
# ASSESSMENT OF SERVICE QUALITY AND ITS EFFECT ON CUSTOMER SATISFACTION ON PRIVATE WING SETUP SERVICE OF RAS DESTA DAMTEW MEMORIAL HOSPITAL AND MENILIK II GENERAL AND REFERRAL HOSPITAL

**By: Tigist Seife Haile**

**Addis Ababa University school of Commerce**

**Marketing Management Post Graduate Program**

**June 2014**

**Addis Ababa, Ethiopia**

# ASSESSMENT OF SERVICE QUALITY AND ITS EFFECT ON PATIENT SATISFACTION ON PRIVATE WING SETUP SERVICE OF RAS DESTA DAMTEW MEMORIAL HOSPITAL AND MENILIK II GENERAL AND REFERRAL HOSPITAL

**A Thesis Submitted to Department of Marketing Management, for the Partial Fulfillment of the Requirement for the Award of Masters of Arts Degree in Marketing Management**

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**Addis Ababa University School of Commerce**

**Marketing Management Post Graduate Program**

**Research Advisor: Bizuneh Asfaw (PhD.)**

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***Approved by Board of Examiners***

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| ***Advisor*** | ***Signature*** |
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| ***Internal Examiner*** | ***Signature*** |
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| ***External Examiner*** | ***Signature*** |

# CERTIFICATION

This is to certify that Mrs. Tigist Seife has completed her thesis work entitled ***"Assessment Of Service Quality And Patient Satisfaction On Private Wing Setup Service Of Public Hospitals In Addis Ababa: A Case Of Ras Desta Damtew Memorial Hospital And Menilik II General And Referral Hospital".*** As I have evaluated, her research is original work and appropriate to be submitted as a partial fulfillment requirement for the Award of Degree in Masters of Marketing Management.

**Thesis Advisor Bizuneh Asfaw (PhD.):** _____

**Signature**

**June 2014**

# DECLARATION

I Tigist Seife, hereby declare that the thesis entitled ***"Assessment Of Service Quality And Patient Satisfaction On Private Wing Setup Service Of Public Hospitals In Addis Ababa: A Case Of Ras Desta Damtew Memorial Hospital And Menilik II General And Referral Hospital"***is my original work and submitted by me for the award of the Degree of Master of Marketing Management of Addis Ababa University at Addis Ababa and it hasn't been presented for the award of any other Degree, Diploma, Fellowship or other similar titles of any other university or institution and that all sources of material used for the study have been appropriately acknowledged.

| Tigist Seife Haile | _____ | June 2014 |
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# Table of Contents

## Appendixes: -

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# ACRONYMS AND ABBREVIATIONS

**SERVQUAL:** Service Quality Model

**FMoH:** Federal Ministry of Health

**HSDP:** Health Sector Development Plan

**MMR:**Morbidity and mortality rate

**DHS:** Development Health System

**NGO:** Non-government organization

**RHB:** Regional health bureau

**ENT:** Ear Nose Throat

# LIST OF TABLES

# LIST OF FIGURES

# ABSTRACT

*The main objective of the study was to assess the service quality dimensions that affects patient satisfaction and assess the level of patient satisfaction on service quality of private wings setup of Ras Desta Damtew Memorial Hospital and Menilik II General and Referral Hospitals. To this purpose the researcher has studied the service quality of the private wing service of the hospitals using SERVQUAL model. The research uses quantitative method with the nature of both descriptive and correlational andconvenience sampling technique was used in the study to take a sample from the population. A total sample of 190 who have taken a medical service in both Ras Desta Damtew Memorial Hospital and Menilik II General and Referral Hospitals were taken as a respondent. A questionnaire was designed based on the SERVQUAL model in order to examine all five factors of service quality in the model and additional two factors namely waiting time and price. The research uses a non probability sampling technique which is convenient sampling. The analysis result showsassurance has the highest mean value with 4.16 valueand reliability and empathy followed with 3.97 and 3.9 mean value respectively. The independent variables reliability, responsiveness, empathy and waiting time has strong relationship among variables and tangibles and price has moderate relationship and assurance has weak relationships among variables. With the result of regression analysis reliability, responsiveness, empathy, waiting time and price has impact on customer satisfaction however assurance and tangibility has negative impact on the patient satisfaction with the negative value of -0.210 and -0.034. As a result the researcher hypothesis H1, H2, H3, H4, and H6 has accepted because it haspositively related and has a significant impact on patient satisfaction, however, H5 and H7 has been rejected because even if it is positively related, it has no significant impact on patient satisfaction.Finally researcher recommended that since responsiveness, tangibles and waiting time dimensions has a lower mean value; hospitals shall improve the above areas to boost customer satisfaction.*

# CHAPTER ONE
# INTRODUCTION

This chapter discusses the background of the study, underlines the importance of the research by discussing the statement of the problem and defining the research questions, formulates its objectives and hypothesis for the assessment, explains the significance of the research and its scope, limitations that the researcher face while conducting the research and how the research is organized.

## 1.1 Background of the study

There is no doubt that the greatest asset of every country is its citizens. This is because their general well-being determines the overall progress and development of a national economy as an enhanced quality of life means higher productivity. Any country that has unhealthy population is bound to suffer in the implementation of development programmes to improve the quality of life of the people.

Quality health care delivery affects all sectors of the economy because every economy relies on a healthy working population to offer skill and unskilled labour for increased productivity and the growth of the national income. Hence, there should be a structural connectivity between quality health care services and other sectors of the economy. This had necessitated the need for a system of continuous quality improvement committed to providing better medical services as a surest way of ensuring quality health care delivery (Joseph, 2012)

Although the major problem of health care delivery is financing, since Health Sector Development PlanIII (HSDP III), a health care financing strategy was adopted by Federal Ministry of Health(FMoH), mainly focusing on improving the efficiency of allocation and utilization of public sector health resources. One of the financing mechanism was introducing private wings in the public hospitals. (HSDP IV, 2010).

Over the last three years, private wings have been implemented to give better services to average-income patients who have at least ability to pay for medical service. The public sector objectives for these private wings include revenue generation as well as benefit for graduate

medical doctors and specialists who is obliged to serve in rural public hospitals for a minimum of one to five years and also for patients who have average income to pay for the health service in public private wing. It also helps to minimizing the crowded of less income (charge free medical service users)at regular public hospital time which require waiting for treatment for more than 5-6 months.(IRAN, 2012)

It is envisioned that the data that has been collected would reflect the quality of services provided by the private wing setup of the hospitals, assessing if whether service performance was on par with the expectations of its patients in terms of overall satisfaction. The feedback from respondents provide guidelines for developing strategies to improve its services and meet the purpose of the private wing system,, as well as help in physicians to remain in public hospitals to serve and satisfy patients.

Conducting this study is vital because since one of the major health care challenges exist is the health care financing. Private wing setup is developed and implemented to overcome this problem and assessing the patient satisfaction and service quality essential in order to see the status of the setup and see the weak and strong parts of the setup using the assessment result.

## 1.2Statement of the problem

In this competitive environment of the 21st century, companies must be customer oriented and customer satisfaction represents a modern approach for quality in business life and serves the development of a truly customer-oriented culture and management. Especially in service giving companies, customer satisfaction should be given a huge attention and must pay attention to three more Ps in addition to 4P's which are people, physical evidence, and process. Because most services are provided by people, the selection, training, and motivation of employees can make a huge difference in customer satisfaction. (Kotler, 2003)

Patient satisfaction is considered as one of the desired outcomes of health care service and it is directly related with utilization of health services quality. Asking the patients what they think about the care and treatment they received is an important step toward improving the quality health care and to insuring that local health services are meeting patient's needs. Patients'

satisfaction is a fundamental importance as a measure of the quality of care because it gives information on the provider's success in meeting client values and expectations.

There is a strong connection between health service delivery perceptions and customer satisfaction. Only when the health service providers know and understand what exactly the customer (patient) expects then will they are able to satisfy their patients and only then it will be a successful hospital. (Haile, 2011)

As (Prabha Ramseook-Munhurrun, Soolakshna D. Lukea-Bhiwajee and Perunjodi Naidoo, 2010) according to Teicher et al.(2002), Customer needs and expectations changes when comes to governmental services and service delivery requirements due to service quality practices in public sector organizations is slow and is further exacerbated in measuring outcomes, because of lack of freedom to act in an arbitrary fashion and a requirement of decisions to be based in law.

However, even though it is in the system of public hospital; assessing only the private wing setup service and customer satisfaction and knowing what they feel about the system perception despite of their expectation seems essential for the health care development program (HSDP IV) of the country.

Therefore, since the major objective of private wing setup is to design new financing income for health care service while serving patients in a better way, assessing the service quality and satisfaction of the patients is very important to check if the additional payment private wing charges than normal public hospital price worth the service or not.

Additionally, the setup service delivery also should be assessed in order to meet its objective because if thepatients are not satisfied with the whole setup, it will directly affect the objective as a whole. With no doubt, this study will expose the reliability by asking the following research questions.

## 1.3 Research Questions

**Therefore, this study raised the following research questions:**

**1:** Is there a difference between expected and perceived service in the eyes of patients?

**2:** What are the major factors that affect service quality and patient satisfaction in health care delivery of private wing setup?

**3:** What is the relationship between the service quality dimensions and the patient satisfaction?

**4:**Which modified SERVQUAL dimension has the highest perceived quality by the patient of Private wing set up.

The answers of the above questions will meet the following objective of the study:-

## 1.4Research Objectives and Hypothesis

### 1.4.1 General Objective of the study

The general objective of this study is to assess the service quality and its impact on patient satisfaction of private wings setup service of Ras Desta Damtew Memorial Hospital and Menilik II General and Referral Hospitals

### 1.4.2 Specific objectives of the study

**The Specific objectives of this study will be the following:**

**1:** To assess if there is there a difference between expected and perceived service in the eyes of patients?

**2:**To assess the major factors that affect service quality and patient satisfaction in health care delivery of private wing setup?

**3:**To analyze the relationship between the service quality dimensions and the patient satisfaction?

**4:**To find out which modified SERVQUAL dimension has the highest perceived quality in Private wing set up.

### 1.4.3 Hypothesis

**H1:** The Dimensionreliabilityis positively related and has significant impact on patient satisfaction.

**H2:**The Dimensionresponsivenessis positively related and has significant impact on patient satisfaction.

**H3:** The dimension assurance is positively related and has significant impact on patient satisfaction.

**H4:** The dimension empathyis positively related and has significant impact on patient satisfaction.

**H5**: The dimension tangibilityis positively related and has significant impact on patient satisfaction.

**H6:** the dimension waiting timeis positively related and has significant impact on patient satisfaction.

**H7:** The dimension Priceis positively related and has significant impact on patient satisfaction.

## 1.5 Significance of the Study

Conducting this study on service quality and patientsatisfaction of private wing setup of Ras Desta Damtew Memorial Hospital and Menilik II General and Referral Hospital is vital because since one of the major health care challenges exist is the health care financing.

Private wing setup is developed and implemented to overcome this problem and assessing the patient satisfaction and service qualityessential in order to see the status of the setup and see the weak and strong parts of the setup using the assessment result.

The suggestions and recommendations forwarded by the researcher will help the hospital to improve the setup. Additionally, it can help the future researchers to this area of problem in detailed way.

## 1.6 Scope of the Study

This research is conducted to assess the Service quality and customer satisfaction of private wing setup of Menilik II General and Referral and Ras Desta Damtew Memorial Hospitals. The research uses seven service quality dimensions i.e. reliability, responsiveness, assurance, empathy, tangibility, waiting time and price.

This paper asked only those patients that are waiting their doctor on the ward on private wing health care service at Ras Desta Damtew Memorial Hospital from the date March 31, 2014 to April 2, 2014 for three days and at Menilik II General and Referral Hospital from the date April 14, 2014 to April 16, 2014 for three days. Moreover, the sampledoesn't distinguish the type of the illness and patient's age, income and where they came from (nationalities).

## 1.7 Limitation of the Study

limitation the researcher face during the collection of data were; some of the patients were in a hurry to get the card due to the card issuing process of the hospitals, that needs the patients to go from one window to other and some of the questionnaire lost in the patients hands due to this problem.

## 1.8 Organization of the study

The research paper contains five chapters. The first chapter presents the introduction part which consists of background of the study, statement of the problem, objective of the study, hypothesis, and significance of the study, scope of the study, limitation of the study and organization of the study. The second chapter, presents review of related literature of the study. The third chapter focuses on research design and methodology. The fourth chapter concentrates on the data presentation, analysis and interpretation and the last chapter, presents the summary, conclusion and recommendations. Finally, list of reference, bibliography and appendix is included as supplemental part of the paper.

# CHAPTER TWO

# REVIEW OF THE LITERATURE

## 2.1 Concepts of Health Care system

### 2.1.1 Definition of Healthcare

There is no doubt that the greatest asset of every country is its citizens. This is because their general well-being determines the overall progress and development of a national economy as an enhanced quality of life means higher productivity. Any country that has unhealthy population is bound to suffer in the implementation of development programmes to improve the quality of life of the people. (Joseph, 2012).

*"Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care, and necessary social services."(UN Universal declaration of human rights , Article 25:8).*

Despite major strides to improve the health of the population in the last one and half decades, Ethiopia's population still face a high rate of morbidity and mortality and the health status remains relatively poor. Vital health indicators from the DHS 2005 show a life expectancy of 54 years (53.4 years for male and 55.4 for female), and an IMR of 77/1000. Under-five mortality rate has been reduced to 101/1000 in 2010v. Although the rates have declined in the past 15 years, these are still very high levels. (HSDP IV, 2010).

Ethiopia's health sector, like that of many other low-income countries, is financed from multiple sources including the government treasury (at federal, regional, and woreda/ district levels), bilateral and multilateral donors, household out-of-pocket spending, international and local nongovernmental organizations (NGOs), private and parastatals employers, and insurance enterprises. The per capita health spending of US$7.14 in fiscal 2004/05 showed that the country's health sector is generally underfinanced (Federal Ministry of Health [FMOH], 2007).

Although health financing has improved significantly over the years, but it still remains a major challenge for the health system of Ethiopia. Since HSDP III, a health care financing strategy was adopted by FMoH, mainly focusing on improving the efficiency of allocation and utilization of public sector health resources. One of the financing mechanism was introducing private wings in the public hospitals.

