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# EXAMINING THE QUALITY OF HEALTH CARE SYSTEM IN GHANA

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**Abstract:** As the transition to value-based care, the focus on patient care is shifting to quality. Healthcare outcomes for the patient are more important for the physician than the number of patients seen during the day. The objective of the study was to assess the quality of health care among patients at the Dormaa Presbyterian Hospital. The study used cross-sectional design with sample size of 400 patients. A structured questionnaire was used for data collection. Quantitative data from the questionnaire were coded and analyzed using descriptive statistics with SPSS version 20.0. Results of the study showed that most of the respondents (85.0%) were satisfied with accessibility, technical competence (72.3%), recovery rate (52.5%), equity of services (85.2%) and effectiveness of care (78.7%) with average care of 74.5%. Most of the respondents (77.2%) had good perception about the facility and care received. The adherence to principles of quality assurance by respondents most of them (78.7%) were satisfied. It was also challenges facing patients and management included financial and security at the facility. The study concluded that the hospital's care for the patients was above average manifesting in the good perception of patients about the hospital. It is recommended that management should continue to adhere to the key service quality dimensions at the hospital to improve health care delivery facility should education the public on their activities to improve patient's quality of health care at the hospital.

**Keywords:** Healthcare, healthcare system, hospital, Dormaa Ahenkro

## 1. INTRODUCTION

The focus in patient care is shifting to quality as the move to value-based care continues. The number of patients seen during the day is less relevant to the physician than the patient's healthcare outcomes. In healthcare, quality has become such an important component. Health-care services of poor quality are stifling progress in countries of all income levels (Ramez, 2012). Accurate diagnosis, prescription errors, unsuitable or unneeded treatment, insufficient or unsafe clinical facilities or practices, or practitioners lacking adequate training and skill are all common in today's world. The situation is particularly bad in poor and middle-income nations, where 10% of hospitalized patients are expected to have an infection during their stay, compared to 7% in high-income ones. Despite the fact that hospital-acquired infections can be readily avoided with greater hygiene, enhanced infection control methods, and appropriate antimicrobial administration, this is nonetheless the case. At the same time, one out of every ten patients in high-income countries are injured during medical care. Mosquera is a Spanish word for mosque (2014).

The Global Imperative for Universal Health Coverage Report also highlights that sickness associated with poor quality health care imposes additional expenditure on families and health systems. There has been some progress in improving quality, for example in survival rates for cancer and cardiovascular disease. Even so, the broader economic and social costs of poor-quality care, including long-term disability, impairment and lost productivity, are estimated to amount to trillions of dollars each year Nekoei-Moghadam and Amiresmaili (2011). Health care workers in seven low- and middle-income African countries were only able to make accurate diagnoses one third to three quarters of the time, and clinical guidelines for common

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The primary goal of health care is to prevent or lessen the effects of disease. This can mean prevention or cure; it can also mean delaying or halting the progression of the illness; it can also mean just alleviating symptoms or dysfunction (Mosquera, 2014). Health care, according to Olsen, "refers to the resources that society expends on persons who are unwell in an attempt to cure or care for them" (Olsen, 2009:6). This might be in the form of prevention, treatment, or rehabilitation. Every society is as healthy as the quality of healthcare received by its people. The access to quality healthcare services is stated in the world health assembly resolution from 2005 which recommends that everyone should be able to access quality health services. However, millions of people in developing nations do not experience quality of health care as is required (Haazen, 2012).

The Sustainable Development Goal 3, aimed at ensuring safe lives and fostering well-being for everyone at all ages, is seen in the seriousness of the problem. Ghana's share of maternal deaths plummeted from 760/100,000 live births in 1990 to 319/100,000 live births in 2015 and 308 in 2016. Despite many health interventions and understanding on health issues, most of developing countries face many challenges in achieving better access to quality healthcare services, this has led the failure of African nations in attaining the Abuja declaration on time framework, further confirming the evidence of poor financing mechanism in Africa (WHO, 2011). The Ghana Health Service recognised the high quality of health treatment in its Quality Manual. "Our patients/clients and the general public frequently express their dissatisfaction with the low level of service provided in our health facilities. We frequently hear about the poor quality of treatment that patients have received from us on the radio, television, and even in the community. When we are unwell, we encounter this inadequate quality in our health facilities. Despite our limited resources and potential staffing shortages, we can address the poor quality of healthcare." Process inefficiencies and substantial variations in the quality of patient treatment have hampered the health industry. As efforts is made by the Ghana Health Service in collaboration with various successive governments to improve the quality of healthcare, there still exist some inefficiencies worth researching into.

## **2. MATERIALS AND METHOD**

### **Study Design and Type**

The main focus of the study was to evaluate patients of quality health care in the hospital. A cross sectional study design was adopted. This was most appropriate as variables could be observed without any influence by the researcher. This type of study is observational and descriptive in nature. Here, variables are not manipulated. Studies making use of cross-sectional design looks at data from a particular population at a specific point in time. The selection of participants is based particular variables of interest, which in this case were persons with first hand feel of the health care delivery in Dormaa Presbyterian Hospital, namely patients and staff (Ajay & Micah, 2014).

### **Research Approach**

The quantitative method approach was adopted for the study. This approach allowed the researcher to use a broader sample size which was most likely ensured a more representative view of the study population. With this approach, observable data were gathered to answer the research questions using statistical, computational or mathematical techniques. Analysis of data was done with the help of SPSS version 20.0. Results were presented with the help of tables, charts where necessary.

