



MEDICAL TOURISM POTENTIALS OF TAMALE TEACHING HOSPITAL IN GHANA

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Abstract: This study primarily focused on “medical tourists”, that is, patients who were referred or travelled from other districts/regions of Ghana and/or other countries to receive medical treatments at the Tamale Teaching Hospital (TTH). A total of 120 patients who were referred from other health facilities came seeking healthcare from 10 surveyed departments. These medical tourists were contacted over a one month period through structured questionnaire. Information was also sourced pertaining to the most visited departments and units in the hospital and the human resource capacity of the facility. Data relevant to this study about TTH were collated from management through in-depth interview (IDIs) schedules. The study revealed some departments in the facility with complements of qualified staff were heavily patronized. The main traffic to the facility came from the Upper East and Upper West Regions including other districts within the northern region. The facility had also hosted patients from other countries such as Togo and Burkina Faso on the continental front and the USA, UK and Cuba on the foreign arena. The paper recommends the need to keep an up-to-date record of both foreign and local patients who patronized the facility to foster monitoring of the medical tourism potentials of the hospital.

Keywords: *Tamale Teaching Hospital, Medical Tourism, Healthcare, Patients, Referrals*

Introduction

Health tourism as explained by Carrera and Bridges (2006) is the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body. They maintain that some scholars have considered health and medical tourism as a combined phenomenon but with different emphasis. A subset of health tourism is medical tourism, which is the organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention.

In Africa, medical tourism is becoming ‘big business’ for some countries namely South Africa, Egypt and Tunisia. South Africa for instance has emerged as the first country to offer medical and dental care and for long has had a good reputation for hosting some of the best doctors and hospitals in the world. In fact, the first human heart transplant was performed in Cape Town, South Africa in 1967 (Brink & Hassoulas, 2009). Wealthy middle Easterners, Americans and Europeans also “flock” to Cairo’s Smart Private Hospital to access cosmetic surgery and dental work done at reasonably affordable cost. The prices for plastic surgeries in Egypt are 60-70% lower than similar surgeries and treatments in the USA or UK (According to Reuters, 2017). Another country making a name particularly in the field of plastic surgery is Tunisia. Its proximity to Europe makes it attractive to Indians and Thais (the current giants in the field of medical tourism). Clinics in Tunisia are also offering packages which combine beach vacations with a little rhinoplasty...a plastic surgery procedure for correcting and reconstructing the nose (Cohen, 2012).

In West Africa, Ghana and Nigeria have sought to improve medical centres to boost affordable healthcare delivery services to their citizenry and also attract medical tourists. As part of efforts to develop medical tourism in Cross River state (Nigeria), the state government and a consortium of Colorado (USA) based hospital development experts led by OMMA Healthcare, have agreed to build a world-class state-of-the-art hospital in Calabar (International Medical Travel Journal [IMTJ], 2017). In Ghana, Dr. Felix Anyaa of Holy Trinity Medical Center (HTMC) in Accra wants the government to consider health tourism since Ghana has expertise in heart and spinal surgery. For instance, while it may cost over \$100,000 in the USA for cardio surgery, it costs just about \$10,000 in Ghana to have a similar surgery (IMTJ, 2017).

Ghana as a proposed medical tourism destination can boast of health facilities rendering quality services and packages to their patients. Mention can be made of the Korle-Bu Teaching Hospital

(touted to be the best health facility in the country and a main referral facility for patients with severe medical conditions from far and near). The 37 Military Hospital, the Police Hospital and the Ridge Hospital all in Accra also serve as major referral points for patients within the country. Worth mentioning is also the Komfo Anokye Teaching Hospital (KATH) in Kumasi which serves as a major referral Centre for communities in the northern and middle belts of Ghana.

Medical tourism can also be viewed from the research perspective since facilities could also attract visiting researchers. The Nuguchi Memorial Institute is an example of a research institution contributing enormously to the development of medical research tourism in Ghana. It was established in 1979 as a gift from the Japanese government in memory of Dr. Hideyo Nuguchi, who succumbed to yellow fever in Ghana while researching into the origins of the disease in 1928. The institute is a semi-autonomous research institute affiliated to the University of Ghana and has a clear mandate, part of which includes lending support to the Ministry of Health/Ghana Health Service in the control of diseases, especially in the area of laboratory support for outbreak investigations in the various parts of the country. The government of Ghana's attempt to build a Teaching Hospital for the University of Ghana will also in the long run boost medical tourism pursuits of the country (Carscious, 2013).

The Navrongo Health Research Centre is also a research facility that contributes to the development of medical tourism and research potentials of the country. Not only does this hospital have one of the largest pediatric wards in the country with the greatest number of deliveries each year (1000-2000 per year), but it is particularly unique due to its decision to maintain a pediatric research centre that focuses largely on pediatric vaccination. The concept of vaccination of babies against the six childhood killer diseases and the use of treated mosquito bed nets, which is now patronized nationwide, was "engineered" by the research efforts of this centre as reported by Gundona Sylvester in 1999 (Adu, 2014).

The Tamale Teaching Hospital (TTH), the third teaching hospital in the country, serves as a major referral hospital for the three regions of the northern and parts of the Bono-East, and Ahafo Regions of Ghana including portions of the newly created Oti Region (Addy, 1999). The hospital serves as the teaching hospital for the University for Development Studies in northern Ghana and offers undergraduate and graduate programmes in Medicine, Nursing and Nutrition. It is in the

light of this that it becomes imperative to assess both the domestic and foreign medical tourism potentials of the hospital.

