SCHOOL OF GRADUATE STUDIES

THE EFFECT OF SERVICE QUALITY AND PATIENT SATISFACTION: A CASE STUDY ON BLACK LION SPECIALIZED HOSPITAL

BY

MULUBRHAN TESFAYE

ID NO: SGS/0348/2010A

MAY 2019

ADDIS ABABA, ETHIOPIA

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SECTION: A

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ENDORCEMENT

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

Advisor: Gashaw Tibebe (PhD)

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Date_____

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DECLARATION

I, the undersigned declare that this thesis is the result of my independent research work on the topic entitled: "The Effect of service quality on Patient Satisfaction in Government Organization, the case of BLSH" in partial fulfillment of the requirements for the Degree of Master of Business Marketing Management at St. Mary's University School of graduate studies. It is my original work and all the references used in the study are acknowledged.

Name: Mulubrhan Tesfaye

Date: MAY 2019

Signature_____

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My family deserve special mention for their support and prayers. My wife, Edom Getachew thank you for support. Love you long!

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LIST OF ABBRIVATIONS/ABBREVIATIONS

ANOVA: Analysis of Variance.

BLSH: Black Lion Specialized Hospital

CMMS: Centers for Medicare and Medicaid Services

CS: Customer satisfaction

CSI: Customer Satisfaction Index

CSQ: Customer Satisfaction Questionnaire

HSDP: Health Sector Development Plan

ICT   Information Communication Technology

IOM: Institute of medicine

MOH: Minister of Health

OPD: Outpatient department

SD: Standard deviation

SERVPERF: Service Performance

SERVQUAL: Service Quality

SPSS: Statistical Package for Social Science

SQQ: Service Quality Questionnaire

VIF: Variance Inflation Factor

WHO: World Health Organization

ABSTRACT

This study aims to assess the relationship between service quality and patient satisfaction in Black Lion Specialized Hospital. The main purpose of the study was to access the effect of service quality and patient satisfaction implement in Black Lion Specialized Hospital. Service quality dimension include (Tangibility, Reliability, Responsiveness, Assurance and Empathy). Descriptive and Explanatory research design was used to examine the relationship between patient satisfaction and SERVQUAL implementation of the case hospital. Both quantitative and qualitative research approaches were used in the study. Non-Probability (convenience sampling) technique was employed, and 384 out patient's respondents was involved in this research. The entire Population (Census) was used for the study. Primary data and secondary data were used as a source. Questionnaires were distributed to 384 patients of the hospital and interview was conducted with four chronic patients of the hospital to gain the basic view and make the data more comprehensive. The collected data were summarized and analyzed using descriptive and inferential statistics using SPSS version 20. The result is then presented in the form of tables and figures followed by discussion for further interpretation on the findings. The major research findings were all the independent variables of service quality dimension were found to have a positive and significant correlation with the dependent variable which is patient satisfaction. The ANOVA test result showed that, the model fit significantly. The multiple linear regression analysis revealed that, all the independent variables SERVQUAL (Tangibility, Reliability, Responsiveness, Assurance and Empathy) have statistically meaningful relationship to predict customer satisfaction. Reliability and empathy accounts the largest share to explain the variation of patient satisfaction. The study recommends that the hospital should enhance their service quality to become more efficient in their patient satisfaction.

Key words: Patient Satisfaction, Service Quality, SRVQUAL Dimensions and Hospital.

CHAPTER ONE

INTRODUCTION

1.1. Background of The Study

Ethiopia is among 57 countries in the world identified by WHO to be facing a critical shortage of health workforce. Overall, there is a global deficit of 2.4 million doctors, nurses and midwives. In Ethiopia, per 10,000 populations, there are above 0.5 physicians, nursing and midwifery workers, above 0.5 dentistry workers, above 0.5 pharmaceutical personnel, above 0.5 environmental and public health workers, community health workers and hospital beds (Africa Health Workforce Observe) 2010. The shortage, uneven distribution, poor skill mix and high attrition of trained health professionals remain the major concerns.

To monitor the performance of its health services, the Government has designed and adapted a new health management information system and implemented it country wide. However, this health management information system is inadequate for data generation, dissemination and for decision-making at various levels of the health system.

Despite the improvements made in expanding access to health services, the disease burden is still high, and the service utilization rate remains low, partly due to the burden of high out-of-pocket spending that restricts an already poor society from health care utilization. The Government has initiated and is implementing community-based health insurance and social health insurance schemes to address financial barriers to accessing health services (MOH).

To improve the quality of health services, the focus is on the provision of quality health services at standard health facilities at all levels, including speedy delivery and effectiveness of services, patient safety, ethical considerations and professionalism, with adequate numbers of health workers and sufficient finance and pharmaceuticals.

Quality improvement has become an integral part of service delivery in the health system, thus the Federal Ministry of Health has established a quality management committee and designed a reference manual to guide its implementation. The implementation of HSDP I, II and III has achieved notable results, especially in family planning (MOH).

Although efforts have been made to improve the quality of services and resources, health indicators and perception rating indicate that more work is required. Private health care facilities are more frequently being preferred public facilities and health indicators are improving at a slower than desired rate or not at all (Coovadian, Baron, Jewkes, and MCIntyre,2009; SSA,2013a)

Service quality continuous to be a difficult concept to quality and assess due to be intangible nature. The defining faulty has become a complex task. Majority literature has agreed that service quality best deserved as a disconfirmation paradigm where expectations are either met, not achieved or Surpassed (Brown and Swartz ,1989 Parasuraman, Berry, and Zeithaml ,1994). In addition to this definition, understanding the constituents of quality has also been extensively researched.

Initial research which forms the foundation many studies in quality, considers a system based approach to understanding quality. Three systems namely, Structure (Physical and staff characteristics), process (Clinical care and staff characteristics) and out comes (Health status and staff characteristics), describes the frame work for assigning care (Donabedian, 1980). The Seminal work by Parasuraman, Berry and Zeithaml (1985) derives its findings from assessing factors with in the process system. Their research was based on the multidimensionality of service quality which has some become an accepted perception in service quality literature.

Parasuraman et al.(1985) also describes a frame work describing the service quality Gap model identifies five gaps of prevalent imperfect information in patients' health care provider interactions .The most important gap has been identified as Gap which pertains to the expected versus perceived quality of service delivery from the health care delivery from health care provider to the patient .With in this framework ,the use of measurement tool called the SERVQUAL questionnaire, is implemented (Parasuraman)Berry and Zeithaml,1988).The SERVQUAL tool enables researchers to identify not only the gaps in perceptions and expectations in service quality from patients ,but also identify which factors (or dimensions) under lie the quality construct.

Although the SERVQUAL tool has under gone criticism, it has continued to be widely used as a reliable and valid tool for service quality assessment. Parasuraman, Berry and Zeithaml (1991) identified five dimension which under   lie service quality. These dimensions (Tangibles, Reliability, Responsiveness, Assurance and Empathy) have been used in subsequent studies as

theoretical fact (Taner and Antony, 2006). However due to criticism of the validity of transposing these dimensions to different populations (Buttle, 1994).

Other researchers are preferred to determine underlying factors /dimensions for their own study samples (Infante, Beilby, Bubner, Davies, Harries, Holton, and proud foot, 2004; Sofaer and Grumman, 2003; Taner and Antony, 2006). While these studies have shown some overlapping dimensions, it remains important to identify unique components and combinations distinct to populations.

Service quality has shown to have close relationship with patient satisfaction. Quality of service has been indicated in many studies to be an antecedent to satisfaction (Cronin and Taylor; 1992; Fornell, Bryant, Cha and Johnson, 1996).

As this relationship becomes more evident and important in recent years, research has been focused on determine the strength of the relationship (Smith and Engelbrecht, 2001; Choi, Chakon, Hanjoon, and Lee, 2005). Understanding the antecedents of satisfaction is not only important it maintaining a competitive advantages ,but studies have shown that improved service satisfaction relates to improved treatment adherence and attendance of follow up consultations (Fan, Burman ,Fihn, and McDonnell,2005; Fornell et al. ,1996) Limited research has been conducted on quality perceptions and it link to satisfaction in Ethiopia health care .the research presented in thesis literature to better understand the perceptions of patients and these provide a foundation for effective strategy development and implementation.

1.2. Statement of The Problem

Many businesses, big and small, are routing more efforts to retain existing customers rather than to acquire new ones. This is because the cost of acquiring a new customer is greater than the cost of retaining existing customers. Customer satisfaction and service quality are interlinked. Chau and Kao (2009) explained that If customers are offered services that they expect or that exceed their expectation, they will have a positive view about a firm while if customers feel they got less value than what they expected, their attitude towards a given firm will be negative. Due to this Mohsan et al., (2011) clarified that service quality is a determining factor of customer satisfaction.

Research on patient satisfaction with quality healthcare can be traced to the late 20th century. During this era the focus of most publications was on patient satisfaction as a condition to be satisfied to reach desirable clinical outcomes (Andaleeb 2010). The factors affecting patient satisfaction and healthcare quality were also studied which brought out some immediate factors that ensure client satisfaction (Zeithaml & Bitner, 2000; Tucker & Adams, 2001; Naidu, 2007).

Hospitals has been established to provide a healthy well-being and alleviate the health issues of the people which are faced today due to several reasons. The hospitals play a vital role in providing prompt services on time being. But contrary to the above statements, the hospitals are not adhering to the patient's expected service quality and satisfaction. Hospitals today, do not having adequate service quality (tangibles, reliability, responsiveness, assurance and empathy) are some of the common issues they are mostly talked among the public.

In Ethiopia the Ministry of Health in their five-year programmed of work indicated that the patient's satisfaction is prime to health service delivery and quality care (MOH, 2006). The Ministry additional identified that educating patient satisfaction and the quality of healthcare is one of its five main aims of the health sector reforms in Ethiopia.

All the study emphasis that service quality measurement can be done on the dimensions like (Tangibility, Assurance, Empathy, Responsiveness and Reliability). The study so far done pertains in government hospitals where the service quality is perceived to be higher. The researcher has tried to measure the effect service quality with the five existing dimensions (Tangibility, Reliability, Responsiveness, Assurance, Empathy) on patient satisfaction in the block lion specialized hospitals. In a fast growth and necessity of hospital services, it becomes vital to know the delivery of services provided by government hospitals like BLSH. The service quality dimensions are prime for any service industry especially for the hospital sector. The common man believes that the government hospitals in Ethiopia are providing inadequate quality service to the patients. This factor made the researcher to access the effect of service quality on patient satisfaction in Block Lion Specialized Hospitals. This study helps the hospital industry in understanding their position of patients' satisfaction and the quality of service offered in BLSH.

1.3. Research Questions

The study answers the following questions:

1. How does the Tangibility affect the patient satisfaction in BLSH?
2. How does the Reliability affect the patient satisfaction in BLSH?
3. How does the Responsiveness affect the patient satisfaction in BLSH?
4. How does the Assurance affect the patient satisfaction in BLSH?
5. How does the Empathy affect the patient satisfaction in BLSH?

1.4. Objectives of The Study

1.4.1. General Objective

The general objective of this research project is to examine the effect of Service quality dimension on patient satisfaction in Black Lion Specialized Hospital.

.1.4.2. Specific Objectives

 The specific objectives of this study are the following:

1. To analyze the effect of Tangibility on patient satisfaction in BLSH.
2. To identify the effect of Reliability on patient satisfaction in BLSH.
3. To investigate the effect of Responsiveness on patient satisfaction in BLSH.
4. To assess the effect of Assurance on patient satisfaction in BLSH.
5. To identify the effect Empathy on patient satisfaction in BLSH.

1.5. Scope of The Study

This study was undertaken to evaluate the effect of service quality on patient satisfaction in BLSH. Therefore, there are boundaries as predicted for conducting this research. First, the respondents in this study are limited to only out patients in Black Lion Specialized hospitals in Addis Ababa at Arada sub site and by the five service quality dimensions (tangibility, Reliability, Responsiveness, Assurance, and Empathy). However, due difficulty to find the in-patient of the hospital, the number of patients which is get in-patient of the hospital is not include in this population and sampling. Theoretically, there are many factors which affect patient satisfaction, but to cope up with the

available time and resource constraints, the study scope was limited to the effect of service quality dimensions on patient satisfaction in Black Lion Specialized Hospital.

