

Patient Satisfaction With Health Services In Cape Coast Metropolis, Ghana

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Abstract: Patients are key stakeholders in health care and it is extremely important to increase their satisfaction level. Patient satisfaction is a subject of great interest to health care providers and researchers alike. Since competition has increased in recent years, this exerts more pressure on health care providers to render more improved service quality to satisfy their clients. Therefore, this study sought to determine the level of satisfaction and also to examine the factors that influenced patient satisfaction with health care services provided at three health facilities in the Cape Coast Metropolis. The factors whose relationships with level of satisfaction were assessed included socio-demographic, enabling and need factors.

Data were gathered from 385 randomly selected clients from the University of Cape Coast Hospital, Cape Coast Metropolitan Hospital and Ewim Polyclinic using an adapted structured questionnaire. Both descriptive and inferential statistical tools, including frequencies, percentages, Fisher's exact test and Chi-square tests were employed to analyse the data in the SPSS.

It was found that an insignificant proportion of the respondents were very satisfied with the services of these health facilities. Also, there was a significant association between waiting time, cost, environment, information disclosure expectations and patient satisfaction. The study recommended that the management of health facilities in the metropolis strive to improve upon the quality of care provided at their facilities in order to satisfy clients.

Keywords: *Quality of care, Patient satisfaction, Predisposing, Enabling and Need factors*

I. INTRODUCTION

BACKGROUND TO THE STUDY

Patients are the main users of every hospital and their care is the primary function of every hospital (Ibrahim, 2008). According to Swamy (2005) patient satisfaction is the real testimony to the efficiency of hospital administration. The new global trend in health care development requires the integration of subjective user satisfaction into the evaluation of medical service. Client satisfaction cannot be overlooked in any country and for that matter in Ghana. The practice and system of medicine have evolved over centuries. There are certain significant developments which have taken place in the health systems in recent times. Among them are the

establishment of corporate hospitals equipped with the latest facilities; the advent of third-party payers (insurance companies, governments, companies); increasing awareness among patients; availability of information through the internet; higher expectations of patient care; and finally the increasing litigations by unsatisfied clients. All these factors have resulted in a challenging profile for the health care industry away from the traditional concept of a noble sector toward a service industry (Prakash, 2010).

Healthcare is one of the most imperative components in human life. Disease or illness can prevent a person from performing many activities one could have easily done when healthy. Healthcare is normally defined as the management or treatment of any health problem through the services offered by medical, nursing, dental or any other health related service

provider. The World Health Organization (WHO) defined health as a complete state of physical, mental and social well-being and not merely the absence of disease or illness. Therefore, health is wealth and this is the principal lesson that we can learn today. The national health policy for Ghana which is Creating Wealth through Health shows how vital health is.

When healthcare financing in Ghana was reformed from the cash and carry system in 2003 with the passage of the National Health Insurance Act 650, the financial barrier to accessing healthcare was consequently reduced. Health financing reforms brought sudden changes in healthcare seeking behaviors of the people. The number of clients seeking health services increased dramatically, and private healthcare service which hitherto was the preserve of a very few and the well-to-do in the society, became accessible to all and sundry. The introduction of the National Health Insurance scheme provided a level playing field for healthy competition between the government healthcare institutions and the private healthcare providers to maintain existing clients and to gain as much market share as possible (Boadu, 2011).

In the healthcare delivery sector, the factors which largely affect customer care and satisfaction are quality services; waiting time, behavior of health care professionals, availability of specialists, behavior of other clinical staff and assistants, and a clean environment (Boadu, 2011). Cronin and Taylor (1992) realized the interrelated values of service quality and customer satisfaction and concluded that service quality and customer satisfaction “share a close relationship”. Quality of healthcare has always been a problem to most people in Ghana. A survey conducted by Core Welfare Indicators Questionnaires Monitoring (CWIQM) in 1997 indicated that 51.1% of clients were dissatisfied with public hospitals and facilities, and 53.7% were dissatisfied with community Health Centers because of low quality services they rendered (Ghana Health Service Performance Report, 2004).

To survive and succeed under the current competitive health service market, hospitals and other health facilities must know their customers, their needs and wants and satisfy them efficiently and effectively. To this end, government healthcare institutions should embrace the concept of relationship marketing, and position themselves in a businesslike manner if they are to maintain their position as the biggest healthcare providers in Ghana. The few vibrant healthcare facilities that are still in competitive business are those that are able to maintain their most valued customers throughout time (Boadu, 2011).

Customer satisfaction is a key ingredient to the success of any business. It is the most important factor that creates loyal customers. Many government healthcare facilities have downplayed the importance of customer care and this had negatively affected the image of such facilities (Boadu, 2011). If customers are satisfied with goods or services an organization offers, chances are that they will patronize more of their products, which will increase sales revenue and profitability. Accordingly, an improvement in service quality leads to customer satisfaction and loyalty as well as enhancement of corporate image. In the long run this impacts

how the organization can effectively compete and succeed in an increasingly competitive environment (Boadu, 2011).

Customer care and satisfaction and for that matter marketing relationship are relatively new concepts to many government healthcare institutions. For years these institutions widely believed that their consumers who are mainly patients were the ones who needed their services and not the health facilities which needed the patients to stay in business. But now, healthcare institutions are beginning to recognise that the national health insurance scheme has made healthcare delivery quite competitive and institutions cannot survive without clients.

In the present healthcare environment, when competition has become quite keen, customer care and satisfaction have become the prime concerns of each and every healthcare facility. In contemporary time, companies are increasingly becoming customer focused. Satisfying the needs and wants of customers more efficiently and effectively enable them to secure a higher market share, increase sales, sales revenue and profitability as well as improve corporate image (Peprah, 2014).

When not satisfied, patients will eventually turn to other healthcare providers who will meet their needs. Poor customer care and satisfaction in this perspective are the leading indicators of future decline or growth of a healthcare facility. There is obviously a strong link between customer satisfaction and retention in the healthcare delivery system (Peprah, 2014). That is why many organizations are attempting to obtain increased customer satisfaction by focusing on the quality of their products and deliveries to consumers and customers.

The Ghana Health Service as part of its re-organization processes has taken some proactive measures by introducing important regulatory documents like code of ethics for staff, patients' charter, code of conduct and disciplinary procedures for staff (GHS, 2009). These are all attempts to address the perceived poor consumer care and satisfaction in public healthcare facilities. In spite of these measures and media criticisms, the attitudes of some health workers towards patients and fellow health workers are often negative. Patients and other clients often complain about poor quality of services in public healthcare facilities. These complaints are mostly centered on poor consumer care, unhealthy hospital environment, and apathy of health service providers.

Satisfaction with the hospital experience is a complex and multifactor phenomenon which incorporates but not limited to relationships with medical personnel, physical surroundings and/or the healthcare organization itself (Johansson, Oleni, & Fridlund, 2002; Findik, Unsar & Sut, 2004).

Patient satisfaction is considered a focal concern of quality assurance. It can serve as an outcome measure of the quality of health care and provides a consumer perspective that can contribute to a complete, balanced evaluation of the structure, process and outcome of services (Wagner & Bear, 2009).

According to Merkouris, Infantopoulos, Lanara, and Lemonidou (1999), the first study of patient satisfaction in nursing occurred in 1956. Assessment of patient satisfaction was viewed by the authors as vital and necessary in modern health care due to rising costs and the need for resourcefulness and efficiency in processes of health care delivery. Patient

satisfaction was viewed as a significant and valid measure of efficiency in health care delivery. Patients were often active and discerning consumers capable of rendering opinions regarding care received. Satisfaction with health care was further viewed as a determinant of patient compliance and subsequent health status outcome. For the provider satisfaction with health care was viewed as instrumental to attracting and maintaining patients within the competitive health care arena. Data generated from patient satisfaction surveys can provide scientific basis, much more compelling than mere tradition, upon which to effect positive changes within the health care sector.

Patient satisfaction levels are used by a number of health care credentialing bodies as a measure of care outcomes. Other than morbidity and mortality measurements, patient satisfaction is the most frequently measured health care outcome. Patient satisfaction determinants frequently include individual expectations, subjectivity, and perceptions. Amid multiple theoretical definitions that have been proposed to operationalize the concept, a lack of consensus regarding the concept's specific defining elements currently exists.

Patient satisfaction with care received is an essential criterion by which patients assess quality of medical care received. It is in line with this that the researcher sought to assess the satisfaction level of patients who utilize both in-patient and out-patient services provided by the selected health facilities and to identify the relationship between quality of care and patients' satisfaction. Satisfaction is broadly defined as the human experience of being filled and enriched by an experience (Agosta, 2005). Additionally, Williams (1994) defines patient satisfaction as the client's personal and subjective evaluation of expectation fulfillment.