The crucial issues of medical tourism are dynamic and layered, due to the multifaceted direction of development of the medical tourism industry. According to Connell (2013), the quality and availability of affordable care by healthcare providers and stakeholders are key influences on medical tourism in emerging medical tourism destinations, alongside economic and cultural factors. Another way of looking at medical tourism potentials include whether medical personnel come from elsewhere (within or outside Ghana) to offer services to patients suffering from particular ailments for specific periods of time, making use of the hospital's facilities or bringing in their own equipment to augment what the hospital has. Similarly, do we also have medical personnel in TTH going as organized groups to work in some hospitals within Ghana and abroad for a period and returning to base? In this wise, one wonders whether TTH has what it takes to qualify as a medical tourism destination/facility both domestically and internationally taking into consideration quality delivery, cost of access and doctor/patient ratios including medic-patient cordial relationship related issues. It is on the basis of the above that this research becomes relevant.

A major problem often associated with healthcare delivery in the northern part of Ghana is that many health experts either fail or refuse to take up postings to this part of the country. Indeed, it is on record that Accra and Kumasi alone have about 71% concentration of all public service medical doctors (GHS Annual Report, as cited in Dondomeso-Soglo, 2012). When given the chance to choose where they wanted to work after graduation from medical school in 2018, no doctor unfortunately chose to work in the northern region of Ghana where the doctor to patient ratio is one doctor to 51,000 patients (Kaminta, 2018). Indeed, the Director General of the Ghana Health Service (Dr. Anthony Nsiah-Asare) is on record to have lamented that, doctors who have been trained with the tax payers money in the country and who are supposed to be non-discriminatory in their service to the nation turn round to refuse posting to the five regions of northern Ghana and this impacts negatively on the medical tourism prospects of the country in general (Ghalley & Twumasi, 2019). It has therefore become imperative undertaking this research in an effort to unearth whether TTH has the requisite personnel to "man" the facility under the given circumstance. Are the various departments and medical units adequately resourced? Which is, do

they have experts and experienced clinicians/physicians to help deliver on its core mandate? (Runckel, 2007). This is what the study seeks to uncover.

Service quality and patient care are very important in attracting medical tourism but we have reached a point where some health personnel in some hospitals treat patients with some level of “disdain” and this leads to “mixed experiences” with regard to patient welfare (Wible, 2014). Do patients really receive what they expect from the TTH when they come on admission or when visiting for out-patient service? These are the main issues this study seeks to delve into. Thus, the main objective of the study is to assess the potentials of TTH as a medical tourism destination facility in Ghana in both the domestic and international arena while specifically seeking to; assess the human resource capacity of the hospital; analyze the main traffic of in-patients and to explore if patients’ expectations are met when they come on admission in the facility.

Background Literature on Medical Tourism

Travel Motivations in Medical Tourism

While motivations are heterogeneous and differ across treatments, what is common to all treatment choices is the expectation of effective and safe treatment. Expenses for medical treatments or travel are among the most important factors in choosing a medical tourism destination (Caballero-Danell & Mugomba, 2007; Smith & Forgione, 2007; Heung et. al., 2010, 2011; Crozier & Baylis, 2010; Ye et al., 2011). However, health and wellness tourism, which includes all spa related services, detoxification diets, special exercise regimes such as yoga and massage and other relaxation techniques are less likely to be part of public health services and are thus sought after in private facilities (Bookman & Bookman, 2007).

In the Treatment Abroad (2012) research, in which 1,045 respondents took part, close to 55% of respondents were from the UK. For all patients in the survey from all countries, Hungary was the leading destination (12% of respondents) followed by Belgium (11%). Poland, Turkey, Spain, the Czech Republic and India were the destinations for around 7% of patients each. About 42% of the UK patients in the study went abroad for cosmetic surgery, 32% for dental treatment, 9% for obesity surgery, and 4% for both infertility treatment and orthopedic surgery. South Africa is already somewhat competitive in medical tourism and it is a fast developing industry as many patients from nations such as Britain, United States of America, Western Europe, the Middle East

and even citizens of sister African countries are seeking treatment for a wider range of ailments in South African hospitals. When it comes to cosmetic surgery for instance, an American citizen could enjoy huge savings by seeking treatment in South Africa where a facelift that normally costs about \$25,000 in the USA, costs only about \$2,000 in excellent facilities in South Africa (Crush et. al., 2012; Crush et. al., 2013; Crush & Chikanda, 2015).

Human Resource Capabilities of Medical Tourism Institutions

The number of doctors, especially specialists, clinical expertise, number of nurses, highly trained staff and other health professionals are some of the factors to take into consideration when looking at human resource capacity of the industry. Singapore strives to enhance the quality of its medical services by requesting that medical staff obtain tour guide certificates and by establishing service centres that are designated for foreign patients, discounting medical expenses, assigning a portion of the national hospital to attracting foreign patients and providing tax reductions to hospitals that attract foreign patients (Bookman & Bookman, 2007). India holds an advantage over its competitors by providing short waiting times for operations, medical staff who can communicate in English, low taxes on hospitals and including low property and rent rates by government to the medics who operate these medical tourism facilities (Kim et. al., 2013).

Singapore, with hospitals accredited by the Joint Commission Institute (JCI) attracts medical tourists from developed counties such as the United States and Malaysia (Kim et. al., 2013). The city offers complex neurosurgical procedures and highly advanced medical treatments such as liver and heart transplant with qualified medical experts (Tata, 2007). Medical tourism is an integral part of Thailand's tourism and healthcare industries. As a medical tourism destination, it offers the JCI-accredited hospitals and U.S. certified physicians. Modern healthcare facilities, qualified medical experts, and low prices are the chief characteristics of the Malaysian medical tourism market that attract foreigners and locals alike (Connell, 2006). Hong Kong has modern facilities and several of its private hospitals have been accredited by the U.K-based Trent Accreditation Association.

