

ASSESSMENT OF STATE OF CONSUMER ORIENTATION IN TAMALE TEACHING HOSPITAL

Bokuma Vitalis W.S.

Equity Assurance Limited, Tamale, Ghana

vbokuma@yahoo.com

Ibrahim Osman 

Department of Marketing, Tamale Polytechnic, Ghana

mburi3000@yahoo.com

Alhassan Yahaya

Department of Languages and Liberal Studies, Tamale Polytechnic, Ghana

kayumi23@yahoo.com

Mohammed Abdul-Basit Fuseini

Department of Marketing, Tamale Polytechnic, Ghana

bunbasit@yahoo.com

Gibrilla Issah

Department of Computer Science, Tamale Polytechnic, Ghana

ibrilla@yahoo.co.uk

Abstract

The study sought to assess the state of consumer orientation within the health sector in Tamale Teaching Hospital. The sample size of 220 respondents was used for the study. Findings of the study indicated that the level of consumer orientation at the hospital was generally good. The technical aspects of healthcare delivery were also satisfactory. At the interpersonal level, patients were treated with courtesy. However, a number of inadequacies in the health delivery system of the hospital showed that customer satisfaction still had challenges.

Keywords: orientation, consumer, healthcare, hospital, satisfactory, satisfaction

INTRODUCTION

Consumer orientation within the health sector relates to the delivery of patient-centred care. This supports active involvement of patients and their caretakers in the design of new healthcare schemes and in decision-making about individual options for treatment. Consumer orientation requires that every organisational process and programme must revolve around the consumer or patient. The Institute of Medicine (IOM), defines patient-centered care as: "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions." This proclamation summarises the task of the health sector in relation to the patient.

The Health Sector in Ghana is made up of the Ministry of Health (MOH), the Ghana Health Service (GHS), together with other statutory, professional, private and traditional agencies. The MOH is the government organisation with oversight responsibility over the sector. It is responsible for policy formulation, monitoring and performance evaluation and the mobilisation of resources for health sector development. The GHS on the other hand, is the largest MOH's agency with about half of all health sector facilities and almost two-thirds of health personnel in the formal sector. It sees to the management of health institutions at all levels. It also ensures a high level performance at the various levels (primary, tertiary, etc).

Tamale Teaching Hospital (TTH) is one of the three Teaching Hospitals in Ghana. It is committed to the delivery of health services to the people of Tamale metropolis. It also serves as a referral facility for the three Northern Regions of Ghana and parts of Brong Ahafo Region. TTH has its *Vision* as aiming "to be the Centre of Excellence for quality tertiary health care, medical education and research". In its Mission Statement to achieve the vision, TTH strives to provide "quality and affordable tertiary health care; delivered by well-trained, highly motivated and customer-friendly professional health staff". The Organisational values of Tamale Teaching Hospital define how staff should behave towards each other, patients and their families, and the partners of the hospital. The value systems include people centeredness, professionalism, innovation, teamwork, and integrity.

The general objective of the Patients' Charter, along with the strategic directions of TTH, was to ensure that the hospital provided effective healthcare service delivery to patients on a continuous basis. Although customer orientation is an organisational culture that seeks to establish the necessary behavioural foundation for the creation of superior value and performance through continuous satisfaction of patients, TTH seemed to be failing in this regard. It is in the light of this that the study was conducted to assess the level of client-focused provision of services at the hospital.

Objectives of the Study

1. To examine the customer-centredness of Tamale Teaching Hospital staff.
2. To assess the standards of patient care at Tamale Teaching Hospital.

LITERATURE REVIEW

The Concept of Consumer Orientation

Deshpande et al (1993) defines customer orientation as a set of beliefs that places the customers' interest first, in order to develop long-term profitable organisation. Of course, placing premium on the central role of the consumer does not imply the exclusion of other stakeholders such as owners, managers, and employees. They equally play their part in an organisation's strides towards achieving sustainable progress and profits.

The characteristics of a customer-oriented public organisation have been identified as encompassing the following: (a) focusing on client needs, (b) defining the organisational business in terms of customer needs and wants, (c) aiming for specific groups of people, (d) assessing customer satisfaction as the main organisational goal, and (e) developing an integrated marketing plan (Kotler & Andreasen, 1995; Nwankwo, 1995; Lamb, 1986).

