ST. MARY UNIVERSITY

SCHOOL OF GRADUATE STUDIES

HEALTH SERVICE DELIVERY AND CUSTOMER SATISFACTION IN GOVERNMENT FOUR HEALTH CENTER : THE CASE OF LIDETA HEALTH CARE,ABENTE HEALTH CARE,T/MANOT HEALTH CARE AND G/KUTEBA HEALTH CARE ADDIS ABABA, ETHIOPIA

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SCHOOL OF GRADUATE STUDIES FACULTY OF BUSINESS

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DECLARATION

I, the undersigned, declare that this thesis is my original work; prepared under the guidance of my advisor. All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

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Name Signature

St. Mary university, Addis Ababa May, 2022

CERTIFICATION

This is to certify that Mr. Ashagrie Fentaw has completed his thesis entitled “health service delivery and customer satisfaction in government four health center : the case of lideta health care,abente health care,t/manot health care and g/kuteba health care”. In my opinion, all the materials used for the paper has been duly acknowledged and this paper is appropriate to be submitted as a partial fulfillment of the requirement for the award of Degree in Masters of Business Administration.

Mesfin Tesfay (PHD)

_____

Advisor Signature and Date

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ABBREVIATION AND ACRONYMS

ANC	Anti-Natal care
ART	Anti -Retroviral Therapy
HEW	Health extension worker
HSDP	Health service development program
NBRI	National Business Research Institute
MBA	Masters of Business Administration
MOH	Ministry of Health
SERVQUAL	Service Quality
TB	Tuberculosis
VCT	Voluntary Counseling and Testing

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ABSTRACT

This study was conducted to assess the health service delivery and customer satisfaction of the service offered to clients in Lideta sub city government health institution in Addis Ababa. This study was to measure the differences between the expected and perceived health care service quality, and evaluate its satisfaction level so as to higher understand patients, ' needs, and improve the service quality. A cross sectional, descriptive was conducted on a sample of service users of the indicated health centers using convenience samples of non- random sampling technique. Data was collected using structured questionnaire and analyzed by SPSS windows version 25.0. Among the 385 outpatients, in the case of Patients" interaction with their health care servant patients were satisfied more on Health care provider description about possible side effects/adverse drug reaction in understand before given a new drug. In the case of patient satisfaction in related with waiting time patients were satisfied on the time you wait to get the care provider after laboratory Results. In the case of Patients" Satisfaction towards facilities/environment Services patients were satisfied more on the cleanliness of examination room. In the case of Ease accessibility of health care system in relation with patient satisfaction patients were satisfied on indicator set up so that it can easily access when client come to a health facility. The overall patients" satisfaction with health service deliveries showed statistically significant at .0000, so, service deliveries practice variables were highly significant with age of respondent, education level of respondent and satisfaction towards environmental service, (p-value = .000). The beta values of the independent variables Thus can be understood as a certain improvement on the satisfaction towards environmental service will increase patient satisfaction by .476 which is significant. Thus, the null hypothesis is rejected. Finally, study recommended the health center should give attention for satisfaction with waiting time and ease accessibility of health care.

Key words: satisfaction, customer satisfaction, service delivery practices, service quality

CHAPTER ONE
INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Good health for the people in the country is important to the human development and improvement of their economies Peprah, A. (2014). Health supply has been explained in the concert of the service deliveries that demand high consumer involvement within the consumption process FDRE, CSA (2016). The full process of service delivery involves the client. A nasty service delivery harms the client and to some extent could even result in the loss of life. For this reason, checking and assessing client satisfaction with health care is a necessary effort to improve the standard of the health system Samson, et al (2015). One among the measures of health care service outcomes is by evaluating Customer satisfaction may cause the selection and loyalty of customers" where to be served. Commenting on the possible determinant factors for the customer"s satisfaction will have importance to policymakers to think about upon which to emphasize.

The ministry of health in Ethiopia has advocated the provision of service delivery should address existing gender, geographic, economic and socio demographic inequalities Mulatuet al (2017). Despite health equity, accessibility and improvements for all people of the country reported by federal ministry of health in Ethiopia; as Tatekeet al., (2012) stated that in Ethiopia the low level of socio-economic development resulting in low level of economic development, poor environmental conditions and low level of social services has been the major cause of poor health status of the people. A study done by Goldstein et al., (2002) in West Amahara region- Ethiopia also showed that the health center and hospital services had weak health care management systems due to poor health care service coverage with insufficient staffing, lack of supplies, inadequate system in infection prevention. This indicates that the health care system suffers from serious deficiency in quality, efficiency and accessibility. And these problems put significant impacts on quality health service provisions and level of customer satisfaction.

The recently implemented Ethiopian structure of the health sector has introduced a three –tier health care delivery system which is characterize by the tertiary and secondary level of health system comprised of specialized (with population coverage of 3.5-5million people) and general hospitals (with population coverage of 1-1.5 million people).the management ,coordination and distribution of technical support in each and every level is the responsibility of the district health office and the regional health office ,whereas policy and significant decision making is in the hands of federal ministry of Health. The primary care level is established on the district level and includes a primary hospital, health centers and rural health posts that are connected to each other by a referral system.

Health centers that are found at a similar level are expected to deliver identical health services. Health centers provide services to approximately 40000 people and staffed by a median of 25 health personnel, and provided both preventive and curative services. It is a referral center and practical training institution for HEWS. A sickbay normally has an inpatient capacity of 5 beds. The health service provided within the health center includes the outpatient department, psychiatry, Antiretroviral Therapy (ART) &Voluntary Counselling and Testing (VCT) service, Anti Natal Care (ANC), emergency unit, and TB treatment and vaccination service. Factors that affect customer satisfaction are: Comparative cost, timeliness, interpersonal aspects, and availability of medication and others.

Addis Ababa the capital city of Ethiopia has currently consisted of 11 sub-cities, from these sub- cities; Lideta Sub-City is one among them which is located within the central part of the national capital. Based on this, the study will be conducted in health center of Lideta Sub-City.

At studied health centers health service-related customer satisfaction is largely linked with multidimensional elements such as accountability and responsibility of supportive staff to help clients around card room and health workers to provide regular and consistent quality health services. Communication, Physical environments of the health center, getting wider range of services to be easily available, time spent on patient /delay consultation, long waiting time because of non-standardized service, lack of proper guidance on the information desk, are among the factors affecting client satisfaction from health services. Good relationships, friendliness and respectful communication; consultations in service provision process,

absence of appropriate and cold protective waiting room after delivery, lack of light and pure water also affects customer

Satisfaction. This paper, therefore, attempts to require a critically consider client (patient) satisfaction with regard to the service delivery at Lideta Sub-City government health center.

1.2 STATEMENT OF THE PROBLEM

Delivering quality health service, as customers expect it is one of the main goals of the general public organization. In order to achieve this goal, and to enhance the standard and efficiency of customer service delivery status, health organization need to implement a business process re- engineering, and providing capacity building training for their staffs on various programs. The health sector is one of the general public sectors to introduce various reforms to enhance the standard and efficiency of customer service delivery status within the service giving public health institution in Ethiopia. Although Ethiopia government attempts to full fill the clients" satisfaction by implementing the health sector development program (HSDP), still several complaints are raised both by clients and health professional. Some of the complaints raised by clients who used health care facilities are: poor customer handling, unable to getting the right treatment on the right time, very high medical expense, relationship between patients and care giver, waiting time, patients consent and confidentiality. According to (Fekadu, Andualem and Yohannes, 2011) Some of the complaints which are raised by health professionals are: weak health care management system, shortage of medical equipment, lack of specialize staffs, and inadequate infection prevention, high patient flow, sanitation of the working environment, access to basic information about their right, and consent. All the issues raised by client and health professionals implies that still the health care system has serious deficiency in providing a quality health care service to its customers (to the community).

