

ST. MARY'S UNIVERSITY COLLEGE
FACULTY OF BUSINESS
DEPARTMENT OF MARKETING MANAGEMENT

**AN ASSESSMENT OF SERVICE DELIVERY AND CUSTOMER
SATISFACTION PRACTICE IN ST. PETER'S HOSPITAL**

BY

BINIYAM DABA

MAY 2013

SMUC

ADDIS ABABA

**AN ASSESSMENT OF SERVICE DELIVERY AND CUSTOMER
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**A SENIOR ESSAY
SUBMITTED TO THE DEPARTMENT OF
MARKETING MANAGEMENT**

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FOR THE DEGREE OF BACHELOR OF ARTS IN
MARKETING MANAGEMNT**

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Abstract

The study is focused on the assessment of service delivery and customer satisfaction practice In St. Peters Hospital.

Because of the nature of the study, Descriptive type of data is used, to complete the research paper, in the form of percentage and tabulation type that should be able to summarizing and draw to conclusion.

The study uses administrative manager of the hospital and customer of the hospital as a target population, and the study uses convenience sampling technique for 150 respondents who are ordinary customers which don't have a list name and specific identification code.

Both primary and secondary data source is used to collect full information, from primary source of data, the study uses questionnaires that to distribute to hospital customers, and interview from administrative manager of the hospital.

Finally out of 150 (100%) distributed questionnaires, clearly collected 131(87.33%) questionnaires, and the study summarized, conclude and recommended the following:-

The study indicate that 33(42.7%) and 33(25.2%), of the respondents answer back, poor and medium for the way getting primary information inside the Hospital is very difficult.

The finding indicate that 68(51.9%) of the respondents are not known how and where to complain.

The study exposed that the general view of customers of the Hospital service release is deprived, therefore we can conclude that the Hospital strappingly tight and work together with customer.

From the study I recommended that the way of giving primary information to customer are must give a priority by the Hospital to facilitate service delivery efficient.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Throughout the second half of the twentieth century, service industries have emerged and entered considerable growth all over the world. Service industries represented a very substantial proportion of both domestic and international trade and are the major employees in India and other countries.

Post world war economic growth and stability has seen the establishment of a great number of public sector services. Essential services such as health and education as well as public fund social welfare service cover a far great range of facilities leisure, culture and arts ever before. There has also been a considerable increase in not – for profit organization and charities. Many of this organization are largely, even multinational concerns operating in competitive environments and controlling vast financial budget. All these different type of service providers are recognized the importance of marketing within two days' competitive environment and especially in case of hospitals they are thinking of applying marketing principles in the hospital management in order to satisfy the user and raise generating capacity of hospitals.

Health care marketing can be defined as the analysis, planning, implementing, and control of carefully formulated programs designed to promote voluntary exchange of values with target markets, with the purpose of achieving organizational objectives. It relies heavily on designing the organization services in terms of target markets, needs and desires are using effective pricing, communications and distribution to serve the market better. (FDRE MoH).

Because of their diversity, services have traditionally been difficult to define. The way in which services are created and delivered to customers is often hard to grasp since many inputs and outputs are intangible. Most people have little difficulty defining manufacturing or agriculture, but defining **service** can elude them. Here are two approaches that capture the essence of the word-

-A service is an act or performance offered by one party to another. Although the process may be tied to a physical product, the performance is essentially intangible and does not normally result in ownership of any of the factors of production and,

-Services are economic activities that create value and provide **benefits** for customers at specific times and places, as a result of bringing about a desired change in—or on behalf of—the recipient of the service. (Lovelock,2005:1)

Service differ from goods in some important way and these differences present special challenges to service developing, when developing new service, the following service characteristics needs to be considered: Intangibility, inseparability, variability and perishability these means that the service can't be examined before purchase (Intangible). It is produced and consumed at the same time (inseparability). It varies from one service to another within the same category (variable). And can't be stored (perishable). (Zeithaml and bitner, 2004; p:20)

St. Peter's tuberculoses Specialized Hospital was established in to two different place, to 1953 E.C around Kolfe, lung cancer preventing and training center and in 1955 E.C Entoto lung cancer care or Sanatorium around Entoto area Kolfe lung cancer preventing and training center (Hospital) give a service, mostly for outpatient until September 2003 E.C, moreover, Entoto lung cancer care Hospital give concentration for Patient waiting bed to follow up the patients problem when the problem is serious.

Now a day the two Hospitals merged together and called St. Peter's Hospital. The Hospital provided the following services: Specialized to be tubecolossi care, Outpatient service, internal medicine,, Psychiatry medicine, VCT and ART service, Antennal care, Immunization, family planning, Physiotherapy, 24/h emergency service, Pharmacy service, Laboratory service, Radiology service, and Delivery service.

St. Peter's Hospital has a total number of three hundred seventy two (372) permanent employees. From this number of employees eight are doctors and fifty-two nurses are exist in the hospital.

1.2 Statement of the problem

Because service is produced and consumed simultaneously and often involves interaction between employees and customers, it is also critical that the new service development process involve both employees and customers. Employees frequently perform or deliver the service, and thus their involvement in choosing which new service to develop and how these services should be designed and implemented can be very beneficial. Service development process Quality assurance and problem solving are not solely the domain of the central ministry of health:- Improving the service development of health service being with identifying service quality problems and finding opportunities for improvement. Although some argue that this step lies outside the improvement process, it is the only way to start quality improvement looks beyond (Zethamel and bitner, 2003:222-223).

Based on the student researcher preliminary investigation: the patient is coming to the Hospital are increased in number through time.

The employees and the physical materials aspects of the Hospital have an impact on the customer perceptions of overall service quality.

In St. Peter's Hospital there is obstacle to perform the working activities like insufficient equipment, lack of skilled man power, to enable to perform the promised service quality. Among which, quality mismanagement, poor in delivering desired service, in adequate training for the staff and weakness in patient handling are the main factors which kept the hospital from meeting customer expectation.

Based on the above problem the study will try to seek answer for the following basic research questions.

1.3 Basic Research Questions

1. What are the factors that affect customer service delivery in St. Peter's Hospital?
2. What are the factors that make customers to complain about the Hospital service delivery?
3. To what extent customers are satisfied in the Hospital service delivery?
4. How does the Hospital evaluate its service quality?

1.4 Objective of the study

1.4.1 General objectives

The study to assess service delivery and customer satisfaction practice in St. Peter's Hospital.

1.4.2 Specific objectives

- To indicate some possible recommendation regarding to service delivery system in St. Peter's Hospital.
- To identify factors that makes customer complain about St. peter's Hospital.
- To identify the gap between customer expectation and perception about Service quality of Hospital.
- To indicate some possible training regarding to service delivery in St. Peter's Hospital.

