

Patients' Satisfaction with Healthcare Delivery in the Gambia: A Case Study of Edward Francis Small Teaching Hospital

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Abstract

The aim of the study was to assess the satisfaction of patients about the services provided at the Edward Francis Small Teaching Hospital (EFSTH) in the Gambia. A cross-sectional study design was used to evaluate how the patients view the healthcare services provided at the EFSTH. The main research question is “what is the satisfaction level of patients about the services provided at the EFSTH?”. The SERVQUAL tool was used to collect data from a sample of 250 patients receiving care at the EFSTH. This sample was chosen using the systematic random sampling method. The variable of the study that were measured are satisfaction, expectations and perceptions of patients about the services they received. Data was collected from the outpatient and inpatient department of the hospital. The quantitative data was analyzed using SPSS statistical tool for descriptive statistics, mainly involving the

percentages, and the results are presented in tables and charts. The study found out that most of the patients have higher expectations and a low level of perception of the services provided at the EFSTH. There was a low level of patient satisfaction with the hospital services as only 36.8% of the patients strongly agree that they are satisfied with the hospital services provided. The findings also showed that most of the respondents regarded doctors' services as the most important services provided at the hospital. There is only one service feature (housekeeping) with a positive quality gap score of 2.19667 indicating high quality of services and high patient satisfaction.

There is a low level of patient's satisfaction about the services provided at the EFSTH which is tied to a low level of service quality.

Keywords: satisfaction, expectation, perception, service quality, hospital service

1. Introduction

The healthcare system is experiencing unprecedented demands for services, which ultimately impacts on hospital resources and the quality of the care provided by both medical and nursing professionals (Dey, Hariharan, & Brookes, 2006). As patient satisfaction has become pivotal in quality assessment of healthcare systems in developed countries, interest in patient satisfaction assessment is growing in developing countries. Whilst there are studies of patient satisfaction with healthcare services in some African countries, such as Nigeria, where the patient satisfaction aspect of hospital care has been highlighted (Muhondwa, Leshabari, Mwangu, Mbembati, & Ezekiel, 2008) These studies found that patients were most satisfied with staff–patient relationships. However, patients were dissatisfied with the amount of time they could spend with their doctors. Such studies have never been done in the Gambia.

However, there are no validated tools to reliably assess patient satisfaction with healthcare services in the Gambian context which consequently makes patient satisfaction with healthcare services largely unknown. This situation can really affect the quality of healthcare services as assessment of patients' satisfaction can help improve the delivery of healthcare services and optimize resource utilization (Malewski, Ream, & Gaither, 2015). From the patient perspective, research suggests that satisfied patients are more likely to continue a relationship with one health care practitioner, participate in their own health care, adhere to their treatment regimens and have better health outcomes (Aharony & Strasser, 1993; Horvat & Kos, 2010, 2011). With the information highlighted above, it becomes imperative to investigate patient satisfaction with healthcare services offered in the Gambian hospitals as this will aid in developing intervention and training programs designed to enhance healthcare services that meet and by extension exceed patients' expectations.

1.1 Research Objectives

To determine whether patients are satisfied with the services provided at the EFSTH

To describe the expectations of patients toward services offered at the EFSTH

To describe the perception of patients towards services offered at the EFSTH

To make policy recommendation for the improvement of patient care at the EFSTH

1.2 Research Questions

The researcher aims to find answers to the following questions below:

- 1) Are patients satisfied with the level of services provided at the Edward Francis Small Teaching Hospital?
- 2) Does the current level of service delivery at EFSTH meet customer expectation?
- 3) What are patient's perceptions of the services provided at the EFSTH?

1.3 Research Justification

As a result of the scanty and skeleton body of knowledge regarding patient satisfaction in the

Gambia, it was extremely imperative to conduct an empirical investigation in order to provide insight into the nature and level of satisfaction regarding service delivery. In addition to that, the research findings from this study will serve as a spring board for subsequent future research as well as lay the foundation for the development of a national validated tool for the assessment of satisfaction among healthcare consumers in the Gambia. Moreover, the findings of the study will enable stakeholders in the healthcare delivery system to improve the quality delivery and management process.

2. Theoretical Review

2.1 Patient Satisfaction: A Determinant of Quality of Healthcare Service

Patient satisfaction is considered “a personal evaluation or appraisal of a service or product received (Donabedian, 1997). Assessment of patients’ satisfaction can help improve the delivery of healthcare services and optimize resource utilization (Curtiss, Fry, & Avey, 2004). As such, patient satisfaction is an integral component of the quality assurance of healthcare services and has gained much attention for the purposes of performance assessment, reimbursement, and quality management of health service delivery (Donabedian, 1997). Some studies suggest that satisfied patients are more likely to continue using healthcare services compared to unsatisfied ones (Dearmin, Brenner, & Migliori, 1995; Pascoe, 1983), while other studies have linked satisfaction with medication compliance (Bartlett et al., 1984; Pascoe, 1983) and continuity with care providers (Bartlett et al., 1984; Crosby, Evans, & Cowles, 1990). It is no wonder, then, that patient satisfaction is an important humanistic outcome to achieve along with clinical and economic outcomes.

Patient satisfaction has become a driver of quality as affordable care organizations expand and health care market competition grows (Kassam, Collins, & Berkowitz, 2012; MacKeigan & Larson, 1989). Organizations such as the U.S. Agency for Healthcare Research and Quality (AHRQ) and Centre for Medicare and Medicaid Services (CMS) recognize the importance of patient satisfaction as a quality metric through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey program.

Patient satisfaction is vital for continuous monitoring and quality improvement of health care delivery systems (Ford, Bach, & Fottler, 1997). From the patient perspective, research suggests that satisfied patients are more likely to continue a relationship with one health care practitioner, participate in their own health care, adhere to their treatment regimens and have better health outcomes (Aharony & Strasser, 1993; Horvat & Kos, 2010, 2011). A patient satisfaction system should address each patient’s medical care and service needs at the “point-of-care” before the patient leaves the medical facility. It should be patient centered, by actively involving each patient in his /her own healthcare evaluation planning and continuous quality improvement. Patient needs are aligned with the required healthcare resources which simultaneously produces better and efficient results (Sommers, Dropik, Heilman, & Vaughan, 2007). Patient satisfaction is a highly desirable outcome of clinical care in the hospital and may even be an element of health status itself. A patient’s expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all its aspects whatever its strengths and limitations. Patient satisfaction is an indication that should be indispensable to

the assessment of the quality of care in hospitals (Torscon, 2005). Assessment of quality usually focuses on technical concerns as well as the process through which care is delivered.

This assessment becomes more authentic and legitimate if based on the application of professional standards integrating the patients' views, experiences and perceptions. However, an effective system can only function properly, if it operates on a regular assessment of people's perceptions and monitors itself based on their feedback (Sajid & Baig, 2007). Parasuraman, Zeithaml, & Berry, (1985) explained satisfaction in relation to service quality. They argued that service quality is defined as the gap between predicted or expected service (customer expectations) and perceived service (customer perceptions). If customers' expectation is greater than performance, then perceived quality is regarded less than satisfactory and a service quality gap arises. This in effect does not necessarily mean that the service is of low quality but rather customer expectations have not been met and therefore customer dissatisfaction occurs and these present opportunities for improving service to meet customer expectations. During 2004 and 2005, a focus group interview was conducted by the Agency of Health Care Research and Quality and Centre for Medicare and Medicaid Services (CMS) to find out how patients perceive the quality of health care. In this study, it was observed that patients, usually, preferred four qualities of health care services viz. doctor communication skill, responsiveness of hospital staff, comfort and cleanliness of the hospital environment and communication of nursing staff (Safavi, 2006).

2.2 Determinants of Patient Satisfaction

Several studies report that Patient's satisfaction is influenced by a number of factors and according to (Peprah & Atarah, 2014) the following factors play a critical role in the satisfaction of patients; the attitudes of nurses toward patients, the capacity to deliver prompt service without wasting time, ability to disseminate information to patients and the availability of up-to-date equipment. Others include the hospital's ability to render 24-hour service, the patience of the doctor to clearly explain what was wrong with patients before giving treatment, providing patients with detailed information about their medication, and attractiveness and cleanliness of the hospital. Patient satisfaction has been associated in the research literature with a variety of nursing factors, but until recent payment incentives, many hospitals have not taken note.

