Health Service Marketing Management in Africa

Edited by
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A PRODUCTIVITY PRESS BOOK

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1 Introduction to Healthcare Service Marketing Management

Building Customer-Driven Health Organisations

Robert Ebo Hinson, Kofi Osei-Frimpong, Ogechi Adeola, Lydia Aziato

INTRODUCTION

Healthcare services are considered the backbone of society and human wellness. The recent institutional transformations in the healthcare services have enormous potential for research and the sector is fast becoming an exciting field of inquiry for marketing and management scholars. Given that marketers are concerned about the creation of value for customers, one of the latest trends in the healthcare sector in Africa is the application of tested and established principles of value creation in mainstream marketing to the healthcare sector. However, this remains a grey area which requires a comprehensive understanding and application of mainstream marketing and management principles. As a result, this book presents contemporary and thoughtful insights to address marketing and management related principles in healthcare delivery within the African context.

Healthcare services are considered the backbone of society and human wellness. In recent times, these services have undergone extensive institutional transformation (Danaher and Gallan, 2016). Within the context of this transformation, marketing, service quality and value creation enhance the service experience of healthcare customers (Osei-Frimpong, 2016). For example, Sahoo and Ghosh (2016) identified service delivery, amongst others, as a significant contributor to enhancing customer satisfaction in private healthcare delivery. It is notable that the healthcare industry has enormous potential and is fast becoming an exciting field of endeavour for marketing practitioners. Given that marketers are concerned about the creation of value for customers, one of the latest trends in the healthcare sector is the application of tested and established principles of value creation in mainstream marketing to the healthcare sector.

Stremersch (2008) notes that the application of marketing to healthcare is a fascinating field that will likely have more impact on society than any field of marketing. He further states that an intrinsically unstable environment characterises this very relevant emerging field, hence raising new questions. Changing regulations, discoveries and new health treatments continuously appear and give rise to these questions. Furthermore, advancements in technology not only improve the healthcare delivery systems but also provide avenues for customers to seek information regarding their health conditions and influence their participatory behaviours or changing roles in the service delivery (Osei-Frimpong, Wilson and Lemke, 2018). Increasingly, there is a shift from the doctor-led approach to a more patient-centred approach. About a decade ago, Kay (2007) argued that healthcare organisations need to utilise marketing tools more effectively for customer information and assistance in their healthcare decisions. This effort can only be achieved by healthcare

organisations that promote increased accessibility of care and improved quality of service. Kay (2007) argued these points from the perspective of the US-based healthcare system described as "market-based".

In Africa, the importance of marketing-driven practices in improving the delivery of healthcare services cannot be overemphasised. The issue of healthcare delivery and management is significant for policymakers, private sector players and consumers of health-related services in developing economy contexts. Scholars have strongly argued in favour of marketing and value creation in healthcare service delivery in Africa (i.e. Wanjau, Muiruri and Ayodo, 2012; Mahmoud, 2016; Osei-Frimpong 2016). For instance, in Ghana, Osei-Frimpong (2016) advocated for healthcare service providers to understand patient needs or goals and adopt a holistic engagement approach that would result in positive experiences. Customer experience affects the perception of service quality and acceptability of healthcare services. In South Africa, Hasumi and Jacobsen (2014) found that long waiting times, unavailable medications and staff who are perceived as being unfriendly affected the acceptability of healthcare services. In Egypt, Shafei, Walburg and Taher (2015) identified areas of shortfall in service quality as including physician reliability, physician assurance, nursing reliability and nursing assurance. In the Nigerian context, Adepoju, Opafunso and Ajayi (2018) found that patients were not satisfied with the quality of service in most of the dimensions assessed (i.e. assurance, reliability, tangibles, empathy and responsiveness). In a study on factors affecting service quality in the public health sector in Kenya, Wanjau, Muiruri and Ayodo (2012) found that low employee capacity, low technology adoption, ineffective communication channels and insufficient funding affect service quality delivery to patients, thus influencing healthcare service quality perceptions, patient satisfaction and loyalty. These examples of healthcare service marketing research, in the present contexts, highlight the need to utilise marketing and value creation tools in the delivery of healthcare services. Furthermore, there is a need for the integration of service marketing and management principles to enhance the delivery of quality healthcare across Africa and other developing economies. Therein lies the critical importance of this book.

Drawing on the above discussions, this new book on Health Service Marketing Management responds to calls for quality healthcare service management practices or processes from developing economy perspectives. Focusing primarily on Africa, this book covers seven thematic areas, namely: Strategy in Healthcare; Marketing Imperatives in Healthcare Management; Product and Pricing Management in Healthcare; Distribution, Marketing Communications and Branding in Healthcare; People, Physical Evidence and Service Quality Management in Healthcare; Process Management in Healthcare; and Technology in Healthcare.

BOOK THEMATIC AREAS

This book takes a holistic view of the healthcare service delivery by integrating key concepts that could enhance the performance of the sector from the perspective of the healthcare organisation, professionals and customers. In particular, the book advocates for a need for healthcare organisations and professionals to reorient to understand the changing customer better. This also suggests a need for healthcare organisations to improve on their engagement with customers to ensure a holistic experience. In contributing to the growth and development of the healthcare industry in Africa, this book offers a comprehensive understanding of how the healthcare service sector could be managed to ensure sustainability, competitiveness and overall value creation.