1.5 Scope of the study

The study focused on the assessment of service delivery on St. Peter's Hospital especially focus on tuberculoses care, the Hospital found on the main road "Entoto". Moreover, the study was covering the period between years 2009-2011.

1.6 Significance of the study

The outputs of the study were improving the service within the Hospital and facilitate the activities of service provider and user. For student researcher the study was give additional knowledge about service delivery, moreover this study will help for the other future researchers as a reference material.

1.7 Research Design and Methodology.

1.7.1 Research Design

Descriptive type of research design were be used to complete the research. This type of method will help to describe the practice of service delivery within the Hospital.

1.7.2 Population, Sample size, and Sampling Techniques

The target population of the research is divided in tow parts, the customer service head of the Hospital, and customer of the Hospital. In addition, based on the book of marketing research (Malhotra, 2007 :339) the student researcher is going to take a sample of 150 people who are ordinary customers which don't have a listed name and specific identification code. The student researcher were use non – probability, convinence sampling technique.

1.7.3 Types of Data to be Collected

The student Researcher were use both primary and secondary source of data to complete the research.

1.7.4 Methods of Data Collection

Primarily data were being collected from interview and questionaier inside the Hospital, and secondary data were being collected from books, company records and other.

1.7.5 Methods of Data Analysis

The data collections were analyze by using descriptive type of data analysis, because of the nature of the study. Descriptive type of data analysis were conduct under percentage and tabulation type that should be able to summerizing and draw to conclusions. Qualitative data analysis technique were also used for interpretation of data that be collected from interview.

1.8 Limitation of the study

The limitation of the researcher was, some respondents are fill the questionnaires unethical and they select more than three alternative, shortage of time and the way that the Hospital administration office late responses are broad challenges for the student researcher.

1.9 Organization of the study

The study was being divided in to four chapters. The first chapter covered consist of problem and its approach with mainly contains background of the study, statement of the problem, objective of the study, significance of the study, research design and methodology. Chapter two deal with review literature. Chapter three concerned with data analysis and interpretation, the last chapter include companies summary, conclusion, and recommendation.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Service an Overview

2.1.1 Definition of Service

Services require an operating and delivery system in order to function. That system should be designed in such a way as to offer effective customer service and an efficiently operated process. As you will read, that in itself represents a difficult balancing act. The drive to achieve both efficiency and service quality can become unstuck to the detriment of provider and/or customer. As services comprise a range of elements, the achievement of a smooth running system and the delivery of customer satisfaction remains a challenge. Design formats can, of course, vary with the type of service, and even within a typical service there may be different approaches to what constitutes the best design. Whatever is decided, the design is the service. (Peter and Pirrie, . 2006:1-2)

The Service industry Journal defines * Service as any primary or complimentary activities that does not directly produce a physical product, that is the non goods part of transaction between customers and service providers*. (Raghu V.N,2004:5).

*Service are those separately identifiable, essentially intangible activities, which provide what satisfaction when marketed to consumer and or industrial uses and which are not necessarily tied to the sale of a product or other service (Raghu V.N,2004:5).

Service is an activity or benefit that one party can offer to another that is essentially intangible and does not result in the ownership of anything. Its production may or may not be tied to a physical product (Kotler and Armstrong 1991) .

More over, Robert, M, 2003:130 Explained that Service is not something that one can hold in hand and is not storable. A service to be not rendered today cannot be saved up and added to service to be rendered tomorrow. He has also warned that service organization must decide how wide their line of service should be. In this way, he said that a railway transportation company, for instance can either provide passenger service or freight service or both. Thus managers should give clear decision of these kind of alternative. Decision on the line service is not enough service organization have to balance the level of service with their ability to supply the service needed by customers.

Most organization provides a service of some sort or another. For organizations such as airlines , trains, Universities, car rental, health or government agencies service represents a major part of what they have to offer. They are known as service organizations. Other whose business is the manufacture of products, e.g. computers, mobile phones, washing machines, service is of lesser, albeit significant importance. There are particular problems and challenges in managing services, namely intangibility, inseparability, variability and perishability. In particular, service have to contend with uncertainties over customer involvement and what they expect. To address these and other problems service organization have adopted an approach called “McDonaldization”, with increasing attention being given to efficiency and technology. Given the difficulties of providing a service, it is not surprising there is ongoing debate over the variability of its quality (Peter and Pirrie,2006:1).

B.Balaji,2002:1 Also suggested that to produce a service may or may not require the use of tangible goods. However, when such use is required, there is no transfer of title (permanent ownership) to these tangible goods.

2.1.2 Component of Service

According to Balaji, Service has four components these are:-

- **Physical Product:** is whatever the organization transfer to the customer that can be touched the core performance purchased.
- **Service Product:** is the core performance purchased by the customer. The flow of events designed outcomes is also defined how the service work in theory (it is a result of “planning your work”).
- **Service Environment:** is the physical backup that surrounds the service it can also signal the intended market segment and position of the organization.
- **Service Delivery:** refers to what actually happen when customers buy the service.

Service product defines how the service in theory, service delivery is how the service work actually practices “plan you work and work you plan”. Service product is the result of “planning your work” and service delivery is the result of “working your plan” (Balaji, 2004; p: 38-39).

2.2 Nature and Characteristics of Services

Services have the following four key distinguishing characteristics:-

Intangibility

This is the most basic and often quoted difference between goods and services. Unlike tangible goods, services cannot generally be seen, tasted, felt, heard or smelled before being consumed. The potential customer is often unable to perceive the service before (and sometimes during and after) the service delivery. For many customers of car repair, for example, the service is totally intangible – they frequently cannot see what is being done and many are unable to evaluate what has been done. Rushton and Carson asked a number of service organizations whether they consciously perceived a difference

between the marketing of Goods and services. Several respondents pointed to the intangibility of their products with comments such as: We haven't got anything to show to customers like a can of baked beans. It's more difficult trying to explain what they [the customers] get for their money (Mudie and Pirrie,2006 : 3-4)

Example health care services are actions (such as surgery, diagnosis, examination, and treatment) performed by providers and directed towards patients and their families. These service cannot actually be seen or touched by the patient, although the patient may be able to see and touch certain tangible components of the service (like the equipment or hospital room) .In fact, many services such as health care are difficult for the consumer to grasp even mentally. Even after a diagnosis or surgery has been completed the patient may not fully comprehend the service performed.

Implications

To help a customer picture a service prior to usage a service organization needs to provide something tangible, e.g. computerized representation of hairstyles or a university prospectus (Mudie and Pirrie, 2006: 3-4).

Inseparability (or simultaneous production and consumption)

There is a marked distinction between physical goods and services in terms of the sequence of production and consumption: Whereas goods are first produced, then stored and finally sold and consumed, services are first sold, then produced and consumed simultaneously. For the production of many services (e.g. counseling, museums, hairdressing, rail travel, hotels), the customer must be physically present. Some services may be produced and delivered in circumstances where the customer's presence is optional, e.g. carpet cleaning, plumbing. Other services may rely more on written communication, e.g. distance learning course, or on technology, e.g. home

banking. Whatever the nature and extent of contact, the potential for inseparability of production and consumption remains.

