



**ST.MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES
COLLEGE OF BUSINESS AND ECONOMICS DEPARTMENT
OF MARKETING MANAGMENT**

**ASSESSMENT OF SERVICE QUALITY AND CUSTOMER
SATISFACTION: THE CASE OF LULITTA SPECIAL DENTAL
CLINIC PLC**

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School of Graduate Studies Marketing Management
MA program

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St.Marry University College
School of Graduate Studies-MA Program

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By
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DECLARATION

I, Bethlehem Shiferaw, the undersigned person declare that this thesis is my original and submitted for the award of Master of Art Degree in Marketing Management from St. Mary University at Addis Ababa and it hasn't been presented for the award of any other degree. Under this study, fellowship of other similar titles of any other university or institution of all sources of material used for the study has been appropriately acknowledged and notice.

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Candidate

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CERTIFICATION

This is to certify that Mrs. Bethlehem Shiferaw has properly completed her research work entitled “Assessment of Service Quality and Customer Satisfaction(The Case of Lulitta Special Dental Clinic Plc)” with my guidance through the time. In my recommendation, her task is appropriate to be submitted as a partial fulfillment requirement for the Master of art Degree in Marketing Management.

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LIST OF ABBREVIATION AND ACRIMONY

| | |
|-------------|--|
| AS | Assurance |
| Ci | Corporate Image |
| Com | Competence |
| Pfi | Personalized financial planning |
| PLC | Private Limited Company |
| Sat | Satisfaction |
| Sd | Standard Deviation |
| Tan | Tangibles |
| Tech | Technology |

ABSTRACT

Patient satisfaction is an important measure of service quality in Health care system. Patients perceptions about health care systems seem to have been largely ignored by health care managers in developing countries like Ethiopia. Every consumer in any market has his/her own expectation in service quality, patients voice must begin to play a greater role in the design of health care service delivery processes in the developing countries. The objective of this study is, therefore, patient centered and analyses the service quality factors that are important to patients; it also examines their links to patient satisfaction in the context of lulitta special dental clinic PLC. The dependent Variable includes in the study are competence, Personal financial planning, Tangibility, technology, Assurance, company Image and the dependent variable is satisfaction. Data were collected from the organization unknown population and a questionnaire was developed and a total 240 patients in the clinic participated sample were based on simple random sampling technique using non-probability sampling. The thesis has both theory and empirical part. Evaluations were obtained Descriptive, ANOVA and Multiple regressions, correlation between the six variables and patient satisfaction. Qualitative and Quantitative research method were applied in this study. The result has indicated that the six variables have a significant impact on a customer satisfaction. In the reliability table it is calculated that the research validity and reliability 0.894% which is great. Moreover, the study finding shows that, there is a variation on customer satisfaction based on corporate Image. Outcome of the study is to be beneficial to researchers, academicians and planners of the concept area.

Key Words: Service Quality, Satisfaction level, Health Care Provider

CHAPTER ONE

INTRODUCTION

This part of the study presents the introductory part of the study that includes background of the study, statement of the problem, objectives of the study and research questions, operational definitions and terms, significance of the study and scope of the study.

1.1 Background of the Study

Quality has come to be recognized as a strategic tool for attaining operational efficiency and improved business performance. This is true for both the goods and services sectors (Sanjay and Garima, 2014). This is because service quality in its contemporary conceptualization is a comparison of perceived expectations of a service with perceived performance. This conceptualization of service quality has its origins in the expectancy disconfirmation paradigm.

Nevertheless, the problem with management of service quality in service firms is that quality is not easily identifiable and measurable due to inherent characteristics of services which make them different from goods. Various definitions of the term 'service quality' have been proposed in the past and, based on different definitions; different scales for measuring service quality have been put forward. SERVQUAL and SERVPERF constitute two major service quality measurement scales. The consensus, however, continues to escape till date as to which one is superior.

In order to achieve competitive advantage, it is most important to focus on service quality because customers are more conscious about quality, so it's important to deliver higher service quality better than its competitors. Masood and Tripti (2010) stated that is the reason SERVQUAL and SERVPERF worldly known academically and marketing and other researchers. However, the services related to life insurance, medical health care and others may need differentiate itself by delivering high quality service more than that of its competitors because ability of service firm depend on how consistently it provides value to its customers, whereas best method to retain customers is depend on their quality. Service quality is defined as the difference between customer expectation and their perception about the service experience (Sanjay and Garima, 2014).

In order to easily understand about service quality this model in health care particularly in dental care is duty-bound to be used and tested accurately. In addition, those that have a great increase of dental service like Ethiopian dental health care progression, access about the service quality of health care should be done contemporarily their work on sector health care particularly on the private sector health care services with the association of customer satisfaction. Thus, this study is intended to assessment of service quality and customer satisfaction in the case of Lulitta Special Dental Clinic PLC.

1.2 Background of the Company

Lulitta Special Dental clinic PLC is a private organization that delivers oral health care services to the clients or patient for who needed oral treatment. The establishment of the company is in 2002GC by DR TsehayBerhane Implant surgeon. The aim of the clinic is to provide Dental care and to deliver quality service to the clients or patients. It practices s keeping customers' mouth clean and free of diseases and other problem by regular checkup of the teeth. Also, it carried out on a regular basis to enable prevention of Dental Disease and bad breath.

The organization provides diagnosis, prevention and treatment of diseases, disorders and condition of the oral cavity, commonly in the dentation but also oral Mucosa, and adjacent and related structures and tissues particularly in the maxillofacial (Jaw and Facial) area. The majority of dental treatments that are done in the clinic aretoo carried out to prevent or treat the two most common oral diseases which are Dental caries (tooth decay) and periodontal diseases (Gum disease). The common treatments involve the restoration, extraction, scaling, endodontic, Implant and cosmetic dentistry (Source Lulitta Special Dental).

1.3 Statement of the Problem

About 90 % of dental lesions in African 4 countries are untreated, and this reflects the minimum amount of dental treatment received by the population which may be explained by the current unfavorable dentist/ population ratio, inadequate facilities, and resources as well as poor dental health awareness in the general population (WHO, 2003). In Ethiopia the previous reports have indicated that “Ethiopians have excellent teeth and that their dental needs are low. However, after some years the literature does not substantiate this view and, indeed paints an alarming picture of wide spread dental disease among this population dental disease is prevalent in the Ethiopian population and there is evidence that is increasing. The

average person understands of this problem and its prevention is virtually non-existent (Senait, 2013). Accordingly, the private dental health clinic increased in Ethiopia and it needs to assess health business environment service sector that to encouraging tough competition to meet the requirement of customers or patients.

On other hand, Sanjay and Garima (2014) stated that customer satisfaction has been studied in different directions, from measurement to its relationships with other business aspects (possible means of measuring customer satisfaction and demonstrated some determinants of customer satisfaction to be product and service quality, price, personal and situational factors. Because customer satisfaction is also based upon the level of service quality provided by the service.

Private clinics are profit making facilities which help the patient for all the services rendered there by getting their revenues for operation of a profit out of the business (Chahal and Kumari, 2010). Since service is produce and consumed at the same time it involves interaction between employees and customers. Employees perform the service so the design and implementation can be so beneficial. In the area of business where competition is increasing enhancement of service delivery quality and customer satisfaction is so important for growth of business (Naidu (2009).

Most of the studies (Sanjay and Garima, 2014; Chahal and Kumari, 2010 and Naidu (2009) focused on measuring the service quality the SERVQUAL instrument and to see if a replication of the SERVQUAL instrument would result in a fit of the five-factor model; those were **GAP 1: Knowledge gap, Gap 2:The Policy Gap, Gap 3: The Delivery Gap, Gap 4: The communication gap , Gap 5: The Service quality gaps** to test the impact of the dimensions of the SERVQUAL instrument on customer satisfaction and the impact of customer satisfaction. Few studies like (Uma, 2015; Rehaman and Husnain, 2018 and Senait, 2013) were done worldwide and in Ethiopia in realizing the customer service and customer satisfaction using additional service-quality instrument consisting of personalized financial planning, competence, corporate image, and technology in life related services. Therefore, the objectives of this study will identify the factors influencing customer satisfaction while buying a health care service. Moreover, patients have their own perception behavior in using of health care service. Also provide a blueprint for appropriate course of action (life service providers) to create a base of satisfied customers through quality services.

1.4 Research Question

1.4.1 Main Research Question

- Are service quality affects the satisfactions of customers on Lulitta Special Dental clinic PLC?

1.4.2 Sub Research Questions

- How personalized financial planning influence customer satisfaction on healthcare service?
- To what extent does competence influence customer satisfaction on healthcare service?
- How does corporate image influence customer satisfaction on healthcare service?
- To what extent does technology influence customer satisfaction on healthcare service?
- How does tangibility influence customer satisfaction on healthcare service?
- To what extent does assurance influence customer satisfaction on healthcare service?

1.5 Objective of the Study

1.5.1 General Objective of the Study

- The general objective of the study is to examine the effect of service quality on satisfactions of customers on Lulitta Special Dental clinic PLC.

1.5.2 Specific objectives of the Study

- To examine the effect of personalized financial planning on customer satisfaction on healthcare service
- To test the effect of competence on customer satisfaction on healthcare service
- To evaluate the effect of corporate image on customer satisfaction on healthcare service
- To analyze the effect technology on customer satisfaction on healthcare service
- To examine the effect of tangibility on customer satisfaction on healthcare service
- To examine the effect of assurance on customer satisfaction on healthcare service

1.6 Significance of the Study

This study will help health care administrator at different levels of positions in their respective service giving organizations to know the exact factors affecting service quality and thus to use as an input in decision making to alleviate or minimize the problems related to quality service. This study provides empirical support for management strategic decision in several critical areas of their operation.

The study will help the private health care enterprises and similar organizations to see their strength and weakness towards its service delivery and customer satisfaction. In addition, this study will contribute for private and public services to take corrective action, helps to make decision by identifying in which dimensions mainly to focus and to improve service quality of the organization.

This study is very important to customers since it much emphasis on life related services and associated quality when demanding health services will be improved, they receive reliability services within a specified period of time will be improved. This study has both practical, theoretical significance for different users from this practical importance of the research is used for decision maker in the area, and it is used for theoretical purpose like for further reference for research. The research paper will also serve as starting point for other researchers who want to conduct their research on this same issue

1.7 Scope of the Study

The study is tries to see service delivery quality and customer satisfaction on Lulitta special dental clinic plc. Especially focuses on the implantation treatment and cosmetics treatment specifically alignment.

The study is delimited to service delivery quality and customer satisfaction, personalized financial planning, competence, corporate image, and technology including tangibility and assurance service-quality instrument and customer satisfaction in special clinic.

The study used descriptive and explanatory survey design and in the course of researching both primary and secondary data was employed. With regard to the secondary sources various publications, books, and journals articles regarding the subject matter was included. Population of the study was customers of the selected company. To achieve the research objectives, a well-designed five point Likert scale questionnaire and interview checklist, and close-ended questions were used to gather data from sample respondents.

The study was conducted in the main office of the selected organization. This study is delimited to geographical location as it focuses in Addis Ababa with in private sector only. The study was successfully conducted from February to April 2020.

The study on service quality and customer satisfaction was conducted between January 2011– June, 2020 and it is covered ahistorical period that ranges from 2000 up to date.

The study specifically looks at the level of service quality, the level of customer satisfaction, the relationship between service quality and customer satisfaction, and recommended strategies to enhance customer satisfaction in health care services. This study focused on the quality of medical service that may also affect the actual treatment. In addition, it includes tangible treatment outcomes and specific quality aspects as a strategic tool for attaining operational efficiency and improved business performance. This study essentially focuses on quality healthcare that includes characteristics such as personalized financial planning, competence, corporate image, technology, tangibility, assurance and customer satisfaction in healthcare service.

1.8 Definition of Terms

1.8.1 Conceptual Definition

- **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. it is a product may or may not be field to a physical product (Kotler, 2002).
- **Quality** is a strategic differentiator tool for sustaining competitive advantage (Masoodet *al.*, 2010).
- **Healthcare service** is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods (Masood *et al.*, 2010).
- **Satisfaction** is explained as a person’s feelings of pleasure or disappointments resulting from comparing a products perceived performance or outcome in relation to his /her expectation (Kotler, 2002).

