



ST.MARY'S UNIVERSITY

DEPARTMENT OF SOCIAL WORK

**AN ASSESSEMENT OF QUALITY HEALTH CARE DELIVERY
SERVICE AND CUSTOMER SATISFACTION IN ALERT
GENERAL HOSPITAL,**

ADDIS ABABA

BY: ASHIA EBRO BEKETA

JUNE, 2021

ADDIS ABABA, ETHIOPIA

**AN ASSESSMENT OF SERVICE QUALITY HEALTH CARE DELIVERY
AND
CUSTOMER SATISFACTIONS IN ALERT GENERAL HOSPITAL**

BY:

ASHIA EBRO BEKETA

ADVISOR

DR. HABTAMU (PHD)

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ST.MARY’S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
FACULTY OF HUMANITY

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ASHIA EBRO BEKETA

APPROVED BY BOARD OF EXAMINERS

Advisor _____	_____	_____
	Signature	Date
Internal examiner _____	_____	_____
	Signature	Date
External examiner _____	_____	_____
	Signature	Date
Dean graduate students _____	_____	_____
	Signature	Date

ENDORSEMENT

This thesis has been submitted to St.Mary's University, School of Graduate Studies for the examinations with my approval as a University advisor.

Dr. Habtamu (PHD) _____

Advisor

Signature

St. Mary's University, Addis Ababa

JUNE, 2021

DECLARATION

I the under signed, declare that this thesis is my original work, prepared under the guidance of Habtamu (PHD).For all guidance of thesis has been dully acknowledge. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

Ashia Ebro

Signature

St.Mary's University, Addis Ababa JUNE, 2021

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LIST OF ABBREVIATIONS

WHO -----World Health Organization

SERVQUAL ----Service Quality Model

SPSS -----Statistical Packages for Social Sciences

NPS-----National Health Service

CI-----Confidence Interval

AGH-----Alert General Hospital

WB-----World Bank

OPD-----Out Patient Department

AHWO-----Africa Health Workforce Observation

UDHR -----Universal Declaration of Human Rights

ABSTRACT

This study was conducted to assess the health service delivery and customer satisfaction of service offered to outpatient in Alert Hospital in Addis Ababa. The study was conducted on a sample of 221 services users. In order to assess the quality and effectiveness of service provided by the Government in Hospitals, a quantitative study was conducted among the out-patients to find out the association between patients expectations and perceptions towards health services quality provided in the hospital by Doctors, nurse/medical assistant and available infrastructures. Data were collected through as self-administered questionnaire distributed to outpatients in the Alert General Hospitals. To analyses the collected data, SPSS version20 for windows used. From the result findings, here was a significantly difference between expectations & perceptions was found in the urgency dimension specifically in patient room comfort ability and the lowest difference was in tangibility domain specifically Doctor's\nurses service quality. This study demonstrated that patient expectations were higher than their perception in there five out of five dimensions in the Hospital service quality. The Logistic regression showed that Tangibility, Reliability and Assurance are the domains that have significant relation with satisfaction.

Key Words: *Quality health care delivery service and customer satisfaction.*

CHAPTER ONE

1. INTRODUCTION

1.1 BACK GROUND OF THE STUDY

Customer satisfaction has been a subject of great interests to organization and researchers alike. The principal objective of organization is to maximize profits and to minimize cost. Profit maximization can be achieved through increase in sales with lesser costs. One of the factors that can help to increase sales is customer satisfaction, because satisfaction leads to customer loyalty (Wilson et al., 2008) recommendation and repeat purchase. Customer satisfaction is the main concern of business section of today; their researchers are always conducting research about the customer especially on what relates to satisfaction.

In the globalization and liberalized business environment, service sector encountering stiff competition to meet the requirements of the profitable ways business.

Quality can be defined as the comprising to which health services for individuals and population increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Quality can also refer to services evaluated at the individual or population level of analysis and focus on improvement of health care outcomes.

Quality health care delivery service and customer satisfaction was originally used during the landmark reports of the Institute of Medicine starting with Lohr (1990).

There is no doubt that the greatest asset of every country is its citizens. ‘This is because their general wellbeing determines the overall progress and development of national economy as an enhanced quality of life means higher productivity. Any country that has unhealthy population is bound to suffer the implementation of development programs to improve the quality of life of the people. This had necessitated the adoption of various human rights provision at the national and international level to protect and enhance the basic needs of human kinds including the right to adequate and quality health care during sickness (Howard, 2000).

Parasuramentet.al. (1985) also describes a frame work describing the quality delivery service gap model indentifies five gaps of prevalent imperfects information in ‘patient’ health care provider interaction. The most important gaps has been identified as gaps which patients to the expected

versus perceived quality of services delivery from the health care provider to the patient. Within this framework, the use of measurement tool called the SERVQUAL questionnaire is implemented (Parasuraman, Berry and Zeithaml, (1988). The SERVQUAL tool enables researchers to identify not only the gaps in perceptions and expectations in service quality from patients, but also identify which factors or dimensions underlie the quality construct.

Although the SERVQUAL tool has undergone criticism, it has continued to be widely used as a reliable and valid tool for service quality assessment. Parasuraman, Berry and Zeithaml (1991) identified five dimensions which underlie service quality. These dimensions (Tangibles, Reliability, Responsiveness, Assurance and Empathy) have been used in subsequent studies as theoretical factors (Tanner and Antony, 2006). However due to criticism of the validity of transposing these dimensions to different populations (Buttle, 1994).

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

After attaining recognition, the next important thing is to make it work for the benefit of its target group –the patients and to achieve this will definitely demand the involvement of the patients in quality health care delivery service to make the whole treatment process holistic. One cannot deny the fact that the health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of the patient's population. Hospitals are shifting from viewing patients as undereducated and passive individuals with little quality health care choices and to recognizing that the educated consumer has many service demands and health care choices available (Howard, 2000). To move towards higher quality health care delivery services, more and better information is commonly required on existing provision, on the intervention offered and on major constraints on service implementation.

Consumers need information about what is good and bad about their health. Why not all their expectations would be satisfied, and that they have rights, which all providers should respect (WHO, 2000).

This scenario has created the growing interest in improving the performance of quality of health systems in many countries. It is now a major pre-occupation, reflecting common pressures for cost commitment on one hand and the rising consumer expectation on the other. This is led to a

number of recent initiatives by many countries to measure and improve performance against quality, efficiency, and equality goals in health care delivery services (WHO, 2000).

As “Brundt land” rightly put it:

The good health of nations is key to human development and economic growth and it is important to analyze health system performance and to share what we knew with governmental and international community (Brundtland G.H.2001).

Despite differences in the levels and methods of quality health care delivery services, the challenges and solutions in quality are remarkably similar between countries. The common national concern over quality that cut across all nations are; unsafe health systems ,unequal access to health service ,dissatisfaction on the part of users and the wider public ,unacceptable level of variations in performance, practices and outcomes ;overuse, misuse or under-use of health care technologies; unaffordable waste from poor quality and unaffordable costs to society (Shaw,2002) .

Issues of responsiveness in quality health care delivery systems are many and varied. One basic distinction is between elements related to respect for human beings as persons, who are largely subjective and judged primarily by the patients and objective elements related to how a system meets common expressed concerns of patients and their families as clients of health system.

All people are consumers of health services and it is important to know their expectations on quality health care services .Users of health services want safe, appropriate interventions, treatment, and care that consider their dignity and respect. They want information that is accurate, timely and relevant. Consumers believe that if this is to happen, then consumers of health services must be involved and consulted, not only in relation to their own health care, but also about the service planning and delivery, health evaluation and research (Graham, 2001). Patient satisfaction measures therefore provide healthcare managers with useful information about the structure, process, and outcomes of care. They alert administrators of the positive and negative aspects of their institutions. Patients satisfactions assessments help maximize an organization’s quality and the value of the care it provides (Bell et al., 1997, Kelsey, 2001). To the patients ,the appearance of the environment and employees ,reliability ,dependability of the service delivery ,responsiveness ,competence ,understanding of the patients ,access ,courtesy ,communication ,credibility ,and

Security, all indicate quality care. Patient's satisfaction also hinges on whether the service experiences meet consumer expectation. This has created the need for a system of continuous quality improvement aimed at providing valued services to consumer. This is vital for improving the quality of care in the health delivery services system in the country. The literature pertaining to patient satisfaction in the inpatients setting may be extensive there is a paucity of data on patient satisfaction pertaining to outpatients clinical services (Belletal., 1997, Kesley, 2001).

1.2. STATEMENTS OF THE PROBLEM

The health care service industry historically has paid limited attention to customer perspective (Howard,2000).The main challenge is to create health systems which fairly improve health outcomes, satisfy clients 'expectations and to render the services at fair price (Blazevska et al.,2004). Health care systems in most developing countries suffer from serious deficiencies in financing, efficiency, equity and quality; poorly prepared to meet these challenges (Fekedu and Yohannes, 2011).

In Ethiopia, health services are inadequate and poor quality and the country has extremely poor health status relative to other low income countries (Habtamu and Abebe, 2016).According to WHO (2010) limited availability of health resources, overreliance on direct payments at the time of people need care and inefficient and inequitable use of resources identified as the main interrelated problems that limit universal health coverage.