Studies have linked patient satisfaction with nurse-staffing levels, higher proportions of registered nurse (RN) skill-mix, nurses' work environment, and RN-physician collaboration (Bolton et al., 2003). Patients' reports of satisfaction are higher in hospitals where nurses practice in better work environments or with more favourable patient-to-nurse ratios (Kutney-Lee et al., 2009). Expectations are critical as they form the basis for the subjective assessment of care that is the rating of satisfaction. There can be different expectations for different aspects of care and patients with lower expectations tend to be more satisfied (Sitzia & Wood, 1997). Patient satisfaction is used as a measure of quality of care, research to date suggests that patient satisfaction is related to more than how effectively the physician manages the patient's specific medical problem (Leas, 2006; O'Toole, Castillo, Pollak, MacKenzie, & Bosse, 2008; Vranceanu & Ring, 2011).

Previous studies, predominantly in the primary care setting, identified time spent with the physician as an important predictor of patient satisfaction (Anderson, Camacho, & Balkrishnan, 2007; Camacho, Anderson, Safrit, Jones, & Hoffmann, 2006; Gross, Zyzanski, Borawski, Cebul, & Stange, 1998; Trout, Magnusson, & Hedges, 2000). Most of the studies on time spent in the office uses a cross-sectional survey design in which patients are asked—at a time remote from the visit—about their satisfaction and their perceived waiting time and time with the physician (Anderson et al., 2007; Howard, Agarwal, & Hilts, 2009; Huang, 1994; 2006; Zoller, Lackland, & Silverstein, 2001)

2.3 Conceptual Framework

The service quality model of Parasuraman et al. (1985) is extensively used as a conceptual framework for assessing and measuring service quality delivery in healthcare services. The model suggests that consumers' quality perceptions are influenced by a series of five unique gaps manifesting in the organizations. The gaps originating from the service providers' side impacts service delivery that is perceived by clients as either high or low quality. These gaps are presented below:

- (i) The differences between patient expectations and management perceptions of patient's expectations, i.e. not knowing what patients expect;
- (ii) The differences between management perceptions of patient expectations and service quality specifications, i.e. improper service-quality standards;
- (iii) The differences between service quality specifications and service delivered, i.e. the service performance gap;
- (iv) The differences between service delivery and what is communicated about the service to patients;
- (v) The differences between patients' expectations and perceptions, which sequentially depends on the size and direction of the four gaps associated with the delivery of service quality on the service provider's side.

Service quality manifest when expectations are met (or exceeded) resulting in satisfaction, and a service gap occurs if expectations are not met also producing dissatisfaction (Parasuraman et al., 1985).

The gap score for each statement is calculated by deducting the expectation score from perception score. The manifestation of a positive gap score suggest that expectations have been met or exceeded and a negative score also means that expectations are not being met. Gap scores can be analyzed for individual statements and can be aggregated to give an overall gap score for each dimension.

Pakdil & Harwood (2005) found SERVQUAL a useful model to measure the differences between patients' preferences and their actual experiences. According to Rohini & Mahadevappa (2006), SERVQUAL instrument is 'parsimonious' and has standardized analysis procedure to aid interpretations and results in hospitals in Bangalore. According to

Chunlaka (2010), SERVQUAL helps understand what the customers' value is all about and how well an organization meets the needs and expectation of consumers of hospitals. Qin & Prybutok, (2009) mentioned all the five dimensions of the service quality in SERVQUAL instrument are significant and reliable in a health care setting

Expectations and perceptions

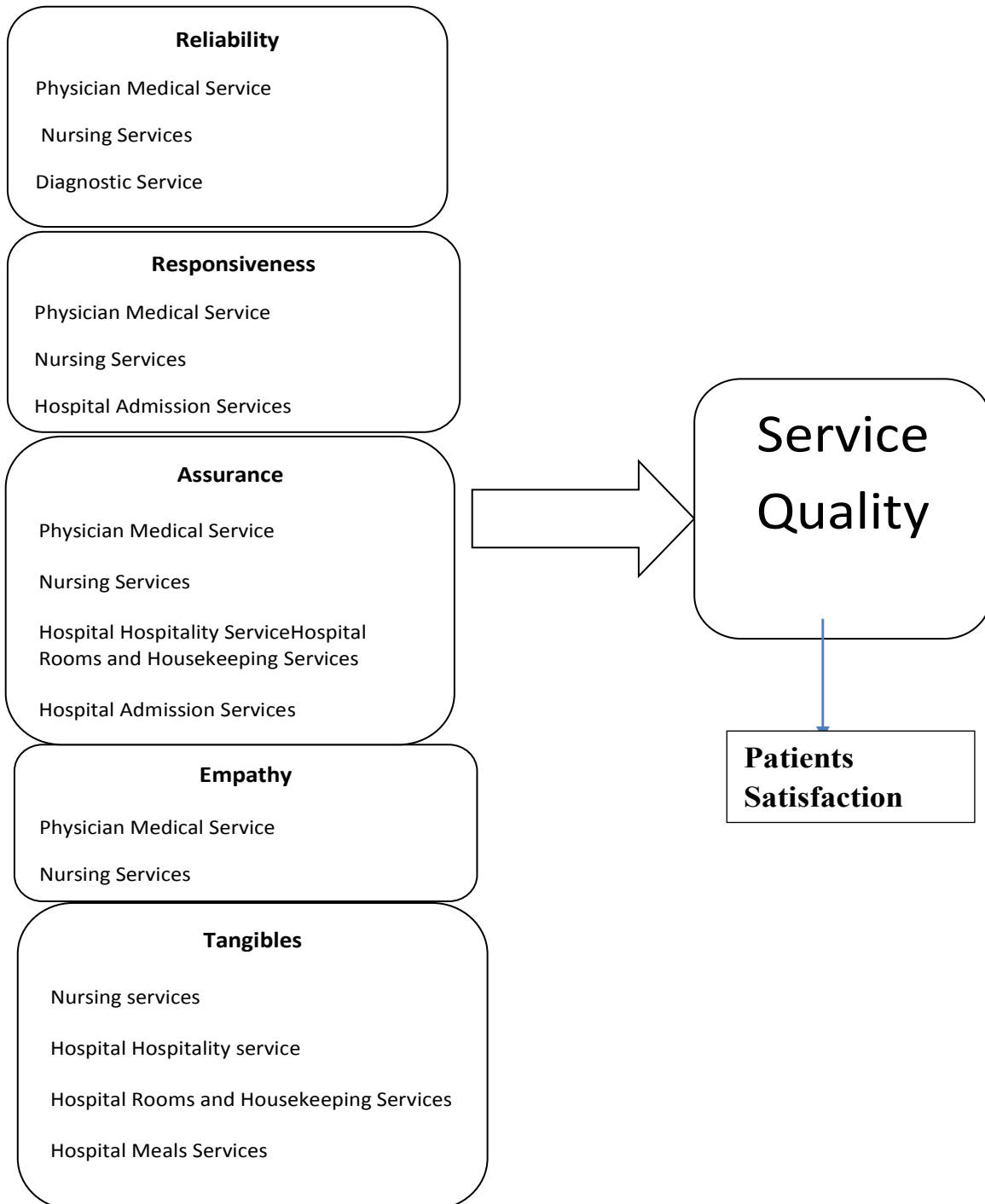


Figure 1. “SERVQUAL” Model

3. Methodology

The study was a cross sectional study designed with a survey questionnaire and the data was collected at the Edward Francis Small Teaching Hospital. It is the main referral and the only teaching hospital in the Gambia, and therefore served as the pinnacle of the healthcare in the Gambia. The sample size comprised of 250 participants who were patients/clients attending treatment at the EFSTH. The systematic random sampling method was used to select the participants of the study. This was done by systematically arranging patients' hospital file numbers to ensure that everyone has an equal chance of being selected. The participants that were included in the study were patients/clients that were fully conscious and are not in any form of distress. The participants were asked to sign consent forms before they were included in the study. Participants that did not meet the criteria were excluded from the study. These include unconscious patients, patients in distress and escorts and relatives of patient. The SERVQUAL instrument developed by Parasuraman et al. (1985) was adopted for the study. This tool is a valid and reliable tool that has been used in assessing satisfaction level in different organizations and it has also been proven that it can be used in healthcare settings.