A study by Tateke, T (2012) has been carried out to assess customer satisfaction of the health service in private and government hospitals. Most of patients who admitted in hospitals have critical cases because of that the health care service that given for patient's couldn't well enough. But patient's thinks getting cured of suffering diseases and they feel more satisfied immediately after their consultation. The fact that hospitals mainly are for referral and

admission client it’s difficult to assess and conclude the instant and clear service delivery level of government health sectors. Besides, as health centers are located near the residential areas they provide the benefits of proximity to many consumers. So, this study was filling the knowledge gap of the previous study.

Therefore, this study points out there's an was measured the differences between the expected and perceived health care service quality, and evaluate its satisfaction level so as to higher understand patients, ' needs, and improve the service quality in Lideta Sub-City health centers.

1.3. RESEARCH HY POTHESIS

Every organization or health institution measures its customer satisfaction levels because it helps to find out whether things are going on the right way or if not, to find what the causes that generated poor satisfaction. For this reason, the researcher investigate best-fit variable for customer satisfaction in the case of Lideta Sub City health institution. So, that the variables used to examine customer satisfaction are patient satisfaction, waiting time, accessibility of health care system, health care facility and patient behavioral intension. Based on review of related literatures and objectives of the study, the following hypotheses.

Null: Health service delivery has statistically insignificant effect on patient satisfaction.

Alternative1: Health service delivery (health care provider interaction with patient) has statistically significant on patient satisfaction.

Alternative2: waiting time has statistically significant effect on patient satisfaction.

Alternative3: accessibility of health care system has statistically significant effect on patient satisfaction.

Alternative4: health care facility/environment has statistically significant effect on patient satisfaction.

Alternative5: patient behavioral intension has statistically significant effect on patient satisfaction

1.4. OBJECTIVES OF THE STUDY

1.4.1. GENERAL OBJECTIVE

In this study researcher was examined the effects of health service delivery in customer satisfaction in the case of Lideta healthy center.

1.4.2. SPECIFIC OBJECTIVES

In order to until accomplish the general objective of this study; there are a few specific objectives that need to be accomplished to health service delivery and customer satisfaction in the case of Lideta health center.

- To investigate health care provider interaction with patient has statistically significant effect on patient satisfaction
- To investigate waiting time has statistically significant effect on patient satisfaction
- To investigate health center facilities/environment has statistically significant effect on patient satisfaction
- To examine accessibility of health care system has statistically significant effect on patient satisfaction
- To assess patient behavioral intension has statistically significant effect on patient satisfaction

1.5. SIGNIFICANCE OF THE RESEARCH

Patient satisfaction within the health facility service isn't studied in Ethiopia so, it's important to relinquish some insight for more studies. Policymakers must act in step with the demands of clients" preferences. Private health care providers have to advise mechanisms to retain their customers. The study also improves the knowledge for the readers and to give recommend for organization and industry under study. This study supports our organization and other organizations in service delivery and customer satisfaction.

1.6. SCOPE OF THE STUDY

The study is going to be focused on customer satisfaction in terms of service delivery because its necessary to measure the level of satisfaction in the capital of Ethiopia, Lideta Sub-City, health Centers. Primary data from a designed questionnaire will be collected from health service seekers from three selected health center in Lideta sub-city.the study will be included four departments in health center (outpatient department, MCH department, pharmacy and laboratory department) aged 18 years and above, willing to provides answers to the study instruments and who have at least one visit. Furthermore, it'll difficult to induce feedback from seriously well Patients where they're sick and unable to cooperate in answering the questionnaire, taking into consideration uncomfortable feelings.

The study primarily be focusing on Addis Ababa, where there are relatively better government health facilities, and where the health sector has relatively bettered capacity and arrangement.

Generally, the scope of the study in 2022 GC in Lideta sub city health center and the study address about the effects of health service delivery in customer satisfaction.

1.7. LIMITATION OF THE STUDY

The world is facing Covid 19 outbreaks in nowadays Ethiopia also one of those countries who are facing Covid19. Health facilities are the first risk takers so, it‟s quite difficult and had challenges to collect the data in health center since world are facing Covid 19 outbreaks.

The finding of the study be solid enough to generalize the truth to the county, whether the public health sector shares similar issues and challenges.

1.8. DEFINITION OF OPERATION TERMS

Some technical terms are defined operationally to be used in this research. In this study, the terms need to be understood as defined below.

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

Patient waiting time: The actual time the customer waits to get personnel who provide services at a service unit. Weighing station, examination room laboratory, and dispensary etc...

Satisfaction - in this study means the perceived pleasurable experience of a customer after consumption of goods or services or attaining one's need or desire.

Very satisfaction: Above one's expectation. Dissatisfaction: Below one's expectation.
Very dissatisfaction: Fail to meet one's expectation usually leading to disappointment.
Quality: User based quality is defined as "fitness for use", which means the consumer's perception of quality. It is also defined as meeting the desires and expectations of customers"

Product or service- was the product/service able to meet the needs of customers such that they will wish to experience the same pleasurable services next time or any activity undertaken to meet the social needs.

Providers –those individual health workers and supportive staffs assigned in health centers for particular service provisions.

Health Care is conceptualized in this study to mean the functional and non-technical aspect of health delivery which emphasis on the human aspect of interaction between the health provider and the customers such as courtesies and friendliness of medical staff, treatment explanations, along with appearance of surroundings etc. In the delivering health care.

1.9. ORGANIZATION OF THE STUDY

The study paper be organized into five chapters. The first chapter will consist the introductory part of the paper (background, statement of the problem, research question, objectives, significance of the study, scope of the study, limitation of the study, and operational definition).the second chapter will present different theoretical literature on service delivery system and customer satisfaction and standards of measurement; and also comprises conceptual frameworks as well as empirical studies. The third chapter will be material and methodology while chapter four will be consist of results and discussions and the last chapter will contains summary and recommendations based on the analysis and presentations of the collected data.

CHAPTER TWO
LITERATURE REVIEW

2.1. Theoretical literature

2.1.1 Service delivery

Services are defined as the means of delivering intangible economic activities that add value to customers, implying interaction between service provider and consumer through a process of transaction (frauendorf, 2006). In order for a company's offer to reach the customers there is a need for services. These services depend on the type of product and it differs in the various organizations. Service can be defined in many ways depending on which area the term is being used. An author defines service as "any intangible act or performance that one party offers to another that does not result in the ownership of anything" (kotler& keller, 2009). In all, service can also be defined as an intangible offer by one party to another in exchange of money for pleasure.

The service concept refers to the outcome that is received by the customer (lovelock &wirtz, 2004) and is made up of a "portfolio of core and supporting elements" (roth &menor, 2003) which can be both tangible and intangible (goldstein et al., 2002). It is a description of the service in terms of its features and elements as well as in terms of the benefits and value it intends to provide customers with (heskett, 1987; scheuing& johnson, 1989). As alternatives to service concept, academics coined the terms service offering, service package, and service or product bundle (roth &menor, 2003).

Since a service process leads to an outcome resulting in the customer being either satisfied or dissatisfied with the service experience (mayer et al., 2003), it is of paramount importance that service organizations pay attention to designing the system by which service concepts are produced and delivered to customers (brown et al., 1994). It is the role of „delivery" to ensure that the expected service outcome is received by the customer (goldstein et al., 2002). A service delivery system is made up of multiple, interdependent service processes (johnston & clark, 2001). The entire set of interrelated service processes constitutes hierarchically-organized process architecture. A service process can, in turn, be described as the sequence of

activities and

Steps, the flows and interactions between these activities, and the resources required for producing and delivering the service outcome (slack et al., 2004). Heskett (1987) proposes that

Designing a service delivery system involves defining the roles of people, technology, facilities, equipment, layout, and processes that generate the service outcome.

