ADDIS ABABA UNIVERSITYSCHOOL OF BUSINESS AND ECONOMICS DEPARTMENT OF PUBLIC ADMINSTRATION AND DEVEIOPMENT MANAGEMENT STUDIES

ASSESSMENT OF HEALTH SERVICE DELIVERY AND CUSTOMER SATISFACTION OF MENELIK II HOSPITAL

BY

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
BPR	Business Process Reengineering
BSC	Balanced score card
CI	Confidence Interval
CSA	Central Statistics Agency
ENT	Ear, Nose and Thorax
HIV	Human immunodeficiency Virus
HSDP	Health Service Development Program
NBRI	National Business Research Institute
OPD	Out Patient Department
SERVQUAL	Service Quality
SPSS	Statistical Packages for Social Sciences
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

ABSTRACT

This study was conducted to assess the health service delivery and customer satisfaction of the service offered to outpatients in Menelik II Hospital in Addis Abeba. A cross sectional, descriptive study was conducted on a sample of 102 service users of the indicated hospital using convenience samples of non- random sampling technique. Data were collected using structured questionnaire and analyzed by SPSS windows version 20.0. Logistic regression model was also used to examine the effect of selected variables on patients' satisfaction with hospital services. Among the 102 outpatients, 65.7% were satisfied with pre- medical services while 34.30% were dissatisfied. Besides, 70.62% of the outpatients were satisfied with the overall health service deliveries. Furthermore, 82.35% of the outpatients were also relatively satisfied with the ability of the doctor to answer patient's questions while 40.2% were relatively highly dissatisfied with the information provided about the hospital services and flow. On the other hand, the overall patients' satisfaction towards health service deliveries has also showed statistically significant association with the availability of drugs and laboratory test as well as with the hospital management to solving their problems. Moreover, this study also showed that the overall satisfaction of patients towards pre-medical services was significantly associated with that of the satisfaction of patients towards health service deliveries. Therefore, those patients who were dissatisfied with pre-medical services have a high tendency to be dissatisfied with hospital services.

Key words: satisfaction, customer satisfaction, service delivery, service quality

CHAPTER ONE

1. Introduction

1.1.Background of the Study

Customer satisfaction has been a subject of great interest to organizations and researchers alike. The principal objective of organizations is to maximize profits and to minimize cost. Profit maximization can be achieved through increase in sales with lesser costs. One of the factors that can help to increase sales is customer satisfaction, because satisfaction leads to customer loyalty (Wilson et al., 2008: 79), recommendation and repeat purchase. Customer satisfaction is the main concern of business sectors of today, their researchers are always conducting research about the customers especially on what relates to their satisfaction.

In the globalized and liberalized business environment, service sector is encountering stiff competition to meet the requirements of the profitable ways of business. This is reflected in an organization's survival in terms of return on investment, retention of customers, acceptance of service and service qualities, development and augmentation of brand image etc. It appears that the driving force towards success in service business is the delivery of high quality service (Thompson et.al. 1985). In the era of increased competition, enhancement of service quality and its measurement is one of the significant issues for developing efficiency and the growth of business (Anderson and Zeithamal 1984, Babakus and Boller, 1992 and Garvin, 1983).

According to Oliver (1980), in both the service and manufacturing industries, quality improvement is the key factor that affects customer satisfaction and increases purchase intention among consumers. Some other theorists have also mentioned that the quality is the key determinant of consumer satisfaction (Omar and Schiffman, 1995, Gremler et.al., 2001). Many companies are focusing on service quality issues in order to drive high level of customer satisfaction (Kumar et.al., 2008). Customers are the sources of profits for a profit making organizations. Also, customers are the primary reason for non- profit making organizations or Public organizations to exist and operate. Customers and their satisfaction are, therefore, considered as the backbone of any organization.

Therefore, health sector is one of the public organization which providing services for the citizens. Healthy citizens are the basis of the overall progress and development of any national

economy. Hence, it is very important to understand and know their customers' expectations on health care services. Customers have become more aware of quality issues and need health care to become safer and of higher quality (Waju *et al.*, 2011). In the health care sector, customer satisfaction is an important issue as in other service sectors (Shabbir et.al. 2010). A health care organization can achieve patient satisfaction by providing quality services; keeping in view patients' expectation and continuous improvement in the health care service (Zineldin, 2006).

The delivery of quality health services is central to improving the health status of the population. In addition, satisfying patients and clients is the primary goal of the Government's reform programme, including the change instruments like BPR, BSC, kaizen. Currently, measuring client satisfaction has become an integral part of hospital/clinic management strategies across the globe (Fekadu, Andualem and Yohannes, 2011).

As we are one segment of our world, we need to adopt such good practices of the globe. So that, the current Ethiopian Health Strategy Development Program (EHSDP; **2010)** focuses on fair access to health services by all people throughout the country, with special emphasis on prevention and the control of common diseases, self-reliance and community participation. The recently implemented BPR of the health sector has introduced a three-tier health care delivery system which is characterized by a first level of a Woreda/District health system comprising a primary hospital (with population coverage of 60,000-100,000 people), health centers (1/15,000-25,000 population) and their satellite Health Posts (1/3,000-5,000 population) that are connected to each other by a referral system. A Primary Hospital, Health center and health posts form a Primary health care unit (PHCU) with each health center having five satellite health posts.

The second level in the tier is a general Hospital provides inpatient and ambulatory services to an average of 1,000,000 people. It is expected to be staffed by 234 professionals. It serves as a referral center for primary hospitals. It has an inpatient capacity of beds and serves as a training center for health officers, nurses and emergency surgeons categories of health workers. The third level in the tier is a specialized hospital serves an average of five million people. It is staffed by an average of 440 professionals. It serves as a referral general hospitals and has an inpatient capacity of beds.

Addis Ababa, the capital city of Ethiopia, has currently 45 hospitals of which 28 are privately owned, 10 are public, four are non-governmental organization and three are uniformed services (CSA, 2007). Most of the hospitals found at the same level are expected to give the same services. Based on this, the present study was conducted in Menelik II Hospital among the various Hospitals giving the same service in Addis Ababa city administration. The researcher has selected Menelik II Hospital by purposive sampling technique as target area for this study. This was due to the fact that the researcher have been working in the health sector and had expected to get adequate data to address the research objectives.

Menelik II Hospital is located in Addis Ababa, Yeka sub-city, Woreda 02 in the northeastern part of Addis Ababa City. This hospital was established during Adawa war, March, 1898 (1890 EC) by five Foreign medical team members of Russian citizen by the name of Red Cross. The team had started their work in the tent to support the injured persons in the war. Later on, the first modern government-run hospital was built by Emperor Menelik II in 1910 in its present location. This hospital has then given the Menelik II hospital with a capacity of only 30 beds. It was the first hospital that trained health professionals including health assistants, nurses and medical doctors (Menelik II Hospital Magazine, Oct/2015).

Now, it is a general hospital being serving as a referral hospital for primary hospitals and health centers. Within its catchment areas it gives service to the entire Yeka sub-city, four Districts of Arada sub-city and four Districts of Bole sub-city. In addition, it accepts referral from different regions of Ethiopia and rural district hospitals in case of eye problem (ophthalmology) and different complicated accidents. On top of this, Menelik II hospital is the only hospital that gives Forensic test service and translating cases related to courts of law.

The health service provided in this hospital includes Ophthalmology, Orthopedic, Internal Medicine, general Surgery, Psychiatry and sociology, Neurosurgeon, Dental, ENT, ART & VCT service, Laboratory, pharmacy, imaging, intensive care unit and TB treatment. In special cases, it gives services for forensic test service and translating cases related to courts of law, medical board service, anterior segment, eye bank service and others. Menelik II Hospital provides inpatient and ambulatory services to an average of 209,676 patients in a year (Annual Report, 2015). It has a total staff of 396 professionals including 18 specialist doctors, 39 general medical

doctors, four dentist doctors, two Forensic Medicine and others different types of professionals and 252 administrative and supportive staff.

During the study period, it had 200 inpatient capacities of beds which is expected to increase to 556 bed capacities with the completion of its new complex building. It served as a practical training center for doctors, health officers, nurses and emergency surgeons' categories of health workers. It is with this capacity of manpower that Menelik II Hospital delivers health services for client visiting the hospital day to day. Therefore, the purpose of this paper was to investigate about the service delivery and `customer satisfaction in this Hospital.

1.2 Statement of the Problem

Delivering quality service is one of the vital roles of the public organization as customers expect it to the level that addresses their needs. Thus, various attempts like giving trainings and awareness, and implementing business process reengineering were made by the Ethiopia government to improve the quality and efficiency of customer service delivery status in the service giving public organizations. However, public sectors in our country have inappropriate customer service implementations and lack the institutional capacity and resources to cope up with customer service challenges (Fekadu, Andualem and Yohannes, 2011). Lack of commitments and attitude to serve their customers is also another big challenge.

Health sector is one of the public sectors which introduced various reforms to improve the quality and efficiency of customer service delivery status in the service giving public health institution in Ethiopia. However, there is still perceived unsatisfactory services rendered by the staff of public hospitals and health centre in areas of care and treatment, relationship between patients and care givers, patients' consent and confidentiality, sanitation of working environment, access to basic information about their rights, consent and confidentiality of patients among others and etc.

Highlighting the above problems, the researcher has decided to undertake this study to assess the level of customer satisfaction in health care delivery services in Minilik II public hospital. The researcher has also wanted to know how really the service delivery of this hospital and the satisfaction of its clients look like. Hence, it is with this idea in mind that the current Master of

Art thesis was designed to assess the health service delivery and customer satisfaction of the service offered to outpatient at Menelik II public hospital in Addis Ababa. Thus, the study was attempting to answer the following basic questions.

1. What is the level of satisfaction of outpatients/clients with the different components of pre-medical services at Menelik II Hospital?
2. What is the overall satisfaction of outpatients regarding all about health service deliveries at Menelik II hospital?
3. What are the factors affecting the level of customer satisfaction at the Menelik II Hospital?

1.3 Rationale of the Study

Nowadays, assessing customer satisfaction with health services is considered as an important component of a service quality assurance programme, and is one of the requirements for accreditation by the World Health Organization (WHO) (Yao, McKinney, Murphy, et al.;2010). In Ethiopia, studies have been conducted on patients' satisfaction with hospital services in general (Assefa et al., 2011). In many studies, there is very limited information about the association between patients' satisfaction towards pre-medical services and overall satisfaction towards health service deliveries. In addition, different studies in Ethiopia have revealed different level of patients' satisfaction (Teklemariam et al.; 2013). Nevertheless, the present study has provided clear information on both the association and the current status of patients' satisfaction level towards health service delivered at Menelik II hospital in Addis Ababa.

1.4 Objectives of the Study

The general and specific objectives of this study are described as follows.

1.4.1. General Objectives:

To assess the health service delivery and customer satisfaction of the service offered to outpatient in Menelik II Hospital in Addis Abeba, Ethiopia.

1.4.2. Specific Objectives:

- To examine the level of customer satisfaction in relation to the pre-medical service offered to outpatient by Menelik II Hospital.

- To assess the overall satisfaction of outpatients regarding health service deliveries in Menelik II Hospital.
- To identify what factors affecting customers' satisfaction with the services they receive at the Menelik II Hospital.

1.5 Scope of the Study

The study has been conducted in Addis Ababa which is the capital city of Ethiopia. The researcher was selected Menelik II Hospital by purposive sampling technique as target area for study. The main reason chosen the purposive sampling is to arrive as at a sample that can adequately answer the research objectives. The selection of a purposive sample is often accomplished by applying expert knowledge of the target population to select in a non random manner a sample that represents a cross-section of the population (Henry, 1990).

Therefore, this study was conducted in Menelik II Hospital among the same service hospitals in Addis Ababa. The study was focused on health service delivery and customer satisfaction in Addis Abeba, Yeka Sub-City, Menelik II Hospital. The study was included Outpatient Department patients of the general Outpatient Department (OPD) aged 18 years and above, willing to provide answers to the study instrument, and who have made at least one visit. Patients who; cannot speak or listen (deaf), are in serious condition, have a mental health condition, and in-patients (on admission) were not included in this study.