Data was collected at the EFSTH. The questionnaire was self-administered to the respondents who were able read and understand the English Language. It was also interpreted in the local languages to the respondents who did not understand the English language. The data was collected by the researcher from both inpatients and outpatient departments of the hospital. The respondents were assured of confidentiality and their response will no way influence the treatment they are receiving. They were advised to read the instruction carefully and respond to it accordingly. Eight service dimensions of the hospital was assessed to find out the patients' satisfaction with the service at the hospital. The service dimensions include the Hospital Premises and Employees, Nursing Service, Doctors' Service, Diagnostic Service, Admission Services, Meal Services, Discharge Service, and Housekeeping Services. The seven-point Likert scale was used to determine the patient expectation and perception of each of the service dimension of the hospital.

The quantitative data was analyzed using the statistical tool "SPSS" version 20.0 for descriptive as well as analytical analysis to determine the patient level of satisfaction. The Cronbach's alpha was calculated for reliability.

The research proposal was sent to The Research and Scientific committee of the School of Medicine and Allied Health Sciences for approval. It was afterwards submitted to the Hospital Ethics Committee and the Joint Gambia Government/ Medical Research Council Ethics Committee for clearance to conduct the study. A participant information sheet and a consent form were also attached to each questionnaire explaining in summary the purpose of this study. Additional information was also provided when needed to reinforce the information on the consent form.

3.1 Instrument Reliability and Validity

The SERVQUAL instrument developed by Parasuraman et al. (1985) was adopted for this study. Its reliability stood the test of time as it has been used in assessing satisfaction levels in

different organizations which of course includes health care settings. Furthermore, for the purpose of this study, the instrument was subjected to a preliminary pilot test in order to uncover the loopholes that might exist as well as explain the instrument to the respondents chosen for the pilot.

4. Research Findings

The data was analyzed using SPSS assessing respondents' satisfaction about hospital services. Meanwhile, simple descriptive statistics in the form of percentages as well as bar charts were used in presenting the results. The Seven-point Likert Scale was used and the following acronyms were used such as Strongly Disagree (SD), Disagree (D), Disagree Somewhat (DS), Undecided (UD), Agree Somewhat (AS), Agree (A) and Strongly Agree (SA).

Table 1. Respondents' expectations of the hospital premises and employees at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
E1. Excellent hospitals should have the most technologically advanced equipment	0	0	0	2	4.8	10	83.2
E2. The physical facilities (buildings, landscape, physical layout) at excellent should be visually impressive	0	0.4	1.6	1.6	5.2	18.4	72.8
E3. Employees at Excellent hospitals should be extremely neat appearing	0.8	0.4	0.4	2	2.4	14.4	79.6
E4. Materials associated with the service (pamphlets, booklets, medical procures) should clearly contain all the necessary information at excellent hospitals	0	0.8	0.4	2	7.6	12	77.2
AVERAGE EXPECTATION	0.2	0.4	0.6	1.9	5	13.7	78.2
SUMMARY OF EXPECTATION		1.2		1.9		96.9	

4.1 The Respondents' Expectations of the Hospital Premises and Employees

The table above summarizes the respondents' expectations about the hospital premises and employees. Most of the respondents 72.8% strongly agree that the physical facilities should be visually impressive. As for the expectation that the hospital should have the most advanced technological equipment 83.2% strongly agree, while 79.6% strongly agree that employees should be neat in appearance. Finally, 77.2% strongly agree that materials associated with the service (pamphlets, booklets, medical procures) should clearly contain all the necessary information at excellent hospitals.

Table 2. Respondents' perceptions of the hospital premises and employees at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
P1. EFSTH has the most technologically advanced Equipment	11.2	8.8	9.2	14.4	16.8	18.8	20.8
P2. The physical facilities (buildings, landscape, physical layout) at the EFSTH are visually impressive	2.8	7.2	10	12.8	18	23.2	26
P3. Employees at the EFSTH are extremely neat appearing	3.2	3.2	4.8	12.4	9.6	20.4	46.4
P4. Materials associated with the service (pamphlets, Booklets, medical procures) should clearly contain all the necessary information at excellent hospitals	5.6	2.4	4.4	7.2	14	25	40.4
AVERAGE PERCEPTION	5.7	5.4	7.1	11.7	14.6	21.85	33.4
SUMARRY OF PERCEPTION	18.2			11.7		69.85	

4.2 The Respondents' Perceptions of the Hospital Premises and Employees

The table above summarizes the perception of patients about the hospital premises and employees. 20.8% of the respondents strongly agree that the EFSTH has the most technologically advanced equipment. As for the perception that the physical facilities of the hospital are visually impressive, 26% strongly agreed, while 46.4% strongly agreed that the hospital employees are always neat in appearance. Finally, 40.4% strongly agreed that the materials associated with the service (pamphlets, Booklets, medical procures) clearly contain all the necessary information at excellent hospitals

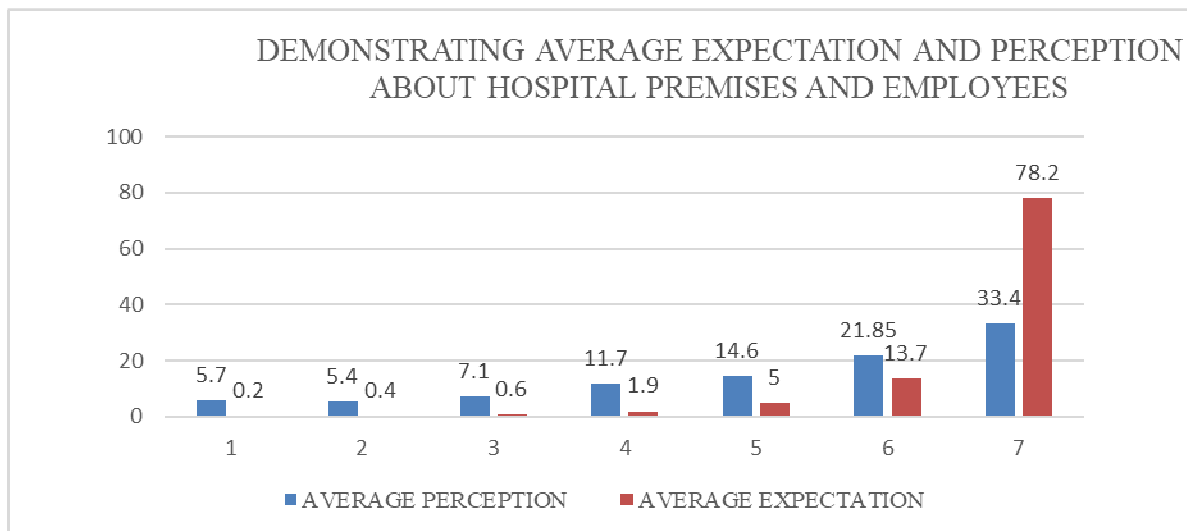


Figure 2. Average expectations and perception of hospital premises and employees

Table 3. Respondents' expectations of the doctors' services at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
E5. Doctors in EFSTH should always be on time	1.2	1.6	0.0	0.4	5.2	10.0	81.6
E6. Patients of EFSTH should feel extremely safe in their transactions	0.8	0.4	1.2	2.0	5.2	17.2	73.2
E7. Doctors in EFSTH should have very high level of knowledge required to answer patient's questions satisfactorily	0.4	2.0	0.8	1.6	1.6	8.4	85.2
E8. EFSTH should have an experienced doctor who are aware of the patient's case available at all time of my hospital stay.	0.4	1.6	1.2	1.2	4.0	12.0	79.6
E9. Doctors in EFSTH should hear very carefully what the patient has to say	2.0	0.8	0.8	0.4	4.8	8.4	82.8
E10. Doctors in EFSTH should be extremely careful in explaining what the patient is expected to do in words she understands	1.2	1.2	1.2	1.2	2.4	12.4	80.4
E11. Doctors in EFSTH should spend enough time with the patient	0.8	0.4	0.8	2.0	6.0	18.0	72.0
E12. Doctors in EFSTH should examine the patient very carefully before deciding what is wrong with me	0.4	2.0	0.4	0.4	4.0	9.6	83.2
E13. Doctors in EFSTH should always treat the patient with respect	1.2	0.4	1.2	0.0	4.4	8.8	84.0
E14. Where the patient's medical care is concerned, doctors in EFSTH should discuss all decisions with the he	1.2	1.2	1.2	0.8	7.6	12.0	76.0
E15. Doctors in EFSTH should have excellent reputations	2.0	0.4	0.0	0.0	4.0	12.4	81.2
E16. Doctors in EFSTH should be university professors or major consultants	2.4	0.8	0.4	2.4	5.6	16.0	72.4
E17. Doctors in EFSTH should be accredited with the highest medical degrees	0.8	1.2	0.8	2.4	7.2	12.0	75.6
AVEREGAE EXPECTATIONS	1.14	1.08	0.77	1.14	4.77	12.09	79.02
SUMMARY OF EXPECTATIONS	2.98			1.14			95.88

4.3 The Respondents' Expectations of the Doctor's Services

The table above describes the patients' expectations of the doctors' services at the EFSTH. Majority of the patients 81.6% strongly agree that the doctors are always on time, 73.2% also strongly believed that patient should feel extremely safe with their transactions with doctors. 85.4% also strongly agree that there should be an experienced doctor who is aware of patient's case and is available at all times.