Over the past thirty years" service blueprinting and service maps have gained widespread support as a holistic tool used for service process design (kim & kim, 2001; lynch & cross, 1995; shieff&brodie, 1995). Although this modeling technique has its origins in systems-thinking and production management where flowcharts are commonly used to design manufacturing processes, shostack (1982; 1984; 1987) demonstrated its applicability to service situations by integrating the view of the customer into the model. A service blueprint is an enhanced flowchart that represents all the steps, flows, and the role of employees involved in the delivery of the service as well as all the interactions that occur between the customer and the organization in the process of service delivery (zeithaml et al., 2006).

The blueprinting technique enables the depiction of an entire process from a holistic perspective. This emphasizes the relationships between the parts of the process instead of focusing on specific, individual elements in isolation (shostack, 1987). Southern (1999) showed that adopting a systems-approach through the use of service system maps facilitates the understanding of the way operational processes function within the overall service system.

A study carried out by johns, (1998) points out that the word „service" has many meanings which lead to some confusion in the way the concept is defined in management literature, service could mean an industry, a performance, an output or offering or a process. He further argues that services are mostly described as „intangible" and their output viewed as an activity rather than a tangible object which is not clear because some service outputs have some substantial tangible components like physical facilities, equipment's and personnel.

Edvardsson, (1998) thinks that the concept of service should be approached from the customers perspective because it is the customers total perception of the outcome which is the „service" and customer outcome is created in a process meaning service is generated

through that process. He points out the participation of the customer in the service process since he/she is a co- producer of service and the customer's outcome evaluated in terms of value added and quality

Meaning the customer will prefer service offered to be of high value and quality. Service process is that which consists of either, delivery of service, interpersonal interaction, performance or customers experience of service.

In a study carried out by (gummesson;1994), he identified three management paradigms; manufacturing paradigm which focuses on goods and mainly concerned with productivity technical standards, the bureaucratic-legal paradigm used mainly in the public sector is more concerned with regulations and rituals before end results. Thirdly, the service paradigm mainly focuses on service management particularly in the marketing area and stresses the importance of customer interaction with service provider in delivering service and creating value. In his study, he lays emphasis on the service paradigm pointing out that, there has been a shift from the goods-focused to service-focused management due to automation of manufacturing and the introduction of electronics and technology.

Edvardsson, (1998) thinks that the concept of service should be approached from the customers perspective because it is the customers total perception of the outcome which is the „service" and customer outcome is created in a process meaning service is generated through that process. He points out the participation of the customer in the service process since he/she is a co- producer of service and the customers outcome evaluated in terms of value added and quality meaning the customer will prefer service offered to be of high value and quality. Service process is that which consists of either, delivery of service, interpersonal interaction, performance or customers experience of service.

According to a study carried out by (johns; 1998), service is viewed differently by both the provider and the consumer; for the provider, service is seen as a process which contains elements of core delivery, service operation, personal attentiveness and interpersonal performance which are managed differently in various industries. While customer views it as a phenomenon meaning he/she sees it as part of an experience of life which consists of elements of core need, choice, and emotional content which are present in different service

outputs and encounters and affect each individual's experience differently. However, factors that are common for both parties include; value (benefit at the expense of cost), service quality and interaction.

Service experience is defined by (john;1998) as the balance between choice and perceived control which depends upon the relative competences of customer and service provider (that is to make the choice or to exert control). Aspects of service experience include core benefit, performance, approaching the service, departing from it, interacting with other customers and the environment in which the service transaction takes place (services cape), service interaction involves interpersonal attentiveness from the service personnel who are to provide core services and this contributes to customer satisfaction with the service offered, john, (1998).

2.1.2 Customer satisfaction

When a consumer/customer is contented with either the product or services it is termed satisfaction. Satisfaction can also be a person‟s feelings of pleasure or disappointment that results from comparing a product‟s perceived performance or outcome with their expectations (kotler& keller, 2009). As a matter of fact, satisfaction could be the pleasure derived by someone from the consumption of goods or services offered by another person or group of people; or it can be the state of being happy with a situation. Satisfaction varies from one person to another because it is utility. "one man‟s meal is another man‟s poison," an old adage stated describing utility; thus, highlighting the fact that it is sometimes very difficult to satisfy everybody or to determine satisfaction among group of individuals.

Client happiness, which is a sign of customer satisfaction, is and has always been the most essential thing for any organization. Customer satisfaction is defined by one author as "the consumers response to the evaluation of the perceived discrepancy between prior expectations and the actual performance of the product or service as perceived after its consumption" (tse& wilton, 1988) hence considering satisfaction as an overall post-purchase evaluation by the consumer" (fornell, 1992). Some authors stated that there is no specific definition of customer satisfaction, and after their studies of several definitions they defined customer satisfaction as "customer satisfaction is identified by a response (cognitive or affective) that pertains to a particular focus (i.e. A purchase experience and/or the associated product) and occurs at a

certain time (i.e. Post-purchase, post-consumption)". (giese & cote, 2000).

(schiffman& karun 2004). In a nutshell, customer satisfaction could be the pleasure obtained from consuming an offer.

Dictionary definitions attribute the term "satisfaction" to the latin root sati's, meaning "enough". Something that satisfies will adequately fulfill expectations, needs or desires, and, by giving what is required, leaves no room for complaint. Two points arise from these definitions avis et al. (1995)

First, a feeling of satisfaction with a service does not imply superior service, rather than an adequate or acceptable standard was achieved. Dissatisfaction is defined as discontent, or a failure to satisfy. It is possible that consumers are satisfied unless something untoward happens, and that dissatisfaction is triggered by a critical event.

Secondly, satisfaction can be measured only against individuals" expectations, needs or desires. It is a relative concept: something that makes one person satisfied (adequately meets their expectations) may make another dissatisfied (falls short of their expectations).

2.1.3. Measuring customer satisfaction

Measuring customer satisfaction could be very difficult at times because it is an attempt to measure human feelings. It was for this reason that some existing researcher presented that "the simplest way to know how customers feel, and what they want is to ask them" this applied to the informal measures (levy 2009; nbri, 2009). Levy 2009 in his studies suggested three ways of measuring customer satisfaction:

- A survey where customer feedback can be transformed into measurable quantitative data:
- Focus group or informal where discussions orchestrated by a trained moderator reveal what customers think.
- Informal measures like reading blocs, talking directly to customers.

Asking each and every customer is advantageous in as much as the company will know everyone's feelings, and disadvantageous because the company will have to collect this

information from each customer (nbri, 2009). The national business research institute (nbri) suggested possible dimensions that one can use in measuring customer satisfaction, e.g.:

Quality of service, innocently, speed of service, pricing, complaints or problems, trust in your employees, the closeness of the relationship with contacts in your firm, other types of services needed, and your positioning in clients" minds.

There exist two conceptualizations of customer satisfaction; transaction-specific and cumulative (boulding, et al., 1993; andreessen, 2000). Following the transaction specific, customer satisfaction is viewed as a post-choice evaluation judgment of a specific purchase occasion (oliver, 1980) until present date, researchers have developed a rich body of literature focusing on this antecedents and consequences of this type of customer satisfaction at the individual level (yi, 1990). Cumulative customer satisfaction is an overall evaluation based on the total purchase and consumption experiences with a product or service over time. (fornell, 1992, johnson &fornell 1991) this is more fundamental and useful than transaction specificity customer satisfaction in predicting customer subsequent behavior and firm"s past, present and future performances. It is the cumulative customer satisfaction that motivates a firm"s investment in customer satisfaction.

Parasuraman et al., (1988), later developed the servqual model which is a multi-item scale developed to assess customer perceptions of service quality in service and retail businesses. The scale decomposes the notion of service quality into five constructs as follows: tangibles, reliability, responsiveness, assurance and empathy. It bases on capturing the gap between customers" expectations and experience which could be negative or positive if the expectation is higher than experience or expectation is less than or equal to experience respectively.

