



Knowledge of Hospital Staff on the Procedures and Obstacles to Public Procurement in Ghana

Ramatu Agambire^{1*} and Charles Adusei²

¹*Department of Nursing, Faculty of Health Science, Garden City University College, Kumasi, Ghana.*

²*Department of Accounting, Banking and Finance, Garden City University College, Kumasi, Ghana.*

Authors' contributions

This work was carried out in collaboration between both authors. Author CA designed the study and performed the analysis. Author RA wrote the first draft of the manuscript and managed the literature searches, reviewed and edited it. Both authors read and approved the final manuscript.

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ABSTRACT

Healthcare is an essential part of human life and cannot be disregarded whether for an individual, a family or a state. A conscious and planned effort must be taken by the state to make sure that goods and services are made available and accessed through effective and efficient procurement systems. The purpose of the study was to examine hospital staff knowledge on application, procedures and obstacles to public procurement at Oda Government Hospital in Ghana. A mixed method approach using survey and interview guide was used to solicit information from the hospital staff and the Procurement Manager. Data was analysed using descriptive statistics and Kendall Coefficient of Concordance. The study revealed that the staff had knowledge on procurement procedures and tried to follow the recommended guidelines. The highest mean was scored for application and familiarity with the Public Procurement Act (PPA) whereas verification of documentation, opening tenders for bidding and publishing contract awards were the key procurement procedures. Major obstacles identified included bureaucracy, lack of skilled personnel and adhoc membership of the tender team. The Medical Superintendent and the hospital Administrator were the officers responsible for policy approval and supervision of the Public Procurement Act. There is a need to enforce adherence to the Public Procurement

*Corresponding author: E-mail: ragambire@yahoo.com;

Act and ensure regular training of staff and stronger stakeholder participation in the procurement processes to equip the staff with knowledge and skills on the application of the Public Procurement Act.

Keywords: Public procurement; hospital staff's knowledge; procedures; obstacles; Ghana.

1. INTRODUCTION

Procurement plays a significant role in determining the availability of, and access to health commodities. Every organization needs supply of materials, and procurement is responsible for organising this. If carried out badly, materials do not arrive, or the wrong materials are delivered, in the wrong quantities, at the wrong time, with poor quality, at a high price, low customer service, and so on. The World Health Organization [1] estimates that about one-third of the world's population lack regular access to essential medicines due to stockouts and shortages of these essential commodities typically as a result from many interrelated issues, including bottlenecks in the procurement process.

Uyarra and Flanagan [2] indicated that public procurement is the acquisition of goods and services by government or public sector organizations. European Union [3] emphasized that government procurement is important for both governance and business and this has also grown to become more and more complex. Hospitals operate to facilitate a healthier population, enhance productivity and to boost the economy. Hospitals by their mandate are required to deliver services to the communities they serve.

Procurement is an essential function which requires that both public and private institutions in their bid to acquire goods and services be diligent and prudent as its effects affects service delivery negatively if not done well [4]. Public procurement must be seen in two ways thus internal demands in the form of stakeholders' expectations whereas transparency, integrity, accountability and exemplary behaviour by actors as the external demands as suggested in [5]. According to World Bank [6] low-income countries have the highest share of public procurement in their economy at 14.5% of GDP, followed by upper-middle income countries at 13.6%.

Arrowsmith [7] stressed that the legal framework through laws and regulations make sure that

their application can bring about accountability, transparency, and integrity to protect the public purse. The Public Procurement Act (PPA), 2003 (Act 663) was enacted and provisions were made in it for application in the acquisition of goods and services. According to Arney and Yadav [8] public procurement takes place in an environment surrounded by other systems such as economic, political, social and legal systems and a change in any of these systems provides both opportunities and challenges for public procurement.

One of the pillars of the Public Procurement Act 663, 2003 is to improve governance, ensure value for money and prudent spending so the developmental goals of the country can be achieved. The provisions within the Act must be applied and adhered to by all entities under the Central government in the area of public procurement. It is obvious that on paper the Act looks good, but its application or misapplication is a major concern because of the outcomes. OECD [9] stressed that a sound procurement system needs competent professional workforce equipped with the required skills and knowledge to make a public procurement efficient and effective.