1.6 Significance of the Study

An improved and customer centric service delivery will end up bringing the desired customer satisfaction. So in essence consumer satisfaction research projects aim to basically measure consumers' perception on the quality and value of services they receive (Nelson & Steele, 2006). The organization conducting the research can use the knowledge gained from the research to improve its services by changing the way the services are offered, modifying the content and quality of the services to properly suit the customers' desires.

Efficient service delivery and customer satisfaction is the major concern of health organization improvement and development. If there is a complex bureaucratic system and inefficiency in the

hospital, the customer may not be satisfied with the service delivery. This study has, therefore, the following possible significance.

- The finding of this study may be used as a means to give an insight to reduce the gap observed in the service delivery management of Menelik II Hospital Perhaps,
- it provides a better understanding on the existing organization and administrative obstacles to customers service delivery in Menelik II Hospital
- This study, furthermore, will probably be used as an information source for other researchers.

1.7 Limitation of the Study

- The study did not assess the health personnel awareness on patients' need and set up of the hospital.
- Since about 23% of the respondents were illiterates or unable to use self- completion questionnaire, the researcher used face-to-face interview using the structured questionnaire. Hence, the researcher suspects that such condition may expose the study for social desirability bias.

1.8 Definitions of Terms

In order to avoid some ambiguities and individual interpretation of certain concepts used in this research, the researcher defined those concepts used in this study below.

Patient waiting time: The interval between departure from the proceeding outpatient station and receiving service at the next outpatient station. Weighing station, examination room laboratory, and dispensary etc...

Satisfaction - in this study means the perceived pleasurable experience of a customer after consumption of goods or services or attaining one's need or desire.

Very satisfaction: Above one's expectation.

Dissatisfaction: Below one's expectation.

Very dissatisfaction: Fail to meet one's expectation usually leading to disappointment.

Assessment: Is the process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed.

Quality: User based quality is defined as "fitness for use", which means the consumer's perception of quality. It is also defined as meeting the desires and expectations of customers"

Customers- The operational definition of customers in this research refers to patients or clients and specifically outpatients that regularly visit a health facility and pay money or free pay to receive medical care for their illness or service received from the hospital.

Product or service- was the product/service able to meet the needs of customers such that they will wish to experience the same pleasurable services next time or any activity undertaken to meet the social needs.

Providers – Are the providers of the services person skilful, courteous, and efficient enough in the delivery of the service.

Health Care is conceptualized in this study to mean the functional and non-technical aspect of health delivery which emphasis on the human aspect of interaction between the health provider and the customers such as courtesies and friendliness of medical staff, treatment explanations, along with appearance of surroundings etc in the delivering health care.

1.9 Organization of the Study

The study was organized in such a way that it contains five chapters. The first chapter is an introduction part. Review of literature was presented in the second chapter. Chapter three deals with the material and methods while chapter four consist of results and discussions and chapter five contains summary and recommendations based on the analysis and presentations of the collected data.

CHAPTER TWO

2.0 Literature Review

2.1 Service Delivery and Customer Satisfaction

2.1.1 Service Delivery

Services are defined as the means of delivering intangible economic activities that add value to customers, implying interaction between service provider and consumer through a process of transaction (Frauendorf, 2006). In order for a company's offer to reach the customers there is a need for services. These services depend on the type of product and it differs in the various organizations. Service can be defined in many ways depending on which area the term is being used. An author defines service as "any intangible act or performance that one party offers to another that does not result in the ownership of anything" (Kotler & Keller, 2009: 789). In all, service can also be defined as an intangible offer by one party to another in exchange of money for pleasure.

The service concept refers to the outcome that is received by the customer (Lovelock & Wirtz, 2004) and is made up of a "portfolio of core and supporting elements" (Roth & Menor, 2003) which can be both tangible and intangible (Goldstein et al., 2002). It is a description of the service in terms of its features and elements as well as in terms of the benefits and value it intends to provide customers with (Heskett, 1987; Scheuing & Johnson, 1989). As alternatives to service concept, academics coined the terms service offering, service package, and service or product bundle (Roth & Menor, 2003).

Since a service process leads to an outcome resulting in the customer being either satisfied or dissatisfied with the service experience (Mayer et al., 2003), it is of paramount importance that service organisations pay attention to designing the system by which service concepts are produced and delivered to customers (Brown et al., 1994). It is the role of 'delivery' to ensure that the expected service outcome is received by the customer (Goldstein et al., 2002). A service delivery system is made up of multiple, interdependent service processes (Johnston & Clark, 2001). The entire set of interrelated service processes constitutes a hierarchically-organised process architecture. A service process can, in turn, be described as the sequence of activities and steps, the flows and interactions between these activities, and the resources required for producing and delivering the service outcome (Slack et al., 2004a). Heskett (1987) proposes that

designing a service delivery system involves defining the roles of people, technology, facilities, equipment, layout, and processes that generate the service outcome.

Over the past thirty years service blueprinting and service maps have gained widespread support as a holistic tool used for service process design (Kim & Kim, 2001; Lynch & Cross, 1995; Shieff & Brodie, 1995). Although this modeling technique has its origins in systems-thinking and production management where flowcharts are commonly used to design manufacturing processes, Shostack (1982; 1984; 1987) demonstrated its applicability to service situations by integrating the view of the customer into the model. A service blueprint is an enhanced flowchart that represents all the steps, flows, and the role of employees involved in the delivery of the service as well as all the interactions that occur between the customer and the organisation in the process of service delivery (Zeithaml et al., 2006).

The blueprinting technique enables the depiction of an entire process from a holistic perspective. This emphasises the relationships between the parts of the process instead of focusing on specific, individual elements in isolation (Shostack, 1987). Southern (1999) showed that adopting a systems-approach through the use of service system maps facilitates the understanding of the way operational processes function within the overall service system.

A study carried out by Johns, (1998) points out that the word ‘service’ has many meanings which lead to some confusion in the way the concept is defined in management literature, service could mean an industry, a performance, an output or offering or a process. He further argues that services are mostly described as ‘intangible’ and their output viewed as an activity rather than a tangible object which is not clear because some service outputs have some substantial tangible components like physical facilities, equipments and personnel.

Edvardsson,(1998) thinks that the concept of service should be approached from the customer’s perspective because it is the customer’s total perception of the outcome which is the ‘service’ and customer outcome is created in a process meaning service is generated through that process. He points out the participation of the customer in the service process since he/she is a co-producer of service and the customer’s outcome evaluated in terms of value added and quality meaning the customer will prefer service offered to be of high value and quality. Service process

is that which consists of either, delivery of service, interpersonal interaction, performance or customer's experience of service.

In a study carried out by (Gummesson;1994), he identified three management paradigms; manufacturing paradigm which focuses on goods and mainly concerned with productivity technical standards, the bureaucratic-legal paradigm used mainly in the public sector is more concerned with regulations and rituals before end results. Thirdly, the service paradigm mainly focuses on service management particularly in the marketing area and stresses the importance of customer interaction with service provider in delivering service and creating value. In his study, he lays emphasis on the service paradigm pointing out that, there has been a shift from the goods-focused to service-focused management due to automation of manufacturing and the introduction of electronics and technology.

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According to a study carried out by (Johns; 1998), service is viewed differently by both the provider and the consumer; for the provider, service is seen as a process which contains elements of core delivery, service operation, personal attentiveness and interpersonal performance which are managed differently in various industries. While customer views it as a phenomenon meaning he/she sees it as part of an experience of life which consists of elements of core need, choice, and emotional content which are present in different service outputs and encounters and affect each individual's experience differently. However, factors that are common for both parties include; value (benefit at the expense of cost), service quality and interaction.

Service experience is defined by (John;1998) as the balance between choice and perceived control which depends upon the relative competences of customer and service provider (that is to

make the choice or to exert control). Aspects of service experience include core benefit, performance, approaching the service, departing from it, interacting with other customers and the environment in which the service transaction takes place (servicescape), Service interaction involves interpersonal attentiveness from the service personnel who are to provide core services and this contributes to customer satisfaction with the service offered, John, (1998:963).

According to Murray and Evans (2003), comprehensive measurement to access requires a systematic physical, financial, social and psychological access to services.

Availability refers to physical access to or reachability of services that meet a minimum standard. The reachability of service often requires specification in term of the elements of service delivery such as basic equipment, drugs and commodities, health workforce (presence and training), and guideline for treatment. Data on the population disruption are required to estimate physical access. More precise estimate of physical access use travel time and Cost rather than distance though it is difficult to measure.

Affordability, on the other hand refers to the ability of the client to pay for the service. Data can be collected by facilitating visits or by household interview. Household interview is affordable though it depends on the client ability to pay which complicates measurement.

Acceptability of the service predominantly has a socio psychological dimensions which can best be measured through household surveys. These dimensions of access are a precondition for quality. Monitoring service delivery is not about the coverage of intervention, which is defined as the proportion of people who receive a specific intervention or service among those who need it. Coverage depends on service delivery and the utilization of the service by the target population (Murray and Evans;2003).

2.1.2 Customer Satisfaction

2.1.2.1 Definition of Customer Satisfaction

A customer is defined as anyone who receives the output or products of our works and who makes value judgment about the service provided or those who buy the goods or services provided by companies are customers. Sometimes the term customer and consumer are confusing. A customer can be a consumer, but a consumer may not necessarily be a customer. Another author explained this difference. I.e. a customer is the person who does the buying of

the products and the consumer is the person who ultimately consumes the product (Solomon, 2009: 34.)

When a consumer/customer is contented with either the product or services it is termed satisfaction. Satisfaction can also be a person's feelings of pleasure or disappointment that results from comparing a product's perceived performance or outcome with their expectations (Kotler & Keller, 2009:789). As a matter of fact, satisfaction could be the pleasure derived by someone from the consumption of goods or services offered by another person or group of people; or it can be the state of being happy with a situation. Satisfaction varies from one person to another because it is utility. "One man's meal is another man's poison," an old adage stated describing utility; thus highlighting the fact that it is sometimes very difficult to satisfy everybody or to determine satisfaction among group of individuals.

Client happiness, which is a sign of customer satisfaction, is and has always been the most essential thing for any organization. Customer satisfaction is defined by one author as "the consumer's response to the evaluation of the perceived discrepancy between prior expectations and the actual performance of the product or service as perceived after its consumption" (Tse & Wilton, 1988: 204) hence considering satisfaction as an overall post-purchase evaluation by the consumer" (Fornell, 1992: 11). Some authors stated that there is no specific definition of customer satisfaction, and after their studies of several definitions they defined customer satisfaction as "customer satisfaction is identified by a response (cognitive or affective) that pertains to a particular focus (i.e. a purchase experience and/or the associated product) and occurs at a certain time (i.e. post-purchase, post-consumption)". (Giese & Cote, 2000: 15).

This definition is supported by some other authors, who think that consumer's level of satisfaction is determined by his or her cumulative experience at the point of contact with the supplier (Sureshchander et al., 2002:364). It is factual that, there is no specific definition of customer satisfaction since as the years passes, different authors come up with different definitions. Customer satisfaction has also been defined by another author as the extent to which a product's perceived performance matches a buyer's expectations (Kotler et al., 2002: 8). According to (Schiffman & Karun;2004). Customer satisfaction is defined as "the individual's perception of the performance of the products or services in relation to his or her expectations"

(Schiffman & Karun 2004: 14). In a nutshell, customer satisfaction could be the pleasure obtained from consuming an offer.

Dictionary definitions attribute the term "satisfaction" to the Latin root satis, meaning "enough". Something that satisfies will adequately fulfill expectations, needs or desires, and, by giving what is required, leaves no room for complaint. Two points arise from these definitions **Avis** et al. (1995)

First, a feeling of satisfaction with a service does not imply superior service, rather than an adequate or acceptable standard was achieved. Dissatisfaction is defined as discontent, or a failure to satisfy. It is possible that consumers are satisfied unless something untoward happens, and that dissatisfaction is triggered by a critical event.

Secondly, satisfaction can be measured only against individuals' expectations, needs or desires. It is a relative concept: something that makes one person satisfied (adequately meets their expectations) may make another dissatisfied (falls short of their expectations).

