

## **Physical Evidence and Quality Service Delivery in Public Hospitals in Ghana**

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**ABSTRACT:** This study examines the value of physical environment in the delivering of quality healthcare or service in public hospitals in Ghana. Twelve set of self-administered questions were designed using Baker's (1987) typology of servicescape. A descriptive univariate analysis was applied for the study. Based on 233 usable questionnaires retrieved from respondents, the study indicates a strong link between physical environment and quality healthcare delivery and the choice of healthcare facility. It is there by recommended that improvement in quality service delivery may be better served and improved by improving the servicescape/physical element in the services mix.

**Keywords:** Servicescape/physical evidence; quality healthcare delivery; public hospitals; quality service

**JEL Classifications:** L83; M1; M3

### **1. Introduction**

Several authors (Devlin, 1992; Martin et al., 1990) have proclaimed the positive role and growing concern of the environment in the healing process by care providers. Researchers such as (Ulrich, 1984; Verderber and Reuman, 1987) have found out that changes and additions made to the health care facilities, physical and social environment with the patient in mind can positively influence patients' outcomes and have beneficial effects on a variety of health indicators, such as anxiety, blood pressure, post-operative recovery, the use of analgesic medication, and the length of stay (Ulrich, 1995). Physical surrounding also called servicescape coined by Bitner (1992) are fashioned by service organizations to facilitate the provision of service offerings to customers. According to Biggers and Pryor (1982), the elements of physical evidence help to influence perceived performance in the service encounter and also affect the perception of an experience independently of the actual outcome. In the service literature, such behaviours usually are associated with what is called "process" of "functional" quality (the how of service delivery) as oppose to the "outcome" or technical quality (what of service delivery) (Gronroos, 1984; Lehtinen, 1986).

According to Ulrich (1995), in the hospitals, the conventional design of healthcare settings was based on functional delivery of good healthcare. However, Ruga (1989) emphasis a shift towards a perspective of designing healthcare environments that are psychologically supportive also referred to as healing environments. In the view of Stichler (2001) the concept of healing environments suggests that the physical environment of healthcare settings 'can make a difference in how quickly the patient recovers from or adapts to specific acute and chronic conditions. Utilizing the physical evidence to

package the service does send quality cues to consumers and add value to the service in terms of image development (Hoffman et al., 2006) and helps to influence customers' expectation (Baker, 1987; Booms and Bitner, 1982) and satisfaction.

The health sector in every country occupies an enormously important position in ensuring sustainable overall socio-economic advancement and Ghana is no exception. Despite increasing investment in the country's health sector by successive governments over the years, the anxiety over several decades of poor quality healthcare delivery remains a concern. This has led to loss of confidence in Ghanaian public hospitals, low utilization of public health facilities, and increasing outflow of patients to private hospitals for medical attention. Countrywide, the trend of utilization of public healthcare services has been declining compared to private healthcare facilities. Though significant efforts have been made, concern about poor service delivery at the country's public health institutions is not a secret. Several attentions have been focused on the processes and the intermediary factors such as doctors, nurses, to the extent of developing service codes at the expense of the environment in which healthcare service are provided. Heskett et al. (1994) suggest that clinical governance has four pillars, of which one is the patient's experience. The patient's experience deals with all aspects of the perceptions of patients and their families. This aspect can range from the friendliness of staff, safety and quality of food to the physical environment of the patient (Zeithaml et al. 2006). Whilst research abound in several aspects of servicescape such as colour and light (Bellizzi et al., 1983; Areni and Kim, 1994), background music (Milliman, 1982, 1986; Hui et al., 1997; Yalch and Spangenberg, 2000), as well as odours ( Mitchell et al., 1995; Spangenberg et al., 1996) and their behavioural effects, they were primarily related to the retail industry. Empirical research on the effect of the servicescape on quality perception is also rare.

A significant gap or omission in the research findings in Ghana is the exclusion of physical environment/servicescape in determining patients' satisfaction assessment of quality service in public healthcare institutions. Several compositions of servicescape were advance in the literature however the study is set up to examine whether the servicescape affects the perceptions of the delivery of quality healthcare and also determine whether healthcare consumer choice of health facility depends on the service environment using Baker's (1987) typology.