1.9 Organization of Study

In this study, chapter one presents the introduction that includes statement of the problem, objectives, research problems, significance of the study and scope of the study. The next chapter will be to present existing literature and theoretical framework on the relationship between customer satisfaction and service quality. The chapter that follows; chapter three, will be the methodology of the research where the research design and research methods will be explained. Then the empirical findings and analysis will come in chapter four as well chapter five will presents the conclusion, implications and suggestions.

CHAPTER TWO

REVIEW OF RELATED LITRATURE

This part presents theoretical view of service quality and customer satisfaction with empirical studies and conceptual framework of the study.

2.1 Theoretical Reviews

In this section, the study presents Service quality model and other related factors that help to continue the study.

Service Quality

Service quality as a multi-dimensional construct commonly based on customer judgments about service supplier and customer interactions and service itself (Cronin and Taylor, 1992; Babbbakus and Boller, 1992;Zeithaml et al., 1996). According to parasuraman et al.,(1988), service quality is seen as the difference between customers' expectations and perceptions of service with the view of building a competitive advantage. This indicates that delivering quality service means conforming to customer expectations on a consistent basis and could be assessed by probing whether perceived service delivery meets, exceed or fails to meet customer expectations (Cronin and Taylor, 1992;Oliver, 1992)

Service communication. There is a direct relationship between both service quality and satisfaction as service quality is the antecedent of satisfaction (Naidu, 2009). Zeithaml, and Bitner (2001) cited Parasuraman et al. (1988) and stated that their instrument (SERVQUAL) can be habituated to evaluate the relative paramount of the dimensions of quality in influencing customers' overall perceptions of an accommodation. quality is an important factor of customer satisfaction as well as word-of-mouth

Dimension of service Quality

Service quality is viewed as a multi-dimensional concept. Consumers assess and evaluate a number of factors or dimensions. The fifth gap in the Gaps Model of Service Quality gave rise to SERVQUAL, a self-administered questionnaire purported to be a generic measure of service quality. SERVQUAL developed as (Naidu, 2009) cited Parasuraman *et al.* (1985) is a multiple-item scale designed to measure consumers' expectations and perceptions concerning a service encounter. The SERVQUAL instrument has received considerable recognition in

the general service marketing literature as a result of the pioneering work presented (Suda and Sarunya, 2001).

Reliability

It means that the firm performs the service right the first time and the firm honors its promise. It is the ability to perform the promised service dependably and accurately. It is regarded as the most important determinant of perceptions of service quality (Caruana, 2002). This dimension is particularly crucial for services such as banks, buses, building societies, insurance companies, delivery services and trade services, e.g. carpet fitters, plumbers, car repair. This contains punctual service delivery and ability to keep to agreements made with the customer. It concerns the ability to keep service promise consistently and accurately (Wang, 2006).

It embraces correct service and accurate record and prompt reply to customer. The increased demand for medical services may force physicians to transfer patients to paramedical departments instead of having them properly examined to achieve an accurate diagnosis. Healthcare service quality depends on service process, customer, and service provider interactions (Soteriou and Stavrinides, 2000). Patients that are more educated have more realistic expectations of the healthcare providers. Quality of patient care depends directly on the quality of patient education and responsibility. Patients' knowledge of their rights influences their expectations of quality services. If people know about their rights in hospitals, they would expect more from their caregivers and consequently the quality of medical services increases (Rehaman and Husnain, 2018).

Responsiveness

It refers to speed and timeliness of service delivery. It is the willingness to help customers and to provide prompt service. This dimension is particularly prevalent where customers have requests, questions, complaints and problems. It also contains willingness and readiness of employees to provide service. It concerns ability to provide appropriate information to customers when a problem occurs (Wang, 2006). It comprises prompt response, prompt services and quick problem solving. In health sector, as it is related to human life medical personnel should take appropriate time to investigate the problem and they should get time to find out treatment mechanism and should be careful in preparing investigation reports. Prompt response, prompt services and quick problem solving cannot be programmed like Automatic Teller Machine (ATM). Instead, it is better to think the patients benefit like

personalized financial planning. It contains provision of flexible payment schedule, availability of flexible product solution, provisions for convertibility of products, supplementary services (Masood *et al.*, 2010).

Assurance

It is the employees' knowledge and courtesy, and the ability of the service to inspire trust and confidence. Assurance is well defined as knowledge and courtesy of employees and their ability to convey trust and confidence (Zhu *et al.*, 2002). It is basically the combination of the following: competence (having the requisite knowledge and skills); courtesy (respect, politeness, consideration and friendliness of contact staff); credibility (believability, trustworthiness and honesty of staff) and security (risk or doubt and freedom from danger) (Masood and Tripti, 2010). Accordingly, this study induced basic dimensions such as trained and well-informed employees, approaching from customer's point of view, trusting agents when explaining policies, clarity in explaining policy's terms and conditions, understanding intimately specific needs (Uma, 2015).

Empathy

Empathic involvement occurs when an individual respond to the emotional state of someone else without experiencing the emotion themselves. Empathic concern is associated with altruistic compartments, due to feelings of congruency with a person who is in need. Empathic matter is correlated with human behaviors, due to feelings of congruency with a person who is in need. Emotional behavior result when a person simultaneously shares the emotion experienced by another person (Wang, 2006).

As emotional behavior involves the transfer of emotions from one person to another, it can lead to imitation of expressions and gesture (Sudaand, 2001). Uma (2015) stated there have been huge differences in the approach of empathy. The former approach of empathy has described empathy as a personal character or as a capability and it can be one of cognitive, affective or both. The perspective of cognitive about empathy, also report as "perspective taking", is the understanding of another person's direction at a cognitive level (Rehaman and Husnain, 2018).

Perspective taking allows a person to cognitively gauge the situation from another person's point of view and assume his or her needs and motivations. The emotive view of empathy is described as an emotional impression that increments the understanding of another person's perception (Naidu, 2009). However, competence is the main element in health care services

as it is more related to human life. It includes staff dependable in handling customer's problems, efficient staff, easy access to information, prompt and efficient, grievance handling mechanism, prompt and hassle free claims settlement (Suda and Sarunya, 2001).

Tangibles

Tangibles are appearance of physical facilities, equipment, personnel, and communication materials. It is 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 (Zhu et al., 2002). Tangibles will be of particular significance where the customer's physical presence at a service facility is necessary for consumption to occur. The physical evidence of front office staff is including a personality and appearance of personnel, tools, and equipment used to provide the service. For example, health service chains consciously ensure that their properties are conformed to global health standards of facilities wherever they are located (Masood and Tripti, 2010).

Accordingly, the researcher, in this study, is focusing on; the physical characteristics of practice of the offices (surgeries and reception areas and the technology and equipment, i.e, temperature testing and sanitization materials including sanitizer like alcohol and ethanol products) Zhu, (Wymer and Chen, 2002). Producing tangible goods allows quantitative measures of quality, since they can be sampled and tested for quality throughout the production process and in later use. It is important here that technology is very crucial like easy online transaction, prompt complaint handling, online, proactive information through e-mail or SMS (Soteriou and Stavrinides, 2000). Moreover, corporate image is also a crucial dimension. It includes innovativeness in introducing new products, courteous agents, value for money, simple and less time consuming procedure for purchasing a policy, financially stable company (Rubogora, 2017).

Customer Satisfaction

In Service Management, literature customer satisfaction is viewed, as the result of customers perception of the value received in a transaction or relationship- where value equals perceived service quality relative to price and customer acquisition cost relative to value expected from transactions or relationships with competing vendors (Zeithaml et al., 1996). Customer satisfaction refers to the extent to which customers are happy with the product and service provided

by the organization business. Gaining high levels of customer satisfaction is very important to business because satisfied customers are most likely to be loyal and to use a wide range of service offered by the organization.

2.2 Difference between SERVEQUAL and SERVPERF

In the study Sanjay and Garima (2014) cited Cronin and Taylor (1992) who criticized the SERVQUAL scale. They examined the conceptual basis of the SERVQUAL scale and found it confusing with service satisfaction. Thus, they pronounced that expectation (E) component of SERVQUAL be unnecessary instead performance (P) component alone be used. They proposed 'SERVPERF' scale empirical evidence across four industries (namely banks, pest control, dry cleaning, and fast food) to corroborate the superiority of their 'performance-only' instrument over disconfirmation-based SERVQUAL scale. Not only is the scale more efficient in reducing the number of items to be measured by 50 %, it has also been empirically found superior to the SERVQUAL scale for being able to explain greater variance in the overall service quality measured through the use of single-item scale. This explains the considerable support that has emerged over time in favour of the SERVPERF scale.

Saravana and Rao (2007) briefly put the difference between SERVPERF and SERVQUAL in that SERVPERF does not assess gap scores because the expectations portion of the pairings is not included. Cronin and Taylor (1992) in Sanjay and Garima (2014) suggested that although expectations can have unique effect on consumers' perception of service quality, the performance minus expectations are an inappropriate basis for use in the measurement of service quality. Saravana and Rao (2007) stated that SERVPERF was the superior measure of service quality over SERVQUAL. They also claimed that SERVPERF scale consistently outperformed any of the other competing models in service environments, and it provided a useful tool for measuring overall service quality attitudes by service managers.

Sanjay and Garima (2014) stated that all supported for the superiority of simple performance-based measures of service quality over gap measures of SERVQUAL. The SERVPERF instrument that support for the superiority of simple performance-based measures of service quality was surprising and questionable. All the same, the practices of measuring only perceptions were widespread; such a practice did not necessarily mean performance-

based measures were superior to discontinuation-based measures. In fact, service quality measurements that incorporate customer expectations provided richer information than those that focus on perceptions only. On service quality modeling, Masood and Tripti (2010) cited Murfiet *al.*, (1994) who developed the service quality model for medical services. They indicated the most widely used service quality measurement tools include SERVQUAL and SERVPERF. The SERVQUAL scale measures service quality based on difference between expectations and performance perceptions of customers using 22 items and five dimensional structures. In the SERVPERF scale, service quality is operationalized through performance only scores based on the same 22 items and five dimensional structure of SERVQUAL. SERVQUAL is appreciated for its robust and well-defined structure. On the other hand, the SERVPERF scale to outperform the SERVQUAL scale in terms of both reliability and validity. However, SERVQUAL has more and diverse applicability.

Service gap model is an integrated framework to create a customer driven service network to manage the service quality and customer driven service innovations (Saravana and Rao, 2007). As of Sanjay and Garima (2014), starting from Parasuraman model that was based on meeting the customer expectations. According to them, there is a chance of gap remained in service production and delivery and every customer has an expectation towards the services that they are consuming.

The gap model is basically a combination of two main gaps, viz. customer gap and provider gap. The customer gap is the main gap which comes if there is a difference between customer expectations and perceptions about the services when it is actually delivered. On the other hand, provider gap is a combination of four gaps, viz. failure to listen to customers (Gap 1), Failure to design the services as per the expectations of the customers (Gap 2), failure to deliver the services as per the expectations of the customers (Gap 3), failure to communicate service promises (Saravana and Rao, 2007). The authors identified the gaps in service quality model. The study reveals total 5 gaps which come as a result of various activities of two separate members, viz customer and company. The model is divided between these two groups and four gaps are shown in the company side and one gap is shown in customer side. Each and every gap is important and it is the duty and responsibility of the service providers to identify all these gaps and rectify the same. The details of these gaps are discussed subsequently.

- GAP 1: Knowledge gap - customer expectation about service and company's perception of customer expectations
- Gap 2: The Policy Gap - company Perceptions of customer expectations and Customer Driven Service Designs and Standards
- Gap 3: The Delivery Gap - service Quality Specifications and Service Delivery Gap
- Gap 4: The communication gap - service Delivery External Communication gap
- Gap 5: The Service quality gaps - expected Service and perceived service gap

2.2.1 Empirical Literature Review of Health dimension and Customer satisfaction

Service quality is frequently distinguished as a critical precondition and determinant of competitiveness for establishing and sustaining satisfying relationships with customers. According to Wang (2006), service quality is a form of an attitude, related but not equivalent to satisfaction that results from the comparison of expectation with performance. According to Rehaman and Husnain (2018), service has four components a service product is the core performance purchased by the customer. These are physical product, service environment, position of the organization and service delivery. Satisfaction is explained as a person's feelings of pleasure or disappointments resulting from comparing a products perceived performance or outcome in relation to his /her expectation (Kotler, 2003). As this definition makes clear, satisfaction is a function of perceived, performance, and expectation. Next, customers may compare what they received against what they expected, especially if it cost them money, time and effort.