Irrespective of the importance of public procurement on government's expenditure it is worrying as there is a lack of transparency on the procedures for awarding contract [10]. Mahmood [11] suggested that the quality of public administration could be improved through responsible accountability which is an integral part of good governance. Georghiou et al. [12] indicated that there is a need for wider engagement on policy measures for public procurement. According to Tadelis [13] public procurement regulations put certain constraints on contracts and awards mechanism that public procurement agencies can use. Onyinkwa [14] compliance with the Act could be dependent on ethics and understanding of the Act.

Onyango [15] stressed that stricter compliance of laid down procurement procedure can lead to organizational performance thereby enhancing its profits. According to Oyuke and Shale [16]

firms must employ procurement practices that will contribute most to the attainment of corporate goals. Habonimana [17] indicated that public procurement as resource allocation can have economic and political connotations. It is no doubt that a strong and solid regulatory framework has the ability to strengthening procurement systems, the worrying issue is that it becomes sterile if not backed by efficient enforcement mechanisms [6].

Shaw [18] indicated that corruption and bloated prices by officials through public procurement was cited as a major challenge. Adusei and Awunyo-Vitor, [4] revealed that well-managed procurement activity in the public sector has the potential to mitigate risk through a better allocation of risk. OECD [10] stressed that more can be gained from honesty, professionalism through greater transparency, fair competition and zero corruption by stakeholders. Thai [5] (2009) pointed out that gaps in the procurement procedures motivate officials to be corrupt and take advantage of the deficiencies of the system.

European Commission [19] suggested that all procurement officers could be asked to sign a declaration for each procurement procedure to confirm they have no interest with any participating tenderer as a way to safeguards against corruption. Arrowsmith [7] stressed that collusion between parties in the procurement processes leads to bloated prices for work done and in some cases no work is done but payments have been made. OECD [10] advised that some contractors will not bid for projects when they perceived the system will not be transparent and fair. Preuss and Walker [20] individual factors and organizational factors if not managed effectively could hamper sustainable procurement.

Thai [5] indicated that indeed all governmental entities of rich and poor countries are struggling in the face of unrelenting budget constraints that have led to public demand for increased transparency in public procurement. Public-sector entities responsible for procurement of essential medicines and health commodities in developing countries often lack the technical capacity to efficiently ensure supply security [21]. Arney and Yadav [8] stressed that under strict public scrutiny and pressures to be transparent, many agencies continue to use archaic procurement methods and depend on inflexible forecasts and cumbersome tendering processes.

The Auditors General Report [22] revealed that GH¢15,700.00 (\$3,140) was a misappropriation of revenue, GH¢18,260.00 (\$3,652) for procurement of sub-standard Out-Patient Department (OPD) forms and procurement of vehicle for the acting Chief Administrator at Korle-Bu Teaching Hospital in Accra, which is one of the 211 governments hospitals in Ghana. The procurement of the official vehicle was not in the 2014 approved Procurement Plan and the Budget for the hospital and was also not approved by the Board. Interestingly the official vehicle was registered in his name before reverting it into the hospital's name after using it for two and a half months.

However, on the sub-standard forms, officials did not check the quality of items as against specification but went ahead to make full payment for goods, but the hospital could not use it. The report further disclosed that GH¢70.1million (\$14 million) was mismanaged by some officials and financial irregularities in 2015 which cost the government almost GH¢53.2million (\$10.64 million). These are evidence of wasteful expenditure and loss of public funds. Almost sixteen years of the existence of the Public Procurement Act 2003 (Act 663), its implementation and operation had prevailed and made gains in some areas, but its adherence is much to be desired [22]. Though the Public Procurement Act was amended after data for this study had been collected, the study is of strong conviction that the amended Public Procurement Amendment Act 2016 (Act 914) will address some of the bottlenecks in Public Procurement Act 2003 (Act 663) which were made evident in the study.

With the existence of the Public Procurement Act, and the processes not followed as required the question that remains unanswered is how these processes would have been carried out if the Act was not in existence. These remain worrying as health service is vital in every country's development and the ability to offer goods and services to hospitals such that the public purse is not misappropriated and at the same time promoting the welfare of the citizenry is vital; It is against this backdrop that the study was conducted to examine the knowledge of hospital staff on the Public Procurement Act in relation to its application, compliance, and challenges at the Oda Government Hospital in the Eastern Region of Ghana.

