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# **Analyzing Factor Affecting Customer Buying Behavior: In The Case Of Tekelehimanot General Hospital**

**By: Yared Feliche**

A Thesis Submitted to the Addis Ababa University School of Commerce  
Marketing Management Graduate program in Partial Fulfillment for the  
Requirement for the Degree of Master of Arts in Marketing  
Management

**Addis Ababa University**  
**School of Commerce**  
**Post Graduate Program**  
**Department of Marketing Management**

***May, 2018***

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**Thesis Advisor: - Tewodros Mesfin (PhD)**

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**BOARD OF EXAMINERS APPROVAL SHEET**  
**ADDIS ABABA UNIVERSITY SCHOOL OF COMMERCE MARKETING**  
**MANAGEMENT GRADUATE PROGRAM**

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By:  
Yared Feliche

*Approved by Board of Examiners*

_____ Advisor Name	_____ Signature	_____ Date
_____ Internal Examiner Name	_____ Signature	_____ Date
_____ External Examiner Name	_____ Signature	_____ Date

## *Declaration*

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I, YARED FELICHE GROSSO, declare that the study entitled “Analyzing Factor Affecting Customer Buying Behavior: In The Case Of Tekelehimanot General Hospital” is my original work and has not been used by others for any other requirements in any other university and all sources of the materials used for this thesis have been properly acknowledged.

Name: Yared Feliche (GSR/2244/09)

Signature\_\_\_\_\_

## *Statement of Certificate*

This is to certify that Yared Feliche Grosso has carried out his research work on the topic of “Analyzing Factor Affecting Customer Buying Behavior: In The Case Of Tekelehimanot General Hospital” for the partial fulfillment of Masters of Arts Degree in Marketing Management at Addis Ababa University school of commerce. This study is an original work and not submitted earlier for any degree either at this university or any other university and it is suitable for submission of Master’s Degree in Marketing Management.

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Thesis Advisor: - Tewodros Mesfin (PhD)

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## **Acronyms & Abbreviations**

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CBB	Customer Buying Behavior
SPSS	Statistical packages for social science
CRM	Customer Relation Management
ENHCQS	Ethiopian National Health Care Quality Strategy
FMHACA	Ethiopian Food, Medicine & Healthcare Administration and Control Authority
TGHT	Tekelehamanot General Hospital

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# ***Abstract***

*With the intent of studying consumers who are at the core of everything marketers do, this study was directed at the customer buying behavior. Through the development of a conceptual model that contains independent variables factors, this study tried to probe the buying behavior of consumers in medical service buyers. A sample of 367 medical service buyer respondents from Addis Ababa were selected by a purposive sampling method and data was collected through a structured questionnaire intending to identify their factors affecting towards the buying behavior using tri component model. Out of 382 structured questionnaires distributed to respondents 367 were collected, which maintained 95.57% response rate. The results of correlation analysis showed that the five determinants of buying behavior had a positive significant relationship with the buying behavior as well as within themselves. The results of multiple regression analysis also revealed that the five dimensions (Brand, people mix of the hospital, patient experience, consumption time and price and location) have a positive influence on the buying behavior. The selections of the service were made through the consideration of the major aspect of why people are choosing or what are prominent positions to factor affecting customer buying in the hospital. It was hypothesized in this study Brand and Marketing ,people mix of the hospital, patient experience,consumption time and price and location significantly influence buying behavior of medical service buyer in Addis Ababa. Physical evidence of the hospital have omitted from the model this implies that most of respondent it's not a major focus areas to influence their medical service buying behavior. Data was collected through structured questionnaires from medical service buyer under investigation to put the conceptual model in to the empirical test. The study used descriptive and inferential statistics techniques to analyze the data and arrive at its findings. One interesting finding was the general support for the hypothesized significant positive contribution of all the independent variables on medical service buying behavior in TGH.*

***Key Words: Consumer Behavior, buying behavior, Brand and Marketing, physical evidence of the hospital, patient experience, consumption time and price and location. Buying Behavior***

## **CHAPTER ONE**

### **1 INTRODUCTION**

This chapter provides an insight to readers about the introduction parts of the study starting with the topics related to the background of the study, statements of the problem that initiated the researcher to conduct this study, research questions to be answered, objectives of the study, significance of the study and scope of the study. Eventually, the definitions of terms and organization of the study is presented at the end of this chapter.

#### **1.1 Background of the study**

Healthcare services are experiencing more valuation from the customer's side while analyzing factors affecting customer buying Behavior, any hospital have various factors like low cost, all facility under one roof, easily available facilities, experienced doctors etc. are prominent reason during the effects of customer behavior of the particular hospital. Kamra et al (2015) north Indians were found to be influenced by the factors that affect patient customer buying Behaviour and revealed factors like appropriate cost and ease of services, completion of medical requirements, caring staff, general behavior of doctors, registration and other formalities, tangibility, specialized doctors and facilities at outpatient department area. Service quality of healthcare is multi-dimensional, as with medical care patients also expect comfortable stay, polite and empathetic staff (Angelopoulou et al., 1998). Those factors are very much likely to attract more customers. Inadequate time given by the doctors and long queue ahead makes patients waiting for their turn to come are factors increasing consumer dissatisfaction Aldana et al (2001), and Rahman et al. (2002). Requisite to provide consumer satisfaction and increasing force from the rivals has forced to provide qualitative services to the patients (Friedenberg, 1997). It is becoming significant because there is ample space for this sector to expand.

Healthcare sector (Hospitals) is growing rapidly because hospitals in India are increasing in digit as well as in size, complexity and the number of the services provided are also increasing, the present need of this sector is that hospitals are to be managed professionally Tabish (1996); Sharma (1998). Healthcare, in itself, is a high-cost sector for both users and service providers, billing at an average of 10.5% of GDP on a global basis.

During the 1990's, a class of healthcare clinics offering some hospital services began to emerge. These inpatient clinics are described by various names: medical Centre, nursing home, hospital etc. These have some properties of a standard hospital, but these are of relatively small size, usually with 10-50 beds and usually do not have the full range of services offered in a standard hospital. Some of these clinics are of general type offering a spectrum of services relating to treatment and general surgery.

21<sup>st</sup> century is enhancing the complexities of life so customers are demanding more convenience from service industry & hospital sector is also not exception to it. Increasing competition is motivating hospital administrators to incorporate more and more services in the hospitals. On the counter side patients are also comparing services and facilities of various hospitals while availing medical services.

This paper is an attempt to identify those factors which affects patient's buying Behavior of hospital selection and Decision. the focus of this study is thus on the analyzing factors affecting of consumer buying behavior, in the context of tekelehamanot General Hospital in Addis Ababa. An attempt is made to study the profile of the TGH consumers buying behavior and the factors behind their buying's. A deeper insight has been sought into the consumers buying influencers.

According Ethiopian National Health Care Quality Strategy Each and every hospital have significantly improved the outcomes of these particular health areas, achieving in 2020.

In Ethiopia there are achieved significant improvement in priority areas such as maternal and child health, malnutrition, communicable and chronic diseases, as well as in quality of emergency and surgical services. (ENHCQS)

Thus, looking into the aftermaths of these effects is also crucial to understand how powerful and typical these motivational factors are on the individual of today. And of course eventually help Private health sectors and device policy measures to reshape their strategies, in reaching to the individual.

In view of that, studying the Buying Behavior factors influencing the ultimate and loyal consumer helps to understand the driving causes, as to why consumers make the purchases that they make? And, which factors most influence consumer buying or purchasing decisions especially in hospital industry.

Individual price perceptions are considered to be one central determinant of customers' buying behavior (e.g. Han et al. 2001; Zeithaml 1984) and consequently influence

firm sales. Post-purchase price perceptions can be conceptualized as the customers' translation of the objective price for a product or service into cognitions that are relevant and meaningful to customers (Voss et al. 1998; Zeithaml 1984) and refers to the experienced fairness of the financial aspect of a purchase based on the perceived sacrificed cost (i.e. Monetary price, time, effort, search etc.)Relative to perceived value (Zeithaml 1984). Positive price perceptions have been shown to increase customers' satisfaction with their purchases (Voss et al. 1998) and to enhance Purchasing behavior (Han et al. 2001).

### **1.1.1 Brief History of Tekelehamanot General Hospital (TGH)**

In the early stage, to establish a pre-hospital level at the highest level of clinical practice in January 1993 E.C in Addis Ababa special name on the Area "somale tra". The 2nd Branch opened in the next year of May 1994 E.C around st.michael gola church.

As of February 16, 2004 E.C, the higher clinic upgraded to General hospital, Its construct 5th floor building located on the area known as 'Somalie Tra' and officially opened the General Hospital which was officially recognized by the concerned government body.

Know the hospital is equipped with 24-hour medical services that utilize full and modern medical devices for patients.

The hospital provides efficient, competitive, diversified and multi-disciplinary high quality services including all form of specializations and other collaborative preventive and promotion health care facilities. It also provides in socially responsible manner supported by appropriate modern technologies as well as qualified and motivated team of management and staff imbued with high professional and ethical standards.

The hospital provides varieties of clinical services in different departments both for In-patients and Out-patients. In addition to these, YCT & ART, TB, EPI, family planning, MCH services are being given at the hospital. It also has several well-equipped OPDs, Radiology, Laboratory, Pharmacy, Internal medicine, surgery, Gynecology & pediatric, Orthopedic, psychiatry, Dermatology, Endoscopy, physiotherapy, emergency service, including emergency surgical intervention, pediatric emergency care, anesthesia services, and neurology, ambulance service, medical recording, counseling, consultation & referral line etc. The main reason for Teklehamanot General Hospital is established because of to overcome such key health issues of

the country to address the major health problems in the city, with equip and excellent skill man power to give a fantastic health care service to the society.

The hospital now Crate for more than 400 people job opportunity including the part-time and full time workers.

Finally, the hospital currently offers wide and highest quality medical services, throughout the country with competitive prices.

Mission: Giving quality care to patients to transform hospital to multi-disciplinary high quality services including all form of specialization and other collaborative prevention and promotion health care and facilities should be limited. Their desire is to build a strong and healthy hospital of which the current and future generations will be proud of.

Vision: To be helpful for all clients.

Staff and specialization: 219

Collective staff members' number: 202

Physicians: 62

Health officers: 2

Nurses: 111

## **1.2 Statement of the Problem**

A medical service sector can provide a lot of social, economic, political and technological factors yields or benefits to a country if it is operated at its level best.

According to Motwani & Shrimali (2014), with the growing importance of service marketing mix, hospital administrators are becoming increasingly marketing oriented. Hospital administrators are keen to identify the factors which may affect patients' decision in selection of hospital. They also identified that in hospital service price transparency, placing hospital services at convenient location of patients, behavior of medical staff, tangibility and process through technology plays important role in differentiating services from competitors.

Chen & Kao (2011) found that the top six marketing-related ways influencing consumers' choice of hospitals are: free medical consultation, referral by friends and relatives, free clinic treatments, the mailing of clinic schedules to potential customers, TV news exposure, and providing education in public health and hygiene. The top methods of promotion, yielding the highest consumer loyalty are (in order of importance): high incidence of referral by friends and relatives; TV exposure; free medical consultation; free clinic treatments; and providing education in public health and hygiene.

Thus, to the best knowledge of the researcher, there exists no previous research concerning the Analyzing factors affecting customer Buying Behavior in Ethiopian Medical care (Hospital) regarding customer buying Decision. Therefore, this study is particularly intended to examine these in the selected organization – the Tekelehaimanot General Hospital. The researcher, thus, presents the theoretical and observational gaps, to understand the buying Behavior affecting factors influencing consumers, which would lead to further study and generalization. In addition, the demographic profile of the consumers to clearly establish the importance of this study.

Most scholarly works agree that the main affecting factors customer buying behavior that play a significant role in the consumer buying behavior include values of conspicuousness, social recognition, conformity, uniqueness, brand image and hedonism.

In this study, these factors affecting customers buying decision are examined; as they are believed to have significant influence on individuals' medical (hospital) sector buying behavior.

## **1.3 Research Questions**

### **1.3.1 Basic Research Question**

The basic research question this study seeks to answer is:

What are the factors affecting customers buying behavior in tekelehamannot General Hospital?

### **1.3.2 Specific Research Questions**

The specific research questions that will be addressed in support of the above general research question are the following:

1. What is the consumption time affect buying Behavior in studied hospital?
2. What is people (service users) mix affect of customers buying Behavior of the hospital in studied hospital?
3. What is physical evidence affect a customers buying Behavior of the hospital in studied hospital
4. What is patient experience affect customer buying Behavior in studied hospital?
5. What is brand affect of customer buying Behavior in studied hospital?
6. What is price and location affect customer buying Behavior in studied hospital?
7. What is a nature of relationship between customers buying Behavior?

## **1.4 Objectives of the Study**

### **1.4.1 General Objective**

The general objective of this study is:

The main objective of the study is to examine the customer buying behavior of Teklehamanot General hospital.

### **1.4.2 Specific Objectives**

1. To examine the customers buying behavior with respect to consumption times.
2. To examine how the customers buying behavior with respect to people( service users ) mix of the hospital.
3. To examine the customers buying behavior with respect to physical evidence of the hospital.

4. To examine the customers buying behavior with respect to patient experience.
5. To examine the customers buying behavior with respect to Brand.
6. To examine the customers buying behavior with respect to price / location.
7. To examine the customers buying behavior with respect to customers attitudes.

## **1.5 Significance of the Study**

The fact that no prior studies have been conducted in the analyzing factors affecting on consumer buying behavior regarding hospital sector in Ethiopia, this issue makes worth conducting this study. The research outcome could be an important input to the medical industry to make the necessary adjustments to increase their sales and how the consumer behavior changes and what are the mechanism to improve based on the recommendation of the study.

The research could open the door for other researchers who want to study further on this area or other similar issues. Furthermore, the study can be used as a literature review.

In this research, the consumer behavior determinants of analyzing factors will examine. The importance of this study can be viewed from two dimensions: theoretical contributions and practical implications. Theoretically, the study fills an important gap in the literature; that is, explores the impact of analyzing factors affecting on consumers buying behavior in the case of Tekelehimanot General Hospital. Therefore, the findings of this study can add to the existing body of literature and can serve as an initial point on which future studies could be built on.

On the practical side, this study is significant to a wide spectrum of hospital or medical sectors , in identifying the major factors that determine consumers buying behavior. This would support to formulate the appropriate marketing strategy for reaching and attracting consumers in accordance with their social and psychological value perceptions.

## 1.6 Scope of the Study

The study will delimit conceptually, geographically as well as methodologically.

**Conceptually;** this study will only focuses on analyzing factors affecting on Customer Buying Behaviors: items intended to measure People mix of the hospital, brand and Marketing, physical Evidence of the Hospital, Patient Experience, Consumption time, Price and Location and the overall Buying Behavior (Affective,Cognitive, Conative) aspect.

**Geographically;** there are many private Health hospital found in Addis Ababa but this study delimit itself one of the major private hospital in the country, which is Tekelehimanot General Hospital. Even if, this study focused on Private hospital but the outcome and the analysis of the study may work with both private and government health institutions.

**Methodologically;** this research is a sample survey research i.e. based on the representative sample conclusion for the population will be made. Additionally, the main source of this data could be questionnaire, interview and secondary data. The questionnaire distributed and collected to customers who are waking customers, taking a medical care or treatment in TGH.

## 1.7 Definition of Term

The operational definition for technical terms is provided here under.

**Consumer** is one who consumes/buys/purchases hospital products/goods/ service from a provider.

**Consumer behavior** is the course of action individuals experience to select, purchase, and use products /service to satisfy their inward and outward needs.

**Buying behavior** is the actual buying or purchase behavior of the consumer and the factors influencing the decision-making process.

**Buying decision** refers to careful evaluation of the attributes of a set of same product/service, selecting the one that solves a clearly recognized need.

**The buying process** is a complex mental process as well as a physical activity buyers undergo to satisfy their needs and desires.

**A hospital** is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipment.

## **1.8 Organization of the Study**

This study is organized into five chapters and each chapter has sub topics.

The first chapter provides a general introduction of the study, including background of the study, why the study is conducted (statements of the problem), the research questions, purpose of the research (objectives of the study), value of the study (significance of the study), its scope and limitation.

Chapter two of the paper encompasses review of related literatures which encompasses a theoretical aspect of the subject matter of the study area from different sources. Further, also it includes an empirical review, and conceptual framework of the current study.

The third chapter elaborates the type and design of the research methodology. This section describes issues such as the type of research approach utilized, the research design employed, participants of the study, sampling techniques, sample size and the method used to collect data, analyze and interpret the collected data.

Chapter four covers data analysis and interpretation. It discusses in detail the findings of the study based on the result of the collected data and analysis was made in this part using the statistical tools stated in the research methodology part.

The last chapter incorporates summaries of major findings, conclusions and recommendations, future research area and limitations of the study. At the end of the research, important materials that were used to conduct the study but did not added in the main part of this paper are also incorporated.

## **CHAPTER TWO**

### **2 REVIEW OF RELATED LITERATURE**

In this chapter the theoretical and empirical foundation of the study are outlined. The review gives the necessary background knowledge to the research questions and objectives. It also establishes the boundaries of this study.

#### **2.1 Theoretical Review**

##### **2.1.1 Consumer Behavior: Scope and Definition**

Consumer behavior, although mostly used to refer to the individual shopper, portrays two different consuming bodies: the ultimate/end-use consumer and the organizational consumer (Mittal, 2006). The ultimate consumer is who consumes products and services for one's own use or that of the household. And the organizational consumer buys products, equipment and services in order to run the organizations: which includes governmental agencies, companies, and institutions. The focus of this research is on the ultimate consumer. End-use consumption is perhaps the most ubiquitous/universal behavior, with choices fulfilling a social identity function (Wanke, 2009), for it involves every individual in role of either buyer or user.

Consumer behavior could be defined as how individual consumers and families or households make decisions to spend their available resources on consumption related items (Loudon and Della-Bitta, 2004). Consumer behavior embeds both mental processes and physical actions that result from choice and purchase decisions.

Consumer behavior as defined by Schiffman (2007, p. 3) is "the behavior that consumers display in searching for, purchasing, using, evaluating, and disposing of products and services that they expect will satisfy their needs". Dittmar (1994, p. 569) defines consumer behavior as "the acquisition, consumption, and disposition of goods, services, time, and ideas". In almost similar terms Weyant (1986, cited in Engel et al., 1998, p. 789), defines consumer behavior as "the way people choose to use their personal resources, particularly money and leisure time".

According to Peter and Olson (2008, p. 7-8) consumer behavior is "the dynamic interaction of affect and cognition, behavior, and the environment by which human beings conduct the exchange aspects of their lives." In other words, consumer behavior involves the thoughts and feelings people experience and the actions they perform in consumption processes. It also includes all the issues in the environment - social and psychological - which influence the thoughts, feelings, and actions. Other definitions of consumer behavior include: consumer

behavior is the activities people undertake when obtaining, consuming and disposing of products and services (Blackwell et al., 2001).

Engel et al., (1998, p.789) defines consumer behavior as

**those acts of individuals directly involved in obtaining, using, and disposing of economic goods and services, including the decision processes that precede and determine these acts.**

Consumer behavior is the decision processes and acts of people involved in buying and using products. It involves the engagement of people in acquiring products and performing other purchase related activities, motivated towards the goal of obtaining specific products to achieve a certain role (Bargh, 2002), since consumer research is the study of choices and behaviors that have value to the individual.

This being viewed, the aspect of consumer buying behavior have become a growing interest in interdisciplinary researches. An overview of similar studies is presented on the Table 1, which are also used in the discussion part of the study in chapter four.