Implications

The involvement of the customer in the production and delivery of the service means that the service provider must exercise care in what is being produced and how it is produced. The latter task will be of particular significance. How teachers, doctors, bank tellers, lawyers, car mechanics, hairdressers conduct themselves in the presence of the customer may determine the likelihood of repeat business. Therefore, proper selection and training of customer contact personnel is necessary to ensure the delivery of quality. (Mudie and Pirrie,2006; P :5)

Variability (or heterogeneity)

An unavoidable consequence of simultaneous production and consumption is variability in performance of a service. The quality of the service may vary depending on four Services Marketing Management who provides it, as well as when and how it is provided. One hospital provides a fast efficient service and another, a short distance away, delivers a slow, inefficient service. Within a particular hospita, lone employee is courteous and helpful while another is arrogant and obstructive (unhelpfull). Even within one employee there can be variations in performance over the course of a day.

Implications

Reducing variability involves determining the causes. It may be due to unsuitable personality traits in an employee which are very difficult to detect at the selection stage. There is nothing much that can be done about this except hope that the employee decides to terminate his/her employment! However, there may be good sound reasons for variations in performance. For example, it could be due to poor training and supervision, lack of communication and information, and generally a lack of regular support. Some have argued for a replacement of labor with automation and a production line approach to service operations. This would mean a reduction in employee discretion and an increase in standardization of procedures

(Mudie and Pirrie,2006; P: 5-6).

Perishability

Services cannot be stored for later sales or use. Hospital or Hotel rooms not occupied, airline seats not purchased and college places not filled cannot be reclaimed. As services are performances they cannot be stored. If demand far exceeds supply it cannot be met, as in manufacturing, by taking goods from a warehouse. Equally, if capacity far exceeds demand, the revenue and/or value of that service is lost.

Implications

Fluctuations in demand characterize service organizations and may pose problems where these fluctuations are unpredictable. Strategies need to be developed for producing a better match between supply and demand . (Mudie and Pirrie,2006 ; P:6).

2.3 Service Marketing Mix

The service marketing mix constitute the variables firms can manage to provide sales and profit, these variable can be used to differentiate a firm from its competitors and to build a competitive advantage.

The elements of the service marketing mix include the service outcomes (the product), the price, distribution, promotion and firm image. The illustration file that follows indicate how one firm used these elements to differentiate its business (L. Kurtz and E. Clow, 2002 : 21-22).

The marketing concept that we have discussed is valid for both products and services. The marketing mix is one of the most important universal concepts. Which has been developed in marketing. All the variables are inter related and inter dependent on each other.

It is appropriate to reconsider the traditional marketing mix in the context of services. Several authors have agreed that a different marketing mix is needed for service, while some have expanded the traditional 4ps of the marketing mix to make it more appropriate recognising the diversity of service marketing.

The strategies the 4ps required some modification when applied to service due to the special features of the service. The challenges encountered by the service marketer like heterogeneity

- The requirements of customers, interaction with customers while delivery service and perishability the extension of the marketing mix to include people, process and physical evidence. The additional prescribed ps refer to the activities that are essential to meet the challenges posed by three unique characteristics of service.

1- Simultaneity or separability of service provider from customer (participant / people).

- 2- The inability to hold inventory of service making it critical for the service process to flow smoothly to match demand and supply (process).
- 3- The need to make highly intangible service offerings appear tangible. (physical evidence) Raghu V.N, 2004 : 77).

Service Mix in Health Care

Table 1 service mix for health care

Product	Diagnostic equipment, surgical equipment, first aid kit, medicine...
Place	Hospital, Clinic
Price	Length of stay, level of illness, frequency of visit, use of equipment..
Promotion	Advertisement, publicity, word of mouth, public relations
Physical Evidence	Hospital, intensive care, medical shop, surgical equipment, clinic ambulance, diagnostic equipment.
People	Doctors, nurses, laboratory technician, support staff, pharmacists..
process	Physical examination, testing, medical immunization first aid..

(Balaji 2002; P:405)

2.4 Service Delivery in Health Care

2.4.1 The Service Setting

The setting and surrounding in which a service is delivered can be vital. It shapes expectations since it is the first tangible clue that the consumer is given about potential service delivery.

The control by designer of corporate elements that form interior spaces can impact on the success of that delivery in a variety of ways. It can influence the client's or customer's perception of the particular service sectors and can enhance the function appropriate and ambience of the activity.

It is important to regard design in terms of the possibilities it has to offer marketing. Every situation is unique and a * painting by numbers * approach to design is inappropriate (B.Balaji 2002,249).

Service delivery is concerned with where, "when, and how the service product is delivered to the customer by the sub system. This subsystem embraces not only the visible elements of the service operating system—buildings, equipment, and personnel—but may also involve exposure to other customers.

Service providers traditionally had direct interactions with their customers. But to achieve goals ranging from cost reduction and productivity improvement to greater customer convenience, many services that don't need the customers to be physically present in the factory now seek to reduce direct contact. Midland Bank's creation of

First Direct is a prime example of this trend. As a result, the visible component of the service operations system is shrinking in many industries as electronic technology or redesigned physical flows are used to drive service delivery from higher to lower levels of contact.

(Lovelock 2005: 62)

2.4.2 Service in healthy sector

Strengthening service delivery is a key strategy to achieve the Millennium Development Goals. This includes the delivery of interventions to reduce child mortality, maternal mortality, and the burden to HIV/AIDS, tuberculosis and malaria¹. Service provision or delivery is an immediate output of the inputs into the health system, such as health workforce, procurement and supplies and finances.

Increased inputs should lead to improved service delivery and enhanced access to services. Ensuring availability and access to health services is one of the main functions of a health system. Such services should meet a minimum quality standard. Different terms such as access, utilization, availability and

coverage are often used interchangeably to reflect on whether people are receiving the services they need. Access is a broad term with different dimensions. Comprehensive measurement of access requires a systematic assessment of physical, financial and socio-psychological access to services.

- **Availability** refers to the physical access or reach ability of services that meet a minimum standard. The latter often requires specification in terms of the elements of service delivery such as basic equipment, drugs and commodities, health workforce (presence and training), and guidelines for treatment. This can only be obtained by facility visits, using standardized data collection instruments. Data on the population distribution are required to estimate physical access. More precise estimates of physical access use travel time (and costs) rather than distance, but are difficult to measure.

- **Affordability** refers to the ability of the client to pay for the services. Data can be collected by facility visits or by household interviews. The latter is likely to be a more accurate reflection of what the consumer paid. The extent to which the service is affordable depends on the clients' ability to pay which complicates measurement.

