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A Comparative Study of Patients Perception of the Quality of Healthcare Delivery in Private and Public Health Facilities in The Bono Region

Patience Anima Agyei[1], Samuel Boateng[2]
[1]Principal Physician Assistant (Fiapre Health Centre, Sunyani-Ghana)
Msc. Health Planning, Policy & Mgt. (Pentecost University-Ghana)
[2]Human Resource Officer, Cocoa Clinic (COCOBOD)
MA (University of Cape Coast-Ghana); BBA (University of Professional Studies-Ghana)

Abstract- Quality healthcare has become an important focus of healthcare delivery at both the national and global levels over the past decade. Ghana's ability to achieve Sustainable Development Goal (SDG) 3 by 2030 largely depends on the capacity of healthcare facilities to deliver efficient and high-quality healthcare services. The overall aim of this study was to assess the quality of healthcare delivery in both private and public health facilities in Ghana. Specifically, the study examined the convenience of healthcare services provided in selected health facilities in the Bono Region, patients' perceptions of the quality of healthcare infrastructure, and their perceptions of the quality of care received from healthcare providers. The study adopted a quantitative research approach. Primary data were collected from 133 respondents selected through a convenience sampling technique. Data obtained from both in-patients and out-patients of the selected health facilities were analyzed using the Statistical Package for the Social Sciences (SPSS), and the findings were presented using descriptive statistics, particularly percentages. The findings revealed that, compared with private health facilities, public health facilities experienced delays in retrieving patients' medical records, had longer patient waiting times, and offered less flexible payment systems. The study also found that, compared with public health facilities, private facilities were less accessible to persons with disabilities (PWDs), had limited access to modern medical equipment, and were served by poorer road networks. Furthermore, patients perceived that staff in public health facilities was less likely to involve them in healthcare decision-making, provide adequate education about their medical conditions, or demonstrate empathy during care. The study concluded that private health facilities provide more convenient and flexible healthcare delivery processes than public health facilities, while public health facilities possess relatively better healthcare infrastructure. The study therefore recommends that the management of public health facilities strengthen customer relations training for healthcare personnel and adopt paperless medical record systems to improve service efficiency and patient satisfaction.

Keywords- Quality healthcare, Healthcare delivery, Public health facilities, Private health facilities, Patient satisfaction, Healthcare infrastructure, Ghana, Bono Region, SDG 3, SPSS.

I. Introduction

Patients are the main users of healthcare facility and their satisfaction is the primary function of every hospital (Ibrahim, 2018). According to Swamy (2020) patient satisfaction of healthcare delivery is the real indication of the efficiency of healthcare

administration. Satisfaction is broadly defined as the human experience of being filled and enriched by an experience (Agosta, 2019). Additionally, Williams (2017) defines patient satisfaction as the client's personal and subjective evaluation of expectation fulfillment.

Patient satisfaction is a key determinant of the quality of care among others such as the establishment of corporate hospitals equipped with the latest facilities; the advent of third-party payers (insurance companies, governments, companies); increasing awareness among patients; availability of information through the internet; higher expectations of patient care; and finally, the increasing litigations by unsatisfied clients. All these factors have resulted in a challenging profile for the health care industry away from the traditional concept of a noble sector toward a service industry (Turkson, 2021). These changing trends, the world over, have had significant impact on many countries of which Ghana has had its fair share.

In 2002, Ghana Health Service (GHS) launched a patients' charter to be used by all its facilities, with the aim of improving the quality of service and more importantly, to protect the rights of patients (Naidu, 2019). Launching of the Patients' Charter constituted a major step towards ensuring improved service quality and protection of patients' rights. Cognizant of the critical role quality of care plays in the delivery of health services, the Ghana Health Service (GHS) has come out with a Patient's Charter in 1998 which aims at ensuring that healthcare providers as well as patients/clients and their families understand their rights and responsibilities (Naidu, 2020). According to the charter, the patient has the right to quality basic health care irrespective of his/her geographical location. They are also entitled to full information on their condition and management and the possible risks involved except in emergency situations when the patient is unable to make a decision and need for treatment is urgent (Kincey, Bradshaw & Ley, 2021).

Over the years, Ghana's Ministry of Health (MOH) has been concerned about quality of care, which has a strong resultant effect on client satisfaction. However, the pace of improvements in quality of care has been slow, partially because quality improvement activities have received inadequate priority (Joshua, 2020). In lieu of this, there have been efforts to research quality of healthcare services, of which patient satisfaction is an indicator, and the institutionalization of quality assurance in Ghanaian healthcare facilities (Gyamfi & Mathias, 2018).