### **The Study Setting**

Dormaa Presbyterian Hospital is located in the Dormaa Municipality. The population size of the municipality was 112,111 (Dormaa Municipal, 2018). Out of the total population 15 years and older, 71.6% are employed, approximately three percent (2.7%) are unemployed while about three percent (2.5%) are economically not active. For age group 15-19 majority are economically not active, mainly because they are expected to be in full time education. However, from age group 20-49, the proportion of persons employed constitutes the majority and rises from age 20-24 to 45-49. At older ages of 50+ the proportion employed start to decrease mainly because

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of old age However, the proportions of the unemployed are highest for age groups 20-24 and 25-29 and lowest for older ages of 65+ years. About six out of every 10 (60.8%) persons of the employed are skilled agricultural, forestry or fishery workers while close to one out of every five (15.1%) persons of the employed population are a service or sales worker. Craft and related trade workers contribute 9.6 percent of the employed population (Dormaa Municipal, 2018). The study Area has twenty-three health institutions which are made up of two (2) hospitals, one

(1) health Center, five (5) rural Clinics, and two (2) private clinics. Others are two (2) private maternity homes, two (2) Community Health Planning and Services (CHPS) Compounds. Also, there are Nine (9) outreach Points that are evenly distributed throughout the municipality. The study site was Presbyterian hospital. The Hospital has an OPD, an ANC, Obstetric and Gynaecological unit, post-natal unit, Neonatal Intensive care unit, wards and functional medical Laboratory unit. The study site was selected because it is the main source of health facility for the Dormaa Municipality. It also serves as the referral center for some of the Sefwi communities in the western North Region and the neighbouring Cote D'Ivoire towns.

### Study Population

The study involved patients who were of diverse professional, educational, religious and ethnic backgrounds as well as the staff of the hospital constituted the population for the research.

### Sampling Technique and Sample Size

The study employed a two-stage sampling procedure, stratified, convenient sampling techniques. Using the stratified sampling procedure for the first phase, it was helpful due to the stratification of the already existing units in the facility. Stratified sampling procedure ensured a uniform representativeness of all units in the hospital. The patients were selected from the various sections of the facility: records section, pharmacy, maternal and child health, X-ray, physiotherapy, laboratory, E.N.T and the consult rooms. From each stratum, patients were conveniently selected for the survey.

### Sample size determination

Sample Size for  $\pm 5\%$  and  $\pm 10\%$  Precision Levels  
where Confidence Level is 95% and  $P=0.5$ .

Sample Size (n) for precision $\epsilon$		
Size of Population	$\pm 5\%$	$\pm 10\%$
500	222	83
1,000	286	91
2,000	333	95
3,000	353	97
5,000	370	98
9,000	383	99
10,000	385	99
15,000	390	99
20,000	392	100
25,000	394	100
50,000	397	100
100,000	398	100
>100,000	400	100



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With the population of the community being 112,111 and the facility being highly used by the residents a sample size of 400 was the most appropriate base on the Glenn's table above. Of this, 20 were staff members and 380 been patients.

### **Data Collection Tool and Technique**

The data were collected using structured questionnaires. The use of questionnaires was relevant to this study because it is in sync with the view of Kerlinger (1973), which indicates that questionnaires are widely used for collecting data in research because it is developed to answer questions, it is an effective instrument for securing factual information about practices and decisions of subjects. The structured questionnaire was chosen due to the fact that it assisted the researcher to access vital information about what kind of healthcare service patients experienced in order to critically discuss the patient's perspectives on quality healthcare. Again, this instrument is predominantly used for quantitative surveys (Turner, 2011). The questionnaire was based on the SERVQUAL scale modified to suit the study. It was divided into three main sections. Section One dealt with demographic background of respondents while section two measured the service quality perceptions of patients. Section Three dealt with management practice of quality health care. On the service quality dimensions, the questions were categorized into the nine dimensions of service quality as adopted for the study – Tangibility, Reliability, responsiveness, Assurance, Empathy, Accessibility and Affordability, Priority, Culture and Communication. For the purpose of rating, satisfied and dissatisfied was used.

### **Data Analysis**

The Statistical Package for Social Sciences (SPSS) version 20.0 and Microsoft Excel (2016) were used as the data analysis tools. Data collected from the respondents were presented using Microsoft Excel version 2016. The SPSS statistical software was used to analyze and plot the charts. Data were presented in the form of tables, charts and graphs for interpretation and analysis based on frequency distributions, percentages, and descriptive analysis on the variables under study. Confidence interval of 95% was used and significance level of 0.05.

## **3. RESULTS**

### **Socio demographic characteristics of respondents**

Table 3.1 shows the socio demographic characteristics of the respondents. The majority of the respondents 247 (61.8%) were males while 153 (38.2%) were females. In terms of age groups, 213 (53.2%) were within age group of 20-40 years whereas 75 (18.8%) were within 13-19 years. For marital status, most of the respondents 274 (68.5%) were married while 6 (1.5%) were widows. With reference to education levels of respondents, 149 (37.2%) were SHS graduates as against 54 (13.5%) who had no formal education. With religion, an overwhelming majority of the respondents 267 (66.7%) were of the Christian religion with 133(33.3%) being Muslims. Also, most of the respondents 213(53.3%) were employed while 85 (21.3%) were unemployed.