### **2.1.2 The Concept of Consumer Behavior**

Consumer Behaviour It is broadly the study of individuals, or organizations and the processes consumers use to search, select, use and dispose of products, services, experience, or ideas to satisfy needs and its impact on the consumer and society. Customers versus Consumers the term 'customer' is specific in terms of brand, company, or shop. Schiffman (2007)

It refers to person who customarily or regularly purchases particular brand, purchases particular company's product, or purchases from particular shop. Thus a person who shops at Bata Stores or who uses Raymonds clothing is a customer of these firms. Hayden (2010) Consumer Behaviour Whereas the 'consumer' is a person who generally engages in the activities - search, select, use and dispose of products, services, experience, or ideas. Consumer Motives Consumer has a motive for purchasing a particular product. Motive is a strong feeling, urge, instinct, desire or emotion that makes the buyer to make a decision to buy. Buying motives thus are defined as 'those influences or considerations which provide the impulse to buy, induce action or determine choice in the purchase of goods or service. These motives are generally controlled by economic, social, psychological influences etc.(Blackwell et al., 2001).

Motives which Influence Purchase Decision the buying motives may be classified into two:

- i. Product Motives
- ii. Patronage Motives
- i. Product Motives

Product motives may be defined as those impulses, desires and considerations which make the buyer purchase a product. These may still be classified on the basis of nature of satisfaction: a) Emotional Product Motives b) Rational Product Motives Emotional Product Motives are those impulses which persuade the consumer on the basis of his emotion.

The buyer does not try to reason out or logically analyse the need for purchase. He makes a buying to satisfy pride, sense of ego, urge to initiate others, and his desire to be unique. Rational Product Motives are defined as those impulses which arise on the basis of logical analysis and proper evaluation. The buyer makes rational decision after chief evaluation of the purpose, alternatives available, cost benefit, and such valid reasons.

- ii. Patronage Motives Patronage motives may be defined as consideration or impulses which persuade the buyer to patronage specific shops. Just like product motives patronage can also be grouped as emotional and rational.

Emotional Patronage Motives those that persuade a customer to buy from specific shops, without any logical reason behind this action. He may be subjective for shopping in his favourite place. Rational Patronage Motives are those which arise when selecting a place depending on the buyer satisfaction that it offers a wide selection, it has latest models, offers good after-sales service etc. Knowledge of buyer motives of consumers is useful for marketers to anticipate market trends and formulate effective marketing strategies.

### **2.1.3 Need for Study of Consumer Behavior**

The study of consumer behavior helps everybody as all are consumers. It is essential for marketers to understand consumers to survive and succeed in these competitive marketing environments. Michael Solomon, Gary Bamossy (2013) the following reasons highlight the importance of studying consumer behavior as a discipline. Importance in day to day life the purpose of studying a discipline is to help oneself to better appreciate its contributions. The reason to study consumer behavior is because of the role it plays in the lives of humans. Most of the free time is spent in the market place, shopping or engaging in other activities. The extra time is usually passed in knowing and thinking about products and services, discussing with friends

about them, and watching advertisements related to them. The usage of them significantly reveals our life styles. All these reasons suggest the need for study. However, the purpose may be to attend immediate and tangible reasons. Pertinence to Decision Making Consumer behaviour is said to be an applied discipline as some decisions are significantly affected by their behavior or expected actions. The two perspectives that seek application of its knowledge are micro and societal perspectives.

The micro perspectives involve understanding consumer for the purpose of helping a firm or organization to achieve its objectives. The people involved in this field try to understand consumers in order to be more effective at their tasks. Whereas the societal or macro perspective applies knowledge of consumers to aggregate- level faced by mass or society as a whole. The behavior of consumer has significant influence on the quality and level of the standard of living.

#### **2.1.4 Consumer Involvement**

Some consumers are characterized as being more involved in products and shopping than others. A consumer who is highly involved with a product would be interested in knowing a lot about it before purchasing. Schiffman (2007) hence he reads brochures thoroughly, compares brands and models available at different outlets, asks questions, and looks for recommendations.

Thus consumer involvement can be defined as heightened state of awareness that motivates consumers to seek out, attend to, and think about product information prior to purchase.

#### **2.1.5 Causes of Consumer Involvement**

The factors that influences consumer involvement include personal, product and situational. Personal Factors Self-concept, needs, and values are the three personal factors that influence the extent of consumer involvement in a product or service. Schiffman (2012) The more product image, the value symbolism inherent in it and the needs it serves are fitting together with the consumer self- image, values and needs, the more likely the consumer is to feel involved in it. Celebrities for example share a certain self-image, certain values, and certain needs. Michael Solomon, Gary Bamossy (2013) They tend to use products and services that reflect their life style. They get highly involved in purchasing prestigious products like designer wear, imported cars, health care products etc.

### **2.1.5.1 Product Factors**

The consumer involvement grows as the level of perceived risk in the purchase of a good or service increases. It is likely that consumers will feel more involved in the purchase of their house than in the purchase of tooth paste, it is a much riskier purchase. Product differentiation affects involvement. Schiffman (2012), the involvement increases as the number of alternatives that they have to choose from increases. Solomon, Gary Bamossy (2013), this may be due to the fact that consumers feel variety which means greater risk. The pleasure one gets by using a product or service can also influence involvement. Some products are a greater source of pleasure to the consumer than others. Tea and coffee have a high level of hedonic (pleasure) value compared to, say household cleaners. Hence the involvement is high. Involvement increases when a product gains public attention. Any product that is socially visible or that is consumed in public, demands high involvement. For example, involvement in the purchase of car is more than the purchase of household items. Situational Factors the situation in which the product is brought or used can generate emotional involvement. The reason for purchase or purchase occasion affects involvement.

### **2.1.5.2 Situational Factors**

The situation in which the product is brought or used can generate emotional involvement. The reason for purchase or purchase occasion affects involvement.

Social pressure can significantly increase involvement. Solomon, Gary Bamossy (2013) One is likely to be more self-conscious about the products and brands one looks at when shopping with friends than when shopping alone. The need to make a fast decision also influences involvement. A consumer who needs a new refrigerator and sees a 'one- day- only sale' at an appliances retailer does not have the time to shop around and compare different brands and prices. The eminence of the decision heightens involvement. Schiffman (2012) The involvement is high when the decision is irrevocable, for example when the retailer does not accept return or exchange on the sale items. (Blackwell et al., 2001) Thus involvement may be from outside the individual, as with situational involvement or from within the individual as with enduring involvement. It can be induced by a host of personal-product-and situation related factors, many of which can be controlled by the marketer. It affects the ways in which consumers see, process, and send information to others.

## **2.1.6 Types of Involvement**

The two types of involvement are:

A) Situation      B) Enduring Involvement

has various facets of consumer behavior such as search for information, information processing, and information transmission. Situational Involvement Situational involvement is temporary and refers to emotional feelings of a consumer, experiences in a particular situation when one thinks of a specific product.

B) Enduring Involvement Enduring involvement is persistent over time and refers to feelings experienced toward a product category across different situations. For example, holidaymakers renting a resort for their trip are highly involved in their choice, but their involvement is temporary. Whereas involvement of a person whose hobby is bike racing endures overtime and affects his responses in any situation related to pre-purchase, purchase and post- purchase of sport bikes.Solomon, Gary Bamossy (2013) It is observed that involvement is triggered by special situation in the case of holiday makers, but in the second case, in comes from, and is a part of the consumer. The contrast between situational and enduring involvement is important. When marketers measure involvement they examine the extent to which it can be induced by the product or selling situation. After noticing the type of involvement they are facing, marketers work to control products or selling situations.

## **2.1.7 Consumer buying personality factors**

There are two factors mainly influencing the consumers for decision making: Risk aversion and innovativeness. Risk aversion is a measure of how much consumers need to be certain and sure of what they are purchasing (Donthu and Gilliland, 1996).Highly risk adverse consumers need to be very certain about what they are buying. Whereas less risk adverse consumers can tolerate some risk and uncertainty in their purchases.

The second variable, innovativeness, is a global measure which captures the degree to which consumers are willing to take chances and experiment with new ways of doing things (Donthu and Gilliland, 1996).The shopping motivation literature is abound with various measures of individual characteristics (e.g., innovative, venturesome, cosmopolitan, variety seeking), therefore, innovativeness and risk aversion were included in this study to capture several of these traits. Measures by Donthu and Gilliland (1996) were used to measure innovativeness and risk aversion.

## **2.1.8 Consumer buying perception factors**

### **2.1.8.1 Perception**

Perception is the process of selecting, organizing and interpreting information inputs to produce meaning.(Schiffman et al., 2012)the above definition of perception of perception lays emphasis on certain features:

- Perception is a mental process, whereby an individual selects data or information from the environment, organizes it and then draws significance or meaning from it.
- Perception is basically a cognitive or thinking process and individual activities; emotions, feelings etc. are based on his or her perceptions of their surroundings or environment.
- Perception being an intellectual and cognitive process will be subjective in nature..

### **2.1.8.2 Perceived Fit**

Perceived fit is an attitudinal measure of how appropriate a certain channel of distribution is for a specific product .Morrison and Roberts (1998) found that consumer's perception of the fit between a service/product and a channel is very influential in determining whether they will consider using that channel for a specific service.Solomon, Gary Bamossy (2013),In fact, perceived fit was found to be more important than consumer's preferences for the distribution method or service.

### **2.1.8.3 Quality**

Consumers often judge the quality of a product (perceived quality) on the basisof a variety of informational cues. (Schiffman et al., 2012).

- a) Intrinsic cues are physical characteristics of the product itself, such as size,color, flavor, or aroma.
- b) Extrinsic cues are such things as price, store image, service environment, brand image, and promotional message.

#### **2.1.8.4 Promotion**

The greatest challenge faced by companies today is holding and increasing their market share and value.(Schiffman et al., 2012) This is always a strenuous exercise and one of the tools for the same is marketing. There is no specific game rule available for using these marketing tools .The reason is: each promotional tool has its own characteristics.

#### **2.1.8.5 Familiarity with a Channel**

Consumer's familiarity with a channel is a measure of the general experience they have with purchasing products through specific channels (i.e.. catalog, internet, and bricks-and-mortar retailer). Solomon, Gary Bamossy (2013), through frequent use consumers should become accustomed to using the channel which reduces their apprehension and anxiety in purchasing products through the channel.

#### **2.1.8.6 Brand awareness**

According to Rossiter and Prey (1987), brand awareness precedes all other steps in the buying process. A brand attitude cannot be performed, unless a consumer is aware of the brand. In memory theory, brand awareness is positioned as a vital first step in building the bundle of associations which are attached to the brand in memory (Stokes, 1985).

#### **2.1.8.7 Family Influence**

The family is a major influence on the consumer behavior of its members.(Schiffman et al., 2012). There are many examples of how the family influences the consumption behavior of its members. A child learns how to enjoy candy by observing an older brother or sister; learns the use and value of money by listening to and watching his or her parents.Solomon, Gary Bamossy (2013), Decisions about a new car, a vacation trip, or whether to go to a local or out-of-town college are consumption decisions usually made within the context of a family setting. As a major consumption unit, the family is also a prime target for the marketing of many products and services.

### **2.1.8.8 Shopping Motives**

Shopping motives are defined as consumer's wants and needs as they relate to outlets at which to shop. Two groups of motives, functional and nonfunctional, have been proposed by Sheth (1983). Functional motives are associated with time, place, and possession needs and refer to rational aspects of channel choice. Whereas non-functional motives related to social and emotional reasons for patronage. Solomon, Gary Bamossy (2013) The functional motives included: convenience, price comparison, merchandise assortment. The nonfunctional motives entail: recreation.

### **2.1.9 Cultural and Environmental**

Everybody in this world is a consumer. Every day of our life we are buying and consuming an incredible variety of goods and services. J. Paul Peter, Jerry C. Olson (2010). However, we all have different tastes, likes and dislikes and adopt different behaviour patterns while making purchase decisions. Many factors affect how we, as individuals and as societies, live, buy, and consume. J. Paul Peter, Jerry C. Olson (2010) External influences such as culture, ethnicity, and social class influence how individual consumers buy and use products, and help explain how groups of consumers behave. The study of culture encompasses all aspects of a society such as its religion, knowledge, language, laws, customs, traditions, music, art, technology, work patterns, products, etc. Culture is an extremely critical and all pervasive influence in our life.

### **2.1.10 Consumer Decision Making Process**

The most important environment in which firms operate is their customer environment because the basic belief of marketing oriented company – that the customer is the centre around which the business revolves. J. Paul Peter, Jerry C. Olson (2010) Therefore, marketing people need to understand the processes that their customers go through when making decision. The consumer decision making process involves series of related and sequential stages of activities. The process begins with the discovery and recognition of an unsatisfied need or want. It becomes a drive. Consumer begins search for information. This search gives rise to various alternatives and finally the purchase decision is made. Then buyer evaluates the post purchase behaviour to know the level of satisfaction. The process is explained below with the help of diagram.

## STEPS IN DECISION MAKING PROCESS



Figure 1: Five steps need recognition model

### 1. Need Recognition

The buying process starts when people recognized that they have unsatisfied need, while unsatisfied need actually arises when consumer satisfaction differ from his or her present level of satisfaction (Levy, Weitz, 2004, p.111). Moreover, need arousal can be triggered by external environment or internally from the buyer itself, needs themselves arise from either physiological (biogenic) or psychological (psychogenic) states, and once a need has been aroused the buyer seek out way to satisfy it (Sullivan, Adcock, 2002, p.52). Cox & Brittan (2004) says that consumers as human have certain fundamental needs can be satisfied in quite simple ways but when it needs some complex requirements it is become a problem, the natural response to this problem is to seek a solution which lead to search of information (p.79), in other words it is reasonable to suggest that consumers are looking to satisfy needs when they buy products or services (Semenik, 2002, P152).

### 2. Information Search

Once the consumer has recognized a need, it is often not obvious what the best way to satisfy that need would be (Semenik, 2002, P153), therefore, this stage is concerned with gathering information and processing it to allow consumer to move towards a purchase decision, and this search can involve information retrieval from the buyer memory (internal) as well as external search if internal information is insufficient (Sullivan, Adcock, 2002, p.52). Semenik (2002) explained in more details what internal and external information search are,

regarding to him Internal Information Search drawing in personal past experience and prior knowledge and maybe all that is required to make the decision, thus it is important for promotion function in this stage to focus on beliefs and attitude of consumers, but when it is not enough the External Information Search will be important to help consumers collecting information they need which most of the time will be by searching about others experiences like friends and relatives, nowadays social media become the major tool for this kind of research to read and see what other people writing and saying about other brands. Moreover, marketing efforts at this stage should increase the amount of information available to consumers about products they are searching for (Al-jeraisy, 2008, p. 90-91).

### **3. Evaluation of Alternatives**

This is a critical stage in the process of buying. Following are important elements in the process of alternatives evaluation. Actually this process will developed a strong purchase intention within the mind of buyer which lead to expected purchase unless some problems arise in the period between intention development and final purchase (Sullivan, Adcock, 2002, p.53).

In addition, Semenik (2002) explain that evaluative the alternatives could be structured by the consumer's consideration set which mean subset of brands from a particular product category, and evaluative criteria which include many other factors such as price, warranty, or colour (P154).

- a. A product is viewed as a bundle of attributes. These attributes or features are used for evaluating products or brands. For example, in washing machine consumer considers price, capacity, technology, quality, model and size.
- b. Factors like company, brand image, country, and distribution network and after-sales service also become critical in evaluation.
- c. Marketers should understand the importance of these factors to consumers of these factors to consumers while manufacturing and marketing their products.

### **4. Purchase Decision**

Outcome of the evaluation develops likes and dislikes about alternative products or brands in consumers. This attitude towards the brand influences a decision as to buy or not to buy. Thus the prospective buyer heads towards final selection. In addition to all the above factors, situational factors like finance options, dealer terms, falling prices etc., are also considered. It is

not a single decision but a bundle of decisions, any one of which can result in a change of mind and an alternative route being followed (Cox, Brittan, 2004, p.80). Moreover, if we want to get specific in retailing Levy & Weitz (2004) says that consumers may not buy the product which is the highest in the list of evaluation, for sure it gives the great benefit but it may not be available in the store or it risks outweigh the potential benefits (p.122).

## **5. Post- Purchase Behaviour**

Once the purchase has been made, evaluations continues so consumer can feel that he made the right decision which meet the expectations as we called it Post-purchase satisfaction, or Post-purchase dissatisfaction if the evaluations does not meet the expectations (Sullivan, Adcock, 2002, p.53). Again promotion can play very good role in this case to make sure that consumers will be satisfied by creating appropriate expectations for a brand's performance before a purchase and by helping the consumer who has already bought the advertised brand to feel good about doing so (Semenik, 2002, P155).

### **2.1.11 Consumer Decision Rules**

These are generally referred to as information processing strategies. These are procedures that help consumers to evaluate various options and reduce the risk of making complex decisions by providing the guidelines. J. Paul Peter, Jerry C. Olson (2010) Decision rules have been broadly classified into two categories:

**1. Compensatory Decision Rules:** Consumers evaluate brand or model in terms of each attribute and computes a weighted score for each brand. The computed score reflects the brand's relative merit as a potential purchase choice. The assumption is that consumer will select the brand that scores highest among alternative brands. The unique feature of this rule is that it balances the positive evaluation of a brand on one attribute to balance out a negative evaluation on some other attribute. For example, positive attribute like high fuel efficiency is balanced with the negative evaluation of high maintenance cost. (Schiffman et al., 2012)

**2. Non compensatory Decision Rules:** In contrast to the above rule no compensatory rules do not allow consumers to balance positive evaluation of a brand on one attribute against negative evaluation on some other attribute. There are three types of no compensatory rules.

**Conjunctive Decision Rule:** In conjunctive decision rule the consumer establishes a different, minimally acceptable level as a cut off point for each attribute. In this the option is eliminated for

further consideration if a specific brand or model falls below the cutoff point on any attribute. (Schiffman et al., 2012)

**Disjunctive Rule:** It is the 'mirror image' of conjunctive rule. Here the consumer establishes a separate minimally acceptable cut off level for each attribute. In this case if an option meets or exceeds the cut off establishes for any one attribute it is accepted.(Schiffman et al., 2012)

**Lexicographic Decision Rule:** In this rule the consumer initially ranks the attributes in terms of perceived relevance or importance. Later he compares different alternatives in terms of the single attribute that is considered most important. On this top ranked alternative, regardless of the score on any other attribute, if one option scores sufficiently high it is selected and the process ends.(Schiffman et al., 2012)

### **2.1.12 CONSUMER ATTITUDES**

Attitudes an attitude describes a person's relatively consistent evaluations, feelings, and tendencies towards an object or an idea. Attitudes put people into a frame of mind for liking or disliking things and moving toward or away from them. Companies can benefit by researching attitudes toward their products. Understanding attitudes and beliefs is the first step toward changing or reinforcing them. Attitudes are very difficult to change. A person's attitudes fit into a pattern, and changing one attitude may require making many difficult adjustments. It is easier for a company to create products that are compatible with existing attitudes than to change the attitudes toward their products. There are exceptions, of course, where the high cost of trying to change attitudes may pay off.(Schiffman et al., 2012)

We can now appreciate the many individual characteristics and forces influencing consumer behavior. Consumer choice is the result of a complex interplay of cultural, social, personal, and psychological factors. We as marketers cannot influence many of these; however, they help the marketer to better understand Customer's reactions and behavior. Attitudes are defined as a mental predisposition to act that is expressed by evaluating a particular entity with some degree of favor or disfavor. The value of attitude in marketing can be explained in terms of its importance in prediction, diagnostic value and also as relatively inexpensive information that is easily obtained.(Schiffman et al., 2012)

## 2.1.13 Models of Attitude

We will now look at the various models of attitudes. But before looking at these models, we have to understand the fact that many a times our attitudes depend on the situations. Structural models of attitudes: To understand the relationships between attitudes and behavior, psychologists have tried to Develop models that capture the underlying dimensions of attitude. To serve this purpose, the focus has been on specifying the composition of an attitude to better explain or predict behavior.(Schiffman et al., 2012)

### 2.1.13.1 Tri-component Attitude Model

According to the tri-component attitude model, attitude consists of three major components,

- A. **Cognitive component:** an affective component, and a conative component. a. The cognitive component: The cognitive component consists of a person's cognitions, i.e., knowledge and perceptions (about an object). This knowledge and resulting perceptions commonly take the form of beliefs, images, and long-term memories. A utility function representing the weighted product of attributes and criteria would be used to develop the final ranking and thus choice. This model represents the process used by individuals with a strong Thinking Cognitive Style.(Schiffman et al., 2012)
- B. **The affective component:** The affective component of an attitude comprises of the consumers emotions or feelings (toward an object). These emotions or feelings are frequently treated by consumer researchers as primarily evaluative in nature; i.e., they capture an individual's direct or global assessment of the attitude-object, which might be positive, negative, or mixed reaction consisting of our feelings about an object. Buying of any product or service would be accomplished on the basis of how each product/service makes the decision maker feel. The product that evokes the greatest positive (pleasurable) affective response would thus be ranked first. The affective response may be derived through association (i.e, category attributes) or directly attributed to the interaction between the product or service and the decision maker. It is believed that the manner in which the product/service affirms or disaffirms the self-concept of the decision maker has a strong impact to the decision maker's affect response to the candidate. This model represents the process used by individuals with a strong Feeling Cognitive Style. Ordering of the three job candidates would be accomplished on the basis of how each candidate makes the decision maker feel. The

candidate that evokes the greatest positive (pleasurable) affective response would thus be ranked first. The affective response may be derived through association (i.e., category attributes) or directly attributed to the interaction between the candidate and the decision maker. It is believed that the manner in which the candidate affirms or disaffirms the self-concept of the decision maker has a strong impact to the decision maker's affect response to the candidate. (Schiffman et al., 2012)

- C. **The conative component:** The conative component is concerned with the likelihood or tendency of certain behavior with regard to the attitude object. It would also mean the predisposition or tendency to act in a certain manner toward an object.(Schiffman et al., 2012)

### 2.1.13.2 Multi-attribute Attitude Models

Multi-attribute attitude models portray consumers' attitudes with regard to an attitude "object" as a function of consumers' perceptions and assessment of the key attributes or beliefs held with regard to the particular attitude "objects". The three models, which are very popular, are: (Schiffman et al., 2012)

1. the attitude-toward-object model,
2. the attitude-toward-behaviour model,
3. the theory of- reasoned-action model.

