

**VULNERABILITY TO MEDICAL NEGLIGENCE:
CLIENTS PERCEPTIONS ON QUALITY OF
HEALTHCARE SERVICE DELIVERY AT BENUE
STATE UNIVERSITY TEACHING HOSPITAL
(BSUTH), MAKURDI(2015-2022)**

By

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Abstract

The escalating expectation for top-quality health services among the general public, government, healthcare providers, and other stakeholders can be understood through the lens of criminology, particularly in the context of social control and institutional accountability. From a criminological perspective, the rising demand for high-quality healthcare can be seen as a form of social control, where the public and other stakeholders exert pressure on healthcare providers and

government institutions to prioritize patient safety, quality care, and accountability. The main objective of this study was to assess the quality of health service delivery at BSUTH, Makurdi. The descriptive cross-sectional study was used to assess client perception of service quality. The study population was the clients attending the BSUT. A sample size of 384 was considered with the appropriate sample size determination out of which 356 questionnaires were returned for analysis. A multi-stage sampling method was used for the study. A customized SERVQUAL questionnaire was adapted for the study. The tool has been validated for use in the health sector. The five standards in evaluating service top quality like tangibles, reliability, responsiveness, assurance and also empathy. The data collected was entered and analysed with EPI-INFO 2002 version 3. The frequency and Standard deviation were used for the various domains of service quality. The study found that tangibles, Reliability, responsiveness, assurance and also empathy as measured were relatively low, weak and poor. It was recommended among others that the government and the relevant authorities should quickly intervene for an improved and standardized medical service to the people.

Keywords: Vulnerability, Medical Negligence, Clients Perceptions, Quality of Healthcare Service, BSUTH

Introduction

The concept of service quality delivery in healthcare is critical to ensuring that patients receive high-quality care

that meets their needs and expectations. However, the reality in many Nigerian hospitals falls short of this ideal. The systematic arrangement of tasks in healthcare service delivery is often characterized by inefficiencies, incompetence, and neglect. The failure to provide high-quality healthcare service delivery can be seen as a form of institutional failure as well a form of victimization. The healthcare system in Nigeria is characterized by a lack of accountability, inadequate funding, and poor infrastructure. These systemic failures create an environment conducive to medical negligence, and other forms of harm.

The concept of "standard and high-quality healthcare service delivery" is particularly relevant in this context. This concept refers to services that fulfill set requirements, indicating excellence and satisfying the demands of both patients and healthcare practitioners. However, the reality in many Nigerian hospitals is that these standards are often not met (Zarei, Mohammed, & Abbas, 2012). The implications of this are significant. Patients who receive substandard care are more likely to experience harm, including medical negligence and iatrogenesis. This can have serious consequences, including physical harm, emotional trauma, and even death.

In the last three decades, assessment of the high quality of health service has assumed raising value. High quality of care is very important as it affects the utilization of the services, compliance with treatment, and also inevitably health and wellness outcomes (Sohail, 2013).

High-quality health can be accessed from the point of view of the customers, organization and managers of the organization (Zarei, Mohammed, Abbas, Arash & Tabatabaei, 2012). Evaluation of client understanding of the high quality of treatment and also complete satisfaction with services has actually presumed a much more noticeable function in the last two decades, particularly with the development of customer motion in developed nations (Zarei, Mohammed, Abbas, Arash & Tabatabaei, 2012). It gives comments about services provided highlighting areas of strength as well as deficiencies that require to be surpassed. Service top quality is an action of the degree of inconsistency between the client's perception and also expectations (Arries & Newman, 2008). Customer or client dissatisfaction happens when the assumptions are higher than the real efficiency of service delivered by the hospital. In contrast, clients have a high degree of satisfaction when the health service is more than expectations.

Surveys from different parts of the world have revealed differing degrees of client general fulfillment with health services in developed and also developing countries. The Price of satisfaction from the studies varies from 22% to 95% (Arries & Newman, 2008). Most of these studies have actually recognized different problems with high quality of service in medical facilities such as long waiting times, overcrowding at clinics, and the bad perspective of the team and also lack of medicines (Rao, Peters, Bandeen & Roche, 2016). In Nigeria, the healthcare system is organized in 3 degrees; primary,

secondary and tertiary. The main healthcare solutions are provided by the local government in main health centres, secondary care services by state governments as whole hospitals while the federal government offers tertiary treatment in teaching hospitals (Otani, & Harris, 2013; Ross, Stewart, & Sincore, 2014).