## **2. Literature Review**

### **2.1. Servicescape as a Component of Extended Marketing Mix (7Ps)**

The term "marketing mix" was first used by Neil Borden. Even though he did not formally define the marketing mix, to him the mix basically entailed important elements or ingredients that make up a marketing programme (Borden, 1965:389). There have been several definitions since then, but the most widely accepted definition is provided by McCarthy and Perreault (1987) who define marketing mix as the controllable variables that an organization can co-ordinate to satisfy its target market. However, there is a disagreement as to the constituents of these controllable variables. In the original marketing mix Borden propounded twelve (12) sets of elements. Other opined frameworks include Frey's (1961) suggestion that marketing variables should be divided into two parts: the offering (product, packaging, brand, price, service) and the methods and tools (distribution channels, personal selling, advertising, sales promotion and publicity). Lazer and Kelly (1962) and Lazer *et al.* (1973), on the other hand, suggest three elements: the goods and services mix, the distribution mix and the communication mix. However, the most popular and most enduring marketing mix framework has been that of McCarthy who regrouped and reduced Borden's 12 elements to the now popular 4Ps, namely: product, price, promotion and place (McCarthy, 1964:38).

While McCarthy's 4Ps framework is popular, there is by no means a consensus of opinion as to what elements constitute the marketing mix and more importantly criticism regarding marketing of services. There is a growing consensus in the services marketing literature that services marketing are different because of the nature of services. According to Booms and Bitner (1981), services require a different type of marketing and a different marketing mix because of their inherent intangibility, perishability, heterogeneity and inseparability (Berry, 1984; Lovelock, 1979; Shostack, 1977) and the 4P's was derived from research on manufacturing companies (Cowell 1984; Shostack, 1977). Various modifications have been suggested to incorporate the unique aspects of services. Booms and Bitner's (1981) suggested 7Ps. They argue that not only do the traditional 4Ps need to be modified for services but they also need to be extended to include participants, physical evidence and process in services,

because of the simultaneity of production and consumption. The physical environment of service includes all the tangible representations of the service such as brochures, letterhead, business cards etc or the physical facility where the service is offered called “servicescape”. Physical evidence cues provide excellent opportunities for the firm to send consistent and strong messages regarding the organization’s purpose, the intended market segments, and the nature of the service.

## **2.2. Physical Environment or Servicescape**

To Arnould et al. (1998, p. 90) servicescape entails “consciously designed places, calculated to produce commercially significant actions” A review of the literature has revealed several definitions put forward by scholars to categorized servicescape. According to Turley and Milliman, (2000) the several categorization of the concept demonstrate the wide variety of areas and the fields the term has been used or applied. It has been referred to by Baker (1987) as “physical environment”, by Kotler, (1973) as “atmospherics” by Turley and Milliman (2000) as “marketing environment” and by Arnold et al. (1996) as “economic environment”. Further characterization includes “healthscapes” (Hutton and Richardson, 1995), “environmental psychology” (Weinrach, 2000), “servicescape” (Bitner, 1992), “store environment” (Roy and Tai, 2003), “service environment” (Cronin, 2003).

Bitner (1992) define it as all of the objective physical factors that can be controlled by the firm to enhance (or constrain) employee and customer actions. According to Bitner (1992), these controllable physical factors such as signage, furnishing, layout, colour, cleanliness, scent, music etc. can be systematically manipulated to produce desired effects in the form of a favourable disposition towards the servicescape – and by extension, the providing organization (Arnould et al., 1998). In Babin and Attaway’s (2000:93) estimation, the servicescape “evokes emotions, which help to determine value, and this value motivates customers to patronize a given choice repeatedly.” Physical environment refers to tangible cues including quality service (Ziethaml et al., 2006) and the environment in which the service is delivered and any tangible goods that facilitate the performance and communication of the service (Booms and Bitner 1981). According to Hoffman and Turley (2002), servicescape variables are an essential part of the service encounter and delivery process. This is important because according to (Aubert-Gamet and Cova, 1999; Mattila and Wirtz, 2001; Sundaram and Webster, 2000; Sweeney and Wyber, 2002) although customers cannot see a service as such, variables associated with the service serve as clues for the invisible service. Furthermore Wilson, et al. (2008), argue that physical environment is important in the delivery of a service as this can close the gap between what the patient expects and the delivery of service. As Hoffman et al. (2006), put it, due to the intangibility of service, customers often have trouble assessing service quality objectives. Therefore they rely on the physical evidence that surround the service to help them with their evaluation. According to Hoffman and Bateson (2006) an organization exterior appearance, interior design, and other tangible create a package that surrounds the service. The physical environment is instrumental in customers’ assessment of the quality and level of service they can expect and it sometimes considered as part of the product itself.