Client satisfaction rate is generally believed to be low due to different reason such as a limited skilled man power, infrastructure and other basic health resources. The factor that affect the service satisfaction level among customer of health service utilizes are not well assessed taking into all five integral components of services quality models including tangibles ,reliability, responsiveness ,assurance and empathy. They tend to take parts of these service quality measurements to measure customer level of satisfaction. In most case studies focused on health service providers circumstances. In addition, when these previous researches are well reviewed they focused on urban hospital. But, there are high disparities between accessibilities, quality of health services delivery between urban and rural areas (World Bank, 2005).

The public sector paved the way for the development by sensitizing the population to the need for advanced care and creating more demand for health care delivery service. The most important problems faced by providers are lack of sufficient number of trained professional, especially doctors in specialty areas of Africa Health Workforce Observatory (AHWO) 2010. The employment of trained and qualified personnel and retain them in the facilities is critical to ensure good quality care. A wide spread shortage of trained professionals, especially in the certain area of specialties since the such highly specialized and sub specialized medical trainings are not widely provide in the country. Based on the above reviewed the study and other variety of client satisfaction studies in Ethiopia, the majority of study focused on hospital. These studies and others conducted in Ethiopia also failure to assess internal facilities ,shortage and challenges of basic health resource ,absence or inappropriate service units and minimum service delivery standards of hospital which has significant contribution for quality health services associated customer satisfaction.

Government and professional bodies needs to make concerted effort to address this issue in holistic manner and develop appropriate strategies'. Ethiopia will achieve better health sooner and more efficiently in public sector. Ministry of Health can play strategic role in setting the stage through policies and program interventions that influence the public sector to achieve the health care goal. The hospitals are therefore making the effort to determine what health care customers need their services to meet those needs and then attracting patients to continue use their services.

Quality of delivery service and patient satisfaction had been extensively studied and considerable effort has gone into developing survey instrument to measure it. However, most reviews have critical of its use since there is rarely any theoretical or conceptual development of the patient satisfaction concept. This study points out that there is urgent need to it measure the difference between the expected and perceived the quality of health care delivery service and evaluate its satisfaction level in order to better understand patient's needs.

Therefore, in response to the above research problems and so fact studied and indicated research gaps, this study conducted to assessment of quality health care delivery service and customer satisfaction in Addis Ababa, at Alert General Hospital.

1.3 RESEARCH QUESTIONS

In view of this revelation, the study seeks to find answers to the following fundamental question:-

- To what extent are customers satisfied or dissatisfied with services they receive at Alert General Hospital?
- What are customer perspectives about quality health care delivery services?

1.4. OBJECTIVE OF THE STUDY

1.4.1 General objective

The general objective of this study is assessment of quality health care delivery services and satisfaction of Alert General Hospital.

1.4.2 Specific objective.

- ✓ To identify level of quality care and treatment are out patients receiving from the health care accessible.
- ✓ To identify areas of improvement to improve customer satisfaction and quality of the service

1.5. SIGNIFICANCE OF THE STUDY

The significance of this study included the development of lessons to serve as guiding principles for the improvement of the health care delivery systems at the Alert General Hospital and the findings to serve as one of the scientific basis on which researchers could use to assess health care delivery and customer satisfaction.

- Patients stand to gain if their concerns are factored into the daily administration and running of health care facilities for improvement ,
- To the government ,it will measure the performance of one sector (health) to the development of nation
- To the health sector ,it will make them improve upon their services for patients' satisfaction and confidence and for the dignity of the institutions and their workers ,

- It will also assist the health sector in determining what patients' value in any quality of health care delivery services and hence their assessment of quality in health care's delivery,
- It will create awareness among hospital staff on the need to see patients not just as recipients of health care but have rights that must be protected.

1.6. SCOPE OF THE STUDY

Research study the customer's expectations, perception and quality delivery service and customer satisfaction level on service from Alert hospital in Addis Ababa. There are limitations as predicted for conducting this research. First of all the, respondents in this study are limited to only out-patients from the Alert hospital in Addis Ababa. The number of patient which is in-patient is not including in this population and sampling.

Beside, as any study based on consumer survey through a predesigned questionnaire study faced the basic limitation the possibility of difference between what is recorded and what is true, no matter how carefully the questionnaires has been designed and field has been conducted .The customer may not deliberately report their preference and even they wish to do so there are bound to be differences owing to problems filters of communication process.

Furthermore, it was difficult to get feedback from seriously ill patients where they are sick and unable to cooperate in answering the questionnaire. Taking into consideration uncomfortable feelings.

1.7 LIMITATION OF THE STUDY

- One of the limitations of this study, is that it does not take into consideration demographical impact on perception it would be expected that differences in perceptions,
- The study will primarily focusing in Alert General Hospital ,where there are relatively better health facilities and where the sector has relatively better capacity and organized .Thus, the finding of the study might not be solid enough to generalize the reality at the country.

The financial resources and availability relevant reference documents, time and information sources could be other bottlenecks. Similarly getting the right key informants and getting their willingness to provide information could be potentially demanding bodies.

1.8. Definition of Key Terms

In order to avoid misunderstanding and individual interpretation and usage of certain concepts in this study, the research defined those concepts used in this study; based on the contexts within the study below.

Customer expectation and perception

Customer expectation is defined as what the customer wants from the product service they have purchased, Customer perception quality is explained as the customer's judgment about a product/service's overall excellence or superiority, based on perceptions of what is received and what is given (Zenithal, 1988).

The evaluation is done by comparing the expectation with the perceived performance of product or services.

Customer satisfaction:

Customer satisfaction is a person's feeling of pleasure or disappointment resulting from comparing a product or services perceived performance or outcome in relation to her or his expectations (Nair, 2004).

Assessment: is the process by which the characteristics and needs of clients, groups and situations are evaluated or determined to address the actual needs or desires, expectations or situations.

Dissatisfaction: Unpleased feeling about the services or product as mismatching with expectations or desires.

Health care: the functional and non-technical aspect of health services delivery which emphasis on the human aspects of interactions between services provides and customers.

Neutral: those customer who are neither satisfied nor dissatisfied but falls between two as medium ;not interested to say much more than does not matter or medium.

Patient: any person who has visited the health facilities for the sake of health care services. The term used interchangeably with client and customer in this study.

Satisfaction: pleased experience of customer after using the services or products because of attaining match services with expectations or desires.

Very dissatisfied: higher failure of the product or services below one's expectations

Very satisfied: exceeding of the product or services above one's expectations

CHAPTER TWO

2. LITERATURE REVIEW

2.1 INTRODUCTION

Quality health care delivery services affects all sectors of the economy because of every economy relies on a healthy working population to offer skill and unskilled labor for increased productivity and growth of the national income. Hence, the structural connectivity between quality health care delivery services and other sectors of the economy .This had necessitated the need for a system of continuous quality improvement committed to providing better medical services as a surest way of ensuring quality health care delivery services. Despite the modern scientific development and technological advancement in health care delivery, issues of patients centered health care delivery still needs improvement. Even in the best systems, mistakes and lapses occur during treatment leading to injuries and dissatisfaction in services delivery. More importantly, health personnel could also undervalue the psychosocial aspect of treatment during the course of executing their duties. It is no wonder that, states, international organizations, corporate bodies, and even individuals are working tirelessly to promote quality health care and patient's protection and safety. Relevant literature on quality services, healthcare, customer satisfaction and patient's rights were undertaken. The research issues arising from these reviews guided the formulation of the research objectives.

2.2 Services Quality Concepts

Service quality is defined as the overall assessment of a service by customer (Eshghi et al.,2008,p.121).Ghylin et al.,(2008,p.76)points out that ,y defining service quality ,companies will be able to delivery services with higher quality level presumably resulting in increased customer satisfaction .Understanding service quality must involve acknowledging the characteristics of service which are intangibility, heterogeneity and inseparability,(Parasuraman et al.,1985,p.42);(Ladhari,2008,p.172).In that way ,service quality would be easily measured .

In this study, service quality can be defined as the difference between customer's expectation for service performance prior to the service encounter and their perception of service received. Customer's expectation serves as a foundation for evaluating service quality because, quality is

high when performance exceeds expectation and quality is low when performance does not meet their expectation (Asubonteng et al.,(1996,p.64).Expectation is viewed in service quality literature as desires or wants of customer i.e., what they feel a service provider should offer rather than would offer(Parasuman et al.,1988,p.17).Perceived service is the outcome of the customer's view of service dimensions, which are both technical and functional in nature(Gronroos,1984,p.39).

2.3 CUSTOMER SATISFACTION

Customer satisfaction is conceptualized as been transaction specific meaning it is based on the customer's experience on a particular service encounter,(Cronin and Taylor,1992)and also some think satisfaction is cumulative based on the overall evaluation of service experience(Jones and Suh,2000).These highlight the fact that customer satisfaction is based on experience with service provider and also the outcome of service. Customer satisfaction is considered as an attitude, Yi, (1990).

2.4 Theoretical Analysis

2.4.1 Service Quality Model

As stated earlier service quality has been defined differently by different people and there is no consensus as to what the actual definition is. We adopted the definition by Parasuman et al, (1988,p.5)which defines service quality as the discrepancy between a customer's 'expectation of the service and the customers perception of the offering. Measuring service quality has been one of the most recurrent topics in management literature ,Parasuman et al.,1988),Gronroos,(1984),Cronin et al.,(1992).This is because of the need to develop valid instruments for the systematic evaluation of firms 'performance from the customer point of view; and the association between perceived service quality and other key organizational outcomes ,Cronin et al.,(2010,p.93),which has led to the development of models for measuring service quality.Gillbert et al .,(2004,p.372-273) reviewed the various way service quality can be measured.