Surveys have shown that similar to in many parts of the world, 60% - 70% of the population utilises private health facilities for their wellness requirements (Rao, Peters, Bandeen & Roche, 2016). Among the factors for the lower level of utilisation of public health centres contrasted to exclusive ones is the inadequate assumption of the quality of services in federal government health centres (Otani, & Harris, 2013). Routine assessment of client perception of service top quality is critical to recognize areas of the crucial requirement for enhancement along with providing a standard to examine the impact of treatments to improve high quality of care in the spirit of quality assurance (Otani, & Harris, 2013).

Healthcare facilities exist to give solutions to clients, and because of this, supplying excellent quality care must be of topmost concern, as clients and customers are major stakeholders in healthcare delivery. The Benue State University Teaching Hospital is an additional-level facility in Makurdi, Benue State. It provides outpatient as well as inpatient services to people in and outside Makurdi town. It has a mission to give timely and affordable health care services to all individuals in a tidy as well as a health condition. Arising from this, there is a

requirement to figure out exactly how well or otherwise, the health centre could actually accomplish its objective statement.

The outpatient and inpatient facility is the entrance to almost all hospital services and globally, 80% of customers in a medical facility are addressed at the outpatient division. For that reason, it suggests that the findings from surveys on the top quality of treatment at outpatient clinics will be a representation of the high quality of care in the entire healthcare facility. Without a doubt, better outpatient services are the tricks to wellness gains for the bad (Ross, Stewart, & Sincore, 2014).

A couple of researches have been carried out to analyze the client perception of service quality at the outpatient clinics of the health centre. This study will provide baseline data on the present situation relating to the quality of treatment as regarded by clients. It will additionally determine areas of strength and also shortages in services supplied as viewed by the customers. The information acquired from the research study will serve in making treatments targeted at boosting the overall quality of treatment at the outpatient and inpatient centres in the medical facility. This is especially important in the sight of the high premium played on continuous high quality. The objective of this research study was to evaluate the client's perception of the client on the quality of health service delivery at the outpatient and inpatient clinics of Benue State University teaching hospital, Makurdi.

Literature review

Quality health care

Understanding of the concept of high quality health services is on the increase over the last few years. The requirement for better healthcare quality and effectiveness in healthcare is driven by the consolidation of both product and procedure innovations into the healthcare delivery system (Sohail, 2013). It has been reported that despite having a good variety of innovations in the healthcare sector which are evidence-based, the trouble of sufficient circulation of such advancements remains a problem. Top quality of healthcare includes adhering to aspects of treatment: acceptability/patient-centredness, the appropriateness of healthcare delivery, treatment performance, the efficiency of treatment along with equitable distribution of the healthcare facilities (Zineldon, 2013).

The efficiency of care in the health care system has been referred to as the generation of topmost output in terms of life expectancy, reduced death and so on; for an offered level of input (Dagger & Sweeney, 2006). It is additionally described as ".,, the allotment of offered resource inputs in such a way that supplies the very best outcomes for the community." Studies had revealed a variety of inadequacies and also wasteful use of resources in health systems around the globe (Coulter & Jenkinson, 2015). These inadequacies include a suboptimal application, as well as use of personal and also public financing for health, inefficient as well as unnecessary use of specialist health facilities and also

hospital care, inequality and therefore underutilization of team skills, inefficient as well as unsuitable application of manpower and infrastructural resources, insufficient primary health care service about offered additional as well as tertiary health care service, poor administration of health systems, ineffective collection of information from available documents, not enough, use contemporary technology patterns in the collection of health information needed to cultivate decision making and health planning amongst others (Coulter & Jenkinson, 2015; Donabedian & Ann Arbor, 2008). It is not unlikely that when these inefficiencies are taken on squarely, there would certainly be a radical improvement of health systems as well as hence improvements in lifestyle in addition to the average life expectancy of the people of a nation. For much better resource allocation and also improved effectiveness nonetheless, continual evaluation (scientific audit) has to end up being an important task for health care coordinators and policymakers and also the company. The provision of equitable healthcare solutions has actually likewise been linked to enhanced effectiveness as this creates an equilibrium in the out-of-balance proportions of key, secondary as well as tertiary healthcare solutions offered to a population (Dagger & Sweeney, 2006).