The servperf model developed by cronin & taylor, (1992), was derived from the servqual model by dropping the expectations and measuring service quality 40 perceptions just by evaluating the customer"s the overall feeling towards the service. In their study, they identified four important equations: servqual =performance – expectations, weighted servqual = importance x (performance – expectations), servperf = performance, weighted serfperf = importance x (performance). Implicitly the servperf model assesses customers experience based on the same attributes as the servqual and conforms more closely on the implications of satisfaction and attitude literature, cronin et al., (1992).

Later, teas, (1993) developed the evaluated performance model (ep) in order to overcome some of the problems associated with the gap in conceptualization of service quality (grönroos, 1984; parasuraman et al., 1985, 1988). This model measures the gap between perceived performance and the ideal amount of a feature not customers expectation. He argues that an examination indicates that the p-e (perception – expectation) framework is of questionable validity because of conceptual and definitional problems involving the conceptual definition of expectations, theoretical justification of the expectations component of the p-e framework, and measurement validity of the expectation. He then revised expectation measures specified in the published service quality literature to ideal amounts of the service attributes (teas, 1993)

Brady & cronin, (2001), proposed a multidimensional and hierarchical construct, in which service quality is explained by three primary dimensions; interaction quality, physical environment quality and outcome quality. Each of these dimensions consists of three corresponding sub-dimensions. Interaction quality made up of attitude, behavior and expertise; physical environment quality consisting of ambient conditions, design and social factors while the outcome quality consists of waiting time, tangibles and valence. According to these authors, hierarchical and multidimensional model improves the understanding of three basic issues about service quality:

(1) What defines service quality perceptions;

(2) How service quality perceptions are formed; and

(3) How important it is where the service experience takes place and this framework can help managers as they try to improve customers" service experiences brady & cronin, (2001,).

Saravanan&rao, (2007), outlined six critical factors that customer-perceived service quality is measured from after extensively reviewing literature and they include;

(1) Human aspects of service delivery (reliability, responsiveness, assurance, empathy)
(2) Core service (content, features)

(3) Social responsibility (improving corporate image)

(4) Systematization of service delivery (processes, procedures, systems and technology)

(5) Tangibles of service (equipment's, machinery, signage, employee appearance)

(6) Service marketing, from their study, they found out that these factors all lead to improved perceived service quality, customer satisfaction and loyalty from the customers perspective.

According to brady & cronin, (2001), based on various studies, service quality is defined by either or all of a customer's perception regarding) an organization's technical and functional quality;) the service product, service delivery and service environment; or the reliability, responsiveness, empathy, assurances, and tangibles associated with a service experience. Mittal and lassar‟s servqual-p model reduces the original five dimensions down to four; reliability, responsiveness, personalization and tangibles. Importantly, servqual-p includes the personalization dimension, which refers to the social content of interaction between service employees and their customers (bougoure& lee, 2009).

Several models of health care evaluation have been proposed and designed to measure the patient satisfaction and service quality dimensions. Perhaps the most popular model is design by donabedian, who took three factors/dimensions, i.e., structure, process and outcome to evaluate quality of care and patient satisfaction. The first factor deals with the structure of the organization and the condition under which the service is provided. Second factor elaborates the process that refers to the professional activities by the health care. The third factor is outcome and refers to the result or patient rating, which means the current and future difference of patients health and satisfaction level. Outcome is the most important factor to measure and to evaluate the patient satisfaction and service quality. The relationship among the structure, process and outcome should be very strong and clear because one can affect the other. In order to be satisfied, everybody has a choice to choose the best health care quality and service.

Parasuraman developed the servqual model which is a multi-item scale developed to assess customer perceptions of service quality in service and retail businesses. The scale decomposes the notion of service quality into five constructs as follows: tangibles, reliability,

responsiveness, assurance and empathy. It bases on capturing the gap between customers" expectations and experience which could be negative or positive if the expectation is higher than experience or expectation is less than or equal to experience respectively. Measuring satisfaction

With relation to service quality, most of the researchers use servqual model. For the very first time zineldin use five quality dimensions (5qs) model, which is a combination of technical-functional and servqual quality model? The 5q model of the service quality covers most of the factors regarding health care. 5q model consist of quality of object, quality of processes, quality of infrastructure, quality of interaction and quality of atmosphere. 5q model is the strong tool to measure patient satisfaction regarding service quality. In the past, only few studies have been conducted in health care sector to investigate the link between technical and functional quality dimensions and the level of patient's satisfaction. Mostly the studies only focus on few aspects of health care quality of service but none of the studies has empirically examined how the atmosphere, interaction and infrastructure might affect the overall patient's quality perception and satisfaction. Patient satisfaction is a cumulative combination of different constructs, summing satisfaction with various facets of the health care organization, such as technical, functional, infrastructure, interaction and atmosphere variables or items. Patient satisfaction regarding service quality is always dependent on different factors/dimensions and with the passage of time the factors/dimensions are explored by different researchers. Zineldin expanded technical-functional and servqual quality models into framework of five quality dimensions consist of quality of object, quality of process, quality of infrastructure, quality of interaction and quality of atmosphere. This model is now considered an effective model for health care providers in order to evaluate patient"s satisfaction.

2.1.4. Measuring service quality

As stated, earlier service quality has been defined differently by different people and there is no consensus as to what the actual definition is. We have adopted the definition by parasuraman et al., (1988), which defines service quality as the discrepancy between a customers" expectation of a service and the customers" perception of the service offering. Measuring service quality has been one of the most recurrent topics in management

literature, parasuraman et al., (1988), gronroos, (1984), cronin et al., (1992). This is because of the need to develop valid instruments for the systematic evaluation of firms" performance from the customer point of view; and the association between perceived service quality and other key organizational outcomes, (cronin et al., 2010), which has led to the development of models for measuring service quality.

The aim of providing quality services is to satisfy customers

Satisfied with it. A researcher listed in his study: "three components of service quality, called the "ps" of service quality" (haywood 1988). In the study, service quality was described as comprising of three elements: "physical facilities, processes and procedures; personal behavior on the part of serving staff, and; professional judgment on the part of serving staff but to get good quality service. "haywood 1988). He stated that "an appropriate, carefully balanced mix of these three elements must be achieved." (haywood, 1988) what constitutes an appropriate mix, according to him will, in part, be determined by the relative degrees of labor intensity, service process customization, and contact and interaction between the customer and the service process. From the look of things, this idea of his could be design to fit with evaluating service quality with the employee perspective.

2.1.4.1. Customer satisfaction and service quality

Since customer satisfaction has been considered to be based on the customers experience on a particular service encounter, (cronin & taylor, 1992) it is in line with the fact that service quality is a determinant of customer satisfaction, because service quality comes from outcome of the services from service providers in organizations. Another author stated in his theory that "definitions of consumer satisfaction relate to a specific transaction (the difference between predicted service and perceived service) in contrast with „attitudes", which are more enduring and less situational-oriented," (lewis, 1993) this is in line with the idea of zeithaml et al (2006). According to oliver (1980), in both the service and manufacturing industries, quality improvement is the key factor that affects customer satisfaction and increases purchase intention among consumers (oliver, 1980). Some other theorists have also mentioned that the quality is the key determinant of consumer satisfaction (omar and schiffman, 1995, gremleret.al., 2001, radwin, 2000). Many companies are focusing on service quality issues in order to drive high level of customer satisfaction (kumar et.al., 2008).

Regarding the relationship between customer satisfaction and service quality, oliver (1993) first suggested that service quality would be antecedent to customer satisfaction regardless of whether these constructs were cumulative or transaction-specific. Some researchers have found empirical supports for the view of the point mentioned above (anderson & sullivan, 1993; fornell et al 1996; spreng&macky 1996); where customer satisfaction came as a result of service quality. According to sureshchandar et al., (2002), customer satisfaction should be seen as a multi- dimensional construct just as service quality meaning it can occur at multi levels in an Organization and that it should be operationalized along the same factors on which service quality is operationalized.

