

IMPROVING THE SERVICE QUALITY OF HEALTHCARE IN GHANA: The Role of Locum Nursing

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ABSTRACT

The study was purposed to consider how encouraging use of locum nursing could aid in managing nurse shortage in the country and consequently improve the service quality of healthcare in Ghana. To be able to address the research problem and achieve the objectives, thirty public hospitals and thirty private hospitals were selected from the three major cities in Ghana to provide data for the study. Also, 250 locum nurses were sampled for information. Nursing Supervisors or Hospital Administrators from the selected hospitals were used as informant for the study. The paper adopted a survey approach, where incidental sampling technique was used to select the hospitals, and the snowball together with incidental sampling methods were used for selecting locum nurses for the study. Mean and standard deviation were the data analysis method used. The findings confirmed that locum practice in Ghana is relatively low. Similarly, the paper also suggested that locum contribute to addressing the issue of nurse shortage in Ghana. At the same time locum nursing was found to contribute to quality healthcare delivery in the country. Appropriate policy directions were recommended.

Keywords: *Locum, internal service quality, external service quality, nurse shortage, SERVQUAL*

INTRODUCTION

Service quality is often used to refer to the consistency of service provision with customer service expectation (Lewis & Booms, 1983). Thus, quality service delivery requires that customer service expectation is met. In this connection, provision of service quality has been identified as a significant strategic tool in managing service firms (Newman, 2001; Swineheart & Smith, 2005). The marketing literature is noted for studies aiming at measuring service quality, using the SERVQUAL model (Brook & Lings, 1998; Kang & James, 2004; Parasuraman, Zeithaml & Berry, 1988). Health care is a service, thus the approach to measuring service is also applicable to healthcare (Saravanan & Rao, 2007).

Quality service continues to be a critical factor in the health service delivery (Hollis, 2006; Saravanan & Rao, 2007; Negi, 2009; Wicks & Roethlein, 2009). In the view of this paper, one notable issue affecting service quality in the healthcare delivery is nurse shortage. With the real shortage of nurses in developing countries, the use of locum to fill the gap is expected to go a long way to reduce the shortage menace, if not eliminate it completely, and thereby improve service quality, both technical and functional. In view of this it could be argued that it is a unique opportunity to pay attention to locum's impact on nurse shortage management and quality health service, especially in the developing country context.

This study is significant for two reasons: (1) investigate whether locum nursing could aid in managing nurse shortage, and (2) whether locum nursing could improve the health service quality in Ghana. Statistics show that Ghana had about 20,067 nurses as at 2011, with about 57.53% of these located in three of the ten regions (Greater Accra, Ashanti and Western regions) of the country (Ghana Health Service, 2013).

Considering healthcare services, a number of studies have been conducted to measure service quality. Youssef, Nel & Bovaird (1996) assessed service quality in the National Health Service in UK hospitals. Lim & Tang (2000) evaluated patients' expectations and satisfactions in hospitals in Singapore. Taner & Antony (2006) examined the differences in service quality between public and private hospitals in Turkey. The results indicated that patients in private hospitals were more satisfied with service quality than those in public hospitals. Service quality between public and private hospitals in Cyprus was compared. The results showed that private hospitals had smaller gaps than public hospitals in all service quality dimensions (Yesilada & Direktor, 2010). Sohail (2003) examined the quality of services provided by private hospitals in Malaysia. The results indicated that patients' perceived value of services exceed expectations for all the variables measured. Amjeriya & Malviya

(2012) measured service quality of health care organizations in Ujjain. The findings revealed that hospital service attributes have positive impact and are significant to build patient satisfaction.

A cursory consideration of the existing literature on healthcare service quality reveals that previous studies devoted to the investigation of service quality and its measurement have mainly emphasized on addressing issues relating to internal service quality (Young & Varble, 1997; Brooks, Lings & Botchen, 1999; Kang & James, 2004). Healthcare organizations are giving more attention to the definition of service quality from the customer's perspective because they believe that this contributes to designing appropriate customer satisfaction strategies (Saravanan & Rao, 2007). In this connection, studies aver that there is a positive correlation between service quality and customer satisfaction (Saravanan & Rao, 2007; Negi, 2009; Wicks & Roethlein, 2009). However, addressing issues in relation to external service quality such as nurse availability is less documented (Swineheart & Smith, 2005; Zahari, Yussof & Ismail, 2008; Temizer & Turkyilmaz, 2012). This creates a gap in the enstant literature. Effective measurement of service quality from the customers' perspective poses a major challenge to most countries, especially those in developing economies (Amjeriya & Malviya, 2012). This is because functional quality is usually the primary determinant of patients' perception of quality (Donabediam, 1982; Zeithaml, 1998). Thus using internal service quality means ignoring technical quality, which the customer is usually unable to measure since information relating to this is not generally available to the public, and remains in the possession of healthcare professionals and administrators (Bopp, 1990).