In Ghana, most of the studies on healthcare quality have focused on quality award dimensions (Vemula, Assaf & Al-Assaf, 2017). Many studies conducted in public hospitals over the years have provided substantive evidence that the quality of healthcare services is inadequate both by objective measures in the opinions of patients and by healthcare providers. Moreover, research on quality healthcare has generally reported poor service delivery through long waiting times, frequent shortages of drugs, and the poor attitudes of healthcare providers as factors militating against patient satisfaction with healthcare in Ghana (Ayimbillah, Abekah-Nkrumah & Ameyaw, 2019). This study seeks to assess patients' perception of the quality of healthcare delivery in private and public health facilities in Ghana with specific emphasis on the Bono Region.

Statement of the Problem

Quality healthcare delivery is the fulcrum of development of every nation because without quality healthcare, production will inescapably be low. This has made quality healthcare a subject matter of global concern which explains why leader across the globe have agreed to join forces to pursue quality healthcare in both advance and developing countries (John & Saks, 2021). Ghana's ability to realize Sustainable Development Goal 3 largely depends on the quality of health care in all health facilities, including private and public facilities (Waddington & Enyimayew, 2018). Recent literature is replete with studies on quality of healthcare delivery at both local and international levels but those studies are not without limitations.

A study by Pizam and Ellis (2016) examined customer satisfaction of the quality of healthcare but the study was limited to competences level of staff at the neglect of important convenience in accessing healthcare. Powers and Bendall-Lyon (2018) similarly examined the quality of healthcare delivery but the scope of their study was limited to the physical environment and health infrastructure. A critical review of literature in the Ghanaian context including studies by Gyamfi and Mathias (2018) focused on the quality of healthcare in public facilities at the neglect of the private facilities. Similarly, a recent study by Ayimbillah, Abekah-Nkrumah and Ameyaw (2019) on the subject of quality delivery took a lopsided view of the subject by focusing on only private facilities.

It is also rare to find a study that has specifically focused on the quality of healthcare delivery in the Bono Region. The current study seeks to bridge the existing research gaps by comparing patients' perception of the quality of healthcare delivery in private facilities with that of public facilities in the Bono Region. The study also holistically examined all the essential parameters of quality service in health facilities by examining the level of convenience of services delivered, the quality of infrastructure in healthcare facilities, the quality-of-care patients receive from staff of the selected health facilities in the Bono Region.

Specific Research Objectives

- To examine the level of convenience of services delivered by selected health facilities in the Bono Region.
- To assess patients' perception of the quality of infrastructure in healthcare facilities in Bono Region.
- To assess patients' perception of the quality of care they receive from staff of the selected health facilities in the Bono Region.

II. Methodology

Research Design

This study was carried out using a quantitative research design. This research design was appropriate since the study aims at offering a clear and vivid explanation of patients' perception of the quality of healthcare delivery in health facilities. With the quantitative design, numerical values have been assigned to the responses from participants to draw a clear comparison between patients' perception of quality service delivery in private health facilities on one hand and public facilities on the other hand.

The quantitative design presents a clear interpretation and conclusion of the study in a manner that was widely appreciated by all user of the study without ambiguity.

Study location

The study was carried out in health facilities in the Bono Region. The Bono Region is one of the 16 administrative Regions of Ghana. The Region was carved out of the former Brong Ahafo Region with Sunyani as the administrative capital. Bono region shares a border at the North with Savannah Region, bordered on the West by La Cote d'Ivoire International border, on the East by Bono East, and on the South by Ahafo Region. According to the 2021 census, Bono-Region has a population of about 1,208,965. The number of males are about 596,841 (49.4%) while the females are 612,124 (50.6%), with a total area landmark of 11,481kmsq (4,433sq mi).

The Bono Region can boast of one of key regional hospitals in Ghana located in Sunyani with district hospitals in Dormaa Government, Dormaa District Hospital, St. Mary's Hospital in Drobo, Sampa Government, Berekum Holy Family Hospital, Wenchi Methodist Hospital, Owusu Memorial Hospital, Berko Memorial Hospital in Sunyani, Rafchick Hospital in Sunyani, O and A Hospital in Sunyani, Opoku Memorial Hospital in Sunyani, Cross Care Hospital in Sunyani, Akyereko Hospital in Sunyani, Asare Hospital in Sunyani, Fairview Hospital in Drobo and Greenline Hospital in Wenchi. The region also has clinics, health centers and polyclinics to deliver health services at varied levels (Meier zu Selhausen, Moradi, & Jedwab, 2021).