2. STUDY SETTING AND METHODOLOGY

2.1 Study Setting

Oda Government Hospital was established in 1927 to serve as the District Hospital for the District (now Municipal Hospital). The hospital provides range of services and is one of the four hospitals in the Eastern Region with a Physiotherapy Equipment. The Birim Central Municipality comprises 243 communities with an estimated area population of about 151,318. The hospital sees an average of 300 patients per day with daily bed occupancy rate of 86 patients. The hospital has a total bed capacity of 174 for the maternity, female, male and paediatric wards with staff strength of 223.

2.2 Methodology

The study used the mixed method design in conducting the research through qualitative and quantitative approaches. The quantitative aspect was done through questionnaire administration via the staff's whiles the qualitative approach was done using the Procurement Manager as a key informant through the use of a structured interview. This was a sequential mixed methods study where administration of the questionnaire took place first before interviewing the Procurement Manager. The justification of the mixed method approach in this study is that the strength of one method can be used to overcome the weakness of another method. Moreover, narrative and non-textual information can add meaning to numeric data while numeric data can add precision to narrative and non-textual information.

The sample size for the study was ninety-one staff recruited purposively from the various directories of the hospital. All questionnaires administered were used in the analysis. The details of the sampled units are diagnostics (10), medicine (16), surgery (9), technical service (15), supply chain management unit (12), administration (19) and accident & emergency unit (10) out of the total hospital staff strength of 223. The instrument used for the data collection was questionnaire which was self-administered due to literacy level of the staff and a period of two months was used for the fieldwork. Data were collected via semi structured interview with the Procurement Manager as a key informant of Oda Government Hospital on public procurement related issues.

The quantitative analysis made use of descriptive statistics such as frequencies and percentages on the sampled demographics and that of the procurement procedures of the Oda Government Hospital was reported using bar charts. Assessing the staff knowledge level on the PPA made use of the mean score and reported in bar chart. The high mean score corresponds to "agree" in their responses. Kendall's coefficient of concordance (W) was used to rank the items identified as the obstacles on public procurement implementation by the staffs of the hospital.

The questionnaires were structured with information on demographic characteristics of the sampled staff, their level of knowledge of the PPA, challenges in the implementation of the PPA and procedures for compliance with the PPA. Varied scales were used to measure the responses from the staff through dichotomous and likert-scales with open and close-ended questions. The Cronbach alpha coefficient of .946 and .975 respectively on knowledge of PPA and implementation obstacles of PPA indicate a good reliability of the scale. The interview analysis adopted Wolcott three dimensions of qualitative research approach which are description, analysis and interpretation on the interview guide which had fourteen open ended questions. The study made sure that staff were briefed on the purpose of the study and they were assured of confidentiality and anonymity.

3. RESULTS AND DISCUSSION

3.1 Staff Characteristics

The distribution of staff age showed that ages between 18 to 29 years represents (20%), 30 to 40 years represents (50%), 30% accounted for the over 50years. The 30 to 40-year group was in the majority and an indication that the workforce is vibrant and energetic to offer good healthcare with the needed dedication and commitment to work; on their gender composition, female representation was 40% and male was 60%. This is not surprising as the nature of the job and tasks performed needed a gender balance. In terms of educational qualification, 24% had a postgraduate certificate, 40% had obtained a first degree and 36% held diploma certificates from various fields. This is an indication that staff had the knowledge to appreciate the study and understand what the study was aimed at. Likewise, a period of one to five years and six to ten years each accounted for 60% and 30% respectively. Those with more than 10 years

represented 10%. This information depicts the rich working experience of the staff which will bring to bear in terms of need especially in the health sector and hospital in particular. The following were representation of the directories/units; diagnostic (n=10, 11%), medicine (n=16, 18%), surgery had (n=9, 10%), technical service had (n=15, 16%), supply chain management (n=12, 13%), administration (n=19, 21%) and accident & emergency unit with (n=10, 11%). The staff from the various units that took part in the fieldwork were middle management level and senior management team including the medical superintendent, pharmacy officer in charge, procurement officers, hospital administrators, storekeepers, physician assistants, nurse managers, and laboratory technicians among others.