While several empirical studies have been carried out to assess the quality of healthcare organizations (Uma, 2015; Rubogora, 2017 and Ali, 2014) few researches have been conducted to identify factors that affect quality of healthcare services. Very limited studies have addressed this issue in healthcare organizations (Rehaman and Husnain, 2018 and Asghar et al., 2012). Most studies were limited to one or at the most two consumer behavior and satisfaction level in healthcare perspectives.

The very survival of the business depends upon the quality of services provided to the customers. Due to digitalization and modernization the customers are now a day's keeping update information about the products and also the rights of the customers. There is need for meeting the demand side of the customers to survive and sustain in the competitive era. The

organizations which are able to address the service quality part only able to survive in this modern day business. So its importance cannot be side lined or ignored by the organization.

2.2.2 Competence and Consumer Satisfaction

Zhu, Wymer and Chen (2002) stated that quality and customer satisfaction have long been acknowledged as playing a crucial role for success and survival in today's competitive market. Whereas there exists a widespread agreement that understanding what contributes to customer satisfaction could be the key to achieving competitive advantage, an overview of the literature shows that as a theoretical construct, customer satisfaction is problematic to define and operationalize, especially in relation to perceived service quality.

Analyzing the relationship between competency and satisfaction, satisfaction with functional services has been strongly affected by competence. This is expected as competence implies that the company will be prepared to deliver on the terms of the life related services policy when it is redeemed. It also means that the customer can count on the efficiency of the grievance handling mechanism to resolve any problems that may arise at any point of time in future (Soteriou and Stavrinides, 2000).

- **H₁: Competence has a positive and significant effect on customer satisfaction in health care services.**

2.2.2.1 Personalized Financial Planning and Customer Satisfaction

Next analyzing the relationship between personalized financial planning and customer satisfaction as functional, it is actually the customization in the health care and obviously a significant contributor in keeping customers satisfied in the long run. Customers demand flexible solutions and convertibility options related to investment options and consequently they desire that the services should be personalized involving efficient handling of these changing preferences. Customer will not settle for anything mediocre in the context of functional services because it is the major contributor to their perception of quality and thereby satisfaction vis-à-vis services (Zhu et al., 2002).

Service requires 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 financial process (Wang, 2006). People are constantly looking for quality products and services

through busing products and services. Quality is a strategic differentiator tool for competitive advantage. Quality, because of its subjective nature and intangible characteristics, is difficult to define (Rehaman and Husnain, (2018).

- **H₂: Personalized financial planning has a positive and significant effect on customer satisfaction in health care services.**

2.2.2.2 Corporate image and Customer Satisfaction

Corporate image has significant impact upon both satisfaction with the company and satisfaction with functional services. While comparing the strength of relationships, it can be said that corporate image has higher impact upon satisfaction with the company's compared to that on satisfaction with functional services (Zhu *et al.*, 2002). The probability of customer satisfaction increases when service quality improves. Thus, increased customer satisfaction leads to behavioral outcomes such as commitment, customer retention, and creation of a mutually rewarding relationship with the service provider and the user, increased customer tolerance for service failures and positive word-of-mouth advertising about the organization (Sanjay and Garima,2014)).

- **H₃: Corporate image has a positive and significant effect on customer satisfaction in health care services.**

2.2.2.3 Technology and Customer Satisfaction

Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods. Producing tangible goods allows quantitative measures of quality, since they can be sampled and tested for quality throughout the production process and in later use (Suda and Sarunya, 2001). However, healthcare service quality depends on service process and customer and service provider interactions. Some healthcare quality attributes such as timeliness, consistency, and accuracy are hard to measure beyond a subjective assessment by the customer. It is often difficult to reproduce consistent healthcare.

The service quality model highlighting the information technology-based service options to investigate the relationship between IT-based services and customer 's perceptions of service quality Technology has influence upon satisfaction (Soteriou and Stavrinides, 2000).

- **H₄: Technology has a positive and significant effect on customer satisfaction in health care services.**

2.2.2.4 Tangibility and Customer Satisfaction

Tangibility refers to the physical appearance of the hospitals such as doctors and supportive members uniform, cleanliness of rooms, curtains floor etc (Masood and Tripti, 2010). Tangibles are appearance of physical facilities, equipment, personnel, and communication materials. Positive Word of Mouth Communication means the informal conversation between customers about service provided. Customers can gain a wealth of information about healthcare simply by communicating with a friend, family member, or acquaintance. It also shows that you certainly feel pleased with the service at the point you can advocate for it (Chahal and Kumari, 2010).

- **H₅: Tangibility has a positive and significant effect on customer satisfaction in health care services.**

2.2.2.5 Assurance and Customer Satisfaction

Assurance of the service quality is the most important predictor of customers' satisfaction. This is reasonable, because superior customer services and the inspiration by the organization provide confidence to mitigate the perceived health risk. Giving due importance to customers and his / her needs, exhibiting sincerity, trust and integrity are essential in quality health services (Zeithaml and Bitner, 2001).

H₆: Assurance has a positive and significant effect on customer satisfaction in health care services.

2.3 Research Gap

Various healthcare consumer behavior and customer satisfactions' perspectives, desires and priorities must be considered in any effort to define, measure, and improve quality of healthcare. While several empirical studies have been carried out to assess the quality of healthcare organizations (Uma, 2015; Rubogora, 2017 and Ali, 2014) few researches have been conducted to identify factors that affect quality of healthcare services. There is need for

meeting the demand side of the customers to survive and sustain in the competitive era. The organizations which are only able to address the service quality are able to survive in this modern day business. So it's importance cannot be side lined or ignored by the organization.

Very limited studies have addressed this issue in healthcare organizations (Rehaman and Husnain, 2018 and Asghar et al., 2012) and also Biruktawit (2017). Most studies were limited to one or at the most two consumer behavior and satisfaction level in healthcare perspectives. This study, therefore, aims to fill this research gap by empirically exploring healthcare providers' in specialized clinic like dental services on the perspectives on healthcare services quality and customer satisfaction in healthcare organizations.

2.4 Conceptual Framework

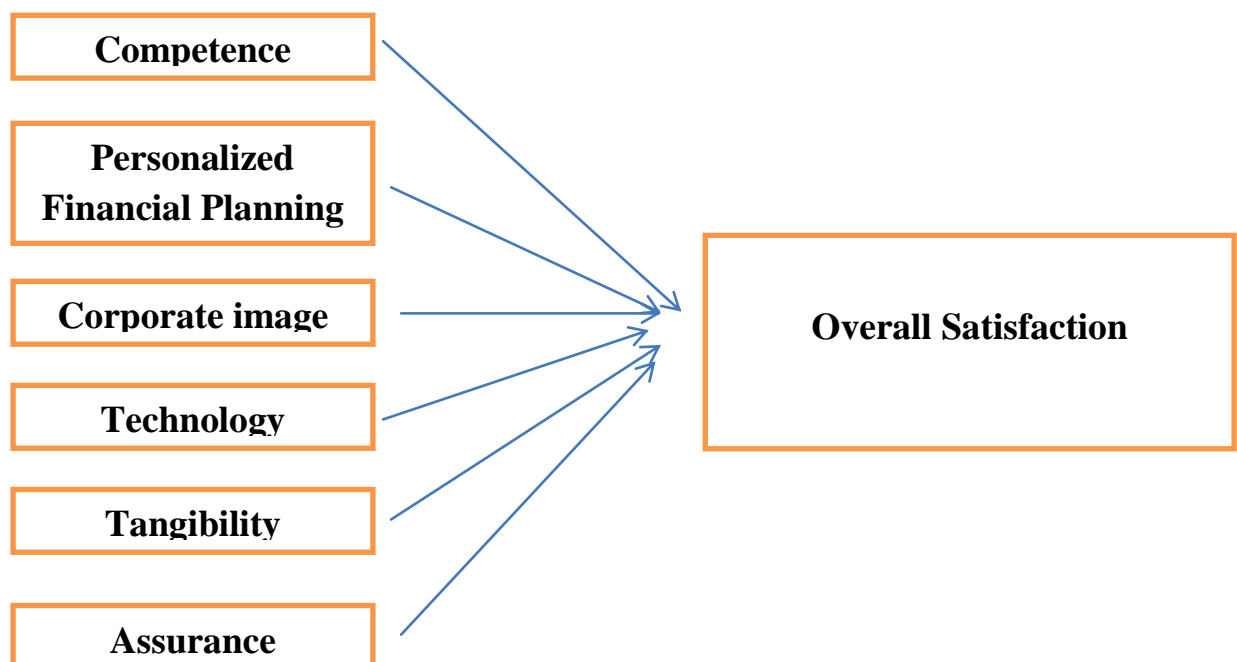


Figure 1.1 conceptual framework adapted from Masood and Tripti (2010)

The above conceptual framework consists of service quality dimensions such as competence, personalized financial planning, corporate image, technology, tangibles and assurance as independent variables and customer satisfaction as a dependent variable. It shows the relationship among the independent variables and dependent variable. The presented conceptual frameworks adapted from Masood and Tripti (2010).

CHAPTER THREE

RESEARCH METHODOLOGY

This part of the study presents research approach and design, data source, sampling techniques, data presentation, instrument reliability and validity and ethical consideration in research.

3.1 Research Approach

The purpose of academic research can be exploratory, descriptive, or explanatory. Exploratory studies aim for basic knowledge within the problem area. Descriptive research is appropriate when a problem is clearly structured but the intention is not to conduct research about connections between causes and symptoms. Explanatory research is useful for studying relations between causes and symptoms (Saunders, 2012).

Accordingly, this study employed find out the status of service delivery quality in dental service and attempted to examine how the various service quality dimensions are practiced in surveyed company. In addition, this study investigated the causal relationship between the service quality dimensions and customer satisfaction. Thus, it can be assumed that this study employed both descriptive and explanatory research Approach.

3.2 Research Design

There are three types of research design, namely, quantitative, qualitative and mixed research Design. Quantitative research is the systematic and scientific investigation of quantitative properties and phenomena and their relationships. Quantitative methods investigate phenomena through the collection of quantifiable data in numerical form and apply mathematical models and statistical techniques for data analysis (Creswell, 2002). In contrast, qualitative research depends on words rather than numbers, and can be generally described as research the findings of which are not produced by means of quantification (Saunders, 2012). In Mixed methods, qualitative and quantitative methods can be combined in the research Approach to accomplish research aims Creswell (2012).

This study empirically examined the service quality delivery based on health care service quality. It employed testing of factors influencing customer satisfaction and attempted to qualify their results through statistical summary or analysis. This study also described various

aspects about quality service in health care in Ethiopia. As result, the study appropriately used mixed research approach.

3.3 Data Type and Source

In this study, both Primary and secondary data were used. Primary data was collected from customers' who need dental services and health care employees and management of the company. Secondary sources came from books, articles and other relevant documents mainly used to compile the literature review. The researcher used the primary and secondary data because it helps to know what is happening on the ground and come out with findings and recommendations. This could be to enhance the truthfulness of the data regarding the study.

3.3.1 Primary Data Source

Primary data Sources from which researchers can gain data by direct, detached observation or measurement of phenomena in the real world, undisturbed by any intermediary interpreter. Thus, it will be obtained from the original source of information (Tayie, 2005). Accordingly, this study primary data sources of this study was customers of the surveyed health company and employees (management and bottom workers) using interview and questionnaires. This is due to the fact that the primary data is more reliable and have more confidence level of decision-making with the trusted analysis having direct intact with occurrence of the events.

3.3.2 Secondary Data Source

There are several sources of secondary data, including, government publications of economic indicators, census data, statistical abstracts, databases, the media, annual reports of companies, etc (Saunders, 2012). Thus, the study used secondary data sources which are also unpublished documents consulted to organize the background and literature part of the study. The data was also obtained from the existing working patient registry, medical history documents, manuals, procedures, reports, policies, regulations, and standards were taken into account for the review.

3.4 Target Population

Population can be defined as all people or items (unit of analysis) with the characteristics that one wishes to study (Tayie, 2005). The target populations of the study have been customers of the company.