- **Acceptability** of the service predominantly has a socio-psychological dimension which can best be measured through household surveys. Client exit interviews are a biased sample as those who stay away from the facility because of socio-cultural barriers will be missed. These dimensions of access are a pre-condition for quality. (FDRE MoH)

2.4.3 The Impact of service quality

- Service encounter: the customer interacts with animate (the service employee) and in animate object (the physical evidence). Example an information sign, how effective is the sign in terms of visible information

providing positioning, how knowledgeable and courteous in the service employee.

- Service Design: the customer goes through a process to obtain a service. Eg, to what extent is there flexibility in the system?
- Service productivity: there is a relationship between the quality of service produced and the quality of resources used to produce them. Eg doctors medical equipment.
- Service call effect the quality service. Eg, what characteristics features of an organization enable it to respond positively to customer need and deliver a quality service? (Balaji, 2002; p: 272-273)

2.5 Service Quality and its Measurement

The definition of quality started from an emphasis on product quality and has been extended to include services . While the importance of quality is recognized everywhere the concept seems to refer to several different areas, namely, quality of the output, quality of the process, quality of the delivery system, and quality as a general philosophy of the organization. We understand that quality is a holistic philosophy and should be included at every stage in the organization. Quality is a difficult concept to define in a single definition. Quality can be viewed from two points of view.

*From the point of view of the service provider: to set up standards or specifications in the manufacturing process as well as the output which is totally objectives and technical in nature.

*From the point of view of the customer : service quality occurs only when the service firm provides services to the specification that satisfies their needs . The idea of quality here is subjective and will be strongly linked to the needs and expectation of the customer (Raghav V.N,2004 : 258).

2.5.1 Service Quality Dimension

Reliability – the ability to perform the promised service dependably and accurately. It is regarded as the most important determinant of perceptions of service quality. Services Marketing Management, this dimension is particularly crucial for services such as railways, buses, banks, building societies, insurance companies, delivery services and trade services, e.g. plumbers, carpet fitters, car repair.

Responsiveness – the willingness to help customers and to provide prompt service. This dimension is particularly prevalent where customers have requests, questions, complaints and problems.

Assurance – the employees' knowledge and courtesy, and the ability of the service to inspire trust and confidence. This dimension may be of particular concern for customers of health, financial and legal services.

Empathy – the caring, individualized attention the service provides its customers. Small service companies are better placed (though not necessarily better at) for treating customers as individuals than their larger, invariably standardized counterparts. However, relationship marketing is designed to offer a more individualistic approach for customers of large organizations.

Tangibles – the appearance of physical facilities, equipment, personnel and communication materials. All of these are used in varying degrees to project an image that will find favor with consumers. Tangibles will be of particular significance where the customer's physical presence at a service facility is necessary for consumption to occur, e.g. hair salon, hotel, night club (Mudie and Pirrie 2006: 92-93).

B.Balaji, 2002: 275 Addresses additional Six dimensions of service quality those are:-

Credibility:- The trustworthiness of the service providers.eg. Does the news paper report all the fact or only those which support his/her argument.?

Security – the physical safety of the customer or privacy of client information. Eg. Are the medical records of patients kept confidential?

Competence – the actual technical expertise of the service provider. Eg is the doctor really qualified to perform heart surgery.?

Courtesy – the attitude of the service provider and manner adopted by the service. Eg. Does the doctor treat the patient as an inferior being.?

Understanding – how well the provider of the service understand the client's need.

Access – How easy is to reach the service providers geographically or by phone.

2.5.2 How to improve Service Quality

According to Balaji, to improve service quality is certainly not a simple straight forward exercise. It will have implications for the whole culture of the organization. Some ideas put forward are worthy of consideration.

- Identifying primary quality determinants: Knowing what determines quality of course crucial. However consumers and producers of service do not necessarily perceive service quality on common dimension they evaluate them difficulty.
- Managing customer Expectation: to attract customers organizations are offer tempted to raise customer expectation. Companies make promises to consumers on aspect of their business that they think the customer

will value in order to give the organization a competitive advantage. However care must be excersised in making promises to customers. For example consider the following sample taken from the yellow page directory:

- ❖ Nobody does it better
- ❖ The very best of care
- ❖ On time – every time
- ❖ You cannot beat our service

They are both difficult to measure and raises consumer expectation un realistically. As a rule it is better to exceed customer expectation than to let the customer down.

- Managing Evidence: the evidence from the view point of a service organization include many thing and consumer look to these as an indicator of what the service might be like (pre service expectation) and what in fact the service was like after using it (post service evaluation).
- Physical and human evaluation: play a significant part in image formation.

2.5.3 Develop Quality Culture

Quality is not deliverd in a vacume but through an organization with all it's imperfection commitments to quality must permeate the whole organization they are:-

Human- Job description, Selection, training reward career path.

Organizational structure/ integration, coordination of functional and reporting structure.

Measurement- Compliant and customer satisfaction tracking and performance evaluation.

System Support- technical, computer, data base.

Service- value added large and quality standard, performance, satisfying needs and expectation.

Programs- compliant management, sales promotion tools, management tools.

Communication (Internal) –Policies and procedures, feedback with in the organization.

Communication (External)_- consumer education creation of expectation image (Balaji, 2002; P 284)

2.6 Customer Satisfaction

Whether the buyer is satisfied after purchased depends on the offer's performance in relation to the buyers expectation. In this regard ,kotler 2002:36-38 explain satisfaction as a persons feelings of pleasure or disappointment resulting from comparing a product's perceived performance or outcome in relation to his/her expectation. As this definition makes clear, satisfaction is a function of perceived , performance , and expectations. If the performance falls short of expectation , the customer is dissatisfied. If

performance matches the expectations, the customer is satisfied. If the performance exceeded expectation the customer is highly satisfied or delighted.

2.7 Customer Expectation and Perception towards service

2.7.1 Understanding customer needs and expectation

Customers buy goods and services to meet specific **needs**, and they evaluate the outcomes of their purchases based on what they expect to receive. Needs, which may represent a useful basis for segmentation, are often deeply rooted in people's unconscious minds and may concern long-term existence and identity issues. When people feel a need, they are motivated to take action to fulfill it. In many instances, purchase of a good or service may be seen as offering the best solution to meeting a particular need.

Subsequently, consumers may compare what they received against what they expected, especially if it cost them money, time, or effort that could have been devoted to obtaining an alternative solution.

2.7.2 The Components of Customer Expectations

Customer expectations embrace several different elements, including desired service, adequate service, predicted service, and a zone of tolerance that falls between the desired and adequate service levels.