3.2 Staff Knowledge of the Public Procurement Act (Act 663)

The discussion presents the mean score of the constructs. It is important to indicate that the application of the Act will not make any positive and huge impact if implementers of the Act are not abreast with issues in the application of the Act. Fig. 1 indicates the mean score of the ten themes with the highest mean score of 4.78 affirming that the staffs are aware that the Oda Government hospital applies

the PPA as this was ranked first. The lowest ranked theme had a mean score of 2.53 indicating the need for a procurement plan before approval can be made on procurement as this was not popular among the majority of the respondents. The staffs indicated that except emergency goods and services all contracts awarded must go through the tender committee. The staffs were of the view that the procurement plan must be prepared and approved before the requisition is put in for procurement as this was not popular among the staffs.

It is evident from Fig. 1 that the level of knowledge regarding the Act was very high. In all the statements about the Act, which was presented to the staff, they expressed views which showed that they had some level of knowledge about the Public Procurement Act (Act 663). The Act stipulates that all public sector institutions are required to fully apply the Act to their procurement system. The staffs knowledge about this statement in the Act was collaborated by 96% of the total sample with a mean score of 4.78 on a five Likert scale who strongly agreed to the fact that the Act is applicable to the Oda Government Hospital indicating 4% with inadequate knowledge or uncertain about the PPA application as the study reported the mean scores.

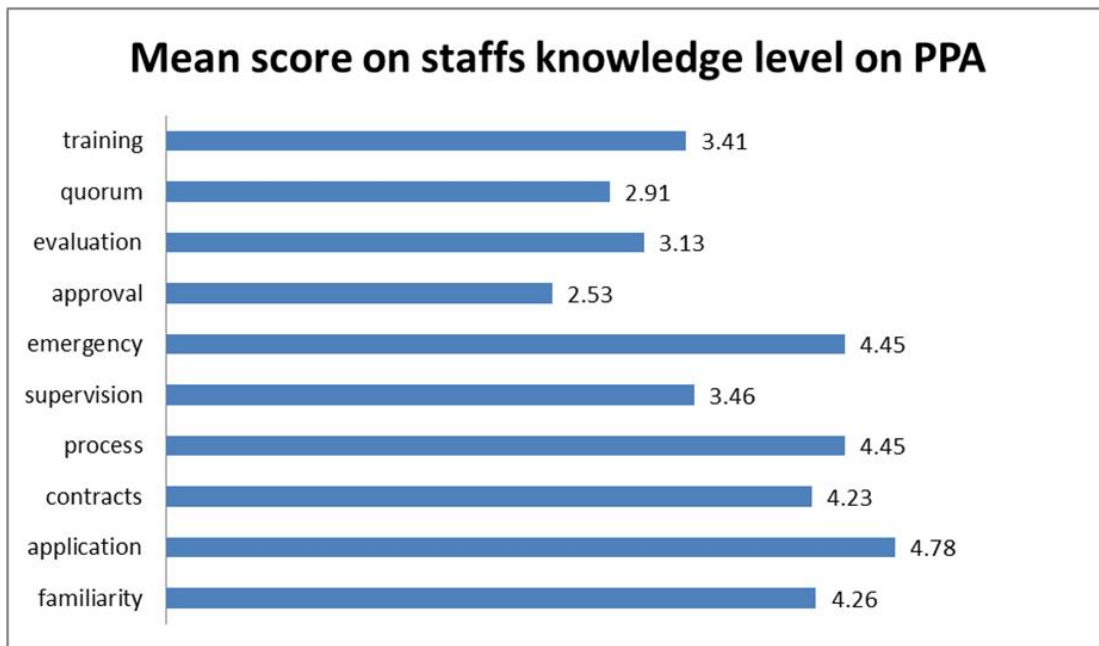


Fig. 1. Staff knowledge on PPA

All contracts must pass through the procurement process and goods and services required for emergency purposes not going through tender exhibited a strong and sufficiency level of knowledge of the Act as it was ranked 2nd with a mean score of 4.45 representing 90% agreement from the staffs' perspectives. In spite of the staffs' experiences on the job they still believe training programmes was necessary to upgrade their knowledge on the Act. This was evident from the staffs as 68% of them agreeing to the need for it, to sharpen their skills on the Act. In general, the results suggest that staff knowledge on the application of the PPA in Oda Government Hospital is fairly high as a positive predictor that the staff will apply the PPA effectively if all things be equal. The result affirms the views of Onyinkwa [14] stressing that understanding of the Act leads to better compliance.

