ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES

REVIEW OF PRIVATE WING PRACTICE IN MENILIK II HOSPITAL

By
Bitsit Endale

June 2014
ADDIS ABABA, ETHIOPIA

REVIEW OF PRIVATE WING PRACTICE IN MENILIK II HOSPITAL

By
Bitsit Endale

A THESIS SUBMITTED TO ST.MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION

June 2014
ADDIS ABABA, ETHIOPIA

ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
FACULTY OF BUSINESS

REVIEW OF PRIVATE WING PRACTICE IN MENILIK II HOSPITAL

By
Bitsit Endale

APPROVED BY BOARD OF EXAMINERS

_____	_____
Dean, Graduate Studies	
_____	_____
Advisor	
_____	_____
External Examiner	
_____	_____
Internal Examiner	

DEDICATION

This thesis is dedicated to my parents, Eteish and Endish, who have always loved me unconditionally and brought me to where I am. This work is also dedicated to my husband, Meseret, who has been a constant source of support and encouragement during the challenges of graduate school and life. I am truly thankful for having you in my life. It is also my pleasure to dedicate this work to my daughters for giving me their time.

ACKNOWLEDGMENTS

First and foremost I would like to thank God for giving all I needed to do and bring this research project to success.

My appreciation goes to My Advisor, Ato Shoa Jemal, for his unreserved support and invaluable critics during the formulation and implementation of this research.

I also would like to appreciate all the medical team and supporting stuff of Menillik II hospital for their cooperation in giving all the necessary administrative support and technical advice during collecting data from the hospital.

ABSTRACT

To improve the health care service in Ethiopia, the Ministry of health started to introduce private wing practice in public hospitals. This research is intended to assess the impact of private wing practice on the quality of health care service Menilik II hospital. Data was collected through structured questionnaire from the patients and medical staff. The result was analyzed using SPSS soft ware. Secondary data was also collected from the hospital's private wing financial documents. Results showed that the financial benefit from the private wing service has not contributed significantly in the medical staffs' decision not to resign, the facilities of the hospital still show very small improvement, and the patients believe they are getting reliable and equitable service. On the other hand the patients reported the administrative procedure is inefficient. Therefore a continuous improvement of the administrative procedure and non financial incentive of staff motivation are recommended

Table of Contents

List of Figures

List of Tables

CHAPTER ONE

INTRODUCTION

This chapter is an introductory part of the study. The first part of this chapter is back ground of the study which briefly explains the general over view of the health care and the private wing service. The second part is about why this study needed to be done which is statement of the problem part of the study. It also explains the general and specific objective of the research. Significance and scope and limitation also briefly described. The organization of the study gives the content of each chapter in the study. And finally this chapter ends by giving operational definition for terms in the study.

1.1. Background of the Study

Health Care is the act of taking preventative and curative procedures to improve a person's/society's well-being. These services are typically offered through a health care system made up of health care facilities, health professions and on-clinical (supportive) staff. According to the World Health Organization (WHO), a well-functioning health care system requires a robust financing mechanism; a well-trained and adequately-paid workforce; reliable information on which to base decisions and policies; and well maintained facilities and logistics to deliver quality medicines and technologies(WHO, 2013).

In Sub-Saharan Africa countries there is no well functioning health care system. They are experiencing a critical shortage of doctors, nurses, and midwives. The shortage of doctors in these countries is attributed to institutes lacking the capacity to train sufficient numbers of doctors, coupled with an inability to retain doctors in public hospitals, who choose to leave for what they consider better career opportunities (Zurn et al 2005). In addition to this, inadequacies of essential drugs and supplies have contributed to the burden. There are no well maintained facilities and logistics to deliver the service to the patients. A WHO study revealed that nearly all countries must improve work environments by scaling up good practices to strengthen the management of existing resources, assure adequate supplies and facilities, and create monetary and non-financial incentives to retain and motivate health workers (WHO, 2013).

Ethiopia, a sub Saharan country, is also suffering from shortage and high turnover of medical human resource. It remains to be one of the countries most affected by critical shortage of health workers where a significant number of domestically trained professionals such as medical doctors leave the country every year (MoT, 2011). As of 2011/12 the physician to population ratio of Ethiopia was 1:28,847 (Health and Health Related Indicators EFY, 2004). Yet the WHO proposal of the this proportion (2010) was a ratio of at least one primary care physician per 10,000 people to sufficiently attend the basic needs of the population in a developing country (WHO 2010). There is also high shortage of medical equipments and drugs and other supplies. Medical equipment may need service or maintenance yet there may not be enough budgets for such problems. The budget allocated for health when it is compared to others is only 9.10 %. (Health and Health Related Indicators EFY, 2004). These all problems affect the health service in so many ways like decreased access to qualified Doctors to all who need them, longer waiting time to get medical care, and poor diagnostic and therapeutic facilities that decrease the quality of care. Poor income of Doctors also coupled with high Population to Doctors ratio also causes reduced motivation and stressful working environment respectively.

The Federal Government and Regional states enacted Health Services Delivery & Administration Proclamations, Regulations and Implementation Directives that provided the legal basis for implementation of various Health Care Financing (HCF) reforms. The main components of the HCF reform, as indicated in the various legal frameworks of regions, include fee waiver and exemption, hospital management board, out-sourcing of non-clinical services, fee retention at facility level and establishing private wing services in public hospitals. And few years elapsed since regions embarked on implementation of the different HCF reform components, including establishment of private wings/rooms (Zelelaw, 2012).

The private wing service is delivered in off working hours and holidays as outpatient service and 24 hours as in patient service. It is meant to give service at a relatively higher price than the regular fee for those who can afford to pay. The main objectives of introducing private wing service are:

1. To help reduce the turnover of skilled manpower by creating source of additional income,
2. Since the hospital also shares 15% of the revenue this is expected to enable it to buy more facilities there by augmenting the quality of the regular as well.

3. To allow patients get treatment by a Doctor of their choice especially off working hours and reduce time spent for getting the service on the regular system (Zelelaw, 2012).

As a newly introduced type of service in the health care system of the country, the researcher believe that the private wing service needs to be evaluated and appropriate measure taken to improve its weakness and promote its strength so that its intended goal is achieved.

To the best knowledge of the researcher, there is no published information on the impact of private wing service in Ethiopia public hospitals and hence the main goal of this paper is to collect data on the above issue in Menilik II hospital.

Menilik II Hospital was established in 1913.It is one of the referral hospitals among the 5 public hospitals under Addis Ababa health bureau (Health and Health Related Indicators EFY, 2003). Ophthalmology (profession of eye care) is the main department in this hospital. Internal medicine, ENT, and dental services are others provided in Menilik II (Menilik II, 2013).

As part of business process re engineering process, Addis Ababa regional health bureau started to implement private wing service at Menilik II hospital in April 2011. The private wing provides the service for patients who have the capacity of paying and getting the service. Currently about 29 specialized medical doctors and 40 nurses are giving the service at the private wing. There are also supporting staffs like finance and admin who also participate in the private wing service. A total of 32,784 patients got the service until the year 2013 (Menilik II, 2013)

The evidences generated through this research will help to draw lessons and share to other facilities planning to establish private wings. Moreover, the findings will be an input and used for policy making in the health sector.

1.2. Statement of the problem

In Ethiopia there are very small number of public hospitals which are characterized by acute shortage of medical doctors (as the Ministry of Health indicator indicates, there are 938 general practitioners and 606 specialists in the country as of 2012) and shortage of medical equipments,

supplies, drugs etc. There is fast population growth and majority of the population are living below poverty line which cannot afford to get the treatment at private hospitals. Patient to doctor ratio is extremely low. In addition, the country does not have enough budgets to capacitate the public hospital through facilities and logistics. There is no sufficient space for admission of patients. As a result the patients will wait a longer time to see their doctor and get the operation and other service they need. (Health and Health Related Indicators EFY, 2012)

As per World Health Organization report on good quality health care, there should be effective delivery health care that is adherent to evidence base and results in improved health outcomes for individuals and communities, based on need. The health system needs to help its patients in providing them with a good, quality and fast service. It also needs to be well equipped and have good facilities, and efficient utilization of these resources. There must be enough medical doctors and other personnel that will take care of the patients (WHO, 2013).

To overcome the above issue and improve the patient satisfaction in the country, the Ministry of health started to introduce private wing practice in public hospitals. In most regions and at the federal level, public hospitals are allowed to open and operationalize a private wing with the primary objective of improving health workers' retention, providing alternatives and choices to private health service users, and generating additional income for health facilities(Zelelaw, 2012).

Based on the best knowledge of the researcher, there is no any published research in relation to private wing practice in Ethiopia. This study was done to review practice of the newly introduced private wing service to see whether it is helping in alleviating the existing problems to provide quality health care service in Ethiopia particularly in Menilik II Hospital.

1.3. Basic Research Questions

This research is carried out to assess whether the private wing practice in improving the health care system in Ethiopia with particular focus of Menilik II hospital.

Accordingly possible solutions are provided to the following basic questions.

- How does the private wing practice affect the tangibles of the service particularly in retaining qualified professionals (medical doctors)?

- Whether the additional income generated by the hospital from the private wing service help improve the tangibles of the service quality particularly the facility of the institution?
- Whether there is good responsiveness in delivering health care service in the private wing system?
- Whether the staffs working in the private wing service are providing a reliable service to the patients?
- Whether the staffs working in the private wing service are providing an equitable service?

1.4. Objectives of the study

This section includes descriptions of the general and specific objectives of doing the study.

1.4.1. General objective

The main objective of the study is to review the practice of private wing health care service in Menillik II hospital**.**

1.4.2. Specific objectives

- To assess how the private wing practice affect the tangibles of the service particularly in retaining qualified professionals (medical doctors)
- To assess how the additional income generated by the hospital from the private wing service help to improve the tangibles of the service quality particularly the facility of the institution.
- To assess how the private wing system provide patients responsiveness
- To assess whether the staffs working in the private wing service provide a reliable service to the patients
- To assess if staffs working in the private wing service provide an equitable service

1.5. Significance of the study

This study will serve as the basis for future plans of action the stakeholders such as the hospital administrators, policy makers and Health professionals etc…to see areas for strengthening the private wing service or if it has drawbacks that should be addressed. The evidences generated from this research will also help to draw lessons and share other facilities planning to establish private wings. Moreover, the findings will be an input and used for policy decision in the health sector. This study will also serve as a baseline for future studies of the same nature.

1.6. Scope and Limitations of the study

1.6.1 Scope

The scope of this study is limited to the assessment of practice of private wing specifically in relation to improvement of health care service. Geographically the scope of this study is delimited to Menilik II Hospital .Addis Ababa, Ethiopia.

