

Original Article

Patient Satisfaction with Service Quality of a Private Health Facility in Accra, Ghana

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Abstract

Background: The Ministry of Health of Ghana, over the last few decades, has resolved to improve the quality of healthcare delivery to enhance patients' satisfaction. However, there are challenges in the realization of this objective, especially in the private healthcare sector where the government has minimal control over.

Objective: To assess patient satisfaction with service quality at Sonotech Medical and Diagnostic Centres, a private hospital in the Greater Accra Region.

Methodology: The study adopted a facility-based cross-sectional study design using quantitative methods to gather data from 396 respondents using multistage sampling techniques. Stata version 16 was used to analyze the data. Descriptive statistics were used to analyze the socio-demographic, healthcare facility factors [independent variables]. Multiple linear regression was used to assess the association between the independent variables and dependent variable [patient satisfaction]. Statistical significance was measured at $p < 0.05$.

Results: The level of patients' satisfaction was high ($M=4.039$, $SD=1.099$). All service quality dimensions: [(tangibility ($M=4.009$, $SD=0.965$), assurance ($M=3.992$, $SD=1.010$), reliability ($M=3.904$, $SD=1.122$), responsiveness ($M=3.889$, $SD=1.014$), and empathy ($M=3.869$, $SD=1.065$)] recorded high scores. The study found that age ($\beta = 0.586$; $\rho = 0.024$), income ($\beta=0.425$; $\rho=0.028$), and branch of the facility ($\beta=0.251$; $\rho=0.083$) significantly influenced patient satisfaction with service quality. The study found that service quality/healthcare factors such as responsiveness ($\beta = 0.028$; $\rho = 0.013$), assurance ($\beta = 0.032$; $\rho = 0.007$), and tangibility ($\beta=0.17$; $\rho=0.043$) were significantly associated with patient satisfaction.

Conclusion: Patient satisfaction with service quality was influenced by responsiveness, assurance, and tangibility. The study concludes that the management of Sonotech Medical and Diagnostic Centres would have to pay close attention to the components under the dimensions of tangibility, assurance, and responsiveness as they remain key determinants of patients' satisfaction. Policymakers in the healthcare sector could also use these indicators to intensify collaboration with healthcare providers in the private sector to develop strategies to enhance the quality of care delivery.

Keywords: Ghana, healthcare, health providers, patient satisfaction, private health facility, public health facility, quality of care, service quality,

Background

Since many patients are looking at different primary service providers based on the information at their disposal, it has become

extremely difficult to keep people loyal to one hospital (George and Sahadevan, 2019).

In Romania, long queues and waiting times because of free medical care for the citizenry

were factors that affected patients' satisfaction with healthcare delivery (Radu *et al.* 2022).

Additionally, the lack of privacy and safety, delays and inflexible service response, doctors' inconsistency, and poor communication between healthcare workers and patients influenced patient satisfaction with quality of care greatly in Greece (Theofanidis, 2021).

Similarly, in India, factors such as waiting time, costs, proximity, convenience, general behavior of doctors, and emergencies affect patient satisfaction with service quality (Kamra, Singh, and Kumar, 2016). These challenges are not different in Sub-Saharan Africa where women's satisfaction with service quality was inversely associated with age in Kenya while women in their second trimester were least satisfied with service quality in Malawi and the competency of enrolled nurses in service delivery was considered unsatisfactory in Tanzania (Bergh, Bishu, and Taddese, 2022).

The healthcare industry, just like any other industry, is affected by increased competition. Quality health services are the most crucial competitive advantage of healthcare providers (Alsaqri, 2016; Reck, 2013; Siş, 2013). At the same time, superior healthcare quality gives hospitals the opportunity to stand out in a crowded market (Sharma & Jain, 2021). Hospitals are now required to provide superior healthcare services to patients to meet their needs because of increased expectations for common conveniences and greater consumer wishes (Padma, Rajendran, and Lokachari, 2010). Health-related information and advances in technology, changes in expectations and opinions about health care, an increase in individuals' involvement in their health care, and increased cost and competitiveness in the health sector have all been identified as the need for higher quality healthcare services (Freitas *et al.*, 2014).