The book is divided into seven parts as summarised in the following sections:

Strategy in Healthcare

The first part of this book discusses two important topics, namely, the societal and healthcare context, and strategic planning and healthcare services. In Chapter 2, Aziato, Ohene and Adjei discuss the societal and healthcare context. This chapter sheds light on the integrated literature of

healthcare and positions healthcare in the context of changing societal factors such as globalisation, economic factors, technological factors, cultural revolution, the consumerist customer and some key healthcare developments. The authors argue that despite the milieu of challenges in African healthcare, healthcare professionals should improve their orientation toward the changing societal context, in particular the cultural diversity within the continent, and promote services that will enhance customer satisfaction. Chapter 3, by Adeola and Adisa, addresses the issue of strategic planning and healthcare services. This chapter examines the nature of the market and how a strategic planning process can be used to solve the challenges associated with marketing healthcare delivery in Africa. The authors affirm the importance of strategic plans in improving healthcare delivery and call for a need for healthcare organisations to develop strategic plans that respond to the changing dynamics of the environment in order to create a healthcare sector that understands the needs of the people. The chapter further sheds light on the relevance of integrating intensive research in assessing the internal/external environments of the healthcare organisation to guide the development of strategic plans and their effective implementation.

Marketing Imperatives in Healthcare Management

The second part of the book addresses some key marketing concepts as applied in healthcare management. Anning-Dorson, Tackie and Nyamekye explore marketing in healthcare management in Chapter 4. They explain the critical role of marketing in healthcare management and offer some considerations of the strategic value of marketing to healthcare and how it could be adopted by entities operating in the healthcare space. The chapter argues that while the marketing concept was not a priority of healthcare organisations in the past, the changing market conditions and growing competition have made the adoption of marketing principles and philosophies relevant in today's healthcare environment. Chapter 5, by Adeola, Ehira and Nworie, discusses segmentation, targeting and positioning (STP) in the healthcare sector by clearly explaining the approaches to the market segmentation process for healthcare services and the factors to be considered in selecting a healthcare target market. The chapter contends that STP informs the identification of needed healthcare niches and as a result contributes to the proper management of expectations, increased patient satisfaction and proper allocation of limited resources. The final section of this chapter discusses consumers and consumer behaviour in healthcare services management. Hence, Chapter 6, by Puplampu, Fenny and Mensah, describes the major features of consumers and consumer behaviour in healthcare delivery and the factors and models associated with consumers and consumer behaviour. They argue that while consumers' behaviour is influenced by a number of factors, the decision to purchase healthcare services or equipment is becoming a complex phenomenon due to the changing nature of healthcare consumers as they become more knowledgeable and enlightened and have increased expectations. In light of this, the chapter offers some recommendations to guide healthcare professionals in the discharge of their duties.

Product and Pricing Management in Healthcare

The third part of the book discusses healthcare products and pricing management. Muriithi, Kinoti, Okunga and Kinoti discuss healthcare product management in Chapter 7. The chapter explicates the complex nature of the healthcare product and evaluates related marketing issues. The chapter addresses two broad categories of the healthcare product: (1) pharmaceutical products as well as medical technology devices; (2) marketing of healthcare services by hospitals and healthcare providers. In Chapter 8, Acheampong and Agyeman-Boaten provide an in-depth discussion on the utilisation and pricing of healthcare services. This chapter deliberates on the demand for healthcare services, its prediction and factors that influence this demand, and explores the various pricing strategies being used in healthcare services. The authors acknowledge the significant improvements in healthcare demand and supply in recent years in developing

countries, but stress that more work needs to be done to improve upon all aspects of healthcare in developing countries.

Distribution, Marketing Communications and Branding in Healthcare

This part of the book also focuses on the distribution of healthcare products, marketing communications strategies in healthcare services and branding strategies in healthcare management. Chapter 9, by Mahmoud, presents an extensive literature review on distribution in healthcare markets. The chapter reveals multiple healthcare distribution systems in the healthcare markets. Among the different distribution systems are centralised and decentralised systems, supply chain arrangements, public and private participation arrangements, producers, purchasers and providers. The chapter also highlights a number of recommendations to improve the efficient and effective distribution of healthcare markets in Africa. Application of integrated marketing communications in the healthcare sector, with insights from sub-Saharan Africa (SSA), is the focus of Anambane and Hinson's contribution in Chapter 10. The chapter explores how healthcare providers, particularly hospitals in SSA, use the various marketing communication mixes of advertising, public relations, sales promotion, direct/digital marketing and personal selling. The chapter argues that while marketing communication tools like public relations, direct/digital marketing and advertising have been fairly well used by hospitals in the context under consideration, sales promotion and personal selling are yet to be widely embraced in the sector. The authors provide insights into the application of the marketing communication mix elements as a strategic tool in healthcare management. The effectiveness of the communication of healthcare institutions is likely to contribute to the branding of healthcare organisations. Following this, Chapter 11 by Olomo and Otubanjo sheds light on the concept of healthcare branding, which is increasingly becoming important in the light of competing health choices for consumers and emerging socio-economic trends across the African continent. The chapter adopts the theoretical perspective of social constructionism and provides detailed insights into how co-creation of knowledge occurs between various parties in the health brand promise. Effectively, the authors explicate the brand-building process, the benefits of branding and its relevance to sub-Saharan Africa healthcare. Further, Chapter 12 examines the importance of branding in small and medium-sized healthcare institutions. In this chapter, Odoom and Agyeman contend that branding is not an exclusive preserve of large healthcare institutions only, but also a crucial function for small healthcare service providers, especially in sub-Saharan Africa, to build their brand and boost their market performance. The authors focus on Gelb's brand trust model and present four brand-building strategies for small healthcare organisations to include consistent experience, competitive differences, customer value and familiarity.