In the provision of healthcare, SERVQUAL has been used as a tool for measuring quality (Curry, Stark & Summerhill, 1999; Carman, 2000; O'Connor, Trinh & Shewchuk, 2001; Kang & James, 2004). As characterized with the service industry, the health sector becomes more competitive if patients are provided with the expected quality service (Quinn, 1992; Taylor & Benger, 2004; Zeithaml, 2000; Swineheart & Smith, 2005), but this will be dependent on nurse availability.. Service quality is also found to contribute positively to cost minimization in both public and private healthcare facilities (Deeble, 1999).

Service quality influences the customer's satisfaction and perceived value (Hu, Cheng & Hong, 2011). The application of the service quality concept in the study of the service industry has received much attention in recent years (Zahari, Yussof & Ismail, 2008; Temizer & Turkyilmaz, 2012). Due to the intangible nature of service (Douglas & Connor, 2003; Ladhari, 2008), measurement of service quality is considered to be a challenging exercise (Eshghi, Roy & Ganguli, 2008). Effective management of the health service sector is posing a major challenge to most countries, especially those in developing economies (Majeriya & Malviya, 2012). Thus, quality service continues to be a critical factor in the health service delivery (Hollis, 2006). Since nurse availability is linked to improved healthcare quality (Zahari, Yussof & Ismail, 2008; Temizer & Turkyilmaz, 2012), it is significant that the study investigates how locum addresses nurse shortage and subsequently leads to healthcare quality.

Thus, the outcome of this study should recommend ways to improve nurse shortage in the country, not only through training more nurses, or just improving economic conditions but also by efficient management of existing nurses through locum practice. Secondly, nurses mostly complain of unattractive salaries, and often this leads to industrial unrest. Since locum practice means additional income (Naicker, Plange-Rhule, Tutt & Eastwood, 2009), nurse remuneration in the country may improve if the outcome of this study is taken seriously by health administrators in Ghana, where proper and formal policies on locum be formulated to regulate and make the practice attractive and acceptable. Furthermore the outcome of the paper should help health regulators to institute policies that can make locum practice legally and administratively an acceptable practice, and to be beneficial to both private healthcare facilities and those of the public. It should also aid at encouraging locum not only taking place at private hospitals but also at public hospitals. The rest of the study deals with the review of relevant literature, research design, findings and discussions, concluding comments and further research.

LITERATURE REVIEW

Nurse Shortage and Challenges

Nursing is a skilled work which is performed by professionals. Skill shortage is often used to describe a range of situations in which an employer finds it hard to find a worker with the right skills. Thus, nurse shortage exists when there are not enough skilled nurses to meet the nation's nursing work force demand. Nursing shortage is a global phenomenon, with the menace being more pronounced in developing countries (Buchan & Aiken, 2008; Hancock, 2008). The nursing shortage may result from the lack of sufficient and/or qualified nurses needed to provide quality health service. It may also be the absence of enough nurses to fill open positions (Oulton, 2006; Fox & Abrahamson, 2009). In most cases nurse shortage has been worsened by issues of geographical location, equity consideration, retirement and retention challenges and meeting the demand for replacements (Wildschurt & Mqolozana, 2008).

Studies have found that nursing shortage is caused by economic shifts (Donkor & Andrews, 2011; Naicker, Plange-Rhule, Tutt & Eastwood, 2009), where significant growth in the economy may create a labour shortage. It may also arise from migration of nurses with certain skills for better pay and conditions (Ogilvie, Mill, Astle, Fanning & Opare, 2004); the aging population, where retirements leave a skill gap in the nursing workforce (Naicker, Plange-Rhule, Tutt & Eastwood, 2009). Again, there is lack of capacity of health training institutions to train the required number of nurses the country needs (Stiwell, Diallo, Zurn, Dal Pos, Adams & Buchan, 2003; Syred, 2011)

Also, studies have identified many reasons for the nursing shortage in Ghana. A leading cause of nurse shortage is considered to be economic. For instance, Dovlo (2005) observed that inadequate supply of basic equipment, lack of accommodation, especially for newly-qualified skilled health professionals at start of work, and poor remuneration are some of the factors that force skilled health professionals, including nurses to leave the country; hence creating a gap in the nurse labor force. Research also avers that Ghana loses many of its health professional to retirement due to old age (Dovlo, 2005; Donkor & Andrews, 2011). These aged nurses are not economically motivated to continue in service if their skills are still needed because at retirement, their benefits, gratuity and monthly pension paid to them, are inadequate to meet their basic needs. Other causes of nurse shortage were identified as the poor working environment and conditions. Mensah *et al.*, (2005), attribute the nurse shortage is attributed to the need to pursue further studies.

A consideration of the factors influencing nurse shortage suggests that improving nurse workforce could not just be easy for the Ghana government. This is because economic factors, old age, nursing education and nurse migration could be solved, if ever possible, over a long period of time. Thus, the most immediate and probable medium term solution should be encouraging and creating the platform for the few nurses to double their service through locum.