**Table 3.1: Demographic data of respondents**

<b>Variables</b>	<b>Frequency n=400</b>	<b>Percent</b>
<b>Gender</b>		
Male	247	61.8
Female	153	38.2
<b>Age groups</b>		
13-19	75	18.8%

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20-40	213	53.2%
40-60	112	28%

#### **Marital Status**

Single	101	25.2
Married	274	68.5
Divorced	11	2.8
Widowed	6	1.5
Separated	8	2

#### **Education**

None	54	13.5
Basic	92	23
SHS	149	37.2
Tertiary	105	26.3

#### **Religion**

Christianity	267	66.7
Islam	133	33.3

#### **Employment Status**

Students	102	25.5
Employed	213	53.3
Unemployed	85	21.3

### **Adherence to key Service quality dimensions of the hospital**

Table 3.2, shows the respondents' adherence to quality dimension. Majority of the respondents were satisfied about the accessibility of care (distance; 85.0% & cultural beliefs; 73.7%). On technical competence, majority of the respondents were satisfied (professionalism; 72.3% & recovery rate; 52.5%). Also, on equity of services provided, most of the respondents were satisfied (social equity; 85.2% & location equality; 76%). Furthermore, majority of the respondents were satisfied with the effectiveness of care rendered to them at hospital (effective prescription; 78.7% & availability of medication; 64%). Lastly, majority of the respondents were satisfied with the interpersonal relationship at the facility (confidentiality; 94% & respect; 62.7%) average of 74.5%

**Table 3.2: Adherence to key Service quality dimensions of the hospital**

<b>Indicators</b>	<b>Satisfied f (%)</b>	<b>Dissatisfied f (%)</b>	<b>Mean (%)</b>
<b>Accessibility</b>			
Distance	340(85.0)	60(15.0)	318(79.5)
Cultural beliefs	295(73.7)	105(26.2)	
<b>Technical competence</b>			
Professionalism	289(72.3)	111(27.7)	250(62.5)

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Recovery rate	210(52.5)	190(47.5)	
<b>Equity</b>			
Social equity in access	341(85.2)	59(14.8)	323(80.7)
Location equality	304(76)	96(24)	
<b>Effectiveness and efficiency</b>			
Effective prescription	315(78.7)	85(21.3)	286(71.5)
Availability of medication	256(64)	144(36)	
<b>Interpersonal relation</b>			
Confidentiality	376(94)	24(6)	314(78.5)
Respect	251(62.7)	49(37.3)	
<b>Total</b>	-	-	<b>298(74.5)</b>

### Patients' satisfaction on quality health service

Table 3.3 presents respondents the general perceptions of the quality of service, among the criteria used, with communication by the nurses, 264 (66) indicated satisfaction while 136 (34) were dissatisfied. 274 (68.5) were satisfied with the listening attitude of the while 126 (31.5) were not. 259 (64.8%) were satisfied with the explanations received from the nurses with 141 (35.2%) dissatisfied. For the general perceptions of communication by the doctors, 354 (88.5) indicated satisfaction with that while 46 (11.5) were dissatisfied. 341(85.2) were satisfied with the listening attitude of the while 59 (14.8) were not. 319 (79.7%) were satisfied with the explanations received from the nurses with 81 (20.3%) dissatisfied. Concerning the physical environment of the health facility, 299 (74.8%) were satisfied with the cleanliness of the hospital environment, while 101 (25.2%) were dissatisfied while with respect to the compound 275 (68.8%) were satisfied with the cleanliness with the rest, 125 (31.2%) dissatisfied. However, in pain management, 315(78.8) were satisfied with the pain control and 85(21.2%) were dissatisfied. While for staff effort in helping reduce pain, 301 (75.3%) were satisfied with (99.5%) satisfied with medication communication with total average of 77.2%.

**Table 3.3: Patients' satisfaction on quality health service**

Indicators	Satisfied F(%)	Dissatisfied F(%)	Mean (100%)
<b>Communication with nurses</b>			
i. Nurses treat with courtesy and respect	264(66.0)	136(34)	276(69.0)
ii. Nurses listen carefully	274(68.5)	126(31.5)	
iii. Nurses explain things in an understandable way	289(72.2)	111(27.7)	
<b>Communication with doctors</b>			
i. Doctors treat with courtesy and respect	354(88.5)	46(11.5)	338(84.5)
ii. Doctors listen carefully	341(85.2)	59(14.8)	
iii. Doctors explain things in an understandable way	319(79.7)	81(20.3)	
<b>Physical environment</b>			

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i. Hospital room was kept clean	299(74.8)	101(25.2)	287(71.5)
ii. Surrounding area was kept quiet	275(68.8)	125(31.2)	
<b>Pain management</b>			
i. Pain was well controlled	315(78.8)	85(21.2)	308(77.0)
ii. Staff did everything they could to help with pain	301(75.3)	99(24.7)	
<b>Medication communication</b>			
i. Staff explained what medication was for	398(99.5)	2(0.5)	336(84.0)
ii. Staff explained possible medication side effects	274(68.5)	126(31.5)	
<b>Total</b>	-	-	<b>309(77.2)</b>

### The adherence to principles of quality assurance

Table 3.4 shows the adherence to the principles of quality assurance by respondents. This was measured using the standard of 100%. Tangibility of care was rated 62.2%, reliability was 79.5% and responsiveness was 88.0%. Others included assurance equals to 75.5%, empathy was 78.0%, communication was 75.7%, culture achieved 96.7% while priority was 73.7% with total mean of 78.7%.