In Nigeria, specific inefficiencies have actually likewise been identified. Varying from non-adoption of contemporary information technology methods in health care, poor maintenance cultures, insufficient key healthcare services relative to available secondary and also tertiary healthcare services, inadequate administration of health and wellness systems, to under-

utilization of wellness workers skills, bad personnel inspiration and also unhealthy competition in between various groups of wellness workers; it is evident that the performance of health care shipment within the Nigerian wellness system is blatantly insufficient.

Methodology

Study design:

The cross-sectional study was adopted to assess client perception of service quality at the Benue State University Teaching Hospital, Makurdi. The study population comprises clients attending the outpatient clinics of the Benue State University Teaching Hospital, Makurdi. The selection of the population was that the patients who were undergoing treatment might have better view on the type of healthcare services they received in BSUTH. The sample size was calculated using the formula for descriptive studies by Cochran (1963)

$$N = \frac{(Z^2 PQ)}{d^2};$$

Where N = minimum sample size;

Z= Critical value corresponding to 95% confidence level= 1.96;

P= Proportion with parameter (client satisfied with service = 50% assumption);

Q= 1-p; D= precision

$$\text{So } N = \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.05)^2}$$

$$N = \frac{3.84 \times 0.25}{0.0025}$$

N= 384

The minimum required sample size is 384.

A multi-stage sampling method was used for the study. Instage one, five (5) clinics were selected from the various clinics. The selected clinics were the medical outpatient clinic, surgical outpatient clinic, general outpatient clinic, paediatric outpatient clinic and Obstetrics and Gynaecological clinics. In stage two, a systematic sampling method was used to select respondents in the selected clinics. The number of clients to be selected in each clinic was determined by proportionate allocation based on the statistics for the previous year. In each clinic, a sampling interval was calculated at each clinic based on the average clinic attendance.

Data collection tool and procedure

A structured SERVQUAL questionnaire was adapted for the study. The tool has been validated for use in the health sector. The SERVQUAL structure uses five standards in evaluating service top quality, especially tangibles, reliability, responsiveness, assurance, and

empathy. Tangibles- describe the physical centres, devices as well as look of personnel integrity describes the capability to do promised service reliably and also precisely. The tool was administered by two (2) skilled research assistants with a minimum of a Bachelor's level in social sciences and also they were trained over a someday duration through duty plays and, presentations to make sure that top-quality information is gathered. Data collection took place over 6 weeks. Each facility was gone twice a week so as to obtain an ideal representation of patients attending the centres. On participant days in each facility, the very first individual was selected randomly while subsequent individuals were selected based on the calculated sampling period. Some clients were interviewed at the end of the facility assessment. The data collected were entered and analysed with EPI-INFO 2002 version 3. Windows Results are presented in tables and figures. The frequency, mean were used for the various domains of service quality. The cut-off mark of 2.5 and above was considered good, and below the cut-off mark was regarded as poor. Linear regression was used to determine which domain of service quality was the most important contributor to the overall client perception of service quality. Ethical approval was obtained from the health research ethics committee of the Benue State University teaching hospital. Permission for the study was obtained from the management of the hospital. Informed consent was obtained from the client attending the clinic. The confidentiality of the information collected was secured by restricting access to the data collected by investigators and research assistants. The

anonymity of the clients was guaranteed by not including the personal details of the clients in the instrument. Clients were assured that their responses will not be used against them and will not influence the care they will receive in the facility.

Results

This section dwells on the presentation of the result using the WHO measurement standard for assessing quality of healthcare delivery. These include tangible, reliability, responsive, assurance and empathy domain and finally discussion of findings (**Key:** *SD = Strongly Agree, A = Agree, UC = Undecided, D = Disagree, and SD = Strongly Disagree*)

Table 1: Respondents' perception of the tangible domain of Service quality BSUTH (N=356, %=100)

Variable	SD (N%)	D (N %)	UC(N %)	A (N %)	SA (N %)	Mean
The clinic is clean	96(27.0)	65(18.2)	3(0.8)	142(39.8)	50(14.2)	2.55
comfortable environment	17(4.8)	239(67.1)	2(0.6)	80(22.5)	18(5.1)	2.34
information brochure	19(5.3)	200(56.2)	7(2.0)	60(16.6)	70(19.7)	2.25
Privacy is observed	89(25.0)	122(34.3)	5(1.4)	65(18.3)	75(21.0)	2.40
Staff are neat in appearance	0(0)	6(1.7)	0(0)	200(56.2)	150(42.1)	2.68
Well-maintained medical facilities	102(28)	154(43.3)	5(1.4)	40(11.2)	55(38)	2.37
Overall mean score						2.43