Locum

Locum is a French word that refers to a person who temporarily fulfills the duties of another. For example, a locum may be a nurse who works in the place of the regular nurse when that nurse is absent, or when a hospital/practice is short-staffed. Locums provide a ready means for organizations to fill positions that are either only temporarily empty (during sickness, leave or for other reasons) or for which no long-term funding is available. Locumming also allows a professional to try (and get experience in) a wide range of work environments or specialized fields which a permanent employee may not encounter (Morgan, 1996). Locum assignments allow a health professional to choose when and where a health professional practice medicine and which job opportunities fit his or her immediate and long-term needs (<http://www.comphhealth.com/locum-tenens/>).

However, the locum situation also has a number of disadvantages – the transient nature means extra stress and work for the locums whenever they have to fit into a new position. For the hiring organization, this generally means that the required flexibility (and often, the lack of a guaranteed income) has to be rewarded with high salaries (Morgan, 1996). These may in the long term create higher costs for the hiring organization than adding more full-time positions, especially in highly-skilled, accredited professions, compared to the situation in some professions where cheap temporary labor or significant use of interns actually undercuts wages and reduces total staff costs.

This paper appropriately classifies locum into three (Harrigan, 1984; Mahoney, 1992): (1) 'Forward locum' which may refer to a health professional from a public health facility who takes a temporary job at a private health facility. (2) Backward locum, referring to a situation whereby a health professional in a private health facility takes a temporary job at a public health facility. (3) Horizontal locum, which may refer to a health professional of a public health facility taking a temporary job with another public health facility; or a health professional in a private health facility taking a temporary job in another private health facility. The type of locum commonly practiced in Ghana is the forward type. In Ghana almost all locum nurses are from public health facilities to private health facilities.

Service Quality

Service quality has become an important research topic in view of its significant relationship to costs (Crosby, 1979), profitability (Rust, Zahorik & Wells, 1992), customer satisfaction (Bolton & Dew, 1991), customer retention (Reichheld & Sasser, 1990) and service guarantee (Kandampully & Butler, 2001). Service quality has also become recognize as a driver of corporate marketing and financial performance (Buttle, 1996). Service quality has been popularly defined as 'conformance to customer specifications' ((Parasuraman, Zeithaml & Berry, 1988). It is about service provider's understanding of how customers perceive the quality of a service.

The SERVQUAL model has been accepted as a popular and reliable tool for quality dimensions measurement (Parasuraman, Zeithaml & Berry, 1988; Rohini & Mahadevappa, 2006).

The SERVQUAL model was first developed by Parasuraman, Zeithaml & Berry (1985) as a nine dimensional tool, and later refined into five dimensions of reliability, responsiveness, assurance, empathy and tangibles (Parasuraman, Zeithaml & Berry, 1988). According to the SERVQUAL model, reliability refers to the ability to perform the promised service; responsiveness has to deal with the service providers' willingness to help the customer and provide prompt service. Also, assurance is concerned with employees' knowledge and courtesy and his ability to inspire trust and confidence in the customer, while empathy connotes the company's ability to caring and treat customers as individuals with different needs and wants. Finally, tangibles as a dimension refers to the availability of physical facilities, equipment, and personnel to take care of customers

Service Quality in the Health Service

Since the work of Parasuraman, Zeithaml & Berry (1988), several studies have been conducted to measure service quality in the light of the SERVQUAL model, making it one of the widely used in service quality perception measure. Even though the SERVQUAL model was applied to the product and service situation, it has proved useful and valid measurement instrument of quality in the healthcare setting (Babakus & Mangold, 1992; Lam, 1997; Canel & Fletcher, 2001). Babakus & Mangold (1992) aver that SERVQUAL is very reliable and valid instrument to measure quality gaps in the healthcare services. Similarly, O'Connor, Trinh & Shewchuk, (2000) found SERVQUAL instruments a valid tool for measuring the perceptual gap in understanding patients' expectation among healthcare stakeholders. Other studies consider SERVQUAL as the differences between patient's preferences and their actual experiences (Pakdil & Harwood, 2005; Rohini & Mahadevappa 2006). According to Chunlaka (2010) SERVQUAL refers to the understanding of what customers' value is all about and how well an organization meets the needs and expectations of consumers of hospitals. Qin & Prybutok (2009) suggested that all the five dimensions of the SERVQUAL instrument are significant and reliable in healthcare setting.

The quality of service in healthcare may be both technical and functional (Gronroos, 1984). Technical quality in health care is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Several techniques for measuring technical quality have been proposed and are currently in use in health care organizations. Information relating to this is not generally available to the public, and remains within the purview of health care professionals and administrators (Bopp, 1990). Functional quality, on the other hand, relates to the manner of delivery of health care services. Since patients are often unable to assess the technical quality of medical services accurately, functional quality is usually the primary determinant of patients' perception of quality (Donabedian, 1982). It is suggested that this perceived quality is the single most important variable influencing patients' perception of value, and which in turn affects their intention to purchase a service (Zeithaml, 1998). However, total quality healthcare should be determined by both technical and functional qualities, whether the patient has knowledge or not.