1.6. Significance of The Study

The findings of this research may help for Black Lion Specialized Hospital to identify the service quality which affect the patient satisfaction and to fix the problem with remedial action. It is also expected that from the findings of this study, BLSH may put in place appropriate measures to improve service quality affecting customer satisfaction. Similarly, it provides an opportunity to compare the academic theory with service quality at the ground and gain deep knowledge in the concepts of service quality.

It may help service unit know how to best deliver to improve their performance. The study may serve as a reference for other researchers who are interested in conducting studies on related issue. In addition, the researcher study could be of important to service and project patients in various sectors since it would add a body of knowledge to factors of service quality on patient satisfaction.

Identifies issues related to the patient satisfaction and service quality and thus provide feedback to the BLSH and the gap between what patient thinks about satisfaction and what Actual patient satisfaction look likes in the hospital.

Result of this research project can be used as a base point for furthermore studies in the related issues in other Governmental Hospitals. The study contributes to health policy-making by documenting respectable practices to help hospital policy-makers pick out and apply lessons learned, to ensure an effective strategy of patient's satisfaction in all form of health service delivery.

The study also identifies the dimensions of service quality that are rated poorest by the patients, therefore it is indicating areas in which the service providers have weaknesses and the need to progress dimensions that are more extremely rated.

1.7. Definition of Basic Terms

Reliability: The model defines this dimension, as weather the company is reliable in providing the service. Does it provide as promised? More so, reliability reflects a company's consistency and certainty in terms of performance. Again, reliability is the most important dimension for the consumer of services Parasuraman et al (1988).

Tangibility: In this regard, Parasuraman et al (1988) describes tangibility primarily as how the service provider's physical installations, equipment and people are. Since there is no physical element to be evaluated in services, customers often trust the tangible evidence that surrounds it when making their individual assessment.

Responsibility: The critical issue raised here is whether company employees are caring and capable of providing fast service. Additionally, is it responsible for measuring company and employee receptiveness in the direction of client Parasuraman et al (1988).

Empathy: This dimension deals with the extents of a person to experience another's feelings. Again, it raises the question does the service company provide alert and personalized attention? Parasuraman et al (1988).

Assurance: With assurance, knowledge and courtesy of employees and their capability to inspire trust and confidence by customers Parasuraman et al (1988).

Satisfaction: According to Kotler (2000), satisfaction is a person's feeling of pleasure of disappointment resulting from comparing a product's perceived performance (or outcome) in relation to her or his expectation.

1.8. Organization of The Study

The study was organized into five chapters. The first chapter starts with an introduction followed by the background of the study, statement of the problem, basic research questions, and objectives of the study, significance of the study and scope of the study, limitation of the study and definitions of basic terms. The second chapter deals with the literature review which contains concepts, theoretical and empirical literatures that are believed to aid in the attainment of the objectives of the study.

The third chapter focuses on methods used for the study, design and approach of the research, target population of the study, sample size, sampling techniques, source of data, data collection instruments or tools, the procedure of data collection and the methodology of data analysis. The fourth chapter provides results and discussion of the study. The last chapter contains summery of the findings, conclusions, recommendations and implication for further research.

CHAPTER TWO

Review of Related Literature

2.1. Introduction

This chapter discusses theories in service quality that informed the conceptual basis for the framework of the study. It also contains review of empirical literature relevant to the study. This chapter has two main parts; the first part examines theoretical and the model foundations of the study as well as the selected model. The second part reviews empirical literature in accordance with the objectives of the study. This is to enable the researcher to meaningfully connect findings in the empirical literature to the findings from the field, to draw conclusions for the study. The overarching themes of the literature review are: the concept of service quality, the dimension of the service quality in relation to patient satisfaction and many more.

2.1.1. Patient Satisfaction with Healthcare

The viewpoint of the patient's is becoming more combined in the progression of improving healthcare systems. Patient satisfaction is the level of pleasure that patients understanding having used a service (MOH, 2007). Additional patient attention is the main function of every hospital. It is one of the indexes to measure the effectiveness, where effectiveness of a hospital is linked to the providing of quality care. Swamy (1997) directs that patient satisfaction is the real demonstration to the efficiency of hospital management. For example, a hospital serves completely the members of the world, the prospects of users differ from one distinct to another because the entire world carries a set of thoughts, feelings and needs. From now, the determination of a patient's real feeling is very hard to measure. Nevertheless, it is the accountability of hospital staff to make a favorable environment that will make the patient happy in receiving care (Wensing et al, 2012).

Usually, patient satisfaction is defined as the patient's opinion of services received and the outcomes of the treatment (Kleinman, 2012). Some planned assessors used service quality to increase the healthcare worker's ability to reduce services that meet the patient's need. There is a unvarying acknowledgement by society on the importance of the opinions of users in evaluating services. The healthcare sector has used range of approaches to identify the opinions of patients.

Dansky and Milles (2007) state that from a organization viewpoint, patient satisfaction with healthcare is important for several motives. Primary, satisfied patients are more expected to maintain a steady connection with a specific worker. Second, by classifying sources of patient satisfaction, an organization can report system weaknesses, thus refining its risk management. Third, satisfied patients are more expected to follow definite medical regimens and treatment plans. Patient satisfaction dimension adds to essential information on system performance, thus contributes to the organizations total performance index.

Furthermore, patient satisfaction measures the breach between the service expected and experienced from the patient's perspective. It has become an influential part of the hospital/clinic management strategies diagonally the world. Moreso, the quality assurance and accreditation procedure in most countries require that the satisfaction of patients be measured on a consistent basis (Fekadu et al, 2011). Competitiveness between healthcare organizations depends on patients" satisfaction, which is formed by answering to patient sights and wants (Zineldin, 2006). There is a growing want to expand quality in healthcare delivery. A study by Brent et al., (2013), directs that the Centers for Medicare and Medicaid Services (CMMS), hospitals, and insurance providers alike are determined to better define and measure quality of healthcare. A key element of quality of healthcare is patient satisfaction. They additional show that patient satisfaction is serious to how well patients do; research has identified a clear link between patient outcomes and service quality. Baltussen et al (2002) designates that from the patient's perspective, the supply of drugs is a very dynamic determinant for the use of health service and healthcare quality in Ethiopia Addis Ababa.

In Ethiopia the Ministry of Health in their five-year programmed of work indicated that the patient's satisfaction is prime to health service delivery and quality care (MOH, 2006). The Ministry additional identified that educating patient satisfaction and the quality of healthcare is one of its five main aims of the health sector reforms in Ethiopia. Again, Turkson (2009), envisages that patients" satisfaction and quality of care might be enhanced through paying extra consideration to the viewpoints of the patient, improving the capabilities and skills of workers and improving the working atmosphere by healthier management, providing of medical equipment, supplies and motivation of work (Fekadu, 2011).

2.1.2. The Context of Patient Satisfaction in Quality Healthcare Delivery

Service quality is the pivotal force for business sustainability (Carlzon, 1987; Kumasey, 2014) in today's competitive global marketplace. Moreover, it is recognized that high quality service is instrumental for the success of the firm/industry (Rust and Oliver, 1994), when other factors have been considered, it leads to customer faithfulness (Lewis, 1994) and higher profitability (Gundersen et al., 1996). Therefore, it is a key strategy for customer-focused firms to measure and monitor customer satisfaction. In the healthcare literature, different hospitals provide the same type of services, but they do not provide the same quality of services (Youseff et al., 1996; Lichtenberg, 2010; Yousapronpaiboon and Johnson, 2013). The quality of service, both technical and functional, is a key ingredient in the success of service organizations (Gronroos, 1984).

In addition, customers today are more aware of alternatives being offered and rising standards of service. Over the years, these changes have increased their expectations (Lim & Tang, 2000), coupled with the pressure of competition and the increasing necessity to deliver to the satisfaction of patients. Therefore, the elements of quality control, quality service and effectiveness of medical treatment have become vitally important (Friedenberg, 1997). Many service providers, with help from the research community, are beginning to realize that ensuring customer satisfaction is a key element in their marketing strategy and a crucial determinant of long-term viability and success (Andaleeb, 1998).

Quality healthcare is difficult to measure to its inherent intangibility, heterogeneity and inseparability features (Conway & Willcocks, 1997). Butler et al. (1996) reiterate Zeithaml (1981, pp. 186-190) that patients'' participating in production, performance and quality evaluations are affected by their actions, moods and cooperativeness. Healthcare is dynamic, considerable and the competition is increasing with time dimension as an influencing factor (Gilbert et al., 1992).

Some previous studies have indicated that service quality and satisfaction are distinct constructs in healthcare (Bitner, 1990; Aldana et al, 2001; Adrienne & Sinclair, 2002). Patient's satisfaction is influenced by two factors such as experience and expectations with service performance (Yin, 1990). Crosby et al., (1990), demonstrate that the decisions to have a continuing relationship with

the service provider is influenced by customer's past satisfaction. Again, a satisfied customer/client tends to maintain their consumption pattern and will consume similar healthcare products or services. Thus, patient satisfaction has become an important indicator of quality and future revenue (Fornel, 1992; Andreassen, 1994). The healthcare delivery system in many developing countries are facing major challenges of quality care and low patient satisfaction.

2.2. Theoretical Review

The standing of measurement, evaluation and monitoring of service quality in the health sector, it is now an unquestionable fact. Modern medicine has gradually understood and recognized patient's importance and their perception on health care (Asadi-Lari, Tamburini and Gray, 2004) by conducting necessary researches to understand the importance of joint relations between patients, satisfaction and quality of life. Health care is a growing sector which has received a lot of attention from researchers and doctors worldwide and that requires a lot of consideration even in Ethiopia, due to the deficiencies that the sector have and challenges to overcome because of competition between public and private sectors. Block Lion Specialized' hospital is one of the largest hospitals in Ethiopia; with a capacity of 800 beds and the hospital provides a tertiary level referral treatment and is open 24 hours for emergency services. All costs of this hospital are carried out by the institute of health care and insurance while resource allocation is managed by the hospital Addis Ababa University, representing this way a lot of defiance's for its managers.

As Peprah and Atarah (2014) has argued for limited healthcare resources to be allocated and managed effectively, it is essential for healthcare providers to access and identify patients' priorities among various service quality dimensions to improve these dimensions for patient satisfaction. That is why this article will use SERVQUAL model as a tool used for measuring service quality and consequently the satisfaction of patients in Block Lion Specialized hospital. All starts with the assumption that service quality is a function of customer's expectation of a service and their perceptions of the service already rendered. The difference between these variables determines the satisfaction. (Zeithaml, Berry and Parasuraman, 1990).

2.2.1. Access to Health Services

Access relates to the opportunity to obtain and appropriately use quality health services. It is concerned with the "degree of fit" or compatibility between the health system on the one hand and

individuals who need to use these services on the other hand. Access is generally seen as being multidimensional or having different elements. In this paper, access dimensions are summarized as: the availability (or physical access), affordability (or financial access) and acceptability (or cultural access) of health services1. The availability dimension of access deals with whether the appropriate health services are available in the right place and at the right time to meet the needs of the population. Affordability concerns the 'degree of fit' between the full costs of using health care services and individuals' ability-to pay in the context of the household budget and other demands on that budget. Acceptability is concerned with the fit between provider and patient attitudes towards and expectations of each other.   Beliefs and perceptions also influence acceptability McIntyre D, Thiede M, Birch S (2009).

2.2.2. Quality of Health Services

The most widely used definition of health care quality is that developed by the Institute of Medicine (IOM) 2001 "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." The IOM further indicates that quality health services should be: effective; efficient; equitable; patient centered; safe; and timely. The UK National Health Service (NHS) has also provided a helpful definition of quality of care, which they see as relating to three areas: clinical effectiveness, patient safety and patient experience Department of Health (2008). This could be further summarized as technical and interpersonal excellence

2.2.3. Service Quality

"Quality research in the goods sector was established long before it was established in the service sector" (Gummesson, 1991). Garvin (1983) referred to "the product-oriented quality approach as „objective quality." (Clemes, Gan, and Kao, 2007). A combination of the service quality and customer satisfaction literature has formed the foundation of service quality theory (Clemes et al., 2007; Parasuraman et al., 1985). Bitner and Hubbert (1994) "define service quality as the customers" overall impression of the relative inferiority or superiority of the organization and its services." Gronroos (1984) "identified service quality as the evaluation process outcome, in which customers are involved and where a certain experience is always compared to the perceived service received." "Service quality is not objectively measured according to some technical standards but

is subjectively felt by customers and measured relative to customer determined standards" (Kwortnik, 2005).

