performance of the implementation of the NHIS in Assin North Municipality was good and that they wanted it to continue. However, the researcher found out that poor delivery of services by NHIS service providers, corruption in the activities of NHIS service providers and untimely disbursement of funds to NHIS service providers were hampering the implementation of the policy.

Mediating effect of customer satisfaction in the relationship between service quality and customer loyalty.

Mosahab, Osman and Ramayah (2010) concluded that customer satisfaction plays a mediator role in the effect of service quality on service loyalty. Another study was conducted by Aggrey and Appiah (2014) to examine the influence of clients' perceived quality on health care utilization in at the Bantama Sub Metro in the Kumasi metropolis. The study used the mixed sampling technique. A population of 400 health clients were used for the study.

The sample considered in the study was made up of clients who are 18-70 years. The main tools or instruments used for data collection were questionnaire and interview guide. The study results were analysed in both qualitative and quantitative terms. The Statistical Package for the Social Sciences (SPSS version 19.0) was used to process data gathered from respondents into descriptive and inferential statistics.

The study revealed that the delay (time wasted) in health facilities might be due to insufficient workers, increased workload, conversation among health staffs and long queues, insufficient doctors, increased workload of doctors and long queues. It was also discovered that the respondents preferred the NHIS system to the “cash and carry” system. The researchers disclosed that the clients face problems when they have to collect their medicines from the pharmacy or dispensary. The participants indicated that they spend so much time as a result of unprofessionalism on some part of the dispensers. It was also found out that the only reason why someone will recommend the NHIS system to a friend is because it is user friendly.

Moreover, Boateng and Awunyor-Vitor (2013) conducted a study to evaluate policy holders’ perceptions and factors influencing policy renewal for the Ghana National Health Insurance Scheme in the Volta region. The target population was defined and restricted to include all adult above 18 years of age within the selected districts. The sample size of approximately 300 was selected using the multistage sampling technique sampling technique. The instrument used for data collection was structured questionnaire.

Perceptions of quality of care and the NHIS were measured with a five-point Likert scale ranging from “strongly agree (1)” to “strongly disagree (5)”.

Insurance status was classified as “never enrolled” (respondents who have never enrolled on NHIS), “previously enrolled” (respondents who were previously enrolled but have not renewed their policy and “currently enrolled” (respondents who are card bearing members of the scheme and are eligible to access services as at the period of the study). STATA version 11 was used to process the data.

It was discovered that gender, marital status, religion and perceived health status had significant association with NHIS policy uptake. Similarly, respondents made decisions on joining and renewing their insurance based on their perceived benefits from the scheme. It was also discovered that joining the scheme means that they will save money from paying hospital bills and this had statistically significant relationship with their insured status.

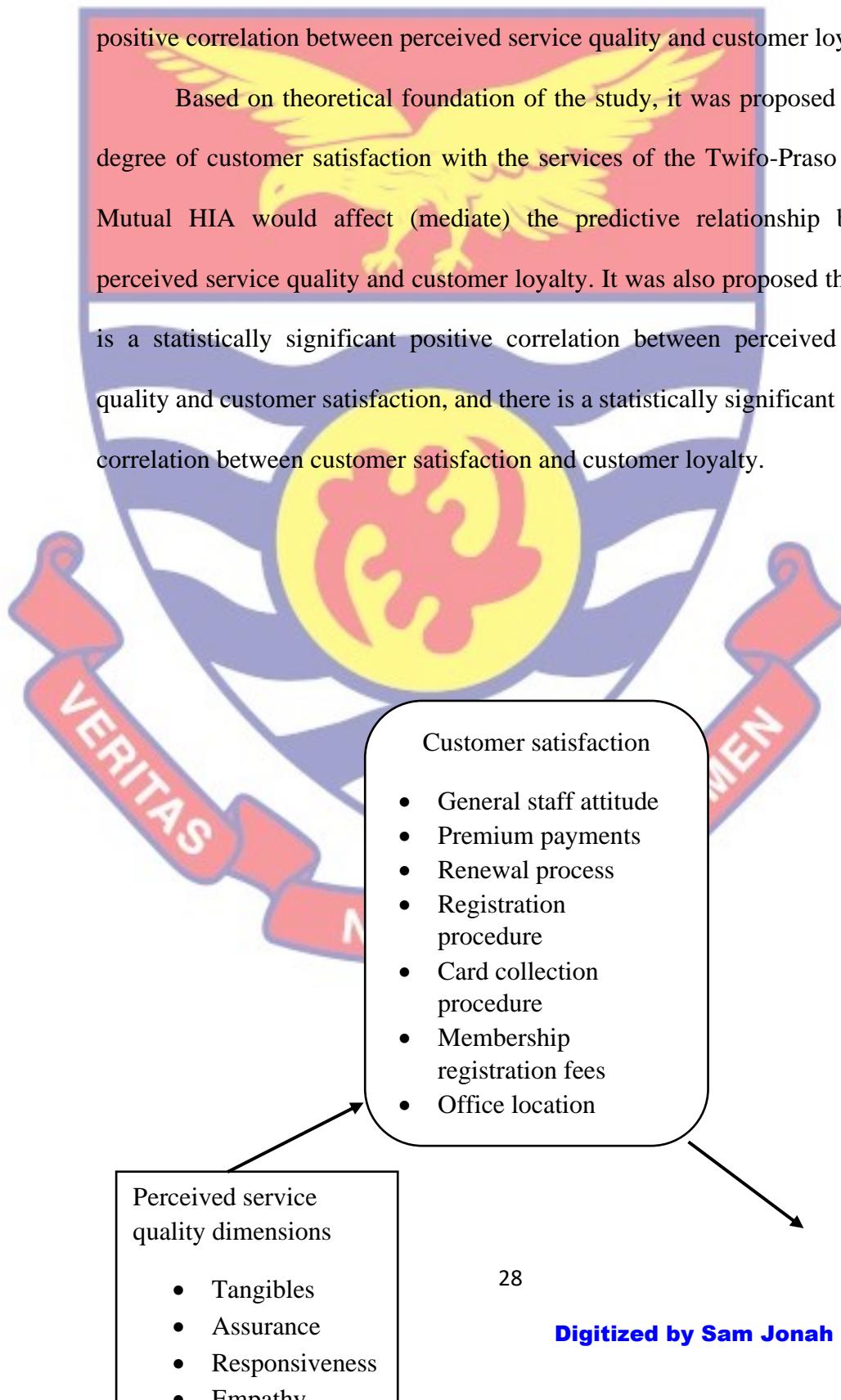
Moreover, it was discovered that low enrolment among the poor was a problem facing health insurance schemes in low-income countries including Ghana. Also, the researchers discovered that alternative sources of care, poor quality of service at the facility, lack of money to renew insurance and taste of other sources of care are the reasons why people do not renew their insurance policy. Finally, the quality of services offered by providers under the scheme goes a long way to boost clients’ confidence in the scheme and make the scheme more attractive to prospective client.

Conceptual Framework

Based on the underlying notion underpinning this study and the relationships established among the key constructs of the study, the following conceptual framework was proposed in Figure 1 to guide the study. The independent variable was perceived service quality whilst the dependent

variable was customer loyalty. Customer satisfaction was the mediating variable. It was proposed that perceived service quality (tangibles, assurance, responsiveness, empathy and reliability) predicts a statistically significant positive variance in customer loyalty (cognitive, affective, conative and behavioural). It was also envisaged that there is a statistically significant positive correlation between perceived service quality and customer loyalty.

Based on theoretical foundation of the study, it was proposed that the degree of customer satisfaction with the services of the Twifo-Praso District Mutual HIA would affect (mediate) the predictive relationship between perceived service quality and customer loyalty. It was also proposed that there is a statistically significant positive correlation between perceived service quality and customer satisfaction, and there is a statistically significant positive correlation between customer satisfaction and customer loyalty.