The demand for improved and better healthcare service quality has grown over the last few decades, putting pressure on health service providers (Mosadeghrad, 2013). It has become a difficult task for researchers, hospital administrators, government policymakers, and therapeutic specialists to

meet the needs of patients which helps to build satisfaction and loyalty (Al-Borie and Damanhour, 2013). It has been suggested that, in the context of health care, providers should ensure that dissatisfaction drivers are eliminated and that a focus on satisfaction is maintained (Amporfro *et al.*, 2021). Given the challenges faced by healthcare providers in their efforts to deliver quality healthcare services, there is a need to study how patients perceive the quality of health services accessed at health institutions.

Patient satisfaction is influenced by both personal and general factors, but how much of the overall variation explained at each level remains unclear (Oueida *et al.*, 2018). Understanding the factors that influence client satisfaction can assist policymakers and decision-makers in creating programs that are beneficial to fulfill patients' requirements as seen by patients and service providers. This is necessary to ensure opinions that the hospital is ready to provide the necessary service to patients to dispel the unfavorable opinions that some patients have of health workers and hospitals.

Health workers' characteristics tend to influence the kind of difficulties patients encounter when accessing healthcare services. Annotated evidence showed that patients complained of the poor attitude of physicians and long waiting time at Sonotech Medical and Diagnostic Centres. Yet, the company is seeking to expand to other regions in Ghana and Africa.

This research was to help reinforce policies aimed at improving healthcare services, particularly in the private sector, due to the paucity of literature. Several attributes underpin the quality of services delivered in health care. This study adopted the attributes derived from service quality – SERVQUAL (tangibility, responsiveness, empathy, assurance, reliability) dimensions which significantly predict the overall service quality of healthcare delivery based on patients' satisfaction (Parasuraman, Zeithaml, and Berry, 1988).

Thus, this study assessed patients' satisfaction with service quality at Sonotech Medical and Diagnostic Centres in Greater Accra Region. This was achieved by addressing the following objectives: to

determine patients' satisfaction with service quality, to evaluate the association between individual (socio-demographic characteristics) factors and patients' satisfaction with service quality, and to examine the association between healthcare factors and patients' satisfaction with service quality.

Methodology

Study Design: This was a facility-based cross-sectional study which used a quantitative approach. A cross-sectional study was the best option because it is typically rapid, simple, frequently based on a questionnaire survey, and inexpensive to do (Sedgwick, 2014).

Study Area: The study was conducted at three facilities of Sonotech Medical and Diagnostic Centres located in Greater Accra Region. This region is located in the South-Central part and it is the smallest region with regard to land area (3,245km²). It constitutes 1.4% of the total land area of Ghana (Ghana Statistical Service [GSS], 2012). Sonotech Medical and Diagnostic Centres is a legally registered privately-owned Ghanaian company offering clinical and medical diagnostic imaging services with modern facilities, with three branches located in other parts of the city. It offers clinical, diagnostics, and pharmacy services in all branches managed by highly skilled and motivated health professionals and well-trained specialists in various medical fields. The company currently employs about 95 full-time staff and over 60 part-time staff who sustain the 24-hour service provision. The company receives referrals from other health facilities in other regions of the country.

Study Population and Sampling: The study population included all outpatients and inpatients who were 18 years and above who were accessing health care at any of the branches of Sonotech Medical and Diagnostic Centres. Additionally, the study included patients on temporary admission and patients who had accessed the services more than once at the time of the study. The sample size for the study was calculated using Cochran's (1975) formula;

$$n = \frac{(z)^2 p(1-p)}{d^2}$$

The sample size was estimated to be 376.5~377. Using a 5% non-response rate, the final sample size for the study was 396. The exact population of each branch of the facility remained unknown. Therefore, the sample size was distributed in uneven proportions in the three branches of Sonotech Medical and Diagnostic Centres based on patient turnout.