Table 4. Respondents' perceptions of the doctors at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
P5. Doctors in EFSTH are always on time	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P6. Patients of excellent hospitals feel extremely safe in their transactions	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P7. Doctors in EFSTH have very high level of knowledge required to answer my questions satisfactorily	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P8. EFSTH hospitals have an experienced doctor who is aware my case available at all times of my hospital stay	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P9. Doctors in EFSTH hear very carefully what I have to say	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P10. Doctors in EFSTH are extremely careful in explaining what I am expected to do in words I understands	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P11. Doctors in EFSTH spend enough time with me	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P12. Doctors in EFSTH examine me very carefully before deciding what is wrong with me	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P13. Doctors in EFSTH always treat the me with respect	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P14. Where my medical care is concerned, doctors in EFSTH discuss all decisions with me	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P15. Doctors in EFSTH have excellent reputations	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P16. Doctors in EFSTH are university professors or major consultants	14.8	4.0	8.4	9.2	18.0	18.4	27.2
P17. Doctors in EFSTH are accredited with the highest medical degrees	14.8	4.0	8.4	9.2	18.0	18.4	27.2
AVERAGE PERCEPTION	14.8	4.0	8.4	9.2	18.0	18.4	27.2
SUMMARY OF PERCEPTION	27.2			9.2		63.6	

4.4 The Respondents' Perceptions of the Doctors' Services

The table above describes the perceptions of patients about the doctors' services. There is a general reduction in the percentage of patient's perceptions of the doctors. the respondents who strongly agree that doctors are always on time is 27.2% strongly agreed, patients feel extremely safe in their transactions was 36.0% strongly agreed, doctors have high level of knowledge required to answer my questions 40.8% strongly agreed, EFSTH have experience doctors who are aware of my case and available at times 34.0% strongly agreed, doctors at the EFSTH hear very carefully what I have to say, doctors are extremely careful in explaining what I am expected to do in words I understands 40.0% strongly agreed, spend enough time with me 23.6% strongly agreed, doctors at the EFSTH examine me very carefully before deciding what is wrong with me 46.0% strongly agreed, treat me with respect 49.6%, discuss all decisions with me 36.0%, have excellent reputations, 41.6%, 27.6% strongly agree.

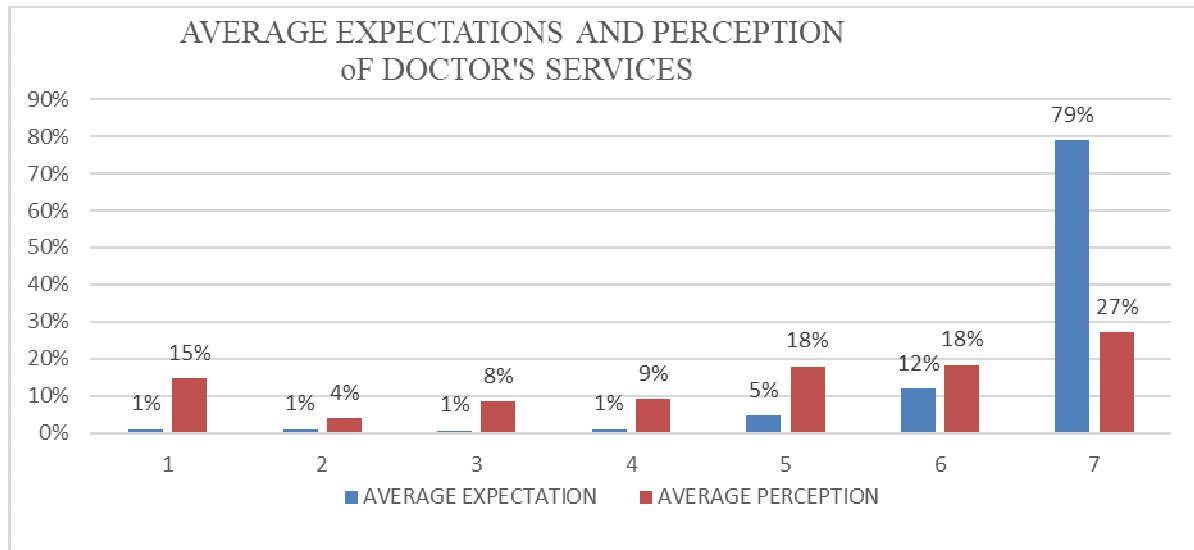


Figure 3. Average expectations and perceptions of doctors' services

Table 5. Respondents' expectations of the diagnostic services at EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
E18.Doctors in EFSTH never order any unnecessary diagnostic medical procedures	3.6	2.8	2.8	6.4	6.8	14	63.6
E19.Laboratory and X-ray technicians in EFSTH should have high technical skills required to perform the service	0.8	1.2	0	0.4	3.2	10.8	83.6
E20.Lab tests and X-rays EFSTH should always be done right the first time	0.4	1.6	0.8	1.2	4.4	13.2	78.4
E21.Lab tests and X-rays EFSTH should always be provided at the time they are promised	0.8	2	0	0.8	3.6	14.8	78
AVEARGE EXPECTATION	1.4	1.9	0.9	2.2	4.5	13.2	75.9
SUMARY OF EXPECTATION	4.2			2.2			93.6

4.5 The Respondents' Expectations of the Diagnostic Services

The table summarizes the expectations of respondents about the diagnostics services at the EFSTH. Majority of the respondents 63.6% strongly agreed that doctors never order any unnecessary test, on laboratory technicians should have high technical skills 83.6% strongly agree, lab tests and X-rays should be done right the first time 78.4% strongly agree and finally as for lab tests and X-rays at the EFSTH should always be provided at the time they are promised 78.0% strongly agree

Table 6. Respondents’ perceptions of the diagnostic services at EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
P18.Doctors in EFSTH never order any unnecessary diagnostic procedure	13.6	5.2	5.6	13.2	14	15.2	33.2
P19.Laboratory and X-ray technicians in EFSTH have high technical skills required to perform the services	4.4	6.8	4.8	15.2	12.8	23.2	32.8
P20.Lab tests and X-rays in EFSTH are always done right the first time	9.6	9.6	6	10.4	17.2	16.4	30.8
P21.Lab tests and X-rays in EFSTH are always provided at the time they are promised	7.2	9.2	8	16	16	16.8	26.8
AVERAGE PERCEPTION	8.7	7.7	6.1	13.7	15	17.9	30.9
SUMMARY OF PERCEPTION	22.5			13.7			63.8

4.6 The Respondents’ Perceptions of the Diagnostic Services

The table 5 summarizes the respondents’ perceptions of the diagnostics services at the EFSTH. There is a marked difference between the perceptions of respondents’ and their expectations. Doctors never order unnecessary diagnostic procedure 33.2% strongly agree and for the statement that laboratory and X-ray technicians have high skills required to perform services 32.8% strongly agree, lab test and X-rays are always done right at the first time 30.8% agree and lastly lab test and X-rays are always provided at the time they are promised 26.8%

