



ST MARY'S UNIVERSITY

Department of Marketing Management

**FACTORS AFFECTING SERVICE QUALITY: THE CASE OF GHANDI
MEMORIAL HOSPITAL**

BY

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JULY 2022

ADDIS ABABA, ETHIOPIA

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MEMORIAL HOSPITAL**

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“I declare that this thesis is my original work and has not been presented in any other University.”

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List of abbreviations and acronyms

SERVQUAL -service quality

SPSS- statistical package for social science

GMH-Gandhi memorial Hospital

WHO- World Health Organization

LMIC- low- and middle-income countries

FMOH- Federal Ministry of Health

HSTP-Health Sector Transformation Plan

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Abstract

Quality in health care service delivery is key in ensuring patient satisfaction since delivering quality service has a direct influence on the customer satisfaction. The general objective was to assess factors affecting service quality in Gandhi memorial Hospital. Specifically, the study analyzed how professional competency, Medical equipment and price affect the quality of the service. The research was quantitative adopting a cross sectional descriptive research design. The target population included 338 consumers who seek medical care at GMH. The research was based on primary data acquired through an interview and questionnaire. For quantitative data, descriptive and inferential statistics were generated. Under inferential statistics correlation analysis were undertaken. Data analysis done mainly by quantitative analysis namely descriptive and inferential statistics using SPSS 25.0. The study found out that professionals' competency, Medical equipment and price has great impact on service quality that is measured by using five dimensions namely: empathy, tangible, reliability, responsiveness and assurance.. The study recommends that Gandhi memorial hospital should construct other buildings in order to increase quality of service for clients. The health facilities should look for additional solution to minimize patient overload that could decrease. They also should make certain that responsible leadership is in place, one that promotes transparency and accountability.

Keywords: competency, empathy, tangible, reliability, responsiveness and assurance

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Quality of care is an important aspect of health care delivery system that is given a priority. Quality of healthcare concept is a multidimensional idea which is both complex and subjective. (Rula Al-D, 2017). Quality seems to be varying understanding and definitions, and even well-known authors define quality in different ways and views. Some of the influential contributors and thought leaders defined quality as follows: Crosby's definition focused entirely on quality as conformance to specification, while Deming, Feigenbaum, and Ishikawa's defined quality as products and services that need to satisfy customers' in accordance with their needs and expectation. Juran's definition however rather incorporated specification and customer satisfaction simultaneously.

The definition of quality has not yet given the same results throughout. Quality emphasized the fact that irrespective of the time or context whereby quality is inspected, quality has got numerous definitions. The nature of service quality can be elusive because customer's needs, and expectations are always changing. To keep up with the change, quality must be constantly managed and continually improved.

It is tough to define and measure the fine of health care gives than other sectors. Distinct healthcare industry traits such as intangibility, heterogeneity, and simultaneity make it hard to define and measure quality. Healthcare carrier is an intangible product and cannot bodily be touched, felt, viewed, counted, or measured like manufactured goods. Producing tangible goods lets in quantitative measures of satisfactory when you consider that they can be sampled and examined for excellent throughout the production method and in later use. However, healthcare service great relies upon on the carrier technique and client and provider interactions. Some healthcare high-quality attributes such as timeliness, consistency, and accuracy are challenging to measure beyond a subjective assessment by means of the consumer (Olijera L., 2001 and Newman D, Gloyd S, Nyangez MJ, Machoro F, 1998).

Every day, patients are negatively affected by healthcare processes and systems, and yet there has not been a significant reduction in the severity and frequency of such effects. Despite attempts to improve service quality, it is shown in the literature that no consensus has been reached on the definition, dimensions and criteria of quality. Overall, identification of service-quality dimensions is a controversial and important issue, but on a number of these dimensions, no general consensus has yet been reached. Although all researchers agree that the structure of service quality is multidimensional and complex in nature they continue to debate about the factors (also called determinants) and indicators (also called criteria) of service quality, which still constitute an undecided critical issue. The foregoing gives rise to challenges as far as the improvement of healthcare service quality is concerned, and there Ethiopia is no exception.

According to Mohammad (2013), delivery of quality healthcare is continually appealing the patient through healthcare services that are efficient and effective as per the newest standards and guidelines, that are able to meet the needs of the patients and gratifies providers. Donabedian (2016) in an investigation where he examined 700 healthcare stakeholders who included patients, policy makes, providers and managers did a pluralistic evaluation aimed on establishing characteristics of quality healthcare. He identified 182 characteristics of a quality healthcare and clustered them in to five categories; efficiency, efficacy, effectiveness, empathy and environment. Delivery of quality healthcare is characterized by attributes like timeliness, availability, affordability, confidentiality, accessibility and responsiveness just to mention a few (Mohammad, 2013). Healthcare systems are one of the most complex systems that serve humans. In order to deliver quality healthcare services coordination of various number of providers and organizations is needed (Irurita-Ballesteros et al., 2019). Healthcare systems complexity, bureaucracy and too many departments are the some of the hindrances to their quality improvement. In addition, the challenges in healthcare are complex and need solutions that are highly tailored (Shahidzadeh-Mahani et al., 2018).A straightforward issue needs the correspondence and co-activity of different divisions and workers. Numerous developed countries are using developments in technology, health education, and infrastructure to improve care delivery ensuring that it is value-driven (Adams et al., 2016). This has resulted in an increment in the quality of services provided in the healthcare facilities as compared to developing and least developed countries. The United States, for instance, is known to enjoy high levels of quality in health care although there are financial, insurance complaints among the

citizens. The Quality of care in America is however thought to be concentrated on chronic diseases while preventive conditions are given less attention (Docteur & Berenson, 2015).

According to World Health Organization (WHO, 2016), owing to the declining resources and economic variables majority of the countries in sub-Saharan Africa are incapable of providing sufficient quality and wide coverage health services. As a result, this has seen most countries promoting for devolution as a main factor to propagate health sector reforms with a perception of exploiting the utilization of the resources available in improving the accessibility as well as quality of the provided health care services (Hurley et al., 2018). In South Africa for example the healthcare ranges from the most fundamental primary care provided by the government to specialized and hi-tech services provided in public and private hospitals. Though, in some places the public sector is over resourced though the government contributes around 40% of all expenses on health, the public health facilities are expected to offer their service to around 80% of the population. As a result of the unequitable distribution of resources it has translated to underfunding, poor management and worsening infrastructure resulting to declining quality of healthcare (Watts, 2017). The urge to enhance the quality of health care in Africa is extremely vital especially because of the increasing number of individuals dying due to negligence and poor services provided in health facilities. A strategic policy change on health services provision in Nigeria has improved the health sector by enhancing the quality of services provided (Onoka et al., 2015). For the reforms in the health sector to be rooted further, there is a need for all stakeholder involvement and commitment, not only in Nigeria but in Africa as a whole. With over 4,700 health facilities in Kenya, the delivery of quality health care services has become an important aspect of healthcare organizations. This could be attributed to government regulations especially on public health care institutions, competition, and pressure from customers or hospital management programs. Despite great strides in reducing maternal and child mortality, there remains a high burden of deaths related to the quality of care mothers and newborns receive in low- and middle-income countries (LMICs). Access improvement has not been accompanied by increase in quality; poor quality care is responsible for about 60, 000 maternal and 660, 000 neonatal deaths yearly in LMICs.

Ethiopia has demonstrated strong commitment to improving maternal and child health and reducing maternal and under 5 mortality by 70% between 1990 and 2015. However, maternal

and neonatal mortality remain high at 412 deaths per 100,000 live births and 29 deaths per 1000 live births, respectively. These deficits are due to both utilization and quality issues; for example, only 32% of pregnant women complete at least four antenatal care (ANC) visits and less than half of mothers receive any clinical check-up after delivery. To address these needs, the Ethiopian Federal Ministry of Health (FMOH) declared quality and equity as a core pillar in its 2015 Health Sector Transformation Plan (HSTP), to achieve improved health outcomes at scale.

Gandhi Memorial Hospital is a governmental hospital which specializes in maternity services. The hospital was established in 1951 E.C with the collaboration of an Indian community that lived in Ethiopia and took its name from the famous Indian leader ‘Mahatma Gandhi’. Starting from its establishment the hospital has been providing maternity services. The hospital daily manages 15-20 delivery cases of pregnant mothers who come from various corners of Addis Ababa and nearby towns. By doing so the hospital’s original capacity becomes unable to fulfill the growing demand of mothers who come for this service. The main reason is the in proportionate number of delivery beds with laboring mothers. Out of all mothers who come for delivery service, only 92% get the service the rest 8% are referred to other hospitals.

This is one of the shortcomings the hospital management and staff face despite the trials to provide better service. As of other hospitals in the country, the quality of health service in this hospital has been compromised by inadequate and poorly maintained infrastructure and equipment, scarcity of trained health personnel, and the unavailability of drugs and pharmaceutical supplies which mainly was associated with inadequate financing which was caused by poor budget allocation and utilization. In Addis Ababa governmental health institution, there is no health facility that scored more than 60% on quality of health care delivery (Ministry of Health [MOH], 2018). This study attempted to establish the factors which affect the provision of quality health care services in Gandhi memorial Hospital and specifically to establish how hospital medical equipment, Professional competency, and price influence delivery of service quality in Gandhi memorial Hospital.

1.2 Statement of the Problem

Accessibility of health care services is a universal right for every person. Patient perceptions of health care quality are critical to a health care service provider's long-term success because of the significant influence perceptions have on customer satisfaction and consequently organization financial performance (Boudreaux & O'Hea, 2004). The quality of health service in Ethiopia has been compromised by inadequate and poorly maintained infrastructure and equipment, scarcity of trained health personnel, and the unavailability of drugs and pharmaceutical supplies which mainly was associated with inadequate financing which was caused by poor budget allocation and utilization.

According to the studies undertaken in Ethiopia, health services are limited and in poor quality and the country has extremely poor health condition relative to other low-income countries (Zewdie Berhanu, Tyson Asefa, Mirkuze Woldie, 2010) As different studies conducted in different parts of Ethiopia, the level of customer satisfaction findings revealed 46.9% in Jimmy University hospital (by respondents with the time spent to see a doctor), 47% in Yekatit 12 Hospital Medical College, 53% in selected Addis Ababa Hospitals, 22.0% in Gondar, 41.7% at Jigjiga town, and 57.7% at Debrebirhan Referral Hospital (Fekadu Asefa, Andualem Mosse, 2011; Fikirte Woldeeslassie, 2019; Gebreyesus, 2019; Getabalew E. Bekel, Yimer S. Yimer, 2018; Rahel Mezemir, Darye Getchew, 2014). A study conducted in Addis Ababa, in 2012 at both public and private hospitals shows that about 18.0% of the patients at the public hospitals were found to be very satisfied whilst 26.5% of the clients at private hospitals were very satisfied, which is a bit higher at private hospitals (Tayler Tateke, Mirkuzie Woldie, 2012).