Over the last few years, private wings have been implemented to give better services to average-income patients. The public sector objectives for these private wings include revenue generation as well as benefit for graduate medical doctors and specialists who is obliged to serve in rural public hospitals for a minimum of one to five years and also for patients who have average income to pay for the health service in public private wing and less income to pay for private hospitals. It also helps to minimizing the crowded in the regular public hospitals which require waiting for treatment for more than 5-6 months.

There has been little evaluation of the impacts of this type of public-private interaction and so it is unclear how well private wings are working and what factors influence their performance. Unfortunately, the limited international experience of private wings arrangements in public hospitals suggests that there is a strong potential for these wards to promote inequity. Two key problems are the failure to generate sufficient revenue to sustain hospital-wide quality improvements, and the skewing of resource allocations towards private wards. (Haroon Wadee and Lucy Gilson, 2007)

These problems are driving the private wing setup to dissatisfy both patients and physicians due to lack of appropriate control of the system witnessing the closing of Black lion hospital.

Issues of responsiveness in health care delivery systems are many and varied. One basic distinction is between elements related to respect for human beings as persons, who are largely subjective and judged primarily by the patients and objective elements related to how a system meets common expressed concerns of patients and their families as clients of health systems.

All people are consumers of health services and it is important to know their expectations on health care services. Users of health services want safe, appropriate interventions, treatment, and care that consider their dignity and respect. They want information that is accurate, timely, and

relevant. Consumers believe that if this is to happen, then consumers of health services must be involved and consulted. Patient satisfaction measures therefore provide healthcare managers with useful information about the structures, process, and outcomes of care. (Joseph, 2012)

Quality health care delivery affects all sectors of the economy because every economy relies on a healthy working population to offer skill and unskilled labour for increased productivity and the growth of the national income. Hence, the structural connectivity between quality health care services and other sectors of the economy. This had necessitated the need for a system of continuous quality improvement committed to providing better medical services as a surest way of ensuring quality health care delivery (Joseph, 2012)

It is no wonder that, states, international organizations, corporate bodies, and even individuals are working tirelessly to promote quality health care and patient's protection and safety. Relevant literatures on quality services, health care, customer satisfaction, and patient's rights were undertaken. The research issues arising from these reviews guided the formulation of the research objectives.

## 2.1.2. Definition of Service Quality

There are many researchers who have defined service quality in different ways. For instance, Bitner, Booms and Mohr (1994, p. 97) define service quality as 'the consumer's overall impression of the relative inferiority / superiority of the organization and its services'. While other researchers (e.g. Cronin and Taylor, 1994; Taylor and Cronin, 1994) view service quality as a form of attitude representing a long-run overall evaluation, Parasuraman, Zeithaml and Berry (1985, p. 48) defined service quality as 'a function of the differences between expectation and performance along the quality dimensions.

Service quality has been defined as "the outcome of an evaluation process where the consumer compares hisexpectations with the service he has received"; or thedifference between expected service and perceived service; whereas satisfaction is defined as defined as anevaluative, affective, or emotional response. Thus thecustomers can evaluate the object only after they interpret theobject. Therefore, satisfaction is the post-purchase evaluationof products or services given the expectations before purchase. (Yogesh, 2012)

### 2.1.3 Quality Values and Definition of Quality in Health care

One cannot deny the fact that openness, confidence, motivation, and commitment are the foundations of any quality culture. However, traditional practices and attitudes towards authority, mutual support, and individual responsibility actively resist improvement. This creates a culture of low expectations and quality (from public and professions), vertical command structures, restricted information, and a negative view of accountability and responsibility. This is still a major problem in the whole of Africa. (Joseph, 2012)

Almost as universal as cited by (Joseph 2012) according to Ovretveit (1992), the three "stakeholders" components of quality namely clients, professional, and management quality. Client's quality addresses what the client's wants from the service. Professional quality indicates whether the service meets the needs as defined by professional providers and referrers and whether it correctly carries out techniques and procedures which are believed to be necessary to meet the client's needs. The management quality aspect is concerned with the most efficient and productive use of the resources within limits and directives set by higher authorities and purchasers. An integrated definition ofhealth care quality therefore combines these three elements: "A quality health service/system gives patients what they want and need at the lowest cost".

### 2.1.4. Definition of Customer Satisfaction

The definition of customer satisfaction has been widely debated as organizations increasingly attempt to measure it. Customer satisfaction can be experienced in a variety of situations and connected to both goods and services. (Center of the study of social policy, 2007).

Patient satisfaction is generally defined as consumers view of service received and the result of the treatment. To evaluate and improve the quality of care provided it is vitally important to investigate the quality of care in the context of health care. Patient satisfaction is a significant indicator of quality of care. (Asma, 2008)

Customer Satisfaction has been a central concept in marketing literature and is an important goal of all business activities. Today, companies face their toughest competition, because they move from a product and sales philosophy to a marketing philosophy, which gives a company a better chance of outperforming competition (Kotler, 2000).

Customer satisfaction is a highly personal assessment that is greatly affected by customer expectations. Satisfaction also is based on the customer's experience of both contact with the organization (the "moment of truth" as it is called in business literature) and personal outcomes. Some researchers define a satisfied customer within the private sector as "one who receives significant added value" to his/her bottom line—a definition that may apply just as well to public services. (Center of the study of social policy, 2007)

Since health care organization in operating in extremely competitive environment, patient satisfaction becomes a key indicator in gaining and maintaining market share. Without acceptable level of patient satisfaction health care plans will lack the competitive edge. According to Jones (1978) as cited by (Asma, 2008) patient satisfaction survey are the main source of feedback from patients about the health care service.

Customers or consumers of health care services therefore play a variety of roles in health care quality assessment and monitoring. By expressing their preference, they supply the valuations needed to choose among alternative strategies of care. They help define the meaning of quality in the technical sense. Moreover, their preferences are the paramount consideration in defining the quality of the interpersonal process and of the amenities of care. Consumers are also valuable sources of information in judging the quality of care and non-technical aspect of treatment.This is because consumers can and do, through expressing satisfaction or dissatisfaction, pass a judgment about many aspects of the process of care and its outcomes. Consumers, if properly informed, could help to regulate the quality of care by means of their choices. No wonder that, health care is now entering an age of accountability where patients are demanding services excellence.(Joseph, 2012) according to Donabedian(1987)

### 2.1.5 Measuring of patient Satisfaction

Measuring patient satisfaction are being used as surrogate expression of users preference about the range and type of health service they want, as a way of quantifying the quality of medical care as patient focused outcome measures.

(Asma 2008) according to Lebow (1983) the patient satisfaction can be measured using

**Convenience**–all inquiries into both the felt adequacy of treatment and of surrounding setting are specific aspect that may include reactions to the quality of care, its helpfulness, cost, continuity, availability and accessibility of practitioner and reaction to supporting service. And concluded that patient satisfaction studies enables patients to select health care clinicians, facilities or insurance plans: less satisfied patients more likely to seek health care elsewhere.

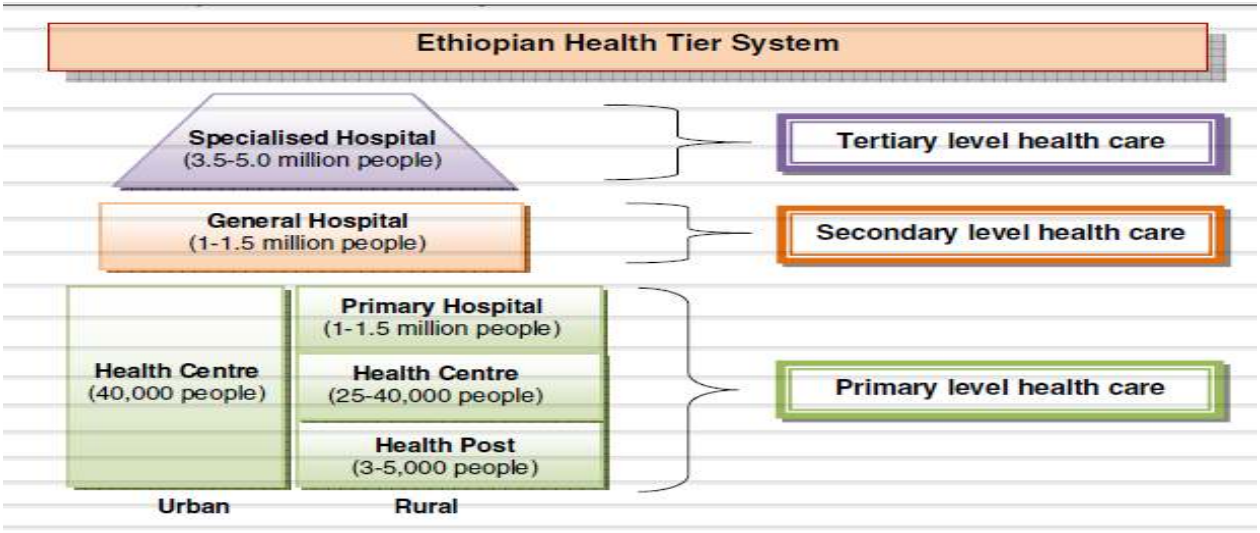
**Quality of Care –**Hospitals are emphasizing enhanced quality of care along with the improvement of technology. Quality of health care service are explained in seven factors which are, efficiency, effectiveness, efficacy, optimality, legitimacy and equity.

**Out of Pocket cost** – most of patients skip medical care due to the cost they are expected to incur. Therefore, cost of medical service is also one of the measurements of patient satisfaction.

### *2.1.6 Health system organization of Ethiopia*

The recently implemented Business Process Reengineering (BPR) of the health sector has introduced a three-tier health care delivery system: level one is a Woreda/District health system comprised of a primary hospital (to cover 60,000- 100,000 people), health centres (1/15,000-25,000 population) and their satellite Health Posts (1/3,000-5,000 population) connected to each other by a referral system. The primary hospital, health centre and health posts form a Primary Health Care Unit (PHCU). Level two is a General Hospital covering a population of 1-1.5 million people; and level three is a Specialized Hospital covering a population of 3.5-5 million people.

**Figure-1 Ethiopian Health Tier System**




***Source: HSDP IV***

The devolution of power to regional governments has resulted in largely shifting the decision making for public service delivery from the centre to being under the authority of the regions and down to the district level. Offices at different levels from the Federal Ministry of Health to Regional Health Bureaus (RHBs) and Woreda Health Offices share in decision making processes, powers, duties and responsibilities. The Ministry and the RHBs focus more on policy matters and technical support while Woreda Health Offices manage and coordinate the operation of the district health system under their jurisdiction. Rapid expansion of the private for profit and NGO sectors is augmenting the public | private | NGO partnership for health and boosting health service coverage and utilization.

Over the course of the HSDPs, various background studies on health care financing issues have contributed to the design and introduction of health financing reforms. One of the reform components is establishing private wings in health facilities. (Health Sector Development Programme IV, 2010)

## 2.2Theoretical Frameworks

### 2.2.1 The GAP Model

Parasuraman et al. (1985) proposed that service quality is a function of the differences between expectation and performance along the quality dimensions. They developed a service quality model based on gap analysis.

The various gaps visualized in the model are:

**Gap 1:**Difference between consumers' expectation and management's perceptions of those expectations, i.e. not knowing what consumers expect.

**Gap 2:**Difference between management's perceptions of consumer's expectations and service quality specifications, i.e. improper service-quality standards.

**Gap 3:**Difference between service quality specifications and service actually delivered i.e. the service performance gap.

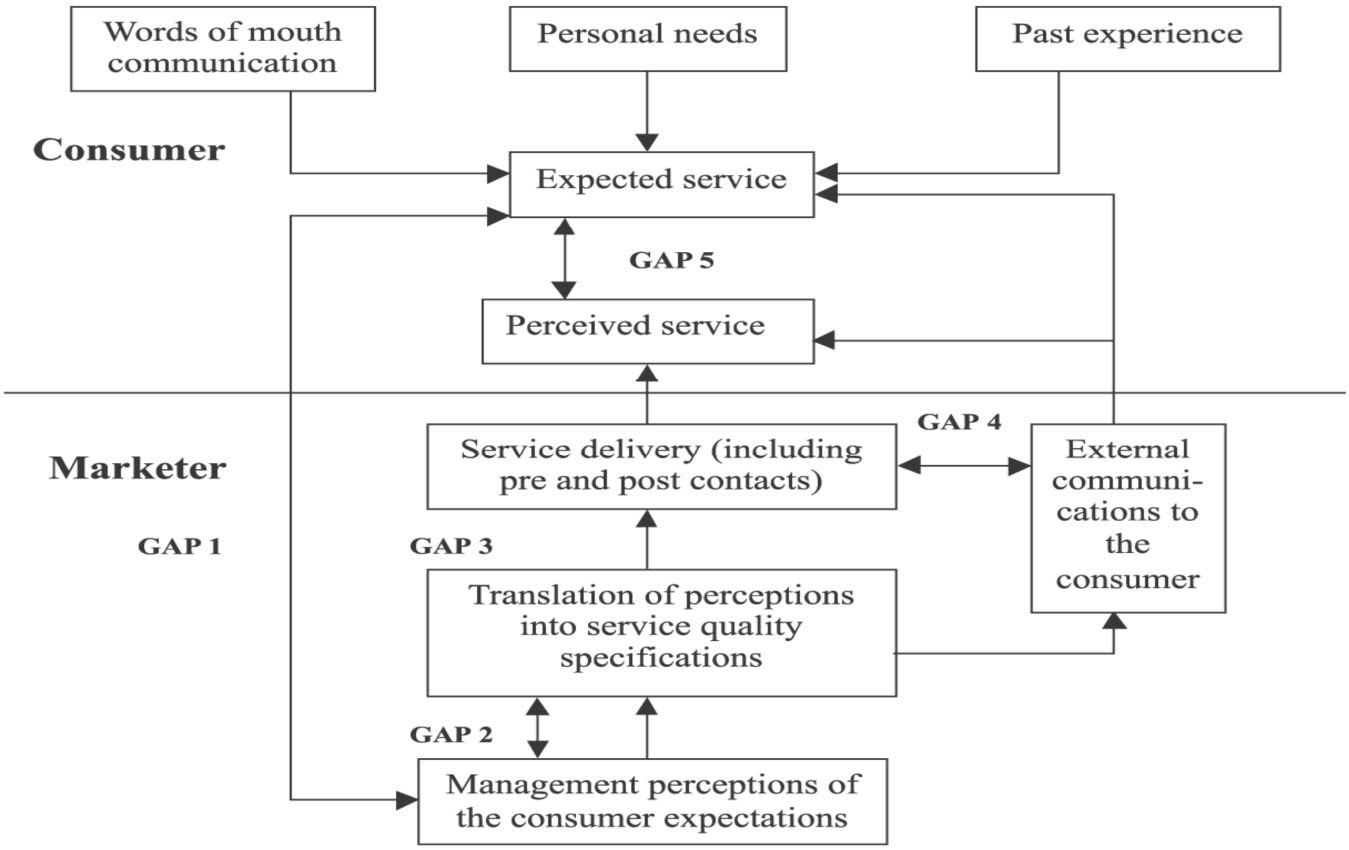
**Gap 4:**Difference between service delivery and the communications to consumers about service delivery, i.e. whether promises match delivery?