1.6.2. Limitations

The main limitation of this study was that it did not cover all public hospitals running private wing practice in the country; rather the study focused only on a conveniently selected hospital in Addis Ababa. In addition to that the hospitals in the country are at different stages of implementation of the system, some progressed, some are at fairly middle stage and some just started the system. As a result the conclusions derived from this study might not necessarily be the real reflection of the situation in the country's health institutions at large. The other limitation of the study was shortage of study on the area of the research topics. Furthermore difficulty faced on getting on other researches done conducted on this area. The last but not the least limitation is TIME. Ample time was needed to gather data from the respected parties regarding this research as these peoples are very scarce in the country they were busy.

1.7. Organization of the study

This part of the paper introduces what each chapter in this research includes.

The research has five Chapters. Chapter one is about the introduction of the study area. It contains back ground of the study, operational definition, statement of the problem objective of the study significance of the study and scope and limitation of the study. Chapter two is review of the related literature. Chapter three methodologies used to collect and analyze data. Chapter four is the result and interpretations. It also presents detailed analysis of the results of the assessment. And finally, chapter five is about the major findings, conclusions and gave recommendations.

1.8. Operational Definition of Terms

- **Private wing service** - refers to an official arrangement according to which medical services are provided, on a fee-for-service basis, to inpatients and/or outpatients in public hospitals and health Centers
- **Medical staff** - refers to all health professionals (Specialists and nurses) participating in the private wing service.
- **Other clinicians** – refers to laboratory technicians, pharmacists and radiologists participating in the private wing service.
- **Non clinicians** - refers to supporting staff such as administrative staff, finance, etc
- **Hospital** -refers to Menilik II hospital
- **Regular patients**- refer to patients getting medical service at public hospital during regular working hours.
- **Private wing patients** -refers to patients on a fee-for-service basis
- **Facility**- refers to the medical equipments and supplies

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

This chapter of the study gives a comprehensive review of the literature related to my study subject. Several topics will be reviewed in this section. First, some points related to quality of health care service are discussed, and the second part of the chapter focuses on reviewing the literature on issues raised by different authors regarding the five key dimensions of service quality with particular focus on health care service.

2.1. Health Care Service Quality

Health care system is the organization (e.g., hospital, clinic, nursing home) that provides infrastructure and other complementary resources to support the work and development of care teams and Microsystems. The organization is a critical lever of change in the health care system because it can "provide an overall climate and culture for change through its various decision-making systems, operating systems, and human resource practices" (Ferlie and Shortell, 2001). As per the World Health Organization health care service delivery report, it is an immediate output of the inputs into the health system, such as health workforce, procurement and supplies and finances. Increased such inputs should lead to improved service delivery and enhanced access to the services. (WHO, 2013)

2.2. The Five Dimensions of Service Quality

As a key element of business, quality of service should always be measured and improved continually for a business to be successful (Zeithaml, 1990).

SERVQUAL is a model initially proposed by Zeithaml for the measurement of service quality in any organization rendering service. It has five dimensions assumed to address all components of service quality: Tangibles, reliability, responsiveness, assurance and empathy. As this study focuses on the quality health of service, we shall see in some detail all of these criteria in particular relation to health care service delivery (Zeithaml, 1990).

2.2.1. Tangibles

The tangible Service Quality Dimension refers to the appearance of the physical surroundings and facilities, equipment, personnel and the way of communication. In other words, the tangible dimension is about creating first hand impressions. A company should want all their customers to get a unique positive and never forgetting first hand impression, this would make them more likely to return in the future (Zeithaml, 1990).

> *For a health care system to make the necessary changes and run efficiently, however, the main stakeholders must decide to work together and must agree on a set of fundamental values. Relevance, quality, cost-effectiveness and equity are values implicit in the goal of health for all, endorsed by all nations and governments, which offers such a basis. The stakeholders – policy-makers, health system managers, researchers, care providers, educators and consumers alike – must re-examine their position on the health chessboard and consider readjusting their expectations to ensure that these values are upheld and people's health needs are better met. It is in this context that the future role of health professionals, and in particular, the medical doctor, should be thought of. (Boelen,* 1994)

The health professionals

As per a definition given by the Encyclopedia "A health care provider is an individual or an institution that provides preventive, curative, promotional or rehabilitative health care services in a systematic way to individuals, families or communities."

Health workforce is one of the key inputs for quality service delivery in health care system. The availability of this important human resource in hospitals is very crucial. Out of the total of eight targets set by the Millennium Development Goal (MDG), four of them are focused on health sectors. About US $46 billion was allocated for low income countries mainly to expand the health professionals as it is a prerequisite to improve the health services to the level of MDG requirement (Lies and Dussult, 2004).

The study made by Lies and Dussult showed that the ratio of doctor to population is very low in sub Saharan countries. A doctor may threat 100,000 of peoples (Lies and Dussult, 2004). In Ethiopia as per the Ministry of health's health indicator, the ratio of a doctor to population is 1 to about 28,000 (MOH, 2012). Having too many patients for a doctor increases daily stress levels and leads to poor quality of care. Moreover this promotes a high brain drain of this important asset to the developed countries.

As per Terry Irwin's study the majority of workers look at non-monetary reasons. She believes money rarely comes first when deciding whether to stay or go (Irwin, 2011). This conclusion could work for developed countries. For a country like Ethiopia where their salary will not cover their basic needs, they are surely decided to go. She also suggests five strategies to retain employee in the organization. She put retention strategy through employee compensation last where it should come first for developing countries as it is a question of daily bread. Dieleman and his friends also noted that financial incentives should be integrated with other incentives, particularly with regard to migration where it was concluded that financial incentives alone would not keep health workers from migrating (Dieleman et al. 2003, 2006 and Franco, 2004). However "Health worker retention is critical for health system performance and a key problem is how best to motivate and retain health workers" (Mischa et al, 2008). Low salaries were found to be particularly de-motivating as health workers felt that their skills were not valued. Furthermore, they became overworked when taking a second job to supplement their income (Dieleman et al 2003, 2006).

Without improvements in training and remuneration of health professionals, developing countries will continue to lose these valuable human resources. Lies and Dussult while doing their research, one of their major conclusions was "Acknowledging that African countries must offer internally competitive wages and benefit packages to retain highly trained staff; this includes increasing compensation so that workers receive a living wage, and do not have to seek outside employment or under the-table payments for services to survive" (Lies and Dussult, 2004).

Medical Equipment

WHO recommends that there must be availability of basic equipment, drugs and commodities to meet the minimum quality of service delivery in health care system (WHO, 2008). Medical supplies and equipment are poorly available in most of the public health facilities of developing countries leading to unnecessary suffering and even deaths of citizens. "Drugs, medical supplies and equipment have a significant impact on the quality of patient care and account for a high proportion of health care costs." (Kaur and Hall, 2001).Where as Paradeshi, an Indian researcher has pointed out the sub-optimal availability and utilization of equipment in the government health centers and hospitals. He put how availability of medical equipment is useful as per the following:

> *"Equipment is an integral part of the physical infrastructure of a health facility setup. It is an important means of providing various diagnostic and therapeutic services to the people. The availability and optimal utilization of the medical equipment contributes to the improvement of the quality of health services. The additional collateral benefits achieved are it avoids unnecessary referrals, provides an opportunity to learn and train the students in the medical colleges and makes research possible" (*Pardeshi, 2005).

There must be adequate budget for making available equipments and other health care facilities in a country. In addition to the procurement, medical equipments need to be managed properly and should be serviced on timely basis. According to a report on the medical equipment policy of Uganda, adequate operation and daily maintenance budgets should be allocated to Health Facilities. Even though countries' budget for procurement of medical equipment is increasing, for a country like Uganda maintaining the equipment is very weak (Uganda, 2009).

Ethiopia's health sector has multiple financing sources including the government treasury (federal, regional, and woreda/district levels), bilateral and multilateral donors, household out-of-pocket expenditures, international and local nongovernmental organizations (NGOs), private and parastatal employers, and insurance enterprises. Cognizant of the under-financing of health care – evidenced by per capita health spending of US$7.1 in 2004/05 (FMOH, 2007) as well as problems in the equity, quality, and sustainability in health care delivery the Ethiopian Council of Ministers approved a health care financing strategy in 2006 that aimed at increasing

availability of health care resources in a way that would improve equity and sustainability and lead to improved quality of care. (FMOH 2007)

Reforms in the financing strategy include revising user fees charged at government health facilities, retaining the collected fees at the facility and using that revenue to improve quality, rationalizing and systematizing rules for fee waivers, increasing hospital managerial autonomy, opening private wings in public hospitals, and outsourcing nonclinical health services. These reforms are being implemented in almost all regions of the country. The strategy also identifies health insurance as a technical mechanism to generate additional sources of revenue, and a way to increase the country's low health service utilization. In light of this, the government has recently started developing a new health insurance system (FMOH, 2007).

2.2.2 Reliability

The reliability Dimension of Service Quality refers to how the company is performing and completing their promised services, quality and accuracy within the given set requirements between the company and the customers. Reliability is just as important as a good first hand impression, because every customer wants to know if their supplier is reliable and fulfill the set requirements with satisfaction (Zeithaml, 1990).

The concept of reliability in health care system is new. According to a research by The Lewin Group, organizations have explicitly pursued high reliability concepts for more than 20 years, but these concepts have a shorter history within health care system. Reasons for interest are numerous. Lack of reliability contributes to medical errors, inconsistent quality, and inefficiencies. With scrutiny from a growing number of external stake holders, hospitals must become more reliable to compete and to provide care that meets their patients' needs. Three specific trends in the overall environment have contributed to a growing emphasis on high reliability concepts. (The Lewin, 2008)

Vincent and his groups explained the usefulness of reliability on their study as follows:

> *High reliability organizations achieve high levels of safety and performance in the face of considerable hazards and operational complexity. The original studies by the Berkeley*

Group, which looked at nuclear power, naval aviation, and air traffic control, have been influential and inspired much comment and interpretations. High reliability organizations are frequently referenced as models to which health care should aspire, particularly because the environments and challenges are similar. Meeting the challenges of high reliability operations requires accountability, strong basic procedures, multiple procedural checks, and continual communications between operators. For example, during critical operations on naval carriers; multiple checks and observations by different people ensure that dangerous conditions are detected rapidly. "Buddy" systems, in which individuals monitor each other's performance, are used to guard against unsafe actions. High reliability organizations also engage in varied training and simulation activities for a broad range of operational scenarios (Vincent et al, 2010).