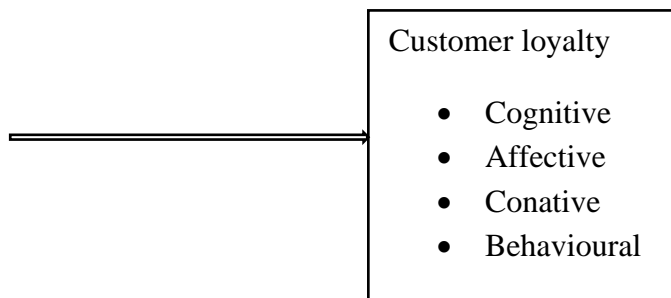
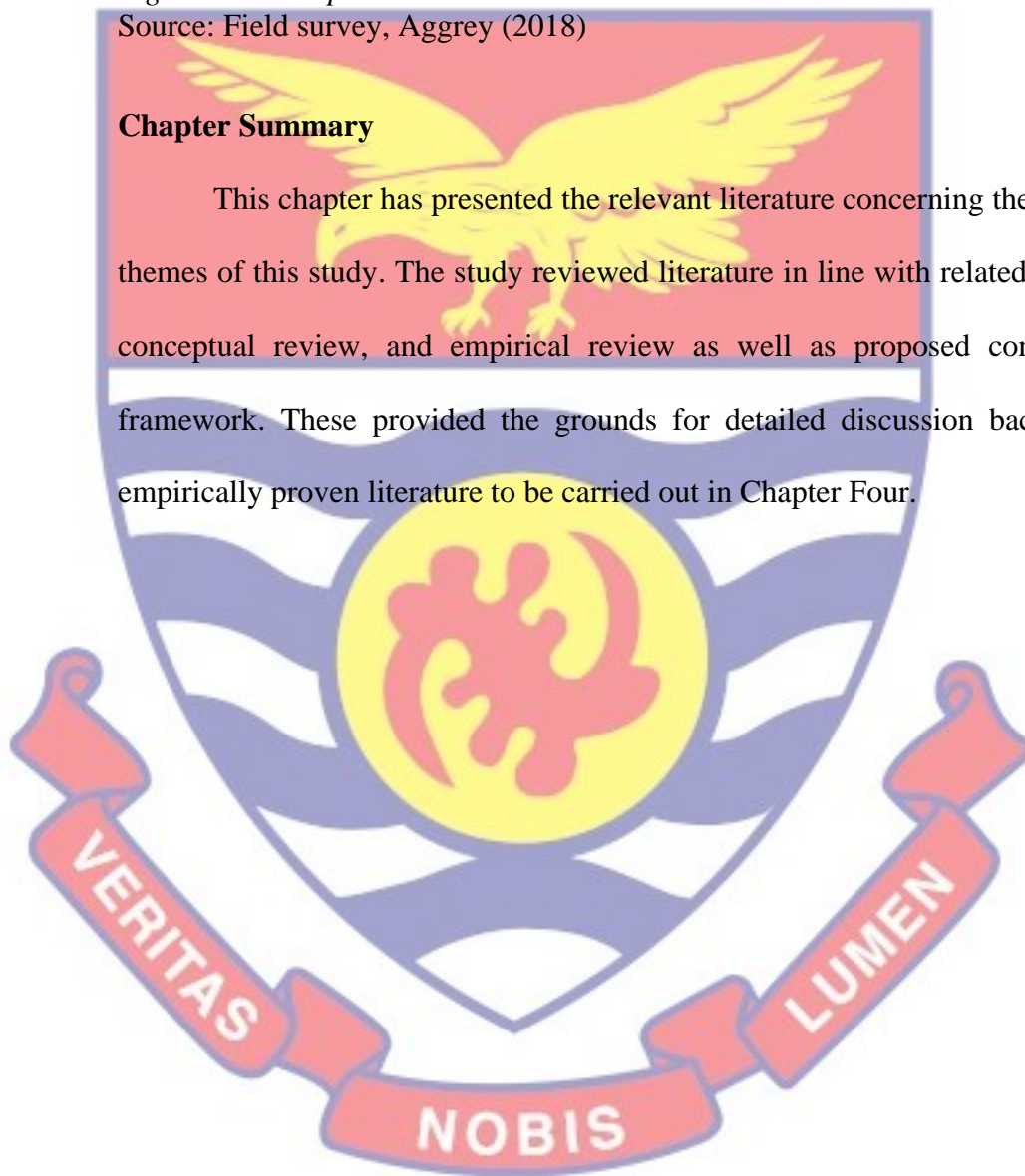


Figure 1- Conceptual Framework

Source: Field survey, Aggrey (2018)

Chapter Summary

This chapter has presented the relevant literature concerning the central themes of this study. The study reviewed literature in line with related theory, conceptual review, and empirical review as well as proposed conceptual framework. These provided the grounds for detailed discussion backed by empirically proven literature to be carried out in Chapter Four.



CHAPTER THREE

RESEARCH METHODS

Introduction

This study researches on the service quality, customer satisfaction and customer satisfaction and customer loyalty at Twifo-Praso District Health Insurance Scheme. This section deals with the methodological approach to the primary data collection, analysis and presentation. Williams (2007) explained that research methodology is the general approach the researcher takes in carrying out the research project. The chapter specifically covers key thematic areas, such as the research design, population, sample and sampling techniques, research approach, research area, instrument, data collection procedure, validity, reliability and data analysis.

Research Approach

Scholars argue that human behaviour, like physical phenomenon, the natural social sciences, can be quantified in attributes (Cameron, Sankaran & Scales, 2015). Leedy and Omrod (2010) postulated that, the epistemological underpinning of a quantitative motif holds that there exist definable and quantifiable social facts. The study, therefore, employed the quantitative research approach base on the nature of the study, purpose under consideration, specific objectives, hypotheses and the nature of the primary data to be collected and analysed. The variables were numerically measured and were subjected to mathematical manipulation with the appropriate statistical techniques. Terrell (2012) asserted that quantitative approach deals with explaining phenomena by collecting numerical data that are analysed using mathematically based methods (in particular statistics). This approach typically begins with data collection

based on a hypothesis or theory and it is followed with application of descriptive or inferential statistics (Tashakkori & Teddlie, 2003).

Quantitative methods are frequently described as deductive in nature, in the sense that inferences from tests of statistical hypotheses lead to general inferences about characteristics of a population. Quantitative methods are also frequently characterized as assuming that there is a single “truth” that exists, independent of human perception (Cameron, Sankaran & Scales, 2015). It was also found that the findings from quantitative research can be predictive, explanatory, and confirming (Williams, 2007).

Research Design

The study employed the explanatory/causal research design owing to the nature of the scientific enquiry underpinning this study. Thus, being driven by the logic of cause-effect relationship among the variables of interest-perceived service quality (independent variable), customer satisfaction (mediating variable) and customer loyalty (dependent variable). Explanatory design research was conducted in order to identify the extent and nature of cause-and-effect relationships (Zikmund, Babin, Carr & Griffin, 2012) existing among the constructs considered in this study.

This study by nature is a causal study. Causal studies focus on an analysis of a situation or a specific problem to explain the patterns of relationships between variables (Creswell, 2014). Explanatory studies are characterized by research hypotheses that specify the nature and direction of the relationships between or among variables being studied (Spirtes, Glymour & Scheines, 2000; Kipruto, 2013). Also, informing the decision to approach the study quantitatively is the assertion that the data are quantitative and almost

always require the use of a statistical test to establish the validity and reliability of the relationships.

Study Area

The study was conducted in the Twifo-Praso in the Central Region of Ghana. The district has 10 Area councils and four paramountcies namely Twifo, Hemang, Lower Denkyira, and Atti Monkwa. The Twifo-Heman Lower Denkyira District is one of the 23 District Assemblies in the Central Region of Ghana. The district is bounded on the north by the Upper Denkyira Municipal, on the south by Cape Coast Municipal, on the west by the Mpohor Wassa East District and on the East by the Assin North Municipal. The study specifically targeted registered members of the Twifo-Praso District Health Insurance Scheme at the Twifo-Praso District Health Insurance Office. The Twifo-Praso District Health Insurance Scheme is the main institution mandated to manage and administer the DHIS in the said locality.

Population

The population of this study consisted of registered NHIS card bearers who were active members at the Twifo-Praso DHIS at the time of the conduct of this study. Those under 18 years were excluded from the total population of interest. An estimated 33,129 registered members form the client base of Twifo-Praso District Health Insurance Scheme (Record Section of Twifo-Praso District Health Insurance office, December, 2018).

Sampling Procedure

In conducting a quantitative study, it is a major criterion for one to determine a sample size whose views on the subject matter may be generalized

to the target population from which the sample was drawn from. This leads to the determination of appropriate size targeted in this study. A sample size of 395 was considered. The sample size was selected based on the formula proposed by Yamane (1967). Having determined the appropriate sample size for the study, it became necessary to find a scientific way to select the individual respondents that is scientifically accurate in terms of meeting the demands of quantitative study and explanatory research design. Ideally, for quantitative studies, probability sampling is usually a precondition because parametric statistics tools that are applied for such studies requires that (Ali & Bhaskar, 2016).

Simple random sampling was used to select respondents from the sampling frame to participate in the study. This is typical probability sampling technique. Probability sampling is normally a requirement in explanatory research because the goal is often to generalize the results to the population from which the sample is selected (Zickmund, 2000; Minasny & McBratney, 2006). Random numbers were generated through computer application for all the qualified respondents that were included in the sampling frame. The random numbers generated for the respondents were used to select those who were surveyed.

Data Collection Instrument

Causal studies are very structured by nature (Maxwell, 2012), thereby demanding structured means of primary data collection. Young and Javalgi (2007) provided that surveys using questionnaires are perhaps the most widely-used data-gathering technique in research and can be used to measure issues that are crucial to the management and development of businesses (Malhotra &

Birks, 2007; (Malhotra & Birks, 2007). The questionnaire was designed based on the specific research objectives and the hypotheses of the study. The questionnaire was by design structured questionnaire (Leedy & Ormrod, 2010). The opinions of the respondents were measured on a five-point Likert scale (McColl, 2005). The questionnaire is attached as Appendix A.