Although the call for strict adherence to rules and regulations in the public procurement cannot be over emphasized it becomes rhetoric if implementers for the Act do not have a fair appreciation of the Act hence the study explored the familiarity of the PPA by the staff. It was revealed that 4.26 representing 85% of the sampled staffs had an advanced appreciation and familiar with the Act. Conducting monitoring and evaluation in public procurement holds enormous benefits as it provides an avenue for constant feedback, easy identification of potential challenges, opportunities to incorporate innovation and track progress. In terms of monitoring and evaluation, 62% of the sampled staffs were on top on the subject which is a bit worrying as 38% of the implementers of the Act might not be diligent in their services due to their ignorance of the consequences of the Act. There is a need for a better sensitization on the matter to create awareness on the need for it. This result would benefit from Adusei and Awunyo-Victor [4] of the need for implementers of the Act to be diligent in their duties on procurement.

3.3 Procurement Procedures of Oda Government Hospital

There is no doubt the importance of the PPA, but it will be of no essence if it is not complied by the government agencies and the state-owned enterprises. For institutions and organisations to comply with any procurement system, certain modalities such as tendering, bidding, advertising, documentation and review processes must be put in place. Consequently, the study sought to find out whether or not the

Procurement Committee Members of the hospital comply with the Act by examining how the various modalities are utilised in the procurement process. As one of the modalities for ensuring compliance, staffs were asked if contracts for the supply of goods and services were advertised to the public, (85%; n = 77) of the staffs confirmed that contracts are advertised but (15%; n = 14) disagreed with that procedure. On the issues of the publication of contract awards (84%; n = 76) of the staff confirmed that awards are published as compared to (16%; n = 15) disagreed with that procedure.

Table 1 as revealed by the staff indicated that all the ninety-one which is 100% stated categorically that to the best of their knowledge all procurement goes through verification of documentation from suppliers of goods and services; and contractors. This is of essence to make sure that the right thing is done from the commencement of placing the requisition for the service. This must be in line with the provision of the budget allocation and definitely with the compliance of the provisions in the PPA. The result will benefit from the suggestion from European Commission [19] that all procurement officers should be asked to sign a declaration for each procurement procedure to confirm they have no interest with any participating tenderer as a way to improve safeguards upon corruption.

One of the pillars for supply chain sourcing is the ability and the capacities of the user departments to select the right suppliers with both financial and capability resources to deliver the needs of the customers and meeting the right specifications. Respondents were asked to indicate whether it is necessary to use suppliers with good standing in the records of the hospital books through their working experience with them or by their industry ratings and word-of-mouth recommendation from the industry. The sixty-four staffs representing 70% were of the view that the hospital must select suppliers of good standing as this will ensure that the right thing is done since the suppliers have been in a similar situation and have the capabilities and competencies to deliver the contract on time. On the other hand, twenty-seven respondents representing 30% indicated that it does not necessarily mean that a supplier must be selected because the supplier is in good standing. The hospital must open its doors to search for multiple sourcing than single sourcing for the purposes for value for money and consequently cost-cutting. The results confirmed

World Bank [6] assertion that the Public Procurement Act must make sure that there is a control system, standardized procurement procedures, transparent institutional framework, proficient procurement staff and provision of measures on anti-corruption. This will enable the hospital procure quality goods and services with the end user in mind who are mostly patients accessing healthcare and the staff themselves.

The Procurement Act also requires entity committees to put in place modalities for reviewing complaints from suppliers and contractors regarding procurement entities. Table 2 indicated that (79%; n = 72) staff confirmed that they have put in place measures to review complaints as compared to (21%; n = 19). This revealed that not all staff are reviewing complaints as should be which is a requirement by the Act for institutions to put in place modalities for reviewing complaints from their suppliers.