STATEMENT OF THE PROBLEM

A wealth of knowledge and experience in enhancing the quality of health care has accumulated globally over many decades. In spite of this wealth of experience, the problem frequently faced by policy-makers at country level in both high- and low-middle-income countries is knowing which quality strategies complemented by and integrated with existent strategic initiatives would have the greatest impact on the outcomes delivered by health systems (WHO, 2006). Increasingly, health care stakeholders such as governments, health authorities and consumers are attaching importance to health care quality (Lapsley, 2000; Smith et al., 2006). Patients' satisfaction had gained increased recognition as essential component in the evaluation of health care quality (Derose, Hays, McCaffrey & Baker, 2001).

Despite the efforts by the Ghana Health Services, the government, donor funding agencies and other stakeholders to improve the quality of health care in Ghana, there is still perceived unsatisfactory services rendered by the staff of hospitals. Areas frequently reported about include care and treatment, relationship between patients and care givers, patients' consent and confidentiality, sanitation of working environment, access to basic information about their rights as constantly reported by the media.

It is in the light of this that the researchers decided to undertake this study to assess the level of satisfaction of

patients who utilized the selected health facilities in the Central Region of Ghana.

PURPOSE OF THE STUDY

With patient satisfaction being a topic of discussion for consumers and other stakeholders of health care, the purpose of this research is to assess the satisfaction level of patients who utilize both in-patient and out-patient services provided by the selected health facilities.

RESEARCH OBJECTIVES

The study objectives were:

- ✓ To assess patients' level of satisfaction with services provided at the selected hospitals.
- ✓ To determine the relationship between predisposing factors and the level of patient satisfaction.
- ✓ To determine the relationship between enabling factors and patient satisfaction level.
- ✓ To determine the relationship between need factors towards services and patient satisfaction level.

RESEARCH QUESTIONS

The study attempted addressing the following research questions;

- ✓ What is the level of patient satisfaction with services provided by the selected health facilities?
- ✓ Is there any relationship between predisposing factors and level of satisfaction?
- ✓ Is there any relationship between enabling factors and level of satisfaction?
- ✓ Is there any relationship between need factors towards the services and level of satisfaction?

SIGNIFICANCE OF THE STUDY

The outcome of this research study will help managers of the facilities (University of Cape Coast Hospital, Ewim Polyclinic and Cape Coast Metropolitan Hospital) to know system weaknesses and address them accordingly. When the identified system weaknesses are addressed by managers' patient satisfaction scores will be higher and with that patients will maintain a consistent relationship with these service providers thereby ensuring better and quality care and more patients will also be attracted to these hospitals based on the good recommendation given by the existing patients. The recommendations that have been given will be an evidence based source of reference for the hospitals to improve quality of health care services. It is also expected that the outcomes of this research will help all stakeholders of the facilities used for the study understand better the importance and benefits of patient satisfaction in the growth and development of their hospitals.

STUDY DESIGN

The study was a quantitative descriptive cross-sectional survey. Descriptive surveys have the advantage of cost-

effectiveness and also promote faster and easier way to collect data. The study is cross-sectional because the information that was gathered represented what was going on at only one point in time. Considering the objectives of the study, descriptive cross-sectional survey was the appropriate design to use.

Five parameters of satisfaction were used in assessing the satisfaction level of participants in this study and these parameters were convenience, courtesy, quality of care, out of pocket cost and physical environment.

Convenience refers to the ease with which services are received, availability of health care providers and receiving the services as wanted.

Courtesy refers to the way providers express respect and politeness to patients.

Quality of care refers to the superiority of care that patient's perceive from providers in terms of knowledge and skills.

Out of pocket cost refers to the amount of money spent out of pocket for registration, investigations, medication and other services.

Physical environment refers to the features of the facility in which the health services are provided. These include pleasantness of atmosphere, clear signs and directions, clean toilet seats and hand washing solutions.

RESEARCH SETTING

The research was conducted at the Cape Coast Metropolis. The Metropolis is served by the Metropolitan Hospital, University Hospital, Adisadel Health Centre, Ewim Polyclinic, with the Cape Coast Teaching Hospital as a referral Hospital. The metropolis is also served by other private health facilities such as DIS clinic, Baiden Ghartey Hospital and life sciences medical and diagnostic center. The study was carried out at Cape Coast Metropolitan Hospital, University of Cape Coast Hospital and Ewim Polyclinic. These three health facilities were used because patients from all areas of the Metropolis receive health care services from these facilities. These three health facilities provide both inpatient and outpatient services.

STUDY POPULATION

The study population consisted of all patients who received services from the selected health facilities; Cape Coast Metropolitan Hospital, Ewim Polyclinic and the University of Cape Coast Hospital between March and April 2015. The estimated population for the two months period that data were collected was 4,524 for the Cape Coast Metropolitan Hospital (Cape Coast Metropolitan Hospital Records 2014) Ewim Polyclinic was 4,392 (Ewim Polyclinic Records, 2014), and that of the University Hospital was 5,083 (UHS record, 2014). The estimated total population for the two months period that data was collected for the three health facilities was 13,999.

Inclusion criteria were

- ✓ All inpatients and outpatients between March and April 2015 between the ages of 18 -65 who received services from the selected health facilities.
- ✓ Being able to give informed consent and participate

- ✓ Being able to communicate verbally.
- Exclusion criteria were
- ✓ Patients who were below 18 and those above 65years.
 - ✓ Patients who were critically ill and as such unable to participate
 - ✓ Patients attending antenatal and postnatal clinics

SAMPLING AND SAMPLE SIZE

Stratified sampling was used to draw patients in order to get information about the selected health facilities mentioned in the study. As required with this sampling technique the researcher identified the relevant stratum and their actual representation in the population.

Simple random sampling was used to select sufficient number of participants from each stratum (patients' who receive services from Cape Coast Metropolitan Hospital, University of Cape Coast Hospital and Ewim Polyclinic) till the total number allocated to that stratum was reached. Simple random sampling was used to ensure that every member of the population had equal chance of participating in the study to avoid biases associated with non-probability sampling. Sample size was determined by the use of Yamane's 1967 formula for sample size determination. $n = \frac{N}{1 + N(e)^2}$

Where n is the sample size, N is the population size and e is the level of precision. The estimated population for the two months period that data was collected was 13,999.

$$n = \frac{13,999}{1 + 13,999 (0.05)^2} = \frac{13,999}{36} = 389 = 390$$

From the calculations above a sample size of 390 was used for the study.

In performing the simple random sampling method, probability proportional to size was employed using a sampling fraction in each health facility that was proportional to that of the total number of patients across the selected health facilities. The size of the sample in each health facility was taken in proportion to the size of the number of patients who received care from that particular health facility. Facilities with larger number of patients had larger numbers selected to ensure proportionality.

The sample was distributed proportionally across the health facilities using stratified proportional allocation formula stated below:

$$nh = Nh \left[\frac{n}{N} \right]$$

Where

nh= stratum sample size for a particular health facility

Nh= population size for a particular health facility

N= Total population size

n= total sample size for the study

Therefore, the stratified sample size for University of Cape Coast Hospital (nUCC) was calculated as:

$$nh = Nh \left[\frac{n}{N} \right]$$

$$nhUCC = 390 \left[\frac{5083}{13999} \right]$$

$$nhUCC = 142$$

$$\begin{aligned} \text{nhMetro} &= 390 \left[\begin{array}{c} 4524 \\ 13999 \end{array} \right] \\ \text{nhMetro} &= 126 \\ \text{nhEwim} &= 390 \left[\begin{array}{c} 4392 \\ 13999 \end{array} \right] \\ \text{nhEwim} &= 122 \end{aligned}$$

INSTRUMENTATION

The data collection instrument that was used for the study was an adapted structured questionnaire from the Centre for Medicare and Medicaid services, (2014) Hospital Consumer Assessment of Health Care Providers and Systems (HCAHP) tool. Structured questionnaires were given to clients who could read and write and for those who could not read and write the questions were explained to them in the local dialect. Consistency was maintained as both researcher and assistants received training on the translation to the local dialect.

The questionnaire comprised of both open and closed questions which allowed both quantitative and qualitative data to be obtained. The questionnaires consisted of four parts/sections, A,B,C and D. Section A concentrated on predisposing/demographic data, section B on patients' expectations, section C on out - patients' satisfaction with health services, and section D on inpatients satisfaction assessment.