Sources of Data

Primary data was collected from 113 patients of four hospitals in the Bono Region. The geographical location of the selected facilities in the Region makes their services extremely beneficial to majority of residents in the Bono Region and even Ghana's neighboring La Cote d'Ivoire. The use of primary data ensured that data collected and used for the study was authentic. Therefore, the data collected did not contain traces of errors from earlier studies. The data gathered also constitute fresh and current views of respondents on the perception of quality healthcare delivery in the Bono Region.

Study population

The population of the study was both in- patients and out-patients of three private hospitals and three public hospitals in the Bono Region namely, CHIRAA Government Hospital, Sampa Government Hospital, Fairview Hospital in Drobo and Cross Care Hospital in Sunyani. The study seeks to focus on both in- patients and out-patients the above facilities because responses from both section of clients offered a strong basis for generating proper perspective quality standards and practices of the selected facilities.

The geographical location of the selected facilities in the Region also makes their services extremely beneficial to majority of residents in the Bono Region and even Ghana's neighboring La Cote d'Ivoire. In other words, the fact that facilities to be used for the study are spread across different districts and municipalities in the Bono Region provided a broader perspective of the quality of healthcare delivery in various parts of the Bono Region. Finally, since the study was comparative in nature, the population was carefully selected to ensure fair participation of respondents from equal number of

private and public hospitals. The population of the study ensured that facilities used were of similar status.

Sample Size
The study was conducted with 113 in-patients and out-patients of CHIRAA Government Hospital in CHIRAA, Sampa Government in Sampa, Fairview Hospital in Drobo and Cross Care Hospital in Sunyani.

Sampling Technique
Convenience sampling technique was adopted for this study. Convenience sampling technique was used appropriate for selecting the individual respondents to participate in the study. Hence only respondent with the willingness and ability to participate in the study will be interviewed.

Instrumentation
Questionnaire designed with close-ended statements was self- administered to in-patients and out-patients of the selected facilities through an exit interview. The questionnaire was the most appropriate data collection instrument to limit the respondents to the pre-determined study objectives as follows: Section "A" focused on the demographics background of the respondents; Section "B" focused on the level of convenience of services delivered in selected health facilities the Bono Region; Section "C" focused on patients perception of the quality of infrastructure in healthcare facilities in Bono Region; while Section "D" was patients' perception of the quality of care they receive from staff of the selected health facilities in the Bono Region.

This structure prevented respondents' digression from the central goal of the study. Respondent were asked tto present their views on various items on the respective objective under five point-likert scale where: 1 = Strongly Disagree; 2= Disagree; 3=Indifferent; 4=Agree; and 5= Strongly Agree. Since quality perception is measured in varied levels, the use of likert scale offered respondents with wide array option express their views regarding the extent of quality of healthcare delivered in the selected facilities in the Bono Region.

Data Gathering Procedure
In order to obtain primary data from patients in the four health facilities in the Bono Region, the researcher personally visited CHIRAA Government Hospital, Sampa Government, Fairview Hospital in Drobo and Cross Care Hospital administer the questionnaire to the respondents through an exit interview. This procedure offered the researcher the opportunity to have face- to-face interaction with the respondents hence the researcher was able to read and interpret the items in the instrument to illiterate respondents in vernacular.

Mode and Instrument for Data Analysis
Raw data from a study is useless unless it is converted into information for decision-making reasons (Pasquale, Lonescu, Dilecce & Gurerero, 2018). Data analysis is therefore about reducing raw data into comprehensible bits, providing summaries, and applying statistical inferences. It also comprises a critical examination and interpretation of statistics and data, as well as an attempt to establish the reason for the

occurrence of the major discoveries. IBM SPSS version 25 was used for data processing and analysis. The findings were reported using percentages.

III. Analysis and Discussion of Findings

Demographic Background of Respondents

This section presents the demographic background of the 113 in-patients and out-patients of CHIRAA Government Hospital, Sampa Government Hospital, Fairview Hospital and Cross Care Hospital in Sunyani. The section presents demographic variable such as ownership of facility, category of respondents, gender of respondents, age of respondents and frequency of patronage of facility.