A study done by Nolan et al. recommends a health service delivery system to follow reliability principles. According to this study, methods of evaluating, calculating, and improving the overall reliability of a complex system have to be used effectively in industries such as manufacturing to improve both safety and the rate at which a system consistently produces appropriate outcomes. It is also believed that applying reliability principles to health care has the potential to help reduce "defects" in care or care processes, increase the consistency with which appropriate care is delivered, and improve patient outcomes (Nolan et al. 2004).

2.2.3. Responsiveness

The responsiveness Dimension of Service Quality refers to the willingness of the company to help its customers in providing them with a good, quality and fast service. This is also a very important dimension, because every customer feels more valued if they get the best possible quality in the service (Zeithaml, 1990).

As per the study of the World Health Organization (WHO) strategy for the measurement of responsiveness, responsiveness is one of the three intrinsic goals of health system performance measurement. It is how well the health system meets the legitimate expectations of the population for the non-health enhancing aspects of the health system. It includes seven elements:

dignity, confidentiality, autonomy, prompt attention, social support, basic amenities, and choice of provider (Darby et al)

Quality of care assessed from a patient's perspective can be measured in the form of healthcare responsiveness, which relates to patients' experiences with the health system, with a focus on the interpersonal aspects of care. This differs from patient satisfaction which is a construct that reflects people's expectations in addition to their experiences (Peltzer *and Phaswana, 2012*).

As populations age, health systems must adapt and develop approaches that meet the needs of patients with increasing multiple illness conditions. Understanding populations' perceptions of quality of care is critical to developing measures to increase the utilization of primary healthcare services. Prompt attention, autonomy, communication and access have to be given as priority areas for actions to improve responsiveness of healthcare services of a country (*Peltzer and Phaswana, 2012.)* According to World Health Organization (WHO), developments on health system responsiveness scores quantify the way health systems treat people with regard to core domains. These domains, which characterize people's interactions with health systems, included the following: autonomy (involvement in decision making about personal healthcare); access (choice of healthcare provider); communication (clear explanations); confidentiality (of information), dignity (talked respectfully), prompt attention (waiting time), and quality of basic amenities cleanliness). (Darby et, al. No. 23)

2.2.4. Assurance

The assurance Dimension of Service Quality refers to the company's employees. Are the employees skilled workers which are able to gain the trust and confidence of the customers? If the customers are not comfortable with the employees, there is a rather large chance that the customers will not return to do further business with the company (Zeithaml, 1990).

Quality assurance means developing operational controls to ensure that the results match the desired outcomes. Customer service operations are designed to keep customers satisfied while protecting the organization. To make sure customer service achieves these goals in your small business, the person responsible for quality assurance must define the quality functions as they apply to how you serve your customers. Customer service means helping customers solve

problems. To carry out this function effectively, customer service has to be easily accessible, knowledgeable, and reliable and deliver results. Quality assurance identifies these requirements and measures how well customer service performs with respect to each one. (Markgraf, 2013*)*

Quality improvement methodology is being successfully implemented in South Africa, Ghana and Kenya. A number of programs show early promise. However, the challenge will be to use the increasing knowledge and expertise that is being developed to improve all facilities and services, including rural services that are severely deprived, in order to ensure that patients who enter health care facilities receive acceptable care with minimum risk. Until all governments firmly commit themselves to improving quality of care, the problems of low use of public health Services and substandard healthcare will continue. Not only is national level policy required but There should also be allocation of resources to drive the quality assurance process (Whittaker et al, 1998).

2.2.5. Empathy

The empathy Dimension of Service Quality refers to how the company cares and gives individualized attention to their customers, to make the customers feeling extra valued and special. The fifth dimension is actually combining the second, third and fourth dimension to a higher level, even though they really cannot be compared as individuals. If the customers feel they get individualized and quality attention there is a very big chance that they will return to the company and do business there again (Zeithaml, 1990).

In his study, Kristin Robertson defined Empathy as follows:

> *Customer Service from the Heart is service that is delivered with care, with empathy and yes, even with love. We know that this kind of service has positive effects on the bottom line of the companies that model, train and encourage their employees in service from the heart. Companies that truly care for their customers are generally more profitable than those that don't. Empathy is an important component of Customer Service from the Heart. Empathy is the ability to put you in another's shoes and walk a mile. It's the ability to imagine what it might be like to experience what the other person is (Robertson, 2004).*

As a study done by Michael Hinshaw highlights, empathy in health care was essential to the formation of strong patient-physician relationships, as well as positive patient outcomes and overall satisfaction with the experience. When health-care providers take the initiative to ensure that one of their most important touches points—physician interactions with patients—takes empathy into account, they can make a stronger impression and receive higher overall scores from patients. This isn't a surprise to anyone who has ever dealt with a doctor. The difference in how we feel about an imperious know-it-all vs. that person who asks how we feel—and listens—is massive. Health-care situations are rarely thought to be "enjoyable." But to the degree any interaction can be, it's empathy that drives this desired response (Hinshaw, 2013). Hardee defines Empathy as "it is a powerful, efficient communication tool when used appropriately during a medical interview. Empathy extends understanding of the patient beyond the history and symptoms to include values, ideas, and feelings. Benefits of improved empathetic communication are tangible for both physician and patient (Hardee, 2011).

In order to have a quality health care at the hospital level, the hospital needs to attract and retain enough number of medical doctors in the organization. In addition to that the finance needed for medical equipment, supplies and other basic expense must be fulfilled. Moreover the patients need to be happy with the service they are getting from the hospital where there is responsive reliable and empathic service is given.

CHAPTER THREE

METHODOLOGY

This section describes the methodology used to do the study tilted private wing health care practice in Menilik II hospital. It is the theoretical analysis of the methods used for the research done. It contains details about the setting of the study, the study design and some details about data collection and analysis.

3.1. Study setting

The study setting of this paper describes where and how the studied organization is selected.
The whole purpose of this research is to assess the practice of private wing service in all public hospitals in Addis Ababa. However, currently among all the public hospitals in the City only three hospitals are actively running the private wing service. These are Menilik II Hospital, St Paulos hospitals and Alert Hospital. The reason behind this is some are in renovation of the building of the hospital. Others did not start the practice at all. And some other started but stopped the service shortly because of different reasons. For resource reasons, it was decided to do the research in only one hospital and Minilik II referral hospital was randomly selected (lottery method).

3.2. Research Design

This research is a descriptive study which has a cross – sectional type. This is descriptive type because it is supposed to describe all existing conditions in respect to the study variables. In this study we are not going to employ cases and controls to make any kind of comparison or make any sort of intervention to see changes. We rather are interested to see the attitudes of professionals in regard to their work related satisfaction, the financial and facility aspects of the hospital and the current level of satisfaction of patients in relation to the service they are getting from the private wing sytem. Therefore this study will have a descriptive design.
On the other hand data was collected at a point in time with in 1 week period of time. This helped to avoid the effect of time –related changes that may introduce biases on the response of the study subjects. Therefore this study is cross –sectional in type.

3.3. Data collection

The data collection instruments were designed in such a way that it will capture qualitative data from relevant staff and sampled patients. The same approach was also captured by analyzing financial reports of the private wing. In designing the data collection instruments, close-ended and open ended questions were used to allow easy summary and reporting of results.

The main survey instruments developed and used for the assessment were structured questionnaires. Two types of Questionnaires were employed in this research; one was constructed for the medical staffs and the second one for sampled patients.

As this study is a descriptive type, and we assessed the opinion of the health professionals and patients, we have tried to put as much effort as possible to make sure that our questions were directed towards assessing the practice the private wing at Menilik II. For this research we have preferred to use Likert scale with 5 grades so as to allow wider opinion range for the respondents. Thus for the Doctors and patients was use self administered questionnaires. For patients who cannot read we used patient's attendants and fellow patients to read for them. For those with language barriers, translators were hired.

(a) Self administered Questionnaires: Two types of questionnaires were used for gathering patient data and information about the practice of the private wing. These include:

- Questionnaire for all medical doctors from all departments in the hospital who are participating in the private wing practice. Here a total of around 18 people were participating in responding to this particular questionnaire.
- Questionnaire for those patients who came to the hospitals to get the service at private wing practice. It was distributed to the patients in a randomly selected week of the study period; Data was collected from sampled patients from Monday to Friday. This week-long data collection allowed inclusion of patients from all specialty and subspecialty consultation days.

(b) Secondary data: from financial reports, information of three years of 2004, 2005 and 2006 of Ethiopian calendar such as the share of the regular and medical staff was collected from the records and analyzed.

3.4. Sample Size and sampling technique

1. Doctors- All specialists working in Menilik II hospital were included in this study. Eighteen medical staffs participated in this study. All of the questionnaires of this part were collected. This helped us to get the maximum information from these subjects.
2. Patient The trend in Menilik II hospital private wing practice is that all subspecialists working in the hospital participate in the private wing at least once in a week. And for technical reasons patients get their follow up booking in week(s) time unless for special reasons. Therefore to get the opinion of patients treated by all subspecialists, a weeklong data collection was necessary. On the other hand limiting the study to one week helped us avoid those including already interviewed patients who are coming again either for their appointments or to see anther subspecialist. Still necessary measures were taken to avoid those patients who come to the hospital twice in the data collection week.

   Based on their registration, every third patient was picked for the study. On average seventy five patients visit Menilik II hospital every day. We distributed twenty five questionnaires to the patients every day of the randomly selected consecutive five days. A total of one hundred twenty five questionnaires was distributed. Yet about 82% of the subjects (103 of them) fully responded to the questionnaire.

3.5. Inclusion and exclusion criteria

3.5.1. Inclusion criteria

All specialist Doctors who participate in the private wing and all patients who came to get private wing service in Menilik II hospital during the study period are part of the study.

3.5.2 Exclusion criteria

All people who refuse to participate in the study are excluded. All patients under the age of 18 and all patients who cannot fill the questionnaires due to their medical conditions also are excluded.

3.6. Data and analysis

The collected data were analyzed using SPSS software version 20. The results are displayed with Tables, graphs, charts and narrations.

3.7. Ethical Considerations

Written permissions were secured from the research ethics committees of Menilik II hospitals. A verbal consent was sought from all patients and medical staff before the data collection. A written permission was sought from the admin of Menilik II hospital to collect financial information of the private wing service. All information collected from staff patients and from records was handled in confidently.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATIONS`

This chapter of the study explains the analysis and interpretations of data collected for answering the basic research questions of private wing health care practice at Menilik II hospital. Data was collected using constructed questionnaire and from financial reports of the private wing service in Menilik II hospital.