This paper conceptualizes that using the SERVQUAL model (Parasuraman, Zeithaml & Berry, 1988), reliability will require that a nurse be able provide healthcare to the expectation of the customer. This must be defined in the customer's perspective and not the nurses's or even the hospitals'. For responsiveness, it shall be expected that the nurse must be willing to help the patient and provide just-on-time health care. This should not be under compulsion but a desire to serve a valued customer. Regarding the third dimension, assurance, it would be required that a nurse possesses enough knowledge and is also courteous enough to provide the needed trust and confidence in the customer that his/her health problem could be dealt with. Concerning empathy it would be expected that health officials treat patients or customers as individuals who may have different circumstances and health services needs. This will require nurses varying their service approach with each case. Finally, regarding tangibles, among other physical facilities that must be available, hospital customers may want to have available personnel to take care of them. Thus, nurse availability, through encouragement of locum, will among other things contribute to healthcare quality.

On the basis of the above conceptualization, this study focuses on examining the role of locum in addressing nurse shortage, and consequently improves quality health service delivery to enhance general healthcare in Ghana. Specifically, this paper identifies (1) identify the extent of locum nursing in the healthcare delivery in Ghana (2) ascertain the challenges associated with locumming in Ghana (3) examine the role of locum nursing in addressing nurse shortage in Ghana (4) appreciate how locum impact on quality health service delivery in Ghana.

RESEARCH DESIGN

The study was conducted in thirty public and thirty private hospitals in Accra/Tema, Kumasi and Takoradi. The choice of the four major towns was appropriate because these cities account for over 90% of locum practices in Ghana, and over 57% of nurses' population in Ghana. The thirty public hospitals were selected because they have more qualified and locum practicing nurses. On the other hand the choice of the thirty private hospitals was informed by the fact that these were found to be key beneficiaries of locum services. Before the choice of participants for the study, a preliminary study was conducted to have knowledge of public hospitals whose nurses go for locum, and private hospitals that are end-users of locum services in the country. The hospitals were contacted to be informed of the intention to conduct a study, and what the objectives of the study were. Using both secondary and primary research approaches, the study used survey for data collection. 60 hospital administrators (30 from private and 30 from public) were sampled by visiting the hospital facilities. The snowball sampling technique was used to sample most of the 250 nurses in the locum business, while a few were identified at the visit to the hospitals. Objective 1, 2, 3 and 4 were addressed by using the standard deviation and mean. The bases for measurement of scales were the SERVQUAL instrument. The SERVQUAL method is adopted because research suggested that all the five dimensions of the SERVQUAL instrument are significant and reliable in healthcare setting (Qin & Prybutok (2009).

FINDINGS AND DISCUSSIONS

Preliminary Discussions

Three categories of respondents were used in this study: 30 Nursing Supervisors of public hospitals, 30 Nursing Supervisors of private hospital and 250 Locum Nurses. Seventeen nursing supervisors of private hospitals, 18 nursing supervisors of public hospitals and 168 locum nurses responded to the questionnaire; representing a response rate of 56.6%, 60% and 67.2% respectively. The female to male ratios of respondents were: Public Nursing supervisors 58.8%:41.2%; Private Nursing supervisors 83.3%:16.7%; and Locum Nurses 61.3%:33.7%. Also, the average ages of respondents were: Public Nursing supervisors 40 years, Private Nursing supervisors 40 years, and Locum Nurses 25 years. In another vain, average number of working experience of respondents were: Public Nursing supervisors 5 years, Private Nursing supervisors 5 years, and Locum Nurses 3 years.

Main Discussions

Extent of Locum Nursing in Ghana

The degree to which locum nursing is a practice in Ghana is measured by considering the percentage of locum nurses to permanent nurses in private hospitals and percentage of nurses going for locum against those who do not go for locum in the public hospitals. As depicted by table 1, the nursing population of private hospitals is still made up of relatively few locum nurses (mean 2.65; Std 1.222). Similarly, the total applications received comprise less locum nurses than non-locum nurses (mean 2.47; Std. 0.514).

Table 1 Extent of Locum Nursing by Private Hospitals

	N	Minimum	Maximum	Mean	Std. Deviation
percentage of locum nurses	17	1	4	2.65	1.222
how often locum application is received	17	2	3	2.47	.514
Valid N (listwise)	17				

This table shows the relative degree of practice of locum nursing in Ghana. It illustrates the proportion of locum nurses in private hospital, and the frequency with which applications are received at the private hospital from locum nurses

From table 2, a below average number of nurses in the public hospitals (mean 2.06; Std. 0.398) do locum in private hospitals; but many of some of the nurses who are not on locum have the desire to do it if the opportunity presents itself. (mean1.89; Std. 0.758).

Table 2 Extent of Locum Nursing by Public Hospital

	N	Minimum	Maximum	Mean	Std. Deviation
percentage of nurses on locum	18	1	4	2.06	.938
practice of nurses going on locum	18	1	3	1.89	.758
Valid N (listwise)	18				

This table depicts the extent to which public hospital nurses undertake locum nursing jobs at private hospitals. It also show to what extent locum is considered as a desired practice by public hospital nurses.

From the tables 1 and 2, it can be concluded that locum nursing is relatively a desired practice in Ghana, even though it is relatively low. This might be explained by the lack of formal and clear policy on locum in Ghana. This means locum practice should go up if formal guidelines are developed for the practice.