The study adopted the multi-stage sampling procedure based on stratified and consecutive sampling techniques. The stratified sampling techniques were useful owing to the already stratified units of the three branches of Sonotech Medical and Diagnostic Centres. The three branches had two clusters each. These were those who came in for clinic services and those who came in for only diagnostic services. The consecutive sampling technique helped the researchers administer the questionnaires to participants who satisfied the inclusion criteria (Elfil and Negida, 2017). From each of the clusters, participants were consecutively selected for the study based on availability and prior experience with services from the clinic. When a patient did not meet the inclusion criteria, the next patient was considered.

Data Collection: Data for the study was collected from October to December 2022. A structured questionnaire adopted and modified from earlier validated tools was applied in the data collection (Donabedian, 2005; Manzoor *et al.*, 2019). The questionnaire was structured into three main sections. Section A collected data on the individual (socio-demographic characteristics) factors of participants. Section B collected data on healthcare factors. Section C collected data on participants' satisfaction with service quality at the clinics. This was measured using the five dimensions of the service quality (SERVQUAL) model (responsiveness, empathy, reliability, assurance, and tangibility). The responses to the questions were stated in the Likert Scale where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. Both self-administered and interviewer-administered strategies were applied to administer the questionnaires. Convenient locations were selected using a hospital exit approach when the participants had finished accessing health

care for the day. About 20 minutes was devoted to administering each of the questionnaires.

Quality Assurance: Appropriate steps were taken to ensure the quality of the data collected.

Three research assistants with either medical or public health backgrounds were recruited and trained to administer the questionnaires to the participants. Data collection tools were pretested in a private clinic [Green Hill Hospital] with similar characteristics to that of Sonotech Medical and Diagnostic Centres. Twenty-five questionnaires were administered, filled, and returned. This helped to reframe and edit questions that were unanswered because of ambiguity. This helped to increase reliability by identifying and improving areas of misunderstanding in the research tool (Strainer, Norman, and Cairney, 2015).

Data Processing and Analysis: The completed data was entered into Microsoft Excel version 2020 and cleaned and coded before exporting to Stata LP (StataCorps, College Station, Texas, USA) version 16 for analysis. Simple proportions and means were used to describe categorical and continuous data from patients' perspectives. The SERVQUAL tool which was used to assess the service quality/patient satisfaction was analyzed descriptively. The questions were presented in a 5-point level Likert Scale. Thus, scores of 1.0-2.9 (disagree), 3.0-3.5 (neutral), and 3.6-5.0 (agree) were used.

Multiple linear regression was used to measure the association between the dependent and independent variables that recorded high mean scores from the descriptive analysis. A $P < 0.05$ at a confidence interval of 95% was used to show significant relations. For socio-demographic characteristics and patient satisfaction, the regression model measured with multiple predictors against the dependent variable was statistically significant ($\bar{R}^2 = 0.377$). The \bar{R}^2 value **0.377** meant that about 37.7% of the total variability in patient satisfaction was affected by the socio-demographic characteristics. The regression model was a good fit for the data as evidenced by the F-test = 11.517. Hence, patient satisfaction can be predicted using the socio-demographic

characteristics since the significance level was less than 0.05 (Prob>F= 0.047).

In addition, for health service provider factors that drive patient satisfaction, the regression model measured with multiple predictors against the dependent variable was statistically significant ($\bar{R}^2 = 0.499$). The correlation of determination (\bar{R}^2) value of **0.499** meant that about 50% of the total variability in patient satisfaction was affected by the independent variables. Furthermore, to determine whether the regression model was a good fit for the data, ANOVA was adopted. The regression model was a good fit for the data as evidenced by the F-test = 64.337. Traditionally, the gap model was used to measure patient satisfaction where the difference between expectation and perception determined satisfaction or dissatisfaction. However, it has been currently established that perception after service use is sufficient to measure satisfaction. In this study, using the five dimensions of SERVQUAL, perception after service use was deemed appropriate to measure service quality and patient satisfaction (Kar, 2016; Streiner *et al.*, 2015).