However, in the East African bloc, the lack of skilled resources as reflected by the low health worker density of 0.84 per 1000 people in Rwanda and 1.3 per 1000 people in Kenya, coupled with inadequate infrastructure, the need for capital investment, and high construction costs hamper the availability of specialist care and high-end technologies in both countries. A greater level of

investment into infrastructure and the latest technologies, alongside the ability to attract skilled healthcare personnel, will be vital for market success, says PR Newswire Association LLC (2017). In this wise, both Kenya and Rwanda are focusing tremendously on the development of these areas and are relying on external funding to boost the development of their healthcare sectors as the East African bloc now boasts of advancements in technology and more specialist doctors. South Africa as at 2011 boasted of state of state of the art facilities and highly skilled medical practitioners. By close of the same year, it had approximately 247 private hospitals 30,334 beds and 12,751 medical practitioners and specialists affiliated to these facilities and there were potentials of improvements with the advancement of the years (Nicolaidis & Zigiriadis, 2011).

Patient Expectations in Medical Tourism Facilities and Destinations

Patient satisfaction is an important dimension of healthcare treatment. Relatively little is known about the experience and satisfaction of medical tourists. The greatest influence on the decision making process of the medical tourist is the issue of quality service (Lunt & Carrera, 2010). It is ethical to ensure that patients are as well cared for as possible and to this end, patients should receive appropriate advice and input at all stages of the caring process. Patient follow-up by providers is rare; a study of 20 patients presented at a German university hospital after overseas refractive surgery concluded that there was insufficient management of complications and a lack of post-operative care (Terzi et. al., 2008).

There may also be issues of confidentiality related to the clients of companies who act as facilitators of medical tourism. The staff of medical tourism facilitators' offices may be party to clinical information on patients and this private and sensitive information would need to be dealt with very carefully since there is potential for them to sell the information to other medical service companies. In the UK, signed informed consent prior to an elective procedure is considered best practice and a standard requirement ensuring that patients are fully informed as to the benefits and adverse effects of a procedure or treatment they are being advised to undergo. They also have the opportunity to ask questions and seek answers. This may not be available every time in the medical tourism setting and it is possible that medical tourists may come to regret this if there are failings in professional or clinical practice (Jeevan et. al., 2011).

Methodology

Study Site

The study facility is located in the Tamale Metropolis, which is the administrative capital of Northern Region. The hospital, established in 1974 has had no major renovations until 2009 when new superstructure were added to give it a major facelift. The catchment area of the facility is quite vast, while the town is equally fast growing in business and commerce thus putting it in the spotlight in Ghana. It is in the light of this that it becomes imperative assessing the medical tourism potentials, hence taking a cursory look at both domestic and foreign medical tourism pursuits to the hospital. The mission of the hospital is to be a centre of excellence for quality tertiary health care, medical education and research.

In 2005, the Northern Regional Coordinating Council partnered the Ministry of health/Ghana Health Service to upgrade the hospital to the status of a teaching hospital. In 2012, the hospital had a donation of GHC335,000.00 for the construction of an Ultra-Modern Neonatal Care Unit (NICU) from Mobile Telecommunication Network (MTN). The unit serves forty neonates and their mothers with office spaces as well as student's learning areas. Additionally, the hospital had also secured a dedicated power cable from the national electricity provider to supply the facility with uninterrupted power (Ministry of Health, 2018). The hospital may not have reached the apex of its development yet but suffice it to mention that it is charting a path that may not be long though, to become one of the best medical centres not only in Ghana but in Africa. The 341 bed capacity hospital provides specialist services in the following areas: Obstetrics and Gyneacology (O&G), surgery, Orthopaedics and Trauma, Internal Medicine, Child Health, Pathology, Ear, Nose and Throat (ENT), Endoscopy, Neurosurgery, Anesthesia and Intensive Care Unit (ICU), Psychiatry, Dentistry, Eye Unit and also runs ambulance services that respond to emergencies (Carscious, 2013).

The healthcare industry has grown significantly in the Tamale Metropolis with other new centres emerging and clinics built around notably Urology and Modern surgical centres. In this regard, there are a number of private and public hospitals, clinics and pharmacies in the metropolis contributing to good health delivery and well-being of patients from within and without the metropolis aiding in quality health service (see Table 1) but in instances when the situation required serious medical attention, the TTH becomes the main referral centre.

Table 1: Health Institutions within Tamale Metropolis

Public Hospitals	Private Hospitals	Some Leading Pharmacies
Tamale West Hospital	Kabsad Scientific Hospital	Charmalt Pharmacy
Tamale Central Hospital	Alive Legacy Mediherb Clinic	Peekay Gombila Pharmacy
Tania Specialist Hospital	St. Lucy Polyclinic	Ethical Pharmacy
Vittin Ridge Clinic	New Life Clinic	Dokuloku Pharmacy
Kadara Clinic	Spinal Clinic Limited	Multipharvum Pharmacy
Seventh Day Adventist Hospital	Habana Medical Services Limited	Mauplus Pharmaceutical Limited
Choggu Health Centre	Bilepela Health Centre	Abdul Razak Issifu Chemical Shop
Nyohini Health Care	Fuo Community Hospital	Opac Pharmacy
Kamina Barracks Hospital	Golden Health Diagnostic Imaging	

Furthermore, health care delivery can be achieved by the services done by other health related facilities. Cases in point include Laboratory and Ultrasonography facilities (Lanset Diagnostic Laboratories, Bil Laboratory, Polderman Laboratory and Good Start ultrasonography) and Maternity homes which include the God First Maternity Home (Jisonayili) Suglo Maternity Home, Fulera Maternity Home, Deahas Maternity Home and the As-Salam Maternity Home. Herbal medicine used in the maintenance of health as well as in the prevention, diagnosis and improvement including treatment of people in the area is very prevalent and practiced in the metropolis.