2.2.4. Characteristics of Services

According to Bitner et al., (1993) service has four characteristics: intangibility, inseparability, heterogeneity and perishability.

A. Intangibility of Services

Regan (1963) "introduced the idea of services being activities, benefits or satisfactions which are offered for sale, or are provided relating to the sale of goods". The degree of intangibility has been suggested as a means of differentiating tangible products with services (Levitt, 1981). Most of the time, services are explained as being intangible since their outcome is an action rather than a physical product (Johns, 1999). (Darby and Karni 1973 and Zeithaml 1981) highlight the fact that the degree of tangibility has implications for the ease with which consumers can evaluate services and products. Other researchers propose that intangibility cannot be used to differentiate clearly services with all products. (Wyckham, Fitzroy and Mandry 1975) suggest that the intangible and tangible concept is difficult for people to grasp. Bowen (1990) "provides empirical evidence to support this view." Onkvisit and Shaw (1991) "feel that the importance of intangibility is over-emphasized".

B. Inseparability of Services

Inseparability is taken to reflect the simultaneous delivery and consumption of services (Regan 1963; Wyckham et al 1975; Grönroos 1978; Zeithaml 1981 and Zeithaml et al., 1985; Onkvisit and Shaw 1991) and it is believed to enable consumers to affect or shape the performance and quality of the service (Grönroos, 1978; Zeithaml, 1981).

C. Heterogeneity of Services

Heterogeneity "reflects the potential for high variability in service delivery" (Zeithaml et al., 1985). This is a problem for services with high labor content, as the service performance is delivered by different people and the performance of people can vary from day to day (Rathmell, 1966; Carman and Langeard, 1980; Zeithaml, 1985; Onkvisit and Shaw, 1991). Onkvisit and Shaw (1991) consider "heterogeneity to offer the opportunity to provide a degree of flexibility and

customization of the service." Wyckham et al., (1975) suggest that "heterogeneity can be introduced as a benefit and point of differentiation."

2.2.5. Service Quality Dimensions

Service's unique characteristics of intangibility, heterogeneity, and inseparability lead them to possess elevated levels of experience and credence properties, which, in turn, make them more difficult to evaluate than tangible goods (Bitner 1990; Zeithaml 1981). "Identification of the determinants of service quality is necessary to be able to specify measure, control and improve customer perceived service quality" (Johnston 1995). The most frequently used scales in the measurement of perceived service quality are SERVQUAL (Parasuram, Zeithaml, and Berry 1988) and SERVPERF (Cronin and Taylor 1992). Both are the result of research work from the US school of quality. SERVPERF directly measures the customers" perceptions of service performance and assumes that respondents automatically compare their perceptions of the service quality levels with their expectations of those services. The SERVPERF scale is identical to the SERVQUAL scale in its dimensions and structure. Cronin and Taylor (1992) argued on the framework of Parasuraman et al. (1985), with respect to conceptualization and measurement of service quality and developed performance only measurement of service quality called SERVPERF by illustrating that service quality is a form of consumer attitude and the performance only measure of service quality is an enhanced means of measuring service quality. They argued that SERVQUAL confounds satisfaction and attitude. They stated that service quality can be conceptualized as "similar to an attitude" and can be operationalized by the adequacy-importance model. They maintained that Performance instead of "Performance-Expectation" determines service quality. Service quality is evaluated by perceptions only without expectations and without importance weights. The SERVPERF model was carved out of SERVQUAL by Cronin and Taylor in 1992. SERVPERF measures service quality by using the perceptions of customers. Cronin and Taylor argued that only perception was enough for measuring service quality and therefore expectations should not be included as suggested by SERVQUAL (Baumann et al, 2007 as cieted in Mesays 2012). The SERVPERF scale is found to be superior not only as the efficient scale but also more efficient in reducing the number of items to be measured by 50% (Babakus and Boller, 1982; Bolton and Drew, 1991 as cieted in Mesay S 2012). In this study, the SERVPERF scale is used to measure to service quality in the Hospital.

Prasuraman et al., (1988), established the SERVQUAL model which is a multi-item measure used to assess perceptions of customers on service quality in service and marketing businesses. This scale decays the notion of service quality into five key dimensions as earlier indicated.

This model has been applied in the study of healthcare quality in the healthcare literature. In a study to assess the quality of physiotherapy services, Curry and Sinclair (2002), used the SERVQUAL model in three physiotherapy services in Dundee, Scotland. In this study, they considered the five original criteria for evaluation and combined them into; tangibles, reliability, responsiveness, assurance (including competence, courtesy, credibility, and security) and empathy (including access, communication, and understanding). The findings indicated, that the services were highly appreciated by customers even though it was realized that the perception gaps were slightly negative, and services could be improved. Their study proved that assurance and empathy were very important for quality healthcare.

2.2.6. Patient Satisfaction

Early concepts of satisfaction have typically defined satisfaction as a post utility evaluation and judgment concerning a specific purchase decision (Churchill and Sauprenant 1992; Oliver, 1980). Most researchers agree that satisfaction is an attitude or evaluation that is formed by the customer by comparing what they expect to receive to their subjective perceptions of the performance they get (Oliver, 1980).

According to Kotler (2000), satisfaction is a person's feeling of pleasure of disappointment resulting from comparing a product's perceived performance (or outcome) in relation to her or his expectation.

Gaither (1994) defines customer satisfaction as the determination of custom requirements and demonstrated success in meeting them.

Kotler (2006) again defined customer satisfaction by giving details on the attributes of a highly satisfied customer. According to him, a highly satisfied customer stays loyal, longer, and buys more as the company introduces new products and upgrades existing products; talks favorably about the company and its products, pays less attention to competing brands and is less sensitive to price, offers service or product ideas to the company and costs less to serve him than new customers because transactions are routine. Kotler and Armstrong (2001) in their Principles of

Marketing, define customer's satisfaction as the extent to which a product's perceived performance matches buyer's expectations. They continued that, if the product's performance falsehearted expectations, the buyer would be dissatisfied but if performance matches or exceeds expectation, the customer will be satisfied or highly satisfied. In service quality literature, customer expectations are understood as desires or wants of consumers (Zeithaml, berry &Parasuraman 1993) or "what they feel the service provider should offer rather than would offer" (Parasuraman et al., 1988). Customer perceptions are defined as "the customer's judgment of the service organizations.

CS "as an attitude-like judgment following a purchase act or a series of consumer product interactions." (Lovelock &Wirtz, 2007); "Satisfaction is a person" feeling of pleasure or disappointment resulting from comparing a products performance (outcome) in relation to her or his expectation. (Kotler & Kelvin K, 2006 p. 144). Again, CS may be described as a process or an outcome. One area that has received considerable debate in customer satisfaction literature is whether customer satisfaction should be defined as an outcome or a process. Many early definitions conceptualized satisfaction as a process which is currently the dominant view held by most scholars (Oliver, 1980, Parasuraman et al., 1988). Evaluation of health service quality takes place primarily during the service.

2.2.7. Attribute That Cause Patient Satisfaction

A customer satisfaction is an ambiguous and abstract concept. Actual manifestation of the state of satisfaction will vary from person to person, product to product and service to service. The state of satisfaction depends on a few dimensions which consolidate as psychological, economic and physical attribute. The quality of service is one of the major determinants of the customer satisfaction, which can be enhanced by using ICT available to survive (Vijay M. K. 2012). Several factors affect customer satisfaction. The kinds of service that hospital offer to its customers can cause customer satisfaction or dissatisfaction. Consumers do not buy a product or service for its own sake. They buy to acquire benefits that the product offers. They buy to satisfy a need. Products therefore exist for what they fulfill in terms of consumer needs. It is the essential feature or benefit that the buyer expects to receive from using the product that motivates buying behavior (Boateng, 1994). The service delivery process also plays a key role in customer satisfaction. When the process of service delivery is too long, it lengthens customer waiting time. The technology being

used by the hospital in service delivery could be a source of satisfaction to customers. When electronic devices like computers are used, they tend to speed up the processing time of transactions. System and processes solely do no create satisfaction. Service system quality, behavioral service quality, service transaction accuracy and machine service quality are necessary to make the technology in use worthwhile (Aldlaigan & Buttle, 2002).

2.3. Empirical Review

A. Distinction Between Service Quality and Patient Satisfaction;

the literature on services has made a distinction between service quality and patient satisfaction (Bitner, 1990; Bolton & Drew, 1991; Parasuraman et al., 1988 as cited in Harr, 2008). This differentiation is important for firms to concentrate on enhancing their capability to satisfy customers. Through providing high service quality. The position of scholars characterized by Parasuraman et al., (1988), is that "service quality involves an attitude and is an evaluation over several service encounters over time". It is also "thought to be an overall assessment about a service category or an organization" (Parasuraman et al., 1988). "In support of this, respondents in Parasuraman et al., (1988)" s study demonstrated satisfaction with specific service encounters but were not happy with the service quality of the firm." conversely, recent thoughts on customer satisfaction is summarized in the following definition of satisfaction by Oliver (1981) as "a psychological state resulting when the emotion surrounding disconfirmed expectations is coupled with the consumer's prior feelings about the consumption experience". Moreover, Oliver (1981) distinguished customer satisfaction from service quality in his definition of attitude as "the consumer's relatively enduring affective orientation for a product, store, or process while satisfaction is the emotional reaction following a dis-confirmation experience which acts on the base attitude level and is consumption-specific" (Oliver, 1981, p. 42). Therefore, service quality is "more stable and is situational oriented" (Oliver, 1981, p. 42). The two constructs are related in that service encounters of customer satisfaction over time result in perceptions of service quality (Oliver, 1981; Parasuraman et al., 1988). There is also a lot of argument regarding whether customer satisfaction is the antecedent of service quality or the outcome of service quality. "Initially, scholars take the position that satisfaction is an antecedent of service quality since to reach an overall attitude (service quality) implies an accumulation of satisfactory encounters" (Bitner, 1990; Bolton & Drew, 1991). However, other scholars take the opposite view that service

quality is the antecedent of customer satisfaction (Cronin & Taylor, 1992; Ekinci, 2004; Rust & Oliver, 1994; Swan & Bowers, 1998). Empirical research by Cronin & Taylor (1992) "showed that service quality has a significant effect on customer satisfaction." Similarly, recent studies by (González & Brea, 2005; &Ekinci 2004) using recursive structural models provided empirical support that service quality results in customer satisfaction. According to Zeithaml et al., (2006), customer satisfaction "is a broader concept than service quality which focuses specifically on dimensions of service".

Table 1. shows the distinction between patient satisfaction and service quality

Patient Satisfaction	Service Quality
Patient satisfaction can result from any dimensions is quality related.	The dimensions underlying quality judgments are rather specific.
Patient satisfaction judgements can be formed by many non-quality issues, such as needs, equity, perceptions of fairness.	Expectations for quality are based on ideals or perceptions of excellence.
Patient satisfaction is believed to have more conceptual antecedents.	Service quality has less conceptual antecedents.
Satisfaction judgments do require experience with the service or provider.	Quality perceptions do not require experience with the service or provider.

Source: Adapted from various sources (Oliver, 1993[18]; Spreng and Mackoy, 1996[20]; Choi *et al.*, 2004[12])

B. Relation Between Service Quality and Patient Satisfaction;

Hospital dealing in Health Industry is consequently put into lot of pressures due towards increase in global competition. Different strategies are formulated to satisfy and retain the patients and the key of it is to increase the service quality level. Typically, patients perceive very little difference in the Health Sector offered by Hospital dealing in services as any new offering is quickly matched by competitors.

Parasuramanet.al (1985) and Zeithamlet, al (1993) noted that the key strategy for the success and survival of any hospital institution is the deliverance of quality services to customers. The quality of services offered will determine patient satisfaction and attitudinal loyalty (Ravichandran et al. 2010). Parasuraman, A., ZeithmaI, V.A., & Berry, L.L. (19 88) found that the performance of the service provider on core and relational dimensions of services was an important driver for patient satisfaction in the Hospital.

2.3.1. Previous Studies

Research on quality of service currently has received special attention from marketing researchers. Below is a summary of results of previous studies regarding the service quality and its influence on satisfaction, published in various scientific journals.

Ramez (2012), employed the SERVQUAL model to evaluate service quality of healthcare providers in Bahrain, the primary objective of the study was to ascertain the relationship between the dimensions of service quality and patients' satisfaction, analyzing the behavioral intention of patients. He revealed that empathy, responsiveness and tangible dimensions had the largest influence on the overall service quality. He therefore concluded that there is a positive and meaningful relationship between overall service quality as well as patients' satisfaction and their behavior intention.

