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**ADDIS ABABA UNIVERSITY SCHOOL OF COMMERCE**

**Department of Marketing Management**

**FACTORS AFFECTING THE DELIVERY OF QUALITY HEALTH CARE  
SERVICES: CONSUMER PERSPECTIVES ATSPHMMC**

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This is to certify that the thesis is prepared by Simret Mulugeta, entitled; Factors affecting the delivery of quality health care services: consumer perspectives at SPHMMC in partial fulfillment of the requirements for the award of the Degree of Master of Arts in Marketing Management with the regulation of the University and the accepted standards with respect to originality.

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**DECLARATION**

I, Simret Mulugeta, hereby declare that this research paper entitled — factors affecting the delivery of quality health care services: consumer perspectives at SPHMMC is my original work and has not been used by others for any other requirements in any other university and all sources of information in the study have been appropriately acknowledged.

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## **LETTER OF CERTIFICATION**

This is to certify that this study on the topic entitled —; *factors affecting the delivery of quality health care services: consumer perspectives at SPHMMC* is a bona fide work of Simret Mulugeta who carried out under my guidance/supervision and this work is original in nature and is suitable for submission for the award of masters of Marketing Management.

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**LIST OF ABBREVIATIONS AND ACRONYMS**

**SERVQUAL**-Service Quality

**SEVPERF**-Service Performance

**SPSS**-Statistical Package for Social science

**SD**-Standard Deviation

**SPHMMC**-Saint Paul's Hospital Millennium Medical College

## **ABSTRACT**

*This study was carried out with the intention to examine the factors that results in poor quality of health care service delivery system. The study focuses at SPHMMC on consumers came for seeking medical care at outpatient departments. For this study, accessible populations of 383 were selected and 359 valid responses were collected. A structured questionnaire was used to collect data form respondents by using an interviewer-administered data collection system. Data analysis mainly took place by quantitative analysis namely descriptive and inferential statistics using SPSS 23.0. The study found out that price, professionals' competency and hospital's capacity has great impact on service quality that is measured by using five dimensions namely: empathy, tangible, reliability, responsiveness and assurance.91.6% of the respondents were satisfied with the price for the services.77% of the respondents agreed about the professionals' competency and 54.8% of the respondents believed that the hospital has enough medical equipment for serving the consumers. This study recommends that the hospital should focus on the disagreed and dissatisfied ones. The hospital should work on increasing number of trained professionals and focus on building its capacity on medical equipment.*

*Keywords: competency, empathy, tangible, reliability, responsiveness and assurance*

## CHAPTER ONE

### INTRODUCTION

#### 1.1. Background of the Study

Quality of care is an important aspect of health care delivery system that is given a priority. Quality is a multidimensional concept that has been defined in various ways. Variation in quality of care between different health care facilities is thought to reflect differences in efficiency and other organizational factors. (Rula Al-D,2017)

It is tough to define and measure the fine of health care gives than other sectors. Distinct healthcare industry traits such as intangibility, heterogeneity, and simultaneity make it hard to define and measure quality. Healthcare carrier is an intangible product and cannot bodily be touched, felt, viewed, counted, or measured like manufactured goods. Producing tangible goods lets in quantitative measures of satisfactory when you consider that they can be sampled and examined for excellent throughout the production method and in later use. However, healthcare service great relies upon on the carrier technique and client and provider interactions. Some healthcare high-quality attributes such as timeliness, consistency, and accuracy are challenging to measure beyond a subjective assessment by means of the consumer (Olijera L.,2001 and Newman D, Gloyd S, Nyangez MJ, Machoro F, 1998)

It is tough to reproduce regular healthcare offerings. Healthcare offerings can differ between producers, customers, places. This heterogeneity can occur because of one-of-a-kind fitness care providers deliver the carrier to patients with varying needs. Quality standards are tough to establish in-provider operations. Healthcare professionals provide services differently because factors vary, inclusive of experience, man or woman abilities, and personalities. Healthcare services are concurrently produced and fed on and cannot be stored for later consumption. This makes excellent control difficult because the custom can't judge 'satisfactory' previous to buy and consumption. Unlike manufactured goods, it's far less probably to have a pleasant check. Therefore, healthcare out-comes can't be guaranteed. Quality healthcare is a subjective, complex, and multi-dimensional concept (Gary Morris, 1998).

Healthcare quality is *the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk* (Donabedian A, 1996).

He distinguishes three components of quality:

- 1) Technical quality
- 2) Interpersonal quality
- 3) Amenities

Technical quality refers to the efficacy of treatment in bringing about measurable health benefit. Interpersonal consistency refers to how well patient expectations and desires are accommodated. Features encompass features such as comfort of physical surroundings and attributes of service provision organization.

Quality care is the 'Provision of care that exceeds patient expectations and achieves the best possible scientific results with the handy resources' (Ovretveit J and Townsend 1992). A system was developed for improving the first-class of healthcare based totally on three dimensions of quality:

- Professional,
- Customer and
- Management quality

Professional first-class is based on professionals' views of whether or not professionally assessed customer desires have been met the usage of correct methods and procedures. Consumer fine is whether or now not direct beneficiaries sense they get what they want from the services. Management great is ensuring that offerings are delivered in a resource-efficient way.

As to Mosadeghrad's concept of quality, healthcare gives the patient exceptional satisfaction by offering safe, effective and reliable healthcare services in compliance with the latest clinical guidelines and standards that meet the needs of the patients and satisfy the providers. He defined 182 quality healthcare features, and grouped them into five main categories: environment, empathy, efficiency, effectiveness and efficacy. Healthcare Quality includes features such as availability, accessibility, affordability, acceptability, suitability, competency, timeliness, privacy, con-

confidentiality, care, responsiveness, accountability, accuracy, reliability, comprehensiveness, continuity, equity, amenities, and facilities (Mosadeghrad, A. M. 2014).

Health care quality in Ethiopia became a very concerning issue for most of us. There are different health sectors in Ethiopia, Addis Ababa. In Addis there are 96 health centers, 11 public hospitals, 28 private hospitals and 882 clinics. According to Ethiopian context there are different factors that affect quality of healthcare. According to Øvretveit definition and classification these factors are classified into three. From the professionals' aspect, from the consumer and from the management wing. And all these three classification works for countries like Ethiopia. Since the country is poor can't address all the sick people need.

## **1.2. Background of the organization**

The study area is from government hospitals that are giving specialized care namely SHMMC. This hospital has been founded by emperor Haile Selassie in 1969 with the help of German evangelical church. It has 350 beds and sees an annual average of 300,000 consumers. It has a catchment population of around 5 million. The hospital comprises 1200 clinical and non-clinical staffs. There are over 13 departments. A medical college was formed in 2007.

## **1.3. Statement of the Problem**

There are literatures written concerning health care issues even in Ethiopia. But most of them work on consumer satisfaction only. They are not concerning what are the factors behind this satisfaction issue. Without knowing the factors, it will be difficult to raise only the consequences.

The views, expectations and goals of different healthcare stakeholders must be addressed in any attempt to identify, assess and improve healthcare quality. Although numerous studies were conducted to assess the quality of healthcare institutions, limited researches were conducted to identify factors influencing the quality of healthcare services. Very limited studies in Ethiopian facilities of health have addressed this issue. Most studies are restricted to one or at most two stakeholder viewpoints in healthcare.

In countries like Ethiopia, quality of health care is very poor. There are rumors all the time even the countries media try to address some points that raised from different health sectors of the country. Even when we see and listen gaps of the health sectors, there are many medico legal issues that happened in the health facilities. These problems resulted from different factors. The student researcher wants to know and dig out these factors that led to poor quality of the health care system.

According to the studies undertaken in Ethiopia, health services are limited and in poor quality and the country has extremely poor health condition relative to other low-income countries (Zewdie Birhanu, Tsion Asefa, Mirkuze Woldie, 2010). As different studies conducted in different parts of Ethiopia, the level of customer satisfaction findings revealed 46.9% in Jimma University hospital (by respondents with the time spent to see a doctor), 47% in Yekatit 12 Hospital Medical College, 53% in selected Addis Ababa Hospitals, 22.0% in Gondar, 41.7% at Jigjiga town, and 57.7% at Debrebirhan Referral Hospital (Fekadu Assefa, Andualem Mosse, 2011; Fikirte Woldelessie, 2019; Gebreyesus, 2019; Getabalew E. Bekel, Yimer S. Yimer, 2018; Rahel Mezemir, Darye Getachew, 2014). A study conducted in Addis Ababa, in 2012 at both public and private hospitals shows that about 18.0% of the patients at the public hospitals were found to be very satisfied whilst 26.5% of the clients at private hospitals were very satisfied, which is a bit higher at private hospitals (Tayue Tateke, Mirkuze Woldie, 2012).