PRETESTING

The questionnaire was pretested at the Cape Coast Teaching Hospital because the hospital also provides outpatient and inpatient services similar to the facilities selected for the study. The pretest was carried out to ensure understanding of the wording and validity of the statements. Following the pretest, Cronbach Alpha was applied for analysis of the questionnaire to ensure reliability of the instrument. The reliability coefficient obtained on the entire questionnaire was .902 based on 70 items. This value indicated that the questionnaire had adequate internal consistency.

DATA COLLECTION PROCEDURE

Data collection was carried out by the researcher with the help of three trained assistants who were also nurses. Data collection was conducted three times in a week that is Mondays, Wednesdays and Fridays. The questionnaires were distributed to respondents randomly. Respondents who could read and understand the questions were given the questionnaires for them to answer at that very moment. For those who couldn't fill the questionnaires on their own because they couldn't read and understand, the questions were interpreted in the local dialect by the researcher or the research assistants for them to answer. Consistency was maintained as both researcher and assistants received training on the translation to the local dialect. The data were collected when patients had finished receiving services at the OPD and following discharge for inpatients.

DATA ANALYSIS

Data were processed by assigning numerical codes to participants' responses. The processed data were then analyzed by the use of the Statistical Package for Social Sciences (SPSS) Microsoft ware version 21. Frequencies and percentages were calculated for predisposing factors, enabling factors and need factors to determine basic patterns in data. Mean, median, and standard deviation were used to analyze the quantitative data generated. Chi square was also used to test relationship between some selected variables and the satisfaction level. The level of significance was set at 0.05 implying that the margin of error was 5%.

ETHICAL CONSIDERATIONS

Permission was sought from the institutional review board (IRB) of University of Cape Coast before the research was started.

To ensure confidentiality names of respondents were not taken during data collection. Participants were assured of confidentiality and anonymity by telling them that data would be reported as aggregate data. Detailed information regarding the study and all procedures involved were explained to them to seek informed consent and informed consent forms were signed. Participants were informed of their right to withdraw from the study at any stage without assigning reasons. During the actual data collection exercise, the researcher submitted an introductory letter and ethical clearance forms to the hospital management. This was done to seek permission from the management of the hospital to be able to carry out the study in their facilities.

II. RESULTS AND DISCUSSION

This chapter presents the analysis performed on the data collected from the respondents in the study. The study assessed patients' satisfaction with health care services provided by three selected health facilities in the Cape Coast Metropolis. Four research questions were set and investigated. They were as follows:

- ✓ What is the level of patient satisfaction with services provided by the selected hospital?
- ✓ Is there any relationship between socio-demographic variables and the level of satisfaction?
- ✓ Is there any relationship between enabling factors and the satisfaction level?
- ✓ Is there any relationship between need factors towards the services and the satisfaction level?

The researchers determined a sample size of 390 for the study made up of both inpatients and OPD patients. However, 385 of them completed and returned their copies of the questionnaire, a retrieval rate of 98.7%. Both descriptive and inferential statistical tools such as frequencies, percentages, tables, graphs, Fishers exact test and the Chi-square tests were employed in the analysis

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Data on the socio-economic characteristics/ predisposing factors of the respondents were collected to help have a fair understanding of the background of the respondents in the study. The characteristics examined included gender, age, marital status, level of education, occupation, monthly family income, and the total number of visits to the facilities. The relationship of the socio- demographic information and patient satisfaction was also considered.

Table 1 presents the details on these variables.

Variables	Frequency	Percentage
Gender		
Males	165	42.9
Females	220	57.1
Age (in years)		
18 – 28	149	38.7
29 – 39	107	27.8
40 – 50	88	22.9
51 and above	41	10.6
Marital Status		
Single	143	37.1
Married	188	48.8
Divorce/separated	19	4.9
Widowed	30	7.8
Cohabitation	5	1.3
Educational Level		
None	32	8.3
Primary	17	4.4
JHS/Middle School	105	27.3
SHS/Secondary school	109	28.3
Tertiary	122	31.7
Occupation		
Farming	38	9.9
Business/Trading	91	23.6
Civil Service	120	31.1
Unemployed	40	10.4
Professional	23	6.0
Others	73	19.0
Average Family Income (GH¢)		
Less than 100	71	18.4
100 – 499	189	49.1
500 – 999	96	24.9
1000 or more	23	6.0
No stable income	6	1.6
Number of Visit		
Once	65	16.9
2 – 5	279	72.5
6 and above	41	10.6

Table 1: Socio-Demographic/Predisposing Factors of Respondents (N=385)

The figures from Table 1 show that majority of the respondents (57.1%) were females compared to 165 (42.9%) males. It is believed that females attended health facilities than males. The results also revealed that a greater proportion of the respondents (66.5%) were less than 40 years, 88 (22.9%) of them were 40–50 years as 41 (10.6%) were aged at least 51 years.

With regard to their marital status, more of them were married compared to other statuses. One hundred and forty-three representing 37.1% reported of being singles, while others were divorced, separated, widowed and cohabited. Also, 32 (8.3%) of the respondents had no formal education. It was however seen that greater percentage of the respondents had obtained formal education with as much as 31.7% having tertiary education. This could mean that the respondents were generally qualified to express objective views on the quality of services provided by these selected health centres and also give indications on their levels of satisfactions.

Among the respondents, 120 (31.1%) were civil servants, while there were farmers (9.9%), business people (23.6%) and professionals were 6%. The results also revealed that as many as 40 (10.4%) were unemployed. In terms of their monthly family income, 1.6% said they had no stable income. Meanwhile, 189 (49.1%) earned between GH¢ 500-999 per month. According to the results, majority of the respondents (72.5%) had attended the facilities for 2-5 times, 65 (16.9%) had been there for only once and 41 (10.6) were there for health care for at least 6 times.

The respondents were asked to indicate what brought them to the health facilities. Table 2 presents their responses.

Reasons	Frequency	Percentage
Joint pains and body weakness	261	67.8
For review	85	22.0
Waist pains	63	16.5
Abdominal pains	53	13.7
Diarrhoea	42	11.0
Menstrual pains	29	7.4
Headache	18	4.7
Fever	18	4.7
Hernia repair	12	3.1

*Percentage more than 100% because of multiple choice responses

Table 2: Reasons for Attending a Health Facility

The respondents mainly went to the health facilities for treatment of various degrees of treatment for themselves and their relatives. Among them, more than half of them (67.8%) went to have treatments for joint pains and body weakness, 85 (22.0%) went for review, while 63 (16.5%) accessed waist pain treatments. Others were at the health facilities with abdominal pains, diarrhoea, menstrual pains, and headaches. There were 12 (3.1%) of the respondents who visited the health facilities for hernia repair.

RESEARCH QUESTION 1: WHAT IS THE LEVEL OF PATIENT SATISFACTION OF SERVICES PROVIDED BY THE SELECTED HOSPITAL?

The aim of this research question was to determine the extent of satisfaction of patients with the services provided by these selected health facilities in the metropolis. Their satisfaction levels were assessed in five core areas, namely, convenience, courtesy, quality of care, out of pocket cost and physical environment, which analyses are presented in Tables 3-6.

Convenience items	Strongly disagree		Disagree		Agree		Strongly agree		Mean	Std. Dev.
	Freq.	%	Freq.	%	Freq.	%	Freq.	%		
Your disease condition was well explained by the physician.	5	1.3	0	0.0	321	83.4	59	15.3	3.13	0.435
Easy to navigate within the hospital	0	0.0	23	6.0	300	77.9	62	16.1	3.10	0.459
The process of accessing care was easy	0	0.0	59	15.2	278	72.3	40	19.5	2.97	0.527
Was received and attended to warmly at the laboratory	1	0.3	40	10.4	316	82.0	28	7.4	2.96	0.433
Pharmacist/dispensary staff educated you on how to take your medicine	6	1.6	48	12.5	287	74.7	43	11.2	2.95	0.548
Doctors/nurses are available	11	3.0	50	12.9	283	73.6	40	10.5	2.92	0.581
All medications prescribed were given at the pharmacy	27	6.9	52	13.6	284	73.9	21	5.6	2.78	0.650
Pharmacist/dispensary staff educated me on the side effects of my drugs.	14	3.7	89	23.2	260	67.5	22	5.6	2.75	0.613
The physician was satisfied with the test results provided	19	4.9	80	20.8	267	69.5	19	4.9	2.74	0.622
All tests requested were done at the facility	22	5.6	100	25.9	232	60.3	32	8.3	2.71	0.695
The waiting area is spacious	19	4.9	110	28.6	228	59.2	28	7.3	2.69	0.678
Short waiting time at records	33	8.6	183	47.5	143	37.1	26	6.8	2.42	0.743
I was served on time at the dispensary	49	12.6	158	41.1	158	41.1	20	5.3	2.39	0.773
Short waiting time before seeing a doctor	88	22.9	183	47.5	103	26.8	11	2.9	2.10	0.776
Grand mean									2.76	

*Mean=Strongly agree (4), Agree (3), Disagree (2), and Strongly disagree (1)

Table 3: Respondents' Satisfaction with Convenience

From Table 3, with a mean rating of 3.13 out of the maximum rating of 4.00 with variability of 0.435, majority of the respondents (98.7%) agreed that their disease condition was well explained by the physician. However, the remaining few said otherwise. Three hundred (300) representing 77.9% and 62 (16.1%) of them agreed and strongly agreed respectively that it was easy to navigate within the health facilities. This they rated relatively high with a mean rating of 3.10.

