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HEALTH CARE SERVICE QUALITY AND PERFORMANCE AT GANDHI MEMORIAL HOSPITAL

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Candidate's Declaration

I hereby declare that the work which is being presented in this thesis entitled "Health Care Service quality and Performance at Gandhi Memorial Hospital" is original work of my own, has not been presented for a degree of any other university and that all sources of material used for the thesis have been duly acknowledged.

_____ _____

(Candidate) Date

This is to certify that the above declaration made by the candidate is correct to the best of my Knowledge.

_____ _____

(Thesis Advisor) Date

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Abbreviations

BPR	Business Process Reengineering
EMOH	Ethiopian Ministry of Health
FMOH	Federal Ministry of Health
HF	Health Facility
HSDP	Health Sector Development Program
KP	Key Performance Indicator
MDGs	Millennium Development Goals
NGO	Non-Governmental Organization
TQM	Total Quality Management
WHO	World Health Organization

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Abstract

Service quality is a comparison of expectations with performance. This aim may be achieved by understanding and improving operational processes; identifying problems quickly and systematically; establishing valid and reliable service performance measures and measuring customer satisfaction and other performance outcomes. This study intended to address perceived level of quality of the service provided to customers in Gandhi, Addis Ababa. The objective of this research was to identify the factors affecting service quality in the hospital context in order to recommend possible actions to be taken by the hospital management. The sample this study was 384. A total of 384 questionnaires were distributed during this period. The questionnaire was developed in English and translated into Amharic (the local language) and back translated into English to ensure its consistency. To assess the service quality in health care, respondents were requested on tangibility and other four factors. The result indicated that this factor (tangibility) did not have a correlation with perceived performance of the hospital with insignificant impact on performance. Reliability, responsiveness, assurance and empathy as service quality were corrected to performance and had significant impost on performance. It was understood that the hospital had a weakness on providing physical facilities, equipment, and appearance of personnel of an organization. The limitation of the hospital was observed on technical service facilities and made it visually not appealing. It did not have more modern equipment and materials associated with the service that were not visually appealing. The hospital should exert its efforts on improving the tangibility (physical facilities, equipment, and appearance of personnel of an organization) by improving the hospital service facilities to be visually net appealing of the hospital.

CHAPTER ONE

INTRODUCTION

This chapter presents an overview of the entire study. It includes background of the hospital, background of the study, statement of the problem, research questions, research objectives, and hypothesis of the study, significance of the study and structure of the paper.

1.1 Background of the study

Service quality is a comparison of expectations with performance. This aim may be achieved by understanding and improving operational processes; identifying problems quickly and systematically; establishing valid and reliable service performance measures and measuring customer satisfaction and other performance outcomes (Caron and Giauque, 2006).

Service quality can be defined as the difference between customer's expectation for service performance prior to the service encounter and their perception of the service received. Customer's expectation serves as a foundation for evaluating service quality because, quality is high when performance exceeds expectation and quality is low when performance does not meet their expectation (Asubonteng et. al., 2006).

The tremendous growth and economic contributions of the services sector have drawn increasing attention to the issues and problems of service sector industries worldwide. Since the late 1970s services marketing and management researchers and their partners in industry have focused on issues such as customer satisfaction, service quality, customer relationships, service process management, service encounters, cross-functional integration, and competing through service in manufacturing (Zeithaml and Bitner, 2003).

Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. Under MDG5, countries committed to reducing maternal mortality by three quarters between 1990and 2015(WHO, 2013). Globally, maternal mortality is unacceptably high; about 800 women die from pregnancy or child birth related complications around the world every day. Two hundred eighty-seven thousand women died during and following pregnancy and childbirth in 2010; more than half of these deaths occur in

Africa. The ratio of maternal mortality in the Sub-Saharan Africa region is one of the highest, reaching 686 per 100,000 live births (UNICEF, 2005). In Ethiopia the estimated maternal mortality ratio was 676 per 100,000 live births (CSA, 2011).

Gandhi Memorial Hospital is a governmental hospital which specializes in maternity services. The hospital was established in 1951 E.C with the collaboration of an Indian community that lived in Ethiopia and took its name from the famous Indian leader 'Mahatma Gandhi'. Starting from its establishment the hospital has been providing maternity services.

The hospital daily manages 25 -30 delivery cases of pregnant mothers who come from various corners of Addis Ababa and nearby towns. By doing so the hospital's original capacity becomes unable to fulfill the growing demand of mothers who come for this service. The main reason is the in proportionate number of delivery beds with laboring mothers. Out of all mothers who come for delivery service, only 92% get the service the rest 8% are referred to other hospitals. This is one of the shortcomings the hospital management and staff face despite the trials to provide better service.

The current government health policy has given attention to maternal and child health as one of the strategies to reduce maternal and neonatal mortality rate is to expand the health facilities that provide maternity and neonatal service. Supported by this policy the hospital is constructing an additional building that provided a service which would be equivalent to the service that this hospital is currently providing. The hospital aims to provide superior service quality with higher economic returns. As of other hospitals in the country, the quality of health service in the hospital has been compromised by inadequate and poorly maintained infrastructure and equipment, scarcity of trained health personnel, and the unavailability of drugs and pharmaceutical supplies which mainly was associated with inadequate financing which was caused by poor budget allocation and utilization.

1.2 Statement of the problem

The customer's assessment of service quality is crucial for service providers who aim to improve business performance, to strengthen core competencies, and to position them more strategically in the marketplace (Cronin and Taylor, 1992).

Organizations that provide superior service quality also experience higher economic returns. Therefore, it has become ubiquitous for service providers to seek out competitive advantages by providing superior service. Patient perceptions of health care quality are critical to a health care service provider's long-term success because of the significant influence perceptions have on customer satisfaction and consequently organization financial performance (Boudreaux & O"Hea, 2004). Multiple barriers prevent health systems worldwide from reaching their goals and potential. The situation is worse in low-income African countries like Ethiopia. There is large potential for improvements as there are numerous local and international health system development initiatives aiming to strengthen health systems and collaboration. (Vilasini et al, 2010).

The quality of health service in Ethiopia has been compromised by inadequate and poorly maintained infrastructure and equipment, scarcity of trained health personnel, and the unavailability of drugs and pharmaceutical supplies which mainly was associated with inadequate financing which was caused by poor budget allocation and utilization. To solve this problem, the government has focused on improving the organization and structure of the health delivery system (HSDP- IV, 2010)

Better quality of health service is said to be achieved when all the three aspects quality are ensured which are, structural, process and outcome aspects. Major indicator of this are availability of necessary medical supplies and materials , waiting time, cleanliness of facilities and equipment, courtesy and competence of providers and the effectiveness of the services provided and cost (EMOH,2011).

The services provided by public hospitals of Ethiopia as stated by many service users is often failed to meet most of this quality standards. It is commonly said that, the approaches and skill in which health care providers are communicating and sharing information to patients and their families is often unpleasing, necessary materials and supplies are usually not fulfilled. Generally patients who get services at public hospitals of Ethiopia are observed to be dissatisfied.

Different types of intervention have been suggested for meeting the health care needs of the poor. However, there is little evidence of the impact of these interventions on accessibility, quality and utilization of health services, as well as on promoting equity and the health of the

poor. Also, it is believed that quality of services and skilled personnel can attract and retain customers more effectively than advertisement (Vilasini et al, 2011).

Accordingly, this research's problem involved in the hospital's quality of health service which exhibited as inadequate and poorly maintained infrastructure and equipment, scarcity of trained health personnel, and the unavailability of drugs and pharmaceutical supplies which mainly was associated with inadequate financing which was caused by poor budget allocation and utilization. This was identified by the preliminary interview with ten patients, the hospital community and Addis Ababa health office supervisor. Thus, this study was conducted to explore the possible problems accounting for the quality of service provided by one of the prominent public hospital in the country, Gandhi Memorial Hospital.

1.3 Research Questions

Specifically, the study raised the following questions to be answered:

- What is the perceived level of quality of the service provided to customers in Gandhi?
- What are the factors determining service quality of the hospital?
- What are the challenges of the hospital that facing in improving the quality of service?

1.4 Objectives of the study

1.4.1 General Objective

The general objective of this research is to identify the factors affecting service quality in the hospital context in order to recommend possible actions to be taken by the hospital management.

1.4.2 Specific objectives

- Does the five-servqual dimensions sufficiently explained overall service quality in Gandhi?
- To identify the major factors affecting service quality of health care providers.
- To explore the service quality dimensions gap between the customers and service provider's in the hospital.
- To assess the challenges of the hospital that facing in improving the quality of service?

1.5 Hypotheses

The hypothesis designed for this study was based on the following assumptions:

- H1: Tangibles has significant and positive relationship with performance
- H2: Reliability has significant and positive relationship with performance
- H3: Responsiveness has significant and positive relationship with performance
- H4: Assurance has significant and positive relationship with performance.
- H5: Empathy has significant and positive relationship with performance.

1.6 Significance of the study

Understanding customers' perceived quality and major issues encountered in the service delivery have benefits for the hospital to make improvements on its service. The overall contribution of the research output is hopefully helpful to trace other marketing variables that account for enhancing the service quality of the health sector in relation to the socio-cultural need requirement of the people.

Secondly, this study enabled to fulfill the academic requirement of the researcher. Finally, this research may also be considered as important for researchers who are interested to conduct their research study in the same topic.

Generally, this research will help to understand the customer's assessment of service quality that is crucial for service providers who aim to improve business performance, to strengthen core competencies, and to position them more strategically in the marketplace. In addition, it helps organizations to provide superior service quality that also experience higher economic returns. It is intended to understand the environments of competitive advantages that providing superior service.

In this case, it is important to see that patient perceptions of health care quality are critical to a health care service provider's long-term success because of the significant influence perceptions have on customer satisfaction and consequently organization financial performance. This is a health related issue it has a a service quality issue to solve and prevent health systems worldwide

from reaching their goals and potential. This is particularly important on the situation that is worse in low income African countries like Ethiopia.

This study will help to standardize the quality of health service in Ethiopia that has been compromised by inadequate and poorly maintained infrastructure and equipment, scarcity of trained health personnel, and the unavailability of drugs and pharmaceutical supplies which mainly was associated with inadequate financing which was caused by poor budget allocation and utilization. It is planned to provide a better quality of health service that is said to be achieved when all the three aspects quality are ensured which are, structural, process and outcome aspects.

1.7 Scope of the study

This study was limited to assess quality of service provided and the level of customer satisfaction in Gandhi memorial hospital from the view of Gandhi major customers in Addis Ababa who have possibility to use. The rational for selecting major customers is that these customers are expected to use majority of services that Gandhi is delivering. The finding of the study cannot be generalized to residential customers.

This study was bounded by an instrument that measuring service quality to identify the difference between perceived and expected service that is a valid way and enable the management to find gaps to what they offer as services. This included a factor called tangibility that consists of physical facilities, equipment, and appearance of personnel of an organization.

The other factor that bound this study was reliability that deals with the ability to perform the promised service dependably and accurately by the organization. Other factors such as responsiveness, assurance and empathy were utilized in this research as a boundary factor. In general, service quality was the bounded this study as it focused evaluation that reflects the customer's perception of elements of service such as interaction quality, physical environment quality and outcome quality.

1.8 Limitation of the Study

The limitation of this study is that the data was collected from a single informant from one and hospital in Addis Ababa. More studies are required and needed with multiple informants so that to allow respondents to address their precise area of knowledge and expertise resulting in a

greater validity of the findings. Moreover, this study was limited to performance/outcomes that could be measured in terms of health status, deaths, or disability-adjusted life years—a measure that encompasses the morbidity and mortality of patients or groups of patients.

1.9 Organization of the paper

The rest of the paper will be organized as follows: chapter two presents the theoretical and empirical related literature to the study, while chapter three provides research methodology, chapter four outlines data presentation, analysis and interpretation and chapter five includes conclusion and recommendation.

1.10 Operational Definitions

- SERVQUAL- is a survey service quality instrument that measures the perception expectation gap. (Zeithaml, 1985).
- SERVPERF- is a survey instrument that measures only the perception in determining service quality. (Zeithaml, 1985).
- Services cape- is the actual physical facility or the immediate environment where a service activity takes place. (Gilmore, 2003).
- Technical quality- is the technical accuracy of the diagnosis and procedures in health care services. (Gronross, 1984).
- Functional quality- relates to the manner of delivery of health care services. (Gronross, 1984)
- MRI- is an abbreviated form of Magnetic Resonance Imaging which is a non-invasive imaging examination and it helps to see detailed soft tissues especially for visualize diseased tissue in backbones. (Pioneer medical imaging centre, 2012)
- Perceived quality- is a measure in influencing consumers‟ value perception and, in turn, in affecting consumers‟ intention to purchase products or services (Bolton & Drew, 1988; Zeithaml, 1998)
- Neuron-surgery- is the surgical or operative treatment of disease of the brain and the spinal cord. (Medical dictionary, 2003)
- Intensive care unit- is a hospital unit designed to give intensive care to a selected group of seriously ill patients. (Medical dictionary, 2003).

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The literature part of the study is theoretical and empirical in nature. It included service quality linked to health which was written by different scholars. The efforts of the researchers on both the service and quality dimensions and their implications on the service quality practices in health care based and service performance models were compiled from books, journals and reliable internet sites.

2.2 Theoretical Review

The theoretical base of this research was based on defining services. Accordingly, The note indicated by the Athens University of Economics and Business (2016) on its introduction to Services Marketing course prepared on its website defined services as “Activities, benefits and satisfactions, which are offered for sale or are provided in connection with the sale of goods”. This was definition was taken from American Marketing Association, Committee of Definitions 1960, p. 21. In addition, the web site quoted Quinn, Baruch and Paquette, 1987 that indicated as “Services include all economic activities whose output is not a physical product or construction, is generally consumed at the time it is produced, and provides added value in forms (such as convenience, amusement, timeliness, comfort or health) that are essentially intangible concerns of its first purchaser”.