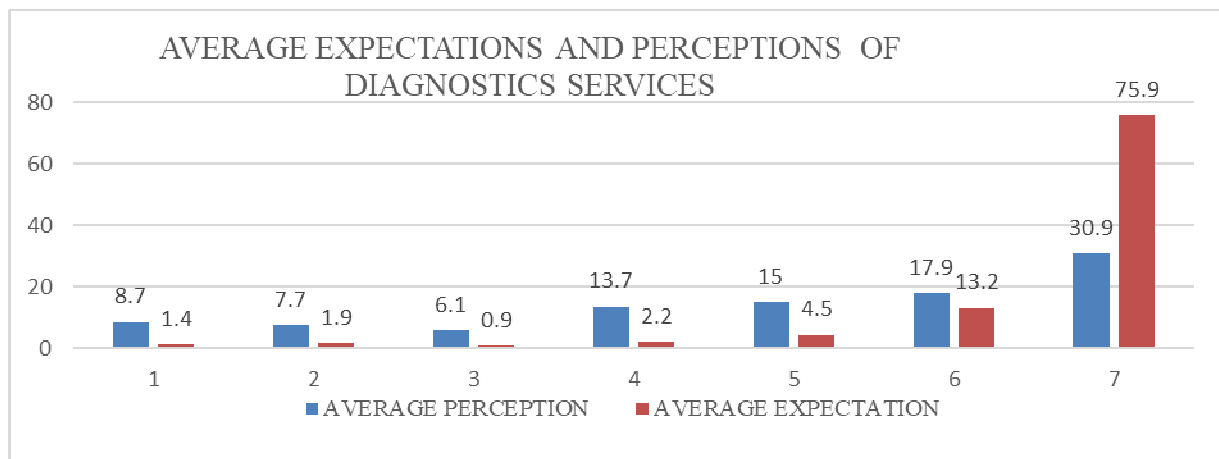


Figure 4. Average expectations and perceptions of diagnostics services

Table 7. Respondents’ expectations of the nursing services at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
E22.Nurses at the EFSTH should have high personal hygiene (body and mouth odour, nails, cleanliness of uniforms etc.)	0.8	0	1.6	1.6	0.8	8.8	86.4
E23.Nurses at the EFSTH should have level of knowledge & skill needed to perform the service very well	1.2	0.4	0	1.2	4	7.6	85.6
E24.Nurses at the EFSTH should perform the service required (tests, procedures, medication dispensing) at exactly the right time	0	0.4	0.4	1.6	2	8.4	87.2
E25.Nurses at the EFSTH should be consistently courteous to patients	0	0.4	0.4	1.2	2	9.6	86.4
E26.Nurses at the EFSTH should always communicate in acceptable language with patients	0.4	0.4	0.4	1.6	3.2	9.2	84.8
E27.Nurses at the EFSTH should always respond in a reasonable length of time	0.4	0.4	0	0.8	5.2	10.8	82.4
E28.Nurses at the EFSTH should give patients personal attention	0.4	0.4	1.2	0.4	4	16.4	77.2
E29.Nurses at the EFSTH should understand the specific needs of their patients	0.8	0	0	1.2	4	12.8	81.2
AVERAGE EXPECTATIONS	0.5	0.3	0.5	1.2	3.15	10.45	83.9
SUMMARY OF EXPECTATIONS	1.3			1.2			97.5

4.7 Respondents' Expectations of the Nursing Services

The table above summarizes the expectations of respondents about the nursing services at the EFSTH. The respondents generally have a high level of expectations about the nursing services. Majority of them 86.4% strongly agreed that nurses should have good personal hygiene, nurses should have level of knowledge and skills needed to perform the services very well 85.6% strongly agreed. Nurses should be consistently courteous 86.4% and nurses should always communicate in acceptable languages with patients 84.8% strongly agreed, nurses should always respond in a reasonable length of time 82.4% strongly agreed, nurses should give patients personal attention 77.2% strongly agreed and finally nurses at the EFSTH should understand the specific needs of their patients 81.2% strongly agreed

Table 8. Respondents' Perceptions of the nursing services at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
P22. Nurses at the EFSTH have high personal hygiene (body and mouth odour, nails, cleanliness of uniforms etc.)	2.8	2.4	3.2	4.8	8	22.8	56
P23. Nurses at the EFSTH have level of knowledge & skill needed to perform the service very well	0	4.8	3.6	6.8	13.2	30.8	40.8
P24. Nurses at the EFSTH perform the service required (tests, procedures, medication dispensing) at exactly the right time	2	2.4	2.8	6	16.8	24.4	45.6
P25. Nurses at the EFSTH are be consistently courteous	3.2	3.2	5.6	10	12.8	24.4	40.8
P26. Nurses at the EFSTH always communicate in acceptable language with patients	7.2	3.6	9.6	5.2	8.4	20	46
P27. Nurses at the EFSTH always respond in a reasonable length of time	6.8	4.4	7.2	7.2	18	26.4	30
P28. Nurses at the EFSTH give me personal attention	7.2	5.2	5.2	7.2	21.6	20	33.6
P29. Nurses at the EFSTH understand my specific needs	5.6	3.6	3.6	12	14.4	26.4	34.4
AVERAGE PERCEPTIONS	4.35	3.7	5.1	7.4	14.15	24.4	40.9
SUMMARY OF PERCEPTIONS	13.15			7.4			79.45

4.8 The Respondents' Perceptions of the Nursing Services

The table above summarizes the perception of respondents about the nursing services at the EFSTH. The perception level of the respondents about the nursing services at the EFSTH is general low. Majority of the respondents 56.0% strongly agreed that nurses at the EFSTH have high personal hygiene. This is the only statement which has more than 50% of the respondents strongly agreeing. The rest of the statements have less than 50% of the respondents strongly agreeing about the nursing services at the EFSTH

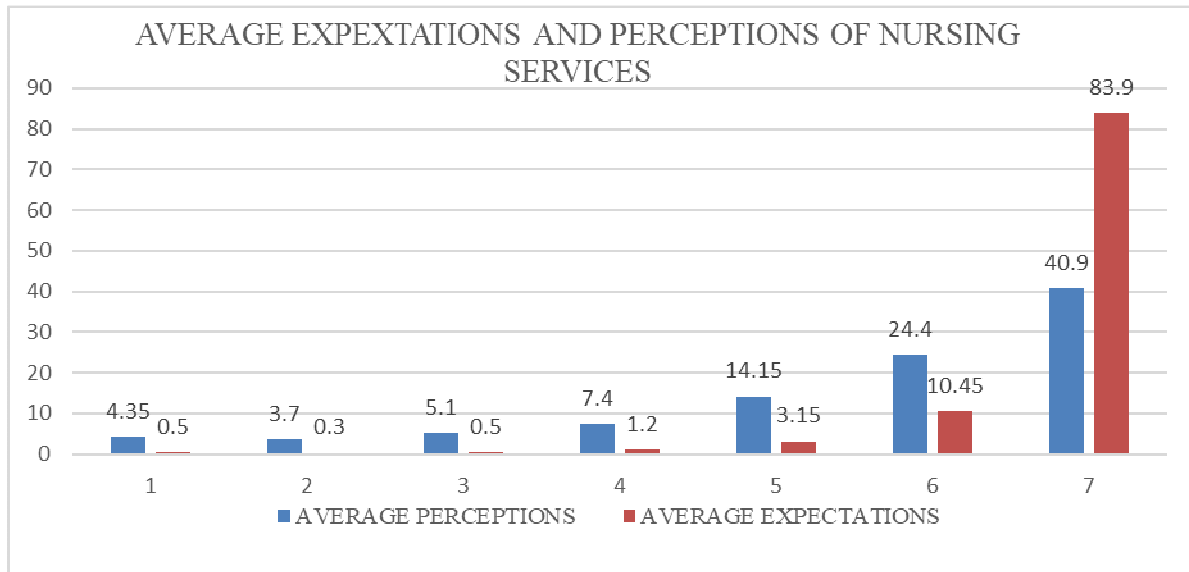


Figure 5. Average expectations and perceptions of nursing services

Table 9. Respondents' expectations of the admission services at the EFSTH in percentages

Variables	SS	D	DS	UD	AS	A	SA
E30.In EFSTH, appointments should be made easily	0.8	0.4	0	2.8	7.2	9.2	79.6
E31.Admission personnel in EFSTH should provide clear information (e.g. directions, schedules etc.) to patients	0.8	0.4	0	0	5.6	11.2	82
E32.Admission personnel in EFSTH should be consistently courteous and helpful to patients	0.8	0.8	0.4	2.4	6	10	79.6
AVERAGE EXPECTATIONS	0.8	0.5	0.1	1.7	6.2	10.	80.4
SUMMARY OF EXPECTATIONS	1.5			1.7			96.8

4.9 Respondents' Expectations of the Admission Services

The table above summarizes the expectations of respondents about the admission services at the EFSTH. The respondents have a high expectation of the admission services at the hospital. Majority of them 79.6% strongly agree that the appointments should be made easy at the hospital, as for the admission personnel should provide clear information 82.0% strongly agreed and finally 79.6% strongly agreed that admission personnel should be consistently courteous and helpful to the patients.