In assessing whether the process of accessing care was easy, no respondent strongly disagreed, while majority of them 72.3% and 40 (19.5%) indicated "agree" and "strongly agree", respectively. This resulted in a mean rating of 2.97 with a standard deviation of 0.527. Furthermore, only 41 (10.7%) of the respondents were in disagreement with the assertion that they were warmly received and attended to at the laboratories.

With regard to whether pharmacist/dispensary staff gave education on how to take medicine or not, a larger majority of the respondents (85.9%) responded in the affirmative. This means that the respondents agreed that they were educated on the dosing of drugs prescribed for them. However, the ratings of the respondents dipped when they were asked whether or not doctors and nurses were available. On whether all tests requested were done at the facility, as much as 31.5% of them were not satisfied. With a mean value of 2.69 out of the maximum of 4.00, a substantial proportion of them were of the view that waiting areas available in the facilities were not spacious enough. Majority of the respondents indicated that they waited for longer times before getting drugs as well

before seeing doctors. On the whole, the grand mean rating of satisfaction with convenience was 2.76 out of 4.00. This means that the respondents were largely unsatisfied.

In a follow up to classify the respondents, the study grouped them into very satisfied, fairly satisfied and not satisfied. Figure 3 presents the results of the classification.

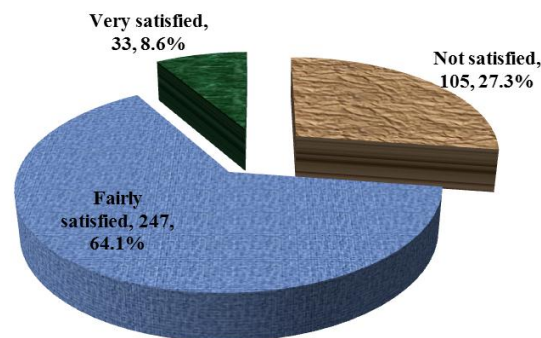


Figure 3: Respondents' satisfaction level with convenience at health facilities

The results in Figure 3 show that as many as 105 (27.3%) respondents were not satisfied with their convenience at the health facilities. However, a large majority of them (64.1%) were fairly satisfied, while the remaining 33 (8.6%) were very satisfied.

Table 4 presents the analysis on the satisfaction levels of the respondents on the courtesy exhibited by the health facilities. Frequencies, percentages, means and standard deviations were expressed for discussions. The lowest and highest mean ratings were 2.30 and 3.00 respectively out of a range of 1.00 to 4.00.

Courtesy items	Strongly disagree		Disagree		Agree		Strongly agree		Mean	Std. Dev.
	Freq.	%	Freq.	%	Freq.	%	Freq.	%		
Received nicely at the pharmacy	5	1.4	24	6.2	320	83.2	35	9.5	3.00	0.457
Received nicely at the consulting room	11	2.9	24	6.2	306	79.5	44	11.4	2.99	0.540
Doctors/nurses were attentive while asking your questions	10	2.6	21	5.5	319	82.9	35	9.1	2.98	0.500
Received nicely at the laboratory	5	1.4	39	10.1	304	79.0	37	9.5	2.97	0.502
Medical staff were friendly and courteous	9	2.3	44	11.4	308	80.0	24	6.2	2.90	0.511
Maintenance of privacy before doing any procedure	5	1.3	9	2.3	333	86.5	38	9.9	2.85	0.540
Doctors/nurses sought your consent before carrying out any procedure	13	3.4	47	12.1	313	81.3	12	3.2	2.84	0.517
No staff talked to you rudely	42	10.8	204	53.0	122	31.7	17	4.5	2.30	0.719
Grand mean									2.85	

*Mean=Strongly agree (4), Agree (3), Disagree (2), and Strongly disagree (1)

Table 4: Respondents' Satisfaction with Courtesy

Among the respondents, 320 (83.2%) and 35 (9.5%) of the respondents respectively indicated that they agreed and strongly agreed that they were received nicely at the pharmacy. Being received nicely at the pharmacy was the highly rated courtesy issue identified by the respondents as they rated it with a mean rating of 3.00 and a variability of 0.457. The respondents also agreed that they were accorded respects in the consulting rooms as reported by 350 (90.9%) of them.

On whether doctors/nurses were attentive while answering their questions or not, only 21 (8.1%) of respondents responded in the negative. They also agreed that courtesies were accorded them at the laboratories. This is because almost 89% of the respondents somewhat agreed that they were received nicely at the laboratories of the various health facilities. Similarly, with a mean rating of 2.90 and variability of 0.511, 53 (13.7%) of the respondents disagreed that the medical staff were friendly and courteous. They were, however, largely pleased with the extent to which their privacies were maintained before doing any medical procedures. A larger proportion of the respondents were also satisfied with doctors/nurses for seeking their consent before carrying out any procedure on them. On whether no staff talked rudely to the respondents or not, the majority of them (63.8%) disagreeing that staff talked to them rudely. This means that it appears that some of the respondents were rudely talked to when they attended the facilities. In conclusion, the respondents' satisfaction with courtesy accorded them, the grand mean of 2.85 which showed that they were satisfied.

The respondents were further classified into those who were very satisfied, fairly satisfied and not satisfied. Figure 4 presents the details.

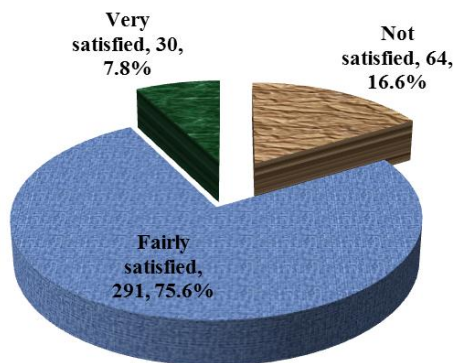


Figure 4: Respondents' satisfaction level with courtesy

The results in Figure 4 shows that only 30 (7.8%) of the respondents were very satisfied with the courtesy accorded them at the health facilities. Meanwhile, majority of them (75.6%) considered the courtesy as fairly satisfied. However, a good number of them (64 representing 16.6%) were not satisfied with the courtesy given them by the staff of the various health facilities.

On their perceptions of quality of care and out-of-pocket charges that they received from the health facilities in the

metropolis, the respondents were assessed on 10 items. The descriptive statistics are presented in Table 5.

Quality of care	Strongly disagree		Disagree		Agree		Strongly agree		Mean	Std. Dev.	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%			
Doctor was competent at treating you as he well explained your disease condition including its causes and complications to you	0	0.0	10	2.6	329	85.4	46	12.0	3.09	0.371	
My treatment regimen was well explained to me by the Doctor/nurse	5	1.3	9	2.3	333	86.5	38	9.9	3.05	0.415	
Doctors examine patient carefully	8	2.1	32	8.3	311	80.8	34	8.8	2.96	0.504	
Pharmacists were skilful at dispensing drug as he educated you on the dosage, timing of medication, taking drug with or without food and contraindications	8	2.1	31	8.1	325	80.8	34	8.8	2.93	0.463	
Assured of confidentiality by nurses and doctors at the health facility	28	7.3	53	13.7	293	76.1	11	3.0	2.75	0.628	
Doctor explained the signs and symptoms you presented and management options of your condition to you.	44	11.3	69	17.9	268	69.7	4	1.1	2.60	0.699	
Doctors and nurses devoted all their time in your management	41	10.6	150	39.0	189	49.1	5	1.3	2.41	0.694	
Satisfied with the total time spent at the facility	121	31.4	105	27.2	154	40.6	3	0.8	2.11	0.862	
Grand mean									2.75		
Out-of-Pocket Cost											
Cost of medical services (record, pharmacy, laboratory) was affordable	14	3.0	27	6.9	304	78.9	41	10.5	2.96	0.564	
Grand mean									2.96		

*Mean=Strongly agree (4), Agree (3), Disagree (2), and Strongly disagree (1)