Desired and Adequate Service Levels The type of service customers hope to receive is termed desired service. It is a "wished for" level—a combination of what customers believe can and should be delivered in the context of their personal needs. However, most customers are realistic and understand that companies can't always deliver the level of service they would prefer; hence, they also have a threshold level of expectations, termed adequate service, which is defined as the minimum level of service customers will accept without being dissatisfied. Among the factors that set this expectation are situational

factors affecting service performance and the level of service that might be anticipated from alternative suppliers. The levels of both desired and adequate service expectations may reflect explicit and implicit promises by the provider, word-of-mouth comments, and the customer's past experience (if any) with the organization

Predicted Service Level The level of service that customers actually anticipate receiving is known as predicted service, which directly affects how they define "adequate service" on that occasion. If good service is predicted, the adequate level will be higher than if poorer service is predicted. Customer predictions of service may be situation specific. For example, from past experience, customers visiting a museum on a summer day may expect to see larger crowds if the weather is poor than if the sun is shining. So a 10-minute "wait to buy tickets on a cool, rainy day in summer might not fall below their adequate service level.

Zone of Tolerance The inherent nature of services makes consistent service delivery difficult across employees in the same company and even by the same service employee from one day to another. The extent to which customers are willing to accept this variation is called the zone of tolerance . A performance that falls below the adequate service level will cause frustration and dissatisfaction, whereas one that exceeds the desired service level will both please and surprise customers, creating the "customer delight". Another way of looking at the zone of tolerance is to think of it as the range of service within which customers don't pay explicit attention to service performance. When service falls outside this range, customers will react either positively or negatively.

2.7.3 Factors affecting both desired and predicted service expectation

According to Zeithaml and Bitner there is one internal and three external factors that influence both desired service and predicted service expectation.

- **Explicit Service Promise:** are personal and non personal statement about the service made by the organization to customer influences the level of both desired service and predicted service. They shape what customers desire in general as well as what they predicate will happen in the next service encounter from a particular service provider or in certain service encounter.
- **Implicit Service promises:** are service related cues other than explicit promises that lead to inferences about what the service should and will like. These quality cues are dominated by price and the tangible associated with the service. The higher the price and the more impressive the tangible, the more a customer will expect from the service.
- **Word – Of - mouth communication:** in shaping expectation of service is well documented. These personal and non personal statement made by parties other than the organization convey to customer what the service will be like and influence both predicted and desired service word- of – mouth communication carried particular weight is an information source because it is perceived as undesired word of mouth tends to be very important in service that are difficult to evaluate before purchase and direct experiences of them.
- **Past Experience:** the customer previous experience to service that is relevant to the focal service is another force in shapping prediction and desired. The service relevant for prediction can be previous exposure to the focal firm service (Zeithaml and Bitner, 2004; p: 72-74)

2.7.4 Consumer Complaining Behavior

"Thank Heavens for Complainers" was the provocative title of an article about customer complaining behavior. "The ones I worry about," declared one successful manager, "are the ones I never hear from."² Customers who do complain give a firm the chance to correct problems (including some the firm may not even know it has), restore relationships with the complainer, and improve future satisfaction for all. Although the first law of service productivity and quality might be "Do it right the first time," we can't ignore the fact that failures continue to occur, sometimes for reasons outside the organization's control. You've probably noticed from your own experience that the various "moments of truth" in service encounters are especially vulnerable to breakdowns. Such distinctive service characteristics as real-time performance, customer involvement, people as part of the product, and difficulty of evaluation greatly increase the chance of perceived service failures. This chapter addresses the question: What should we do when customers' expectations are not met? How well a firm handles complaints and resolves problems may determine whether it builds customer loyalty or watches former customers take their business elsewhere.

The chances are that you're not entirely satisfied with the quality of at least some of the services that you use. Specific complaints can be related to any of the 8Ps. A common source of frustration results from inappropriate trade-offs between productivity and quality, when a firm tries to boost productivity without thinking about its impact on customers. Perhaps some of the product elements are poorly executed. Or maybe the service processes in which you are involved are badly organized. Shortcomings in delivery— place, cyberspace, and time—are common. For example, a service may be unavailable where and when you want it; or a Web site may not be functioning satisfactorily. Failings in physical evidence include ugly or poorly maintained facilities and dirty or poorly fitting staff uniforms. (Lovelock 2005: 120)

CHAPTER 3

Data Presentation and Analysis

This chapter presents the analysis and interpretation of data gathered through questionnaire which are presented in the tabular form and then analyzed. The information obtained through questionnaire distributed to customer in the hospital. All the questions are close ended except the last question which is open ended that used to gather respondents which provides in depth understanding of the issue under study.

3.1 Characteristics of Response from Customers

The study using questionnaires to customers was conducted based on the response of St. Peter's hospital customers using convenience sampling method. One hundred fifty (150) or 100% questionnaires were totally distributed to customer however, one hundred thirty one (131) or 87.33% were successfully completed and collected.

Table 2 Background of Customer respondent

No	Item	Respondent	%
1	Sex		
	Male	58	44.3
	Female	73	55.7
	Total	131	100
2	Age		
	< 18 years	16	12.2
	18-26	31	23.7
	27-35	56	42.7
	36-45	5	3.8
	46-55	20	15.3
	56 and above	3	2.3
Total	131	100	
3	Level of Education		
	1-12 Grade	93	71
	Diploma holder	33	25.2
	First Degree	5	3.8
	Total	131	100
4	Occupation		
	Student	37	28.2
	Private Employee	51	38.9
	Gov. Employee	24	18.3
	NGO Employee	3	2.3
	House Wife	16	12.2
Total	131	100	

As shown in item no, 1 of table 2 the sex of male and female respondents of customer account for 58(44.3%) and 73(55.7%) respectively.

Item no,2 of table 2 indicates the age group of customers respondent out of 131 respondents 56(42.7%) are of the age between 27-37 this indicate to that the majority of the respondent are young group, 16(12.2%) respondent are the age less than 18 years of 31(23.7%), respondents are the age between 18-26 also 5(3.8%),respondents are the age between 36-45, the rest 20(15.3%), 3(2.3%) have the age of 46-55 and above56 respectively.

Item no,3 of table 2, expresses the level of education of customer respondents 93(71%) of them are grade 1-12 and 33(25.2%) have diploma 5(3.8%) have got first degree and no one have got second degree and above from the distributed questionnaire . This data implies that the information which are gathered from the hospital comes from lower level education .

In item no, 4 the private employee respondent cover the greater proportion of the occupation category by scoring 51(38.9%)of the whole customer respondents. The remaining category are different from each other in terms of weight by having 37(28.2%), respondents are student, 24(18.3%), respondents are Government employee the rest 3(2.3%), and 16(12.2%) respondent are, NGO employee, and house wife respectively .This indicate that the respondent are of different background and their responses will approximate a major portion of the classes in Ethiopia who uses the service.

3.2 Analysis of the findings of the study

This finding of the study embraces the presentation and analysis of customer response to the questionnaires distributed.