Whilst accepting the importance of servicescape variables, Kotler (1973) contends that there is no ideal servicescape composition for all industries. He argues that since each market is made up of customers with varying tastes, servicescape composition should be based on (a) the target audience, (b) what that target audience is seeking from the buying experience, (c) the servicescape variables that can fortify emotional reactions sought by the buyers and (d) the ability of the servicescape to compete with the servicescape of competitors. Bitner (1992:67) affirms that a “total configuration of environmental dimensions” is responsible for the constitution of the servicescape. The notion of stimuli congruency is also reflected in the conceptualization of servicescape as originally advanced by Bitner (1992). Hoffman and Turley (2002:35) suggest that both tangible and intangible components “are essential in creating service experiences”. Similarly, Kotler (1973:50-51) states that “the atmosphere of a particular set of surroundings is describable in sensory terms” which include perceptions that are visual, aural, olfactory and tactile. In reviewing the literature to identify the categorization of servicescape components, varied environmental elements were identified across different service organizations by scholars they argue, must be applied in servicescape analysis (Bitner 1992; Kotler 1973). For example, in a historical order, while Westbrook (1981) advance the use of layout, spaciousness, organization, cleanliness and attractiveness; Booms and Bitner (1982) employ the cues of architecture, lighting, temperature, furnishings, layout and colour; Bitner (1992) recommends the use of ambient conditions, spatial layout and functionality, and signs, symbols and

artefacts; Berman and Evans (1995) suggest the use of store exterior, general interior, layout and design, and point-of-purchase and decoration variables. Harris et al. (2002) distinguished three relevant dimensions of the physical environment: architectural features, interior design features and ambient features. Architectural features are relatively permanent characteristics, such as the spatial layout of a hospital, room size and window placement. Interior design features are defined as less permanent elements, such as furnishings, colours and artwork. Ambient features comprise lighting, noise levels, odours and temperature. Environmental stimuli can also be (part of) a specific medical treatment, as in light therapy for patients with seasonal depression (Golden et al., 2005).

Baker's (1987) advances a typology made up of three dimension namely ambient factors, design factors and social factors. According to Aubert-Gamet (1997) ambient factors are only discernable when they are on an extreme level. The literature reveals an abundance of studies on ambient factors such as lighting (Fiore et al., 2000; Mattila and Wirtz, 2001) temperature (Booms and Bitner, 1982; Baker, 1987), and cleanliness (Wakefield and Blodgett, 1996). Though customer's awareness of ambient factors is low because they usually exist on a subconscious level, Mattila and Wirtz (2001) argues ambient factors can affect a customer's evaluation of the service experience and lead to the exhibition of either approach or avoidance behaviour. Design factors can be either aesthetic or functional (Baker, 1987). Examples of functional elements include layout, signage and comfort. Wakefield and Blodgett (1994) advise that care should be taken in the design of these functional elements so they can facilitate customers' exploration and stimulation within the servicescape. Examples of aesthetic elements are colour, architecture, style, materials, scale and décor. For Wakefield and Blodgett (1994), aesthetic factors refer to the physical elements which customers view to evaluate their artistic quality. Baker (1987:81), argues these elements "are the extras that contribute to a customer's sense of pleasure in experiencing a service". Although aesthetic and functional factors are closely related, Aubert- Gamet (1997) states that aesthetic factors promote sensory pleasure in the service experience while functional factors facilitate the behaviour of customers. Customers can evaluate these design factors because they are more perceptible than ambient factors and so have a greater tendency to produce customer perceptions of the service (Aubert-Gamet, 1997; Baker, 1987). Baker's (1987) also consider servicescape as not only a material stimulus but also a social construct containing humans who play a significant role in influencing behaviour. Schneider (1987) uphold his position and poses that the people in an environment determine the kind of human environments they are because people and human settings are inseparable. It is further postulated that the performance of these social factors within the servicescape can serve to either enhance or inhibit the service experience, thereby leading to the display of either approach or avoidance behaviour by customers (Aubert-Gamet 1997; Bitner 1992). Hutton and Richardson (1995:59) affirm that service personnel are particularly important because they form the major portion of an organization's image and so need to display "a pleasing physical demeanour through clean and colourful uniforms and proper personal grooming".