Measurement of Variables

The subdivisions were in line with the specific objectives of this study. Section “A” covered the demographic data of the respondents with 7 items in all. Section “B” also measured the degree of perceived service quality at Twifo-Praso District Health Insurance Scheme, with 5 items with subscales. The items mainly comprised the SERVQUAL items proposed for measuring service quality. However, SERVPERF model was actually used. According to Cronin and Taylor (1992), the SERVPERF model is a more direct form of measurement technique, which requires customers to rate a provider’s performance, extending from 1 (extremely dissatisfied) to 5 (extremely satisfied) on a 5-point Likert scale.

Cronin Jr, Brady and Hult (2000) also asserted that SERVPERF model eliminates the need to measure expectation (as proposed in the SERVQUAL model, by Parasuraman, Zeithaml & Berry (1985) on the grounds that customer expectation change when they experience a service and the inclusion of an expectations measure reduces the content and discriminant validity of the measure. Section “C” also measured the state of customer satisfaction with the services of Twifo-Praso District Health Insurance Scheme (had 12 items). Section “D” also measured the extent of customer loyalty (had 4 items with subscales).

Reliability and Validity

Reliability and validity are two key components to be considered when evaluating a particular instrument. Reliability, according to Bless and Higson-Smith (2000), is concerned with consistency of the instrument, and an instrument is said to have high reliability if it can be trusted to give an accurate and consistent measurement of an unchanging value. Saunders, Lewis and Thornhill (2009) explained that internal consistency involves correlating the responses to each question in the questionnaire with those to other questions in the questionnaire. A Cronbach's Alpha of 0.919 was recorded for the internal consistency for the scale used for the overall scale. Since all the Cronbach's Alpha values are beyond 0.7, the scale can be considered as being reliable given the selected sample size (Pallant, 2005). Table 1 summarizes the reliability score for the individual constructs of the study.

Table 1: Reliability Results

Construct	Cronbach's Alpha	Item
Overall scale	0.919	59
Service quality	0.933	22
Customer loyalty	0.897	13
Customer satisfaction	0.893	12

Source: Field survey, Aggrey (2018)

The validity of an instrument, on the other hand, refers to how well an instrument measures the particular concept it supposed to measure (Malhotra, 2015). They further argue that an instrument must be reliable before it can be valid, implying that an instrument must be consistently reproducible; and that once this has been achieved, the instrument can then be scrutinized to assess whether it is what it purports to be. To ensure validity of questionnaires, the

researcher reviewed other relevant literature and the literature supported the construct of the instrument. Some of the items in the scales were scientifically validated items. Further, the designed questionnaire was submitted to the project supervisor for vetting, correction and approval before distributing it to the respondents.

Data Collection Procedures

An introductory letter was obtained from the Department of Marketing and Supply Chain Management, School of Business, University of Cape Coast and was then sent to the Head of Twifo-Praso District Health Insurance Scheme purposely to seek formal permission for the conduct of the study in their outfit. Subsequently, formal permission was granted to this effect. Before the questionnaires were administered, all the qualified were called on mobile phone to which formal schedules were made with each participant for the issuance of the questionnaires.

Consent of the respondents were sought. The purpose of the study was explained to all participants. This also gave the chance for rapport to be established with each respondent. The questionnaires administration took place between 1st October, 2018 and 22nd December, 2018 and it was self-administered. Each participant was provided with a questionnaire and a brief background to the study. In all, 395 questionnaires were issued to the respondents. All the respondents fully provided the information needed accurately, thereby leading to the recording of 100 per cent return rate and response rate respectively.

Data Processing and Analysis

In order to obtain findings in respect of the specific objectives of the study, data analysis was carried out with appropriate statistical techniques embedded in application software (Adèr, 2008; Creswell, 2014). The responses from the questionnaires were edited, coded and entered into Statistical Package for Social Science (SPSS version 22.0) for the analysis. This statistical software is recommended for use in studies in social sciences (Zikmund, Babin, Carr & Griffin, 2012). The data were analyzed and interpreted with descriptive statistical techniques such as mean, standard deviation, frequency count and percentage (Leedy & Ormrod, 2010).

To be able to examine how changes in the independent variables occasion changes in the dependent variable, standard multiple regression analysis was carried out. Hierarchical multiple regression was conducted to assess the mediating effect of customer satisfaction in the relation between the independent and the dependent variables. Pearson-product moment correlation was further computed to describe the strength and direction of the relationship among the variables. The findings were presented on Tables and Figures, and were chronologically presented in Chapter 4.

Ethical Considerations

In every study, there are major ethical challenges which need to be addressed appropriately (Patten & Newhart, 2017). Some of the major ethical consideration which are generally made include voluntary participation, right to privacy, anonymity and confidentiality of information. These major ethical standards are required to be met in order not to disadvantage respondents. These ethical challenges were, therefore, attended to and, for instance, with voluntary

participation, all respondents were allowed to partake in the exercise under their own free will. Thus, no respondent was forced or coerced to participate against their will. Also, the possible issues of right to privacy was solved by allowing respondents to answer the questionnaires on their own but they were allowed to consult the assistants where appropriate.

With regard to anonymity, respondents were not allowed to disclose any identity in relation to name, index numbers or other private identities such as location and contact addresses. These were prevented to ensure anonymity of every respondent. Finally, respondents were also fully assured that, none of their information would be displayed in public nor used for purposes other than this study. This was done in bid to solve the ethical issue associated with confidentiality. On this note, all the major ethical issues were identified and addressed accordingly.

Chapter Summary

This chapter has provided information as to how the primary data for the study was collected, organized, analysed and presented for easy comprehension. This chapter also presents information on the design of the study and scientific approach it took in terms of approach to data needs, statistical techniques and systematic enquiry into the investigation under consideration.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The study sought to assess the effect of service quality on customer loyalty at Twifo-Praso District Health Insurance Scheme in the Central Region of Ghana. In order to achieve the overall purpose of the study, some specific objectives and hypotheses were formulated to that effect and were analysed accordingly. An explanatory design and quantitative methods were used to achieve the stated objectives. The findings are chronologically presented in this section and are fully discussed in terms of managerial implication and reference to previous empirical literature.

Demographic Information of Respondents

This section provides information about the demographic characteristics of the respondents that were surveyed. The findings were descriptively measured with descriptive statistical techniques such as frequency and percentage. The findings regarding the demographic information of the respondents surveyed were presented in Table 1 which showed that majority of the respondents were female (60.8%) whilst the remaining 39.2% respondents were male. This shows that the customer based of the Twifo-Praso District Health Insurance Scheme was female dominated. Again, given the number of male membership status, it signals more communication must be done to promote inclusion of males in the scheme by way of registration.

In this, it was again found that 92.9% were actually registered members who pay premium to register whilst the remaining 7.1% were among the exempted class that the policy has exempted them from paying premium. This

signals that the scheme also gives cognizance to some vulnerable social class that must be covered under the scheme, including children under 18 years, pregnant women, core poor people, and aged above 70 years. This confirms the claims (Arhinful, 2003; Sarpong, Loag, Fobil, Meyer, Adu Sarkpodie, May & Schwarz 2010; Osei-Akoto & Adamba, 2011; Abiuro & McIntyre, 2012).

Table 2: Demographic Information

Variable	Options	Frequency	Percentage
Sex	Male	155	39.2%
	Female	240	60.8%
NHIS membership status	Registered	367	92.9%
	Exempted class	28	7.1%
Service experience	1 year	59	14.9%
	2 years	82	20.8%
	3 years	25	6.3%
	4 years	43	10.9%
	5 years	26	6.6%
	6 years	38	9.6%
	7 years	5	1.3%
	8 years	17	4.3%
	10 years	100	25.3%
	Employment status	Self-employed	113
Publicly employed		69	17.5%
Privately employed		99	25.1%
Unemployed		114	28.9%
Level of formal education	No formal education	224	56.7%
	Primary	22	5.6%

	JHS/Middle school	79	20%
	SHS/Tech/Voc	60	15.2%
	Tertiary	10	2.5%
Range of monthly income	None at all	69	17.5%
	Less than GHC100	45	11.4%
	GHC101-C500	152	38.5%
	GHC501-C1000	45	11.4%
	Above GHC1000	63	15.9%

Source: Field survey, Aggrey (2018)

The study further sought to measure the service experience of the respondents with the services of Twifo-Praso District Health Insurance Scheme. It was found that majority of the respondents have been members of the scheme for 10 years, representing 25.3% of the total responses. This was followed by those with 2 years (20.8%) service experience and 1-year (14.9%) service experience with the scheme respectively. Only few had 8 years (4.3%) and 7 years (1.3%) service experience with the scheme under consideration. This insight shows that these respondents have enough service experience to inform them to make reliable and factual assessment of the state of quality service and customer satisfaction. This confirms previous assertion that service experience is prerequisite to judging service satisfaction (Lovelock & Wright, 2002; Hoffman, Czinkota, Dickson, Dunne & Griffin, 2005; Mosahab, Mahamad & Ramayah, 2010; Ilieska, 2013) and service quality.