People, Physical Evidence and Service Quality Management in Healthcare

The fifth part of the book discusses in detail both the healthcare employee and management of the physical evidence and service quality in healthcare to create a unique customer experience. Chapter 13, by Yalley, discusses a need to consider managing healthcare employees as a strategic tool for healthcare organisations in building customer-driven service. The chapter highlights managing healthcare employees as a key challenge for African healthcare organisations. A number of human resource management (HRM) challenges facing African healthcare organisations, as well as some strategic interventions, are discussed in detail. Further, Hinson and Nkrumah discuss the physical evidence and healthcare service quality management in Chapter 14. The chapter brings to the fore the importance of service quality in healthcare through the lenses of healthcare customers by drawing on its effect in improving overall service quality for customers and success for healthcare organisations. This chapter also elaborates on the need to give attention to customer perception variables as well as leverage their rich insights to create models of continuous improvement in quality healthcare delivery. Chapter 15, by Osei-Frimpong,

Asante, Nkrumah and Owusu-Frimpong, discusses how healthcare organisations could develop customer loyalty in the healthcare sector. The chapter seeks to deepen our understanding of customer relationship management techniques and practices in healthcare, with particular interest in outlining strategies to be adopted by healthcare providers to enhance customer participation and improve customer satisfaction, experience and loyalty. The authors bring to light the changing roles of the healthcare customer and discuss how care should be delivered to promote customer loyalty. The chapter also advocates for cooperation between the healthcare professional and the customer in co-creating healthcare, and for a holistic service delivery that could result in overall positive experiences.

Process Management in Healthcare

The sixth part of the book discusses issues relating to healthcare financing and insurance, healthcare logistics management and policies and procedures in healthcare management. In Chapter 16, Baku discusses financing healthcare and health insurance. This chapter sheds light on the tools and skills needed to effectively manage the finances of a healthcare organisation and understand the operations of health insurance schemes. Given the increasing cost of financing healthcare, it becomes imperative to understand the strategic and sustainable management of the financial resources in healthcare organisations. The author argues that the method of financing healthcare has implications for the marketing of the service as well as the satisfaction healthcare customers derive from the service. Further, Muogboh and Fatoki shed light on managing healthcare logistics in Chapter 17. This chapter provides details of how healthcare service providers in sub-Saharan Africa utilise and integrate human resources, facilities and equipment in the best possible way to meet their need to achieve the physical, mental, emotional and social wellbeing of their customers. It explicates the critical importance of logistics management activities in sub-Saharan African healthcare industries as well as the organisation and maintenance of healthcare facilities and equipment. The authors argue that improving the efficiency and effectiveness of the healthcare industry requires the harnessing of resources to ensure fragmented activities are efficiently linked in a proactive and dynamic manner through the use of innovative logistics practices to address the peculiar challenges of healthcare delivery in sub-Saharan Africa. The final chapter of this section, Chapter 18, authored by Korto, deepens healthcare management scholars' and practitioners' understanding of health policy procedures with regard to their day-to-day operations and will serve as reference material for them. The chapter asserts with a significant margin of certainty that regardless of how comprehensive, well-articulated, sound or good an adopted public policy may appear on paper, it is of no use unless the policy is effectively implemented by street-level bureaucrats to solve the societal problem(s) identified. Emphasis is placed on important topics such as policy articulation and healthcare delivery; characteristics of effective policy; ways of stating policy; and compiling and communicating policy.

Technology in Healthcare

Advancements in technology not only improve the healthcare delivery systems but also provide avenues for customers to seek information regarding their health conditions and influence their participatory behaviours or changing roles in service delivery. As a result, this part of the book is dedicated to addressing technological issues and related applications in healthcare delivery. Chapter 19, by Appiah, Sam-Epelle and Osabutey, discusses technology and health services marketing in Africa. In this chapter, the authors explore how technology is impacting developments in the African healthcare sector – with a keen focus on health service quality. The chapter also highlights some current challenges facing the healthcare sector in Africa, and how entrepreneurs in some of these countries are innovatively overcoming some of these obstacles, mainly with low-cost solutions and strategies. Relatedly, Chapter 20 discusses the application of technology in healthcare

delivery in Africa. Tweneboah-Koduah and Gli present an overview of the role of technology in the delivery of healthcare in sub-Saharan Africa. The chapter clearly highlights opportunities which information technology presents for improving quality of life on a continent that is geographically dispersed and coupled with high rate of poverty. Furthermore, the chapter captures some top technological trends advancing efficient healthcare delivery in Africa such as telemedicine, virtual reality, mobile financial services, and cloud technology, internet of things, drone technology, counterfeit detectors, artificial intelligence (AI) and digital communication tools. Chapter 21, the final chapter of the book, by Odoom and Agyeman, touches on technology and social media in healthcare delivery. This chapter discusses the role or opportunities that social media and healthcare technology can offer to the healthcare system, innovation and improvement. It highlights some types of healthcare technologies that will guide research and development, along with some current examples. Some action steps are also suggested to influence the adoption of technology into routine health practices in sub-Saharan Africa.