The above studies told us that the level of customer's dissatisfaction is higher than that of their satisfaction level. On the other hand, as observed from different literatures, the level of satisfaction in developing countries like Ethiopia is too much lower than that of developed countries. All the above studies show that in Ethiopia there are more dissatisfied consumers than satisfied and it is a big issue that should be studied. This study aims to fill this research gap by empirically exploring factors affecting healthcare services quality in Ethiopian health facilities namely in Gandhi memorial hospital. This study, therefore, aims to fill this research gap by empirically exploring customer perspectives on factors affecting healthcare services quality in Gandhi memorial hospital.

1.3 Research Questions

- i. What is the Effect of professional competency on the quality of health care service?
- ii. How does the quality of medical equipment influence the quality of Health care service?
- iii. How the Price of Medical service at GMH affect the quality of health care service?

1.4 Objectives of the Study

1.4.1 General Objectives

To assess the factors affecting service quality in Gandhi memorial Hospital.

1.4.2 Specific Objectives

- To assess the effect of health professionals competency level in health care service?
- To assess the Effect of medical equipment quality of health care services?
- To identify the Effect of price in medical service quality of health care services?

1.5 Research Hypothesis

Based on the study objectives set above, the following hypotheses to be tested;

H 1; Professional's competency has a positive and significant impact on service quality.

H 2; medical equipment has a significant & positive effect on service quality.

H 3; price has a positive and significant impact on health care service quality.

1.6 Significance of the study

The study is anticipated to be important and advantageous to three primary entities. These include pertinent policy makers, health practitioners, and scholars. In respect to policy makers, the study findings and recommendations are expected to enable them to formulate policies and strategies for guiding effective provision of quality health care to ensure the primary goal of advancing services closer to the citizenry is met. Moreover, the study findings shed more light on the most effective ways that health practitioners who include senior medical staff such as medical superintendents, hospital administrators, and county government officials can employ to address the intermittent challenges facing public healthcare at country levels contribute to the improvement of delivery of quality health services within the region. More so, the study is

anticipated to contribute to scientific knowledge particularly in respect to how professional's competency, medical equipment, and price influence delivery of quality health care. In this regard, the study will act as a suitable source of reference for scholars.

1.7 Scope of the Study

The study was done in Gandhi memorial hospital located in Addis Ababa, the capital city Ethiopia has a population of 2,739,551 the 2007 census. The city is surrounded by the Special Zone of Oromia and is populated by people from the different regions of Ethiopia. It has area coverage off 5,607.96 sq. K. The city has a total of 120 licensed Health Facilities offering health services. There is 55 private and 6 Referral hospital. This study was conducted only in public health facilities in Gandhi memorial hospital that have been giving service since 1951 for about 70 year. It was only conducted in inpatient gynaecology ward, postnatal ward, and inpatient obstetric ward, labor ward. The target group for this research study was clients admitted to inpatient gynaecology ward, postnatal ward, inpatient obstetric ward, and labor ward. A set of predictor and dependent variables were included in the investigation. Predictor variables included professional competency, Medical Equipment, and price or, while service quality constituted the dependent/outcome variable. Other factors that could influence the delivery of high quality health care were not explored in this research. In addition, the researcher employed a five-point Likert-type scale to make data handling easier. The findings were only based on health facilities in Gandhi memorial hospital which might not be enough to make a generalization of other health facilities in Addis Ababa or the country at large.

1.8. Limitations

This study done in one of top or unique maternity specialized hospital in the country which provides above 96% of its services are free as a result the price effect on health care quality may not reflect appropriately or clearly as others hospital of the city which gives pay services and this will not give enough information. the hospital is a specialized and referral hospital that the mothers or clients or consumers came from remote area when they arrived at the hospital they got tired as a result their response is limited and the nature of the health care service and the health condition is complex, mothers or clients or customers got exhausted so that they can't respond complete or it takes time to finish the questioner.

1.9 Organization of the Paper

The rest of the paper will be organized as follows: The next chapter is chapter two. It includes review of related literatures it contains introduction, theoretical review and empirical review and hypotheses of the study and finally conceptual frame work. The third chapter is chapter three it describes the methodology used in conducting the study. This includes: the research approach, design, data sources and collection, sample size and sampling procedures, data gathering instruments, data analysis techniques, validity and reliability and finally ethical consideration. The next is chapter four and it deals with Data presentation, analysis interpretation and discussion of the findings and finally the last chapter, chapter five consists of summary, conclusion and recommendation parts.

1.10 Definition of Terms

Health care service quality: - services provided in the health facilities whose characteristics and features exceed patient's needs

Competent: having the necessary ability, knowledge, or skill to do something successfully

Equipped: supply with the necessary items for a particular purpose.

Reliability: The ability to provide the planned health care program with continuity and accuracy

Assurance: Hospital employees' competence and courtesy, and their willingness to encourage Faith and confidence

Empathy: Providing care and individualizing treatment to outpatients

Responsiveness: Willingness to help patients and offer prompt service

Tangibility: Physical facilities, supplies, staff and materials for interaction

SERVQUAL- is a survey service quality instrument that measures the perception Expectation gap. (Zeithaml, 1985).

SERVPERF- is a survey instrument that measures only the perception in determining Service quality. (Zeithaml, 1985).

CHAPTER TWO

LITERATURES REVIEW

Introduction

This chapter entails a review of studies done with respect to Professional competency, Medical equipment, price factors that affect quality of healthcare. The chapter also presents a review of different research's that explain the concept of quality health care and a conceptual framework showing the hypothesized relationship between the study variables.

2.1 Theoretical Reviews

2.1.1. Servperf

SERVPERF was developed by Cronin and Taylor. It is a SERVQUAL modification, uses similar categories to assess the quality of the service, proposing 22 performance related statements instead of 44 expectations and performance related statements. The SERVPERF shall assess quality as an attitude, not satisfaction. Consequently, it makes use of an idea of perceived quality of service leading to satisfaction. But it goes deeper, linking satisfaction with additional transactions (Cronin, J.J. and S.A. Taylor, 1992).

According to Adil (Adil M, Ghaswyneh O. F. M. and Albkour A.M. 2013) measurement with SERVPERF is superior, not only in capturing the truly perceived quality of service, but also to halve the number of items to be measured. Furthermore, according to the two Martinez's (Martinez J. A and Martinez L 2010), the performance measurement received a higher psychometric level of service quality assessment, in terms of structural validity and operational efficiency through performance data, and more precisely interpreted the overall measurement of the quality of provided services as measured by SERVQUAL In the same context, research by Brady , which supports the superiority of the Cronin and Taylor quality measurement performance approach and which is correctly modeled as a previous consumer satisfaction, is also included (Brady, M. K., & Cronin, Jr. 2001).

2.1.2 SERVQUAL Model

The theoretical base of this research was based on defining services. Accordingly, The note indicated by the Athens University of Economics and Business (2016) on its introduction to Services Marketing course prepared on its website defined services as “Activities, benefits and satisfactions, which are offered for sale or are provided in connection with the sale of goods”.

The service quality model "SERVQUAL" positioned as the most important of provider great fashions and one of the widely used models to measure excellent in service areas due to the fact of its inclusiveness and applicability (lee and kim,2017).

According to Gronroos model (1984) service quality is dependent on expected service and perceived service. Word of mouth, corporate image, advertising, pricing and personal factors are the variables that compound expected service quality. Consumer’s view of technical and functional services dimensions form the perceived quality. Technical quality refers to the outcome of the service performance whereas functional quality defines customers’ perceptions of the interactions that take place during service delivery. Gronroos also claims that under certain conditions corporate image can act as another service quality dimension, although, in reality, it is a variable that moderates the relationships between quality dimensions (technical and functional) and perceived quality (Martinez and Martinez, 2010). Gronroos model assumes that technical solutions or technical abilities of the employees influence the technical quality dimension whereas the functional quality dimension is determined by customer-oriented physical and technical resources, accessibility of the firm’s services, the consumer orientation of self-service systems, and the firm’s ability to maintain continuous contact with its customers (Martinez and Martinez, 2010). Rust and Oliver (1994) propose a three component model: the service product, the service delivery and the service environment.

As a result of an exploratory research, Parasuraman. Et al. (1985) developed the SERVQUAL model which represents service quality as a gap between customer’s perceptions of the service received and customer’s expectations for a service offering. The authors argued that, regardless of the type of service, consumers evaluate service quality using the same generic criteria, which can be grouped into five dimensions: tangibles (physical facilities, equipment and appearance of personnel), reliability (ability to perform the promised service dependably and accurately, responsiveness (willingness to help customers and provide prompt service), assurance

(knowledge and courtesy of employees and their ability to inspire trust and confidence), and empathy (caring and individualized attention that the firm provides to its customers). Dimensions of service quality are correlated, and they form the overall service quality perception.

SERVQUAL instruments suitable to analyze the perceptual gap in understanding patient expectation among health care stakeholders (Pakdil, F, and Harwood, T. 2005), A significant and reliable model for measuring differences between patient preferences and actual experiences and five dimensions of service quality in the SERVQUAL instrument in the healthcare setting (Chakraborty R and Majumdar A, 2011) is important. It includes five service quality dimensions: Reliability, Assurance, Tangibles, Empathy, Responsiveness, and assessed by 22 items. It is built on the assumption that service quality is a result of differences (gaps) between customers' expectations and perceptions in five dimensions of quality: reliability, responsiveness, tangibles, assurance, and empathy; Independent variable Dependent variables Health service quality dimensions Patient satisfaction.

According to Gronroos (1984), service quality is measured as technical and functional quality, where technical quality in the health care sector is defined primary on the basis of the technical accuracy of the medical diagnoses and procedures, or the conformance to professional specifications, while functional quality refers to the manner in which the health care service is delivered to patients (Lam, 1997). Even though, claimed that technical qualities are not a truly useful measure for describing how patients evaluate the quality of a medical service encounter, Ware and Snyder (1975) stated that technical quality has high priority but most patients do not have the knowledge to evaluate effectively the quality of the diagnostic and therapeutic intervention process or do not have necessary information for such evaluation cause it is not shared with patients. Thus patients base their evaluations of quality on interpersonal and environmental factors, which medical professionals have always regarded as less important (Yeşilada et al., 2010). In their studies Parasuraman, Zeithaml and Berry (1985, 1994) found a positive and significant relationship between individual's perception of service quality and their willingness to recommend the company. They conclude that service quality is the difference between customer expectation and perception as it is being received by the customer, because consumer's perception is the main indicator of quality in health care service. Service quality have a significant effect on patient satisfaction, and satisfaction in turn has a positive relationship

to purchase intentions and customer loyalty (Cronin and Taylor, 1992, O'Connor 1994).559 Rezarta Kalaja et al. / Procedia - Social and Behavioral Sciences 235 (2016) 557 – 565 Garvin (1988) determined quality along 8 dimensions – performance, features, reliability, conformability, durability, serviceability, aesthetics and perceived quality. Finally, Parasuraman, Zeithaml and Berry (1985) describes service quality using a disconfirmation model that compared customer expectations and perception, from which they developed the gap model. This model has been used in a wide variety of studies to assess both the customer's service expectations and perceptions of the provider's performance (Ladhari 2009; Zarei, Arab et al., 2012). The SERVQUAL instrument was designed to measure service quality using both the gap concept and service quality dimensions. The original SERVQUAL contains 22 pairs of the statements using a seven - point Likert scale, on five service quality dimensions which are:

1. Tangibles: - The appearance of physical facilities, equipment, appearance of personnel and communication Material.
2. Reliability: - The ability to perform the promised service dependably and accurately.
3. Responsiveness: - The willingness to help customers and provide prompt service.
4. Assurance: - The knowledge and courtesy of employees and their ability to inspire trust and confidence.
5. Empathy: - The caring, individualized attention the hospital provides to its patients.