Customer **s**atisfaction is a psychological concept which is defined in different ways. Sometimes satisfaction is considered as a judgment of individuals regarding any object or event after gathering some experience over time. According to some theorists, satisfaction is a cognitive response whereas some others consider satisfaction as emotional attachment of individuals.

Howard and Sheth (1969) explained customer satisfaction as a cognitive response of customers. Hunt (1977) defined consumer satisfaction on the basis of consumers' evaluation of consumption experience. Newman et al. (2001) opined that customer service is a prerequisite for customer satisfaction. The value of service consists of eight dimensions viz. reliability, assurance, access, communication, responsiveness, courtesy, empathy, and tangibles (Brown, 1997; Cooke, 1998; Homburg and Garbe, 1999; Clemes et al., 2001; Sower et al., 2001; Yang et al., 2003).

In some literatures, customer satisfaction has been defined as a cyclical model which explains the relationship between customer satisfaction and customer loyalty. According McAlexander (2003) customer satisfaction is an antecedents of loyalty where as Compton (2004) opined that the customer loyalty drives the expectation value that eventually drives the value of customer satisfaction in future purchase (Compton, 2004). Lee(2004) defined customer satisfaction as a ratio of customer perception and customer expectation. According to the Centre for the Study of

Social Policy (2007), satisfaction is a personal assessment of customers which is affected by both the expectation and experience of customers. As noted from the above writings, there is no consensus on defining the response to satisfaction. In short, satisfaction is an emotional response (Zineldin 2006).

Some theoretical concepts point out the disconfirmation of expectations model (Oliver, 1980, Carson et.al.1998). Satisfaction is also described on the basis the value of products and services that customers or patients evaluate depending on customers' experience and perception (Liljinder and, Strandvik, 1995). Smith and Swinehart (2001) pointed out a strong relationship between quality of product or service and satisfaction of customers. According to them, customers' perception regarding quality of products or services brings about satisfaction in their mind.

2.1.2.2 Measuring Customer Satisfaction

Measuring customer satisfaction could be very difficult at times because it is an attempt to measure human feelings. It was for this reason that some existing researcher presented that "the simplest way to know how customers feel, and what they want is to ask them" this applied to the informal measures (Levy 2009: 6; NBRI, 2009). Levy 2009: 6 in his studies suggested three ways of measuring customer satisfaction:

- A survey where customer feedback can be transformed into measurable quantitative data:
- Focus group or informal where discussions orchestrated by a trained moderator reveal what customers think.
- Informal measures like reading blocs, talking directly to customers.

Asking each and every customer is advantageous in as much as the company will know everyone's feelings, and disadvantageous because the company will have to collect this information from each customer (NBRI, 2009). The National Business Research Institute (NBRI) suggested possible dimensions that one can use in measuring customer satisfaction, e.g.: quality of service, Innocently, speed of service, pricing, complaints or problems, trust in your employees, the closeness of the relationship with contacts in your firm, other types of services needed, and your positioning in clients' minds.

There exist two conceptualizations of customer satisfaction; transaction-specific and Cumulative (Boulding, et al., 1993; Andreessen, 2000). Following the transaction specific, customer satisfaction is viewed as a post-choice evaluation judgment of a specific purchase occasion

(Oliver, 1980) until present date, researchers have developed a rich body of literature focusing on this antecedents and consequences of this type of customer satisfaction at the individual level (Yi, 1990). Cumulative customer satisfaction is an overall evaluation based on the total purchase and consumption experiences with a product or service over time. (Fornell, 1992, Johnson & Fornell 1991) This is more fundamental and useful than transaction specificity customer satisfaction in predicting customer subsequent behaviour and firm's past, present and future performances. It is the cumulative customer satisfaction that motivates a firm's investment in customer satisfaction.

Parasuraman et al., (1988), later developed the SERVQUAL model which is a multi-item scale developed to assess customer perceptions of service quality in service and retail businesses. The scale decomposes the notion of service quality into five constructs as follows: Tangibles, Reliability, Responsiveness, Assurance and empathy. It bases on capturing the gap between customers expectations and experience which could be negative or positive if the expectation is higher than experience or expectation is less than or equal to experience respectively.

The SERVPERF model developed by Cronin & Taylor, (1992), was derived from the SERVQUAL model by dropping the expectations and measuring service quality 40 perceptions just by evaluating the customer's the overall feeling towards the service. In their study, they identified four important equations: SERVQUAL =Performance – Expectations, Weighted SERVQUAL = importance x (performance – expectations), SERVPERF = performance, Weighted SERFPERF = importance x (performance). Implicitly the SERVPERF model assesses customers experience based on the same attributes as the SERVQUAL and conforms more closely on the implications of satisfaction and attitude literature, Cronin et al., (1992 p.64).

Later, Teas, (1993:23) developed the evaluated performance model (EP) in order to overcome some of the problems associated with the gap in conceptualization of service quality (Grönroos, 1984; Parasuraman et al., 1985, 1988). This model measures the gap between perceived performance and the ideal amount of a feature not customers expectation. He argues that an examination indicates that the P-E (perception – expectation) framework is of questionable validity because of conceptual and definitional problems involving the conceptual definition of

expectations, theoretical justification of the expectations component of the P-E framework, and measurement validity of the expectation. He then revised expectation measures specified in the published service quality literature to ideal amounts of the service attributes (Teas, 1993:18)

Brady & Cronin, (2001), proposed a multidimensional and hierarchical construct, in which service quality is explained by three primary dimensions; interaction quality, physical environment quality and outcome quality. Each of these dimensions consists of three corresponding sub-dimensions. Interaction quality made up of attitude, behavior and expertise; physical environment quality consisting of ambient conditions, design and social factors while the outcome quality consists of waiting time, tangibles and valence. According to these authors, hierarchical and multidimensional model improves the understanding of three basic issues about service quality: (1) what defines service quality perceptions; (2) how service quality perceptions are formed; and (3) how important it is where the service experience takes place and this framework can help managers as they try to improve customers' service experiences Brady & Cronin, (2001, p.44).

Saravanan & Rao, (2007), outlined six critical factors that customer-perceived service quality is measured from after extensively reviewing literature and they include; (1) Human aspects of service delivery (reliability, responsiveness, assurance, empathy) (2) Core service (content, features) (3) Social responsibility (improving corporate image) (4) Systematization of service delivery (processes, procedures, systems and technology) (5) Tangibles of service (equipments, machinery, signage, employee appearance) (6) Service marketing, from their study, they found out that these factors all lead to improved perceived service quality, customer satisfaction and loyalty from the customer's perspective.

According to Brady & Cronin, (2001), based on various studies, service quality is defined by either or all of a customer's perception regarding 1) an organisations' technical and functional quality; 2) the service product, service delivery and service environment; or 3) the reliability, responsiveness, empathy, assurances, and tangibles associated with a service experience. Mittal and Lassar's SERVQUAL-P model reduces the original five dimensions down to four; Reliability, Responsiveness, Personalization and Tangibles. Importantly, SERVQUAL-P includes the Personalization dimension, which refers to the social content of interaction between service employees and their customers (Bougoure & Lee, 2009).

2.2 Service Quality

In order for a company's offer to reach the customers there is a need for services. These services depend on the type of product and it differs in the various organizations. Service can be defined in many ways depending on which area the term is being used. An author defines service as "any intangible act or performance that one party offers to another that does not result in the ownership of anything" (Kotler & Keller, 2009). In all, service can also be defined as an intangible offer by one party to another in exchange of money for pleasure.

Quality is one of the things that consumers look for in an offer, which service happens to be one (Solomon, 2009). Quality can also be defined as the totality of features and characteristics of a product or services that bear on its ability to satisfy stated or implied needs (Kotler et al., 2002). It is evident that quality is also related to the value of an offer, which could evoke satisfaction or dissatisfaction on the part of the user.

Service quality in the management and marketing literature is the extent to which customers' perceptions of service meet and/or exceed their expectations for example as defined by Zeithaml et al. (1990), cited in Bowen & David, 2005) Thus service quality can intend to be the way in which customers are served in an organization which could be good or poor. Parasuraman(1988) defines service quality as "the differences between customer expectations and perceptions of service". They argued that measuring service quality as the difference between perceived and expected service was a valid way and could make management to identify gaps to what they offer as services.

2.2.1 Measuring Service Quality

As stated earlier service quality has been defined differently by different people and there is no consensus as to what the actual definition is. We have adopted the definition by Parasuraman et al., (1988:5), which defines service quality as the discrepancy between a customers' expectation of a service and the customers' perception of the service offering. Measuring service quality has been one of the most recurrent topics in management literature, Parasuraman et al., (1988), Gronroos, (1984), Cronin et al., (1992). This is because of the need to develop valid instruments for the systematic evaluation of firms' performance from the customer point of view; and the

association between perceived service quality and other key organizational outcomes, (Cronin et al., 2010), which has led to the development of models for measuring service quality.

The aim of providing quality services is to satisfy customers. Measuring service quality is a better way to dictate whether the services are good or bad and whether the customers will or are satisfied with it. A researcher listed in his study: "three components of service quality, called the 3 "Ps" of service quality" (Haywood 1988:19-29). In the study, service quality was described as comprising of three elements: "Physical facilities, processes and procedures; Personal behaviour on the part of serving staff, and; Professional judgment on the part of serving staff but to get good quality service. "Haywood 1988: 19-29). He stated that "an appropriate, carefully balanced mix of these three elements must be achieved." (Haywood, 1988: 9-29) What constitutes an appropriate mix, according to him will, in part, be determined by the relative degrees of labour intensity, service process customization, and contact and interaction between the customer and the service process. From the look of things, this idea of his could be design to fit with evaluating service quality with the employee perspective.

One of the most useful measurements of service quality is the dimensions from the SERVQUAL model. In the creation of this model for the very first time, "Parasuramanet al. (1985) identified 97 attributes which were condensed into ten dimensions; they were found to have an impact on service quality and were regarded as the criteria that were important to access customer's expectations and perceptions on delivered service (Kumar et al., 2009: 214).

The SERVQUAL scale which is also known as the gap model by Parasuraman, et al. (1988) has been proven to be one of the best ways to measure the quality of services provided to customers. This service evaluation method has been proven consistent and reliable by some authors (Brown et al., 1993). They held that, when perceived or experienced service is less than the expected service; it implies less than satisfactory service quality; and when perceived service is more than expected service, the obvious inference is that service quality is more than satisfactory (Jain et al., 2004: 27). From the way this theory is presented, it seems the idea of SERVQUAL best fits the evaluation of service quality form the customer perspective. This is because when it is stated "perceived" and "expected" service, it is very clear that this goes to the person, who is going to or is consuming the service; who definitely is the consumer/customer.

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

- Tangibles: the appearance of physical artefacts 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.

In first SERVQUAL model that came had 22 pairs of Likert-type items, where one part measured perceived level of service provided by a particular organization and the other part measured expected level of service quality by respondent. (Kuo-YF, 2003:464- 465). 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
- **Reliability**: ability to perform the promised service dependably and accurately
- **Responsiveness**: willingness to help customers and provide prompt service
- **Assurance**: knowledge and courtesy of employees and their ability to inspire trust and Confidence
- **Empathy**: caring individualized attention the firm provides to its customers

These evaluation criteria are functions of the expectations patient bring to the service situation, and experiences patient received during the encounter. Expectations reflects what the patient hopes to receive, while experience reflects what the patient perceive is getting.

2.2.2 Customer Satisfaction and Service Quality

Since customer satisfaction has been considered to be based on the customer's experience on a particular service encounter, (Cronin & Taylor, 1992) it is in line with the fact that service quality is a determinant of customer satisfaction, because service quality comes from outcome of the services from service providers in organizations. Another author stated in his theory that "definitions of consumer satisfaction relate to a specific transaction (the difference between predicted service and perceived service) in contrast with 'attitudes', which are more enduring and less situational-oriented," (Lewis, 1993: 4-12) This is in line with the idea of Zeithaml et al (2006: 106-107).