In this regard especially towards a strategic classification of services, services can be strategically classified according to the following five dimensions (Lovelock, 1983). Lovelock raised the questions as what the nature of the service act is, what type of relationship the service organization have with its customers, how much room there is for customization and judgment from the service provider, what is the nature of demand and supply for the service and how is the service delivered.

In similar emphasis, the SERVQUAL model is essential model that helps understand the suitability of service quality dimensions in creating quality health care. This is because one

cannot use a generic SERVQUAL model in this context since it may not be adequate to assess service quality in health sector and will not provide a good measure of customers' perceptions. A good service quality is considered as one which meets or exceeds consumer's expectation of the service (Parasuraman et al., 2005, p.46). In this regard, Brysland et al., (2001) pointed out that the SERVQUAL model is also easy to apply to the public sector, is statistically valid, is designed to identify key service quality dimensions and allows for the determination of perception, expectations and gaps between the perceptions and expectations.

The SERVQUAL model was made of ten dimensions of service quality when created; tangibles, reliability ,responsiveness, communication, credibility, security, competence, courtesy, understanding the customer, and access, Parasuraman et al., (2005, p.47-48) but later on these dimensions were reduced to five because some dimensions were overlapping (communication, credibility, security, competence, courtesy, understanding customers and access)and they included, Tangibles- physical facilities, equipment ,and staff appearance. Reliability- ability to perform the promised service dependably and accurately; Responsiveness willingness to help customers and provide prompt service. Assurance- knowledge and courtesy of employees and their ability to inspire trust and confidence; Empathy- caring, individual attention the firm provides its customers (Parasuraman et al., 2008, p.23). Brysland et al., (2001) added as that SERVQUAL is a tried and tested model used reasonably often as a benchmarking tool. It was also developed in response to a lack of conclusive measuring tools designed for gauging service quality.

These dimensions mainly focus on the human aspects of service delivery (responsiveness, reliability, assurance, and empathy) and the tangibles of service. According to study carried out by Ladhari, (2009), it is recommended that the SERVQUAL model is a good scale to use when measuring service quality in various specific quality of health care but that it is appropriate to choose the most important dimensions of this model that fit to that particular service being measured in order to assure reliable and valid results. In this regard, their study was used this model because it takes into account customer's expectation of a service as well as perceptions of the service which is best way to measure service quality in service sector (Shahin, 2005). The service quality has become an important topic because of its apparent relationship to costs, profitability, customer satisfaction, customer retention and positive word of mouth and it is widely considered as a driver of corporate marketing and financial performance.

The other important concept is quality. It is basically is an increasingly becoming an important aspect of health care that is given a priority now a days. Patients have become more aware of quality issues and want health care to become safer and of higher quality where the providers have a moral obligation to provide high-quality and safe care. In many countries, studies of patient satisfaction and experiences with health care are carried out regularly, and the results are made available to the public together with other indicators of health care quality. Assessment of patient experiences can have different purposes: describing health care from the patient's point of view; measuring the process of care, thereby both identifying problem areas and evaluating improvement efforts; and evaluating the outcome of care (Weeks, 2012). Typically, variation in patient experiences between different health care facilities is thought to reflect differences in efficiency and other organizational factors (Donabedian, 2011)

Consumer feedback alerts managers to users' needs, perceptions and concerns, identifies areas of service failure, and enables the evaluation of improvements as they are implemented. Customer surveys also encourage professionalism amongst staff, making them accountable for the quality of service they deliver. A large number of studies highlight the marketing reasons for collecting information about consumer preferences and for targeting areas of service delivery that customers perceive to be in need of quality improvement. The improvement of quality is central to the reform of health systems and service delivery. All countries face challenges to ensure access, equity, safety and participation of patients, and to develop skills, technology and evidence-based medicine within available resources (Maxwel, 1984).

There is growing interest to measure patient satisfaction and collect the views of patients about the services they use. Satisfaction is essential if we have to get people utilize services, comply with treatments and improve health outcomes. Assessing outcomes has merit both as an indicator of the effectiveness of different interventions and as part of a monitoring system directed to improving quality of care as well as detecting its deterioration (Jorge, 2001). A quality assessment measures the difference between expected and actual performance to identify gaps in the health care system, which would serve as a starting point for quality improvement activities.

2.3 Service quality

Customer reaches the organization and benefit at the same time through services. Service can be defined in many ways depending on which area the term is being used. Kotler & Keller (2009, p.

789) defines service as “any intangible act or performance that one party offers to another that does not result in the ownership of anything”. Service can also be defined as an intangible offer by one party to another with mutual consideration for pleasure. Consumers mostly attracted towards a service by focusing on quality (Solomon, 2009). According to Parasuraman et al. (1988) service quality is “the differences between customer expectations and perceptions of service”.

Measuring service quality to identify the difference between perceived and expected service is a valid way and enable the management to find gaps to what they offer as services. Researchers measure the service quality dimensions by using SERQUAL model that is the most popular and strong tool, also called gap model. Through these dimensions, one can measure the customer satisfaction level regarding the quality of service of an organization. The findings became more interesting because of further investigation and concluded that, among these 10 dimensions, some were correlated. After some refinement, ten dimensions were later reduced to five dimensions (Laroche et al., 2004):

- **Tangibility**: This dimension consists of physical facilities, equipment, and appearance of personnel of an organization.
- **Reliability**: This dimension deals with the ability to perform the promised service dependably and accurately by the organization.
- **Responsiveness**: This dimension focuses on the willingness to help customers and provide prompt service.
- **Assurance**: This dimension explains how knowledge and courtesy of employees and their ability to inspire trust and confidence.
- **Empathy**: This dimension defines how much of an individualized attention the firm provides to its customers.

Service quality is a focused evaluation that reflects the customer’s perception of elements of service such as interaction quality, physical environment quality and outcome quality.

- **Performance/Outcomes** can be measured in terms of health status, deaths, or disability-adjusted life years—a measure that encompasses the morbidity and mortality of patients or groups of patients. Outcomes also include patient satisfaction or patient responsiveness to the health care system (WHO, 2000).

Customer satisfaction with the health club is a broader concept that will certainly be influenced by perception of service quality but also product quality, price, personal and situational factors to and from the health club (Zeithaml et al., 2003). Customer's perceptions are another key factor in their judgment of service quality. A customer compares their perceptions of the current service process to expectations they created prior to the service experience. The basis for evaluating service from the customer's perspective is the comparison between expected and perceived service (Edvardsson et al. 1991).

2.4 Empirical Evidence

In this part of this study, different researches were presented by different people in connections with the impacts of quality health care and performance on customer satisfaction in public hospital. Tirunesh (2013) was one of the researched who studied on the Effects of Health Care Financing Reform on Quality of Health Service: A Case of Private Wing Service in Addis Ababa Public Hospitals by a Thesis Submitted to School of Social Work in Partial Fulfillment of the requirements for the Degree of Masters in Social Work. His back ground was health care financing reform that was the main strategy designed to solve both the accessibility and the quality issues of the health care system of Ethiopia. He used a descriptive cross-sectional quantitative study that was conducted at the outpatient private wing service. He found that better satisfaction rate of clients were reported on the professionals characteristics of courtesy and respect of clients, listening, explanation, advice and information sharing, which on average was 78.2 %. But a relatively low performance was observed in the service characteristics. Only 59 % of the clients were satisfied with the general cleanliness of the physical environment, 73.1 % had got the ordered laboratory service and only 22.8% of them had the prescribed medication. He concluded as implementation of the health care financing reforms has brought some improvements of quality and a rise in patient satisfaction in the private wings of public hospitals.

The other researcher was conducted on improving the service quality of health care in Ghana by Keelson et al., (2014). The study was purposed to consider how encouraging use of locum nursing could aid in managing nurse shortage in the country and consequently improve the service quality of healthcare in Ghana. To be able to address the research problem and achieve the objectives, thirty public hospitals and thirty private hospitals were selected from the three major cities in Ghana to provide data for the study. Also, 250 locum nurses were sampled for

information. Nursing Supervisors or Hospital Administrators from the selected hospitals were use as informant for the study. The findings confirmed that locum practice in Ghana was relatively low. Similarly, the paper also suggested that locum contribute to addressing the issue of nurse shortage in Ghana. At the same time locum nursing was found to contribute to quality healthcare delivery in the country.

The other researcher was Solomon (2012) that studied to identify how different stakeholders perceive service quality improvement initiatives in public higher education institutions in Ethiopia. For this purpose, a mixed research methodology was employed. The research findings indicated that all dimensions of the service quality improvement initiatives were perceived by academic staff and students to be very poor. The reasons for these poor or low perceptions were: the high expectations of the stakeholders, the government's intention to expand, lack of adequate knowledge regarding the implementation of the BPR process, the lack of motivation by service providers, poor management and the lack of good governance by the universities, inexperienced workers, non-empowered and task specific frontline employees, the low quality of the infrastructure, non-value adding hierarchical structures and approval systems, ethical problems with some service providers, the high staff turnover and the lack of experienced staff. In addition, at all new universities, construction is underway and as a result, there are problems such as the poor state of the dormitories, classes, bathrooms, recreation areas, lounges, TV rooms, sport fields and internet connectivity, while the libraries are not well stocked with books and periodicals either.

It is often difficult to reproduce consistent healthcare services. Healthcare services can differ between producers, customers, places, and daily. This 'heterogeneity' can occur because different professionals (e.g. physicians, nurses, etc.) deliver the service to patients with varying needs. Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as experience, individual abilities, and personalities (Mosadeghrad, 2012). Healthcare services are simultaneously produced and consumed and cannot be stored for later consumption. This makes quality control difficult because the customer cannot judge 'quality' prior to purchase and consumption (Ladhari,2009). Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes cannot be guaranteed.

Yousapronpaiboon et al., (2013) revealed that SERVQUAL's five latent dimensions had a significant influence on overall service quality and that responsiveness had the most influence; followed by empathy, tangibles, assurance, and finally reliability. The results of this study further demonstrated that service quality can be assessed in diverse service settings such as hospital out-patient departments.

2.6 **Quality in Health Care Services**

Service quality in health care defined as the "provision of appropriate and technically sound care that produces the desired effect" (Mc Alexander et al., 1994). Consumer's perception is the main indicator of quality in health care service (Cronin et al., 1992). The quality of service, both technical and functional, is a key ingredient in the success of service organizations (Grönroos, 1984). Technical quality in health care is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Functional quality, in contrast, relates to the manner of delivery of health-care services. Measuring quality in health care has a number of benefits. For consumers, it allows to make informed decisions regarding practitioner and provider selection. Healthcare providers also benefit from examining quality. They are able to identify areas that need improvement within their system (Yasin et al., 1995).

Additionally, satisfying patients can save money by reducing the amount of resources spent resolving customer complaints (Pakdil et al., 2005). Improvement in the quality of primary healthcare services apart from increasing accessibility and affordability has become a matter of grave concern for the developing nations in the recent years. However, the meaning of quality in healthcare system has been interpreted differently by different researchers. Ovretveit (1992) identified three "stakeholder" components of quality: client, professional, and managerial.

In Ethiopia, High employee turnover, internal as well as external migration of health Professionals, seasonal fluctuations of patient flows, payments and financial mechanisms, rules and regulation related to quality standards are another factors pointed out by the private providers. It is hoped that studying private hospitals in Addis Ababa will reflect many of the conditions prevailing in the rest of the private hospital market (Vilasini et al, 2010).

2.7. SERVQUAL **Vs. SERVPERF Model**

The gap between perceptions and expectations are used by the customer to judge service quality. Customers base their service quality judgments on the gap that existed between their perceptions of what happened during the service transaction and their expectations for how the service transaction should have occurred. When these gaps exist, quality is compromised (Murphy, 1993).

Services marketing literature presents disconfirmation- based (SERVQUAL - Parasuraman, Zeithaml & Berry, 1988) and performance-based (SERVPERF – Cronin & Taylor, 1992) scales that are useful for hospital managers to understand patient's judgment about the quality of service received.

Both scales have been widely applied to evaluate service quality in different service industries, such as hospitals (Babakus et al., 1992); professional medical services (Brown et al.,1989); public recreation programs (Crompton, 1989); placements center, tire stores, dental school patient clinics and acute care hospitals (Carman, 1990); dry cleaning and the fast food industry (Cronin & Taylor, 1992). Some studies have found that SERVQUAL was not successful in measuring patient expectations and perceptions in the healthcare domain (Mc Alexander et al., 1994).

SERVQUAL has been shown to be useful in revealing the differences between patient's preferences and their actual experience, thus identifying areas in need of improvement (Pakdil et al., 2005). This is because it integrates the patients' preferences and a quality service strategy and eventually close these gaps in this regard. To determine the service quality of a system, the gap must first be measured. SERVQUAL is the most widely recognized and utilized method of measuring service quality by both researchers and practitioners (Newman, 2001). In this case the problems with SERVQUAL are put in the following paragraph. Although the SERVQUAL instrument is an excellent tool for measuring service quality, SERVQUAL instrument has three potential problems:

- SERVQUAL Measures Customers expectations of the ideal firm in a particular service industry. This may or may not be relevant to the capabilities of a particular service firm available to the consumer. For example, consumers may indicate that physicians should

provide their services at the time they promised seldom do patients see the doctor at the scheduled time. No one likes waiting after their appointment time, yet, because of excess demand, patients will continue to wait.

- The second problem with SERVQUAL is its generic nature. Since it is not industry specific, it doesn't measure variables that may be important to a particular industry. For example, in the airline business, on-time arrival is a very important dimension to travelers, but SERVQUAL does not measure travelers" perceptions of this variable.
- The third problem with SERVQUAL deals with the gap theory methodology used for measuring the level of service quality measuring consumer expectations after a service has been provided will bias consumers' responses (Kenneth et al, 2003).