Challenges Associated with Locum Nursing in Ghana

Tables 3, 4 and five present findings of challenges associated with locum nursing in Ghana. The challenges are classified as those affecting private hospital, the ones impacting on public hospitals and those relating to the locum nurses.

The table 3 shows that locum nursing presents to some extent three management challenges to private hospitals. These are the difficulty managing locum nurses (mean 2.41; Std. 0.618), difficulty integrating locum nurses into the organizational structure (mean 2.47; Std. 0.514), and locum nurses handle of patients (mean 2.47; Std. 0.624). The results suggest that locum nurses are not included in the management of the private hospitals where they go for locum. Thus, in order to encourage locum nursing in Ghana, locum nurses should be assigned roles in the chain of command to include them in the management process of the hospitals where they go for locum. In this vain they shall find their place in the organization's structure, and thereby overcoming the management challenges.

Table 3 Challenges Posed by Locum Nursing to Private Hospitals

	N	Minimum	Maximum	Mean	Std. Deviation
difficulty managing locum nurses	17	1	3	2.41	.618
difficulty coordinating activities of locum nurses	17	2	3	2.53	.514
difficulty fashioning locum nurses into the structure	17	2	3	2.47	.514
difficulty of use of equipment by locum nurses	17	1	3	2.59	.618
difficulty of how locum nurses handle patients	17	1	3	2.47	.624
Valid N (listwise)	17				

This table shows the challenges that locum brings to private hospital that engage locum nurses. It highlight the challenges associated with effective management of nurses, coordination of nursing activities, structural challenges and challenges in relation to efficient patient handling.

As indicated by table 4, the practice of locum in Ghana in its current form affects nurses' performance at their original hospitals (mean 1.67; Std. 0.594); sometimes it also leads to nurses going to their normal work late (mean 1.67; Std. 0.686). Again, nurses who do locum are sometimes difficult to manage at their original work place (mean 1.89; 0.758), while it sometimes becomes difficult for supervisors to easily draw their schedule (mean 2.06; Std. 0.639). These findings reveal a lack of formal and proper management of locum nursing as a professional career practice in Ghana. Thus, to address the challenges facing the original hospitals of locum nurses, hospital authorities may need to come out with a formal policy on locum.

Table 4 Challenges Posed by Locum Nursing to Public Hospitals

	N	Minimum	Maximum	Mean	Std. Deviation
does locum affect nurse performance	18	1	3	1.67	.594
does locum affects nurse time to work	18	1	3	1.67	.686
is it relatively difficult managing locum nurses	18	1	3	1.89	.758
does having locum nurses affect scheduling	18	1	3	2.06	.639
Valid N (listwise)	18				

This table depicts difficulties that locum cause to public hospitals whose members engage in locum. It shows how the effect of locum on general performance of nurses, nurse time to work, effective management of nurses and efficient scheduling of nurses for duties.

Table 5 reveals that to locum nursing does not pose any meaningful challenge to nurses engaging in the practice. The mean of 1.55 to 2.17 is an indication that there not much challenge regarding technical, functional, emotional, occupational and employment issues. The results suggest that there are more similarities than differences in the private and public hospitals environments. Thus, locum nurses easily fit into new hospitals environments and are usually able to use the hospital equipment. This means locum nursing promotion in the country shall require little or no nursing training.

Table 5 Challenges Faced by Locum Nurses

	N	Minimum	Maximum	Mean	Std. Deviation
differences in equipment used	168	1	3	1.86	.557
difficulty in using equipment	168	1	3	1.90	.677
recognition as locum nurse	168	1	3	1.55	.545
how fit in organization structure at locum	168	1	3	1.82	.680
relationship with permanent nurses	168	1	3	1.69	.599
relationship with other locum nurses	168	1	3	1.67	.614
combining permanent work with locum	168	1	3	1.65	.630
effect of locum on permanent work	168	1	3	2.17	.692
locum affect your time	168	1	3	2.12	.708
effect of differences in management style	168	1	3	1.88	.649
Valid N (listwise)	168				

This table shows the challenges faced by locum nurses in: having to deal with different tools at different hospitals, using of unfamiliar hospital equipment and also having the necessary recognition at their new working places. It also covers difficulty to fit into the organization structure of other hospitals, having to develop relationship with permanent nurses of private hospitals, effective management of locum nurse's time and having to contend with different management lifestyle.

From tables 3 to 5, it is appreciated that locum nursing in Ghana has some few challenges which are related to the original hospitals and the hospital where nurses go for locum. Challenges facing the nurses are quite insignificant. This means that the challenges of locum are more of administrative than technical, functional or even occupational. Thus, promoting locum nursing for a good reason should not be a big challenge to the nation.