According to Oliver(1980), in both the service and manufacturing industries, quality improvement is the key factor that affects customer satisfaction and increases purchase intention among consumers (Oliver, 1980). Some other theorists have also mentioned that the quality is the key determinant of consumer satisfaction (Omar and Schiffman, 1995, Gremler et.al., 2001, Radwin, 2000). Many companies are focusing on service quality issues in order to drive high level of customer satisfaction (Kumar et.al., 2008).

Regarding the relationship between customer satisfaction and service quality, Oliver (1993) first suggested that service quality would be antecedent to customer satisfaction regardless of whether these constructs were cumulative or transaction-specific. Some researchers have found empirical supports for the view of the point mentioned above (Anderson & Sullivan, 1993; Fornell et al 1996; Spreng & Macky 1996); where customer satisfaction came as a result of service quality. According to Sureshchandar et al., (2002: 363), customer satisfaction should be seen as a multi dimensional construct just as service quality meaning it can occur at multi levels in an organisation and that it should be operationalized along the same factors on which service quality is operationalized.

Parasuraman et al., (1985) suggested that when perceived service quality is high, then it will lead to increase in customer satisfaction. He supports that fact that service quality leads to customer satisfaction and this is in line with Saravana & Rao, (2007:436) and Lee et al., (2000:226) who acknowledge that customer satisfaction is based upon the level of service quality provided by the service provider.

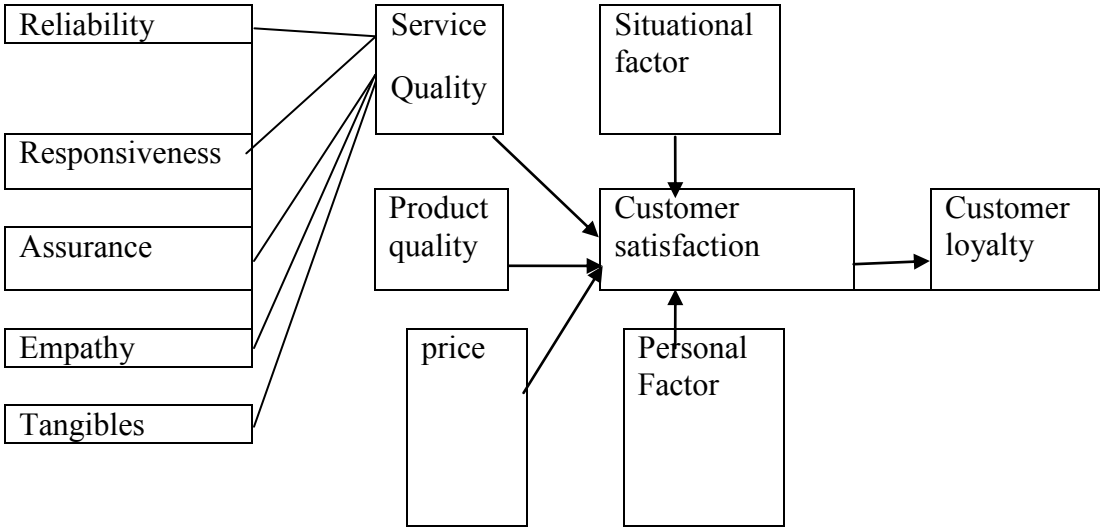
According to Negi, (2009:33), the idea of linking service quality and customer satisfaction has existed for a long time. He carried a study to investigate the relevance of customer-perceived service quality in determining customer overall satisfaction in the context of mobile services (telecommunication) and he found out that reliability and network quality (an additional factor) are the key factors in evaluating overall service quality but also highlighted that tangibles, empathy and assurance should not be neglected when evaluating perceived service quality and customer satisfaction. This study was based only on a specific service industry (mobile service) and we think it is very important to identify and evaluate those factors which contribute significantly to determination of customer-perceived service quality and overall satisfaction.

Fen & Lian, (2005:59-60) found that both service quality and customer satisfaction have a positive effect on customer's re-patronage intentions showing that both service quality and customer satisfaction have a crucial role to play in the success and survival of any business in the competitive market. This study proved a close link between service quality and customer satisfaction.

Sureshchandar et al., (2002:372) carried a study to find out the link between service quality and customer satisfaction, from their study, they came up with the conclusion that, there exist a great dependency between both constructs and that an increase in one is likely to lead to an increase in another. Also, they pointed out that service quality is more abstract than customer satisfaction because, customer satisfaction reflects the customer's feelings about many encounters and experiences with service firm while service quality may be affected by perceptions of value (benefit relative to cost) or by the experiences of others that may not be as good.

In relating customer satisfaction and service quality, researchers have been more precise about the meaning and measurements of satisfaction and service quality. Satisfaction and service quality have certain things in common, but satisfaction generally is a broader concept, whereas service quality focuses specifically on dimensions of service. (Wilson et al., 2008: 78). Although it is stated that other factors such as price and product quality can affect customer satisfaction, perceived service quality is a component of customer satisfaction (Zeithaml et al. 2006:106-107). This theory complies with the idea of Wilson et al. (2008) and has been confirmed by the definition of customer satisfaction presented by other researchers.

Figure 1: Customer perceptions of quality and customer satisfaction Wilson et al. (2008)



Source: Customer perceptions of quality and customer satisfaction (Wilson et al., 2008: 79)

The above figure shows the relationship between customer satisfaction and service quality. The author presented a situation that service quality is a focused evaluation that reflects the customer's perception of reliability, assurance, responsiveness, empathy and tangibility while satisfaction is more inclusive and it is influenced by perceptions of service quality, product quality and price, also situational factors and personal factors (Wilson, 2008: 78).

It has been proven from past researches on service quality and customer satisfaction that Customer satisfaction and service quality are related from their definitions to their relationships with other aspects in business. Some authors have agreed to the fact that service quality determines customer satisfaction. Parasuraman et al., (1985) in their study, proposed that when perceived service quality is high, then it will lead to increase in customer satisfaction. Some other authors did comprehend with the idea brought up by Parasuraman (1995) and they acknowledged that "Customer satisfaction is based upon the level of service quality that is provided by the service providers" (Saravana & Rao, 2007, p. 436, Lee et al., 2000, p. 226). Looking into (figure 1), relating it to these authors' views, it is evident that definition of customer satisfaction involves predicted and perceived service; since service quality acted as one of the factors that influence satisfaction.

2.3 Customer Satisfaction and Service Quality in view of Health Care Services

Healthcare is the fastest growing service in both developed and developing countries (Dey et al 2006). Patients are now regarded as healthcare customers, recognizing that individuals consciously make the choice to purchase the services and providers that best meet their healthcare needs (Wadhwa, 2002). Related to this, healthcare quality and patient satisfaction are two important health outcome and quality measure (Ygge and Arnetz, 2001; Jackson et al., 2001; Zineldin 2006). Some literatures identified the satisfaction as a super-ordinate construct and considered perceived service quality as an antecedent of satisfaction (Cronin, Brady and Hult, 2000; Cronin and Taylor, 1994). Some studies on health care service observed a causal relationship between perceived service quality and patient satisfaction (Woodside et.al., 1989, Choi et.al.2004). In fact, meeting the needs of the patient and creating healthcare standards are imperative to achieve high quality (Ramachandran and Cram 2005). Therefore, the patient is the center of healthcare's quality agenda (Badri et. al.,2007). Scotti, Harmon and Behson (2007) conducted a study that supports the argument that the perceived quality is one of the determinants of patient satisfaction.

According to Shi and Singh (2005), from the perspective of patient satisfaction, quality has been explained by two ways – a) quality as an indicator of satisfaction that depends on individual's experiences about some attributes of medical service viz. comfort, dignity, privacy, security, degree of independence, decision making autonomy and attention to personal preferences and b) quality as an indicator of overall satisfaction of individuals with life as well as self-perceptions of health after some medical intervention (Shi & Singh, 2005).

The above mentioned two references of quality signify that each represents a desirable process during the medical treatment as well as successful outcome after a health care service is rendered. The above two concepts of quality can also enhance the sense of fulfillment and sense of worth (Shi and Singh, 2005). The patient satisfaction depends on three elemental issues of health care system. These are perception of patients regarding quality health care service, good health care providers and good health care organization (Safavi, 2006). A study conducted by Safavi(2006) has revealed that satisfaction with hospital experience was driven by dignity and respect, speed and efficiency, comfort, information and communication and emotional support.

During 2004 and 2005, a focus group interview was conducted by the Agency of Health Care Research and Quality and Centers for Medicare and Medicaid Services (CMS) to find out how patients perceive the quality of health care. In this study it was observed that patients, usually, preferred four qualities of health care services viz. doctor communication skill, responsiveness of hospital staff, comfort and cleanliness of the hospital environment and communication of nursing staff (Safavi, 2006). Generally, patients define quality of health service more on the basis of attributes viz. respect and compassion than technical competence of doctors and staff (Safavi , 2006). Scotti et.al.(2007) pointed out how high involvement approach in working environment helps develop service quality in health care sector. They investigated a chain of activities through which High Performance Work System (HPWS) can be established in a health care organization. In their research they have shown the relationship between HPWS and consumer orientation of the organization.

They have also proved that HPWS has an influence on the perception of consumer regarding the service quality of the organization. HPWS represents an interrelated and aligned set of core characteristics including involvement, empowerment, trust, goal, alignment, training, teamwork, communications, and performance based rewards which bring about the consumer orientation amongst employees of the organization. Ultimately, the consumer orientation of employees enhances the perception level of the consumers who are patients in health care sector.

2.3.1 Measuring Patient/Client Satisfaction in Medical Services

Client satisfaction is of prime importance as a measure of the quality of medical services because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authority. The measurement of satisfaction is, therefore, an important tool for research, administration, and planning. The informal assessment of satisfaction has an even more important role in the course of each practitioner-client interaction, since it can be used continuously by the practitioner to monitor and guide that interaction and, at the end, to obtain a judgment on how successful the interaction has been (*Donabedian, 1980*).

However, client satisfaction also has some limitations as a measure of quality. Clients generally have only a very incomplete understanding of the science and technology of care, so that their

judgments concerning these aspects of care can be faulty (*Donabedian, 1980*). Moreover, clients sometimes expect and demand things that it would be wrong for the practitioner to provide because they are professionally or socially forbidden, or because they are not in the client's best interest.

Patients, in general, receive various services of medical care and judge the quality of services delivered to them (Choi et al., 2004). The service quality has two dimensions (a) a technical dimension i.e., the core service provided and (b) a process/functional dimension i.e., how the service is provided (Grönroos 2000). Parasuraman, et al (1988) suggested a widely used model known as SERVQUAL for evaluating the superiority of the service quality. In the SERVQUAL model, Parasuraman et. al. identified the gap between the perception and expectation of consumers on the basis of five attributes viz. reliability, responsiveness, assurance, empathy and tangibles to measure consumer satisfaction in the light of service quality (Parasuraman A., Berry L,1988).

Parasuraman et al. (1985, 1988, 1991) undertook a series of research projects which gave birth to the service quality model "SERVQUAL". Initially, the model was based on 10 dimensions of service quality – later reduced to 5 dimensions, encompassing: Tangibles (physical facilities, equipment and appearance of personnel), Reliability (ability to perform the services accurately and dependably), Responsiveness (willingness to help customers and provide prompt services), Empathy (caring and individualized attention given to customers, which includes both access to and understanding of the customers and Assurance (providers' knowledge, courtesy and ability to convey trust and confidence). The SERVQUAL instrument contains 22 pairs of Likert scale questions designed to measure customers' expectation of a service and the customers' perception of a service provided by an organization. To assess a service quality, the gap for each question is calculated based on comparing the perception score with the expectation score. The positive gap score means that customers' expectations are met or exceeded, while the negative score means the opposite.

In general, service quality, to which the health sector is no exception, is divided into two main components; namely they are: technical and functional quality (Gronroos,1984; Parasuraman et al.; 1985). Technical quality (clinical quality) is defined as the technical diagnosis and procedures (e.g., surgical skills), while functional quality refers to the manner of delivering the

services to the patients (e.g. attitudes of doctors and nurses toward the patients, cleanliness of the facilities, quality of hospital food….). Because, most patients lack medical expertise for evaluating the technical attributes, the service marketing approach, which focuses on functional quality perceived by patients, has been widely used to evaluate the health services, (Buttle, 1996; Dursun and Cerci, 2004).