The staffs agreed unanimously that all contracts are published as well as tenders opened for bidding with a 100% representation respectively. This is significant from the awareness, observation and the knowledge of the staff concerning the PPA. There is an indication that the procurement processes of the Oda Government Hospital do not take place in secret as relevant stakeholders were aware of the

processes through the various outlets for communication. The result is in line with (Georghiou et al. [12] stressing the need for wider engagement on policy measures on public procurement for effective collaboration. Also as indicated by Mahmood [11] the quality of public administration can be improved through responsible accountability which is an integral part of good governance.

3.4 Interview with the Procurement Manager

The interview with the Procurement Manager revealed some insights on the procurement activities at the Oda Hospital. During the interview it came up that:

“The PPA has had a positive effect and has improved the procurement practices of the hospital and further stressed that the hospital since 2004 observe the PPA in their procurements”.

It was not a surprise as this is what the PPA intends to achieve to avoid wastage of state funds. The response aligns with Onyango [15] advising that stricter compliance of laid down procurement procedure can lead to organizational performance thereby enhancing its profits.

Table 1. Procedures used by Oda government hospital for procurement of good and services

The procedure used by hospital	Responses category	Frequency	Percentage
Hospital advertise contracts	Yes	77	85.00
	No	14	15.00
	Total	91	100.00
Contracts awards published	Yes	91	100.00
	Total	91	100.00
Publication of adverts and awards of contracts	Yes	76	84.00
	No	15	16.00
	Total	91	100.00
Tenders opened for bidding	Yes	91	100.00
	Total	91	100.00
Modalities for reviewing complaints from suppliers and contractors	Yes	72	79.00
	No	19	21.00
	Total	91	100.00
Rely on only suppliers with good standing in the supplier index	Yes	64	70.00
	No	27	30.00
	Total	91	100.00
Documentation verification before awards of contracts	Yes	91	100.00
	Total	91	100.00

Source: Fieldwork, 2018

The Procurement Manager further took the interviewer through the procurement procedure of the Oda Government Hospital where it was indicated that:

"The procedure includes the approval of a request, solicitation of offers, evaluation of tenders, awarding of contracts, delivering of goods, inspection and acceptance of goods and managing the project".

The response supports the European Union [3] pointed out that government procurement is important for both governance and business. It can be said that if the hospital religiously goes through the whole procurement procedure without any compromises there is the possibility that value for money can be attained through enhancing transparency from key stakeholders to the process.

On policy approval and the supervision of the PPA, the Procurement Manager responded that:

"This is done through the office of the Medical Superintendent and the Administrator of the Oda Government Hospital" moreover "he does not think that the Oda Government Hospital has sanctioned any contractor or supplier due to non-performance which implies that the hospital puts certain measures in place to achieve quality for money" "the Oda Hospital sends electronic copies of their procurement plan to the Public Procurement Authority".

This result support Arrowsmith [7] stressing that the legal framework through laws and regulations must make sure that its application can bring about accountability, transparency, and integrity to protect the public purse.

On barriers that affect his performance in the use of the PPA. The Procurement Manager responded that:

"It is worrying as the system cannot take advantage of the competencies and the capabilities of some suppliers to bid low-value contracts as they are not encouraged to do so. Moreover, not having the expertise to make use of the Act creates problems for implementers who can lead to non-compliance to the processes of the Act".

There is a need for regular update of knowledge on the Act through seminars and workshops.

This response aligned with World Bank [6] insisting that accountability and transparency in government purchases guided with the adherence of the Public Procurement Act can reduce corruption with stricter enforcement of the Act. Furthermore, the result shares an opinion with Adusei and Awunyo-Vitor [4] suggesting that procurement is as essential as a function that both public and private institutions in their bid to acquire goods and services must be diligent and prudent as it affects the bottom line negatively if not done well.

The Procurement Manager indicated when asked about inputs made to help the Oda Government Hospital on the implementation of the Act; his response was that:

"Due to the important roles the Nurses played in the hospital administration it will make a big difference if the inclusion of the Nursing administrator in the composition of the tender committee for Oda Government Hospital".