Regarding the employment status of the respondents, it was found that majority of the respondents were unemployed (28.9%), 28.6% of respondents were self-employed, whilst the remaining 25.1% and 17.5% were privately employed and publicly employed respectively. This shows that most of the

respondents are somehow employed, and this explains why they have the income to register for the national health insurance scheme. Again, it must be recognized that not all registered members are actively employed, since it was found that 28.9% of the respondents are unemployed. This may negatively affect their capacity to renew their insurance through premium payment since they are unemployed (Amo, 2014; Nkansah, 2012; Aggrey & Appiah, 2014).

Again, the study sought to assess the education level of the respondents. It was found that majority of the respondents (56.7%) had no formal education. Again, it was found that 20% had JHS/Middle school certificates and 15.2% also had SHS/Technical/Vocational level of education. It was also found that 5.6% had primary level of education, whilst the remaining 2.5% had tertiary education. The educational level of the respondents is not good as at all. This could be attributed to socio-economic development of the geographical location of the subscribers as it is typically a rural community.

Furthermore, the study sought to assess income level of the respondents. It was discovered that majority of the respondents were found to be in the GHC101- GHC500 income bracket, representing 38.5%. Furthermore, it was found that 17.5% of the respondents had no monthly income at all. 11.4% of the respondents also fell in the GHC501- GHC1000 income bracket, whilst 15.9% of the respondents had above GHC1000 monthly income. The remaining 11.4% also had less than GHC100 monthly income. Although most of the respondents receive some income, it was found that some of the respondents do not have any monthly income and this could affect their membership status for the scheme because it may be difficult for them to pay premiums unless they are among the exempted class covered by the scheme like the aged and indigent. A close

observation of the income distribution of the respondents shows that the scheme covers the poor which is a typical coverage theme under the Ghana National Health Insurance Regulations LI 1809 (2004).

Service Quality at Twifo-Praso NHIS

The study sought to assess the extent to which customers of Twifo-Praso District Health Insurance Scheme agree that the institution meets the service quality dimensions (SERVQUAL). The opinion of the respondents was measured on a 5-point Likert scale. Descriptive statistics, such as mean and standard deviation, were computed to that effect. The findings were interpreted based on the mean range that each of the variables were scored. *Where: 0 – 1.49=Not at all agree; 1.5-2.49= Slightly agree; 2.5 – 3.49= Moderately agree; 3.5-4.49=Agree and 4.5 – 6= Highly agree.* The findings were presented in Table 3.

Table 3: Tangibles

Tangibles	Mean	Std. Deviation
Modern looking equipment	2.9215	1.17996
Visually appealing physical facility	3.4278	.92167
Staff appear neat	3.9899	.86377
Visually appealing materials	3.3266	.94368

Source: Field survey, Aggrey (2018)

The overall mean of means score (M=3.41645) shows that, generally, the respondents moderately agreed regarding the extent to which the services of Twifo-Praso District Mutual Health Insurance Scheme meet the service quality dimension in terms of tangibles. It was discovered that the respondents agreed that appearance of staff of Twifo-Praso District Mutual Health Insurance

Authority is neat (M=3.9899; SD=0.86377). However, it was also found that the respondents moderately agreed the Scheme had visually appealing physical facility (M=3.4278; SD=0.92167) and had visually appealing materials (M=3.3266; SD=0.94368). Similarly, the respondents moderately agreed to the assertion that Twifo-Praso District Health Insurance had modern looking equipment (M=2.9215; SD=1.17996).

Management of Twifo-Praso District Health Insurance Scheme must improve the measures of tangibles in general so as to positively impact on the level of service quality in that dimension. Again, it is now evidentially clear that staff of Twifo-Praso District Health Insurance Office appear neat. This is good indicator as customers also, under certain circumstances, tangibilised the intangibles and, subsequently, judged the professionalism of service workers on their level of appearance (Kotler & Keller, 2013). There is the need for management of Twifo-Praso District Office to improve the physical facility with modern and innovative gadgets so as to improve customer confidence in their professionalism. This suggestion is based on the fact that the respondents moderately agreed regarding the visual appearance of physical facility, materials and equipment.

Table 4: Responsiveness

Responsiveness	Mean	Std. Deviation
Staff tell client exactly when services would be performed	3.7671	1.16044
Prompt services to clients	3.7190	.97404
Staff are willing to help clients	3.9013	1.02401
Never too busy to respond to clients	3.3620	1.11204

Source: Field survey, Aggrey (2018)

From Table 4, the mean of mean score of 3.6874 shows that, generally, the respondents agreed to the assertion that the services of Twifo-Praso Office meet the service quality dimension in terms of responsiveness. It was discovered that the respondents agreed that staff of Twifo-Praso District Health Insurance Office are willing to help clients (M=3.9013; SD=1.02401). Similarly, it was found that the respondents agreed that staff of Twifo-Praso District Office tell clients exactly when services would be performed (M=3.7671; SD=1.16044). In the same fashion, it was discovered that the respondents agreed that staff of Twifo-Praso District Health Insurance Scheme give prompt services to clients (M=3.7190; SD=0.97404). Finally, it was discovered that the respondents moderately agreed to the assertion that staff of Twifo-Praso District Office are never too busy to respond to clients (M=3.3620; SD=1.11204).

It is evidentially clear that staff of Twifo-Praso District Health Insurance Scheme performs credibly well in terms of willingness of staff to help clients. This is a plus to staff of the outfit, and therefore, it is advised that management must encourage them to always seek to help clients who might need help in terms of transactions relating to the National Health Insurance Scheme. This really speaks well of the institutions. Similarly, it was found that staff of Twifo-Praso District Office tell clients exactly when services would be performed and also give prompt services to their clients. These practices have the capacity to instil in customers' sense of service reliability, trust and dependability. These discoveries contradict the claims that quality improvement activities have received inadequate priority (Lavy, Haran, Shemer & Shani, 2000; Boateng & Awunyor-Vitor, 2013). Therefore, management of Twifo-Praso District Office together with the staff body must continue their quest to improving these

dimensions always. It must however be stated that the respondents moderately agreed regarding their state of agreement or otherwise to the assertion that staff are never too busy to respond to clients. Management must, therefore, put in place measures and strategies that will ensure that there is firm responds to clients' calls and complains, and that they are served on time and in a better way.

Table 5: Assurance

Assurance	Mean	Std. Deviation
Behaviour of staff instil clients with confidence	3.7443	.85076
Clients feel safe in their transactions with staff	3.6557	.92508
Staff are consistently courteous with clients	3.9215	.94596
Staff have the knowledge to answer clients question	4.0759	.89517

Source: Field survey, Aggrey (2018)

The mean of means score (M=3.84935) shows that, generally, the respondents agreed that the services of Twifo-Praso District Office meets the service quality dimension in terms of assurance. This is seen in Table 5. Furthermore, the study sought to examine the extent to which the respondents agree that Twifo-Praso District Health Insurance Scheme meet the service quality measures in terms of assurance. It was found that the respondents agreed in all instances that staff of Twifo-Praso District Office have the knowledge to answer clients' questions (M=4.0759; SD=0.89517), that staff are consistently courteous with clients (M=3.921; SD=0.94596), that behaviour of staff instil clients with confidence (M=3.7443; SD=0.85076) and that clients feel safe in their transactions with staff (M=3.6557; SD=0.92508).

Management and staff of Twifo-Praso District Health Insurance Scheme have performed credibly well in terms of meeting the assurance dimension of

service quality model. Thus, the institution makes sure the behavior of staff instill confidence in clients. Clients feel safe in their transactions with staff of Twifo-Praso District Office. Management should makes sure staff are consistently courteous with clients and also equip staff with the knowledge to answer clients' questions. These measures are pointing to the fact that

management of Twifo-Praso District Health Insurance Scheme are highly oriented in terms of assurance dimension of service quality and must be commended. Efforts must be sustained and focused at improving these dimensions as well.

Table 6: Empathy

Empathy	Mean	Std. Deviation
Staff give clients individualized attention	3.7620	1.07301
Convenient opening hours to all its clients	3.8127	1.16869
Staff give clients personalized attention	3.5899	1.13500
Staff have clients' interest at heart	3.8104	1.09587
Staff understand the specific needs of its clients	4.0304	.94739

Source: Field survey, Aggrey (2018)

From Table 6, the mean of means score ($M=3.80108$) shows that, generally, the respondents agreed that the services of Twifo-Praso District Health Insurance Scheme meet the service quality dimension in terms of empathy. On the individual level, it was discovered that staff of Twifo-Praso District Office understand the specific needs of its clients ($M=4.0304$; $SD=0.94739$). Similarly, it was found that the respondents agreed that staff have clients' interest at heart ($M=3.8104$; $SD=1.09587$). Again, it was found that the respondents agreed that Twifo-Praso District Office has opening hours convenient to all its clients ($M=3.8127$; $SD=1.16869$). In the same fashion, it was found that the respondents agreed that staff give clients individualized

attention (M=3.7620; SD=1.07301). Finally, it was unravelled that the respondents agreed that staff give clients personalized attention (M=3.5899; SD=1.13500).