Based on the application of a modified SERVQUAL instrument, Choi et al. (2005) found a significant relationship between service quality dimensions and patient satisfaction in the South Korea health care system, In particular, "staff concern" followed by "convenience of the care process" and "physician concern" dimensions are the most determinants of patients satisfaction. However, Narang (2010) adopted 20- item scale that had been initially developed by Hadded et al. (1998), to measure patients' perceptions of health care services in India. The study reveals that the four factors -health personnel practices and conduct, health care delivery, access to services and, above all, adequacy of resources and services- were perceived positively by patients.

Pakdil and Harwood (2005) applied SERVQUAL construct for measuring patients' satisfactions in Turkey by calculating the gap between patients' expectations and perceptions. The study found that patients are highly satisfied with all elements of service quality; specifically, "adequate information about their surgery" and "adequate friendliness, courtesy" items. However, Robini and Mahadevappa (2006) investigated patients' satisfactions of service quality in Bangalore - based hospitals in India. Data collected from 500 patients revealed that expectations exceeded their perceptions in 22 items of service quality. The assurance dimension got the least negative score in all hospitals. In contrast, Sohail (2003) found that patients' perceptions exceeded their expectations for all items of services provided by private hospitals in Malaysia.

In general, patient satisfaction surveys are used to examine the quality of the healthcare service provided (Lin and Kelly 1995). Much evidence has been documented for the service quality to satisfaction link in different consumer satisfaction studies including those in the area of health care marketing (Brady and Robertson 2001; Gotlieb, Grewal, and Brown 1994; Rust and Oliver 1994; Andaleeb 2001).

2.3.2 Empirical Studies in Different Countries

2.3. 2.1 Level of Patient Satisfaction in Different Countries

A cross- sectional study at Kuwait by Ibrahim, *et al.* (2005) revealed that the overall satisfaction as reported by subjects was high-99.6%. A qualitative research done in rural Bangladesh by Jorge, *et al.* (2001) showed that, a total of 68% of patients expressed satisfaction with the services usually rendered. In a descriptive cross-sectional survey conducted at the eye clinic of the University of Ilorin Teaching Hospital, Nigeria by DS Ademola-P 'opoola, et al*., (*2005) showed that; most of the patients (94.2%) were satisfied with the services they received.

Several studies conducted in Out Patient Departments of different hospitals in Ethiopia revealed client satisfaction level ranging from 22.0% in Gondar to 57.1% in Jimma (Mitike G, 2002). And a survey conducted in Harari region; Eastern Ethiopia by Birna (2006) revealed that, the overall satisfaction level of the patients was 54.1%. A cross sectional facility based study in central Ethiopia by Birhanu, *et al.* (2010) found that, 62.6% of the patients reported that they have been satisfied with their visit.

A cross-sectional study that involved an exit interview was conducted by Abebe, et al., (2008) in purposively selected government health centers and general hospitals in six regions of Ethiopia depicted that the percentage for high mean score satisfaction with health providers' characteristics ranged from 77.25% to 93.23%; with service characteristics 68.64% to 86.48%; and satisfaction with cleanliness ranged from 76.50% to 90.57%.

In a survey undertaken by Afework, et al. (2003) in private clinics in Addis Ababa, high rates of satisfaction (64-99%) were found in all aspects of medical care except affordability of service charges. In a cross sectional study done by Fekadu, et al. (2011) in Jimma University specialized hospital the overall client satisfaction level with the health services rendered at the hospital was 77%. Another cross sectional survey conducted by Mitike, et al. (2002) in the hospitals of Amhara region was found that, the level of satisfaction was 22%-50%. Furthermore, the World Bank report(2004) indicated that 52% of respondents were satisfied.

Study in Jimma showed that of 344 respondents, nearly two fifth of the respondents (39%) responded they were not satisfied with the information provision about the hospital services and the flow. Out of 344 laboratory orders 178(51.74%) got all the ordered procedures in the hospital

(Assefa et al., 2011). A cross sectional survey was conducted in Tigray region to assess the level of client satisfaction in outpatient departments of zonal hospitals in 2006 and the overall satisfaction level in outpatient department was 43.6%. Nearly half of the clients (46.7%) were not satisfied with the information provided about the services and above 44% of the clients were dissatisfied about the waiting time to get the services (Girmay, 2014).

2.3.2.2 Determinants of Patient Satisfaction in Health Care Service

A study conducted in Bangladeshi by Andaleeb, et al. (2007) on patient satisfaction with health services showed that, Service orientation of doctors was found to be the strongest factor influencing patient satisfaction in hospitals. Similarly, A study conducted by Habib (2011) on the topic of patient satisfaction in tertiary private hospital in Dhaka revealed that, cost of treatment, physical evidence, doctor services, nurse services and feedback from patient lead to a higher level of patient satisfaction. He revealed that among these variables doctors' service orientation was the most important factor explaining patient satisfaction.

A hospital based study carried out in Thailand by Amin (2007) explained that, the level of patient satisfaction is influenced by factors like socio-demographic factors, accessibility and availability of health care facilities. And a survey conducted in Harari region; Eastern Ethiopia by Birna (2006) revealed that, Long waiting hours during registration, visiting of Doctors after registration, laboratory procedures and re-visiting of the Doctor for evaluation with laboratory results failure to obtain prescribed medications from the hospitals' pharmacies and difficulty to locate different sections were the frequently faced problems affecting utilization leading to dissatisfaction.

2.4 Conclusion

In this chapter, the researcher presented all the concepts that are important to the study. Concepts such are service delivery, service quality, customer satisfaction, customer satisfaction in view of health services and other sub-topics which related to the study discussed in the literature review. Customer's satisfaction and perceptions of quality are discussed. Also, a proper explanation of the SERVQUAL model is outlined in this chapter. The various dimensions (tangibles, reliability, responsiveness, assurance, empathy) of the SERVQUAL model are discussed. Models measuring service quality and customer satisfaction are discussed as well. The study tries to

bring out the relationship between service quality and customer satisfaction. The main reason for covering this chapter is to enhance researcher understanding of the main theories involved in the study and to answer the research questions.

In the era of globalization, competition has become a key issue in all sorts of industry as well as service sectors. Literature survey suggests that patient satisfaction and perceived service quality both should be considered together for the stability of a health care organization in a competitive environment. Different literatures indicated that measuring customer satisfaction could be very difficult at times because it is an attempt to measure human feelings. In relating customer satisfaction and service quality, researchers have been more precise about the meaning and measurements of satisfaction and service quality. Researchers have suggested different models and methods of measuring patient satisfaction considering service quality as one of the antecedents. Different literatures established that SERVQUAL is a popular model for measuring service quality where as some other researchers pointed out its draw backs. In this study the researcher used Likert-scale questions designed to measure customers' satisfaction of a pre-medical service and the customers' perception of a health service provided by Menelik II hospital.

2.5 Conceptual Framework

The conceptual framework (Figure 2) explains the underlying process, which is applied to guide this study. As discussed above, the SERVQUAL model is suitable for measuring service quality and customer satisfaction in hospital offering adequate services using the service quality dimensions. The researcher use the same dimensions to measure both service delivery and customer satisfaction because he assume both are related (Parasuraman et al., 1988) and customer satisfaction is an antecedent of service quality (Negi; 2009). The SERVQUAL approach integrates the two constructs and suggests that perceived service quality is an antecedent to satisfaction (Negi; 2009). Therefore, in this research, 18 items with likert-scale of SERVQUAL model are modified to measure the perceived healthcare service quality and customer satisfaction in Menelik II Hospital. The model is a summary for the 22-items and the researcher want to find out the overall service quality perceived by customers with pre-medical service and medical services that on which dimensions customers are satisfied with.

According to Wadhwa (2002) patients are now regarded as healthcare customers, recognizing that individuals consciously make the choice to purchase the services and providers that best meet their healthcare needs. Related to this, the researcher discussed healthcare service quality and patient satisfaction in Menelik II Hospital.

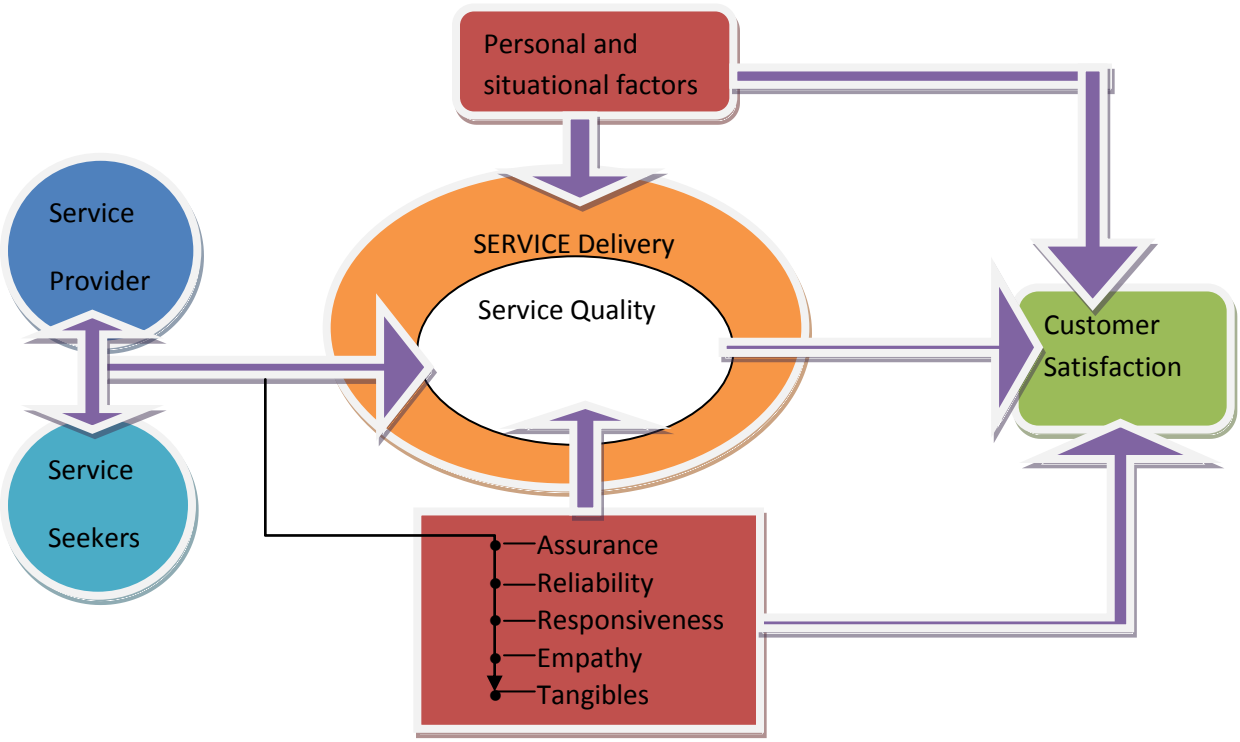


Figure 2 Conceptual frameworks

Based on the revision made by Parasuraman, (2004) on the SERVQUAL model, the researcher has adopted the 18-items scale (which is six-items to measure pre-medical service and 12-items to measure health care services) to this study in order to identify the most important dimensions that matter most to customers and that bring them satisfaction. These items are outlined in the questionnaire.

CHAPTER THREE

3.1 Methodology of the Study

3.1.1 Research Design

A research design is defined as the arrangement of conditions for collection and analysis of data in a manner that aim to combine relevance to the research purpose with economy in procedure. In other words, the research design is a conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement, and analysis of data. Accordingly, the design incorporates a framework of what the researcher is going to do from the writing the basic questions and their operational implications to the final analysis of data (Sauders et al., 2007).

Therefore, the researcher used in this research, a cross-sectional Descriptive study, is a quantitative research that adopted the survey strategy through convenience samples of non-probability sampling technique. Surveys allow the collection of a large amount of data from a sizeable population in a highly economical way (Sauders et al., 2007); often obtained by using a questionnaire administered to a sample, these data are standardized, allowing easy comparison. It was involved a collection of techniques used to naturally occurring phenomena without experimental manipulation. It studies events or phenomena in natural way which provides rapid and relatively inexpensive way of discovering the characteristics and practices of population.