According to this scale, quality defines a gap between perceived expectation and performance and if the performance exceeds expectations the customer will attain more satisfaction (Kopalle and Lehmann, 2001). The questionnaire has two sets of similar statements where the first is a customer expectations measure, and the second is a measure of customer perceptions to the actual service delivered. It has widely applied by different researchers in a diversity of service settings, including hospitals (Andaleeb, 2000). Although there is a dose of criticism on the validity and reliability of SERVQUAL instrument, different researchers argued that it remains a useful tool for measuring service quality and it is reliable and valid in the hospital environment (Buttle 1996, Babakus and Mangold, 1992).

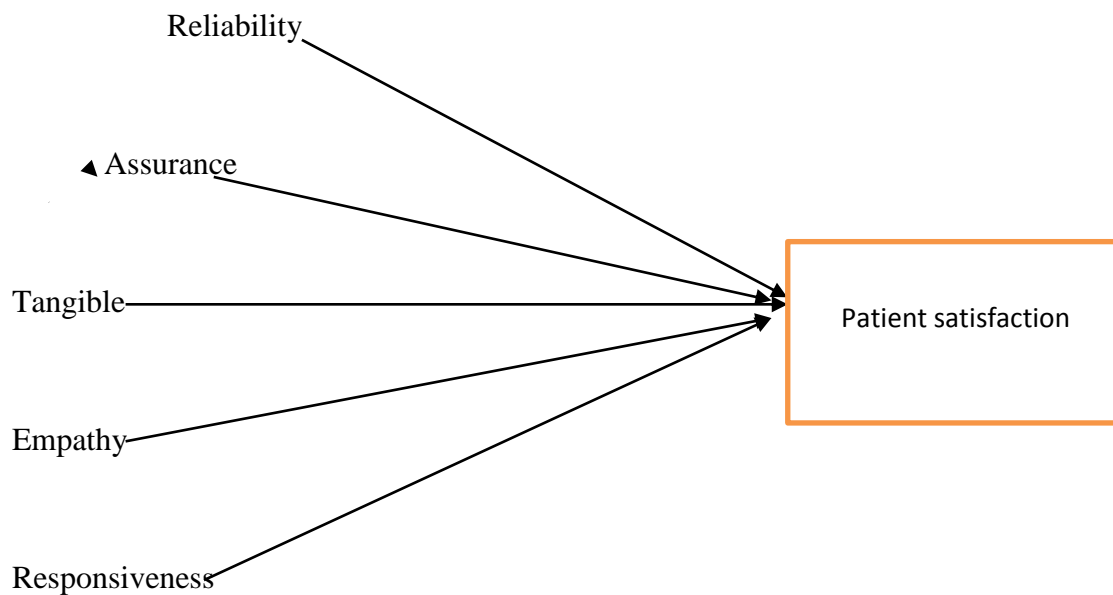


Figure 1 SERVQUAL research model (source: Rula Al-D, 2017, p 137)

Reliability: - Implies the ability to perform the promised service dependably with reliability and accuracy (Rula Al-D, 2017, p 137)

Assurance: -Involve employees' competence and courtesy, and their ability to convey confidence and trust (Rula Al-D, 2017, p 137)

Tangibles: -Feature physical facilities, supplies, staff and communication materials (Rula Al-D, 2017, p 137)

Empathy: The implementation of customer care and individualized attention (Rula Al-D, 2017, p 137)

Responsiveness: -Indicates the willingness to help customers and to provide prompt service.(Rula Al-D, 2017, p 137)

2.2 Empirical Review

This section outlines past studies touching on factors that affect service quality of health care. In particular, the studies focus on, professional competency, Medical equipment and price in relation to delivery of quality health care.

2.2.1. Health Care Service Quality

Customers are the key evaluator that plays a significant role in measuring the quality of service or product. In health care sectors, customers are the patients and their perceptions are considered to be the main indicator while assessing the service quality (Cronin and Taylor, 1994).

Moreover, service quality can be defined as well as “conformance to customer specification”. According to Gronroos (1984), service quality is measured as technical and functional quality, where technical quality in the health care sector is defined primary on the basis of the technical accuracy of the medical diagnoses and procedures, or the conformance to professional specifications, while functional quality refers to the manner in which the health care service is delivered to patients (Lam, 1997). Even though, claimed technical qualities are not a truly useful measure for describing how patients evaluate the quality of a medical service encounter, Ware and Snyder (1975) stated that technical quality has high priority but most patients do not have the knowledge to evaluate effectively the quality of the diagnostic and therapeutic intervention process or do not have necessary information for such evaluation cause it is not shared with patients. Thus patients base their evaluations of quality on interpersonal and environmental factors, which medical professionals have always regarded as less important (Yeşilada et al., 2010). In their studies Parasuraman, Zeithaml and Berry (1985, 1994) found a positive and significant relationship between individual’s perception of service quality and their willingness to recommend the company. They conclude that service quality is the difference between customer expectation and perception as it is being received by the customer, because consumer’s perception is the main indicator of quality in health care service. A study was conducted at public hospitals in Lahore, Pakistan, and it has shown that timeliness of service, staff friendliness, service reliability, empathy, physical structures and supply availability are essential aspects that significantly improve the quality of service (Syombua, C., &FN, K. 2018). Different researches were presented by different people in connections with the impacts of quality health care on customer satisfaction in public Hospital.

Quantitative study that was conducted at the outpatient private wing service in Addis Ababa, and found that better satisfaction rate of clients were reported on the professionals characteristics of courtesy and respect of clients, listening, explanation, advice and information sharing, which on average was 78.2 %. But a relatively low performance was observed in the service characteristics. Only 59 % of the clients were satisfied with the general cleanliness of the physical environment, 73.1 % had got the ordered laboratory service and only 22.8% of them had the prescribed medication. He concluded as implementation of the health care financing reforms has brought some improvements of quality and a rise in patient satisfaction in the private wings of public hospitals. On the other hand, different studies conducted in different parts of Ethiopia revealed that the level of clients' /customer/ satisfaction was 46.9% in Jimma University hospital (by respondents with the time spent to see a doctor), 47% in Yekatit 12 Hospital Medical College, 53% in Selected Addis Ababa Hospitals, 22.0% in Gondar, 41.7% at Jigjiga town, and 57.7% at Debrebirhan Referral Hospital (Fekadu Asefa, Andualem Mosse, 2011; Fikirte Woldeselassie, 2019; Gebreyesus, 2019; Getabalew E. Bekel, Yimer S. Yimer, 2018; Rahel Mezemir, Darye Getchew).

2.2.2 Professional competency

The staff of public health facilities plays a very significant task in performance of pertinent healthcare services. Bibi, (2018) the aim was to recognize the effect on employee performance of talent management activities among employees in Pakistan's health care organizations. Cross-sectional design and quantitative approach are the methods utilized in this analysis. The sample gathered by utilizing the population convenience sample. The research sample included 364 staff from health institutions, to assess the employee's success on the basis of skills management. Data collection questionnaires have been used. The study results showed that talent management, namely recruiting and selecting talent, coaching and guiding in the learning and talent development, compensation for the retention of talent in the performance of employees were significantly positive. A study conducted by Sewe (2018) tried to find the impact of recruitment, training, compensation, as well as performance management practices on the quality of health care. The work was rooted in human resource, energy and resources, environmentally 23 appropriate theories and the value model for services. In the third quarter of the fiscal year 2017/2018, the two demographic groups of concern included permanent clinical and caregivers and patient complaints regarding the clinicians and nurses' reactivity and reliability. The research

targeted the views of 97 people out of the 130 permanently working physicians and nurses in a systematic random sample. The significance of the relation between the variables was evaluated using a multiple regression analysis. Hypothesis tests discovered that recruitment as well as compensation, unlike training and performance management, the relationship with quality of health care was statistically important. Qualitative results offered additional proof of the value of training and productivity management to ensure that healthcare is preserved in professional condition.

Researchers have also found that, in Croatian, the perceived service quality dimensions were statistically significant with the overall customer satisfaction and three factors (output quality is the most significant impact followed by assurance and reliability) have significantly influenced customer satisfaction (Suzana Marković, Dina Lončarić, Damir Lončarić2014).

The other researcher was conducted on improving the service quality of health care in Ghana by Keelson et al, (2014). The study was purposed to consider how encouraging use of locum nursing could aid in managing nurse shortage in the country and consequently improve the Service quality of healthcare in Ghana. To be able to address the research problem and achieve the objectives, thirty public hospitals and thirty private hospitals were selected from the three Major cities in Ghana to provide data for the study. Also, 250 locum nurses were sampled for Information. Nursing Supervisors or Hospital Administrators from the selected hospitals were Use as informant for the study. The findings confirmed that locum practice in Ghana was relatively low. Similarly, the paper also suggested that locum contribute to addressing the issue of nurse shortage in Ghana. At the same time locum nursing was found to contribute to quality Healthcare delivery in the country.

2.2.3. Medical Equipment

Medical care requirement goes over and above health organization's capacity: poor infrastructure, skilled manpower impede the provision of quality health services. In order to effectively diagnose and treat patients, for example, a good patient information system is required. The availability of vital drugs and accompanying equipment has a substantial impact on health-care delivery (Mohammad, 2013). Mwancha (2018) the goal is to research different factors that affect the provision of these health care services, particularly with regard to Nyamira County health centers. In the data collection method, the research employed a descriptive survey

approach. The study population was projected to be 1680, consisting of patients, health staff (doctors, nurses, physicians, lab technicians and pharmacists), county health officials and political leaders. The researchers concluded that the healthcare system delivered by the county's 27 government hospitals had also been improved; health facilities were networked to allow information to be exchanged and paperwork was reduced. However, in other healthcare industries, the county of Nyamira has not properly controlled its money and lacked accountability. Kinyajui and Awour (2019) examined the effect of the organization environment on health care service delivery under the devolved system. It was conducted in Kiambu County in Kenya. The analysis employed cross-sectional study design, which is a descriptive research that involved collection of data once from 100 respondents at management level both at the county and the three level 5 hospitals in Kiambu County. Primary quantitative data was collected and analyzed. Results indicate that political influence, conflict interest, inadequate human resource capacity and weak monitoring and evaluation negatively affected health care service delivery under the devolved system.

National government policies had a positive impact on service delivery by increasing revenue and availability of diagnostic and treatment machines. Drug availability is critical because a shortage of the same could result in patient fatalities. In relation to this, a research by (Tumwine et al., 2011). Ease of access and expiration of vital supplies as well as medicines in a rural hospital in Uganda have been analyzed through 'pull' and 'push' drug acquisition schemes. The goal of the study was to see how 'pull and push' medication purchase strategies affected the availability as well as decrease of expired medical supplies and vital medicines at Kilembe Hospital, as well as the variables that influence supply.