Table 5: Respondents' Satisfaction with Quality of Care and Out-of-Pocket Cost

The respondents highly rated the competency of Doctors at the various health facilities. This is because as much as 97.4% of them agreed that doctors were competent at treating them as they well explained their disease condition including its causes and complications to them. On a whole, they rated this statement with a mean rating of 3.09 out of the maximum value of 4.00. In fact, despite the fact that overwhelming majority of them were satisfied with the competencies of the doctors, there was disagreement by the remaining 10 (2.6%) of the respondents. Similarly, they generally agreed that the doctors and nurses well explained their treatment regimen to them. It was generally accepted that the doctors examined patient carefully. This resulted in them rating this with a mean rating of 2.96 with a standard deviation of 0.504. Thirty-nine representing 10.2% of the respondents disagreed that the pharmacists were skilful at dispensing drug. Also, it was found that the respondents were satisfied with the extent of confidentiality assured them. This was because as much as 79.1% of agreed to this statement. However, not too many of them were satisfied with the time devoted by nurses and doctors in their management. Forty-one representing 10.6% and 150 (39.0%) respectively strongly disagreed and disagreed with the assertion that doctors and nurses devoted all their time in their management. A similar rating was given to their perceived satisfaction with the total time spent at the facilities. The general impression is that the respondents were dissatisfied largely with time management at the facilities despite the relatively high quality services they provided. On

the affordability of the cost of medical services as many as 345 (89.4%) agreed with the statement that medical services were not costly that they could not afford.

Environmental items	Strongly disagree		Disagree		Agree		Strongly agree		Mean	Std. Dev.
	Fr. eq.	%	Fr. eq.	%	Fr. eq.	%	Fr. eq.	%		
Clean and tidy hospital environment	27	7.0	19	4.9	302	78.4	37	9.7	2.91	0.647
The laboratory, pharmacy, consulting rooms etc. are neat	24	6.2	31	8.1	292	75.8	38	9.9	2.89	0.647
Clear signs and directions to indicate where to go in the service area and easy to follow	20	5.2	56	14.5	261	67.8	48	12.5	2.88	0.681
The hospital has good ventilation	24	6.2	40	10.4	299	77.7	22	5.7	2.83	0.618
Waiting area has enough seats	19	4.9	103	26.8	243	63.1	20	5.2	2.69	0.647
Clean toilets seats and hand washing solution are available	17	4.3	119	30.9	226	58.6	24	6.3	2.67	0.659
Grand mean									2.82	

*Mean=Strongly agree (4), Agree (3), Disagree (2), and Strongly disagree (1)

Table 6: Respondents' Satisfaction with Physical Environment

Table 6 presents the summary of the results on the respondents' views on satisfaction about the physical environments of the various health facilities. The researcher assessed them on six items constituting physical environment. Their mean ratings ranged between 2.91 and 2.67. Clearly from Table 6, a large majority of the respondents (88.1%) were in agreement that the hospital environments were clean and tidy. Rating the proceeding statement with a mean rating of 2.91 meant that the respondents generally agreed that the facilities were kept clean. With respect to their assessment of the neatness of laboratories, pharmacies, consulting rooms, and wards among others, the respondents accepted that these places were neat.

Similarly, with a mean rating of 2.88 and a standard deviation of 0.681, more than half of the respondents (67.8%) agreed while 48 (12.5%) strongly agreed that the health facilities had clear signs and directions to indicate where to go in the service area and they were also easy to follow. The results also showed that 321 (83.4%) were satisfied with the level of ventilations in their respective health facilities. As to whether they had enough seats for waiting for their turns, a substantial proportion of them (28.7%) responded in the negative. This means that there might be the possibility of inadequate seats for respondents as they access health care from these facilities. The satisfaction of the respondents on the availability of clean toilets seats and hand washing solution fell as compared to the other items under study as they rated it with a mean rating of 2.67 and a standard deviation of 0.659.

From the responses, the respondents were classified into three distinct groups. These included very satisfied, fairly satisfied and not satisfied. Figure 5 presents the details.

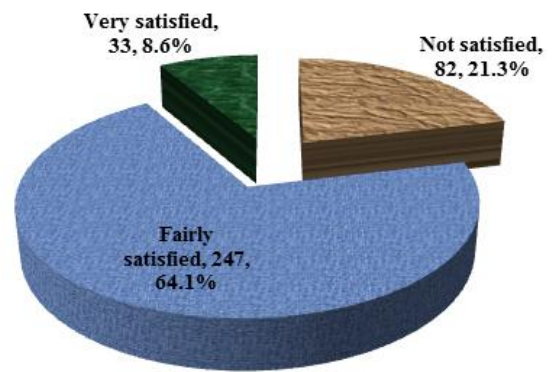


Figure 5: Respondents' satisfaction level with physical environment

From Figure 5, it can be seen that as many as 82 (21.3%) respondents were not satisfied with the physical environment of the health facilities. The results also showed that 33 (8.6%) were very satisfied, while the remaining 247 (64.1%) were fairly satisfied. Based on the results from Tables 3-6 and also Figures 3-5, an indexation was done to determine the satisfaction levels of the respondents with regard to the five core areas. These areas included convenience, courtesy, quality of care, out of pocket cost and physical environment. The final results from the indexing are presented in Figure 6.

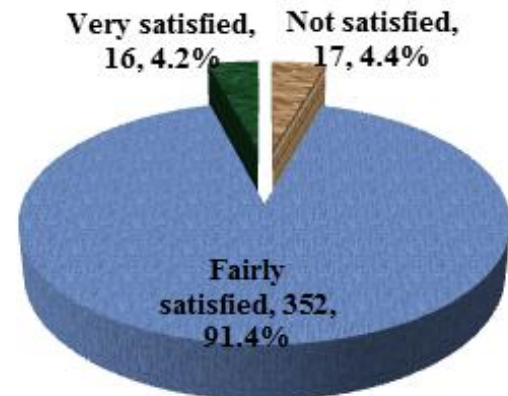


Figure 6: Respondents' general satisfaction level

The results from Figure 6 showed that 16 (4.2%) of the respondents were very satisfied with the services provided at the selected health facilities. It was also found that as many as 352 (91.4%) of them were fairly satisfied, while 17 (4.4%) were not satisfied at all. Furthermore, the study sought to identify the performance of each facility in terms of client satisfaction rating. Therefore, the bar chart was used as shown in Figures 7, 8 and 9.



Figure 7: Satisfaction level among clients from Cape Coast Metro Hospital

Among the 143 respondents at the Cape Coast Metro Hospital, 5.6% of them rated their satisfaction very high. About 88% of them reported of being fairly satisfied with the health services provided at the hospital, while 6.3% were not satisfied.



Figure 8: Satisfaction level among clients from Ewim Hospital

From Figure 8, clients of the Ewim Hospital were generally relatively satisfied. This is because among them, 94.3% were fairly satisfied, while 4.6% were not satisfied at all. However, 1.1% of the respondents were very satisfied with the services provided by the Ewim Hospital.

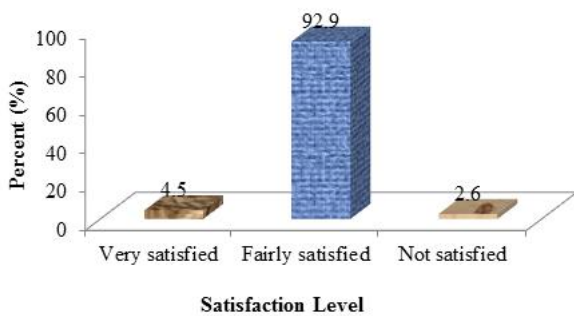


Figure 9: Satisfaction level among clients from UCC Hospital

Out of the 155 respondents from the University of Cape Coast Hospital, 4.5% were very satisfied with their services, while majority of them (92.9%) were fairly satisfied. However, 2.6% were not satisfied with services that the UCC Hospital provided.

In order to compare the performance of the three hospitals in terms of the satisfaction of their clients, Table 7 presents the results.

Hospital	Level of Satisfaction						Total	Mean
	Very Satisfied		Fairly Satisfied		Not Satisfied			
	Freq.	%	Freq.	%	Freq.	%		
Metro	8	50.0	126	35.8	9	53.0	143	1.99
Ewim	1	6.2	82	23.3	4	23.5	87	1.97
UCC	7	43.8	144	40.9	4	23.5	155	2.02
Total/Average	16	100.0	352	100.0	17	100.0	385	1.99

$\chi^2 = 5.268, df = 4, p = .261$

Table 7: Facility-Based Comparison of Client Satisfaction

As shown in Table 7 among the 16 very satisfied respondents, half of them accessed health care service at the Metropolitan Hospital. Seven representing 43.8% respondents went to the UCC Hospital, while the remaining respondent was at the Ewim Hospital. However, among those who were fairly satisfied, most of them (40.9%) were UCC Hospital clients, while 126 (35.8%) were Metropolitan Hospital and the remaining 82 (23.3%) were Ewim Hospital's clients. Again, out of the 17 respondents who were not satisfied with the services provided for them, majority of them (53.0%) accessed health care at the Metropolitan Hospital, while four

representing 23.5% each were at the Ewim and UCC Hospitals.