CONCLUSION

This book presents significant insights into healthcare service delivery by applying key marketing and management principles to enhance performance, sustenance and wellbeing. The book showcases a number of illustrations of best practices and also highlights some challenges within the African healthcare sector. One unique aspect of this book lies in the discussion of forward-looking recommendations and strategies that seek to transform the healthcare service sector. Overall, this contemporary book seeks to serve as a reference resource to practitioners of a sector that has been largely neglected within the developing country contexts.

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2 The Societal and Healthcare Context

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2.1 INTRODUCTION

Healthcare has a globally understood definition of being aimed at achieving optimal health for all individuals across the life span. There are cultural variations across each society that influence the healthcare choices and practices used in that specific area. The cultural variations in the African context have led to a lot of disparities in healthcare services. For example, religiosity and use of unsafe traditional medicine have negatively impacted access to healthcare services in many African communities. Healthcare is dynamic and modern technology has led to many innovations and advanced techniques in health. This requires that healthcare institutions in Africa should improve and develop their infrastructure and equipment to meet global standards as well as provide high-level training of healthcare professionals. The explosion of information made available by medical research and the worldwide web has created highly informed clients even within the African context. Thus, the dynamics and competition in healthcare demand a closer discourse and understanding of the societal factors that influence healthcare.

2.2 THE EMERGENCE OF HEALTHCARE AS AN INSTITUTION

Over the decades, healthcare institutions evolved from charitable guesthouses to hospitals, some of which are now huge scientific centres of excellence. The changes in health institutions were influenced by factors such as the evolving meaning of diseases, economic and geographic related factors, religion and race, living conditions of individuals, technological growth, and the perceived needs of societies (Risse, 1999). In the eighteenth century, medical and surgical interventions expanded in such a way that hospitals took over the physical spaces of churches (Andrews, 2011). By the nineteenth century, hospitals became so widely known and commonly frequented by patients that they began to be constructed with industrial proportions, able to have thousand-bed capacities. France, for example, in the early 1800s was noted for the large bed capacity of its hospitals, which housed wounded soldiers from the frequently occurring European wars fought in and around French territory. It was reported that such hospitals were the first teaching institutions of medical science for the training of physicians. The Florence Nightingale model School of Nursing which influenced the training of nurses globally was established within King's College, London, England in 1860 (Karimi & Masoudi Alavi, 2015). Nursing is one of the oldest professions in healthcare and has its values and practice linked to Christianity, in which care and help for the vulnerable is a practice of the faith (Bullough, 1994). In the early years, communities began establishing health institutions to manage communicable diseases such as leprosy. The formal training of health professionals arose during the medieval and early renaissance eras (Weakland, 1992), replacing the initially dominant extremely superstitious practices of the Roman Catholic Church. Historically, it was believed that highly skilled Muslim doctors from the Middle East drove the

training and education of contemporary health professionals, which increased the hope of recovery for the sick (Weakland, 1992).

For the greater part of the nineteenth century, it was common practice for physicians to attend to middle-to-upper-income patients in their homes, rendering institutional care mostly for the socially marginalised and the poor (Wall, 2013). However, during the latter part of the century, societies became increasingly more industrialised and mobile. Medical practice also continued to evolve in a more sophisticated and complex manner (Sather, 1992; Stone, 1984). The introduction of industrial medical equipment and intricate procedures thus gave rise to the wider patronage of hospitals across classes, as complex care could not be given in the home. This resulted in the gradual shift towards professionalism of healthcare services and then a competitive care environment which contributed to the development of modernised hospitals (Bullough, 1994; Risse, 1999).

Fast forwarding to the early twentieth century, the power of science has impacted heavily on decisions and practices of hospitals (D'Antonio, Connolly, Wall, Whelan, & Fairman, 2010). In the contemporary twenty-first century, economic factors continue to dominate and direct the establishment and operations of healthcare institutions (Swain, 2016). The economic variations between regions have reinforced disparities in the establishment and practices of health institutions. Therefore there is the need to look at globalisation as a key player in healthcare delivery.

2.3 GLOBALISATION

In recent times, healthcare industries have been increasingly challenged by globalisation. The demand for good health for all populations and the progressive interconnectedness of countries around the globe (Huynen, Martens, & Hilderink, 2005) appear to account for some of these changing global trends. Given the effect of globalisation on every aspect of society (Mittleman & Hanaway, 2012; Segouin, Hodges, & Brechat, 2005; Walpole et al., 2016), this section describes the implications of globalisation, particularly for the healthcare industries, and how healthcare organisations could derive maximum benefits from this global transformation occurring at an unprecedented rate over the past decades. Various scholars have tried to delineate the concept of globalisation which has informed the development of several frameworks (Huynen et al., 2005; Woodward, Drager, Beaglehole, & Lipson, 2001). Some of the scholars tried to explain the linkages between globalisation and health (Woodward et al., 2001) and others sought to identify the features of globalisation (Huynen et al., 2005). Nevertheless, globalisation remains a complex phenomenon which has attracted different opinions in the past century, particularly as to how it happens, its main drivers, and its actual timeframe (Lee, 2004).

The most critical discussion in the academic and policy circles centres on whether globalisation is good or bad for human health (Lee, 2004). From the perspective of the World Health Organisation (WHO, 2019a), globalisation presents both positive and negative effects on health. In fact, the frequently changing trend of disease occurrence places much emphasis on the global unification, integration, and cooperation which are key benefits of globalisation (Ergin & Akin, 2017). In the healthcare environment, globalisation has led to improved medical care in many countries (Murphy, 2007). For example, the development of new medicines, advancements in medical investigations, and adoption of equipment which influences the care of patients have all occurred due to globalisation. Now, medical inventions such as the computerised tomography (CT) scan and less invasive surgical interventions are becoming common in most locales including Africa. Although the CT scan was invented in 1972 by engineer Godfrey Hounfield in England and a physicist Allan Cormack in the United States, due to globalisation it has spread worldwide (Castillo, 2012).