In a cross-sectional survey by Essiam (2013) the study adopted the SERVQUAL dimensions to examine the quality dimensions and patient satisfaction with healthcare delivery in a Public hospital. The findings indicated that patients" satisfaction is best explained by perceived responsiveness, followed by perceived empathy, perceived assurance, perceived tangibility, and perceived reliability. The study further recommended that findings would be of interest to hospital administrators, policy makers, stakeholders and academics investigating the BLSH main relationships between the SERVQUAL dimensions and patient satisfaction using the hierarchical regression model.

Table 2. Summary of previous studies

Authors	Authors	Result
Al-Hawary et al., (2011)	Five dimensions of service quality (tangibility, reliability, responsiveness, assurance and empathy)	The four service quality dimensions (tangibility, reliability, assurance, and responsiveness) have a positive and significant effect on customer satisfaction. Empathy has a negative and significant effect on customer satisfaction
Mohammad and Alhamadani (2011)	Five dimensions of Service quality (tangibility, reliability, responsiveness, assurance and empathy)	The five service quality dimensions (tangibility, reliability, responsiveness, assurance and empathy) have a positive and significant effect on customer satisfaction.
Munusamy et al., (2010)	Five dimensions of service quality (tangibility, reliability, responsiveness, assurance and empathy)	The three service quality dimensions (assurance, empathy, and responsiveness) have positive and insignificant effect on customer satisfaction. Tangibility has a positive and significant impact on customer satisfaction. However, reliability has a negative and insignificant effect on customer satisfaction.
Malik et al., (2011)	Five dimensions of service quality (tangibility, reliability, responsiveness, assurance and empathy)	The two dimensions of service quality (reliability, assurance) have a significant effect on customer satisfaction.

2.4. Research Gap

To meet the needs expressed above this thesis proposal will aim to research questions pertaining to the expectations and perceptions of the BLSH whether there are different between those opinions and whether they are deemed significant enough to comment on.

This study will also explore the relationship between service quality and patient satisfaction and determine which service quality dimensions have the most influential impact on satisfaction ratings and some researcher also investigation service quality, customer satisfaction and loyalty in Ethiopia but in BLSH there is no such prior research has done on it.

2.5. Conceptual framework

Service Quality is a vital antecedent of customer's satisfaction (Cronin and Taylor, 1992). In turn customer satisfaction is believed to affect post-purchase and perception and future decisions. Following from the literature review done above, the relationship between service quality variables and customer satisfaction can be shown as following. In this conceptual model the five Service quality dimensions have been selected form the study conducted by Parasuraman et al., (1988). Parasuraman et al., (1985) conducted research on different service organization (Bank, Hotel, Electrical Corporation, Hospital, Transportation) by using ten service quality dimensions (tangibility, reliability, responsiveness, communication, access, competence, courtesy, credibility, security, and knowledge). Later Parasuraman et al., (1985) conducted research and then the ten dimensions were further purified and developed into five dimensions (tangibility, reliability, responsiveness, assurance and empathy). The reason behind purified the ten dimensions into five dimensions was the appropriateness of each service quality dimensions to different service organizations for example security dimension is appropriate for transportation, credibility dimension is appropriate for hotel. Therefore, this convinced me to use Parasuraman et al., (1988) model.

Fig 1 Conceptual framework

Independent Variables   **Dependent Variable**
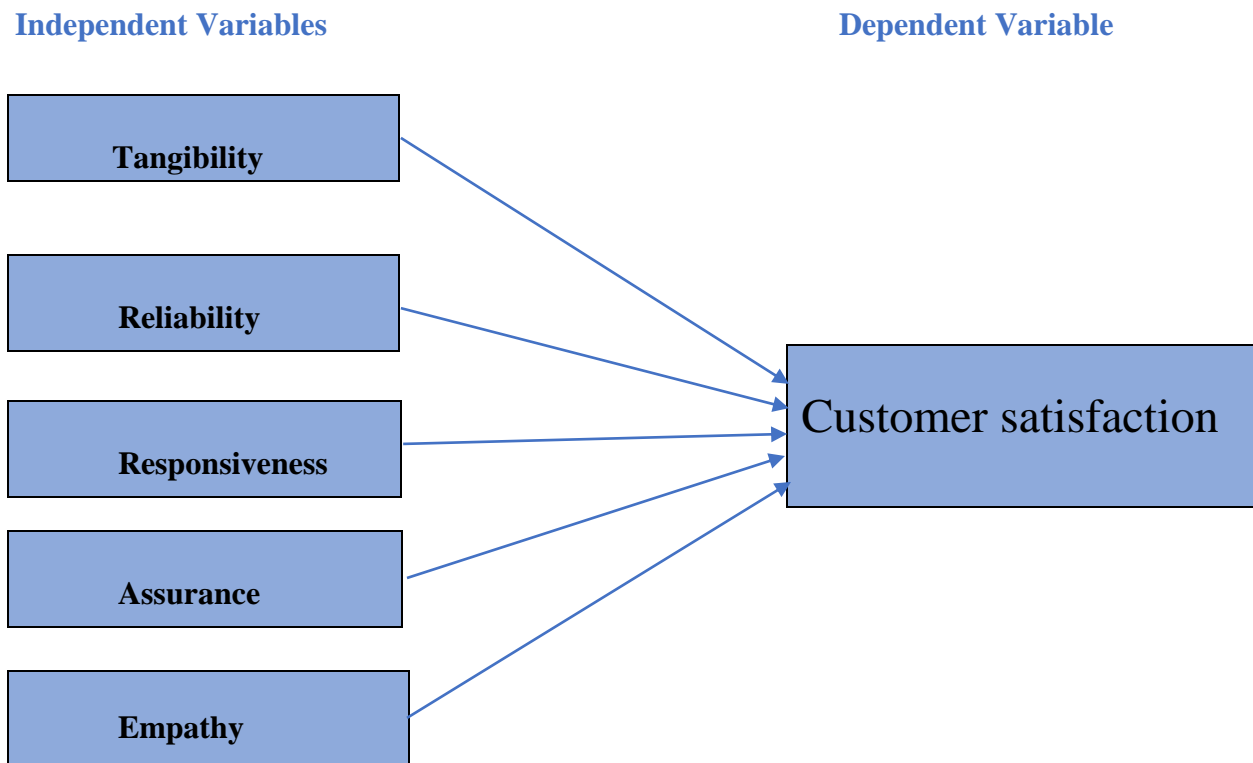
Source: Adopted from Parasuraman et al., (1988).

2.6. Hypothesis Test

The study used the following working hypothesis to be tested in the analysis:

H-a Tangible has a positive and significant effect on customer satisfaction.

H-o Tangible has not a positive and significant effect on customer satisfaction.

H-a Reliability has a positive and significant effect on customer satisfaction.

H-o Reliability has not a positive and significant on customer satisfaction.

H-a Responsiveness has a positive and significant effect on customer satisfaction.

H-o Responsiveness has not a positive and significant effect on customer satisfaction.

H-a Assurance has a positive and significant effect on customer satisfaction

H-o Assurance has not a positive and significant effect on customer satisfaction.

H-a Empathy has a positive and significant effect on customer satisfaction.

H-o Empathy has not a positive and significant effect on customer satisfaction.

CHAPTER THREE

Research Methodology

3.1. Introduction

The study conducted in Addis Ababa a capital city of Ethiopia, with a total population of more than 3 million. Administratively, the city administration is divided into 10 sub-cities and has 116 Wereda's/districts. In Addis Ababa, government health facilities are widely existing and are providing wider range of health care services. This chapter presents details of the research design and methodology. This includes the research design, sample size and sampling technique, data source and collection method, procedure of data collection, questionnaire and reliability test. At the end the method data analysis was presented.

3.2. Research Approach

Research approach mention to the methods of data collection, data analysis, interpretation, communicating findings, validation and the questions to be answered, the selected strategy of inquiry equally determines the research methods. According to Creswell (2003) research approach can be classified in to three approaches and a researcher can be used those approaches in conducting a given research. These are quantitative, qualitative and mixed research approach. Quantitative research approach emphases primarily on the building of quantitative data where a systematic record that consists of numbers constructed by researcher utilizing the process of measurement and imposing structure (Kent, 2007). The quantitative research approach gives emphasis on measurement that can be quantifiable while qualitative cannot be measured (Bryman & Bell, 2007). In mixed research approach inquirers draw liberally from both qualitative and quantitative assumptions (Creswell, 2009). In this paper the researcher was used mixed research approach to better understand a research problem by combining both numeric values from quantitative research through   questionnaires and those which were not covered by the questionnaires were gathered through the qualitative research which were interviews to neutralize limitations of applying any of a single approach. According to Creswell (2009), this approach enables to offset the weaknesses inherent within one method with the strengths of the other method.

A research design is the program that guides the researchers in the process of collecting, analyzing and interpreting the data. This study was descriptive in nature in that it aimed to describe the characteristics of a phenomenon and relationship between dimensions of service quality and customer satisfaction. Descriptive research involves gathering data that describe events and then organizes, tabulates, depicts, and describes the data collection. This research design will be used because it often uses visual aids such as graphs and charts to aid the reader in understanding the data distribution. Because the human mind cannot extract the full import of a large mass of raw data, descriptive statistics are very important in reducing the data to manageable form.

3.3. Research Design

Kothari (2004) stated that the research design is the conceptual arrangement within which the research conducted; it constitutes the blueprint for the collection, measurement and analysis of data. Therefore, this research was adapted descriptive and explanatory (Cause and effect) research design to analyze the data. Adams et.al. (2007), states that explanatory research describes the phenomena as well as explains why behavior is the way it is. This research was applied descriptive and explanatory research design.

3.4. Population Sample and Sampling Techniques

The target population of this study was patients that are using Black Lion Specialized Hospital. Since, the total number of patients are infinite, or it is difficult to estimate the exact number of the entire population and hence according to Kothari (2004) the required sample size was calculated using the formula to find out the sample size (n) of infinite population or difficult the exact population is given as under. A non-probability sampling method was used in this study. This means the population may not be accurately represented. The type of non-probability sampling used can be described as a convenience sampling Technique since the population sample was based on favorable availability of conditions.

$$n = Z^2 . p. \ q/e$$

Where n=sample size

Z=the value of standard value at a given confidence level 95%

P=sample proportion, q=1-p

e=acceptable error 5%

so in this case we set e=0.05, z=1.96 and p=0.5 we get

$$n= \frac{(1.96)^2 \, (0.5)^2}{(0.05)^2}$$

$$n=\frac{0.9604}{0.0025}$$

n=384

Source: Adopted from Kothari (2004)

As a result, based on the formula this study needs a sample of 384 patients taken from the black lion specialized hospital.

The main objective of sample was to ensure that the sample is a representative of the target population. To achieve the study objective, non-probability (convenience sampling) technique is applied in selecting a sample. This sample technique is selected because it enables the researcher to draw a representative data by selecting sample from the population who are conveniently available and volunteering to participate in study. Also, the researcher used this technique to obtain many completed questionnaires quickly and economically. To have a representative sample, the researcher is disseminated the questionnaires to sampled respondents with different background in terms of age, gender, education and employee's types of services.

3.5. Data Source

Primary data are fresh data that are gathered for the first time and thus happening to be original in character. Primary data of the study was information gathering from patients of the Hospital. Questionnaire that has closed end question were prepared and delivered to customers to gather the primary data. The secondary data was collected from various sources such as, websites, books, and journals, periodicals released by the Hospital and articles national and international newspaper and magazines.

3.6. Data Collection Instrument

The questionnaire has two parts. These are: - Service Quality Questionnaire (SQQ) and Customer Satisfaction Questionnaire (CSQ).

3.6.1. Service Quality Questionnaire (SQQ)

The first part of the questionnaire measures the hospital service quality by using a five-point Likert response scale which includes strongly dissatisfied (1), dissatisfied (2), neither satisfied nor dissatisfied (3), satisfied (4) and strongly satisfied (5). After a review of the literature, service quality factor was developing in the questionnaire based on Cronin and Taylor 1992. SERVQAL instrument served as a foundation for development of questionnaire.

3.6.2. Customer Satisfaction Questionnaire (CSQ)

The second part of the of the questionnaire measures the hospital customer satisfaction level by using a five-point Likert response scale which includes strongly disagree (1), disagree (2), neither agree nor disagree (3), agree (4) and strongly agree (5). 7 customer satisfaction items were developed in the questionnaire.