Relationship between Service Quality and Locum Nursing

Table 6 and 7 present the findings of the how Locum nursing contribute to service quality in both private and public hospital who are receivers and providers of locum nurses respectively. Healthcare quality is measured by the five quality dimensions by Parasuraman, Zeithaml & Berry (1988, which include reliability, responsiveness, assurance, empathy and tangibles. From table 6, the results show that locum nurses provide reliability for the private hospitals (mean 2.18; Std. 0.728). The locum practice also contributes to service responsiveness as locum nurses provide healthcare to meet patients' expectations (mean 2.24; Std. 0.831) and willingly do so (mean 2.29; Std. 0.772). Also, locum nurses provides assurance in the form of the requisite skills possessed by nurses (mean 2.18; Std. 0.636), and their demonstration of courtesy in their duties (mean 2.29; Std. 0.849, as well as providing patience confidence (mean 2.12; Std. 0.781). Similarly, locum nurses provide empathy quality to private hospitals in the form of customizing their healthcare to different patients according to their needs (mean 2.12; Std. 0.697). Finally, the tangibles dimension is also met as locum nurses try to make themselves available (mean 2.41; Std. 0.795) and accessible (mean 2.35; Std. 0.702) when needed. The findings suggest that promotion of locum practice contribute immensely to the provision of quality healthcare in the private hospitals.

Table 6 Service Quality and Locum Nursing in Private Hospital

	N	Minimum	Maximum	Mean	Std. Deviation
locum nurses provide healthcare to meet patient's expectation	17	1	4	2.18	.728
locum nurses always willing to help patients	17	1	4	2.24	.831
locum nurses treat patients as valued customers	17	1	4	2.29	.772
locum nurses possess requisite knowledge	17	1	4	2.18	.636
locum nurses very courteous	17	1	4	2.29	.849
locum nurses provide necessary patient's confidence	17	1	4	2.12	.781
nurses are able to vary their service from patient to patient	17	1	4	2.12	.697
locum nurses always available to patients	17	1	4	2.41	.795
locum nurses always accessible to patients	17	1	4	2.35	.702
Valid N (listwise)	17				

This table shows the locum's role in providing quality healthcare in private hospital in area of: patient orientation, possession of requisite knowledge, being courteous, instilling patient's confidence and providing nurse accessibility.

Table 7 also shows that the quality benefit of locum nursing is not limited to the private hospitals but also the public hospitals who are the providers of locum nurses. The results depict that locum nursing provide quality to public hospitals in the form of reliability because these nurses learn to become more patient-oriented (mean 2.66; Std. 1.149). They also provide assurance as they learn acquire additional skills (mean 1.94; Std. 0.873), learn the use of new equipments (mean 2.11; Std. 0.676), and develop patient's confidence. Again they meet the reliability and responsiveness quality dimension as locum nurses usually become high-performers in their work. This suggests that the exposure to other hospital environments helps a locum nurse to become better qualified to provide quality healthcare.

Table 7 Service Quality and Locum Nursing in Public Hospitals

	N	Minimum	Maximum	Mean	Std. Deviation
locum nurses are usually patient oriented	18	1	5	2.56	1.149
locum nurses acquire additional skills	18	1	5	1.94	.873
locum nurses learn use of other equipments	18	1	4	2.11	.676
locum nurses build high sense of confidence	18	1	5	2.22	1.166
locum nurses are usually high performers	18	1	4	2.11	1.079
Valid N (listwise)	18				

This table shows how locum nursing contributes to healthcare quality in public hospital. It measures quality in terms the extent to which locum nurses become more patient oriented, acquire new and additional skills, learn use of new hospital equipments, build high sense of confident in the work they do and the overall relative performance level of locum nurses.

From the analysis of tables 6 and 7, it can be concluded that locum nursing actually contribute to quality healthcare delivery in Ghana, which benefits both the public hospitals whose nurses go for locum and the private hospitals whose facility receive locum nurses. This suggests that all things being equal, locum nurses are more likely to be high-performing healthcare providers compared to their non-locum colleagues. Thus among other facilities, locum could be used as a tool for nurse development in the country.

The Role of Locum in Managing Nurse Shortage in Ghana

The degree to which locum serves to reduce the nurse shortage in the country is presented by table 8. Since locum in Ghana currently is 'forward locum' where nurses from public hospitals go to private hospitals, the assessment of relationship between locum and nurse shortage is limited to the private hospital situation.

The descriptive findings reveal that private hospitals are still not having enough locum nurses (mean 2.59; Std. 1.121). Therefore, the hospitals are unable to fill most of their nurse vacancies with locum nurses (mean 2.71; Std. 1.047). While locum nurses are on the average proof reliable to private hospital in times of need, over all they go a long way to help private hospitals bridge the nurse shortage gap.

Table 8 How Locum Contribute to Addressing Nurse Shortage in Ghana

	N	Minimum	Maximum	Mean	Std. Deviation
most of the nurses are locum	17	1	5	2.59	1.121
most vacancies are filled by locum nurses	17	1	4	2.71	1.047
use of locum reliable source	17	1	4	2.41	1.064
locum nurses contribute to addressing nurse shortage	17	1	3	1.94	.659
Valid N (listwise)	17				

This table highlights the possibility of locum partly solving the nurse shortage in Ghana. It covers the proportion of nurses who engage in locum under the current health policies, the extent to which private hospital fill some of the vacancies with locum nurses, how private hospitals have relied on locum nurses in times of need and the overall contribution of locum to nurse shortage.