2.8 Variables

There are five independent variables as comes from the literature review with one dependent variable called perceived performance. These variables were listed on Table 2.1 as shown on the table.

Table 2.1 Independent and Dependent Variables

	Variable –	Service quality Measurements – sub variables
Independent Variables	Tangibility	Service facilities in the hospital are visually net appealing Hospital
		Hospital has modern looking equipment
		Material associated with the service are visually appealing such pamphlets or statements
		When the hospital promises to do something by a certain time it does so
	Reliability	Hospital provides its services at the time it promises to do so
		When you have a problem, the hospital shows a since interest in solving it
		Hospital insists on error-free records
		Hospital gets things right the first time
	Responsibility	Hospital has effective (functional) equipment to put on service
		Personal in the hospital tell exactly when services will be performed
		Personnel in the hospital give prompt service
		Personnel in the hospital are never too busy to respond to your requests
	Assurance	The behavior of personnel in the hospital instills confidence in customers
		Customer feel safe in dealings with the hospital
		Personnel in the hospital are consistently courteous
		Personnel in the hospital have the knowledge to answer questions
	Empathy	Hospital has personnel who give personal attention
		Hospital gives individual attention to customers
		Hospital has customer's best interest at heart
		Hospital has operating hours convenient to all it patients
Dependent Variables	Perceived Performance	Patient satisfaction
		Patient responsiveness to the health care system
		Improving health status
		The overall service quality of the hospital is remarkable

2.8 Conceptual Framework

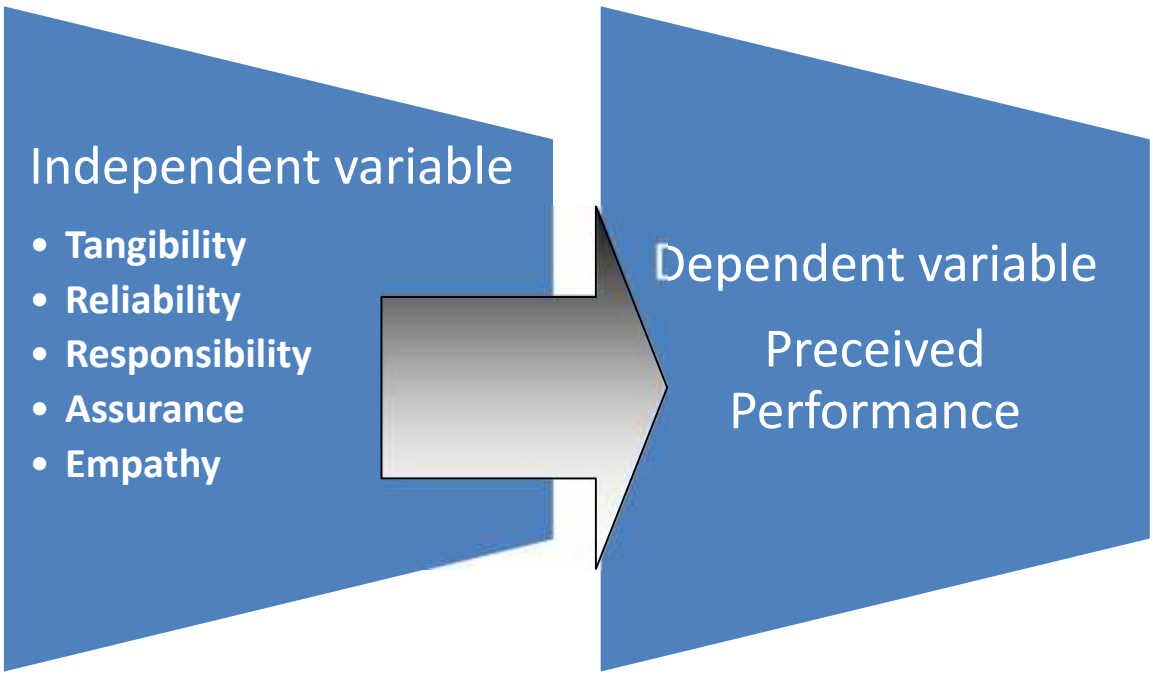

Figure 2.1 Conceptual Framework adapted from Newman, 2001

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a detailed discussion about the research design employed, the type of information used, the methods used to collect them, population , the sampling method, sample size and sampling procedure, methods of data analysis, the validity and reliability of the study.

3.2 Research approach

There is a tendency to divide research in to qualitative and quantitative when approach to research has been considered as the criterion of classification. In this study a quantitative research was used. Quantitative research is the systematic and scientific investigation of quantitative properties and phenomena and their relationships. The objective of quantitative research is to develop and employ mathematical models; theories and hypotheses pertaining to natural phenomena. The process of measurement is central to quantitative research because it provides the fundamental connection between empirical observation and mathematical expression of an attribute (Abiy 2009). On the other hand, this study selected the qualitative research as it seeks to describe various aspects about quality service in hospital industry in Ethiopia with its perceived performance. It is basically describes a behavior and other factors studied in the social science and humanities. In qualitative research data are often in the form of descriptions.

3.3 Research Design

The research design can be classified using a variety of ways, such as the methods of data collection, time dimension, researcher participation and the purpose of the study (Blumberg et al., 2008). However, the most widely-used classification is the one based on the purpose of the study. There are three types of research design based on the study's purpose: exploratory, descriptive and causal (Chisnall, 2001). The exploratory study provides more insight and ideas to discover the real nature of the issue under investigation. Descriptive study stems from prior knowledge and is concerned with describing specific phenomena; it is a means to an end rather than an end, since it encourages future explanation (Chisnall, 2001; Saunders, 2012). Causal or

explanatory research explains causal relationships between variables. These three basic designs are interrelated, and the research can combine more than its purpose. This study is going to try to investigate health care service quality and performance on customer satisfaction. Therefore, for this purpose, the research design was explanatory and it conducted to test the hypotheses and explain the relationships between the studies constructs.

3.4 Data Source and Type

In this study, it took a primary and secondary data that were used for analysis and describe the problem raised in the statement of the problem. According to Malhotra (2005), primary data are originated by the researcher for the specific purpose of addressing the problem at hand. Thus, the primary data were originated by the researcher for the specific purpose of addressing the problem that was indicated in the first chapter.

Primary data was collected through structured questionnaires. Secondary data was also employed in this study. Secondary data are usually collected from existing reports and statistics by government agencies and authorities. The secondary data for this particular study will be collected from marketing journals and other existing reports. Thus, the secondary data were collected from existing reports and statistics by government agencies and authorities and the selected hospital data and information section. The secondary data for this particular study were collected from marketing journals and other existing reports.

3.5 Sample size

The primary data used in this study was collected through a survey questionnaire. The sample was drawn from health care customers of Gandhi memorial hospital through simple random sampling technique by obtaining the list and information of the targeted population. In order to make generalizations with confidence about the constructs under investigation, the appropriate sample size has to be considered.

The target population of this study was 10800 (ten thousand eight hundred), which required 384 samples. According to the information from (http://www.research advisor.com), sample statistics need to be reliable and represent the population parameters as close as possible within a narrow margin of error. Thus, the sample size for a population between one hundred thousand and three

million at ninety five percent confidence interval with five percent error margin is 384 (three hundred eight four).

3.6 Data collection instrument

This study selected Gandhi memorial hospital customers as the sample. Gandhi is a well established hospital and it is the only public maternity referral hospital among the 6 hospitals under administrative regional health bureau. The researcher sought permission from Gandhi CEO, permission for the survey was granted by Gandhi special Doctors. The survey questionnaires were distributed at Gandhi memorial hospital during working hours. During the distribution time, customers were asked to complete the survey questionnaire, and to return it back. The survey questionnaires were distributed until the sufficient numbers of completed questionnaires were returned for the purpose of this study.

A total of 384 questionnaires were distributed during this period. It consists of five dimensions, 24 statements with a five-point Likert scale ranging from 5 (strongly agree) to 1 (strongly disagree) questionnaires were introduced. The five dimensions of service quality that are Tangibility, assurance, responsiveness, reliability and empathy were analyzed. The questionnaire was adapted from Kenneth et al, 2003.

The questionnaire was developed in English and translated into Amharic (the local language) and back translated into English to ensure its consistency. Data collectors (supporters for the researcher) were oriented on the data collection process and pre-testing of the questionnaire was made before the actual data collection. Each collected data was properly checked on spot and on data entry step.

3.7 Methods of Data Analysis

Once the usable responses from the questionnaires were collected, the data was recorded and coded into SPSS soft ware. The data was analyzed using statistical techniques of multiple regression analysis. Multiple regression analysis was used to test the hierarchal model of service quality as service quality and performance as a dependent variable and the primary dimensions of service quality as independent variables. Furthermore, pearson correlation was also used to know the relationship between service quality and perceived performance.

The Pearson correlation coefficient is a ratio of a measure of the covariance to the total variability of both variables. It ranges from –1.0 to þ1.0. A correlation of +1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately. The covariance is exactly the same as total variance of both variables. In a scatter plot, all of the points would lie on a straight line going from the lower left to the upper right. (This is sometimes called a perfect correlation). A correlation of -1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately, but in the opposite direction (Malhotra, 2005).

3.8 Validity and Reliability

3.8.1 Validity

Kothari (2004) says validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure. In this research different mechanisms will be used to enhance the validity of the study. In the first place, non- random sampling will be used, this method will reduce the possibility being in valid and in addition, the appropriateness of questioner will be cheeked by professional in the field.

3.8.2 Reliability

It is another important test of sound measurement. A measuring instrument is reliable if it provides consistent results Kothari (2004). The two variants of reliability will be assured through standardizing the condition under which the instrument administered (stability aspect) and employing the same design of measurement for the whole sample (equivalence aspect). For this purpose Cronbach‟s Alpha-values will be applied to determine the reliability of the construct as a measurement instrument. Besides, this test for reliability the researcher take some precaution in advance by conniving research design and data collection procedures in a way that could bear itself for further investigation where later investigator could come up with the same result through following the same procedures.

Table3.1 Reliability Test Result

Reliability Statistics

	Cronbach's Alpha	N of Items
Tangibility	.774	4
Reliability	.784	4
Responsibility	.794	4
Assurance	.804	4
Empathy	.821	4
Perceived Performance	.799	4

Source: its own survey, 2016

Table 3.1 indicates the reliability test result of variables and each variable has four items. This is an important that measuring instrument is reliable if it provides consistent results. The Cronbach's Alpha of all the variables are more than 0.75 and it indicates that variants of reliability were very assured through standardizing the condition under which the instrument administered (stability aspect) and employed the same design of measurement for the whole sample (equivalence aspect). Cronbach‟s Alpha-values was applied to determine the reliability of the construct as a measurement instrument as given a very good result.

3.9 Ethical considerations

This study like other academic researches abides by ethical issues, moral conducts and service confidentiality to the hospital’s data and for the privacy of respondents. The questionnaires were designed out in such a way that respondents are not required to write the names and reveal their personal information on the questionnaire and the confidentiality of data being collected is handled with due care and used for academic purpose only.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Background of the Study Site

Gandhi Memorial Hospital is a governmental hospital which specializes in maternity services. The hospital was established in 1951 E.C with the collaboration of an Indian community that lived in Ethiopia and took its name from the famous Indian leader 'Mahatma Gandhi'. Starting from its establishment the hospital has been providing maternity services.

The hospital daily manages 25 -30 delivery cases of pregnant mothers who come from various corners of Addis Ababa and nearby towns. By doing so the hospital's original capacity becomes unable to fulfill the growing demand of mothers who come for this service. The main reason is the in proportionate number of delivery beds with laboring mothers. Out of all mothers who come for delivery service, only 92% get the service the rest 8% are referred to other hospitals. This is one of the shortcomings the hospital management and staff face despite the trials to provide better service.

Geography and climate National Context

Ethiopia is Africa's oldest independent country. It is the tenth largest country in Africa, covering 1,104,300 square kilometres (with 1 million sq km land area and 104,300 sq km water) and is the major constituent of the landmass known as the Horn of Africa. It is bordered on the north-northeast by Eritrea, on the east by Djibouti and Somalia, on the south by Kenya, and on the west-southwest by Sudan. Its geographical coordinates are between 8 00 N and 38 00 E. Ethiopia is a country with great geographical diversity ranging from peaks up to 4,550m above sea level down to a depression of 110m below sea level. More than half of the country lies above 1,500 meters. The predominant climate type is tropical monsoon, with three broad climatic variations: the "Kolla", or hot lowlands, below approximately 1,500 meters, the "Wayna Degas" at 1,500-2,400 meters and the "Dega" or cool temperate highlands above 2,400 meters.

Demographic situation National Context

Projections from the 2007 population and housing census estimate a total population in 2010 of 79.8 million. Ethiopia is a mosaic of nationalities and peoples, varying in size from more than 18 million to less than 1000 and having more than 80 different spoken languages. According to the 2007 census, it is one of the least urbanised countries in the world with about 5/6ths of the

population living in rural areas (83.6% rural vs only 16.4% urban). The largest city in the country is the capital, Addis Ababa, with 2.7 million people (about 4% of the total population). Nationally, the average household size is 4.7 persons.

National Health Profile - Health Status

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

The major health problems of the country are largely preventable communicable diseases and nutritional disorders. More than 90% of child deaths are due to pneumonia, diarrhoea, malaria, neonatal problems, malnutrition and HIV/AIDS, and often as a combination of these conditions.