3.7. Method of Data Collection

The data collected from questionnaire and interviews were analyzed using data analysis tools. Verification was conducted and completed questionnaires were identified. Then the data was coded in to SPSS (Statistical package for social science).

According to the variables selected and the questions asked. The data analysis was performed using descriptive for demographic characteristics and inferential statistics for independent and dependent variables. SPSS Version 20 was used to analyze the data.

3.7.1. Descriptive Statistical Analysis

The final report of the relevant demographic characteristics of the respondent's result was produced through central tendency measurements (frequency and percentage) and the variables mean, and standard deviation was also produced. In addition, tabular explanation was used to present the results.

3.7.2. Inferential Statistical Analysis

In inferential statistical analysis, correlation and multiple linear regression tools was utilized. The use of these statistical tools and methods are described below:

A) Correlation

Correlation (r) was used to describe the strength and direction of relationship between two variables.

All variables were measured as an interval level; Pearson correlation will be used. Correlation "r" output always lies between -1.0 and +1.0 and if r is positive, there exists a positive relationship between the variables. If it is negative, the relationship between the variables is negative. While computing a correlation, the significance level shall be set at 95% confidence level with error term "e" value of 0.05.

B) Multiple Linear Regression Analysis

Multiple regression analysis is a major statistical tool for predicting the unknown value of a variable from the known value of variables. And it is about finding a relationship between variables and forming a model. The model for this study was developed using independent variables of service quality and dependent variable of patient satisfaction.

The multiple linear regression equation is in the form of:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + e$$

Where Y=Patient satisfaction β_i are coefficients to be estimated, (x1) = Tangibility. (x2) = Reliability. (x3) = Responsiveness. (x4) = Assurance. (x5) = Empathy e=error term normally distributed with zero mean and variance. Y is the dependent variable and Xi are the independent variables and "e" is the error term.

To enhance understandability of the results, tables, and graphs were used in presentation each accompanied by descriptive narrative.

3.8. Validity and Reliability

Reliability and validity address issues about the quality of the data and appropriation of the methods used in carrying out the research.

3.8.1. Validity

Validity refers to the extent to which an instrument measures what is supposed to measure. Data need not only to be reliable but also true and accurate. If a measurement is valid, it is also reliable (Joppe 2000). The content of validity of the data collection instrument was determined through discussing the research instrument with the researcher experts in the field of study especially the researcher's supervisor. The valuable comments, corrections, suggestions, given by the research advisors and consultants on the subject matter assisted the validation of the instrument.

3.8.2. Reliability

Reliability is defined as be fundamentally concerned with issues of consistency of measures. (Bryman and Bell,2003). According to Hair, et al., (2006), if Cronbach α is greater than 0.7, it means that it has high reliability and if Cronbach α is less than 0.7, then it implies that there is low reliability. Cronbach alpha has been employed to evaluate the reliability scale of construct and dimension of each construct. Reliability scale of the overall service quality dimension was 0.916. This means that it has high reliability.

Table 3. Reliability Statistics

Item	Cronbach's Alpha	N of Items
Tangibles	0.78	4
Reliability	0.78	4
Responsiveness	0.73	4
Assurance	0.73	4
Empathy	0.91	5

Source; Researcher's survey finding (2019)

3.9. Ethical Considerations

Each discipline should have its own ethical guidelines regarding the treatment of human participants on the research (Vanderstoep and Johnston 2009). Research ethics deal with how we treat those who participate in our studies and how we handle the data after we collect them. The researcher was keeping privacy (that left any personal questions), anonymity (protecting the identity of specific individuals from being known) and confidentiality or keeps the information confidential. Accordingly, the questionnaire was distributed to voluntary participants and had a clear introduction and instruction parts regarding the purpose of the research.

CHAPTER FOUR

Data Presentation and Analysis

4.1   Introduction

Data required for this research paper was collected from interview and questionnaires. A total of 384 structured questionnaires and the analysis was based on those 360 respondents which was collected out of the 384 questionnaires distributed to the study and who respond to the question properly, and a careful analysis of the response obtained from the respondents through accurate questionnaires administered. Statistical analysis for social sciences (SPSS) version 20 was used. In addition, it was conducted personal interviews with two chronic patients and two patients that have serious follow-up from the sample BLSH who had been willing. The response rate was 93 %.

4.1.   Background of Respondents

Table 4. Age of the respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	44	12.2	12.2%	12.2
	26-35	112	31.1	31.1%	43.3
	36-45	88	24.4	24.4%	67.8
	46-65	94	26.1	26.1%	93.9
	Above 66	22	6.1	6.1%	100.0
	Total	360	100%	100%	

Source; Researcher's survey finding (2019)

Regarding the age of the participants the largest group (31.1%) from 26-35 years' age group and the second largest group (26.1%) from 46-65 years' age group. The third largest group (24.4%) indicated from 36-45 years' age group and the fourth largest group (12.2%) from 18-25 years' age group and the last age group is (6.1%) above 66 years. So, this shows that respondents can easily

understand the questionnaires of the study and the responses obtained from such groups could be reliable.

Table 5. Gender of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MALE	207	57.5	57.5	57.5
	FEMALE	153	42.5	42.5	100.0
	Total	360	100%	100%	

Source; Researcher's survey finding (2019)

Regarding gender of the respondents out of the total of respondents 57.5% are male and 42.5% of them are female. In generally the sample taken is proportional from both gender. So, the result implies that there was unbiased distribution between both genders and this make the outcome proportional.

Table 6. Educational background of the respondents

Item		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Illiterate	40	11.1	11.1	11.1
	Primary	21	5.8	5.8	16.9
	Secondary	59	16.4	16.4	33.3
	Diploma	113	31.4	31.4	64.7
	Other	127	35.3	35.3	100.0
	Total	360	100%	100%	

Source; Researcher's survey finding (2019)

As we can observe from table 35.3% are other (above diploma), 31.4% of them have diploma, 16.4% of them are secondary school, 11.1% of them are illiterate and 5.8 of them are primary school. In generally this shows that educational background of respondents was good, so this helped to achieving valuable information.

Table 7. Employment respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Privet sector	117	32.5	32.5	32.5
	Unemployed	68	18.9	18.9	51.4
	Government	98	27.2	27.2	78.6
	Trader/Businessman	50	13.9	13.9	92.5
	Student	15	4.2	4.2	96.7
	Other	12	3.3	3.3	100.0
	Total	360	100%	100%	

Source; Researcher's survey finding (2019)

Regarding the status of the respondent out of 360 total patients 32.5% are privet sector workers, 27.2% of the respondents are government workers, 18.9% of the respondents are Unemployed, 13.9% of the respondents are Trader/Businessman, 4.2 of the respondents are student, 3.3 of the respondents are other(NGO). The result implies that majority of the respondents have work experience, so it makes competency to conduct the research study.

4.1. Descriptive Analysis on Service Quality Assessment

4.1.1. Descriptive Analysis

To examine the effect of service quality on patient satisfaction to enhance the service quality dimension (Tangibility, Reliability, Responsiveness, Assurance, Empathy) which enhances the patient satisfaction on the below table 4.5 were measured.

Table 8. Descriptive Statistical Analysis

Item	N	Mean	Std. Deviation
Tangibility	360	2.9882	.66886
Reliability	360	2.9528	.68358
Responsiveness	360	3.0108	.69243
Assurance	360	2.9574	.63714
Empathy	360	2.9746	.67841
Patient satisfaction	360	2.9285	.65383

Source; Researcher's survey finding (2019)

According to Zaidatol and Bagheri (2009) the mean score below 3.39 was considered as low, the mean score from 3.4 up to 3.79 was considered as moderate and mean score above 3.8 was considered as high and standard deviation less than 1 is good. Based on this demonstration, variables within the service quality and customer satisfaction can be interpreted with low mean score.

Respondents were asked to put their level of agreement on patient satisfaction in the hospital asked the organization has a clear service delivered in this hospital. The overall mean and standard deviation result of the patient satisfaction of the organization were 2.92 which were low and there were no significant variations in the response as the standard deviation was 0.65 which was less than 1. This indicates that patient satisfaction in the hospitals were not has a clear service delivered in this hospital.

Respondents were asked their opinion about tangibility on patient satisfaction in the hospital asked the organization revealed that existence of modern facilities, visually attractiveness of physical environment, has the hospital has modern looking equipment and have availability of adequate seating at the hospital. The overall mean and standard deviation result of the service quality in the organization were 2.98 which were low and there was no significant variation in the response as the standard variation was 0.66 which is less than 1. This indicates that tangibility had one factor for service quality not take place on time and this is one of the causes for patient satisfaction was not done effectively and efficiently.

Respondents were asked their opinion on reliability of the hospital service quality as the organization asked the staff provides service on scheduled time, the Doctors/staff are professional and competent, the medical procedures were performed correctly the first time and There is consistency in duty performance by staff at the hospital. The overall mean regarding reliability and standard deviation result of reliability was 2.95 which are low and there were no significant variations in the response as the standard deviation was 0.68 which was less than 1. This indicates that reliability had an impact on satisfaction and services which influence the patient satisfaction of the hospital.

Respondents were asked their opinion on responsiveness of the hospital service quality as organization asked that Hospital staff was helpful to the patients, the staff was responsive to patient needs, the staff responded immediately when called by the patient and Prompt service delivery without wasting time. The overall mean score regarding responsiveness is 3.01 which are low and there were no significant variations in the response as the standard deviation was 0.69 which was less than 1. This indicates that responsiveness in the hospital has a factor of service quality not well done and this delay patient satisfaction.

Respondents were asked their opinion on assurance as the hospital had skilled staff to provide health delivery, the staff treats patient with dignity and respect, possesses a wide spectrum of knowledge and the staff was courteous. The overall mean score regarding assurance is 2.95 which are moderate and there were no significant variations in the response as the standard deviation was 0.63 which was less than 1. This indicates that assurance in the hospital has a factor for service quality to take place efficiently and patient satisfaction needs improvement in this aspect.

Respondents were asked their opinion on empathy as the hospital the staff has my best interests at heart, the staff understand my specific needs at the hospital, the personnel give me special attention at the hospital, the staff welcomes your weakness in facility and the staff at the hospital was caring to patients. The overall mean score regarding empathy is 2.97 which are low and there were no significant variations in the response as the standard deviation was 0.67 which was less than 1. This indicates that empathy in the organization has a factor of service quality and patient satisfaction needs improvements.

4.2. Correlation Analysis

Pearson correlation (r) was used to describe the strength and direction of relationship between the dependent variable which is patient satisfaction and the five independent variables (Tangibility, Reliability, Responsiveness, Assurance, Empathy). Multiple regression analysis is used to predict the value of patient satisfaction from the value of independent variables.

The correlation of the variable is measured by Pearson correlation of coefficient. The result of Pearson correlation is presented in the following table and interpreted by the guide line suggested by Field (2006); mentioned that the Pearson correlation coefficient shows the relationship and direction between the predictor and outcome variable. Accordingly, if the relationship is measured in the range of 0.1 to 0.29 it is a week relationship, 0.3 to 0.49 is moderate, above 0.50 shows strong relationship; while the positive and negative sign tell us the direction of their relationship.

Table 9. Correlation Between SERVQUAL Dimension and Satisfaction

Variables	Patient Satisfaction	Sig (2-tailed)	N	Type of Correlation
Tangibility	0.772**	.000	360	Pearson Correlation
Reliability	0.822**	.000	360	Pearson Correlation
Responsiveness	0.677**	.000	360	Pearson Correlation
Assurance	0.730**	.000	360	Pearson Correlation
Empathy	0.795**	.000	360	Pearson Correlation

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

Source; Researcher survey finding (2019)

The above table 9 of Pearson correlation analysis of the study variable shows that the correlation between predictor variables (i.e. Tangibility, Reliability, Responsiveness, Assurance, Empathy) and dependent variables (Patient satisfaction).

Accordingly, Patient satisfaction has strong and positive correlation with all five of service quality dimensions at Pearson correlation (r) value of 0.772, 0.822, 0.677, 0.730 and 0.795 respectively as Tangibility, Reliability, Responsiveness, Assurance, Empathy with significance value of $P < 0.01$.

4.3. Multiple Linear Regression Analysis Results

Regression Analysis is a statistical tool to deal with the formulation of mathematical model depicting relationship amongst variables which can be used for the purpose of prediction of the value of dependent variable, given the value of the independent variables (Kothari 2004). Multiple regression analysis is an analysis of association in which the effects of two or more independent variables on a single, interval-scaled dependent variable are investigated simultaneously (William and Barry, 2010).