4. 1. Descriptive result

Out of a total of 125 questionnaires distributed to patients, about 10 of the respondents did not return the questionnaire at all and 12 of the respondents returned it with incomplete information. Therefore only 103 of the respondents (83%) who returned the fully completed questionnaires were included in the study. From the medical staff side all the questionnaires were fully completed, returned and analyzed.

4.1.1 Demographic Characteristic of Respondents

In this section age, gender and marital status of the patients are presented as follows..

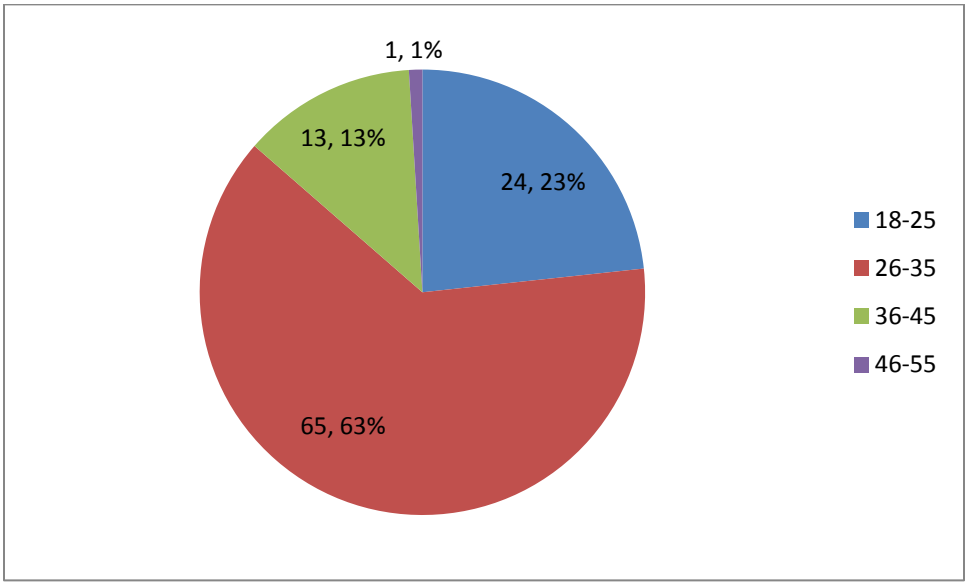

Fig. 1 Age distribution of respondents

As shown in the figure above, the biggest numbers of respondents were in the age group of 26-35 which were 63% of the respondents. The smallest numbers of respondents, about 1% of them were in the age group of 45–55. The age groups 18-25 and 36-45 constitute about 23% and 13% of the sampled respondents.

In the figure we can also see that the elderly people coming to the private wing service constitute very small proportion. This could be due to the fact the private wing service is available usually in the evenings and this may not be a convenient time for older people.

Gender distribution

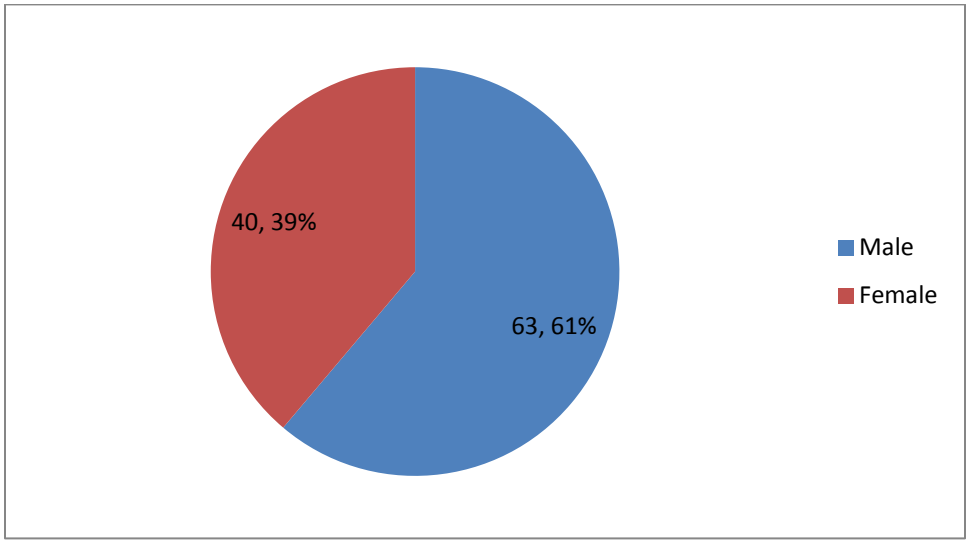

Fig 2 Gender distribution

The data collected have shown that majority of the respondents (61%) are males. This gender proportion has significant variation from the gender proportion in the general population which stands at 51:49. In our study men are attending the private wing service more than women; this could be due to two possible reasons, the fist is that women may not be motivated to come out for treatment that could keep them long in the evening hours. The other reason could be that men may be having greater financial access than women for payment of the service in the private wing.

Marital status

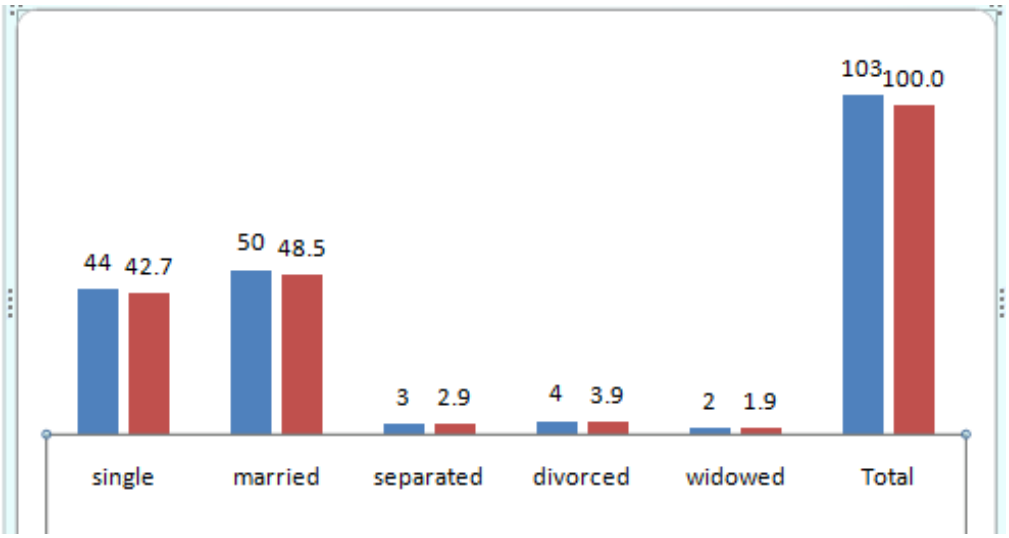

Fig. 3 Marital status

From the total respondents 2.9% are separated where as 3.9% and 1.9% of them are divorced and widowed respectively. The bigger numbers of the respondents are married which are 48.5% of the sampled patients. The rest 42.7% are single. This may because the bigger numbers of the respondents are adults which are in the age group 26-35.

4.1.2 Descriptive Results of Private Wing Health Care Practice

This section covers the most pertaining part of analysis and interpretations of data collected from the structured questionnaire distributed to the patients and medical staff of the private wing practice of Menilik II hospital. It also includes data analysis and interpretations from the financial reports: how the income generated from the private wing is helping the retention of the most important asset, that is medical staff and how it helps in covering the expense of medical equipments and supplies.

- **Tangibles**

This part of the study describes the data analysis and interpretation of respondents in relation to the tangibles parameter of the service delivery in the private wing practice of Menilik II hospital.

a. Data analysis and interpretation about the contribution of Private wing service on retention of medical staff;

Staff opinion about contribution of private wing service on staff retention

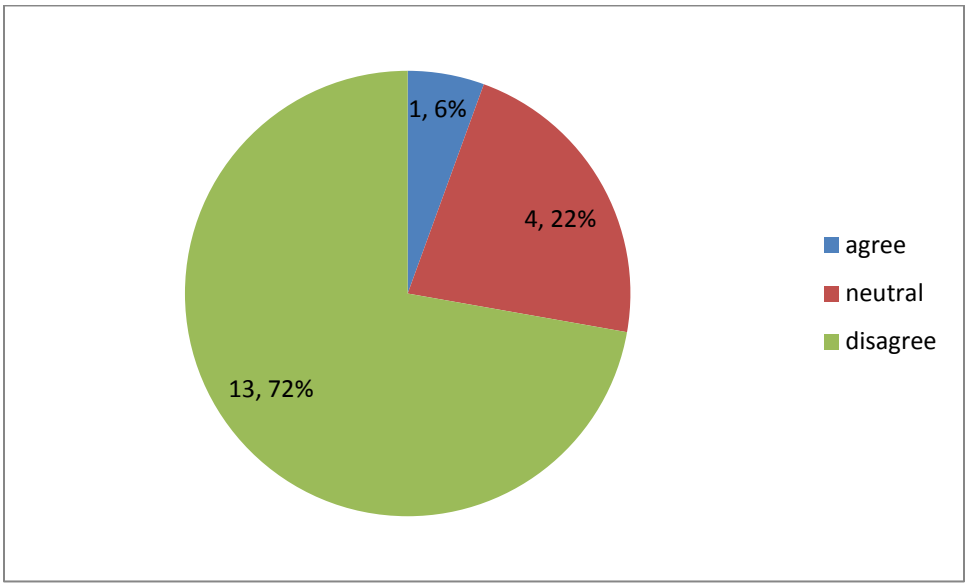

Fig 4 staff opinion about contribution of private wing service on staff retention

The data collected from the medical staff shows that about 22% of the respondents have neutral opinion on the contribution of private wing service on staff retention. The bigger number of the respondents (72%) of the medical staffs disagree that the private wing service has a positive contribution on staff retention.