The above studies told us that the level of customers' dissatisfaction is higher than that of their satisfaction level. On the other hand, as observed from different literatures, the level of satisfaction in developing countries like Ethiopia is too much lower than that of developed countries. All the above studies show that in Ethiopia there are more dissatisfied consumers than satisfied and it is a big issue that should be studied. Why they become dissatisfied? It is because of the low quality of health care delivery system. So what are the factors? That is the big question.

This study, therefore, aims to fill this research gap by empirically exploring consumers' perspectives on factors affecting healthcare services quality in Ethiopian health facilities namely in SPHMMC.

## **1.4. Research Questions**

### **1.4.1. Main Research Questions**

What are the factors that affect the delivery of quality health care services from consumer perspective in SPHMMC?

### **1.4.2. Sub Research Questions**

How does the price of medical services at SPHMMC affect the quality of health care services?

How can SPHMMC is equipped for serving consumers?

Can we say that the health professionals of SPHMMC competent?

## **1.5. Objectives of the Study**

### **1.5.1 General Objectives**

To assess the factors that influence delivery of quality health care service in SPHMMC of Addis Ababa Ethiopia.

### **1.5.2 Specific Objectives of the Study**

To identify the challenges in medical service price.

To assess the challenges of SPHMMC in medical equipment.

To assess the health professionals' competency level.

## **1.6. Significance of the Study**

This study provides further and important information about factors that affect delivery of quality health care services. It also helps to identify the effect of these factors on consumers, the health sectors and the country as well. Health is a vast issue that leads to economic crisis, political crisis and soon. When we reach to the problems we can save our country.

When someone is not healthy can't perform any activities, can't lead his/her family. Impact on consumers is a very vast issue. If consumers become sick and can't survive from their illness

there will be many crises economically, psychologically and socially as well. So when we are studying on the factors and knowing the root causes we can save the consumers. When we are saving the consumers we are saving the country. When the country is buildup of productive power, the country became productive and fight against poverty.

Besides the hospital will be beneficiary from this study. It will get the chance to see the hospital's gap. Since the study is based on consumers' perspective, the hospital can clearly see its gap towards consumers. And can work out on the problems. This will improve the service quality of the hospital, this will benefit the consumer and the country as well.

Furthermore, this study also helps other researchers to conduct further studies and address other issues which haven't been covered by this study and be a source for their next step.

### **1.7. Scope of the Study**

This study focuses on the factors that affect the delivery of quality health care services. There are several factors that affect delivery of quality health care services especially in Ethiopia. As we know Ethiopia is among the developing countries of the world and the country has triple burden in health issues. This burdens are communicable diseases, non-communicable diseases and injuries. Before some years back the country's worry was only communicable diseases but recently the rest also becoming a concerning issue. Majority of the population are poor and have no access to medical services. Besides the one that will access the medical services will be in government health facilities. And those facilities lack materials to serve this population. The other thing when we see in a general view there are unmotivated health care professionals at different facilities that lack skill, empathy and commitment due to many reasons. This study focuses on these factors.

Due to the cost and difficulty to maintain large number of population throughout Ethiopia as a study participant, geographically, this is limited to Addis Ababa, which is a small portion of the country. Therefore, the findings might not be the reflection of all health sectors. The study is targeted only in one of the famous Ethiopian hospitals, SPHMMC. The student researcher took this hospital first because it is governmental and most of the population that are served in the hospital will be image of Ethiopian society. The other reason is most of the challenges raised in delivery

of health care quality is from government hospitals so, the student researcher will get reliable information targeted to the title. The other reason there are rumors about the hospital, that it is giving a high quality of medical services and the student researcher want to assure these rumors. It addresses even more out of the health issues. Since health is inter related to all of the things it covers the political and economic aspect as well. Once the problem faced there will be crisis in different parameters. If we take one dimension, skill of the health professionals it will change the images of our universities, colleges even the curriculum of learning.

### **1.8. Limitation of the Study**

This study done only in one hospital of the city and this will not give enough information. But the selected hospital is a specialized and referral hospital that the consumers are getting the service by coming from the different direction of the city and neighbor cities and these consumers will delegate most of the society. The other thing will be the respondents since the student researcher planned to use interviewer-administered questionnaire, the respondents will be tired and bored. For this reason, the student researcher uses a simple and attractive questionnaire that doesn't take their time too long.

### **1.9. Definition of Terms**

**Health care service quality:** - services provided in the health facilities whose characteristics and features exceed patient's needs and expectations.

**Reliability:** The ability to provide the planned health care program with continuity and accuracy

**Assurance:** Hospital employees' competence and courtesy, and their willingness to encourage faith and confidence

**Empathy:** Providing care and individualizing treatment to outpatients

**Responsiveness:** Willingness to help patients and offer prompt service

**Tangibles:** Physical facilities, supplies, staff and materials for interaction

**Competent:** having the necessary ability, knowledge, or skill to do something successfully

**Equipped:** supply with the necessary items for a particular purpose

**Communicable diseases:** an infectious disease that is transmissible by contact with infected individuals or their bodily discharges or fluids, by contact with contaminated food or water, or by direct or indirect contact with disease vectors (mosquitoes, fleas or mice)

**Non-communicable diseases:** a disease that is not transmissible directly from one person to another. Example most cancers, diabetes, kidney diseases, most heart diseases

**Source:-**<https://www.merriam-webster.com>

### **1.10. Organization of the Paper**

This thesis paper organized is into five chapters. The first chapter deals with introduction that includes backgrounds, statement of the problem, objectives and basic research questions, scope, significance and limitation of the study as well. The next chapter is chapter two. It includes review of related literatures it contains introduction, theoretical review and empirical review and hypotheses of the study and finally conceptual frame work. The third chapter is chapter three it describes the methodology used in conducting the study. This includes: the research approach, design, data sources and collection, sample size and sampling procedures, data gathering instruments, data analysis techniques, validity and reliability and finally ethical consideration. The next is chapter four and it deals with presentation, analysis interpretation and discussion of the findings and finally the last chapter, chapter five consists of summary, conclusion and recommendation parts.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURES**

#### **Introduction**

This chapter contains concepts and models regarding factors affecting delivery of quality health care services from the consumer perspective. It clearly describes the factors as well as the consequences that result on consumer satisfaction. Besides it indicates the relation of different researches' with this study.

## **2.1 Theoretical Reviews**

### **2.1.1 SERVQUAL Model**

A number of measurement gadgets for healthcare service quality have been developed in most health care literature. Service quality dimension in health care developed in time based on the frame-work of SERVQUAL. Despite all boundaries concerning SERVQUAL evidenced to be an effective historical past in health care. The service quality model "SERVQUAL" positioned as the most important of provider great fashions and one of the widely used models to measure excellent in service areas due to the fact of its inclusiveness and applicability (lee and kim,2017).

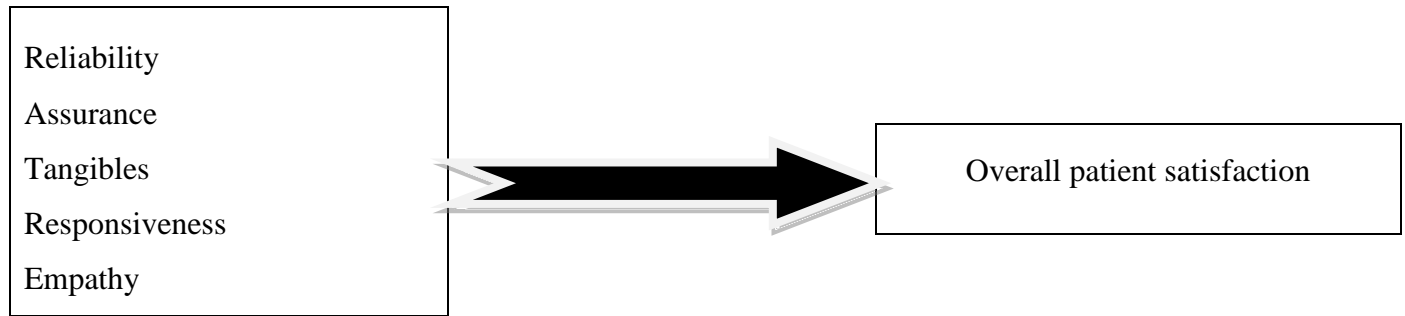
SERVQUAL instruments suitable to analyze the perceptual gap in understanding patient expectation among health care stakeholders (Pakdil, F, and Harwood, T. 2005), A significant and reliable model for measuring differences between patient preferences and actual experiences and five dimensions of service quality in the SERVQUAL instrument in the healthcare setting (Chakraborty R and Majumdar A, 2011) is important. It includes five service quality dimensions:

- Reliability
- Assurance
- Tangibles
- Empathy
- Responsiveness, and assessed by 22 items.