Parasuraman et al., (1985) suggested that when perceived service quality is high, then it will lead to increase in customer satisfaction. He supports that fact that service quality leads to customer satisfaction and this is in line with saravana&rao, (2007) and lee et al., (2000) who acknowledge that customer satisfaction is based upon the level of service quality provided by the service provider. According to negi, (2009), the idea of linking service quality and customer satisfaction has existed for a long time. He carried a study to investigate the relevance of customer-perceived service quality in determining customer overall satisfaction in the context of mobile services (telecommunication) and he found out that reliability and network quality (an additional factor) are the key factors in evaluating overall service quality but also highlighted that tangibles, empathy and assurance should not be neglected when evaluating perceived service quality and customer satisfaction. This study was based only on a specific service industry (mobile service) and we think it is very important to identify and evaluate those factors which contribute significantly to determination of customer-perceived service quality and overall satisfaction.

Fen &lian, (2005) found that both service quality and customer satisfaction have a positive effect on customers re-patronage intentions showing that both service quality and customer satisfaction have a crucial role to play in the success and survival of any business in the competitive market. This study proved a close link between service quality and customer satisfaction.

Sureshchandar et al., (2002) carried a study to find out the link between service quality and customer satisfaction, from their study, they came up with the conclusion that, there exist a great dependency between both constructs and that an increase in one is likely to lead to an

increase in another. Also, they pointed out that service quality is more abstract than customer satisfaction because, customer satisfaction reflects the customer‟s feelings about many encounters and experiences with service firm while service quality may be affected by perceptions of value (benefit relative to cost) or by the experiences of others that may not be as good.

In relating customer satisfaction and service quality, researchers have been more precise about the meaning and measurements of satisfaction and service quality. Satisfaction and service quality have certain things in common, but satisfaction generally is a broader concept, whereas Service quality focuses specifically on dimensions of service. (wilson et al., 2000). Although it is stated that other factors such as price and product quality can affect customer satisfaction, perceived service quality is a component of customer satisfaction (zeithaml et al. 2006).

2.1.4.2 customer satisfaction and service quality in view of health care services

Healthcare is the fastest growing service in both developed and developing countries (dey et al 2006). Patients are now regarded as healthcare customers, recognizing that individuals consciously make the choice to purchase the services and providers that best meet their healthcare needs (wadhwa, 2002). Related to this, healthcare quality and patient satisfaction are two important health outcome and quality measure (ygge and arnetz, 2001; jackson et al., 2001; zineldin 2006). Some literatures identified the satisfaction as a super-ordinate construct and considered perceived service quality as an antecedent of satisfaction (cronin, brady and hult, 2000; cronin and taylor, 1994). Some studies on health care service observed a causal relationship between perceived service quality and patient satisfaction (woodside et.al., 1989, choi et.al.2004). In fact, meeting the needs of the patient and creating healthcare standards are imperative to achieve high quality (ramachandran and cram 2005). Therefore, the patient is the center of healthcare‟s quality agenda (badri et. Al.,2007). Scotti, harmon and behson (2007) conducted a study that supports the argument that the perceived quality is one of the determinants of patient satisfaction.

According to shi and singh (2005), from the perspective of patient satisfaction, quality has been explained by two ways – a) quality as an indicator of satisfaction that depends on

individual‟s experiences about some attributes of medical service viz. Comfort, dignity, privacy, security, degree of independence, decision making autonomy and attention to personal preferences and b) quality as an indicator of overall satisfaction of individuals with life as well as self-perceptions of health after some medical intervention (shi & singh, 2005).

The above mentioned two references of quality signify that each represents a desirable process during the medical treatment as well as successful outcome after a health care service is rendered. The above two concepts of quality can also enhance the sense of fulfillment and sense of worth (shi and singh, 2005). The patient satisfaction depends on three elemental issues of health care system. These are perception of patients regarding quality health care service, good health care providers and good health care organization (safavi, 2006). A study conducted by Safavi(2006) has revealed that satisfaction with hospital experience was driven by dignity and respect, speed and efficiency, comfort, information and communication and emotional support.

2.1.4.3 Measuring patient/client satisfaction in accessibility of health system

Client satisfaction is of prime importance as a measure of the quality of medical services because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authority. The measurement of satisfaction is, therefore, an important tool for research, administration, and planning. The informal assessment of satisfaction has an even more important role in the course of each practitioner- client interaction, since it can be used continuously by the practitioner to monitor and guide that interaction and, at the end, to obtain a judgment on how successful the interaction has been (*donabedian, 1980*).

However, client satisfaction also has some limitations as a measure of quality. Clients generally have only a very incomplete understanding of the science and technology of care, so that their judgments concerning these aspects of care can be faulty (*donabedian, 1980*). Moreover, clients sometimes expect and demand things that it would be wrong for the practitioner to provide because they are professionally or socially forbidden, or because they are not in the client's best interest.

Patients, in general, receive various services of medical care and judge the quality of services

delivered to them (choi et al., 2004). The service quality has two dimensions (a) a technical dimension i.e., the core service provided and (b) a process/functional dimension i.e., how the service is provided (grönroos 2000). Parasuraman, et al (1988) suggested a widely used model known as servqual for evaluating the superiority of the service quality. In the servqual model, parasuramanet. Al. Identified the gap between the perception and expectation of consumers on the basis of five attributes viz. Reliability, responsiveness, assurance, empathy and tangibles to measure consumer satisfaction in the light of service quality (parasuraman a., berry l,1988).

Parasuraman et al. (1985, 1988, and 1991) undertook a series of research projects which gave birth to the service quality model "servqual". Initially, the model was based on 10 dimensions of service quality – later reduced to dimensions, encompassing: tangibles (physical facilities, equipment and appearance of personnel), reliability (ability to perform the services Accurately and dependably), responsiveness (willingness to help customers and provide prompt services), empathy (caring and individualized attention given to customers, which includes both access to and understanding of the customers and assurance (providers' knowledge, courtesy and ability to convey trust and confidence). The servqual instrument contains pairs of likert scale questions designed to measure customers' expectation of a service and the customers' perception of a service provided by an organization. To assess a service quality, the gap for each question is calculated based on comparing the perception score with the expectation score. The positive gap score means that customers' expectations are met or exceeded, while the negative score means the opposite.

In general, service quality, to which the health sector is no exception, is divided into two main components; namely they are: technical and functional quality (gronroos,1984; parasuraman et al.; 1985). Technical quality (clinical quality) is defined as the technical diagnosis and procedures (e.g., surgical skills), while functional quality refers to the manner of delivering the services to the patients (e.g. Attitudes of doctors and nurses toward the patients, cleanliness of the facilities, quality of hospital food….). Because, most patients lack medical expertise for evaluating the technical attributes, the service marketing approach, which focuses on functional quality perceived by patients, has been widely used to evaluate the health services, (buttle, 1996; dursun and cerci, 2004).

Based on the application of a modified servqual instrument, choi et al. (2005) found a

significant relationship between service quality dimensions and patient satisfaction in the south korea health care system, in particular, "staff concern" followed by "convenience of the care process" and "physician concern" dimensions are the most determinants of patients satisfaction. However, narang (2010) adopted 20- item scale that had been initially developed by hadded et al. (1998), to measure patients' perceptions of health care services in india. The study reveals that the four factors -health personnel practices and conduct, health care delivery, access to services and, above all, adequacy of resources and services- were perceived positively by patients.