Private wing on staff resignation

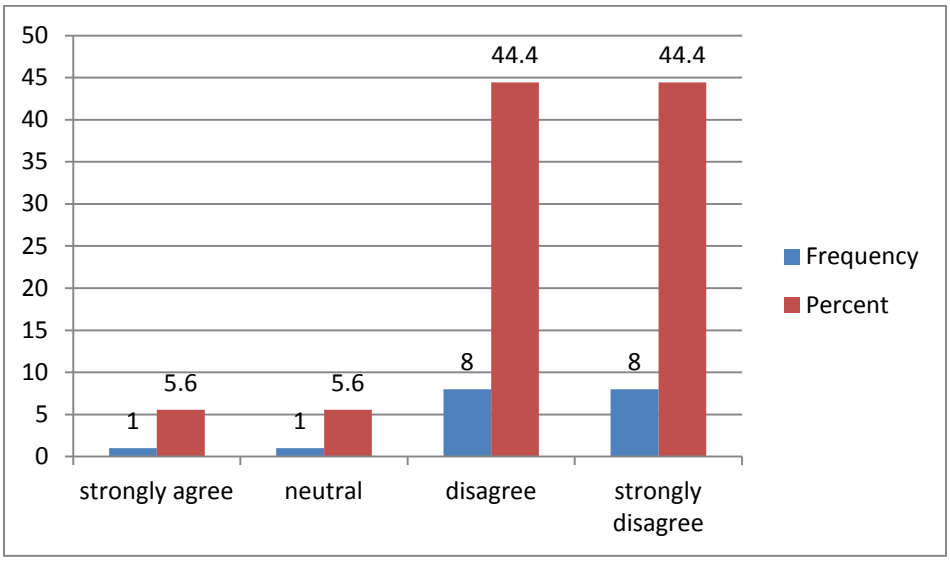

Fig 5 Opinion on influence of Private wing on staff resignation

The biggest numbers of the medical staff (88.8%) do not agree with the idea that private wing service has influenced them on their decision not to resign. Only very small proportion of the medical staffs (5.6%) strongly believe that they are influenced by the private wing service to be retained in Menilik II hospital and an equal number of respondents are neutral in this regard. This could be because they private wing may not be generating enough money to meet the financial demands of the staff.

Financial demand of medical staff

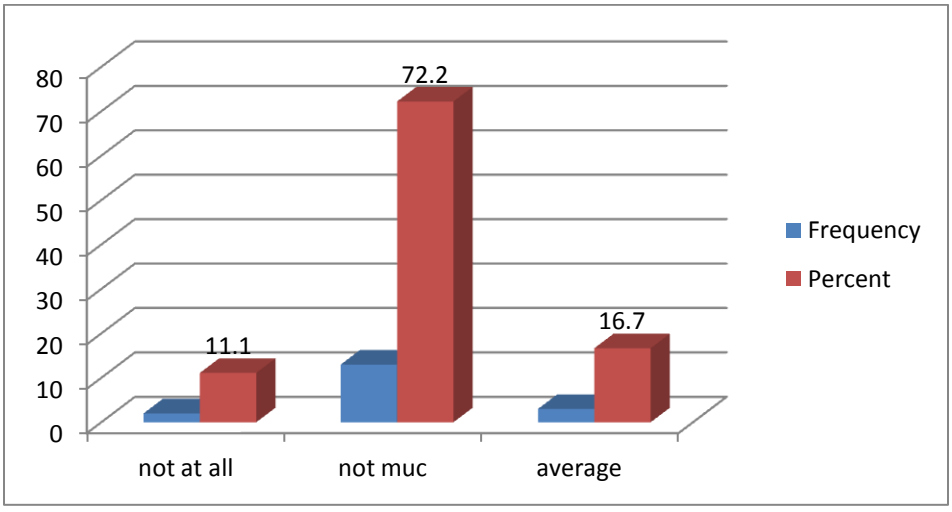

Fig 6 Private wing's contribution to meet financial demand of medical staff

More than half of the medical staffs (72.2%) argue that private wing did not help much to meet their financial demand whereas 16.7% respondent believe it somehow helped them to meet their financial demands and the rest 11.10% believe their financial demand is not at all meet by the private wing.

Table 1 Opinion on Revenue share of medical staff

Response	Frequency	Percent (%)
too much	1	5.6
much	4	22.2
just fair	4	22.2
low	6	33.3
very low	3	16.7
Total	18	100

The above table is about the view of medical staff on their share of revenue. About half of the respondents believe that their share of the revenue is low where as 22.2% of the respondents believe that the income they are generating from the private wing is much or just fair. Only 5.6% of them believe it is too much.

Table 2 Staffs' share of revenue

Year	Revenue	Cost	Net	Medical Staff Share	Non Medical Staff Share
2004	3,089,135.50	218,438.45	2870,697.05	2,009,487.94	430,604.56
2005	3,820,980.00	251,915.66	3569,064.34	2,582,301.03	484,358.66
2006	4,306,804.16	46,587.55	4260,216.61	2,982,151.63	639,032.49
Total	11,216,919.66	516,941.66	10,699,978.00	4,991,639.57	1,553,995.71

For the year end 2004, the revenue share of the medical staffs and administrative staffs who participated in the private wing service was birr 2,009,487.94 and birr 430,604.56 respectively.

While for the year 2005 the share was birr 2,582,301.03 and birr 484,358.66 for medical staff and non medical staff respectively. And finally the revenue share for the year 2006 (calculated and projected) is 2,982,151.63 and birr 639,032.49 for the medical staff and non medical staff respectively. We can see that in the year 2006 the share of the employees in general has grown by about 48.4% from year 2004.

From the above data, we can also see that among the medical staff, majority of them believe that the private wing did not influence their decision not to leave the hospital. This could be because the money they are generating from the private wing practice is not big enough to affect their decisions, or to motivate them stay in the institution. These professionals could have already established other alternative sources of income to supplement their income from the hospital. Irwin states financial incentives have little impact on staff motivation, (Irwin, 2011) but for a situation like Ethiopian medical staff where the basic salary cannot cover the even the basic expenses of the employee, financial incentives can play a great role in staff motivation. This finding is consistent with what Dieleman and his friends studied. Low salaries were found to be particularly de-motivating as health workers felt that their skills were not valued (Dieleman et al 2003, 2006). A closer look at the data also show that majority (70%) of the medical staff believe that their share of the revenue is just fair. So if they believe that their share is enough but the amount has not influenced their decision not to leave the hospital, it means either the patients are charged less amount of money for the services or the total number of patients visiting the private wing is not enough to bring staff satisfaction.

b. Data analysis and interpretation about the contribution of Private wing service on improvement of medical equipment and supplies

Table 3 Status of Facility after introduction of Private wing service

Response	Frequency	Percent (%)
all problems in facility have been solved	1	5.6
only some problems solved	7	38.9
no significant change has been seen	10	55.6
Total	18	100

Regarding the facility problem of the hospital, more than half (55.6%) of the medical staffs believe no significant change has been seen after introduction of the private wing service. About 38.9% of the respondent thinks that after the introduction of the private wings only some of problems are solved where as only 5.6% believe all facility problems have been solved. Normally the hospital combines all the revenues from private wing service with revenues from all other sources in the regular service (pharmacy, cafeteria, admissions…) under one category of internal revenue. This could have led the hospital to use the money for other purposes rather than focusing on facility improvement alone.

Table 4 Revenue share of the hospital

Year	Revenue	Cost	Net	Share of the Regular revenue
2004	3,089,135.50	218,438.45	2,870,697.05	430,604.56
2005	3,820,980.00	251,915.66	3,569,064.34	654,105.90
2006	4,306,804.16	46,587.55	4,260,216.61	639,032.49
Total	11,216,919.66	516,941.66	10,699,978.00	1,723,742.95

The revenue share of the hospital for the year end 2004 was birr 430,604.56 and for year 2006 birr 639,032.49. The share of the hospital in year 2005 was birr 654,105.90. For the year 2006, there was about 48.4% increment from year 2004.

As it can be seen from the above table, the hospital earned 15% of its share from the private wing service. Even though a total of birr 1.7 million has been collected in the three years, from the response gotten, the improvement on the facility of the hospital is not significant. Pardeshi described the importance of availability of facilities in hospitals as" the availability and optimal utilization of the medical equipment contributes to the improvement of the quality of health services" *(*Pardeshi 2005). Yet from the finding it has been learnt in Menilik II hospital, the service quality may have been adversely affected as the facilities in the hospital have not shown an improvement.

- **Responsiveness**

In this section the data collected from the respondents about the willingness of staff to help patients and the efficiency of the private wing service delivery is analyzed and interpreted.

Table 5 Patients' opinion on registration and payment process of the private wing service

Response	Frequency	Percent
very easy	8	7.8
easy	16	15.5
fair	27	26.2
difficult	45	43.7
very difficult	7	6.8
Total	103	100

For more than half of the sampled patients (50.5%) the process for registration and payment that is the effectiveness of the administration and system used in the hospital is difficult. For the 26.2% of the respondents it is just fair. It is easy for the 7.8%.where as for the rest 6.8% of the respondents complain it is very difficult. This significant customer dissatisfaction could source from fewer number of admin staff assisting many patients at the same time, poor information flow and absence of clearly posted indicators on the whereabouts of some services in the premises of the hospital.

Suggestions to improve private wing service

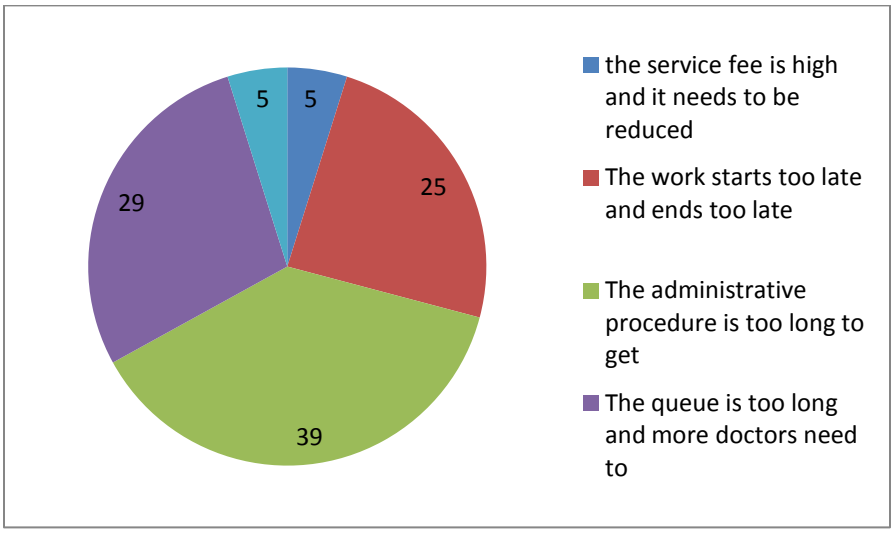

Fig 7 Suggestions to improve private wing service

About twenty nine percent of the respondents recommended that since the queue is long more doctors need to participate in the service. The bigger numbers of respondents which are 39% agreed the administration procedure is too long hence they recommended the hospital need to implement a good system in the hospital. About 5% of the sampled patients believe that the service fee for the private wing practice is high therefore they suggest reducing the price. The rest five percent respondents gave other different comments.