SERVPERF model developed by Cronin and Taylor, (1992), was derived from the SERVQUAL model by dropping the expectations and measuring service quality perception just by evaluating the customer's the overall feeling towards the service.

$SERVQUAL = Performance - Expectations$

Weighted $SERVQUAL = importance (performance - expectations)$

$SERVPERF = Performance$

Weight $SERVPERF = Importance \times (performance)$.

There are five dimensions:-

Tangibility: physical facilities, equipment, and appearance of personal, employees and management team. Further, it is also defined as the ease in visibility of resources necessary for providing the service to customers, well groomed employees and ease in accessing written materials like pamphlets, brochures, folders, information books etc will have a favorable consequence on the level of customer satisfaction parasuraman et al(1985).

Reliability: ability to perform the promised service dependably and accurately.

Responsiveness: defined responsiveness as the interests in providing prompt service to customers when required, further, it is research that willingness or readiness of employees to provide the required customer service without any in convenience at any time will strongly influence the level of customer satisfaction parasuraman et al(1988) customers get satisfied when organization provide individual attention and employees are paying attention to problem experienced by customers Willingness to help customers and provide service.

Assurance: Knowledge and courtesy of employees and their ability to inspire trust and confidence will strongly strike the level of customer satisfaction parasuraman et al(1988).

Empathy: Caring individualized attention the firm provides to its customers. The better understanding of customer's specific needs, enhanced communication between management and customers will have apposite out come on customer satisfaction.

Assessment: is the process by which the characteristics and needs clients, groups, and situations are evaluated or determined to address the actual needs or desires, expectation and situation.

2.4.2 Factors that Affect Customer Satisfaction

Matzler et al.,(2002),classify factors that affect customers' satisfaction in three factor structure.

1. Basic factor: these are minimum requirements that are required in a product to prevent the customer from being dissatisfied. They do not necessarily cause satisfaction but lead to dissatisfaction if absent.
2. Performance factors: these are factors that lead to satisfaction if fulfilled and can lead to dissatisfaction if not fulfilled. These include reliability and friendliness.
3. Excitement factors: these are factor that increase customers' satisfaction if fulfilled but does not cause dissatisfaction if not fulfilled which include project management.

2.4.3 Relationship between Service Quality and Customer Satisfaction

According to Sureshchandarm et al.,(2002,p.363),customer satisfaction should be seen as multi-dimensional construct just as service quality meaning it can occur at multi-level in an organization and that it should be operational zed along the same factor on which service quality is operational zed.Parasuman et al.,(1985) suggested that when perceived service quality is high ,then it will lead to increase in customer satisfaction. He supports that service quality leads to customer satisfaction and this is in line with Saravana and Rao,(2007,p.436)and Lee et al.,(2000,p.226)who acknowledge that customer satisfaction is based upon the level of service quality provided by the service provider.

Fen and Lian ,(2005,p.59-60)found that both service quality and customer satisfaction have a positive effect on customer's re-patronage intentions showing that both service quality and customer satisfaction have a crucial role play in the success and survival of any health care.

2.5 CORE CONCEPTS OF HEALTH CARE QUALITY

2.5.1 Quality Values in Health Care

One cannot deny the fact that openness, confidence, motivation, and commitment are the foundation of any quality cultures. However, traditional practices and attitudes towards authority,

mutual support, and individual responsibility actively resist improvement. This creates cultures of low expectations and quality (from public and professional), vertical command structures, restricted information, and a negative view of accountability and responsibility. This is still a major problem in the whole of Africa.

Quality design involves providers, clients and managers in structured process to explicitly identify client's needs and design services processes with the key feature to meet those needs. In the context of quality design, the features are concrete, practical expressions of client's needs, desires, and expectation. Quality design is use to develop an entirely new process or redesign an existing process for improved service delivery.

2.5.2 Definition of Health Care Quality

The most comprehensive and perhaps the simplest definition of quality is that used by advocates of total quality management (Deming, 1982):" Doing the right things right, right away." Almost as universal is the view by "Ovretveit, (1992)" who almost a decade later, recognized the three "stakeholders" components of quality namely clients, professional, and management quality.

Client's quality address what the client's wants from services,

Professional quality Indicates whether the services meets the needs as defined by professional providers and referrers and whether it correctly carries out techniques and procedures which are believed to necessary to meet the client's needs,

The management quality aspect is concerned with the most efficient and productive use of the resources within limits and directives set by higher authorities and purchasers. As integrated definition of health care quality therefore combines these elements .A" quality health services /system gives patients what they want and need at the lowest cost"(Ovretveit, 1992)".

Another clients- focused definition of quality comes from "Donabedian (1980)" and Morgan and "Murgatroyd (1994)" Client satisfaction is of fundamental importance as measure of quality of care, because, it gives more information on the provider's success at meeting those client values and expectations on which the client has authority "Donabedian".Also saw health care as consisting of two parties: a technical task and an interpersonal exchange where by doctors and

patients discussed and agreed on treatment .Donabedian suggested that quality of care is made of structures, processes and outcome.

Structure refers to the attributes of the setting in which care occurs. These includes the attributes of materials resources (such as facilities, equipment and money), of human resources (such as the number and qualification of personnel), and of organizational structures (such as medical staff organization, method of peer review and method of reimbursement).

Process denotes procedures in giving and receiving care. It includes the patient's actives in seeking care and caring it out as well as the practitioner's actives in making a diagnosis and recommending or implementing treatment.

Outcome denotes the effects of care on the health status of the patients and population. Improvement in the patient's knowledge salutary changes and patient's behaviors are included under abroad definition of health status, and so is the degree of patient's satisfaction with care.

Patient's satisfaction is increasingly being recognized as an important measure of outcome and quality of care. Whether Patient's will seek medical advice or comply with treatment will depend on the level of satisfaction .These Quality health care concerns have led health care organizations to use patient satisfaction data to identify facts about the processes of work and the root causes of failures in those processes .This leads to improved standards of work leading to best clinical practices.

2.5.3 Quality Dimension in Medical Care

Diversity is a rises when examining the meaning of quality in medical care. Medical quality consist of a mixture of hard technical elements such as correct diagnosis ,appropriate intervention and effective treatment as well as soft element such as good communication ,patient's satisfaction and consideration for the patient's preferences(Gill,1993).It is therefore not sufficient to consider only the technical competence of those providing care ,but also care provider more effectively ,efficiently and humanly . Ovretveit,(1990) stated that" professional quality has two parts;(1)whether the service meet professionally assisted needs of its clients and(2)whether the services correctly select and cares out the techniques and procedures which professional believe meet the needs of clients .

2.5.4 The Meaning of Quality

The definition and dimensions outlined above constitute a broad conceptual framework that includes almost every aspect of the health system performance. These entire dimensions come into play as clients, health providers, and health care managers try to define quality of care from their unique perspectives. Quality health care is one, which meets their needs, and delivered courteously and on time (Brown, et, al 1990).The dimension of quality that relates to clients satisfaction also affect the health and well-being of the community. Hence, patients and communities often focus on effectiveness, accessibility, interpersonal relations, continuity, and amenities as the most important dimensions off quality. From the provider’s perspective, quality are implies that he or she or she has the skills, resources, and conditions necessary to improve the health status of the patients and community according to current technical standards and available resources .The provider commitment and motivation depends on the ability to care out his or her duties in an ideal or optimal way. Providers tend to focus on the technical competence, effectiveness, and safety.

Quality care requires that managers are rarely involved in delivering patient care although the quality of patients care is central to everything they do. The varied demand of supervision, financial and logistics management present many an expected challenges. This can level a manager without a clear sense of priorities or purpose. Focusing on the various dimension of quality can help to set administrative priorities. Health care managers must provide for the needs and demands of both providers and patients, to be responsible set wards of the resource entrusted to them by the government, private entities, and the community.

Health care managers must consider the needs of the multiple clients in addressing questions about resources allocations, fee schedules, staffing patterns and management practices. In this way, there will be no trade-off between increasing patient satisfaction, improving professional outcomes, and reducing cost” (Ovretveit J, 2001)”.Despite the different perspective on quality health by various players, a definition of quality needs to guide towards what is measured. It should resonate with professional’s values, while increasing efficiency to satisfy the client.

2.5.5 Voice of the Customer

One cannot talk about quality issues without factoring in the concerns of customers. Increased contact with external and internal customer provides managers with new ideas for improvement and ultimately assists a manager to measure and adjust his or her performance against the all-important barometer of the customer satisfaction “(Longenecker and Neubert, 2003)”. There is a variety of methods for finding out what customers think about a service (Ovretveit, 1993); talking-to staff or clients about what clients like and dislike about the service. It also involves routine customer group meeting; letter sent to a sample of clients; comments cards ;free telephones lines for comments and complaints; observation against check-list ;objective indicators of customer satisfaction, example client-cancelled appointments ,demand and waiting times. Each measures different things and used for different purpose in different situation. The combining data collection methods give reach insights in to client’s perspective on services quality.