On their part, Narver & Slater (1990), see customer orientation as the "organisational culture that most effectively and efficiently creates the necessary behaviours for creation of superior value for buyers and thus, superior performance for the organisation". According to their definition, inter-functional coordination and competitive advantage can easily be attained when organizations effectively consolidate customer orientation. The various parties in healthcare delivery (doctors, nurses, paramedics) must work in a concerted effort towards delivering patient service.

A customer-oriented culture enables an organisation to create superior value for its customers because their needs are better understood (Narver and Slater, 1990). Service organisations should not only focus on profit when providing services; rather they should seek to create a satisfied customer (Drucker, 1999).

The delivery of superior customer service calls for establishing a holistic or organisation-wide customer-oriented culture. This culture is reflected in customer-oriented employees, the development of an enabling infrastructure and a leadership committed to supporting a service customer (Davidow & Uttal, 1989).

A customer-centred culture should permeate the entire organisation (Ogbonna, 1993; Johnson, 1992). Customer centredness should not be the concern of just one unit such as Customer Care or Public Relations Department. Whatever the department or orientation, one must know that without the customer, an organisation has no business or chance of survival. As

Webster (1994) explains, “everyone’s job is defined in terms of how it helps to create and deliver value for the customer, and internal processes are designed and managed to ensure responsiveness...and maximum efficiency in value delivery.”

Customer orientation should also be an integral component of organisational culture. This requires that attention being placed on information about customers’ needs should be considered together with the basic set of values and beliefs that are likely to reinforce such a customer focus. This calls for continuous tracking of patients’ concerns and expectations on both proactive and reactive basis.

Patient-Centredness of TTH Staff

Consumer orientation within the health sector is one of patient-centred care. This supports active involvement of patients and their caretakers in the design of new healthcare schemes and in decision-making about individual options for treatment. Patient-centred care that encompasses informed decision making, can improve treatment choice, quality of care and outcomes. Patient-centred care recognises the need for major changes in the process of care that arranges health care system around the patient (Ravishankar and Sumedha, 2011). Berwick (2011), defined patient-centred care as “the experience...of transparency, individualisation, recognition, respect, dignity, and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care”.

Patient-centred care is thus one of the cardinal objectives of health advocacy, in addition to having safer medical systems, and greater patient involvement in healthcare design and delivery. Given that non-consumer stakeholders (administrators and donors) often do not know what matters most to patients regarding their ability to get and stay well, any care that claims to be truly patient-centred cannot be achieved without active patient engagement at every level of healthcare design and implementation. So for TTH to maintain its leverage over other hospitals, whether tertiary, Christian Health Association of Ghana (CHAG), private or governmental, the foundation lies in how it warms up towards patients. If patients’ concerns are adequately addressed, then they will be loyal and continue to patronise the health facility.

Patient-centred care means much more than simply educating patients about a diagnosis, potential treatment, or healthy behaviour. It does not have to do with the issue of giving patients whatever they want; rather, patients want guidance from their care providers within the context of full and unbiased information about treatment options, benefits, and risks. “Patient-centred” implies considering the patients’ cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles, as espoused by the Institute of Medicine and Institute for Healthcare Improvement.

Assessment of the Standards of Patient Care at TTH

Healthcare institutions try to set minimum standards which seek to guide performance and conduct of staff. The standards of patient care are spelt out in the Patients' Charter, the ethical code of the Ghana Health Service (GHS), and other provisions in the strategic directions' declarations of TTH.

RESEARCH METHODOLOGY

Research Design

The research design was a survey. The choice of survey was premised on its low cost per contact and the ease of data collection especially, with the use of questionnaire. The survey research design helped in measuring attitudes, expectations and perceptions which this study sought to achieve.

Sampling

A sample size of 220 respondents was used. This was made up of 200 outpatients and 20 healthcare personnel. Quota sampling was used to select 80 male and 120 female outpatients and purposive sampling was used to select 20 management staff.

Data Collection

Primary data were collected by the use of questionnaire which was self-developed. Two sets of questionnaires were used to elicit data. One set was used for outpatients and the other for healthcare providers. Each of the questionnaires comprised two sections. The first part sought demographic data of the respondents. The outpatient questionnaire comprised 27-likert scale questions and that of the health providers consisted of 33-likert scale questions.