It will not be out of order if the inclusion of the Nursing Administrator is not purely on stakeholder's involvement and participation. Thai [5] suggested that public procurement must meet the internal demands of many stakeholders' expectations. This must be one of the reasons why the hospital administration deemed it wise to include the Nursing Administrator for governance's sake and most at times they are the users of more than half of the hospital's commodities.

On the benefits of compliance to the PPA, the Procurement Manager said:

"It has helped improve financial levels, added value and helped reduce corruption".

It can be inferred that stricter adherence to the Act and possible sanctions for offenders has put fear in implementers to make sure that the public purse is protected since they will be held accountable for their stewardship. The response agrees with OECD [9] stressing that honesty, professionalism through greater transparency, fair competition and zero corruption by stakeholders are positive pillars of public procurement.

3.5 Implementation Obstacles of the PPA

The section assesses the hospital staff concerns on the implementation obstacles of the PPA

through the mean rank using Kendall's Coefficient of Concordance for the ranking. The Kendall's Coefficient of Concordance of ($W^s = 65.2\%$) implies that 65.2% agreed to the overall ranking with the firm belief that indeed the challenges cut across among the hospital staff. the discussion in Table 2 would center on the two high mean scores and the least two mean rank considering the constructs.

Table 2. Kendall's coefficient of concordance on PPA implementation obstacles

Construct	Mean rank	Ranking
Controlling than facilitating the procurement process.	7.23	6 th
Difficult for innovativeness in the procurement process	9.84	3 rd
Cheapest service is obtained but not the best in terms of quality	2.59	11 th
The procurement process is very bureaucratic	12.45	1 st
Difficulties in applying the Act.	8.30	4 th
Ad-hoc memberships of tender board affect the procurement process.	10.30	2 nd
Limited logistics slows down the work of the tender committee.	6.18	9 th
Lack of requisite skills by the tender committee in the procurement process.	6.18	9 th
Rewarding tender committee members for their services.	7.05	7 th
External pressure to subvert the procurement process.	3.52	10 th
Suppliers do not search for adverts on procurement	7.40	5 th
The Act is making the procurement of goods and services risky	3.52	10 th
Suppliers lack the needed documents for the tendering process	6.46	8 th

Source: Fieldwork, 2018

From Table 2 it can be observed that the highest mean rank is 12.45 which was ranked first implied that the entire sampled hospital staff was

in concordant with each other on the construct indicating that the procurement processes are very bureaucratic. In practice, there might be a challenge that can slow down the operations of the hospital due to the bureaucratic nature of the procurement system. The result is in alignment with Tadelis [13] stressing that public procurement regulations put certain constraints on contracts and awards mechanism that public procurement agencies can use.

There is wisdom in the usage of the ad-hoc membership on the tender board if used appropriately. The challenge of the hospital staff had to do with the frequent changes in the membership of the tender board which affects the procurement process, and this had a mean rank of 10.30 which was ranked 2nd. It is perceived that a member gains experience with time on the tender board, but complacency also sets which has the potential to breed corruption. The result is in line with Arrowsmith [7] warning of conflict of interest as a challenge with OECD [9] suggesting that it can be value driven platform for value for money with their expertise.

The Act ensures that the cheapest service is obtained but not the best in terms of quality and value for money had the very least mean rank of 2.59 indicating that the staffs do not see it as a major concern hence it was ranked 11th. External pressure to subvert the procurement processes and the Act has made the procurement of goods and services very risky had a mean score of 3.52 respectively representing the second very least of the ranking at the 10th position which indicated that the staff believe that as much as it is a challenge to them it is of least concern to them. To carry out the compliance of the Act in a most effective manner, there is the need for the tender committee to have access to all the logistics to carry out their duties and responsibilities, add value and save the taxpayers money. The result aligns with Oyuke and Shale [16] on the need for value creation procurement practice to achieve a firm objective.

4. CONCLUSION

Procurement and its management must be seen as a core function of public financial management and be treated with all seriousness to protect the public purse. An efficient and effective public procurement system significantly can influence the provisions of government services such as the building of hospitals and healthcare delivery. Procurement puts a financial

burden on hospitals and must be treated with all seriousness irrespective of the type of hospital whether the hospital is a teaching hospital, regional or district, private, public, government or not-for-profit.