The study found that a lack of transportation, inadequate training, and insufficient money all led to the shortage of needed supplies. The results led to the conclusion that the 'pull' approach improved the affordability of vital pharmaceuticals and reduced the magnitude of medical supply expirations.

A latest intervention study dubbed Leadership Saves Lives concentrated on leadership actions aimed on promoting positive changes in organizational culture in 10 hospitals in the United States (US). The findings revealed that over two-year period, changes in culture diverged significantly amongst hospitals (Curry et al., 2018). It was noted that in hospitals that had

significant as well as positive cultural shifts, change was more prevalent in certain domains, for example opinion of the learning environment, safety perception and support by management. It was also noted that hospitals experiencing 13 positive cultural changes also had had notable decline in risk standardized mortality rates in the current context acute myocardial infarction treatment (Curry et al., 2018). The results from the US hospitals demonstrates the features of culture which require attention from the leaders of the hospitals, particularly, promoting learning environment, providing continued and noticeable senior management supports to clinical teams and ensuring the employee safety is improved and they are able to give their views on things they perceive not to be correct (Jacobs et al., 2013). It was also revealed in a qualitative case study of 6 hospitals that there is outright dissimilarity in the cultural profile of low and high performing hospitals regarding; human resources policies, accountability and information systems, leadership style and management orientation on association amongst organizations in the local health economy. Each of these gives possibly significant focuses to intentional cultural change focused on execution improvement (Mannion et al., 2015). Panda and Thakur (2016) performed research in India on healthcare systems performance after decentralization. As per the research, decentralization objects have a substantial impact on management processes as well as health outcomes, as well as administrative, political, and financial ramifications, which looked at the problems, dimensions, as well as derivatives in India.

The research included an assessment of existing literature using Google Scholar and PubMed's web-based search methods. A total of 180 relevant articles were examined. According to the conclusions of the study, decentralization in the public health sector has numerous features. In this regard, it was observed that at the facility level, the effectiveness of health unit governance would be determined by elements such as leadership competencies, community involvement, or true decision-makers' interests.

2.2.4. Price

Studies in the past have focused on financial factors before the decentralized health sector. In the current devolved government, there have been few research studies on the financial factors and have not addressed the impact of financial allocation by county governments on health care service delivery under the devolved system. (Grundy et al., 2014) presented an analysis of the restructuring of health services in the Philippines where he pointed out that the decentralization

of health services in certain regions, primarily remote and rural areas, culminated in a deterioration in the health care coverage and quality of services. The analysis also stated that the implementation of devolved powers induced a negative attitude, the lack of use of resources in different health care facilities, poor supervision and funding of healthcare operations. Hartwig et al. (2019) investigated the effects of decentralization of health-care financing on maternity care in Indonesia. The research looks at how sub-national health-care financing strategies differed in numerous Indonesian districts and evaluated the impact of the indicated local schemes on maternal-care provision between 2004 and 2010. Data from a Pseudo panel was used. The findings of the research study suggested that the adoption of district plans resulted in an increase in prenatal care visits. Furthermore, households without access to a national health insurance financing plan saw a large rise in the availability of basic as well as suggested antenatal care services. Lastly, programs like the Antenatal Care (ANC) package had a positive impact on the research area's local healthcare finance schemes.

Most counties' health facilities are experiencing shortage due to financial limitations and lack of prioritization by the county administration leading to inadequate infrastructure and limited supplies hence affecting health care service delivery under the devolved system. Additionally, availability of financial resources ensures high quality services through high quality inputs. The distribution of financial resources often guarantees that workers get paid on schedule as decent jobs appear to be done with full pockets (Mosadeghrad & Ferdosi, 2014).

Counties need to explore alternative sources of funds to finance health care service delivery. The combination of reliable sources affects the volume of financial capital to mobilize, performance, healthcare costs and equity trends (World Health Organization, 2002). Some of the options to be considered is the adoption of insurances and Private–Public health partnerships where private entities, including private firms and funders, fund several public health initiatives. Akacho (2014) sought to identify the variables affecting health services provision in Kenya primarily focusing on the Kenyan public health sector, Uasin Gishu District Hospital case. The analysis was based on the census research concept, which centered on all workers in the hospital in Uasin Gishu District only. A group of 96 employees from the same hospital were pooled and all employees from different hospital divisions were considered. Questionnaires were used in gathering of the data, analytical tools like the median, average, correlation analyses were

employed. A research has shown that there is a shortage of adequate financial resources to sustain the daily operations of the hospital, as there are insufficient funds to supply the pharmaceuticals.

Kenya has signed the Abuja pronouncement under which African countries pledged to 15% of the national budget should be channeled health, however Kenya has never honored this commitment and the health sector budget has never been above 10% of total national budget (Briscombe et al., 2010). Combined national and county government budget 2016/2017, health was allocated only 7.6% (MOH budgetary analysis, 2017). The resources allocated are not adequate to address the medical needs for the growing Kenyan People. Moreover (Curry et al., 2018)) asserted that the recurrent expenditures and allocations mostly dominate the general Medical Services sub-sector. In many low and middle income countries, budget allocation does not factor in current changes in health care needs like increased population size and diverse disease patterns restricting the ability of health care services to respond to these changes which in turn negatively influence the delivery of health care.

2.2.5. Consumers or Patient Satisfaction

Quality of care in hospitals is measured using two metrics: patient outcomes and patient satisfaction. Satisfaction is the feelings of pleasure or disappointment of a person resulting from comparing the perceived output (or outcome) of a product or service with respect to their expectations (Kotler P, 2000). Patient satisfaction tends mainly to be attitudes about Treatment or treatment aspects (Jenkinson, C. A., Coulter, A., Bruster, S., Richards, N., & Chandolaet, T. 2002).

Different studies conducted in different parts of Ethiopia revealed that the level of clients /customer/ satisfaction was 46.9% in Jimma University hospital (by respondents with the time spent to see a doctor), 47% in Yekatit 12 Hospital Medical College, 53% in Selected Addis Ababa Hospitals, 22.0% in Gondar, 41.7% at Jigjiga town, and 57.7% at Debrebirhan Referral Hospital (Fekadu Assefa, Andualem Mosse, 2011; Fikirte Woldeselassie, 2019; Gebreyesus, 2019; Getabalew E. Bekel, Yimer S. Yimer, 2018; Rahel Mezemir, Darye Getchew, 2014).

on the other hand in different countries of the world showed that clients' satisfaction accounts 75% in Bangladesh (Aldana, J. M., Piechulek, H., & Al-sabir, A.), and 41.3% in Pakistan(Kauzer Aftab, Shahs Ali, Zubia Qureshi, M. A. 2017).

On the other hand, as of a study finding done at a public hospital at Ho Chi Minh City, Structural Equation Model analysis result showed that the Perceived Quality of hospital's services has significant impact on the patient's satisfaction (CHAM, L. B. 2016).

2.3. Conceptual frame work

Based on the above related literatures and concepts the following conceptual framework developed

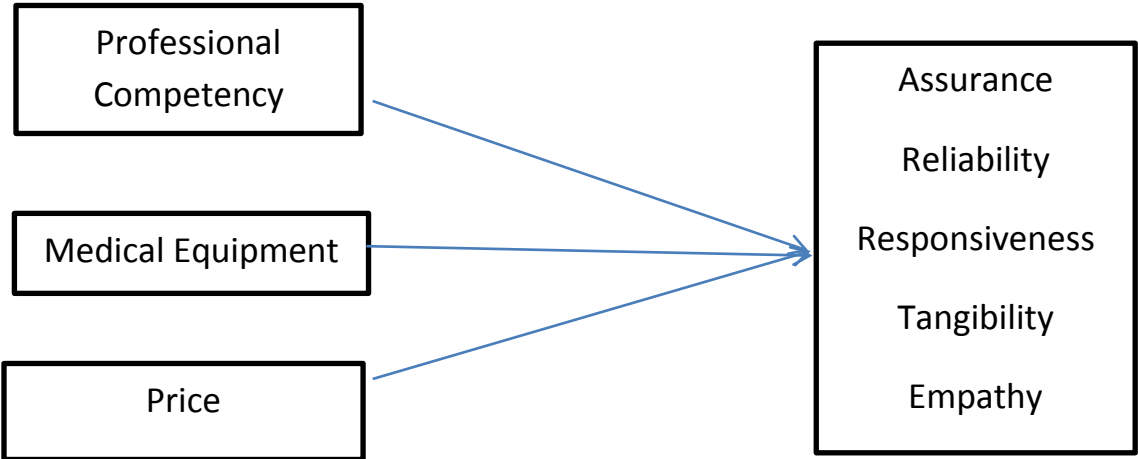


Figure 2 Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This study represents about factors affecting services quality in Gandhi memorial Hospital. This chapter deals with the methodology used to conduct the research. It includes the research approach, research design, data types and data sources, population of the study, sampling techniques and procedures, data gathering instruments, data analysis techniques, reliability and validity and finally ethical consideration.

3.1. Research Approach

The study is an institutional based cross-sectional study. The study is a quantitative design.

3.2. Research Design

This was a cross sectional explanatory descriptive study. For data analysis, a descriptive design was used. This was due to the fact that the current research proposed a specific description of factors affecting the service quality health care, as well as the link (or association) between these two study domains. The study used a quantitative technique in addition to a descriptive survey design. This was based on the claim that the research aimed to collect quantitative data utilizing a structured questionnaire in conjunction with all of the study characteristics defining quality health care delivery in Gandhi memorial hospital .a quantitative technique can be reduced to an inferential approach, which allows conclusions to be drawn about correlations in a particular population.

3.3. Data Types and Data Source

In this study, it took a primary and secondary data that were used for analysis and describe the Problem raised in the statement of the problem. According to Malhotra (2005), primary data are originated by the researcher for the specific purpose of addressing the problem at hand. Thus, the Primary data were originated by the researcher for the specific purpose of addressing the problem that was indicated in the first chapter. Primary data was collected through structured questionnaires. Secondary data was also employed in this study. Secondary data are usually collected from existing reports and statistics by Government agencies and authorities. Thus, the

secondary data were collected from existing reports and statistics by government agencies and authorities and the selected hospital.

3.4. Population of the Study

The study population of this study were those mothers who came for seeking Gynecological and obstetric care service in GMH found at any age.

3.5. Sampling Procedure

The study used simple random sampling for selecting the sample. The population was consumers that came for getting medical care at inpatient gynaecology ward, postnatal ward, inpatient obstetric ward, and labor ward.

Single population proportion formula was used to determine the required sample size. The sample size was calculated using customers satisfaction proportion from the previous and recent literatures.