Table 3 Duration of customer ship

No	Item	Respondent	%
1	< 1 year	68	51.9
	1-2 years	44	33.6
	Above 3 years	19	14.5
	Total	131	100

With regard to the table 3, item number 1, 68(51.9%) of the respondent have used the hospital less than one year, 44(33.6%) of the respondent have between 2-3 years and the rest 19(14.5%) of the respondent comes to the hospital more than three years .As the table shows that the largest frequency of respondent using the hospital might be, most duration of customer that use the service in the hospital are less than a year.

Table 4 Customer response regarding Responsiveness

No	Item	Respondent	%
1	How do you evaluate the willingness of the employee?		
	Very good	9	6.9
	Good	43	32.8
	Average	4	3.1
	Poor	75	57.3
	Very poor	-	-
	Total	131	100
2	How do you measure the quality of medical like surgery, firstaid, laboratory, ultrasound and other Equipment?		
	Very good	4	3.1
	Good	39	29.7
	Average	31	24.7
	Poor	57	42.5
	Very Poor	-	-
	Total	131	100
3	Evaluation for getting primary information about the hospital?		
	Very good	6	4.6
	Good	36	27.5
	Average	33	25.2
	Poor	56	42.7
	Very poor	-	-
	Total	131	100

According to table 4, item no,1 **75** of the respondent or 57.3% marked poor willingness for the hospital employee, it implies that the majority respondent replies that not happy with the responsiveness of employee, 9 (6.9%), respondents are an idea with very good, 43(32.8%), give a score good, and 4 respondent or 3.1%, are an average idea with the willingness of the employee, in this item no one is say very poor.

According to Table 4, In item no,2 Most respondent are score poor for the most medical equipment in the hospital, it scores 57(42.5%), 4(3.1%), respondent are response very good, 31(24.7%), of respondent replies an average and the rest 39(29.7%), responses good. However 57(43.5%) of the respondent are select poor, it implies that the hospital service provided equipment gives attention to quality.

As indicate In item 3, table 4, 56 (42.7%) of respondents indicated that the way they get primary information about the hospital from employee has a poor idea, it is possible to conclude that respondent pointes that primary information is very essential to communicate with the service provider, 6(4.6%), of the respondent replies getting information from the hospital is very good, 36(27.5%), of the respondent agree receiving primary information is good, 33(25.2%) of the respondent have an average idea.

Table 5 Customer Response regarding Assurance

No	Item	Respondent	%
1	Knowledge and skill of doctors and the way of follow ups investigation and medical result		
	Very Good	8	6.1
	Good	56	42.7
	Average	32	24.4
	Poor	35	26.7
	Very poor	-	-
	Total	131	100
2	How do you rate the Knowledge of employee about the service provided by the hospital		
	Very Good	6	4.6
	Good	61	46.6
	Average	28	21.4
	Poor	36	27.5
	Very Poor	-	-
	Total	131	100
3	How do you measure the knowledge of doctors related with medical equipment		
	Very Good	5	3.8
	Good	56	42.7
	Average	36	27.5
	Poor	34	26
	Very Poor	-	-
	Total	131	100
4	Unrelated medicine ordered by the doctor after medical examination?		
	Very High	-	-
	High	-	-
	Low	23	17.6
	Very Low	-	-
	Never happen to me	108	82.4
	Total	131	100

As we can see table 5 Item no, 1 the respondent agree Good with the knowledge of the doctors and the way of follow ups investigation and medical result by scoring 56(42.7%), the respondent agree very good and score 8(6.1%), 32(24.4%), respondent response an average idea and 35(26.7%), are score Poor.

According to Item no,2 of table 5, also the respondent agree good for knowledge of service provider by the hospital scores 61(46.6%), 6(4.6%), respondent replies very good and happy by employees knowledge when in service delivery, the average score of the respondents are 28(21.4%), and the rest 36(27.5%) are score poor.

As shown Item no,3, of table 5, the greatest score of the respondence are Good about the Knowledge of professional related with medical equipment it score 42.7%, the rest 3.8%, 27.5% and 26% are verygood, average and poor respectively. No one respond very poor about the knowledge of professional related with medical equipment.

As regard of table 5. item 4, with in the hospital unrelated medicine after medication are very reare, it implies the respondent are exciting with this, 108(82.4%) of the respondent are said to that never happen to me and the rest 23(17.6%) of them are responces low and no one respondent say Very high,high or Very low.

Table 6 Customer responses Regarding Reliability

No	Item	Respondent	%
1	How do you get the hospital providing the service as it's promise?		
	Very Good	4	3.1
	Good	39	29.8
	Average	37	28.2
	Poor	50	38.2
	Very Poor	1	.8
	Total	131	100

As shown in table 6, item 1, above 50 respondent or 38.2% are a score for poor, the implication is the respondent are not joyful with the working of hospital service as a promise, 37(28.2%), respondent agree an average idea, 4(3.1%), of the respondent replies very good, 39(29.8%), of the respondent are happy and scores good and 1(0.8), of the respondent replies very poor .

Table 7 Complaint handling

No	Item	Respondent	%
1	How fast the Doctor and nurse response to patient's complaints in relation to medication?		
	Very fast	4	3.1
	Fast	6	4.6
	Average	26	19.8
	Late	28	21.4
	Very late	67	51.1
	Total	131	100
2	What is the response for patient's complaints from receptionist regarding to service delivery?		
	Very Quick	2	1.5
	Quick	26	19.8
	Average	20	15.3
	Late	21	16.1
	Very late	62	47.3
	Total	131	100
3	Do you have an idea that the hospital has a means to measure customer satisfaction and assigned staff to handle complaint?		
	Yes	30	22.9
	No	33	25.2
	I don't know	68	51.9
	Total	131	100

As shown table 7 Item no.1 67 (51.1%) respondent give a value for Very late With idea that customers contact with doctors and nurses listen to customer complients ,also 4(3.1%), of respondent replies very fast, 28(21.4%), of respondent scores late, 26(19.8%), and 6(4.6%) then give a score , Average, and good with the idea Respectively. However, 67(51.1%), of respondents are not glad with the idea the doctors and nurses listen to customer complients. The result of this implies, the hospital has not understand that the complients are the source of improvement for better services and are not using this to thire advantage.

In item no. 2, of table 7, 62(47.3%) of the respondent are respond the receptionist answer regarding to service delivery is very late, the implication is the service provider has be short of consciousness how the customer complain is essential to improve in quality service delivery, the rest of the respondents are 2(1.5%), 26(19.8%), 21(16.1%) and 20(15.3%) are Very quick,Quick, Average and Late and respectively.

As indicate Item no.3, of table 7, the majority of the respondent 68(51.9%) are not know the hospital has a means to measure customer satisfaction and assigned staff to handle customer compliant,and score I don't know, it implies that the majority of the respondent are not aware on the compliant handling staff, 33(25.2) respondent implies no, and the rest of the respondent are agreed with the idea where and how to complain to the hospital.