Also the reason that this research used descriptive design since a descriptive study establishes association between variables which was what the researcher is trying to do; creating an accurate profile of a situation about the relationship between customer satisfaction and different component of health service delivery. Another reason that caused the researcher to have designed a descriptive study was because the researcher is not making any attempt to change the behavior of the variables measured. Following the research approach also, with the idea that the researcher was not generating new theories, this research was a descriptive study. A descriptive study is aimed to create an accurate profile of persons, events, or situations. (Saunders et al, 2009: 139-140).

3.1.2 The Study Area and Population of the Study

The study conducted at Menelik II Hospital in Addis Ababa the capital city of Ethiopia at the Yeka Sub- City woreda 02. It is a general hospital that it serves as a referral hospital for primary hospitals and health centers. All outpatients visiting the hospital for health services from Monday to Friday during working hours were the study population. According to the data obtained from the Hospital the annual cases seen at Outpatient Department is estimated to be 162,226 and 4220 cases seen on average within seven days excluding inpatients and emergencies. Therefore, the researcher was expected to get about **3014** service seekers of outpatients who were come to Menelik II Hospital from Monday to Friday during working hours. This was served as a population from which a representative sample was drawn with convenience sampling and incorporated into customers study.

3.1.3 Sample Size Determination

A sample design is meant to address two basic issues: how many elements of population and how they were selected? Sample size determination is an important and often difficult step in planning an empirical study. A sample is a subset of a population element, where a population is a theoretically-specified aggregation of an element. Hence a sample size is a subset of a population (Agresti & Finlay, 2009: 4).

One of the most important reasons for the researcher to determine a sample size for this study was because the researcher could not cover the entire population. Although large sample size would have led to time wastage and the wastage of resources and money, given that small samples also produce accurate results (isixsigma.com). For this reason, the researcher got customers across the study area included both definite and indefinite population. Definite population meant the researcher could be able to know the entire number of the population and indefinite population meant the researcher could not know the number of population.

The aim of the sample was for the researcher to select estimated population parameters. The researcher was planned getting a sample size from the outpatient who was rendered services from the Menelik II Hospital by using Yamane (1967:886) a simplified formula to calculate sample sizes, with a 95% confidence level, expected margin of error (e) of 0.1 and P = .5 are assumed for Equation:-

$$n = \frac{N}{1+N(e)^2}$$

Where n is the sample size, N is the population size, and e is the level of precision.

When this formula is applied to the above sample equation will get:- $n = \frac{3014}{1+3014(0.1)^2}$ = 97, therefore the researcher used **107** respondents with 10% of contingency for non-respondents. It was adequate sample size for this study. Because, Peng (2006) that verified the minimum sample size of 100 respondents is needed for any type of quantitative research to reach a significant result.

3.1.4 Sampling Techniques

Taking sample from a population is a normal process of research that enables to save time and money. Sampling techniques provide a range of methods that enable one to reduce the amount of data needed for a study by considering only data from a sub-group rather than all possible elements (Saunders et al., 2009: 210). Although the normal sense of population is not usually used in most sampling (as the set of case are not people), (Saunders et al., 2009: 212) the population in this case was in its normal sense because the research dealt with customers and employees who fell in the "people" category. According to Saunders et al., (2009: 213) there exist two types of sampling: probability, where the chances of each case being selected from the population is known and is usually equal for all cases, and non-probability - sampling where the chances of each case selected from the total population is not known, making it impossible to answer research questions.

Therefore, the researcher used a non-probability sampling strategy called convenience sampling for this study. "A convenience sampling is available to the researcher by virtue of its accessibility" (Bryman & Bell, 2003: 105), the researcher was interested in customer satisfaction and service delivery in a service sector. Because, a convenience sample is simply one in the researcher uses any subjects that are available to participate in the research study. This could mean stopping people/patient in an exit/in street corner as they pass by or surveying passerby in a mall.

3.1.5 Source of Data

The study was used both primary and secondary sources of data. The primary data was obtained from selected respondents or outpatients of Menelik II Hospital. Secondary data was collected by referring different relative literatures, policies, strategies and health service delivery standard manuals.

3.1.6 Data Collection Instruments

Data could either be primary or secondary. Primary data are new data collected specifically for that purpose; while secondary data are data that have already been collected for some other purpose (Saunders et al., 2009: 256). Data capture instrument is the item used to collect data for a research project (Kent, 2007). This could be a questionnaire or a personal interview. Therefore, the researcher was chosen to collect data using structured questionnaire by two ways: outpatients who are unable to use self-completion questionnaire use face-to-face interview to captures them and outpatients who are able to use self-completion was administered questionnaire. The questionnaire was developed in English after reviewing relevant literatures and translated into Amharic.

The questionnaire was designed to obtain information on socio demographic characteristics of respondents and their satisfaction level with the different components of the Hospital's services which included the availability of drugs and supplies, information provision by the health workers, waiting time to get the services, courtesy and respect of the health workers, and cleanliness of waiting areas, toilets and other services given by the hospital.

3.1.7 Data Collection Method

Preliminary observation and assessment was made by going to the study area to know about the organizational set up of the service delivery system, and the concern and views of the customer satisfaction so as to develop useful tools for the study. The primary data was collected through carefully prepared and organized questionnaires with convenience selected respondents of Menelik II Hospital. Two data collectors who are works in Menelik II hospital were recruited for administering the questionnaire. The researcher was monitoring the process of data collection. The information was collected through a pre-tested, structured questionnaire with five likert scale types (having a scale of range 1very dissatisfaction to 5 very satisfactions). Data

consistency and completeness was checked throughout the data collection, data entry and analysis.

Data consistency and completeness was checked throughout the data collection, data entry and analysis. Data were coded and entered into computer using SPSS version 20.0 software. In the analysis of client satisfaction, each variable is scored on a 5 point Likert-like scale, ranging from 1 (very dissatisfied) to 5 (very satisfied). Frequency distribution and percentages are calculated for selected variables.

The percentage of very satisfied, satisfied, neutral, dissatisfied or very dissatisfied rating was calculated by dividing the number of very satisfied, satisfied, neutral, dissatisfied or very dissatisfied rating by the total number of ratings (1–5) for specific health service deliveries, respectively.

Hierarchical binary logistic regression analysis was conducted to predict the factors which influence the level of satisfaction with health service deliveries with a 95% Confidence Interval (CI). P-Value less than 0.05 were taken as statistically significant.

3.1.8 Methods of Data Analysis

After carefully gathering the appropriate data using the relevant instrument of data collection, the analysis was carried out by using frequency counting and percentage so as to make it ready for presentation in table form. A simple excel or software like Statistical package for social sciences (SPSS) was used for data analysis.

3.1.9 Ethical Considerations

Prior to this study an official letter from the college of business and economics department of public administration and development management graduate programs coordination office of Addis Ababa University was written to the Menelik II Hospital to conduct the study that the researcher is currently undertaking a master's thesis research entitled on the health service delivery and customer satisfaction to cooperate in providing the necessary data.

All information gotten from the respondents was treated with confidentiality without disclosure of the respondents' identity. Moreover, no information was modified or changed, hence information gotten was presented as collected and all the literatures collected for the purpose of this study was appreciated in the reference list.

CHAPTER FOUR

4.1 Analysis and Interpretation

This section of the study deals with presentation analysis and interpretation of the data collected through questionnaire. The first part of the questionnaire was designed to gather information about respondent characteristics. Although 107 questionnaires were expected as stated in the original research proposal, while only 102(95.3%) were completed and returned during the data collection. Out of these, 5(4.7%) questionnaires were unusable for the study. This was due to, 2 questionnaires were unreturned during the data collection and 3 questionnaires were discarded due to incompleteness and large number of missing values.

This study was conducted to assess the status of health service delivery and customers satisfaction in Menelik II Hospital. All relevant information that was collected through questionnaire was analyzed and the detail description and explanation about each piece of information from the different respondents are presented in a series of table below. All information gotten from the respondents was treated with confidentiality without disclosure of the respondents' identity. Moreover, no information was modified or changed, hence information gotten was presented as collected and all the literatures collected for the purpose of this study was appreciated in the reference list.

4.1.1 Socio-Demographic Characteristics of Respondents

The background information of the customers seeking services from Menelik II Hospital is summarized in Table 1. A total of 102 clients were enrolled in the study and of this 52.94% of the customer respondents seeking health services from the hospital were male while the remaining 47.05 % were female. The highest proportion 35.3% respondents were in the age group of 25 - 34 years. Among the respondent customers 44.1% were married while about 43.2% were single. During the present survey, out of the total respondents, 36.3% were diploma and above and the highest number of occupational status of the respondents were government employees (28.5%), majority (77.5%) of respondents had come from urban, and 77.5% of the

respondents were came to the hospital because of illness and 69.6% of the respondents were paid for the service rendered (Table-1).

Table -1: Socio-Demographic Characteristics of Respondents on Patients' Satisfaction with Health Service Received at Menelk II Hospital in Addis Ababa, February 22 to 27/2016 (n=102)

Variables		Frequency	Percentages
sex	Male	54	52.94%
	Female	48	47.05%
Age (in years):	a) 18-24	18	17.7%
	b) 25-34	36	35.3%
	c) 35-44	23	22.5%
	d) 45+	25	24.5%
Marital status	a) single	44	43.2%
	b) Married	45	44.1%
	c) Divorced	13	12.7%
Educational Status	a) Illiterate	11	10.8%
	b)1-4	12	11.7%
	c)5-8	14	13.7%
	d)9-12	28	27.5%
	e) Diploma & +	37	36.3%
Occupational status	a)Farmer	12	11.7%
	b) Merchant	16	15.7%
	c) Gov't employ	29	28.5%
	d)No occupation	12	11.7%
	e)Student	18	17.6%
	f)Others	15	14.8%
Address	a) Rural	23	22.5%
	b) Urban	79	77.5%
Payment status	a) Free	25	24.5%
	b) Paying	77	75.5%
Reason for visit	a)Illness	86	84.3%
	b)F/planning	5	4.9%
	c) Others	11	10.8%
Frequency of visit	a) New visit	71	69.6%
	b)Repeat	31	30.4%

Source: Owen survey data (2016)

4.1.2 Patients' Satisfaction with Pre-Medical Services

The median of the cumulative score for overall satisfaction of patients with pre-medical services has been taken as a demarcation threshold to classify as satisfied and dissatisfied, and it was found to be 12. Of 102 patients, 67 (65.7%) were scored at higher through 12 and considered as they were satisfied with pre- medical services. Among the six indicators, when median has been used as a demarcation threshold for each indicator, patients were relatively highly satisfied with the courtesy/respect of the personnel registered in the registration office (72.55%) and the all services given in information desk services (70.6%) in this hospital.

However, many patients were found to be dissatisfied with the availability of staffs on working hours in information desk services (35.3%), friendliness and helpfulness of personnel in the information services (35.3%), the information provided about the hospital services and flow (40.2%) and the sign found in the hospital (35.3%). In this study 34.3% of the respondents were dissatisfied with overall level of satisfaction of patients with the different indicators towards pre-medical services(table 2).