The metropolis can also boast of an International Airport serving Tamale and the capital city (Accra) and Jeddah (Saudi Arabia) during hajj. The airport helps in the improvement of health care delivery notably transporting patients with medical emergency cases outside Tamale for health delivery and treatment at the nation's premier teaching hospital at Korle-Bu and other cognate health facilities in Accra.

Sampling, Data Collection and Analysis

Collection of data relevant to this study were collated from management/staff and medical tourists (patients on referral from other hospitals in the country) who patronized the facility at the time of study and also from the staff of the Ghana Tourism Authority (GTA) in Tamale. The study primarily focused on medical tourists, who travelled from other regions of Ghana and/or other countries to receive various treatments at the TTH. All departments with referral cases were considered and respondents were visited after a letter of introduction was given to the ward in-

charge. In cases where a department did not have patients who could respond, that department was skipped. This was to ensure that all patients in each department had a chance of selection. The target sample selected in this study were all patients willing to respond even in their recuperative stages, hence the accidental sampling method was employed (ie researchers met them by dint of the fact that they were sick and came from other regions at that material time to be in the facility for medical treatment) Some medical tourists declined, explaining that they wanted to rest and so were excluded from data the collection process. Data were generally collected within the hospital facility during the entire period. In all, 120 patients (respondents) were reached in 10 wards over a one month period. It has been established that sample sizes of between 30 and 500 at 5% confidence level are sufficient for researchers to do data analysis (Altunışık et. al., 2004 as cited in Delice, 2010). The slow pace of data collection was in some cases due to difficulty in speeches/responses by patients who were often not audible and as such researchers often asked them to try and repeat their speeches.

Structured questionnaires were administered to patients (respondents) who could write their responses on their own. In instances where the respondents considered themselves frail and therefore found writing to be problematic, the researchers read out the questions and scribbled their responses in order not to stress them up. A few patients gave their responses through interpreters as they did not understand English. The study also undertook In-depth Interview (IDI) schedules with three senior management officials of the hospital and one official of the Ghana Tourism Authority. In this regard, qualitative data were thus collated through (IDI) schedules with the hospital administrators and the GTA official. Quantitative data sourced from questionnaires were analyzed employing SPSS (version 16) and these were put in frequencies and presented in tables, graphs and pie charts. The qualitative data were organized into themes and sub-themes and presented verbatim as responses from the transcribed IDIs. These were mainly also collated through notetaking in addition to recording their voices with permission sought from the respondents. The sub-themes for analysis of qualitative data included; where referrals came from, category of expatriates who patronized TTH, patient (respondents') satisfaction levels, relevance of the National Health Insurance Scheme in Ghana's health delivery, qualification of staff working in TTH, and hosting of medical teams who travel from the advance countries to perform surgeries for patients.

On issues of validity which is defined as the extent to which a concept is accurately measured in a quantitative study also comes into play in medical tourism related studies. Since tourism is a transient activity, and since patients have different ailments and come into contact with different medical staff at different times of the year, there is the likelihood of differences in results that may be obtained for reasons that may be linked to human (employee) behaviour and also facility deterioration. Reliability, which is referred to as the accuracy of an instrument delves into the extent to which a research instrument consistently has the same results if it is used in the same situation on repeated occasions (Heale & Twycross, 2015) and in this scenario, it is expected that this research if repeated consistently will give similar results.

Presentation of Results

Demographic Characteristics of Patients

Out of the 120 respondents contacted in the hospital, 46 were male and 74 were female. Table 2 shows the various age distribution and their corresponding percentages. From the data collated (age groups 20-30 through to 51-60), it was observed that majority of the respondents (about 83%) were in the working class. Almost all patients who visited the facility did so purposely because of the availability of professionally trained personnel and all were referred from other hospitals analyzed as follows: 21 from the Upper West Region, 20 from the Upper East Region, 12 from other districts within the northern region, 3 from Bono-East area with 7 from the Oti Region area.

Table 2: Demographic Characteristics of Patients

Age	Sex			
	Male		Female	
	Frequency	Percent (%)	Frequency	Percent (%)
20-30 years	18	52.9	16	47.1
31-40 years	10	26.3	14	73.7
41-50 years	8	40.0	12	60.0
51-60 years	4	50.0	4	50.0
Above 60 years	6	30.0	14	70.0
Total	46	38.3	74	61.7

Source: Field Survey, 2017

Table 3 shows the occupations patients were engaged in when on admission to the TTH at the time of study. Petty traders were the majority on admission (about 32%) followed by teachers (15%).

Others as captured in the study constituted electricians, civil servants, seamstress/housewives and a few officials of the community policing force. In all, close to 82% were in the working class. The same table depicts that most patients went on admission for an average period of between 1 and 4 days at the TTH which constituted 73%, while close to 12% stayed for a period between 5days and one week while. Others (8%) who were in need of serious medical attention and observation for a longer session came on admission for 14 days or more.