**Gap 5:**Difference between consumer's expectation and perceived service.

This gap depends on size and direction of the four gaps associated with the delivery of service quality on the marketer's side.

The following Figure shown the GAP model of Parasuraman et al. (1985)

**Figure 2: GAP Model**




**Source:** Parasuraman *et al*. (1985)

From the above GAP model this research uses the GAP 5 which is difference between consumer's expectation and perceived service.

## 2.2.2 SERVQUAL Model

The SERVQUAL model was first introduced by Parasuraman and colleagues in 1985 in the United States. Presented by scientists model, it identifies the reasons for differences between customers perceptions and expectations. (Ekaterina Makeeva , 2010)

The original study by Parasuraman et al., (1988) presented ten dimensions of service quality.

**Tangibles:** The appearance of physical artifacts and staff members connected with the service (accommodation, equipment, staff uniforms, and so on).

| | |
|---|---|
| **Reliability:** | The ability to deliver the promised service. |
| **Responsiveness:** | The readiness of staff members to help in a pleasant and effective way. |
| **Competence:** | The capability of staff members in executing the service. |
| **Courtesy:** | the respect, thoughtfulness, and politeness exhibited by staff members who are in contact with the customer |
| **Credibility:** | The trustworthiness and honesty of the service provider. |
| **Security:** | The absence of doubt, economic risk, and physical danger. |
| **Access:** | The accessibility of the service provider. |
| **Communication:** | An understandable manner and use of language by the service provider. |
| **Understanding the customer:** | Efforts by the service provider to know and understand the customer. |

Further investigation led to the finding that, among these 10 dimensions, some were correlated. After refinement, these ten dimensions above were later reduced to five dimensions as below:

**Tangibility**: physical facilities, equipment, and appearance of personnel.

In context tohealthcare values based on tangibility can be measured in terms of agility in the healthcare operations. It is associated with the furniture and equipments present in the patient room. It is measured in terms of how fast the patients can be given admission to the hospital and the efficiency associated with the information systems

**Reliability:** ability to perform the promised service dependably and accurately. In other words, it means doing what you say you will do. Customers have consistently stated that a company.'s ability to deliver promises is the most vital factor to providing service quality. Having a room ready upon check-in is an example of the reliability dimension.

In context tohealthcare reliability refers to that the patient will receive the accurate and correct treatment. Apart from the treatment the patient will receive all other attention as needed. Proper and correct monetary transaction and billing is one of the important sub-factors of reliability.(RanaBasu, DhrubesBiswas, 2012)

**Responsiveness:** willingness to help customers and provide prompt service
Customers judge a company's responsiveness by assessing the amount of time it takes and the attentiveness that is offered in response to their requests, questions, complaints, and problems.

In context to health care the ability of the hospital or the health centre authority to respond to what the patient or customer want. Proper responses to patients include ease of getting appointments, ambulance service, simplicity of admission and discharge. (Rana Basu, Dhrubes Biswas, 2012)

**Assurance:** knowledge and courtesy of employees and their ability to inspire trust and Confidence

In context to healthcare the approach towards assurance refers to all the arrangement and activities which would lead to safeguard, maintenance, and promotion of service quality in context to healthcare delivery system. It is related to trust amongst the patient or incumbent and the service provider in the sense that proper healthcare delivery service need to be delivered. The dimension of trust factor is to influence the confidence of the patient has on the hospital. (Rana Basu and Dhrubes Biswas, 2012)

**Empathy:** caring individualized attention the firm provides to its customers.
Customers perceive the level of a company's empathy by the degree of personalized service offered. Customers want to be known on an individual basis and feel that the company understands and addresses their individual needs.

In context tohealthcare it refers to the individual attention being given to the customer or patients here in. Patients must be given friendly and caring attention by doctors, nurses and other staff members of the concerned health center.

In addition to the five SERVQUAL dimensions this research also uses waiting time and price dimensions to assess customer satisfaction.

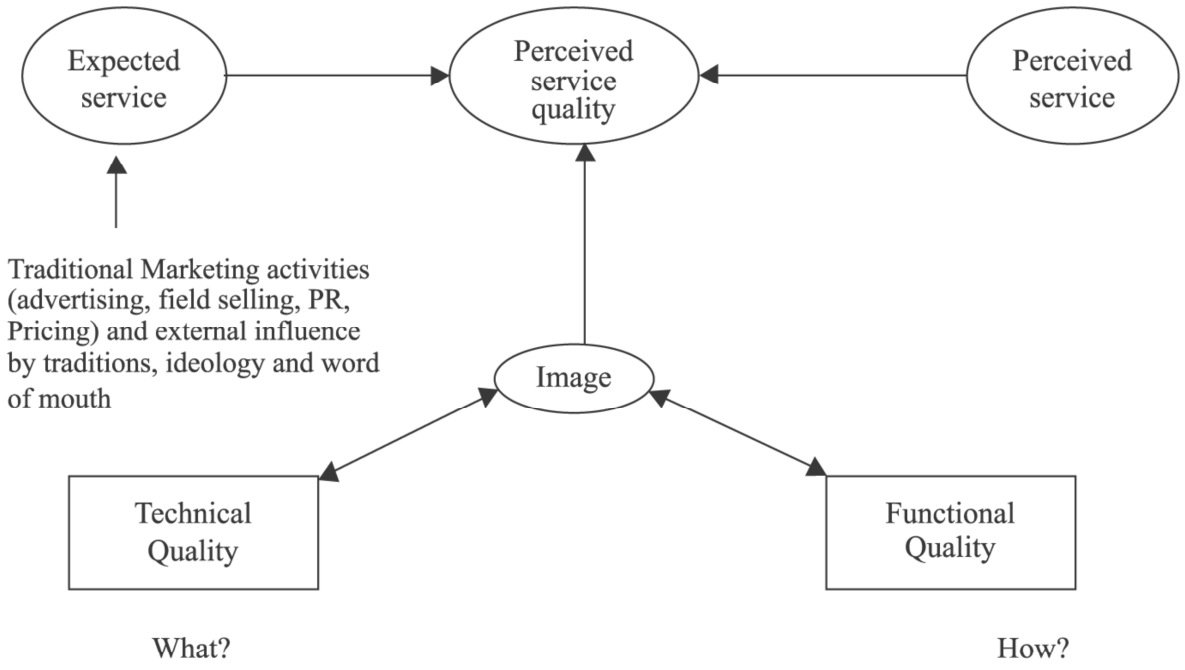
## 2.2.3 Technical and functional quality model (Gronroos, 1984)

In order to compete successfully a firm must have an understanding of consumer perception of the quality and the way service quality is influenced. Managing perceived service quality means that the firm has to match the expected service and perceived service to each other so that consumer satisfaction is achieved.

Gronroos (1984) identified three components of service quality, namely: technical quality; functional quality; and image.

The following figure shows the technical and functionality model of (Gronoroos, 1984)

**Figure 3:Gronroos Technical and functional quality model**




**Source:** Grönroos (1984)

(1) Technical quality is the quality of what consumer actually receives as a result of his/her interaction with the service firm and is important to him/her and to his/her evaluation of the quality of service.

(2) Functional quality is how he/she gets the technical outcome. This is important to him and to his/her views of service he/she has received.

(3) Image is very important to service firms and this can be expected to build up mainly by technical and functional quality of service including the other factors (tradition, ideology, word of mouth, pricing and public relations).

## 2.3 Empirical Review

Service quality is an "elusive and indistinct construct", which cannot be measured in an objective manner like product quality. What makes it difficult to define and measure service quality is the very essence of services, i.e. intangibility, heterogeneity and inseparability of production and consumption as their main characteristics (Parasuraman et al., 1985).

Empirical studies, conducted by Parasuraman et al. (1985, 1988, 1991), resulted in SERVQUAL, 22-item scale for measuring service quality along five dimensions, those being reliability, responsiveness, assurance, empathy and tangibles. The construct of service quality, as measured by SERVQUAL, involves perceived service quality, which originators of the scale define as "the consumer's judgment about an entity's overall excellence or superiority" (Parasuraman et al., 1988, p.15), adding further that "it is a form of attitude, related but not equivalent to satisfaction" (p.15) which results from a comparison of perceived performance and expectations.

Cronin and Taylor (1992) argue that if service quality is an attitude, then it should be also measured as an attitude, using performance-only items, instead of the calculation of the gap between perceived performance and expectations.

### 2.3.1Review of Hospitals and Private ward studies

#### *2.3.1.1 Review of Hospitals Studies*

In studying the service quality of health care service many authors evaluate the service quality dimensions and suggest their own dimensions for health care service. Brown and Swartz (1989) evaluated medical services from both the provider and customer perspectives by conducting a gap analysis and revealed that physician interaction was the most significant independent variable influencing customer satisfaction. Tucker and Adams (2001) used caring, empathy, reliability and responsiveness as service quality dimensions of the US hospital services in their study. (Panchapakesan Padma, Chandrasekharan Rajendran and L. Prakash Sai, 2009)

Jabnoun and Chaker (2003) compared the service quality perceptions of patients between private and public hospitals in the UAE. They found reliability, responsiveness, supporting skills, empathy and tangibles to be the dimensions of the service offered and also discovered that

private and public hospitals significantly differed in terms of all these dimensions except supporting skills. (Panchapakesan Padma, Chandrasekharan Rajendran and L. Prakash Sai, 2009)

Contributing to the research on quality, (Joseph, 2012) according to et al. (1990) also describes nine quality dimensions of health service delivery: effectiveness, efficiency, technical competence, interpersonal relations, and access to service, safety, continuity, and physical aspect of health care.

**Table 1 Quality dimensions Brown et al, (1990) as cited by (Joseph, 2012)**

| Quality dimensions | Description |
|---|---|
| Effectiveness | The degree to which desired results (outcomes) of care are achieved through appropriate diagnosis and treatment |
| Efficiency | The ratio of the outputs of services to the associated costs of producing those services ( taking into consideration both materials and time resources |
| Technical competence | The degree to which tasks carried out by health workers and facilities meet expectations of technical quality (according to clinical guidelines) |
| Interpersonal relations | The Level of respect, courtesy, responsive, empathy, effective listening, and communication exhibited between clinic personnel and clients. |
| Access to service | The degree to which healthcare services are unrestricted by geographic, economic ,social organizational or linguistic barriers |
| Safety | The level of trust , confidentiality and privacy in the service and the degree to which the risks of injury, infections or other harmful side effects are minimized |
| Continuity | The degree to which consistent and constant care is provided, including the value of visiting the same provider and continuing treatment |
| Physical aspects | The physical appearance of the facility and the level of cleanliness, comfort, and amenities offered. |
| Choice | It is the client's choice of appropriate provider, insurance plan, or treatment. |

All these dimensions according to constitute a holistic approach to ensuring quality health care delivery that ensures total customer satisfaction.Brown et al (1990) as cited by (Joseph, 2012)

#### *2.3.1.2 Review of Private Ward Studies*

The main aspect ofhospital reform for which at least some international evidence from low and middleincome countries exists, is that of establishing private wards within public hospitals as amechanism for generating revenue with which to improve overall hospital quality. (Haron and Lucy, 2007)

According to Haron and lucy (2007) the key policy design and governance factors that are likely toinfluence the impacts of private wards, are pricing practices, reimbursement mechanisms and revenue-retentionarrangements: these have a strong influence over the levels of revenue generationachieved and the way in which resources are used. Three common design weaknessesare:

1. Inappropriate pricing strategies and inefficient billing systems for private wards, which can undermine revenue generation levels
2. The use of a provider reimbursement mechanism that encourages inefficient provision of care within private wards.
3. Revenue-retention arrangements that limit the benefits for public ward users resulting from revenue generation from private wards.

## 2.4 Conceptual Framework

The aim of this section is to summarize the idea from past literature and to bring out the contributions that the researcher have for this study area.

While assessing the literature on the theoretical framework, the researcher assess the strength and weakness of the two models SERVQUAL and Gronroos Technical and functional quality model and customize the conceptual model chosen for this specific research.