**Table 3.4: Adherence to principles of quality assurance**

Indicators	Satisfied F (%)	Dissatisfied F (%)	Mean (100%)
<b>Tangibility</b>			
State of facilities	197(49.3)	203(50.7)	249(62.2)
physical environment	237(59.2)	163(40.8)	
State of equipment	294(73.5)	106(26.5)	
Adequacy of seats at the hospital	267(66.8)	133(33.2)	
<b>Reliability</b>			
Professionalism and competency of staff	296(74)	104(26)	319(79.5)
Accuracy of medical procedures	306(76.5)	94(23.5)	
consistency in duty performance	356(89)	44(11)	
<b>Responsiveness</b>			
Staff response to patient’s needs	362(90.5)	38(9.5)	352(88.0)
Prompt service delivery	341(85.3)	59(14.7)	
<b>Assurance</b>			
Skillfulness of staff	324(82)	76(19)	302(75.5)
Accordance of dignity and respect to patients.	288(72)	112(28)	
Spectrum of knowledge of staff.	321(80.3)	79(19.7)	
Courteous behavior of staff	274(68.5)	126(31.5)	
<b>Empathy</b>			
Staff’s interests of patient at heart.	295(73.8)	105(26.3)	



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Understanding of patient's need	343(85.8)	57(14.2)	312(78.0)
Attention given to patient	297(74.3)	103(25.7)	
Staff's quality of care towards patient			
<b>Communication</b>			
Adequacy of information received for test to be done	211(52.8)	189(47.2)	
	352(88)	48(12.0)	303(75.7)
Willingness of workers to answer patients' question	274(68.5)	126(31.5)	
Adequacy of information on health condition.	376(94)	24(6.0)	
Adequacy of information on treatment			
<b>Culture</b>			
Ethnocentric discrimination by staff	374(93.5)	26(6.5)	
Language used in communication	392(98)	8(2)	387(96.7)
Religious based discrimination	395(98.7)	5(1.3)	
<b>Priority</b>			
Urgency towards emergency cases	302(75.5)	98(25.5)	295(73.7)
Urgency towards women in labour	287(71.8)	113(28.2)	
<b>Total</b>	-	-	<b>315(78.7)</b>

#### 4. DISCUSSIONS

Findings showed that majority of the respondents were satisfied about the accessibility of care, technical competence health workers, equity of services provided, effectiveness of care rendered to them at hospital and interpersonal relationship at the facility with total mean of 74.5%. This implies that patients were satisfied with the care received from the hospital since all the indicators were positive and this could be due to training and supervision from the management of the hospital. The positive indicators have helped the patients to continue patronising the services of the facility. This suggests why firms, industries and hospitals provide services in order to reach customers with the needed products and services. Findings corroborate with study conducted by Shemdoo and Mhando (2012) who defined quality as an ideal characteristic that consumers look for in any service transaction and product sale and can also be the totality of features and characteristics of a product or services that bear on its ability to satisfy stated or implied needs. The found out that most of their respondents were satisfied with health care received in their hospitals. The similarity in the findings could be due to type services rendered to the participants in the two studies. Also, it could be due to the similarities in the methods and the study population.

Quality in healthcare means providing the care the patient needs when the patient needs it, in an affordable, safe, effective manner. Quality healthcare also means engaging and involving the patient, so that the patient takes ownership in preventive care and in the treatment of diagnosed conditions. Quality in the healthcare context is a collaborative effort that involves the patient, the independent physician, the patient's family, and the community as a whole this was reported in the work of Obermann, Planes, Larose and Campillo (2013). Similar findings were seen in Wallace (2013) who looked at service quality as the differences between customer expectations and perceptions of service. Again, he argues that in measuring service quality, the difference between perceived and expected service is a valid way that could make management identify gaps in what they offer as services. The overarching aim of providing quality services is to satisfy customers. Thus, measuring service quality is a better way to dictate whether the services are good or bad and whether the customers will be or are satisfied with it. Furthermore, it supports Kotler & Keller (2015) who listed in his study three main components of service quality, called the 3 "Ps" of service quality" (Physical facilities on processes and procedures, Personal behaviour on the part of serving staff, and Professional judgment on the part of serving staff. There are extant theories/models used in the studies on service quality which is applied to different field of study ranging from healthcare, corporate business, education, banking and telecommunication.



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Contrary to the findings of the current study Tunner (2011) noted that Ghanaians perceive the quality of health services as sub-standard and therefore choose alternative sources of treatment. The trust and confidence are undermined by frequent shortages of drugs and medical supplies, long queues, the absence of emergency services and poor staff behaviour. This has resulted in low utilization of health services despite the substantial investment aimed at improving access to health services in Ghana. However, others perceive the quality of healthcare in Ghana to be high. Turkson (2009) looked at the quality of healthcare delivery in a rural district of Ghana and found that generally the quality of healthcare delivery was perceived to be high for most of the indicators used. That is ninety percent of the respondents were satisfied or very satisfied with the care given during their visit to the health facility. The participants however perceived poor attitude of some health workers, long waiting times, high cost of services, inadequate staff, policy of payment for health services, frequent referrals to hospitals, and lack of ambulances at facilities as being detrimental to effective delivery of quality healthcare.

The objective also examined the general perceptions of the quality of service among patients. Most of the respondents were satisfied with communication by the nurses, listening attitude of nurses and explanations received from the nurses. For the general perceptions of communication by the doctors, majority indicated satisfaction, listening attitude and explanations received from the doctors. Concerning the physical environment of the health facility, most of them were satisfied with the cleanliness of the hospital environment. Again, with pain management, majority were satisfied. This may suggest why the facility had total average performance of 77.2%. The satisfactory performance from the facility might be due to the fact that it is a mission hospital where discipline is never compromised. Perception is vital measure of health service quality in the context of patient satisfaction with healthcare delivery in Ghana. Improving service quality in health care has gained considerable attention in the past decade because proper delivery of care leads to better health outcomes for the patients. Generally, it is argued that patients' perception of actual services delivered determine the service quality of a hospital. Moreover, perceptions refer to the consumers' evaluation of the service provider. Therefore, if the customers' performance perceptions exceed the customers' expectations, the service provider provides quality service. This finding is in line with several studies including Yousapronpaiboon and Johnson (2013); Larsson et al (2010) who noted that perceptions of service quality in hospitals could be improved through improving communication between patients and healthcare providers. Patients are the ultimate arbiters of quality and given that perceived quality is a key antecedent of perceived value and satisfaction judgments, hospitals are increasingly interested in conducting such quality assessments.