**1) Attitude toward object model:** The attitude-toward object model is suitable for measuring attitudes towards a product or service category or specific brands. This model says that the consumer's attitude toward a product or specific brands of a product is a function of the presence or absence and evaluation of certain product-specific beliefs or attributes. In other words, consumers generally have favorable attitudes toward those brands that they believe have an adequate level of attributes that they evaluate as positive, and they have unfavorable attitudes towards those brands they feel do not have an adequate level of desired attributes or have too many negative or undesired attributes. For instance, you may like BMWs .(Schiffman et al., 2012)

**2) Attitude toward behavior model:** This model is the individual's attitude toward the object itself. The crux of the attitude-towards-behavior model is that it seems to correspond somewhat more closely to actual behavior than does the attitude-toward-object model. So taking on from liking a BMW, we may say you are not ready to

buy/drive one because you believe that you are too young/old to do so.(Schiffman et al., 2012)

**3) Theory of reasoned-action-model:** This model represents a comprehensive integration of attitude components into a structure that is designed to lead to both better explanations and better predictions of behavior. Similar to the basic tricomponent attitude model, the theory-of-reasoned-action model incorporates a cognitive component, an affective component, and a conative component; however these are arranged in a pattern different from that of the tricomponent model. (Schiffman et al., 2012)

To understand intention, in accordance with this model, we also need to measure the subjective norms that influence an individual's intention to act. A subjective norm can be measured directly by assessing a consumer's feelings as to what relevant others would think of the action being contemplated; i.e., would they look favorably or unfavorably on the anticipated action?

Theory of trying to consume the theory of trying to consume has been designed to account for the many cases where the action or outcome is not certain, but instead reflects the consumer's attempts to consume or purchase. In such cases there are often personal impediments and/or environmental impediments that might prevent the desired action or outcome from occurring. Here again, the key point is that in these cases of trying, the outcome is not, and cannot be assumed to be certain. The focus here is the "trying" or seeking part, rather than the outcome (consumption) .(Schiffman et al., 2012)

**Attitude-toward-the-ad models** the gist of this model can be explained by the following:

- 1) Normally, if you like an ad, you are more likely to purchase the advertised brand.
- 2) For a new product/brand, an ad has a stronger impact on brand attitude and purchase intention.

**Attitude Formation and Change How are attitudes formed?** It examines attitude formation by dividing into three areas:

- How attitudes are learned,
- The sources of influence on attitude formation,
- The impact of personality on attitude formation.

## 2.2 Empirical Literature Review

According to Motwani & Shrimali (2014) with the growing importance of service marketing mix, hospital administrators are becoming increasingly marketing oriented. Hospital administrators are keen to identify the factors which may affect patients' decision in selection of hospital. They also identified that in hospital service price transparency, placing hospital services at convenient location of patients, behavior of medical staff, tangibility and process through technology plays important role in differentiating services from competitors.

Chen & Kao (2011) found that the top six marketing-related ways influencing consumers' buying behavior of hospitals are: free medical consultation, referral by friends and relatives, free clinic treatments, the mailing of clinic schedules to potential customers, TV news exposure, and providing education in public health and hygiene. The top methods of promotion, yielding the highest consumer loyalty are (in order of importance): high incidence of referral by friends and relatives; TV exposure; free medical consultation; free clinic treatments; and providing education in public health and hygiene.

According to Chao-Chan Wu (2011) studied the impact of hospital brand image on patient satisfaction & loyalty. He found direct relationship between these two variables it means positive hospital brand image not only increases patient loyalty directly, but it also improves patient satisfaction through the enhancing of perceived service quality, which in turn increases the re-visit intention of patients.

In addition to Miller (2010) said that in past, a hospital could rely on its location for a stable client base. Now, patients have new ways to evaluate alternatives. Apart from convenient location patients also want to club it with comfortable environment.

Vinodhini & Kumar (2010) identified five factors that influence the creation of brand equity through successful customer relationships: trust, customer satisfaction, relationship commitment, brand loyalty, and brand awareness. They suggested that hospitals can be successful in creating image and positive brand equity if they can manage their customer relationships well.

Consuegra, Molina and Esteban (2007) examined the relationship between price fairness, customer satisfaction, loyalty and price acceptance. They found that price acceptance is directly influenced by satisfaction judgments and loyalty. In addition, price fairness influences price

acceptance indirectly through customer satisfaction and loyalty. They suggested keeping price transparency and reliability when prices are increased.

Evans (2006) suggested that social marketing practices can be useful in health care practices in many ways. During social marketing campaigns like antismoking, female feticides etc., practitioners can reinforce media messages through brief counseling. Practitioners can reinforce social marketing messages during their direct & indirect contact with patients that will enhance the credibility of doctor & hospital.

Douglas (2005) found Built environment Patient-centered care Cross-sectional study Multiple methods, including 50 personal interviews, auto photographic study with 35 patients, novice-expert cohort of patients and clinicians, and a survey of past patients (Level 4).

Key finding is that, Patients viewed the environment and internal areas of the hospital that made them feel comfortable and able to keep a sense of normalcy as having a positive effect on their feelings of well-being. Novices and experts considered the following important: good signage; controllable lighting and temperature; privacy; reduced noise levels; access to the natural environment; safety and security in internal and external areas; internal and external children's play areas; accommodations for visitors; shops and personal services; good 24-7 catering facilities; and good landscape designs with seating and garden areas.

Patients reported the general atmosphere (e.g., feel of the environment, feeling safe and at home, having the TV close by, and being able to walk around) as important. Patients felt a loss of independence and control.

Douglas (2004) identified on Built environment study was Cross-sectional study Face-to-face interviews with hospital inpatients. Study setting and study population was 21 patients in surgery, medicine, care of the elderly, and maternity in 1 hospital in the UK

Key finding he states that, Patients reported the general atmosphere (e.g., feel of the environment, feeling safe and at home, having the TV close by, and being able to walk around) as important.

Patients interviewed felt a loss of independence and control Most important factors about the built environment were privacy, a homely environment, considerations for disabilities, being able to see outside, and to get outdoors.

Fowler (1999) focus on Built environment, design type cross-sectional study, designs study outcome measures Conducted 9 focus groups with patients (Level 4). Study setting and study population Patients in ambulatory, acute care, and long-term care settings

Key finding he states that Patients and family members look for an environment that facilitates a connection to staff and caregivers, is conducive to a sense of well-being, and facilitates a connection to the outside world.

Gurses 2007 studied Effects of physical environment. design type Cross-sectional study he uses, Study Design Study Outcome Measure(s) :Survey of Patient in intensive care units (ICUs) (Level 4).

Study setting and study population 272 patients in 17 ICUs in 7 hospitals in Wisconsin

Key finding reported performance obstacles included noisy work environment, distractions from families, hectic and crowded work environments, delay in getting medications from pharmacy, amount of time teaching families, equipment not being available, patient rooms not well stocked, insufficient workspace for completing paperwork, time spent seeking supplies or patient's charts, receiving many phone calls from families, delay in seeing new medical orders, and misplaced equipment.

Rashid (2007) studied Effects of physical environment. Design type Cross-sectional study he uses, Study Design Study Outcome Measure(s): Development of a survey instrument about underlying effects of environmental features on staff perception of patient comfort, patient safety, patient privacy, family integration, and working conditions (Level 4).

Study setting and study population Nurse managers/directors in 7 adult ICUs built between 1993 and 2003.

Key finding reported None Respondents reported that private patient rooms enabled patient safety; ensured privacy of patients; access to patient status information and space for family was important; and flexible patient charting locations and adequate work surface/space were important.

## 2.2 Conceptual Frame work

Forwarding a conceptual framework for use in this study is important because of a couple of reasons. Adopting any one of the above grand models will be inappropriate as these models consider the consumers mostly as rational people who spend a considerable amount of time on searching information, evaluating alternatives and then choosing the best product.

However, for many products and especially for the category in this study, consumers will just spend a little time and effort without engaging in the sequential activities suggested (Bozinoff, 1982).

These grand models have also been criticized for generalizing the decision-making process for any service delivery defying the fact that all consumers (or purchase situations) will not pass through the extensive five stages of decision making (Bums & Gentry, 1990). In fact scholars have even discussed that in many cases grand models complicate a situation that is quite straightforward (Erasmus et al., 2001). 21<sup>st</sup> century is enhancing the complexities of life so customers are demanding more convenience from service industry & hospital sector is also not exception to it. Increasing competition is motivating hospital administrators to incorporate more and more services in the hospitals. On the counter side patients are also comparing services and facilities of various hospitals while availing medical services. The adoption of models from other studies without any adjustments and revisions do also have its own downsides. For instance most of relevant literature and supportive documents have done in out of the country, they mentioned in there study couldn't much with the current aspects of the country. According to Lilien et al. (2003), a buying behavior model that we use in a given situation shall depend on the objectives of the model-builder, the important market phenomena and the availability of relevant theories and data to support the analysis.

In fact, a model by its very nature is defined as a representation of some or all of the properties of a large system (Goodhope, 2013). Understanding of the decision making process and the establishment of theory are two of the important benefits from having a buying behavior model (Engel et al, 1995; Du Plessis et al, 1991).

Research on consumer's buying behavior has been the focus of various scholars and marketing practitioners resulting in the identification of a host of various influencing factors and the development of different models. Personal, cultural, socio-demographic and psychological factors are placed at the broader level (Kotler & Armstrong, 2014) with

situational factors like time of the day or product characteristics also influencing buying behavior (Wright, 2006). In this chapter, the researcher presents theoretical and empirical review of consumer's buying behavior to finally arrive at a model of Analyzing factors affecting influencing buying behavior in the case of Tekelehmanot General Hospital.

### **2.2.1 People (service users) mix of the hospital**

People play a crucial role in service organizations, especially during the service delivery process when the participants have interactions with customers. Service marketing has long stressed the importance of staff and particularly customer contact staff as crucial components in delivering a high quality service and contributing to overall customer satisfaction (Booms and Bitner, 1981). Currently the role of people in service delivery varies considerably across service contexts. However, the health service is one field where health staffs are considered to be of particular importance. It is widely argued that the overall quality of the delivered service for organizations such as health services is influenced, among other things, by the nature of the relationship between the customer and health providers. Storbacka et al (1994) labeled routine and critical interactions as routine and critical episodes. Customer relationships have a number of different types of episodes, and these differ with respect to content, frequency, duration, and regularity.

The doctor has significant discretion in meeting customer needs, and evaluation of the interaction is largely based on the attributes of experience and credence (Avlonitis and Indounas, 2005). Experience attributes can be evaluated only during or after the consumption of medical service. Credence attributes are hard to evaluate, even after the consumption of a medical service has occurred (Ojasalo, 1999). In health care more than in other services, the product is the person. When the patient thinks of medical care he or she thinks of the physician. The patient envisions medical care in terms of the people who deliver it. Thus the fifth P of marketing is the organization's people (Booms and Bitner, 1981).

Based on the people mix of the hospital literature, it can be hypothesized that:

***H1: the people (service users) mix of the hospital factor has significant relationship to customer (patients) buying behavior.***

### 2.2.2 Brand

Brand strategy is one of the key components of the services marketing mix strategy by which hospitals can communicate their health services to customers (Lovelock,2001). The hospital's managers must first examine the needs of customers in the environment it serves and choose the communication tools that suit the environment, based on profit and growth potential given hospital resources and objectives. Promotion can provide an opportunity to organizations to differentiate themselves at corporate and brand levels. A service promotion strategy has a number of components that are known as the "promotional mix" (Harrison, 2000). There is no one promotional tool that is able to achieve promotion strategy objectives which, in turn, means that most service organizations use more than one promotional tool in order to avoid the disadvantages of each tool. This implies that each promotional tool has different advantages and disadvantages so most service organizations try to use more than one promotional tool in order to maximize the advantages and minimize the disadvantages of each (Harrison, 2000).

Advertising is expected to play a more prominent role in a hospital's quest for market share and profits. Several specific reasons account for this contention. First, it is apparent already that competitive pressures have increased for hospitals. Many administrators seem to have increased their marketing efforts to respond to competition.

Advertising is a critical component of these efforts (Andaleeb, 1994). Andaleeb (1994) discussed advertising as being an important tool for hospitals for two reasons. First, advertising is a competitive tool for hospitals. Its effective use should assist hospitals to attract and retain clients in a rapidly changing environment where the clients are increasingly involved in selecting the right hospital. Second, a nationwide survey showed that 50 percent of consumers remembered seeing or hearing a hospital advertisement.

Word of mouth can operate through both channels. Informational influence occurs when information is accepted as evidence of reality (Lovelock, 2001). In contrast, normative influence operates through compliance, which means that the individual conforms to the verbalized expectations of referent others (Wangenheim & Bay`on, 2004).

Based on the Brand and Marketing literature, it can be hypothesized that:

***H2: The Brand factor has a significant relationship to customer (patients) buying behavior.***

### **2.2.3 Physical Evidence of the Hospital**

The appearance of a work area is similar to physical appearance, identified previously as a structural descriptor (Jones, 2003). Work area appearance relates only to the non-design aspects of the service environment, which are inherently variable in nature. These aspects include such things as cleanliness and tidiness or the general appearance of the service location on a day-to-day basis. For example, the work area at which a service encounter occurs could be dusty or cluttered with a variety of items that might distract from the customer's satisfaction with the service encounter. Although items such as furniture, wall coverings, or pictures might be designed into the service environment, their appearance could have variable aspects quite apart from the original design intent if they were dirty, torn, broken, improperly hung, or otherwise in a state of disrepair (Carter et al, 1989). Health services have a number of unique characteristics, which have crucial implications for marketing strategy. Physical evidence aids health services to tangibles the high degree of intangibility (Wangenheim and Bay`on, 2004). Other services marketing researchers (Lovelock, 2001; Palmer, 2001) have pointed out the vital importance of physical evidence in service businesses in order to send a consistent message and retain a coherent image about the organization. Palmer (2001) has focused on the vital role of providing tangibles as a significant component of the company service offer. Lovelock (2001) has argued that physical evidence is one of the vital components of the 8Ps of the services management paradigm by which the company can provide tangible objects to customers during the service delivery process and tangible metaphors used in such communications as advertising, symbols, and trademarks (Lovelock, 2001).

Based on the physical evidence literature, it can be hypothesized that:

***H3: the Physical evidence of the hospital factor has significant relationship to customer (patients) buying behavior.***

### **2.2.4 Patient Experience**

Similar to health services themselves, Patient experience are intangible judgments, attitudes, senses, and feelings that are rooted not so much in facts as in a person's psyche (Budd 1995). In service settings reputation has been shown to exercise the third most important impact on customer satisfaction (Dant, Lumpkin, and Rawwas 1998). Whenever patients possess expectations about how a service encounter is going to unfold, these expectations

generally colour their evaluations of those encounters - regardless of the actual service quality involved.

For instance, any organisation's reputation is directly related to the success with which it distributes its products or services. Satisfactory service encounters will typically lead to positive expectations about future encounters, and thus enhance the service provider firm's reputation.

By contrast, negative past experience can easily turn into premeditated resentments that can quickly injure the reputations of service provider firms.

The success with which health service provider firms manage reputation based client expectations can thus make or break those firms' fortunes.

In ordinary settings, reputations capture the estimation in which a person is held by friends, neighbors, the community, or the public in general. But in health service settings, provider reputations emerge as a result of consumers'/patients' previous and present experiences. This implies that all

aspects of these customers' future service experiences must connect together and remain consistent to fulfill a person's expectations. Past service performance reputation is one of the most important factors evaluated by travellers when choosing a hotel (Dube 2000). Preserving the quality of a health service provider's reputation is an all-encompassing task. In anysetting, positive service provider reputations are difficult to earn, easy to lose, and formidably challenging to regain.

Based on the Patient Experience literature, it can be hypothesized that:

***H4: the Patient Experience factor has significant relationship to customer (patients) buying behavior.***

### **2.2.5 Consumption Time**

Waiting time exercises a substantial influence on the degree to which consumers are dis/satisfied with a service (Katz, Larson, and Larson 1991).

Issues such as how long it takes to place an order, how efficient the service workers are, and the speed and efficiency of service delivery each combine to capture the waiting time factor. Consumer perceptions of waiting time influence quality perceptions and how customers handle these situations depend heavily on their expectations and values prior to

the evaluation experience. The longer the waiting time, the more inconvenient the experience becomes for customers, who are usually required to plan the act of consumption far in advance (Stern and El-Ansary 1996). Consequently, a reduction in waiting time to an average of thirty minutes may be more important to clients than a prolongation of the physicians' short consultation time (Aldana, Piechulek, and Al-Sabir 2001).

When delays are common and thus anticipated (if not welcomed), they probably do not create insurmountable problems. It is unanticipated waits, by contrast, that cause the most consumer dissatisfaction. With respect to services such as the Internet, for example, delays are expected or at least foreseeable, and it may not be necessary for the service providers to provide an explanation (Ching 1999). For most other services, however, service providers' provision of a reason for the delay has been positively related with customer satisfaction with service waiting time (Katz, Larson and Larson, 1991). Catalogue customers, for example, generally have had to wait longer for their orders, but they were traditionally compensated for their time expenditures by their receipt of lower prices. Since reasonable waiting time is a critical element influencing how customers perceive their consumption experience (often considered as more important than service quality), it should be dealt with appropriately. A survey found that 64% of customers wanted faster healthcare services, with the average waiting time for all care services (e.g., the time that passes between facility entry and leaving the waiting room) being approximately 72 minutes (Dant, Lumpkin, and Rawwas 1998).