Reason for choosing private wing over private clinics

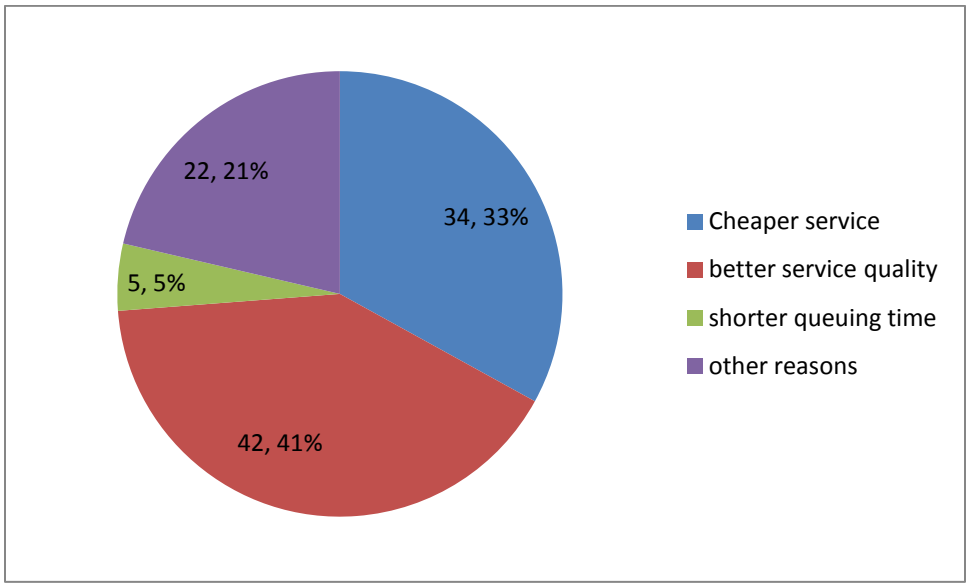

Fig 8 Reason for choosing private wing over private clinics

About forty one percent (41%) of the respondents mentioned that their reason to choose private wing at Minilik over private clinics was that it is providing service at a better quality than the private clinics. Thirty three (33%) percent of the respondents agreed they got the service here at cheaper price than the private clinic service. Twenty one 21% has other reason for coming. But very few of the respondents which are about 5% argue they only came because there is shorter queuing.

Staff responsiveness

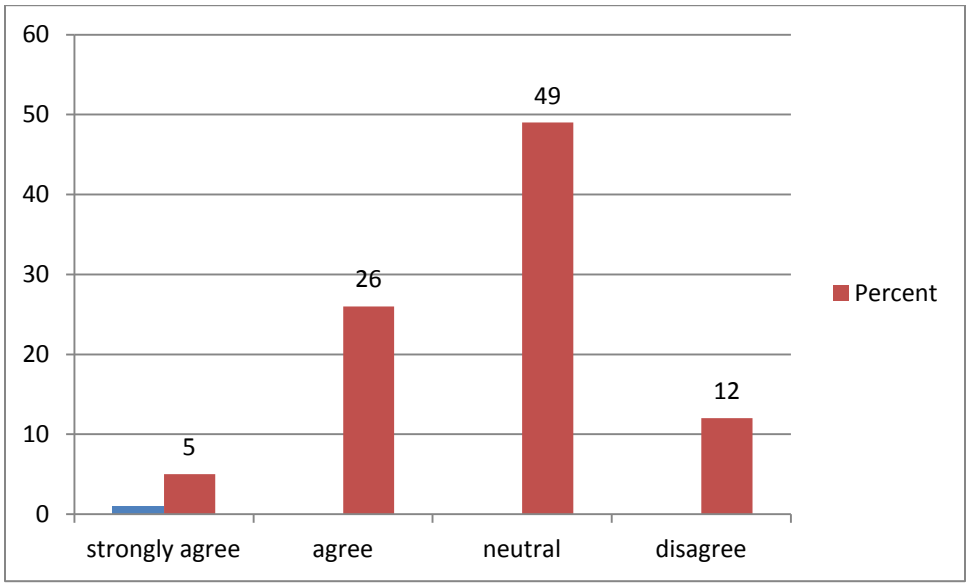

Fig 9 Staff responsiveness

When the respondent evaluate the responsiveness of the staff in Minilik II hospital after they were asked whether staff have good conduct, willingness to help and prompt service 49% of them have neutral stand while 26% agree that the staff are responsive. From the total respondents only 5% of them strongly agree that the staffs are responsive whereas the rest 12% disagree with this idea.

The waiting time before seeing a doctor is long for majority of the sampled patients. The administrative procedures and processes are longer as per the response given by respondents. According to the study by Darby and his colleagues from WHO, responsiveness is one of the three intrinsic goals of health system performance measurement. If a service delivery of a hospital is responsive, it can be said that the quality of the service is good. But as Dieleman and his colleagues stated on their study, for staff whose monthly income not enough for their basic need, may be overworked when taking a second job to supplement their income (Dieleman and et al. 2003, 2006). Therefore having such employee may adversely affect the responsiveness of the staff

- **Reliability**

This section of the study is analyzing and interpreting of data collected from the respondents from the perspective of reliability of the service delivered by the private wing service of Minilik II hospital.

Length of next appointment

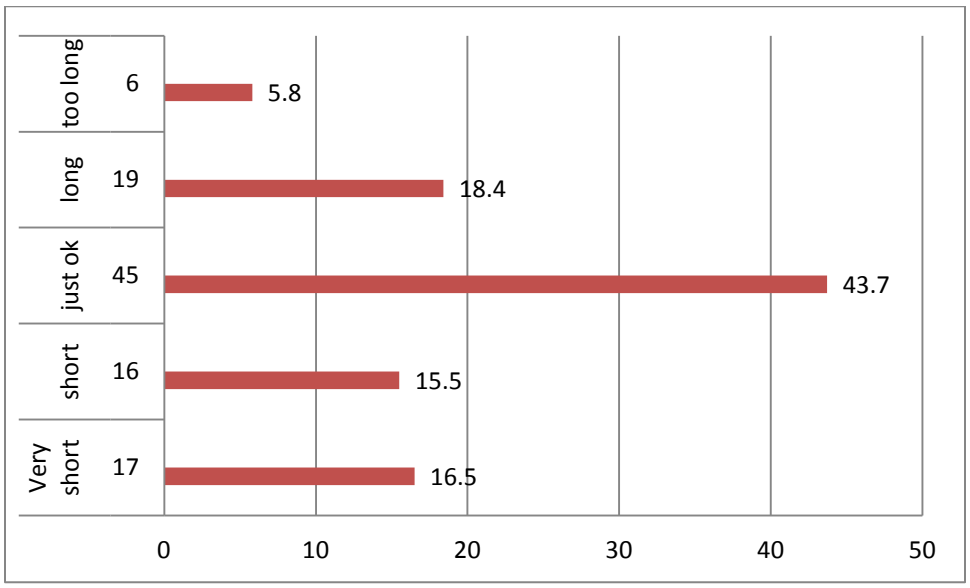

Fig. 10 Length of next appointment

The appointment for further examination such as operations or further interventions, for bigger number of the respondents which are about 43.7% is just ok whereas 18.4% of them believe that it is long. About 30% of the respondents feel that the appointment for such interventions is short. And for the rest of the respondent it is too long.

Service reliability

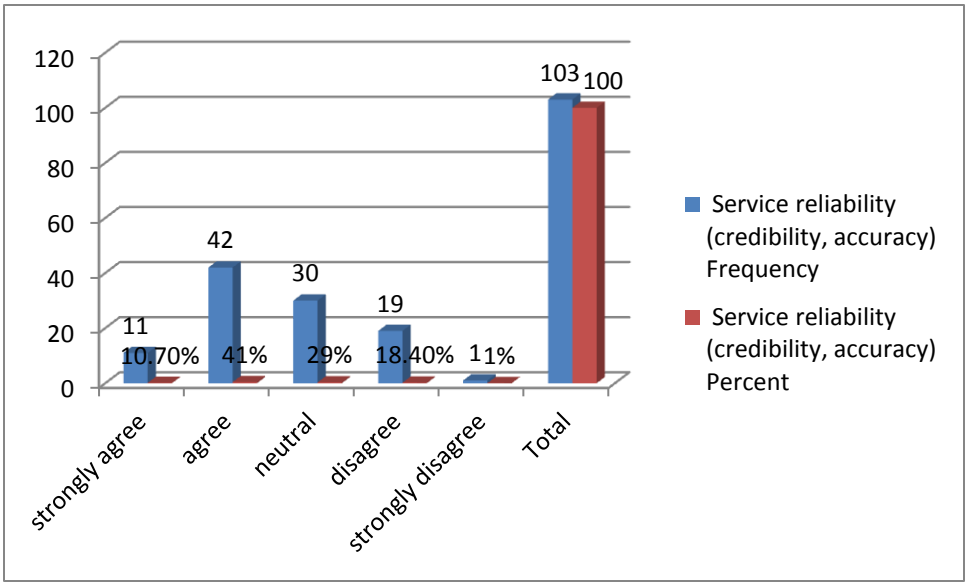

Fig 11 Service reliability (credibility, accuracy)

Generally when the respondents appraise the reliability of service when they were asked about the credibility of the staff of the employee of the hospital the timeliness of the service provided and the accurateness of documentation, more than half of them agree that there is a reliable service whereas 29% of the respondents are neutral. About 19% of them disagree that the service of the private wing is not reliable.

Table 6 Render reliable service

Response	Frequency	Percent
strongly agree	4	22.2
agree	8	44.4
neutral	5	27.8
disagree	1	5.6
Total	18	100

Most of the respondents which are 44.4% agree that they feel they render a reliable service to the patients. About 27.8% of the respondents have a neutral whether they are rendering reliable

service or not whereas 22.2% of them strongly agree on this regard. The rest 5.6 % believe they do not render reliable service to the patients.