Physical evidence is of specific essence in the hospital setting. Zeithaml et al. (2006) describe physical evidence in the hospitals as building exterior, parking, signs, waiting area, admission office, patient care room and medical equipment, recovery room and waiting areas. Hoffman and Bateson, (2006) suggest when responses on quality of a service become more negative, the management has to evaluate the physical evidence and whether it is lacking or not keeping with the trends in the market share. Physical evidence is visual metaphor for the intangible services and according to Zeithaml et al. (2006) the physical surrounding offer the hospital the opportunity to convey an image in a way not unlike the way an individual chooses to address for success. A study by Hutton and Richardson (2004) found that physical environment in the health care setting had a significant effect on customer satisfaction, perceived service quality, intention to re-patronize and willingness to recommend. Furthermore, Reimer and Kuehn (2005) mention that the servicescape has a direct and indirect effect on perceived service quality and ultimately the satisfaction of the patient. Additionally, they are of the opinion that patient staying longer in a facility, like a hospital emphasis the servicescape more in their perception of quality service. Lawson and Wells-Thorpe (2002) also conducted a study about the experience and health outcome of mental health patient when they move to a new facilities with enhance physical evidence. The outcome of the research shows that in that new environment patient were less aggressive and the length of stay was shorter.

### **3. Methodology**

The population of the study includes patients who visited the two major public hospitals; Municipal Hospital (MH) and Volta Regional Hospital (VRH) located in the regional capital Ho. The focus on Regional Public Hospitals was deemed appropriate because the location has the greatest variety of inequality, several adjoining towns and attends to diverse sets of patients' needs.

The research strategy used includes both quantitative and descriptive research methods. Descriptive strategy was adopted because the researcher's wanted to identify and obtain information on the characteristics of a particular issue, thus measure the conditions and relationships that exist (Jackson 2009). In the instance of this study, the objective of the researchers was to become more familiar with influence of independent variable (servicescape) on dependent variable (quality healthcare) in the public hospitals from the opinion of respondents. Though the total population of patients that visit both hospitals cannot be determined, a total sample of 250 was used for the study.

Quota and accidental sampling methods were adopted as a technique for sample selection. Quota sampling was used to select respondents from each public hospital based on the visit by patients and to guarantee each hospital is represented in the study proportionally (Oisín, 2007). Furthermore, accidental sampling was employed in each case to select the most readily available respondents, regardless of characteristics, until the required sample size has been achieved in each case (Oisín, 2007). In all, seventy (70) cases were selected from the Municipal Hospital and one hundred and eighty (180) from the Volta Regional Hospital. To maximize a high response rate a survey approach was used. For all respondents, closed ended five (5) item Likert type scale questionnaires (1= strongly agreed; 2= agreed; 3= normal; 4= disagreed; 5=strongly disagreed) were self-administered and answered voluntarily by patients at the OPD section of respective public hospital between May 2012 and June 2012. The Likert format was used to determine attitudes, views and experiences of healthcare consumers Shaw and Pieter (2000). A total of 233 usable questionnaires were received giving a response rate of 93.2%. The unusable questionnaires were mainly caused by poor understanding of questionnaire and ineligible handwriting by respondents. Of the seventy (17) unusable questionnaires, ten (10) were retrieved from the Municipal Hospital and seven (7) from Volta Regional Hospital. Data was analyzed descriptively by computing frequencies and percentages for identifiable variables.