Based on the Consumption Time literature, it can be hypothesized that:

***H5: the consumption time factor has significant relationship to customer (patients) buying behavior.***

### **2.2.6 Price / Location**

Customer satisfaction in addition to profitability and long term survival (Avlonitis and Indounas, 2005) is a marketing concern of service organizations. Nagle and Holden (1995) point out that if effective product development, distribution and promotion sow the seeds of organization success; efficient pricing strategy is the harvest. While effective pricing strategy can never compensate for poor execution of the first three elements, ineffective pricing can surely avoid those efforts from resulting in financial success. The price strategy

should be integrated and consistent with the other marketing mix strategies in the organization to achieve the organization objectives (Palmer, 2001). Price is one of the fundamental elements of the services marketing mix (Lovelock, 2001). Some researchers (Lovelock, 2001, Keller, 2003) have suggested that pricing is the only factor of the marketing mix strategy that produces revenues for the organization, whereas all the others are related to expenses.

The degree of complexity of pricing strategy amongst the service sector is comparatively significant due to the high degree of homogeneity between most service groups and shared service delivery and operating systems (Kotler, 2011). However, the most important concern in this research is investigating the Jeddah hospital managers' perceptions of different pricing strategies that are being used when they formulate their strategies.

Costs play a significant part in the pricing of health services. Managers must consider corporate objectives as well as costs when setting hospital prices.

Purely covering costs is unsatisfactory in view of the fact that the hospital needs to meet its monetary objectives and generate a profit. In addition to cost consideration, hospital Pricing strategy is usually influenced by consumer price elasticity. Price elasticity of demand measures the responsiveness of the quantity demanded of a service to any change in price. Segmentation approach supports the notion that disparate groups of consumers will place dissimilar values on a service, and therefore require different pricing strategies, (Booms & Bittner, 1981). The amount of location that customers are required to travel to acquire a service is related to how dis/satisfied they will be with the service once it is received. location can be assessed by either evaluating either the amounts of travel customers expend in reaching the service or the distance required to access the service that is to be received by the customer.

As a general rule, service channels tend to be shorter than product channels because they are more direct (Rosenbloom 1999).

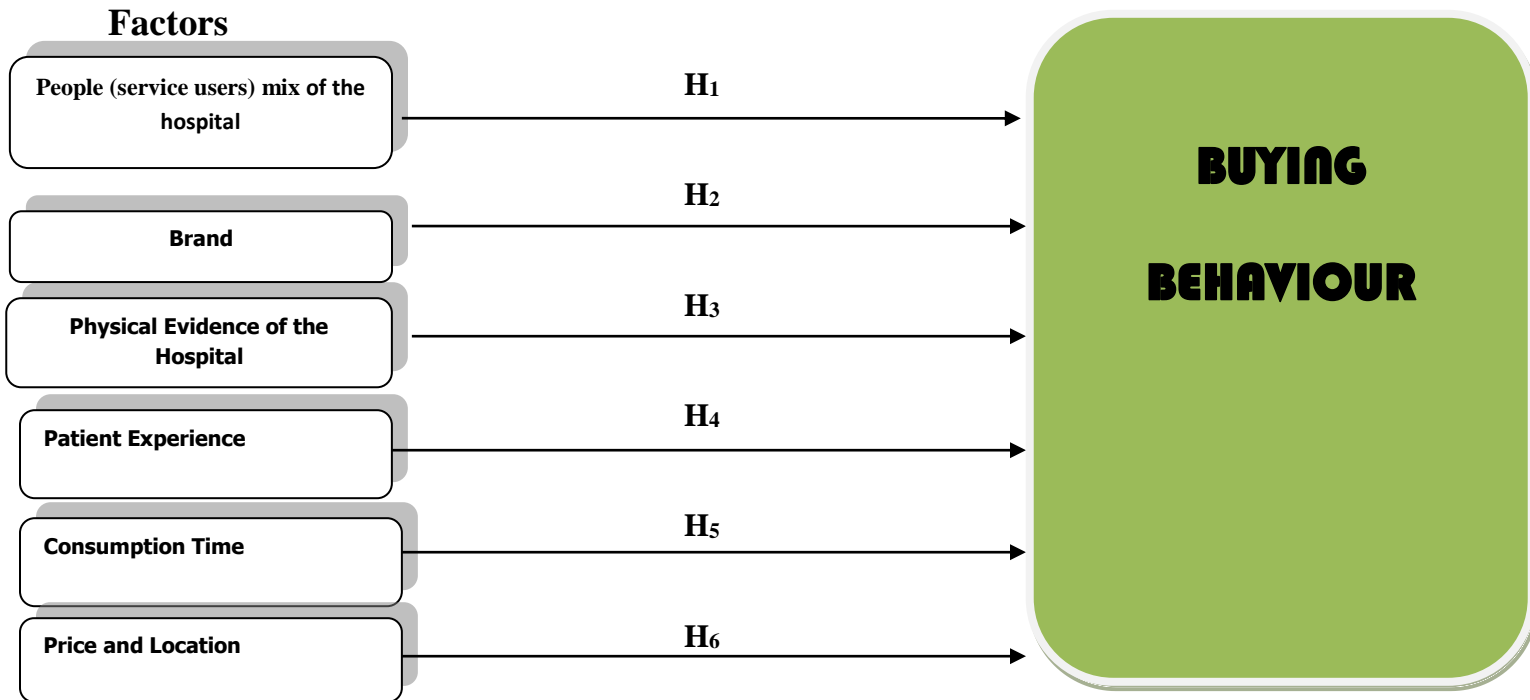
Models of spatial competition have been developed that analyse how the distance that customers must travel to receive service plays a key role in influencing where companies should plan their locations (Collins and Sherstyuk 2000). But the amount of time required for the service to be received by the customer may make or break the company's reputation (the second time around.) Service-providers are incorporating theories like JIT (just-in-time) and JIT II to gain an edge in the marketplace.

If service organizations offer a sufficient reason, then consumers may consider the extra travel time worthwhile. The opportunity to receive unique or superb health services from a

company or the unavailability of the same service from providers within their own market areas ought to generally increase customers' tolerance for travel

Based on the Price and location strategy literature, it can be hypothesized that:

***H6: Price /location factor has a significant relationship to customer (patients) buying behavior.***



**Fig: 2.2 Conceptual model Based onAdopted from Mohammed Rawwas, (2005) and Mutawani (2014) and Own Modification**

**Hypotheses**

**Main Hypotheses**

The Factors` has significant/positive relationship on customer (patients) buying behavior.

**Sub hypothesis**

H1: the People (service users) mix of the hospitalfactor has significant relationship to customer (patients) buying behavior.

H2:The Brand and Marketing has a significant relationship to customer (patients) buying behavior.

H3: the Physical evidence of the hospital factor has significant relationship to customer (patients) buying behavior. .

H4: the Patient Experience factor has significant relationship to customer (patients) buying behavior.

H5: the consumption time factor has significant relationship to customer (patients) buying behavior.

H6: Location and Price factor has a significant relationship to customer (patients) buying behavior.

# CHAPTER THREE

## RESEARCH DESIGN AND METHODOLOGY

### 3 Introduction

For Creswell (2009), research is a systematic inquiry aimed at providing information to solve problems. In order to solve the problem or answer the research questions, appropriate methodology should be designed to show how research questions are answered in the most rigorous method. Thus, methodology became very important section for obtaining the data used in chapter four and five of this study. Hence, this chapter highlights the research methodologies used in the study starting with topics related to, research approach , research design; data type and sources, target population, sampling procedures and sample size, data collection technique , method of data analysis and presentation, issues of reliability and validity and finally the ethical considerations in carrying out this research .

#### 3.1 Research Approach

A research design is defined as the plan of the study which is used as a guide to collect and analyze data (Robson, 2011). Therefore, it is a way to conduct research that usually contains a specification of the elements that need to be examined and procedures that should be used.

The first part of the research design outlines whether the research should use the deductive theory leads to observations/findings, or the inductive theory observations/findings resultsto theory. The deductive theory means that a researcher will develop a theory or hypotheses that are subjected to empirical scrutiny and design a research strategy to test and then confirm or reject the theory or hypotheses.

There are a number of differences between deductive and inductive theories. As mentioned previously, the deductive design moves from theory to data, whilst the inductive design moves from data to theory. Another difference is that most studies that adopt the deductive theory are associated more with a quantitative research approach, whilst other studies that adopt the inductive theory are associated more with a qualitative research approach (Bryman& Bell, 2007).

Since this specific research uses a quantitative approach, the researcher adopted the deductive theory to study the analyzing factors affect customer buying behavior: in the case of Tekelehamanot General Hospital.

### **3.2 Research design**

The research design sheds light on the classification of the research purpose, whether it is an exploratory, descriptive or explanatory approach. Saunders et al. (2007) discuss three different purposes that are most often used in the research methods' literature, namely exploratory, descriptive and explanatory research.

Exploratory research aims to ask questions to find out what is happening (Robson, 2011). It is concerned with discovering ideas and insights, and is suitable for any problem about which little is known (Bryman & Bell, 2007).

Descriptive research aims to provide an accurate profile of a situation or phenomenon being studied (Robson, 2011). Therefore, descriptive research is chosen when the purpose of the study is to estimate the proportion of people in a specified population who behave in a certain way, to describe the characteristics of certain groups, or to make specific predictions (Robson, 2011; Saunders et al., 2007). The final classification of research purpose is the explanatory approach which aims to study a phenomenon or a problem in order to explain the relationships between variables (Saunders et al., 2007). It is designed to provide evidence to explain such cause and effect relationships (Robson, 2011).

Explanatory approach is appropriate when the objectives of the research include: 1) determining which variables are the cause of the phenomena being studied and 2) understanding the nature of functional relationships between the variables (causes) and the phenomena being studied (effects) (Saunders et al., 2007; Robson, 2011).

Regarding the research strategy, the researcher were follow both quantitative and qualitative approaches. A quantitative approach will be used in which the investigator primarily uses postpositive claims for developing knowledge, i.e., cause and effect relationship between known variables of interest or it employs strategies of inquiry such as experiments and surveys, and collect data on predetermined instruments that yield statistical data (Creswell, 2003).

### **3.3 Research methods**

Quantitative approaches have been used for the data that we collected from respondents through questionnaire. To provide a more complete picture of evaluation, this study used to apply qualitative approaches for the data that we gather from interviews and secondary sources.

On the other way, quantitative research is a study that makes use of statistical tools to obtain findings. Instance to Kothari (2004, p. 3), “Quantitative research is based on the measurement of quantity or amount and applicable to phenomena that can be expressed in terms of quantity”. It places greater emphasis on the numerical data and statistical test to achieve conclusion that can be generalized (Saunders, Lewis & Thornhill, 2009). Again, Veal (2006), claim that quantitative research, including statistical analysis that relies on numerical evidence to draw conclusions or to test hypotheses, often, it is essential to research relatively large numbers of people and utilize computers to analysis the data to be sure of the reliability of the results. Quantitative research is used to answer hypotheses or research questions using descriptive or explanatory techniques (Malhotra & Birks, 2009).

Therefore, given the concepts of the above parts since the aim of this research was to measure CBB(Customer Buying Behaviour) of selected Hospital that is Tekelehamanot General Hospital in Addis Ababa, this research was a quantitative research design as it used data that are numeric in nature. In addition to this, since the researcher uses systematic collection and measurement of data as well as application of statistical tools to analyze and obtain the findings so as to address the raised research questions, objectives and to test the formulated hypotheses, it is a quantitative research design.

### **3.4 Data Sources and Type**

Data is one of the most important and vital aspect of any research undertaking. According to Malhotra & Birks (2009), primary data are originated by the researcher for the specific purpose of addressing the problem at hand.

Accordingly, the researcher of this project had used primary data as a source of information for this study. Even if obtaining them can be expensive and time consuming, the primary data for this research were gathered by means of a structured questionnaire that was distributed to representatives of the targeted population under study (i.e. Tekelehamanot General Hospital ) in Addis Ababa.

The major reasons for employing primary data source was to get first-hand information on customer factors Affecting CBB of in Addis Ababa with respect to Customer buying Behaviour , which became the basis for data analysis and findings in chapter four. Furthermore, other post graduated researchers those the researcher mentioned earlier like (Million, 2013; Bezawit, 2014; Beidemariam, 2014; Wasihun, 2014; Wengelawit, 2014; and Ephrem, 2015), were also utilized primary data for their studies.

### **3.5 Target Population of the study**

Parahoo (1997) defines population as the total number of units from which data can be collected, such as individuals, artifacts, events or organizations. For Kothari (2004), population refers to the total of items about which information is desired. As stated earlier in the scope of the study, this research attempted to Analyzing CBB of selected Hospital in Addis Ababa.

Hence, the target population for this study comprised of one single hospital buyers (patients) that were actually buying behavior medical services from one or more of the other health institution under study. Because the researcher believes that those Hospital service buyers have high levels of exposures and experiences about different Hospital brand and more familiar with the medical Treatment they choice while they purchase health services to first thing they have to Know advertise, Physical evidence of the hospital, Price, etc to meet their own Interest than other ordinary person. Furthermore, they are also considered as key informants as they are different from ordinary informants to the extent that they have more information to impart and are more visible. Hence, by considering the aforementioned merits, those media service buyers mentioned earlier were believed to be more worthy to be considered as the target population of this study.

## **3.6 Sample and Sampling Techniques**

### **3.6.1 Sampling Method**

According to Anol (2012), sampling is the statistical process of selecting a subset called a sample of a population of interest for purposes of making observations and statistical inferences about that population. There are two types of sampling techniques that may be divided as probability and non-probability.

Probability sample is a sampling procedure in which each element of the population has a fixed probabilistic chance of being selected for the sampling. This requires not only a precise definition of the target population, but, also a general specification of the sampling frame (Malhotra & Birks, 2006). It includes samples based on simple random sampling, systematic sampling, stratified sampling, cluster/area sampling (Kothari, 2004).

In contrast, non-probability does not use chance selection procedure, but rather rely on the personal judgment of the researcher. As to Kothari (2004, p.15), “non-probability samples are those based on convenience sampling, judgmental sampling and quota sampling techniques.” In this project, the researcher employed non-probability technique of convenience sampling for investigation, because the dominant aspect of non-probability sampling provides researcher greater freedom and flexibility in selecting the individual population units than probability sampling (Parasuraman, 1991). Convenience sampling refers to the sampling procedure of obtaining those people or units those are most conveniently available.

According to an FDRE Ethiopian National Health Care Strategy (2016-2020), currently there were six generally Acceptable dimensions, or aims of quality, as laid out by IOM: Safe, Effective, Patient-centred, Timely, Efficient, Equitable

The major reason to study hospital in the study sample was that a transfer effect exists between the factors and the CBB.

The researcher also contacts the respondents out of the total population of Hospital service buyers through non probability - purposive sampling for this study. Purposive sampling, which also called accidental or opportunity sampling is a non-probability sampling technique in which a sample is drawn from the part of the total population that is close to hand, readily available, or

convenient (Bhattacharjeend,2012; Anol, 2012). This approach also enables the researcher to obtain a large number of completed questionnaires quickly and economically (Zikmund, 2003).

Furthermore, since it is difficult for the researcher to get each representatives address in the random table list or computer generating lists and time consuming to prepare it, convenience sampling method is chosen to contact the respondents.

### **3.6.2 Sample Size**

According to Wimmer & Dominick (2006, p: 87), sample is “a proportion of the population that is representative of the entire population”. A carefully selected sample can provide data representative of the population from which it is drawn. Determining sample size is very complex as it depends on other factors such as margins of errors, degree of certainty and statistical technique. Sample size is, therefore, directly proportional to the desired confidence level of the estimate and to the variability of the phenomenon being investigated, and it is inversely proportional to the error that the researcher is prepared to accept (Corbetta, 2003).

According to Israel (2013), there are different strategies to calculate sample size. These include using census for small population, using a sample size of similar study, using published sample size tables and using formula to calculate sample size. As per the on-line published table of sample size, the sample size taken from a population of more than 500,000 with a 95% confidence interval and a 5% margin of error is 384. According to Cochran (1963) a large population's sample size can be determined by using the formula

$$n = \frac{Z^2 pq}{e^2}$$

Where n = required sample size

Z = Degree of confidence (i.e. 1.96)<sup>2</sup>

P = Probability of positive response (0.5)

q = Probability of negative response (0.5)

e= Tolerable error (0.05)<sup>2</sup>

Given that, the sample size for this study was determined by using the estimation formula developed by Cochran (1963, p.75).The reason for choosing this formula is that; it is mostly used by other researchers to measure CBB(Customer Buying Behaviour) and the total population number of this investigation is also very large and unknown. Furthermore, post graduated researchers like Million (2013); Beidemariam (2014) and Wasihun (2014) were used this estimation formula to determine sample size and attempted to measure their study using a sample size of 384 each. Hence, with a maximum variation of  $p=0.5$ , confidence level of 95% and  $\pm 5\%$  precision, the resulting sample size for this study will be:

$$n = \frac{z^2 pq}{e^2}$$

$$\frac{(1.96)^2 \times 0.5 \times 0.5}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.25}{0.25}$$

$$n = 384.16 \approx 384 \text{ Respondents}$$

However, many researchers commonly add some margin to the sample size to compensate for non-response (Israel, 2013, p.75). Taking this into consideration the researcher added 5% of the sample size and distributed 404 questionnaires in order to increase the response rate while gathered the required data from the representatives of the target population of the study.

### **3.7 Data Collection Instruments**

According to Fisher (2007), if the researcher wants to quantify the research material, then it is best to use a survey approach. In general, due to the need for high response rate and low cost as a student researcher, the survey method is found to be economical and efficient one. The questionnaires were developed from comprehensive literature review related Analyzing factors Affecting customer Buying Behavior: using model developed by Mohammed Rawwas, (2005) and Mutawani (2014) dimensions which are People mix of the hospital, Brand and Marketing, Physical Evidence of the hospital, Patient Experience, Consumption Time, and Price and location using Likert scale rated from 1 to 5 (very satisfied to very dissatisfied and from strongly agree to strongly disagree). Therefore, since the population of this research is large, the survey approach was applied to the study, because the survey approach enables the researcher to gather data at a particular point in time (cross -sectional) with the intention of describing the

nature of existing conditions. Because, survey studies enable to ask large numbers of people questions about their behaviors, attitudes, and opinions to infer characteristics or relationships of population.

### **3.7.1 Product Stimuli**

In order to examine and measure the Analyzing Factor Affecting Customer Buying Behavior, this study focused on selected Hospital as medical service company found in Addis Ababa. Based on the performance and popularity of Medical service in the Ethiopian medical Industry, and considering to avoiding respondent fatigue, only One Hospital was chosen as undertake this study. The selected hospital was used because According to Ethiopian Food, Medicine & Healthcare Administration and Control Authority (FMHACA), The hospital won best service giver among other private hospital in AddisAbaba in2017/2018.That way the Researcher wants this achievement what are factors affecting customer buying behavior among the hospital.

### **3.7.2 Measurement Instrument**

The model developed by Mohammed Rawwas, (2005) and Mutawani (2014)is adapted for Consumer Buying Decision Process: Sources of Pre- versus Post-Purchase Perceptions of Health Service Organizations. The model is modified with tri component model (Affective, conative, cognitive)26attributesfor measuring analyzing factors affecting customer buying behavior by Tekelehamanot General Hospital. The answer format is a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

Six Factors dimensions (people (service users) mix hospital, brand , Physical Evidence of the Hospital, Patient Experience and Price and location) were considered as Independent Variables to measure CBB (Customer Buying Behavior) of the current study area.

### **3.7.3 Survey Questionnaire**

Collection of data through questionnaire is quite popular, particularly in case of big inquiries. According to Creswell (2009), types of questionnaires can be divided into three types as self-administered questionnaires (hand delivered questionnaires), telephone and personal interviews. Since both telephone and personal interviews are costly, time taking , requires trained interviewers and subject to interviewer bias, self-administered questionnaire is preferred as it is low cost and do not require the involvement of the researcher (Blumberg, Cooper, & Schindler, 2008). Based on that argument, a survey questionnaire was employed to gather data from the representatives of the target population in the current study.

The survey questionnaire for this study incorporated three parts. The first part was about the demographic profile of respondents' like Gender, Education, Marital status, and Monthly Income. The second part concentrated on questions relating to their private health service choice and their hospital service relationship. Finally, the third part incorporated questions on basic information which includes items that are important to measure factors that affect customer buying Behavior In the case of Tekelehamanot general Hospital under study i.e. items intended to measure people( service users ) mix of the hospital, brand , physical Evidence of the Hospital, Patient Experience, Consumptiontime, Price /Location and the overall Buying Behavior aspect.