In pursuit by patients to assess the quality of health care delivery Mekoth et al (2012) also pointed out that perception of service quality is an attitude, and that the attitude is a function of some combination of attributes that a patient considers to be components of quality. The attributes can be divided into two sets, thus functional, which include measures such as ambiance and provider attentiveness; and technical, such as outcome that describes how the service is delivered. Thus, there exists a link between perceived service quality and patient satisfaction. More so, findings from Alrubaiee and Alkaaida (2011) and Ramez (2012) indicate that patient perception of quality healthcare has a strong and positive relationship with patient satisfaction.

The findings also agree with a study by Adu-Gyamfi and Abane (2013) indicating that perception and views of patient on service quality can be categorized into: patient-centred care, timely and efficient care, quality and range of services. This is also the view of a focus group discussion in the United States indicates that perception and views of patient on service quality can be categorized into: patient-centred care, timely and efficient care, quality and range of services. Patient perception on patient-centred care indicated that treating them in a hospital environment with respect and dignity as well as designing the service delivery to be equitable and fair are the building blocks on quality healthcare. Timely and efficient care was a key perception of patients on service quality: as the study revealed that quality care centred on structural elements of care rather than outcomes. The study focused on a more service-oriented view of quality: were the services timely, efficient, well organized, and available when it was needed. Patients' perceived quality and range of service as essential aspects of quality based on the physician's competence, which was judged based on thoroughness and a clear intent to help the patient.

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The physician's ability to communicate with patients was considered to be an essential aspect of quality, particularly the doctor's ability to explain things to the patients.

The objective assessed the adherence to the principles of quality assurance among respondents. This was measured using the standard of hundred per cent. Tangibility of care was rated 62.2%, reliability was 79.5% and responsiveness was 88.0%. Others included assurance equals to 75.5%, empathy was 78.0%, communication was 75.7% and culture achieved 96.7% while priority was 73.7% with total mean of 78.7%. The people who receive health services are very important. Without them, health service providers will have no one to attend to. Therefore, satisfying them is key and paramount. In the past, health facilities worked as though the patients were not critical part of their work hence did not involve them in health care, neither were their needs in service delivery addressed. All over the world, patients concern regarding their rights to participate in healthcare delivery are becoming important (Ramez, 2012). The clients are the main focus in quality assurance programmes.

The findings agree with Nekoei-Moghadam (2011) that a lot of information is collected by health facilities but the question is to what use are the data put. Some of the data collected include the number of people who attend the OPD, their age and sex. Also, collection of information on the number of cases of malaria, diarrhoea, mothers dying from pregnancy, delivery and after delivery. These data are very useful. They can provide information about where there are problems in service delivery. Service providers can therefore use the information in planning services and for monitoring. Data can also be used in identifying resources (people, drugs and supplies as well as the amount of money) required for health services. However, Sharma and Cyril de Run (2010) said teamwork is essential to achieve quality assurance and common goal. In health service delivery there are different kinds of health workers working together. The outpatient service is an example of teamwork. There are labourers to clean the unit, records officers to register the patient, nurses to take the temperature and weight, the medical assistants to examine and prescribe the drugs, laboratory technicians to do the investigations and the dispensary technicians to give the drugs. All these people are playing important roles and if they work well in the team, the outcome is always good. Quality assurance uses teams to improve quality of care. A team can do a lot thorough analysis of problems, determine the best solution(s) and develop plans and implement them.

The study sought to identify the challenges faced by patients and the administration of the hospital. The study found that the respondents had challenges with finances for accessing the health facility while few mentioned difficulties in abiding all regulatory standards as their challenge. On the administrative challenges at the hospital, majority of the respondents stated that the hospital found it difficult to improve quality care for their patients while 5.0% stated difficulty in developing alternative revenue as the hospital's challenge. There is no general recipe for successful management, contextual factors like political system and socio-economic factors play a significant part in the outcomes. The healthcare system is caused by the acute lack of understanding of the direct link between the lack of "hard" management skills at all levels resulting in poor outcomes of the health systems. The shortage of staff and a lack of management training are some of the issues that have an effect on management practices Mosquera (2014). The challenges facing health care organisations and health care professionals today are more complex than at any other time in the history of our country particularly within the context of globalisation and social, political and economic changes. The traditional challenges of managing cost, access and quality are still on the forefront of today's health care leaders. Managers of health care organisations, professionals and practitioners face current challenges including state legislation, advanced technology, information systems, patient demographics, skilled labor shortage and growing awareness of public opinion which agrees with Osbourne (2011).

However, healthcare managers face challenges around self-identity, particularly for those in 'hybrid' clinical-managerial roles, and around the negative perception of management in general. Managers struggle to maintain their professional identity, especially hybrids who see themselves primarily as clinicians. They often see their clinical role sidelined by managerial responsibilities. Smith and Walshe (2011) argues that inherent tensions exist between the professional values of clinical and medical staff, and managerial demands for efficiency, cost control, and resource reallocation. They also have problems with human resources, lack of organisational support, and with too many systems and processes that are inadequate, outdated, complex, or simply

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inconsistent with their responsibilities. Thompson (2011) argues that clinicians who take up management positions risk loss of respect and clinical visibility; they have to work to dispel suspicions that choosing a managerial track is not because they lack the ability to progress in their clinical careers. For hybrids, management values are seen as conflicting with their professional and personal values. The management role is also seen as one of increased pressure with no tangible rewards or recognition for the additional responsibilities.