Reason for choosing private wing over private clinics

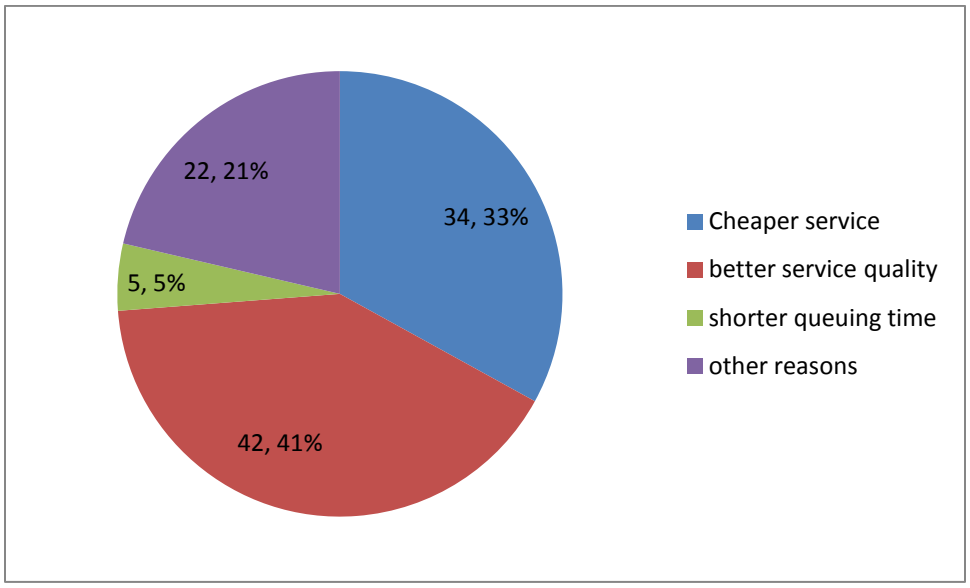

Fig 8 Reason for choosing private wing over private clinics

About forty one percent (41%) of the respondents reported that their reason to choose private wing at Minilik II hospital over the private clinics is the former is providing better quality service than the private clinics. Thirty three (33%) percent of the respondents reported their reason to prefer the private wing service service to the private clinics is cheaper price for the different services. Twenty But very few of the respondents which are about 5% argue they only came because there is shorter queuing.

Most of the patients are happy with the service reliability given at the private wing practice of Minilik II hospital. Majority of them come to the private wing service over the private clinic because they believe quality service at Minilik II is better. Vincent et al. reliability is explained as *"meeting the challenges of high reliability operations requires accountability, strong basic procedures, multiple procedural checks, and continual communications between operators". (Vincent et al. 2010)* reliability is more technical for Vincent and his colleague reliability is more technical to measure. But the researcher believes that for the quality they got from the service patients can also be a witness.

- **Empathy**

This part of the study discusses the equitableness of service given at the service rendered by the private wing of Menilik II hospital.

Table 7 Equitable service

Response	Frequency	Percent
strongly agree	26	25.2
agree	33	32
neutral	32	31.1
disagree	8	7.8
strongly disagree	4	3.9
Total	103	100

As shown in the table above, 32% of the respondents agree that an equitable service is provided in the private wing of Menilik II hospital whereas 31.1% of the sampled patients have neutral response on this regard. From the total respondents 25.2% of the patients strongly agree that there is equitable service. But the rest 7.8% and 3.9% of the total patient sampled disagree and strongly disagree respectively.

Table 8 Rendering equitable service, opinion by staff

Response	Frequency	Percent
strongly agree	5	27.8
agree	9	50
disagree	4	22.2
Total	18	100

As the tables above shows, 50% of the respondents agree they render an equitable service in the private wing of Menilik II hospital whereas 27.8% of the medical staff strongly agrees on this regard. The rest of the respondents which are 22.2% disagree that there is an equitable service.

Table 9 Doctors took enough time to explain my health condition

Response	Frequency	Percent
strongly agree	27	26.2
agree	32	31.1
neutral	36	35
disagree	7	6.8
strongly disagree	1	1
Total	103	100

Thirty five percent of the total sampled patients have neutral thinking on the idea that doctors took time to explain their health condition. On the other hand 31.1% of the sampled patients agree that doctors allocate enough time to the patients to explain about their health status. Some of the respondents which are about 26.2% strongly agree with this idea where as about 6.8% disagree. Only 1% from the sample strongly disagrees on this idea.

Most of the respondents believe that they are getting equal treatment from the staff. Majority of the medical staff also believe that they are rendering the service equitably without discrimination. The patients are also happy that they got enough explanation about their medical status from their doctors. According to Hinshaw empathy in health care was essential to the formation of strong patient-physician relationships, as well as positive patient outcomes and overall satisfaction with the experience (Hinshaw, 2013).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

In this part, the findings are summarizes briefly. Answers to the basic question of the study are included in the conclusion part of the study. And finally recommendations are provided based on the conclusions.

5.1. Summary

This part of the study describes the major research findings based on the analysis and interpretations of the collected data.

- The medical staffs at Menilik II are not influenced their decision not to resign as the income generated from the practice is not meeting their financial demand.
- Regarding the facility of Menilik II hospital, even though the hospital collected 15% the revenue from the private wing, which is a total of about birr 1,723,742.95 over three years, majority of the medical staff believe they did not see a change regarding medical equipment, supplies and other facility. Only few of them believe there is very small change on this regard.
- On the subject of responsiveness of the staff in Menilik II hospital, majority of the respondents from the sampled patients agreed that the medical staffs are responsive. They feel they are getting a prompt service from the medical staff. All the medical staffs also believe that they are willing to hear the patients' complaints and give remedy. But the system on the administration side makes them inefficient. Patients need to stay longer before seeing their doctors
- More than half of medical staffs believe they are rendering reliable service to the patients. Patients also shared this idea. They are happy with the medical treatments. Since appointment for further intervention is shorter their medical problem can be treated timely. Therefore almost all of the patients said that they will advice their family and friends to come to the private wing.

- Most of the patients attending the private wing of Menilik II hospital came expecting better quality of care. They can be seen by the doctors they feel confident on his or her expertise..
- Most of the respondents believe that they are getting equal treatment from the staff. Majority of the medical staff also believe that they are rendering the service equitably without discrimination.

5.2. Conclusion

This part concludes by way of answering of the research questions as follows**:**

- For most of the medical staff, private wing practice has not influenced their decision not to resign from the hospital. They support the decision of the government to start the private wing service even though they do not agree the income generated from the private wing has helped them meet their financial demands. The hospital distributed birr 2009,487.94, birr 2,582,301.03 and birr 2982,151.63 to the medical staff for year 2012, 2013 and 2014 respectively.
- Despite the fact that the hospital generated a significant amount of money (birr 430,604.56 birr 654105.90 and birr 639,032.49 in 2012, 2013 and 2014), most of the medical staff said that the facility of the hospital did not show significant improvement after the start of the private wing.
- The respondents from the sampled patients agreed that there is a good quality of service regarding the medical treatment. But the system designed for the administration process is very poor. The patients wait for longer time to see their doctor. This makes the service inefficient. The starting and end time of the service of the private wing very late. Older and females may face difficulty on the way back home.
- Most of the respondents are happy as the appointment they got for further examination, operation or other intervention is shorter. Therefore they believe their medical problem will be treated timely.
- The treatment given at the private wing service is free of discrimination. The patients will see their doctor on first come first served bases.

5.3 Recommendations

On the basis of research finding and conclusions the following recommendations are made.

- As we can see from the responses of the medical staff the income they generate from the private wing service will not let them not to resign from the hospital. This is because the Even if their share from the practice is 70% of the total income it is not enough to meet their financial need. Therefore the management of the hospital needs to increase the service fee reasonably so that the introduction of the private wing service meets its objective.
- In addition, the management of the hospital as well as the policy makers needs to do further in addition to the private wing service. Further trainings and other educational exposure could be other motivators. Furthermore a good facility and conducive working environment is the main factor for satisfaction for these professionals.

- As it is seen from the finding, the system of service delivery of Minilk II should be improved. As it is very difficult for a country like Ethiopia to make capital intensive improvement, I recommend the hospital to do a continuous improvement on the service delivery which is KAISEN. Try to solve larger number of small problems. The management should try to evaluate where the problems are sourced. See the problems as an opportunity to be improved. How to reduce the waiting times, how to utilize space, which areas of the employee skill need to be improve through trainings etc. Make ongoing process continually and making small improvement that improve process and reduce waste. This will result to improve quality of service, better safety, faster delivery, lower cost and grater patient satisfaction. Employees find out the work easier and more enjoyable, which results job satisfactions and lower turnover.

- After introducing KAISEN, the hospital need to do a due observation to see the feasibility of the quality improvement
- For more comprehensive analysis and to get data that better represents the picture of private wing service in the country, a larger, multicenter study needs to be done.

REFERENCES

- Boelen C. (1994) *Frontline doctors of tomorrow*, World Health organization, Geneva, Switzerland, viewed 5 May 2014, http://www.moph.go.th/ops/hrdj/Hrdj_no1/charles.html.
- Chikanda A: *Nurse migration from Zimbabwe: analysis of recent trends and impacts*, *Nursing Inquiry* 2005, 12(3):162-174.
- Darby C, Valentine N, Murray C, Silva A, *Strategy on Measuring Responsiveness*, GPE Discussion Paper Series: No. 23, EIP/GPE/FAR, World Health Organization.
- Dieleman, M, Toonen J, Touré, H, Martineau, T: (2006), *The match between motivation and performance management of health sector workers in Mali*. *Human Resources for Health*.
- Dieleman, M, Viet, P, Vu, L, Martineau, T, (2003) *Identifying factors for job motivation of rural health workers in North Vietnam*. *Human Resources for Health*.
- Federal Democratic Republic of Ethiopia Ministry of Trade (2011) *Assessment Study on the Impact of WTO Accession on the Health and health Related Services in Ethiopia* (Draft Report).
- Federal Minister of Health (*2007)*, Viewed 6 May 2014, http://www.moh.gov.et/English/Resources/Documents/HEW%20profile%20Final%.
- Ferlie B and Shortell M. (2001), Improving the quality of health care in the United Kingdom and the United States: a framework for change. Milbank Quarterly;79(2):281–315.
- Franco M, Bennett S, Kanfer R, Stubblebine P: (2004) *Determinants and consequences of health worker motivation in hospitals in Jordan and Georgia*. *Soc Sci Med*, **58**(2):343-355.
- Hardee T, *The Role of Empathy in Healthcare Real Balance Global Willingness service*, Viewed 5 May 2014, **http://realbalance.com/the-role-of-empathy-in-healthcare** .
- Health by categories, viewed on 17 June 2014, http://en.wikipedia.org/wiki/Health_systems_by_country.
- Health and Health Related Indicators 2011.