The overall implication is that Twifo-Praso District Office performs well in these dimensions, especially by understanding the specific needs of its

clients, having interest of clients at heart, giving personalized attention to clients, opening at convenient hours to all clients as well as giving individualized attention to clients. Management of the institution must sustain their effort so as to work always to show empathy to the customers of Twifo-Praso District Health Insurance Office. Workers must be willing to be empathic towards customers by ensuring that they provide services in line with the key indicators of empathy.

Table 7: Reliability

Reliability	Mean	Std. Deviation
When staff promise to do something by a certain time, they do it	3.8532	1.04891
Staff show genuine interest in solving clients' problems	3.8076	1.05842
Performs services right the first time	3.6405	1.05068
Provides its services at the time it promises to do so	3.6911	.99020
Insists on error free services	3.6456	.91848

Source: Field survey, Aggrey (2018)

From Table 7, the mean of means score (M=3.7276) shows that, generally, the respondents agreed that the services of Twifo-Praso District Mutual Health Insurance Scheme meet the service quality dimension in terms of reliability. It was discovered that the respondents agreed that when staff of Twifo-Praso District Health Insurance Scheme promise to do something by a

certain time, they do it (M=3.8532; SD1.04891). Similarly, the study showed that the respondents agreed that staff of Twifo-Praso District Health Insurance Scheme show genuine interest in solving clients' problems (M=3.8076; SD=1.05842). Furthermore, it was found that the respondents agreed that staff of Twifo-Praso District Health Insurance Scheme provides services at the time they promise to do so (M=3.6911; SD=0.99020). Again, it was discovered that the respondents agreed that staff of Twifo-Praso District Health Insurance Scheme performed services right the first time (M=3.6405; SD=1.05068). Finally, it was found that the respondents agreed that staff of Twifo-Praso District Health Insurance Scheme insist on error free services (M=3.6456; SD=0.91848).

The implication is that management of Twifo-Praso District Health Insurance Scheme make sure respondents offer risk free services to clients, perform services right the first time, show genuine interest in solving clients' problems and remain committed to meeting the promises offered to clients. These findings are good indication of marketing-oriented approach to serving customers of Twifo-Praso District Health Insurance Scheme. By providing reliable services, there is the possibility that the institution can attract, maintain, and build profitable loyal client base as the expense of its competitors (El Saghier, 2015; Yarimoglu, 2014).

Customer Satisfaction with Services of Twifo-Praso District Mutual HIA

The study sought to examine the extent to which the respondents were satisfied with the services of Twifo-Praso District Mutual Health Insurance Authority. A 5-point Likert scale was used to measure the attitude of the respondents regarding this construct. Descriptive statistics, such as mean and

standard deviation, were computed to that effect. The findings were interpreted based on the mean range that each of the variables were scored. *Where: 0 – 1.49=not at all satisfactory; 1.5-2.49=Slightly satisfactory; 2.5 – 3.49= Moderately satisfactory; 3.5-4.49= Satisfactory and 4.5 – 6= Highly satisfactory.* The findings are presented in Table 8.

Table 8: Customer Satisfaction with Services

Customer satisfaction	Mean	Std. Deviation
General staff attitude towards clients	3.7595	.83111
Premium payment	3.6911	.99276
Renewal process	3.7722	1.01198
Registration procedure	3.7975	.99720
Card collection procedure	3.7165	.96938
Membership registration fee	3.8481	.94101
Location of the scheme office	3.4684	1.16021
Opening hours	3.8304	1.04424
Drugs supplied to clients	3.1291	1.17332
Service health care delivery to exempted class	3.4481	1.11256
Disease coverage under the scheme	3.1772	1.12380
Public education about changes in the scheme	3.3772	1.18664

Source: Field survey, Aggrey (2018)

The overall mean of mean score for state of satisfaction with the services of Twifo-Praso District Mutual Health Insurance Authority shows that the respondents were, generally, satisfied with the services of the institution (M=3.5846). This is a good indication for Twifo-Praso District Mutual Health Insurance Authority. More efforts, strategies and resource, however, need to be expended so as to ensure the sustenance of customer satisfaction for the scheme. A close observation of the findings shows that the respondents rated membership registration fee as satisfactory (M=3.8481; SD=0.96938). Similarly, it was discovered that the respondents also rated opening hours of

Twifo-Praso District Mutual Health Insurance Authority as satisfactory (M=3.8304; SD=1.04424).

Furthermore, it was discovered that the respondents rated registration procedure at Twifo-Praso District Mutual Health Insurance Authority as satisfactory (M=3.7975; SD=0.99720). In similar fashion, it was discovered that the respondents rated membership renewal process as satisfactory (M=3.7722; SD=1.01198). Additionally, the study revealed that the respondents rated card collection procedure employed by Twifo-Praso District Health Insurance Authority as satisfactory (M=3.7165; SD=0.94101). The respondents rated premium payment as satisfactory (M=3.6911; SD=0.99276). In a similar regard, it was discovered that the respondents rated staff attitude towards clients as satisfactory (M=3.7595, SD=0.83111).

It is now clear that membership registration fees paid by clients before they can have legitimate access to the health insurance policy is satisfactory. This sounds good as it contradicts some previous studies that are advocating for increase in the national health insurance premium (Amo-Adjei, Anku, Amo & Effah, 2016; Nkansah, 2012). Opening hours of Twifo-Praso District Mutual Health Insurance Authority was also seemed to be satisfied with and this must be continued as such. The study further showed that the respondents were satisfied with the membership registration procedure used by management of Twifo-Praso District Mutual Health Insurance Authority.

This model, therefore, must be sustained and any features that make the registration process a bit cumbersome must be eliminated through a thorough and rigorous business process reengineering programme. This has the capacity to attract more people to subscribe to the national health insurance scheme in

the districts in particular and Ghana at large. Since the respondents were satisfied with membership renewal, attitude of staff towards clients, premium payment and card collection process, all these would definitely affect their membership intentions positively.

On the contrary, the study showed that the respondents rated the location of Twifo-Praso District Mutual Health Insurance Authority as moderately satisfactory ($M=3.4684$; $SD=1.16021$). Similarly, it was found that the respondents rated drugs supplied to members of the scheme as slightly satisfactory ($M=3.1291$; $SD=1.17332$). The respondents, again, rated education about change in the scheme as slightly satisfactory ($M=3.3772$; $SD=1.18664$), disease coverage under the scheme (3.1772 ; $SD=1.12380$), and exempted class under the scheme ($M=3.4481$; $SD=1.11256$). There is the need for management of Twifo-Praso District Health Insurance Scheme to find means to make their services more accessible to its clients, especially by adopting online technology to break the physical limitation posed by location of the institution.

It was also found that the respondents were slightly satisfied regarding their state of satisfaction with drugs supplied under the National Health Insurance Scheme to subscribers. This finding partly supports some previous empirical studies that bemoaned the inadequate supplies of drugs under the National Health Insurance Scheme (Willis-Shattuck, Bidwell, Thomas, Wyness, Blaauw & Ditlopo, 2008; Alhassan, Nketiah-Amponsah & Arhinful, 2016). Similarly, it was discovered that the respondents were moderately satisfied regarding their state of satisfaction with education provision regarding the scheme. This proves that much public education needs to be done by management of Twifo-Praso District Health Insurance Scheme together with

their media partners so as to keep customers abreast with information concerning the National Health Insurance Scheme. There is the need for executives responsible to managing the National Health Insurance Scheme to take a second look at the disease coverage and exempted class under the scheme, since it was revealed that the respondents were moderately satisfied regarding the extent to which they were satisfied with these dimensions of the health insurance policy.

Effect of Service Quality on Customer Loyalty

The study sought to assess the effect of service quality on customer loyalty among the customers of Twifo-Praso District Health Insurance Scheme. Data transformation exercise was carried out to transform the constructs (with multiple indicators) into single variables to aid a holistic approach to the analysis of the hypothesis. Standard multiple regression analysis was conducted to that effect. The findings are presented in Table 9.

Table 9: Model Summary

Model	R	R Square	Adjusted R Square
1	.611 ^a	.373	.370

a. Dependent Variable: Customer loyalty

b. Predictors: (Constant), Reliability, Tangibles, Responsiveness, Empathy, Assurance

Source: Field survey, Aggrey (2018)

The findings relating to the effect of service quality on customer loyalty was presented in Table 9. It was, first of all, discovered that there was a moderate positive correlation between the predictors (reliability, tangibles, responsiveness, empathy, assurance) and customer loyalty ($r=0.611$). Furthermore, it was discovered that 37.3% variance in customer loyalty is accounted for by the interaction among the predictors in the model (reliability,

tangibles, responsiveness, empathy, assurance). This was justified by the coefficient of determination ($r\text{-square}=0.373$). The implication is that the more Twifo-Praso District Health Insurance Scheme meets the service quality dimensions, the more customers will become loyal to the Authority. It also implies that 62.7% variance in customer loyalty is explained by other factors that were not captured in this model. This finding supports some previous empirical studies that asserted that service quality predicts customer loyalty (Soutar & Sweeney, 2003; Nadeem, 2007; Harmon-Jones, Amodio & Harmon-Jones, 2009; Young, 2011; Elkhani & Bakri, 2012).