From the findings, though locum nurses are relatively few in most private hospitals in Ghana and these hospitals can hardly find them to fill vacancies, it is obvious that the practice is helping to address nurse shortage in the

country, especially in the private hospitals. Since the results demonstrate that locum nurses are reliable, it means the practice is good for addressing, to some extent, the nurse shortage 'canker' in Ghana. Thus, the more locum is encouraged, the more nurses will go into the practice and the greater it will address the nurse shortage.

CONCLUDING COMMENTS AND FURTHER RESEARCH

The degree of locum nursing is found to be relatively low in Ghana due to clear and formal policies on the practice. This, low practice affects the nurse population, and subsequently affect the healthcare quality in the country. The government and other stakeholders in the health sector should develop a formal and clear policy on locum. Currently the practice is perceived as illegal and does not attract many nurses. The laid down policy and formalizing of the practice shall encourage more nurses into the locum business.

The study also reveals that the challenges associated with locum nursing is quite few, and are usually administrative in nature. This will require that any policy formulated to formalize and legalize locum should emphasize on the administrative bottleneck. This should include locum nurse's place in the organization structure of both the hospital of original employment and the hospital for the locum. In this case nurses will see themselves as part of the hospitals, and thus have role to play and are responsible for their actions. This could enhance locum nurse's commitment and teamwork.

The study further showed a significant relationship between locum nursing and quality healthcare services. Thus with the current spate of patients complaint of poor healthcare, government and health authorities can use a formalized and legalized locum system to develop nurses to be more productive. As nurses try their skills and use new and health equipment in different health environments they develop improved knowledge and skills and a high sense of duty. These enhance the nurse's performance, which eventually result in quality healthcare provision.

Finally, despite the fact that locum has the potential of addressing nurse shortage in Ghana to a large extent, lack of government support and formal policy guideline has not made the practice achieve that goal. Much as government and other stakeholders are trying to train more nurses, until the country is able to train enough nurses, it would be necessary to use locum to support the challenge. The issue still boils down to formalized and legalized policy framework on the practice. Government, judiciary, parliament and all health experts have a role to play in this. In this case locum practice shall not be limited to 'forward locum' where only nurses from public hospitals go for locum at private hospital, but there can also be 'backward locum' where qualified nurses from private hospitals can also do locum in public hospital. Similarly, there can be 'horizontal locum' where nurses from public hospitals can do locum in sister public hospital, and those from private hospitals can do same in other private hospitals. This shall ensure cross-hospital experience, skills and quality.

This study is limited to Ghana, so future studies can consider other developing countries where healthcare quality and nurse shortage are also a challenge. Moreover, this study used hospitals and nurses from only hospitals in Accra, Kumasi and Takoradi where it is believed that locum is done on a large scale. Thus, future studies can consider using more hospitals and locum nurses from other regions of Ghana to capture any outliers that may exist. Finally, the study focused on only nurses, but locum involves doctors and other health professional. Therefore future research may consider including these professional in such a study to get a bigger picture.

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Internet Resources

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APPENDIX: RESEARCH QUESTIONNAIRE

Dear Administrator/Nursing Supervisor, (Public)

We are pleased to select you as one of the respondents in our study on Locum Services in Ghana. Your honest and frank response shall be highly appreciated. WE assure you of anonymity and confidentiality. Kindly provide answers for the following questions:

Respondent's Profile

1. Gender: Male ☐ Female ☐
2. Number of years in the hospital: under 3 years ☐ 3 – 5 years ☐ 6 or more years ☐
3. Age: Up to 30 years ☐ 31 – 40 years ☐ 41 – 50 years ☐ above 50 ☐

Extent of Locum Nursing in Ghana

4. What percentage of your nurse population is on locum in other hospitals?
Up to 5% ☐ 6% - 10% ☐ 11% - 15% ☐ above 15% ☐
5. How would you describe the practice of nurses in this hospital going on locum in other hospital?
It is a very common practice ☐ It is a common practice ☐ It is not a common practice ☐

Challenges Associated with Locum Nursing in Ghana

6. Would you say locum service affect the locum nurses effective performance at work?
Most of the times ☐ Some of the times ☐ Not at all ☐
7. Does locum service affect the nurses' timeliness to work?
Most of the times ☐ Some of the times ☐ Not at all ☐
8. Would you say nurses who combine with locum are comparatively difficult to manage compared to those who do not?
In most cases ☐ In some cases ☐ Not in any case ☐
9. Does having more nurses on your staff that go for locum affect the smooth scheduling of nurses for various shifts?
Most of the times ☐ Some of the times ☐ Not at all ☐