It is built on the assumption that service quality is a result of differences (gaps) between customers' expectations and perceptions in five dimensions of quality: reliability, responsiveness, tangibles, assurance, and empathy;

Independent variable    Dependent variables

Health service quality dimensions    Patient satisfaction



**Figure 1** SERVQUAL research model (source: Rula Al-D, 2017, p 137)

**Reliability:** - Implies the ability to perform the promised service dependably with reliability and accuracy (Rula Al-D, 2017, p 137)

**Assurance:** -Involve employees' competence and courtesy, and their ability to convey confidence and trust (Rula Al-D, 2017, p 137)

**Tangibles:** -Feature physical facilities, supplies, staff and communication materials (Rula Al-D, 2017, p 137)

**Empathy:** The implementation of customer care and individualized attention(Rula Al-D, 2017, p 137)

**Responsiveness:** -Indicates the willingness to help customers and to provide prompt service.(Rula Al-D, 2017, p 137)

### **Patient Satisfaction**

Hospitals always have been a place of care providing full healthcare, both curative and preventive, to the population. Quality of care in hospitals is measured using two metrics: patient outcomes and patient satisfaction. Satisfaction is the feelings of pleasure or disappointment of a person resulting from comparing the perceived output (or outcome) of a product or service with respect to their expectations (Kotler P, 2000). Patient satisfaction tends mainly to be attitudes about treatment or treatment aspects (Jenkinson, C. A., Coulter, A., Bruster, S., Richards, N., & Chandolaet, T. 2002). The principle of patient satisfaction is multidirectional and reflects the expecta-

tion and perception of patients compared to their actual care (Edlund, M. J., Young, A. S., Kung, F. Y., Sherbourne, C. D., & Wells, K. B.).

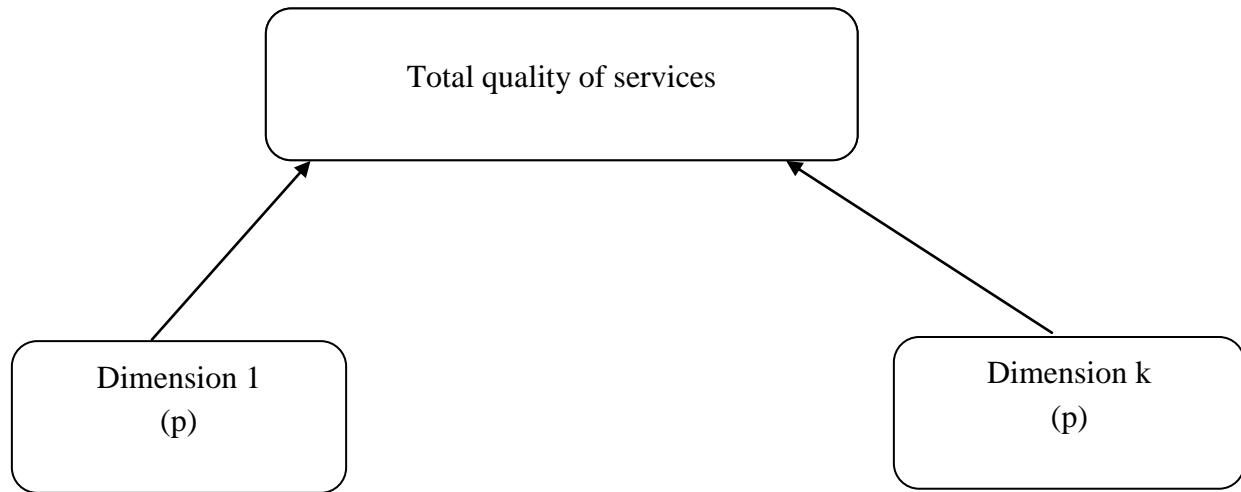
### **2.1.2 SERVPERF Model**

Parasuraman (Parasuraman, A., Zeithaml, V.A. and Berry, L.L. 1988) later, in 1988, reduced these ten dimensions to five dimensions. That SERVPERF was developed by Cronin and Taylor. It is a SERVQUAL modification, uses similar categories to assess the quality of the service, proposing 22 performance related statements instead of 44 expectations and performance related statements. The SERVPERF shall assess quality as an attitude, not satisfaction. Consequently, it makes use of an idea of perceived quality of service leading to satisfaction. But it goes deeper, linking satisfaction with additional transactions (Cronin, J.J. and S.A. Taylor, 1992). The Teas model tests the level of service as the difference between expected output and ideal performance rather than consumer expectations as in SERVQUAL MODEL (Teas R. Kenneth 1993). Rust and Oliver (Rust, R.T., Oliver, R.L. 1993), as a new dimension to the Gronroos model, the "service environment" Dabholkar (Dabholkar, P. A., Thorpe, D. I., & Rentz, J. O. 1996), argued the disparity between retail services are different from pure services that make SERVQUAL inapplicable. Much detailed and hierarchical second order model comprising of scale 17 of 28 items came from SERVQUAL and 11 items from literature review by the researchers.

Measuring service quality dimensions through the SERVPERF model several researchers suggested that service quality should be measured by taking only consumer perceptions into account rather than expectations minus perceptions (Cronin J. Joseph and Taylor Steven A, 1992). The purpose of this study is to measure the quality performance using the SERVPERF model.

According to Adil (Adil M, Ghaswyneh O. F. M. and Albkour A.M. 2013) measurement with SERVPERF is superior, not only in capturing the truly perceived quality of service, but also to halve the number of items to be measured. Furthermore, according to the two Martinez's (Martinez J. A. and Martinez L 2010), the performance measurement received a higher psychometric level of service quality assessment, in terms of structural validity and operational efficiency through performance data, and more precisely interpreted the overall measurement of the quality of provided services as measured by SERVQUAL. In the same context, research by Brady, which supports the superiority of the Cronin and Taylor quality measurement performance ap-

proach and which is correctly modeled as a previous consumer satisfaction, is also included (Brady, M. K., & Cronin, Jr. 2001).



**Figure 2** *SERVPERF model (Source: Martinez J. A. and Martinez L 2010)*

### **Summary**

My study will rely on the above models. Since my study focus on the factors that affect delivery of quality health care services, all the models address the factors in different ways. All mentioned the common factors that will results poor quality of health care and consumer satisfaction.

## **2.2. Empirical Reviews**

### **2.2.1. Health Care Service Quality**

A study was conducted at public hospitals in Lahore, Pakistan, and it has shown that timeliness of service, staff friendliness, service reliability, empathy, physical structures and supply availability are essential aspects that significantly improve the quality of service (Syombua, C., & Fn, K. 2018).

Researchers have also found that, in Croatian, the perceived service quality dimensions were statistically significant with the overall customer satisfaction and three factors (output quality is the

most significant impact followed by assurance and reliability) have significantly influenced customer satisfaction (Suzana Marković, Dina Lončarić, Damir Lončarić 2014)

As of a study finding conducted in the regional hospital of Durres, in Albania, Turkey, has found that health care service quality dimensions (responsiveness, tangible, reliability, assurance and empathy) are important and have positive impact on clients satisfaction, and of which, the impact of reliability (54%) on clients' satisfaction is higher than other service quality dimensions and followed by responsiveness (51%), and that of tangible (14%) dimension has less impact on clients' satisfaction Similarly, a study (Kalaja, R., Myshketa, R., & Scalera, F. 2016) finding conducted in the Private Healthcare Industry in Pakistan, assurance, empathy and tangible have a significant correlation with patient satisfaction level (Rehaman, B., & Husnain, M. 2018).

Aldana's study (conducted in rural Bangladesh) finding revealed that privacy given to clients accounted for less than half (45.1%) of these clients, health care service providers gave advice to only 53.5% of clients, physical examination was performed on only 29% of all patients, and these sub components of quality dimensions are positively associated with the satisfaction and that of users satisfaction with the providers' politeness was the most powerful predictor variable, followed by satisfaction with the provider's respect for privacy (Aldana, J. M., Piechulek, H., & Al-sabir, A. 2001).

According to a cross sectional study conducted in Nyandarua County Referral Hospital, the results revealed that a satisfaction score on service tangibility was 69%, 48% for reliability, 55% for responsiveness, 59% for assurance and 50% for empathy of the services, whereas the overall satisfaction index for the services was 56% (Syombua, C., & Fn, K. 2018).

Multiple studies from different parts of Ethiopia revealed that expertise and ability (in Jigjiga City), waiting time (in Debrebirhan Referral Hospital), privacy valued during consultation (in Yekatit 12 Hospital) are determining factors towards satisfaction of clients (Gebreyesus, 2019; Getabalew E. Bekel, Yimer S. Yimer, 2018; Rahel Mezemir, Darye Getachew, 2014). Likewise, a study undertaken at public and private hospitals in Addis Abeba, Ethiopia, found that self-assessed health status, service expectations, length of consultation, provider skills, welcoming approach were key satisfaction factors across both public and private hospitals (Tayue Tateke, Mirkuzie Woldie, 2012).