Table 3: Occupation of Patients/length of stay at the at the hospital

Occupation	Frequency	Percent
Businessman	4	3.3
Carpenter	4	3.3
Farmer	12	10.0
Health Personnel	12	10.0
Pensioner	4	3.3
Student	8	6.7
Teacher	18	15.0
Petty Trader	38	31.7
Others	10	8.3
Not Employed	10	8.3
Total	120	100.0
Length of Stay	Frequency	Percent
Less than a day	8	6.7
1-4 days	88	73.3
5days to 1 week	14	11.7
2 weeks and above	10	8.3
Total	120	100.0

Source: Field Survey, 2017

It was observed that patients got to know of the facility largely through their friends and relatives (about 42% attested) (see Figure 1) who gave good commendations about the facility implying that word-of-mouth publicity was in favour of the facility and this was a source of motivation for patients to visit the hospital. Invariably 30% of referral cases were also noted in the study and these category of respondents were also of relevance to this research probably portraying the fact that other hospitals within the northern environs were aware of the TTH being a giant in healthcare service delivery. Others as captured in the study referred to patients mainly brought in as a result some emergencies like accidents (cars, motorbikes and victims of violence) mostly from neighbouring districts.

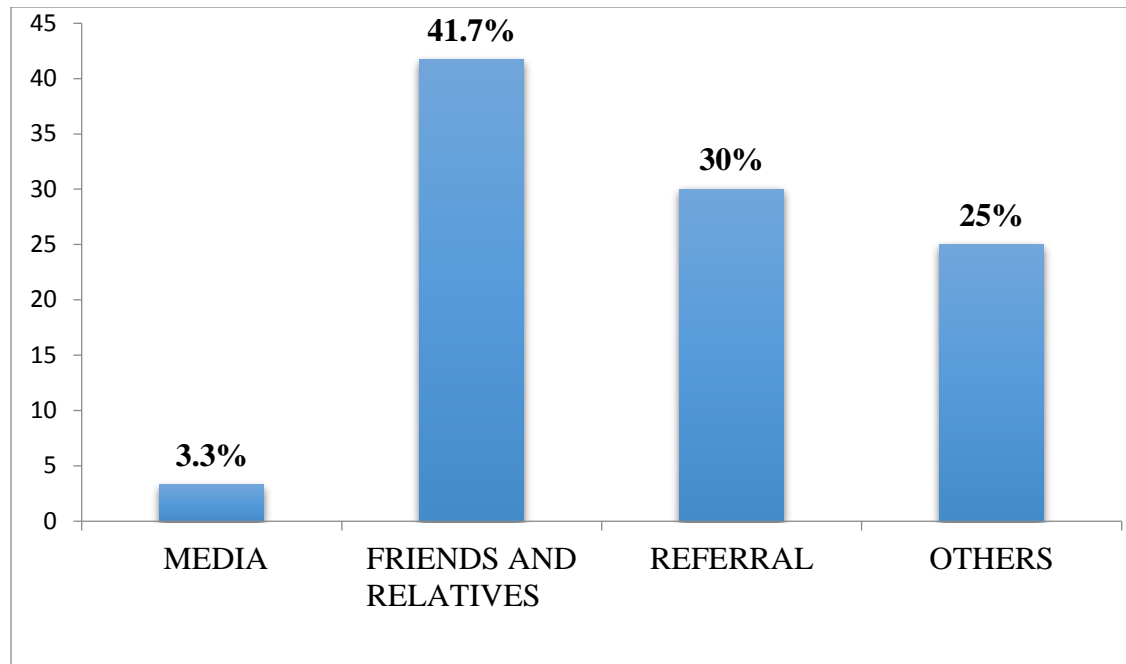


Figure 1: Patients' source of information about TTH
Source: Field Survey, 2017

N=120

Most frequented Departments by Patients in TTH

Figure 2 shows the units/departments with the highest number of patients contacted during the period of study namely, the male medical and the prenatal wards with 15% of patients contacted. Closely followed by the general surgical ward (8.3%) where the patients on admission were mainly referral cases from other hospitals in different districts or regions outside the metropolis. Another revelation from the findings in this study was the fact that the facility was heavily patronized when medics from other countries visited to render services to patients. A respondent indicated the following:

I was referred here because there was information that a neurosurgeon had come in from South Africa to meet and treat patients. I have met him and he has attended to me a couple of times. He is a fantastic doctor and he cares for his patients with passion (From a 67 year old patient from Wechiau in the Wa West District).

During the study however, no foreigners were met on admission but in an IDI with authorities of the hospital, the ensuing revelation came to light:

We have hosted some of the expatriate community in this hospital before. Those who work with internationally related NGOs in this part of the region. There are instances the foreigners from Europe have come to this part of Ghana, gotten involved in accidents, and brought on admission here, got treated and discharged to go home or their embassies later arranged for them to be flown home. We have the personnel who can cater for any person of any race or country herein (From a 53 year old administrator at TTH)