### **4. Results and Discussions**

Table 1 below measures the importance of servicescape in the delivery of quality healthcare service in the VRH and MH located at the regional capital of the Volta Region. The 233 respondent who provided usable questionnaires were asked to indicate the extent to which they agreed or disagreed with a range of twelve (12) statements which are related to the physical environment. The idea was to determine the degree to which the hospitals in the study are meeting the needs of potential healthcare consumers in relation to quality service delivery through servicescape. Baker's (1987) typology of servicescape was the factors considered for the analysis. In all, three (3) questions were examined under ambient factors, six (6) questions under design factors and three (3) questions under social factors.

The ambience was distinguished into three dimensions for data analysis: noise level, odour and appropriateness and hygienic nature of place of convenience for clients. The findings relating to noise level indicates varied results. While 58.96% of the respondent from VRH agrees that the noise level is acceptable, 58.33% of respondents from MH disagree. The situation in the MH can be put down to its location in a crowded environment in the central business district of the town. Regarding odour, both hospitals show parallel results. Thus 54.91% of respondents in VRH and 75% of respondents in MH agree the odour in the hospitals premises is pleasant. It is said good hospital hygiene is vital to any strategy for preventing contamination in hospitals. A body of clinical evidence derived from case reports and outbreak investigations suggested an association between poor environmental hygiene and the transmission of micro-organisms in hospitals (Dancer, 1999; Garner and Favero, 1986). It is therefore understandable that In spite of the many challenges in the public hospitals, management of the hospital place a lot of emphasis on good and healthy hygienic environment. This is revealed in measuring the appropriateness and hygienic nature of place of convenience for clients where 60.69% of respondents in VRH and 55.55% of the respondent from MH indicates the conditions are favourable.

**Table 1.** Responses of Clients of Volta Regional Hospital and Municipal Hospital on Selected Servicescape in Quality Healthcare Industry.  
Source: Field Survey, May - June 2012

Questionnaire Statement	Volta Regional Hospital (VRH) Response					Municipal Hospital (MH) Responses				
	S. A	A	N	D	S. D	S. A	A	N	D	S. D
<b>Ambient Factors</b>										
The noise level in the hospital is acceptable.	36 (20.80%)	66 (38.15%)	60 (34.68%)	9 (5.20%)	2 (1.16%)	-	10 (16.67%)	15 (25.00%)	26 (43.33%)	9 (15.00%)
The odour in the hospital environment is pleasant.	15 (8.67%)	80 (46.24%)	70 (40.46%)	8 (4.62%)	-	29 (48.33%)	16 (26.67%)	10 (16.67%)	5 (8.33%)	-
The hospital's place of convenience is hygienic, standard and caters for all categories of clients.	22 (12.71%)	83 (47.98%)	58 (33.53%)	7 (4.05%)	3 (1.73%)	13 (21.67%)	20 (33.88%)	18 (30.00%)	9 (15.00%)	-
<b>Design Factors</b>										
The Out Patients Department (OPD) and lobbies of units are spacious.	-	8 (4.62%)	45 (26.01%)	75 (43.34%)	45 (26.01%)	3 (5.00%)	15 (25.00%)	9 (15.00%)	16 (26.67%)	17 (28.33%)
The sitting facilities at the Out Patients Department and lobbies of units were comfortable and adequate.	8 (4.62%)	30 (17.35%)	73 (42.20%)	47 (27.17%)	15 (8.67%)	-	9 (15.00%)	6 (10.00%)	18 (30.00%)	27 (45.00%)
The Out Patients Department unit is always overcrowded during OPD sessions.	63 (36.42%)	53 (30.63%)	40 (23.12%)	17 (9.83%)	-	16 (26.67%)	16 (26.67%)	9 (15.00%)	16 (26.67%)	3 (5.00%)
Patient's cards and folders are standard, attractive and always kept neat by the hospital.	49 (28.32%)	106 (61.28%)	10 (5.78%)	8 (4.62%)	-	13 (21.67%)	32 (53.33%)	10 (16.67%)	5 (8.33%)	-
The layout of the hospital is well planned in terms of grassing, flowering and lighting and the structures of the buildings are very attractive.	72 (41.62%)	56 (32.37%)	42 (24.28%)	3 (1.73%)	-	-	3 (5.00%)	10 (16.67%)	40 (66.66%)	7 (11.67%)
The colours of the physical facilities and the interior are pleasant.	80 (46.24%)	31 (17.92%)	42 (24.28%)	13 (7.51%)	7 (4.05%)	-	9 (15.00%)	36 (60.00%)	10 (16.67%)	5 (8.33%)
<b>Social Factors</b>										
The nursing staff understood your needs and showed a commitment and positive attitude towards satisfying your needs.	23 (13.29%)	55 (30.04%)	52 (28.89%)	32 (17.38%)	18 (10.40%)	17 (28.33%)	15 (25.00%)	15 (25.00%)	9 (15.00%)	4 (6.67%)
The nursing staffs were able to provide prompt, right the first time and to solve my problems.	-	65 (37.57%)	73 (42.20%)	27 (15.61%)	8 (4.62%)	8 (13.33%)	12 (20.00%)	35 (58.33%)	5 (8.33%)	-
The staff looks attractive, professional and elegant.	47 (27.17%)	130 (47.97%)	43 (24.86%)	-	-	14 (23.33%)	19 (31.67%)	25 (41.67%)	2 (3.33%)	-