Table 10: Respondents’ perceptions of the admission services at EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
P30. At the EFSTH, appointments are made easily	10.4	5.6	7.6	8.8	14.8	20	32.8
P31. Admission personnel at the EFSTH provide clear information (e.g. directions, schedules etc.) to patients	7.6	10.8	8	12.4	12	20	29.2
E32. Admission personnel at the EFSTH are consistently courteous and helpful	9.2	8	8.4	14.8	12.4	24.8	22.4
AVERAGE PERCEPTION	9.1	8.1	8	12	13.1	21.6	28.1
SUMMARY OF PERCEPTIONS	25.2			12			62.8

4.10 Respondents’ Perceptions of the Admission Services

The table above summarizes the perception of respondents about the services at the EFSTH. The level perception is generally low about the admission services at the hospital. The percentage of respondents that strongly agree that appointments are made easily was 32.8% strongly agreed, about admission personnel provide clear information to patients 29.2% strongly agreed and finally 22.4% strongly agreed that admission personnel are consistently courteous and helpful

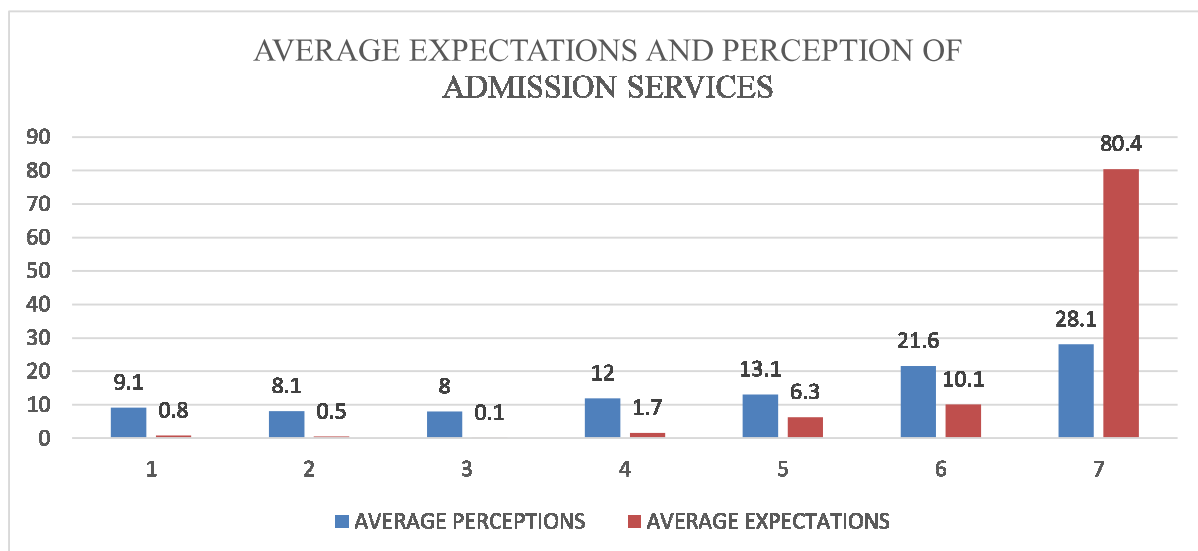


Figure 6. Average expectations and perception of admission services

Table 11. Respondents' expectations of meal services at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
E33.Meals at the EFSTH should always be served at the right temperature	0.4	1.2	1.2	2.8	4.4	9.2	80.8
E34.Meals at the EFSTH should be of excellent quality	0.4	2	1.2	2	2.4	9.6	82.4
E35.Meals at the EFSTH should be carefully prepared to suite the case of each individual patient	0.8	1.6	1.6	0.8	3.6	7.2	84.4
AVERAGE EXPECTATIONS	0.5	1.6	1.3	1.9	3.5	8.7	82.5
SUMMARY OF EXPECTATIONS	3.5			1.9			94.7

4.11 Respondents' Expectations of the Meal Service at EFSTH

The table above summarizes the respondent expectations of the meal services. They have a high expectation of the meal services at the EFSTH. Majority of the respondents 80.8% strongly that meals should always be served at the right temperature, majority of them 82.4% also strongly agreed that meals should be of excellent quality and finally 84.4% strongly agreed that meals should be carefully prepared to suit the case of each individual patient.

Table 12. Respondents' perceptions of meal services at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
P33.Meals in EFSTH are always served at the right temperature	5.6	8	7.6	14	16.4	17.2	31.2
P34. Meals in EFSTH are of excellent quality	10.8	6	12	12	17.2	17.2	24.8
P35. Meals in EFSTH are carefully prepared to suite the case of everyone patient	17.2	8	10	13.2	13.2	15.6	22.8
AVERAGE PERCEPTION	11.2	7.3	9.9	13.1	15.6	16.7	26.3
SUMMARY OF PERCEPTION	28.4			13.1			58.5

4.12 Respondents' Perception of the Meal Service at the EFSTH

The above summarizes respondents' the perception of the meal services at the EFSTH. The perception level is generally with 31.2% strongly agreed that meals are served at the right temperature, about meals are of excellent quality 24.8% strongly and finally meals in EFSTH are carefully prepared to suit the case of each individual patient 22.8% strongly agreed

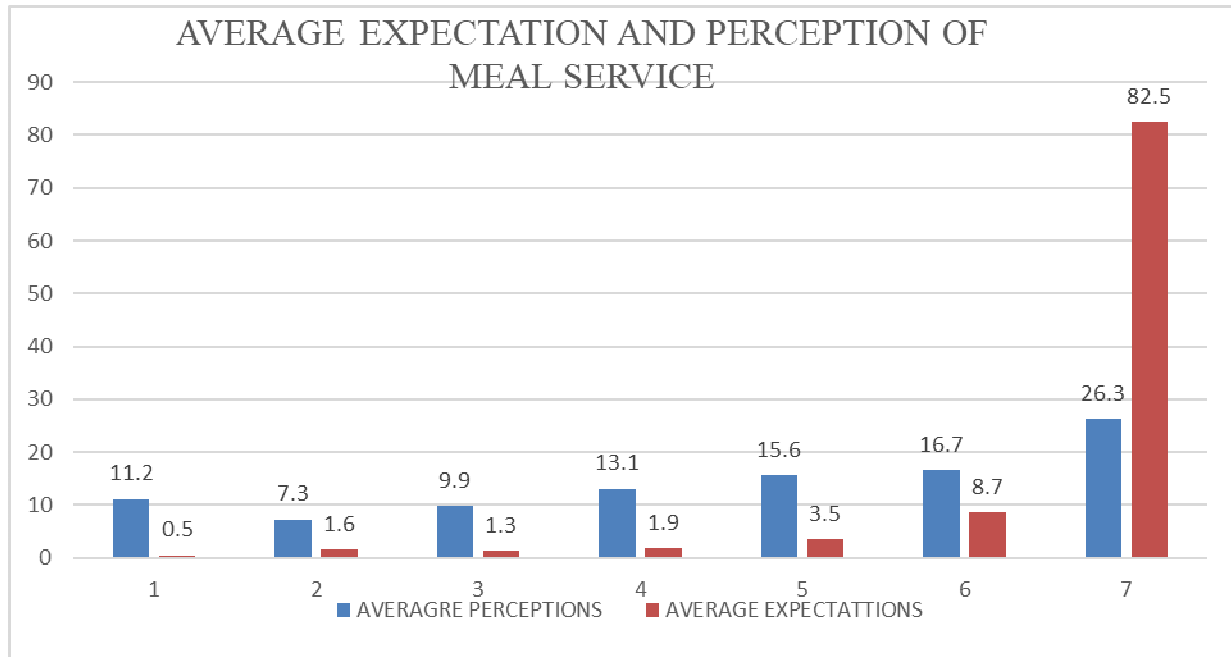


Figure 7. Average expectation and perception of meal services

Table 13. Respondents' expectations of housekeeping services at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
E36. Rooms in EFSTH should be visually appealing	1.6	0.4	0.8	2.4	2.8	10	82
E37. Rooms and baths in EFSTH should be kept very clean	0.8	1.2	2	0.8	1.2	12.8	81.2
E38. Housekeeping staff in EFSTH should consistently be courteous	2.4	0	1.2	0.4	5.6	12.8	77.6
AVERAGE EXPECTATIONS	1.6	0.5	1.3	1.2	3.2	11.9	80.23
SUMMARY OF EXPECTATIONS	3.5			1.2			95.3

4.13 Respondents' Expectations of the Housekeeping Services

The table above summarizes the respondents' expectations of the room services at the EFSTH. Majority of the respondents 82.0% strongly agreed that the rooms should be visually appealing, majority of them 81.2% also strongly agreed that rooms and baths should be kept very clean and finally 77.6% strongly agreed that the housekeeping staff should consistently be courteous.