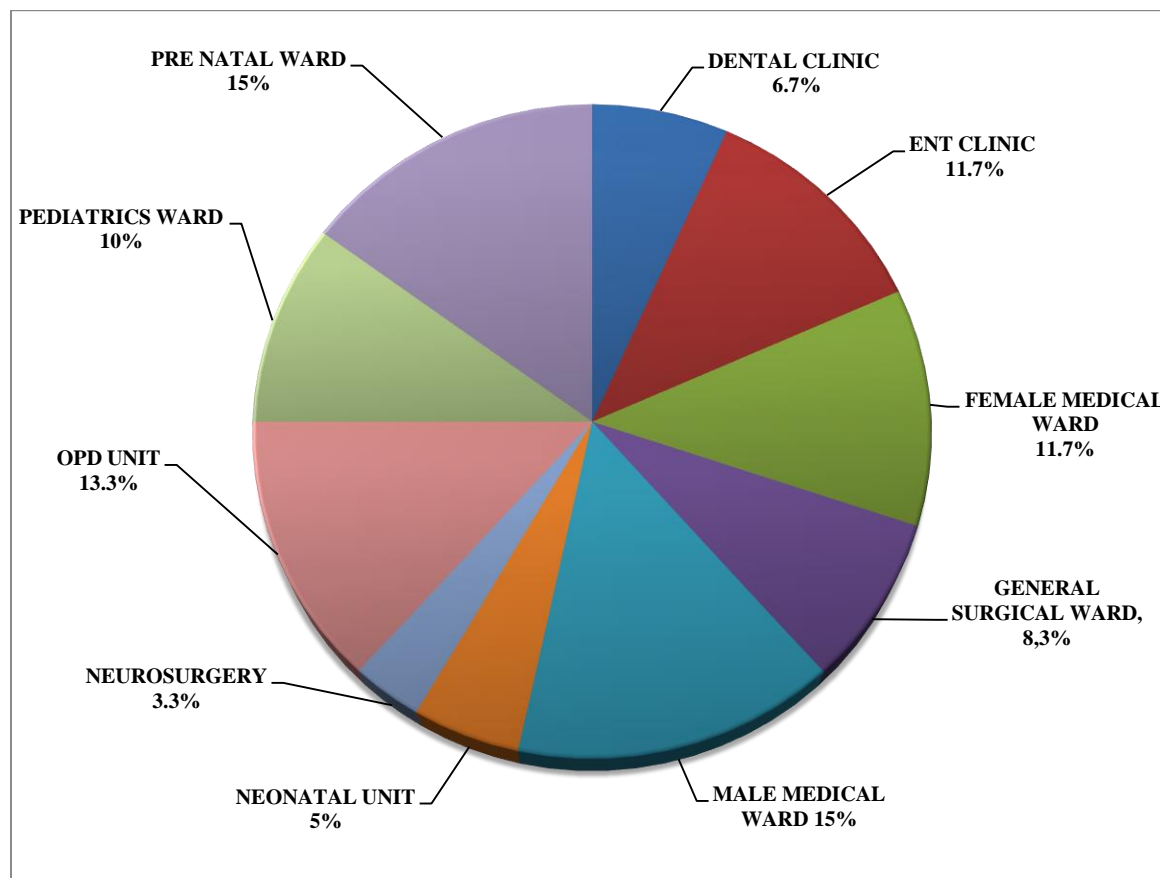


Figure 2: Most visited medical units/departments at the time of study
Source: Field Survey, 2017

N=120

Clinical and non-clinical staff strength of TTH

With regard to staff strength of the departments and units of the hospital, it came to the fore in this study that the TTH had an employee strength of 2,103 with clinical staff totaling (1,323) while the non-clinical staff were (780). Table 4 indicates the category of clinical staff of the hospital who responded to the health needs of out-patients and those on admission. The enormous clinical staff list, probably the biggest staffing of a single health facility in northern Ghana may be the reason why the TTH is a major referral facility in the northern jurisdiction.

Table 4: Number of Clinical Staff in TTH

CLINICAL STAFF	NUMBER
General Doctors	275
Pharmacists	22
Pharmacy Technicians	19
Pathologists	2
Pediatricians	7
Laboratory technicians (Diploma)	12
Biomedical Scientists (Lab Technician with a degree)	43
Community Health Nurses	19
Midwives	122
Enrolled Nurses	76
General/Professional Nurses	688
Anesthetists	38
Total	1323

Source: TTH, 2017

Patient Expectations

One important factor taken into consideration by many a patient was how satisfied they were upon their arrival for medical services at the facility. Majority of patients' expectations were met (76%) when they got admitted to the TTH for treatment. Table 5 shows a cross-tabulation of patients' age range as against their expectations being met whilst on admission at the TTH. The results indicate that patients of age range 60+ were in the majority who were satisfied with the services rendered by the hospital followed closely by the 51 to 60 year cohort. When asked to explain the reasons for their satisfaction, an elderly patient explained as follows:

I am an elderly man and I think that most of those who come to care for me are mostly of my sons and daughter age ranges. They see me as a father. Nurses who come around to administer medication call be daddy. They are very humble and I appreciate their concern (From a 71 year old patient from Garu District in the Upper East Region).

Table 5: Age range and patient expectations

Age Range	Frequency	Percentage
15-30	10	8.1
31-40	18	15.0
41-50	20	16.6
51-60	32	27.0
60+	40	33.3
Total	120	100.0

Source: Field survey, 2017

Reasons cited by those within the age range of 31 to 40 adduce to the fact that the TTH being an accredited national health insurance scheme subscriber was a factor accounting for their satisfaction with services rendered as it helped to reduce some level of the cost incurred on treatments. In explaining a point further on the relevance of the NHIS, a patient who was referred from Nadowli District Hospital explained as follows:

My relations had to hire an ambulance to bring us here at the cost of GHc 900.00. I have been here for 5 days now and had it not been for NHIS that catered for some of my drugs, it would have been tough for me to access healthcare here (From a 71 year old medical tourist who came in from Nadowli District).

DISCUSSION

Demographic Characteristics of Patients

The study showed the occupation of respondents to which it was observed majority of the patients were in the working class (82%) with the exception of students, retirees and those not employed. The average length of stay in the facility is 5days to one week while motivations cited for their visit to TTH included; quality of service provision, availability of modern technology and equipment at the health facility. Other reasons also cited were availability of professional personnel (cited mostly by elderly patients). Patients were also happy that the facility subscribes to the NHIS. The NHIS system since its inception through the efforts of the government of Ghana, (as indicated by respondents) has helped in curtailing some percentage of the cost of treatment for some medical conditions and this has helped most underprivileged and financially handicapped patients including their families to resort to only accredited medical centres including the TTH. Key among those who cited the relevance of the NHIS as key in selection of the facility were referred patients to the TTH from other health centres outside the metropolis or other

administrative regions and districts. Such patients had already incurred huge transportation bills employing the services of ambulances to travel in.