3.5 Sampling Procedure

3.5.1 Sampling Size

The formula to find out the sample size (n) of infinite population is given as below (Kothari, 2004)

$$n = z^2 \cdot p \cdot q / e^2$$

- where, n= sample size
- z= the value of standard variate at a given confidence level and to be worked out from table showing area under normal curve.
- p= sample proportion
- q= 1-p
- e = given precision rate or acceptable error

The researcher takes confidence level of 95% and margin of error 5% and 80% response rate with normal distribution to determine sample size. Therefore, from unknown sample of total population, the sample size was calculated as 384 customers who are composed of private customers (walking) and organization Customers. The sample size is calculated at 95% confidence level with margin of error equal to (0.05), the sample size become 384 which does not need correction formula. So, in this case the representative sample size for our study was 384.

3.5.2 Sampling Technique

In selecting samples, random sampling was used to collect the data as the data of its customers. The sample was drawn from health care customers of the clinic through simple random sampling technique by obtaining the list and information of the targeted population. In order to make generalizations with confidence about the constructs under investigation, the appropriate sample size has to be considered.

Customers were also grouped with different categories as walking customer (private customers) and organization customers. Then sample from each group (strata) was taken using non-probability sampling method. On-probability sampling is that sampling procedure which does not afford any basis for estimating the probability that each item in the population has of being included in the sample (Creswell, 2009).

3.6 Data Instrument

3.6.1 Variables Measurement

Independent Variables

- **Competence includes** staff dependable in handling customer's problems, efficient staff, easy access to information, prompt and efficient grievance handling mechanism, prompt and hassle free claims settlement
- **Personalized financial planning** contains provision of flexible payment schedule, availability of flexible product solution, provisions for convertibility of products and supplementary services
- **Corporate image** includes innovativeness in introducing new products, courteous agents, value for money, simple and less time consuming procedure for purchasing a policy and financially stable company
- **Technology** includes easy online transaction, prompt complaint handling, online, proactive information
- **Tangibles** includes adequate equipment, accessible location, good ambience and possessing good certification and credentials
- **Assurance** includes trained and well-informed agents, approaching from customer's point of view, trusting agents when explaining policies, clarity in explaining policy's terms and conditions and understanding intimately specific needs

Dependent Variable

- **Customer Satisfaction** is a measure of how a product and services supplied by a company meet or surpass customer expectation. It is seen as a key performance indicator with business and is an indicator of how successful the company is at providing products and services to the market.

3.6.2 Data Collection

There are many methods used to collect or obtain data for statistical analysis. Three of the most popular methods are direct observation, experiments, and surveys. As a survey solicits information from people, this study used survey method. This study was administered by personal interview, and self-administered questionnaire.

3.6.3 Questionnaire

The primary data collection method is done using the use of structured questionnaire and researcher design the questionnaires in two categories; general profile information and five Likert scale questions investigating the degree of satisfaction of the company. The interval scale includes five categories; strongly disagree, disagree, neutral, agree and strongly agree.

3.6.4 Interview

The study prepared interview checklist to collect qualitative data. Accordingly, the study interviewed twelve individuals who are experts in medical and health care services and customers.

3.7 Data Analysis

SPSS (Statistical Package for Social Sciences) version 20.0 was used to compute and analyses the data. The data was analyzed using inferential statistics (correlation and regression) and descriptive statistics (percentages, frequency, mean and standard deviation). The data was analyzed using statistical techniques of multiple regression analysis. Multiple regression analysis was used to test the hierarchal model of service quality as service quality and satisfaction as a dependent variable and the primary dimensions of service quality as independent variables. Furthermore, Pearson correlation was also used to know the relationship between service quality and satisfaction. A correlation of +1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately. The covariance is exactly the same as total variance of both variables. In a scatter plot, all of the points would lie on a straight line going from the lower left to the upper right. (This is sometimes called a perfect correlation.) A correlation of -1.0 means that however much the value of x differs from the mean, the value of y differs exactly proportionately, but in the opposite direction (Malhotra, 2005).

Moreover, regression analysis was conducted to statistically test of the factors influence on satisfaction. In which the researcher used SPSS for ease of data presentation and analysis. In addition, qualitative analysis techniques were used for interview data.

From the study model the equation is derived as follows: -

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 + b_6X_6 + E$$

In the above equation,

- Y = Customer Satisfaction
- X₁ = Personalized financial planning
- X₂ = Competence
- X₃ = Corporate image
- X₄ = Technology
- X₅ = Tangibility
- X₆ = Assurance
- E = error

3.8 Reliability and Validity

3.8.1 Validity

Validity is concerned with the extent to which data collection methods accurately measure what they are intended to measure (Sounders et. al., 2003). In order to achieve this objective, the researcher has taken different steps. In this thesis, face and content validity were established in order to ensure the appearance, relevance and representativeness of the survey. It carried out among different individuals included the tutor and examiner who are experts in this area.

3.8.2 Reliability

This study used Chronbach's alpha to assess the internal consistency of variables in the research instrument. Chronbach's alpha is a coefficient of reliability used to measure the internal consistency of the scale.

Table 3.1 : Reliability Test Results

| Dimensions | Cronbach's Alpha | N of Items |
|---------------------------------|------------------|------------|
| Personalized financial planning | .775 | 5 |
| Competence | .765 | 5 |
| Corporate image | .841 | 7 |
| Technology | .759 | 5 |
| Tangibility | .899 | 5 |
| Assurance | .864 | 5 |
| Customer Satisfaction | .904 | 4 |

Source: Survey Result, 2020

According to Zikmund et al. (2010), scale with coefficient alpha between 0.6 and 0.7 indicate fair reliability so for this study a Chronbach's alpha score of 0.70 or higher is consider adequate to determine reliability. As indicated above all the dimensions have at least .750 and they were rated as good and it helps to continue the analysis accordingly.

3.9 Ethical Considerations

This study fundamentally followed the following standard research ethics including voluntary basis, confidential information, honesty and carefulness.

3.9.1 Respondents

In this study, respondents were participated on voluntary basis. They were informed about the purpose of the study and their consent was asked verbally and it was indicated in the questionnaire. Measures were also taken to ensure the respect, dignity and freedom of each individual participating in the study.

3.9.2 Information

Responses of the participants were kept confidential and analyzed in aggregate manner without any change by researcher. In addition, the researcher respects the work of previous studies and cited appropriately those works that has been taken as a reference. All information taken from the respondents were treated with confidentiality without disclosure of their identity.

3.9.3 Others

The following points are general summary of some ethical principles that were charged in this study:

- Honesty –data, results, methods and procedures, and publication status was honestly reported. No attempted used to fabricate, falsify, or misrepresent data.
- Carefulness –attempted to avoid careless errors and negligence; the research work was carefully and critically examined.
- Openness –tried to share data, results, ideas, tools, resources with the advisor and Masters Students and try to be open to criticism and new ideas.

- Respect for Intellectual Property –attempted to honour patents, copyrights, and other forms of intellectual property. Not use unpublished data, methods, or results without permission and given proper acknowledgement or credit for all contributions to research. Never plagiarize.

CHAPTER FOUR

RESULT AND DISCUSSION

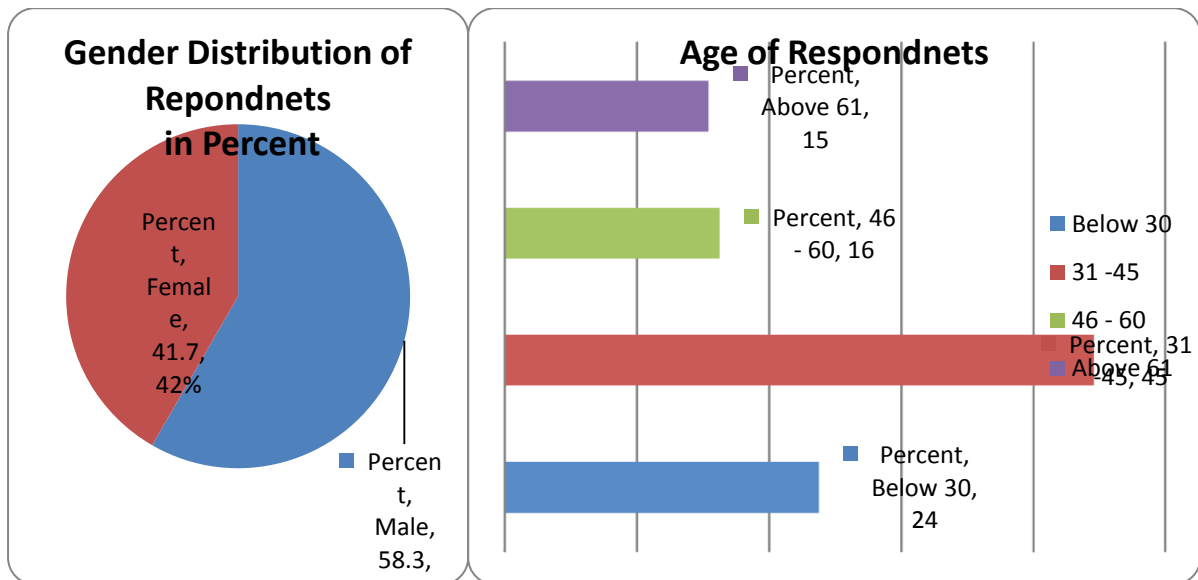
This part of the study presents the study' data presentation, analysis and discussion part which contains research model and demographic profile of respondents.

Response Rate

The study attended 62.5 % of responses rate as 240 questionnaires were properly returned out of 384 distributed questionnaires. The interview sessions were attended 70 % responses rate. Thus, it can be said that the study attended good reactions with respondents due to Covid 19 struck and its consequence

4.1 Respondents Profile

This part presents the respondents' profile about their education, gender, age, working experience and profession. The below figure and table are attempted to show their ability, gender participation, knowledge, income, service need and occupation category of this study's participants.



Survey result, 2020

Figure 4. 1 Respondents age and gender profiles

Before analyzing data, the background information on the respondents at different level has been shown throughout the above pi and bar charts. It was imagined it would be helpful to understand the range of area the study has tried to cover with this research. The study found

that, among the 240 respondents 42%, i.e., 100 individuals were female and 58%, i.e., 140 individuals were male (Pie figure). In addition, among 240 respondents 24% of the respondents are of age below 30 years, 45 % individuals are of age 31 -45 years and the remaining 31 % of them are of age more than 46 years (bar figure). So, the study collected pertinent data from various age groups and appeared diversified age composition.

Table 4. 1: Respondents’ Marital Status, Education, Occupation, Income and Service Demand per Year

| Demographic variable | Measurement | Frequency | Valid Percentage |
|---|----------------|------------|------------------|
| Age | <30 | 56 | 23.4 |
| | 31-45 | 107 | 44.8 |
| | 46-60 | 340 | 16.3 |
| | >61 | 37 | 15.5 |
| Total | | 240 | 100 |
| Marital | Single | 84 | 35.1 |
| | Mired | 73 | 30.1 |
| | Divorce | 49 | 20.5 |
| | Widow | 34 | 14.2 |
| Total | | 240 | 100 |
| Educational | < High school | 36 | 15.1 |
| | Diploma | 54 | 22.6 |
| | < MA | 58 | 24.3 |
| | Degree | 92 | 38.1 |
| Total | | 240 | 100 |
| Occupation | Government | 45 | 18.5 |
| | Private | 103 | 43.1 |
| | Business owner | 70 | 29.3 |
| | Student | 21 | 8.8 |
| Total | | 240 | 100 |
| Income | <7000 | 13 | 5.4 |
| | 7001-15,000 | 64 | 26.8 |
| | 15,001-30,000 | 78 | 32.5 |
| | >30,001 | 84 | 35.1 |
| Total | | 239 | 99.6 |
| How many times you are using the service within a year | 1-2 | 87 | 36.3 |
| | 3-4 | 125 | 52.1 |
| | 5-10 | 13 | 5.4 |
| | >10 | 14 | 5.8 |
| Total | | 239 | 99.6 |

The above table portrays that among 240 collected questionnaires conducted research on, 35.1 % of them are single and 30.1% married and others divorced and widowed. In addition, 22.6% of them have diploma and below and 38.1% of them respondents have first degree and above. Also, we understand that 43.1 % of them are private and business owners. Moreover, 88.4 % of them need dental and similar services less than four times per year and 67.6% of them have more than 15, 000 Birr per month income.

Thus, it is an evident that the background information of most respondents showed that they were from both gender category, in active age group, better work experience and education. Accordingly, the data showed that most of the respondents were young and adults, well-educated and composed of from both age categories. It shows that there were proficient and talented to respond the questionnaire and to provide pertinent data for this study.