Apart from the first and second parts, buying Behavior measuring items that intended to measure the factors that are considered to make up the respondents buying Behavior people (service users) mix of the hospital, brand, physical Evidence of the Hospital, Patient Experience, Consumptiontime, Price /Location) and overall buying Behavior aspect were developed on five point Likert scale anchored by 1=strongly disagree to 5=strongly agree. Because it is a widely used rating scale that requires the respondents to indicate a degree of agreement or disagreement with each of a series of statements about the stimulus objects (Miller & Salkind, 2002). In general, Likert scale is used to measure respondent's attitudes of the product or service, because it is easy to construct, administer and understand.

The resulting questionnaires adopted from the Mohammed Rawwas and Mutawani (2004), were made some customized and originally drafted in English language was translated into Amharic language by one of legally operating translation offices since they have the experience and proficiency in translation. The Amharic version of the questionnaire was intended for those respondents who have low proficiency in the English language. After the translation was done, the researcher observed it if there is some gap in the translation and tried to modify it. It was also commented by the advisor on so as to refine the questions to be answerable by the respondent. Based on the feedbacks, necessary refine was made on the questionnaire before administering to the selected sample size.

It is recommended to keep the questionnaire as short as possible and give it a logical and sequential structure so that the respondent can easily see what the questionnaire is about and can follow its themes as they go through them (Fisher, 2007). Instance to this, the questionnaire was

designed in a way that is clear, brief and easy to understand and straight forward as well as covers the relevant aspects of the model used.

The data were gathered face-to-face at hospital under study. The administration took place when Medical service buyers came to buy the service from the hospital. Based on their arrival, voluntary respondents were asked with which version of the questionnaire they would be at ease to fill; the English or the Amharic version and then given the questionnaire accordingly. To increase the probability of inclusion of each medical service buyer, the data were collected through sufficient period of time due to the variation of the arrival time of each medical service buyer in the Hospital.

### **3.8 Data Analysis Techniques**

The purpose of data analysis is to organize, provide structure to, and elicit meaning from research data. The data analysis consisted of examining the surveys for correctness and completeness, coding and entering data into a database and performing an analysis of responses according to frequency distribution and inferential statistics

Following to the data collection, the researcher had been entered data to and analyze it by the use of statistical package for social science (SPSS version 20).The entered data was also counter-checked against the original version of the questionnaire in order to sort out invalid responses, to correct errors committed in the process of data entry and thereby to check the consistency of the data entered. Both descriptive and inferential statistics were applied in the analysis of the data. Because the nature of the data compiled, partly determines the appropriate method to analyzing them with the purpose of finding the research problem answer (Walliman, 2001).

Firstly descriptive statistical tools were used in the data analysis to summarize the demographic characteristic of respondents. Particularly, descriptive statistical tools such as frequencies, percentages, mean, standard deviations, and cross tabular presentation that helps the data to be as accurate as possible were employed in order to describe and interpret the demographic and other related information of the respondents.

Also, correlation analysis was applied for testing the proposed hypothesis. The objective was to find out the relationships that exist between variables of the study. So that, Pearson correlation analysis was made to see the direction and significance of the independent variable such as people( service users ) mix of the hospital, brand , physical Evidence of the Hospital, Patient

Experience,Consumption time,Price and Location) and overall buying Behavior aspect (dependent variable).

In addition, multiple linear regression analysis of all the variables was studied to investigate the extent of influence that the independent variables have on the dependent variable. The independent (exogenous) variables for this study as mentioned above were the main six factors dimensions; people( service users ) mix of the hospital, brand , physical Evidence of the Hospital, Patient experience, Consumption time,Price /Location) and overall aspect and the dependent (endogenous) variable were assumed to be customers overall buying Behavior.

### **3.9 Reliability and Validity Analysis**

The researcher used Cronbach's alpha to assess the internal consistency of variables in the research instrument. Cronbach's alpha is a coefficient of reliability used to measure the internal consistency or homogeneity of the items that comprise each scale represented as a number between 0 and 1 (Ntoumanis, 2001).Scale with coefficient alpha between 0.6 and 0.7 indicate fair reliability (Zikmund, Babin and Griffin, 2010). However, Cronbach's Alpha coefficient of 0.7 or higher is considered acceptable and adequate to determine reliability in most social science research situations. Thus, for this study, Cronbach's alpha score of 0.7 or higher has been considered adequate to determine reliability.

Instance to this the researcher carried out the pilot study to test the reliability of the construct whether the questionnaires can obtain the outcomes which the study required for meeting objectives and hypotheses of the inquiry. Accordingly 20 questionnaires were distributed and gathered up from hospital(i.e. TGH) in Addis Ababa and the value of Cronbach's alpha coefficients that were calculated for both the brand six dimensions and the overall Customer buying behavior items were presented in the table below.

**Table 3.1: Reliability test Statistics**

Measurement	Number of Items	Cronbach's Alpha
People Mix of the hospital	7	.772
Brand and Marketing	4	.772
Physical Evidence of the hospital	4	.707
Patient experience	4	.808
Consumption Time	4	.774
Price and Location	3	.730
Customer buying Behavior reliability	26	.807

*Source: Own Survey SPSS result (2018)*

As shown in the table 3.1 above, all the constructs were fulfilled the recommended cutoff point of the alpha, i.e. 0.7 ,which Cronbach’s Alpha .772 for People mix of the hospital, .772 for brand and Marketing, .707 for Physical evidence of the hospital, .808 for patient experience and .774 for Consumption Time. The overall Cronbach Alpha Coefficient for all Customer Buying Behavior is also .807. To sum up, all the constructs have confirmed as reliable variables that can be taken as an indication of acceptability of the scale for further analysis.

Validity is the extent to which differences found with a measuring instrument to reflect true differences among those being tested, (Kothari, 2004). In other words, Validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure. In order to ensure the quality of the research design, content and construct validity of the research questionnaire was checked.

According to Kothari (2004), Content validity is the extent to which a measuring instrument provides adequate coverage of the topic under study. If the instrument contains a representative sample of the universe, the content validity is good. Its determination is primarily judgmental and intuitive. It can also be determined by using a panel of persons who shall judge how well the measuring instrument meets the standards, but there is no numerical way to express it.”

Based on this definition, the questionnaire was given both to the experts in the subject matter area of study for comments and to the thesis advisor to look into the appropriateness of the questions and the scales of measurement and accordingly the refinement was made before administering the questionnaire to the respondents in addition to the researcher full engagement and effort.

### **3.10 Ethical Considerations**

An ethical consideration forms a major element in a research. The researcher adheres to promote the aims of the research imparting authentic knowledge, truth and prevention of error. (Dickert & Sugarman, 2005).

In the process of data collection, issues related to voluntary participation and informed consent was one issue that has been raised. In response the researcher was equipped with the necessary fact files to fully inform prospective participants about procedures involved in the research. To protect the privacy of participants, the principle of anonymity will strictly adhered to.

The confidentiality of filled data will also guarantee and no personally identifiable data has been collected.

While dealing with the secondary data, the necessary precaution has been taken not to misinterpret, which might lead to serious implications. The issue of plagiarism will also effectively by proper usage of cited in the study was properly acknowledged.

## **CHAPTER FOUR**

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

#### **Introduction**

This chapter covers the data analysis and finding part of the study. The data analysis was made with the help of Statistical Package for Social Science (SPSS v.20). It encompasses both descriptive and inferential statistical analysis of the collected data. The demographic profile of the study respondents, medical service buyers' and their medical service consumption frequency per a year have been analyzed and presented in this part using descriptive statistics such as frequency, percentage, mean, etc. The results of different inferential statistics like Pearson correlation coefficient and multiple regression analysis employed to test hypothesis and achieve the study objectives were also presented in this chapter. Eventually, the discussion of the findings is presented in this part.

#### **4.1 Data preparation**

To address this research objective, data were collected from medical service buyers in Addis Ababa for selected private hospital (Tekelehamanot General Hospital). Consequently, the researcher distributed 384 questionnaires and out of these 367 was collected which its response rate accounts for 95.57%. Subsequently, the data collected using the questionnaire were coded for each question, since coding of data is necessary for transferring and editing data in SPSS. In order to make all the collected data suitable for the analysis, all questionnaires were screened to be complete. During the data editing process the questionnaires were checked for errors and all returned questionnaires were free from any error therefore considered fully responded questionnaires considered in the study.

#### **4.2 Demographic Profile of the Respondents**

This part tries to elaborate the characteristics of the respondents (medical Health service buyers) in terms of gender, age, educational status, Monthly Income, No of family, Marital status, Accordingly, the following variables about the respondents were summarized and described in the subsequent part.

Table 4.1: Demographic Profile of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Gender</b>	Female	195	53.1	53.1	53.1
	Male	172	46.9	46.9	100.0
<b>Age</b>	18-25years	110	30.0	30.0	30.0
	26-30 years	93	25.3	25.3	55.3
	31-40 Years	69	18.8	18.8	74.1
	40-50 Years	69	18.8	18.8	92.9
	Above 51	26	7.1	7.1	100.0
<b>Education background</b>	high school complete	106	28.9	28.9	28.9
	Diploma	86	23.4	23.4	52.3
	first degree	148	40.3	40.3	92.6
	masters and above	27	7.4	7.4	100.0
<b>Income</b>	Below 2000 birr	25	6.8	6.8	6.8
	2001-4000	89	24.3	24.3	31.1
	4001-7000	92	25.1	25.1	56.1
	Above 7000	161	43.9	43.9	100.0
<b>Family Size</b>	Single	135	36.8	36.8	36.8
	2	52	14.2	14.2	51.0
	3	39	10.6	10.6	61.6
	4	68	18.5	18.5	80.1
	5 and above	73	19.9	19.9	100.0
<b>Marital Status</b>	Single	211	57.5	57.5	57.5
	Married	156	42.5	42.5	100.0
<b>Total</b>		<b>367</b>	<b>100.0</b>	<b>100.0</b>	

Source: Own survey SPSS Result (2018)

Table 4.1 shows the information of 367 usable respondents of this research by dividing from gender. Accordingly, from the total respondents, male respondents constituted 46.9 % (172) whereas female respondents constituted the remaining 53.1% (195). That means in this investigation the number of Female medical service buyers who visited hospital constituted the highest percentage than that of Male medical service buyers which implies that the majority of medical service buyers in the hospital are Female.

Education plays an important role in influencing human action, the impulse and motives that sustain and regulate all mental activity and behavior of individual (Bytiqi, 2008). In terms of educational classification the above table 4.1 indicated that, almost all of the respondents'

educational level is First degree holders. Out of the 367 respondents, 28.9% (106) of them were high school complete, 23.4 % (86) of the respondents were diploma, and 40.3% (148) of them were first degree holder and the remaining 7.4% (27) of respondents' responded Master and above. This implies that, the majority of medical service buyers who visited theHospital to buy medical services had first degree holder.

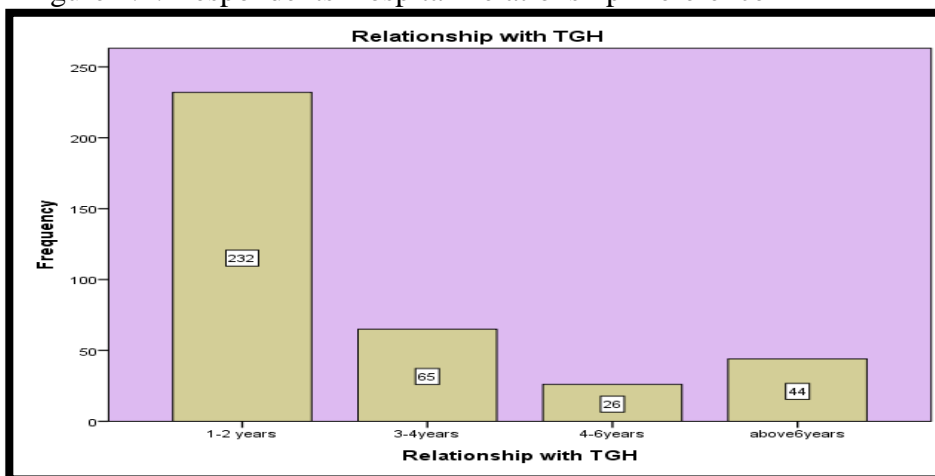
Also, as depicted in table 4.1 above, out of 367 usable respondents, 6.8. % (25) of them were Below 2000 monthly income followed by 2001-4000 birr monthly income earner for 24.3 % (89) and the rest of respondents were 4001-7000 and above monthly income rated constituted 25.1 % (92) and 43.9 % (161) respectively which indicated that, the majority of Private health service buyers came to buy to those who are a willing to care their health in private health service is earn above 7000 birr in month because they have a financial freedom to choose Private heath institution.

Furthermore, the table 4.1 above shows that 36.8 % (135) of respondents who visited Private health hospital to buy medical services were responded that they are single, 14.2% (52) replied 2 family membersthey have, 10.6% (39) were responded 3 family member they have and the remaining 18.5 % (68) and 73(19.9) were responded they are 4 family and 5 and above respectively.

Finally, the table 4.1 above shows that 57.5(211) of respondents who visited private health hospital to buy medical service were single not married, the remaining 42.5(156) respondent replies they are married, this implies that single respondent have they are easy to judge where they to go to get a medical service and also have a financial capability.

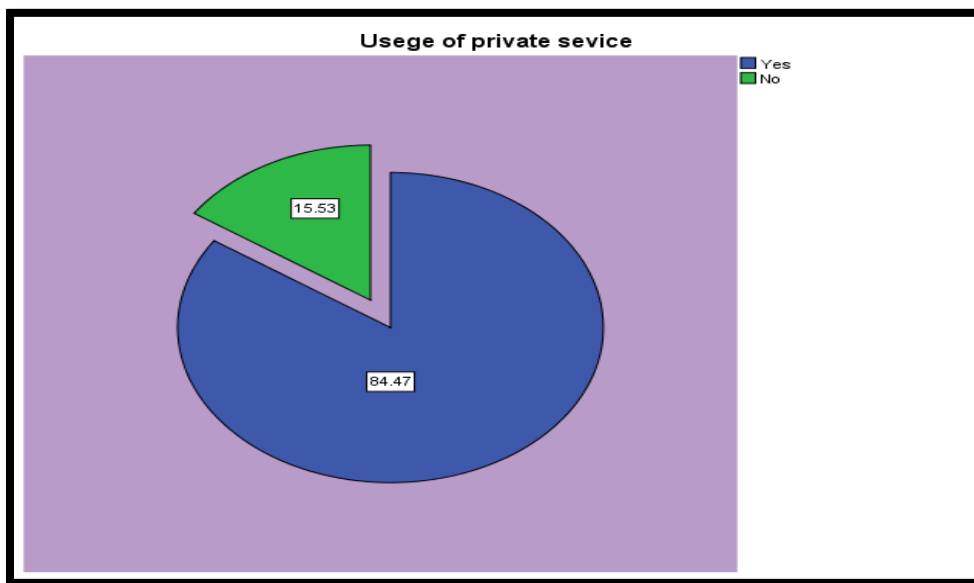
#### 4.2.1 Hospital Relationship of the respondents:

Figure 4.2: Respondents Hospital Relationship Preference



Source: Own survey SPSS result (2018)

As Figure 4.1 above demonstrates the selection of most usually preferred private health care is 1-2 years relationship, which generally reflects new customer of the hospital account 63.2%. From the total 367 medical services buyer respondents responses indicate that, 17.7.0% (3-4 years) respondents responded that they were usually preferred to buy medical services of before 3 years they know the hospital well, which ranks the 2nd place, whereas 4-6 years was occupied 7.1.% (26) which take the third place and subsequently, 12.0% (44) of the participants were usually preferred to Tekelehamanot general hospital for the last 6 years which take the fourth position in this research paper.



#### 4.2.2 Private Health service consumption

**Figure 4.2: Medical service consumption frequency of the respondents**

*source: Own survey SPSS result (2018)*

Regarding medical service usage, respondents were asked how frequently they use medial service of the private hospitals that most of the time preferred to buy a medical service in private. Accordingly, the majority of the respondents which make up 84.47% use medial services exposer before they come in tekelehanonot general hospital. Those who didn't consume or exposed before a private hospital account for 15.53 % the reason way they exposed to it, they don't have enough money, lack of awareness, they use a medical service to other governmental health Centre, hospital even cultural medicine they take.

**Table 4.2: Most frequently medical service use by the respondent**

		Responses		Percent of Cases
		N	Percent	
Medical service buyer	service doyou use in hospital- <b>Emergency</b>	179	31.3%	50.4%
	service doyou use in hospital- <b>MCH</b>	57	10.0%	16.1%
	service doyou use in hospital- <b>Inpatient</b>	96	16.8%	27.0%
	service doyou use in hospital- <b>Pharmacy</b>	32	5.6%	9.0%
	service doyou use in hospital- <b>Outpatient</b>	140	24.5%	39.4%
	service doyou use in hospital- <b>Surgical</b>	14	2.5%	3.9%
	service doyou use in hospital- <b>Other</b>	53	9.3%	14.9%
Total		571	100.0%	160.8%

Source: Own survey SPSS result (2018)

As we can see from table 4.2 above, among medical service buyers multi response of the respondent usually preferred to buy from Emergency; 31.3% (179) of them consume medical services occasionally followed by Outpatient account for 24.5% (140). The remaining respondents who preferably use Inpatient medical services constituted 16.8 % (96), Mother and child account for 10.0 % (57) and pharmacy 5.6% (32) responded that they use only on Pharmacy item buyers. On the contrary when we see for Surgical medical service, who usually preferred to buy from this service, 2.5% (14) meanwhile, 9.3% (53) are consume or to buy use other service like medical checkup, follow up, referral and the like.

### **4.3 Descriptive Statistics of Customer buying Dimensions**

In order to compare the respondents' customer buying, descriptive statistics of mean and standard deviation was used. The mean indicates to what extent the sample group averagely agrees or disagrees with the different statements of the constructs used in this study, where as the standard deviation describes how the responses are diverse from the mean for a given construct. The higher the mean, the more the respondents agree with the statement while the lower the mean the more the respondents disagree with the statement.

As a measurement of customer buying dimension, Table 4.3 to Table 4.9 presents the items from people mix of the hospital, brand and Marketing, Physical Evidence of the Hospital, Patient Experience and Price and location. Subsequently the comparison of the 6 factors of customer buying dimensions descriptive mean score and standard deviation is presented in table 4.7 all parts of the dimensions are processed, analyzed and interpreted in order to achieve the desired result as follows.

#### **4.3.1 People in the service delivery of the hospital**

The manner in which customers are treated by the service organization's employees is one of the first perceptions consumers have about any service.

The degree to which consumers are involved in the production of a service is almost always higher than their involvement with products (Rosenbloom 1999). For customers to be satisfied with a company's service offerings, they must be delivered by a friendly staff. Past research reveals that a number of organizational and human resources practices can positively affect customer attitudes about service quality (Rosenbloom 1999, Aldana, Piechulek, and Al-Sabir 2001). For example, employee attitude has a significant effect on service quality perceptions in this industry (Rosenbloom 1999). Respect and courtesy are even more important than the technical competence of the provider (Aldana, Piechulek, and Al-Sabir 2001).