Ethical Clearance: Approval for the study was obtained from the Ghana Health Service Ethics Review Committee with reference number: GHS-ERC055/09/22. Before administering the questionnaires, participants were issued with a consent form to sign to confirm their willingness to take part in the study. For those who could not read, their thumbprints on the form were taken. The study's participants were assured of anonymity and confidentiality of the information they disclosed.

Results

Socio-demographic Characteristics of Respondents

From the 396 questionnaires distributed, 329 were completed and returned, representing a response rate of 83% (329/396). The results showed that about 140 (42.6%) of the respondents were in the 26-35 year age bracket with a mean age of 32.4 years (SD± 10.9). The results revealed that more than three-quarters (151 (76.3%)) had higher education being a degree and only 14 (4.2%) had Junior High School education. More than half (182 (55.3%)) were single.

Furthermore, most of them (192 (58.3%)) worked in the private sector and 23 (7.0%) were unemployed. In addition, 302 (72.0%) were Christians. The majority (129 (39.2%)) earned GHS2,000 and above on a monthly basis. About two out of every three respondents (214 (65.0%)) were accessing diagnostic services compared to clinic services (115 (35.0%)). The results are shown (Table I here).

Level of patient satisfaction

The overall level of patient satisfaction was high ($M=4.039$, $SD=1.099$). The results of the level of service quality perception showed that tangibility as a dimension was ranked first ($M=4.009$, $SD=0.965$). The assurance dimension was the second highest rated ($M=3.992$, $SD=1.010$), followed by the reliability dimension as the third highest ($M=3.904$, $SD=1.122$). The responsiveness dimension ranked fourth ($M=3.889$, $SD=1.014$) and the empathy dimension was the least ranked ($M=3.869$, $SD=1.065$). The results are presented (Table II here).

Association between Individual (Socio-Demographic Characteristics) Factors and Patient Satisfaction

There was a statistically significant association between age and patient satisfaction ($\beta = 0.586$; $\rho = 0.024$). There was a 58.6% chance that respondents aged ≥ 47 years were satisfied with service quality, holding all variables constant. There was a significant association between average monthly income and patients' satisfaction with service quality ($\beta=0.425$; $\rho=0.028$). There was a 42.5% increase in

patient satisfaction among patients who earned GHS600-GHS1000 compared to others. There was a statistically significant association between the branch and patient satisfaction ($\beta=0.251$; $\rho=0.083$). There was a 25.1% chance that respondents who visited the West Hills Mall branch were satisfied compared to Osu. The results have been demonstrated (Table III here).

Association between Service Quality (Healthcare Factors) and Patient Satisfaction

The study rejects the null hypothesis in favor of the alternative hypothesis that responsiveness, assurance, and tangibility has a statistically significant association with patients' satisfaction with service quality at Sonotech Medical and Diagnostic Centres. Responsiveness ($\beta = 0.028$; $\rho = 0.013$) was significantly associated with patient satisfaction. Patient satisfaction will increase by 0.028 when responsiveness to their needs increases.

Assurance ($\beta = 0.032$; $\rho = 0.007$) was significantly associated with patient satisfaction. Providing assuring services will increase patient satisfaction by 3.2%. Similarly, patient satisfaction will reduce by the same percentage if service quality is not assuring. There was a significant association between tangibility and patient satisfaction ($\beta = 0.17$; $\rho=0.043$). Thus, maintaining the physical appearance of the clinic will increase patient satisfaction by 17%. Similarly, patient satisfaction will reduce by the same percentage if the physical appearance of the clinic diminishes. The results are displayed (Table IV here).