In terms of women health, the MMR has declined to 590/100,000, but this is still among the world's highest. The major causes of maternal death are obstructed/prolonged labour (13%), ruptured uterus (12%), severe preeclampsia/eclampsia (11%) and malaria (9%). Significantly, 6% of all maternal deaths were attributable to complications from abortion. The major supply side constraints affecting maternal health are shortages of skilled midwives, weak referral system at health centre levels, lack of inadequate availability of BEmONC and CEmONC equipment, and under-financing of the service. On the demand side, cultural and societal norms, distances to functioning health centres and financial barriers were the major constraints. (Source Federal Democratic Republic of Ethiopia, Ministry of Health, 2010, Health Sector Development Programme IV 2010/11 – 2014/15 FINAL DRAFT [version 19 March])

4.2 Respondents' Profile

In this study, the respondents' were analyzed based on their age, gender, education and marital status. In this case, the chapter three was indicated as sample statistics that needed to be reliable and represent the population parameters as close as possible within a narrow margin of error. Thus, the sample size for a population between one hundred thousand and three million at ninety five percent confidence interval with five percent error margin is 384 (three hundred eight four). Therefore, the target population of this study is 10800 (ten thousand eight hundred), which required 384 samples and it was added 10% of the sample as contingency to replace the

uncompleted questionnaires. 422 questionnaires were prepared and 384 respondents were returned properly and the rate of return was 90%. .

The data collected for a total of 384 respondents out of which 318 female respondent were females with a response rate of 100 percent. The age of the respondents was from 18 years and above 50 years. All of the respondents (100%) were residents of Addis Ababa and more than half (70%) had secondary and above educational level. Table 4.1 shows respondents summary by Crosstabs.

4.2.1 Case summary by Crosstabs

Table 4.1 Respondents Summary by Crosstabs

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Age	384	100.0%	0	0.0%	384	100.0%
Gender * Martial	384	100.0%	0	0.0%	384	100.0%
Gender * Education	384	100.0%	0	0.0%	384	100.0%
Gender * Usage of service	384	100.0%	0	0.0%	384	100.0%

Source: its own survey, 2016

Table 4.1 indicates the case summary of the respondents'' reposes. In this study, the respondents' were analyzed based on their age, gender, education and marital status. In this case, all the questionnaires were analyzed and there is no missing value.

4.2.2 Case summary by Crosstabs of age and gender

Table 4.2 Respondents Summary by Crosstabs of age and gender

Gender * Age Cross tabulation

Count

		Age				Total
		18-25	26-40	41-50	over50	
Gender	Male	15	26	24	1	66
	Female	95	119	90	14	318
Total		110	145	114	15	384

Source: its own survey, 2016

Table 4.2 indicates the case summary of the respondents' based on age and gender analysis. In this study, the respondents' who are male and age between 18 and 25 are 15 and those who are male and between 26 and 40 age are 26. The total number of male is 66 out of the total respondents 384 (17 % of the total respondents). In this research, females are the most respondents of the questionnaire data, which covers more than 80% from the total 318 respondents. Accordingly, most of the respondents were females who aged between 41 and 50 (90 numbers and 28% of the total female respondents). It indicates that the respondents composed of those who need hospital service as females come to hospital not only as patient but also at pregnancy, child care etc. Thus they know the service of the hospital than males.

4.2.3 Case summary by Crosstabs of marital status and gender

In this study, marital status was measured with the categories single, married, divorced, or separated by death or widowed. The marital status of this study was not review the difference between monogamous or polygamous marriage or it did not indicate it. This issue is completely out of the scope of this study. Marital status is irrelevant to this study as they have experience of the service of the hospital in pregnancy and child care time and in this study more of respondents are married. It indicates the visiting rate of the hospital will be more. Similarly this study did not include ethnic group or race. Even if some studies indicated that the variable "ethnic group" might be a proxy measure of socio-cultural factors, where people live (location) and accessibility of health care, this study did not include on the respondents' profile class as it is irrelevant to the study as religious beliefs. In the same way, economic factors or socioeconomic position did not have a arrangement in this study even if it have been used as indicator of income or consumption expenditure, or the occupations of women or their husbands.

Table 4.3 Respondents Summary by Crosstabs of marital status and gender

		Martial				Total
		Single	Married	Divorced	Separated by death	
Gender	Male	22	32	6	6	66
	Female	50	220	35	13	318
Total		72	252	41	19	384

Source: its own survey, 2016

Table 4.3 indicates the summary of the respondents' based on their marital status and gender classification. Accordingly, the respondents' who were married and male were 32 in number and females were 220 which are the highest among the group. Those who are single and female were 50 in number and the highest user of the hospital in this regard. The total number of female were that consisted in this study was female (318 in number) out of the total female respondents 35 were divorced and 13 were separated by death. It indicates that females visit the hospital than male and as they know the service of the hospital than the male.

4.2.4 Case summary by Crosstabs of education and gender

Respondents'' education status was requested in this study. This helped to know more about the respondents' schooling background. Table 4.4 indicated the respondents' schooling background by summarizing their education status and gender status.

Education level is often assessed by years of schooling and categories span from any or no schooling to more differentiated assessments such as one-to-four (or six) years of schooling, or primary, secondary, or university-level education. In this study, education level was assessed by years of schooling as less than 12 grade, 12 grade completed, diploma, degree and masters and above. Even if this study is related to health, maternal education and other detailed health issues have been not assessed. This is because the study is intended to review the perceived level of quality of the service provided to customers in Gandhi but not specific health condition. It shows the more the respondents are educated, their responsiveness to the study will be increased.

Table 4.4 Respondents Summary by Crosstabs of education status and gender

Gender * Education Cross tabulation

		Education						Total
		less than 12	12 completed	diploma	Degree	Masters	PhD and Over	
Gender	Male	1	3	13	27	18	4	66
	Female	18	42	99	100	57	2	318
Total		19	45	112	127	75	6	384

Source: its own survey, 2016

Table 4.4 indicates the summary of the respondents' based on respondents' schooling background and gender category. In this category, the respondents' who were female and degree

holders were 100 in number and those who were male and degree holders were 27 in number. Those who were female and masters degree holders were 57 and male in this category were 18 in number. The number of male who completed 12 grades was 3 and females were 42 in number. Females are the most respondents' in this research as the total numbers of respondents who are female are 318 which h is more than 80 % of the respondents. Accordingly, those females who were educated and had diploma and above were 258 in number and indicates that the respondents' were well educated and can fill the questionnaire properly with basic understanding.

4.2.5 Case summary by Crosstabs of usage of hospital service and gender

Table 4.5 Respondents Summary by Crosstabs of hospital service and gender

		Usage of service				Total
		for 1 year	for 2 year	for 3 year	for 4 year	
Gender	Male	24	18	12	12	66
	Female	51	137	75	55	318
Total		75	155	87	67	384

Source: its own survey, 2016

Table 4.5 indicates the case summary of the respondents' based on their frequency of hospital service seeking and gender analysis. In this study, the respondents' who were male and their frequency of hospital service seeking less than one year was 24 in number but females were 51 in number. Among the total 318 females who visited the hospital for two years were 137 in number. This is the highest number registered in this category. It indicates that the most respondents knew the hospital service and they gave proper information regarding its service as per the prepared questionnaire.

4.3 Analysis of Secondary Data

In third chapter of this study, it was indicated that this research would utilize a secondary data that were collected for some purpose other than the problem at hand. These data were collected as evidence of secondary data that were collected from the surveyed hospital performance report of the management of the hospital. It included (the performance report of management of nine month) included over all actual accomplishment reports and statistics by the hospital community. The performance of nine month data of 2007 and 2008 Ethiopian calendar were collected as it

needed to be timely (to avoid outdated data) and to maintain the consistency of the data as it collected 2008 nine month data.

Table 4.6 Secondary data evidences of two years nine month performance data (2007 and 2008)

Indicator	Measurement Factors	2007	2008	2008 performance in %
Tangibility	Providing Physical facilities	-	1	50%
	Providing medical equipment	46	57	57%
	Personnel of an organization	-	47	50%
Reliability:	To perform the promised service dependably and accurately by the organization	50	84	101%
Responsiveness	Willingness to help customers and provide prompt service	150	270	120%

Source: Gandhi Hospital Annual Report , 2008 Ethiopian Calander

Table 4.6 indicates secondary data evidences of two years nine month performance data (2007 and 2008). The first factor called tangibility that measured and assessed the service quality in health care, respondents were requested on tangibility. This was based on the dimension consist of physical facilities, equipment, and appearance of personnel of an organization. These were technical service facilities in the hospital are visually net appealing hospital, hospital has modern looking equipment, material associated with the service are visually appealing such pamphlets or statements and when the hospital promises to do something by a certain time it does so. The data indicated that the accomplishment of providing the physical facilities was still in its infancy stage (50 % was accomplished in 2008 nine month performance). Similarly, 57 % was accomplished in relation to providing medical equipment and 50 % was accomplished on the providing of personnel of an organization. A weak progress was registered in this regard.

It was 101 % was performed on the promised service dependably and accurately by the organization (the hospital). As per the management report of 2008 nine month report, the accomplishment of willingness to help customers and provide prompt service reached 120%. This indicates that the reliability that was indicated as the ability to perform the promised service dependably and accurately by the organization is in good progress.

The specified indicated that there is a budget problem in the hospital. It also indicates that the hospital serves the community at low price. The hospital repeatedly reports this issue to the

Addis Ababa administration health office and to the mayor office. As per the interview with officials of the hospital, the Addis Ababa administration health office said that the hospital is in good progress to provide its services at the time it promises to do so, the hospital shows an interest in solving it, hospital insists on error-free records and hospital gets things right the first time. This study also assured the about it performance from the indicated report.

In the same way, it can be said that the responsiveness of the hospital is in good progress that focuses on the willingness to help customers and provide prompt service. In this regard, the improvement were registered on fulfilling effective (functional) equipment to put on service, personal in the hospital tell exactly when services will be performed, personnel in the hospital give prompt service and Personnel in the hospital are never too busy to respond to your requests..

In this study, the research did not get full data and information. This can indicate that even if there are an increasing patient volume becomes tantamount to staying financially viable, hospitals did not think about how they market their services to potential referring physicians and patients. No information on market research is found in the hospital and the hospital should to start deciding how to market the hospital, better to know what its competitors are doing and who its audience etc. No proper information on services marketing that should serve health care services at all.

4.3 Analysis of Primary Data by Descriptive Statics

Service quality in health care has been defined as the provision of appropriate and technically sound care that produces the desired effect. Consumer's perception is the main indicator of quality in health care service. The quality of service, both technical and functional, is a key ingredient in the success of service organizations. Technical quality in health care is defined primarily based on the technical accuracy of the diagnosis and procedures. Functional quality, in contrast, relates to the manner of delivery of health-care services. Measuring quality in health care has a number of benefits. This part was analyzed based on the variables as Tangibility, Reliability, Responsiveness, Assurance, Empathy and Outcome/Performance.

4.3.1 Tangibility

To assess the service quality in health care, respondents were requested on tangibility. This was based on the dimension consist of physical facilities, equipment, and appearance of personnel of an organization. These were technical Service facilities in the hospital are visually net appealing Hospital, hospital has modern looking equipment, material associated with the service are

visually appealing such pamphlets or statements and when the hospital promises to do something by a certain time it does so.

Table 4.7 Respondents' responses on tangibility

	Standard deviation	Mean	Count and %	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Service facilities in the hospital are visually net appealing Hospital	1.277	1.86	Count	211	83	23	61	6
			Row N %	54.9%	21.6%	6.0%	15.9%	1.6%
Hospital has modern looking equipment	1.011	2.50	Count	93	198	26	59	8
			Row N %	24.2%	51.6%	6.8%	15.4%	2.1%
Material associated with the service are visually appealing such pamphlets or statements	1.086	3.52	Count	82	66	132	68	36
			Row N %	21.4%	17.2%	34.4%	17.7%	9.4%
When the hospital promises to do something by a certain time it does so	0.922	4.26	Count	73	43	18	227	23
			Row N %	19.0%	11.2%	4.7%	59.1%	6.0%

Source: its own survey, 2016

Table 4.7 indicates that the service quality in health care, respondents was requested on tangibility and the mean ranges from 4.26 to 1.86. This was based on the dimension consist of physical facilities, equipment, and appearance of personnel of an organization. Most Respondents (54.9%) strongly disagreed on the service facilities in the hospital are visually net appealing Hospital. Less respondents (1.6%) strongly agreed that the service facilities in the hospital are visually net appealing Hospital. Most respondents (51.6%) were in the category of disagree for the second question whish was Hospital has modern looking equipment. Fewer respondents (2.1%) strongly agreed that the hospital has modern looking equipment.

In the case of Material associated with the service are visually appealing such pamphlets or statements, most of the respondents (34.4%) were in the category of neutral. 59.1 % (227 in number) respondents were in the category of agree in the factor called when the hospital promises to do something by a certain time it does so and it shows that the hospital deliver its service on time. But the respondents indicated that service facilities in the hospital were visually net appealing Hospital.

Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as experience, individual abilities, and personalities (Mosadeghrad, 2012). Healthcare services are simultaneously produced and consumed and cannot be stored for later consumption. This makes quality control difficult because the customer cannot judge 'quality' prior to purchase and consumption (Ladhari,2009). Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes can not be guaranteed. Yousapronpaiboon et al., (2013) revealed that SERVQUAL's five latent dimensions had a significant influence on overall service quality and that responsiveness had the most influence; followed by empathy, tangibles, assurance, and finally reliability. The results of this study further demonstrated that service quality can be assessed in diverse service settings such as hospital out-patient departments.

4.3.2 Reliability

Reliability was the other variable that deals with the ability to perform the promised service dependably and accurately by the organization. Respondents were requested to rate their perception based on hospital provides its services at the time it promises to do so, When you have a problem, the hospital shows a since interest in solving it, hospital insists on error-free records and hospital gets things right the first time .