## 5. CONCLUSIONS

The following conclusions are drawn based on the discussions of the study. Adherence to key service quality dimensions in the facility is optimal. This means that the hospital provides quality care to its patients and also trains their staff often. Most of the respondents said they were satisfied with the care at the facility. More than half of the participants had good perception on health care rendered to them. All the indicators for this assessment were positive. The study revealed that there were challenges faced by both patients and management including financial, security and difficulty in improving quality care to patients. So financing is key to provision of quality health care.

## REFERENCES

- Abdallah, A. (2014). Implementing quality initiatives in healthcare organizations: drivers and challenges. *International Journal of Health Care Quality Assurance*, 27(3), 166-181.
- Aduo-Adjei K.O. (2015). *Patients Satisfaction with Quality Healthcare in Ghana: A Comparative Study between University of Ghana and University of Cape Coast Hospitals* [dissertation]. Ghana: University of Ghana; 2015.
- Aghamolaei, T. Eftekhari, T.E. Rafati, S. Kahnouji, K. Shamsieh, A. Mohammad, E. S., Kahnouji, A. & Hosein, S.H. (2014). Service quality assessment of a southern Iran with SERVQUAL technique: *Patient's perspective*. *Journal of Management of Health*, 34(3), 234-248.
- Agyepong IA, Adjei S. (2008). *Public social policy development and implementation: a case study of the Ghana National Health Insurance scheme*. *Health Policy Plann.* 2008;23(2):150-160.
- Ajay, S., & Micah, B. (2014). *Sampling techniques & determination of sample size in applied statistics research: AN OVERVIEW. II* (11), 1-22.
- Aldana JM, Piechulek H, Al-Sabir A. (2001). *Client satisfaction and quality of health care in rural Bangladesh*. *Bull World Health Organ.* 2001;79(6):512-517.
- Altenstetter, C., (2003). Insights from Health Care in Germany. *American Journal of Public Health*, Issue 98, pp. 38-44.
- Alrubaiee, L. & Alkaaida, F. (2011). The mediating effect of patient satisfaction in the patients' perceptions of healthcare quality - Patient trust relationship. *International Journal of Marketing Studies*, 3(1), 103-127.
- Alvesson, M. (2002). *Understanding organisational culture*. London: Sage Publications.
- Anderson, R. A. & McDaniel, R. R. (2000). "Managing health care organisations: where professionalism meets complexity science." *Health Care Management Review*, vol. 25, no. 5, pp. 83-92. Texas: Aspen Publishers, Inc.



ISSN: 0911-2138 (Print), ISSN 0821-2139 (Online)	European Article Number (EAN): 7642-8977
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- Asenso-Okyere, W. K. & Dzator, J. A. (1997). 'Household cost of seeking malaria care. A retrospective study of two districts in Ghana', *Social Science and Medicine*, vol. 45, no. 5, pp. 659-667
- Asenso-Okyere, W.K., Anum, A., Osei-Akoto, I., & Adonuku, A. (1998). 'Cost recovery in Ghana: Are there any changes in health care seeking behaviour?'
- Atinga, R.A., Abekah-Nkrumah, G. & Domfeh, K.A. (2011). Managing healthcare quality: a necessity of patient satisfaction. *International Journal of Healthcare Quality Assurance*, 24 (7), 548-563.
- Ayimbillah Atinga R, Abekah-Nkrumah G, Ameyaw Domfeh K. (2011). Managing healthcare quality in Ghana: a necessity of patient satisfaction. *Int J Health Care Qual Assur.* 2011;24(7):548-563. doi:10.1108/09526861111160580.
- Balabanova, D. (2010). What can global health institutions do to help strengthen health systems in low-income countries. *Health Research Policy and Systems*, 8(22).
- Bannerman, C; Tweneboah, N.T; Offei, A; Nicholas, T.A; Acquah, S; (2002): *Health Care Quality Assurance Manual*.
- Bart Lariviere A. K. (2014). How technical and functional service quality drive consumer happiness. *Journal of Service Management*, 25(1), 30 - 48.
- Berman, P. & Britan, R., (2011). *Health Systems Analysis for Better Health System*; Health Nutrition Population-Discussion paper. s.l., World Bank.
- Boakye Frimpong, P. (2013). The quest for equity in the provision of health care in Ghana. *African Review of Economics and Finance*, vol. 4, No. 2. Rhodes University: Print Services.
- Böhm, K., Schim, A., Götze, R. & Landwehr, C., (2013). Five Types of OECD health systems: *Empirical results of a deductive classification*. Health Policy, Issue 113, pp. 258-269.
- Borghi, J. & Joachim, A., (2011). *Who is covered by health insurance schemes and which service are used in Tanzania*, Dar es salaam: Ifakara Health Institute?
- Boshoff, C., & Gray, B. (2004). The relationships between service quality, customer satisfaction and buying intentions in the private hospital industry. *South African Journal of Business Management*. 35(4), 27-37.
- Boyer L. & Francois P. (2006). Perception and use of the results of patient satisfaction surveys by care providers in a French teaching hospital. *International Journal of Quality in Health care*, 18(5), 359-364.
- Bultman, J., Kanywanyi, J. L., Maarifa, H. & Mtei, G., 2012. Tanzania Health Insurance Regulatory framework Review, Dar es salaam: SSR.
- Busse, R. & Riesberg, A., (2004). Health Care Systems in Transtion, Copenhagen Ø, Denmark: *European Observatory on Health Systems and Policies*.