Six dimensions were employed in the studies to evaluate the effect of design factors on service delivery. Responses for space at the out-patient department and lobbies of units of both hospitals reflect fair spread of opinion across the range of responses. Large majority of respondents for both hospital 69.36% in VRH and 55% in MH asserted the spaces are not adequate. Furthermore large majority of the respondent does not also believe the sitting facilities at the OPD and lobbies of units were comfortable and adequate. The responses of (42.20% normal; 35.84% disagree) in VRH and 75% disagreed confirm this. On overcrowding at OPD session, opinion of respondents was positive. In the VRH, 67.05% and 53.33% of attendants at MH agree that the hospital is always overcrowded. Perhaps the simplest reason that can be adduced to the limited space and overcrowding at the public hospital OPD is understanding of the public for the need to visit hospital emanating from the continuous education of the public of the effects of self-medication, the implementation of National Health Insurance Scheme (NHIS) which alleviates the burden of healthcare financing on individuals and household and inadequate health facilities at the surrounding towns and villages. The scenario described above accounts for large volumes of patients that visit the public hospitals that were not originally planned for. This will ultimately places undue pressure on the facilities hence leading to the deterioration of the facilities earlier than planned. On the neatness and attractiveness of patients' cards and folders and how they are kept by the hospital, majority of clients of both hospital thus 89.60% from VRH and 75% from MH were of the view that these items are standard, attractive and well-kept by the hospital administration. Information relating to the layout of the hospital and the attractiveness of hospital were assessed differently by clients of both hospitals. While majority of healthcare consumers of VRH affirm the buildings are attractive and well planned (73.00%), 78.33% of clients of MH insisted that the buildings are not attractive and well planned. Additionally, also evidence from data relating pleasantness of colours used also shows varied results. While 64.16% of respondents in VRH agree the colours were pleasant, 25% of respondents in MH disagree and 60% were indifferent. The difference in the opinion on the findings on the layout and appeal of colour of MH hospital is not surprising because the MH is an old public hospital with old architectural design, built in 1927 on 3.93 acres or 1.57 hectares of land to serve a smaller population. Until the building of VRH, a lot of expansion work was carried out to cater for increasing demand for specialist services. This has led to the crowding of buildings on the limited space available.

For the analysis of social factors, three (3) areas were explored. On whether nursing staff understood the needs of clients and showed a commitment and positive attitude towards satisfying them the responses from the participants were different. Whilst majority of the respondents from MH thus 53.33% agree, only 43.33% agree from VRH. Concerning the ability of the nursing staff to provide prompt, right the first time and solution solve patient's problems, 42.20% of respondents from VRH and 58.33% of respondents from MH agree their services were normal. Relating to professional look, elegance and attractiveness of the staff, a large majority of the respondents' answers were positive. Thus 75.14% of VRH and 55% of MH respondents gave affirmative answers.