2.6 CUSTOMER SATISFACTIONS AS QUALITY INDICATOR

Customer satisfaction is the personal feelings, meanings and interpretation a consumer makes of a product and/or services following its usage (Solomon 1996, Wells and Prensky 1996 cited in Metewa and Almosiawi, 1998). Customer satisfaction is now the essence of success in today’s highly competitive world of business’ (Kohl and Gasworks, 1990 cited in Jamal and Nasser 2002:146).

Customers or consumers of health care services therefore play a variety of roles in health care quality assessment and monitoring. By expressing their preference, they supply the valuations needed to choose among alternative strategies of care (Donabedian, 1987). They help define the meaning of quality in the technical sense. Moreover; their preferences are the paramount consideration in defining the quality of the interpersonal process and of the amenities of care. Consumers are also valuable sources of information in judging the quality of care and non-technical aspect of treatment.

This is because consumer can and do, through expressing satisfaction or dissatisfaction, pass a judgment about many aspects of the process of care and its outcomes. Consumers, if properly informed, could differently to regulate the quality of care by means of their choice. No wonder

that, health care is now entering an age of accountability where patients are demanding services excellence. Some studies view patient's expectations as probabilities judgment about the likelihood that a set of events will occur (McKinley, 2002; Conway, Will cocks, 1997). Others view expectations on quality care as perceived needs, wants, importance, standards, or entitlement (Kravitz, 1996). These expectations may pertain to health care in general or to a specific health care encounter such as a clinic visits or hospitalization. Whether patient's expectation or probabilities or values, an understanding of a patient expectation is important because meeting these expectations may lead to greater satisfaction with care. As the patients is becoming widely recognized as reliable and importance source of information about quality medical practice(Lawathers,oRozanski,Nizakovski and Rys,1999),important steps towards making performance transparent come with the publication of concrete figures on the quality of outcomes relevant to patients. Patient's services are an important part of this. Advantages of patients surveys to measure specific domains of experiences and satisfactions. However to reach the valid and reliable results remain a challenge for the health care organizations (Sitzia, 1999). If the questioner and process are scrutinized using scientific method, it can guarantee a useful and comparative data .Health care organization using performance indicators to differentiate themselves and demonstrate customer focus reap considerable advantages, especially if they have a quality management system to underpin the development of performance. That is the benefit of both patients and staff (Kolking, 2003, Dolan, 1998).

According to Jenkins on et al, (2002), patient's experiences of health and medical care are at the very core of the purpose of clinical medicine. If medical treatment succeeds only in a limited, technical sense, without any benefit to those receiving them, then such intervention would have failed. Health care providers must consider whether and how patient expectations of their services can be managed (McKinley et al, 2002). Dissatisfaction with the provision of heal care services could be contained know what they can expect and then receives.

The above analysis of customer satisfaction is as a quality indicator, point to the fact that quality health service delivery should have the customer or patients concerns as central to the overall treatment process.

2.7. DELIVERY SERVICE QUALITY IN THE WESTERN CONTECXT

In Tomes and Ng (1995) study on delivery service quality in hospital care of National Health Service (NHS) in England, they mentioned that healthcare professionals and managers must the issues of improving the quality of service they provided.

2.8. THEORETICAL FRAMEWORK FOR THE STUDY

The main theoretical framework underlying this study is the use of the system theory of management, regarded as one of the total quality management approaches espoused by quality management writer such Dobbins and Crawford-Mason, 1998. The system theory views organizations as a unified and purposeful system interrelated parts. This approach expects management to look at the organizations as a whole and as part of a larger, external environment. As” Ludwig von Bertalantly et al 1956” pointed out; the system theory tells us that the activity of any part or segments of the organization affects, in varying degrees, the activity of every other segments. This pre-supposes that every part of the system including the work force must work to support each other. When the sub-systems of an organization do not support each other, then the organization cannot focus on quality management. The theory therefore emphasized that every organization interacts with internal and external system by taking resources from the environment and providing output.

According to the system theory, every organization has two major inputs:-

- a. Human Resources-** come from people who worked in the organization by contributing their time, energy, value systems to the organization in exchange for wages and other tangible and intangible resources.
- b. Non-Human Resource-** consists of raw materials and information, technology, physical infrastructure .The human and material resources are inputs into the system and are transforming into final products and services to satisfy consumers.

The human and materials resource are inputs into the system and are transforming into final products and service to satisfy consumes. For instance, the hospital inputs are its staff, supplies, and patients. The patients go through the application of medical knowledge and treatment, and the inherent organizational culture and values system. The output is patients restored to a level of

psychological and physical consistent with severity of the disease. The system receives the feedbacks from the external environment for assessment in term of quality of service.

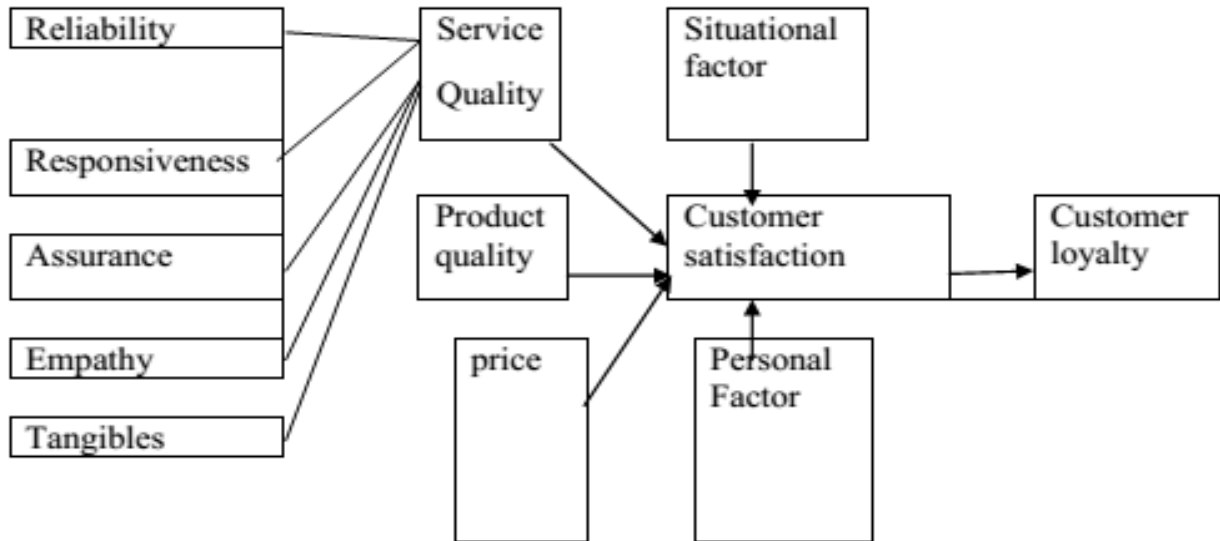
2.9 CONCEPTUAL FRAMEWORK

The conceptual frame work (Figure1) explains the underlying process which is applied to guide this study. As discussed above, the SERVQUAL model is suitable for measuring service quality and customer satisfaction in hospital offering adequate services using the service quality dimensions. SERVQUAL model are modified to measure the perceived health care delivery service and customer satisfaction in Alert general hospital The research want to find out the overall service quality perceived by customers with pre _medical service and medical services that on which dimensions customers satisfied. According the two most important variables of study were quality health care service (Independent variable) and customer satisfaction (Independent variable). The independent variable has effect on customers satisfaction while the independent variable could be conditioned based on the status of the independent variables was tested in correlation in the analysis part of the study.

Quality health care service was measured in terms its Five dimension of Quality service: reliability, responsiveness, empathy, assurance and tangibility of o the services. But this Quality healthy cares services was affected by different factors that can hamper or enhance the process of service provision .In addition, the way an organization receives feedback (complaints) and makes services recovery affect the satisfaction level .Effective system of handling in place the most likely result was customer satisfaction and the reverse was occurred in the service delivery (exchange) process. It was also obvious that the customers' attributes like word of mouth, personal needs and past experiences affect the customers' expectations' and that lastly result either in satisfaction and dissatisfaction.

Figure 1. Customer perceptions of quality and customer satisfaction Wilson et al.

Figure 1: Customer perceptions of quality and customer satisfaction Wilson et al.



Reliability, ability to perform the promised service dependently and accurately

Responsiveness, as the interest in providing prompt service to customer when required, further its research that willingness or redlines of employees to provide the required customer service without any in convince at any time will strongly influence the level of customer satisfaction parasurament et al 1988 customer get satisfied when organization provide individual attention and employees are paying attention to problem experienced by customers willingness to help customer and provide service.

Assurance, knowledge and courtesy of employees and their ability to inspire trust and confidence will strongly strive the level of customer parasuraman et al, 1988.

Empathy, caring individualized attention the firm provides to its customers. The better understanding of customer’s specific needs enhanced communication between management and customers will have appositve out come on customer satisfaction.

Tangibility, physically facilitates, equipment and appearance of personal, employees and management team will have a favorable consequence on the level of customer satisfaction parasuraman et 1988.

CHAPTER THREE

3. METHODOLOGY

3.1 RESEARCH DESIGN

A research design is defined as the arrangement of conditions for collection and analysis of data in a manner that aim to combine relevance to the research purpose with aimed procedure. In other words, the research design is a conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement, and analysis data. Accordingly, the design incorporates a framework of what the researcher is going to do from the basic questions and their operational implications to the final analysis of data (Sauder's et al., 2007).