Mean rating was done and the UCC Hospital had 2.02, followed by the Metropolitan Hospital with 1.99 and Ewim Hospital with 1.97. With the minimum and maximum mean rating of 1.00 and 4.00 respectively, this ratings implied that the respondents were not generally satisfied with service delivery at all the facilities. A further test of significant difference showed that there were no significant differences among the satisfaction levels of the respondents from the three hospitals, since the associated *p*-value was greater than the significance level of .05.

The study also assessed differences in satisfaction according to client categories. There were 190 in-patients and 195 OPD attendants. Further analysis is presented in Table 8.

Hospital	Level of Satisfaction						Total	Mean
	Very Satisfied		Fairly Satisfied		Not Satisfied			
	Freq.	%	Freq.	%	Freq.	%		
In-Patients	14	87.5	175	49.7	1	5.9	190	2.07
OPD Attendants	2	12.5	177	50.3	16	94.1	195	1.93
Total/Average	16	100.0	352	100.0	17	100.0	385	2.00

$\chi^2 = 22.185, df = 2, p = .000$

Table 8: Comparison of In-Patient and OPD Client Satisfaction

The results showed that among the 16 very satisfied clients, as much as 87.5% were in-patients, while only two representing 12.5% were OPD attendants. On the other hand, only an in-patient client was not satisfied compared to 94.1% OPD attendants. In-patient clients collectively rated their satisfaction with a mean rating of 2.03 compared to 1.93 for OPD attendants. A test of significance difference using a Chi-square test revealed that there was a significance difference since a Chi-square and *p*- values of 22.185 and .000, respectively. This means that in-patient clients were much satisfied than their OPD attendant counterparts.

RESEARCH QUESTION 2: IS THERE ANY RELATIONSHIP BETWEEN SOCIO-DEMOGRAPHIC VARIABLES AND THE LEVEL OF SATISFACTION?

This research question sought to assess the association between the respondents' socio-demographic characteristics (or predisposing factors) and their levels of satisfaction. The socio-demographic variables included sex, age, marital status, level of education, job designation and duration of service. Table 9 presents the summary of the test results.

Variables	Satisfaction Level			Total (N=385)
	Not Satisfied (n=17)	Fairly Satisfied (n=352)	Very Satisfied (n=16)	
Gender	$\chi^2=0.417$	df=2	p=.812	
Males	6	152	7	165
Females	11	200	9	220
Age (in years)	$\chi^2=8.776$	df= 6	p=.187	
18 – 28	8	139	2	149
29 – 39	4	100	3	107
40 – 50	3	85	0	88
51 and above	2	36	3	41
Marital Status	$\chi^2=7.431$	df= 8	p=.491	
Single	4	130	9	143
Married	11	173	4	188
Divorce/separated	0	18	1	19

Widowed	2	26	2	30
Cohabitation	0	5	0	5
Educational Level	$\chi^2=3.195$	df= 8	p=.922	
None	1	28	3	32
Primary	1	15	1	17
JHS/Middle School	4	98	3	105
SHS/Secondary school	5	100	4	109
Tertiary	6	111	5	122
Occupation	$\chi^2=12.549$	df= 10	p=.250	
Farming	1	35	2	38
Business/Trading	5	82	4	91
Civil Service	5	114	1	120
Unemployed	4	32	4	40
Professional	0	22	1	23
Others	2	67	4	73
Number of Visit	$\chi^2=10.021$	df= 12	p=.614	
Once	8	51	6	65
2 – 5	9	264	6	279
6 and above	0	35	4	41

Table 9: Influence of Socio-Demographic on Level of Satisfaction

Based on the gender of the respondents, among the males, only 7 (4.2%) out of the 165 were satisfied with the services provided, while 152 (92.1%) were fairly satisfied and the remaining were not satisfied at all. Nine representing 4.1% were very satisfied, while the remaining of them were either fairly satisfied or not satisfied at all. The Chi-square test performed showed that the association between gender and satisfaction levels of the respondents was insignificant since the associated p -value was .812. This means that satisfaction among the respondents could not be linked to their genders.

With regard to age, out of the 149 respondents aged 18-22 years, only two of them were very satisfied. Similarly, as many as 139 (92.3%) were found to be fairly satisfied while the remaining eight were not satisfied. There was no one aged 40-50 years who was very satisfied with services provided at the facilities. Among the oldest group, three representing 7.3% were very satisfied. Also, 36 (87.8%) and two representing 4.9% were fairly satisfied and not satisfied, respectively. Furthermore, a Chi-square value of 8.776 with a p -value of .187, this can be concluded that there was no statistically significant association between the two variables. This means that age of respondents could not determine their satisfaction levels, therefore, age was not an important factor in satisfactions of respondents.

Among the 143 single respondents, only 9 (6.3%) were found to be very satisfied, similar to 4 (2.1%) of the 188 married respondents. Although there was no one among the 19 divorced and separated respondents found to be not satisfied, only one of them was very satisfied. Also, all the five cohabitation respondents reported to be fairly satisfied. Again, the Chi-square test revealed that there was no significant association between satisfaction levels and marital status of the respondents, since the p -value obtained .491, was greater than a .05 significance level.

As to whether educational level influenced the satisfaction of the respondents, only one of those with no formal education was not satisfied, while 28 (87.5%) and 3 (9.4%) were fairly satisfied and very satisfied, respectively. Among those with primary and JHS/middle school education, only one and three of them out of 17 and 105, respectively. Out of the 109 SHS/secondary school education, 4 (3.7%),

100 (91.7%) and 5 (4.6%) indicated “very satisfied”, “fairly satisfied” and “not satisfied” respectively. The results from the test revealed that the Chi-square value of 3.195 with an associated p -value of .922, there was no significant association between educational level and satisfaction of the respondents.

Furthermore, only two of the 38 farmers said they were very satisfied with service provided at the facilities, compared to 35 and one of them who were fairly satisfied and not satisfied, respectively. Similar trends were seen among the business people, civil servants as well as the professionals. With respect to the unemployed ones, four out of the 40 were very satisfied, 32 were fairly satisfied, while 4 were also not satisfied. However, the test results showed that there was no significant association between the two variables. This means that respondents’ satisfaction was no dependent on their occupations.

On the total number of visit to the facilities being a predictor of respondents’ satisfaction, the Chi-square value and the associated p -value indicated that they were not significantly associated. This is because the p -value obtained was greater the 5% significance level.

In conclusions, the analyses revealed that there were no significant associations between the socio-demographic (predisposing) variables and the satisfaction levels of the respondents accessing health care at the selected health facilities in the Cape Coast Metropolis. This means that gender, age, marital status, educational level as well as occupation of patients do not affect their satisfaction with health care services obtained.

RESEARCH QUESTION 3: IS THERE ANY RELATIONSHIP BETWEEN ENABLING FACTORS AND THE SATISFACTION LEVEL?

The study assessed the association between the enabling factors and satisfaction of respondents. These enabling factors included monthly family income as well as the mode of payment for health services by the respondents. The Chi-square test was employed and the results are summarised in Table 10.

Enabling factors	Level of Satisfaction			Total (N=385)
	Not satisfied (n=17)	Fairly satisfied (n=352)	Very satisfied (n=16)	
Family monthly income	$\chi^2=25.658$	df=8	p=.001	
Less than 100	5	62	4	71
100 – 499	8	175	6	189
500 – 999	2	93	1	96
1000 or more	2	16	5	23
No stable income	0	6	0	6
Mode of payment	$\chi^2=10.087$	df=6	p=.121	
Private insurance scheme	0	1	0	1
NHIS	14	300	14	328
Out of pocket	2	50	2	54
Others	1	1	0	2
Private insurance scheme	0	1	0	1

Table 10: Test of Association between Enabling Factors and Level of Satisfaction among Respondents

From Table 10, among the 71 respondents who earned less than GH¢100, five of them were very satisfied, while 62 and four were fairly and not satisfied, respectively with services provided at the facilities. Also, two of the 23 respondents who earned at least GH¢1000 per month were said to be very satisfied. Among the six respondents who had no stable family income levels, none of them were very satisfied with services. To determine the association between

the two variables using the Chi-square test, it was found that the *p*-value of .000 was less than the significance level of .05. This means that there was a significant association between the two variables; indicating that the satisfaction with service delivery was statistically dependent on respondents' monthly family incomes.