EMPIRICAL RESULTS AND DISCUSSIONS

Socio-demographic Characteristics of Respondents

Sex of Respondents

Females formed the majority of the final sample and represented 60% of the study population. The quota of 60 % females compared to 40 % males was based on past data which showed OPD attendance to have followed such a pattern. Of course, this may not be surprising as the 2010 population and housing census (Ghana Statistical Service, 2012), puts females slightly ahead of males with 51.2 % of the total population of Ghana. Respondents for the key informants' study on the other hand were male-dominated (80 %) with females constituting only 20 % of the final sample. Meanwhile, this segment of respondents was mainly drawn from

management staff and other key professionals. This implies that female staff did not have much influence on management decisions whether they related to healthcare or otherwise. Table 1 presents details on sex of respondents.

Table 1: Sex of Respondents

Unit	Male	Female	Total	Percentage
Eye Clinic	20	20	40	20
Ante-Natal Clinic (ANC)	0	20	20	10
Main OPD	60	80	140	70
Total (Outpatient Survey)	80 (40%)	120 (60%)	200	100
Management and Staff (Key Informants' Survey)	16 (80%)	4 (20%)	20	100
Total Sample			220	100

Age of Respondents (Outpatients)

The mean age was 29.2 ± 4.0 years with the minimum and maximum ages of 18 and 64 years respectively. As depicted on Table 2, 55.5 % of the respondents were within the age group of 18-30 years. Only 1 person was above 60 years of age. The average age of 29 years was rather youthful. This could be due the fact that 10 % of respondents were from the Ante Natal Clinic (ANC) rather than the mainstream OPD. This must have diluted the mean age as these women were generally quite young (18-25 years).

Table 2: Age of Respondents (Outpatients)

Variable	Frequency (n=200)	Percentage
18-30	111	55.5
31-40	72	36
41-50	11	5.5
51-60	5	2.5
60 and above	1	0.5
Total	200	100

The Customer-Centredness of TTH's Staff

Patients' Interest First

In responding to a question on the place the patient occupies in the hospital's scheme of operations, 85 % of staff agreed with the assertion that patients were considered first by the hospital before any other thing. The recognition of this fact could serve as a foundation for

service delivery that meets the needs of patients. Therefore, the formulation, implementation, and evaluation of healthcare schemes should be done with focus on the patient. Table 3 displays details of the patient first commitment of TTH.

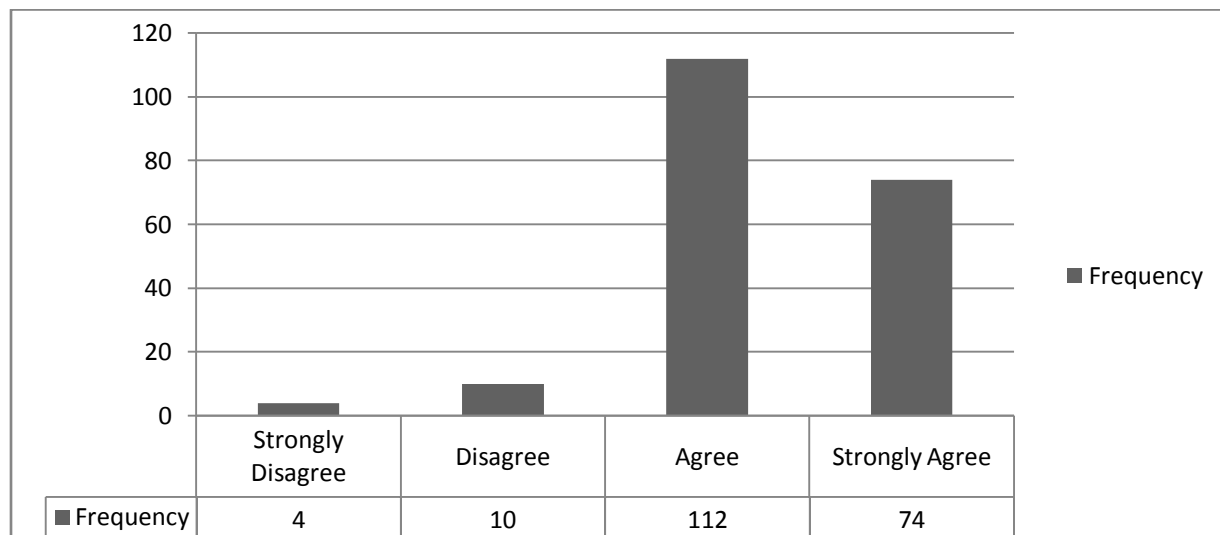
Table 3: Patients' Interest First

Variable	Frequency(n=20)	Percentage
Agreed	17	85
Strongly agreed	3	15
Total	20	100