In SERVQUAL model, Most Authors explains that SERVQUAL's 5 dimensions are not universals/generic, and that the model fails to draw on established economic, statistical and psychological theory. Despite these weaknesses, the model remains a useful instrument for service-quality research for the past 20 years and also the model is useful for service delivery

companies to measure the gap between expectation and perception of the customers. (HooLien Yee and DazminDaud, 2011)

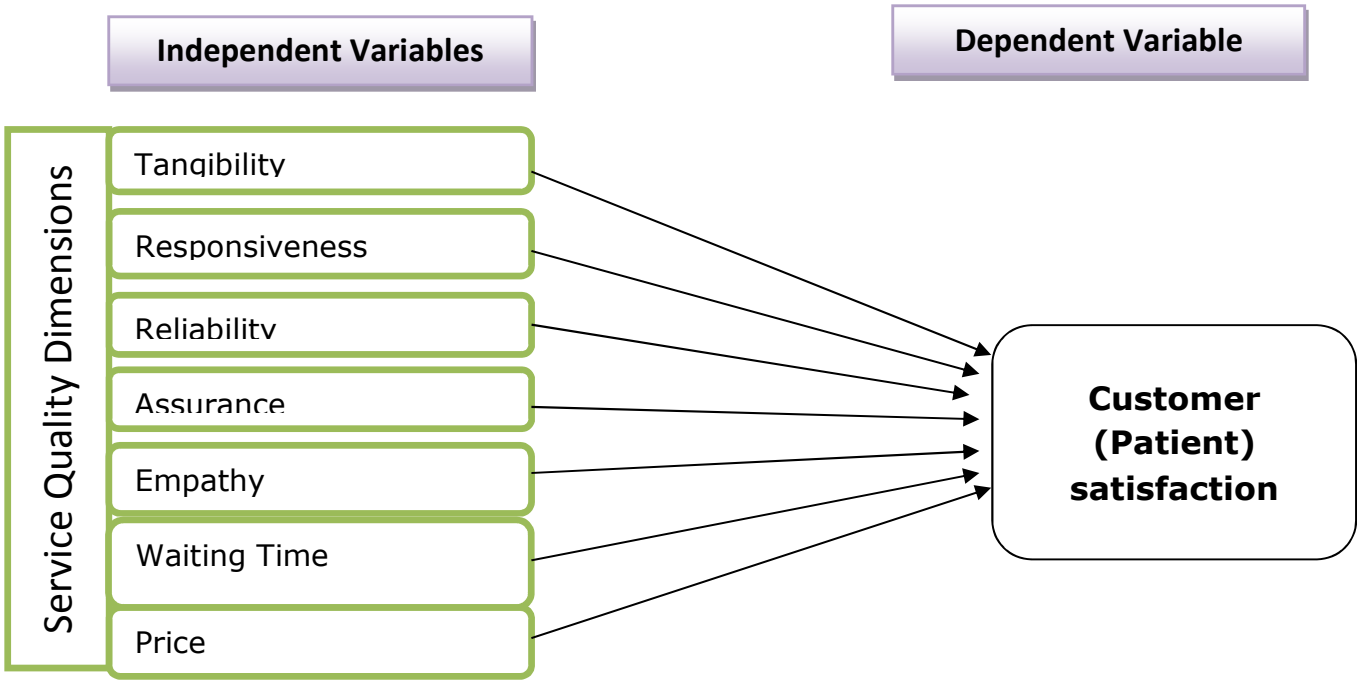
Gronroos (1982) two service quality dimensions, the technical aspect ("what" service is provided) and the functional aspect ("how" the service is provided) describes what the customers perceive and receives as the outcome of the process in which the resources are used, i.e. the technical or outcome quality of the process. But it also and often more importantly, perceives how the process itself functions, i.e. the functional or process quality dimension. For some services the "what" (or technical quality) might be difficult to evaluate. Like the health care service (as this study); in health care the service providers' technical competence, as well as the immediate results from treatments, may be difficult for a patient (a customer) to evaluate. Lacking an ability to assess technical quality, consumers rely on other measures of quality attributes associated with the process (the "how") of health care delivery. For health care service, consumers would likely rely on attributes such as reliability and empathy to assess quality. (Gi-Du Kang and Jeffrey James , 2004)

Having this limitation on the Gro¨nroos model, the researcher chooses to use the Parasuraman et al. (1985) SERVQUAL model because it also involves evaluations of the service delivery process not the outcome; due to the nature of the health care service. In addition to the five dimension of SERVQUAL model the researcher plans to add two dimensions which are essential for the health caredelivery service quality evaluation, which are waiting time and price charge for the service.

Therefore, the conceptual framework of service quality and customer satisfaction of this study are variables like tangibles, assurance, reliability, empathy, responsiveness, waiting time and price directly affect service quality and customer satisfaction.

Then the following figure shows the relationship between these independent and dependent variable.

**Figure 4: A conceptual framework of the Research**



# CHAPTER THREE

# RESEARCH DESIGN AND METHODOLOGY

This chapter discusses the research design, population, the sample size and sampling techniques, method of data collection and instruments for the data collection, validity and reliability, method of data analysis, and ethical consideration.

## 3.1 Research Design

The research used quantitative method to study the relationship and the impact of service quality onpatientsatisfaction. Because quantitative research involves studies that make use of statistical analysesto obtain their findings. (Wiley, 2005)

The nature of research is both descriptive and correlation type. The descriptive method is used to study the general characteristics of respondents and their satisfaction of the service. Descriptive research studies are those studies which are concerned with describing the characteristics of a particular individual, or of a group. Correlation method is used to study the relationship between service quality dimension and patientsatisfaction. Correlation analysis studies the joint variation of two or more variables for determining the amount of correlation between two or more variables (Kothari 2004).

A questionnaire has been distributed to selected respondents (patients) on their satisfaction on the service quality.

## 3.2 Population Size

The population of the study are all patient who are treated in the Ras Desta Damtew Memorial Hospital and Menelik II General and Referral Hospital private wing setup. However, because it is difficult to study the entire patient who visited the hospital private wing due to time and recourse constraints the target population that are considered as a total target population is the patients who visits the hospital for one week.

The total target populations that considered as a population in this study are average number of patient who had visited Ras Desta Damtew Memorial Hospital for one week which are 180

patients and average number of patients who had visited Menilik II General and Referral Hospitals for one week which are 240 patients. According to the information from the Patient Card issuing department of both hospitals total of 420 patient were visited. Therefore, the total population of this research is 420 patients.

## 3.3 Sample size

The sample size of the study is calculated based on the population of one week patient who visited Ras Desta Damtew Memorial Hospital and Minilik II General and Referral Hospital which are the total of 180 and 240 respectively and the grand total population for the research is 420, and with the 95% confidence and 5% margin of error the sample size is calculated as 201 for both hospitals. With this total sample to distribute the sample to the hospitals based on their weekly patient visited; Minilik II General and Referral Hospital took 57% of the sample which is 115 and Ras Dests Damtew Memorial Hospital took 43% of the sample which is 86 samples.

By considering the questionnaire that can't be filled properly 10% of contingency is added to the total sample size and the total number of questionnaires distributed to Minilik II General and Referral Hospital and Ras Desta Damtew Memorial Hospital are 126 and 95 respectively. And the grand total of 221 questionnaires has been distributed. However, completely filled and returned questionnaire for Minelik II General and Referral Hospital and RasDestaDamtew Memorial Hospital is 111 and 79 respectively (totally 190 questionnaire is filled and returned fully).

The calculation of sample sizes are as follows:

$$n = \frac{P(1-P)}{\frac{A^2}{Z^2} + \frac{P(1-P)}{N}}{R}$$

**Where:**
n – Sample size
N –Population size
P – Estimated variance 50%
A –Desired precision 5%
Z – Value of confidence level (95%=1.96)
R – Estimated response rate 95%

$$R = \frac{\text{Total number of response}}{\text{Total number of sample} - (\text{ineligible} + \text{unreachab})} \times 100$$

Sample size proportion (for Menelik) $= \frac{\text{Number of Strata X Sample Size}}{\text{Total Population}}$

$= \frac{240 \text{ X } 201}{420}$

$= \mathbf{115}$

Sample size proportion (for RasDesta) $= \frac{\text{Number of Strata X Sample Size}}{\text{Total Population}}$

$= \frac{180 \text{ X } 201}{420}$

$= \mathbf{86}$

Actual Sample size (n) (for RasDesta) $= \frac{\text{Total Sample size}}{\text{Response rate}} \text{ X } 100$

$= \frac{86}{0.90} \text{ X } 100$

$= \mathbf{95}$

Actual Sample size (n) (for Minelik) $= \frac{\text{Total Sample size}}{\text{Response rate}} \text{ X } 100$

$= \frac{115}{0.90} \text{ X } 100$

$= \mathbf{127}$

The following table summarize the population, sample size and sample proportion of the research.

**Table 2 - Population and sample size**

| Hospitals | Population size (average patient visited the hospital weekly) | % of sample distribution among hospitals | Sample calculated for each hospitals | Total questionnaire distributed | Total questionnaire completely filled and returned |
|---|---|---|---|---|---|
| RasDestaDamtew Memorial Hospital | 180 | 43% | 86 | 95 | 79 |
| Menilik II General and Referral Hospital | 240 | 57% | 115 | 127 | 111 |
| **Total** | **420** | **100%** | **201** | **222** | **190** |

**Source :** Sample size calculation (2014)

## 3.4 Sampling Techniques

The study uses one of the non probability sampling technique which is convenience sampling technique. Convenience sampling techniques is technique in which a sample is drawn from that part of the population that is close to hand, readily available, or convenient. (Bhattacherjee, 2012).

The reason for using convenience sampling is because the population is too large to coordinate and also it is impossible to contact the patients on their locations. Therefore, it becomes suitable to use respondents who are convenient accessibility and proximity to the researcher.

## 3.5 Method of Data Collection

Before the study was carried out, the researcher askspermission from the hospitals administrators by first presenting a letter from the Addis Ababa University School of commerce.

The study uses both primary and secondary data collection method. Primary data is collected through questionnaires from selected respondents in the hospital private wards. The questionnaire of the patients isdistributed to patient who has ability to fill by themselves and the researchers fill the questionnaire for one patient who can't fill the questionnaire by himselfdue to health conditions.

Questioners were developed for patients using SERVQUAL Model dimensions which are reliability, responsiveness, assurance, empathy and tangible and additional dimension waiting time and price charge also included with the questions as per researchers viewof the hospitals service delivery and also it is tested by using 5 Likert scales measurements in which respondents can indicate their extent of agreement or disagreement in order to measure the variables in both Amharic and English language as strongly agree= 5, "agree=4", "neutral=3", "disagree=2", strongly disagree=1.

In the secondary data collection process data is collected from books, journals, articles, prior research works, government health sector program and reports and hospitals written documents that help to develop the knowledge of the topic under study.

## 3.6 Validity and Reliability

### 3.6.1 Validity

Validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure. Validity can also be thought of as utility. In other words, validity is the extent to which differences found with a measuring instrument reflect true differences among those being tested. (Kothari, 2004)

In order to achieve this,two validity measurements are used. The first one is Content validity which is the extent to which a measuring instrument provides adequate coverage of the topic under study (Kothari, 2004). In this case this study, the researcher used SERVQUAL model which is the most appropriate tool that is used to measure service quality. The second one is Statistical conclusion validity which examines the extent to which conclusions derived using a statistical procedure is valid. The right statistical tools were used in order to test the hypothesis and also to conclude the study.

### 3.6.2 Reliability

We can say a measuring instrument is reliable if it provides consistent results. (Kothari, 2004) Reliability is conducted to assess data quality. Cronbach's alpha was used to measure the internal consistency of the measurement items.

## 3.7Method of Data Analysis

Descriptive statistical methods is used to analyze the data that gained from the questionnaire and analyzed using the Statistical Package for Social Sciences (SPSS)version 16, MS-excel 2007 for graph presentation.All questions were coded with values, imputed into computer software, that is, Statistical Packages and descriptive statistics were used in the form of tabulation, percentage and mean to summarize the result.Correlations of the dimensions wereanalyzed and also regressions analysis is also used to analyze the impact and the relationship between the dependent and independent variables.

## 3.8 Ethical Considerations

The study considers ethical issues. When collecting questionnaires from patient, their permission is asked to fill the questionnaires and also permission is asked from the hospitals for conducting the research. Name of the respondents doesn't requirewhen filling the questionnaire in order to increase the confidentiality of the information they give. And also the questionnaires describes that the purpose of research is for academic purpose and finally the respondents are included based on their willingness.

# CHAPTER FOUR

# DATA PRESENTATION, ANALYSIS AND INTERPRETATION

## 4.1 Socio-Demographic Characteristics of Respondents

In this chapter, the results obtained in the study are analyzed, presented and interpreted in detail. The analysis of the data has two broad sections i.e. the Socio-demographic characteristics of respondents and quality of service delivery by the Ras Desta Damtew Memorial Hospital and Menilik II General and Referral Hospitals private wing set ups.

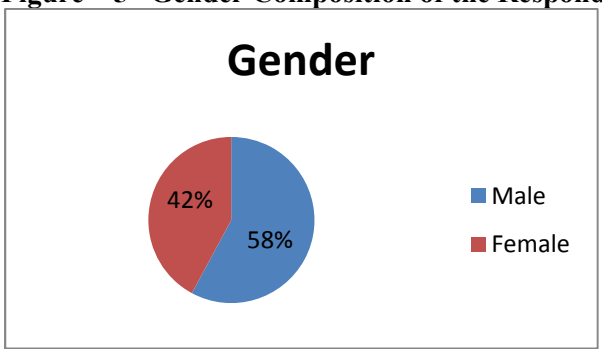
This chapter begins by presenting response rate, background information of the respondent statistics under demographic variables and followed by a descriptive statistics, correlation and regression analysis.The results of the research arepresented under various headings using various tabular and graphical presentations.

The questionnaires were distributed to a total of 221 Patients out of which, 95 are Ras Desta Damtew Memorial Hospital Private Wing patients and 126 are from Menilik II General and Referral Hospital private wing patients;

By using the approach described in the previous chapter. Out of the total 221questionnaire 190 questionnaires were filled completely andreturned back to the researcher. And 31 questionnaires (14%) are not used for data analysis due to incompleteness and not returned to the researcher; 16 of them are lost on patient hand (not returned by patients) and 15 of them are returned but not filled properly.

The detail of demographic characteristics of respondent is as follows:-

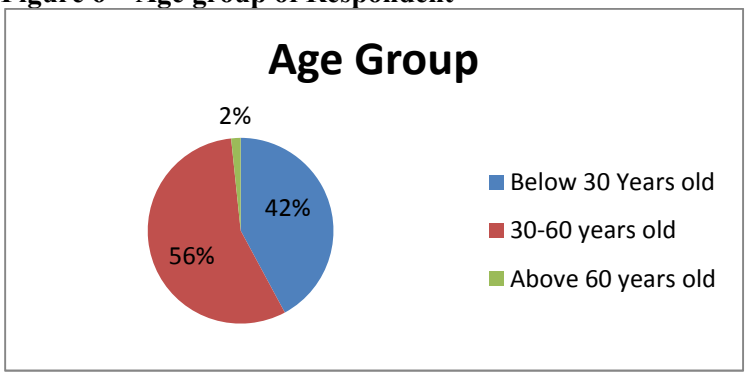
**Figure – 5– Gender Composition of the Respondent**




**Source: questionnaire result (2014)**

Out of the sample of 190 respondents, 110 representing 57.9% were males and 80 respondents representing 42.1% were females as presented in Figure4. As shown in the graph male respondent is greater than female respondent.

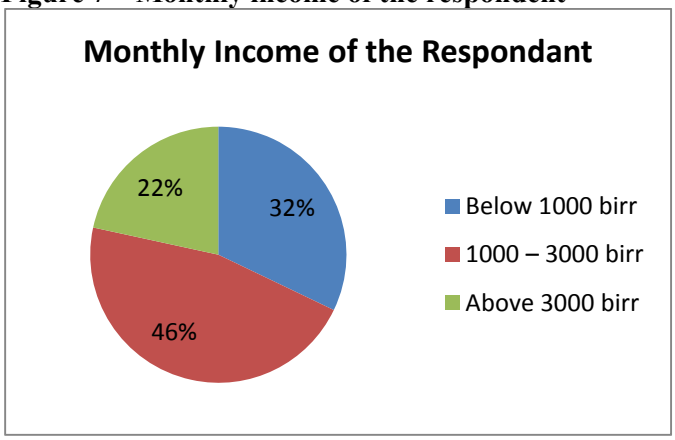
**Figure 6 – Age group of Respondent**




**Source: questionnaire result (2014)**

The age groups of the respondents are as shown above in pie Figure -5 are; 56%of respondents is in the age group of between 30 – 60 years, and 42% of below 30 years old and 2 % above 60 years. Greater percentages of the respondents were within the ages of 30-60 years which mostly are the working group of the society.