Table 1: Socio-demographic characteristics of respondents (n = 329)

Characteristics	Frequency (n)	Percentage (%)
Age (years)		
15 – 25	102	31.0
26 – 35	140	42.6
36 – 46	50	15.2
≥ 47	37	11.2
Mean \pm standard deviation	32.4 \pm 10.9	

Educational Level		
Junior High School	14	4.2
*SHS/Voc/Tech	64	19.5
Tertiary	251	76.3
Marital Status		
Divorced	3	1.0
Married	144	43.7
Single	182	55.3
Employment Type		
Government	76	23.1
Private	192	58.3
Student	38	11.6
Unemployed	23	7.0
Religion		
Christianity	302	91.8
Islam (Muslim)	27	8.2
Average Monthly Income		
Above GHS 2000	129	39.2
GHS1,001 – 2000	78	23.7
GHS1,00 – 500	64	19.5
GHS600 – 1000	58	17.6
Branch		
Osu	96	29.1
Tema	41	12.5
West Hills Mall	192	58.4
Service Sought		
Clinic	115	35.0
Diagnostic	214	65.0

*SHS=Senior High School, Voc=Vocational School; Tech=Technical School

Table 2 : Level of Patients Satisfaction

Variable	Obs	Mean	Std. Dev.	Min	Max
Reliability					
Doctors and nurses provide service at scheduled time	329	3.809	1.152	1	5
The company is sympathetic and reassuring when the customer has problems	329	3.854	1.154	1	5

The company is dependable	329	3.921	1.096	1	5
The company provide services at the times promised	329	4.03	1.084	1	5
Average Score		3.904	1.122	1	5
<i>Responsiveness</i>					
Staff of the company are helpful to the patients	329	3.954	1.105	1	5
Staff of the company are responsive to patient needs	329	3.951	1.106	1	5
Staff respond immediately when called by patients	329	3.9	1.101	1	5
The company provide prompt services without time wasting	329	3.79	1.105	1	5
Average score		3.889	1.014	1	5
<i>Assurance</i>					
The company has skilled staff to provide quality service	329	3.988	1.059	1	5
Staff of the company treat patients with respect and dignity	329	4	1.093	1	5
Customers feel safe when dealing with staff of the company	329	4.003	1.095	1	5
Staff of the company are courteous	329	3.976	1.107	1	5
Average score		3.992	1.010	1	5
<i>Empathy</i>					
Staff have my best interest at heart	329	3.884	1.098	1	5
Staff understands my specific needs	329	3.924	1.109	1	5
Staff give me special attention	329	3.799	1.159	1	5
Average score		3.869	1.065	1	5
<i>Tangibility</i>					
Up-to-date equipment for diagnosis and treatment	329	3.967	1.116	1	5
Physical facility of the company are visually appealing	329	3.96	1.105	1	5
Staff of the company are well dressed	329	4.122	1.052	1	5
Appearance of the facility is consistent with service delivery	329	3.988	1.045	1	5
Average score		4.009	0.965	1	5
<i>Patients satisfaction</i>					
Overall, I am satisfied with healthcare services at the clinic	329	4.039	1.099	1	5

Obs=frequency; std. dev. = standard deviation; Min=minimum; Max=maximum
 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree

Table 3: Logistic Regression Analysis: Association between Individual (Socio-Demographic Characteristics) Factors and Patient Satisfaction