Treatment of Patients with Respect

The patients who received care at TTH made an assessment of the level of respect with which they were treated. Majority of the outpatients representing 56 % of respondents agreed that patients were treated with some modicum of respect. Another 37 % indicated even stronger agreement to the assertion that patients were treated with respect. However, 5 % of them disagreed while 2 % strongly disagreed with the assertion that patients were treated with respect. However, doctors were seen to be more courteous to patients than nurses. And this agrees with findings from other studies (Ford, et al, 1997). Figure 2 shows the level of respect received by patients from staff of TTH.

Figure 2: Treatment of patients with respect at TTH



Factors that influence Patient-Centered Care

The study assessed whether the patients' needs were addressed or handled by the staff of the hospital. As captured on Table 4, some of the patients reported that they were not treated with

respect and courtesy whilst others agreed that they were treated with respect. Bivariate analysis was performed to determine the variables that accounted for the differences in treatment and care received by the patients in the same hospital. Factors that were used for the cross tabulations were educational level of patient, age of patient, unit of visit, and patients who said that they were allowed to explain or discuss their health needs with the service providers. The analysis showed that educational level was a strong predictor of the kind of treatment or care a patient received ($P < 0.001$, Chi square= 28.6). As the level of education increases the more likely they would be treated with courtesy and respect. Patients without any level of formal education were not treated with respect and courtesy compared to those with tertiary education as shown in Table 3.

Age of respondent was also found to be significantly associated with the kind of treatment given ($P < 0.001$, Chi square=19.7). The analysis showed that, as one advances in age, the more likely he or she would be treated with respect at the hospital than younger patients. The same trend was observed for patients who were given enough time to discuss their health problems with service providers. Patients who were allowed to discuss their health problems with services providers were treated with respect compared to those who did not have that opportunity. The association was found to be statistically significant ($P < 0.001$).

Table 4: Cross tabulation of treatment with courtesy and respect and some variables.

	Treated with Courtesy and respect		
Variable	Agree	Disagree	Test Statistic
Education level			
No Formal education	5(6.1)	77(93.9)	P<0.001, X2=28.6
Low formal education	7(10.9)	57(89.1)	
High formal education	31(74.2)	23(25.8)	
Age			
18-30	6(5.4)	105(94.6)	P<0.002, X2=19.78
31-40	7(9.7)	65(90.3)	
41-50	1(9.1)	10(90.9)	
51-60	0(0.00)	5(100)	
61 and above	0(0.0)	1(100)	
Enough time spent on patient			
Strongly Disagree	3(75)	1(25)	P<0.001, X2=31.8
Agree	8(5.1)	148(94.9)	
Strongly Agree	3(7.7)	36(92.3)	

Determinants of Treating Patients with Courtesy and Respect at TTH

The determinants of treatment with courtesy and respect in multiple logistic regression were similar to those of the bivariate analysis. Education level still maintained its significance in multiple logistic regression ($P < 0.001$, 95%, CI: 0.03-0.06). Age was also significant with $P < 0.001$, 95%, CI: 0.55-1.14). Education on prescription was also found to be significantly associated with the kind of care ($P < 0.001$, 95%, CI: 0.07-0.41). Table 6 shows the regression model.

The aggregate findings from these multiple statistical approaches showed that treating patients with courtesy and respect by staff of TTH was contingent on factors such as educational status, age, et cetera. This smacks of discrimination and is thus, at variance with the precepts of the Patients' Charter and Ethical Code of the Ghana Health Service to which TTH subscribes. If the patient truly comes first, then interpersonal relationships and care-giving should not be conditional. Staff should thus demonstrate a caring attitude towards all patients. Table 5 shows the determinants of treating patients with respect at TTH.

Table 5: Determinants of Treating Patients with Courtesy and Respect at the TTH.