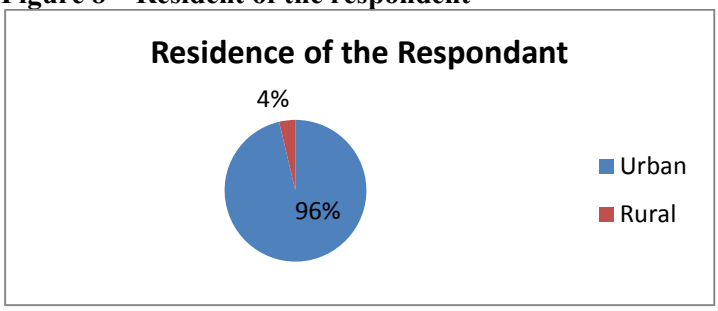
**Figure 7 – Monthly income of the respondent**




**Source: questionnaire result (2014)**

The monthly income of the respondent as shown in Figure 6, out of the 190 respondents 32% have below 1000 birr monthly income, 46% have 1000 – 3000 birr monthly income and 22% have more than 3000birr monthly income. The higher percentage is lies between 1000 – 3000 due to the age group of the respondent are a working group who are between 30-60 years of age.

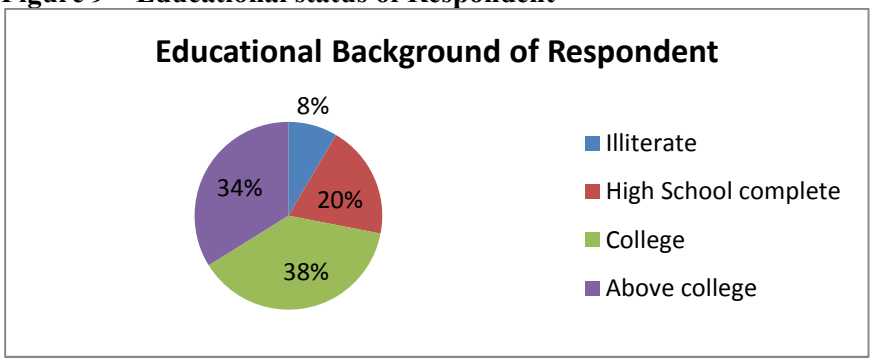
**Figure 8 – Resident of the respondent**




**Source: questionnaire result (2014)**

The resident of the respondent as shown in Figure 7, out of the 190 respondents 96% lives in urban and only 4% of the respondent comes from rural area for medical service in private wing setup.

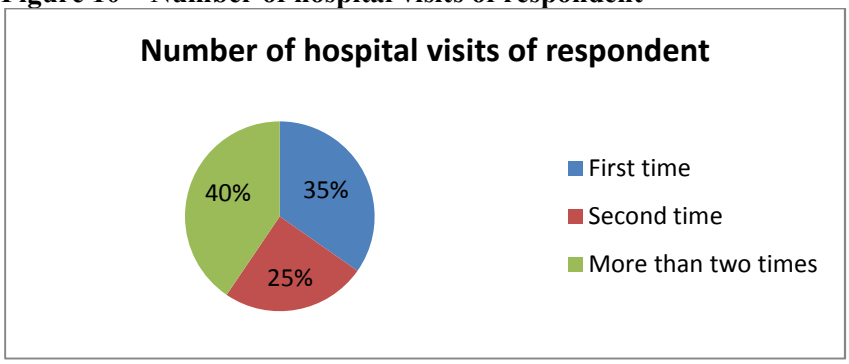
**Figure 9 – Educational status of Respondent**




**Source: questionnaire result (2014)**

As the figure 8 shows 8% of the respondents had obtained educational level of literate only (reading and writing) and 20% of the respondent finishes highschool, 38% are college level and 34% are above college level. The majority of the respondent has a college level education.

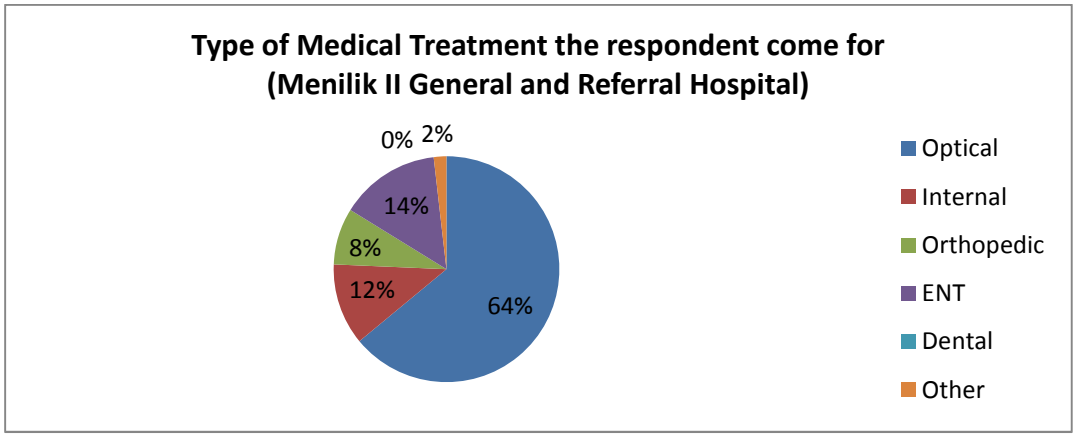
**Figure 10 – Number of hospital visits of respondent**




**Source: questionnaire result (2014)**

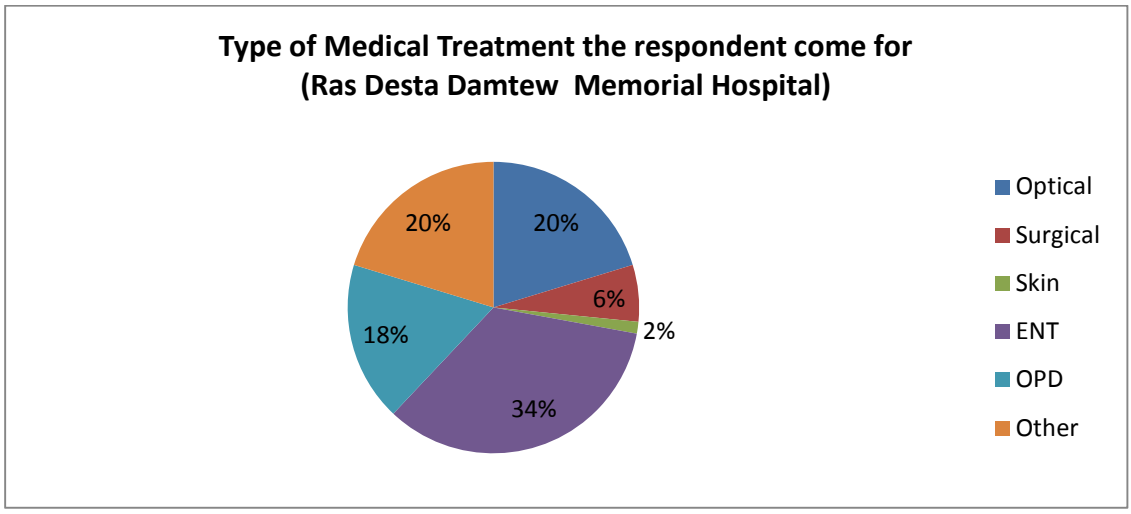
The above figure 9 shows35% of the respondents used the private wing medical service for the first time25% of the respondent uses the service for the second time and 40% of the respondent uses the service more than two times. In general, the analysis shows the majority of the respondents were using the service more than two times.

**Figure 11 – Type of Medical Treatment at (Menilik II General and Referral Hospital)**




**Source: questionnaire result (2014)**

**Figure 12 – Type of Medical Treatment at (Ras Desta Damtew Memorial Hospital)**




**Source: questionnaire result (2014)**

As shown in the Figure 10 and 11 the type of medical service differ as per the availability of the medical service in both hospitals.

When we see the Menilik II General and Referral Hospital; 64% of respondent comes for Optical medical service, 12% of the respondent come for Internal medical service, 8% of the respondent come for Orthopedic medical service, 14% of the respondent come for ENT medical service, and 2% of the respondent come for other medical service. In

general most of the respondent comes for Optical medical service which Menilik II General and Referral Hospital is very known for.

When we see the Ras Dests Damtew Memorial Hospital; 20% of respondent comes for Optical medical service, 6% of the respondent come for surgical related service, 2% of the respondent come for skin medical service, 34% of the respondent come for ENT medical service, 18% of the respondent come for OPD medical service, and 20% of the respondent come for other medical services. In general most of the respondent comes for ENT medical service (EAR, Nose, and Throat) which Ras Desta Damtew Memorial Hospital is very known for.

## 4.2 Reliability Test

Reliability analysis was computed to test whether the scale used in the study is internally consistent and consistently measures the criterion variable using the reliability procedure in SPSS (version 16.0). According to the standard set by Hair Jr. et al. (2007, p. 244) as cited by Neway (2012)[Alpha Coefficient Range, **(**< 0.6= Poor**) ,(**0.6 to < 0.7= Moderate**) (**0.7 to < 0.8= Good**) ,(** 0.8 to <0.9= Very Good) and (> 0.9= Excellent)]. Based on the range given all individual dimensions except Price which is "Moderate" are in "Good" and "Very Good" range, and the overall reliability Cronbach's alpha is "Excellent". Therefore we can say that there is a greater internal consistency between the items and it consistently measures the intended dimension of the variables.

**Table 3 - Cronbach's alpha test for independent variables**

| Dimensions | Cronbach's Alpha | No. of Items |
|---|---|---|
| Reliability | 0.787 | 4 |
| Responsiveness | 0.803 | 4 |
| Assurance | 0.703 | 2 |
| Empathy | 0.868 | 5 |
| Tangibles | 0.753 | 6 |
| Waiting Time | 0.765 | 3 |
| Price | 0.658 | 3 |
| Overall scale reliability | **0.935** | 27 |

**Source: Questionnaire Survey result (2014)**

## 4.3 Descriptive Statistics

The analysis of this study was done using descriptive statistic, from these the researcher used the mean scores of each variable. The main reason for using this measurement was to demonstrate the average responses of respondents for each question that was included under each dimensions of the predictor variable. The interpretation is made based on the following measurement scale intervals or range. Mean scores 4.51-5.00 excellent or very good, 3.51-4.50 good, 2.51-3.50 average or moderate, 1.51-2.50 fair and 1.00-1.50 is poor (Poonlar Btawee:1987)as cited by Hailu (2013)

### 4.3.1 Descriptive Statistics of Service Dimensions

In order to assess the patientperceived quality of Private wing set up of Menilik II General and Referral Hospital and Ras Desta Damtew Memorial Hospital service, descriptive statistics were computed per dimension, as given below.

**Table 4 – Descriptive Statistics Reliability Dimension**

| Item No. | Items | Mean | Grand Mean | Std. Deviation |
|---|---|---|---|---|
| 1 | The private service of the hospital gives quality care service constantly. | 4.09 | **3.97** | .871 |
| 2 | The private service of the hospital provides the care service on time as per the schedule | 4.07 | | .885 |
| 3 | In the private service of the hospital specialists and expected physicians are available for every diagnosis. | 3.77 | | 1.018 |

| | | | | |
|---|---|---|---|---|
| 4 | The medical service of the private hospital is provided at appointed time. | 3.95 | | 1.097 |

**Source: questionnaire survey result (2014)**

Reliability refers to the ability to perform the promised service dependably and accurately. It is regarded as the most important determinant of perceptions of service quality. According to the above table, reliability with 3.97 values from the descriptive statistics grand mean indicate that patients' perceive that quality of service being offered by the private wing of the hospitals is good, the mean score of 3.51-4.50 is under good service quality range.

The greatest contribution item for the higher mean is Item No.1 which is the consistency of the hospital quality care service delivery and the lower mean value is Item No. 3 the availability of physician and specialties for every diagnosis.

**Table 5 – descriptive statistics of Responsiveness Dimension**

| Item No. | Items | Mean | Grand Mean | Std. Deviation |
|---|---|---|---|---|
| 1 | Physicians and other employees show consideration and respect for the patients. | 3.87 | **3.85** | 1.021 |
| 2 | Physicians and other employees have willingness to help patients and the readiness to respond to patient's problem. | 4.06 | | 1.004 |
| 3 | Physicians and other employees | 3.91 | | 1.073 |

| | | | | |
|---|---|---|---|---|
| | are willing to take feedback from patients. | | | |
| 4 | The private service of the hospital has system of error free and fast retrieval of documents. | 3.55 | | 1.134 |

**Source: questionnaire survey result (2014)**

The responsiveness dimension involves willingness to help patients and provide prompt services. According to the above table, responsiveness with 3.85 values from the descriptive statistics grand mean indicate that patients' perceive that quality of service being offered by the private wing of the hospitals is good, the mean score of 3.51-4.50 is under good service quality range.

The greatest contribution item for the higher mean for responsiveness dimension is Item No.2 which is Physicians and other employees have willingness to help patients and the readinessto respond to patient's problem and the lower mean values is Item No.4 which is the error free and fast retrieval system of the private wing documentations. In general with this result we can say that patient have good perception towards the responsiveness aspect of the service.

**Table 6 – Descriptive statistics of Assurance Dimension**

| Item No. | Items | Mean | Grand Mean | Std. Deviation |
|---|---|---|---|---|
| 1 | Doctors in private service of the hospital have knowledge and skill to answer patient's problem. | 4.17 | **4.16** | .994 |

| | | | | |
|---|---|---|---|---|
| 2 | Doctors and staff of he private service hospital have professional and competent | 4.15 | | .983 |

**Source: questionnaire survey result (2014)**

The assurance dimension refers to the knowledge and skill of the physicians and their ability to inspire trust and confidence including competence, credibility and security.