The definitive question in the healthcare consumers' questionnaire was designed to determine whether the servicescape of the public hospital they visit affects the quality of service delivery and the choice of hospital they wish to attend. These results are displayed in table 2 below. It must be recognized that the researchers do not consider each of the physical environments in isolation rather it is assumed they are interrelated and overlapped and consumed as a bunch by the clients.

On the overall quality assessment of hospital visited based on the physical environment measured, opinions from the respondents from both hospitals differ. For VRH, 65% of respondents rate the service as very good, 25% rate it as good and 10% rate it as average. Also 20% of respondents in the case of MH rate their service as very good, 70% as good and 5% as poor.

From the table all respondent were also asked to rate on five Likert scale whether physical environment/servicescape affects the service delivery and their choice of hospital. Opinions from clients indicates that majority of the respondents (75% of strongly agrees and 15% agreed) of VRH and (65% of strongly agrees and 20% agreed) of MH believes that physical environment affects the service delivery and their choice of hospital and only 2% of respondents from VRH disagree with such a suggestion.

**Table 2.** Servicescape as a Factor That Affects Quality Service Delivery and Choice of Health Facility Respondents Visit.

Effects of servicescape on service delivery and choice of hospital.			Overall assessment of quality service of hospital visited on the basis of servicescape measured.		
	<b>VRH</b>	<b>MH</b>		<b>VRH</b>	<b>MH</b>
	Percent	Percent		Percent	Percent
<b>Strongly Agreed</b>	75	65	<b>Excellent</b>	0	0
<b>Agreed</b>	15	20	<b>Very Good</b>	65	20
<b>Not Known</b>	8	15	<b>Good</b>	25	70
<b>Disagreed</b>	2	0	<b>Average</b>	10	5
<b>Strongly Disagreed</b>	0	0	<b>Poor</b>	0	5
	<b>100</b>	<b>100</b>		<b>100</b>	<b>100</b>

Source: Field Survey, May - June 2012

## 5. Conclusion

Public hospitals in Ghana are faced with multiple challenges. Among several factors such as funding, inadequate resource from central government, image, and reputation, service delivery always assume greater eminence. Though improving medical care requires the attention of service features such as processes, doctors and nurses, it is noteworthy from the studies that additional organizational issues especially the physical environment/servicescape plays a vital role in improving service delivery in the healthcare system. It is clear from the study that the health consumers give priority to physical environment or evidence an element in the 7Ps as one of the most critical factors in determining whether service delivery at the hospital is of quality or not. While most of the factors considered were rated high in the study, the low rating of noise level, layout, and colour of facilities at MH poses a challenge to healthcare providers. Furthermore, the problem of limited spaces at lobbies and overcrowding at the OPDs for both VRH and MH cannot also be ignored. The overall assessment of both hospitals also shows a clear distinction between quality service deliveries in the view of the respondents. While large majority of study participants agree the servicescape measured affect the nature and quality of service delivery, 70% of respondents from MH rate the overall service provided base on servicescape as good.

It can be argued that the uncompetitive environment in which public hospitals in Ghana find themselves mirrors that which has driven service provision/delivery in the developed countries the past decades. In Ghana, there appears to be no focus on marketing of services of public hospitals may be because there is an assumption that healthcare provision is a basic necessity and consumers will be satisfied with whatever is provided by the organization given the mandate to do so. Thus basically the provision of healthcare service still lies in the domain of the product concept of marketing. However, with the increasing number of private hospitals, shoppers of healthcare have several baskets to pick from. Coupled with increase in taste of healthcare consumers and more importantly, increases in a healthcare attendants per individual due to the introduction of NHIS, it is evident there is still room for improvement to address the thorny issues raised in this study. In that vein, it is clear that the institutions see the need to overhaul their approach to managing servicescape to be able to deliver quality service to their clients.

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