Table 8 Service Quality

No	Item	Respondent	%
1	How do you measure the 24/h emergency service delivery?		
	Very Good	1	.8
	Good	73	55.8
	Average	30	22.8
	Poor	26	19.8
	Very Poor	1	.8
	Total	131	100
2	How do you measure the over all service delivery by the hospital?		
	Very Good	3	2.3
	Good	30	22.9
	Average	48	36.6
	Poor	50	38.2
	Very Poor	-	-
	Total	131	100
3	How do evaluate the hospital of the receptionist process of getting card,setting payment and the time to visit your doctor?		
	Very Good	4	3
	Good	34	26.0
	Average	38	29.0
	Poor	55	42.0
	Very Poor	-	-
4	Total	131	100
	How do you rate the cleanness of the hospital?		
	Very Good	5	3.8
	Good	50	38.2
	Average	32	24.4
	Poor	44	33.6
	Very poor	-	-
	Total	131	100

As shown in Table 8, Item no. 1, 24 hours service delivery in the hospital by the respondent idea are give a high score of good 73(55.8%) it implies that the hospital to become Excelent poin they are worked hard, the rest of the respondent are 1(0.8%), of respondent replies very good, 30(22.8%), the majority of respondent agree averagely, 26(19.8%), respondent replies poor and the rest 1(0.8%) replies Poor.

As we can seen from table 8, item no. 2, 50(38.2%) of the respondents agree that the hospital provides Poor quality service deliver, , The implication is that in relative terms the hospital is not provided standardaized service and customers are dissatisfied, and 48(36.6%) of them state that the service quality is an average. The rest 30(22.9%), and 3(2.3%) of them indicated that the hospital provides a good quality service, and very good respectively.

As shown in table 8, Item no. 3, 55(42%) of the respondent are not joyful with the receptionist process of getting card, setting payment and the time to visit to a doctor it score poor, the implication is receptionist process of the hospital is not giving the priority for the staff to deliver quality service delivery, 4(3%), of respondent replies very good, 34(26.0%), of respondent replies good, and 38(29%), of respondent replies an average.

As shown Table 8, item 4, 50(38.2%) of the respondent agrees with the idea the hospital cleanness is good, this implies the cleanness of the hospital is set in an outstanding position, the rest respondent 5(3.8%), 32(24.4%), and 44(33.6%) are Saied Very good, Good, and Poor respectively.

Table 9 Supply of medicine by the hospital.

No	Item	Respondent	%
1	Supply of medicine by the hospital for inpatient and outpatient?		
	Very Good	4	3.1
	Good	40	30.5
	Average	41	31.3
	Poor	46	35.1
	Very Poor	-	-
	Total	131	100

According to Item no. 1 in table 9, 46(35.1%) of the respondent give a value for Poor. in regarding with the customer contact with supply of medicine by the hospital, the implication is the medicine supplied by the hospital has highly shortage to inpatient and outpatient customer, also 4(3.1%), of respondent replies very good, 40(30.5%), of respondent replies good and the rest 41(31.3%), of the response are medium.

Interview with administrative manager of St. peter's Hospital.

To make the research more reliable it is necessary to see from the point of view of the company. Hence the administration manager of St.peter's hospital has been interviewed for some point about paper entitled service delivery for this point which are raised by customer.

Based on the hospital administrative manager, he indicates that the hospital has a plan to build additional building inside the hospital to give a better service deliver to customers. In addition to this he point that the hospital are in a way to give training for most staff members with the latest technology and equipment.

According to the manager the front line employees and other departments are working harmonically, but the problem is that everything is work manually, within a short period of time the hospital trying to solve the problem.

The manager said that "on service delivery of the hospital are in most case are good", but there is a problem in lack of equipment and man power in the hospital.

The Major strength of the company pointed by the administrative is all the doctors have good knowledge in the hospital. The weakness part of the hospital is primary information that to give for customers are raised as a problem.

According to the manager of course there is a suggestion box in the hospital that to complain, but the customer has lack of awareness, how to complain and where to complain.

About the complaint of the customer, the manager discussed that most customer are not complain on the service delivery but it does not mean that there is no problem in service delivery practice may be the customers not known where is complain.

CHAPTRRE 4

Summery, Conclusion and Recomendation

4.1 Summary

The study was desighned to examine the service delivery of St.Peter's Hospital it also intended to segest possible solution to the problem identified in order to enhance the successful service delivery.

To collect the relevant data for the study, the researcher has distributed questionnaires to 150 or 100% randomly selected representative customers, and collect 131(87.33%) questionnaires were successfully completed and collected. The response given by the respondent have been analyzed and interpreted. Therefore, on the basis of the data collected, the study has come up with the following findings.

- The study shows that from the total respondents 73(55.7%) are female.
- Regarding with the study the age group of 27-35 years olds are 56 (42.7%), and 18-26 years old are 31(23.7%), respondents are the vast proportion come to the hospital.
- As show in the study 93(71%) of the respondents have lower level educational background.
- The finding show that the majority or 68(51.9%) of respondents on duration of the customer ship is less than a year.
- The study indicates that 57.3% or 75 respondents complain about the willingness of the employee.
- The study show that 50(38.2%), and 37(28.2%), are poor and medium respectively, those respondents believe that the hospital are not give a service as a promises.
- Regarding the supply of medicine the majority 46(35.1%), and 41(31.3%) replies there is a deficient in medicine in the hospital for inpatient and outpatient.

- On the study indicate 33(42.7%), and 33(25.2%), of the respondents answer back, poor and medium for the way getting primary information inside the hospital is very difficult.
- The study shows that 67(51.1), of the respondents answer back there is delay from the doctors and nurses respond for customer compliant.
- The finding shows that 61(46.6%), replies the knowledge and skill of an employee are given a priority from the customer.
- The finding show that 68(51.9%) of the respondents are not know how and where to complain.
- The study indicate that the 57(42.5%), and 31(24.7%), are poor and medium, those respondents reply on the quality of the medical equipment are not travel with technology therefore hospital is not providing standardized service and customer are dissatisfied.
- The finding show that 56(42.7%), and 32(24.4), are good and medium, those respondents are good filling on the knowledge of the doctors related with hospital medical equipments.
- The study show that 108(82.4), of the respondent answer after medication unrelated medicine order is never happen, it is high-quality of the hospital's doctors.
- The finding show that 50(38.2%), and 48(36.6%), of respondents are poor and medium and they reply the overall service delivery of the hospital is customer dissatisfied. Though there is an indication that in service delivery there is still problem of responsiveness, reliability, customer complains handling.

4.2 Conclusion

St. Peter's hospital is one of the great hospitals in Ethiopia and it gives a service since 1955 E.C. The student researcher focused on the service delivery of this hospital by requesting the customer idea. Based on the data collected as a response to and in line with the basic question released in chapter one, the following conclusion were drawn.