2.1.4.3.1.Measuring patient/client satisfaction in behavioral intension

According to the bleich et al., (2009) the bulk of influence on patient satisfaction is from external factors and suggested that more studies be done to identify the external factors. Many other studies have also found a relationship between some socio-demographic patient Characteristics and patient satisfaction. Age, level of education, marital status, sex, race, health status has been found to be predictors of patient satisfaction, (alrubaiee and alkaa'ida, 2011; bleich et al., 2009; murante, 2010). With regard to age bleich, et al., (2009) reported that younger patients were less likely to be satisfied compared to older patients. Similarly, some studies have also reported that there is no relationship between patient satisfaction and socio - demographic characteristics (ndambuki, 2013). Socio-demographic patient characteristics are external to the healthcare delivery system and are often not within the control of the healthcare provider. However, it is important for the healthcare provider to understand which socio demographic factors affect patient satisfaction and appropriately respond to them.

In a study in ghana (nketiah et al., 2009), gender, maternal age and level of education were found to have statistically significant effect on patient satisfaction. In another study (young et al.,2000), age, health status and race have a significant influence on patient satisfaction. In a study conducted on inpatients in sweden, rahmqvist (2001) a correlation between age of the patient, the level anxiety and the level of patient satisfaction has been observed. Regarding health status, patients with better health were found less likely to be satisfied compared to sicker patients (bleich et al., 2009). Among elderly patients in america, male patients, lower

self-rated overall health, and having emotional problems were less likely to be satisfied with the healthcare service they have received (zhang, rohrer and farrell, 2007).

From the above studies it is evident that socio-demographic factors have an impact on patient satisfaction. The level of such an impact varies from one setting to another and also specific socio-demographic factors may have an impact in one community and not have in another.

2.1.4.4 Measuring patient/client satisfaction in environmental facility

Lee (2004) proposes that in determining their satisfaction with healthcare services, patients compare the quality of service with service levels in all other service industries that they have been exposed to. Possible ways of evaluating this is to find out the service providers that are rated the best in one's environment and determining if the patients have supported them or not and the impact of that on their level of satisfaction. Another option is to evaluate if patients who work in the conventional service industry have the same level of satisfaction as patients that do not work in the service industry. As customers compare service quality across different service industries, determining which industries they rate better than hospitals would help hospitals identify characteristics of service delivery in those industries can be applied in the hospital service delivery processes. According to kim and mauborgne (2015), the services may be of different in form or even function. For example, although hospitals and hotels are different in both services and function, customers mostly visit the physical location of the service, give some personal details, engage directly with staff, pay bills, obtain different services at different touch points, and, if they are inpatients, there is an aspect of discharge in the hospital is similar to check out in a hotel.

This dimension addresses the patient's perception and satisfaction of quality with regard to the physical facilities in the hospital. Several studies have attempted to study the importance of the physical facilities in service delivery. In lewis's (1990) study on banks, and building societies, he found that the respondents rated the physical features and as very importance, in particular, location, privacy and physical safety for bank and building societies. But retail customers rated the appearance of building, interior decoration, atmosphere and layout as important. Gronroos (1982) realized the role of "image" in the conceptualization of service

quality, and emphasized it as a filter in the perception of service quality in addition to the technical and functional quality dimensions. Hence, in this current attempts to measure the customer's satisfaction on the cleanliness, sitting and bedding, arrangement natural lighting, parking and eating places, flies and mosquitoes, marking on the wall and well-equipped units in the hospitals.

2.1.4.5 Measuring patient/client satisfaction in terms of waiting time

Administrative processes of hospital include the processes during admission, procedures during in the hospital, and the procedures involved in the exit and discharge stage of the patient's stay in hospital, any delay in these stages will results patients are not happy and dissatisfy with the hospital (padma et al, 2010). Therefore, during the whole hospitalization, all staff should demonstrate they care to the patients, and do everything to gain the patient's confidence in the hospital and ensure they feel safe during their hospitalization experience. The convenient of office hour, check-up and out procedure, billing procedure, grievances handling system, behavior of clerical and security staff and the sub-dimension measures in the current study. This entire Dimension will make the patients feel less inconvenienced by their treatment and further satisfy the patient with the services provided to them.

Service quality definitions can be summed as the art of doing the right thing at the right time, in the right way, for the right person and having the best possible result (zineldin, 2006). Quality dimensions in health services or diversity arises when examining the meaning of health service. Health service quality consists of a mixture of hard technical elements such as correct diagnosis, appropriate intervention and effective treatment as well as soft element such as good communication, patient „s satisfaction and consideration for the patients „preferences (gill & white, 2009). It is therefore not sufficient to consider only the technical competence of those providing services, but also service provided more effectively, efficiently and humanely.

But perceived waiting time is a strong predictor of patient satisfaction. If waiting time is longer than what is expected or considered inappropriate, dissatisfaction will arise no matter how long the actual waiting time muhondwa et al, (2008). Moreover, many studies have shown that unfulfilled expectations are related to lower patient satisfaction kravitz et al, (1994). However, a study that focused on unmet expectations, reported that there was little

support for the relationship between fulfillment of specific expectations and patient satisfaction net et al, (2007). Nevertheless, studies indicated that patients have a tendency to infer the level of technical quality based on non-technical aspects elizabeth et al, (2008).

2.2 Empirical review

The study carried out in 1998 on determinants of customer satisfaction with hospitals, showed that perceived competence of the hospital staff and their demeanor had the greatest impact on customer satisfaction. The quality of communication and the general condition of the facilities were also significant but less important in explaining customer satisfaction with hospital service. Besides, a clean and organized appearance of hospitals, its staff, its premises, restrooms, equipment, ward and bed can influence patient impressions about hospital. But cannot explain patient satisfaction at primary health care unit.

Several patient characteristics have been associated with patient satisfaction including demographic factors, socio –economic status and general health status. Satisfaction is also influenced by the manner with which health care is delivered, the type of health care setting and Characteristics of the medical provider, such as experience, age and gender, are related to patient satisfaction. Moreover, the kerman hospital study cited above showed that patient satisfaction and the sex of the patient have a significant relationship; a similar finding was observed in the wangmamyen community hospital study. But a study conducted in six regions of ethiopia showed that the sex of the patient is not a significant determinant of patient satisfaction in agreement with finding of a review of issues and concepts in 1997.

Studies in jimmaand in gonder have been carried out to assess customer satisfaction of the pharmacy service in governmental hospitals. Some studies have focused on health care providers skills and have found a relationship with satisfaction. In particular, specific communication barriers including lack of warmth and friendliness on the part of service provider and health workers failure to take into account the patients „concerns and expectations, lack of a clear-cut explanation concerning diagnosis and causation of illness and excessive use of medical jargon have been found to decrease satisfaction. In developed countries, patients are highly satisfied (90-95%) with the basic services provided at outpatient departments (opd), while in developing countries it has been shown that the range of patients

„satisfaction vary between 95% to <50%. Different studies have pointed out that the level of satisfaction in different types of health facilities and hospitals vary. Studies in ethiopia reported overall satisfaction levels of outpatients at hawassa university teaching hospital, southern ethiopia in (2014) showed 80.1%; at jimma university specialized hospital in (2011) was 77%; overall satisfaction level of labor and delivery service at university of gonder teaching hospital (2019) showed 31.3%; a study done on outpatient and inpatient health care services in tertiary institutions north central nigeria in (2018) showed 67.5%; and a study done at mawenzi regional referral hospital in kilimanjaro region, tanzania overall patient satisfaction was 20%. Studies in bangladish showed that greatest levels of satisfaction were observed in private hospitals than in training and social security hospitals.

Several studies conducted in out patient departments of different hospitals in ethiopia revealed client satisfaction level ranging from 22.0% in gondar to 57.1% in jimma. Long waiting hours during registration, visiting of doctors after registration, laboratory procedures and re-visiting of the doctor for evaluation with laboratory results failure to obtain prescribed medications from the hospitals" pharmacies and difficulty to locate different sections were the frequently faced Problems affecting utilization leading to dissatisfaction. This study will have an important input in assessing the level of clients" satisfaction on outpatient as well as inpatient health care services, identify the factors affecting the clients" satisfaction, and provide a recommendation on an improved health service delivery that will be helpful to fill research knowledge gaps which ultimately contributes to enhance quality of patient services in the hospital and improve the level of clients' satisfaction.