- N.B: $n = \text{Total sample size} = 338$

The study population used those mothers who came for inpatient medical care at different unit. Single population proportion formula is used to determine the required sample size. The sample size used calculated using “customer’s satisfaction proportion from the Factors Affecting the Delivery of Quality Health Care Services: clients who were satisfied for overall health care services were 31 (67.4%) (Clients Satisfaction Level toward Health Care Service in Selected Addis Ababa Hospitals, Ethiopia, 2016.). By considering 95% confidence interval ($Z=1.96$) and 5% margin of error (d). The quantitative sample size will be determined using the formula by Fisher (1998)

$$n = (Z\alpha/2)^2 P (1-P)/d^2$$

$$n = (1.96)^2 \times 0.674 (1-0.674) / (0.05)^2 = 337.636 \approx 338$$

3.6. Data Gathering Instruments

The study used interviewer-administered questionnaires to collect data from consumers. The questionnaire was developed in English and translated into Amharic (the local language) and back translated into English to ensure its consistency. The questionnaire was adopted from a

validated tool called SERVQUAL and it comprises 25 questions (service quality dimension sub components and consumer satisfaction) to measure healthcare service quality. The questionnaire was used to measure five (5) quality dimensions; these are tangible, assurance, responsiveness, reliability and empathy. The instrument has been pre-tested to make the questionnaire suitable for hospital and consumers, and to ensure a better awareness of the statements. The questions were divided into five parts; Demographic profile, the health care service dimension, price, medical equipment and professional competency.

3.7. Description of Variables

3.7.1 Dependent variables

The dependent variable in this study is Assurance, Tangibility, reliability, Empathy and Responsiveness.

3.7.2. Independent Variables

The independent variables are categorized Professionals Competency, Medical Equipment and Price.

3.8 Methods of Data Analysis

Once the usable responses from the questionnaires were collected, the data was recorded and Coded into SPSS version 25 software. The collected data was analyzed and interpreted by using by quantitative techniques namely descriptive and inferential analysis techniques.

3.9 Reliability

To examine the reliability of this study Cronbach's Alphas was calculated for each variable by the researcher using SPSS. Accordingly, a Cronbach's Alpha value of >0.7 indicates a considerably high reliability. Therefore; Cronbach's Alpha values >0.7 used to indicate the higher degree of internal consistency in this study. According to Kothari, reliability is a measure of how stable, dependable, trustworthy and consistent a test is in measuring the same thing each time. Most importantly, the data, the researcher analysed should map to the research questions the researcher has tried to answer (Kothari, C.R. 2008).

3.10. Validity

Validity of an instrument is a measure of the degree to which the result obtained using the instrument represents the actual phenomenon under study (Mugenda & Mugenda, 2003). This therefore translates into the accuracy and meaningfulness of inferences which are based on the research results. A pilot study was conducted to help establish content validity of the instruments. So 20 questionnaires were prepared and distributed all of them were filled. The questionnaire items were constructed using valid wordings with logical sequencing of the questions to ensure logical flow of information and thought process of respondents. The research instrument was reviewed and amended by experts in the area of study.

3.11. Ethical Consideration

The personal integrity of each participant was respected in the process of conducting the research. Every participant in the research was informed duly in accessible manner about the purpose of the research and asked orally his/her consent before any information soliciting was begun. No information was solicited from a participant without his/her prior consent the information provided by each respondent has been kept confidential and will only be used for research purpose.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

In the previous chapters, orientation of the study, literature review and the research design and methodology had been presented. This section attempted to present the outputs of analyzed information and their interpretation. The analyzed data were summarized under descriptive and inferential analysis. The descriptive analysis described the demographic profile of respondents, the summary of responses in each item, the responses in service quality and the responses in professional competency, medical equipment and price Gandhi memorial hospital. Our Population study was customer or clients who came and admitted in Gandhi memorial hospital. Three hundred thirty eight (338) participants were selected for the study, only 302 questionnaires were filled issued in Gandhi memorial hospital. This translated to a response rate of 89.9 %. This is an acceptable response rate for descriptive surveys, as postulated by Nulty (2008).

4.1 Validity Analysis

Validity of an instrument is a measure of the degree to which the result obtained using the instrument represents the actual phenomenon under study (Mugenda, 2003). This therefore translates into the accuracy and meaningfulness of inferences which are based on the research results. A pilot study was conducted to help establish content validity of the instruments. So 20 questionnaires were prepared and distributed to Gandhi memorial Hospital and all of them were filled. The questionnaire items were constructed using valid wordings with logical sequencing of the questions to ensure logical flow of information and thought process of respondents. The research instrument was reviewed and amended by experts in the area of study

4.2 Measurement of Reliability (Cronbach's Alpha)

Malhotra (Malhotra, 2005) state the coefficient alpha is the average of all possible split half coefficients resulting from different ways of splitting the scale item. Table 1: Reliability Test by Cronbach's Alpha The table indicates the reliability test result of variables and each variable has four items. This is an important that measuring instrument is reliable if it provides consistent results. The Cronbach's Alpha of all the variables are more than 0.75 and it indicates that variants of reliability were very assured through standardizing the condition under which the instrument

administered (stability aspect) and employed the same design of measurement for the whole sample (equivalence aspect). Cronbach's Alpha-values was applied to determine the reliability of the construct as a measurement instrument as given a very good result.

Study Constructs	Test items	Cronbach's Alpha Coefficient
Assurance	4	0.787
Responsiveness	4	0.845
Reliability	5	0.834
Tangibility	4	0.812
Empathy	4	0.813
Price	1	0.853
Medical Equipment	3	0.823
Professional competency	4	0.832

Table 1 Reliability Test by Cronbach's Alpha

4.3. Descriptive analysis

In this section, the demographic profile of respondents of this study and their responses in service quality and patients' satisfaction were summarized and presented. The summarized responses of these respondents were also described in line with the basic research questions.

4.3.1 Demographic characteristics of the respondents

	Characteristics	Frequency	Percent
Gender	Female	302	100
Age	15-24	63	20.9
	25-49	228	75.5
	≥50	11	3.6
Educational level	Illiterate	20	6.6
	Read and write	5	1.7
	Primary(1-8)	54	17.9
	Secondary(9-12)	95	31.5
	Certificate	23	7.6
	Diploma	10	3.3
	BA/BSc degree	87	28.8
	MA/MSc degree	8	2.6
Marital status	Single	8	2.6
	Married	277	91.7
	Divorced	6	2.0
	Widowed	9	3.0
	Other	2	0.7

Table 2 Demographic profile of Respondents

With regard to the age distribution of the respondents, the largest age group of respondents 228 (75.5%) were respondents who were in the age group of 25 to 49 years. This relatively large numbers of respondents indicated that the medium age group patients' number were larger than patients' who have more than 50 years old and respondents who have less than 24 years old. On the other hand the smallest age group of respondents 11 (3.6%) were respondents who were in the age group of above 50 years. The next larger age group of the respondents 63 (20.9%) were respondents who were found in the age of 15 years to 24 years old. This second largest number of age group of respondents indicated that the youngest patients' numbers were larger than other age group patients next to the medium age group patients of this hospital. The Gender of the respondent were all are female and young. With regard to the educational status of the respondents, the largest group of educational status of the respondents 95 (31.5%) were respondents who have 9-12 grade educational status. On the other end the smaller number of respondents 5(1.7%) were respondents who has able to read and write. The other educational

statuses of the respondents were found between these two extreme as seen in table 2 above. Out of the total respondents 54(17.9%) were primary level of education (1-8), 23(7.6%) of the respondents had certificate, 20(6.6%) were illiterate, 28.8% were BA/BSc degree holders, 3.3% were diploma holders and finally 2.6% were Ma/MSc degree holders. This implies that more educated consumers are getting service at health facilities or they are keeping their health more than the others. Out of the total respondents 13.6% of the respondents were single, 80.6% were married, and 3.2 % were divorced, 1.3% were widowed and 1.6 % were others.

4.3.2. Summary of responses in the items (descriptive results)

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

4.3.3 Assurance dimension

To assess the service quality in health care, respondents were requested on Assurance. Assurance was important dimension and that explains how knowledge and courtesy of health care professionals and their ability to inspire trust and confidence. It was calculated by 4 elements. The evaluation focused on reflecting the consumer perspective to what extent the dimensions of assurance are implemented GMH. As shown in Table 3, it is clear that the assurance practices viewed by the respondents as a high category of practice. Statistical analysis shows that the assurance dimension has the first rank and the highest arithmetical mean with average (3.58) and SD (0.70). In which the item "I feel secure in using the hospital services" has the highest mean (3.75) and "the hospital staff at this hospital are courteous and customer friendly" has the lowest mean medium category (3.44).

Respondents' responses on Assurance			
	N	Mean	Std...Deviation
Stuffs are courtesy and friendly to the client	302	3.44	.852
Health professionals have ability to handle problems	302	3.42	.897
I trust the health professional expertise and skill	302	3.71	.707
I feel secure in using the service at the hospital	302	3.75	.332
Grand mean of assurance	302	3.58	0.70

Table 3 Respondents' responses on assurance

4.3.4 Tangibility dimension

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

Respondents' responses on Tangibility			
	N	Mean	SD
Enough medical equipment in the hospital	302	2.75	.936
The medical equipment's are modern	302	3.17	.921
Waiting facilities for attendants and patients are in good status	302	3.40	.809
The hospital environment are healthy	302	3.54	.872
Grand mean of Tangibility	302	3.43	.810

Table 4 Respondents' responses on tangibility

Table 4 indicates that the service quality in health care, respondents was requested on tangibility and the mean ranges from 2.75 To 3.54 .This was based on the dimension consist of Physical facilities, equipment, and appearance of personnel of an organization. It was measured by 4 items. The assessment focused on reflecting the patient perspective to what extent tangibles dimension is implemented at GMH from table 4 is that respondents' have perceived tangibles practices as medium category. Statistical analysis revealed with mean (3.17) and standard deviation (0.91). Where the item “the hospital’s environment healthy/or clean” has the highest

mean which is (3.54), and the item “There are enough medical equipment in the hospital” has the lowest mean which is (2.75) with medium category.

4.3.5 Empathy dimension

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

Respondents' responses on Empathy			
	N	Mean	Std...Deviation
Stuffs pay attention to me	302	3.46	.085
Hospital provides service at the times suitable to clients	302	3.45	.621
The medical stuffs respond to customer	302	3.44	.791
I feel secure in using the service at the hospital	302	3.39	.929
Grand mean of Empathy	302	3.43	.131

Table 5 respondent's responses on Empathy

Table 5 it was measured by 4 items. The assessment focused on reflecting the consumer perspective to what extent empathy dimension is implemented at GMH. From table 5 that respondents' have perceived empathy practices as medium category. Statistical analysis revealed that empathy dimension with mean (3.43) and S.D (1.13). Where the item “The hospital staffs/team pay attention to me.” has the highest mean which is (3.46), and the item “The hospital prioritizes the interest of the consumers”, has the lowest value which is (3.39). The study attributed the causes of medium level of perceived empathy practices at GMH affected the provision of caring and individualized attention to consumers ,Over all, one fault in health issue may be exaggerated widely as it is related to human life. Thus, the hospital needs to improve its personnel as they need to provide or give personal attention. There are also problems related to individual attention to customers.

4.3.6 Reliability dimension

Reliability was the other variable that deals with the ability to perform the promised service dependably and accurately by the organization.