Before running multiple linear regression analysis, the researcher conducted basic assumption tests for the model. These are statistical assumption tests of normality distribution, linearity of the relationship between the independent and dependent variables, multi-collinearity, and, auto-correlation/Durbin-Watson/ Each test is explained below:

4.3.1. Normality Distribution Test

Multiple regressions require the independent variables to be normally distributed. Normality test will help to determine whether the data used is normal or not, and this assumption is met for statistical tests.

Frequency distribution comes in many different shapes and sizes. Therefore, it is quite important, to have some general description for common types of distributions. In an ideal world our data would be distributed symmetrically around the center of all scores. As such if we draw a vertical line through the center of the distribution then it should look the same on both sides. This is known as a normal distribution and is characterized by bell-shaped curve. This shape basically implies that most scores lie around the center of the distribution. So, the largest bars in the histogram are all around the central value (Field, 2006). The normal distribution graph was shown on figure 2 below.

Figure2: Normal Distribution
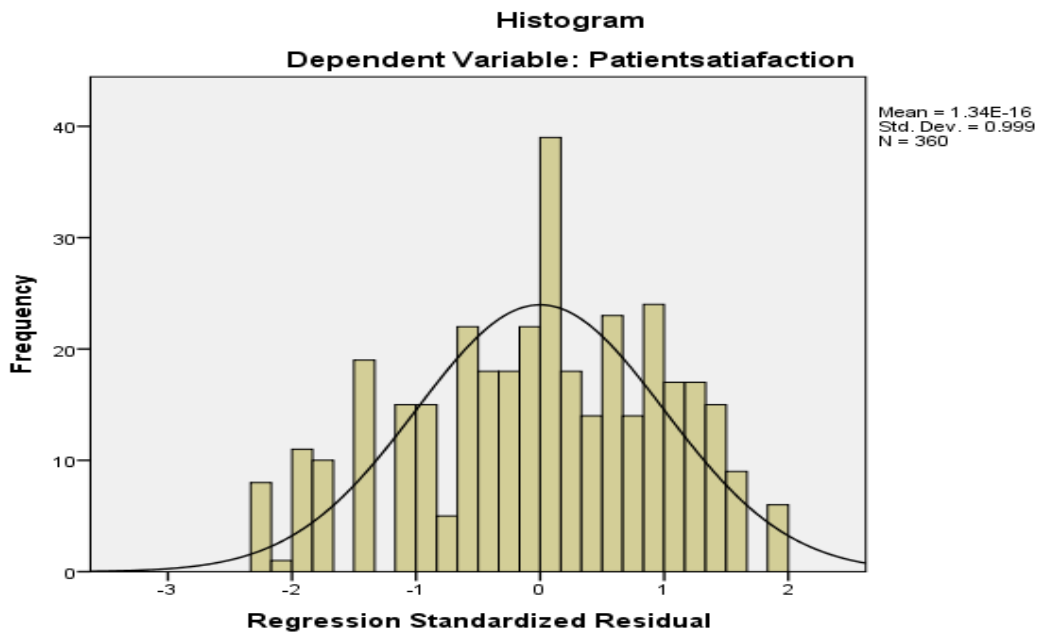
Source; Researcher survey finding (2019)

Skewness and Kurtosis are also statistical tools which can enable to check if the data is normally distributed or not. According to Smith and Wells (2006), Kurtosis is defined as "property of a distribution that describes the thickness of the tails. The thickness of the tail comes from the number of scores failing at the extremes relative to the Gaussians/normal distributions "Skewness" is a measure of symmetry. A distribution or data set is symmetric if it looks the same to left and right of the center point. According to Pallant (2013), applying the rule of thumb of dividing each value of skewness and kurtosis by its standard error gives both well within + 1.96 limits, suggesting that the departure from normality is not to extreme. The Kurtosis and skewness result were shown on the below table 10 This also confirmed that the normality of the data in this study was within acceptable level.

Table 10 kurtosis and skewness results

Item	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Tangibility	360	2.9882	.66886	.153	.129	-.799	.256
Reliability	360	2.9528	.68358	.201	.129	-.925	.256
Responsiveness	360	3.0108	.69243	.084	.129	-.683	.256
Assurance	360	2.9574	.63714	.152	.129	-.706	.256
Empathy	360	2.9746	.67841	.175	.129	-.813	.256
Patient satisfaction	360	2.9285	.65383	.170	.129	-.751	.256

Source; Researcher's survey finding (2019)

4.3.2. Linearity Test

The second assumption for computing multiple linear regressions is test of the linearity of the relationships between dependent and the independent variables. As depicted in the below graph of the visual inspections of the p-p plot there exist the linear relationship between the service quality and patient satisfaction.

Figure 3: Linearity of the relationship

Normal P-P Plot of Regression Standardized Residual
Dependent Variable: Patientsatiafaction
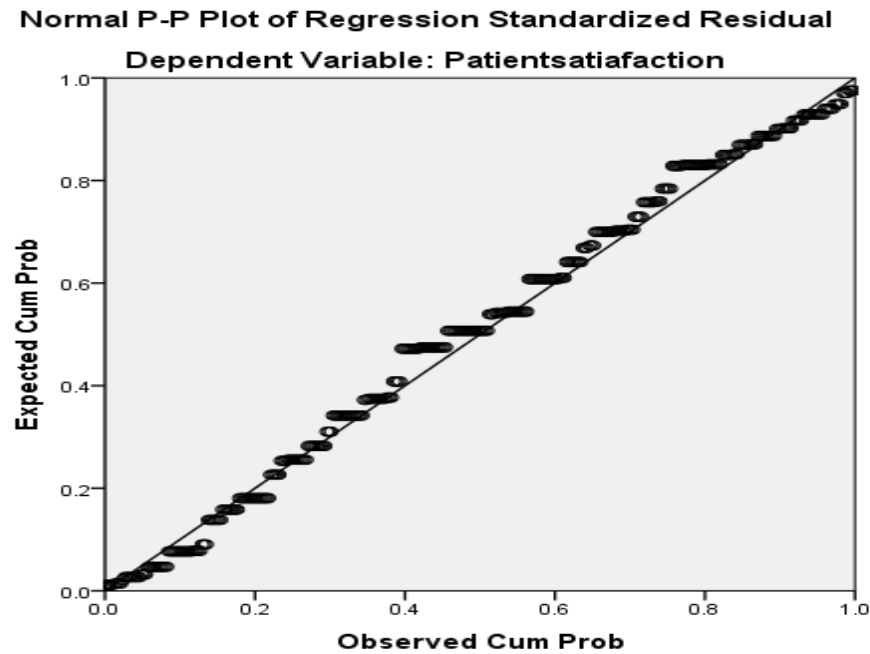
Source; Researcher's survey finding (2019)

4.3.3. Multi-Collinearity Test

Multi-collinearity exists when there is strong correlation between two or more predictors in a regression model Saunders et.al (2007). There should be no perfect linear relationship between two or more of the predictors. So, the predictor's variables should not correlate to highly Field, (2006). If there is perfect collinearity between predictors, it becomes impossible to obtain unique estimates of the regression coefficients because there are an infinite number of combinations of coefficients that would work equally well. If there is a high degree of correlation between independent variables, we have a problem of what is commonly described as the "problem of multi-collinearity" Kothari, (2004); Field, (2006). This research data multi-collinearity assumption is checked by the Pearson correlation coefficient and collinearity statistics.

Checking the multi-collinearity assumption is that by looking SPSS analysis output regression table of collinearity statistics value of Tolerance and Variance Inflation Factor /VIF (Field, 2006). The tolerance column value below 0.2 and VIF value above 10 create a multi-collinearity problem. Having this, the tolerance and VIF value is shown in the regression standardized coefficients table 6 below and the analysis indicates that there is a minimum tolerance value of 0.229 which is above 0.2 and the maximum VIF value is 4.376 which is below 10. Therefore, the predictors don't significantly correlate each other; hence, there is no multi-collinearity problem.

Table 11. Multi-collinearity Test

Independent variables	Collinearity Statistics	
	Tolerance	VIF
(Constant)		
Tangibility	.312	3.205
Reliability	.229	4.376
Responsiveness	.516	1.937
Assurance	.445	2.248
Empathy	.285	3.509

Source; Researcher's survey finding (2019)

4.3.4. Auto-Correlation/Durbin-Watson Test

It is the assumption of independent error acceptable or reasonable test. Durbin-Watson used to test for serial correlation between errors. The Durbin-Watson statistic test can vary between 0 and 4.A value of 2 meaning residual statistics are uncorrelated Field, (2006). A value greater than 2 indicates a negative correlation between adjacent residuals, whereas a value below 2 indicates a positive correlation. Similarly, Ott and Longnecker (2001), defines when there is no serial correlation, the expected value of Durbin-Watson test statistics d is approximately 2.0; positive serial correlation makes d< 2.0 and negative serial correlation makes d >2.0. Although, values of d less than approximately 1.5 (or greater than approximately 2.5) lead one to suspect positive (or negative) serial correlation. If serial correlation is suspected, then the proposed multiple linear regression models are inappropriate.

Referring this and the model summary table 13 below; the Durbin-Watson value of this research is 1.955. Therefore, the auto-correlation test has almost certainly met, since it falls between 1.5 and 2.5, and we can conclude that our model is free of serial correlation.

The four assumptions test of multiple regressions are met, and the next step was processing the regression analysis to determine the values of the model fit (ANOVA), model summary (R and R2), and the Beta coefficients. Accordingly, the relative effect of service quality on patient satisfaction was identified.

4.4. ANOVA Model Fit

Table 12. ANOVA Model Fit

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	118.489	5	23.698	239.815	.000[b]
	Residual	34.981	354	.099		
	Total	153.471	359			

A. Dependent Variable: Patient satisfaction

B. Predictors: (Constant), Empathy, Responsiveness, Assurance, Tangibility, Reliability.

The regression model overall fit can be examined with the help of ANOVA. Accordingly, the overall significance of the model presented in ANOVA table 4.9 above, the total variance (153.471) was the difference in to the variance which can be explained by the independent variables (Model) and the variance which was not explained by the independent variables (error). The study established that there existed a significant goodness of fit between variables as F-test F $(5,102) = 239.81$, at $P=0.000<0.01$). This indicated that the model formed between effect of service quality and patient satisfaction was a good fit for the data.

4.5. Model Summary

Table 13. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.879[a]	.772	.769	.31435	1.955

Source; Researcher's survey finding (2019)

A. Dependent variable the overall satisfaction level of the hospital.
B. Independent variable (constant, Tangibility, Reliability, Responsiveness, Assurance, and Empathy).

In the model summary above table 13, the multiple regression coefficients R, indicates a very strong correlation of 0.879 between patient satisfaction and the five independent variables. The adjusted r square = 0.769 reveals that the model accounts for 76.9 % of the variation in patient satisfaction is explained by the linear combination of all the five independent variables of service quality dimensions (i.e. Tangibility, Reliability, Responsiveness, Assurance, Empathy). The remaining 23.1% is explained by other factors giving room for further research to investigate other factors which affect patient satisfaction.

4.6. Beta Coefficient

Table 14. Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.020	.089		.223	.824
Tangibility	.164	.044	.167	3.682	.000
Reliability	.249	.051	.260	4.897	.000
Responsiveness	.135	.033	.143	4.041	.000
Assurance	.205	.039	.200	5.256	.000
Empathy	.226	.046	.235	4.941	.000

Source; Researcher's survey finding (2019)

As it is defined in chapter three, the unstandardized coefficients ($\beta 1$ to $\beta 5$) are the coefficients of the estimated regression model. Hence, by including the error term (e), the model for patient satisfaction can be written as;

$$Y= \beta 0 + \beta 1 X1 + \beta 2 X2 + \beta 3 X3 + \beta 4 X4 + \beta 5 X5 + e$$

$$Y= .020 + .164 X1 + .249 X2 + .135 X3 + .205 X4 + .226 X5$$

The intercept $\beta 0$ is the point on the vertical axis where the regression line crosses the Y axis. The value of $\beta 0$ is 0.020 which means the expected value of patient satisfaction is 0.020 when all the five independent variables assume zero value.

As it can be seen from table 14 above, the unstandardized coefficients of service quality dimension are the largest value followed by reliability, empathy, assurance, tangibility and responsiveness. The larger the standardized coefficient, the higher is the relative effect of the factors to the patient satisfaction.