A cross- sectional study at kuwait revealed that the overall satisfaction as reported by subjects was high-99.6 %. A qualitative research done in rural bangladesh by showed that, a total of 68% of patients expressed satisfaction with the services usually rendered. In a descriptive cross- sectional survey conducted at the eye clinic of the university of ilorin teaching hospital, nigeria showed that; most of the patients (94.2%) were satisfied with the services theyreceived.

There are various: periodic patient satisfaction surveys provide feedback to hospital management and staff regarding the quality of services rendered. These surveys have become routine as part of total quality management in developed countries. We assessed patient

satisfaction with services provided in a teaching hospital in northern nigeria. Aminu kano teaching hospital structured questionnaires were administered on a cross-section of 201 patients and two focus group discussions were held with patient relatives at aminu kano teaching hospital. Overall, 83% of the patients were satisfied with the services received from aminu kano teaching hospital, while the remaining 17% were dissatisfied. Specifically, 88%, 88%, 87% and 84% of the patients were satisfied with patient provider relationship, in-patient services, hospital facilities and access to care. However, 30% and 27% of the patients were dissatisfied with waiting time and cost of treatment respectively. Patients and their relatives complained about delayed appointments, missing folders, missing laboratory results and long appointments for ultrasound and other radiological investigations.

The high patient satisfaction notwithstanding, health workers need to consider patients as customers by being friendly and reducing waiting time for consultation and investigations. Widespread implementation of the national health insurance scheme will also reduce the cost of services and drugs to patients. Problems faced by the patients in the out-patient department like overcrowding, delay in consultation, lack of proper guidance that leads to patient dissatisfaction. Nowadays, the patients are looking for hassle-free and quick services in this fast- Growing world. This is only possible with optimum utility of the resources through multi-tasking in a single window system for better service delivery.

A recent study from bangladesh reported that the most powerful predictor for client satisfaction with health services was provider behavior, especially respect and politeness. It is indicated that health care systems in most developing countries suffer from serious deficiencies in financing, efficiency, equity and quality and are poorly prepared to meet these challenges. An in-depth study of the iringa district of tanzania, a poor rural area, showed that patients by-passed low- quality facilities in favor of those offering high quality consultation and prescriptions, staffed by more knowledgeable physicians and better stocked with basic supplies. In ethiopia the low level of socio-economic development resulting in one of the low standards of living, poor environmental conditions and low level of social services has been the major causes for a poor health status of the people.

2.2.2. Empirical studies in different countries

A cross- sectional study at kuwait by ibrahim, *et al.* (2005) revealed that the overall satisfaction as reported by subjects was high-99.6%. A qualitative research done in rural bangladesh by jorge, *et al.* (2001) showed that, a total of 68% of patients expressed satisfaction with the services usually rendered. In a descriptive cross-sectional survey conducted at the eye clinic of the university of ilorin teaching hospital, nigeria by ds ademola-p 'opoola, et al., *(*2005) showed that; most of the patients (94.2%) were satisfied with the services they received.

Several studies conducted in out patient departments of different hospitals in ethiopia revealed client satisfaction level ranging from 22.0% in gondar to 57.1% in jimma (mitike g, 2002). And a survey conducted in harari region; eastern ethiopia by birna (2006) revealed that, the overall satisfaction level of the patients was 54.1%. A cross sectional facility-based study in central ethiopia by birhanu, *et al.* (2010) found that, 62.6% of the patients reported that they have been satisfied with their visit.

A cross-sectional study that involved an exit interview was conducted by abebe, et al., (2008) in purposively selected government health centers and general hospitals in six regions of ethiopia depicted that the percentage for high mean score satisfaction with health providers' characteristics ranged from 77.25% to 93.23%; with service characteristics 68.64% to 86.48%; and satisfaction with cleanliness ranged from 76.50% to 90.57%. In a survey undertaken by afework, et al. (2003) in private clinics in addis ababa, high rates of satisfaction (64-99%) were found in all aspects of medical care except affordability of service charges. In a cross-sectional study done by fekadu, et al. (2011) in jimma university specialized hospital the overall client satisfaction level with the health services rendered at the hospital was 77%. Another cross-sectional survey conducted by mitike, et al. (2002) in the hospitals of amhara region was found that, the level of satisfaction was 22%-50%. Furthermore, the world bank report (2004) indicated that 52% of respondents were satisfied.

Study in jimma showed that of 344 respondents, nearly two fifth of the respondents (39%) responded they were not satisfied with the information provision about the hospital services and the flow. Out of 344 laboratory orders 178(51.74%) got all the ordered procedures in the hospital (assefa et al., 2011). A cross sectional survey was conducted in tigray region to assess the level of client satisfaction in outpatient departments of zonal hospitals in 2006 and

the overall satisfaction level in outpatient department was 43.6%. Nearly half of the clients (46.7%) were not satisfied with the information provided about the services and above 44% of the clients were dissatisfied about the waiting time to get the services (girmay, 2014).

2.2.3. Determinants of patient satisfaction in health care service

A study conducted in bangladeshi by andaleeb, et al. (2007) on patient satisfaction with health services showed that, service orientation of doctors was found to be the strongest factor influencing patient satisfaction in hospitals. Similarly, a study conducted by habib (2011) on the topic of patient satisfaction in tertiary private hospital in dhaka revealed that, environmental condition, delivery time, patient /provider relationship, ease accessibility of health care system they are led to a higher level of patient satisfaction. He revealed that among these variables doctors" service orientation was the most important factor explaining patient satisfaction.

A hospital-based study carried out in thailand by amin (2007) explained that, the level of patient satisfaction is influenced by factors like behavioral factors, accessibility and availability of health care facilities. And a survey conducted in harari region; eastern ethiopia by birna (2006) revealed that, long waiting hours during registration, visiting of doctors after registration, laboratory procedures and re-visiting of the doctor for evaluation with laboratory results failure to obtain prescribed medications from the hospitals" pharmacies and difficulty to Locate different sections were the frequently faced problems affecting utilization leading to dissatisfaction

2.3 Conceptual framework

The theoretical framework as resented on **figure 1** has been formulated to depict service delivery and customer satisfaction. In the literature review, it has been observed that, patient

provider relationship, environmental condition, eases accessibility of health care system and timeliness has a role on quality of care and client satisfaction level. Client satisfaction level ultimately depends upon the summation of service delivery.