Globalisation can also have negative effects on economies and societies, especially those of low-income countries (Aluttis, Bishaw, & Frank, 2014; Kalipeni, Semu, & Mbilizi, 2012; Kasper & Bajunirwe, 2012). A typical negative consequence of globalisation is the migration of healthcare providers from low-income countries with poorer economic conditions to high-income countries (Kalipeni et al., 2012; Kasper & Bajunirwe, 2012; WHO, 2019a). In many countries, the migration

phenomenon deprived these poorly resourced countries of their critical health staff, which to date appears to have had adverse effects on their health systems. It is estimated that 56 per cent of Ghanaian trained doctors and 24 per cent of nurses are working in high-income countries within Europe and North America (International Organisation for Migration, 2009). These and other factors might be accounting for the reduced competitive advantage of African countries in the international market within the healthcare industry. It is therefore crucial that these countries explore more proactive interventions to build customer-driven health organisations paying particular attention to the societal and the healthcare context.

Establishing attractive markets in today's healthcare industry requires the provision of top-notch services that meet the needs and demands of consumers irrespective of their geographical location. This opinion has previously been expressed by Segouin et al. (2005) who believed that the provision of quality healthcare at a lower cost could be to the benefit of low- and middle-income countries. Countries in Africa ought to commit more resources to research to validate the effectiveness of the available indigenous medicinal plants by drawing lessons from China where herbal medicines are integrated into the formal health system and remain attractive to the global communities. Lessons can also be drawn from countries such as Iran and India that are known to provide affordable and quality medical services that attract diverse healthcare consumers from different parts of the world. However, the realisation of these benefits can only happen when low-income countries, particularly those in Africa, build a strong health delivery system.

2.4 THE INFLUENCE OF ECONOMIC FACTORS ON HEALTHCARE SERVICES

Healthcare utilisation and access has been explored by previous researchers (Andersen & Newman, 2005). Ostensibly, individuals in low-income countries tend to have limited access to health services as compared to those in high-income countries (Peters et al., 2008). Cost of service delivery remains an important contributor to the low and sub-optimal uptake of healthcare services, especially in deprived areas (Hangoma, Robberstad, & Aakvik, 2018; Lagarde & Palmer, 2008; Smith et al., 2018). However, there is a paradigm shift of global attention toward universal health coverage with one of the key objectives focusing on protection of individuals from financial risk (WHO, 2019b). This initiative is very crucial given the significant role the economic environment plays on the determinants of the population's health (WHO, 2019c).

Economic inequality is more prevalent in the low-income countries than in high-income countries (Derviş & Qureshi, 2016). In fact, the expenditure on health in low-income countries was estimated to be 5 to 15 per cent of gross domestic product (GDP) (Xu, Saksena, & Holly, 2011). It can therefore be contended that the low expenditure on health in these areas has implications for healthcare services since the amount of health resources available tends to influence health outcomes (Dieleman et al., 2017). Some scholars have suggested the need to improve the efficiency and equity of institutions in low-income countries. Areas highlighted include public sector management, domestic resource mobilisation, and improved financial protection (World Bank, 2005).

There are very key economic factors that notably affect healthcare services. One such factor is the low rate of acquisition of health insurance by individuals and families. According to the World Health Organisation (WHO, 2019d), out-of-pocket payment for health can lead to a catastrophic expenditure by families, which in turn can render them impoverished. Although there is a growing amount of health insurance coverage in low-income countries including African countries, some challenges exist in its efficiency and effectiveness in providing financial protection for the population. For example, a recent impact assessment of Ghana's national health insurance shows that the scheme is threatened financially and operationally by political interference, inadequate monitoring mechanisms, and poor quality care in accredited health facilities among other things (Alhassan, Nketiah-Amponsah, & Arhinful, 2016). There is therefore the need for a reform of the health insurance funding model for Africa to one that takes into account the dynamic needs of the populace.

Another important factor influencing healthcare services is socio-economic status (SES) of clients. Evidence shows that individuals with low SES are more often afflicted by diseases (Flaskerud & DeLilly, 2012) and less likely to be able to afford the cost of care. It is therefore imperative that people are empowered through education, employment, and enhanced income to improve their lives. Furthermore, issues of quality of healthcare services cannot be underestimated in this regard, particularly from the perspective of consumers (Abaerei, Ncayiyana, & Levin, 2017). Thus, the quality of healthcare services hinges on the amount of funding that goes into the service provision. Exploring innovative ways that can enhance resource mobilisation at the facility level would be beneficial. In addition, reduction in wastage in the health system may also yield positive effects. Such innovations can be linked to the influence of technology in healthcare.