According to the above table, assurance with 4.16 values from the descriptive statistics grand mean indicate that patients' perceive that quality of service being offered by the private wing of the hospitals is good, the mean score of 3.51-4.50 is under good service quality range.

The greatest contribution item for the higher mean for assurance dimension is Item No.1 which is Physicians in private service of the hospital have knowledge and skill to answer patient's problem. In general with this result we can say that patient have good perception towards the assurance of the hospital private wing service.In general assurance, take a dominant position compared with the other independent variables at private wing set up of both hospitals in the measuring of service delivery quality.

**Table 7 – Descriptive statistics of Empathy Dimension**

| Item No. | Items | Mean | Grand Mean | Std. Deviation |
|---|---|---|---|---|
| 1 | The physicians are easily accessible when needed. | 3.65 | **3.90** | 1.144 |
| 2 | Physicians offer to help the patients at any time. | 3.78 | | 1.081 |

| | | | | |
|---|---|---|---|---|
| 3 | Physicians try to understand the feelings, needs and request of patients. | 4.02 | | 1.051 |
| 4 | Physicians give patients special attentions. | 3.95 | | 1.040 |
| 5 | Physicians explains the medical condition to the patient thoroughly | 4.11 | | 1.085 |

**Source: questionnaire survey result (2014)**

The empathy dimension refers to the provision of caring and individualized attention to patients including access or approachability and ease of contact, effective communication, and understanding the patient.

According to the above table, empathy with 3.90 values from the descriptive statistics grand mean indicate that patients' perceive that quality of service being offered by the private wing of the hospitals is good, the mean score of 3.51-4.50 is under good service quality range.

The greatest contribution item for the higher mean for empathy dimension is Item No.5 which is Physicians explains the medical condition to the patient thoroughly and the lower mean value is item No.1 which is the easily accessibility of physicians when needed. In general with thisresult we can say that patient have good perception towards the empathy of the hospital private wing service.

**Table 8 – Descriptive statistics ofTangibility Dimension**

| Item No. | Items | Mean | Grand Mean | Std. Deviation |
|---|---|---|---|---|
| 1 | The private service of the hospital has comfortable physical layouts on waiting room for patients. | 4.05 | **3.80** | 1.216 |
| 2 | The private service of the hospital has enough bed for patients. | 3.08 | | 1.188 |
| 3 | The private service of the hospital has enough medical equipments to treat patients in-house. | 3.62 | | 1.134 |
| 4 | The private service patient has access to hospital pharmacy. | 4.26 | | 1.109 |
| 5 | The private service of the hospital have suggestion box to collect patient comment and complain. | 4.18 | | 1.112 |
| 6 | The private service of the hospital has up to date and well maintained medical facilities and equipment | 3.63 | | 1.025 |

**Source: questionnaire survey result (2014)**

The tangibility dimension refers to the appearance of physical facilities, medical equipment, personnel and communication materials, of the hospital for private wing set up service.

According to the above table, tangibility with 3.80 values from the descriptive statistics grand mean indicate that patients' perceive that quality of service being offered by the private wing of the hospitals is good, the mean score of 3.51-4.50 is under good service quality range.

The greatest contribution item for the higher mean for tangibility dimension is Item No.4 which is the private wing set up patients has the access to use the hospital pharmacy, and the lower mean value of the tangibility dimension is item No. 2 which is the availability of enough beds for private wing patients. In general with this result we can say that patient have good perception towards the tangibility of the hospital private wing service.

**Table 9 – Descriptive statistics of Waiting Time Dimension**

| Item No. | Items | Mean | Grand Mean | Std. Deviation |
|---|---|---|---|---|
| 1 | Patient of private service of the hospital gets the care service exceedingly less than the regular hospital appointment time. | 3.81 | **3.85** | 1.093 |
| 2 | Physicians give care service as expected time as appointed. | 4.03 | | 1.086 |
| 3 | Employees keep patient informed about on any change of the care service delivery time/schedule. | 3.71 | | 1.167 |

**Source: questionnaire survey result (2014)**

The waiting time dimension refers to the time the patient spend to receive a medical service.

According to the above table, waiting time with 3.85 values from the descriptive statistics grand mean indicate that patients' perceive that waiting time for the service is good, the mean score of 3.51-4.50 is under good service quality range.

The greatest contribution item for the higher mean for waiting time dimension is Item No.2 which is Physicians give care service as expected time as appointed and the lower mean value of thewaiting time dimension is Item no. 3 which is informing of patient about on any change of the care service delivery time/schedule. In general with this result we can say that patient have good perception towards the waiting time of the hospital private wing service.

**Table 10 – Descriptive statistics of Price Dimension**

| Item No. | Items | Mean | Grand Mean | Std. Deviation |
|---|---|---|---|---|
| 1 | The price charge for the private hospital medical care service is reasonable compared to the service delivered. | 4.16 | **3.86** | 1.034 |
| 2 | The price charge in private service of the hospital for the bed is reasonable. | 3.60 | | 1.058 |
| 3 | There is a consistency of service charges | 3.81 | | 1.033 |

**Source: questionnaire survey result (2014)**

The price dimension refers to the price the private wing charges for the medical service in both hospitals.

According to the above table, price with 3.86 values from the descriptive statistics grand mean indicate that patients' perceive that price charge for the service is good, the mean score of 3.51-4.50 is under good service quality range.

The greatest contribution item for the higher mean for price dimension is Item No.1 which is the price charge for the private hospital medical care service is reasonable compared to the service delivered and the lower mean value of the price dimension item no.2 which is the price charge in private service of the hospital for the bed is reasonable, this might be due to the lack of availability of bed according to the tangibility result. In general with this result we can say that patient have good perception towards the price charge of the hospital private wing service.

### 4.3.2 Overall Patient Satisfaction and Gap between Patient Expectation and Perceptions

In order to assess the satisfaction of Patient with the overall medical case service delivered in both private wing setup of Menilik II General and Referral Hospital and Ras Desta Damtew Memorial Hospitals, and to see if there is a gap between patient expectations and perceptions the following descriptive statistics were computed.

**Table 11:-Overall satisfaction of both Hospitals**

| Item | Mean |
|---|---|
| I am satisfied with the over all medical service delivered from private service of the hospital. | **3.94** |

**Source: questionnaire survey result (2014)**

**Table 12: -Overall satisfaction of Menilik II General and Referral hospital patients**

| Item | Mean |
|---|---|
| I am satisfied with the over all medical service delivered from private service of the hospital. | **3.81** |

**Table 13: -Overall satisfaction of RasDestaDamtew Memorial Hospital patients**

| Item | Mean |
|---|---|
| I am satisfied with the over all medical service delivered from private service of the hospital. | **4.11** |

Based on the above analysis result tables, the overall patient satisfaction mean value of both hospitals is 3.94, and we can say that the patients are satisfied with the overall service quality of both hospitals private wing setup. In comparing among the hospitals RasDesta Hospital patients with the mean score of 4.11 are more satisfied than Menilik II Hospital patient of 3.81 mean value of overall patient satisfaction.

**Table 14:- Expectation and Perception Gap**

| Item | Mean |
|---|---|
| There is a difference between perceived and expected care service | **3.84** |

**Source: questionnaire survey result (2014)**

The mean value 3.84 shows there is a gap between patient expectation and perceptions.

**Table 15: - Descriptive statistics of dimension of Menilik II General and Referral Hospital**

| Dimensions | Mean Value |
|---|---|
| Reliability | 3.81 |
| Responsiveness | 3.70 |
| Assurance | 4.06 |
| Empathy | 3.81 |
| Tangability | 3.80 |
| Waiting Time | 3.68 |
| Price | 3.77 |

**Source: questionnaire survey result (2014)**

As shown in the above table the descriptive statistics results of Menilik II hospital; the dimensions reliability and Empathy has a higher mean value next to Assurance with the value of 3.81, 3.81 and 4.06 respectively. On the other hand, Responsiveness, waiting time and price has a lower mean with the value of 3.70, 3.68 and 3.77 respectively. In general, with the mean score of 3.51-4.50 is under good service quality range; all the dimensions are ranged as “Good”.

**Table 16: -Descriptive Statistics of dimensions of Ras Desta Damtew Memorial Hospitals**

| Dimensions | Mean Value |
|---|---|
| Reliability | 4.18 |
| Responsiveness | 4.04 |
| Assurance | 4.29 |
| Empathy | 4.02 |
| Tangible | 3.79 |
| Waiting Time | 4.06 |
| Price | 3.97 |

**Source: questionnaire survey result (2014)**

As shown in the above table the descriptive statistics results of Ras Desta Hospital; the dimensions assurance followed by reliability, waiting time, responsiveness, empathy and price has a higher mean value with 4.29, 4.18, 4.06, 4.04, 4.02 and 3.97 respectively. On the other hand, tangible has a lower mean with the value of 3.79. In general, with the mean score of 3.51-4.50 is under good service quality range; all the dimensions are ranged as "Good".

In comparison, as shown in table 15 and table 16 with the mean value score of Menilik II and Ras Desta Hospitals; Menilik Hospital patients are not satisfied with Responsiveness, waiting time and price, however Ras Desta Hospital patients are not satisfied with tangible only. Therefore, we can say that Ras Desta Hospital has a better service quality except availability of tangibles.

## 4.4 Correlation and Regression Analysis

### 4.4.1 Correlation Analysis

Correlation analysis was conducted to investigate the relationship between SERVQUAL dimensions, which are reliability, responsiveness, assurance, empathy, tangibles, waiting time and price with patient satisfactions.

A correlation analysis with Pearson´s correlation coefficient (r) was conducted on all variables in the study to explore the relationships between patients perceived service quality dimensions and patient satisfaction. In addition, multiple regressions were used to identify the most important dimensions of SERVQUAL dimensions and additional dimensions which are waiting time and price that contribute to patient satisfaction.

To interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed, mainly for their simplicity. His classification of the correlation coefficient (r) is as follows: 0.1 – 0.29 is weak; 0.3 – 0.49 is moderate; and= > 0.5 is strong.

**Table 17 - Pearson's Correlation Matrix**

| Dimensions | Reliability | Responsiveness | Assurance | Empathy | Tangibility | Waiting Time | Price | Overall Patient Satisfaction |
|---|---|---|---|---|---|---|---|---|
| **Reliability** | 1 | | | | | | | |
| **Responsiveness** | .691** | 1 | | | | | | |
| **Assurance** | .618** | .571** | 1 | | | | | |
| **Empathy** | .682** | .728** | .594** | 1 | | | | |
| **Tangibility** | .573** | .582** | .506** | .574** | 1 | | | |
| **Waiting Time** | .598** | .606** | .378** | .556** | .480** | 1 | | |
| **Price** | .468** | .405** | .333** | .412** | .419** | .474** | 1 | |
| **Overall Patient Satisfaction** | **.554**** | **.572**** | **.286**** | **.551**** | **.390**** | **.546**** | **.408**** | **1** |

**Source: Questionnaire Survey result (2014)**

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

The correlations of the variables are shown in Table 14, each variable correlates perfectly with itself, as evidenced by the coefficients of +1.00 at the intersection of a particular variables' row and column.

According to table 14, Pearson correlation matrix shows reliability, responsiveness, Empathy, and Waiting time has strong associations with overall patient satisfaction with a value of 0.554, 0.572, 0.551 and 0.546 respectively. As per the person's correlation, the r value range from =>0.5 shows variables are strongly correlated. The other dimensions tangibility and price has moderate associations with overall satisfaction with a value of 0.390 and 0.408 respectively. Finally Assurance is the one with small (weak) association with overall patientsatisfaction with the value of 0.286.

In general, according to Pearson's Correlation MatrixResponsiveness is the one with strongest association with overall satisfaction with the value of 0.572, and assurance is the one with the weakest association withpatientsatisfaction in private wing set up of Menilik II General and Referral Hospital and Ras Desta Damtew Memorial Hospital medical service delivery.

### 4.4.2 Regression Analysis

Linear regression estimates the coefficients of the linear equation, involving one or more independent variables that best predict the value of the dependent variable (Hailu 2013). In this research, the regression uses SERVQUAL dimensions as independent variables against a separate measure of overall patient satisfaction. A regression analysis examines the relation of the dependent variable to specified independent variables. Multiple linear regressions were conducted to identify the relationship and to determine the most dominant variables that influenced the patient satisfactions of Menilik II General and Referral Hospital and Ras Desta Damtew Memorial Hospital private wing set up medical service. The significance level of 0.05 was used with 95% confidence interval. The dependent variable was overall patient satisfaction and the independent variables include the SERVQUAL dimensions, which are reliability, responsiveness, assurance, empathy, tangibility, waiting time and price. The reason for using this multiple regression analysis was to examine the direct effect of these SERVQUAL dimension on patient satisfaction towards Menilik II General and Referral hospital and Ras Desta Damtew Memorial hospital private wing set up medical service and the output is shown in the table below. In order to show the impact that each dimension has on the dependant variable, the study checked the Standardized Coefficients. The table shows the slope of multiple regression analysis.

**Table 18 - Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .675a | .456 | .435 | .817 |

**Source: questionnaire survey (2014)**
a-Predictors: (Constant), PRICE, ASSURANCE, WAITINGTIME, TANGABILITY, EMPATHY, RELIABILITY, RESPONSIVENESS

We observed in the table 15-model summary from the analysis in the above table R (0.675a ) indicates correlation of the seven independent variables with the dependent variable,patient satisfaction and the weighted combination of the predictor variables (SERVQUAL dimensions) explained or affect approximately 46%(R square) of the variance of patientsatisfaction and the remaining 54% is by extraneous variables. This result also indicates that there may be other variables that could have been neglected by the current study in predicting satisfaction.

**Table 19 -ANOVA[b]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 101.762 | 7 | 14.537 | 21.780 | .000a |
| | Residual | 121.481 | 182 | .667 | | |
| | Total | **223.242** | **189** | | | |
| a. Predictors: (Constant), PRICE, ASSURANCE, WAITINGTIME, TANGABILITY, EMPATHY, RELIABILITY, RESPONSIVENESS | | | | | | |
| b. Dependent Variable: over all Customer Satisfaction | | | | | | |

**Source: questionnaire survey result (2014)**

Table 16, the ANOVA test, it is noticed that F value of 21.780 is significant at the 0.000level. Therefore, from the result, it can be concluded that with 46 % of thevariance (R-Square) in patientsatisfaction is significant and the model is appropriatelymeasure the latent construct.