Table 3: Demographics

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Ownership of facility	Number	Percentage
Private facility	54	48
Public facility	59	52
Total	113	100
Category of Respondents	Number	Percentage
In-patient	61	54
Out-patient	52	46
Total	113	100
Gender of Respondents	Number	Percentage
Male	53	47
Female	60	53
Total	113	100
Age of Respondent (Years)	Number	Percentage
20 to 29	17	16
30 to 39	32	28
40 to 49	25	22
50 to 59	12	10
60 to 69	14	12
70 and above	13	12
Total	113	100
Frequency of Patronage of Facilities	Number	Percentage
Once	7	6
2- 3 times	22	17
4 – 5 times	33	29
5 and above	51	48
Total	113	100

Source: Field Data (2025)

The first demographic variable of the study is the ownership of the facilities. The outcome shows that: 54 of the respondents were selected from private health care facilities which represent 48% of the total respondents while the 59 respondents were selected from public health facilities which also represent 52% of the total respondents. The outcome indicates that respondents were fairly selected from both private and public facilities which makes the selected fair and balanced.

Considering the fact that the study sought to assess the perception of the quality of healthcare delivery, there was the need for data to be obtain from both in-patients and out-patients of the selected facilities. The second demographic focused on the category of respondents as follows: 61 of the respondents were in-patients which represent 54% while 52 of the respondents were out-patients which also represent 46%. The outcome indicates that both out-patients and in-patients were fairly selected to participate in the study, which makes the conclusion and recommendations reliable.

The third demographic variable focused on the gender distribution of the respondents. Since males and females are likely to have varied perceptions and expectations of quality healthcare delivery, gender of respondents was considered an important aspect of this section. The outcome of the study shows that 53 of the respondents were males which represent 47% of the respondents while 60 of the respondents were females which also represent 53% of the respondents. This outcome indicates that both genders were fairly represented in the study hence the results and conclusion of the analysis is a representative of view, perceptions and sentiments of both genders.

The fourth demographic variable of the study was respondents' age. This is also considered an important factor to be considered in assessing quality healthcare delivery because the age of a person invariably determines his or her health need and by extension expectation. Age also has a bearing on the reliability of the responses because age partly determines a person's level of maturity.

The outcome of the study shows that 17 of the respondents were within the age bracket of 20 to 29 years which represent 16% of the total respondents; 32 of the respondents were within the age bracket of 30 to 39 years which represent 28% of the total respondents; 25 of the respondents were within the age bracket of 40 to 49 years which represent 22% of the total respondents; 12 of the respondents were within the age bracket of 50 to 59 years which represent 10% of the total respondents; 32 of the respondents were within the age bracket of 60 to 69 years which represent 28% of the total respondents; 14 of the respondents were within the age bracket of 70 to 79 years which represent 12% of the total respondents while 13 of the respondents were 70 year and above which represent 12% of the respondents. The outcome indicates that data was collected respondents of varied age brackets which make the study highly representative.

The final variable of the section was the frequency at which participants had visited the respective facility from which they were interviewed. This is also relevant to the study because it presents a clear view of their level of appreciation of the level of quality service delivery in the facilities. The response shows that out of the 133 participants, 7 of them had visited the facilities once which represent 6% of the total respondents; 22

of the respondents had visited the facility for about 2 to 3 times which represent 17% of the total respondents; 33 of the respondents had visited the facilities for about 4 to 5 times which represent 29% of the total respondents whiles 51 of the respondents had visited the facilities for about 5 and above times which represent 48% of the total respondents.

Data Analysis and Presentation

The general objective of the study was to compare patients' perception of the quality of healthcare delivered in both private and public health facilities in the Bono Region. The results of the data received from the participants are analyzed in this section. The study sought to examine the level of convenience of services delivered in selected health facilities in the Bono Region; patients' perception of the quality of infrastructure in healthcare facilities in Bono Region; and patients' perception of the quality of care they receive from staff of the selected health facilities in the Bono Region. The response of participants from private and public health facilities have been analyzed using percentages.