2.5 THE INFLUENCE OF TECHNOLOGICAL FACTORS ON HEALTHCARE SERVICES

Technological innovations in healthcare have evolved and are growing at a very rapid pace, influencing almost all processes including patients registration, data gathering and monitoring, laboratory investigations, and self-care services (Laal, 2013). The smartphones and other devices which have emerged should not substitute for the traditional approach to patient monitoring and information management but, instead, could respond to challenges facing healthcare systems (Bardy, 2019). For example, smartphones can be used to increase access to health information. Health records, one of the key segments of health practice, consist of clients' personal information, which is kept as confidential documents used for the purpose of healthcare delivery. Conventionally, health professionals such as physicians, nurses, pharmacists, and laboratory personnel have all had separate formats and files for entering such records. Through the advent of new technology, electronic health records have created greater efficiency in patient care (Riano & Ortega, 2017). The electronic health record is an integrated single platform system which is used for patient data entry including a patient's medical history. It is perceived that consolidated data driven decisions will enable consistency in patient care that could improve patient outcome.

Telemedicine, although not entirely new, is another area considered as one of the fast growing fields in healthcare. In telemedicine, health professionals utilise telecommunication technologies to evaluate, diagnose and treat patients remotely (Bardy, 2019). The application of technology in this sense is perceived as a great advantage for rural settings despite the limited resources. There is evidence that telehealth services reduce hospitalisations (McLean et al., 2013). Mobile health services deal with wireless and cordless devices to enable care professionals and patients to receive instant updates on healthcare processes. The use of smartphones and tablets enables free exchange of information between health providers and their clients at a faster rate. There are mobile tools and applications which professionals use for the purpose of making care decisions, documenting care, and acquiring information for client care. It is perceived that mobile health services are more engaging and that with the use of portable technology, patients have become active actors in their treatments (Ciani et al., 2016). Wireless communications with the use of walkie-talkies and instant messaging are quite new in healthcare deliveries although these forms of communication are not new. Wireless communication systems enhance intra-hospital information sharing among staff, and thus improve security in hospitals (Anand, 1996).

Staffing problems are a major human resource challenge in the healthcare system globally. However, the use of technology such as self-service kiosks has relieved staff burdens for many organisations (Ciani et al., 2016). Self-service kiosks allow patients to carry out registration and payment related tasks without having to wait to talk to service staff. This expedites the hospital registration process and provides comfort for people which enhances service satisfaction. Globally, millions of people have devices at home to monitor their health, which reduce cost and reduce unnecessary visits to the hospital. For example, portable electronic blood pressure machines help individuals to monitor their blood pressure at home. Evidence shows that home monitoring systems

reduce readmission rates. With the advent of hospitals being charged penalties for readmissions, remote monitoring tools available to patients at home may be a prudent way for hospitals to avoid such charges. Also, the use of sensors and devices used on the body are additional aids to early detection of abnormalities (Pramanik, Upadhyaya, Pal, & Pal, 2019). These devices are simple machines which could send alerts to health professionals for timely interventions. Undoubtedly, modern trends in health services require adoption of technology for effective and efficient care outcomes. However, there are increased calls to investigate the role of technology in the cost of healthcare delivery (Anand, 1996). For the purpose of sustainability, much is desired from organisational and community leaders in evaluating the spending on new technologies and their efficiencies.

2.6 THE INFLUENCE OF COMPETITIVE FACTORS ON HEALTHCARE SERVICES

In all industries, competition among businesses has long been encouraged as a mechanism to increase value for patients. Competitive factors are features or benefits considered key or essential to the promotion of a product or service to its intended market and should be used in the health sector to attract new clients. The World Health Organisation (WHO) recognises that responsiveness to people's expectations is an essential intermediary goal of a health system and poor responsiveness can negatively affect utilisation of services and the effectiveness of interventions (Moreira, Gherman, & Sousa, 2017).

Traditional competition in healthcare involves one or more elements (e.g. price, quality, convenience, and superior products or services); however, competition can also be based on new technology and innovation (Kurhekar & Ghoshal, 2010). A key role of competition in healthcare is the potential to provide a mechanism for reducing healthcare costs. In the context of these competitive factors, customers would opt for services or healthcare providers/institutions that meet their needs such as cost. Within the African context, there are a lot of customers with low socio-economic status so pricing of healthcare is paramount in attracting customers. The healthcare customer appraises quality of healthcare in several dimensions including attitude of the health personnel (Bloom & Kanjilal, 2012; Murti, Deshpande, & Srivastava, 2013). It is therefore critical that the healthcare provider is committed to maintaining a positive attitude and providing individualised care that will be noticed and appreciated by patients. With modern technology and the internet, customers are more enlightened about their healthcare needs (Haskins, Phakathi, Grant, & Horwood, 2014). Thus, healthcare providers should be abreast of current trends in healthcare services and upgrade their knowledge and skills to meet the standards of the dynamic health system. Indeed, the healthcare facility with knowledgeable and skilful personnel will attract more customers within the competitive market.

Location of healthcare facilities at the convenience of customers plays a role within the competitive discourse. In low- and middle-income countries, access to healthcare facilities can be challenging especially in the less endowed areas. In this regard, building a well-resourced healthcare facility where access is difficult and the clientele within the vicinity of the hospital is poor could lead to major liquidity challenges for the institution. In the long run, such facilities will provide poor services because they cannot pay their skilled staff and maintain the expensive equipment. In a similar vein, healthcare facilities that are close to each other within a well-resourced environment face a lot of competition. Such competition could lead to quality services in the bid to satisfy and attract more customers. It is expected that healthcare facilities regularly assess their competitive advantage and enhance their uniqueness and service advantage. There should be advertisement of the specific service advantage to attract customers to the facility (O'Connor, 2017; Richins, 2015). Customer surveys and effective feedback systems would also reinforce and review services that provide competitive advantage (Al-Abri & Al-Balushi, 2014).