It is clear that family income was the enabling factor which significantly predicted respondents' levels of satisfaction. Thus, the monthly family incomes and not the modes of payment for health care determined the satisfaction of respondents.

RESEARCH QUESTION 4: IS THERE ANY RELATIONSHIP BETWEEN NEED FACTORS TOWARDS THE SERVICES AND THE SATISFACTION LEVEL?

The study also examined the association between the need factors and the levels of satisfaction of the respondents. The need factors basically looked at the health problems and expectations of recipients of health care services from the selected health facilities. The expectations included cost, quality of care, waiting time, environmental and information disclosure expectations. The Chi-square test was used and the results are presented in Tables 11 and 12. Meanwhile, the data on the medical conditions brought to the health facilities were normalised and converted into frequencies to add up to 385 to enable the researcher to perform a Chi-square test.

Health problems	Level of Satisfaction			Total
	Not satisfied	Fairly satisfied	Very satisfied	
Joint pains and body weakness	3	166	4	173
For review	2	53	1	56
Waist pains	3	37	2	42
Abdominal pains	3	32	0	35
Diarrhoea	2	23	3	28
Menstrual pains	0	16	3	19
Headache	2	10	0	12
Fever	1	9	2	12
Hernia repair	1	6	1	8
Total	17	352	16	385

$\chi^2=9.086, df=16, p=.910$

Table 11: Test of Association between Health Problems and Level of Satisfaction among Respondents

The results from Table 11 showed that out the 173 respondents who accessed treatments for joint pains and body weakness, only four of them very satisfied, while the remaining majority were either fairly satisfied or not satisfied at all. Also, none of the clients with abdominal pains and headache were very satisfied just as none of those with menstrual pains reported of dissatisfaction. The Chi-square test revealed that the nature of health problem reported had no significant association with the level of satisfaction among the respondents. This is because the associated *p*-value (.910) for the Chi-square test was greater than the .05 significance level.

With respect to the association between the expectations of respondents and their satisfaction levels, Table 12 is a summary of the results. The Chi-square test was employed and conclusions drawn at a 5% significance level.

Need factors	Level of Satisfaction			Total (N=385)
	Not satisfied (n=17)	Fairly satisfied (n=352)	Very satisfied (n=16)	
Cost expectations	$\chi^2=26.203$	df=6	p=.000	
Might not be affordable	1	23	0	24
Might be affordable	11	279	11	301
Might be enough to cover this visit	5	26	0	31
I didn't have any expectation	0	24	5	29
Quality of care expectations	$\chi^2=3.018$	df=6	p=.807	
Will not be good	0	13	0	13
Will not be acceptable	5	73	2	80
Will be excellent	12	263	14	289
I didn't have any expectation	0	3	0	3
Waiting time expectations	$\chi^2=15.570$	df=6	p=.016	
Long	2	65	7	74
Acceptable	7	205	3	215
Short	8	81	6	95
I didn't have any expectation	0	1	0	1
Environmental expectations	$\chi^2=24.309$	df=6	p=.000	
Not be good	0	8	0	8
Be accepted	9	267	5	281
Be excellent	8	72	10	90
I didn't have any expectation	0	5	1	6
Information expectations	$\chi^2=29.495$	df=4	p=.000	
I expected that some useful information might be obtained	10	268	4	282
I expected that a lot of useful information might be obtained	7	62	9	78
I didn't have any expectation	0	13	3	16

Table 12: Test of Association between Expectations and Level of Satisfaction among Respondents

The results in Table 12 showed that with regard to cost expectations of the respondents, 301 said the cost might be affordable. Among these respondents only 11 (3.7%) of them were very satisfied. With regard to 31 who responded "Might be enough to cover this visit", none of them was very satisfied, while 29 said they did not have any expectation about the cost involved. The test result produced an associated *p*-value of .000, which is less than .05. This means that the association between satisfaction and cost expectation was statistically significant.

On the quality of care expectation of respondents, 289 (75.0%) of the 385 were expecting excellent service delivery. Among them 14 (4.8%) were very satisfied, while 12 (4.1%) were not satisfied with the remaining of them being fairly satisfied. Eighty of them, however, were expecting unacceptable service provision. The Chi-square test showed that the *p*-value was greater than the .05 significance level, therefore, there was no significant association between the two variables. In conclusion, the result meant that expectation of the quality of care was independent of the satisfaction of the respondents.

On the respondents' expectations of waiting times, majority of them (55.8%) expected an acceptable waiting time, 95 (24.7%) expected short waiting time, and 74 (19.2%) expected long waiting period. Only a respondent was not expectant. With Chi-square and *p* values of 15.570 and .016 respectively, it was concluded that there was a significant association between waiting time expectation and satisfaction level of the respondents.

The majority of the respondents (73.0%) expected the environment of the health facilities to be acceptable, 90 (23.4%) expected an excellent environment, 8 (2.1%)

expected an unacceptable environment, while the remaining six of them had no expectations. Among those who expected an acceptable environment, 5 (1.8%) were very satisfied compared to 267 (95.0%) who were fairly satisfied. Ten out of the 90 respondents with extremely high expectation were very satisfied. Furthermore, the Chi-square test results showed that the respondents' environmental expectation was significantly associated with their satisfaction since the associated p -value was less than the .05 significance level.

On the statistical association between satisfaction and information disclosure expectations of respondents, more than half (73.2%) expected that some useful information would be obtained, 78 (20.3%) expected that a lot of useful information would be obtained, while the remaining minority had no expectations. The p -value of .000 indicates that the satisfaction of respondents depends on their expectations of information disclosure.

III. DISCUSSION OF RESULTS

LEVEL OF PATIENT SATISFACTION WITH HEALTH CARE SERVICES

As postulated by Kotler (2003), satisfaction is based on several instinct and extinct factors. As shown in this study, the variables/constructs included in determining the level of satisfaction are encompassing, therefore, making their assessment portraying their actual positions. These constructs included convenience, courtesy, quality of care, out-of-pocket cost, and physical environment.

With only a few respondents (16 representing 4.1% of the 385 respondents) reporting of being very satisfied with the services provided by the various health facilities studied, it stands to reason that they are calling for improvements in areas such as affordable fee, promptness of attention, good staff attitude, respect for patients and their rights, providing privacy and confidentiality, providing adequate information, availability of drugs and logistics and above all a healthy and clean environment as found by Mannerman et al. (cited in Boadu, 2011).

Treatment is the process of getting healthcare services by the patients. The treatment has to be according to the patients' requirements. Most importantly, the treatment has to be instant. Patients hate waiting for treatment for longer durations. The duration of time a patient has to wait to receive a particular service at a healthcare setting goes directly to affect his/her perceived satisfaction of the service (Baba, 2004). In a study conducted by Baba, (2004) on experiences in quality assurance at Bawku Hospital Eye Department in Ghana, the respondents had higher satisfaction score. This is inconsistent with the findings of this study which recorded lower scores for very satisfied clients in the facilities.

In addition, the physical environment of the hospital or clinic is critical to the quality of services provided and major determinant of patient satisfaction. More than half of the respondents (67.8%) agreed while 48 (12.5%) strongly agreed that the health facilities had clear signs and directions to indicate where to go in the service area and they were also easy to follow. Many health facilities are extremely huge in

structure and this makes navigation very difficult particularly for the aged. Even with the help of directional signs, many people both the literates and illiterates struggle to find their directions. Patients have a right to be cared for in a clean and safe environment. The housekeeping teams are a vital part of the service. In a study conducted by Fathers and Steves in 2008 the respondents perceived the physical environment not so conducive for them however, in this study majority of the respondents were generally satisfied with the cleanliness of the various facilities. According to Bannerman et al. (2002), the likely effects of unsatisfactory service delivery is loss of customers, lives, revenue, material resources, time, morale, staff, recognition, trust and respect.

RELATIONSHIP BETWEEN SOCIO-DEMOGRAPHIC/PREDISPOSING VARIABLES AND LEVEL OF SATISFACTION

Majority of the respondents (57.1%) were females compared to 165 (42.9%) males. This lends credence to the abundance evidences from several health reports from the Metropolitan Health Directorate indicating the high rate of OPD and inpatient cases among females who turn out to access health care. None of the socio-demographic characteristics of the respondents in this study was found to have had any significant associations with their satisfaction. This means that gender, age, marital status, educational level as well as occupation of patients do not affect their satisfaction with health care services obtained, which is consistent with the findings of Sakkak, et al., (2008) who concluded in their study that there was no relation found between patients' satisfaction and their gender, marital status, occupational status, and their average monthly income. Although O'Neil, (2008) asserted that in most surveys higher educated patients tend to be less satisfied with the services and low educated patients are more satisfied with services, this study found no statistically significant relationship between educational level and satisfaction. Ibrahim, (2008) found no significant association between ones occupation and satisfaction level which is also consistent with the findings of this study. This is however, inconsistent with the findings of Jackson et al. (cited in Shou-Hsia et al., 2003) who revealed that patient characteristics such as age and education may influence ones assessment of hospital performance and by extension satisfaction.