4.2 Response Analysis

The response analysis was conducted by descriptive statistics such as mean and standard deviation. They were used to present the various characteristics for data sets. In this study, descriptive statistics helps to enables us to present the data in a more meaningful way, which allows simpler interpretation of the data. Rehaman and Husnain (2018) study was taken as a benchmark mean scores rating. They studied on similar area and used mean scores as 4.51-5.00 excellent or very good, 3.51-4.50 good, 2.51-3.50 average or moderate, 1.51-2.50 fair and 1.00-1.50 is poor.

4.2.1 Competence

This part of the questionnaire relates to staff responsible on handling customer’s problems, about well-organized staff, easily access information from the clinic, efficient grievance handling mechanism and hassle free claims settlement in the clinic. Results are compiled below:

TABLE4.2 Responses on Competence

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|---|-------------------|----------|---------|-------|----------------|------|------|
| Staff responsible on handling customer’s problems | 3% | 0% | 15% | 31% | 51% | 4.28 | .751 |
| The clinic has well-organized staff | 2% | 0% | 16% | 26% | 55% | 4.33 | .719 |
| I easily access information from the | 10% | 7% | 8% | 20% | 55% | 4.04 | .901 |

| | | | | | | | |
|---|----|------|-----|-----|-----|------|------|
| clinic | | | | | | | |
| The clinic has efficient grievance handling mechanism | 9% | 0% | 20% | 25% | 46% | 3.98 | .968 |
| I see hassle free claims settlement in the clinic | 3% | 3% | 12% | 42% | 40% | 4.14 | .882 |
| Grand Mean | | 4.15 | | | | | |

Survey result, 2020

The above table shows that the mean ranges from 3.98 to 4.33 with 4.15 grand mean found and rated as agree or good. The standard deviations are below 1 and it shows its variability is less. This grand mean was found by an average mean result of five dimensions. Accordingly, 82 % of the respondents agreed that staffs of surveyed clinic felt responsible on handling customer's problems; 81 % of them agreed that the clinic has well-organized staff; 75% of them preferred the category of agree for easily access information dimension; 71 % of them also agree the clinic has efficient grievance handling mechanism which accounted the lowest mean among five dimensions and finally, 82% of the respondents agreed that they see hassle free claims settlement in the clinic.

The interviewees and the collected data indicates that staffs of surveyed clinic properly handle customer's problems, it has well-organized staff and has an ability to provide information easily. Accordingly, the clinic has efficient grievance handling mechanism and has hassle free claims settlement system in the clinic. Interviewees show that competence is one of a service quality dimension that account for staff dependable in handling customer's problems, creating efficient staff, that helps to provide information easily and prompt grievance handling mechanism and prompt and hassle free claims settlement. Zhu *et al.*, (2002) stated that competency of quality dimensions and customer satisfaction have long been acknowledged as playing a crucial role for success and survival in today's competitive market. This implies that competence helps to deliver quality services on the terms of the life related services policy when it is redeemed (Soteriou and Stavrinides, 2000).

4.2.2 Personalized Financial Planning

This part of the questionnaire relates to delivery of flexible payment schedule, flexible dental treatment, receive supplementary services in the clinic, finding product solution in the clinic and easily adapt new products. Data collected from respondents are compiled below:

TABLE4.3 Responses on Personalized Financial Planning

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|--|-------------------|----------|---------|-------|----------------|------|------|
| The clinic delivery of flexible payment schedule | 1% | 3% | 14% | 35% | 47% | 4.22 | .721 |
| I obtain flexible dental treatment | 1% | 5% | 8% | 37% | 49% | 4.28 | .805 |
| I receive supplementary services in the clinic | 3% | 0% | 9% | 33% | 56% | 4.39 | .801 |
| Availability of product solution in the clinic | 5% | 1% | 8% | 35% | 51% | 4.26 | .899 |
| The clinic can easily adapt new products | 5% | 2% | 11% | 31% | 51% | 4.22 | .975 |
| Grand Mean | | | | | | 4.27 | |

Survey result, 2020

The above table portrays the statistics of respondents that were asked to rate their opinion about personalized financial planning. It has five dimensions and their mean score ranges from 4.22 to 4.39. Accordingly, 4.27 grand mean was found and it was rated in good category. 82% of them considered the clinic delivery of flexible payment schedule; 86% of them obtain flexible dental treatment; 89 % of them receive supplementary services in the clinic; 86% preferred the category of good for availability of product solution in the clinic and 82 % of them assured that the clinic can easily adapt new products.

The interviewees and data indicate that the clinic is in good position to support its clients for their personalized financial planning. It is assumed that it is the best service quality dimension as service requires an operating and delivery system in order to function. This is due to the fact that people are constantly looking for quality products and services through buying products and services (Rehman and Husnain, 2018). Wang (2006) strongly claimed that organization has to offer effective customer service and an efficiently financial process.

4.2.3 Corporate Image

Respondents were asked to rate their opinion about innovative in introducing new products, well-mannered company, simple dental treatment procedure, less time consuming treatment procedure and financial condition of the company. Respondents' responses are compiled below:

TABLE4.4 Responses on Corporate Image

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD | |
|--|-------------------|----------|---------|-------|----------------|------|------|--|
| The clinic is innovative in introducing new products | 16% | 14% | 7% | 22% | 42% | 3.60 | .986 | |
| The clinic is well-mannered company | 3% | 8% | 12% | 36% | 41% | 4.03 | .854 | |
| The clinic has simple dental treatment procedure | 8% | 3% | 4% | 23% | 62% | 4.28 | .815 | |
| The clinic has less time consuming treatment procedure | 5% | 5% | 10% | 20% | 60% | 4.25 | .832 | |
| The clinic is financially stable company | 3% | 2% | 6% | 22% | 68% | 4.50 | .801 | |
| Grand Mean | 4.13 | | | | | | | |

Survey result, 2020

The above table portrays most of the respondents (64%) have at least agree indicating that the clinic is innovative in introducing new products; 77 % well-mannered company, 85% agree that the clinic has simple dental treatment procedure; 80% have at least agree that shows the clinic has less time consuming treatment procedure and 90% agree that the clinic is financially stable company. The grand mean (4.13) was rated as good or agree with less variability of standard deviation.

This data and the interviewees' sessions direct that the clinic has good corporate image as it is an innovative and well-mannered company. In addition, the clinic uses simple dental treatment procedure and has less time consuming treatment procedure and it is financially stable company. Corporate image has significant impact upon both satisfaction with the company and satisfaction with functional services (Zhu et al., 2002). Thus, increased customer satisfaction leads to behavioral outcomes such as commitment, customer retention, and creation of a mutually rewarding relationship with the service provider and the user, increased customer tolerance for service failures and positive word-of-mouth

advertising about the organization (Sanjay and Garima,2014)).

4.2.4 Technology

Respondents were asked to rate their opinion about online medical registration system, prompt complaint handling, proactive information through e-mail or SMS, well organized patient tracking or recording system and active information exchange system. Respondents' responses are gathered and reported below:

TABLE4. 5 Responses on Technology

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|--|-------------------|----------|---------|-------|----------------|------|------|
| The clinic has online medical registration system | 5% | 3% | 7% | 35% | 50% | 4.20 | .886 |
| It has prompt complaint handling | 5% | 5% | 13% | 25% | 53% | 4.18 | .805 |
| I get proactive information through e-mail or SMS | 4% | 3% | 5% | 34% | 54% | 4.30 | .811 |
| The clinic has well organized patient tracking or recording system | 10% | 1% | 15% | 20% | 55% | 4.10 | .877 |
| The clinic has active information exchange system | 10% | 4% | 10% | 23% | 53% | 4.05 | .932 |
| Grand Mean | | | | | | 4.17 | |

Survey result, 2020

Respondents responded as 85 % have at least agree indicating that the clinic has online medical registration system; 78% of them agreed that it has prompt complaint handling, 88% proactive information through e-mail or SMS, 75% well organized patient tracking or recording system and 76 % active information exchange system. Interviewees also assured that the clinic is very thoughtful to solve any grievance hand it has its own patient tracking or recording system. Regarding healthcare service, producing tangible goods allows quantitative measures of quality, since they can be sampled and tested for quality throughout the production process and in later use (Suda and Sarunya, 2001). Information technology-based service helps to provide better customer satisfaction (Soteriou and Stavrinos, 2000).

4.2.5 Tangibility

Respondents were asked to rate their opinion about seven dimensions such as reception attractiveness, technology and equipment, certifications and environment. Respondents' responses are gathered and reported below:

TABLE4.6 Responses on Tangibility

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD | |
|--|-------------------|----------|---------|-------|----------------|------|------|--|
| The clinic's reception is attractive | 3% | 4% | 9% | 20% | 64% | 4.37 | .745 | |
| It has attractive surgeries areas | 4% | 2% | 6% | 21% | 66% | 4.43 | .725 | |
| Unique technology and equipment | 4% | 3% | 9% | 23% | 62% | 4.35 | .847 | |
| Good certification and credentials ' | 5% | 2% | 6% | 23% | 64% | 4.39 | .789 | |
| The clinic is located in good environment | 7% | 3% | 4% | 22% | 65% | 4.36 | .759 | |
| The front office of the clinic is equipped with temperature testing equipment | 9% | 2% | 8% | 24% | 57% | 4.18 | .759 | |
| The front office of the clinic is equipped with sanitization materials - sanitizer like alcohol and ethanol products | 4% | 4% | 5% | 35% | 52% | 4.25 | .715 | |
| Grand Mean | 4.17 | | | | | | | |

Survey result, 2020

The above table portrays that the grand mean (4.17) was rated as good or agree with less variability of standard deviation. It was composed by seven dimensions: 84% of them have at least agree for the clinic's attractive reception, 85% unique technology and equipment, 87% preferred to agree for attractive surgeries areas, possess good certification and credentials, located in good environment and the front office of the clinic is equipped with sanitization materials - sanitizer like alcohol and ethanol products. But the least result is found as 4.18 mean which was composed of 81% of respondents preferred to at least agree for the front office of the clinic is equipped with temperature testing equipment.

Interviewees also assured that the clinic is facilitated and equipped by well-designed appearance of physical facilities, equipment, personnel, and communication materials. This is because health service chains consciously ensure that their properties are conformed to global health standards of facilities wherever they are located (Masood and Tripti, 2010). Wymer

and Chen (2002) stated that the physical characteristics of practice of the offices (surgeries and reception areas and the technology and equipment, i.e., temperature testing and sanitization materials including sanitizer like alcohol and ethanol products. It is significant to note that medical know-how with appropriate technological equipment is very crucial (Soteriou and Stavrinides, 2000).

4.2.6 Assurance

Respondents were asked to rate their opinion about trained and well-informed professionals, trust, explaining its policy's terms and conditions, safe and instill confidence in customers. Respondents' responses are gathered and reported below:

TABLE4.7 Responses on Assurance

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD | |
|---|-------------------|----------|---------|-------|----------------|------|----|--|
| It has trained and well-informed professionals | 3% | 0% | 15% | 35% | 46% | 4.22 | | |
| I trust the clinic | 9% | 6% | 10% | 28% | 47% | 3.97 | | |
| It clearly explaining its policy's terms and conditions | 4% | 19% | 10% | 30% | 37% | 3.77 | | |
| You feel safe in your transactions with the clinic | 9% | 1% | 19% | 32% | 40% | 3.93 | | |
| The behavior of employees instill confidence in customers | 3% | 3% | 13% | 44% | 37% | 4.09 | | |
| Grand Mean | 4.00 | | | | | | | |

Survey result, 2020

The above tables show that the grand mean (4.00) was rated as agree category with less variability. The mean ranges from 3.77 to 4.22. It was composed by five dimensions: 81 % of the respondents have at least agree indicating that the clinic has trained and well-informed professionals, 75% them trust the clinic, 67 % of them agreed that it clearly explains its policy's terms and conditions, 72% assured that respondents feel safe in any transactions with the clinic and finally 81of them agreed that the behavior of employees instill confidence in customers.

Interviewees also assured that assurance of the service quality is required by health care services commonly. As it is the most important predictor of customers' satisfaction and related to human health typically. Zeithaml, and Bitner (2001) superior customer services and the inspiration

by the organization provide confidence to mitigate the perceived health risk. Chahal and Kumari (2010) also shows exhibiting sincerity, trust and integrity are indispensable in delivering quality health services.