**Table 4.3: people (service users) mixof the hospital analysis**

Items measuring People in the service delivery of hospital.	N	Mean
Qualified and Experienced doctors Can influence your Buying decision Behavior.	367	4.31
Your Buying Behavior is influenced by Trained Nursing staff.	367	4.20
Individual attention to the customer can helps to you becomes loyal customer.	367	4.31
You're Courteous and Friendly support staff convinces.	367	4.20
At this hospital, famous physicians with good reputations exist.	367	4.32
At this hospital, physicians have decent appearances and uniforms.	367	4.33
There are sufficient physicians at this hospital	367	4.13
people (service users) mix of the hospital	367	<b>4.255</b>

Source: Own survey SPSS result (2018)

As it can be seen from table 4.3 above, the mean value of people mix of the hospital is 4.255 and the highest mean score is obtained for the item “Qualified and Experienced doctors can influence your buying decision behavior” and “Individual attention to the stuff can helps to you become loyal customer”with the same mean score of 4.31 which show that the majority of the respondents almost strongly agree that Qualified and experience doctors and individual attention to buy the medical service in TGH. While the item “Trained Nursing staff and supporting staff” scored the moderate with a mean score of 4.20

### 4.3.2 Brand

Brand consists of “all brand related thoughts, feelings, perceptions, images, experiences, beliefs, attitudes and is anything linked in memory to a brand (Kotler and Keller 2006, p.188). Hence, 4 items related to brand and Marketing asked to the respondents. Table 4.4 shows the analysis about brand and Marketing mean and standard deviation.

**Table 4.4: Brand Analysis**

Items measuring Brand	N	Mean
The Brand Name of the hospital helps you to create awareness about the company.	367	4.60
TGH Promotional way and come to your mind quickly.	367	4.06
You're buying behavior decisions influenced by TGH advertising.	367	4.06
Advertising campaign can lead you your Buying behavior	367	4.60
Brand	367	4.33

Source: Own survey SPSS result (2018)

As shown in Table 4.4, the mean value of brand association is 4.33 that they have strongly agreed with the constructs and the respondents scored the highest mean value relatively for the item “The Brand Name of the hospital helps you to create awareness about the company” and “Advertising campaign can lead you your buying behavior” with a mean score of 4.60 whereas the agreed obtained from the item which states “TGH promotionalway and come to your mind quickly” and “your buying behavior influenced by TGH” with mean score of 4.06. This implies that all the respondents have a good level of brand and marketing levelto create awareness and buying behavior.

### 4.3.3 Physical Evidence of the hospital

Physical evidence is: The environment in which the service is delivered and where the firm and the customer interact, and any tangible commodities that facilitate performance or communication of the service. The services cape is the actual physical facility where the service is performed, delivered, and consumed; because services are intangible, customers often rely on tangible cues, or physical evidence, to evaluate the service before its purchase and to assess their satisfaction with the service during and after consumption. Hence, 3 items related to Physical evidence of the hospital asked to the respondents. Table 4.4 shows the analysis about brand and Marketing mean and standard deviation.

**Table 4.5: Physical evidence of the hospital Analysis**

Items measuring physical evidence of the hospital	N	Mean
The extent of In Built Pharmacy facility powerful tool to get customer buyer behavior.	367	3.87
You’re buying preference influenced by the Infrastructure and physical Environment.	367	4.15
The extent of Modern equipment and lab of hospital is a Motivating buyer behavior.	367	4.15
Physical evidence of the hospital	367	<b>4.05</b>

Source: Own survey SPSS result (2018)

As depicted in Table 4.4 above, the mean value of physical evidence is 4.05 and the item state that “infrastructure and physical evidence” “modern equipment” scored the highest among the list of items related to physical evidence with a mean score of 4.15 while the respondents gave the least score of 3.87 to the item “In built pharmacy facility powerful tool to get customer buying behavior” This clearly indicates that even though the respondents see physical evidence of the hospitalis a major issue to overcome in change buying behavior.

#### 4.3.4 Patient experience

Similar to health services themselves, reputations are intangible judgments, and attitudes, senses, and feelings that are rooted not so much in facts as in a person's psyche (Budd 1995). In service settings reputation has been shown to exercise the third most important impact on customer satisfaction (Dant, Lumpkin, and Rawwas 1998).

Whenever patients possess expectations about how a service encounter is going to unfold, these expectations generally colour their evaluations of those encounters - regardless of the actual service quality involved. With this idea, 4 items related to patient experience were raised to the respondents and the results of the Mean score and the Standard deviation analysis is displayed in table 4.6 below.

**Table 4.6: Patient experience of the hospital Analysis**

Items measuring patient experience of the hospital	N	Mean
Your buying behavior is influenced by past Experience with the hospital.	367	4.42
Positive word of mouth of the hospital can judge your buying behavior.	367	4.34
You are feeling safety regarding medical treatment in TGH.	367	4.34
Good Reputation in TGH can give you to decide to influence in Buying Behaviors.	367	4.42
Physical Evidence	367	4.38

Source: Own survey SPSS result (2018)

As depicted in Table 4.6 above, the mean value of physical evidence is 4.38 and the item state that "Buying behavior is influenced by past experience with in the hospital" "Reputation in TGH can give you to decide to influence in buying behavior" scored the highest among the list of items related to patient experience with a mean score of 4.42 while the respondents gave the narrow score of 4.34 to the item "positive word of mouth of the hospital" This clearly indicates that even though the respondents see patient experience of the hospital is a major issue to overcome to stay in buying behavior.

#### 4.3.5 Consumption(waiting) Time

Waiting time exercises a substantial influence on the degree to which consumers are dis/satisfied with a service (Katz, Larson, and Larson 1991). Issues such as how long it takes to place an order, how efficient the service workers are, and the speed and efficiency of service delivery each combine to capture the waiting time factor.

Consumer perceptions of waiting time influence quality perceptions and how customers handle these situations depend heavily on their expectations and values prior to the evaluation experience. The longer the waiting time, the more inconvenient the experience becomes for customers, who are usually required to plan the act of consumption far in advance (Stern and El-Ansary 1996). Consequently, a reduction in waiting time to an average of thirty minutes may be more important to clients than a prolongation of the physicians' short consultation time (Aldana, Piechulek, and Al-Sabir 2001). With this idea, 4 items related to Consumption (waiting) time were raised to the respondents and the results of the Mean score and the Standard deviation analysis is displayed in table 4.5 below.

**Table 4.7: Consumption (waiting) Time of the hospital Analysis**

Items measuring consumption (waiting) Time	N	Mean
The Health service time of TGH is convenient	367	4.12
The least waiting time of the hospital is attractive	367	4.01
Quick response result system of the hospital is reliable.	367	4.12
Perceived short waiting time in examination room	367	4.01
Consumption(waiting) Time	367	<b>4.065</b>

Source: Own survey SPSS result (2018)

As depicted in Table 4.7 above, the mean value of Consumption(waiting) Time is 4.065 and the item state that "Health service Time of TGH is convenient" "Quick response result system of the hospital is reliable" scored the highest among the list of items related to Consumption ( waiting) Time with a mean score of 4.12 while the respondents gave the narrow score of 4.01 to the item "least waiting time of the hospital is attractive" This clearly indicates that even though the respondents see consumption (waiting) Time is a major issue to overcome to stay in hospital.

#### **4.3.6 Price / Location**

The amount of Price and location that customers are required to travel to acquire a service is related to how dis/satisfied they will be with the service once it is received. Travel distance can be assessed by either evaluating either the amounts of travel customers expend in reaching the service or the Distance required accessing the service that is to be received by the customer.

As a general rule, service channels tend to be shorter than product channels because they are more direct (Rosenbloom 1999).

Health service providers understand that they must increase output and reduce the costs in order to succeed. This principle is apparent in the utility service industry, where companies have moved toward “leaner” production

and more efficient delivery (i.e., shorter patient treatment cycles). To lower costs, companies must be willing to try new ideas and apply innovative technologies, all in efforts to boost productivity and trim expenses, without short selling the holy grail of service quality. With this idea, 3 items related to Price and locations were raised to the respondents and the results of the Mean score and the Standard deviation analysis is displayed in table 4.8 below.

**Table 4.8: Price / Location of the hospital Analysis**

Items measuring Price / location	N	Mean
The location of the hospital Place is convenient.	367	4.23
The price of the medical treatment is affordable.	367	3.72
In TGH the arousal feeling of your desire buying behavior in Credit health facility.	367	3.72
<b>Price / Location</b>	367	<b>3.89</b>

Source: Own survey SPSS result (2018)

As depicted in Table 4.8 above, the mean value of Price and Location is 3.89 and the item state that “Location of the hospital is convenient” scored the highest among the list of items related to Price and location with a mean score of 4.23 while the respondents gave the vast gap of score of 3.72 to the item “price affordable and credit health facility” This clearly indicates that even though the respondents see price is a sensitive issue to overcome to stay or not in hospital because it’s difficult to private medical care without profit.

### 4.3.7 Buying Behaviorstricomponent Analysis

In order to test the respondents overall Customer Buying Behaviors, four items were asked to the respondents to answer. Table 4.9 shows the Mean score and Standard deviation analysis regarding the overall Customer buying Behaviors of the respondents.

**Table 4.9: Buying Behavior tricomponent Analysis**

Items measuring overall Buying Behavior	N	Mean
The Health Care in TGH is of a good Standard.	367	3.98
The Infrastructure in the hospital is good.	367	3.99
The medical service offers value for money.	367	4.00
Affordability to take medical treatment of the hospital.	367	4.19
You will recommend visiting the hospital to others.	367	4.25
You will revisit the hospital again.	367	4.34
you will visit other Hospital	367	4.00
TGH as a preference of your medical care.	367	4.19
You like the medical treatment, Attractiveness of TGH on service delivery, patient safety and professional commitment to feeling good.	367	4.25
Degree of fascinating medical treatment and staff makes you feeling happy.	367	4.03
You are happy to attend the hospital medical treatment and staff.	367	4.23
The medical examination technology of TGH creating excitement feeling.	367	4.16
Buying Behaviour		4.13

Source: Own survey SPSS result (2018)

As can be seen from table 4.9, the mean value of overall brand equity is 4.13 and the respondents gave a strong mean score of 4.34 to the item “Revisit the hospital again” implying that they have willing to stay in the hospital and they have strongly attachment to the hospital (TGH). The respondents also gave a relatively higher mean score to the item “recommend visiting the hospital to others.” with the mean score of 4.25 which means that even they have a good publicity of good word of mouth.

### Comparison of Buying Behaviors Dimensions Descriptive Mean Score

In this section, each element of factors results from the respondents was compared to show Buying Behaviour for medical service buyer's perception of the selected the hospital(TGH) under study in Addis Ababa. In summary the mean and standard deviation of each factor dimension is presented (see table 4.10 below)

**Table 4.10: summarizes the Mean score and Standard deviation results of the six determinants of buying Behavior.**

Buying Behavior dimensions	N	Mean
People in the service delivery of the hospital	367	4.255
Brand	367	4.333
Physical Evidence of the hospital	367	4.055
Patient experience	367	4.388
Consumption Time	367	4.065
Price / Location	367	3.891

*Source: Own survey SPSS result (2018)*

As described in table 4.10, the buying behavior with the highest mean score is Patient Experience with a mean value of 4.388; followed by brand and Marketing 4.333, People mix of the hospital 4.255 consumption time 4.065 and finally price and location 3.891 respectively, which indicate that the respondents show somehow an agreement to the questions raised during the survey and have positive of implication of medical services they consume. On the other hand, high standard deviation is scored for price and location followed by consumption time among the entire dimensions implying that the data is slightly wide spread from the mean. That means the respondents have relatively diverse perception, whereas lower standard deviation is obtained relatively from Physical evidence of the hospital and People mix of the hospital indicating that the respondents' perception has matched in their responses.

## 4.4 Correlation Analysis

To meet this research objective, the researcher conducted correlation analysis because Correlation analysis helps the researcher to investigate the direction and strength of relationships between the dimensions of factors and customer buying Behavior of Tekelehamanot General hospital in Addis Ababa. Correlation coefficients take values between -1 and 1 ranging from being negatively correlated (-1) to not correlated (0) to positively correlated (+1). Hence, to determine the existence and level of association, Pearson correlation analysis was made to provide evidence of convergent validity. Pearson correlation coefficients reveal the magnitude and direction of relationships (either positive or negative) of the relationship (-1.0 + to 1.0). It is also used to rank the variables that have the strongest influence on the overall customer buying with regard to medical service buyers of the specific hospital under study because Correlations are perhaps the most basic and most useful measure of association between two or more variables (Marczyk, Dematteo & Festinger, 2005).

In order to interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed for simplicity. Field's (2005) classification of the correlation coefficient( $r$ ) is as follows: correlation of 0.1- 0.29 is considered weak; a correlation of 0.3- 0.49 is considered moderate; and correlation of greater than 0.5 is considered as strong. Based on these assumptions, all basic constructs were included in the correlation analysis and a bivariate a two-tailed test of statistical significance at the level of 95% significance,  $p < 0.05$  correlation analysis was made. Table 4.11 below indicates the relationship between each 5 factors dimension and the overall customer buying behavior the medical service buyer under study in TGH Addis Ababa.

**Table 4.11: Correlation Analysis**

		People	Brand	Physical evidence	Past Experience	Consumption time	Price / location	Buying Behaviour
People	Pearson Correlation	1						
	Sig. (2-tailed)							
Brand	Pearson Correlation	.051	1					
	Sig. (2-tailed)							
Physical evidence	Pearson Correlation	1.000**	.051	1				
	Sig. (2-tailed)							
Past Experience	Pearson Correlation	.334**	-.037	.334**	1			
	Sig. (2-tailed)							
Consumption time	Pearson Correlation	.390**	.017	.390**	.231**	1		
	Sig. (2-tailed)							
Price & location	Pearson Correlation	.154**	.037	.154**	.204**	.136**	1	
	Sig. (2-tailed)							
Buying Behaviour	Pearson Correlation	.261**	-.215**	.261**	-.059	.252**	.194**	1
	Sig. (2-tailed)							367

**Source: Own survey SPSS result (2018)**

Table 4.11 above illustrates the correlation coefficients of the six factors considered to factors affecting on Customer buying were positively related to the overall buying behavior within the range of 0.261 to 0.194,-0.215 to 0.261,0.252 Buying Behavior respectively.

Except Past experience were even insignificant at  $p < 0.059$  level. The result indicates that there is a weak correlation between over buying behavior ( while Physical evidence and price/location show a positive significant relationship with the buying behavior of ( $r = 0.261, p.000 < 0.01$  and  $r = 0.194, p.000 < 0.01$ ) respectively. According to the above Pearson correlation coefficient result among the six dimensions of used in this paper, there is a strong positive significant relationship between price and location the buying behavior .In general; it is possible to deduce that the relationship between the buying behaviors over 6 factors is statistically significant except people mix of the hospital.

Table 4.10 also showed the correlation of the independent variables within themselves. It can be noted that all variables are positively correlated with each other. Amongst the correlation between physical evidence and people ( $p = .261$ ) is relatively the strongest one while the correlation is small between Brand ( $p = -.215$ ) respectively, Thus, the relations that exist between the dimensions of factors might affect buying behavior by influencing each other.

## 4.5 Model assumptions

### 4.5.1 Normality Test

Shukla (2009) stated that skewness and Kurtosis test, the low difference between mean and median is the basic ways to check the normality of the data. (Shukla, 2009) positive skewness values suggest clustering of data points on the low value (left hand side of the bell curve) and negative skewness values suggest clustering of data points on the high values (right hand side of the bell curve). The data in the study suggest the response is clustering of the high values (right hand side of the bell curve) .Positive kurtosis value suggests that the data points have peaked at (gathered in the center) with long thin tails. The data set is of a thin bell shape value. Kurtosis below zero (0) suggests that the distribution of data points is relatively flat (Shukla, 2009). (see appendix 2B

**Table 4.12 Normality Test**

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
People	367	-.309	.127	.344	.254
Brand	367	-.410	.127	-.301	.254
Physicalevidence	367	-.005	.127	-.353	.254
Pastexperience	367	-.230	.127	-.769	.254
Consumptiontime	367	.068	.127	-.168	.254
Price/location	367	.451	.127	-1.035	.254
Valid N (listwise)	367				

Source: Own survey SPSS result (2018)

According to Yi ( 1988) one of the first thing that should be taken care of before proceeding in to the main part of the analysis, is to check whether the data are normally distributed or not. For this checking, Yi (1988) suggests that, the standardized skewness distribution result and Kurtosis result must be between the ranges of  $\pm 2.58$ . According to the above table, both the standardized skewness and kurtosis results fall in the given range. So this was a good signal to start with the subsequent analyses since the data are normally distributed (see the detail graphical presentation in Appendix 2B).

## 4.5.2 Multi colinearity Assumption

Multi-co linearity refers to the situation in which the independent variables are highly correlated. When the independent variables are multi-co linearity, there is overlap or sharing of predictive power (Dillon, 1993). When the predictor variables are correlated among themselves, the unique contribution of each predictor variable is difficult to assess. This is because of the overlapped or shared variance between the predictor variables, i.e., they are multi-collinear.

Thus, the researcher of this paper believed that, it is important to check for the multi-co linearity in regression. One way of doing this is to check the Variance Inflation Factors (VIF) and the Tolerance Values. This would help in identifying any possible problems with multi-co linearity even when the problem is not evident in the correlation matrix. According to Pallant (2005), the VIF values above 10 and tolerance value below 0.10 indicate multi-co linearity. Hence, both the “tolerance” values (greater than 0.10) and the “VIF” values (less than 10) are all quite acceptable.

Regarding this study the tolerance value ranges from 0.709 to 0.991 and the values of VIF for all the independent variables are below 2 showing no indications of multi-co linearity (see table 4.13 below).

**Table 4.13: Multi-Co-linearity Statistics Test**

Model	Collinearity Statistics	
	Tolerance	VIF
People	.979	1.022
Brand	.991	1.009
Physicalevidence	.709	1.410
Pastexperience	.820	1.220
Consumptiontime	.803	1.245
Price/location	.931	1.074

a. Dependent Variable: Customer Buying Behavior (Affective, conative, cognitive)

## 4.6 Regression Analysis

Regressions fit a predictive model to data and use the model to foresee the value of the dependent variable from one or more independent variables (Andy, 2005). Hence, in order to see the contribution of factors that shape the customer with respect to perception, multiple linear regression analysis was employed. Multiple Linear regression estimates the coefficient of the linear equation, involving one or more independent variables that best predict the value of the dependent variables.

Buying behavior was used as the dependent variable while the underlying six dimensions (independent variables) with Customer buying behavior –Cognitive, conative, affective (dependent variables) is .411 and  $R^2$  value .369 that indicated how much of the variance in the measure of factors affecting of medical service buyer customers is explained by the underlying six dimensions of the Customer Buying Behavior.

Accordingly, 36.9% ( $R^2 = .369$ ) of variance in respondents' factors affecting of buying behavior in TGH, Addis Ababa was explained by the six independent variables (People mix, Brand and Marketing, Physical Evidence, patient Experience, Consumption time, Price and location)together whereas the remaining 63.1% variations is factors that affect by other variables not considered in this project. This shows that there are other variables (Factors) which can affect the Customer buying behavior in Tekelehamont General Hospital, Addis Ababa which are out of this model.

**Table 4.15: Multiple Regression Analysis**

Coefficients <sup>a</sup>						
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(Constant)	1.021	.087		11.713	.000
	People mix	.356	.118	.164	3.022	.000
	Brand	-.226	.048	-.228	-4.736	.000
	Past experience	.050	.047	.056	1.072	.284
	Consumption time	-.177	.043	-.215	-4.091	.000
	Price and location	.144	.026	.272	5.516	.000

a. Dependent Variable: buyingbehavior

Excluded Variables <sup>a</sup>					
Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
					Tolerance
1	Physical evidence	. <sup>b</sup>	.	.	.000

a. Dependent Variable: Affective, conative, Cognitive

b. Predictors in the Model: (Constant), people mix, Brand and marketing, price and location, past experience, consumption time

Source: own survey SPSS result (2018)

dimensions factors (people, brand, Physical Evidence of the Hospital, Patient Experience and Price/ location.) were used as the independent variables in this project. Thus, the regression analysis has been made to measure the variables that explain the variance in the overall analyzing of buying behavior and its results has been shown in the subsequent tables.