ISSN: 0911-2138 (Print), ISSN 0821-2139 (Online)	European Article Number (EAN): 7642-8977
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- Camgoz-Akdag H., Zineldin M. & Vasicheva V., (2011). Measuring, evaluating and improving hospital quality parameters/dimensions – an integrated healthcare quality approach. *International Journal of Health Care Quality Assurance*, 24(8), 654- 662
- Carrin, G., Waelkens, M. P. & Crie, B., (2005). Community Health Insurance in Developing countries. *Tropical Medicine and International Health*, 10(8), pp. 799-811.
- Casely, D. J. & Kumar, K. (1988). *The collection, analysis and use of monitoring and evaluation of data*. Baltimore: John Hopkins University Press.
- Cohen, G. (1996). Age and health status in a patient satisfaction survey. *Social Science and Medicine*, 42 (7), 85-93
- Collier, D., (1993). *The Comparative Method. Political Science: The State of the Discipline II*. In Ada W. Finifter, ed, pp. 105-117.
- Delle, E. (2013). The Influence of Perception of Organizational Politics on Employee Job Involvement and Turnover Intentions: Empirical Evidence from Ghanaian Organizations. *European Journal of Business and Management*, 5(9),151-160.
- Dellande S, Gilly MC, Graham JL. (2004) Gaining compliance and losing weight: The role of the service provider in health care services. *J Mark.* 2004;68(3):78-91.
- Denscombe, M. (2003). *The good research guide for small-scale social research projects* (2nd ed.). Berkshire: McGraw-Hill Education
- Docteur, E. & Oxley, H., (2003). *Health-Care systems: Lessons from the Reform Experience*. OECD Health Working Papers, Volume 9.
- Drain M. (2001). Quality improvement in primary care and the importance of patient perceptions. *J Ambul Care Manage.* 2001;24(2):30-46.
- D'Souza, S.C., & Sequeira, A.H., (2012). Measuring the customer-perceived service quality in health care organization: A case study. *Journal of Health Management*, 14(1), 27- 41.
- Dummett, R. (1993). 'Disease and mortality amongst gold miners in Ghana: Colonial Government and mining attitudes and policies, 1900-1938,' *Social Science and Medicine*, vol. 37, no. 2, pp. 213-232
- Durvasula, S., Lysonshi, S., & Madhavi, A. D. (2011). Beyond service attributes: do personal values matter? *Journal of Service Marketing*, 25(1), 33–45.  
<http://dx.doi.org/10.1108/08876041111107041>
- Elbeck M. An approach to client satisfaction measurement as an attribute of health service quality. *Health Care Manage Rev.* 1987;12(3):47-52.
- Epstein A. (1990). Sounding board: the outcomes movement, will it get us where we want to go? *N Engl J Med.* 1990;323(4):266–269.

ISSN: 0911-2138 (Print), ISSN 0821-2139 (Online)	European Article Number (EAN): 7642-8977
Publisher: <a href="https://originalscientificpublishing.com">The Original Scientific Publishing</a>	Journal Homepage: <a href="https://originaljournals.com">https://originaljournals.com</a>
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- Esain, A.E., Williams, S.J., Sandeep G., Caley, L. & Cooke, M.W. (2012). Healthcare quality improvement-policy implications and practicalities. *International Journal of Health Care Quality Assurance*, 25 (7) 565 – 585.
- Essiam J O. (2013). Service quality and patients' satisfaction with healthcare delivery: empirical evidence from patients of the outpatient department of a public university hospital in Ghana. *Eur J Bus Manag.* 2013;5(28):52-59.
- Fillingham, D. (2008). Making Lean Thinking Work in the NHS. *HHealth Service Journal* page 3
- Friedberg, Mark W., Eric C. Schneider, Meredith B. Rosenthal, Kevin G. Volpp, and Rachel M. Werner. (2014). "Association between Participation in a Multipayer Medical Home Intervention and Changes in Quality, Utilization, and Costs of Care." *Jama* 311(8):815–25.
- Grosse-Tebbe, S. (2005). *Snapshot of health systems*. In: S. Grosse-Tebbe & J. Figueras, eds. European Observatory on Health systems and Policies. Copenhagen Ö: WHO Region Office for Europe. 79
- Gunawardane G. (2011). Reliability of the internal service encounter. *International Journal of Quality & Reliability Management*, 28(9), 1003-1018.
- Haazen, D., (2011). *Making Health Financing Work for Poor People in Tanzania: A health Financing Policy Note*, Human Development Department: African Region: World Bank.
- Haazen, D., (2012). *Making health financing work for poor people in Tanzania*, Washington: World Bank.
- Haque, A. K. M., Sarwar, A. A. M., Yasmin, F., Anwar, A., & Nuruzzaman (2012). *The impact of customer perceived service quality on customer satisfaction for private health centre in Malaysia: a structural equation modeling approach*. *Information Management and Business Review*, 4(5), 257-267.
- Hulka, B.S., Zyzanski, S.I., Cassel, J.C. & Thompson, S.J. (1970). *Scale for the measurement of satisfaction with medical care: Modifications in content, format and scoring*. *Medical Care*, 12(6), 11-18
- Hurst, J., (1992). *The reform of healthcare: A comparative analysis of seven OECD Countries*. OECD, pp. 7-72, 137-152.
- Hurst, J. W., (1991). *An Intersectionn of Health, Health Care and Policy; Reforming health care in Seven European nations*. *Health Affairs*, 10(3), pp. 7-21.
- Irfan, S.M., & Ijaz, A. (2011). Comparison of service quality between private and public hospitals: Empirical evidences from Pakistan. *Journal of Quality and Technology Management*, 4(1), 1-22.
- Jackson, George L. (2013). "The Patient-Centered Medical Home: A Systematic Review." 127 *Annals of internal medicine* 158(3):169–78.
- Jakubowski, E., (1998). *Health Care System in the EU, Luxembourg: European Parliament*. Justesen, L. & Mik- Meyer, N., 2012. *Qualitative Research Methods in Organisation Studies*. 1st ed. Copenhagen: Hans Reitzels Forlag.