**Table 20: -Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | | Tolerance | VIF |
| 1 | (Constant) | .261 | .382 | | .681 | .497 | | |
| | RELIABILITY | .321 | .129 | .224 | 2.490 | .014 | .369 | 2.710 |
| | RESPONSIVENESS | .309 | .118 | .239 | 2.613 | .010 | .359 | 2.789 |
| | ASSURANCE | -.263 | .094 | -.210 | -2.806 | .006 | .535 | 1.870 |
| | EMPATHY | .272 | .111 | .218 | 2.450 | .015 | .376 | 2.659 |
| | TANGABILITY | -.049 | .105 | -.034 | -.461 | .645 | .555 | 1.802 |
| | WAITINGTIME | .222 | .089 | .188 | 2.485 | .014 | .522 | 1.916 |
| | PRICE | .150 | .088 | .111 | 1.702 | .090 | .702 | 1.424 |

a. Dependent Variable: Over all Patient Satisfaction

Based on multiple linear regression analysis, the above table 20 reveals the impact of each SERVQUAL and additional waiting time and price dimensions and their significance. The impact of, reliability, responsiveness, assurance, empathy, tangibility, waiting time and price on patients' satisfaction with Private wing setup service are 0.224, 0.239, -0.210, 0.218, -0.034, 0.188 and 0.111 respectively. By examining this beta weight of data analysis result the finding shown that responsiveness followed by reliability and empathy was making relatively larger contribution to the prediction model.

This informed us the predicted change in the dependent variable for every unit increase in that predictor. This signifies that for every additional point or value in the responsiveness one could predict a gain of 0.224 points on the patientsatisfaction provided that other variables being held constant. The same is for reliability and empathy. On the other hand -0.210 and -0.034 indicates every additional point on the assurance and tangibility respectively measure leads to decrement of 0.210 and 0.034 points respectively on the patient satisfaction provided that other variables remain constant. Thenegative beta value suggests that when assurance and tangibility are not in accordance with expectations (with negative deviation), patient satisfaction declines. However, tangibility and price

have insignificant effect on the level of customer satisfaction with the value of 0.645 and 0.090respectively.

Generally, patient satisfaction is primarily predicted by higher level of responsiveness and reliability, and empathy and to a lesser extent by assurance and tangibility, waiting time and price in private wing set up medical service of Menilik II General and Referral Hospital and Ras Desta Damtew Memorial hospitals. Responsiveness received the strongest weight in the model followed by reliability and empathy this shows they are the dominant dimensions in the Private wing set up medical service of Menilik II General and Referral Hospital and Ras Desta Damtew Memorial Hospitals.

In addition on the same table, multi collinearity is computed, The VIF (Variance Inflation Factor) for each term in the model measures the combined effect of the dependences among the regressors on the variance of that term. One or more large VIF indicate multi collinearity. Practical experience indicates that if any of the VIFs exceeds 5 or 10, it is an indication that the associated regression coefficients are poorly estimated because of multi collinearity (Ranjit 2012).As shown in table 20 VIF result of the independent variable are 2.710, 2.789, 1.870, 2.659, 1.802, 1.916 and 1.424. This shows that the results are less than five so the variables are not perfectly correlated.

## 4.5 Hypothesis Testing

As the study proposed with one hypotheses to be tested, and an attempt was made in line to this (i.e. testing of hypotheses) by drawing supports from the analysis provided above.

The hypothesis set by the researcher in the chapter three were;

**H1:** The Dimensions reliability has positively relatedand has impact on patient satisfaction.

Reliability deals with accuracy and appropriateness in the service provide. The correlation in table 17 shows that reliability is positively related with customer satisfaction with a value of 0.554. The impact is also statistically significant because

P<0.05 which is 0.014 as indicated in table 20. Therefore, the hypothesis "Reliability is positively related and has an impact on customer satisfaction." **is accepted.**

**H2:** The Dimensions responsiveness has positively related and has impact on patient satisfaction.

Responsiveness dealswith willingness to help patients to provide prompt service. The correlation in table 17 shows that responsiveness is positively related with customer satisfaction with a value of 0.572. The impact is also statistically significant because P<0.05 which is 0.010 as indicated in table 20. Therefore, the hypothesis "responsiveness is positively related and has an impact on customer satisfaction." **is accepted.**

**H3:** The Dimensions assurance has positively related and has impact on patient satisfaction.

Assurance dealswith knowledge and courtesy of physicians and their ability to convey trust and confidence..The correlation in table 17 shows that assurance is positively related with customer satisfaction with a value of 0.286. The impact is also statistically significant because P<0.05 which is 0.006 as indicated in table 20. Therefore, the hypothesis "assurance is positively related and has an impact on customer satisfaction." **is accepted.**

**H4:** The Dimensions empathy has positively related and has impact on patient satisfaction.

Empathy dealswithcarrying and the attention the hospitals staff provides to their patients. The correlation in table 17 shows that assurance is positively related with customer satisfaction with a value of 0.551. The impact is also statistically significant because P<0.05 which is 0.015 as indicated in table 20. Therefore, the hypothesis "Empathyis positively related and has an impact on customer satisfaction." **is accepted.**

**H5:** The Dimensions tangible has positively related and has impact on patient satisfaction.

Tangible deals with is appearance of physical facilities, equipment and physicians. A table 17 shows that tangible is positively related with customer satisfaction with a value of 0.390. However, as indicated in multiple regression table 20 the P value

is0.645 which is greater than 0.05. Therefore, the impact is not significant. As a result the hypothesis "Tangible is positively related and has an impact on customer satisfaction" is **rejected.**

**H6:** The Dimensions waiting time has positively related and has impact on patient satisfaction.

Waiting time dealswiththe time patient have to wait to get the medical treatment they need. The correlation in table 17 shows that waiting time is positively related with customer satisfaction with a value of 0.546. The impact is also statistically significant because P<0.05 which is 0.014 as indicated in table 20. Therefore, the hypothesis "Waiting time is positively related and has an impact on customer satisfaction." **is accepted.**

**H7:** The Dimensions price has positively related and has impact on patient satisfaction.

Price deals with the price that a hospital charge for private wing setup medicalservice. Table 17 shows that price is positively related with customer satisfaction with a value of 0.408. However, as indicated in multiple regression table 20 the P value is 0.090 which is greater than 0.05. Therefore, the impact is not significant. As a result the hypothesis "Price is positively related and has an impact on customer satisfaction" is **rejected.**

# CHAPTER FIVE
# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Summary

Based on the data analysis the major findings are summarized as follows;

Out of the sample of 190 respondents, 57.9% were males and 42.1% were females; the age groups of the respondents are 56% between 30 – 60 years, 42% of below 30 years old and 2 % above 60 years; monthly income of the respondent 32% below 1000 birr monthly income, 46% 1000 – 3000 birr monthly income and 22% more than 3000 birr monthly income; the resident of the respondent 96% lives in urban and only 4% of the respondent comes from rural area, the educational status of the respondent 8% literate only (reading and writing), 20% finishes high school, 38% college level and 34% above college level; frequency of using the private wing service of the respondent are 35% uses for the first time 25% uses for the second time and 40% uses more than two times; type of medical problem respondent come for at Menilik II General and Referral Hospital are 64% for Optical medical service, 12% for Internal medical service, 8% for Orthopedic medical service, 14% for ENT medical service, and 2% for other medical service; type of medical problem respondent come for at Ras Desta Damtew Memorial Hospital are 20% for Optical medical service, 6% for surgical related service, 2% for skin medical service, 34% for ENT medical service, 18% for OPD medical service, and 20% for other medical services. In general the majority of the patient comes to Menilik II General and Referral Hospital is for optical medical service and majority of Ras Desta Damtew Memorial Hospital patients comes for ENT medical service.

The computed mean scores of SERVQUAL dimensions helps to measure the perceived service quality of the hospitals private wing service and the result shows that the service quality of the hospitals is closer to good and the result of the data analysis shows reliability with mean score of 3.97, responsiveness 3.85, assurance 4.16, empathy 3.90, tangibles 3.80, waiting time 3.85 and price 3.86. The higher confirmed dimension by the patient is assurance followed by reliability, empathy, price, responsiveness, waiting time and tangibility. However, lower perceived quality dimensions by the patient are

responsiveness and waiting time. In general, the result of the study shows thatpatient have good attitudes towards the service quality of the private wing service of Menelik II General and Referral Hospital and Ras Desta Damtew Memorial Hospitals.

From data analysis the Cronbach's Alpha for this study is 0.935 which shows that there is internal consistency among the variables.

The patient satisfaction computation with the five categories of satisfaction as computed shows that 37.9% of patients are very satisfied, 32.1% of patients are satisfied, 19.5% of patients are neutral, 6.8% of patients are dissatisfied and 3.7% of patients are very dissatisfied with the service they get from the private wing set up of Ras Desta Damtew Memorial Hospital and Menilik II General and Referral Hospitals. This shows that 70% of patients are satisfied with the service they get which can represent most of the patients.

Based on the descriptive statistics of gap between expectation and perception with the mean value of 3.84 it is resulted that there is a gap between patient expectation and perceptions. On the other hand, on the analysis of overall patient satisfaction; the overall patient satisfaction mean value of both hospitals is 3.94, and we can say that the patients are satisfied with the overall service quality of both hospitals private wing setup. In comparing among the hospitals Ras Desta Hospital patients with the mean score of 4.11 are more satisfied than Menilik II Hospital patient of 3.81 mean value of overall patient satisfaction.

By looking the hospitals separately with the seven dimensions mean value, the Menilik II hospital dimensions assurance followed by reliability and Empathy has a higher mean value with 4.06, 3.81 and 3.81 respectively. On the other hand, Responsiveness, waiting time and price has a lower mean with the value of 3.70, 3.68 and 3.77 respectively. In general, with the mean score of 3.51-4.50 is under good service quality range; all the dimensions are ranged as "Good". On the other hand, Ras Desta hospital dimensions assurance followed by reliability, waiting time, responsiveness, empathy and price has a higher mean value with 4.29, 4.18, 4.06, 4.04, 4.02 and 3.97 respectively. And, tangible

has a lower mean with the value of 3.79. In general, with the mean score of 3.51-4.50 is under good service quality range; all the dimensions are ranged as “Good”.

In comparison, as shown in table 15 and table 16 with the mean value score of Menilik II and Ras Desta Hospitals; Menilik Hospital patients are not satisfied with Responsiveness, waiting time and price, however Ras Desta Hospital patients are not satisfied with tangible only. Therefore, we can say that Ras Desta Hospital has a better service quality except availability of tangibles.

According to Pearson correlation matrix reliability, responsiveness, Empathy, and Waiting time has strong associations with overall patient satisfaction with a value of 0.554, 0.572, 0.551 and 0.546 respectively. As per the person’s correlation, the r value range from =>0.5 shows variables are strongly correlated. The other dimensions tangibility and price has moderate associations with overall satisfaction with a value of 0.390 and 0.408 respectively. Finally Assurance is the one with small (weak) association with overall patient satisfaction with the value of 0.286. Therefore, the researcher confirmed that the dimensions of service quality vary in driving patientsatisfaction in a given service sector.

According to the result of regressions analysis responsiveness has the highest impact with beta value of 0.224 on the overall customer satisfaction. Reliability, empathy, waiting time and price influences customer satisfaction with a beta value of 0.224, 0.218, 0.188 and 0.111respectively. On the other hand, assurance and tangibility does not have significant influence on overall customer’s satisfaction with beta value of -0.210 and -0.034 respectively. As a result responsiveness has dominant effects on customer satisfaction and assurance has least influence towards private wing patients of both hospitals. In addition the analysis result indicate that 46% of patient satisfaction is influenced by SERVQUAL and additional waiting time and price dimensions, however, the remaining percentage (54%) is influenced by other extraneous variables that are not included in this study. Therefore, in measuring patient satisfaction the hospitals should take a care by including all the factors that can affect patient satisfaction.

Finally, the entire hypotheses made were tested and reliability, responsiveness, assurance, empathy, and waiting time are positively related and have an impact on customer satisfaction so the hypotheses are accepted. Tangible and price are positively correlated with customer satisfaction but the relationship is not significant so the hypothesis is rejected. Generally, all the assumptions made were not accepted.

## 5.2 Conclusion

The major objective of this study was to assess the private wing set up of public hospitals in the case of Menilik II General and Referral Hospital and Ras Desta Damtew Memorial Hospital medical care service quality and its impact on patient satisfaction. In order to accomplish this objective the researcher distributed 221 questionnaires to sample respondents (patient) in Ras Desta Hospital and Menilik Hospitals from March 31, 2014-April 2, 2014 (three days) and April 14, 2014-April 16, 2014 (three days) respectively and collected 190 completely filled questionnaires for data analysis. In addition, the researcher attempted to identify which of the SERVQUAL dimension(s) achieved higher perceived performance in the side of patients and identified which dimensions have higher and lower impact on patient satisfaction at Private wing setup of the both hospitals. Moreover, the study identified which areas require improvement and additional investment.

Based on the result of thosecorrelation result of both hospitals reliability, responsiveness, empathy and waiting time are positively and strongly correlated with customer satisfaction dimensions from this highest perceived service quality are observed in the assurance, reliability and empathy and the least perceived quality is observed in tangibility. From the study it is concluded that the selected respondents are not satisfied with the perceived service relation to tangible dimension.

In comparison of the two hospitals mean score, as shown in table 15 and table 16 with the mean value score of Menilik II and Ras Desta Hospitals; Menilik Hospital patients are not satisfied with Responsiveness, waiting time and price, however Ras Desta Hospital

patients are not satisfied with tangible only. Therefore, we can say that Ras Desta Hospital has a better service quality except availability of tangibles.

In hypothesis testingresponsiveness, assurance, empathy, and waiting time are positively related and have an impact on customer satisfaction so the hypotheses are accepted. Tangible and price are positively correlated with customer satisfaction but the relationship is not significant so the hypothesis is rejected.

In conclusion,the private wing setup service of the hospitals major problem is system of error free and fast retrieval of documents, in addition to the card issuing process. The other major problem mentioned is availability of physicians for every diagnostic area, because one dissatisfaction reason of patients is having only a limited number of departments are working currently.

The major problem raised by both hospitals patients are the lack of availability of beds for private wing set up, this will lead to a major dissatisfaction due to the fact that the private wing system is developed to help patients. In addition, availability of enough medical equipment to treat patients in-house is also the one problem that is raised by patients.

Therefore, In order to increase patient satisfaction especially in the private setup the main aimof the private wing setup should be met, which is decrease of waiting time and easily availability of the quality medical service with relative to the regular hospital service.