**Table 4.14: Model Summary**

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
1	.411 <sup>a</sup>	.369	.255	.07206	14.315	.000 <sup>b</sup>

a. Predictors: (Constant), price and location, Brand and marketing, People mix consumption time, past experience, physical evidence

Source: Own survey SPSS result (2018)

Therefore the regression model would be

The prediction equation for “Factors affecting customer Buying Behavior” is given as;

$$(BB) = -.164(\text{people}) + -.228(\text{Brand}) + .056(\text{Past Exp}) + -.215(\text{Consu. Time}) + .272(\text{price/L})$$

The result of regression analysis on the six independent variables (People mix, Brand and Marketing, Patient experience, Consumption time, Price / location,) with the dependent variable (customer buying behavior) indicates the existence of positive contribution to factor affecting on customer buying behavior.

As stated earlier, this study aims to identify the most contributing, independent variable in the prediction of the dependent variable. Thus, the strength of each predictor (independent variable) influencing the criterion (dependent variable) can be investigated via standardized Beta coefficient. The regression coefficient explains the average amount of change in the dependent variable that is caused by a unit change in the independent variable. The independent variable that has the larger value of Beta coefficient brings more support to the independent variable as it is more important determinant in predicting the dependent variable.

Therefore, the result of the regression analysis showed that all the dimensions factors not equally contribute to the customer buying behavior in the study area. The study result indicated that among the six factors dimensions, Price and Location is the first with the beta value of 0.164

followed by Consumption Time with a beta value of .272 and pastexperience insignificant in - 215.

The overall the model physical evidence of the hospital excluded out from the model this implies that most of the respondent have do not support or affect their medical service buying behavior.

### **Exclude Variable Physical Evidence**

The research data indicates that customer service is a fundamental objective in designing the physical evidence of TGH by which it cannot create a customer-friendly atmosphere and Uncomfortable access to the health services. Therefore, the customers of hospital face an altogether differentpsychological situation compared to customers of other service organizations, which need additional effort to help them reduce the degree of anxiety experienced by concentrating on the physical evidence atmosphere facilities. The waiting room of the hospital is somewhat small in area, but large numbers of customers are stay outside the hospital, it's may lead customers dissatisfied.

The parking area of the hospital almost unavailable to the customers based on those limitations the exclude variables physical evidence is out of the model.

## **4.7 Hypothesis Testing**

An attempt was made in line to the analysis given above as the study proposed the hypotheses to be tested.

### **4.7.1 People in the service delivery of the hospital and Buying Behavior**

Hypothesis H1 envisages that there is a positive relationship between People in the service delivery of the hospital and Buying Behavior. This prediction is supported by the data because according to the SPSS software result People in the service delivery of the hospitalcontribution to Buying Behavior by positive value (.164). The hypothesis which is developed by the researcher can be accepted.

### **4.7.2 Brand and Buying Behavior**

Hypothesis H2 postulates that Brand is positive related with the Buying Behavior. The hypothesis is supported by the data. The value of Brand contribution to the Buying Behavior is (- 228). So the constructed hypothesis can be accepted. Finally it can conclude that there is a negative relationship between Brand and Buying behavior.

### 4.7.3 Patient Experience and Buying Behavior

Hypothesis H3 states that there is a negative relationship between Patient past experience and Buying behavior. The hypothesis is not supported by the data because its contribution to the Patient Experience has shown a positive value (0.56). The hypothesis which was developed is matching with the findings. So, there is a positive relationship between Patient past experience and buying behavior insignificant for the data.

### 4.7.4 Consumption Time and Buying Behavior

Hypothesis H4 states that there is a positive relationship between Consumption Time and Buying Behavior. The hypothesis is supported by the data because the value of Consumption Time contribution to the Consumption Time is (+215). Therefore the postulated hypothesis can be accepted according to the data. Therefore, it can be concluded that there is a positive relationship between Consumption Time and Buying Behavior

### 4.7.5 Location /Price and Buying Behavior

Hypothesis H5 states that there is a positive relationship between Location /Price and Buying Behavior. The hypothesis is supported by the data because the contribution.

Location/Price and Buying Behavior has taken positive value (+.272). Therefore, the developed hypothesis can be accepted. It means that there is a positive relationship between Location /Price and Buying Behavior.

## 4.8 Validating the proposed Hypothesis

**Table 4.16: Hypothesis Testing Based on Multiple regressions Analysis Result**

Hypothesis	Result	Reason
H1: the people mix of the hospital factor has significant relationship to customer (patients) buying behavior.	Accepted	$\beta = -.164, p < 0.05$
H2: The Brand and Marketing has a significant relationship to customer (patients) buying behavior.	Accepted	$\beta = -.228, p < 0.05$
H4: the Patient Experience factor has significant relationship to customer (patients) buying behavior.	Rejected	$\beta = -.0.56, p < 0.05$
H5: the consumption time factor has significant relationship to customer (patients) buying behavior.	Accepted	$\beta = 215, p < 0.05$
H6: Location and Price factor has a significant relationship to customer (patients) buying behavior.	Accepted	$\beta = .272, p < 0.05$

*Source: own survey result (2018)*

As hypothesized in literature review except People mix (H1) and brand and Marketing (H2), Consumption time (H5), Price and location (H6) have significant positive effect on customer

buying, at list one of the dependent variable. As it can be seen from table 4.16, Location and Price (0,000) were significant at p-value <0. 05 with the dependent variable, Patient experience (*H4*) were not significant at p-value <0.05 in affective Customer buying decision,

## **Discussion of the Findings**

The purpose of this study was to Analyzing Factors Affecting Customer Buying Behavior: In the case of Tekelehamanot Hospital.

The first question asked to media service buyer respondents was about their demographic profile. Based on the collected data analysis, 53.1% of the total respondents are female and the rest 46.9% are males. This showed that the female is the dominant medical service buyers in the Customer buying Behavior studied in this project.

The second question asked to respondents showed that most of the medical service buyer of the sample of this study had 18-25 years age account for 30% and the 26-30 ears age the majority of the respondents which account for 25.3% followed by 31-40 years, 40-50 years of age for account the same value of 18.8%. This showed that at age of 18-25 have an access to get the medical buyer.

The Third question asked to respondents showed that most of the medical service buyers of the sample of this study had a first degree account for 40.03% and the majority of the respondents which account for 28.09% were High school degree followed by Diploma for 23.04%. Among the all respondents, 7.4% of them were Master's degree. Based on this, the first degree holder has much more aware about a medical service buyer decision among the other category.

The fifth parameter tried to assess the television usage of private services that medical services buyers usually preferred to buy, and according to the finding 84.5% of the respondents responded that they usually preferred to buy medical services from Private hospital and with respect to medical service consumption frequency (15.5%) of them doesn't use any private hospital media services before.

From the descriptive mean result the highest mean value was scored by past experience with a mean value of 4.381, followed by brand and marketing 4.333, People mix 4.255, Physical evidence 4.051, consumption time 4.065 and finally Price and location 3.891 respectively, which indicates that the respondents show somehow an agreement to the questions raised during the survey and they have a positive response of the customer buying behavior of medical services they consume.

The finding from the correlation result reveals that, there is a positive and significant relationship between the factors affecting patient decision in selection of hospital that goes with the work of Dharmesh, Motwani Dr. Devendra Shrimali (2015). They came to a conclusion that 4 important factors which affects the patients' decision while selecting the hospital are Qualified & experienced Doctors, 24X7 & Emergency Service, Past Experience With Hospital and Trained Nursing Staff respectively. From results of factor analysis these variables can be grouped into 6 factors, which are accounted for 61% variance. Factors positively related to Consumers Buying Behavior conducted research on the measurement of the Private and public hospital consumers in India.

Past experience is the next factor, when customers satisfied with the service; they will tell others about which people associate their satisfaction of medical services with studied hospital.

Following to brand and marketing for medical service buyers in choosing. After quality of medical services is accepted by medical services buyers, people mix of the hospital is considered subsequently.

Multiple regression analysis of this study identified that the three factors dimensions (Price and location, Consumption time, and physical evidence) have a positive influence on the Buying Behavior though their contribution magnitude is not the same.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATION**

This chapter first presented summary of the findings, then conclusion and recommendations of the study and finally limitations and Suggestions for future research area.

#### **5.1 Summary of Findings**

The primary objective of this study was to Analyzing Factors affecting Customer Buying Behavior: In the case of Tekelehimanot General Hospital with respect to medical service buyers. A healthcare service delivery setting was chosen as the research setting for this study. Several factors contributed to affect customer buying behavior. To begin with, it is inappropriate in that services delivered there are complex, highly involving, and can vary substantially in their quality, delivery format, and nature. In addition, the healthcare domain historically has been one of the most frequently utilized settings for services research. (And small wonder, when it comes to health care services, it is very difficult for the average patient to judge the quality of the service. You can't try it on; if it doesn't work, you can't return it; and you typically do require an advanced degree to truly understand it.) Consequently, this study was able to benefit from a rich literature in developing the insights necessary to design the study.

In particular, the healthcare research setting provides a well-articulated source of post-purchase dis/satisfaction constructs with which to work. This research also, examined the relationships that exist between the six dimensions of factors that affect customers buying (People (service users) mix of the hospital, brand, and Physical evidence of the hospital, Patient Experience, Consumption Time, Price /Location) with the buying behavior of the study area.

In addition, this study also tried to answer the six research hypothesis formulated in chapter two of this study. To this end the researcher considered quantitative research design and purposive sampling technique to collect data from 367 sample size of medical service buyers. Based on the theoretical frame work and objectives of the study 35 items were provided in a 5 point Likert scale to the respondents. The gathered data was analyzed by using both descriptive statistics (like mean, frequency, percentage) and inferential statistics (correlation and multiple linear regressions) via SPSS version 20.

## 5.2 Conclusion

Consumer behavior lies at the core of the marketing function. This study once again proved this contention by bringing into the table important finding within the stream of buying behavior in Addis Ababa with special focus on factors affecting medical buying behavior. Some concluding remarks will be made in this section based on the finding of this research undertaking.

Based on the analysis made, the following conclusions were drawn: According to the correlation analysis result, the customer Buyingdeterminants (brand , Physical evidence of the hospital, Patient Experience, Consumption Time, Price /Location) considered in this study have a positive relationship with the Buying behavior, which implies that medical service buyers have a positive attitude towards the medical studied. The result also identified, there is also a positive inter- correlations among the four brand equity dimensions which implies strong and positive inter relationship between customer buying behaviors dimensions brings competitively attractive. The results of multiple regression analysis depicted, different buying dimensions considered in this study also contributes to the buying behavior in different ways and that a priority must exist among the six dimensions because marketers of those often have limited resources (e.g. Money, time and manpower) to implement best way of analyzing buying decision strategies. Thus, this finding can help them to prioritize and allocate recourses across the dimensions accordingly.

Among the six dimensions considered in this study ,location and price demonstrates the strong contribution to the buying behavior, indicating attention should be given primarily to this dimension while to know customer buying decision in the study area. In addition the results showed that, brand, Physical evidence of the hospital, Patient Experience, Consumption Time is the next important buying decision dimension in building buying behavior preceding to location / price. From this we can deduce that, there should be a priority among the buying decision dimension considered in this study while needing to implement customerbehavior strategy for medical service buyers with respect to analyzing customer buying behavior.

### 5.3 Recommendations

Depending on the findings of the study and the conclusions made, the following possible recommendations were forwarded for the concerned body:

- ❖ To increase buying behavior, those service giver organization should adopt customer loyalty programs that can be enhanced through meeting customers' desired service level, dealing effectively with dissatisfied customers, taking customer complaints positively as an input for future improvements and recognizing loyal customers and providing them with very attractive rewards as for their loyalty.
- ❖ The hospitals should provide effective training and courses for all staff including nurses, doctors and general staff to enhance their skills in communication and motivation for them to provide a good service to patients. Through motivation and such courses it will motivate them to work efficiently, especially in handling patients.
- ❖ Furthermore, to increase customer buying, the company should have to apply CRM system. Customer-oriented service centers should be organized to provide a one-to-one solution to customers' requirements. Marketers should use Calendar alerts, holiday best wishes and email notifications to promote a friendly relationship with the medical service buyers. These techniques will be crucial in strengthening their relationship with those medical service buyers.
- ❖ Marketers should tell their medical customer buying, what makes their medical service different from other medical institution. They need to provide consistent, proactive and informative information about their services to the medical service buyers as well as their relative and families.
- ❖ Even if, people mix of the hospital is less influence on this study but it crucial way to build buying behavior, so the medical service sector should have to provide value to their staff as well as medical service buyers, by making them attractive, comprehensive and convincing to ensure its customer.
- ❖ The studied hospital should use affiliate marketing strategy to extend the association and the image of their brand keeping the linkage credible. They can benefit from opportunities like charitable activities that enhance the positive association of the brand to the society as well as medical service buyers. .

- ❖ Since the real power of a price and location exists in the mind of customer, the medical service buyers have an ability to judge the price and the location; the company should provide a necessary adjustment for its pricing strategy.

## **5.4 Limitations and Suggestion for future research**

The major limitation of the study was that of the sampling area. This study was planned to gather the required first-hand information from the representatives of the targeted population of the study only limited to Addis Ababa. Therefore, the results only represent the buying behavior of medical service buyers from Addis Ababa; it may not precisely indicate the Ethiopian medical service buyers in general. Because, Ethiopia is a big country, different cities and different region have many different behaviors, attitudes and culture. Hence, further research need to take more respondents from different government and private hospital in order to make the findings precisely indicate the Ethiopian medical service buyers' market.

Moreover, due to the limited scope of the study, this paper has focused on Analyzing factors affecting customer buying behavior: In the case of Tekelehananot General Hospital in Addis Ababa. It would be useful to marketing managers to know what potential medical service buyers think about their medical service need so that they can formulate their marketing strategy accordingly. However, this study is still beneficial because it provides an insight for medical services owners and managers under study about medical service buyers where their factor affects customer buying on medical service which factors determining buying behavior and in turn to take response strategies which will be worth contributing to the success of their business. Further research needs to be conducted by considering the potential medical service buyers in addition to the actual medical service buyers.

Eventually, since the study was only limited to selected private medical service that means TGH, of other medical institution like private, government, Teaching hospital and cultural medical service; the generalization of the finding and recommendation generated may not be working for the whole medical institution available in the country. Thus, other research should be done to examine buying behavior across different factors affects and its model.

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# Appendix

# APPENDIX 1A (English Questionnaire)

## Addis Ababa University School of Commerce Marketing Management: Postgraduate Program

**Dear Sir/Madam**

My Name is Yared Feliche; I am a student Addis Ababa University school of commerce. This questionnaire is designed to gather information about the major factors affecting customer buying Behavior that determine customers' in hospitals in Addis Ababa City. All responses will be used to conduct a study for the partial fulfillment of Master's Thesis in Marketing Management from Addis Ababa University and, then, as an input for Hospital to improve their mechanism to handle customer buying behavior . Your anonymity/ secrecy will be strictly maintained as we do not ask for your name here and will not be used for any other purpose. Your genuine and accurate answers have great contribution to the outcomes of the research. Therefore, you are kindly requested to give genuine responses to the questions below. We would like to remind you that information you give to these questions are going to be used only for research purpose and kept confidential. Therefore, by any means the information you provide do not harm your personal life. Thank you in advance!

### **Instruction for filling the questionnaire**

Please read each statement carefully and put the tick (√) mark under the choice, write your opinion on the blank space and encircle your choice for the questions indicated in the table (encircle your best indicated from 1 to 5 alternative in the Likert scale part).

Thank you once again for your cooperation, dedication and sparing your time and energy in filling this questionnaire.

### **Part I- Personal data: mark (√)**

1. Gender: Male  Female
2. Age: 18-25yrs  25-30yrs  30-40 yrs.  40-50 yrs.  ≥51 yrs.
3. Educational Background: Elementary  High School  Diploma  First Degree   
Post graduate  PHD
4. Monthly Income: less than 2,000 Br  2,001-4,000  4,001-7,000  over Br 7,000
5. How many household do you have?  
Single  2  3  4  5  6  >6
6. Marital status: Single  Married

**Part II: Medical Care Behavior of Respondents**

7. Do you use Private Health services? Yes  No

8. If your response to Q7 is no, why?

I don't have enough money

Lack of awareness

I use other alternatives health service (like governmental health center and hospital, and cultural medicine)

I don't need it  please specify your reason \_\_\_\_\_.

9. If your response to Q7 is yes, which hospital do you utilize for your hospital services? (List them if you concurrently use many hospitals).

\_\_\_\_\_.

10. What is the length of your relationship with Tekelehimanot General Hospital in terms of years? 1-2  3-4  4-6  >6

11. What type of service/s do you use in the hospital? (Multiple answers possible).

Emergency Mother and Child In-patient Pharmacy

Outpatient Surgical other, please specify \_\_\_\_\_

12. Do you need any other facility to add other than the services currently rendered? In Tekelehimanot General Hospital? Yes  No

13. If your response for Q12 is yes, what type of service do you need to be added?

\_\_\_\_\_.

14. Are you satisfied with handle a mechanism to Customer Buying Behavior in Tekelehimanot General Hospital are rendered? Yes  No

15. If your response for Q14 is No, what could be done to solve those problems?

\_\_\_\_\_.

\_\_\_\_\_.

### **Part III. Buying Behavior Criteria**

No	Buying Behavior Information	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<b>PM1</b>	Qualified and Experienced doctors Can influence your Buying decision Behavior.					
<b>PM2</b>	Your Buying Behavior is influenced by Trained Nursing staff.					
<b>PM3</b>	Individual attention to the customer can helps to you becomes loyal customer.					
<b>PM4</b>	You're Courteous and Friendly support staff convinces.					
<b>PM5</b>	At this hospital, famous physicians with good reputations exist.					
<b>PM6</b>	At this hospital, physicians have decent appearances and uniforms.					
<b>PM7</b>	There are sufficient physicians at this hospital.					
<b>BM1</b>	The Brand Name of the hospital helps you to create awareness about the company.					
<b>BM2</b>	TGH Promotional way and come to your mind quickly.					
<b>BM3</b>	You're buying behavior decisions influenced by TGH advertising.					
<b>BM4</b>	Advertising campaign can lead you your Buying behavior					
<b>PEOH1</b>	The extent of In Built Pharmacy facility powerful tool to get customer buyer behavior.					
<b>PEOH2</b>	You're buying preference influenced by the Infrastructure and physical Environment.					
<b>PEOH3</b>	The extent of Modern equipment and lab of hospital is a Motivating buyer behavior.					
<b>PEOH4</b>	Attractive waiting area to influence your buying preference.					
<b>PAOH<sub>1</sub></b>	Your buying behavior is influenced by past Experience with the hospital.					
<b>PAOH<sub>2</sub></b>	Positive word of mouth of the hospital can judge your buying behavior.					
<b>PAOH<sub>3</sub></b>	You are feeling safety regarding medical treatment in TGH.					
<b>PAOH<sub>4</sub></b>	Good Reputation in TGH can give you to decide to influence in Buying Behaviors.					
<b>CONTIME1</b>	The health service time of TGH is convenient.					
<b>CONTIME2</b>	The least waiting time of the hospital is attractive.					
<b>CONTIME3</b>	Quick response result system of the hospital is reliable.					

<b>CONTIME4</b>	Convenient hour of the hospital influence your buying behavior.					
<b>PrLO<sub>1</sub></b>	The location of the hospital Place is convenient.					
<b>PrLO<sub>2</sub></b>	The price of the medical treatment is affordable.					
<b>PrLO<sub>3</sub></b>	In TGH the arousal feeling of your desire buying behavior in Credit health facility.					
<b>BB<sub>1</sub></b>	The Health Care in TGH is of a good Standard.					
<b>BB<sub>2</sub></b>	The Infrastructure in the hospital is good.					
<b>BB<sub>3</sub></b>	The medical service offers value for money.					
<b>BB<sub>4</sub></b>	Affordability to take medical treatment of the hospital.					
<b>BB<sub>5</sub></b>	You will recommend visiting the hospital to others.					
<b>BB<sub>6</sub></b>	You will revisit the hospital again.					
<b>BB<sub>7</sub></b>	you will visit other Hospital					
<b>BB<sub>8</sub></b>	TGH as a preference of your medical care.					
<b>BB<sub>9</sub></b>	You like the medical treatment, Attractiveness of TGH on service delivery, patient safety and professional commitment to feeling good.					
<b>BB<sub>10</sub></b>	Degree of fascinating medical treatment and staff makes you feeling happy.					
<b>BB<sub>11</sub></b>	The medical examination technology of TGH creating excitement feeling.					
<b>BB<sub>12</sub></b>	The medical examination technology of TGH creating excitement feeling.					