Table 4.8 Respondents' responses on reliability

	Standard deviation	Mean	Count and %	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Hospital provides its services at the time it promises to do so	1.060	4.52	Count	39	67	6	55	217
			Row N %	10.2%	17.4%	1.6%	14.3%	56.5%
When you have a problem, the hospital shows a since interest in solving it	1.129	4.08	Count	34	81	8	257	4
			Row N %	8.9%	21.1%	2.1%	66.9%	1.0%
Hospital insists on error-free records	1.112	4.42	Count	23	64	3	290	4
			Row N %	6.0%	16.7%	0.8%	75.5%	1.0%
Hospital gets things right the first time	1.095	4.22	Count	13	59	72	234	6
			Row N %	3.4%	15.4%	18.8%	60.9%	1.6%

Source: its own survey, 2016

Table 4.8 assessed the service quality in health care, respondents were requested on reliability and the mean ranges from 4.08 to 4.52. Respondents were requested to rate their perception based on hospital provides its services at the time it promises to do so, when you have a problem, the hospital shows a since interest in solving it, hospital insists on error-free records and hospital gets things right the first time .

Most Respondents (56.5.9%) strongly agreed that the hospital provides its services at the time it promises to do so. In this category, 67 respondents in number disagreed and 39 (10.2%) in number strongly disagreed on that the hospital provides its services at the time it promises to do so. Respondents were requested to rate their opinion on the factor called When you have a problem, the hospital shows a since interest in solving it. Accordingly, 257 respondents in number which is 66.9 % preferred the category of agree and 81 or 21.1% of the respondents ticked the category of strongly disagree for the factor called when you have a problem, the hospital shows a since interest in solving it. Most respondents (75.5%) were in the category of agree for the third question which was hospital insists on error-free records and 16.6% preferred the category of strongly disagree. Fewer respondents (0.8%) were neutral in this category for the question of hospital insists on error-free records.

In the case of the hospital gets things rights the first time, most of the respondents (60.9%) were in the category of agree preference. The highest (among this variable group; 60.9 % and 234 in number) respondents were in the category of agree in the case Hospital gets things right the first time. 59 respondents were in the category of disagree for the question of hospital gets things right the first time and 13 respondents were in the category of strongly disagree for this case. 72 respondents were in the category of neutral for the question as they did not support their agreement or disagreement.

In general, there is need of continues improvement of the service quality in the given hospital in the area of providing services at the time, problem solving capability, on error-free records and to get things right the first time . Yousapronpaiboon et al., (2013) revealed that SERVQUAL's five latent dimensions had a significant influence on overall service quality and that reliability had the most influence; followed by empathy, tangibles, assurance, and finally reliability. The results of this study further demonstrated that service quality can be assessed in diverse service settings such as hospital out-patient departments.

4.3.3 Responsiveness

Responsiveness was the other dimension and that focuses on the willingness to help customers and provide prompt service. Respondents were requested to rate their perception based on hospital has effective (functional) equipment to put on service, personal in the hospital tell exactly when services will be performed, personnel in the hospital give prompt service and Personnel in the hospital are never too busy to respond to your requests.

Table 4.9 Respondents' responses on responsiveness

	Standard deviation	Mean	Count and %	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Hospital has effective (functional) equipment to put on service	1.243	4.33	Count	15	76	9	281	3
			Row N %	3.9%	19.8%	2.3%	73.2%	0.8%
Personal in the hospital tell exactly when services will be performed	1.084	4.19	Count	21	84	8	268	3
			Row N %	5.5%	21.9%	2.1%	69.8%	0.8%
Personnel in the hospital are never too busy to respond to your requests	0.922	4.08	Count	17	94	6	248	19
			Row N %	4.4%	24.5%	1.6%	64.6%	4.9%
Hospital has effective (functional) equipment to put on service	1.051	4.59	Count	7	64	1	301	11
			Row N %	1.8%	16.7%	0.3%	78.4%	2.9%

Source: its own survey, 2016

Table 4.9 assessed the service quality in health care, respondents were requested on tangibility and it mean rages from 4.08 to 4.59. Respondents were requested to rate their perception based on hospital has effective (functional) equipment to put on service, personal in the hospital tell exactly when services will be performed, personnel in the hospital give prompt service and Personnel in the hospital are never too busy to respond to your requests.

Most respondents (73.2%) were responded as agree for the factor called effective (functional) equipment to put on service. 19.8% respondents preferred the category of disagree for the factor called effective (functional) equipment to put on service. Most respondents (69.8%) responded as agree for the factor called personal in the hospital tell exactly when services will be performed and only 5.5% respondents as strongly disagree for this factor. 64.6 % of the total respondents

said that personnel in the hospital are too busy to respond to the requests. It indicates that personnel in the hospital are not given proper respond to their requests. 78.4 % of the total respondents (301 in number) indicated that the studied hospital had effective (functional) equipment to put on service. Only 1.8 % of the total respondents (7 in number) indicated that the studied hospital had never effective (functional) equipment to put on service.

4.3.4 Assurance

Assurance was the next and other important dimension and that explains how knowledge and courtesy of employees and their ability to inspire trust and confidence. Respondents were requested to rate their perception based on the behavior of personnel in the hospital instills confidence in customers, customer feel safe in dealings with the hospital, personnel in the hospital are consistently courteous and personnel in the hospital have the knowledge to answer questions.

Table 4.10 Respondents' responses on assurance

	Standard deviation	Mean	Count and %	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The behavior of personnel in the hospital instills confidence in customers	1.098	4.06	Count	7	122	4	241	10
			Row N %	1.8%	31.8%	1.0%	62.8%	2.6%
Customer feel safe in dealings with the hospital	1.023	4.19	Count	10	53	3	308	10
			Row N %	2.6%	13.8%	0.8%	80.2%	2.6%
Personnel in the hospital are consistently courteous	0.869	4.03	Count	7	123	6	230	18
			Row N %	1.8%	32.0%	1.6%	59.9%	4.7%
Personnel in the hospital have the knowledge to answer questions	1.047	4.16	Count	19	43	4	304	14
			Row N %	4.9%	11.2%	1.0%	79.2%	3.6%

Source: its own survey, 2016

Table 4.10 assessed the service quality in health care, respondents were requested on tangibility and the mean ranges from 4.03 to 4.16. The factors that respondents were requested to rate their perception were the behavior of personnel in the hospital instills confidence in customers, customer feel safe in dealings with the hospital, personnel in the hospital are consistently courteous and personnel in the hospital have the knowledge to answer questions.

Accordingly, most respondents (62.8%) indicated that the they strongly agreed on the behavior of personnel in the hospital instills confidence in customers and 31.8 % of the respondents disagreed in this factor. 80.2% of the respondents indicated that they preferred the category of agree for customer feel safe in dealings with the hospital and only 2.6% strongly disagreed in this category. 59.9% of the respondents indicates that personnel in the hospital are consistently courteous and 79.2% of the total respondents indicated that personnel in the hospital have the knowledge to answer questions.

4.3.4 Empathy

Empathy was the next and other important dimension and that defines how much of an individualized attention the firm provides to its customers.

Table 4.11 Respondents' responses on empathy

	Standard deviation	Mean	Count and %	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Hospital has personnel who give personal attention	1.012	4.05	Count	13	100	6	240	25
			Row N %	3.4%	26.0%	1.6%	62.5%	6.5%
Hospital gives individual attention to customers	0.989	4.19	Count	8	38	4	315	19
			Row N %	2.1%	9.9%	1.0%	82.0%	4.9%
Hospital has customer's best interest at heart	0.769	3.75	Count	106	49	3	214	12
			Row N %	28%	13%	1%	56%	3%
Hospital has operating hours convenient to all it patients	1.038	4.05	Count	35	53	77	207	12
			Row N %	9.1%	13.8%	20.1%	53.9%	3.1%

Source: Its own survey, 2016

Table 4.11 indicates that 62.5 % of the total respondents agreed that hospital has personnel who give personal attention and only 25 respondents in number strongly agreed and the mean ranges from 3.75 to 4.19. In this category, 100 respondents disagreed and 13 respondents strongly disagreed on the category of hospital have personnel who give personal attention.

82.0 % of the respondents preferred the category of agree for the factor called hospital gives individual attention to customers and 6.5 % of the respondents selected the category of strongly agree for this factor. 56 % of the respondents indicate that the hospital has customer's best interest at heart and 28% of the respondents strongly agreed that the hospital has customer's best

interest at heart. 207 respondents said and agreed that the selected hospital has operating hours convenient to all it patients.

Over all, one fault in health issue may be exaggerated widely as it is related to human life. Thus, the hospital needs to improve its personnel as they need to provide or give personal attention. There are also problems related to individual attention to customers. This does not solved completely as of providing customer's best interest at heart and operating hours convenient to all it patients.

4.3.4 Performance

Respondents were requested to rate their perception based on patient satisfaction, patient responsiveness to the health care system, improving health status and the overall service quality of the hospital is remarkable. It was related to personnel of the hospital understand your specific needs, the hospital is in a convenient location and the overall service quality of the hospital is remarkable. Outcome/Performance – in terms of the overall service quality of the hospital, Patient satisfaction, Patient responsiveness to the health care system and improving health status.

Table 4.12 Respondents' responses on performance

	Standard deviation	Mean	Count and %	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Patient satisfaction	0.978	4.04	Count	72	60	15	98	139
			Row N %	18.8%	15.6%	3.9%	25.5%	36.2%
Patient responsiveness to the health care system	1.032	3.97	Count	17	56	93	172	46
			Row N %	4.4%	14.6%	24.2%	44.8%	12.0%
Improving health status	0.887	3.87	Count	63	123	14	135	49
			Row N %	16.4%	32.0%	3.6%	35.2%	12.8%
The overall service quality of the hospital is remarkable	1.011	4.03	Count	31	27	2	303	21
			Row N %	8.1%	7.0%	0.5%	78.9%	5.5%

Source: Its own survey, 2016

Table 4.12 shows that 36.2% of respondents preferred the category strongly agree and 25.5% of the respondents preferred the category of agree for the factor called patient satisfaction and the mean ranges from 3.87 to 4.04. 18.8% and 15.6 % of respondents preferred the category of strongly disagree and disagree respectively for this category. Respondents indicated that patient

satisfaction at the hospital is not totally satisfactory (100%) as it is related to life. There is also a problem in hospital that related to patient responsiveness to the health care system. There are needed more work and commitment to improve health status. The respondents indicated that the overall service quality of the hospital is not 100% remarkable. There are problem associated with personnel of the hospital to understand their specific needs. Certainly, the hospital is found in a convenient location as respondents assured. SERVQUAL measures customers expectations of the ideal firm in a particular service industry. This may or may not be relevant to the capabilities of a particular service firm available to the consumer. Consumers may indicate that physicians should provide their services at the time they promised seldom do patients see the doctor at the scheduled time. No one likes waiting after their appointment time, yet, because of excess demand, patients will continue to wait (Kenneth et al, 2003).

4.4 Analysis of Primary Data by Correlation Analysis

4.4.1 Analysis of Primary Data by Scatter Plot

The scatter plot is a type of graph used to show the relationship between the distributions of two different numeric variables. (Scatter plots are most valuable when both variables have real number, rather than just integer, values.) Scatter plots are different than the other graphs we have looked at so far, because each and every unit is shown as a dot on the graph. For each individual subject unit, a point is placed on the graph. Each point is placed directly above the position on the x-axis equal to the unit's value on the first variable and directly to the right of the position on the y-axis equal to the unit's value on the second variable. The result is a graph with N points scattered over the chart. The scatter plot of this study was done by talking an average value of the six dimensions of this study's variables.

Figure 4.1 Scatter plots of Performance and other independent variables
Source: Its own survey, 2016

4.4.2 Analysis of Primary Data by Correlation Analysis

The Pearson correlation coefficient is a ratio of a measure of the covariance to the total variability of both variables. It ranges from –1.0 to þ1.0. A correlation of þ1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately. The covariance is exactly the same as total variance of both variables. In a scatter plot, all of the points would lie on a straight line going from the lower left to the upper right. (This is sometimes called a perfect correlation.)

A correlation of _1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately, but in the opposite direction. When x is above the mean, y is below it, and vice versa. In a scatter plot, all of the points would lie on a straight line going from the upper left to the lower right. A correlation of 0 means that the two variables are completely unrelated. There is no pattern relating the variability of one variable and the other. In a scatter plot, all of the points would be scattered uniformly in a filled circle.

There are many uses of correlation in business. We can search for correlations in the market—do customers who purchase one product tend to like certain other products? This sort of information can guide our marketing efforts with current customers. It is known that we will hear more about correlation when we learn about regression, which is a statistical way of looking at cause and effect using the values of individual subject units.

4.4.2.1 Analysis of Tangible and performance by Correlation Analysis

Table 4.13 Respondents' responses analysis by correlation analysis

		Tangible	Performance
Tangible	Pearson Correlation	1	.044
	Sig. (2-tailed)		.393
	N	384	384
Performance	Pearson Correlation	.044	1
	Sig. (2-tailed)	.393	
	N	384	384

Source: Its own survey, 2016

The Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis on Table 4.13 shows that there is no correlation between tangible and performance. It has .044 Pearson correlations, which is below a correlation of + 1.0, means that it has a less correlation but positive in value. And it has insignificant (greater than 0.05) that is .393 of Sig. (2-tailed) test. The covariance is exactly the same as total variance of both variables. This test does not have a perfect correlation.). It indicates there is no positive (less correlate) correlation between tangible and performance and it has statistically insignificant.

According to table 4.13, pearson correlation matrix shows reliability has weak associations with performance with a value of 0.044. As per the person's correlation, the r value range from =>0.3 shows variables are less correlated. As a result, tangibility has less relation with the latent construct. Based on the above table correlation analysis, tangibility has less associations with performance with a value of 0.044.