Therefore, this is a quantitative research that adopted the survey strategy through convenience samples of non-probability sampling technique. Surveys allow the collection of large amount of data from sizeable population in a highly economical way (Sauder's et al., 2007;The data often obtained by using a self- administered questionnaire the standardized and structured questionnaires' that allowing easy comparison

3.2 THE STUDY AREA AND POPULATION OF THE STUDY.

The study conducted at Alert General Hospital in Addis Ababa the capital city of Ethiopia. Alert hospital was found in Zenebawork, KolfeKeranyo, and Addis Ababa Ethiopia. The hospital lies between latitude 8.9856° and $8^{\circ} 59'8.2''$ north .Longitude 38.7104° or $38^{\circ} 42' 37.4''$ east, and elevation 2303 meters or 7556 feet. Alert is originally built by "Dr Thomas Lambie in 1992," which was later named the Princess Zenaba Work Hospital. A memorandum to found ALERT was signed Dec.11,1965 by representative of the Ministry of Health, Addis Ababa University, the international Society for the Rehabilitation of the Disabled ,The Leprosy Mission, and "Dr.Eugene Kellersberger" of the American Leprosy Mission ,who had had the vision for establishing such a multifaceted center and had been the main promoter of the project. The hospital provides curative, preventive and rehabilitative service. Furthermore, the hospital function as pre service training center for the medical student from the different medical and health science teaching institutes in the capital city for practicum attachment and it's also has

been also providing in service training for leprosy patients over the world on rehabilitation activities. As to the infrastructure the hospital has 24 hours water and electricity supply.

3.3 STUDY POPULATION

All patient visited Alert hospital for medical services during working days(Monday to Friday)of the week in the study period. All adult patients visited outpatient department (OPD) units of Alert hospital on working days of the week during the study period. It is a general hospital for primary hospital. All outpatients visiting the hospital for health services from Monday to Friday during working hours were the study population. Therefore, the researcher was expected to get about 221 service seekers of outpatients who were come to Alert General Hospital from Monday to Friday during working hours. This was served as a population from which is a representative sample was drawn with convenience sampling and into incorporated into customer study. ALERT's activities focus on its hospital, rehabilitation of leprosy patients, training programs for leprosy personnel from around the world, and leprosy control (administration of Ethiopian Ministry of Health's regional leprosy control program).From the beginning, ALERT provided leprosy training for medical students from Addis Ababa University.

3. 4 SAMPLE SIZE

One of the important reasons for the researcher to determine sample size for this study was, it is very difficult to include the entire population to study due time, finance and manpower constraints. Taking all these in to account the investigator tried to estimate the reasonable sample size using the single population to proportion formula used by Yamane (1967:886) with the following assumption. These include 95% confidence interval, 0.1 expected margin of error and.05 proportion.

The equation is:- $n = \frac{N}{1+N\{e\}^2}$

Where n is the sample size, N is the population size, and e is the level of precision. When this formula is applied to the above sample equation will get

$$n = \frac{221}{1+221\{0.1\}^2} = 68$$

Therefore the researcher used 221 respondents with 10% of contingency for non-respondents.

Comparing with other previous similar study done by Peng (2006), the investigator deems that this computed sample size will be adequate to infer the findings to general population of the study area. It was adequate sample size for this study. Because, Peng (2006) that verified the minimum sample size of 200 respondents is needed for any type of quantitative research to reach a significant result.

3.5. SAMPLING TECHNIQUES

The researcher used a non-probably sampling technique. Non probability sampling provides a range of alternative techniques to select samples based on your subjective judgment to answer research question and meet the objectives. Sampling technique is available to the researcher by virtue of its accessibility (Bryman and Bell, 2003:105) the researcher was interested in customer satisfaction and service delivery. Non-probability sampling techniques also provide researcher with the opportunity to select the sample purposively and to reach difficult to identify members of the population. It was impossible to select all members of the population to take part in the research. Because; a non-probably sample is simply one in the researcher uses any subjects that are available to participate in the research study.

3.6. TOOLS/INSTRUMENTS OF DATA COLLECTION

Preliminary observation and assessment were made by going to the study area to know about the organizational set up of service delivery system and the concern and views of the customer satisfaction to develop useful tools for the study. Different related articles(Kent, 2007).and (Saunders et al, 2009:256) were reviewed to get more insight on both dependent and independent variables to be including data collaction. Then after the study tool was adapted from similar studies by English and then translated from English to Amharic and back to English for consistency. Self- administration and face to face interview methods were used for those who able to write and read and not able read and write respectively for data collection using structured questionnaires. The collected information entailed socio-demographic characteristics of respondents and their satisfaction level with different components of hospital's health care services provided, perception of customers towards waiting time and cleanliness of waiting areas, perception of customers toward receptiveness and services provided by health service providers when patients visited hospital with medical problem, and perception on the availability of diagnostic facilities at hospital.

3.7 DATA COLLECTION PROCEDURES

Preliminary observation and assessment were made by going to the study area to know about the organizational set up of service delivery system and the concern and views of the customer satisfaction to develop useful tools for the study. The primary data was collected through carefully prepared and organized questionnaire with convenience selected respondents of Alert General Hospital. There are 215 respondents were self-administered and 6 of them are respondents were face to face interview. The information was collected through a structured questionnaire with five Likert scale types (having a scale of range 1 strongly disagree to 5 strongly agree).The PI checked each question for completeness and constituency on daily basis after each data collection day taking 10 to 15% of the completed questionnaires. Data were coded and entered into computer using SPSS version 2020 software. In the analysis of client satisfaction, each variable is scored on a 5 point Likert –like scale, ranging from 1(strongly disagree) to 5(strongly agree).Frequency distribution and percentages are calculated for selected variables. Hierarchical binary logistic regression analysis was conducted to predict the factors which influence the level of customer satisfaction with health service deliveries with a 95% Confidence Interval (CI). P-values less than 0.05 were taken as statistically significant.

3.8. METHOD OF DATA ANALYSIS

Data were coded and entered into computer using SPSS version 20.0 software. Data double entered. In the analysis of client satisfaction, each variable is scored on a 5 point Likert –like scale, ranging from 1(strongly disagree) to 5(strongly agree).Frequency distribution and percentages are calculated for selected variables. Tables, graphs, pie chart and central tendency measure like mean, mode, and percentages were used to display in important information. Hierarchical binary logistic regression analysis was conducted to predict the factors which influence the level of customer satisfaction with health service deliveries with a 95% Confidence Interval (CI). P-values less than 0.05 were taken as statistically significant.

3.9. ETHICAL CONSIDERATION

Before the study was carried out, the research sought the consent of respondents by explaining the purpose of the study to them and assuring them of their confidentiality. The respondents were also informed about their right to refuse the participation from the beginning and/or in between whenever they want and told as has no effect on their right to get any health care services at the

hospital further, customer were informed on time it took complete either self-administered questions or face to face interview.

CHAPTER FOUR

4. RESULTS AND DISCUSSIONS

4.1 Descriptive analysis of socio-demographic.

This chapter was about result and discusses findings of the data from the field on assessing perceived quality health care delivery service and customer satisfactions using SERVQUAL model at Alert Hospital. The study was aimed to determine overall quality of health services perceived by customer and quality health care delivery service dimensions that bring customer satisfactions. Primary and main analyses were done. The preliminary analysis mainly focused on quantitative statistics to summarize data. Whereas, the main analyses involved the gap score analysis where by quantitative statistics were applied to summarize means of perceptions and expectations of customers. The perception minus expectation scores was done for each item and dimension in order to identify the quality of health care delivery service gaps at outpatient department of study hospital.

4.1. 1. Demographic characteristics of the Respondents

Table 1: Demography characteristics of the Respondents

		Numbers	Percent (%)
Sex	Male	92	41.6
	Female	129	58.4
Total		221	100
Age	20-25	28	12.7
	26-40	101	45.7
	41-65	65	29.4
	>65	27	12.2
Total		221	100
Religious	Muslims	91	41.2
	Christens	94	42.5
	Others	36	16.3
Total		221	100
Marital status	Married	158	71.5
	Single	45	20.4
	Divorce	10	4.5
	Widowed	8	3.6
Total		221	100
Education Level	Uneducated	4	1.81
	Primary school	14	6.33
	Secondary School	35	15.84
	Tertiary education	168	76.02
Total		221	100

Sources: field survey of 2020

Table 1 shows the distribution of the sample which was 58.4% female and 41.6% male and the largest proportion of the age dropped to age group 26-40, which account about 45.70% and while the least proportion was went to age category above >65 years (12.12%). Out of 221 respondents a proportion of Christian is higher than Muslim respondents (42.5% and 41.2%). The proportion of married respondents were a little less than three quarter of the respondents (71.5%). Likewise, the proportion of the respondent who were literate (with primary and above education) account about 98.2% of which the respondent with tertiary level of education were above 76.02%. Seventy-one percent (71%) (157) of the respondents were from urban areas and while the remaining 29 % (

64) were from rural areas .A little above half (56.6%) of the respondents were government employee and the rest 43.4 %(96) of respondents were private employee by employment status.

4.1.2. Expectation and perception towards quality of health care services provided by customers

4.1.2.1 Preference of facility

Table2.preference of facility usage

Types of health care	Number	percent
Mostly public	71	32.1
Public	127	57.5
Mostly private	2	0.9
Private	21	9.5
Total	221	100

Source: field surveyof2020

From table 2,more than three- quarter(89.6%)of the respondent responded as their preference for seeking care curative care were predominantly public facility than private facility out of these about one –third(32%) of the participants mostly seek medical care from the public facility.