Table 10: ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	521.752	5	104.350	103.765	.000 ^b
	Residual	875.917	871	1.006		
	Total	1397.669	876			

Source: Field survey, Aggrey (2018)

ANOVA results (Table 10) were computed to assess whether the model was statistically significant. It was found that the model was statistically significant ($p=0.000$; $p<0.05$). The implication is that the model can be relied on to make realistic predictions regarding the impact of service quality on customer loyalty, because this prediction is attributed to the scientific interaction among the variables in the model and not by chance. This view supports some previous empirical studies that claimed that service quality was a significant predictor of customer loyalty (Zairi, 2000; Jones et al., 2002; Munusamy, Chelliah & Mun, 2010; Ghotbabadi, Feiz & Baharun, 2015). The study further sought to assess the contributions of the individual constructs to predicting the 37.3% variance in customer loyalty. This was measured by the

standardized beta coefficients and the significance level (p-value). The findings are presented in Table 11.

Table 11: Coefficient

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
1 (Constant)	.190	.143			1.325	.185
Tangibility	.194	.038	.163		5.055	.000
Empathy	.213	.035	.203		6.070	.000
Assurance	.196	.037	.176		5.253	.000
Reliability	.151	.033	.143		4.588	.000
Responsiveness	.245	.039	.194		6.353	.000

a. Dependent Variable: Customer loyalty
Source: Field survey, Aggrey (2018)

The findings showed that Empathy made the strongest statistically unique positive contribution to predicting the 20.3% positive variance in customer loyalty (Beta=0.203; p=0.000: p<0.05), when the effect of other variables in the model were statistically controlled for. Similarly, it was discovered that Responsiveness (Beta=0.194: p=0.000: p<0.05) made a statistically significant positive contribution to predicting the variance in customer loyalty when the effect of other variables in the model were statistically controlled for. Thus, the contributions of these variables are significant predictor of customer loyalty among customers of Twifo-Praso District Health Insurance Scheme. Also, it was discovered that; Assurance with Beta=-0.176 and p=0.000, Tangibility with Beta=-0.163 and p=0.000 and Reliability with Beta=0.143 and p=0.000, had statistically significant contributions to customer loyalty.

It is now clear that the five dimensions of service quality affect the level of customers' loyalty among the respondents. Management of Twifo-Praso District Health Insurance Scheme should focus on improving the indicators measuring responsiveness, assurance and empathy if they want to improve the level of customer loyalty among the customers of the institution. The positive relationship of service quality variables has been endorsed in previous studies such as Jones, Mothersbaugh and Beatty (2002), Mosala (2007) and Kotler and Keller (2013).

Effect of Customer Satisfaction on Customer Loyalty

This objective looked at customer satisfaction and its effect on customer loyalty. To achieve this, a regression analysis was done and the output were displayed and explained in the proceeding paragraphs. With customer satisfaction as the independent variable and customer loyalty as the dependent variable, Table 12 gives the model summary of the output.

This table displays R, R squared, adjusted R squared, and the standard error. R is the Pearson product moment correlation coefficient, which indicates the strength and direction of the linear relationship between the dependent variable (customer loyalty) and the independent variable (customer satisfaction). Hence, from Table 12, customer satisfaction and customer loyalty are positively correlated, and the strength of the relationship is weak at .493. Regarding this relationship between customer satisfaction and customer loyalty, customer satisfaction shows a weak positive and significant relationship with customer loyalty. The R Square explains the amount of variation that exists in the dependent variables caused by the independent variable. Therefore, the result further indicates that 24.3% variation in

customer loyalty (as dependent variables) is explained by the independent variable (customer satisfaction). The remaining 75.7% is explained by the residual.

Table 12: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.493 ^a	.243	.230	.52855

a. Predictors: (Constant), public education about changes in the scheme, general staff attitude towards clients, card collection procedure, premium payment, drugs supplied to clients, opening hours, renewal process, location of the scheme office, membership registration fee, disease coverage under the scheme, service health care delivery to exempted class, registration procedure

b. Dependent Variable: Customer loyalty

Source: Field survey, (2019)

Table 13 is the ANOVA table, which provides the test significance for R and R² using the F-statistic. The F statistic is the regression mean square (MSR) divided by the residual mean square (MSE). If the significance value of the F statistic is small (smaller than, say, 0.05), then the independent variables do a good job explaining the variation in the dependent variable. In this analysis, the p-value is well below .05 ($p < .001$). Therefore, it can be concluded that the R and R² between the dependent and independent is statistically significant.

Table 13: ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	64.876	12	5.406	19.353	.000 ^b
	Residual	202.257	724	.279		
	Total	267.133	736			

a. Dependent Variable: Customer loyalty

b. Predictors: (Constant), public education about changes in the scheme, general staff attitude towards clients, card collection procedure, premium payment, drugs supplied to clients, opening hours, renewal process, location of the scheme office, membership registration fee, disease coverage under the scheme, service health care delivery to exempted class, registration procedure
 Source: Field survey, (2019)

The table in the SPSS output labelled coefficients (Table 14) provides information that is useful for understanding the regression equation. Based on these results, the researcher can report the following regression equation, customer loyalty based on their satisfaction.

$$Y \text{ (customer loyalty)} = 3.143 + 0.138GA + 0.103RP - 0.161ReP + 0.184CcP - 0.111MR - 0.100Q + 0.117SH + 0.078DC$$

Taking the values for the slope and the intercept in the resulting regression equation, the researcher can make the following accessions: According to the intercept, when customers are not satisfied, their loyalty to the NHIA is at 31.43% and according to the slope, for any improvement in the attitude of general staff will lead to an increase in customer loyalty by 13.8%, an improvement in the renewal process will increase customer loyalty by 10.3%.

The parameter estimates in Table 14 have the relevant signs, indicating the impact of explanatory variables on consumer loyalty. Explanatory variables with a large impact should be the main focus in an effort to influence consumer loyalty, since these can be influenced relatively easily.

Table 14: Co-efficient

Model		Unstandardized Coefficients	Standardized Coefficients	T	Sig.
		B	Beta		
1	(Constant)	3.143		27.292	.000
		Std. Error			
		.115			

General staff attitude towards clients (GA)	.138	.031	.192	4.509	.000
Premium payment (PP)	-.004	.027	-.006	-.142	.888
Renewal process (RP)	.103	.038	.173	2.677	.008
Registration procedure (ReP)	-.161	.043	-.268	-3.776	.000
Card collection procedure (CcP)	.184	.036	.297	5.138	.000
Membership registration fee (MR)	-.111	.034	-.172	-3.259	.001
Location of the scheme office (L)	-.056	.032	-.107	-1.752	.080
Opening hours (Q)	-.100	.026	-.175	-3.772	.000
Drugs supplied to clients (DS)	.026	.027	.051	.969	.333
Service health care delivery to exempted class (SH)	.117	.030	.220	3.907	.000
Disease coverage under the scheme (DC)	.078	.029	.147	2.725	.007
Public education about changes in the scheme (PE)	.037	.030	.074	1.243	.214

Source: Field survey (2019)

Mediation effect of customer satisfaction on the relationship between service quality and customer loyalty

The study further sought to measure the mediation effect of customer satisfaction over service quality and customer loyalty for Twifo-Praso District Health Insurance Scheme. The mediation analysis was conducted with the use

of SPSS Process Macro Package that was configured on the SPSS application. The findings are presented in Tables 15 and 16.

Table 15: Indirect Effect of X on Y

	Effect	Boot SE	BootLLCI	BootULCI
Cussat	-.0684	.0516	-.1775	.0276

Source: Field survey, Aggrey (2018)

The indirect effect was tested using a bootstrap estimation approach with 5000 samples (Shrout & Bolger, 2002). These results indicated the indirect coefficient was not statistically significant (Beta= -0.0684, SE = 0.0516, 95% CI = -0.0516, 0.0276), signifying no presence of mediation in the study.

Table 16: Normal Theory Tests for Indirect Effect

Effect	se	Z	p
-.0684	.0469	-1.4596	.1444

Source: Field survey, Aggrey (2018)

A Sobel test was conducted and found no mediation in the model ($z = -1.4596$, $p = 0.1444$ which is > 0.05). The overall findings indicate that customer satisfaction does not mediate the predictive relation between service quality and customer loyalty although service quality is a significant predictor of customer loyalty. This implies that for customers to be loyal to the NHIS, they should not necessarily be satisfied with the quality of service being offered, but once the service is of good quality in terms of reliability and tangibility, they are ready to be loyal. This finding contradicts the claims made by Mosahab, Mahamad and Ramayah (2010) that customer satisfaction plays a mediator role in the effect of service quality on service loyalty.