Healthcare competitiveness also hinges on conditions of service of staff. In the African context, conditions of service are generally inadequate (Jaeger, Bechir, Harouna, Moto, & Utzinger, 2018) and salary inequalities exist. For example, healthcare providers including doctors, nurses, and

midwives in private practice in Ethiopia, Ghana, Zambia, and Burkina Faso have better conditions of service compared to their counterparts in the public sector (McCoy et al., 2008). It is imperative for employers of health professionals to conduct market surveys and offer competitive salaries and incentives so that they can maintain and attract expert service providers. Poor conditions of service could result in loss of skilled employees to their competitors (Dash & Meredith, 2010). When the staff are paid the right salary, they give of their best and the customers will also be satisfied and continue to seek health services at the facility (Willis-Shattuck et al., 2008). Reducing waiting time, creating effective interpersonal relationships and mutual respect, and adhering to ethical standards would enhance customer satisfaction (Agung, 2018; Bakari Salehe, 2016).

2.7 THE CULTURAL REVOLUTION AND HEALTHCARE

Over the years, healthcare globally has been impacted to a large extent by advancement in many facets of the culture, making ineffective care activities obsolete (Meskó, Drobni, Bényei, Gergely, & Győrffy, 2017; Napier et al., 2014). Now in the twenty-first century, the world is in a time of major transition, especially in the area of technology and innovativeness, and the healthcare system is not an exception. In the past, patients viewed medicine as something beyond their understanding and science was not developed to investigate various health problems. Healthcare customers gave a certain amount of control to doctors and nurses and looked upon the practice of medicine as a kind of magical art that only doctors were competent to perform (Bardhan & Thouin, 2013). Therefore, doctors' decisions were rarely challenged, and patients did not educate themselves on medical matters, in part because medical knowledge was not widely available. However, currently, policy makers aim to empower patients, to transform them into knowledgeable consumers with access to a wide range of healthcare products (Elwyn, Edwards, & Thompson, 2016). Patients are getting more engaged with their medical treatment through information available on the internet, medical chatrooms, and social media. Informed customers will demand quality care and ask questions about their treatment options. The cultural revolution of the information explosion implies that health professionals should be knowledgeable and also educate their clients about their health and treatment options (Cipriano & Hamer, 2013). But although there is a knowledge explosion on the internet and social media, it is not surprising to find customers who do not have adequate knowledge on their disease as they may not be able to read and write (Palumbo, 2017).

The introduction of electronic health (E-Health) services and use of electronic devices to keep health records is another area of cultural revolution in healthcare delivery. The upsurge of E-Health has increased access to healthcare because innovative ways have been used with social media and mobile phones to render healthcare services on the door steps of customers (Li, Talaei-Khoei, Seale, Ray, & MacIntyre, 2013; Ossebaard & Van Gemert-Pijnen, 2016). Overall, electronic data management speeds up services within the health facility. The availability of E-Health services therefore means that contemporary healthcare providers should adjust or redesign their health services to go beyond their hospital premises. However, in low- and middle-income countries, especially in Africa where internet and telephone reception may be a challenge, the use of E-Health is inappropriate to meet the health needs of customers. Moreover, in cases where there is power outage or network failure, the care system is disabled. This calls for back-up power supply and internet connectivity to enhance work. Data management policies should be adhered to and stringent measures should be adopted to protect the privacy of the customer (Tan & Payton, 2010).

Cultural diversity, migration, and cultural infusion have also impacted healthcare to a large extent. Migration of healthcare professionals and customers from one part of the globe to the other calls for health professionals who are culturally sensitive with skills to provide care that meet the needs of their clients (Dell'Osso, 2016). It is expected that health institutions provide training and the enabling environment to accommodate diversity among the staff and customers. Therefore, healthcare institutions that employ professionals from different cultural backgrounds and provide opportunities for diverse people to access services attract more customers (Young & Guo, 2016).

Over the years, health professionals have migrated to different countries and there is the need for multilingual skills to fit within the changing health landscape and provide the expected care to their customers (Meuter, Gallois, Segalowitz, Ryder, & Hocking, 2015).

2.8 THE CHANGING SOCIETAL CONTEXT

The world today is faced with complex and fast processes of change regarding the socio-economic, demographic, and global environment, which requires an all-inclusive conception of determinants of population health (Giles-Corti et al., 2004; McMichael & Beaglehole, 2000). Hitokoto and Tanaka-Matsumi (2014) assert that individuals' psychological health is undermined when a change occurs in socio-demographic conditions. This is because human wellness is relatively the peak of biopsychosocial functioning given preconditions of corresponding behavioural and contextual adaptation. As such, any change will result in modifications to the requirements of the external environment.

Evidence shows that economic growth and the advent of technologies have broadly improved life expectancy in many developed societies (Beaglehole & Bonita, 2004). For example, in economically stable countries there is increased independence and internet usage. However, it is also perceived that such economies are characterised by individualistic lifestyles, associated with an increase in urban populations, one person households, and divorce (McMichael & Beaglehole, 2000). Insufficiencies in social capital adversely affect the panorama of health by predisposing the population to widened rich–poor gaps, inner-urban decay, increased drug trade, and weakened public health systems (Hitokoto & Tanaka-Matsumi, 2014).