**4.1.2.2 Analysis of score difference between perceived and expected quality of healthcare in
Alert Hospital outpatient department**

Table 3: mean scores for each SERVQUAL Statement.

Statement Number	Statements	Perceived(Mean)	Expected(mean)	SERVQUAL Score difference
1	cleanliness and hygiene in hospital should be excellent	4.15	5.10	-0.95
2	the patient room should be comfortable enough	4.15	5.10	-0.95
3	hospital should provide treatment ,diagnostic test and other services in acceptable time period	4.07	5.05	-0.98
4	when patient has a problem the hospital should show sincere interest to solve it	4.24	5.20	-0.96
5	doctor should explain health condition diagnostic and treatment in an understandable way	4.10	5.15	-1.05
6	nurse should explain to patients exactly when what they are going to do	4.11	5.10	-0.99
7	if you are admitted ,doctors should monitors your health status at daily	3.19	5.15	-1.96
8	doctors/nurses should response immediately when called patients	4.12	5.10	-0.98
9	doctors/nurses should be willing to help patients	4.05	5.01	-0.96
10	Waiting time for admission shouldn't be longer than 7days/week	3.92	5.00	-1.08
11	waiting time for daily service shouldn't be longer than 30 minutes	4.04	5.00	-0.96
12	Doctor should be competent	4.00	5.01	-1.01
13	nurses should be skilful	3.91	5.01	-1.1
14	Patients should feel receiving medical treatment	3.78	5.05	-1.27
15	hospital should provide privacy during treatment	3.95	5.00	-1.05
16	doctors/nurses should be respectful towards patients	3.90	5.01	-1.11
17	doctors should spend enough time with each patients	3.94	5.00	-1.06
18	hospital should open on time for patient	3.57	5.01	-1.44
19	doctors/nurses in hospital should be listen to you attentively	3.81	5.05	-1.24
20	nurse in hospital should be care	3.80	5.01	-1.21
21	hospital provide treatment diagnostic tests and other services within an acceptable time period	4.19	5.10	-0.91
22	when, I have a problem hospital workers show willingness to solve it	4.14	5.06	-0.92
23	doctors explain health conditions ,diagnosis and understandable way	3.93	5.00	-1.07
24	Before giving you any drug, did the hospital staff explain to you the usage and side effect of the drug?	3.83	5.04	-1.21
25	How satisfied are you with the quality health care delivery at Alert hospital services?	3.90	5.00	-1.10

Source field survey, 2020

From table 3, the largest SERVQUAL score difference between participation and expectation was registered for hospital should open on time for patient (-1.44) while the lowest was for SERVQUAL means score difference between perception and expectation for when, have a problem hospital workers show willingness to solve it (-0.92). The perceived and expected means score for cleanliness of the hospital and size room were equal from SERVQUAL statement for both variables 4.15 and 5.10 respectively with -0.95 SERVQUAL mean score.

This depicts that the perceived quality of health care provided is lower than the expected quality of care provided at outpatient department of Alert hospital. As to the difference on mean score of perceived and expected convey the right health education on the diagnosis and treatment provided was -1.05 and -0.99 for doctors and nurses which shows nurses are at a better position to communicate with patient than doctors. The SERVQUAL score difference for perception and expectation for hospital provide treatment, diagnosis test and other services within an acceptable time period is -0.91 but, this was much lower than recorded SERVQUAL score difference for perception and expectation for waiting time for daily service shouldn't be greater than 30 minutes (-0.96). Likewise, the SERVQUAL score difference on perception and expectation of respondent on companionate (sincere interest) to solve the problem revealed -0.96 and was much better than mean score difference observed between perception and expectation for respectful care for patient (-1.1) and worst of score difference for patient feel receiving medical treatment in hospital (-1.27). As to the competency of services providers to provide quality service, the SERVQUAL score difference between perception and expectation for doctors is better (-1.01 compared to Nurses (-1.1)).

The recorded SERVQUAL means score difference between perception and expectation for privacy and spent adequate time with patient was comparable (-1.05 and -1.06). As to one of the important variables for this study, -1.10 SERVQUAL mean score difference was recorded between perception and expectation for how satisfied are you with the quality health care delivery at Alert hospital services. Finally, the SERVQUAL statement on observed difference on mean score between perception and expectation for all parameters found negative which clearly pin pointed the existence gaps on perceived and expected quality of health care services provided in the Alert hospital outpatient department.

**Table 4: Five Highest and Lowest Means SERVQUAL statements,
Alert Hospital, 2020**

Five highest perceptions		Five lowest perception	
Statement	Mean	Statement	Mean
4	4.24	7	3.19
21	4.19	18	3.57
1	4.15	14	3.78
2	4.15	20	3.80
22	4.14	19	3.81
Five highest expectation		Five lowest expectation	
Statement	Mean	Statement	Mean
4	5.20	10	5.00
5	5.15	11	5.00
7	5.15	15	5.00
1	5.10	17	5.00
Five largest difference(SERVQUAL)score		Five smallest difference(SERVQUAL)score	
Statement	Mean	Statement	Mean
6	0.99	7	1.96
3	0.98	14	1.27
4	0.96	18	1.44
1	0.95	19	1.24
21	0.91	20	1.21

Source: field survey of, 2020

Table 5:Customer satisfaction on service provided(%)

Statement	Number	Percent
Very satisfied	133	60
Satisfied	77	35
Neutral	11	5
Total	221	100

Source: field survey, 2020

Almost all (96%) patients are satisfied with the service provided and there is no patient responded they were dissatisfied by the service provided see (Table 5 above).The showed the highest satisfaction (60%)and very satisfied(35%) and only(5%) were neutral.

4.2.2 Regression of variables

Regression analysis was conducted assess how the five dimension of quality product satisfaction ratings. The regression used the overall satisfaction rating as the dependent variables against the five dimension of service quality.

Table 6: Coefficient Of predictive variable

Satisfaction grouped	B	Std. Error	Exp(B)	T	Sig	95% confidence interval for Exp(B)	
						Lower Bound	Upper Bound
Dissatisfied Intercept	2.550	1.400		1.822	.070	-.211	5.311
Tangibility	.076	.130	.042	.584	.560	-.181	.333
Reliability	.092	.170	.038	.544	.587	-.243	.427
Responsiveness	.190	.079	.175	2.417	.017	.035	.345
Assurance	-.014	.093	-.011	-.154	.878	-.199	.170
Empathy	-.010	.073	-.009	-.132	.895	-.154	.135

The model shows that, Responsiveness, Reliability and Tangibility are significantly related to dependant variable at 95% confidence interval.

Customers' satisfaction= 0.175(responsiveness) +0.038(reliability) +0.042(tangibility

This implies that if responsiveness increases by2.42 then customer satisfaction will increase 17.5% other variables are increase. Similarly, if Reliability and Tangibility increase by 3.8% and 4.2%, customer satisfactions increase by 58.7% and 56% respectively.

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of the Finding

This chapter was about the summary, conclusion and recommendation from the field on assessing perceived quality of health care delivery service and customer satisfaction. As a result and based on the findings of the study at Alert hospital, the overall level of customers satisfaction for premedical health services. Patient evaluation of care is important to provide opportunity for improvement such as strategic framing of health plans, which sometimes exceed patient's expectations and perception. The advantages of patient satisfaction survey rely heavily on using standardized, tools needs to be the further developed and refined in order to reflect positively on the main goals of patient's satisfaction survey. There was a common salient determining factor between the studies which was interpersonal skills in terms of courtesy, respect by healthcare providers in addition to communication skills, explanation and clear information, which are more essential and influential than other technical skills.

The elements of service quality models such as willingness to help a customer, respectful communication, and nurse/doctor should explain to patients exactly when and what they are going to do, adequate consultancy and able to express compassion at time of service provisions are among factors influencing customer level of satisfaction. From experience point of view and observed from studied subjects, those customers who satisfied with a health services were more likely to come for fore visits and follow the recommendations of their service providers; provides thanks and use good words of mouth for service providers .

Finally, this review of various elements of patient's satisfaction ranging from its measurement ,predictors for improving overall patient satisfaction and impact of collecting patient information to build up strategic quality improvement plans and initiatives has shed light on the magnitude of the subject. It thus provides the opportunity for organization managers and policy makers to yield a better understanding of patient view and perceptions, and the extent of their involvement in improving the quality of care and services.

5.2 CONCLUSION

Service delivery is the systematic arrangement of activities in service giving in situations with the aim of fulfilling the perceived and expectations of customers. Quality of health care delivery service particular designed for multi-dimensions of activities performed and provided by especially trained health workers and some supportive staff at different levels of the community aimed to ensure persistent burdens and satisfying the needs, desires and expectations of customers.