The significance test of the five explanatory variables indicate that all the explanatory variables are significant with p-value (p<0.01) for predicting patient satisfaction.

All the five variables reliability, empathy, assurance, tangibility and responsiveness are found to be statistically significant. The beta coefficients of these factors indicate that a one-unit increase in the service quality will result increase in patient satisfaction.

4.7. Hypothesis Test Result

According to Weiers (2008) if P value is less than the specified level of significance (α), reject the null hypothesis; otherwise, do not reject the null hypothesis. The hypothesis result of patient satisfaction which are shown above in table 13 beta coefficient of regression unstandardized beta coefficients, for all alternative hypothesis P value is less than 0.05, and this means reject the null hypothesis. Therefore, the regression analysis agreed to accept alternative hypothesis, as a result all alternative hypothesis is accepted. Hence, service quality dimension (Tangibility, Reliability, Responsiveness, Assurance, and Empathy have a positive and significant effect in patient satisfaction.

The researcher used Pearson's correlation coefficient to test the hypothesis. The result of the Pearson's correlation presented in table 4.6, interpreted by using the Pearson's correlation coefficient relationship between the predictor and outcome variable. Correlation is an effect size we can verbally describe the strength of the correlation using the following guide for the absolute value from 0 to 0.19 is very weak relationship, from 0.20 to 0.39 is weak, 0.4 to 0.59 is moderate, 0.6 to 0.79 is strong and 0.80 to 1.0 shows very strong relationship while the positive and negative sign tells us the direction of their relationship (Stastutor.ac.uk, 2015).

Table 15: Hypothesis Test Result

Hypothesis No.	Hypothesis	P-value	Relationship Direction	Decisions
Ha	Tangibility has a positive and significant effect in patient satisfaction in BLSH.	0.000	Positive	Accepted
Ha	Reliability has a positive and significant effect in patient satisfaction in BLSH.	0.000	Positive	Accepted
Ha	Responsiveness has a positive and significant effect in patient satisfaction in BLSH.	0.000	Positive	Accepted
Ha	Assurance has a positive and significant effect in patient satisfaction in BLSH.	0.000	Positive	Accepted
Ha	Empathy has a positive and significant effect in patient satisfaction in BLSH.	0.000	Positive	Accepted

The above Pearson correlation coefficient table 9 shows that the correlation relationship between predictor variables (i.e. Tangibility, Reliability, Responsiveness, Assurance, Empathy) and dependent variable (Patient satisfaction). Accordingly, patient satisfaction has strong and positive correlation with all service quality dimensions at Pearson correlation (r) value of 0.772, 0.822, 0.677, 0.730, 0.795 respectively as Tangibility, Reliability, Responsiveness, Assurance, Empathy with significant value of $P < 0.01$. In general, the entire null hypothesis is automatically rejected and all alternative hypotheses are accepted. This shows the company has to work in these factors to increase the patient satisfaction performance.

4.1.   Discussion of The Results

4.1.1 Tangibility

From Pearson's correlation coefficient, there is found to be a positive correlation and significantly related between patient satisfaction and tangibility with a correlation coefficient of 0.772, at P<0.01.

From regression model, a unit increase in tangibility by keeping other independent variables constant will lead to a 0.164 increase in patient satisfaction at Black Lion Specialized Hospital. This implies that tangibility indicates for 16.4 % of variation in patient satisfaction. Tangibles constitute the vital component that deals with the physical surrounding of the hospitals, thus the hospital should have up-to-date facilities, modern-looking equipment as well as adequate seating for patients. These facilities in some way influence the personal judgment of patients to perceive that healthcare delivery is of a quality standard. The patients revealed that physical facilities in relation to equipment and logistics ensure patients welfare hence perceived quality healthcare in the hospitals. This finding is noted earlier in studies by Al-Hawary, (2011); Ceelik and Sehribanoglu, (2012); Senarath et al., (2014) that tangibility in terms of physical environment, cleanliness, seating and modern clinical equipment has a larger effect on perception of quality healthcare of hospital in Jordan and Turkey. Perceived tangibility is a significant dimension for patient satisfaction with quality healthcare delivery, as the model indicates a unit increase in tangibles will increase patients" satisfaction of service by sixteen percent. Thus, tangibility is a good predictor of service quality for patients" satisfaction with quality healthcare at the BLSH. Therefore, the findings, indicated that tangibility in the hospital affect positively customer satisfaction.

4.1.2. Reliability

From Pearson's correlation coefficient, there is found to be a positive correlation and significantly related between patient satisfaction and vendor reliability with a correlation coefficient of 0.82, at P<0.01.

From the regression model, a unit increase in vendor selection process by keeping other independent variables constant will lead to a 0.249 increase in project implementation at CARE Ethiopia. This implies that vendor selection process accounts for 24.9% of variations in patient satisfaction. tangibility affects patient satisfaction in BLSH in the sense that if the staff provides service not on scheduled time and the Doctors or staff are not professional and competent, medical procedures were not performed correctly on the first time and if the hospital has not consistency in duty performance by staff at the hospital reliability lead to wastage of time and resource in the hospital. The results indicated that effective and efficient reliability can only be achieved by keeping organized list of reliable data, provide service on time, performed correct medical procedures, participating qualified staffs and competence. The findings of interview also confirm that service provider has influence on the improvement of performance in efficiency and enables in meeting objectives which emphasize that choice of the best provider is an essential strategic issue for service effectiveness and efficiency. This shows that well utilization of organizational resources leads to improvements of patient satisfaction. The findings are in line with the findings of a research conducted by get (Oliver, 2013) indicate that satisfaction is an attitude or evaluation that is formed by the patients by comparing what they expect to receive to their subjective perceptions of the performance they get. The findings are in line with the findings of a research conducted by Mohammad and Alhamadani (2011) which established that lack of effective service could equally lead to failure and the service issues should be prioritized during patient satisfaction. Therefore, the findings, indicated tangibility in the hospital affect positively patient satisfaction in BLSH.

4.1.3. Responsiveness

From Pearson's correlation coefficient, there is found to be a positive correlation and significantly related between patient satisfaction and responsiveness with a correlation coefficient of 0.67, at P<0.01.

From the regression model, a unit increase in contract monitoring and control by keeping another independent variable constant will lead to a 0.135 increase in patient satisfaction at BLSH. This implies that responsiveness for 13.5% of variations in patient satisfaction. The findings indicated that if the hospital staff was not helped to the patient, the staff were not responsive to the patient needs, the employees not responded immediately when called by the patient, and the hospital not promote service delivery without wasting time and if the hospital ensure the relevant controlling system in the hospital affect patient satisfaction at BLSH. The findings of interview also confirm that responsiveness affect the patient satisfaction positively if it is done appropriately as stated in the above interview result otherwise it affects the patient satisfaction negatively. The finding was supported by research conducted by Munusamy et al., (2010) which established the effect of service quality on the customer satisfaction of the banks that positively affect the performance of the bank. Therefore, the findings indicated that, responsiveness in the hospital affect positively patient satisfaction in BLSH.

4.1.4 Assurance

From Pearson's correlation coefficient, there is a positive correlation and significantly related between patient satisfaction and assurance with Pearson correlation coefficient of 0.73, at P<0.01. From the regression model, a unit increase in assurance by keeping other independent variables remain constant will lead to a 0.205 increase in patient satisfaction at BLSH. This implies that utilization of assurance accounts for 20.5% of variations in patient satisfaction. Skilled staff to provide hospital delivery, treats the patients with dignity and respect, the hospital possesses a wide spectrum of knowledge, and the hospital workers was courteous affect patient satisfaction in BLSH. The findings of interview also confirm that if assurance in the hospital is good enough and supported by assurance administered it improves the patient satisfaction otherwise negatively affect the patient satisfaction. The finding was supported by a research conducted by Curry and

Sinclair (2002), used the SERVQUAL model, that the services were highly appreciated by customers even though it was realized that the perception gaps were slightly negative, and services could be improved. Their study proved that assurance and empathy were very important for quality healthcare. Therefore, the findings indicated that, assurance affect positively patient satisfaction in BLSH.

4.1.5. Empathy

From Pearson's correlation coefficient, there is found to be a positive correlation and significantly related between patient satisfaction and empathy with a correlation coefficient of 0.754, at $P<0.01$. From the regression model, a unit increase in empathy will lead to a 0.132 increase in patient satisfaction at BLSH. This implies that empathy accounts for 13.2% of variations in patient satisfaction.

Patients perceived empathy as a relevant service quality dimension that deals with how staff emotionally responds to the care of patients. Perceived empathy involves how staff welcomes the patient's weakness. This dimension clearly spells out how staff respond to patients needs and promptly deliver services on time. Again, it further defines how caring staff are to patients and have the patient's interests at heart. Patients perceived that empathy is a key determinant for patient's satisfaction, thus patients are sensitive to how staff treat them and care for their ill health at BLSH. This finding confirms studies by Zaim et al., (2010) who indicate that empathy is a significant service quality measure of patient's satisfaction with healthcare delivery at public hospitals in Turkey. More so, Yousapronpaiboon and Johnson (2013), indicate that empathy is one of the five latent dimensions that had considerable influence on service quality. The regression model revealed that a unit increase in empathy by management of the hospitals will increase the patient's satisfaction with quality healthcare by thirteen percent. Therefore, the findings indicated that empathy affect positively on patient satisfaction in BLSH.

CHAPTER FIVE

Summary, Conclusion and Recommendation

This chapter reviews the summary conclusion of the finding that have been obtained, where it presents the result of the analysis and the classification of the dimension of service quality which it has impact on patient's satisfaction of black lion specialized hospital.

5.1.   Summary of The Finding

The first research question of the study was how tangibility affects the patient satisfaction in BLSH Ethiopia. The Pearson's correlation analysis revealed that, there is found to be a positive correlation and significantly related between patient satisfaction and tangibility.

The regression model result revealed that, a unit increase in tangibility by keeping another independent variable constant was lead to a 0.164 increase in patient satisfaction at BLSH. This implies that tangibility indicates for 16.4 % of variation in patient satisfaction. Therefore, the findings indicated that tangibility in the hospital affects positively patient satisfaction.

The second research question was how the reliability affects the patient satisfaction in BLSH Ethiopia. The Pearson's correlation analysis revealed that, there is found to be a positive correlation and significantly related between patient satisfaction and reliability.

The regression model result revealed that, a unit increase in reliability by keeping another independent variable constant will lead to a 0.249 increase in patient satisfaction at BLSH Ethiopia. This implies that reliability indicate for 24.9 % of variation in patient satisfaction. Therefore, the findings, indicated reliability in the hospital affect positively patient satisfaction.

The third research question was what the effect of responsiveness in the patient satisfaction in BLSH Ethiopia. The Pearson's correlation analysis revealed that, there is found to be a positive correlation and significantly related between patient satisfaction and responsiveness.

The regression model result revealed that, a unit increase in responsiveness by keeping another independent variable constant will lead to a 0.135 increase in patient satisfaction at BLSH Ethiopia. This implies that responsiveness indicates for 13.5 % of variation in patient satisfaction. Therefore, the findings indicated that responsiveness in the hospital affect positively patient satisfaction.

The fourth research question was how assurance contributes to patient satisfaction in BLSH Ethiopia. The Pearson's correlation analysis revealed that, there is found to be a positive correlation and significantly related between patient satisfaction and assurance.

The regression model result revealed that, a unit increase in assurance by keeping another independent variable constant will lead to a 0.205 increase in patient satisfaction at BLSH Ethiopia. This implies that assurance indicate for 20.5 % of variation in patient satisfaction. Therefore, the findings, indicated that assurance in the hospital affect positively patient satisfaction.

The fifth research question was how empathy affects the patient satisfaction in BLSH Ethiopia. The Pearson's correlation analysis revealed that, there is found to be a positive correlation and significantly related between patient satisfaction and empathy.

The regression model result revealed that, a unit increase in empathy by keeping another independent variable constant will lead to a 0.226 increase in project implementation at CARE Ethiopia. This implies that procurement ethics indicate for 22.6 % of variation in patient satisfaction. Therefore, the findings indicated that empathy in the hospital affect positively patient satisfaction.

5.2. Conclusion

The main objective of this study is to assess the relationship between the five dimensions of the service quality such as tangibility, reliability, responsiveness, assurance, and empathy towards patient satisfaction in black lion specialized hospital of Addis Ababa, Based on pervious theories and researchers regarding service quality and its outcomes, this study shows that there is a clear association between service quality and patient satisfaction, which helps to deeply understand the relationship and interaction between service quality and patient' satisfaction.