Table 14. Respondents' perceptions of housekeeping services at the EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
P36 Rooms in EFSTH are visually appealing	10.4	8.4	6.4	9.2	16	27.2	22.4
P37. Rooms and baths in EFSTH are kept very clean	19.2	9.2	8	9.2	15.2	22.4	16.8
P38. Housekeeping staff in EFSTH are consistently courteous	9.2	4	12	10	17.2	20.8	26.8
AVERAGE PERCEPTION	12.9	7.2	8.8	9.5	16.3	23.5	22
SUMMARY OF PERCEPTION	28.9			9.5			61.6

4.14 Respondents' Perception of the Housekeeping Services at the EFSTH

The table above summarizes the respondents' perceptions of the room services at the EFSTH. The perception level is low with 22.4 % strongly agreed that rooms are visually appealing, rooms and baths are kept very clean 20.8% agree and finally housekeeping staff are consistently courteous 26.8% strongly agreed.

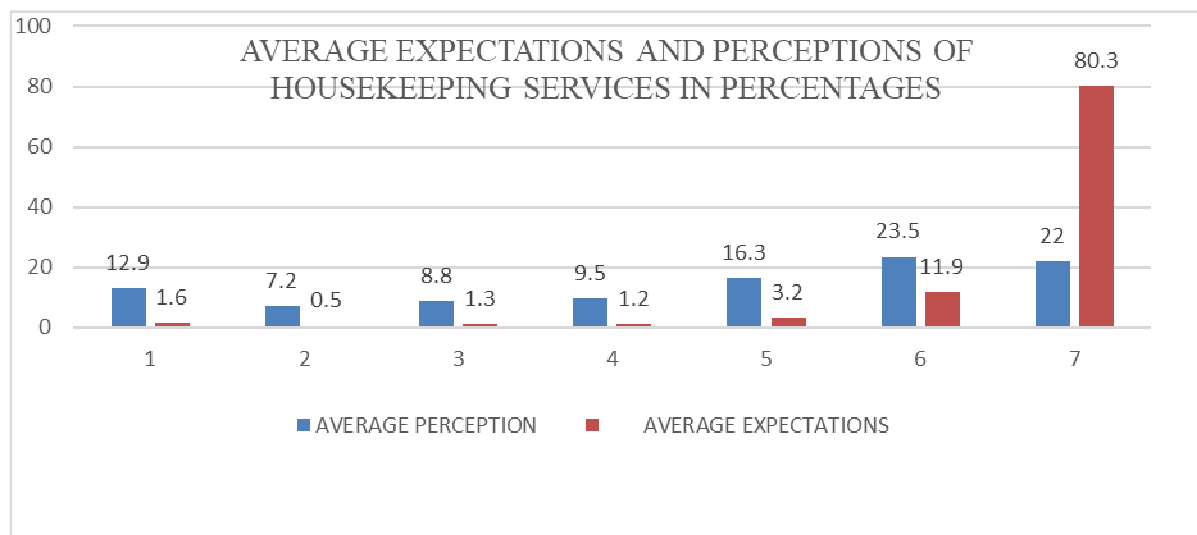


Figure 8. Average expectations and perceptions of housekeeping services

Table 15. Respondents' expectations of discharge services at EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
E39. Accounts office personnel at the EFSTH should answer questions (e.g. billing, insurance) very adequately	0.4	0.4	0	3.2	3.6	8.8	83.6
E40. Accounts personnel at the EFSTH should consistently be courteous to patients	0.8	0.4	0.4	4	8.4	11.6	74.4
AVERAGE EXPECTATIONS	0.6	0.4	0.2	3.6	6	10.2	79
SUMMARY OF EXPECTATION	1.2			3.6			95.2

4.15 Respondents' Expectations of the Discharge Services

The table above summarizes the respondents' expectations of the services at the EFSTH. Majority of the respondents 83.6% strongly agreed that account office personnel should answer questions (e.g. billing, insurance) very adequately and 74.4% also strongly agreed that accounts personnel should be courteous to patients.

Table 16. Respondents' perceptions of the discharge services at EFSTH in percentages

Variables	SD	D	DS	UD	AS	A	SA
P39.Accounts office personnelattheEFSTH answer questions (e.g. billing, insurance) very adequately	6.4	8.4	4.8	14.8	15.2	22	28.4
P40.Accounts personnel at the EFSTH are consistently courteous to patients	6.4	10	6.4	14	15.6	22	25.6
AVERAGE PERCEPTION	6.4	9.2	5.6	14.4	15.4	22	27
SUMMARY OF PERCEPTION	21.2			14.4			64.4

4.16 Respondents' Perceptions of the Discharge Services

The table above summarizes the respondents' perception of the services at the EFSTH. The perception level is generally low, with 28.4% of the respondents strongly agreed that accounts office personnel answer questions (e.g. billing, insurance) very adequately and 25.6% of them strongly agreed that accounts personnel at the EFSTH are consistently courteous to patients.

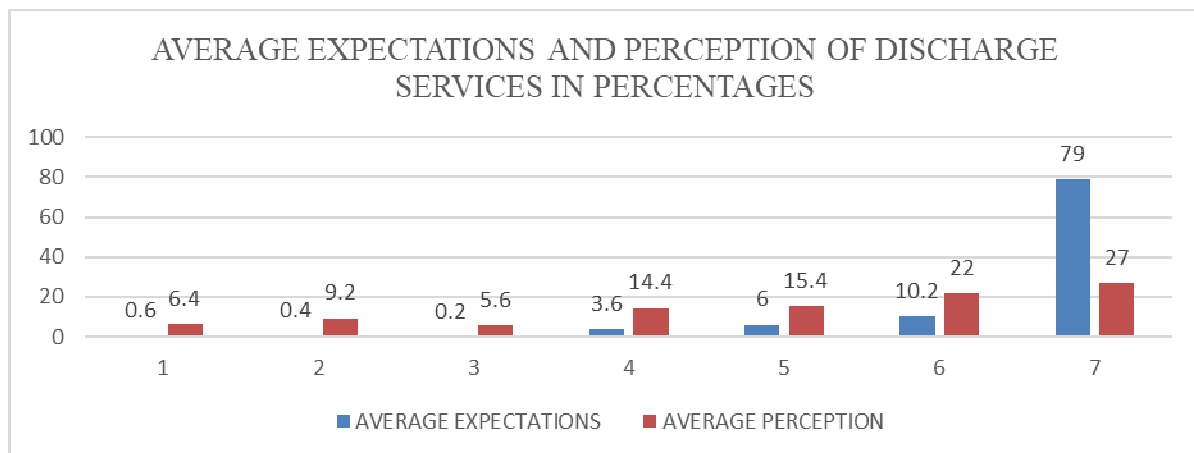


Figure 9. Average expectations and perceptions of discharge services

Table 17. Importance of different service features in percentages

Variables	LI	NI	N	I	MI
Hospital Premises and Employees	30.4	2.4	21.2	32.8	13.2
Medical Doctors	3.2	2.0	9.2	32.8	52.8
Diagnostic Services	25.2	6.8	21.6	34.0	12.4
Nursing Care	4.0	1.2	15.2	32.0	47.6
Admission Personnel	43.6	13.6	13.6	24.0	5.2
Meals	37.2	12.8	22.0	22.8	4.8
Housekeeping	46.4	19.2	12.0	18.8	3.2
Discharge Services	60.0	10.0	8.0	19.6	2.4

4.17 Importance of Hospital Services

The respondents were asked to evaluate which feature of the hospital service is most important to them. Majority of the respondents 52.8% choose medical doctors as the most important, followed by nursing care 47.6% of the respondents, 13.2% choose the hospital premises and employees as the most important, followed by the diagnostic services. The rest of the features fall below 10% as the most important to the respondents, Least important (LI), Not important (NI) Neutral (N), Important (I) Most important (MI).