Table 2 Level of satisfaction of clients with the different components of pre-Medical services

Variables	V.sat…	Sat..	Neutral	Dissat.	V.dissa	V.sat.+sat.
Availability of staff on working hours in information desk services	43 (42.2%)	22 (21.6%)	26 (25.5%)	6 (5.9%)	4 (5%)	66 (64.7%)
Friendliness and helpfulness of personnel in the information service	41 (40.2%)	24 (23.5%)	23 (22.5%)	8 (7.8%)	5 (5.9%)	66 (64.7%)
Information provided about the hospital services and flow	34 (33.3%)	26 (25.5%)	25 (24.5%)	9 (8.8%)	7 (7.8%)	61 (59.8%)
Sign found in the hospital	35 (34.3%)	30 (29.4%)	14 (13.7%)	19 (18.6%	4 (3.9%)	66 (64.7%)
Courtesy/Respect of the personnel registered in the registration office	39 (38.2%)	35 (33.3)%	15 (14.7%)	6 (5.9%)	7 (7.8%)	74 (72.55%
All services given in information desk services	40 (39.21%	32 (31.4%)	17 (16.7%)	7 (6.9%)	6 (5.9%)	72 (70.6%)
All services given in pre-medical services	43 (42.2%)	24 (23.5%)	23 (22.5%)	10 (9.8%)	2	67 (65.7%)

Source: Owen survey (2016)

Code: v.sat=very satisfied, sat= satisfied, neu=neutral, dissat=dissatisfied, v.dissat=very dissatisfied, v.sat+sat.=over all satisfaction

4.1.3 Patients' Satisfaction with the different components of health service deliveries

Since the cumulative score for overall satisfaction of patients towards with the different components of health service deliveries was skewed, the median of the cumulative score for overall satisfaction of patients towards health service deliveries has been taken as a demarcation threshold to classify as satisfied and dissatisfied, and it was found to be 23. Of 102 patients, 73(70.62%) were scored at higher through 23 and considered as they were satisfied with medical services.

Table 3 Level of satisfaction of clients with the different components of health service deliveries at Menelik II Hospital in Addis Ababa, February 22 to 27/2016 (n=102)

Variables	V.sat. No(%	Sat.. No(%	Neut. No(%	Dissat No(%	V.diss No(%	V.sat.+s No(%)
Information provision by health workers	42 41.2%	40 39.2%	18 17.6%	4 2.0%	2 2%	82 80.5%
Courtesy/Respect of the doctor	49 48%	33 32.4%	14 13.7%	2 2%	4 4%	82 80.5%
Doctor measures taken to assure the confidentiality and privacy	56 54.9%	27 26.5%	13 12.7%	2 2%	4 3.9%	83 81.37%
Doctor's ability to answer questions	45 43.1%	39 39.2%	14 13.7%	2 2%	2 2%	84 82.35%
Welcoming approaches of :						
• **Laboratory services provider's**	31 30.4%	34 33.3%	27 26.5%	4 4%	2 2%	65 66%
• **x-ray &ultrasound services provider's**	30 29.4%	27 26.5%	23 22.5%	5 5%	**2** **2%**	57 65%
• **Drug vender's /provider's/**	27 26.5%	20 19.6%	24 23.5%	6 6%	1 1%	47 60%
Overall waiting time	31 30.4%	39 38.2%	15 14.7%	3 3%	2 2%	70 68.63%
Cleanliness of waiting area	45 44%	23 22%	25 24%	5 4%	4 4%	68 66.67%
Accessibility and functionality of latrine	50 49%	21 20%	11 10%	17 16%	3 3%	71 69.6%
Cleanliness of latrines?	48 47%	16 15%	29 28%	4 4%	2 2%	64 62.74%
Overall satisfaction of patients with pre- medical service	35 34.3%	32 31.4%	6 5.9%	19 18.6%	10 9.8%	67 65.7%
Overall satisfaction of patients with health services	40 39.2%	33 32.4%	17 16.7%	7 6.9%	5 4.9%	73 70.62%

Source: Owen survey (2016)

Among the twelve indicators, when median has been used as a demarcation threshold for each indicator, patients were relatively highly satisfied with the information provision by health workers 82(80.5%), the courtesy/respect of the doctor 82(80.5%), measures taken to assure the confidentiality and privacy about patient's health problem by doctor 83(81.37%), the ability of the doctor to answer patient's questions 84(82.35%), while patients were dissatisfied with the: welcoming approaches of Laboratory services provider's, x-ray &ultrasound services provider's and Drug vender's (provider's), 34%, 35%, and 30%, respectively. In addition, patients were dissatisfied with the overall waiting time to get services (31.37%), cleanliness of waiting area 32(33.33), accessibility and functionality of latrine 29(30.4%), cleanliness of latrine in the hospital (37.26%). In this study 29.38% of the respondents were dissatisfied with overall level of satisfaction of patients with the different indicators towards health service deliveries (table 3).

4.1.4 Factors Affecting the Level of Patient Satisfaction with Health Service Deliveries

Majority Fifty three (51.9%) of the patients waited less than one hour and thirty (29.4 %) of the patients waited one to two hours and nineteen (18.6%) waited more than two hours to get registration services. Regarding waiting time to get the doctor thirty three (32.35%) of the patient waited less than one hour, forty six (45.09%) of the patients waited one to two hours and twenty three (22.54%) waited more than two hours(table 4).

Concerning waiting time to get the doctor after ordered test (laboratory test, x-ray, ultrasound) results, forty eight (47.06%) of patients were waited less than one hour and thirty three (32.35%) waited one to two hours and (32.35%) more than two hours(table 4). Among 102 patients, sixty seven (65.68) were satisfied with the availability of ordered drugs in the hospital while thirty five(34.31%) were claimed no some only. Regarding the availability of ordered laboratory test majority (61.76%) of patients was answered yes all and (38.23%) were no some only. Data show on table 4 that Client satisfaction with the hospital management to solving their problems was answered 65.68% yes while 34.31% of the respondents were answered no solving their problem.

The chi-square of independence was conducted to assess whether the level of patients' satisfaction had a relationship with explanatory variables. The results from the cross-tabulations analysis (table 4) showed that there was a statistically significant relationship between waiting time to get registration services, waiting time to get the doctor, the availability of ordered drugs, the waiting time to get the doctor after ordered (laboratory test, x-ray, ultrasound) results and

client satisfaction with the hospital management to solving their problems with (p-value <0.05). However the data found in table 4 showed that there was not a statically significant relationship between the availability of ordered laboratory test in the hospital and client satisfaction (p-value >0.05).

Table -4 Factors Affecting the Level of Satisfaction of Patients with Health Service Deliveries at Menelik II Hospital in Addis Ababa, February 22 to 27/2016 (n=102)

Variables	Level of sati…		Total		X^2	p-value
	Sat.	Dissa	count	%		
Waiting time to get registration services					23.5847	0.00001
<one hour	44	9	53	51.9		
One hour -2hours	24	6	30	29.4		
>2 hours	5	14	19	18.6		
Waiting time to get the Doctor					10.3759	0.006
<one hour	23	10	33	32.35		
One hour -2hours	39	7	46	45.09		
>2 hours	11	12	23	22.54		
Availability of ordered drugs					5.4494	0.012
yes	20	15	67	65.68		
No some only	53	14	35	34.31		
Availability of ordered lab. Test					0.842	0.34
Yes	23	16	63	61.76		
No some only	50	13	39	38.23		
waiting time to get the doctor after ordered test results					10.952	0.008
<one hour	39	9	48	47.06		
One hour -2hours	20	11	33	32.35		
>2 hours	14	19	33	32.35		
Hospital management to solving clients problem					5.4494	0.012
Yes	53	14	67	65.68		
No	20	15	35	34.31		
Overall satisfaction of patient pre-medical services					5.4494	0.012
Satisfied	59	8	67	65.68		
dissatisfied	14	21	35	34.31		

Source: Owen survey data (2016)

4.1.5 Determinants of Satisfaction of Patients with health service deliveries

In binary logistic regression analysis, overall patients' satisfaction with health service deliveries showed statistically significant association with marital status, the availability of ordered drugs, the availability of ordered laboratory test, client satisfaction with the hospital management to solving their problems with (p-value < 0.05) (Table 5).

Table -5 Determinants of Satisfaction of Patients towards health service deliveries at Menelik II Hospital in Addis Ababa, February 22 to 27/2016 (n=102)

Variables	Overall satisfaction			
	Satisfaction (no.)	Dissatisfaction. (no.)	Crude	P-Value
Male	32	15		
Female	41	14	1.37(0.57-3.2)	0.471
a) 18-24	11	8	1	
b) 25-34	27	8	2.45(0.74-8.18)	0.144
c) 35-44	17	6	2.06(0.56-7.58)	0.27
d) 45+	18	7	1.87(0.52-6.60)	0.33
a) single	35	9	1	
b) Married	28	10	0.72(0.25-2.01)	0.53
c) Divorced	10	10	0.25(0.08-0.80)	0.019
a) New visit	44	19	1	
b)Repeat visit	29	10	1.25(0.51-3.07)	0.62
<one hour	44	9	1	
One hour -2hrs	24	6	0.81(0.26-2.57)	0.73
>2 hours	5	14	0.073(0.02-0.25)	0.001
<one hour	23	10	1	
One-2 hours	39	7	2.42(0.81-7.23)	0.113
>2hours	11	12	0.39(0.132-1.203)	0.102
Yes all	53	14	1	
No some only	20	15	2.28(1.16-69)	0.02
Yes all	50	13	**1**	
No some only	23	16	0.37(0.154-0.90)	0.0289
<one hour	39	9	**1**	
One _2 hrs	20	11	0.41(0.14-1.17)	0.099
>two hours	14	19	0.17(0.06-0.462)	0.0005
Yes	53	14	**1**	
No.	20	15	0.35(0.14-0.85)	0.021
Satisfied	59	8	1	
Dissatisfied	14	21	4.70(0.03-0.24)	0.0001

Source: Owen survey

NB: * Statistically significant P<0.05. **statistically high significant P<0.005.

While data showed overall patients' satisfaction with health service deliveries statistically high significant association with waiting time to get registration services, waiting time to get the doctor after ordered test (lab.,x-ray,ultrasound) results and overall satisfaction of patient with pre- medical services with (p-value < 0.005) (Table 5). However, our data did not show a statistically significant association between overall satisfaction and age group, sex and frequency of visit with (p-value >0.05) (Table 5).

4.2 Discussion

This study has revealed that the overall satisfaction level of the patients with health service deliveries rendered at Minilik II Hospital was 70.62 % and this is lower than reports from other a cross sectional studies done by Fekadu, et al. (2011) in Jimma University specialized hospital was 77%, done by Mindaye et al.(2011) Addis Ababa (85.5%), Teklemariam et al.(2013) Eastern Ethiopia (87.6%) and Belay M, et al.(2013) Southern Ethiopia (90.8%) , at Kuwait by Ibrahim, *et al.* (2005) revealed that the overall satisfaction as reported by subjects was high-99.6%, at the eye clinic of the University of Ilorin Teaching Hospital, Nigeria by DS Ademola-P 'opoola, et al*., (*2005) showed that; most of the patients (94.2%) were satisfied with the services they received. The possible reason for lower patients' satisfaction in this study might be the use of different method of calculating the demarcation threshold and use of higher number of indicators to generate the summary score of overall patients' satisfaction.

Also this study revealed that Level of satisfaction of outpatients with the different components of pre-medical services was ranging from 59.8% to 72.55% and 62.74% to 82.35% rates with the different components of health service deliveries at Menelik II Hospital. Relatively, this finding was comparable with finding in a cross-sectional study that conducted by Abebe, et al., (2008) in purposively selected government health centers and general hospitals in six regions of Ethiopia showed that the percentage for high mean score satisfaction with health providers' characteristics ranged from 77.25% to 93.23%; with service characteristics 68.64% to 86.48%; and satisfaction with cleanliness ranged from 76.50% to 90.57%. In a survey undertaken by Afework, et al. (2003) in private clinics in Addis Ababa, high rates of satisfaction (64-99%) were found in all aspects of medical care except affordability of service charges.

On the other hand this finding is higher when compared to studies conducted in the hospitals of the Amhara region and Tigray zonal hospitals which showed satisfaction level of 22.0% and 43.6%, respectively (Dagnew and Zakus ;1997, Girmay ;2014). The difference might be due to the fact that this study was conducted in referral hospitals where there are relatively adequate number of health professionals and better diagnostic facilities.

Among the different services rendered by the Menelik II Hospital, outpatients were relatively satisfied with Courtesy/respect of the doctors (80.5%), ability of the doctors to answer question

and measures taken by doctors to keep confidentiality as well as information provision by health workers (82.35%) , (81.37%) and (80.5%), respectively), which is almost similar with other studies in Ethiopia Mindaye et al.(2011) Addis Ababa (85.5%), Teklemariam et al.(2013) Eastern Ethiopia (87.6%) and Belay et al.(2013) Southern Ethiopia (90.8%). The reason for this finding may be due to the fact that professionals had developed good attitudinal behaviors and commitment to serve the public and also could be due to introduction of social desirability biases by respondents.