ISSN: 0911-2138 (Print), ISSN 0821-2139 (Online)	European Article Number (EAN): 7642-8977
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- Joshi, K. P., Finin, T., & Yesha, Y. (2013). Integrated lifecycle of IT services in a cloud environment. In proceedings of the third international conference on the Virtual Computing Initiative. *International Journal of Computing*, 23(3), 23-34.
- Kleinman, A., (2012). Rebalancing academic psychiatry: why it needs to happen-and soon. *The British Journal of Psychiatry*, 20 (1) 421-422.
- Kutzin, J., (2001). *A descriptive framework for country -level Analysis of health care financing arrangements*. Health Policy, Issue 56, pp. 171-204.
- Kuwawenaruwa, A. & Borghi, J., (2012). *Report on Health insurance Coverage in Tanzania, Dar es Salaam*: Ifakara Health Institute.
- Kumasey, A. S. (2014). Service Quality and Customer Satisfaction: Empirical Evidence from the Ghanaian Public Service. *European Journal of Business and Management*, 6(6), 172-181.
- Kwesigabo, G. (2012). *Tanzania's Health System and Work force crisis*. Public Health Policy, Volume 33, pp. 35-44. Lameire, N., Joffe, P. & Wiedemann, M., 1999. Healthcare Systems- an international review: an overview. *Nephrol Dial*, 14(suppl 6), pp. 3-9.
- Macdonald, M. K., Wilson, H., Martinez, V., & Toosi, A. (2011). *Assessing value—in use: a conceptual framework and exploratory study*. *Industrial Marketing Management*, 40, 671–682. <http://dx.doi.org/10.1016/j.indmarman.2011.05.006>
- Mallya, E., (2005). Women NGO's and the Policy process in Tanzania: The case of the Land Act of 1999. *African Study Monographs*, 24(4), p. 183.
- Manzi, F. Schellenberg J, Hamis Y., Mushi A K, Sharima K, & Mwita A., (2012). *Human Resource for Healthcare Delivery in Tanzania*. *Human Resource For Health*, III(10). 80
- McCollin, C., Ograjensek, I., Goeb, R., & Ahlemeyer, S. A. (2011). SERVQUAL and the Process Improvement Challenge. *Quality and Reliability Engineering International*, 27(5), 705–718. <http://dx.doi.org/10.1002/qre.1234>
- McIntyre, D. et al., 2008. Beyond fragmentation and towards universal coverage: Insights from Ghana, South Africa and The United Republic of Tanzania. *Bulletin of the World Health Organization*, 86(11), pp. 871-876.
- Mekoth, N, G. Babu, Y., Dalvi, N. Rajanala, K. & Nizomadinov, C. (2012). Service encounter related process quality, patient satisfaction and behavioral. *Intentional Journal of Management*, 6(4), 333-350.
- Mills, M., Van de Bunt, G.G. & de Bruijn, J. (2006). Comparative research persistent problems and promising solutions. *International Journal of sociology*. 21(5), 619– 631.
- Mtei, G. & Borghi, J., (2010). *An Assessment of Healthcare Financing Progressivity in Tanzania*, s.l.: SHIELD.
- Mtui, J. & Osoro, O., (2011). *Aggregate Cost Implication of Selected Cost Drivers in the Tanzania health Sector*, Dar-Es-Salaam, Tanzania: Ministry of Health.

ISSN: 0911-2138 (Print), ISSN 0821-2139 (Online)	European Article Number (EAN): 7642-8977
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Muela, S. H., Mushi, A. K. & Ribera, J. M., (2000). The paradox of the Cost and affordability of Traditional and Government Health Services in Tanzania. *Health Policy and Planning*, 3(15), pp. 296-302.

Musango, L., Nabyonga, J., Elvannio, R. & Cheruiyot, S., (2013). *The State of Health Financing in the African Region, Region Office for Africa*: WHO. NHIF, 2012. National Health Insurance Fund. [Online] Available at:

Naidu A. (2009). Factors affecting patient satisfaction and healthcare quality. *Int J Health Care Qual Assur.* 2009;22(4):366-381.

Olken, B. A. & Pande, R., (2012). Corruption in developing countries. *Annual Review of Economics*, Volume 4, pp. 479-509.

Olsen, J. A., (2009). *Principle in Health Economics and Policy*. New York: Oxford Univeristy Press Inc..

Pakdil F, Harwood TN. (2005). *Patient satisfaction in a preoperative assessment clinic: an analysis using SERVQUAL dimensions*. Total Quality Management & Business Excellence. 2005;16(1):15-30.

Peter, D. H. (2008). *Poverty and Access to Healthcare in Developing countries*. New York Academy of Science, Volume 1136, pp. 161-171.

Shemdoe, G. S. & Mhando, L., (2012). National Policies and Legal Frameworks Governing Traditional Knowledge and Effective Intellectual Property System in Southern and Eastern Africa: The Case of Tradtional Healers in Tanzania, Nairobi: *The African Technology Policy Studies Network*.

Smith, B. A. & Rawal, P., (1992). Can Poor afford 'free' health service? A Case study of Tanzania. *Health Policy and Planning*, 7(4), pp. 329-341.

Smith, B. A. & Rawal, P., (1992). Can the poor afford free health service: A case study of Tanzania. *Health Policy and Planing*, 7(4), pp. 329-341.

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