Chapter Summary

The findings relating to the specific objectives of the study were presented chronologically on Tables in this chapter. The study found out that

NHIS met all the dimensions of service quality tested. It was further revealed that customers were generally satisfied with services provided by the scheme. Service quality was also found to have a significant effect on customer loyalty and customer satisfaction also had a significant effect on customer loyalty. Finally, it was discovered that customer satisfaction does not mediate the predictive relation between service quality and customer loyalty. The findings were later discussed and supported by previously empirically tested claims postulated under the literature review sections of the study.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The study was conducted to assess the effect of service quality on customer loyalty. This study targeted members of Twifo-Praso District Health Insurance Scheme in the Central Region of Ghana. This chapter provides information relating to the findings. Key findings of the study are thus summarized in this chapter to which conclusions were based and presented accordingly. Finally, recommendations based on findings were presented.

The purpose of this study is to the effect of service quality and customer satisfaction on customer loyalty of members of Twifo-Praso District Health Insurance Scheme in the Central Region of Ghana. To achieve this, the study was guided by the following research questions:

1. What is the perceived service quality at Twifo-Praso District NHIS?
2. Are customers satisfied with the services of the Twifo-Praso District NHIA?
3. Does perceived service quality affect customer loyalty at Twifo-Praso District NHIA?
4. How does customer satisfaction affect customer loyalty at Twifo-Praso District HIS?
5. What is the mediation effect of customer satisfaction in the relationship between perceived service quality and customer loyalty at Twifo-Praso District NHIS?

Summary

The study employed the quantitative approach and explanatory research design due to its purpose. The structured questionnaire, a primary collection instrument, was used to gather data from three hundred and ninety-five (395) members of Twifo-Praso District NHIS out of a population size of 33,129 registered members. The data obtained were coded and processed using SPSS v.22 and analysis was done using descriptive tools such as means and standard deviation. The descriptive statistical tool was used to analyse research objective one and two, while inferential tools such as regression was used to analyse objective three, four and five. The results were then presented in tables in Chapter four, but the main findings were summarised below:

In objective one, the overall mean of means score shows that, generally, the respondents moderately agreed that they service of Twifo-Praso District Mutual Health Insurance Scheme meet the dimension of service quality. It was discovered that the respondents agreed that they were assured of the services provided and that the staff understood every client that came for their services. However, it was also found that the respondents moderately agreed that the physical appearance of the staff and the facilities, the staff responsiveness to clients and the reliability of the services rendered were of good quality.

Regarding the state of satisfaction with services of Twifo-Praso District Mutual Health Insurance Authority for objective two, it was discovered that respondents were generally satisfied with the services of the institution. An observation of the individual scores for the items shows that the respondents rated membership registration fee as satisfactory. Similar ratings were given to opening hours of Twifo-Praso District Mutual Health Insurance Authority,

registration procedure, membership renewal process, card collection procedure, premium payment, staff attitude towards clients. On the contrary, the study showed that the respondents rated the location of Twifo-Praso District Mutual Health Insurance Authority as moderately satisfactory. Drugs supplied to members of the scheme was rated as slightly satisfactory, same were the cases of education about change in the scheme, disease coverage under the scheme, and exempted class under the scheme.

In objective three, regarding the impact of service quality on customer loyalty, it was first of all discovered that there was a moderate positive correlation between the predictors (reliability, tangibles, responsiveness, empathy and assurance) and customer loyalty. Regarding the predictive capacity of the model, it was discovered that 24.0% variance in customer loyalty is accounted for by the interaction among the predictors in the model. It was found that the model was statistically significant. The findings showed that reliability made the strongest statistically unique positive contribution to predicting the 40.9% positive variance in customer loyalty, when the effect of other variables in the model were statistically controlled for. Similarly, it was discovered that tangibles made a statistically significant positive contribution to predicting the variance in customer loyalty.

On the other hand, it was discovered that although the remaining predictors made some contributions to predicting the positive variance in customer loyalty; responsiveness, assurance and empathy, their contributions however were not statistically significant. Thus, their contributions were as a result of chance and not the scientific interaction among the variables in the model.

Regarding the mediating effect of customer satisfaction in the predictive relation between service quality and customer loyalty, in objective five, it was found the indirect coefficient was not statistically significant, signifying no presence of mediation in the study. A Sobel test was conducted and found no mediation in the model. The overall findings indicate that customer satisfaction does not mediate the predictive relation between service quality and customer loyalty, although service quality is a significant predictor of customer loyalty.

Conclusions

This study has provided an overview and relevant discussion on the service quality, customer satisfaction and customer loyalty within academic literature. It has brought to bear relevant information that could inform policies of the NHIS in Ghana. From the major findings of the study, the following conclusions were drawn:

The study concluded that the service quality of Twifo-Praso District Mutual Health Insurance is moderately good. This hinges on responsiveness of the staff, reliability of the staff, assurance and empathy from the staffs. This implies that, to clients, answering questions they asked about NHIS and understanding the needs of each client was good but, in terms of tangibles, such as modern equipment, did not make the services provided by the Twifo-Praso District Mutual Health Insurance Authority of utmost quality.

The study further concluded that the main determinant for client satisfaction was the membership fees, the opening hours for service delivery the registration and the renewal process at Twifo-Praso District Mutual Health Insurance Authority. This implies that the simpler the registration and renewal process is, the more clients are satisfied. However, the number of drugs and

diseases covered by the scheme was too limited hence most clients of the Twifo-Praso District Mutual Health Insurance Authority were not quite satisfied with that. Also, client were not quite satisfied with public education at Twifo-Praso District Mutual Health Insurance Authority.

Furthermore, the study concluded that the key component of service delivery that can significantly affect customer loyalty at Twifo-Praso District Mutual Health Insurance Authority were reliability of the staff and empathy. The remaining components were not significant predictors of customer loyalty. Also, the concluded that, there were other factors which were affecting customer loyalty at Twifo-Praso District Mutual Health Insurance Authority and these factors had a higher influence on customer loyalty as compared to service quality.

Finally, if customers are not satisfied with the services provided at Twifo-Praso District Mutual Health Insurance Authority, it does not guarantee customers being loyal to the scheme even if the services provided are of utmost quality. This implies that customers need to be satisfied with the services of the Twifo-Praso District Mutual Health Insurance Authority before they will be loyal to the scheme, but if the services provided are of good quality, they will be loyal to the scheme.

Recommendations

It is customary to come up with recommendations based on the findings of the study generated in respect of the data analysis carried out as demanded by the research objectives. First of all, management of Twifo-Praso District Mutual Health Insurance Authority must improve on the factors that measure the tangibles. Special emphasis must be concentrated on improving the physical

facilities of the authority. The outlook of the environment must be eco-friendly and create good sense of attraction in terms of convenience to clients. Twifo-Praso District Mutual Health Insurance Authority must invest in acquisition of modern looking materials and gadgets for efficient service execution. NHIS must buy and install state-of-the-art equipment to as to promote the overall tangibility of the institution.

Also, the study recommends that Management of Twifo-Praso District Mutual Health Insurance Authority and the NHIS take a second look at drugs and diseases that are covered by the scheme. Due to the limited number of drugs and diseases under the scheme, customers are not satisfied. Hence, the study recommends that management of NHIS reviews these to include more drugs and diseases. Also, public education needs to be done by the management of the Twifo-Praso District Mutual Health Insurance Authority and the NHIS together with media partners so as to keep customers abreast with information concerning the NHIS.

Furthermore, the study recommended that since only reliability and tangibles made statistically significant contributions to predicting the variance in employee loyalty, it was recommended that the management of Twifo-Praso must continue their level of service delivery in the light of these dimensions so as to sustain the level of loyalty being held by its clients. Special attention and efforts must be focused on responsiveness, empathy and assurance, because these dimensions of service quality did not make any statistically significant positive contributions to the positive variance in employee loyalty. Management of Twifo-Praso District Mutual Health Insurance Authority must orient employees about the key indicators of these constructs. Employees must then

be empowered in terms of training and development programmes and resources where there are job-service delivery gaps, so as to create the enabling platform for workers to meet the demands of these service quality dimensions.

Finally, the study recommended that management of the Twifo-Praso District Mutual Health Insurance Authority must put in place well-structured customer loyalty programmes to win, maintain and expand its client base. For instance, Twifo-Praso District Mutual Health Insurance can introduce Gift Certificates/cards (GC) to its clients who have kept their membership for up to a given period of time. Corporate interventions, such as client-oriented CSR programmes, can be implemented in the Twifo-Praso District. For instance, Twifo-Praso District Mutual Health Insurance Authority can sponsor the payment of premium for the very poor in their community, organize health sensitization educational programmes in community and engage in community support. Corporate communication tools, such as publicity, can also be used to educate clients about the need to subscribe to the national insurance scheme. All strategies can influence the level of loyalty clients have for Twifo-Praso District Mutual Health Insurance Authority.

Suggestions for Further Studies

Further studies should be conducted to assess how service quality as well as customer service can be improved at Twifo-Praso District Health Scheme using qualitative means. Again, more studies should be carried out to measure how marketing orientation of Twifo-Praso District Health Insurance Scheme affects the sustainability of the District Health Insurance Scheme. Other factors apart from the service quality dimensions could influence customer

loyalty and, therefore, further studies should be conducted to explore those factors.