An administered individual and focus group interviews with 222 healthcare stakeholders was undertaken by Mosadeghrad which comprised healthcare professionals, administrators, policy-makers and payers to identify factors that impact the quality of healthcare services rendered by Iranian healthcare organizations. Results suggested that specific factors related to the provider and the patient, factors related to the organization of health care system and broader environment affected health care service quality (Mosadeghrad, A. M.2014).

Parasuraman, Zeithaml, & Berry, over the past thirty years, the nature, dimensionality and measurement of service quality has been debated by academics. The concept of service quality has been described as elusive and abstract. This elusiveness is attributable to the unique characteristics of services: intangibility, inseparability of production and consumption, heterogeneity, and perishability (Parasuraman, A., Zeithaml, V.A. and Berry, L.L. 1985).

According to Berwick, today's quality movement in health care draws on disparate roots in medicine and other industries. Medicine historically has taken a watchdog approach, relying on government licensing, professional credentials, internal audits, and, more recently, external inspections to maintain standards solve problems and quality management. Other industries have adopted a different philosophy over the past 50 years: training employees to prevent problems, strengthening organizational systems, continually improving performance, and patient safety and satisfaction (Berwick, D.M. 1989).

According to Brown, quality is especially difficult to define, describe and measure in services. While quality control measures have long existed for tangible goods, few such measures have traditionally existed for services. In essence, quality is determined by imprecise individual factors: perceptions, expectations, and experiences of customers and providers, and in some cases, additional parties such as public officials. (Brown, S.W., E. Gummesson, B. Edvardson and B. Gustavsson, 1991).

According to Madeline, Customers inability to form accurate judgment based on objective evaluation of technical outcome often makes them bank upon the tangential cues that are encountered during the services delivery process. The functional quality dimensions become the basis of judging the technical outcome. For instance, the quality of services provided by physicians is

likely to be judged by the impressions of his behavior, listening openness, accessibility and empathy (Madeline, J. and G. M. Zinkhan. 1991).

According to Vera, assuring the good quality of health care services is an ethical obligation of health care providers. Research is showing that good quality also offers practical benefits to patients. Good- quality care makes, for example, contraception safer and more effective. Poorly delivered services can cause infections, injuries, and even death. Poor services, in family planning clients and programs also can lead to incorrect, inconsistent, or discontinued contraceptive use and thus to unwanted pregnancies. Interviews with clients in Chile, for example, found that good- quality clinical services reduced clients' fears, increased their confidence in the care received, and generated loyalty to the clinic (Vera H,1993).

Zineldin, argues that total relationship management (TRM) highlights the role of quality and customers/patients service, the impact of the external environment on business rules and performance, on relationships and networks, on communications and interactions with different actors, other collaborators and employees in different departments/functions (Zineldin M, 1998,2000a, 2000b, 2004).

According to Campbell, Patient satisfaction is generally defined as the consumers' view of services received and the results of the treatment. The importance of patient satisfaction has had a long history of debate, beginning, over two millenniums ago in ancient Rome. Plato suggested in a statement that since the doctor "cuts us up, and orders us to bring him money. as if he were exacting tribute.He should be put under rigid control," and that this could be done by calling an assembly of the people and inviting opinions about disease and how drugs and surgical instruments should be applied to patients (Campbell J.1999).

Sofaer and Firminger identified seven categories or dimensions that were important to patients: patient-centered care, access, courtesy and emotional support, communication and information, technical quality,efficiency of care Organization Structure and facilities (Sofaer, S. and Firminger, K. 2005)

Hollis argued that there was a strong link between service quality and satisfaction, to the extent that it is believed that quality has been defined in other consumer-orientated industries as perceived satisfaction. (Hollis, C. 2006).

Tam, argued that satisfaction arises from a process of comparing perceptions of service with expectations. The initial expectations that patients have about care and services act as a major determinant of satisfaction. If perceived care falls short of expectations, the likely outcome is dissatisfaction. On the other hand, when those meet or exceed expectations, the result is likely to be an increase in the level of satisfaction (Tam, J.L.M.2007).

Badri, Attia, &Ustadi, believed that patients and their satisfaction are considered the most crucial point in the planning, implementation and evaluation of service delivery and that meeting the needs of the patient and creating healthcare standards were imperative towards achieving high quality (Badri, M.A., Attia, S.T. and Ustadi, A.2008).

Saila rated effective communication as the key to patient satisfaction. Informed consent has been routinely performed by care providers in countries where litigation against care providers is common. Informed consent is becoming equally important, where medical scheme patients are now on savings plans and are thus more responsible with the funds allocated. Thus, with patients making informed decisions about their health, it becomes imperative that communication between the care provider and patient is clear (Saila, T., Mattila, E., Kaila, M., Aalto, P and Kauninen, M. 2008).

### **2.2.2. Consumers' satisfaction**

According to a study, conducted in the regional hospital of Durres, in Albania, Turkey, about 75% of patients were satisfied or very satisfied for the overall hospital services, which reflected that clients are willing to come back when needed to this hospital and they recommend this institution to others (Kalaja, R., Myshketa, R., & Scalera, F. 2016). Other studies conducted in rural Bangladesh and in Nyandarua county referral hospitals showed that the total patients expressed satisfaction with the services rendered was 68% and 56%, respectively, but almost half (45%) of the clients presenting for female were not satisfied at all in Albania, Turkey (Ald ana, J. M., Piechulek, H., & Al-sabir, A. 1; Syombua & Fn, 2018).

The impact of quality of health service and its impact on patient satisfaction, in the case at a Bechar public hospital were studied by Belaid. Findings showed a link between overall quality of

care and patient satisfaction with the relevant hospital services (Belaid, H., Bouchenafa, A., Barich, A., & Maazouzi, B. K. 2015).

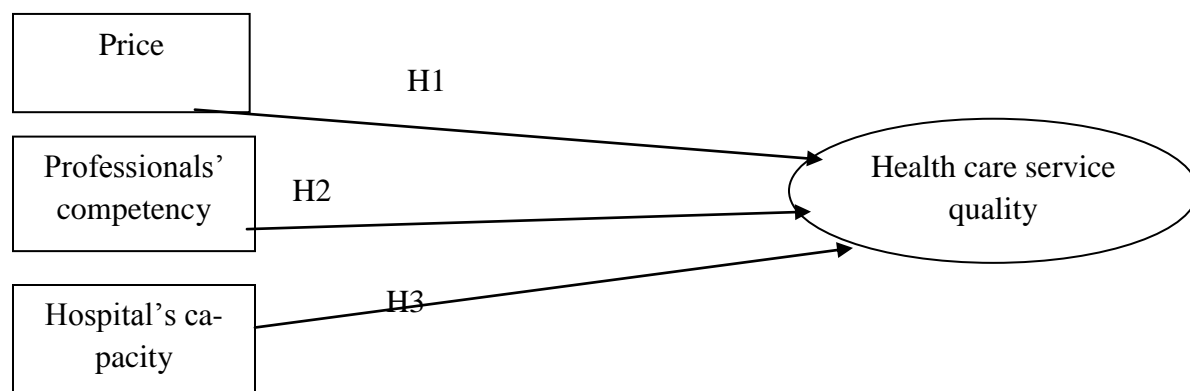
As different studies conducted in different countries of the world showed that clients' satisfaction accounts 75% in Bangladesh (Aldana, J. M., Piechulek, H., & Al-sabir, A.), and 41.3% in Pakistan(Kauzer Aftab, Shahzad Ali, Zubia Qureshi, M. A. 2017).

On the other hand, as of a study finding done at a public hospital at Ho Chi Minh City, Structural Equation Model analysis result showed that the Perceived Quality of hospital's services has significant impact on the patient's satisfaction (CHAM, L. B. 2016).

On the other hand, different studies conducted in different parts of Ethiopia revealed that the level of clients' /customer/ satisfaction was 46.9% in Jimma University hospital (by respondents with the time spent to see a doctor), 47% in Yekatit 12 Hospital Medical College, 53% in Selected Addis Ababa Hospitals, 22.0% in Gondar, 41.7% at Jigjiga town, and 57.7% at Debrebirhan Referral Hospital (Fekadu Assefa, Andualem Mosse, 2011; Fikirte Woldelessie, 2019; Gebreyesus, 2019; Getabalew E. Bekel, Yimer S. Yimer, 2018; Rahel Mezemir, Darye Getachew, 2014).

### **2.3. Conceptual framework**

Based on the above related literatures and concepts the following conceptual framework was developed



**Figure 3:***Conceptual Framework*

### **2.3.1. Research Hypothesis**

**H1:** Price has a positive and significant impact on health care service quality.

**H2:** Professionals' competency has a positive and significant impact on health care service quality.

**H3:** Hospitals capacity has a positive and significant impact on health care service quality.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **Introduction**

This study represents about factors affecting healthcare services quality in one government hospital of Ethiopia. This chapter deals with the methodology that the student researcher used to conduct the research. It includes the research approach, research design, data types and data sources, population of the study, sampling techniques and procedures, data gathering instruments, data analysis techniques, reliability and validity and finally ethical consideration.