4.2.7 Satisfaction

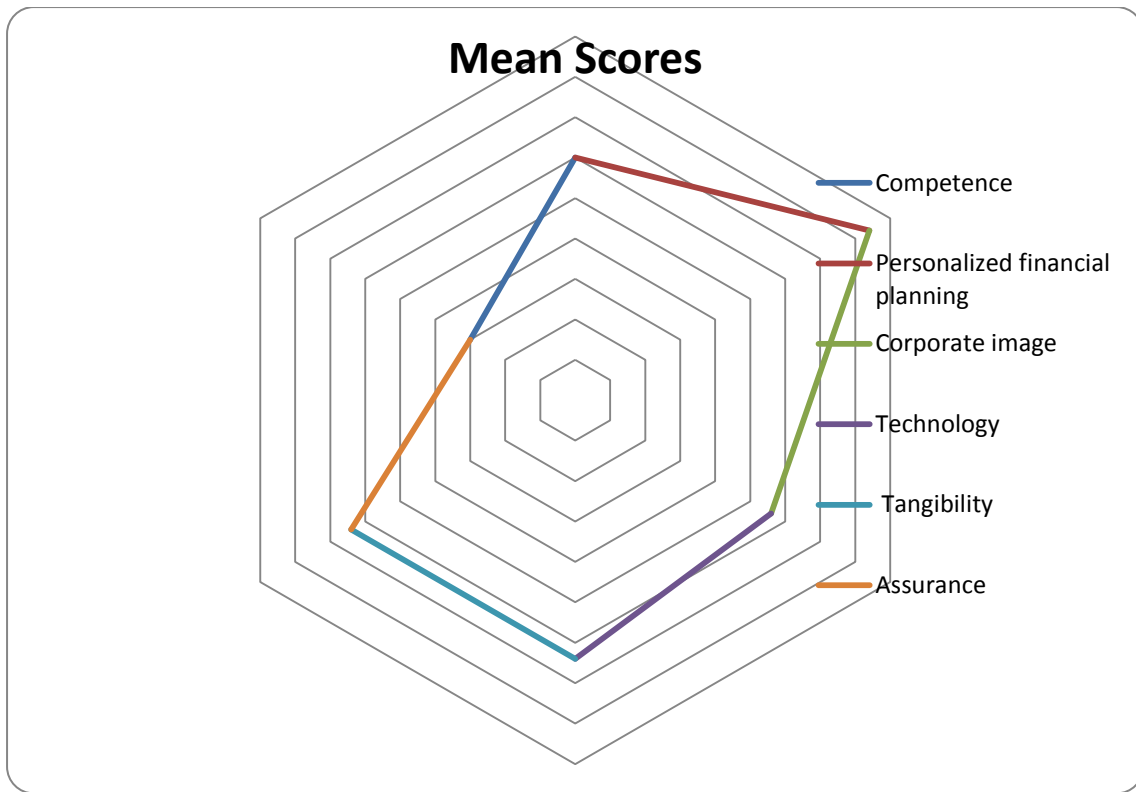
Respondents were asked to rate their opinion about satisfaction level as satisfied with the service quality provided by the clinic, revisit and suggest about other about the clinic.

TABLE 4.8 Responses on Satisfaction

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD | |
|---|-------------------|----------|---------|-------|----------------|------|------|--|
| I am very much satisfied with the service quality provided by the clinic. | 10% | 0% | 4% | 34% | 53% | 4.19 | .891 | |
| In case of need, I will make a re-visit to the clinic. | 10% | 0% | 5% | 33% | 52% | 4.18 | .887 | |
| I will suggest others to prefer this clinic. | 10% | 0% | 6% | 30% | 53% | 4.16 | .876 | |
| Level of satisfaction | 13% | 5% | 5% | 28% | 49% | 3.95 | .919 | |
| Grand Mean | 4.11 | | | | | | | |

Survey result, 2020

Service quality is often notable as a critical precondition and determinant of competitiveness for establishing and sustaining satisfying relationships with customers (Wang, 2006). Accordingly, the above table states that the grand mean (4.11) was rated as good and the lowest score is related to level of satisfaction. It shows that customers need other factors rather than quality services. It may be related to buying behavior such as culture, peer group influence, price, and brand experience and brand awareness as per interviewees' recommendations. The result indicates that most of the respondents have at least agree indicating that satisfied with the service quality provided by the clinic (87%), make a re-visit to the clinic (85%), suggest others to prefer this clinic (83%) and 77 % of them preferred at best the category of agree for overall satisfaction level.



Survey result, 2020

Figure 4. 1Grand Mean Scores

The above radar graph shows the mean score of competence (4.15), personalized financial planning (4.27), corporate image (4.13), technology (4.17), tangibility (4.17), assurance (4.00) and customer satisfaction (4.11). The mean score has at least 4.00 indicating that the respondents agreed on the six dimensions that helps to create quality service of health care services.

4.3 Correlation Analysis

This study used Pearson's correlation coefficient (r) which measures the strength and direction of a linear relationship between two variables. Values of Pearson's correlation coefficient are always between -1 and +1. A low correlation coefficient; 0.1-0.29 suggests that the relationship between two items is weak or non-existent. If r is between 0.3 and 0.69 the relationship is moderate. A high correlation coefficient i.e. >0.7 indicates a strong relationship between variables (John, 2007).

TABLE4.9 Result of Correlations

| | | Correlations | | | | | |
|-----|---------------------|--------------|--------|--------|--------|--------|-----|
| | | Com | PFP | CI | TEC | TA | AS |
| Com | Pearson Correlation | 1 | | | | | |
| | Sig. (2-tailed) | | | | | | |
| | N | | | | | | |
| PFP | Pearson Correlation | .664** | 1 | | | | |
| | Sig. (2-tailed) | .000 | | | | | |
| | N | 240 | 240 | | | | |
| CI | Pearson Correlation | .459** | .481** | 1 | | | |
| | Sig. (2-tailed) | .000 | .000 | | | | |
| | N | 240 | 240 | 240 | | | |
| TEC | Pearson Correlation | .673** | .685** | .538** | 1 | | |
| | Sig. (2-tailed) | .000 | .000 | .000 | | | |
| | N | 240 | 240 | 240 | 240 | | |
| TA | Pearson Correlation | .517** | .633** | .510** | .626** | 1 | |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | | |
| | N | 240 | 240 | 240 | 240 | 240 | |
| AS | Pearson Correlation | .612** | .609** | .541** | .612** | .669** | 1 |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | .000 | |
| | N | 240 | 240 | 240 | 240 | 240 | 240 |

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

Survey result, 2020

The table above presents the result of the correlation analysis made using bivariate correlation. Accordingly, this study found that there are a positive strong relationship of competence (.713), personalized financial planning (.677), corporate image (.553), technology (.698), tangibility (.678), assurance (4.00) and customer satisfaction. Wang (2006) stated that service quality is a form of an attitude, related but not equivalent to satisfaction that results from the comparison of expectation with performance. Rehaman and Husnain (2018) these dimensions have positive relationship with satisfaction.

4.4 Regression

Multivariate analysis examines the relationships among multiple independent and dependent variables. Analyzing a complex combination of variables to produce research findings involves difficult mathematics. Providentially, contemporary statistical software packages allow for user-friendly handling of complex data. Multivariate statistics allow for the examination of the influences of simultaneous independent and/or dependent variables, more closely approximate real-world research questions, provide more nuanced understanding of the relationships among multiple dependent and/or independent variables and are more easily accessible with user-friendly statistical software packages

4.4.1 Assumptions and diagnostic test

Test for average value of the error term

It is zero ($E(u_t) = 0$) - The first assumption required is that the average value of the errors is zero. In fact, if a constant term is included in the regression equation, this assumption will never be violated. Thus, since the constant term (i.e. α) was included in the regression equation, the average value of the error term in this study is expected to be zero.

Test for Normality Test

Skewness with its type of distribution like positive skew as the right tail is longer; the mass of the distribution is concentrated on the left of the figure. The distribution is said to be right-skewed. Negative skew as the left tail is longer; the mass of the distribution is concentrated on the right of the figure. The distribution is said to be left-skewed.

TABLE4. 10 Normality Test

| | N | Skewness | | Kurtosis | |
|---------------------------------|-----------|-----------|------------|-----------|------------|
| | Statistic | Statistic | Std. Error | Statistic | Std. Error |
| Competence | 240 | -1.362 | .716 | 0.775 | .441 |
| Personalized financial planning | 240 | -1.438 | .716 | 0.874 | .441 |
| Corporate image | 240 | -1.366 | .716 | 0.446 | .441 |
| Technology | 240 | -1.450 | .716 | 0.626 | .441 |
| Tangibility | 240 | -1.540 | .716 | 0.390 | .441 |
| Assurance | 240 | -1.518 | .716 | 0.354 | .441 |
| Customer Satisfaction | 240 | -1.460 | .716 | 0.632 | .441 |
| Valid N (list wise) | 240 | | | | |

Survey result, 2020

As the above table portrays the descriptive statistic of all dimensions, Kurtosis and Skewness statics calculation demonstrates that the distribution is normal because Kurtosis and Skewness are in between -2 and +2, thus data is normally distributed and had a reasonable variance to use subsequent analysis (John, 2007).

Test for multi collinearity -this used VIF (Variance Inflation Factor) for each term in the model measures the combined effect of dependence among the regressors on the variance of that term. One or more large VIF indicate multi collinearity. Practical experience indicates that if any of the VIF results exceeds 5 or 10, it is an indication that the associated regression coefficients are poorly estimated because of multi collinearity.

TABLE4. 11 Multi collinearity Test

| | Tolerance | VIF |
|---------------------------------|-----------|-------|
| Competence | .438 | 2.285 |
| Personalized financial planning | .402 | 2.487 |
| Corporate image | .624 | 1.602 |
| Technology | .386 | 2.589 |
| Tangibility | .439 | 2.277 |
| Assurance | .424 | 2.361 |

Survey result, 2020

The above table shows Collinearity Statistics shows on that the VIF value all are less than 5 or 10 and no collinearity was observed on this data. The table also presents the result of regression analysis; the result regression analysis is based on dependent variable. The independent variables that contribute to variance of the dependent variable are explained by standardized Beta coefficient.

Test for Autocorrelation

Assumption that is made of the multiple liner regressions disturbance terms is that the covariance between the error terms over time is zero.

TABLE4. 12 Autocorrelation Test: Durbin Watson

| Variables | DW test static result |
|---------------|-----------------------|
| All variables | 1.962 |

Survey result, 2020

To test the presence of autocorrelation, the popular Durbin-Watson Test was employed in this study. In other words, it is assumed that the errors are uncorrelated with one another. If the errors are not uncorrelated with one another, it would be stated that they are “auto correlated” or that they are “serially correlated”. A test of this assumption is therefore required.

4.5 Regression test result

To end with statistically tests, regression analysis was performed and it was done by independent variables and dependent variable. The data were taken as the average value of the average each dimensions of independent variables and dependent variable.

TABLE4. 13 Regression Test Results

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .821 ^a | .675 | .666 | .550 |

ANOVA^a

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1 | Regression | 146.030 | 6 | 24.338 | 80.476 | .000 ^b |
| | Residual | 70.466 | 233 | .302 | | |
| | Total | 216.496 | 239 | | | |

a. Dependent Variable: SATL

b. Predictors: (Constant), AS, CI, Com, TA, PFP, TEC

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | 95.0% Confidence Interval for B | |
|-------|------------|-----------------------------|------------|---------------------------|-------|------|---------------------------------|-------------|
| | | B | Std. Error | Beta | | | Lower Bound | Upper Bound |
| 1 | (Constant) | .184 | .191 | | .961 | .337 | -.193 | .561 |
| | Com | .297 | .057 | .293 | 5.178 | .000 | .184 | .410 |
| | PFP | .114 | .054 | .124 | 2.101 | .037 | .007 | .221 |
| | CI | .092 | .042 | .104 | 2.191 | .029 | .009 | .175 |
| | TEC | .173 | .063 | .164 | 2.728 | .007 | .048 | .298 |
| | TA | .143 | .053 | .151 | 2.676 | .008 | .038 | .248 |
| | AS | .153 | .053 | .166 | 2.896 | .004 | .049 | .257 |

The above table shows regression analysis of independent variables and dependent variable. In literature, linear regression estimates the coefficients of the linear equation, involving one or

more independent variables that best predict the value of the dependent variable. In this research, the regression analysis used the independent variable indicated on the model to measure the dependent variable. The study found the significance level of 0.05 was used with 95% confidence interval. The reason for using single analysis was to examine the direct effect of independent variable indicated on the model to measure the independent variable and dependent variable. As indicated in the above table the independent variables predict the dependent variable $R^2 = 67\%$ with adjusted $R^2 = 66\%$ the remaining other extraneous variable that can affect the satisfaction level. This result also indicates that the variable selected as independent had an effect on customer satisfactions.