However, many patients were found to be dissatisfied with the availability of staffs on working hours in information desk services (35.3%), friendliness and helpfulness of personnel in the information services (35.3%), the information provided about the hospital services and flow (40.2%) and the sign found in the hospital (35.3%).

In this study 34.3% of the respondents were dissatisfied with overall level of satisfaction of patients with the different indicators towards pre-medical services. In a similar manner, in this study outpatients were relatively dissatisfied with the cleanliness of waiting area 32(33.33), accessibility and functionality of latrine 29(30.4%), cleanliness of latrine in the hospital (37.26%) and 29.38% of the respondents were dissatisfied with overall level of satisfaction of patients with the different indicators towards health service deliveries.

Of 102 respondents fifty three (51.9%) of the patients waited less than one hour and thirty (29.4 %) of the patients waited one to two hours and nineteen (18.6%) waited more than two hours to get registration services. Regarding waiting time to get the doctor thirty three (32.35%) of the patient waited less than one hour, forty six (45.09%) of the patients waited one to two hours and twenty three (22.54%) waited more than two hours. Concerning waiting time to get the doctor after ordered test (laboratory test, x-ray, ultrasound) results, forty eight (47.06%) of patients were waited less than one hour and thirty three (32.35%) waited one to two hours and more than two hours(table 4). In general, 31.37% of the patients were dissatisfied with the overall waiting time to get services. This is higher than the finding reported earlier in Jimma hospital which showed 20.4% of the clients have reported long waiting time (Olijera , Gebresilasses ; 2001).

However, the dissatisfaction rate with waiting time to receive the services in the study area is lower compared to the waiting time in the study in Tigray Zonal hospitals (Girmay, 2006) and Jimma university specialized hospital(Fekadu et al.;2011) where 43.2% and 37.2% dissatisfaction rate was reported respectively. This better finding could partially be due to the ongoing changes in the study area hospital because of the newly introduced reform and good governance's movement's where an improvement in the service delivery process and staff attitudinal change might have resulted.

The study has revealed that among 102 patients, sixty seven (65.68) were satisfied with the availability of ordered drugs in the hospital while about thirty five (34.31%) of the clients with prescription paper for drugs did not get some or all of the ordered drugs from the Hospital's Pharmacy. This finding is similar with that of the study conducted in the hospitals of the Amhara region where about 1/3rd of the clients did not get the prescribed drugs (Mitike et al. ; 2002). However, our finding is lower than that of the earlier study conducted in the hospitals of the Jimma hospital where about 63.7% of the clients did not get the prescribed drugs. Failure to obtain the prescribed drugs from the hospital's pharmacy is in line with a report from a study conducted in Manica, Mozambique where it was found to be the most complaint associated with lower satisfaction (Gary ;1998). Another study conducted in South Africa also revealed that access to drugs was one of the most suggested priorities for improvement of public health services (Newman et al.;1998).

Regarding the availability of ordered laboratory test majority (61.76%) of the patients reported that all ordered laboratory tests were available in the hospital during the study period which is relatively consistent with the study conducted in Jimma and Addis Ababa (Assefa ;2011, Mindaye;2012). Data show on table 4 that Client satisfaction with the hospital management to solving their problems was answered 65.68% yes while 34.32% of the respondents were answered no solving their problem.

In this study the results from the cross-tabulations analysis showed that the level of outpatients' satisfaction was a statistically significant relationship with waiting time to get registration services, waiting time to get doctor, the availability of ordered drugs, the waiting time to get the doctor after ordered (laboratory test, x-ray, ultrasound) results and client satisfaction with the hospital management to solving their problems. This finding was similar to other study done in

Gondar and Eastern Ethiopia (Dagnew and Lukas ;1997, Assefa ;2011). However the data found in table 4 showed that the level of patients' satisfaction was not a statically significant relationship between the availability of ordered laboratory test in the hospital and level of client satisfaction during the study period which was similar with the study conducted in Jimma and Addis Ababa (Assefa ;2011, Mindaye;2012).

Generally, the present study showed that overall outpatients' satisfaction towards health service deliveries was statistically significant association with marital status, the availability of ordered drugs, the availability of ordered laboratory test, client satisfaction with the hospital management to solving their problems. While data showed overall patients' satisfaction towards health service deliveries statistically high significant association with waiting time to get registration services, waiting time to get the doctor after ordered test (lab.,x-ray,ultrasound) results and overall satisfaction of patient with pre- medical services.

In contrary, socio-demographic characteristics, such as age group, sex, educational status and frequency of visiting Hospital did not have any independent statistically significant association with overall satisfaction of patients towards health service deliveries. The study conducted in Jimma, Addis Ababa, and Eastern Ethiopia (Assefa ;2011, Mindaye; 2012) and (Teklemariam et al; 2013) documented similar findings except frequency of visiting Hospital.

CHAPTER FIVE

5.1 Summary and Recommendation

5.1.1 Summary of the Finding

A total of 102 clients were participated in the present study. This study revealed that the level of satisfaction of outpatients with the different components of pre-medical services ranged from 59.8% to 72.55% at Menelik II Hospital. Among the 102 outpatients, 65.7% were satisfied with pre- medical services while 34.30% were dissatisfied. Outpatients were relatively satisfied with the courtesy/ respect of the registration office personnel and the overall services given by information desk.

Furthermore, the overall satisfaction of outpatients with different components of health service deliveries in this Hospital was also found to range from 62.74% to 82.35 %. Majority of the respondents (70.62 %) were satisfied with the overall health service deliveries. Among the twelve indicators, outpatients were relatively satisfied with the courtesy/respect of the doctors, ability of the doctors to answer question and measures taken by doctors to keep confidentiality as well as information provision of the health workers. In contrary, patients were dissatisfied with the unavailability of some of the ordered laboratory tests and drugs from the Hospital. Similarly, outpatients were dissatisfied with the late arrival of staff on their duty, the commitment of hospital management to solving client's problem and the overall waiting time to get services.

The level of patients' satisfaction had significant relationship with waiting time to get registration and see the doctor, the availability of ordered laboratory test and drugs, and client satisfaction with the hospital management to solving their problems. Therefore, these are the possible factors affecting the level of patient's satisfaction towards health service deliveries. Moreover, this study also showed that the overall satisfaction of patients towards pre-medical services was significantly associated with that of the satisfaction of patients towards health service deliveries. Therefore, those patients who were dissatisfied with pre-medical services have a high tendency to be dissatisfied with hospital services.

5.1.2 Recommendations

- Based on the finding, dissatisfaction of outpatients towards health service deliveries could be a possible factor for the lower rate of outpatients' satisfaction towards hospital services. Therefore,
- Attention should be given for the patient waiting time (waiting time to get doctor after laboratory results, waiting time to get registration services and waiting time to get Doctor at outpatient department).
- Welcoming approaches of Laboratory services provider's, x-ray &ultrasound services provider's and Drug vender's (provider's), should be improved.
- The availability of ordered drugs, laboratory test, x-ray and ultrasound supply should be improved.
- Client satisfaction with the hospital management to solving their problems should be need attention.
- Functionality of latrine should be improved and maintaining cleanliness of latrine.
- Provision of information about the flow of hospital services and sign show the direction of rendered services to patients should be needs improvement and establish an information desk at a convenient corner of the hospitals which would particularly be helpful for the majority of the clients who are illiterates.
- The hospital management needs to understand the extent of the problem with drugs, unavailable laboratory test, x-ray and ultrasound and plan to look for different mechanisms to keep adequate stock of essential drugs and supplies in the hospital.
- The hospital management needs to follow up service providers/staffs/ with the unavailable on working hour in information desk services and, correct unfriendly and unhelpfulness approaches of personnel in the information services.
- Periodic patients' satisfaction survey should be institutionalized to provide feedback for continuous quality service improvement.
- The hospital administration and responsible body in each service level should work together in improving the rate of patients' satisfaction with health service deliveries by implementing gov't reform programme (BPR & BSC).
- By doing so, the satisfaction rate of hospital services could be improved.

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Annex one

A Questionnaire Prepared for Customers Seeking Services from Menelik II Hospital

Dear respondent,

The purpose of this questionnaire is to collect information on the service delivery and customer satisfaction on Menelik II Hospital for the partial fulfillment of the requirements for the degree of masters in Public Administration and Development Management program of the Addis Ababa University School of Business and Public Administration. The information obtained will be used for academic purpose only and be treated confidentially. Thank you very much in advance for your earnest cooperation. Therefore you are requested to put √ mark on the box where you feel appropriate.

Part 1: Socio-Demographic Characteristics of Respondents

1. Sex: Male-------- Female---------
2. Age (in years): a) 18-2----- b) 25-34-------- c) 35-44-------- d) 45+-------
3. Marital Status a) single------- b) Married------- c) Divorced -----
4. Educational Status :- a) Illiterate -------- b)1-6 ------- c)7-12 ------ d) Diploma &above----------
5. Occupational status :- a)Farmer-------- b) Merchant--------- c) Government employ-------- d)No occupation------- e)Student----------- f)Others----------
6. Address:- a) Rural ----------- b) Urban ----------
7. Payment status:- a) Free------- b) Paying -----------
8. Reason for visit:- a)Illness ---------- b)Family planning ----------c)vaccination-----d) Others ----------
9. Frequency of visit:- a) New visit ---------- b)Repeat visit----------

Part 2 Level of satisfaction of clients with the different components of health care services at Menelik II Hospital.

Code: 5=very satisfied, **5**=<1 hour
4=satisfied, **4**=1-2 hours
3=neutral, **3**=>2 hours
2=dissatisfied,
1=very dissatisfied,

No	Characteristics	5	4	3	2	1
I	**Patients' Satisfaction Towards Non-Medical Services (before medical services)**					
1	How much are you satisfied with the availability of staffs on working hours in information desk services?					
2	How much are you satisfied with friendliness and helpfulness of personnel in the information services?					
3	How much are you satisfied with the information provided about the hospital services and flow?					
4	How much are you satisfied with the sign found in the hospital ?					
5	How long do you waiting to registered in the registration office? • <1 hour = 5					
	• 1-2 hours = 4					
	• >2 hours = 3					
6	How satisfied are you with the courtesy/respect of the personnel registered you in the registration office?					
7	How much are you satisfied with the all services given in information desk services?					
8	How much are you satisfied with the all services given in pre-medical services?					
II	**Patients' Satisfaction Towards Medical Services**					
9	How satisfied are you with the information provision by health workers?					
10	How long do you wait to get the doctor? <1 hour = 5					
	1-2 hours = 4					
	>2 hours = 3					

11	How satisfied are you with the courtesy/respect of the doctor?						
12	How satisfied are you with doctor measures taken to assure the confidentiality and privacy about your health problem?						
13	How satisfied are you with the ability of the doctor to answer your questions						
14	How much are you satisfied with the welcoming approaches of : • Laboratory services provider's?						
	• x-ray & ultrasound services provider's? and						
	• Drug vender's (provider's)?						
15	Did you satisfied with the availability of						
	• Ordered Drugs?	Yes all					
		No some only					
	• Ordered Laboratory tests?	Yes all					
		No some only					
	• Ordered x-ray &	Yes all					
		No some only					
	• Ordered Ultrasound?	Yes all					
		No some only					
16	How long do you wait to get the doctor after lab. results?						
	<0ne hour						
	One to 2 hours						
	>two hours						
III	**Patients' Satisfaction Towards Environment Services**						
17	How much are you satisfied with the cleanliness of waiting area?						
18	How much are you satisfied with the accessibility and functionality of latrine?						

19	How much are you satisfied with the cleanliness of latrines?					
V	**Patients' Satifaction with given services**					
20	How much are you satisfied with the overall waiting time?					
21	How much are you satisfied with the overall level of this hospital services?					
22	Did you satisfied with the hospital management to solving your problem?					
	Yes					
	No					

Annex Two

The thesis my original work, has not been presented for a degree in only other university and that all sources of material used for the thesis have been duly acknowledged.

Candidate's name..... Advisor.....

Signature..... signature.....