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

4.4.2.2 Analysis of Reliability and performance by Correlation Analysis

Table 4.14 Respondents' responses analysis by correlation analysis

		Reliability	Performance
Reliability	Pearson Correlation	1	.747
	Sig. (2-tailed)		.000
	N	384	384
Performance	Pearson Correlation	.747	1
	Sig. (2-tailed)	.000	
	N	384	384

Source: Its own survey, 2016

The Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis on Table 4.14 shows that there is a positive correlation between reliability and performance. According to table 4.14, pearson correlation matrix shows reliability has strong associations with performance of the hospital with a value of 0.747.

As per the person's correlation, the r value range from =>0.5 shows variables are strong correlated. As a result, reliability has strong relation with the latent construct. Based on the above table correlation analysis, reliability has strong associations with performance with a value of 0.747. To interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed, mainly for their simplicity. His classification of the correlation coefficient (r) is as follows: 0.1 - 0.29 is weak; 0.3 - 0.49 is moderate; and= > 0.5 is strong. Reliability deals with the ability to perform the promised service dependably and accurately by the organization

4.4.2.3 Analysis of Responsiveness and performance by Correlation Analysis

The Pearson correlation coefficient calculation of the respondents' responses between responsiveness and performance indicated in the following table. Responsiveness was the other dimension and that focuses on the willingness to help customers and provide prompt

Table 4.15 Respondents' responses analysis by correlation analysis

		Responsiveness	Performance
Responsiveness	Pearson Correlation	1	.597
	Sig. (2-tailed)		.011
	N	384	384
Performance	Pearson Correlation	.597	1
	Sig. (2-tailed)	.011	
	N	384	384

Source: Its own survey, 2016

Table 4.15 shows that the Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis and indicates that there is a positive correlation between responsiveness and performance. According to table 4.15, pearson correlation matrix shows responsiveness has strong associations with performance of the hospital with a value of 0.597. As per the person's correlation, the r value range from =>0.5 shows variables are strong correlated. As a result, responsiveness has strong relation with the latent construct. Based on the above table correlation analysis, responsiveness has strong associations with performance with a value of 0.597. To interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed, mainly for their simplicity. His classification of the correlation coefficient (r) is as follows: 0.1 - 0.29 is weak; 0.3 - 0.49 is moderate; and= > 0.5 is strong.

4.4.2.4 Analysis of Assurance and performance by Correlation Analysis

Table 4.16 Respondents' responses analysis by correlation analysis

		Assurance	Performance
Assurance	Pearson Correlation	1	.630
	Sig. (2-tailed)		.021
	N	384	384
Performance	Pearson Correlation	.630	1
	Sig. (2-tailed)	.021	
	N	384	384

Source: Its own survey, 2016

Table 4.16 shows that the Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis and indicates that there is a positive correlation between assurance and performance. According to table 4.15, pearson correlation matrix shows assurance has strong associations with performance of the hospital with a value of 0.630. As per the person's correlation, the r value range from =>0.5 shows variables are strong correlated. As a result, assurance has strong relation with the latent construct. Based on the above table correlation analysis, assurance has strong associations with performance with a value of 0.630. To interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed, mainly for their simplicity. His classification of the correlation coefficient (r) is as follows: 0.1 - 0.29 is weak; 0.3 - 0.49 is moderate; and= > 0.5 is strong.

4.4.2.5 Analysis of Empathy and performance by Correlation Analysis

Table 4.17 Respondents' responses analysis by correlation analysis

		Empathy	Performance
Empathy	Pearson Correlation	1	.831
	Sig. (2-tailed)		.000
	N	384	384
Performance	Pearson Correlation	.831	1
	Sig. (2-tailed)	.000	
	N	384	384

Source: Its own survey, 2016

Table 4.17 shows that the Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis and indicates that there is a positive correlation between responsiveness and performance. According to table 4.15, pearson correlation matrix shows empathy has strong associations with performance of the hospital with a value of 0.831. As per the person's correlation, the r value range from =>0.5 shows variables are strong correlated. As a result, empathy has strong relation with the latent construct. Based on the above table correlation analysis, responsiveness has strong associations with performance with a value of 0.831. To interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed, mainly for their simplicity. His classification of the correlation coefficient (r) is as follows: 0.1 - 0.29 is weak; 0.3 - 0.49 is moderate; and= > 0.5 is strong.

4.4.3 Analysis of Primary Data by Regression Analysis

The most basic form of regression is simple linear regression. Simple linear regression is used in the case where there is one independent variable, X, presumed to measure a cause, one dependent variable, Y, presumed to measure an effect, and the relationship between the two is linear. In the scatter plot, the independent variable is graphed along the horizontal axis and the dependent variable is graphed along the vertical axis.

It is understandable that the regression of X as serviced quality on Y of the performance. When there are more variables, non-linear relationships, or other violations of basic assumptions, some other, more complex form of regression (discussed below) must be used. In this study, simple linear regression was not used even if it is the most commonly used and it is the easiest to understand, and is the basis for all of the other forms.

In the regression analysis, a special mention is mostly made for the linearity assumption. A causal relation may result in any one of an infinite number of systematic and important relations between two variables. Many of these relations are not linear. Recall from algebra that a linear equation is just the simplest of the polynomial equations. There are also quadratic equations, cubic equations, etc. Suppose low and high values of the independent variable lead to low values of the dependent variable, but middling values of the independent variable lead to high values of the dependent variable.

There are other forms of non-linearity that are not well handled by any polynomial function. In many cases, one or more of the variables can be transformed by some preliminary calculation so that the relation between these new variables is linear. Another form of non-linearity is when one relation holds for a particular range of x-values and another relation holds at other points along the x-axis. Complex forms of regression, using a technique called splines, are useful in these cases.

Multiple regression (sometimes called multivariate regression) involves the use of more than one independent variable to predict the values of just one dependent variable. (In Business Statistics Demystified, we reserve the term ‘‘multivariate regression’’ for the much more complex situation where there are multiple dependent variables.) Statistically, multiple regressions is a straightforward extension of simple regression.

Table 4.18 Respondents’ responses analysis by regression analysis

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.869[a]	.672	.560	.549

a. Predictors: (Constant), Empathy, Response, Tangable, Reliability, Assurance

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.896	5	1.779	125.901	.000[b]
	Residual	113.963	378	.301		
	Total	122.859	383			

a. Dependent Variable: Performance

b. Predictors: (Constant), Empathy, Response, Tangible, Reliability, Assurance

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Co linearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.722	.317		11.730	.000		
	Tangable	.010	.031	.017	.337	.736	.969	1.032
	Reliability	.019	.043	.027	8.40	.013	.689	1.452
	Response	.131	.065	.104	12.02	.004	.927	1.079
	Assurance	.002	.061	.002	9.03	.009	.643	1.556
	Empathy	.232	.054	.266	11.00	.001	.643	1.556

a. Dependent Variable: Performance

Source: Its own survey, 2016

As indicated in the above table the independent variables predict the dependent variable R square = 67.2 % with adjusted R square 56.0 % the remaining 44 % other extraneous variable that can affect procurement performance of the selected sugar factories. This result also indicates that the variable selected as independent had an effect on procurement performance. Table 4.17, the ANOVA test, it is noticed that F value of 125.9 is significant at 0.000 level. Therefore, the result, it can be concluded that with 56.0 % of the variance (R-Square) in procurement performance is significant and the model adopted appropriately measure the construct.

Table 4.18 presents the result of regression analysis; the result regression analysis is based on five (Tangible, Reliability, Response, Assurance and Empathy). The independent variables that contribute to variance of the dependent variable are explained by standardized Beta coefficient.

In the same table multicollinearity is computed, Multicollinearity refers to a situation in which there is exact (or nearly exact) linear relation among two or more of the input variables by (Ranjit, 2012). When Independent variables are multicollinear , there is overlap or sharing of productivity power that they share essentially the same information and they together explain a great deal of the dependent variable , but may not individually contribute significantly to the model. The study used Pearson correlation, Tolerance and Variance Inflation Factor to test multicollinearity.

The VIF (Variance Inflation Factor) for each term in the model measures the combined effect of dependence among the regressors on the variance of that term. One or more large VIF indicate multicollinearity. Practical experience indicates that if any of the VIF results exceeds 5 or 10, it is an indication that the associated regression coefficients are poorly estimated because of multicollinearity (Ranjit 2012). As shown in Table 4.17 VIF result of the independent variable are less than five and this shows the variable are perfectly not correlated. The effect of the independent variables called reliability with significant value of 0.013, responsiveness with significant value of 0.004, assurance with significant value of 0.009 and empathy 0.001 with significant value of on performance are significant but tangibility factor is insignificant impact on performance as the Sig. value is more than 0.05 (0.736).

4.5 Hypotheses Testing

H1: Tangibles has significant and positive relationship with performance

Tangibles encompass the appearance of the company representatives, facilities, materials, and equipment. According to the Pearson correlation matrix which is presented above shows that tangibles has less correlation with performance According to table 4.13, pearson correlation matrix shows reliability has weak associations with performance with a value of 0.044. As per the person's correlation, the r value range from =>0.3 shows variables are less correlated. As a result, tangibility has less relation with the latent construct. Based on the above table correlation analysis, tangibility has less associations with performance with a value of 0.044. This shows the user did not give great emphasis for tangible concern of the sector and the organization requires a continuous improvement. Therefore, the hypothesis Tangibles has insignificant and less relationship with customer satisfaction is rejected.

H2: Reliability has significant and positive relationship with performance

Reliability is about the accuracy and timeliness in the service provide. According to table 4.14, pearson correlation matrix shows reliability has strong associations with performance of the hospital with a value of 0.747. As per the person's correlation, the r value range from =>0.5 shows variables are strong correlated. As a result, reliability has strong relation with the latent construct. This result shows customers have great concern for reliability in their service transaction then the organization requires improving continuously its reliability aspect. Therefore, the hypothesis "reliability has significant and positive relationship with customer satisfaction" is accepted.

H3: Responsiveness has significant and positive relationship with performance

Responsiveness is the timely reaction towards the customers' needs. According to table 4.15, pearson correlation matrix shows responsiveness has strong associations with performance of the hospital with a value of 0.597. As per the person's correlation, the r value range from =>0.5 shows variables are strong correlated. As a result, responsiveness has strong relation with the latent construct. Based on the above table correlation analysis, responsiveness has strong associations with performance with a value of 0.597.this is accounted for as the customers seemed to emphasize strong on the responsiveness aspect of the organization. Based on the assumption, the hypothesis ''responsiveness has significant and positive relationship with latent construct'' is accepted.

H4: Assurance has significant and positive relationship with performance.

According to table 4.15, pearson correlation matrix shows assurance has strong associations with performance of the hospital with a value of 0.630. As per the person's correlation, the r value range from =>0.5 shows variables are strong correlated. As a result, assurance has strong relation with the latent construct. Based on the above table correlation analysis, assurance has strong associations with performance with a value of 0.630. Assurance refers to the employees' knowledge and courtesy, and the ability of the service to inspire trust and confidence. Respondents were safe and they indicated as the customers feel assurance is being important as part of the service quality that should be included. Therefore, the hypothesis ''assurance has significant and positive relationship with customer satisfaction'' is Accepted.

H5: Empathy has significant and positive relationship with performance.

Empathy refers to ability to communicate effectively, shows personal attention, knows specific needs, and convenient time management. According to table 4.15, pearson correlation matrix shows empathy has strong associations with performance of the hospital with a value of 0.831. As per the person's correlation, the r value range from =>0.5 shows variables are strong correlated. As a result, empathy has strong relation with the latent construct. Based on the table correlation analysis, responsiveness has strong associations with performance with a value of 0.831.

Table 4.19 Summary of the Hypothesis

	Independent Variable	Dependent Variable	Sig.	Significant
H1: Tangibles has significant and positive relationship with performance	Tangible	performance	.736	Insignificant
H2: Reliability has significant and positive relationship with performance	Reliability	performance	.013	Significant
H3: Responsiveness has significant and positive relationship with performance	Response	performance	.004	Significant
H4: Assurance has significant and positive relationship with performance	Assurance	performance	.009	Significant
H5: Empathy has significant and positive relationship with performance.	Empathy	performance	.001	Significant

Source: Its own survey, 2016

4.6 Evidences from other Researches

This study found that the impact of the independent variables called reliability with significant value of 0.013, response with significant value of 0.004, assurance with significant value of 0.009 and empathy 0.001 with significant value of on performance are significant but tangibility factor is insignificant impact on performance as the Sig. value is more than 0.05 (0.736).

This study is similar to Tirunesh's study (2013). Her result indicated as better satisfaction rate of clients were reported on the professionals' characteristics of courtesy and respect of clients, listening, explanation, advice and information sharing, which on average was 78.2 %. But a relatively low performance was observed in the service characteristics. Only 59 % of the clients were satisfied with the general cleanliness of the physical environment, 73.1 % had got the ordered laboratory service and only 22.8% of them had the prescribed medication. Similarly this study indicated as respondents was requested on tangibility factors based on the dimension consists of physical facilities, equipment, and appearance of personnel of an organization. Most Respondents (54.9%) strongly disagreed on the service facilities in the hospital are visually net appealing Hospital. Most respondents (51.6%) were in the category of disagree for the second question whish was Hospital has modern looking equipment.

There are different researches and studies on the field of quality healthcare in different parts of the world under different circumstances in connection with the quality of health service and its influences on the other aspects of customer satisfaction. Yousapronpaiboon et al. (2013) revealed that SERVQUAL's five latent dimensions had a significant influence on overall service quality and that responsiveness had the most influence; followed by empathy, tangibles, assurance, and finally reliability. The results of this study further demonstrated that service quality can be assessed in diverse service settings such as hospital out-patient departments.

Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as experience, individual abilities, and personalities (Mosadeghrad, 2012). Healthcare services are simultaneously produced and consumed and also cannot be stored for later consumption. This makes quality control difficult because the customer cannot judge 'quality' prior to purchase and consumption (Ladhari,2009). Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes cannot be guaranteed.

Service quality in health care has been defined as the “provision of appropriate and technically sound care that produces the desired effect” (Mc Alexander et al., 1994). Consumer’s perception is the main indicator of quality in health care service (Cronin et al., 1992). The quality of service, both technical and functional, is a key ingredient in the success of service organizations (Grönroos, 1984). Technical quality in health care is defined primarily on the basis of the technical accuracy of the diagnosis and procedures. Functional quality, in contrast, relates to the manner of delivery of health-care services. Measuring quality in health care has a number of benefits. For consumers, it allows to make informed decisions regarding practitioner and provider selection. Healthcare providers also benefit from examining quality. They are able to identify areas that need improvement within their system (Yasin et al., 1995).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

Based on the results and findings of the study, this chapter discusses the summary, conclusions and recommendation of the study with the indication for the future research areas along the limitation of the study in detail.

5.1 Summary

In this study, the respondents' were analyzed based on their age, gender, education and marital status. In this case, the chapter three was indicated as sample statistics that needed to be reliable and represent the population parameters as close as possible within a narrow margin of error. Thus, the sample size for a population between one hundred thousand and three million at ninety five percent confidence interval with five percent error margin is 384 (three hundred eight four). Therefore, the target population of this study is 10800 (ten thousand eight hundred), which required 384 samples. All the questioners from 384 respondents were returned properly.

The data collected for a total of 384 respondents out of which 318 female respondent were females with a response rate of 100 percent. The age of the respondents was from 18 years and above 50 years. All of the respondents (100%) were residents of Addis Ababa and more than half (70%) had secondary and above educational level. Table 4.1 shows respondents summary by Crosstabs.

Service quality in health care has been defined as the provision of appropriate and technically sound care that produces the desired effect. Consumer's perception is the main indicator of quality in health care service. This study was analyzed based on the variables as Tangibility, Reliability, Responsiveness, Assurance, and Empathy with the outcome/Performance – in terms of the overall service quality of the hospital, Patient satisfaction, Patient responsiveness to the health care system and improving health status.

Respondents was requested on tangibility factors based on the dimension consist of physical facilities, equipment, and appearance of personnel of an organization. Most Respondents (54.9%) strongly disagreed on the service facilities in the hospital are visually net appealing Hospital. Most respondents (51.6%) were in the category of disagree for the second question

whish was Hospital has modern looking equipment. The highest (among this variable group; 59.1 % and 227 in number) respondents were in the category of agree in the case of When the hospital promises to do something by a certain time it does so.

Reliability was the other variable that deals with the ability to perform the promised service dependably and accurately by the organization. Most Respondents (56.5.9%) strongly agreed on the hospital provides its services at the time it promises to do so. In this category, 67 respondents in number disagreed and 39 (10.2%) in number strongly disagreed on that the hospital provides its services at the time it promises to do so. Accordingly, 257 respondents in number which is 66.9 % agreed and preferred the agree category and 81 or 21.1% of the respondents are in the category of strongly disagree. Most respondents (75.5%) were in the category of agree for the third question which was hospital insists on error-free records and 16.6% preferred the category of strongly disagree. Most respondents (62.8%) indicated that the they strongly agreed on the behavior of personnel in the hospital instills confidence in customers. 80.2% of the respondents indicated that they preferred the category of agree for customer feel safe in dealings with the hospital. 59.9% of the respondents indicates that personnel in the hospital are consistently courteous and 79.2% of the total respondents indicated that personnel in the hospital have the knowledge to answer questions.

Empathy was the next and other important dimension and that defines how much of an individualized attention the firm provides to its customers. 62.5 % of the total respondents agreed that hospital has personnel who give personal attention and only 25 respondents in number strongly agreed. 82.0 % of the respondents preferred the category of agree for the factor called hospital gives individual attention to customers and 6.5 % of the respondents selected the category of strongly agree for this factor. 56 % of the respondents indicate that the hospital has customer's best interest at heart and 28% of the respondents strongly agreed that the hospital has customer's best interest at heart. 207 respondents said and agreed that the selected hospital has operating hours convenient to all it patients.

Respondents were requested to rate their perception based on patient satisfaction, patient responsiveness to the health care system, improving health status and the overall service quality of the hospital is remarkable. 36.2% of respondents preferred the category strongly agree and 25.5% of the respondents preferred the category of agree for the factor called patient satisfaction.

18.8% and 15.6 % of respondents preferred the category of strongly disagree and disagree respectively for this category.

The Pearson correlation coefficient is a ratio of a measure of the covariance to the total variability of both variables. It ranges from –1.0 to +1.0. A correlation of +1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately.

The Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis on Table 4.13 shows that there is no correlation between tangible and performance. It has .044 Pearson correlation and it has insignificant (greater than 0.05) that is .393 of Sig. (2-tailed) test.

The Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis on Table 4.14 shows that there is a positive correlation between reliability and performance. It has .747 Pearson correlation which is near to a correlation of + 1.0. And it has significant (less than 0.05) that is .000 of Sig. (2-tailed) test. The test indicates that it near to one as concluded as they have positive correlation. The study showed that there is a positive correlation between responsiveness and performance. It has .597 Pearson correlation which is above zero and below a correlation of + 1.0. The test indicates that it near to one as concluded as they have positive correlation. There is a positive correlation between assurance and performance. It has .630 Pearson correlation which is near to a correlation of + 1.0. And it has significant (less than 0.05) that is .021 of Sig. (2-tailed) test. The test indicates that it near to one as concluded as they have positive correlation.

The study showed that there is a positive correlation between responsiveness and performance. It has .831 Pearson correlation which is near to a correlation of + 1.0. And it has significant (less than 0.05) that is .000 of Sig. (2-tailed) test. The test indicates that it near to one as concluded as they have positive and strong correlation.

The study also indicated that the independent variables predict the dependent variable R square = 67.2 % with adjusted R square 56.0 % the remaining 44 % other extraneous variable that can affect procurement performance of the selected sugar factories. This result also indicates that the variable selected as independent had an effect on procurement performance. The ANOVA test, it is noticed that F value of 125.9 is significant at 0.000 level. Therefore, the result, it can be

concluded that with 56.0 % of the variance (R-Square) in performance is significant and the model adopted appropriately measure the construct. The result of regression analysis; the result regression analysis is based on five (Tangible, Reliability, Response, Assurance and Empathy). The independent variables that contribute to variance of the dependent variable are explained by standardized Beta coefficient. The impact of the independent variables called Reliability with significant value of .013, Response with significant value of.004, Assurance with significant value of .009 and Empathy.001 with significant value of on performance are significant but tangibility factor is insignificant impact on performance as the Sig. value is more than 0.05 (0.736).

5.2 Conclusion

The SERVQUAL model is suitable for service quality dimensions in creating quality health care .This is because one cannot use a generic SERVQUAL model in this context since it may not be adequate to assess service quality in health sector and will not provide a good measure of customers' perceptions. A good service quality is considered as one which meets or exceeds consumer's expectation of the service

It can be concluded that the most of the independent variables have impact on the perceived performance and that is significant and the model adopted appropriately measure the construct. The result of regression analysis indicated that there is a significant impact of Reliability, Response, Assurance and Empathy on health service performance but not tangibility. The independent variables that contribute to variance of the dependent variable were explained by standardized Beta coefficient.

Thus, it can be concluded that tangibles has insignificant and positive relationship with performance as it result indicted at sig 0.766 which was above 0.005 and the Ho was rejected. Reliability has significant and positive relationship with performance .013 which is below 0.005 and Ho was accepted. In the same way, responsiveness has significant and positive relationship with performance sig .004 which is below 0.005 and Ho was accepted. Similarly, assurance has significant and positive relationship with performance .009 which is below 0.005 and Ho was accepted and empathy has significant and positive relationship with performance .001 which is below 0.005 and Ho was accepted.

Service quality in health care of the studied hospital as the provision of appropriate and technically sound care that produces the desired effect is feeble in terms of t**angibility that** consist of physical facilities, equipment, and appearance of personnel of an organization. Service quality in health care of the studied hospital is in good condition in the ability to perform the promised service dependably and accurately by the organization, on the willingness to help customers and provide prompt service, on knowledge and courtesy of employees and their ability to inspire trust and confidence, on an individualized attention the firm provides to its customers and on the overall service quality of the hospital, patient satisfaction, patient responsiveness to the health care system and improving health status. This does not mean that there is no problem in these issues.

In general, continues improvement is required to provide the service quality in the given hospital in the area of providing services at the time, problem solving capability, on error-free records and to get things right the first time. It needs also a special attention in providing functional equipment to put on service, personal in the hospital tell exactly when services will be performed, personnel in the hospital give prompt service and Personnel in the hospital are never too busy to respond to your requests. More work is remain to handle the behavior of personnel in the hospital instills confidence in customers, customer feel safe in dealings with the hospital, personnel in the hospital are consistently courteous and personnel in the hospital have the knowledge to answer questions.

Over all, one fault in health issue may be exaggerated widely in public mind and awareness as it is related to human life. It was indicated as the hospital has a problem on improving its human resource as they need to provide or give personal attention. There are also problems related to individual attention to customers. This does not solved completely as of providing customer's best interest at heart and operating hours convenient to all it patients. In addition, it was indicated that patient satisfaction at the hospital is not totally satisfactory (100%) as it is related to life. There is also a problem in hospital that related to patient responsiveness to the health care system. There are needed more work and commitment to improve health status. The respondents indicated that the overall service quality of the hospital is not 100% remarkable. There are problem associated with personnel of the hospital to understand their specific needs. Of course the hospital is found in a convenient location and it was assured by respondents.

5.3 Recommendation

Based on the findings of the study, the following recommendations are indicated below:

- The Tangible component of service quality suggests that the hospital is not in a better position in furnishing modern health care machines and creating a clean hygienic environment conducive to patients. This is one of the unique weaknesses of the hospital in the competitive market. The hospital has to keep on promoting technology-driven practices in order to maintain its image, attract new customers and get the returns. In general, the hospital should exert its efforts on improving the tangibility – improve physical facilities, equipment, and appearance of personnel of an organization by
    - ✓ improving the hospital service facilities to be visually net appealing of the hospital
    - ✓ employees should get time management skills and work scheduling practices
    - ✓ procuring standard and modern looking equipment
- The hospital improve its ability to perform the promised service dependably and accurately by the organization on continues basis
- The cleanliness the physical environment of the hospital has to get due attention by the hospital management in order to create cleaner and comfortable environment to patients. Hospitals have to follow the standards of hospital implementation guide lines of Ethiopia in order to avail 24 hour pharmacy service
- Convenient service hour, optimal amount of waiting time and service cost and other service related issues should be strengthened and continued in the future.

Reference

Athens University of Economics and Business, An Introduction to Services Marketing, http://www.aueb.gr/users/esaopa/courses/part2.pdf, as read of March 2016

Boureaux, E. D., & O‟Hea, E. L., 2004, Patient satisfaction in the emergency department: A review of the literature and implications for practice, Journal of Emergency Medicine, vol.26, pp.13-26.

Brown, Stephen W. and Teresa A. Swartz, 1989, "A Gap Analysis of Professional Service Quality," Journal of Marketing, vol.53, pp. 92-98.

Bryson, J. 2004. What to do when stakeholders matter: Stakeholder identification and analysis techniques. Public Management Review

Carman, James M., 1990, "Consumer Perceptions of Service Quality: An Assessment of the SERVQUAL Dimensions," Journal of Retailing, vol. 66, pp. 33-55.

Central Statistical Agency and ICF Macro, Ethiopia Demographic and Health Survey, ICF Macro, Calverton, Md, USA, 2011.

Chisnall, P. (2001) Marketing research, 6th edn, McGraw-Hill Education.

Christopher H. Lovelock Sandra Vandermerwe Barbara Lewis Suzanne Fernie, 2004, Services Marketing , Edinburgh Business School Heriot-Watt University Edinburgh EH14 4AS United Kingdom

Cronin, J.J. Jr and Taylor, S.A., 1992, Measuring Service Quality: Are examination and Extension. Journal of Marketing, Vol. 56, No. 3, pp. 55-68.

Cronin, J.J. and Taylor, S.A., 1994, “SERVPERF versus SERVQUAL: reconciling performance based and perceptions-minus expectations measurement of service quality”, Journal of Marketing, Vol. 58, pp. 125-31.

Crompton, John L. and Kelly J. Mackay, 1989, Users Perceptions of the Relative Importance of Service Quality Dimensions in Selected Public Recreation Programs, Leisure Sciences, vol. 11, pp. 367-375.

David 24.L.kurth, 2003, Services marketing, 2nd edition, Atomic dog publishing, India, New Delhi, pp.83AddisAbaba,Aug.21/2011,Mar.05/2013, www.ncbi,nlm.nih.gov

Donabedian A. Exploration in quality assessment and monitoring: Definition of quality and approach to its assessment. Ann Arbor, MI: Health administration press ; 1980; 1. Ethiop J Health Sci. Vol. 21, Special Issue August, 2011.

Ethiopian Ministry of Health, Health Sector Development Program IV,2010.

Evert Gummesson, BoEdvardsson, andBengtove Gustavsson, 1991, Service QualityMultidisciplinary and Multinational Perspectives, Lexington Books, New York.

Federal Democratic Republic of Ethiopia Ministry of Health Hospital Performance. Monitoring and Improvement Manual JULY, 2011.