Model	Sig.	95.0% Confidence Interval for B	
		Lower Bound	Upper Bound
1 (Constant)	<0.001	0.55	1.14
Age	<0.001	0.08	0.24
Composite index of service quality	<0.001	0.08	0.13
Education Level	<0.001	0.03	0.06
Time given to discuss health needs	0.003	0.06	0.30
Education on prescriptions	0.001	0.07	0.41
Payment for visit	0.050	0.006	0.27
Time spent at hospital	<0.001	-0.24	-0.13

Assessment of the Standards of Patient Care at TTH*Staff Knowledge of Patients' Charter*

About 30% of the respondents reported that it was not all staff of the hospital that had an understanding of the Patients' Charter of the Ghana health Service whilst 70% agreed that all staff had an understanding of the Patients Charter. Meanwhile, the charter spells out the rights and responsibilities of patients. Staff's responses on the Patients' Charter are represented on Table 6.

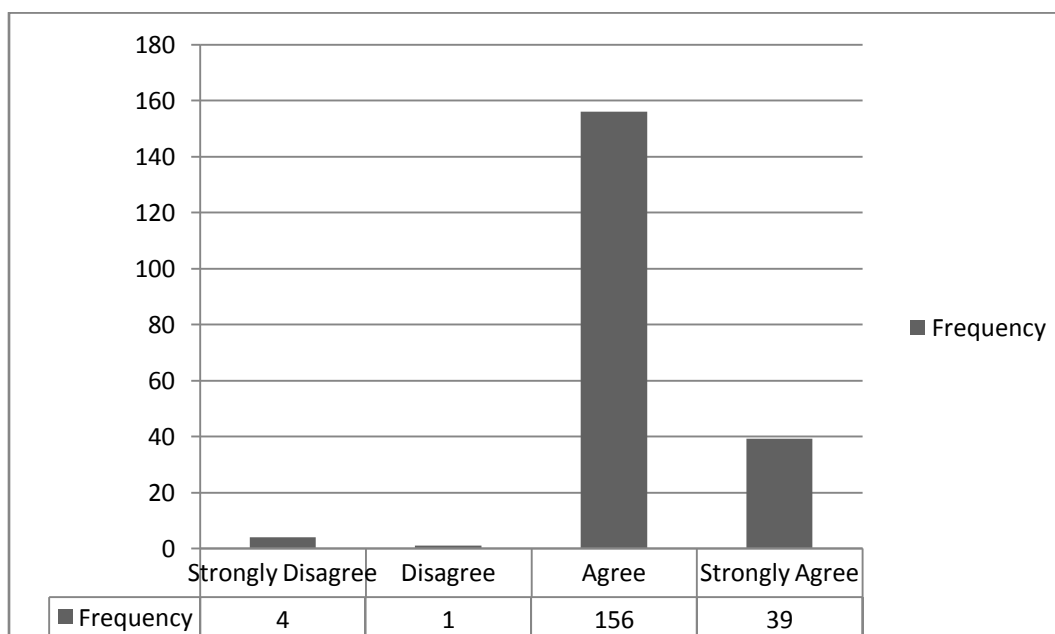
Table 6: Staff Knowledge of Patients' Charter

Variable	Frequency	Percentage
Strongly Disagreed	2	10
Disagreed	4	20
Agreed	14	70
Total:	20	100

Right of Patients to Discuss their Health Problems with Service Providers

Patients should have the right to thoroughly discuss their health problems with healthcare service providers as enshrined in the Patients' Charter. Majority of the patients representing 78 % of the entire study sampled agreed that they were allowed to discuss their health problems with the service providers. Only 2 % of respondents said that they were not given the opportunity to discuss their health problems with the service providers before they were treated as shown on Figure 3 below.

Figure 3: Patients ability to discuss their health problems with service providers



CONCLUSION

Findings from the socio-demographic profiles of respondents (outpatients) showed that the patient population was generally youthful and had a high level of illiteracy. For the key informants study, the composition of management and key healthcare professionals was found to be male-dominated.

Findings also indicated that the level of consumer orientation at Tamale Teaching Hospital was generally high. This implies that the hospital's patient-centred approach has been good. The findings indicated that majority of patients had the right to discuss their health conditions. The findings also revealed the weak competence-based training schemes for staff in matters of staff-patient relationships and communications handling with patients. There were also insufficient directions to guide patients around the various units of the hospital.