Table 4: The level of Convenience in Healthcare Delivered

INDICATORS	Private Facilities	Public Facilities	Total
Patients' records are generated without delay	58%	42%	100%
Patients do not wait in long queues	79%	21%	100%
It is easy to locate various wards in this facility	34%	66%	100%
There is flexibility and healthcare delivery	68%	32%	100%
Convenience in paying for service	92%	8%	100%

Source: Field Data (2025) Scale: 0.1%-49.9%=Disagree, 50%-100%=Agree

The first objective of the study was to assess the level of convenience of services delivered in selected health facilities in the Bono Region. All the 113 respondents responded to each of the five (5) questions that were presented to them as follows:

On the first item, "patients' records are generated without delay", a significant majority of 66 respondents who chose agree were from private health facilities which represent 58% of the total respondent while 47 respondents who chose agree were from public health facilities which represent 42% of the total respondents. The outcome indicates that majority of the respondents were of the view that comparatively, public health facilities in the region delay in producing patients records upon their arrival as compared to private health facilities.

On the second item, "patients do not wait in long queues before receiving treatment in this facility", a significant majority of 86 respondents who chose agree were from private health facilities which represent 79% of the total respondents while the remaining 24 respondents who chose agree were from public health facilities which also represent 21% of the total respondent. The outcome indicates that majority of the respondents were of the view that relatively, patients in public health facilities in the

region wait in longer queues before receiving treatment as compared to private facilities.

On the third item, "it is easy to locate various wards in this facility", a significant majority of 75 respondents who chose agree were from public health facilities which represent 66% of the total respondent while the remaining 38 respondents who chose agree were from private health facilities which also represent 34% of the total respondents. The outcome indicates that majority of the respondents were of the view that relatively, it was easier to locate wards in public health facilities than in private facilities.

On the fourth item, "patients do not go through cumbersome processes before receiving treatment in this facility", a significant majority of 77 respondents whose chose agree were from private facilities which represent 68% of the total respondents while the remaining 36 respondents who chose agree were from public facilities which also represent 32% of the total respondent. The outcome indicates that majority of the respondents were of the view that relatively, the procedure patients go through before receiving medical attention in public health facilities is more cumbersome as compared to those in private facilities.

On the fifth item, "there is convenience in the payment of services in this facility", a significant majority of 104 respondents who chose agree were from private facilities which represent 92% of the total respondents while the remaining 9 respondents who chose agree were from public facilities which also represent 8% of the total respondents. The outcome indicates that majority of the respondents were of the view that relatively, there was flexible payment systems available in private facilities in the Bono Region than public facilities, as such patients who received treatment from private facilities could easily pay for the services rendered to them.

Table 5: Quality of Infrastructure in Healthcare Facilities

Indicators Quality of Infrastructure	Private Facilities	Public Facilities	Total
This facility is friendly to people with disability	17%	83%	100%
This facility has reliable access to potable water	30%	70%	100%
This facility has access to reliable power supply	19%	81%	100%
Modern technology is used in this facility	13%	87%	100%
The facility has vehicles and ambulances	10%	90%	100%
There is good road network in the facility	22%	78%	100%

The second objective of this study was to assess patients' perception of the quality of infrastructure in healthcare facilities in Bono Region. All the 113 participants answered all the six (6) questions that were presented to them as follows:

On the first item, "This facility is user friendly to people with disability," the response shows that 34 of the respondents who agreed to the question were from private health facilities which represent 17% of the total respondents while a significant majority of 93 percent of the respondent who agreed to the question were from public health facilities which represent 83% of the total respondents. The response indicates that as far as infrastructure of health facilities are concerned, public facilities are more user friendly to People with Disability (PWD) as compared to private facilities.

On the second item, "this facility has access to reliable source of electricity," the response shows that a significant majority of 79 of the respondents who chose agreed were from public facilities which represent 70% of the total respondents while the remaining 34 of the respondents who chose agree were from private health facilities which represent 30% of the total respondents. The results indicate that respondents were of the view that there was access to reliable power supply in public facilities in public health facilities as compared to private facilities.

Also, on the third item, "modern technology is used in this facility to ensure quality treatment," the response shows that a significant majority of 98 of the respondents who chose agreed were from public facilities which represent 89% of the total respondents while the remaining 15 of the respondents who chose agree were from private health facilities which represent 38% of the total respondents. The results indicate that on average, majority of the respondents were of the view that public health facilities in the Bono Region of Ghana employed more sophisticated technology to aid healthcare deliver as compared private facilities.