Similarly, the ANOVA test, it is noticed high value of F value of 80.5 is significant at 0.001 level. Therefore, from the result, it can be concluded that with 67% of the variance (R-Square) in independent variables competence (.001), personalized financial planning (.037), corporate image (.029), technology (.007), tangibility (.008), assurance (.004) have significant effect on customer satisfaction (4.11). The mean score has at least 4.00 indicating that the respondents agreed on the six dimensions that helps to create quality service of health care services as its P value is greater than 0.05. The six independent variables that contribute to variance of the dependent variable are explained by standardized Beta coefficient.

4.6 Hypothesis Testing

Service sector is the speedily growing area of the world economy and the health services organizations play an important role in such growth (Ali, 2014). During the recent decade, the number of private centers providing health care services in Ethiopia has been ever progressively growing, and the private health care services market has turned out to be a competitive environment

H₁: Competence has a positive and significant effect on customer satisfaction in health care services.

The correlation analysis is used to see if it has relationship with satisfaction; and it that trust has a significant relationship show with satisfaction in health care services. ($r=0.713$; sig, 0.000); and to make sure that it actually influence the consumer satisfaction (Sig, 0.000), multiple regression analysis has been conducted. And the result of the regression analysis shows that it

has positive and significant effect on consumer satisfaction; therefore, the stated alternative hypothesis is accepted. The finding agrees with results of aforementioned researches conducted in the same area such as Zhu et al., (2002) found that stated that quality like competency and customer satisfaction have long been acknowledged as playing a crucial role for success and survival in today's competitive market. In addition, the positive relationship between competency and satisfaction, satisfaction with functional services has been strongly affected by competence (Soteriou and Stavriniades, 2000). Thus, this study established to study concluded that competence has a positive and significant effect on customer satisfaction in health care services.

H₂: Personalized financial planning has a positive and significant effect on customer satisfaction in health care services.

In this study, the correlation analysis is used to see if it has relationship with satisfaction; and it that trust has a significant relationship show with satisfaction in health care services. ($r=0.677$; sig, 0.037); and to make sure that it actually influence the consumer satisfaction (Sig, 0.000), multiple regression analysis has been conducted. In addition, the result of the multiple regression analysis shows that it has positive and significant effect on consumer satisfaction; therefore, the stated alternative hypothesis is accepted. Wang (2006) found the positive relationship between personalized financial planning and customer satisfaction as functional. This is because customer will not settle for anything mediocre in the context of functional services because it is the major contributor to their perception of quality and thereby satisfaction vis- à -vis care services (Zhu *et al.*, 2002).

H₃: Corporate image has a positive and significant effect on customer satisfaction in health care services.

In this study, the correlation analysis is used to see if it has relationship with satisfaction; and it that trust has a significant relationship show with satisfaction in health care services. ($r=0.553$; sig, 0.037); and to make sure that it actually influence the consumer satisfaction (Sig, 0.029), multiple regression analysis has been conducted. In addition, the result of the multiple regression analysis shows that it has positive and significant effect on consumer satisfaction like the study of Sanjay and Garima (2014); therefore, the stated alternative hypothesis is accepted.

H₄: Technology has a positive and significant effect on customer satisfaction in health care services.

In this study, the correlation analysis is used to see if it has relationship with satisfaction; and it that trust has a significant relationship show with satisfaction in health care services. ($r=0.698$; sig, 0.007); and to make sure that it actually influence the consumer satisfaction (Sig, 0.029), multiple regression analysis has been conducted. In addition, the result of the multiple regression analysis shows that it has positive and significant effect on consumer satisfaction like the study of Soteriou and Stavrinides (2000); therefore, the stated alternative hypothesis is accepted.

H₅: Tangibility has a positive and significant effect on customer satisfaction in health care services.

In this study, the correlation analysis is used to see if it has relationship with satisfaction; and it that trust has a significant relationship show with satisfaction in health care services. ($r=0.648$; sig, 0.007); and to make sure that it actually influence the consumer satisfaction (Sig, 0.008), multiple regression analysis has been conducted. In addition, the result of the multiple regression analysis shows that it has positive and significant effect on consumer satisfaction like the study of Chahal and Kumari (2010); therefore, the stated alternative hypothesis is accepted.

H₆: Assurance has a positive and significant effect on customer satisfaction in health care services.

In this study, the correlation analysis is used to see if it has relationship with satisfaction; and it that trust has a significant relationship show with satisfaction in health care services. ($r=0.678$; sig, 0.007); and to make sure that it actually influence the consumer satisfaction (Sig, 0.004), multiple regression analysis has been conducted. In addition, the result of the multiple regression analysis shows that it has positive and significant effect on consumer satisfaction like the study of Zeithaml and Bitner (2001); therefore, the stated alternative hypothesis is accepted.

TABLE4. 14 Hypothesis Testing Results

| Hypothese | Result | Analysis Tequique |
|-----------|--------|-------------------|
|-----------|--------|-------------------|

| | | |
|--|------------------|--|
| H ₁ : Competence has a positive and significant effect on customer satisfaction in health care services. | Conformed | $\beta=0.293$ $P<0.05$ |
| H ₂ : Personalized financial planning has a positive and significant effect on customer satisfaction in health care services. | Conformed | $\beta=0.124$ $P<0.05$ |
| H ₃ : Corporate image has a positive and significant effect on customer satisfaction in health care services. | Conformed | $\beta=0.104$ $P<0.05$ |
| H ₄ : Technology has a positive and significant effect on customer satisfaction in health care services. | Conformed | $\beta=0.164$ $P<0.05$ |
| H₅: Tangibility has a positive and significant effect on customer satisfaction in health care services. | Conformed | $\beta=0.151$ $p<0.05$ |
| H₆: Assurance has a positive and significant effect on customer satisfaction in health care services. | Conformed | $\beta=0.166$ $p<0.05$ |

Survey result, 2020

4.7 Discussion

Service requires 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 financial process (Wang, 2006). People are constantly looking for quality products and services through products and services. Quality is a strategic differentiator tool for competitive advantage. Quality, because of its subjective nature and intangible characteristics, is difficult to define (Rehaman and Husnain, (2018). This study found that there is positive and significant effect of independent variables on satisfaction. This is totally established when service quality factors are identified customer satisfaction should be addressed. In view of that, appropriate marketing strategy is implemented accordingly. Several empirical studies (Uma, 2015; Rubogora, 2017 and Ali, 2014) concluded the same as factors that affect quality of healthcare services. This is because Service quality is a significant component in modern day business. There is need for meeting the demand side of the customers to survive and sustain in the competitive era.

Corporate image has significant impact upon customers' satisfactions as it has greater impact upon satisfaction with the company's compared to that on satisfaction with functional services (Zhu *et al.*, 2002). This is because increased customer satisfaction leads to behavioral outcomes such as commitment and customer retention (Sanjay and Garima, 2014). They also found that technology and producing tangible goods allows quantitative measures of quality, since they can be sampled and tested for quality throughout the production process. This is due to the fact that the service quality model highlighting the information technology-based service (Soteriou and Stavrinides, 2000). In addition, tangibility shows about the certainly feel pleased with the service at the point we can promote for it (Chahal and Kumari, 2010). Further, assurance of the service quality is significance to customers and his / her needs, exhibiting sincerity, trust and integrity are essential in quality health services (Zeithaml and Bitner, 2001). Thus, client satisfaction is the level of similarity between client's expectations and experience of ideal care and clients' perceptions the service received. It imitates the factors that determine the quality of health care service that affects customers' satisfaction. Measurement of patient satisfaction plays an important role in the growing push toward accountability among health care providers

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents study's findings, conclusion and recommendations about the study's findings.

5.1 Summary of Findings

The primary study of this study was to determine the factors that affect service quality delivery in customer satisfaction in addis ababa. Now days in addis ababa private dental health care is getting stiff in a greater competition in almost similar purpose.

Non probability sampling used to distribute the questionnaire and to collect the primary data accordingly. This study tries to identify which determinant has the highest influence on the customer satisfaction.

- ✓ In order to determine the factor that influence the customer satisfaction in the research has test six independent variable like Competency, Personal financial planning, Corporate Image, Technology, Tangibility, Assurance. By distributed 314 questionnaires to selected respondents but from the entire questionnaire only 62.5% of them attended. Based on the conceptual frame work and objective of the study 28 question were developed in 5 point of likert scale to the respondents. The gathered data has analyses by means of descriptive and inferential statics using spss version 20 software.

In the Inferential statistics, the following result were achieved

- ❖ The finding indicate that Competence was the first significant variable other than by resulting beta value of 0.293 and significantly related with the dependent value of $p < 0.05$.

- ❖ The first Hypothesis which states that Competence has a positive and significant effect on customer satisfaction in health care service, as a result we can confirm the null hypothesis and the alternative one.
- ❖ The next Hypothesis states that Personalized financial planning has a positive and significant effect on customer satisfaction in health care service, as the result we can confirm the null hypothesis and the alternative one.
- ❖ The next Hypothesis state that Corporate Image has a positive and significant effect on customer satisfaction in health care service, as the result we can confirm the null hypothesis and the alternative one.
- ❖ The next Hypothesis state that Technology has a positive and significant effect on customer satisfaction in health care service, as the result we can confirm the null hypothesis and the alternative one.
- ❖ The next Hypothesis state that, Tangibility has a positive and significant effect on customer satisfaction in health care service, as the result we can confirm the null hypothesis and the alternative one.
- ❖ The next Hypothesis state that, Assurance has a positive and significant effect on customer satisfaction in health care service, as the result we can confirm the null hypothesis and the alternative one.

5.2 Conclusion

Quality healthcare includes competence, personalized financial planning, corporate image, technology, tangibility and assurance. Providing patients with the best and quality services permitting to their needs and expectations is crucial for survival and success of the organization in the competitive environment of the health care market. Truthful recognition of the customers' needs and expectations is the most significant step in defining and delivering high-quality services. The patients' expectations are resulting from their perception of the ideal care standards or their previous experiences in the use of services. After delivering the services, service providers also must monitor how well the customers' expectations have been encountered. This is due to the fact that quality is an aggressively becoming an important aspect of health care that is given a priority now a day particularly after Covid 19 outbreak. Health care professionals, patients and the community have become more aware of quality issues and want health care to

become safer and of higher quality where we including the service providers have a moral obligation to provide high-quality and safe care. The factors that have made it easier for the health-care industry to achieve customer satisfaction should be vital and should get great attention. Thus, there is the effect of personalized financial planning, competence, corporate image, technology, tangibility and assurance on customer satisfaction on healthcare service.

5.3 Recommendations

- ✓ Health care leader should prioritize patient-reported outcome measures and patient-reported experience measures as well as health outcome metrics for assessing quality whenever possible.
- ✓ Governments and organizations should develop and support multisectoral task forces to guide their digital health strategies so as to ensure that all deployed digital health technologies are evidence-based and coordinated, that patient safety is protected, and that risks are mitigated.
- ✓ Health care leaders in the organization should master and adopt the vision and culture of learning health care systems, striving for continual learning and avoiding an approach that relies primarily on blames and shame. The country government should implement policies designed to effectively educate and supply health care professionals who are trained to provide high-quality care.
- ✓ The government or the health organization should increase investments in research and development on the interventions that would improve the quality of care at the system level encompassing both primary and implementation research by asking further more questions about quality of care delivery.
- ✓ This research study is a broad study but it is not a completed. This study will open the opportunity who wants to conduct their research in service delivery quality and customer satisfaction in health care organization.