#### **3.1. Research Approach**

The study is an institution based cross-sectional study. The study is a quantitative design.

#### **3.2. Research Design**

There are three types of research design, namely exploratory, descriptive and explanatory.

##### **Exploratory research design**

The main aim of exploratory research is to identify the boundaries of the environment in which the problems opportunities or situations of interest are likely to reside and to identify that salient factors or variables that might to be found there and be of relevance to the research.

### Descriptive research design

The main aim of descriptive research is to provide an accurate and valid representation of the factors or variables that pertain relevant to the research question. It is more structured than exploratory research.

### Explanatory research design

Sometimes referred as analytical study. The main aim of explanatory research is to identify any casual links between the factors or variables that pertain to the research problem. It focuses on why questions.

The student researcher used explanatory research design for the study since the study focuses on the factors for the problems.

### **3.3. Data Types and Data Sources**

There are two types of data, namely primary and secondary. For this research student researcher used only primary source. The primary source was found from the direct interview of consumers at public hospital those who came for any services. Due to the current condition that is COVID 19 the student researcher was unable to use secondary data.

### **3.4. Population of the Study**

The target population of this study were sick people who came for seeking medical care from SPHMMC. They can be illiterate or educated, married or single or divorced or widowed. They can be in any age.

### **3.5. Sampling Procedure**

The student researcher used non probability sampling technique namely convenience sampling for selecting the sample. The population was consumers that came for getting medical care at different departments. Single population proportion formula was used to determine the required sample size. The sample size was calculated using customers' satisfaction proportion from the

previous and recent literatures. Therefore, customers' satisfaction proportion is 47% (Fekadu A., Andualem M., 2011; Fikirte W., 2019; Gebreyesus, 2019; Getabalew E. Bekele, Y S. Yimer, 2018; Rahel M., Darye G., 2014). Considering 95% confidence interval ( $Z=1.96$ ) and 5% margin of error ( $d$ ).

The quantitative sample size will be determined using the formula by Fisher (1998):

$$n = Z^2 P (1-P) / d^2 \Rightarrow n = (1.96)^2 \times 0.47 (1-0.47) / (0.05)^2 = 382.76 \approx 383$$

### **3.6. Data Gathering Instruments**

The study used interviewer-administered questionnaires to collect data from consumers. The questionnaire was adopted from a validated tool called SERVQUAL and it comprises 25 questions (service quality dimension sub components and consumer satisfaction) to measure healthcare service quality. The questionnaire was used to measure five (5) quality dimensions; these are tangible, assurance, responsiveness, reliability and empathy. The instrument has been pre-tested to make the questionnaire suitable for hospital and consumers, and to ensure a better awareness of the statements. The questions were divided into three parts; general knowledge, customer satisfaction and the search for quality of service.

### **3.7. Data Analysis Technique**

Data analysis is defined as a process of cleaning, transforming, and modeling data to discover useful information for business decision making. There are different types of data analysis techniques. Soon after the data collection the student researcher summarized and coded the data manually. Besides, data collected through questionnaire was edited manually and entered in to relevant software programs (SPSS). The collected data was analyzed and interpreted by using by quantitative techniques namely descriptive and inferential analysis techniques.

### **3.8. Reliability**

To examine the reliability of this study Cronbach's Alphas was calculated for each variable by the researcher using SPSS. Accordingly, a Cronbach's Alpha value of  $>0.7$  indicates a considerably high reliability. Therefore; Cronbach's Alpha values  $>0.7$  used to indicate the higher degree of internal consistency in this study. According to Kothari, reliability is a measure of how

stable, dependable, trustworthy and consistent a test is in measuring the same thing each time. Most importantly, the data, the researcher analyzed should map to the research questions the researcher has tried to answer (Kothari, C.R. 2008).

### **3.9. Validity**

Content validity is the extent to which a measuring instrument provides adequate coverage of the topic under study. If the instrument contains a representative sample, the content validity is good. There are four main types of validity:

**Construct validity:** Does the test measure the concept that it's intended to measure? Construct validity evaluates whether a measurement tool really represents the thing we are interested in measuring. It's central to establishing the overall validity of a method.

**Content validity:** Is the test fully representative of what it aims to measure? Content validity assesses whether a test is representative of all aspects of the construct. To produce valid results, the content of a test, survey or measurement method must cover all relevant parts of the subject it aims to measure. If some aspects are missing from the measurement (or if irrelevant aspects are included), the validity is threatened.

**Face validity:** Does the content of the test appear to be suitable to its aims? Face validity considers how suitable the content of a test seems to be on the surface. It's similar to content validity, but face validity is a more informal and subjective assessment.

**Criterion validity:** Do the results correspond to a different test of the same thing? Criterion validity evaluates how closely the results of the test correspond to the results of a different test. (Kothari, 2008).

### **3.10. Ethical Consideration**

The personal integrity of each participant was respected in the process of conducting the research. Every participant in the research was informed duly in accessible manner about the purpose of the research and asked orally his/her consent before any information soliciting was begun. No information was solicited from a participant without his/her prior consent. The infor-

mation provided by each respondent has been kept confidential and will only be used for research purpose.

## **CHAPTER FOUR**

### **DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

#### **Introduction**

In the previous chapters, orientation of the study, literature review and the research design and methodology had been presented. This chapter presents the analysis of the survey questionnaire as well as the results of the data analysis so that the ultimate objective of this study is realized.

The population for this study was consumers of SPHMMC. The data had been collected from consumers in Addis Ababa. Out of the 383 questionnaires, 359 were returned filled properly and used for the analysis. According to Saunders (2002), a response rate of 70% and above for questionnaire survey is sufficient to carry out the analysis.

#### **4.1 Validity Analysis**

Validity of content is the degree to which a measurement tool offers sufficient coverage of the topic being studied. If the tool contains a representative sample of the population, the validity of the content is decent (Kothari 2008). It can also be calculated by using a panel of individuals who will decide how well the measurement tool meets the criteria, but there are no numerical ways to explain it. Based on this definition the content validity was verified by the advisor of this research, who looked into the appropriateness of the questions and the scales of measurement. In addition, a pilot survey conducted on 20 respondents implied all the variables were above 0.7 of Cronbach's Alpha. This was another way of checking the appropriateness of the questions.

## **4.2 Measurement of Reliability (Cronbach’s Alpha)**

Malhotra (Malhotra ,2005) state the coefficient alpha is the average of all possible split half coefficients resulting from different ways of splitting the scale item. This coefficient of alpha varies from 0 to 1, and the value of 0.6 or less is generally indicates unsatisfactory internal consistency reliability.

**Table 1:** Reliability Test by Cronbach’s Alpha

Item	N	Cronbach’s Alpha
Assurance	4	0.897
Responsiveness	4	0.831
Reliability	5	0.908
Tangibles	4	0.805
Empathy	4	0.904
Consumer satisfaction	4	0.701

Source: SPSS Data Output

## **4.3 Socio Demographic Profile of Respondents**

### **4.3.1. Demographic characteristics of the respondents**

Table 2 shows that among the 359respondents 237 (66%) were male while 122 (34%) were female. Among this proportion the higher response rate from age group between 25-49 (67.4%) followed by age group15-24 (18.9%) and the older age group which is above 50 constitute 13.6%.Considering the male respondents, the higher number of response is between the age group of 25-49 followed by15-24. This implies that most of the hospitals consumers are males and young. These time males are getting medical services more than females and more young consumers are medical service seekers than elders. The other thing is more volunteers for participating in this research are males.

### **4.3.2 Social characteristics of the respondents**

Out of the total respondents, 30.1% were secondary level of education (9-12), 24.2% of the respondents had certificate, 7% read and write only, 6.1% were illiterate, 4.2% were Ba/BSc degree holders, 2.5% were diploma holders and finally 1.1% were Ma/MSc degree holders. This implies that more educated consumers are getting service at other health facilities or they are keeping their health more than the others.

Out of the total respondents 63% of the respondents were single, 27.9% were married, the rest percentages accounts for divorced, widowed and others (cohabited and separated). This implies that the consumers are young and to the other direction their illness has factor not to engaged in marriage.