Departments or Units frequently visited by Patients

The about 400 bed capacity facility is manned by both clinical and non-clinical workers spanning an array of departments with their sub-units for the smooth administration and progress. The departments include General Administration, Human Resource, Finance, Public Relations, Medical Social Works, Policy Planning, Transport, Security, Catering, Biomedical Engineering, Estate and Maintenance, General Surgery, Central Supply Department, Accidents and Emergency, Ear, Nose and Throat (ENT), Obstetrics and Gyneacology (O&G), Orthopedics and Trauma, Internal Medicine, Child Health, Pathology, Endoscopy, Neurosurgery, Anesthesia and Intensive Care Unit (ICU). Mention was also made of Psychiatry, Laboratory and Out-Patient Department (OPD) among others. The subunits include the Male and Female Wards, Pre-natal and Anti-natal Clinics, Neonatal unit, Eye clinic and Diet Therapy unit.

With regard to the choice of the TTH by patients, the study revealed reasons for their choice of the facility notably; presence of ultra-modern technology and equipment, cost, bed capacity, the reputation the facility, and availability of professional personnel. This seems to agree with Alsharif et al., (2010), whose study in India, China, Jordan and the United Arab Emirates indicated the most important reasons for patients travelling to hospitals in these countries for treatment to be cost affordability plus physician and facility reputation.

Human Resource Capacity of TTH

Human resources are often seen as one of the most important assets of tourism and hospitality organizations. The facility has total staff strength of 2,103 which comprises 1,323 (62.9%) clinical workers and 780 (37.1%) non-clinical staff. In an IDI with authorities regarding qualification of staff who work in TTH, the following revelation was relayed:

The minimum qualification of staff is a tertiary programme specifically a degree at the unit managerial level and a postgraduate for the Heads of Departments. The number of trained doctors in some instances includes medical consultants, the large pool of specialists, staff with clinical expertise, all categories of senior staff nurses are highly trained and this makes the skilled manpower base one of the best in this

part of the country. Our staff here can even compete with some of the premier health institutions in the southern sector. I guess these are some of the factors some of the district hospitals are aware of and often make referrals to the TTH, that is, the well-endowed human resource capacity of this facility (From a 47 year old Administrator at TTH).

Awareness levels about the stock of trained professionals in an institution gives an added advantage when patients are to choose a particular destination or facility for Medicare as expressed by the respondent. This response seems to resonate that of Unti (2009) who noted in the literature that availability of evidence about the quality of a particular surgeon or clinical team in a medical facility would encourage more people to pursue medical tourism.

Patients' source of information and traffic to TTH

Another factor of keen interest was how patients got to know about the facility and where they came from. It was observed that close to 42.0% of respondents came to the facility based on recommendation from friends and relatives while about 30% were referral cases from other health centres which mostly were complicated cases that were usually beyond their professional reach or the facility lacked the equipment and special technology which were present in the TTH or within the metropolis. Media coverage accordingly also accounted for 3.3% of the source of awareness with 25% which constituted others mainly emergency cases such as accidents (motor or violence related). The medical tourism industry is fueled and driven by patients who felt disenfranchised by the healthcare system in their place of residence or home and this informed patients to shop outside their home organized medical system to find services that were affordable elsewhere. The main traffic to TTH came from the Upper East Region (20 patients) and from the Upper West Region (21 patients), the northern region and its surrounding districts recorded 12 patients travelling to the facility with only 7 patients from the southern part of the Oti Region who came on admission, it was noticed that the main traffic to the hospital were mostly from the northern part of Ghana. At the time of study, people from the southern half of Ghana did not seem to visit the hospital regularly and this could be due to the presence of other competitive, modern and state of the art hospitals which they could resort to such as Komfo Anokye Teaching Hospital and the Korle-Bu Teaching Hospital in Kumasi and Accra respectively. Records from the TTH revealed

that the number of referral cases from other administrative regions and nearby districts over a one year period from May 2016 to April 2017 stood at 1,750 patients.

In an interview schedule with another administrator of the hospital, his response was as follows:

The facility has had visits from foreign patients who are nationals of the USA, UK, Russia and Cuba and other nearby African countries who come to the region for volunteering and other purposes but no substantial records were teased out as foreign or domestic patients. We have treated and discharged several foreign personnel but the truth of the matter is that records are not kept the way you want it. Maybe your research is an eye opener and we will begin to look at the possibility of such. Let me also state that some of these patients did not come purposely for healthcare but they found themselves in the facility as a result of falling sick while doing their day-to-day work activities in the region (From a 53 year old administrator at the TTH)

This finding in IDI which indicates some expatriates coming on admission to TTH upon their visit to the region and falling ill seems to contradict that of Glinos et. al. (2006) who identified five drivers behind the increases in demand for medical services overseas: familiarity, availability, cost of access, quality and bioethical legislation (international travel for abortion services, fertility treatment, and euthanasia service). In another interview schedule, an administrator reiterated the following as medical tourism:

The hospital once a while hosts some medical teams abroad who come to use the TTH facility to do surgeries and attend to patients for free. When coming they at times bring in their own medication and sometimes some equipment to help them execute the assignments they come to do. These appropriately could be termed medical tourists while within these environs. Medics from our facility also travel as a team and base themselves in some hospitals outside the region to deliver healthcare. Such gestures in my view amount to engagement in medical tourism (From a 55 year old administrator at the TTH).