Finally, the as long as the private wing set up is developed to help patient, assessing the patients satisfaction is important in some interval to see the status of the system.

## 5.3 Recommendations

The following recommendations are forwarded by the researcher based on the results of the analysis and conclusion made above to help the private wing set up of public hospitals in Addis Ababa especially, Ras Desta Damtew Memorial Hospital and Menilik II General and Referral Hospital.

- Since responsiveness is the one dimension which has a lower mean value in assessing customer satisfaction, Hospital employees and physicians must have willingness and readiness to help patients and to answer any inquiry regarding to their medical treatment. This can be achieved by giving a supplementary training to hospital staff.
- Since tangibles has the lowest mean value in assessing customer satisfaction. The hospitals shall provide an access to all medical equipment that the private wing requires increasing the customer satisfaction regarding tangibility. In addition, the hospital also shall avail beds for the private wing service to give medical treatment to patients requires.
- The other lower mean value among the dimensions is waiting time. Therefore, in order to satisfy patients the hospitals shall be conscious on the main objective of the private wing which is time schedule. Therefore, there must be a system of information sharing whenever change of time scheduled is needed.
- In comparison of the two hospitals mean score Menilik II General and Referral Hospital should improve the responsiveness, waiting time and price charge to satisfy patients; on the other hand Ras Desta Damtew Memorial Hospital patients shall improve their tangibles to increase patient satisfaction by availing medical equipments, physicians and hospital beds for patients.
- Finally, conducting the detail research whenever changes exist from extraneous factor that is out of the dimensions of the researcher used is advisable for the hospital management.

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# APPENDIXES

# Annex I: English Version Questionnaire

**Addis Ababa UniversitySchool of commerce**

**Marketing Management Post Graduate study**

**Questioner to Customers/Patients**

**Dear respondent,**

This questionnaire is developed by post graduate student of the Addis Ababa University School of Commerce in order to assess service quality and Patient satisfaction in Minelik II General and Referral Hospital and Ras Desta Damtew Memorial Hospitals. The data will be used only for academic purpose your response is not forwarded to other 3rd party and it is kept confidential, please answer each questionnaire with no fear of consequence. No need of writing your name.

Thank you in advance for your active participation and your cooperation.

**Please make a tick mark '√' on the option that best describes you;**

**Part I – Questions Related to Personal Information**

1. Gender

   Male ☐ Female ☐

2. Age

   Below 30 ☐ 30 – 60 ☐ Above 60 ☐

3. Income/month (in birr)

Below 1000 ☐ 1000– 3000 ☐ Above 3000 ☐

4. Residence

   Urban ☐ Rural ☐

5. Education

   Illiterate ☐ School ☐ College ☐ Above ☐

6. Number of Visits

   First time ☐ Second time ☐ More times ☐

7. Category of Treatment you came for

   Optical ☐ Surgical ☐ OPD ☐ Skin ☐ Internal Other ☐

**Part II –Questions related to Service Quality of the Private Wing setup**

**Please make a tick mark '√' on the option that best describes you;**

| S.No. | Service quality dimensions | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| **Reliability** | | | | | | |
| **1** | The private service of the hospital gives quality care service constantly. | | | | | |
| **2** | The private service of the hospital provides the care service on time as per the schedule | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **3** | In the private service of the hospital specialists and expected physicians are available for every diagnosis. | | | | | |
| **4** | The medical service of the private hospital is provided at appointed time. | | | | | |
| **Responsiveness** | | | | | | |
| **5** | Physicians and other employees show consideration and respect for the patients. | | | | | |
| **6** | Physicians and other employees have willingness to help patients and the readiness to respond to patient's problem. | | | | | |
| **7** | Physicians and other employees are willing to take feedback from patients. | | | | | |
| **8** | The private service of the hospital has system of error free and fast retrieval of documents. | | | | | |
| **Assurance** | | | | | | |
| **9** | Doctors in private service of the hospital have knowledge and skill to answer patient's problem. | | | | | |
| **10** | Doctors and staff of he private service hospital have professional and competent | | | | | |
| **Empathy** | | | | | | |
| **11** | The physicians are easily accessible when needed. | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **12** | Physicians offer to help the patients at any time. | | | | | |
| **13** | Physicians try to understand the feelings, needs and request of patients. | | | | | |
| **14** | Physicians give patients special attentions. | | | | | |
| **15** | Physicians explains the medical condition to the patient thoroughly | | | | | |
| **Tangible** | | | | | | |
| **16** | The private service of the hospital has comfortable physical layouts on waiting room for patients. | | | | | |
| **17** | The private service of the hospital has enough bed for patients. | | | | | |
| **18** | The private service of the hospital has enough medical equipments to treat patients in-house. | | | | | |
| **19** | The private service patient has access to hospital pharmacy. | | | | | |
| **20** | The private service of the hospital have suggestion box to collect patient comment and complain. | | | | | |
| **21** | The private service of the hospital has up to date and well maintained medical facilities and equipments | | | | | |
| **Waiting Time:** | | | | | | |
| **22** | Patient of private service of the hospital gets the care service exceedingly less than the regular hospital appointment time. | | | | | |
| **23** | Physicians give care service as expected time as appointed. | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **24** | Employees keep patient informed about on any change of the care service delivery time/schedule. | | | | | |
| **Price charge:** | | | | | | |
| **25** | The price charge for the private hospital medical care service is reasonable compared to the service delivered. | | | | | |
| **26** | The price charge in private service of the hospital for the bed is reasonable. | | | | | |
| **27** | There is a consistency of service charges | | | | | |
| **Overall satisfaction** | | | | | | |
| **28** | There is a difference between perceived and expected care service. | | | | | |
| **29** | I am satisfied with the over all medical service delivered from private service of the hospital. | | | | | |

**Additional Comment: -**

## Annex II-Amharic Version Questionnaire

# አዲስ አበባ ዩኒቨርሲቲ ንግድ ስራኮሌጅ
# ማርኬቲንግ ማናጅመንት ድህረምረቃ ትምህርት ክፍል
# የጥናት ተሳታፊዎች መጠይቅ

ውድ የተከበራችሁ የዳግማዊ ሚኒልክ አጠቃላይ እና ሪፈራል ሆስፒታል እና የራስ ደስታ ዳምጠው መታሰቢያ ሆስፒታል የግል ህክምና ተጠቃሚዎች፡-

ይህ መጠይቅ የተዘጋጀው በአዲስ አባበ ዩኒቨርሲቲ ንግድ ስራ ኮሌጅ ድህረምረቃ ተማሪ ሲሆ ንአሳማውም ደንበኞች ስለሆስፒታሉ የግል ህክምና አገልግሎት ጥራት ያሳቸውን ምዘና ወይም አመለካከት ለመገንዘብ እና የአገልግሎቱ ጥራት በደንበኞች እርካታ ላይ ያለውአ ስተዋጽኦ ወይም ተፅዕኖ ለማወቅ ነው፡፡

ይህ ደንበኞች የሚሰጡት መረጃ ለትምህርት አገልግሎት የሚውል ሲሆን ከዚህ መጠይቅ የሚገኘው መረጃ በሚስጥራዊነት የሚያዝነው፡፡ስም መጥቀስ አያስገልግም፡፡

ጊዜዎን መስዋዕት አድርገው ለሚያደርጉልኝ መልካም ትብበር ምስጋናዬ የላቀ ነው፡፡

**መመሪያ1፡-አባክዎ በተቀመጡት ባዶ ቦታዎች ላይ የእስዎን ሀሳብ የሚገልጽልዎት ምርጫ ቦታ ላይ መልስዎን (√) ምልክት በማድረግ ያስቀምጡልን፡፡**

**ክፍል 1 - የግል መረጃ**

1. ጾታ
   ወንድ ☐ ሴት ☐
2. እድሜ
   ከ 30 በታች☐ 30-60☐ ከ 60 በላይ ☐

3. የወር ገቢ
   ከ1000 በታች ☐ 1 – 3000 ☐ ከ 3000 በላይ ☐
4. መኖሪያ አድራሻ
   ከተማ ☐ ገጠር ☐
5. የትምህርት ደረጃ
   ማንበብ እና መጻፍ ☐ 1ኛ ደረጃ ☐ ኮሌጅ ☐ ከኮሌጅበላይ ☐
6. እዚህ ሆስፒታል ሲመጡ ለስንተኛ ግዜ ነው
   ለመጀመሪያ ግዜ ☐ ለሁለተኛግዜ ☐ ከሁለቴበላይ ☐
7. የመጡበት እና የሚፈልጉት የህክምና አገልግሎት አይነት
   የአይን ☐ የውስጥደዌ ☐ የአጥንት ☐ ከአንገትበላይ ☐ የጥርስ ☐ ሌላ ☐

## ክፍል2፡- ስለግል የህክምና አገልግሎቱ አገልግሎት ጥራት

መልስዎን (√) ምልክት በማድረግ ያስቀምጡልን፡፡

| ተ.ቁ | የአገልግሎት ጥራት ገጽታዎች | በእጅጉ አልስማማም | አልስማማም | መካከለኛ | እስማማለሁ | በእጅጉ እስማማለሁ |
|---|---|---|---|---|---|---|
| 1 | የሆስፒታሉ የግልህክምና አገልግሎት ቀጣይነት እናተመሳሳይነት ጥራት ያለው አገልግሎት ይሰጣል፡፡ | | | | | |
| 2 | የህክምና አገልግሎቱ በተዘጋጀው መርሀግብር መሰረት በትክክል ይሰጣል፡፡ | | | | | |
| 3 | የሚጠበቀውን ያህል ሀኪም በሁሉም የህክምና ዘርፍ አለው፡፡ | | | | | |
| 4 | የሕክምና አገልግሎቱ በቀጠሮው ሰአት ይሰጣል፡፡ | | | | | |
| 5 | ሐኪሞች እና ረዳት ሰራተኞች ለታካሚው ክብር ያሳያሉ፡፡ | | | | | |
| 6 | ሐኪሞች እና ረዳት ሰራተኞች ታካሚውን ለመርዳት እናም ለችግሩ መልስለ መስጠት ፈቃደኞች ናቸው፡፡ | | | | | |

| ተ.ቁ | የአገልግሎት ጥራት ገጽታዎች | በእጅጉ አልስማማም | አልስማማም | መካከለኛ | እስማማለሁ | በእጅጉ እስማማለሁ |
|---|---|---|---|---|---|---|
| 7 | ሀኪሞች እና ሌሎች ረዳት ሰራተኞች የታካሚዎችን አስተያየት ለመቀበል ዝግጁ ናቸው። | | | | | |
| 8 | የህክምና አገልግሎቱ ከስህተት የጸዳና ፈጣን ዶክመንት የማግኛ ዘዴ/ስርአት/ አለው። | | | | | |
| 9 | ሐኩሞቹ የታካሚዎችን ችግር ለመመለስ በቂ ልምድ እና ብቃት አላቸው ። | | | | | |
| 10 | የህክምና አገልግሎቱ ሀኪሞች/ሰራተኞች ፕሮፌሽናልና ለስራው ብቁ ናቸው። | | | | | |
| 11 | ሐኪሞች በተፈለጉ ግዜ በቀላሉ ይገኛሉ። | | | | | |
| 12 | ሐኪሞች ለታካሚዎቻቸው በተፈለጉ ግዜ እርዳታይሰጣሉ። | | | | | |
| 13 | ሐኪሞች የታካሚዎችን ስሜት፤ ፍላጎት እና ጥያቄ ለመረዳት ጥረት ያደርጋሉ። | | | | | |
| 14 | ሐኪሞች ለታካሚዎች ልዩ ትኩረት ይሰጣሉ። | | | | | |
| 15 | ታካሚዎች የጤንነት ሁኔታቸው በሀኪማቸው በግልጽ ይነገራቸዋል ይብራራላቸዋል። | | | | | |
| 16 | ታካሚዎች ቁጭ ብለው ወረፋ የሚጠብቁበት ቦታ ለታካሚው የተመቸ ነው። | | | | | |
| 17 | ለታካሚዎች ተኝቶ መታከሚያ የሚሆን በቂ አልጋ አለ። | | | | | |
| 18 | የሆስፒታሉ የግልህክምና አገልግሎት በቂ የህክምና መሳሪያዎች የተሟሉለት ነው። | | | | | |
| 19 | ታካሚዎች የሆስፒታሉን መድሀኒት ቤት የመጠቀም መብት አላቸው። | | | | | |
| 20 | የሆስፒታሉ የግል ህክምና አገልግሎት ለታካሚዎች ቅሬታ ማቅረቢያ ሳጥን አለው | | | | | |
| 21 | የህክምና አገልግሎቱ ዘመናዊ እና በደንብ የተያዙና የተጠገኑ የህክምና መሳሪያዎች አሉት። | | | | | |
| 22 | ታካሚዎች ከመደበኛው የሆስፒታሉ ቀጠሮ ግዜ በጣም ያነሰ የቀጠሮ ግዜ ህክምናን ያገኛሉ። | | | | | |

| ተ.ቁ | የአገልግሎት ጥራት ገጽታዎች | በእጅጉ አልስማማም | አልስማማም | መካከለኛ | እስማማለሁ | በእጅጉ እስማማለሁ |
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| 23 | ሐኪሞች በተባለው ግዜ እና ሰአት የባለቀጠሮውን ታካሚ የህክምና አገልግሎት ይሰጣሉ | | | | | |
| 24 | ሰራተኞች የህክምና ሰአት ለውጥ ካለ ለታካሚዎችያ ሳውቃሉ | | | | | |
| 25 | የሆስፒታሉ የግልህክምና አገልግሎት የሚከፈለው ክፍያ ከሚገኘው አገልግሎት አንጻር ምክንያታዊ ነው | | | | | |
| 26 | የሆስፒታሉ የግል ህክምና አገልግሎት ታካሚ ተኝቶ የሚታከምበት አልጋ የሚከፈለው ዋጋ ምክንያታዊ ነው | | | | | |
| 27 | የሆስፒታሉ የግል ህክምና አገልግሎት ወጥ የሆነ/የማይለዋወጥ/ የአገልግሎት ክፍያ አከፋፈል ስርአት አለው | | | | | |
| 28 | በአጠቃላይ የጠበኩት እና ያገኘሁ ትአገልግሎት ልዩነት አለ | | | | | |
| 29 | በአጠቃላይ በሆስፒታሉ የግል ህክምና አገልግሎት ክፍል ያገኘሁት አገልግሎት አስደሳች ነው፡፡ | | | | | |

ተጨማሪ አስተያየት ካለዎት ፡-

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