**Table 2:** Demographic profile of Respondents

	Characteristics	Frequency	Percent
Gender	Male	237	66
	Female	122	34
Age	15-24	68	18.9
	25-49	242	67.4
	≥50	49	13.6
Educational level	Illiterate	22	6.1
	Read and write	25	7
	Primary(1-8)	89	24.8
	Secondary(9-12)	108	30.1
	Certificate	87	24.2
	Diploma	9	2.5
	BA/BSc degree	15	4.2
	MA/MSc degree	4	1.1
Marital status	Single	226	63
	Married	100	27.9
	Divorced	12	3.3
	Widowed	16	4.5
	Others	5	1.4

Source: SPSS Data Output

#### **4.4 Descriptive Results**

Data were analyzed using statistical descriptive methods (mean and standard deviation). It formed an interval class as follows:

- (1) Low; 1-2.33,
- (2) Medium; 2.34 to 3.66,
- (3) High ; 3.67 to 5.00. (Rula Al-Damen, 2017)

Table 3 shows the mean and standard deviation values of 25 quality service variables used in this study representing five service quality constructs, and the 4 items of overall patient satisfaction.

**Table 3:** Mean and standard deviation

Items	N	Minimum	Maximum	Mean	Std. Deviation
Skills	359	1	5	3.71	1.080
security	359	1	5	3.79	1.000
friendly	359	1	5	3.53	1.174
problems	359	1	5	3.65	1.113
Age	359	1	3	1.95	.569
Sex	359	1	2	1.34	.474
Marital	359	1	5	1.53	.867
Education	359	1	8	3.89	1.403
Visit	359	1	2	1.88	.322
Location	359	1	3	1.17	.535
hospitality	359	1	3	1.43	.784
Medical	359	1	3	1.43	.773
Payment	359	1	3	1.11	.374
Needs	359	1	5	3.34	1.337
Service	359	1	5	3.64	1.216
Questions	359	1	5	3.71	1.192
Willing	359	1	5	3.65	1.254
Staffs	359	1	5	3.40	1.364
Problems	359	1	5	3.35	1.364
Confident	359	1	5	3.55	1.317
Interest	359	1	5	3.38	1.369
Time	359	1	5	3.30	1.391
equipment's	359	1	5	2.97	1.194
Modern	359	1	5	3.21	1.169
Waiting	359	1	5	3.47	1.116
Clean	359	1	5	3.66	1.009
Attention	359	1	5	3.47	1.125
appropriate	359	1	5	3.46	1.113
Prioritize	359	1	5	3.41	1.166
complaints	359	1	5	3.40	1.136

Source: SPSS Data Output

#### **4.4.1 Health Care Service Quality Dimensions Results**

**Assurance dimension:** - It was calculated by 4 elements. The evaluation focused on reflecting the consumer perspective to what extent the dimensions of assurance are implemented at SPHMMC. As shown in Table 3, it is clear that the insurance practices viewed by the respondents as a high category of practice. Statistical analysis shows that the assurance dimension has the first rank and the highest arithmetical mean with average (3.67) and SD (1.091). In which the item "I feel secure in using the hospital services" has the highest mean (3.79) and "the hospital staff at this hospital are courteous and customer friendly" has the lowest mean medium category (3.53). This is expected because SPHMMC is represented by highly qualified and well-experienced health professionals.

**Responsiveness dimension:** - Four items were measured. The evaluation focused on reflecting the perspective of consumers to what extent the dimension of responsiveness is implemented at SPHMMC. It is clear from table 3 that the sensitivity behaviors viewed by the respondents as medium level. Statistical analysis revealed that the response dimension has the second rank with mean (3.58) and standard deviation assurance (1.249). In which the item "Service Providers address my questions about any procedure appropriately" has the highest mean that is (3.71) with highest mean and the item "Hospital staff meet my needs" has a medium category and the lowest mean that is (3.34). The study attributed the result to manpower shortages and heavy workload, leading to unmotivated staff.

**Reliability dimension:** - Five objects were assessed. The evaluation focused on reflecting consumer perspective on the extent to which reliability dimension is being implemented at SPHMMC. It is evident from the table 3 that the reliability practices perceived by the respondents as medium category. Results further showed a mean (3.39) and standard deviation dimension of reliability (1.361). For which the item "I feel comfortable in accessing medical care" has the highest score (3.55) and the item "The hospital provides me with the treatment in time" has a medium category and the lowest score (3.30) respectively. The study discusses the outcome to staff shortages and heavy workload hinder their ability to plan at a time suitable to them.

**Tangibles dimension:** - It was measured by 4 items. The assessment focused on reflecting the patient perspective to what extent tangibles dimension is implemented at SPHMMC. From table

It is obvious that respondents have perceived tangibles practices as medium category. Statistical analysis revealed with mean (3.32) and standard deviation (1.12). Where the item “the hospital’s environment healthy/or clean” has the highest mean which is (3.66), and the item “There are enough medical equipment in the hospital” has the lowest mean which is (2.97) with medium category. The study attributed the result to the limited medical equipment challenges the hospital for serving its consumers.

**Empathy dimension:** -It was measured by 4 items. The assessment focused on reflecting the consumer perspective to what extent empathy dimension is implemented at SPHMMC. From table 3 it is obvious that respondents have perceived empathy practices as medium category. Statistical analysis revealed that empathy dimension with mean (3.43) and S. D (1.13). Where the item “The hospital staffs/team pay attention to me.” has the highest mean which is (3.47), and the item “The hospital prioritizes the interest of the consumers”, has the lowest value which is (3.41). The study attributed the causes of medium level of perceived empathy practices at SPHMMC affected the provision of caring and individualized attention to consumers.

#### **4.4.2 Overall Patient Satisfaction**

Four items were measured. The analysis centered on assessing the degree to which the outpatient is pleased with the services they were provided from SPHMMC for health care. As can be seen in Table 3, statistical analysis showed that respondents viewed all patient satisfaction activities as poor with mean (1.28) and SD (0.61) groups. Where's the item "Are you satisfied with the hospital's medical care services? "Is the highest mean (1.43) of the low group and the element 'Are you happy with the costs you were charged for the hospital services you received? "Has the lowest category and the lowest (1.11) mean. The study discusses the reasons of medium level of perceived customer overall satisfaction was resulted from the limited resources, heavy work load and low motivation of health professionals to satisfy consumers.

#### **4.5 Correlation Analysis**

A relationship coefficient communicates quantitatively the size and course of the relationship between two factors. It is an impact measure and so ready to verbally portray the quality of the correlation. Relationship coefficients shift from +1.0 to -1.0. The sign of the coefficient tells us

whether the relationship is positive or negative. Evans (Evans,1996) recommended the taking after values for the relationship coefficients. 0.00-.19 —very weak, 0.20-0.39 —weak, 0.40-0.59 —moderate, 0.60-0.79 —strong and .80-1.0 —very strong. Based on this direction, the discoveries from the relationship analysis had been interpreted as follows.

The pair-wise correlation output (in Table 6) shows that all the variables have a statistically significant correlation with another variable at (\*) P-value < 0.001. In other words, hospitality (professionals ‘competency)has strong correlation (r=0.650) with medical care (hospital’s capacity), and very weak correlation(r=0.225) with payment(price) and negative correlation (-0.453) with overall service quality. Payment(price) hasvery weak correlation(r=0.170) with medical careand negative correlation(r=-0.169) with overall service quality. Also medical care has a negative correlation with overall service quality(r=-0.444)

**Table 4:** Correlation between variables

		<b>Correlations</b>			
		Overall Service Quality	Payment	Hospitality	Medical
Overall Service Quality	Pearson Correlation	1	<b>-.169**</b>	<b>-.453**</b>	<b>-.444**</b>
	<b>Sig. (2-tailed)</b>		<b>.001</b>	<b>.000</b>	<b>.000</b>
	N	359	359	359	359
Payment	Pearson Correlation	<b>-.169**</b>	1	.225**	.170**
	<b>Sig. (2-tailed)</b>	<b>.001</b>		<b>.000</b>	<b>.001</b>
	N	359	359	359	359
Hospitality	Pearson Correlation	<b>-.453**</b>	.225**	1	<b>.650**</b>
	<b>Sig. (2-tailed)</b>	<b>.000</b>	<b>.000</b>		<b>.000</b>
	N	359	359	359	359
Medical	Pearson Correlation	<b>-.444**</b>	.170**	<b>.650**</b>	1
	<b>Sig. (2-tailed)</b>	<b>.000</b>	<b>.001</b>	<b>.000</b>	
	N	359	359	359	359

**\*\*.** Correlation is significant at the 0.01 level (2-tailed).

Source:SPSS data output

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATION**

#### **Introduction**

This chapter presents the summary, conclusions and recommendations derived from the data analysis carried out in the previous section.

#### **5.1 Summary**

The socio demographic status of the study, 237 of 359 (66%) were male and the rest 122 (34%) are females. Besides the gender category more young population are getting service (242 (67.4%)) of the total respondents are in the age between 25-49. The other thing is the marital status category 226 (63%) of the respondents were single. Concerning the educational status, more respondents 108 (30.1) are in secondary level of education (9-12).