Furthermore, the high rate of population growth globally has negatively impacted the global environment in relation to the altered composition of the atmosphere, land degradation, and depletion of terrestrial aquifers and aquatic fisheries (McMichael & Beaglehole, 2000). It happens that man's increased needs for space, resources, and food affect the population of the constantly exploited species of plants and animals, which consequently causes their extinction. At the same time, new invasive species are increasing globally into new non-natural environments as a result of trade and migration. The resultant changes in many regional species have consequential health implications. In equal measure, we can continue to cite similar examples such as man-made degradation of vast lands through erosion, waterlogging, chemicalisation, and salination. Many such losses in our natural ecosystem have necessitated genetic engineering in agro products to increase food production and yet many parts of developing regions such as North Africa are experiencing food insecurity. There are similar threats caused by water body pollutions, with a matching public health crisis. A typical example is the migration of the water hyacinths from Brazil to the East African Lake Victoria, which now serves as a breeding ground for the water snail that transmits the causative organism of schistosomiasis, a genito-urinary, systemic human condition (McMichael & Beaglehole, 2000).

It is obvious that the world is at a crossroads where scientists are challenged with unfamiliar and complex health issues in fast-changing societies (Beaglehole & Bonita, 2004). Societies must advocate for system-oriented influences on health to find, measure, and curb health risk, social behaviours, and environmental factors (McMichael, Butler, & Dixon, 2015).

2.9 THE CONSUMERIST CUSTOMER IN HEALTHCARE

Modernisation has witnessed increased rationalisation of attitudes of actors in the context of the medical field (Clarke & Eales-Reynolds, 2015). The conduct of laypersons has changed with respect to their desires regarding personal health and the way they feel and think about medical care and health professionals (Howgill, 1998). It is obvious that individuals and societies have aligned with the comprehensive sociological concepts of the reflexive self, which is when an individual is empowered to engage in self-betterment as well as being sceptical about expert knowledge. Hence,

the consumerist customer in healthcare is perceived as the patient whose conduct is in congruence with a reflexive actor and a rational evaluator who desires to keenly and cleverly assess health services, providers, and health outcomes. No doubt, since the 1960s, the literature has recorded enormous evidence of patient satisfaction assessment of healthcare in many developed countries (Batbaatar, Dorjdagva, Luvsannyam, & Amenta, 2015). Many authors attest that patient assessments of health services have been the fundamental motivation for improvement in healthcare services (Giles-Corti et al., 2004; Howgill, 1998; Lupton, 1997). Thus, a reflection of patients' opinions in the conduct of the health industry influences policies and management procedures in relation to prioritising resource allocation, appropriate services, and training needs.

An integral aspect of medical practice is the doctor–patient relationship. In the past, when medical interventions were mainly disease focussed, doctors were perceived as experts who made all the decisions on behalf of patients. As such, the patient–doctor relationship was more like that of a parent and child, in a model called "paternalistic" or the medical dominance relationship (Sturgeon, 2018). Critics of this model have argued about the restricted position of patients in this concept and have masterminded the agenda for patient autonomy and respect for patient rights to be at the forefront of care. In essence, patients, instead of professionals, are encouraged to be the ultimate decision makers regarding their own bodies and wellbeing. This ideology aligns with the consumerist agenda of healthcare as commodity in which patients, as consumers, have the power to shop around. Thus, a model of privatisation of healthcare with cost implications and a demanding culture of litigation has emerged (Rowe & Moodley, 2013).

The notion of a patient viewed as a customer or consumer in the consumerist ideology comes with additional responsibilities for both patients and service providers (Lupton, 1997; Rowe & Moodley, 2013; Sturgeon, 2018). The patient must be well informed as well as confident to speak out. This happens when patients feel respected and trust that they are at the centre of care. The professionals, on the other hand, must be receptive and open-minded to embrace patients' choice and participation. This implies that there must be an availability of competitive options and patient motivation to select the appropriate and preferred options. Howgill (1998) suggests that if service providers must market their services to appeal to their customers, then they must consider the fundamental marketing principles, which begin with an understanding of the feelings, attitudes, and expectations of their service consumers. However, the introduction of the pro-marketing model of health service provision has also been associated with advantages and disadvantages (Sturgeon, 2018). For example, encouraging competition among healthcare providers may generate both positive and negative outcomes. When patients have the privilege of selecting from competitive value for cost services, healthcare providers commit to quality care. Conversely, in a financially restricted system, patients may compete for limited resources (Schneider & Hall, 2009). Also, not all patients will benefit from participating in the decision-making process of their care (Rowe & Moodley, 2013). For instances, patients in the emergency departments may not have the luxury of time to shop for intervention options, whereas the patient in the general practice settings will (Howgill, 1998). Furthermore, health professionals are required to explain all options available to patients including what they may not recommend based on their technical know-how and experience. However, it can also coincide that some patients may abuse their power of autonomy and the right to refuse expert advice, which can have negative results for both parties.

Ogaji, Giles, Daker-White, and Bower (2015) revealed that patients' view on the quality of care is a growing phenomenon in the sub-Saharan African context. The current limited research evidence on patient's perspective of quality of health services from sub-Saharan Africa suggests that either local research scientists are not interested in the phenomenon or there is poor utilisation of research findings among decision makers. It is also worth noting that, largely within the African context, there are several other competing factors such as poverty, inaccessibility, and a low level of knowledge (Peters et al., 2008). These factors predominantly prevent patients from accessing quality care, as they perceive access as a favour rather than a right. It is therefore recommended that modern medical practice should incorporate diverse models in different contexts (Rowe &