Respondents' responses on Reliability			
	N	Mean	Std. Deviation
The hospital stuffs perform services and procedures correctly	302	3.20	.352
The hospital shows special attention to the problems	302	3.35	.895
I feel confident when receiving medical service	302	3.58	.811
Service providers have sincere interest in solving my problems	302	3.28	.065
The hospital stuffs perform service and procedure correctly	302	3.39	.580
Grand mean	302	3.36	1.36

Table 6 Respondents' responses on reliability

Table 6 assessed the service quality in health care, respondents were requested on reliability and the mean ranges from 3.20 to 3.9. Reliability was the variable that deals with the ability to perform the promised service dependably and accurately by the organization. Five objects were assessed. The evaluation focused on reflecting Patient perspective on the extent to which reliability dimension is being implemented at GMH. It is evident from the table 5 that the reliability practices perceived by the respondents as medium category. Results further showed a mean (3.36) and standard deviation dimension of reliability (1.361). For which the item "I feel confident in accessing medical care" has the highest score (3.58) and the item "The hospital perform service and procedures correctly" has a medium category and the lowest score (3.28) respectively. In general, there is need of continues improvement of the service quality in the given hospital in the area of providing services at the time, problem solving capability, on error-free records and to get things right the first time . Yousapronpaiboon et al., (2013) revealed that SERVQUAL' five latent dimensions had a significant influence on overall service quality and that reliability had the most influence; followed by empathy, tangibles, assurance, and finally reliability.

4.3.7 Responsiveness Dimension

Responsiveness was the other dimension and that focuses on the willingness to help customers and provide prompt service. Respondents were requested to rate their perception based on hospital has effective (functional) equipment to put on service, personal in the hospital tell exactly when services will be performed.

Respondents' responses on responsiveness			
	N	Mean	St Deviation
Service provider explain the service to me very clearly	302	3.46	.085
The hospital staff always willing to help me	302	3.45	.621
Hospital stuffs meet my need	302	3.34	.791
Service providers address my questions appropriately about any procedure	302	3.71	.929
Grand mean of Responsiveness	302	3.43	1.24

Table 7 Respondents' responses on reliability

The evaluation focused on reflecting the perspective of consumers to what extent the dimension of responsiveness is implemented at GMH. It is clear from table 7 that the sensitivity behaviors viewed by the respondents as medium level. Statistical analysis revealed that the response dimension has the second rank with mean (3.43) and standard deviation assurance (1.249). In which the item "Service Providers address my questions about any procedure appropriately" has the highest mean that is (3.71) with highest mean and the item "Hospital staff meet my needs" has a medium category and the lowest mean that is (3.34).

4.3.8 Price

Respondents were requested on price of the health care system, improving health status and the overall service quality of the hospital is remarkable. It was related to Patient satisfaction related overall service cost of the hospital and payments.

Respondents' responses price			
	N	Mean	St Deviation
Am Satisfied with the cost that I paid for the service	302	2.45	0.89

Table 8 Respondents' responses on price

4.3.9 Professional competency

Respondents' responses professional competency			
	N	Mean	St Deviation
I trust the health professionals expertise and skills	302	3.34	0.79
The health professionals have ability to handle my problem	302	3.45	0.42
The service provider explains the service to me very clearly.	302	3.39	0.74
The service providers address my questions appropriately about any procedure.	302	3.40	0.69
Grand mean		3.38	0.72

Table 9 Respondents' responses on professional competency

Respondents were requested on professional competency of the Hospital health care providers, improving health status and the overall service quality of the hospital is remarkable. It was related to Patient satisfaction related to professional competency. Statistical analysis revealed the service provider explains the service to me very clearly has the second rank with mean (3.39) and standard deviation (0.74). In which the item the health professionals have ability to handle my problem Hospital has the highest mean that is (3.45).

4.3.10 Medical equipment

Respondents were requested on Medical equipment of the health care system of the hospital. It was related to Patient satisfaction related Medical equipment.

Respondents' responses on Medical equipment			
	N	Mean	Std. Deviation
There are enough medical equipment in the hospital	302	1.17	.535
Hospital has effective (functional) equipment to put on service correctly	302	1.53	.867
Grand mean	302	1.34	.841

Table 10 Respondents' responses on Medical equipment

4.4 Inferential Analysis

4.4.1 Correlation Analysis

Like the descriptive statistical methods, i.e. demographic factor, and the scale typed questionnaire entered to the SPSS software version 25 to process inferential statistics methods employed such as: simple correlation and multiple regression to test the hypothesis. Pearson correlation test was conducted to know the degree of relationship between the independent variable i.e. professional competency, medical equipment and price the dependent variable i.e. service quality. Based on the questionnaires which were filled by the customer of GMH, the results of the correlation analysis between these variables are shown in table 9. Below.

The Pearson correlation coefficient is a ratio of a measure of the covariance to the total variability of both variables. It ranges from -1.0 to 1.0 . A correlation of 1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately. The covariance is exactly the same as total variance of both variables. In a scatter plot, all of the points would lie on a straight line going from the lower left to the upper right. (This is sometimes called a perfect correlation.) A correlation of -1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately, but in the opposite direction. When x is above the mean, y is below it, and vice versa. In a scatter plot, all of the points would lie on a straight line going from the upper left to the lower right. A correlation of 0 means that the two variables are completely unrelated. There is no pattern relating the variability of one variable and the other. In a scatter plot, all of the points would be scattered uniformly in a filled circle. There are many uses of correlation in business. We can search for correlations in the market—do customers who purchase one product tend to like certain other products? This sort of information can guide our marketing efforts with current customers. It is known that we will hear more about correlation when we learn about regression, which is a statistical way of looking at cause and effect using the values of individual subject units.

		Overall Service Quality	Professional competency	Medical equipment	Price
Overall Service Quality	Pearson Correlation	1	0.747	0.831	.004
	Sig. (2-tailed)		0.000	.000	.398
	N	302	302	302	302
Professional competency	Pearson Correlation	0.747	1	.650	.225
	Sig. (2-tailed)	.000		.001	.000
	N	302	302	302	302
Medical equipment	Pearson Correlation	0.831	.650	1	.170
	Sig. (2-tailed)	.000	.001	.001	.001
	N	302	302	302	302
Price	Pearson Correlation	0.04	.225	.170	1
	Sig. (2-tailed)	.393	.000	.001	
	N	302	302	302	302

Table 11 Pearson correlation coefficient

The Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis on Table 9 shows that there is no correlation between price and service quality. It has .004 Pearson correlations, which is below a correlation of + 1.0, means that it has a less correlation but positive in value. And it has insignificant (greater than 0.05) that is .393 of Sig. (2-tailed) test. The covariance is exactly the same as total variance of both variables. This test does not have a perfect correlation.

According to table 11 Pearson correlation matrix shows price has weak associations with service quality with a value of 0.04. As per the person's correlation, the r value range from $\Rightarrow 0.3$ Shows variables are not correlated. As a result, price has no relation with the latent construct. Based on the above table correlation analysis price has no associations with service quality with a value of 0.04. To interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed, mainly for their simplicity. His classification of the correlation coefficient (r) is as follows: 0.1 - 0.29 is weak; 0.3 - 0.49 is moderate; and $\Rightarrow > 0.5$ is strong.

The Pearson correlation coefficient calculation of the respondents' responses analysis by Correlation analysis on Table 11 shows that there is a positive correlation between professional competency and service quality. According to table 11, Pearson correlation matrix shows professional competency has strong associations with service quality of the hospital with a value of 0.747. As per the person's correlation, the r value range from $\Rightarrow 0.5$ shows variables are strong correlated. As a result, professional competency has strong relation with the latent construct. Based on the above table correlation analysis, professional competency has strong associations with service quality with a value of 0.747. To interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed, mainly for their simplicity. His classification of the correlation coefficient (r) is as follows: 0.1 - 0.29 is weak; 0.3 - 0.49 is moderate; and $\Rightarrow > 0.5$ is strong. Professional competency deals with the ability to perform the promised service dependably and accurately in the organization.

Table 11 shows that the Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis and indicates that there is a positive correlation between medical equipment and service quality. According to table 11, Pearson correlation matrix shows medical equipment has strong associations with service quality of the hospital with a value of 0.831. As per the person's correlation, the r value range from $\Rightarrow 0.5$ shows variables are strong correlated. As a result, medical equipment has strong relation with the latent construct. Based on the above table correlation analysis, medical equipment has strong associations with service quality with a value of 0.831. To interpret the strengths of relationships between variables, the guidelines suggested by Field (2005) were followed, mainly for their simplicity. His classification of the

correlation coefficient (r) is as follows: 0.1 - 0.29 is weak; 0.3 - 0.49 is moderate; and ≥ 0.5 is strong.

4.4.2 Analysis by Regression Analysis

Regression analysis is a statistical method to deal with the formulation of mathematical model depicting relationship among variables which can be used for prediction of the values of dependent variable, given the values of the independent (Kothari, 2004). Multiple linear regression estimates the coefficients of the linear equation, involving one or more independent variables that best predicts the value of the dependent variable. Multiple regression analysis in this research was used to model the value of the construct (Service quality) variable based on its linear relationship to the three predictors (professional competency, medical equipment and price).

Table 12 Respondents' responses analysis by regression analysis

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

a. Predictors: (Constant), Prof.com,medieq,price

Source: Own Survey,

2022

As indicated in the model summary of the analysis on Table -12 above, the value of R (.672) indicated overall relationship of the three independent variables with the dependent one which accounts for approximately 67.2 % (R²) of the variation in service quality. However, the Remaining percent (33.8%) was explained by other variables not included in this study. Thus, further investigation is required to have a clear picture of the factors that could affect the service quality.

Table 13 ANOVA Analysis

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	8.889	5	1.779	125,901	.000 ^b
Residual	113.963	297	0.301		
Total	122.859	302			

a. Dependent Variable: service quality

b. Predictors: (Constant), competency, equipment and price

Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.722	.317		11.730	.000		
	competency	0.019	0.043	0.02	8.40	0.013	0.689	1.452
	Equipment	0.232	0.54	.026	11.00	0.01	.643	1.556
	Price	0.010	.031	.017	.337	.736	.969	1.032

• Dependent Variable: service quality

Source: Own Survey, 2022

As indicated in the above table the independent variables predict the dependent variable R square= 67.2 % with adjusted R square 56.0 % the remaining 44 % other extraneous variable that can affect service quality in GMH. This result also indicates that the variable selected as independent had an effect on Service quality. Table 12, the ANOVA test, it is noticed that F value of 125.9 is significant at 0.000 level. Therefore, the result, it can be concluded that with 56.0 % of the variance (R-Square) in medical equipment is significant and the model adopted appropriately measure the construct. Table 13 presents the result of regression analysis; the result regression analysis is based on three (competency, equipment, price). The independent variables that contribute to variance of the dependent variable are explained by standardized Beta coefficient.