Most of our respondents (277 out of 359 which is 77.1%) believe in professionals' competency. 329 (91.6%) of the respondents are satisfied on the price that they pay for the total services they got and when we come to the hospital's capacity 197 (54.8%) of the respondents believe that the hospital has enough and modern medical equipment.

Correlation analysis summarized as payment, medical care and hospitality has a negative correlation with overall service quality.

#### **5.2 Conclusion**

The aim of this study was to assess the factors that affect delivery of quality health care service in government hospital namely SPHMMC. From all the data the student researcher analyzed, the following conclusions had drawn.

As we have seen in the above sections 91.6% of the respondents were satisfied on the cost of services that they got for all services. From this the student researcher can conclude that the hospital's cost of service is suitable for the consumers. If the cost was not satisfying consumers,

there will be unsatisfied consumers and this will result poor service quality of the hospital. In correlation analysis price is negatively correlated with service quality. From this the student researcher concludes when the price of the services increases the quality of the services decreases.

The other main issue that result in poor service quality depends on health professionals. From the data we have got that 77.1% of the respondents believe on the professionals' skills. This is a huge number but still the remaining's should be the hospital's concern. When consumers are lacking belief in health professionals, it results in poor service quality. From this the student researcher concludes that the hospital's professionals' are somewhat competent.

Besides the above points lack of medical equipment is a big challenge for the hospital. As we have seen from the data only 54.8% of the respondents were agreed on having enough medical equipment. This is a big challenge. Most of the time we have heard a rumor on such problems especially in government hospitals. This may result poor service quality. This study also assures this rumors.

In conclusion the student researcher found out the main factors that affect quality of delivery of health service. They are price, professionals' competency and hospital's capacity. In general, we can say that the hospital is giving quality medical services but still there are home take assignments that the hospital will take. Some of them will be drawn in the recommendation.

### **5.3 Recommendation**

Having analyzed, discussed and interpreted the data collected in this study, the student researcher forwarded the following recommendations.

No matter how high respondent are responding that they agree on professional's competency still the hospital has to be worried about the disagree. The hospital has to focus on professionals' trainings and increasing staffs. Shortage of man power resulted in unmotivated staffs and long appointments this may result in poor quality.

About the medical equipment the respondents respond proportionally (54:46) (agree: disagree). From this we can recommend that the hospital has to build its capacity, it has to buy medical equipment per consumer needs. Now the consumer need is not proportional with the actual set-

tings. Many consumers are waiting too many time for investigations this is resulting in poor quality.

Concerning cost the student researcher has no recommendation. Most of the respondents were satisfied. The payment for all services are very fair. Some of the consumers want free services and the hospital has its own mechanism of free service and this should be promoted well.

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**ANNEX**

**QUESTIONNAIRE (AMHARIC AND ENGLISH VERSION)**

**INFORMED CONSENT FORM**

**Title of the study:** Factors affecting the delivery of quality health care services: consumer perspectives in SPHMMC Addis Ababa, Ethiopia.

**Introduction**

Good Morning/Afternoon

My name is Simret Mulugeta. I am conducting research as part of my degree in Master of Art in marketing management at Addis Ababa University. You are a selected participant in this study by chance and kindly invited to take part in this research because the student researcher believe that you can provide the necessary information for this research.

If you have any question, you can contact the principal investigator in the following address: If you have any concern that the student researcher is conducting activities unethically or inappropriately, please contact Addis Ababa university on the faculty of business and economics at commerce Registrar with the following address;

Name: Addis Ababa University on the faculty of business and economics at commerce Registrar Office Tel.

Investigator: Mrs. Simret Mulugeta Tel: +251969444906

Email: wusuyelove@gmail.com

Advisor: Dr Mesfin Workineh +251-911919598

If you agree to participate in this study, I really appreciate your honesties and after having read this consent form to you, please put a sign below to show if you are willing to participate (No need of writing your name).

Are you willing to participate in this study? Yes  No

Name of witness signature\_\_\_\_\_ (Data collector, supervisor, any third person)

Signature \_\_\_\_\_ Date\_\_\_\_\_

**Questions for factors affecting the delivery of quality health care services: consumer perspectives in Addis Ababa, Ethiopia.**

Date of Interview: \_\_\_\_\_

Name of hospital: \_\_\_\_\_,

Code of questionnaire (interviewee's Code #): \_\_\_\_\_

**Instruction**

Tick your answers on the space provided in front of the questions, which are closed ended. For questions that need specification, write your answers on the space provided behind the questions.

<b>Part 1:-Socio-demographic and other related questions</b>		
<b>S.N</b>	<b>Questions</b>	<b>Responses</b>
1	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
2	Age	<input type="checkbox"/> 15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> ≥50
3	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> others
4	Level of education	<input type="checkbox"/> Illiterate <input type="checkbox"/> Can read and write <input type="checkbox"/> Primary (1-8) <input type="checkbox"/> secondary (9-12) <input type="checkbox"/> certificate <input type="checkbox"/> college diploma

		<input type="checkbox"/> BA/BSc degree <input type="checkbox"/> Ma/MSc degree <input type="checkbox"/> PhD
5	Visit frequency in the hospital in the last one year (at the time of data collection to back one year)	<input type="checkbox"/> First time <input type="checkbox"/> More than first time

**Part 2:-Consumer satisfaction questions**

SS.N	Questions	Satisfied (1)	Neutral (2)	Dissatisfied (3)
1	Are you satisfied with the hospital's location?	1	2	3
2	Are you satisfied with the treatment/hospitality/ given at the hospital?	1	2	3
3	Are you satisfied with the medical care services you received at the hospital?	1	2	3
4	Are you satisfied with the costs that you paid for the services you received at the hospital?	1	2	3

**Part 3:- Health care service Quality Dimensions**

S.N	Statements	Strongly Disagree (1)	Disagree (2)	Neutral(3)	Agree (4)	Strongly Agree (5)
A1	I trust the health professionals expertise and skills.	1	2	3	4	5
A2	I feel secure in using the services at the hospital.	1	2	3	4	5
A3	The hospitals staffs are courteous and friendly to clients at this hospital.	1	2	3	4	5
A4	The health professionals have ability to handle my problems.	1	2	3	4	5
B1	The hospital staffs meet my needs.	1	2	3	4	5
B2	The service provider explains the service to me very clearly.	1	2	3	4	5
B3	The service providers address my questions appropriately about any procedure.	1	2	3	4	5
B4	The hospital staffs always willing to help me.	1	2	3	4	5

R1	The hospital staffs perform services and procedures correctly.	1	2	3	4	5
R2	The hospital shows special attention to the problems and queries of the clients.	1	2	3	4	5
R3	I feel confident when receiving medical services.	1	2	3	4	5
R4	Service providers have sincere interest in solving my problems.	1	2	3	4	5
R5	The hospital provides me the service within time.	1	2	3	4	5
T1	There are enough medical equipment in the hospital.	1	2	3	4	5
T2	The medical equipment of the hospital are modern.	1	2	3	4	5
T3	The waiting facilities for attendants and patients are in good status.	1	2	3	4	5
T4	The hospital's environment is healthy/ clean/.	1	2	3	4	5
E1	The hospital staffs/team pay attention to me.	1	2	3	4	5
E2	The hospital provide services at the times suitable to consumers.	1	2	3	4	5
E3	The hospital prioritizes the interest of the consumers.	1	2	3	4	5
E4	The medical staffs respond to consumers' complaints.	1	2	3	4	5

Source: SERVQUAL

**መጠይቅ**

**የጥናቱ ተሳታፊ ፍቃደኝነት መጠየቂያ ቅጽ**

የጥናቱ ርዕስ: ጥራቱን የጠበቀ የጤና አገልግሎት አቅርቦት ላይ ተጽእኖ የሚያሳድሩ ጉዳዮች በደምበኞች እይታ: በቅዱስ ጳውሎስ ሆስፒታል ሚሊኒየም ሜዲካል ኮሌጅ አዲስ አበባ ኢትዮጵያ

**መግቢያ**

እንደምን አደራችሁ/ዋላችሁ

ስሜ ስምረት ሙሉጌታ ይባላል። በማርኬትንግ ማኔጅመንት ከአዲስ አበባ ዩኒቨርሲቲ የማስተርስ ዲግሪ ለማግኘት ይህንን ጥናት በማድረግ ላይ እገኛለው። እርስዎም ለዚህ ጥናት አስፈላጊ ግብአት የሚሆን መረጃ አልዎት ተብሎ ስለሚታመን በዚህጥናት ላይተ ሳታፊ እንዲሆኑ ተጋብዘዋል።

በጥናቱ ላይ ተሳታፊ ለመሆን ፍቃደኛ ከሆኑ እባክዎ አዎ እስማማለሁ በሚለው ሳጥን ውስጥ ምልክት ያድርጉ ካልተስማሙ ይልቅ ስለማም በሚለው ሳጥን ውስጥ ምልክት ያድርጉ። ስምዎን መጻፍ አያስፈልግዎትም።