- The study exposed that the general view of customers of the hospital service release is deprived, therefore we can conclude that the hospital strappingly tight and work together with the customer.
- The study shows that there is absence of designed complaints or suggestion facility that made a huge understanding gap between the customer and the hospital.
- As the output of the study, the employee of the hospital required updated trainings on new technologies to improve their self-esteem and increase service giving capacity.
- From data analysis the majority of the respondents believed that the company's employee have good knowledge of medical service, from this we can conclude that the assurance of the hospital particularly the doctors and nurses are found in a superior position.
- As we can see from the data analysis the response of doctors and nurse towards customer complaints in relation to medication are delayed, it may highly affect the reliability of the service delivery.
- Based on the customer respond lack of getting primary information from the hospital as a collision for the hospital service delivery.
- The other factors observed in the study are that affects the service delivery in the receptionist process of getting card, setting payment, and the time to visit to doctor is deprived.
- The hospital is not create an awerness to a customer that comment any sugestion to the hospital, it affect the quality service delivery and customer expectation.

4.3 Recommendation

Provision of a service delivery is not an easy task. It can be improve through assurance and reliable of service delivery. Service customers attach a lot of importance to the following factors in judging the quality of service reliability, responsiveness, assurance, emphathy In order to offer customers with consistent service, employees need to be well familiar with service delivery. The service quality dimension can play a crucial role to deliver a service between the customer and service provider to success on the basis of the data collected and analyzed, the following recommendation are forwarded to overcome the problem related to the subject matter of the study.

- The hospital department coordination is important and frequently over looked source of knowledge about customer requirement. They might have the direct idea of what is going on and they should allow themselves to share ideas on how to improve their service to give quality service deliver to their customers.
- The doctors, nurses, receptionist and other employees should be customer oriented and should show respect with professional ethics.
- The hospital receptionist, card giver, and payment collectors need to address from starting card giver to visit a doctor process should have to simple and easy, in addition to this those employees need to address uniformly so that customer could easily identify them. This will make communication between service provider and service taker easy and efficient.

- The student researcher recommended that the way of giving primary information to a customer are must give a priority by the hospital to facilitate service delivery efficient.

- On the service delivery process especially in the hospital the physical material of equipment should be visible and clear to see for customer, in addition to this the equipments must have updated through technology.

- The hospital's carrying individualized attention to customers and customer need of security in the transformation of the service delivery.

- The student researcher strongly recommended that the hospital should have to closely contact with customers and pay attention to the complain of the client and take immediate action.

- The company must assure quality service delivery of it's service, in order to win customers satisfaction consquently active and keep the welth of the customer.

- To sum up, the student researcher strongly note the hospital administration and other responsible bodies should be alert to give timely response for customer complaints, otherwise the hospital service delivery system will not achieve their goal.

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APPENDICES

Part 2 Questions directly related to the study

1. Duration of customer ship & the service consumed?

1- <1 year 2- 1-2 year 3- 3-5 years 4- Above 5 years

2. How do you measure willingness of customer contact employee?

1- Very good 2- Good 3- Average 4- poor 5- very poor

3. How do you measure the way getting primary information about the Hospital?

1- Very good 2- Good 3- Average 4- poor 5- very poor

4. How do measure the knowledge of employee about the service provided by the Hospital?

1- Very good 2- Good 3- Average 4- poor 5- very poor

5. How do measure the Hospital of the receptionist process of getting card, setting payment and the time to visit your doctor?.

1- Very good 2- Good 3- Average 4- poor 5- very poor

6. How do a measure the cleanness of the Hospital ?

1- Very good 2- Good 3- Average 4- poor 5- very poor

7. Supply of medicine by the Hospital for inpatients and outpatients?

1- Very good 2- Good 3- Average 4- poor 5- very poor

8. Knowledge's & skills of doctors and the way of follows ups investigation and medical result.

1- Very good 2- Good 3- Average 4- poor 5- very poor

9. How do a measure the quality of medical like surgery, first aid, laboratory, ultrasound and other equipments?

1- Very good 2- Good 3- Average 4- poor 5- very poor

10. How do a measure the knowledge of professional related with medical equipments?

1- Very good 2- Good 3- Average 4- poor 5- very poor

11. How fast is the doctor and nurse response to patient's complaints in relation to medication?

1- Very fast 2- Fast 3- Average 4- Late 5- Very late

12. What is the response for patient's complaints from receptionist regarding to service delivery?

1- Very quick 2- Quick 3- Very late 4- Late

13. Do you have an idea that the Hospital has a means to measure customer satisfaction and assigned staff to handle customer complaint?

1- Yes 2- No 3 I don't know

14. How do you measure the degree of using unrelated medicine ordered by the doctor after medical examination?

1- Very high 2-High 3- low 4- Very low 5- never happen to me

15. How do you measure the emergency and 24 hours service delivery?

1- Very good 2- Good 3- Average 4- poor 5- very poor

16. How do you get the Hospital providing the service as it's promise?

1- Very good 2- Good 3- Average 4- poor 5- very poor

17. How do a measure the overall service delivery by the Hospital?

1- Very good 2- Good 3- Average 4- poor 5- very poor

18. If you have any additional comments on service delivery other than the above.

Thank you

Appendix C

St. Mary University College

Faculty of Business

Department of Marketing Management

Interview conducted by management of St. Peter's Hospital the following interview qualification are aim to collect data from the management of St. Peter's Hospital about the issues related to service delivery in St. Peter's Hospital.

"Thank you in advance for your cooperation"

Note: it is not required to write your name

Department _____

Position _____

Sex Male Female

Age 20-25 26-35 above 35

Educational background Certificate Diploma First degree other

Work Experience

1-5 years 6-10 years above 10 years

1. What is the Hospitals yearly average number of customers for?
2. What is the plan and visions of the Hospital in near future time?
3. What is the level of coordination between front line employee and other departments? Are they working harmonically?
4. Do you think there is a problem on service delivery? If yes, in your opinion what is the major cause for not delivery quality service?
5. In your opinion, what are the major strengths and weakness on service delivery of the Hospital?
6. Is there a system for recording customers complain? If yes, what major action has been taken on service delivery to meet customer need?
7. Most of your customers are complaining that the service delivery? If yes, Is there any strategy set by the Hospital to solve this problem?
8. Does the Hospital have a means to measure customer satisfaction and assigned staff to handle customer complaint?

The Candidate Declaration

I under signed declare to this senior essay or project is my original work prepared under the guidance of Meaza G/Medhin. All source of material used for the manuscript have been duly acknowledged.

Name _____

Signature _____

Place of submitted _____

Date of submitted _____

Advisor Declaration

This paper has been submitted for examination with my approval as the university college advisor.

Name _____

Signature _____

Date _____