# APPENDIX 1B (Amharic Questionnaire)

## አዲስ አበባ ዩኒቨርሲቲ የንግድ ስራ ትምህርት ቤት

### የገበያ አመራር የትምህርት ክፍል

የተክለሃይማኖት ጠቅላላ ሆስፒታል ደንበኛን መሰረት ያደረገ የሆስፒታል ለመምረጥና የግዥ ባህሪ ውሳኔዎችን ለመለካት የተዘጋጀ በሆስፒታሉ ተጠቃሚዎች የሚሞላ መጠይቅ

#### የተክለሃይማኖት ጠቅላላ ሆስፒታል:

እኔ ያሬድ ፊሊጅ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ ንግድ ሥራ ትምህርት ቤት የገበያ አመራር የትምህርት ክፍል የድህረ ምረቃ እጩ ተመራቂ ተማሪ ስሆን በአሁኑ ወቅት በገበያ አመራር ለማስተርስ ዲግሪዬ ማሟያ የሚሆን ጥናት “ ትንተናዊ የደንበኞች የግዥ ባህሪ የሚያመጣው ተፅእኖ በተክለሃይማኖት ጠቅላላ ሆስፒታል ” (Analyzing factors affecting customer buying Behaviors in the case of Tekelehimanot general Hospital ) በሚል ርዕስ ላይ ጥናት በማካሄድ ላይ እገኛለሁ።

ይህ መጠይቅ የተዘጋጀው በአዲስ አበባ ተክለሃይማኖት ጠቅላላ ሆስፒታል ታካሚዎች ላይ መሠረት ያደረገ ሲሆን የደንበኞች ግዢ ባህሪን ለመለካት እንዲቻል ሆስፒታሉን ለመታከም ሲመጡ ሊያዩዋቸው እንዲመጡ ያስቻሉትን መለኪያ መንገዶች፣ አመለካከትና አስተሳሰብ በማሰባሰብ ና በመተንተን የሆስፒታሉንም ሆነ የታካሚዎች ፍላጎት መሠረት ያደረገ የገበያ አመራር ውሳኔዎችን እንዲወሰዱ ያስችላል የሚል ዓላማን ሰንቆ ነው።

ከዚህ ጋር የተያያዘውን መጠይቅ በመመለስ እንዲተባበሩኝ ስጠይቅ እርስዎን በመላሽነት የመረጥኩበት ዋነኛው ምክንያት ካለዎት ከሆስፒታሉ ጋር የጠነከረ ግንኙነት እና ለመታከም በመምጣትዎ በመነሳት የሚሰጡት ምላሽ በጥናቱ ላይ ዋጋ ያለው እና ማጠቃለያ ሃሳብ ለመስጠት ያስችላል ከሚል ጽኑ እምነት በመነሳት ነው።

ተሳትፎዎ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ሲሆን በማንኛውም ጊዜ በመጠይቁ ላይ ለሰመሳተፍ መወሰን ይችላሉ። በዚህ መጠይቅ ለመሳተፍ ፈቃድዎ ከሆኑ እባክዎን የተወሰኑ ደቂቃዎችን ብቻ ወስደው ለሁሉም ጥያቄዎች ሃቀኛ መልስዎን በአግባቡ በማሰቀመጥ መጠይቁን በተቻለ ፍጥነት ይመልሱልኝ ዘንድ በማክበር እጠይቃለሁ። ይህንን መጠይቅ ለመሙላት ለሳይት ትብብር እና ፈቃደኝነት ከልብ እያመሰገንኩ በመጠይቁ ላይ የሚሰጡት ሃቀኛ መልስዎ ለዚህ ትምህርታዊ ጥናት አላማ ብቻ የሚውልና ሚስጥራዊነቱም የተጠበቀ መሆኑን ከወዲሁ ቃል እገባለሁ።

ጊዜ ወስደው መጠይቁን በመሙላት ሊተባበሩኝ በመፍቀድዎ ላቅ ያለ ምስጋናዬን በቅድሚያ ለማቅረብ እወዳለሁ።

#### ማሳሰቢያ

- ስምዎን ወይም የድርጅትዎን ስም መፃፍ አያስፈልግም።
- ለመጠይቁ ክፍል አንድ እና ሁለት ከመረጡት አማራጮች ዉስጥ የጫረት (✓) ምልክት ያስቀምጡ
- በመጠይቁ ሰስተኛው ክፍል ላይ ከተቀመጡት አምስት አማራጮች ዉስጥ የሚስማሙበት ሀሳብ ያለውን ቁጥር በማክበብ ምላሽዎን ይስጡ።
- የመጠይቁን ሁሉንም ክፍሎች በሚገባ ተመልክተው ለሚሰጡኝ የተማላና አፋጣኝ ምላሽ አመሰግናለሁ።

#### ክፍል 1 :: የመላሽ አጠቃላይ መረጃ መጠይቅ

1. ያታ ወንድ 1 ሴት

2. እድሜ: 18-25ዓመት<sub>1</sub> 25-ዓመት<sub>2</sub> 30-40ዓመት<sub>3</sub> 40-50 ዓመት<sub>4</sub> ≥50ዓመት<sub>5</sub>
3. የትምህርት ደረጃ: ደረጃ<sub>1</sub> ደረጃ<sub>2</sub> ደረጃ<sub>3</sub> ደረጃ<sub>4</sub> ደረጃ<sub>5</sub> ደረጃ<sub>6</sub>
4. ወርሃዊ ገቢ: ከ 2,000 Br በታች<sub>1</sub> ከ2,000-7,000 Br <sub>2</sub> ከ 4,001-7,000 Br <sub>3</sub> ከ 7,000 በላይ<sub>4</sub>
5. በቤተሰብ ውስጥ ብዛት:   
ብቸኛ<sub>1</sub> 2 <sub>2</sub> 3 <sub>3</sub> 4 <sub>4</sub> 5 <sub>5</sub> 6 <sub>6</sub> >6 <sub>7</sub>
6. የጋብቻ ሁኔታ: ያለገባ<sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

**ክፍል 2: የሕክምና እንክብካቤ ባሕሪን የተመለከቱ መረጃዎች መጠይቅ**

7. የግል የጤና ተቋማትን ተጠቅመው ያውቃሉ?  
አውቃለሁ<sub>1</sub>  አላውቅም<sub>2</sub>
8. ከላይ ለቀረበው 7ኛ ጥያቄ መልስዎ **አላውቅም** ከሆነ ከዚህ የሚከተሉትን ጥያቄዎች እንዲመልሱ ይጠየቃሉ ለትብብርዎ ክልብ አመሰግናለሁ::

- ለመታከም በቂ ገንዘብ ስላልነበርዎ <sub>1</sub>
- ስለ ግል ሆስፒታሎች በቂ እውቀት ስላልነበርዎ <sub>2</sub>
- ሌሎች የህክምና ተቋማትን ስለሚጠቀሙ ለምሳሌ (የመንግስት ሆስፒታል እና ጤና ጣቢያ, ወይም የባሕር ህክምና ወ.ዘ.ተ) <sub>3</sub>
- በግል መታከም ስለማልፈልግ <sub>4</sub>
- ሌላ ምክንያት ካለ ቢገለፅ \_\_\_\_\_.

9. ከላይ ለቀረበው 4ኛ ጥያቄ መልስዎ **አውቃለሁ** ከሆነ በአብዛኛው የህክምና አገልግሎት የሚጠቀሙት ከየትኛው የግል ሆስፒታል ነው? ይዘርዝሩ

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10. ተክለሃይማኖት ጠቅላላ ሆስፒታልን ለምን ያህል ጊዜ ያውቁታል? ወይም ለምን ያህል ዓመት ይንበኛ ኖት?

1-2 ዓመት<sub>1</sub>  3-4 ዓመት<sub>2</sub>   
4-6 ዓመት<sub>3</sub>  ከ6 ዓመት በላይ<sub>4</sub>

11. ከተክለሃይማኖት ጠቅላላ ሆስፒታል የህክምና አገልግሎቶች የትኛውን ብዛት ይጠቀማሉ? (ከአንድ በላይ ምላሽ መስጠት ይቻላል)

ድንገተኛ ህክምና 1 የ  ቸ እና ሀፃናት 2 ተኝቶ ታካ  ስምና 3 የመድሃኒት ቤት   
 አገልግሎት 4 ተመላላሽ ህክምና  ቀዶ ህክምና 6 ሌ  አገልግሎት ካለ ይገለፅ

12. አሁን ተክለሃይማኖት ጠቅላላ ሆስፒታል በሚሰጠው አገልግሎት ተጨማሪ እንዲጨመር የሚፈልጉት አገልግሎት አለ?

አልፈልግም<sub>1</sub>  እፈልጋለሁ<sub>2</sub>

13. የጥያቄ ቁጥር 11 መልሶ እፈልጋለሁ ከሆነ ምን ዓይነት አገልግሎት እንደሆነ ቢገልፁ?

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14. በተክለሃይማኖት ጠቅላላ ሆስፒታል ውስጥ የሚሰጠው አገልግሎት(Customer buying Behaviour) የደንበኛን የሚያረካ እና የመያዝ ሁኔታ ጥሩ ነው ብለው ያስባሉ ነዎት?

አዎ<sub>1</sub>  አይደለም<sub>2</sub>

15. በተራ ቁጥር 14 መልሶ አይደለም ከሆነ በምን መንገድ የደንበኞች እርካታ እና መያዝ ይቻላል ብለው ያስባሉ?

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**ክፍል 3 የግዥ ባሕሪ፤ እሴት መገለጫዎች መለኪያ ጥያቄዎች**

**ማሳሰቢያ** : የጥናቱ ዋና መጠይቆች ቀጥሎ ያሉት ስለሆኑ ከላይ በጥያቄ ተራ ቁጥር 5 ስር የሆኑ ስፔሻሊስቶችን የደንበኛ የግዥ ባሕሪን በማስተዋል ያለዎትን የሃሳብ ምዘና ይበልጥ የሚገልፀውን ከዚህ በታች ባለው ሠንጠረዥ ውስጥ በተዘረዘሩት አረፍተ ነገሮች ትይዩ በስተቀኝ በኩል የመልስ ደረጃዎችን በሚለው ስርካላ **ከአንድ እስከ አምስት** ከተቀመጡት መለኪያ አማራጭ ቁጥሮች መካከል በሚስማሙት **አንድ ላይ ብቻ** በማክበብ ይተባበሩኝ።

**1 = በጣም አልስማማም ፣ 2 = አልስማማም ፣ 3 = ገለልተኛ ነኝ ፣ 4 = እስማማለሁ ፣ 5 = በጣም እስማማለሁ።**

መለኪያ አመልካች የግዥ ባሕሪ እውቀት መለኪያ መ ጠ ይ ቆ ች		የመልስዎ ደረጃዎች				
		በጣም አልስማማም	አልስማም	ገለልተኛ ነኝ	እስማማለሁ	በጣም እስማማለሁ
PM <sub>1</sub>	ብቃት ያላቸው እና ልምድ ያላቸው ዶክተሮች የእርስዎን የግዥ ውሳኔ ባህሪ ላይ ተጽእኖ ሊያሳድሩ ይችላሉ።	1	2	3	4	5
PM <sub>2</sub>	የእርስዎ የግዥ ባህሪ የሠለጠኑ የነርቲንግ ባለሙያዎች ተጽዕኖ ይደርሳል።	1	2	3	4	5
PM <sub>3</sub>	ለደንበኛው ልዩነት ረቀቀ መስጠት ታማኝ ደንበኞች እንዲሆኑ ይረዳዎታል።	1	2	3	4	5
PM <sub>4</sub>	ለእርስዎ አጋዥ እና የእርዳታ ድጋፍ ጫራ ተሞክሮች አሳማኝ ነው።	1	2	3	4	5
PM <sub>5</sub>	በሆስፒታሉ ውስጥ ስመጥር የህክምና ባለሙያዎች በመኖራቸው የእርሶን ህክምና ፍላጎት ላይ ተፅእኖ ያሳድራል።	1	2	3	4	5
PM <sub>6</sub>	በቂ ስፔሻሊያዝድ የህክምና ባለሙያዎች መኖራቸው ለእርሶ የግዥ ባህሪ ላይ ለውጥ አምጥቷል።	1	2	3	4	5
PM <sub>7</sub>	በሆስፒታሉ ውስጥ ያሉ ዶክተሮች ሁሉም በአለባበስ እና በዩኒቨርሲቲ መገኘታቸው የእርሶ የግዥ ባህሪ ላይ ለውጥ አምጥቷል።	1	2	3	4	5
BM <sub>1</sub>	የሆስፒታሉ የንግድ ምልክት ስም ስለኩባንያው ግንዛቤ እንዲኖር ይረዳዎታል።	1	2	3	4	5
BM <sub>2</sub>	የሆስፒታሉ የማስተዋወቂያ ግንድ ሁልጊዜ ወደ አዕምሮዎ በፍጥነት ይመጣታል።	1	2	3	4	5
BM <sub>3</sub>	የግብዓት ዎውሳኔዎች በሆስፒታሉ በሚቀርቡ ማስታወቂያዎች ላይ ተፅዕኖ ያሳድራሉ	1	2	3	4	5
BM <sub>4</sub>	የሆስፒታሉ የማስተዋወቂያ ቅስቀሳ የእርሶን የህክምና ግዥ ላይ ተፅእኖ አሳድሯል።	1	2	3	4	5

		በጣም አልስማማም	አልስማም	ገለልተኛ ነኝ	እስማማለሁ	በጣም እስማማለሁ
PEOH <sub>1</sub>	በሆስፒታሉ ውስጥ የተገነባው የመድሃኒት ቤት የእርሶን በሆስፒታሉ ላይ ያለዎትን እምነት ከፍተኛ ደረጃ ላይ ያደርሳል ብለው ያምናሉ።	1	2	3	4	5
PEOH <sub>2</sub>	የእርሶ የግዥ ባህሪ በሆስፒታሉ በተሟሉ ትምህርት መሠረተ ልማት እና አካባቢያዊ ተጽዕኖዎች ላይ የተመሠረተ ነው።	1	2	3	4	5
PEOH <sub>3</sub>	የሆስፒታሉ ዘመናዊ የህክምና ቁሳቁሶች እና መገልገያ መሳሪያዎች በእርሶ የግዥ ባህሪ ላይ ተነሳሽነትን ይጨምራሉ።	1	2	3	4	5

<b>PEOH4</b>	የሆስፒታሉ የህሙማን ማረፊያ ቦታዎች ለእርሶ የግዥ ባህሪ ላይ ተፅእኖ አሳድሯል።					
<b>PAOH1</b>	በሆስፒታሉ ያለፈ የርስዎ የህክምና ልምድ ግዢ ባህሪ ላይ ተፅእኖ ያሳድራል።	1	2	3	4	5
<b>PAOH2</b>	ሆስፒታሉ በሌሎች ታካሚዎች ዘንድ የሚሰጠው መልካም ስምደርስዎን የግዢ ባህሪ ውሳኔ ላይ ተፅእኖ ሊያሳድር ይችላል።	1	2	3	4	5
<b>PAOH3</b>	በ ሆስፒታሉ የሕክምና አሰጣጥ ጉዳይ ላይ ደህንነት ይሰማዎታል።	1	2	3	4	5
<b>PAOH4</b>	በሆስፒታሉ እየተመለሱ በመታከም በእርሶ የግዥ ባህሪ ላይ የራሱን የቻለ አስተዋፅኦ አሳድሯል።	1	2	3	4	5
<b>CONTIME1</b>	የሆስፒታሉ የጤና አገልግሎት አሰጣጥ ለህሙማን የሚሰጠው ጊዜ አመቺ ነው።	1	2	3	4	5
<b>CONTIME2</b>	የሆስፒታሉ ለህክምና ለማግኘት የሚጠብቁበት ጊዜ ለህሙማን ሳቢ ነው።	1	2	3	4	5
<b>CONTIME3</b>	የሆስፒታሉ ፈጣን የውጤት ምላሽ ስርዓት አስተማማኝ ነው።	1	2	3	4	5
<b>CONTIME4</b>	የሆስፒታሉ የህክምና አገልግሎት ለእርሶ በተገቢው መልኩ ጥሩ ነው።	1	2	3	4	5
<b>PrLO1</b>	የሆስፒታሉ ያረፈበት ቦታ ለእርሶ ምቹ ነው።	1	2	3	4	5
<b>PrLO2</b>	የሆስፒታሉ ሕክምና ዋጋ ዋጋው ተመጣጣኝ ነው።	1	2	3	4	5
<b>PrLO3</b>	በሆስፒታሉ ውስጥ ያለው የክሬዲት ህክምና አገልግሎት የመግዛት ባህሪ ላይ ከፍተኛ ፍላጎት አለው።	1	2	3	4	5
<b>BB1</b>	በሆስፒታሉ ውስጥ የሚገኘው የጤና እንክብካቤ ጥሩ ደረጃ አለው።	1	2	3	4	5
<b>BB2</b>	በሆስፒታሉ ውስጥ የመሠረተ ልማት አውታሮች ጥሩ ናቸው።	1	2	3	4	5
<b>BB3</b>	ለሕክምና አገልግሎት የሚያወጡት ገንዘብ ተመጣጣኝ ዋጋ አለው።	1	2	3	4	5
<b>BB4</b>	ለከፈሉት ገንዘብ የሚያገኙት የህክምና አገልግሎት ተመጣጣኝ ነው።	1	2	3	4	5
<b>BB5</b>	ሆስፒታሉ በሌሎች ሰዎች እንዲጎበኝ ይመክራሉ።	1	2	3	4	5
<b>BB6</b>	ሆስፒታሉን ዳግም ለመጎብኘት ያስባሉ።	1	2	3	4	5
<b>BB7</b>	ከዚህ በኋላ ወደ ሌላ ሆስፒታል መሄድ ያስባሉ።	1	2	3	4	5
<b>BB8</b>	ሆስፒታሉን ለህክምና አገልግሎት እንደ ምሳሌ መውሰድ ይቻላል።	1	2	3	4	5
<b>BB9</b>	በህክምና አሰጣጥ፣ አገልግሎት አሰጣጥ፣ የታካሚ ድህንነትን እና ጥሩ ስሜት ይፈጥርበታል።	1	2	3	4	5
<b>BB10</b>	የሚያስደንቀው የሕክምና ደረጃ እና የሰራተኞች በሚያገኙት ህክምና የደስታ ስሜት ይፈጥራል።	1	2	3	4	5
<b>BB11</b>	በሆስፒታሉ የሕክምና ምርመራ እና ያለው ቴክኖሎጂ በእርሶ ላይ የተዘዘዘው ስሜት ይፈጥራል።	1	2	3	4	5
<b>BB12</b>	የህክምና ምርመራ በእርሶ ላይ ግዥ ባህሪ ላይ ተፅእኖ ያሳድርበታል።	1	2	3	4	5

**ለቀና ትብብርዎ እና ምላሽዎ አመሠግናለሁ።**

## APPENDIX 2b: HISTOGRAM

**Brandandmarketing**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid .88	38	10.4	10.4	10.4
1.00	94	25.6	25.6	36.0

1.13	189	51.5	51.5	87.5
1.25	46	12.5	12.5	100.0
Total	367	100.0	100.0	

**ANOVA<sup>a</sup>**

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	.413	5	.083	13.238	.000 <sup>b</sup>
Residual	2.254	361	.006		
Total	2.667	366			

a. Dependent Variable: Cognitive

b. Predictors: (Constant), peplemix, Brandandmarketing, priceandlocation, pastexperiance, consumptiontime