Patient satisfaction	Coef.	St. Err.	t-value	p-value	[95%Conf Interval
Age (years)					
15 – 25	1.00 [reference]				
26 – 35	.402	.168	2.40	.017**	.073 .732
36 – 46	.439	.239	1.84	.067*	-.031 .908
≥ 47	.586	.259	2.26	.024**	.077 1.095
Educational Level					
Junior High School	1.00 [reference]				
*SHS/Voc/Tech	.159	.336	0.47	.635	-.502 .82
Tertiary	.196	.329	0.60	.552	-.451 .844
Marital Status					
Divorced	1.00 [reference]				
Married	-.667	.644	-1.04	.301	-1.933 .599
Single	-.642	.654	-0.98	.327	-1.928 .645
Employment Type					
Government	1.00 [reference]				
Private	.159	.156	1.02	.308	-.148 .466
Student	.025	.257	0.10	.922	-.481 .531
Unemployed	.253	.291	0.87	.386	-.32 .825
Religion					
Christian	1.00 [reference]				
Muslim	.001	.229	0.00	.998	-.451 .452
Average Monthly Income					
Above GH¢ 2000	1.00 [reference]				
GH¢1,001 – 2000	-.102	.164	-0.62	.535	-.425 .221
GH¢1,00 – 500	.047	.233	0.20	.841	-.411 .505
GH¢600 – 1000	.425	.193	2.21	.028**	.046 .804
Branch					
Osu	1.00 [reference]				

Tema	-1.148	.213	-0.70	.487	-.567	.271
West Hills Mall	.251	.144	1.74	.083*	-.033	.535
Service Sought						
Clinic	1.00					
	[reference]					
Diagnostic	-.175	.134	-1.30	.194	-.44	.09
Constant	4.015	.793	5.06	0.000**	2.455	5.575
				*		
Mean dependent var	4.040	SD dependent var				1.099
R-squared	0.377	Number of obs				329
F-test	11.517	Prob > F				0.047

*** $p < .01$, ** $p < .05$, * $p < .1$. Coef. = coefficient (β); St. Err= standard error; 95%Conf= 95% confidence

Table 4: Logistic Regression Analysis: Association between Service Quality (Healthcare Factors) and Patient Satisfaction

Patient satisfaction	Coef.	St.Err	t-value	p-value	95% Conf	Interval
Reliability	-.005	.009	-0.51	.608	-.023	.014
Responsiveness	.028	.011	2.49	.013**	.006	.05
Assurance	.032	.012	2.72	.007**	.009	.056
Empathy	.009	.013	0.74	.458	-.015	.034
Tangibility	.017	.009	2.01	.045**	0.003	.035
Constant	-.521	.077	-6.80	0.000**	-.671	-.37
Mean dependent var		0.748	SD dependent var			0.435
R-squared		0.499	Number of obs			329
F-test		64.337	Prob > F			0.000

*** $p < .01$, ** $p < .05$, * $p < .1$. Coef. = coefficient (β); St. Err= standard error; 95%Conf= 95% confidence

Discussion

Individual (Socio-Demographic Characteristics) Factors and Patient Satisfaction

The findings showed that 42.6% of respondents were relatively young in the 26-35 year age bracket with a mean age of 32.4 years (SD \pm 10.9). There was a 58.6% chance that respondents aged \geq 47 years were satisfied with service quality compared to the others. A study noted that age was significantly associated with patients' satisfaction with the outpatient services of the Suva sub-divisional health facility in Fiji (Chandra, Ward, and Mohammadnezhad,

2019). Another study reported that patients' satisfaction with healthcare delivery was influenced by their age in Nigeria (Adamu, 2011). In a Turkish hospital, research showed that the happiest patients were those aged 40 to 59 years (Findik and Unsar, 2010). These findings agree with those from the present study which found a significant association between age and patients' satisfaction with service quality. The similarity in the studies could be attributed to the regularity of check-ups among the young population. It could also be attributed to the fact that the young population is mostly not presented with life-threatening diagnosis. Additionally, the study found that income

level could influence patient satisfaction as respondents who had higher income (>GHS2,000) were more satisfied compared to lower-income earners. However, research reported that low-income patients were more satisfied than high-income earners in Turkey (Findik and Unsar, 2010). The disparity in these two studies may be a result of contextual factors, most likely cultural differences and perspectives.