Relationship between Service Quality and Locum Nursing

10. Working on locum in private hospitals make our nurses more patient oriented
Strongly agree ☐ Agree ☐ not sure ☐ Disagree ☐ Strongly disagree ☐
11. Working in other hospitals on locum help our nurses acquire additional skills they would ordinarily not acquire
Strongly agree ☐ Agree ☐ not sure ☐ Disagree ☐ Strongly disagree ☐
12. Our nurses on locum learn the use of other equipment that they may not know how to use in this hospital
Strongly agree ☐ Agree ☐ not sure ☐ Disagree ☐ Strongly disagree ☐
13. Our nurses on locum usually build high sense of confidence which reflects on our patients
Strongly agree ☐ Agree ☐ not sure ☐ Disagree ☐ Strongly disagree ☐
14. Overall our nurses on locum are usually 'high performers'
Strongly agree ☐ Agree ☐ not sure ☐ Disagree ☐ Strongly disagree ☐

Dear Administrator/Nursing Supervisor, (Private)

We are pleased to select you as one of the respondents in our study on Locum Services in Ghana. Your honest and frank response shall be highly appreciated. We assure you of anonymity and confidentiality. Kindly provide answers for the following questions:

Respondent's Profile

1. Gender: Male ☐ Female ☐
2. Number of years in the hospital: under 3 years ☐ 3 – 5 years ☐ 6 or more years ☐
3. Age: Up to 30 years ☐ 31 – 40 years ☐ 41 – 50 years ☐ above 50 ☐

Extent of Locum Nursing in Ghana

4. What percentage of you nurses are on locum?

Up to 5% [] 6% - 10% [] 11% - 15% [] above 15%

5. How often do you receive application for locum nurses?

Very often [] Often [] Not often []

Challenges Associated with Locum Nursing

6. Do you have any difficulties managing the nurses who do locum at your hospital compared to you permanent nurses?

Most of the times [] Some of the times [] Not at all []

7. Do you face any difficulties coordinating the activities of your permanent nurses with those of the locum nurses?

Most of the times [] Some of the times [] Not at all []

8. Do you experience any difficulties in fashioning the locum nurses in your organizational structure?

Most of the times [] Some of the times [] Not at all []

9. Do you find any problems with how the locum nurses use the equipment in your hospital?

Most of the times [] Some of the times [] Not at all []

10. Do you find any difficulties with how the locum nurses handle your patients?

Most of the times [] Some of the times [] Not at all []

The Role of Locum in Managing Nurse Shortage in Ghana

11. Most of our qualified nurses are locum nurses

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

12. Most of the nurses' vacancies are filled by locum nurses

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

13. The use of locum nurses in the private hospital has been a reliable source of stocking the hospitals with nurses

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

14. Locum nurses have contributed immensely to addressing the nurse shortage in private hospitals in Ghana

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

The Relationship between Service Quality and Locum Nursing

16. Our locum nurses always provide healthcare that meets patients' expectations

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

17. Our locum nurses are always more than willing to help patients

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

18. Our locum nurses always treat patients as valued customers

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

19. Our locum nurses usually possess the requisite knowledge that is needed to serve patients

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

20. Our locum nurses are very courteous in their dealings with patients

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

21. Our locum nurses always provide the necessary confidence in the patients that they shall be well

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

22. Our locum nurses vary their healthcare delivery from one patient to the other

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

23. Our locum nurses are always available to handle patients' cases

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

24. Our locum nurses always make themselves accessible to patients

Strongly agree [] Agree [] not sure [] Disagree [] Strongly disagree []

Dear Nurse,

We are pleased to select you as one of the respondents in our study on Locum Services in Ghana. Your honest and frank response shall be highly appreciated. We assure you of anonymity and confidentiality.

Kindly provide answers for the following questions:

Respondent's Profile

1. Gender: Male ☐ Female ☐
2. Number of years as a nurse: under 3 years ☐ 3 – 5 years ☐ 6 or more years
3. Age: Under 25 years ☐ 25 – 30 years ☐ 31 – 40 years ☐ above 40

Challenges associated with Locum Nursing in Ghana

4. Would you say there are differences in the equipment you use in your original hospital and the ones you use when you go for locum?

Much difference ☐ Not much difference ☐ No difference

5. How much difficulty do you experience in using the equipment at the hospital you go for locum?

Much difficulty ☐ Not much difficulty ☐ No difficulty ☐

6. How much recognition do you have when you go for locum?

Much recognition ☐ Not much recognition ☐ No recognition ☐

7. How much do you fit in the organizational structure of the hospital you go for locum?

Much fit ☐ Not much fit ☐ Not fit at all ☐

8. How would you describe your working relationship with the permanent nurses of the hospital you go for locum?

Very cordial ☐ Cordial ☐ Not cordial ☐

9. How would you describe your working relationship with the other locum nurses of the hospital you go for locum?

Very cordial ☐ Cordial ☐ Not cordial ☐

10. How would you describe combining your working at your original hospital with the locum service?

Challenging ☐ Somehow challenging ☐ Not challenging ☐

11. Would you say the locum service affect your normal work at your original hospital in any ways?

Affect it quite well ☐ Affect it somehow ☐ Not affect it at all ☐

12. Would you say locum service demand much on your time that should be used for other things?

Much ☐ somehow much ☐ Not much ☐

13. Would you say differences in management style between your original hospital and the hospital you go for locum has any significant effects?

In many cases ☐ In some cases ☐ Not in any way ☐