Source: Fieldwork, 2021(Overall SD total=1.24)

Table 1 is about the test on the tangible domain of Service quality in the hospital. The data shows that the majority of the respondents 39.8% said the hospital was neat, the majority 67.1% disagreed that the environment was comfortable, majority 56.2% also disagreed that there was an information brochure, the majority 34.3% disagreed that privacy was observed, majority of the respondents 56.2% said staff were neat in appearance, and lastly the majority 43.3% disagreed that facilities in the hospital are well maintained. The overall mean score

was 2.43 signifying low tangible quality deliveries. It was inferred from the table that the only area of tangible that score above the cut-off point was the neatness of the clinic and the staff (2.55 and 2.68 respectively). This entails that other area of tangible service need to be improved.

Table 2: Respondents' perception of reliability domain of service quality at BSUTH (N=356, %=100)

Variable	SD ()	D(N)	UC(N %)	A (N %)	SA(N%)	Mean
Services are provided at the appointed time	201(56.5)	55(15.4)	10(2.8)	50(14.0)	40(11.2)	2.30
Services are carried out right the first time	49(13.8)	184(51.7)	13(3.7)	82(23.0)	28(7.9)	2.21
Doctors are professional and competent	50(14.0)	40(11.2)	5(1.4)	105(29.5)	156(43.8)	2.52
There is fast retrieval of document	152(42.7)	92(25.8)	12(3.4)	40(11.2)	60(16.9)	2.25
There is the consistency of service charges	156(43.8)	65(18.2)	5(1.4)	70(19.7)	60(16.9)	2.47
Overall total mean score						2.35

Source: Fieldwork, 2021

Table 2 presents the respondents' perception of the reliability domain of service quality. The raw data indicate that majority of the respondents 56.5% strongly disagreed that services are provided at the appointed time, and 51.7% disagreed that services are carried out right the first time. The most of the respondents 43.8% strongly agreed that doctors are professional and

competent. The table indicates that the most of the respondents 42.7% strongly disagreed that there was fast retrieval of a document, and the most 43.8 % strongly disagreed that there was the consistency of service charges. The overall mean score with of the reliability domain of service quality of 2.35 was relatively low signifying a poor result.

Table 3: Respondents' perception of responsiveness domain of service quality at BSUTH

Variable	SD (N%)	D(N%)	UC (N%)	A(N%)	SA (N%)	ME AN
Patients are given prompt service	142(39.9)	146(41.0)	8(2.2)	20(5.6)	40(11.2)	2.44
Doctors are responsive to clients' needs	106(27.8)	109(30.6)	15(4.4)	80(22.5)	46(12.9)	2.47
Nurses are responsive to client needs	99(27.8)	105(29.5)	45(12.6)	76(21.3)	29(8.1)	2.31
The attitude of doctors instils confidence in clients	92(25.8)	109(30.6)	55(15.4)	60(16.9)	40(11.2)	2.61
The attitude of nurses instils confidence in clients	96(27.0)	106(29.8)	6(1.7)	55(15.4)	45(12.6)	2.32
Waiting time does not exceed one hour	199(55.9)	90(25.3)	7(2.0)	40(11.2)	20(5.6)	2.22
TOTAL MEAN						2.4

Source: Fieldwork, 2022

Table 3 shows the respondents' perception of the responsiveness domain of service quality. About 41% of respondents disagreed that clients are given prompt services. The most 30.6% of respondents strongly disagreed that doctors are responsive to client needs. Similarly, 29.5% of respondents agreed that nurses were responsive to client needs. Most 30.6% of respondents strongly disagreed that the attitude of doctors instills confidence in clients while 29.8% of them disagreed that the attitude of nurses instills confidence in clients. The majority 55.9% of respondents strongly disagreed that the waiting time does not exceed one hour. Similarly, the overall mean score for the perception of responsiveness domain of service quality was 2.4 with correspondence standard deviation of 1.24 which is below the cut-off mark of 2.5 and 1.5 respectively. This shows the poor responsive domain in the hospital. Hence three is need to improvement in this area.