Branson et al. (2003) also found in their study that age and socioeconomic status are the most important determinants of patient satisfaction. Phillips, Palmer, Wettig, and Fenwick (2000) demonstrated that higher education and younger age were significant predictors of patient satisfaction. However, this study found no such relationship or association between any of the socio-demographic factors and satisfaction among the respondents.

RELATIONSHIP BETWEEN ENABLING FACTORS AND SATISFACTION LEVEL

Phillips et al. (2000) identified income to be significant predictors of patient satisfaction in their study which is consistent with the finding of this study. The analysis revealed that there was a significant association between income as an

enabling factor of the respondents and their satisfaction. The finding of this research is also consistent with the findings of Kalarijani, Jamshidi, Heidarian and Korshidi, (2014), Jacobsen and Hasumi, (2010) and Ibrahim, (2008) who found income level as a significant predictor of patient satisfaction. The findings of this research is inconsistent with the findings of Sakkak et al. (2008) who concluded in their study that there was no relation found between patients' average monthly income and their satisfaction. The findings of this research implies that although participants expected health care services to be affordable, their satisfaction was greatly influenced by their monthly income and not the mode of payment for medical services.

RELATIONSHIP BETWEEN NEED FACTORS AND SATISFACTION LEVEL

Customer satisfaction equates meeting of one's expectations. The need factors, which include the expectation and health problems of patients are to be considered in a bid to delivering satisfactory health care services. Peprah (2014) mentioned that patients expect no wasting of time, dissemination of information, the availability of up-to-date equipment, rendering of 24-hour service, doctors having the patience to clearly explain what was wrong with patients before giving treatment, providing patients with detail information about their medication, and attractiveness and cleanliness of the hospital as key to their satisfactions. His finding is consistent with the findings of this study where majority of the respondents expected acceptable waiting time. The test of association between waiting time expectation and respondents satisfaction was statistically significant. This means that if patients had a favourable waiting time expectations, they are likely to be satisfied with the services provided at the facility and vice versa. The test of association between satisfaction and cost expectation was statistically significant meaning that when patients perceived medical cost to be affordable, they would be satisfied with the services provided for them, and vice versa.

According to Shou-Hsia et al. (2003), a patient's health status and the severity of illness are also important predictors of the patient's overall satisfaction level. This study however found that there is no such association when the association between satisfaction and health problem (need factor) was estimated.

IV. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY

This study examined patient satisfaction in three selected health facilities in the Cape Coast Metropolis. It specifically assessed the level of patient satisfaction with services provided, the relationship between socio-demographic variables and the level of satisfaction, the relationship between enabling factors and the satisfaction level, the relationship between need factors towards the services and the satisfaction level.

In analyzing the data, the SPSS version 21.0 was used and both descriptive and inferential statistical tools were employed. Frequencies, percentages, graphs Fisher's exact test, and the Chi-square test were used. The profile of the respondents showed that they were more females compared to the male respondents in the study and also more than half (66.5%) of them were less than 40 years. There were 188 (48.8%) of the respondents who were married and 143 (17.1%) were singles. About 32% of the respondents had obtained tertiary education compared to 32 (8.3%) who were uneducated. They were mainly civil servants, farmers, professionals and business people. With regard to their monthly incomes, a large proportion of them (49.1%) earned between GH¢ 100-500, while 24.9% earned between GH¢ 500-999.

KEY FINDINGS

The following were the major findings that emerged from the study:

- ✓ Only 16 (4.2%) of the respondents were very satisfied with health care services provided to them, while an overwhelming majority of them 352 (91.4%) were fairly satisfied and the remaining 17 (4.4%) were not satisfied at all.
- ✓ There was no significant difference in patient satisfaction level with respect to facilities.
- ✓ There were no significant associations between the socio-demographic (predisposing) variables and the satisfaction levels of the respondents accessing health care at the selected health facilities in the Cape Coast Metropolis. This means that gender, age, marital status, educational level as well as occupation of patients do not affect their satisfaction with health care services obtained.
- ✓ Monthly family income was a significant enabling factor which predicts respondents' levels of satisfaction.
- ✓ The expectation need factors that significantly influenced respondents' satisfaction were cost, waiting time, environmental and information disclosure expectations. However, the quality of care expectation was independent of respondents' satisfaction levels.
- ✓ The health problem need factors were statistically independent of the satisfaction of the respondents as the *p*-value associated with the Chi-square value was greater than .05.

CONCLUSIONS

Patients' satisfaction with health care services is one critical determinant of continuous patronage of a health facility's services. Patients will be discouraged when their expectations are not met and this will cause dissatisfaction among them and vice versa. With majority of the patients not very satisfied with services provided at these facilities, the ultimate effect will be dwindling OPD attendance and general patronage.

With no socio-demographic characteristics of the respondents not significantly associated with general satisfaction, it means that all patients irrespective of their background desired the same amount of satisfaction when

accessing health care services. The enabling factor family income was a determinant of satisfaction. Thus, the monthly family incomes and not the modes of payment for health care determined the satisfaction of respondents. Respondents generally perceived the cost of health care to be affordable as majority believed that the National Health Insurance Scheme will bear the cost. Until and unless the cost, waiting time, environmental and information disclosure expectations coupled with quality care for patients are met, the levels of satisfaction among patients will remain very low with the nature of services rendered by these health facilities in the metropolis.

RECOMMENDATIONS

The following recommendations were made for practice, policy and further research:

RECOMMENDATION FOR PRACTICE

- ✓ The management of health facilities in the metropolis should, as matter of urgency, take drastic steps to improve upon the quality of care given at their facilities in order to improve upon the satisfaction level of patients because they are generally not satisfied with their services.
- ✓ All the three selected health facilities must all strive to satisfy their clients better by working towards scoring higher average satisfaction scores of not less than 3.50 out of 4.00.
- ✓ The managers of all the three selected health facilities should ensure that their health care services are very affordable so that it meets the cost expectations of clients. This stems from the fact that the cost expectation of patients will influence their satisfaction; affordable health care cost will increase satisfaction and vice versa.
- ✓ Efforts should be made to reduce the waiting time at the various health facilities. The expectation of patients is that they spent reasonable length of time when queued for services especially at consulting rooms, laboratories and pharmacies; therefore, anything on the contrary would cause dissatisfaction among them. This could be significantly reduced through effective management and planning of manpower, equipment and time.
- ✓ Since the expectation of patients towards the facilities' environment is high, they tend to be disappointed and dissatisfied about the general services provided when their surroundings are poorly kept, there are poor ventilations and inadequate health-related messages. Efforts should be put in place to always keep these facilities neat.
- ✓ There should be regular assessment of the adequacies and the state of physical infrastructure of the various health facilities. This is to create convenience for clients in order to boost their satisfactions.
- ✓ Patients expect that some amount of useful information about their conditions will be disclosed to them by their doctors and nurses, therefore, when this is not done, the will be dissatisfied. Hence, some minimal (reasonable) amount of their health-related information should be

made known to them in order to improve upon their satisfaction levels.

- ✓ There should be "Suggestion Boxes" at all health facilities so that the concerns and complaints of clients will be revised and addressed promptly.

RECOMMENDATIONS FOR POLICY

- ✓ The Ministry of Health and the Ghana Health Service through the Central Regional and Cape Coast Metropolitan Health Directorates should regularly monitor and evaluate the activities of health facilities to ensure that they operate strictly according to best standards.
- ✓ The National Health Insurance Authority (NHIA) should continue to work towards the sustainability of the schemes. This is because many patients have the expectation of accessing free health care as registered members and not to pay for health care cost from their pocket.

LIMITATIONS

The study was carried out in only three selected health facilities (Cape Coast Metropolitan Hospital, University of Cape Coast Hospital and Ewim Polyclinic) within Cape Coast Metropolis. Due to time and financial constraints the study could not use all the health facilities in the Metropolis.

SUGGESTIONS FOR FUTURE RESEARCH

The scope of this study should be extended to include more health facilities within the metropolis for more generalised conclusions about patients' satisfaction levels. Also, a study to estimate the average waiting times for each unit and department can be done. Again, a study to look at inpatients and out-patients' satisfaction separately can be done.

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