Table 18. Overall satisfaction with the hospital in percentages

Variables	SD	D	N	A	SA
Q49. Overall, I am satisfied with hospital service provided	8.8	13.2	18.8	22.4	36.8
Q50. I should choose this hospital again if I need it	6.4	12.4	19.2	25.6	36.4
Q51. I should never recommend this hospital to a friend or relative	38.8	23.2	18.4	10.8	8.8
Q52. I got excellent value of my money for the hospital services rendered	7.6	12.4	26.4	27.6	26.0
Q53. I left the hospital without any hospital-caused problems for me	6.8	8.0	25.6	23.6	35.6
Q54. I left the hospital without any hospital-caused problems for my baby	15.2	4.0	51.6	14.4	14.8

4.18 Overall Assessment of the Hospital Provided

The table below summarizes the overall satisfaction of the respondents with the hospital services. The percentage of patients that state that they are satisfied with the hospital was 36.8% and 36.8% said they will choose the hospital again if they need it, as for the statement that I should never recommend this hospital to a friend or relative 38.8% strongly disagreed. I got excellent value for my money for the hospital services 26.4% were neutral. I left the hospital without any hospital-caused problems for me 35.6% strongly agreed.

Table 18. The service features gap score

Variables	mean expectation	mean perception	gap score
Hospital premises and employees	6.6475	5.24	-1.4075
Doctor services	6.596153846	5.214615385	-1.3815
Diagnostic services	6.4975	4.9575	-1.54
Nursing services	6.7325	5.6	-1.1325
Admission services	6.64	4.89	-1.75
Meal services	6.62	4.696666667	-1.9233
Housekeeping services	2.473333333	4.67	2.19667
Discharge services	6.605	4.975	-1.63
AVERAGE UNWEIGHTED SCORE	-1.01772		
WEIGHTED GAP SCORE	-0.82152		

4.19 The Means Gap Scores of Respondents

The study shows that there exist both positive and negative gaps between the respondents' expectations and perceptions of the hospital services. The only feature of the hospital service with a positive gap score was housekeeping services 2.19667.

All the other features of the hospital service obtained a negative gap score as summarized in the table below. The average unweighted gap score was -1.01772 and the weighted service gap score was -0.82152.

Table 19. Correlation between expectations and satisfaction

		Expectation Mean score	perception Mean score
Expectation mean score	Pearson Correlation	1	.482**
	Sig. (2-tailed)		.000
	N	250	250
Perception mean score	Pearson Correlation	.482**	1
	Sig. (2-tailed)	.000	
	N	250	250

** . Correlation is significant at the 0.01 level (2-tailed).

4.20 Correlation Between Satisfaction and Expectations

The table above summarizes the relationship between expectations and perception. The findings show that there is not a strong positive correlation between expectations of respondents and their perceptions of the hospital services. The relationship is significant at a p value of 0.01. This means that the high expectations of patients did not lead to high perceptions about the hospital services.

5. Discussion

The findings show that there is not a strong positive correlation between expectations and perception which was not strong. The correlation coefficient was .482 which was significant at a p value of 0.01. When the mean expectation and mean perception were compared, it was

discovered that the mean expectation was higher than the perception mean. This implies that there is a gap between expectation and perception, which indicates lack of patients' satisfaction.

This finding is similar with findings of the study done by (Mekonnen & Enquesslassie, 2016) who pointed out that there were differences between pre-consultation expectation and post-consultation experience.

The service quality gap which is a difference between expectation and perception about the dimensions of services quality. The hospital premises and employees (gap score -1.3815), doctors services (gap score -1.3815), diagnostic services (gap score -1.54), nursing services (gap score -1.1325), admission services (gap score -1.75), meals (gap score -1.9233), and discharge services (gap score -1.63). This means that the patients are not satisfied with these service features of the hospital. The only service feature that has a positive gap score was housekeeping (gap score 2.19667). According (Parasuraman et al., 1985) if customers' expectation is greater than performance, then perceived quality is regarded less than satisfactory and a service quality gap arises. This in effect does not necessarily mean that the service is of low quality but rather customer expectations have not been met and therefore customer dissatisfaction occurs and these present opportunities for improving service to meet customer expectations. The positive gap of housekeeping means that the patients are satisfied with the quality of housekeeping services at the hospital.

5.1 Conclusion

The aim of this research is to look at the satisfaction of patients about the services at the Edward Francis Small Teaching hospital. The discussion of the findings is to find out whether the research questions have been answered. The following research questions were adapted at the beginning of the study:

What is the satisfaction level of patient about the services provided at the Edward Francis Small Teaching Hospital?

What are the patient's expectations of the services provided at the EFSTH?

What are the patient's perceptions of the services provided at the EFSTH?

How can patient satisfaction be improved at the EFSTH?

The findings of the study can answer the research questions.

The research discovered that the patients have a low level of satisfactions with the services at the EFSTH hospital.

The research also discovered that the patients had a high expectation of the services offered at the EFSTH.

The research discovered that the perceptions of the patients are lower than the expectations of the services at the EFSTH.

The service quality at the EFSTH can be improved by closing the gap between the patients'

expectations and perceptions.

5.2 Summary

This study looked at the satisfaction of patients about the health services at the EFSTH. The instrument used “SERVQUAL” is a valid tool for assessing patient satisfaction and service quality. The questionnaire looked at key aspects of patient’s satisfaction, their expectations and perceptions of the services. Eight service features of the hospital were assessed, and they included the hospital premises and employees, diagnostic services, doctor’s services, nursing services, meal services, housekeeping services, admission services and discharge services. After a thorough analysis of the data key findings came out to show whether patients seeking care at the hospital were satisfied with the services. Overall the patients had a greater expectation about the hospital services.

However, this high expectation did not match the perceptions of the patients, which were generally lower than the expectations.

Patients’ perceptions of health care were very key to their satisfaction and indirectly influenced their loyalty. The service quality is a key indicator of patient satisfaction. Service quality is determined by the gap between the patients’ expectations and perceptions.

When the gap is positive the quality of services has meet the expectations of the patients. However, when the gap is negative the quality of services has failed to meet the expectations of the patients.

In this research, the seven of the hospital service features/dimensions had a negative gap score indicating low service quality subsequently leading to low patient satisfaction. Only the housekeeping services had a positive gap score, which indicate high quality service and therefore, indicating that the patients are satisfied with housekeeping services. Clinical service is one of the most important sector of the hospital services. The findings from this study have showed that patients rated the services offered by the doctors, followed by the nurses and the diagnostic services. This has highlighted that these three features are the most important aspect of the hospital services and therefore needs proper attention from the hospital management to improve the services patients received from the healthcare workers working in these areas.

5.3 Implication to Nursing Practice

The findings of this research have great implications for the nursing and the healthcare services. The hospital management can use the above findings as an impetus for right actions and attitude required from the staff of the hospitals including doctors, nurses, technicians, admission and discharge personnel, housekeeping and kitchen staff that is needed to satisfy the patients and retain the patients. As EFSTH is the pinnacle of healthcare in the Gambia, findings from this study would also encourage the hospital authorities to focus on creating service strategies that are geared towards maintaining high quality services. This service should create positive experience in the patients to build a good image for the hospital. This will encourage the patients to seek services in the hospital rather than seeking it from other

facilities that are of less capacity in terms of trained human resources and are costlier to the patients.

Findings from this study can serve as an impetus in establishing healthcare standards and certifications in both the public and private healthcare facilities in the Gambia. This if effectively implemented will no doubt lead to quality healthcare services, which will further translate into good health outcome for patients in our hospitals and health centres. This will go a long way towards improving the health seeking behaviour of the Gambian populace as patients will have confidence in the health sector and would therefore utilize the services.

5.4 Limitations of the Study

Finally, the research is not without limitations and one of them includes the fact that only the EFSTH was used to assess the patient satisfaction. It would have been more interesting if another hospital was also included in the study so that the results would be compared and be used as a reference point. Finally, majority of the patients are drawn from the in-patient it would have been prudent if the patients attending outpatient clinics were also included in the study.

In conclusion assessment of patient satisfaction and quality of services is essential for healthcare service delivery. It is imperative to focus on the needs, expectations and perception of the patients to assess their satisfaction about the services they receive. This will assist the health care providers to identify service areas that need improvement to meet patients need.

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