Level of Service Quality (Healthcare Factors) and Patient Satisfaction

Overall, the study found that the level of service quality/patient satisfaction was high ($M=4.039$, $SD=1.099$). This was consistent with studies which found that overall patient satisfaction was high in Ghana (Fenny *et al.*, 2014; Yay *et al.*, 2017). Similarly, a study on service quality in Ghanaian hospitals in the Greater Accra Region found that patients' satisfaction with service quality was high (Mensah, Yamoah, and Adom, 2014).

Responsiveness

The findings showed that responsiveness was significantly associated with patient satisfaction. Thus, waiting time was considerably short before being attended to by some health personnel. Hence, patient satisfaction would increase when waiting time is reduced. This agreed with a study which found that waiting time was significantly associated with patients' satisfaction with the outpatient services of a health facility in Fiji (Chandra *et al.*, 2019). Similarly, the finding was consistent with the observation that waiting time could influence patients' satisfaction with treatment quality in hospitals in Northern Ghana (Atinga, Abekah-Nkrumah and Domfeh, 2011). Another study reported that waiting time had a significant relationship with service quality compared to response time at the emergency department of a hospital (Davenport *et al.*, 2017).

Assurance

The study found that assurance was significantly associated with patient satisfaction. Thus, providing assuring services would increase patient satisfaction. The finding implies that communication and courtesy of personnel at Sonotech Medical and Diagnostic Centres were significant

predictors of patients' satisfaction with service quality. Sustaining this attribute is central to maintaining patients' satisfaction with the quality of care provided by the facility. This finding resonates with the finding that hospitals in Jordan that were thought to provide high quality service had competent hospital service handling staff (Al-Hawary, 2012). The finding agreed with the observation that nurses' manners had a significant association with patient satisfaction (Ijeoma *et al.*, 2010).

Tangibility

The study observed that tangibility was significantly associated with patient satisfaction. Thus, providing services (current equipment, physical facility, and appearance of facility) would increase patient satisfaction. The findings resonate with a study which found that care quality factors, including establishing appealing infrastructure and assuring staff's professional look, were significant predictors of patient satisfaction in private hospitals in Pakistan (Fatima, Malik, and Shabbir, 2018).

Conclusion: This study assessed patients' satisfaction with service quality at Sonotech Medical and Diagnostic Centres in the Greater Accra Region. Generally, the study found a statistically significant association between age and average monthly income, branch of facility of the respondents and patient satisfaction. The study concludes that reliability, responsiveness, assurance, empathy and tangibility were strong predictors of patient satisfaction. The level of patient satisfaction was high. Moreover, service quality at Sonotech Medical and Diagnostic Centres was perceived to be good, especially in terms of responsiveness, assurance and tangibility. The findings of the study could contribute to the current or future policy processes on quality of care/patient satisfaction in the healthcare sector of Ghana and elsewhere (Ministry of Health (MOH), 2016). It is important that the Ministry of Health/Ghana Health Service and other stakeholders in the healthcare domain ensure that healthcare personnel are trained in these dimensions that could enhance patient satisfaction. There is the need for collaboration between policymakers and management of both public and private

health facilities toward learning from the experiences of each other in the delivery of quality health care to the citizenry.

Limitations to the Study: The study was confronted with some limitations. There was/were selection and recall bias(es) which stemmed from the fact that a number of responses from the three branches of the facility (Sonotech Medical and Diagnostic Centres) were unevenly collected. In addition, the cross-sectional design could not be used to determine causal temporality. Moreover, the sample size was relatively small compared with patient turnout on daily basis. Additionally, the use of quantitative method did not afford the respondents the chance to explain any misgivings on the question posed to them to answer in the questionnaire. The inclusion of other private or public health facilities in the region/country could have helped in the generalization of the study's findings. Consequently, similar studies should use a mixed method approach and address the limitations in this study.

Acknowledgement: The authors wish to thank all the participants who voluntarily agreed to contribute to the success of this study.

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