Hospital industry services are an important part of services industry. Usually unsaturated patient will also complain about the services provided by the hospital. Now, hospitals managers knew that delivering quality service to patient is very important for success and survival in today's global competitive environment. In this relation, the hospitals must prepare quality service to satisfy the patients for gaining their loyalty and hence prevent them from switching to other hospital. Service quality is viewed as a strategy to attract, maintain and enhance patient satisfaction.

The findings support the examination points that service dimensions can enhance the quality of hospitals and in turn increase patient satisfaction. Tangibility, reliability, responsiveness, assurance and empathy are not the only the desired outcomes of service quality but also the background of customer satisfaction. According to the Pearson correlation analysis, it can be evidently seen as that the five dimensions are positively and significantly related to patient satisfaction in black lion specialized hospital of Addis Ababa, Ethiopia. Mohammad and Alhamadani (2011) indicate that all the five service quality dimensions (Tangibility, Reliability, Responsiveness, Assurance and Empathy) have positive and significant effect on patient satisfaction.

Finally, this review of various elements of patient satisfaction ranging from its measurement, predictors for improving overall patient satisfaction and impact of collecting patient information to build up strategic quality improvement plans and initiatives has shed light on the magnitude of the subject. It thus provides the opportunity for organization managers and policy makers to yield a better understanding of patient views and perceptions, and the extent of their involvement in improving the quality of care and services. Furthermore, mangers implement effective change by unfreezing old behaviors, introducing new ones, and re-freezing them for better healthcare.

5.3. Recommendation

The finding of this research also important evidence for managers who take charge of quality service. It is helpful for marketers to understand the effectiveness of service quality from customer's perspective. Considering the finding and conclusion made above, the following possible recommendation are suggested as being valuable to the hospitals of Addis Ababa, Ethiopia for improving service activities to assure customer satisfaction. Here are some of the 15-proposed recommendation for managers to be consider improving and reinforce customer satisfaction in hospitals of Ethiopia. In hospitals the five service quality dimensions (Tangibility, reliability, responsiveness, assurance and empathy) need to be enhanced and reinforced to keep and increase the satisfy customers through the following.

The hospital should have a well efficient patient guides to the entire of hospital because most of the patients when asked about the hospital appeared to be only aware of the outpatient and emergency.

The hospital should create a customer complaint where customers can register their complaints and a systematic procedure to handle customer complaints.

Service quality should be improved by the hospital administrators to avoid cases of neglect and little attention provide by some customers to some of the workers at the hospital.

Making follow ups on the service offered help to overcome some of the negative issues and make proper improvements to increase customer satisfaction.

5.4. Limitation of The Study

One of the limitations of this study, is that it does not take in to consideration the demographical impact on perception it would be expected that differences in perceptions would vary across these differences. Taking age and educations in to account could indicate differences in perceptions as generation are concerned.

Thus, the finding of the study might not be solid enough to generalize the reality at the county, even if government hospitals shares similar issues and challenges. The financial resources and availability of relevant references documents and information sources could be other bottlenecks. Similarly getting the right key informants and getting their willingness to provide information/interviewed/ could be potentially demanding.

Furthermore, it was difficult to get feedback from seriously ill patients where they are sick and unable to cooperate in answering the questionnaire. Taking into consideration uncomfortable feelings. And besides, though Likert scale had an advantage to respondents, it had a limitation on the neutral scale results because it makes confusions as it is possible that the respondents provided non-committal assess by responding to neutral range of scale.

5.5. Direction for Further Studies

The study was limited to one hospital on the BLSH found in Addis Ababa due to geographic proximity and logistic simplicity. The researcher recommends that other researchers may include patients found outside BLSH as part of the study and it is better to incorporate other governmental, privet and non-government hospital. The study also limited to service quality which affect patient satisfaction. Further research is recommended to include factors affecting patient satisfaction such as communication, accessibility and affordability, patient waiting time and urgency and patient-centeredness the hospital.

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Annex

የጥናቱ ርዕስ፦-

በጥቁር አንበሳ ሆስፒታል ውስጥ ያለውን የአገልግሎት ጥራት እና የህመምተኞች አገልግሎት እርካታ ላይ የሚሰራ ጥናት

አ/አ ኢትዮጵያ

ሙሉብርሃን ተስፋዬ እባላለሁ በ ሴንቲሜሪ ዩንቨርስቲ በማስተርስ ትምህርት መርሃ ግብር እየተከታተልኩ እገኛለሁ ይህ ጥናት በጥቁር አንበሳ ሆስፒታል ውስጥ ያለውን ያአገልግሎት ጥራት እና የህመምተኞች አገልግሎት እርካታ ላይ የሚጠና ጥናት ነው፡፡

የዚህ ጥናት መነሻ ምክንያት ትምህርታዊ ጥናት ሲሆን በዚህ ጥናት ላይ በግልፀኝነት ትክክለኛውን መረጃ (መልስ) መስጠት ለህመምተኞ ትክለኛ አገልግሎት አሰጣጥን ለማስተካከል ይረዳናል ስለዚህ የተሠጠውን መምሪያ በመከተል የተዘረዘሩትን ጥያቄዎች እንዲመለሱ እና በሳጥኖች ውስጥ (√) ምልክት እንዲያስቀምጡ በትህትና እንጠይቃለን፡፡

እንዲሁም በዚ ጥናት ላይ የሚሰጡትን ማንኛውም መረጃ ሚስጥራዊነቱን የጠበቀ መሆኑን ለመግለፅ እንወዳለን ፡፡

<center>በጥናቱ ላይ ስለተሳተፉ እጅግ በጣም እናመስግናለን!!</center>

ሳጥን 1፡- ማህበራዊ እና የስነ ህዝብ መረጃ

ቁ.			
1	ፆታ	ወንድ	☐
		ሴት	☐
2	ዕድሜ		☐
3	የትምህርት ደረጃ	ያልተማረ	☐
		የመጀመርያ ደረጃ	☐
		ሁለተኛ ደረጃ	☐
		ዲፕሎማ	☐
		ሌላ	
4	ስራ	የግል ሰራተኛ	☐
		ያልተቀጠረ	☐
		የመንግስት ሠራተኛ	☐
		ነጋዴ /የንግድ ሠው	☐
		ተማሪ	☐
		ሌላ	

ሳጥን 2፡- ተጨባጭነት፣ ታማኝነት፣ፈቃደኝነት ፣ማረጋገጫ የሁዉን ችግር እንደራስ ማየት ፣መረጃ መቀያየር፣ተደራሽነት እና አቅም፣ የአገልግሎት እርካታ

ከዚህ በታች ለተጠቀሱት ጥያቄዎች መልሶቻችሁን በተሰጠው ቦታ ለይ (√) ይህንን ምልክት ያስቀምጡል፡፡

በጣም አልተስማማሁም (በአ)

አልተስማማሁም (አ)

መልስ የለኝም (መየ)

እስማማለሁ (እ)

በጣም እስማማለሁ (በእ)

		በእ	እ	መየ	እ	በእ
ቁ	ተጨባጭ እይታዎች					
1	.ሆስፒታሉ ዘመናዊና አዳዲስ አገልግሎቶችን ይሁጣል					
2	የሆስፒታሉ የውጭ ገፅታ የሚስብ እይታ አለው					
3	የሆስፒታሉ መጠቀሚያ መሳሪያዎች ዘመናዊ ናቸው					
4	በሆስፒተሉ ውስጥ በቂ መቀመጫ አሉት					
	ታማኝነት					
1	የሆስፒታሉ ሰራተኞች በታቀደው ሁዓት አገልግሎት ይሰጣሉ					
2	የህክምና ባለሞያዎች እና ሠራተኞቹ ተወዳዳሪ እና በሞያቸው ብቁ የሆኑ ባለሞያዎች ናቸው					
3	ትክክለኛ የመጀመርያ ደረጃ እርዳታ እና ህክምና ይሰጣል					
4	ትክክለኛ እና ቀጣይነት ባለው መልኩ ያለው የስራ ድርሻቸውን ይወጣሉ					
	ፈቃደኝነት					
1	የሆስፒታሉ ሰራተኞች ታማሚውን ይረዳሉ					
2	የሆስፒታሉ ሠራተኞች ህመምተኛው የሚፈልገውን ማንኛውንም ነገር ለመርዳት ፈቃደኛ ናቸው					
3	ህመምተኞች እርዳታ ለማግኘት በፈለጉ ጊዜ እርዳታ ያገኛሉ					

4	ምንም ጊዜ ባለማባከን ትክክለኛ እርዳታ ይሰጣል						
	ማረጋገጫ						
1	ሆስፒታሉ ውስጥ ጥሩ ህክምና ልምድ ባላቸውና ባለሞያዎች ጥሩ የህክምና እርዳታ ይሰጣል						
2	የሆስፒተሉ ሰራተኞች ህመምተኞችን በትህትና ያስተናግዳሉ						
3	የሆስፒታሉ ሰራተኞች ስፉ ያለ የሰራ እውቀት እና ልምድ አላቸው						
4	ህመምተኞችን በትህትና ያስተናግዳሉ						
ቁ	**የሰውን ችግር እንደ ራስ ማየት**						
1	የሆስፒታሉ ሠራተኞች የምፈልገውን ነገር ከልባቸው ይረዱኛል						
2	የሆስፒታሉ ሰራተኞች በትክክል ምን እንደፈለኩ ይረዱኛል						
3	በሆስፒታል ውስጥ የተለየ ትኩረት ይሰጡኛል						
4	ማንኛውንም የሚያጋጥመኝን ነገር ይረዱኛል						
5	የሆስፒታሉ ሰራተኞች ለበሽተኛ በጣም ይጨነቃሉ ያስተናግዳሉ						
	የበሽተኛ የአገልግሎት እርካታ						
1	በዚ ሆስፒታል ውስጥ በሚሰጥ አገልግሎት ረክቻለሁ						

ጥናቱ ላይ ስለተሳተፋቹና ጊዜያችሁን ስለሰጣችሁን እናመስግናለን።

English Version

PART 1**: Biographical information**

NO	Variables		Please tick where applicable
1	Sex	Male ☐	
		Female ☐	
2	Age	18-25 ☐	
		26-35 ☐	
		36-45 ☐	
		46-65 ☐	
		Above 66 ☐	
3	Education	Illiterate ☐	
		Primary ☐	
		Secondary ☐	
		Diploma ☐	
		Other_____ ☐	
4	Employemnt	Private sector employee ☐	
		Unemployed ☐	
		Government employee ☐	
		Trader/Businessman ☐	
		Student ☐	
		Other_____	

PART 2: **SERVQUAL Questionnaire**

Table *Tangibility, Reliability, Responsiveness, Assurance, Empathy* and Patient Satisfaction.

For the following questions, please choose from the options provided below, what best suits your response to the questions. Please Tick [√] where appropriate. On a scale of 1 to 5, rate the quality health-care of the hospital based on strongly disagree to strongly agree.

Strongly Disagree (SD) = 1.0–1.49, Disagree (D) =1.50–2.49, Neutral (N) = 2.50–3.49

No.	Items	SD	D	N	A	SA
	Tangibility					
1	The hospital has up to date facilities.					
2	The physical environment of the hospital is appealing.					
3	The hospital has modern-looking equipment.					
4	There is availability of adequate seating at the hospital.					
	Reliability					
1	The staff provides service on scheduled time.					
2	Doctors/staff are professional and competent.					
3	Medical procedures were performed correctly the first time.					
4	There is consistency in duty performance by staff at the hospital.					
	Responsiveness					
1	Hospital staff was helpful to the patients.					

2	The staff was responsive to patient needs.					
3	The staff responded immediately when called by the patients**.**					
4	Prompt service delivery without wasting time.					
	Assurance					
1	The hospital had skilled staff to provide healthcare delivery.					
2	The hospital staff treats patients with dignity and respect.					
3	The staff at the hospital possesses a wide spectrum of knowledge.					
4	The staff at the hospital was courteous.					
	Empathy					
1	The staff has my best interests at heart.					
2	The staff understands my specific needs at the hospital.					
3	The personnel give me special attention at the hospital.					
4	The staff welcomes your weakness in facility.					
5	The staff at the hospital was caring to patients.					
	Patient Satisfaction					
1	I am satisfied with healthcare service delivered in this hospital.					