Table 4: Respondents' perception of the assurance domain of service quality at BSUTH (N=356, %=100)

Variable	SD(N%)	D(N%)	UC(N%)	A(N%)	SA(N%)	mean
Doctors are courteous and friendly	74(20.8)	156(43.8)	15(4.2)	70(19.7)	41(3.9)	2.34
Nurses are courteous and friendly	156(43.8)	26(7.3)	74(20.8)	45(12.6)	55(15.4)	2.41
Doctors possess a wide spectrum of knowledge	38(10.7)	1(0.3)	15(4.2)	234(65.7)	149(41.9)	2.35
Clients are treated with dignity and	121(34.0)	18(5.0)	4(0.1)	60(16.9)	262(73.6)	2.24

respect						
Clients get an explanation thoroughly about their medical condition	156 (43.8)	56(15.7)	14(3.9)	70 (19.7)	60 (16.9)	2.32
Total Mean						2.33

Source: Fieldwork, 2022

Table 4 shows the assurance domain of service quality. The most 43.8 % of the respondents disagreed that doctors are courteous and friendly, while 43.8 % of respondents strongly disagreed that nurses are courteous and friendly. The majority 65.7% of respondents agreed that doctors possess a wide spectrum of knowledge. The majority (73.6%) of respondents strongly agreed that clients were treated with dignity and respect. Similarly, the most 43.6 % of respondents strongly agreed that clients get an explanation thoroughly about their medical condition The total mean score for the variables in the assurance domain was lower and poor hence the overall mean score = 2.33 was below the cut-off point of 2.5.

Table 5: Respondents' perception of the empathy domain of service quality at BSUTH(N=356, %=100)

Variable	SD(N%)	D(N%)	UC(N%)	A(N%)	SA(N%)	mean
Feedback is obtained from clients	63(17.7)	30(8.4)	7(2.0)	180 (50.6)	76 (21.3)	2.36
Doctors have clients' best interests at heart	96(27.0)	92(25.8)	12 (3.4)	69(19.4)	87 (24.4)	2.32
Nurses have clients' best	97(27.2)	87(24.4)	11 (3.1)	69(19.4)	92 (25.8)	2.35

interests at heart						
Doctors understand the specific needs of patients	156 (43.8)	92(25.8)	8(2.2)	65(18.3)	35(9.8)	2.34
Overall Total mean score						2.34

Source: Fieldwork, 2022

Overall SD=1.32

Table 5 shows the empathy domain of service quality. Only 50.6% of the respondents strongly agreed that feedback is obtained from clients. Most 27% of respondents strongly disagreed that doctors have the best interest of clients at heart, while 27.2% of them strongly disagreed that nurses have the best interest of patients at heart. The most 43.8% of respondents disagreed that doctors understand the specific needs of patients. The overall mean score for the variables under the empathy domain was 2.34 which are below the cut-off mark of 2.5. Therefore the client perceived that the overall service quality in the empathy domain was poor.

Table 6: Multiple linear regression of overall perception of quality of service quality at BSUTH based on domains of service quality

Domains of service quality	Coefficient	standard error	F-TEST	P-value
Tangibles	-0.140	0.085	0.723	0.006
Reliability	- 0.056	0.104	0.297	0.007
Responsiveness	-0.139	0.091	2.043	0.002
Assurance	0.327	0.096	3.124	0.001
Empathy	0.111	0.096	0.142	0.007
Affordability and	-0.071	0.059	2.421	0.001

Accessibility				
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Source: Fieldwork, 2022

Linear regression showed that tangible, reliability, responsiveness, assurance, empathy, affordability and accessibility as a predictor of perceived overall service quality in the hospital as shown in Table 6 was very low (0.006, 0.007, 0.002, 0.001, 0.007, and 0.001). This signifies that the BSUTH needs to improve hence, clients were not satisfied with their service delivery.