Further on the fourth item, "this facility access to vehicles and ambulances," the response shows that a significant majority of 102 of the respondents who chose agreed were from public facilities which represent 90% of the total respondents while the remaining 11 of the respondents who chose agree were from private health facilities which represent 10% of the total respondents. The results indicate that on a comparative scale, public health has access to vehicles and ambulances to support emergency healthcare delivery as compared to private facilities.

Finally, on the fifth item, "there is good road network and motorable routes to enable patients to be transported within the compound of this facility," the response shows that a significant majority of 88 of the respondents who chose agreed were from public facilities which represent 78% of the total respondents while the remaining 25 of the respondents who chose agree were from private health facilities which represent 22% of the total respondents. The results indicate that on a comparative scale, public health facilities have good road network to make movement.

Table 6: Attitude of Personnel in Health Facilities

Indicators of Quality of Care from Personnel	Private Facilities	Public Facilities	Total
Patients are involved in health decisions making	83%	17%	100%
Staff of this facility educate patients	68%	32%)	100%
Staff communicate well to the understand patients	74%	26%	100%

Staff understand emotions and pains of patients	54%	46%	100%
Staff allow patients to express concerns	79%	21%	100%
Physicians explain the effect of prescriptions	55%	45%	100%
Staff provide patients with emotional support	81%	19%	100%
Staff respect patients' privacy during examination	37%	63%	100%
Staff prioritize patients' physical comfort	74%	26%	100%
Staff of this facility ensure patients empowerment	70%	30%	100%

Source: Field Data (2025) Scale: 0.1%-49.9%=Disagree, 50%-100%=Agree

The third objective of this study was to patients' perception of the quality of care delivered by health personnel in Bono Region. All the 113 participants answered all the ten (10) questions that were presented to them as follows:

On the first item, "staffs of this facility involve patients in decision making concerning their lives," the response shows that 94 of the respondents who chose agree were from private health facilities which represent 83% of the total respondents while the remaining 36 of the respondents chose agree were from public health facilities which represent 17% of the total respondents. The response indicates that health personnel in private facilities in the Bono Region involved patients in decision making concerning their health as compared to public facilities.

On the second item, "staff of this facility take time to educate patients on their condition," the response shows that a significant majority of 77 of the respondents who chose agree were from private facilities which represent 68% of the total respondents while the remaining 36 of the respondents who chose agree were from public health facilities which represent 32% of the total respondents. The results indicate that respondents were of the view that staff of private health facilities in the Bono Region takes time to educate patients on their condition as compared to their personnel in public facilities.

Also, on the third item, "staff of this facility communicate well to the understand patients," the response shows that a significant majority of 84 of the respondents who chose agree were from private facilities which represent 74% of the total respondents while the remaining 29 of the respondents who chose agree were from public health facilities which represent 46% of the total respondents. The results indicate that on average, majority of the respondents were of the view that staff of private health facilities communicate well to the understand patients as compared public health facilities.

Further on the fourth item, "staff of the facility understand emotions and pains of patients," the response shows that a significant majority of 61 of the respondents who chose agreed were from private facilities which represent 54% of the total respondents while the remaining 52 of the respondents who chose agree were from public health facilities which represent 46% of the total respondents. The results indicate that on a

comparative scale, staff of the private health facility had empathy for patients as compared to staff of public facilities.

On the fifth item, "staff of this facility offer patients the opportunity to express their concerns," the response shows that a significant majority of 89 of the respondents who chose agree were from private health facilities which represent 79% of the total respondents while the remaining 24 of the respondents who chose agree were from public health facilities which also represent 21% of the total respondents. The results indicate that on a comparative scale, personal of private health facilities pay attention to the concerns expressed by their patients as compared to staff of public facilities.

On the sixth item, "physicians of this facility explain the effect of their prescriptions and medications to patients," the response shows that a significant majority of 63 of the respondents who chose agree were from private health facilities which represent 55% of the total respondents while the remaining 50 of the respondents who chose agree were from public health facilities which also represent 45% of the total respondents. The results indicate that on a comparative scale, prescribers of private health had patients to explain the effect of their prescription to their patients as compared to physicians in public facilities.

On the seventh item, "staff of this facility respect patients' privacy during examination," the response shows that 42 of the respondents who chose agree were from private health facilities which represent 37% of the total respondents while majority of 71 of the respondents who chose agree were from private health facilities which also represent 63% of the total respondents. The results indicate that on a comparative scale, health personnel in public facilities respect patients' privacy as compared to those in private facilities.