5.3.1 Implications for Various Stakeholders

Quality has become an increasingly predominant part of our lives. People are constantly looking for quality products and services. From managerial perspective, this means that the better the perceived service quality, the higher the satisfaction with agents, financial implications, functional services and company and consequently with overall satisfaction. For that reason the service quality variables used in this research and the customer satisfaction measures should be constantly controlled in their performance and improved. In global health market, competitive strategies based upon vital aspects of the service quality as obtained in the research would prevent stretching of resources, and assist in creating satisfaction so desired by consumers. Although this study focuses on health care service in Ethiopia, the results and recommendations of this article can be used for service quality improvements and consequently improving customer satisfaction of various institutions like insurance and financial industries in our country as well. Thus, the government may enhance the health sector as a part of health care system in the country. This can be performed by integrating necessary changes in service quality aspects in accordance with socio-economic environment of the country.

5.3.2 Future Researches

The current study focused on understanding of how perceptions about service quality relate to satisfaction. Further investigation in future might examine the service needs and requirements, as well as drivers of satisfaction for other health institutions like hospitals, health teaching organization and specific customer types as old aged, child care and chronic health situation. It is clearly an important way of segmenting markets. It is clear that in this surveyed the suggested constructs provided sufficient support for the satisfaction and service quality analysis. Other variables like institution place, reception first aid care, price perception, switching cost and so on influence customer satisfaction and loyalty, and including such variable(s) in the study would have made the research models more robust and interesting

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Appendix

Appendix I – Questionnaire



Employees Performance and Productivity Survey (To be filled by Customers)

Dear respondent,

I am Bethlehem Shiferaw a postgraduate Marketing Management student at St Marry University in Addis Ababa. The main purpose of the study is to assess the service quality and customer satisfaction: in the case of Lulitta Special Dental Clinic Plc.

The data will be used only for academic purpose. As well, I ensure you that the information provided will be kept confidential and will not be used for any other purpose. Your highly esteemed responses for the questions are extremely important for successful completion of my thesis.

To end with, I would like to thank you very much for your kind cooperation and spending your valuable time for my request. Your Participation is purely voluntary and no need to write your name.

If you have doubts you can contact me via:

E-mail

Cell Phone No: 0910 314956

Thank you

Part I: General Profile.

Instruction: Please select an appropriate response category by encircling the number of your choice.

Gender: Female Male

Age (in year): < 30 31-45 46- 60 >61

Marital Status: Single Married Divorced Widowed

Educational Status: Completed high school and below Diploma Degree M aster and above

Occupation: Government employee Private employee Business owner Student
Retire Others

How many times you are using the service within a year. 1-2 3-4 5-10 >10

Income < 7 000 7001 – 15 000 15 001 – 30 000 >30 001

Part II: Service Quality Dimensions

Instruction: Please rate the extent to which service quality dimensions and the level of customer satisfaction of the clinic. *You can Indicate* your degree of agreement/disagreement by encircling the appropriate number, Where (1=strongly disagree (SD); 2=Disagree (D); 3=Neutral (N); 4=Agree (A); and 5=strongly agree (SA))

Note:- where Com=Competence, Pfi= Personalized financial planning, Ci=Corporate Image, Tech=Technology, Tan=Tangibles, AS=Assurance, Sat=Satisfaction

| No | Measurement Items | Measurement Scale | | | | |
|------|--|-------------------|---|---|---|----|
| | | SD | D | N | A | SA |
| | | 1 | 2 | 3 | 4 | 5 |
| Com1 | Staff responsible on handling customer's problems | | | | | |
| Com2 | The clinic has well-organized staff | | | | | |
| Com3 | I easily access information from the clinic | | | | | |
| Com4 | The clinic has efficient grievance handling mechanism | | | | | |
| Com5 | I see hassle free claims settlement in the clinic | | | | | |
| | | | | | | |
| Prf1 | The clinic delivery of flexible payment schedule | | | | | |
| Prf2 | I obtain flexible dental treatment | | | | | |
| Prf3 | I receive supplementary services in the clinic | | | | | |
| Prf4 | Availability of product solution in the clinic | | | | | |
| Prf5 | The clinic can easily adapt new products | | | | | |
| | | | | | | |
| CI1 | The clinic is innovative in introducing new products | | | | | |
| CI2 | The clinic is well-mannered company | | | | | |
| CI3 | The clinic has simple dental treatment procedure | | | | | |
| CI4 | The clinic has less time consuming treatment procedure | | | | | |
| CI5 | The clinic is financially stable company | | | | | |
| | | | | | | |
| Tec1 | The clinic has online medical registration system | | | | | |
| Tec2 | It has prompt complaint handling | | | | | |
| Tec3 | I get proactive information through e-mail or SMS | | | | | |

| | | | | | | |
|------|--|---|---|---|---|---|
| Tec4 | The clinic has well organized patient tracking or recording system | | | | | |
| Tec5 | The clinic has proactive information through e-mail or SMS | | | | | |
| | | 1 | 2 | 3 | 4 | 5 |
| Tan1 | The clinic's reception is attractive | | | | | |
| Tan2 | It has attractive surgeries areas | | | | | |
| Tan3 | It has unique technology and equipment | | | | | |
| Tan4 | The clinic possess good certification and credentials ' | | | | | |
| Tan5 | The clinic is located in good environment | | | | | |
| Tan6 | The front office of the clinic is equipped with temperature testing equipment | | | | | |
| Tan7 | The front office of the clinic is equipped with sanitization materials - sanitizer like alcohol and ethanol products | | | | | |
| | | | | | | |
| AS1 | It has trained and well-informed professionals. | | | | | |
| AS2 | I trust the clinic. | | | | | |
| AS3 | It clearly explaining its policy's terms and conditions. | | | | | |
| AS4 | You feel safe in your transactions with the clinic. | | | | | |
| AS5 | The behaviors of employees instill confidence in customers. | | | | | |
| | | | | | | |
| Sa1 | I am very much satisfied with the service quality provided by the clinic. | | | | | |
| Sa2 | In case of need, I will make a re-visit to the clinic. | | | | | |
| Sa3 | I will suggest others to prefer this clinic. | | | | | |

OVERALL SATISFACTION

Circle a number between 5 and 1 to indicate your level of satisfaction with services at Lulitta Special Dental Clinic Plc. Circling 5 means you are extremely satisfied while circling 1 means that you are extremely dissatisfied. You may circle any number between 1 and 5 to indicate your level of satisfaction. Circle only one number.

| | | | | | |
|------------------------------|----------|----------|----------|----------|----------|
| Level of Satisfaction | 5 | 4 | 3 | 2 | 1 |
|------------------------------|----------|----------|----------|----------|----------|

Thank you again!

Appendix II- Interview Checklist

Dear Sir/Madam,

I really appreciate for your valuable responses to the following checklists. It will not take much of your time. Shall I proceed with my questions?

Thank you

1. Do you think the customers delivered services at the right time and place in the clinic?

2. Is the clinic handle customer complaining? If yes, how the clinic responds to customer complaints and request?

3. Do you think all facilities are available in the clinic that helps to deliver quality Service?

4. Do you believe that the clinic gives fast response to customer's request? Moreover, is that the way employees contact with customers is appropriate and satisfying one?

5. Do you think the employees are professional and have the appropriate knowledge about the service provided by the clinic? And do you think the customers are satisfied in the clinic service. Please also rate the service quality of the clinic.

Thank you!

Appendix III - Itemized Responses Results

Competence

Appendix III - Table 1 Responses on Competence

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|---|-------------------|----------|---------|-------|----------------|------|------|
| Staff responsible on handling customer's problems | 3% | 0% | 15% | 31% | 51% | 4.28 | .751 |
| The clinic has well-organized staff | 2% | 0% | 16% | 26% | 55% | 4.33 | .719 |
| I easily access information from the clinic | 10% | 7% | 8% | 20% | 55% | 4.04 | .901 |
| The clinic has efficient grievance handling mechanism | 9% | 0% | 20% | 25% | 46% | 3.98 | .968 |
| I see hassle free claims settlement in the clinic | 3% | 3% | 12% | 42% | 40% | 4.14 | .882 |

Survey result, 2020

Personalized Financial Planning

Appendix III - Table 2 Responses on Personalized Financial Planning

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|--|-------------------|----------|---------|-------|----------------|------|------|
| The clinic delivery of flexible payment schedule | 1% | 3% | 14% | 35% | 47% | 4.22 | .721 |
| I obtain flexible dental treatment | 1% | 5% | 8% | 37% | 49% | 4.28 | .805 |
| I receive supplementary services in the clinic | 3% | 0% | 9% | 33% | 56% | 4.39 | .801 |
| Availability of product solution in the clinic | 5% | 1% | 8% | 35% | 51% | 4.26 | .899 |
| The clinic can easily adapt new products | 5% | 2% | 11% | 31% | 51% | 4.22 | .975 |

Survey result, 2020

Corporate Image

Appendix III - Table 3 Responses on Corporate Image

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|--|-------------------|----------|---------|-------|----------------|------|------|
| The clinic is innovative in introducing new products | 16% | 14% | 7% | 22% | 42% | 3.60 | .986 |
| The clinic is well-mannered company | 3% | 8% | 12% | 36% | 41% | 4.03 | .854 |
| The clinic has simple dental treatment procedure | 8% | 3% | 4% | 23% | 62% | 4.28 | .815 |
| The clinic has less time consuming treatment procedure | 5% | 5% | 10% | 20% | 60% | 4.25 | .832 |
| The clinic is financially stable company | 3% | 2% | 6% | 22% | 68% | 4.50 | .801 |

Survey result, 2020

Technology

Appendix III - Table 4 Responses on Technology

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|--|-------------------|----------|---------|-------|----------------|------|------|
| The clinic has online medical registration system | 5% | 3% | 7% | 35% | 50% | 4.20 | .886 |
| It has prompt complaint handling | 5% | 5% | 13% | 25% | 53% | 4.18 | .805 |
| I get proactive information through e-mail or SMS | 4% | 3% | 5% | 34% | 54% | 4.30 | .811 |
| The clinic has well organized patient tracking or recording system | 10% | 1% | 15% | 20% | 55% | 4.10 | .877 |
| The clinic has active information exchange system | 10% | 4% | 10% | 23% | 53% | 4.05 | .932 |

Survey result, 2020

Tangibility

Appendix III - Table 5 Responses on Tangibility

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|--|-------------------|----------|---------|-------|----------------|------|------|
| The clinic's reception is attractive | 3% | 4% | 9% | 20% | 64% | 4.37 | .745 |
| It has attractive surgeries areas | 4% | 2% | 6% | 21% | 66% | 4.43 | .725 |
| It has unique technology and equipment | 4% | 3% | 9% | 23% | 62% | 4.35 | .847 |
| The clinic possess good certification and credentials ' | 5% | 2% | 6% | 23% | 64% | 4.39 | .789 |
| The clinic is located in good environment | 7% | 3% | 4% | 22% | 65% | 4.36 | .759 |
| The front office of the clinic is equipped with temperature testing equipment | 9% | 2% | 8% | 24% | 57% | 4.18 | .759 |
| The front office of the clinic is equipped with sanitization materials - sanitizer like alcohol and ethanol products | 4% | 4% | 5% | 35% | 52% | 4.25 | .715 |

Survey result, 2020

Assurance

Appendix III - Table 6 Responses on Assurance

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD |
|---|-------------------|----------|---------|-------|----------------|------|----|
| It has trained and well-informed professionals | 3% | 0% | 15% | 35% | 46% | 4.22 | |
| I trust the clinic | 9% | 6% | 10% | 28% | 47% | 3.97 | |
| It clearly explaining its policy's terms and conditions | 4% | 19% | 10% | 30% | 37% | 3.77 | |
| You feel safe in your transactions with the clinic | 9% | 1% | 19% | 32% | 40% | 3.93 | |
| The behavior of employees instill confidence in customers | 3% | 3% | 13% | 44% | 37% | 4.09 | |

Survey result, 2020

Appendix III - Table 6 7 Responses on Satisfaction

| Measurement Items | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Mean | SD | |
|---|-------------------|----------|---------|-------|----------------|------|------|--|
| I am very much satisfied with the service quality provided by the clinic. | 10% | 0% | 4% | 34% | 53% | 4.19 | .891 | |
| In case of need, I will make a re-visit to the clinic. | 10% | 0% | 5% | 33% | 52% | 4.18 | .887 | |
| I will suggest others to prefer this clinic. | 10% | 0% | 6% | 30% | 53% | 4.16 | .876 | |
| Level of satisfaction | 13% | 5% | 5% | 28% | 49% | 3.95 | .919 | |
| Grand Mean | 4.11 | | | | | | | |

Survey result, 2020