A case in point with regard to motivation to visit this facility is an advert on social media that went viral about a team of medical tourists who visited TTH in December 2019. The team originally intended to stay a week but ended up doing two weeks due to the overwhelming number of patients who registered for consultation:

“Doctors from the Czech Republic will visit the TTH from 8th to 14th December 2019 to conduct gynecological surgeries, fibroids, fistulas, cervical cancer, breast cancers and tumors, ovarian cancers, uterine and vaginal prolapses. Booking is ongoing at the TTH Antenatal Clinic. Regards to all”

Some medical Staff of the TTH have also gotten involved in organized medical tourism exploits in close collaboration with the Ghana Tourism Authority, Tamale Regional Office. According to an official of the GTA:

Staff of the TTH through collaboration with the GTA have received medical tourists from Burkina Faso and Togo numbering about 200 in 2018 and many of them come with conditions ranging from diabetes, stroke and urology related problems. I can assure you that one Burkinabe who comes on admission for treatment in TTH and the money he leaves in the local economy is worth the value of about 10 of our local patients on admission. This we have been able to do in collaboration with the tourism boards in their respective countries (From a 47 year old administrator at TTH).

Patient Expectations in TTH

Patient expectation is one of the important factors taken into consideration when going for treatment and it is the desire of every patient to be satisfied before and after healthcare delivery. It was observed from the study that majority of the patients (close to 76%) were satisfied with the services rendered. The reasons for the satisfaction included; the facility was NHIS accredited and thus helped to somehow reduce the cost of treatment. Mention was also made of the medical units equipped with facilities which met modern standards. A facelift had been given the hospital and so it was good to be within such a modern edifice while others also indicated doctors, nurses and other medical personnel came in regularly on rounds and were usually very humble towards them. To patients, such professionalism was refreshing and aided healing. These reasons given by these patients seem to be in tandem with the viewpoints of Lunt and Carrera (2010) who posited that the greatest influence on the decision making process of the medical tourist is the issue of quality service offered at the facility or destination. A fair bit (24%) however expressed dissatisfaction and reasons cited were; despite the availability of NHIS, some patients had to procure some basic drugs from private pharmacies at their own expense. Congestion in the wards notably prenatal with associated poor sanitation issues in the washrooms and bathhouses were noted as appalling.

Conclusion

It came to the fore in this study that the main traffic to the TTH came from the other four regions of northern Ghana including other municipalities and districts of the northern region. Other foreign nationals from Togo, Burkina Faso and diplomats from UK, USA and Cuba have been catered for here. Patients got to know of the hospital mostly from friends and relations and also through referrals by other health facilities. The TTH has a total of 1,323 clinical staff who catered for the health needs of patients while medical teams from advanced countries have come to stay and work in the TTH for periods ranging between 1 and 2 weeks and performed free surgeries and provided health treatments to locales. It was also revealed that over the past one year before the study was conducted, a total of 1,706 referral cases came from other districts and regions to the TTH showing the traffic volume that emanates from other parts of the country. Majority of the patients (especially elderly ones) were satisfied with services rendered therein, reasons cited being medical staff were friendly and professional in caring for them while others cited that the hospital now has ultra-modern equipment. Furthermore, the facility's subscription to the NHIS helped subsidized the cost of treatments, hence the reason many also chose to seek medical services in the facility. There is therefore great potential of the TTH in the field of medical tourism but the following recommendations could improve its competency in that regard.

Recommendations

Good record keeping measures as in decoupling patients' records by virtue of country of origin, the region where the patient comes from in Ghana and furthermore a database of all foreign/ local patients must be kept by the facility and this will help monitor if the facility is making inroads in the area of medical tourism. Running periodic surveys on the satisfaction levels of patients could help in taking pragmatic measures to improve upon their services to patients so as to boost the image of the hospital and bring about positive word of mouth publicity. The TTH administration liaising appropriately with the GTA could result in better showcasing of the facility during tourism fairs organized at the sub-regional shows in neighbouring African countries to boost medical tourism of the hospital. It will be good for the Ministry of health and the Ghana Health Service should begin exploiting the medical tourism potentials of all teaching hospitals in Ghana. This is possible especially taking "a census" of the number of medical consultants and senior doctors and their areas of specialist training and marketing these in brochures in embassies of Ghana abroad.

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Conflict of Interest

The authors wish to state categorically that this study was undertaken for a purely academic perspective and that there are no financial gains sourced from any industrial establishments for the conduction of the study and the rights of patients and other respondents were well protected in terms of the ethic of confidentiality.

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**Department of Research & Development
Tamale Teaching Hospital**

TTH/R&D/SR/17/75
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TO WHOM IT MAY CONCERN

**CERTIFICATE OF AUTHORIZATION TO CONDUCT RESEARCH IN TAMALE
TEACHING HOSPITAL**

I hereby introduce to you **Ms. Florence Esi Dooso**, currently a final year student from the Department of Ecotourism and Environmental Management of the University for Development studies. Who have been duly authorized to conduct a study on **"Medical Tourism potential in Tamale Teaching Hospital"**.

Please accord her the necessary assistance to be able to complete her study. If in doubt, kindly contact the Research Unit at the second floor of the administration block or on Telephone 0209281020. In addition, kindly report any misconduct of the Researcher to the Research Unit for necessary action.

Please note that this approval is given for a period of three months, beginning from 7st of June, 2017 to 31st of August, 2017.

Thank You.


**ALHASSAN MOHAMMED SHAMUDEEN
(HEAD, RESEARCH & DEVELOPMENT)**