In the same table multicollinearity is computed, Multicollinearity refers to a situation in which there is exact (or nearly exact) linear relation among two or more of the input variables by (Ranjit, 2012). When Independent variables are multicollinear, there is overlap or sharing of productivity power that they share essentially the same information and they together explain a great deal of the dependent variable , but may not individually contribute significantly to the model. The study used Pearson correlation, Tolerance and Variance Inflation Factor to test VIF (Variance Inflation Factor) for each term in the model measures the combined effect of Dependence among the regressors on the variance of that term. One or more large VIF indicate multicollinearity. Practical experience indicates that if any of the VIF results exceeds 5 or 10, it

is an indication that the associated regression coefficients are poorly estimated because of multicollinearity (Ranjit 2012). As shown in Table 4.11 VIF result of the independent variable are less than five and this shows the variable are perfectly not correlated. The effect of the independent variables called Professional competency with significant value of 0.013, medical equipment with significant value of 0.009 and price is insignificant impact on service quality as the Sig. value is more than 0.05 (0.736).

4.5 Discussion

This study aimed to investigate factors affecting service quality at Gandhi memorial hospital in Addis Ababa. Professional competency, medical equipment and price factors were considered as the predictor of assurance, reliability, empathy, responsiveness and tangibility. Thus, primary data were collected from patients who came for medical care by adopting self-administered questionnaires to examine and understand the service quality model and factors. The collected data were analyzed by using correlation and regression analysis to address the objectives as well as to test the proposed hypotheses based on the reviewed theoretical and empirical related literature. The findings are discussed as follows:

The results of the findings revealed that professional competency have a positive and significant effect ($B = .019, p < .05$) on service quality dimensions of GMH. Professional competency of the health care providers in terms of their willingness, friendly care, giving medical service, ability to handle problem, giving treatments significantly influences the service quality to get medical service. Thus, the proposed hypothesis which states professional competency has a positive and significant effect on service quality is supported. Similarly, the medical equipment have a positive and significant effect on the service quality in GMH. Among these Medical equipment ($B = 0.013, p < .05$) shows the strongest effect on service quality. The association between service quality and medical equipment significant and positive. In this regard, the result is different. Compared to professional competency, medical equipment has also nearly equal contribution to service quality dimensions ($B = .013, p < .05$). Finally, price has insignificant impact on service quality ($B, 0.736, p < .05$). price have no effect in health services quality in GMH Gandhi memorial hospital is the only hospital in the country which provides maternity services with almost majority of the services are free. This is result is attributed to free services of hospital.

Therefore, this study concludes that professional competency and medical equipment factors are very important to enhancing service quality.

4.6 Hypothesis testing

From the above analysis, the following hypothesis are tested as follow

H 1; Professional's competency has a positive and significant impact on health care service quality.

As stated in table 4.11, service quality is affected by professional competency with beta value of 0.013 the effect is statistically significant because $P < 0.05$ which is indicated in table 4.11 with P value of 0.013 so the hypothesis professional competency has a significant effect on service quality is accepted.

H 2; medical equipment has a significant & positive effect on service quality.

In table 4.11 service quality is affected by medical equipment with beta value of 0.001. This effect is statically significant because $P < 0.05$ which is indicated in table 4.11 with P value of 0.001 so the hypothesis. Medical equipment has a significant & positive effect on service quality is accepted.

H 3; price has a positive and significant impact on health care service quality.

In table 4.11 service quality measures is affected by price with beta value of 0 .0736. This effect is statically insignificant because $P > 0.05$ which is indicated in table 4.11 with P value of 0.076 so the hypothesis price has an insignificant.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Introduction

This Chapter presents the summary, conclusions and recommendations derived from the data analysis carried out in the previous section.

5.1 Summary of Findings

The socio demographic status of the study 302 (100%) were female. Besides the gender category more young population are getting service 228(75.5%) of the total respondents are in the age between 25-49. The other thing is the marital status category 277(91.7%) of the respondents were married. Concerning the educational status, more respondents 95(31.5%) are in secondary level of education (9-12). Most of our respondents (235 out of 302 which is 77.3%) believe in professionals competency. 290 (95.0%) of the respondents are satisfied on the price that they pay for the total services they got and when we come to the hospital's capacity 170(55.8%) of the respondents believe that the hospital has enough and modern medical equipment. Correlation analysis summarized as medical equipment and professional competency has a negative correlation with overall service quality.

This study was analyzed based on the variables as Tangibility, Reliability, Responsiveness, Assurance, and Empathy with the service quality – in terms of the overall service quality of the hospital, Patient satisfaction to the health care system and improving health status.

Respondents was requested on tangibility factors based on the dimension consist of physical facilities, equipment, and appearance of personnel of an organization. Most Respondents (54.9%) strongly disagreed on the service facilities in the hospital are clean environment. Most respondents (51.6%) were in the category of disagree for the second question which was Hospital has modern looking equipment. The highest (among this variable group; 59.1 % and 227 in number) respondents were in the category of agree in the case of When the hospital waiting facilities for attendants and patients.

Reliability was the other variable that deals with the ability to perform the promised service dependably and accurately by the organization. Most Respondents (56.5.9%) strongly agreed on

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

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

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

The Pearson correlation coefficient calculation of the respondents' responses analysis by correlation analysis on Table 4.11 shows that there is no correlation between price and service Quality. It has .004 Pearson correlation and it has insignificant (greater than 0.05). The study showed that there is a positive correlation between professional competency and service quality. It has 0.747 Pearson correlation which is near to a correlation of $+ 1.0$. And it has significant

(less than 0.05) that is .000 of Sig. (2-tailed) test. The test indicates that it near to one as concluded as they have positive and strong correlation. The study also indicated that the independent variables predict the dependent variable R square = 67.2 % with adjusted R square 56.0 % the remaining 44 % other professional competency and medical equipment that can affect the service quality. This result also indicates that the variable selected as independent had an effect on service quality.

5.2. Conclusion

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

It can be concluded that the independent variable (professional competency and medical equipment) have impact on the service quality and that is significant and the model adopted appropriately measure the construct. The result of regression analysis indicated that there is a significant impact of, professional competency and medical equipment health service quality but not price. The independent variables that contribute to variance of the dependent variable were explained by standardized Beta coefficient.

5.2.2 Professional competency and Service Quality in Health Care

The research concludes that Professional competency factors have a significant positive effect on service quality in health care at GMH. The research also discovered that health-care workers had the essential skills as well as expertise to perform their jobs. The health-care workers on the other hand, did not give pay attention for their patients this is due to overload of patients and some provider have lack of skill and knowledge. The health facility administration was scarcely involved in the recruitment of the devolved healthcare employees. A catalyst in offering great health care services was found to be competent, well-paid, motivated, and having an acceptable quantity of employees.

5.2.1 Medical equipment and Quality of Health Care

The research concludes medical equipment factors have a significant as well as positive effect on delivery of quality health care in Gandhi memorial hospital. The health facility in Gandhi memorial hospital have in place an medical equipment influence decision making in this facility, but administration is done in a transparent manner and managers of the health facility are held to account for the operations of the entities. Medical equipment factors could enhance quality delivery of health care GMH.

5.2.3 Price Factors and Delivery of Quality Health Care

The research concludes that price factors have no shown either a positive or negative association with quality of health care in Gandhi memorial hospital. As we know maternal and child health services in Ethiopia are free and Gandhi memorial hospital is the only hospital in the country which provides maternity services with almost majority of the services are free. This is result is attributed to free services of hospital.

Concerning price the student researcher has no recommendation. Most of the respondents were satisfied. The payment for all services are very fair. Most of the service are free and this should be promoted well.

It is also recommended that the hospital should review their human resources to identify any areas of concern. To eliminate service delivery gaps, management should continue to hire competent health care professionals as well as support staff. The labor must be fairly compensated and motivated. In terms of promotion and salary increases in the facilities, the management should continue to follow the policy requirements.

5.3 Recommendations

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

5. 4. Suggestions for Further Research

The research suggested themes that could be studied in different health institution in Ethiopia. We recommend that a similar research ought to be done in a different sub country where there have been health care providers strikes and in other health institution which gives service free (e.g. Abebach gobena maternity hospital) in order to dig out other factors that affect service quality beside from price .Further, future studies should consider other factors that can affect delivery of service quality in health care and which were not considered in this study. A comparative study on private and public health facilities may be conducted to ascertain the delivery of quality health care in Ethiopia.

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ANNEX
QUESTIONNAIRE (AMHARIC AND ENGLISH VERSION)

RESEARCH QUESTIONNAIRES

INFORMED CONSENT FORM

Title of the study: Factors affecting service quality in the case of Gandhi Memorial Hospital Addis Ababa, Ethiopia.

Introduction

Dear Respondents:

I am Tiegist Berhanu a graduate student at St Mary's university and currently conducting a research for the completion of my master's degree in marketing management program. The Objective of this questionnaire is to gather information about the Factor's affecting the service quality at Gandhi Memorial Hospital. As the study is academic in nature, your genuine and complete answers are highly appreciated. All personal information will be strictly confidential I thank you in advance for active cooperation.

For more information contact me by + 251925493889 or tigistberhanu95@gmail.com If you agree to participate in this study, I really appreciate your honesties and after having read this consent form to you please put a sign below to show if you are willing to participate (No Need of writing your name).

Are you willing to participate in this study? Yes No

Name of witness signature _____ (Data collector, supervisor, any third person)

Signature _____ Date _____

Questions for Factors Affecting Service Quality in a Case of Gandhi memorial hospital

Date of Interview: _____

Name of hospital: Gandhi Memorial Hospital

Instruction

Tick your answers on the space provided in front of the questions, which are closed ended. For Questions that need specification, write your answers on the space provided behind the questions.

Part 1:-Socio-demographic and other related questions		
S.N	Questions	Responses
1.	Gender	<input type="checkbox"/> Female
2.	Age	<input type="checkbox"/> 15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> ≥50
3.	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> others
4.	Level of Education	<input type="checkbox"/> Illiterate <input type="checkbox"/> Can read and write <input type="checkbox"/> Primary (1-8) <input type="checkbox"/> secondary (9-12) <input type="checkbox"/> certificate <input type="checkbox"/> college diploma <input type="checkbox"/> BA/BSc degree <input type="checkbox"/> Ma/MSc degree
5.	Visit frequency in the hospital in the last one year (at the time of data collection to back one year)	<input type="checkbox"/> First time <input type="checkbox"/> More than first time

Part 2:-price						
S.N	Questions	Very Satisfied (1)	Satisfied(2)	Neutral(3)	Dissatisfied (4)	Very dissatisfied (5)
1.	I Am satisfied with the costs that i paid for the services i received at the Hospital	1	2	3	4	5

Medical equipment						
SS.N	Questions	Very satisfied (1)	Satisfied(2)	Neutral(3)	Dissatisfied (4)	Very dissatisfied (5)
1	There are enough medical equipment in the hospital					
2	Hospital has effective (functional) equipment to put on service					

Professionals competency						
SN	Questions	Very satisfied (1)	Satisfied(2)	Neutral(3)	Dissatisfied (4)	Very dissatisfied (5)
	Health care provider in the hospital are consistently courteous					
	Health care in the hospital have the knowledge to answer questions					
	Hospital has health care provider who give personal attention					