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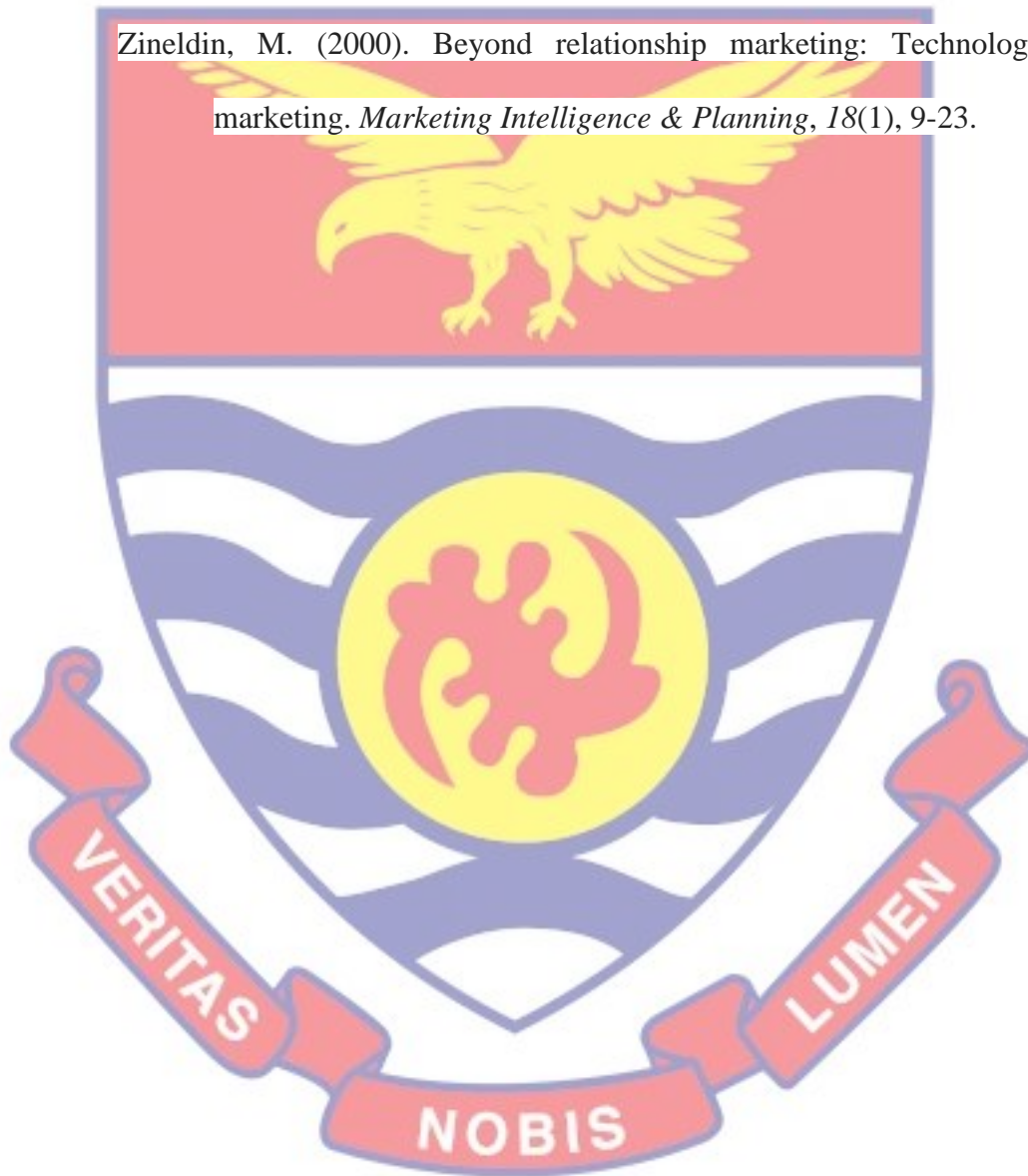
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APPENDIX

QUESTIONNAIRE

This study is being conducted to assess the effect of service quality on customer loyalty at Twifo-Praso District Health Insurance Scheme. The study is for academic purpose only. Your candid opinion on these items will make the study a success. Thank you.

Section A: Demographic Information

1. Sex a. Male [] b. Female []
2. NHIS membership status a. Registered [] b. Not registered []
3. How long have you been a member of the NHIS? Please specify [.....]
4. Employment status
 - a. Self-employed []
 - b. Publicly employed []
 - c. Privately employed []
 - d. Unemployed []
5. Level of formal education
 - a. No formal education []
 - b. Primary []
 - c. JHS/Middle School []
 - d. SHS/Tech/Voc []
 - e. Tertiary []
6. Range of monthly income
 - a. None at all []
 - b. Less than GHC100 []
 - c. GHC101- GHC500 []
 - d. GHC501- GHC1000 []
 - e. Above GHC1000 []
7. How did you get to know about the NHIS?
 - a. Through friends []
 - b. Through relatives []
 - c. Radio []
 - d. Television []
 - e. Newspapers []
 - f. Other [] Please specify

Section B: Service Quality Variables

8. To what extent do you agree with the following statements?
 Where: 1-Not at all agree; 2-Slightly agree; 3-Moderately agree; 4-Agree and 5-Highly Agree

Statement	1	2	3	4	5
Tangibles					
T1 Twifo Praso District Mutual HIA has modern looking equipment					
T2 Twifo Praso District Mutual HIA has visually appealing physical facility					
T3 Staff appear neat					
T4 Materials associated with Twifo Praso District Mutual HIA are visually appealing					
Responsiveness					

R1	Staff tell clients exactly when services would be performed					
R2	Staff give prompt services to clients					
R3	Staff are willing to help clients					
R4	Staff are never too busy to respond to clients					
	Assurance					
A1	Behavior of staff instill clients with confidence					
A2	Clients feel safe in their transactions with staff of Twifo Praso District Mutual HIA					
A3	Staff are consistently courteous with clients					
A4	Staff have the knowledge to answer clients' questions					
	Empathy					
E1	Staff give clients individualized attention					
E2	Twifo Praso District Mutual HIA has opening hours convenient to all its clients					
E3	Staff give clients personalized attention					
E4	Twifo Praso District Mutual HIA has clients interest at heart					
E5	Staff understand the specific needs of its clients					
	Reliability					
RL1	When staff of Twifo Praso District Mutual HIA promise to do something by a certain time, they do it					
RL2	When clients have problems, staff of Twifo Praso District Mutual HIA show genuine interest in solving them					
RL3	Twifo Praso District Mutual HIA performs services right the first time					
RL4	Twifo Praso District Mutual HIA provides its services at the time it promises to do so					
RL5	Twifo Praso District Mutual HIA insists on error free services					

Section C: Customer Satisfaction Variables

9. To what do you rate the following aspects of the National Health Insurance Scheme?

Where: 1-Not at all satisfactory, 2-Slightly satisfactory, 3-Moderately satisfactory, 4-Satisfactory, 5-Highly satisfactory

	Customer Satisfaction Variables	1	2	3	4	5
1	General staff attitude towards clients					
2	Premium payment					
3	Renewal process					
4	Registration procedure					
5	Card collection procedure					
6	Membership registration fee					
7	Location of the scheme office					

8	Operating hours					
9	Drugs supplied to clients					
10	Service health care delivery to exempted class					
11	Disease coverage under the scheme					
12	Public education about changes in the scheme					

Section D: Customer Loyalty Variables

10. To what extent are you likely to do the following?

Where: 1-Not at all likely, 2-Less likely, 3-Neither likely nor unlikely, 4-Likely, 5-Very likely

	Customer Loyalty Variables	1	2	3	4	5
	Cognitive Loyalty					
CG1	I will keep on using the Twifo Praso District Mutual HIS as long as it fully covers my health care expenses					
CG2	I will keep on using the Twifo Praso District Mutual HIS as long as it provides healthcare services at relatively lower cost					
CG3	I will keep on using the Twifo Praso District Mutual HIS as long as it covers all exempted class under the NHIS					
	Affective Loyalty					
AF1	I have a positive emotional relation to Twifo Praso District Mutual HIA					
AF2	I feel attached to Twifo Praso District Mutual HIA					
AF3	In the future I would like to remain a member of the Twifo Praso District Mutual HIS					
AF4	Twifo Praso District Mutual HIA has personal meaning to me					
	Conative Loyalty					
CN1	I will recommend Twifo Praso District Mutual HIS to persons I know					
CN2	I think I will keep on using Twifo Praso District Mutual HIS for a long time					
CN3	I will say positive things about Twifo Praso District Mutual HIA to other people					
	Behavioral Loyalty					
BH1	I will always remain a member of the Twifo Praso District Mutual HIS					
BH2	I intend to register others to become members of the Twifo Praso District Mutual HIS					
BH3	I will not switch to other competing health insurance schemes in Ghana even if I had a problem with Twifo Praso District Mutual HIA					