Discussion

This research study made use of the customized SERVQUAL set of questions to assess health quality in Benue State University teaching hospital, Makurdi. This research has offered the possibility to identify the areas of strengths and weaknesses in the top quality of healthcare offered in the hospital. This finding follows that from various other research for instance. The healthcare quality was examined utilizing the 5 SERVQUAL measurements of Tangibles, Dependability, responsiveness, assurance, empathy and an added measurement of price and also availability. The overall mean rating of Tangibles dimensions was 2.43. This usually suggests that the hospital had a poor environment. This is the area of weak point that can be surpassed by the medical facility management through the manufacturing of pamphlets and information pamphlets detailing the tasks in each particular centre. The pamphlet must additionally consist of client tasks and also client legal rights, information on security in the

hospital and also call information in case of safety problems, a map of the health centre and also information on calculated locations. This is although, the hospital is a public one which unlike personal healthcare facilities, may not position high costs on the marketing of the available services. The General mean rating in the integrity domain was 2.4 suggesting a lower performance. The lowest score of this was videotaped on the issue of exactly how slow documents are obtained and also whether services are given at the selected time. These areas need to be improved upon by the administration via an assessment of the current procedures in the document area of the healthcare facility for identifying ways to minimize the moment invested in the access of documents such as instance documents. The total mean score for the responsive domain was 2.4 suggests a generally weak efficiency. With regards to the assurance or guarantee domain; the overall mean score was 2.33. All the things in the domain name had a mean score below 2.5 which suggests a weak and poor efficiency. The research ought to be sustained to guarantee that clients are not guaranteed a high degree of quality healthcare delivery. This suggests that clients regarded that health employees had not been the effective rate of interest of customers in mind as well as misunderstood the details demands of the customer. The mean rating for the empathy domain was 2.34 and none of the items under it have of 2.5 cut-off point. This clearly shows poor empathy.

To back up the above findings, various other studies elsewhere have assessed service quality with numerous tools as well as methods that make comparison with this

study unsuitable. For instance, the finding of the study tallies with (Zineldon, 2013) who averred that in most developing countries, there are records of the inadequate reputation of healthcare services as a result of inadequate access to care because of infrastructural and employees deficiencies; physical and emotional discomforts etc; have been made. This consequently has actually influenced the degree of use of Nigerian health services by the people as shown by the enhanced patronage of trado-medical practitioners.

Similarly, Coulter & Jenkinson, (2005) and Coulter, (2016) pointed out that although the ideal treatment is typically offered by the best service providers at the ideal place as well as at the correct time by those that can pay for such services. Nonetheless, the high prevalence of the technique of out-of-pocket payments for health paired with reduced government investment in the health funding system of Nigeria, disproportionate circulation of healthcare funds, regional inequity in healthcare expense and also a high level of hardship is making the best care not to get to the ideal client at the right time. This is so since the individual selects to opt for natural medicine choice which frequently worsens their health standing.

The finding was in tandem with Dagger and Sweeney (2006) who found that in the Nigerian context, these variables impacting therapy performance consist of inadequate or delayed accessibility to high-quality care, destitution, poor perceptions relating to quality treatment, not available enabling elements, absence of medications and also high-quality treatment, shortage of

health employees as well as non-functional health policies have likewise been reported. The option to this is nevertheless, to precede health education and learning efforts and also awareness creation to manage wrong understandings of care.

Conclusion

The healthcare system's failure to effectively disseminate evidence-based innovations and provide high-quality care can be seen as a form of institutional failure, which can have serious consequences for patients and communities. This failure can be attributed to various factors, including power dynamics, lack of accountability, and inadequate resources. The requirement for better healthcare quality and increased effectiveness in healthcare can be understood through the lens of risk management and vulnerability reduction. The healthcare system's failure to provide high-quality care can create vulnerabilities and increase the risk of harm to patients and communities. To address this, a comprehensive approach that addresses both the institutional and systemic factors that contribute to harm and victimization, as well as the risk management and vulnerability reduction strategies that can help to mitigate these risks, is critical to ensuring the safety and security of patients and communities. This study, which made use of the modified SERVQUAL device, showed that clients viewed the service quality at the BSUTH Makurdi facility to be grossly poor.

Recommendations

Arising from the above, it is worth noting that the health centre administration must focus on interventions to improve the responsiveness of the services given in the healthcare facility to further enhance the service quality in the health centres. The following recommendations were made as follow:

1. The Benue state government through the Ministry of Health, stakeholders, workers and other relevant authorities should take this study as an eye opener and therefore ensure that the hospital provides effective, quality and client-centred medical services to the people.
2. There is therefore an urgent need for effective supervision by hospital managers to ensure workers in BSUTH intensify their services so as to meet up with international best quality healthcare service.
3. There is urgent need to add more work forces. The employment of more workers may go a long way in solving part of problems identified.
4. There is urgent need to procure of purchase more medical equipments for effective, efficient and quality health care delivery in the hospital.

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