Part 3:- Health care service Quality Dimension

S.N	Statements	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Assurance						
1.	The hospitals staffs are courteous and friendly to clients at this Hospital.	1	2	3	4	5
2.	The health professionals have Ability to handle my problems.	1	2	3	4	5
3.	I trust the health professional Expertise and skills.	1	2	3	4	5
4.	I feel secure in using the services At the hospital.	1	2	3	4	5
Reliability						
1.	The service provider explains the service to me very clearly.	1	2	3	4	5
2.	The hospital staffs always willing to help me	1	2	3	4	5
3.	The hospital staffs meet my Needs.	1	2	3	4	5
4.	The service providers address my questions appropriately About any procedure.	1	2	3	4	5

Responsiveness						
1.	The hospital staffs perform services and procedures correctly The hospital provides me the service within time	1	2	3	4	5
2.	The hospital shows special attention to the problems and queries Of the clients.	1	2	3	4	5
3.	I feel confident when receiving Medical services	1	2	3	4	5
4.	Service providers have sincere Interest in solving my problems.	1	2	3	4	5
5.	The hospital staffs perform services and procedures correctly.	1	2	3	4	5
Tangibility						
1.	There are enough medical equipment in the hospital.	1	2	3	4	
2.	The medical equipment of the hospital are modern.	1	2	3	4	5
3.	The waiting facilities for attendants and patients are in good status.	1	2	3	4	5
4.	The hospital's environment is Healthy/ clean/.	1	2	3	4	5
Empathy						

1.	The hospital staffs/team pay attention to me.	1	2	3	4	5
2.	The hospital provide services at the times suitable to consumers	1	2	3	4	5
3.	The medical staffs respond to Consumer's complaints.	1	2	3	4	5
4.	The hospital prioritizes the interest of the consumers.	1	2	3	4	5

መጠይቅ

የጥናቱ ተሳታፊ ፍቃድ ለማግኘት የሚያስፈልገውን ማጠቃለያ ቅጽ

ስሜትዎ ግስት ብርሃኑ ይባላል፡፡ በሚኒስቴር ግብርና ማኔጅመንት ቅድስተ-ሚኒስቴር ማህተርስ ዲግሪ ለማግኘት ይህንን ጥናት በማድረግ ላይ እንኛለን፡፡ ጥራቱን የጠበቀ የጠፍ አገልግሎት አቅርቦት ላይ ተጽእኖ የሚሰጥ ሰነድ ጉዳዮች በጋንዲ መታሰቢያ ሆስፒታል የሚሰጡትን መረጃዎች ጽሁፍ ነው፡፡

አስፈላጊ ግብአት የሚሆን መረጃ አለመስጠት ተብሎ ስለሚታመን በዚህ ጥናት ላይ ተሳታፊ እንዳይሆኑ ተጋብዞታል፡፡ በጥናቱ ላይ ተሳታፊ ለመሆን ፍቃድ ከሆኑ እባክዎ አዎ እስማዕላሁ በሚለው ሳጥን ወስጥ ምልክት ያድርጉ ካልተስማሙ አልስማም በሚለው ሳጥን ወስጥ ምልክት ያድርጉ፡፡ ስምዎን ማጻፍ አያስፈልግዎትም፡፡

በዚህ ጥናት ላይ ተሳታፊ መሆን ይፈልጋሉ?

- አዎ እስማዕላሁ
- አይ አልስማምም

የእሜኒ ፊርማ----- (መረጃ ሰብሳቢ፣ ሱፐርቫይዘር፣ ማንኛውም ሶስተኛ ወገን)

ፊርማ----- ቀን-----

ጥያቄ ካልዎት ዋና ወን የጥናቱ አድራጊ በሚከተለው አድራሻ ሊያገኙ ይችላሉ፡፡

አጥኚዋ፡ ትዕ ግስት ብርሃኑ ፣ 0925493889

ኢሜይል፡ tigistberhanu95@gmail.com

ጥራቱን የጠበቀ የጠፍ አገልግሎት አቅርቦት ላይ ተጽእኖ የሚሰጥ ሰነድ ጉዳዮች በጋንዲ መታሰቢያ ሆስፒታል

በሚኒስቴር እስከ በተዘጋጀ ጥናት ላይ የተዘጋጀ መጠይቅ

የቃለ መጠይቁ ቀን፡ -----

የሆስፒታሉ ስም፡ --ጋንዲ መታሰቢያ ሆስፒታል

የመጠይቁ ኮድ (የቃለ መጠይቅ ተደራጊ ውክልና)፡ -----

መመሪያ

ዝግ ለሆኑ ጥያቄዎች መልስዎን ከፊት ለፊት በተሰጠው ጥን ወስጥ ምልክት በማድረግ ይስጡ

እንዲሁም ክፍት የሆኑት ጥያቄዎች መልስዎን በተሰጠው ክፍት ቦታ ላይ ያስፍሩ፡፡

ለተቀሩት ጥያቄዎች ደግሞ በሚከተለው ይመልሱ፡፡

ክፍል አንድ :የተሳታፊዎች

ተ.ቁ	ጥያቄዎች	መልሶች
1.	ጾታ	<ul style="list-style-type: none"> • ሴት
2.	እድሜ	<ul style="list-style-type: none"> • 15-24 • 25-49 • ≥50
3.	የጋብቻሁኔታ	<ul style="list-style-type: none"> • ያላገባ/ች • ያገባ/ች • የፈታ/ች • ባል/ሚስት የሞተበት/ባት
4.	የትምህርት ደረጃ	<ul style="list-style-type: none"> • ምንም ያልተማሩ • ማንበብና መጻፍ የሚችል • የመጀመሪያ ደረጃ (1-8) • ሁለተኛ ደረጃ (9-12) • ዲፕሎማ • መጀመሪያ ዲግሪ • ሁለተኛ ዲግሪ
5.	ባለፈው አንድ አመት ወስጥ ሆስፒታሉን ለስንት ጊዜ ያክል ጎብኝተዎታል ?	<ul style="list-style-type: none"> • አንድ ጊዜ • ከአንድ ጊዜ በላይ

ክፍል ሁለት: የደምበኞችን የአገልግሎት እርካታ የሚለኩ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	በጣም	ረክቻለሁ	ምንም አስተ	አልረካሁ	በጣም
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		ረከቻለሁ (1)	(2)	ያት የለኝም (3)	ም (4)	አልረካሁም (5)
1.	ሆስፒታሉ በሚኝበት አካባቢ ረከቻለዉ	1	2	3	4	5
2.	በሆስፒታሉ ውስጥ ባገኘሁት ህክምናዎች እና በተሰጠኝ አገልግሎት ረከቻለዉ	1	2	3	4	5
3.	በሆስፒታሉ ውስጥ ላገኘሁት ህክምና እና አጠቃላይ አገልግሎት በከፈልኩት ክፍያ ረከቻለሁ	1	2	3	5	5
4.	በሆስፒታል ውስጥ ለበሽተኛ በሚደረገው ውሳኔ ተንግዶ ረከቻለዉ	1	2	3	5	5

ክፍል ሶስት፡ የጠፍ አገልግሎት ጥራትን የተመለከቱ ጥያቄዎች

ተ.ቁ	መግለጫ	በጣም አልሰማሁም (1)	አልሰማም (2)	ምንም አስተያየት የለኝም (3)	እስማማለሁ (4)	በጣም እስማማለሁ (5)
1.	በጠፍ አገልግሎት ሰጪዎች፣ ባለሙያዎች ክህሎት እና ብቃት ላይ ምንም ጥርጣሬ የለብኝም/አምናቸዋለሁ/፡፡	1	2	3	4	5
2.	በሆስፒታሉ ውስጥ ስገለገል የደህንነት ስሜት ይሰጣል፡	1	2	3	4	5
3.	የሆስፒታሉ ሰራተኞች የሆስፒታሉ ተገልጋዮች በአክብሮት እና በጓደኝነት ስሜት ተገቢውን አገልግሎት	1	2	3	4	5

	ይሰጣሉ: :					
4.	የጠፍባለሙያዎቹ የእኔን ችግር ለመፍታት እና ለማቃለል ብቃቱ አላቸው: :	1	2	3	4	5
	የሆስፒታሉ ሰራተኞች እኔ የምፈልገውን አገልግሎት ያመጡልኛል: :	1	2	3	4	5
5.	የሆስፒታሉ ሰራተኞች ስለሆስፒታሉ አገልግሎቶች የጠራ መረጃ ይሰጠኛል.	1	2	3	4	5
6.	አገልግሎት ሰጪዎቹ ስለማንኛውም የሥራ ሂደት በተመለከተ የምጠይቀውን ጥያቄ በተመለከተ ትክክለኛውን መልስ ይሰጠኛል:	1	2	3	4	5
7.	የሆስፒታሉ ሰራተኞች ሁሌጊዜ ለረዳኝ ዝግጁ ናቸው	1	2	3	4	5
8.	የሆስፒታሉ ሰራተኞች ትክክለኛ የሥራ ሂደቱን ተከትለው ተግባራቸውን በአግባቡ ያከናውናሉ: :	1	2	3	4	5
9.	ሆስፒታሉ ለሆስፒታሉ ታካሚዎች እና ባለጉዳዮች ጥያቄ እና ችግር ልዩ ትኩረት ይሰጣሉ: :	1	2	3	4	5

10.	የህክምና አገልግሎት በሚሰጠው ሰዓት በአገልግሎቱ ላይ የመተማመን ስሜት ያደርገዋል፡፡	1	2	3	4	5
11.	የሆስፒታሉ አገልግሎት ሰጪዎች ችግራን ለመፍታት ቅን የሆነ ዝንባላ ያሳያሉ፡፡	1	2	3	4	5
12.	ሆስፒታሉ አገልግሎቱን በሰዓቱ እና በጊዜው ይሰጠዋል፡፡	1	2	3	4	5
13.	በሆስፒታሉ ውስጥ በቂ የህክምና መሳርያዎች አሉ፡፡	1	2	3	4	5
14.	የሆስፒታሉ የህክምና መሳሪያዎች ዘመናዊ ናቸው፡፡	1	2	3	4	5
15.	ታካሚዎች እና አስታሚዎች የሚቆዩባቸው ስፍራዎች በጥሩ ሁኔታ ላይ ናቸው፡፡	1	2	3	4	5
16.	የሆስፒታሉ አካባቢ ለጠፍተኛ ተስማሚ እና ንጹህ ነው፡፡	1	2	3	4	5
17.	የሆስፒታሉ ሰራተኞች ለእኔ በቂ ትኩረት ይሰጣሉ፡፡	1	2	3	4	5
18.	ሆስፒታሉ አገልግሎት የሚሰጠው የደምበኞችን ተመራጭ እና ተስማሚ ሰዓት ታሳቢ አድርጎ ነው፡፡	1	2	3	4	5
19.	የህክምና ባለሙያዎች የደምበኛውን ቅሬታ ተገቢ እና ወቅታዊ ያላሉላቸው	1	2	3	4	5

	ይሰጣል፡፡					
20.	ሆስፒታሉ የደምበኞቹን ፍላጎት ከሁለምነገር በላይ ቅድሚያ በመስጠት ያገለግላል፡፡	1	2	3	4	5