Staff knowledge on the PPA was appreciable assuming that it would enhance implementation of the act. There is the need for the hospital authorities to enforce the implementation of PPA by its staff to enhance compliance. Suppliers and contractors of goods and services must be made familiar with PPA so as to act professionally. If they are made aware of the demands of the PPA it will improve and ensure transparent procurement processes.

CONSENT AND ETHICAL APPROVAL

The ethical considerations were adhered to in terms of getting the consent of the participants and their participation of the study was voluntary.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. World Health Organization (WHO). The World Medicine Situation. Access to essential medicine as part of the right to health. WHO. Geneva; 2011.
2. Uyarra E, Flanagan K. Understanding the innovation impacts of public procurement. *European Planning Studies*. 2010;18(1): 123-143.
3. European Union. Openness of public procurement markets in key third countries. Publications Office of the European Union. Luxembourg; 2017.
4. Adusei C, Awunyo-Vitor D. Implementation challenges of the Public Procurement Act by selected metropolitan, municipal and district assemblies in the Ashanti Region, Ghana. *iBusiness*, 2015;7:39-50. Available:<http://dx.doi.org/10.4236/ib.2015.7100>
5. Thai KV. *International handbook of public procurement*. CRC Press. Taylor & Francis Group. London; 2009.
6. World Bank. *Benchmarking public procurement: Assessing public procurement systems in 77 Economics*. The World Bank. Washington, DC; 2016.
7. Arrowsmith S. Horizontal policies in public procurement: Taxonomy. *Journal of Public Procurement*. 2010;10(2):149-186.
8. Arney L, Yadav P. *Improving procurement practices in developing country health*. William Davidson Institute, University of Michigan. Michigan; 2014.
9. OECD. *Public procurement for innovation: Good practices and strategies*. OECD public governance reviews. OECD Publishing. Paris; 2017.
10. OECD. *Policy roundtable, collusion and corruption in public procurement Integrity in Public Procurement*. OECD Publishing. Paris; 2010.
11. Mahmood SAI. *Public procurement and corruption in Bangladesh. Confronting the challenges and opportunities*. *Journal of Public Administration and Policy Research*. 2010;2(6):103-111.
12. Georghiou L, Edler J, Uyarra E, Yeow J. Policy instruments for public procurement of innovation: Choice, design and assessment. *Technological Forecasting and Social Change*. 2013;86:1-12.
13. Tadelis S. *Public procurement design: lessons from the private sector*. *International Journal of Industrial Organisations*. 2012;30(3):297-302.
14. Onyinkwa J. Factors influencing compliance to procurement regulations in Public Secondary Schools in Kenya: A case of Nyamache District, Kisii County. *Interdisciplinary Journal of Contemporary Research in Business*. 2013;5(1).
15. Onyango JC. *Effects of procurement planning on institutional performance: A case study of Mombasa Law Court*. *International Journal of Science and Research (IJSR)*. 2012;3(358).
16. Oyuke OH, Shale N. *Roles of strategic procurement practices on organizational performance: A case study of Kenya National Audit Office County*. *European Journal of Business Management*. 2014; 2(1):336-341.
17. Habonimaa J. *The growing importance of public procurement and the need for professionalism*. UN Special; 2014.
18. Shaw FN. *The power to procure: A look inside the city of austin procurement*

- program, applied research projects. Texas State University. Texas; 2010.
19. European Commission. Public procurement guidance for practitioners. Publications Office of the European Union. Luxembourg; 2018.
 20. Preuss L. Walker H. Psychological barriers in the road to sustainable development: evidence from public sector procurement. Public Administration. 2011;89(2):493-521.
 21. Arney L, Yadav P, Miller R, Wilkerson T. Strategic contracting practices to improve procurement of health commodities. Glob Health Sci Pract. 2014;2(3):295-306.
 22. Auditor General Report. Report of the Auditor-General of the Republic of Ghana on Public Accounts of Ghana Ministries Departments and Other Agencies (MDA's) For the Year Ended 31 December 2016. Accra; 2017.

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