Further on the item, "staffs of this facility ensure patients' physical comfort," the response shows that 84 of the respondents who chose agree were from private health facilities which represent 74% of the total respondents while majority of 29 of the respondents who chose agree were from private health facilities which also represent 26% of the total respondents. The results indicate that on a comparative scale, health personnel in private health facilities were more concerned about the physical comfort of their patients as compared to those in public health facilities.

Finally, on the item, "staff of this facility ensure patients' empowerment," the response shows that 84 of the respondents who chose agree were from private health facilities which represent 79% of the total respondents while majority of 34 of the respondents who chose agree were from private health facilities which also represent 30% of the total respondents. The results indicate that on a comparative scale, health personnel in private health facilities empower their patients than personnel of public health facilities.

IV. Summary, Conclusions and Recommendations

Summary of Key finding

Ghana's ability to meet Sustainable Development Goal (S.D.G.) 3 by improving health and wellness by 2030 largely depends on the ability healthcare facility to deliver

efficient and quality healthcare. The study sought to assess patients' perception of quality of healthcare delivered in both private and public health facilities. The study focused on both private and public health facilities in the Bono Region.

This study was conducted using a quantitative research design. In order to accomplish the objectives of the study, questionnaire designed with close-ended questionnaire were administered to 113 in-patients and out-patients of CHIRAA Government Hospital, Sampa Government, Fairview Hospital and Cross Care Hospital. Primary data collected from the respondents was inputted into software, Statistical package for Social Sciences (SPSS). The result of the study was interpreted using percentages.

The findings of the study are summarized under the three objectives as follows: the level of convenience of services delivered in selected health facilities in the Bono Region; patients' perception of the quality of infrastructure in healthcare facilities in Bono Region; and patients' perception of the quality of care they receive from staff of the selected health facilities in the Bono Region.

The first objective of the study was to assess the level of convenience of services delivered in selected health facilities in the Bono Region. The study found that public health facilities in delayed in producing patients' medical records upon their arrival; patients who visited public health facilities waited in longer queues before; patients go through cumbersome processes in public health facilities before receiving treatment; and flexible payment systems were used in private facilities.

The second objective of this study was to assess patients' perception of the quality of infrastructure in healthcare facilities in Bono Region. The study found that private facilities were not user-friendly to People with Disability (PWD); public health facilities lack access to reliable power supply; private facilities did not have access to modern equipment; private facilities did not have access to vehicles and ambulances; and private health facilities did not have good road network to ease movement.

The third objective of this study was to assess patients' perception of the quality of care delivered by health personnel in Bono Region. The study revealed that health personnel of public facilities did not involve patients in decision making concerning their health; staff of public health facilities did not take time to educate patients on their condition; and personnel of public facility did not show empathy for patients.

Conclusions of the Study

The study concludes that the private health facility offers flexible and convenient healthcare delivery processes and procedures as compared to public health facilities.

- The study also concludes that private health facilities have good customer care to their clients as compared to public health facilities.
- The study further concludes that personnel of private health facilities interact and communicate better with their clients as compared to personnel of public health facilities.
- The study finally concludes that public health facilities have access to infrastructure as compared to private facilities.

Recommendations

- Since the study has revealed that public health facilities delay in obtaining patients past medical records, the study recommends that public facilities should work towards reducing waiting time by instituting effective quick patient flow protocols.
- It is recommended that private health facilities should adopt electronic mode of payment such as Mobile Money (MoMo), AT Money and Vodafone cash. This implementation of this recommendation will make payment for services easier and convenient in public facilities.
- Since study found that private health facilities lack access to infrastructure, it is recommended that management of private facilities should prioritize their infrastructure.
- It is recommended that architectural designs and construction of building used as private hospital should be done in strict compliance with established standards.
- Since the study found that health personnel in public health facilities are unable to interact well with their clients, it is recommended that Ministry of Health (MoH) should ensure that more staff are posted to public health facilities to augment the existing ones. It is anticipated that with the implementation of this recommendation, work load on existing staff will be reduced to enable staff to pay adequate attention to patient. It is further anticipated that the implementation of this recommendation will prevent the situation where by patients wait in long queues.
- Considering the fact that staff of public health facilities have proven to lack good customer relations, it is recommended that training of customer relations should be organized for staff of public hospitals on regular basis.

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