The main objective of this study is to assess the level of customer satisfaction on the health care services provided at the hospital and identifies potential to customer satisfaction at Alert hospital in Addis Ababa. There are sufficient justifications for studying health service delivery system customer satisfaction in hospital. Firstly, despite the perception towards waiting time and cleanliness of waiting areas, perception of customer towards receptiveness and services provided by health service providers when patients visited hospital with medical problem and perception on the availability of diagnostic facilities at hospital. Customer satisfaction is about relationships between the customer, product or service. Customer satisfaction is highly personal assessment that is greatly influenced by individual expectations. It is highly associated with service quality dimensions. The quality of health service delivery system has significant impact on quality health services ;in such a way unless the basic health service delivery system be improved or changed with its internal institutional capacity ,quality health service and related customer satisfaction could not be ensured or enhanced. Measurement of patients/customer satisfaction plays an important role in the growing push towards accountability among health services providers. Studies on patient's satisfaction have significant role developing and delivering highly quality health care in hospital.

The variables of factors which occasionally affect level of customer satisfaction from preventive and curative health services mostly also related to service provision standards of the health which was seen in parts organizational structure, facilities, infrastructures, opening of hospital on time and cleanliness of waiting area. But, these service quality and customer satisfaction influencing factors are generally found burying in service quality, models as integral components of tangibles, reliability, responsiveness, assurance and empathy. The elements of service quality models such as willingness to help a customer, respectful communication, and nurse/doctor

should explain to patients exactly when and what they are going to do, adequate consultancy and able to express compassion at time of service provisions are among factors influencing customer level of satisfaction. From experience point of view and observed from studied subjects, those customers who satisfied with a health services were more likely to come for fore visits and follow the recommendations of their service providers; provides thanks and use good words of mouth for service providers .

5.3 RECOMMENDATION

This study attempted to recommend on some findings obtained during the study. To make accessible quality health service deliveries for health, policy review, reformulations and researches are required in addition to the different gaps in allocation of health resources. Periodic patients' satisfaction survey should be institutionalized to provide feedback for continuous quality service improvement. Policy makers and administrators of health care facilities need to give much attention for making rooms comfortable for patients.

The hospitals administration and responsible body in each service level should work together in improving the rate of patients' satisfaction with health care deliveries. The researcher also strive to recommend the major factors affecting level of customer satisfaction at pre- medical health service, diagnosis treatments, opening of hospital on time, long waiting of time, inadequacy of information where customers want to going. In case of different components of health service deliveries: Inadequacy of health information provisions, explanation procedures, consultancy about health care and services, courtesy and respect, confidentiality and privacy concerning health problems and services provided, client health question and problems prompt answering capacity, cleanliness of services rooms and areas of waiting are factors customers level of satisfaction and needs appropriate intervention and further improvements.

REFERENCES

- Anderson, G.F (1998) Multinational Comparisons of Health Care. International Health Policy
- Blazevsk,A.,Vladickiene,J.,&Xinxo,S(2004).Patient's satisfaction with the Health Care Services provided by Ambulatory Care units: /Aesculapius Performance Study, Iodiz, Poland journal of Dental Science& Research.
- Brown T.J (et al 1990) Research note. Improving the Measurement of Service quality. Journal of retailing.
- Brundtland, G.H. (2001).Improving Health System performance, OECD p.4
- Bryman A. &Bell, E. (2003), Business Research Method, New York: Oxford University Press, Cronin, J.J., &Taylor.
- Burns and Grove, SK.2007.Understanding Nursing Research, 4th edition .Philadelphia: WB Saunders.
- Buttle, F., (1994)"SERVQUAL: Review, Critique research Agend. European Journal of Marketing.
- Creswell.JW, Plano-Clark, VL, &Garrett, AL., 2008.Methodological issue in practices. Editing by MM, Bergman. Thousand OAK, CA: SAGE.
- Cronin J.J and Taylor, S.A (1994) SERVPERF versus SERVQUAL: Reconciling performance – Based and perceptions-Minus-Expectations, Measurement of Service Quality, vol.58,issue 1pp125-131
- Cronin J.J., and Taylor, S.A. (1992) Measuring Service quality; a re-examination and Extension. The Journal of Marketing, 56, (3)55-68.
- Donabedian, A., (1980), The Definition of quality and Approaches to its Assessment, Vol.1: Exploration in Quality Assessment and Monitoring. Ann Arbor, Michigan, Health Administration Press.EshghiA(2008).Service quality and customer satisfaction

Fekedu A., Andulem, M andYohannes,H.M.(2011).Assessment of Clients' Satisfaction with Health Service Delivery at Jimm.University Specialized Hospital.EthiopiaJ.HealthSci.21:101-109.

Fornell,C(1992).”A National Customer Satisfaction Barometer: The Swedish Experience “.Journal of Marketing, Vol.56, p.6-21

Graham J.D. (2001) Quality health care: what consumers want? OECD, P.32

Gronous, C., (1984).”A Service Quality Model and Its Marketing Implications “European Journal of Marketing, 1984 p.39

Habtamu, O., Abebe, A (2016).Predictors of Patient satisfaction with the Care Services Provided in Oromia regional state of public hospital,Ethiopia.Journal of Health Medicine and Nursing.

Howard (2000).Customer Service the key to remaining Competitive in managed care: Managed Care quarterly.

Jenkinson C., Coulter A., Bruster S. (2002) The Picker patients experience questionnaire: development and validation using data from in patient surveys in five countries. International journal for Quality in Health Care, vol.14 (5), p.353-358

Kravitz R.L.(1996) Patients ‘Expectations for Medical Care :An Expanded Formulation Based on Reviews of the Literature .Medical Care Research and Review,vol.53,p.3-27

Ladhari,R.(2009).A review of twenty years of SERVQUAL research ,.International journal of quality and service science ,Vol.4,number 1;p31-38.

Lee,H.,Lee,Y.andYoo,D.(2000).The determinant of perceived service quality and its relationship with satisfaction .Journal of service Marketing,et al(2000,p.226)

Ovretveit J. (1990) Quality Health Service.Brunel Institute of Organizational and Social Studies, Health Services Center, London.

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

Parasuraman, A Zeithaml, V.A. &Berry.L.L., (1985).A Conceptual Model of service quality and Implications for future research, Journal of Marketing 1985, p.420

Parasuraman, A Zeithaml, V.A. &Berry.L.L., (1988).SERVQUAL: A Multiple-items scale for measuring Consumer perceptions of service quality. Journal of Retailing.

Peng B (2006) Mobile Marketing. The Chinese perspective: International Journal of Mobile Marketing vol.No2 pp.50-59

Saravanan, R &Rao, K.S.P (2007).Measurement of Service quality from the Customer's perspective –An empirical study, Total Quality Management, 18(4) p.435-449

Shaw C.D. (2002) Health care quality is a global issue. Clinical Governance Bulletin, vol.3 (2), p.2-5.The World Health Report. (2000)Health systems: improving performance. World Health Organization. Lohr (1990), Landmark reports of Institute of Medicine Starting

Sounders, M., Lewis, P., Thornhill A.etal (2007).Research Methods for business Students.

The World Bank, A Country Status report on health and poverty –Ethiopia, 2005

World Health organization,(2010).Health System Financing :The Path to Universal Coverage. Geneva

Yi,Y.(1990).A Critical review of Customer Satisfaction, in Zeithaml,V.(Eds),Review of Marketing, American, Marketing Association,Chicago,IL,P.68-123

INTERNET WEBSITES

Universal Declaration of Human Rights (1948-1998):

www.un.org/overview/rights.html(accessed 20/05/07)

ANNEXES

Annex one: Questionnaire (English)

AN ASSESMENT OF QUALITY HEALTH CARE DELIVERY SERVICE AND CUSTOMER SATISFACTION

(ALERT GENERAL HOSPITAL AT ADDIS ABABA)

The aim of this research is to assess the Addis Ababa population's perception of the quality health care delivery service and customer satisfaction in ALERT hospital as well as the most influential factors of patient satisfaction within the SEVRVAUAL framework. The questionnaire has three parts. Demography, Expectation and perception.

PARTONE: Demography

1. Residence

- a. Urban b. Rural

2. Marital Status

- a. Married c. Divorced
b. Single d. Widowed

3. Religious

- a. Muslims c. Others
b. Christian

4. Occupations

- a. Private
b. Government

5. Educational Level

- a. Uneducated c. Secondary School
b. Primary School d. Tertiary education

6. Age

- a. 20-25 c. 41-65
b. 26-40 d. >65

7. Gender

- a. Male b. Female

8. Which healthcare facilities do you use?

- a. Public
b. Mostly public
c. Private
d. Mostly private

9. What is your perception of hospital healthcare?

- a. Secondary source (friends and family experience)
b. Personnel experience

PARTTWO

Expectation: This part is deals with your opinion of the hospitals

Q10

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The nurses & doctors should be clean & well groomed ,					
Cleanliness and hygiene in hospital should be excellent					
The patient room should be comfortable enough					

Q11.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Hospital should provide treatment, diagnostic test and other services in acceptable time period					
When patient has a problem ,the hospital should show sincere interest to solve it					
Doctors should explain health condition ,diagnostic and treatment in an understandable way					
Nurse should explain to patients exactly when and what they are going to do					
If you are admitted, doctors should monitor your health status at daily					

Q12.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Doctors/nurses should respond immediately when called patients					
Doctors/nurses should be willing to help patients					
Waiting time for admission shouldn't be longer than 7 days/a week					
Waiting time for daily service shouldn't be longer than 30 minute					

Q13

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Doctor should be competent					
Nurses should be skilful					
Patients should feel receiving medical treatment					
Hospital should provide privacy during treatment					
Doctors or nurses should be respectful towards patients					

PART THREE

Perception: The following statements deal with the perceptions of quality health care delivery service and customer satisfaction in hospital.