These revelations resonate with earlier findings by Kotler (1999) and Zectnamal (2005), who observed that customer-oriented organisations should practise total quality management (TQM) for them to satisfy their customers. Management therefore needs to take up the challenge by redoubling its efforts at continuous improvement, strategic planning, and total quality management to enhance the health delivery system.

RECOMMENDATIONS

Education on medications and the attendant side effects should be intensified considering the high level of illiteracy of patients on visit to the hospital.

Deliberate efforts should be put in place to progressively improve upon the level of women's representation in top-management decision making within the hospital. The current representation is woefully inadequate for a meaningful feminine perspective to reflect in the policy directions of TTH.

There should be regular orientations for staff on the Patients' Charter, the Ethical Code, and the Mission of the Hospital so that the provisions contained in these documents can be put into full practice. The Patients' Charter should be made available to patients to enable them know their rights and responsibilities.

Customer orientation activities should be enhanced through the provision of an appropriate patient complaints system. Management should regularly monitor staff behaviour to ensure that it is in line with required professional standards.

REFERENCES

- Berry, L., Parasuraman, A. & Zeithaml, V. (1988), "The Service-Quality Puzzle", Business Horizons, Sep-Oct, pp 35-43.
- Berwick, D. (2011), "What Patient-Centered Should Mean: Confessions of an Extremist". Health Affairs Web Exclusive. (http://en.wikipedia.org/wiki/Patient-centered-Care#cite_ref-Berwick-8_0) [retrieved 26 March, 2011].
- Institute on Medicine (2001), "Crossing the Quality Chasm: A New Health System for the 21st Century", (http://en.wikipedia.org/wiki/Patient-centered-care#cite_ref-IOM_2001_1-0) [retrieved 26 November, 2012].
- Kotler, P. (2003), Marketing Management, 11th Edition, Prentice Hall, New Jersey.

- Kotler, P., Hayes, T. & Bloom, J. N. (2002), Marketing Professional Services, Prentice Hall, USA
- Narver, J.C. & Slater, S.F. (1990), "The effect of a market orientation on business profitability", Journal of Marketing, Vol. 54, October, pp. 20-35.
- O'Grady, P. (1993), "Patient Focused Care Service Models and Nursing (Perrils and Possibilities)", Jona Vol 23, No.3.
- Oliver, R.L. (1997), Satisfaction: A Behavioral Perspective on the Consumer, Irwin/McGraw-Hill, New York, NY.
- Parasuraman A., Zeithaml V. & Berry L. (1985), "A Conceptual Model of Service Quality and Its Implications for Future Research", Journal of Marketing, Vol 49, pp 41-50
- Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1988), "SERVQUAL: A Multiple-item Scale for Measuring Consumer Perceptions of Service Quality", Journal of Retailing, Vol. 64, Spring, pp. 12-40.
- Ravishankar J. and Sumedha, C. (2011), "Patient Centered Care-A Conceptual Model and Review of the State of the Art", The Open Health Services and Policy Journal, Vol 4, pp 15-25.
- Stubbe, J. H., Brouwer, W., and Delnoij, D. M. J., "Patients' Experiences with Quality of Hospital Care: The Consumer Quality Index Cataract Questionnaire" BMC Ophthalmology, 2007, Vol , pp.14.
- Webster, T.R., Mantopoulos, J., Jackson, E., Cole-Lewis, H., Kidane, L., Kebede, S., Abebe, Y., Lawson, R. & Bradley, E. H. (2011), "A brief questionnaire for assessing patient healthcare experiences in low-income settings", International Journal for Quality in Health Care, vol 23, issue 3, pp. 258-68
- Whelan S, Gary, D., Walsh, M., Bourke, R. (2009), "Public sector corporate branding and customer orientation", Journal of Business Research, doi:10.1016/j.jbusres.2009.10.013.
- Williams B., "Patient Satisfaction: A Valid Concept?" Soc Sci Med, 1994, Vol 38, 509-516. (<http://www.biomedcentral.com/pubmed/8184314>).
- Zeithaml, V. and Bitner, M (1996), Service Marketing, McGraw-Hill, New York, ch.2.
- Zeithaml, V., Berry L. and Parasuraman, A. (1988), "Communication and control Processes in the delivery of service quality", Journal of Marketing, Vol 52, pp 35-8