በዚህ ጥናት ላይ ተሳታፊ መሆን ይፈልጋሉ? አዎ እስማማለሁ አይ አልስማም

የእማኝ ፊርማ----- (መረጃ ሰብሳቢ፣ ሱፐርቫይዘር፣ ማንኛውም ሶስተኛ ወገን)

ፊርማ----- ቀን-----

ጥያቄ ካለዎት ዋናውን የጥናቱ አድራጊ እና የሚመለከታቸውን አካላት ከዚህ በሚከተለው አድራሻ ሊያገኙ ይችላሉ።

ትምህርት-ቤቱ: አዲስ አበባ ዩኒቨርሲቲ፣ ፋክልቲ ኦፍ ቢዝነስ ኤንድ ኢኮኖሚክስ፣ ስኩል ኦፍ ኮሚርስ፣ ሬጂስትራር ቢሮ ስልክ +251974102047

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**ጥራቱን የጠበቀ የጤና አገልግሎት አቅርቦት ላይ ተጽእኖ የሚያሳድሩ ጉዳዮች በደምኞች እይታ በቅዱስ ጳውሎስ ሆስፒታል፡ በአዲስ አበባ ኢትዮጵያ በሚል ርእስ ለተዘጋጀ ጥናት የተዘጋጀ መጠይቅ**

የቃለ መጠይቁ ቀን:-----

የሆስፒታሉ ስም: -----

የመጠይቁ ኮድ( የቃለ መጠይቅ ተደራጊው ኮድ):-----

**መመሪያ**

ዝግለሆኑ ጥያቄዎች መልስዎን ከፊትለፊት በተሰጠው ሳጥን ውስጥ ምልክት በማድረግ ይስጡ እንዲሁም ደግሞ ክፍት ለሆኑት ጥያቄዎች መልስዎን በተሰጠዎት ክፍት ቦታ ላይ ያስፍሩ። ለሌሎቹ ጥያቄዎች ደግሞ በማክበብ ይመልሱ።

ክፍል አንድ እና ተያያዥነት ያላቸው ጥያቄዎች		
ተ.ቁ	ጥያቄዎች	መልሶች
1	ጾታ	<input type="checkbox"/> ወንድ <input type="checkbox"/> ሴት
2	እድሜ	<input type="checkbox"/> 15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> ≥50
3	የጋብቻ ሁኔታ	<input type="checkbox"/> ያላገባ/ች <input type="checkbox"/> ያገባ/ች <input type="checkbox"/> የፈታ/ች <input type="checkbox"/> ባል/ሚስት የሞተበት/ባት
4	የትምህርት ደረጃ	<input type="checkbox"/> ምንም ያልተማሩ <input type="checkbox"/> ማንበብና መጻፍ የሚችል <input type="checkbox"/> የመጀመሪያ ደረጃ (1-8) <input type="checkbox"/> ሁለተኛ ደረጃ (9-12) <input type="checkbox"/> ሰርተፊኬት <input type="checkbox"/> ዲፕሎማ

		<input type="checkbox"/> መጀመሪያ ዲግሪ <input type="checkbox"/> ሁለተኛ ዲግሪ <input type="checkbox"/> ሶስተኛ ዲግሪ
5	ባለፈው አንድ አመት ውስጥ ሆስፒታሉን ለሰንጠረዥ ጊዜያዊ አገልግሎት ማግኘት ተቻለ? (ልክከአሁን አንድ አመት በፊት)	<input type="checkbox"/> አንድ ጊዜ <input type="checkbox"/> ከአንድ ጊዜ በላይ

<b>ክፍል ሁለት: የደምበኞችን የአገልግሎት እርካታ የሚለኩ ጥያቄዎች</b>						
<b>ተ.ቁ</b>	<b>ጥያቄዎች</b>	<b>ረክቻለሁ (1)</b>	<b>ምንም አስተያየት የለኝም (2)</b>	<b>አልረካሁም (3)</b>		
1	ሆስፒታሉ በሚገኝበት አካባቢ ረክተዋል?	1	2	3		
2	በሆስፒታሉ ውስጥ ለበሽተኛ በሚደረገው መስተንግዶ ረክተዋል?	1	2	3		
3	በሆስፒታሉ ውስጥ ባገኙት ህክምናዎች እና በተሰጥዎት አገልግሎት ረክተዋል?	1	2	3		
4	በሆስፒታሉ ውስጥ ባገኙት ህክምና እና አጠቃላይ አገልግሎት በከፊሉት ክፍያ ረክተዋል?	1	2	3		
<b>ክፍል ሶስት: የጤና አገልግሎት ጥራትን የተመለከቱ ጥያቄዎች</b>						
<b>ተ.ቁ</b>	<b>መግለጫ</b>	<b>በጣም አልሰማማም (1)</b>	<b>አልሰማማም (2)</b>	<b>ምንም አስተያየት የለኝም (3)</b>	<b>እስማማለሁ(4)</b>	<b>በጣም እስማማለሁ (5)</b>
A1	በጤና አገልግሎት ሰጪዎች፣ ባለሙያዎች ክህሎት እና ብቃት ላይ ምንም ጥርጣሬ የለብኝም/አምናቸዋለሁ/።	1	2	3	4	5
A2	በሆስፒታሉ ውስጥ ስገላገል የደህንነት ስሜት ይሰማኛል።	1	2	3	4	5
A3	የሆስፒታሉ ሰራተኞች ለሆስፒታሉ ተገልጋዮች በአክብሮት እና በጓደኝነት ስሜት ተገቢውን አገልግሎት ይሰጣሉ።	1	2	3	4	5
A4	የጤና ባለሙያዎቹ የእኔን ችግር ለመፍታት እና ለማቃለል ብቃቱ አላቸው።	1	2	3	4	5
B1	የሆስፒታሉ ሰራተኞች እኔ የምፈልገውን አገልግሎት ያሟሉልኛል።	1	2	3	4	5

B2	የሆስፒታሉ ሰራተኞች ስለሆስፒታሉ አገልግሎቶች የጠራ መረጃ ይሰጡኛል።	1	2	3	4	5
B3	አገልግሎት ሰጪዎቹ ስለማንኛውም የስራ ሂደት በተመለከተ የምጠይቀውን ጥያቄ በተመለከተ ትክክለኛውን መልስ ይሰጡኛል።	1	2	3	4	5
B4	የሆስፒታሉ ሰራተኞች ሁልጊዜ ሊረዱኝ ዝግጁናቸው።	1	2	3	4	5
R1	የሆስፒታሉ ሰራተኞች ትክክለኛ የስራ ሂደቱን ተከትለው ተግባራቸውን በአግባቡ ያከናውናሉ።	1	2	3	4	5
R2	ሆስፒታሉ ለሆስፒታሉ ታካሚዎች እና ባለጉዳዮች ጥያቄ እና ችግር ልዩ ትኩረት ይሰጣል።.	1	2	3	4	5
R3	የህክምና አገልግሎት በሚሰጠኝ ሰዓት በአገልግሎቱ ላይ የመተማመን ስሜት ያድርብኛል።	1	2	3	4	5
R4	የሆስፒታሉ አገልግሎት ሰጪዎች ችግሪን ለመፍታት ቅን የሆነ ዝንባሌ ያሳያሉ።	1	2	3	4	5
R5	ሆስፒታሉ አገልግሎቱን በሰዓቱ እና በጊዜው ይሰጠኛል።	1	2	3	4	5
T1	በሆስፒታሉ ውስጥ በቂ የህክምና መሳርያዎች አሉ።	1	2	3	4	5
T2	የሆስፒታሉ የህክምና መሳሪያዎች ዘመናዊ ናቸው።	1	2	3	4	5
T3	ታካሚዎች እና አስተማሪዎች የሚቆዩባቸው ስፍራዎች በጥሩ ሁኔታ ላይ ያሉ ናቸው።	1	2	3	4	5

T4	የሆስፒታሉ አካባቢ ለጤና ተስማሚ እና ንጹህ ነው።	1	2	3	4	5
E1	የሆስፒታሉ ሰራተኞች ለእኔ በቂ ትኩረት ይሰጣሉ።	1	2	3	4	5
E2	ሆስፒታሉ አገልግሎት የሚሰጠው የደምበኞችን ተመራጭ እና ተስማሚ ሰዓት ታሳቢ አድርጎ ነው።	1	2	3	4	5
E3	ሆስፒታሉ የደምበኞቹን ፍላጎት ከሁሉም ነገር በላይ ቅድሚያ በመስጠት ያገለግላል።	1	2	3	4	5
E4	የህክምና ባለሙያዎች ለደምበኛው ቅሬታ ተገቢ እና ወቅታዊ ምላሽ ይሰጣሉ።	1	2	3	4	5