Federal Democratic Republic of Ethiopia, Ministry of Health, 2010, Health Sector Development Programme IV 2010/11 – 2014/15 FINAL DRAFT [version 19 March]

Grönroos, C., 1984, A service quality model and its marketing implications, EuropeanJournal of Marketing, Vol. 18, pp. 36-44.

Jorge M. Helga P. and Ahmed Al. Client satisfaction and quality of health care in rural Bangladesh. Bulletin of the World Health Organization, 2001; 79 (6): 512–517.

Kotler, P. & Keller, K. L. (2009). Marketing management. (13th end), New Jersey: Pearson Education Inc, Upper Saddle River. .

Ladhari, R. (2009). A review of twenty years of SERVQUALresearch, International Journal of Quality and Service Sciences,Vol. 1, Number 2. P.172-198.

Laroche, M, Kalamas, M., Cheikhrouhou, S. & Cezard, A. (2004). An Assessment of the Dimensionality of Should and Will Service Expectations. Canadian Journal of Administrative Sciences-Revue Canadienne Des Sciences De L Administration, 21 (4),361-375.

Lovelock, C.H., (1983), “Classifying Services to Gain Strategic Marketing Insights”, Journal of Marketing, Vol. 47, Summer, pp. 9-20.

Maxwel RJ. Quality assessment in health. BMJ 1984; 288:1470-1472.

Mosadeghrad AM. Towards a theory of quality management: an integration of strategic management, quality management and project management. International Journal of Modeling in Operations Management. 2012;2:89–118. doi: 10.1504/ijmom.2012.043962.

Murphy, J.A.,1993, Service Quality in Practice, Gill and Macmillan, Dublin.

Newman, K., Maylor, U., Chansarkar, B., 2001, the nurse retention, quality of care and patient satisfaction chain, International Journal of Health Care Quality Assurance.,vol.14,pp. 57-66.

Ovretveit, J., 1992, Health Service Quality, Introduction to Quality Methods for Health Services, Oxford: Blackwell Scientific Press.

Parasuraman, A., Zeithaml, V.A., & Berry, L.L. (1988). SERVQUAL: A multiple-itemscale for measuring consumer perceptions of service quality, Journal of Retailing, 64(1), 12-40.

Solomon, M.R. (2009). Consumer behavior, Buying, Having and Being. 8th edition, Pearson education, inc.

Solomon Lemma Odesso, 2012, STAKEHOLDER PERCEPTIONS OF SERVICE QUALITY IMPROVEMENT IN ETHIOPIAN PUBLIC HIGHER EDUCATION INSTITUTIONS BY Submitted in accordance with the requirements for the degree of DOCTOR OF EDUCATION in the subject EDUCATIONAL MANAGEMENT at the UNIVERSITY OF SOUTH AFRICA

Tirunesh Bazezew Kassa, 2013, The Effects of Health Care Financing Reform on Quality of Health Service: A Case of Private Wing Service in Addis Ababa Public Hospitals , A Thesis Submitted to School of Social Work in Partial Fulfillment of the requirements for the Degree of Masters in Social Work , Addis Ababa University , School of Social Work

Keelson, Solomon and Ann Dodor, 2014, IMPROVING THE SERVICE QUALITY OF HEALTHCARE IN GHANA: The Role of Locum Nursing, Australian Journal of Business and Management Research Vol.3 No.12 [01-14], ISSN: 1839 – 0846

Weeks.W. Quality Improvement as an Investment. Quality Managing Health Care; 10(3), 2002.

WHO, UNICEF, UNFPA, and WORLD BANK, Maternal Mortality in 2005; Estimates Developed by WHO, UNICEF, UNFPA and the World Bank, WHO, Geneva, Switzerland, 2007.

World Health Organization, Trends in Maternal Mortality: 1990to 2013 Estimates, WHO, UNICEF, UNFPA, The World Bank and United Nations Population Division Maternal Mortality, Geneva, Switzerland, 2013.

Vilasini Devi Nair, Sudhakar Morankar, Challi Jira and Kora Tushune, private hospital sector development: an exploratory study on providers perspective in 23. Kenneth E.Clow and

27.David 26.L.kurth, 2003, Services marketing, 2nd edition, Atomic dog publishing, India, New Delhi, pp.83AddisAbaba,Aug.21/2011,Mar.05/2013, www.ncbi,nlm.nih.gov

Yasin, M.M. and Green, R.F., 1995, A strategic approach to service quality: a field study in a rural healthcare setting, Health Marketing Quarterly, Vol. 13 No. 1, pp.75-85. 32.Yousapronipaiboon, K. & Johnson, W. C. (2013). Out-patient Service Quality Perceptions in Private Thai Hospitals. International Journal of Business and Social Science. Vol. 4 No. 2; pp. 57

Zeithaml, V.A. and Bitner, M.J., 2003, Services Marketing: Integrating Customer Focus across the Firm, 3rd ed., Irwin McGraw-Hill, Boston,

Web Site Reference

- http://www.research.com

አዲስ አበባ ዩንቨርስቲ የንግድ ስራ ትምህርት ቤት

የ ማርኬቲንግ ማኔጅመንት ድህረ ምረቃ ፕሮግራም

የ ተከበሩ ምላሽ ሰጪዎ

እኔ በአዲስ አበባ ዩንቨርስቲ የንግድ ስራ ኮሌጅ በማርኬቲንግ ማኔጅመንት ት/ክፍል የማስተርስ ዲግሪ ተማሪ ስሆን ይህ መጠየቅ የተዘጋጀውም የማስተርስ ዲግሪዬን በከፊል ማሟያ ለምሰራው ጥናት እንደ ግብአት ለመጠቀም ነው።የዚህ ጥናት አላማ በጋንዲ ሆስፒታል ውስጥ የህክምና አገልግሎት አሰጣጥ ጥራት በደንበኞች እርካታ ላይ ያለውን ተፅዕኖ ለመለካት ታስቦ የሚሰራ የመመረቂያ ጽሁፍ ነው። በመጨረሻም የእርስዎ መጠይቁን በጥንቃቄ እና እውነተኛ ስሜትዎን በሚገልፅ ሁኔታ መመላት ለጥናቱ ውጤታማነት ከፍተኛ አስተዋፅኦ ስላለው ይህንኑ በማድረግ እንዲተባበሩኝ እጠይቃለሁ። በተጨማሪም ይህ መጠየቅ ለትምህርት አላማ ብቻ የሚውል መሆኑንና የሚሰጡትም ምላሽ በሚስጥር የሚያዝ መሆኑን ላረጋግጥልዎት እወዳለሁ።መጠይቁ በሚሞሉበት ወቅት ማንኛውም ግልፅ ያልሆነ ነገር ሲገጥምዎ በ+251918778363 ወይም በኢ-ሜል፡ eajebnesh@gmail.com ያገኙኛል።

ለ ትብብር ዎ በ ቅ ድሚያ አ መሰ ግ ና ለ ሁ፡ ፡

ክ ፍ ል አ ን ድ፡ -የ መ ላ ሽ ጠ ቅ ላ ላ ሚ ጃ

እ ባ ክ ዎ ምላ ሼ ነ ው ብለ ው በ ሚያ ምኑ በ ት ባ ዶ ቦ ታ ላ ይ የ “√ ” ምል ክ ት ያ ስ ቀ ምጡ፡ ፡

1. ጾ ታ፡ - ወን ድ ☐ ☐
2. እ ድሜ - 18-25 ☐ 26-40 ☐ 41-50 ☐ ከ 50 በ ላ ይ ☐
3. የ ጋ ብቻ ሁኔ ታ ያ ላ ገ ☐ ☐ የ ፈ ታ ☐ የ ገ ባ ☐ በ ሞት የ ተ ለ የ (ች) ☐ ☐
4. የ ት ምህ ር ት ደ ረ ጃ 12ኛ ክ ፍ ል በ ታ ች 12ኛ የ ጨ ረ ሰ ዲ ፕ ሎ ማ ☐ ዲ ግ ሪ ☐ 2ኛ ዲ ግ ሪ ☐ ዶ ክ ት ሬ ት እ ና ከ ዛ በ ላ ይ
5. ሆ ስ ፒ ታ ሉ ውስ ጥ አ ገ ል ግ ሎ ት ለ ማ ገ ኘ ት ምን ያ ህ ጊ ዜ ማ ጠ ዋ (በ ዓ መ ት)

ለ 1ዓ መ ት ☐ ለ 2 ☐

☐ ☐

ለ 3ዓ ሞት ለ 4ዓ ሞት

ክፍል 2፡ - የአገልግሎት ጥራት መገምገሚያ

ተ.ቁ	የአገልግሎት ጥራት መለኪያዎች	በጣም አልስማማም	አልስማማም	ሀሳብ የለኝም	እስማማለሁ	በጣም እስማማለሁ
1	የሆስፒታሉ መገልገያ መሳርያ ንጽሁናቸው					
2	ሆስፒታሉ መገልገያ መሳሪያዎች ዘመናዊ ናቸው					
3	አገልግሎት ለመስጠት የሚከቀመቻቸው መገልገያ መሳሪያዎች ለእይታ ይስባሉ					
4	የሆስታሉ ሠራተኞች ንፁህ ሆነ ውይታያሉ					
5	ሆስፒታሉ የገባውን ቃል በየጊዜውይፈፅማል					
6	ሆስፒታሉ በገባውቃል መሰረት አገልግሎቱን ይሰጣል					
7	ችግር በገጠመ ጊዜ ሆስፒታሉ መፍትሔ ለመስጠት በቀናት ይጥራል					
8	ሆስፒታሉ አስተማማኝ የመዝገብ አያያዝ አለው					
9	ሆስፒታሉ ያለ እንከን አገልግሎቱን በየጊዜውይሰጣል					
10	የሆስፒታሉ መሳሪያዎች በትክክል አገልግሎት ይሰጣሉ					
11	የሆስፒታሉ ሠራተኞች አገልግሎት የሚያገኙበትን ጊዜ ያሳውቁታል					
12	የሆስፒታሉ ሠራተኞች አፋጣኝ አገልግሎት ይሰጥዎታል					
13	የሆስፒታሉ ሠራተኞች ሁልጊዜ ለመርዳት ፍቃደኞች ናቸው					
14	የሆስፒታሉ ሠራተኞች ምንጊዜም መልስ ለመስጠት ዝግጁ ናቸው					
15	የሆስፒታሉ ሠራተኞች እምነ ት የሚጣልባቸውናቸው					
16	በሆስፒታሉ አገልግሎት ደህንነ ት ይሰማዎታል					
17	የሆስፒታሉ ሠራተኞች ሁልግዜምትሁት ናቸው					
18	የሆስፒታሉ ሠራተኞች ጥያቄዎችን ለማስተናገድ በቂ እውቀት አላቸው					
19	ለእያንዳንዱ ታካሚበቂ ትኩረት የሚሰጡሠራተኞች አሉት					
20	ሆስፒታሉ ለእያንዳንዱ ታካሚትኩረት ይሰጣል					
21	ሆስፒታሉ እርስዎን ለመርዳት ልባዊ ፍላጎት አለው					
22	የሆስፒታሉ የስራ ሰዓት ለሁሉምታካሚዎች ምቹ ነው					

23	የ ሆስ ፒ ታ ሉ ሠራ ተ ኞች የ እ ያ ን ዳ ን ዱ ታ ካ ሚ ፍ ላ ጎ ት ይ ረ ዳ ሉ					
24	አ ጠ ቃ ላ ይ የ ሆስ ፒ ታ ሉ የ አ ገ ል ግ ሎ ት ጥ ራ ት አ ጥ ጋ ቢ ን ው					

Addis Ababa University School of Commerce

Department of Marketing Management

Dear Respondents:

I am a graduate student at Addis Ababa university school of commerce and currently conducting a research for the completion of my master's degree in marketing management program. The objective of this questionnaire is to gather information about the services rendered and associated quality at Gandhi Memorial Hospital. As the study is of academic nature, your genuine and complete answers are highly appreciated. All personal information will be strictly confidential.

I thank you in advance for active cooperation.

For more information contact me by +251918778363or eajebnesh@gmail.com

Part one: Demographic Profile of respondents

Put "✓ "mark on the space provided

1. Gender Male ☐ Female ☐

2. Age (in years) 18-25 ☐ 26-41 ☐ 41-50 ☐ Over 50 ☐

3. Marital Status Single ☐ Married ☐ Divorced ☐ Widow ☐

4. Educational back ground <12th ☐ 12thcomplited ☐

Diploma ☐ BA/BSC ☐ Masters ☐ Phd ☐

5. How often you visit the hospital to get service. (In years)

1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐

Question – How do you rate the hospital service and its performance of Gandhi Memorial hospital interms of the fowlloing points? Put " ✓ "mark on the space provided

Service quality Measurements	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Tangability					
Service facilities in the hospital are visually net appealing Hospital					
Hospital has modern looking equipment					
Material associated with the service are visually appealing such pamphlets or statements					
When the hospital promises to do something by a certain time it does so					
Reliability					
Hospital provides its services at the time it promises to do so					
When you have a problem, the hospital shows a since interest in solving it					
Hospital insists on error-free records					
Hospital gets things right the first time					
Responsibility					
Hospital has effective (functional) equipment to put on service					
Personal in the hospital tell exactly when services will be performed					
Personnel in the hospital give prompt service					
Personnel in the hospital are never too busy to respond to your requests					
Assurance					
The behavior of personnel in the hospital instills confidence in customers					
Customer feel safe in dealings with the hospital					
Personnel in the hospital are consistently courteous					
Personnel in the hospital have the knowledge to answer questions					
Hospital has personnel who give personal attention					
Empathy					

Hospital gives individual attention to customers					
Hospital has customer's best interest at heart					
Hospital has operating hours convenient to all it patients					
Perceived Performance					
Patient satisfaction					
Patient responsiveness to the health care system					
Improving health status					
The overall service quality of the hospital is remarkable					