Q14

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Doctors should spend enough time with each patient					
Hospital should be open on time for patient					
Doctors/nurses in hospital should be listen to you attentively					
Nurse hospital should be care					

Q15

	Strongly disagree	Disagree	neutral	Agree	Strongly Agree
Hospital provide treatment, diagnostic tests and other services within an acceptable time period					
When I have a problem, hospital workers show willingness to solve it					
Doctors explain health conditions ,diagnosis and understandable way					

16. Before giving you any drug, did the hospital staff explain to you the usage and side effects of the drug?

A. Never

B. Sometimes

C. Usually

D .Always

17. How satisfied are you with the quality health care delivery at Alert hospital services?

a. Very dissatisfied d. Satisfied

b. Dissatisfied e. very satisfied

c. Neutral

Thank you for participating and completing the questionnaire in this study. This survey forms part of a research study under the supervision of the **ST.MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES FACULTY OF HUMANITY.**

By ASHIA EBRO

ANNEX TWO: _ QUESTIONAIRE (AMHARIC)

በአለርትሆስፒታል የ ሚኒ ጥየ ጠፍ አገልግሎት ጥረት እና የ ደንበኞች እርካታ ጥናት

የዚህ ጥናት አላማ ዲስ አበባ ወስ ጥየ ሚኒ አለርትሆስፒታል የ አገልግሎት አቅርቦትን በሚመለከት እንዲሁም በአገልግሎት ጥራት ማረጋገጫ ጥያቄ ወስ ጥያቄ ወንድም የተካሄደውን እርካታን በተመለከተ ህዝቡ ያለውን አመለካከት ለማወቅ ነው፡፡

ይህ መጠይቅ የ ሚኒ ተላትን ጉዳዮች ይዳስሳል፡ -

ሚኒ ታወሻ፡ -

እርስዎ በአለርትሆስፒታል ወስ ጥመሳ ጠት አለበት ብለውክ ማጠቃለያ አገልግሎት ጋር ሲነፃፀር በዚህ መጠይቅ ላይ ደረጃ ጉት ተሳትፎ በሚኒ ጥራት እንደሚገዛ ረግጥልዎልታለሁ፡፡

ክፍል አንድ

1. እድሜዎን ጎን ው

ሀ. ከ20-25 ዓመት መ. ከ41-65 ዓመት

ለ. ከ25-40 ዓመት ሐ. ከ65 ዓመት በላይ

2. ፆታ ሀ. ወንድ ለ. ሴት

3. የ መኖሪያ ቤት

ሀ. ከተማ ለ. ገጠር

4. የ ገቢ ተኮራካሪ ታ

ሀ. ያ ገባ ሐ. የ ፋታሀ

ለ. ያ ለ ገባ መ. የ ሞተር ቤት

5. ሀይማኖት

ሀ. ማስልም ለ. ክርስቲያን ሐ. ሌላ

6. ስራ

ሀ. የ ግል ለ. የ ማን ግስት

7. የ ትምህርት ደረጃ

ሀ. የልተሜ ለ. አንደኛደራጃ ሐ. ሁለተኛደራጃ መ. ከዛበላይ

8. እርሶ የሚጠቀሙበት የትኛውን ጠፍ አገልግሎት ተቋም ው

- ሀ. የህዝብ
- ለ. በአብዛኛው መንግስት ባለቤትነት የተያዘ
- ሐ. በአብዛኛው ግል ባለቤትነት የተያዘ

ክፍል ሁለት

9. ከዚህ በታች የተዘረዘሩት በሆስፒታል ውስጥ መሰብሰብ ጠቅ

የሚገባቸውን አገልግሎት የሚሰጡ ሰዎችን ገለጹ :

	በጣም አልሰማም	አልሰማም	ገለልተኛ	እስማማለሁ	በጣም እስማማለሁ
ሆስፒታሉ ውስጥ መኖር በግባቡ የተደራጀ መሳርያ ለኖራቸው ይገባል					
ሆስፒታል ውስጥ ለው ንፅህናት ለማድረግ የሚያስፈልገውን ይገባል					
ነርሶችና ዶክተሮችን ፅሁፍ በአገባቡ ለበሰማሁን አለባቸው					
የታካሚዎች ክፍል ለማድረግ የለበት መሆን ይኖርባቸዋል					

10. በጣም አልሰማም / ወሳኝ ደረጃ ሆኖ ሁኔታ ትበጣም አልሰማም / ወሳኝ ደረጃ ሆኖ ሁኔታ ት

	በጣም አልሰማም	አልሰማም	ገለልተኛ	እስማማለሁ	በጣም እስማማለሁ
ዶክተሮች (ነርሶች) ከታላላቅ ጥሪ በሚጠቀሙበት ጊዜ ለመሰብሰብ አለባቸው					
ዶክተሮች (ነርሶች) ታካሚዎችን ለመርዳት ፍቃድ ለመስጠት አለባቸው					
ሆስፒታል ተኝቶ ለመታከም ማይስጥ ጠብቀው ጊዜ ከአንድ ሰዓት በላይ ትመብለ ጥያቄ አለበት					
በየቀኑ የሚደረግ አገልግሎት ጊዜ ከ30 ደቂቃ በላይ የሚደረግ ስጦታ መስጠት አለበት					

11. ከዚህ በታች የተዘረዘሩት ከሆስፒታል ወስጥ መሰጠት የሚገባቸውን ልግሎቶቻቸው ማረጋገጥ ከቻሉት ጋር ጋር ማድረግ፡

:

	በጣም አልሰማም	አልሰማም	ገለልተኛ	እስማማለሁ	በጣም እስማማለሁ
ዶክተሮች በቀትያ ላቸው መሆን አለባቸው					
ነርሶች አስፈላጊ ክህሎት ሲኖራቸው ይደባል ዶክተሮች (ነርሶች) ጥሪ በሚቀርብ ላቸው ጊዜ ምላሽ መስጠት አለባቸው					
ዶክተሮች (ነርሶች) የተካሄዱትን ጥጣቄ ለመመለስ የሚያስችል በቁልፍ ወቅት ሲኖራቸው ይገባል					
ዶክተሮች በትኩረት ለመስማት አለባቸው					
ዶክተሮች ከአንዳንድ ታካሚዎች ጋር በቂ ጊዜ መሳለፍ አለባቸው					
ሆስፒታሉ ወይንም የሰጠውን ተደራጅ መሳሪያ አላቸው					

ክፍል ሶስት

12. ከዚህ በታች የተዘረዘሩትን ጥቦች ሆስፒታሉን የሚረጋገጥ ከቻሉት ጋር ጋር ማድረግ፡

	በጣም አልሰማም	አልሰማም	ገለልተኛ	እስማማለሁ	በጣም እስማማለሁ
ሆስፒታሉ ደንብ ላይ ለውጭ ህገ ስርዓት ይደገፍበታል					
ነርሶችና ዶክተሮችን ፀህናት የደንብ ላይ አግባብ ለበሰሩት ጊዜ					
የታካሚዎች ክፍል ምላሽ ለውጭ					

13. በጥምአልስማም/ወሳኝ ያልሆነ ሁኔታ እንዲሁም በጥምአልስማም ሁ/ወሳኝ የሆነ ሁኔታ

	በጥም አልስማም	አልስማም	ገለልተኛ	አስማምሁ	በጥም አስማምሁ
ሆስፒታል ተቀባይነት ባለው ጊዜ ገደብ ወስን ጥያቄ ላይ የምረመራና ሌሎች መሰል አገልግሎቶችን ያቀርባል					
አንድ ታካሚ ማሻግር በሚገባ ጥመገታዊ ሆስፒታሉ ለማግኘት በስጦታ ለሚሰጥበት ትያሳ ያልገኘ					
ዶክተሮች የጠገን ትህኔታዎችን ምርመራና የህክምና አሰጣጥ በሚሞክሩበት ሰዎች በሚገኝ ገደብ ላይ ይገኛሉ					
ነርሶች ምን ዓይነት አገልግሎት እንደሚሰጡና አገልግሎቱ ምን ዓይነት ስራዎች ስራዎች					
አንድ ሰው ለማግኘት ለሚገባው ትህኔታዎች ዶክተሮች የጠገን ትህኔታዎችን ምርመራ በኛነት ተይዞ ታገባለሁ					

14. የአለርትሎጂ ሆስፒታል ለአገልግሎት ተቋማት በሚሰጡት አገልግሎት ምን ዓይነት ክፍተት

ሀ. በጥምአልረካ ሁም

ለ. አልረካም

መ. ገለልተኛ

ሐ. ረክቻለሁ

ጨ. በጥምረክቻለሁ

15. ማንኛውም መድኃኒት ትክክለኛ ሆኖ ለሆስፒታሉ ለሚሰጡት መድኃኒት ጥቅም ጉዳት ያብረራሉ

ሀ. ፍፁም

ሐ. አብዛኛውን ጊዜ

ለ. እንዳንድጊዜ

መ. ሁልጊዜ

በቅድስት ማርያም ምድኒ ቨርሲቲ የሰነድ ሰነድ ስርዓት ለሚሰጡት ማህተም ጥናት ላይ ተሳታፊ ሆኑ እና ማጠቃለያ ሰነድ ለማሰብ ግናለን ::

አይሻኢብሮ