- Hinshaw, M, *Understanding the Role of Empathy in the Customer Experience. September 2013*, Viewed 6 May 2014, *http://www.cmo.com/articles/2013/9/24/understanding_the_ro.html*
- Kaur, M and Hall, S, (2001) *Medical Supplies and Equipment for Primary Health Care*, © ECHO International Health Services Ltd.
- Liese, B and Dussault, G, (2004) T*he State of the Health Workforce in Sub-Saharan Africa*, The World Bank/Georgetown University.
- *Markgraf, B, Definition of Quality Assurance in Customer Service, Viewed 5 May 2014, http://smallbusiness.chron.com/definition-quality-**a**ssuran**c**e-customer-service-39829.html.*
- Minilik II Hospital, (2013*), Report on Private Wing Service*, (Unpublished report).
- *Mischa, W, Posy, B, Steve, T, La*ura, W, Duane, B and Prudence D, (December 2008) *Motivation and retention of health workers in developing countries: a systematic review***,** © licensee Bio Med Central Ltd,
- Nolan T, Resar R, Haraden C, Griffin A. (2004), *Improving the Reliability of Health Care.* IHI Innovation Series white pa*per. Boston: Institute for Healthcare Improvement.*
- *Pardeshi* G , *Medical equipment in government health facilities*, Department of Preventive and Social Medicine, R.C.S.M., G.M.C, Kolhapur, India, viewed 5 May 2014, http://www.pubfacts.com/detail/15681887/Medical-equipment-in-government-health-facilities:-missed-opportunities.
- Peltzer, K, Phaswana, N, *Patient experiences and health system responsiveness among older adults in South Africa*, Viewed 6 May 2014, *http://www.globalhealthaction.net/index.php/gha/article/view/18545*.
- Robertson K, *Customer Service from the Heart: The Importance of Empathy***,** Viewed 6 May 2014, http://www.krconsulting.com/customer-service-from-the-heart-the-importance-of-empathy/ **.**
- The Lewin Group Falls Church, VA, *Becoming a High Reliability Organization: Operational Advice for Hospital Leaders*, AHRQ Publication No. 08-0022 April 2008.

- The Republic of Uganda Ministry of health, *National Medical Equipment policy*, © Ministry of Health 4th Edition, 2009, Kampala Uganda.
- Irwin Terry, *Five Top Employee Retention Strategies*, Last Updated: 29 November 2011, *Viewed 6 May 2014*, *http://www.mondaq.com/x/155322/Five+Top+Employee+Retention+Strategies*,
- Zeithaml A (*1990) Delivering Quality Service Viewed 6 May 2014, http://www.amazon.com/exec/obidos/tg/detail/-/0029357012/.*
- Vincent Charles Benn Jonathan Hanna B George, *High reliability in health care*, Viewed 2 June 2014 http://www.bmj.com/content/340/bmj.c84
- Whittaker S, Burns D, Doyle V, and Lynam A, *Country reports introducing quality Assurance to health service delivery -some approaches from South Africa ,Ghana and Kenya*, International journal for Quality in Health Care 1998 ; Volume 10,Number 3:pp.263-267.
- World Health Organization (WHO), *Service Delivery Toolkit* on Monitoring *Health Systems Strengthening, 2008, Geneva.*
- *World Health Organization (WHO),* Retrieved 2013-11-24, Viewed 6 May 2014"Health topics: Health systems". *http://www.who.int*. WHO World Health Organization..
- Zelelaw H: *Health Care Financing Reform in Ethiopia: Improving Quality and Equity*, March 1, 2012
- Zurn P, Dolea C, Stilwell B. *Nurse retention and recruitment: developing a motivated workforce* [Issue paper 4]. Geneva: International Council of Nurses; 2005,accessed on 6 May 2014, Available from: http://www.icn.ch/global/Issue4Retention.pdf


APPENDICES

ST MARY UNIVERSITY

SCHOOL OF GRADUATE STUDIES

QUESTIONNAIRE FOR PATIENTS EXITING FROM PRIVATE WING

This questionnaire is designed to collect information about the impact of private wing service in customer satisfaction for the partial fulfillment of the Masters of Business Administration (MBA) program at St Mary's University. The results from this research are expected to contribute in improving the service to maximize patient's satisfaction. Your responses to the questions below will be kept confidential.

Please circle the numbers based on the responses and where relevant write in the blank space.

I. Background Information

Personal Details

1. Client's age group
    a. 15-25
    b. 26-35
    c. 36- 45
    d. 46-55
    e. Above 56
2. Marital status
    a. single
    b. Married
    c. Separated
    d. Divorced
    e. I don't want to disclose

3. Where did you come from
    a. Addis Ababa
    b. Oromiya (Finfine special zone)
    c. Other parts of Oromiya
    d. Other regional states (please specify)_____

II. Questions related to the private wing service

4. How did you come to know about the private wing service of the hospital?
    a. Read posted papers in the hospital.
    b. Heard from somebody else who used the service
    c. Know about it from the media such as newspapers, radio or TV.
    d. Got information from the hospital staff.
    e. Other sources: specify_____
5. Why do you choose private wing services over the regular service today? (You may choose more than one answer).
    a. I can get to be treated by a doctor of my own.
    b. The service is available off working hours.
    c. Less waiting time and less hassle
    d. I can get better service
    e. Other reason(specify)_____
6. How do you rate the price tagged for the different services offered in the private wing
    a. It is generally very expensive
    b. It is generally expensive
    c. It is fair
    d. It is generally cheap
    e. It is generally very cheap
7. How do you see the timing of the private wing service
    a. It is very convenient
    b. It is convenient
    c. Not sure
    d. It is inconvenient
    e. It is very inconvenient

8. The registration and payment process at the front desk was:
    a. Very easy
    b. Easy
    c. Fair
    d. Difficult
    e. Very difficult
9. The effort required to get accurate information regarding the directions of different places within the hospital compound is
    a. Very little
    b. Little
    c. Fair
    d. Much
    e. Too much
10. My interactions with the administrative staff, nurses and Doctors were smooth and positive
    a. Very often
    b. Often times
    c. Sometimes
    d. Rarely
    e. Very rarely
11. The Doctors and nurses took enough time to answer my questions about my medical status.
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree

12. The appointment (booking) I got for further interventions (surgeries, other procedures…) was
    a. Too short
    b. Short
    c. Just ok
    d. Long
    e. Too long

13. I feel happy that I receive equitable service from the private wing service
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree
14. I believe the service I got from the private wing is reliable (creditability, timely service, accuracy of documentation, etc)
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree
15. I am happy that the employee (Doctors, nurses, lab technicians and admin staff) are responsive (staff conduct, willingness to help, provide prompt service)
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. Strongly disagree
16. I would recommend members of my family and friends to get medical care in the private wing system:
    a. Very Often
    b. Quite Often
    c. Neutral
    d. Not Very Often,
    e. Not at All

17. To make the private wing service better, what should be done to improve the services?(more than one answer possible)

    a. The price is too high and should be brought down
    b. The work starts too late and ends too late
    c. The administrative procedure is too long to get the service
    d. The queue is too long and more doctors need to be available everyday
    e. Other comments (please specify)----------

,

ST MARY UNIVERSITY

SCHOOL OF GRADUATE STUDIES

QUESTIONNAIRE FOR HEALTH PROFESSIONALS PARTICIPATING IN THE PRIVATE WING SERVICE

Dear Sir/Madam,

This questionnaire is designed to collect information about the impact of private wing service in customer (patient) satisfaction for the partial fulfillment of the Masters of Business Administration (MBA) program at St Mary's University. The results from this research are expected to contribute in improving the service to maximize patients' satisfaction. Your responses to the questions below will be kept confidential.

Thank you for participating in the study.

Please circle the numbers based on the responses and where relevant write in the blank spaces.

Section 1: Background Information

1. Facility Name_____
2. Job title _____
3. How long have you worked with this title? _____
4. For how long have you participated in the private wing?
    a. Less than 6 months,
    b. 6-12 months
    c. 1-2 years.
    d. For more than 2 years

5. It was a good decision by the government side to start private wing services
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree
6. Patients are charged at a reasonable rate for the service they are getting from the private wing
    a. It is too cheap
    b. It is cheap
    c. It is just fair
    d. It is expensive
    e. It is very expensive
7. How would you comment on the share of Doctors from the revenue collected via private wing service?
    a. Too much
    b. Much
    c. Just fair
    d. Low
    e. Very low
8. How has the private wing service affected the regular service?
    a. It has affected it very badly
    b. It has affected it somewhat badly
    c. It has no effect
    d. It has a positive effect
    e. It has a strong positive effect

9. I believe the private wing has contributed to staff retention?
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree
10. The income I generated from the private wing has contributed for me to make a decision to continue to work in this hospital
    a. Strongly agree
    b. agree
    c. neutral
    d. Disagree
    e. strongly disagree

11. I believe the private wing service has come out to be a good alternative to the public
    a. Strongly agree
    b. agree
    c. neutral
    d. Disagree
    e. strongly disagree
12. What are the benefits of working in private wing as compared to private clinics in your spare time? (You may choose more than one answer).
    a. It helps to work in a better facility
    b. It helps to Serve many people in a relatively lower payment
    c. It helps to work in a familiar environment
    d. It helps to contribute for the income of the hospital
    e. Other specify_____

13. I advise patients in private clinic to come to the private wing service when they cannot afford the service in the private clinic
    a. Always I do
    b. Most of the time I do
    c. Sometimes I do
    d. Rarely I do
    e. I never do
14. The private wing service is a good option for me to give medical care for my close associates (families, friends, and relatives)
    a. Always
    b. Mostly
    c. Sometimes
    d. Rarely
    e. Not at all
15. I believe some of the important problems in the hospital facility have been solved after the opening of the private wing service
    a. All problems in facility have been solved
    b. Many big problems in facility have been solved
    c. Only some problems have been solved
    d. No significant change has been seen
    e. The facility has gone worse
16. Have you been able to meet your financial demands after participating in the private wing service?
    a. Not at all,
    b. Not much,
    c. Average
    d. Much
    e. Very much

Please state if there is any other aspect of your job that is negatively or positively affected by the establishment of private wing.

1. **_____**
2. **_____**
3. **_____**

17. I feel happy that I render equitable service in the private wing service
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree
18. I believe the service I give in the private wing is reliable (creditability, timely service, accuracy of documentation, etc)
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree
19. I believe I take enough time to answer any questions about our patient's medical status.
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree
20. I will try to do my best to understand patients complaints and give remedy
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree

DECLARATION

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of Asst. Professor Shoa Jemal. All sources of material used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institutions for the purpose of earning any degree.

_____ _____

Name Signature

St. Mary's University, Addis Ababa **June, 2014**

ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate studies for examination with my approval as a university advisor.

Shoa Jemal _____

Advisor Signature

St. Mary's University, Addis Ababa June, 2014