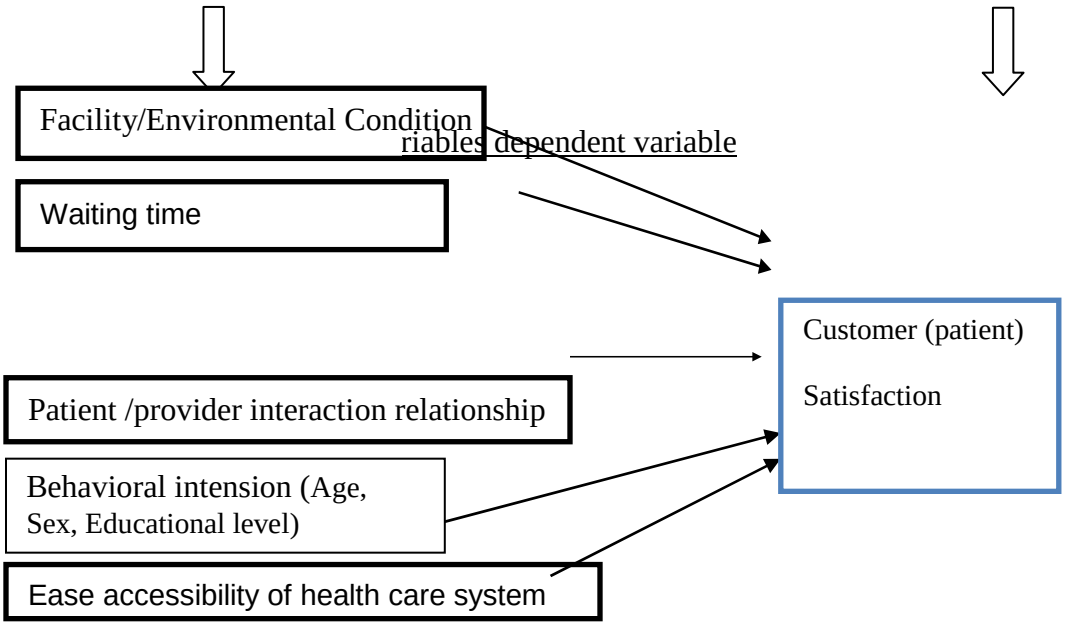

Figure 2.2: conceptual frameworks for customer health service satisfaction

Source: Adapted from own literature review

CHAPTER THREE

METHODOLOGY

3.1 Study design and approach

The study used explanatory research design and quantitative approach.

The study was a quantitative cross-sectional study that was adopted the survey strategy through convenience samples of non-probability sampling technique. Surveys allow the collection of a large amount of data from a sizeable population in a highly economical way (42); often obtained by using a questionnaire will administer to a sample, these data were standardized, allowing easy comparison. It was involved a collection of techniques used to naturally occurring phenomena without experimental manipulation. It was studies events or phenomena in natural way which provides rapid and relatively inexpensive way of discovering the characteristics and practices of population.

3.2 Study population

The population is defined as the entire group of persons the researcher wants to study and contains all the variables of interest to the research. The population of this study was government health center the case of lideta health care,abente health care,t/manot health care and g/kuteba health care addis ababa, ethiopia

3.3 sampling technique

The researcher used non probability sampling because it's difficult to manage and communicate with all final consumers. Non probability sampling approach is used when every client or individual has no equal chance of being present in a sample. Among none probability sampling approach accidental (convenience) sampling technique is used. Convenient sampling technique to select sample respondents. The reason of applying convenient sampling technique is the population of the study is large and it is impossible to include every individual and their convenient accessibility and proximity of client to the researcher while gathering data.

3.4 sample size

The study was used convenience sampling method for collecting relevant data. This type of

sampling technique used since the total population of the study is similar properties and position on availability of conditions in the study area.

A total of 403 samples were taken the required sample size is calculated using the formula by (cochran, 1963). Sampling techniques, 2nd ed., new york: john wiley and sons, inc.

$N = p\ (1\text{-}p)\ (z/e)^2$, where n = the size of the sample

P = the estimate of the population proportion to be interviews

Z = the standard normal value corresponding to the level

of confidence e = the maximum acceptance margin of error

$N = 0.5\ (1\text{-}0.5)\ (1.96/0.05)^2$

N = 384

Finally, 5 % non-response are added to the sample size obtained using the above formula. The total sample size = 384 + (384 x 5%) = 384 + 19 = 403.

Table 3.4 sample list at each health centers

Health centers name	Total number permanent patient from each health care	Sample size at each health care
lideta health care	41,158	204
abenet health care	11,953	70
t/manot health care	12,179	65
g/ kuteba health care	10,274	45
Total	75,854	384

Source: - from performance of lideta health center administration as january 31 2022

3.5. Type of data

The study is quantitative data type. The reason for using quantitative data type is the study is analyzed by using statistical analysis. Statistical analysis uses mainly quantitative data using appropriate measurement of their variables and it can be measured numerically. In order to know the independent variable on the dependent variable by using statistical approaches, it requires a

quantitative type of data. Therefore, to achieve the objective of the study, it uses quantitative type of data.

Quantitative research approach is used to test a hypothesis and theory. So, this study has its own hypothesizes to be tested. In order to test these hypothesizes the study would imply a quantitative research approach.

3.6 data source

This study gathered the data from relevant sources; both primary and secondary data was used for collection. The primary data was collected through interview (informal interview) and questionnaires. On the other hand, the secondary data was obtained from the company website, report records and published documentation.

3.6.1. Primary data source

The core primary source of data for this study is questionnaire. The main reason of using questionnaire is respondent generating their true feeling or idea without any bias and free from any terror. Because obtaining data through questionnaire doesn't expose the person who gives those particular responses.

The questionnaire used to obtain primary data is a standard questionnaire constructed by considering the five dimensions of service quality these are stated on developed adapted from own literature review furthermore, customer's perceptions used to assess customer satisfaction. The attitude of the respondent on these variables was measured by using five likert-scales labeled as strongly agree, agree, neutral/ neither agree nor disagree, disagree and strongly disagree.

3.6.2. Secondary data source

related literatures conducted in the area secondary data is used for this study. So these secondary data were collected from different published and unpublished documents like different journals, books, previous researches and others were used. In addition to these documents, this study also used publications and reports produced by lideta sub city administration health center different web sites

3.7 data collection instruments and measurement

In order to obtain realistic information, the study was used mainly the primary data collection method. The study used questionnaire as a primary data collection mechanism. Questionnaires was distributed to the respondents who are the client of the lideta sub city administration health center and selected health cares while they receive service, without any discrimination by gender, race, age group, marital status, educational background or professionalisms. The questionnaire was standardized and structured; as the result of this, respondents able to easily understand it.

In order to measure the service delivery on customer satisfaction in lideta sub city administration health center select in four health care in addis ababa; the researcher develops a five likert scale questionnaire. Where; 1 represents agree." "2 represents "disagree", the questionnaire has three sections to cover the general characteristics of the respondents, dependent and independent variables of the study. The first part contains six (6) elements which are the details demographic information of the respondents like age, gender, educational level, for how long the respondents have been a patient of the health center type of satisfaction and type of service delivery.

3.7.1 data collection method

Preliminary observation and assessment were made by going to the study area to know about the organizational set up of the service delivery system, and the concern and views of the customer satisfaction so as to develop useful tools for the study. The primary data was collected through carefully prepared and organized questionnaires with convenience selected respondents of health centers. Three data collectors who are works in the health center were recruiting for administering the questionnaire.

3.7.2 Data analysis

After carefully gathering the appropriate data using the relevant instrument of data collection, the analysis was carried out by using descriptively (mean and standard deviation and inferential statistics (multiple regressions). The cleaned data were then be coded and entered in to spss version 20.

3.8 ethical considerations

Ethics as a system or moral values concerned with the degree to which research procedures

adhere to professional, legal and social obligation of the participants. Therefore, ethical consideration in research should up hold fairness, honesty, openness, disclosure of methods and the purpose. In order to keep the confidentiality of the data given by respondents, the respondents are not required to write their name and was assured that their responses was treated in strict confidentiality. The purpose of the study was disclosed in the introductory part of the questionnaire.

CHAPTER FOUR

PRESENTATION ANALYSIS AND INTERPRETATION

4.1 Response Rate

This section of the study deals with presentation analysis and interpretation of the data collected through questionnaire. The first part of the questionnaire was designed to gather information about respondent characteristics. Although 403 questionnaires were expected as stated in the original research proposal, while only 385(95.5%) were completed and returned during the data collection. Out of these, 18(4.5%) questionnaires were unusable for the study. This was due to, 6questionnaires were unreturned during the data collection and 12 questionnaires were discarded due to incompleteness and large number of missing values.

This study was conducted to assess the status of health service delivery and customer‟s satisfaction in three government health center in lideta sub city. All relevant information that was collected through questionnaire was analyzed and the detail description and explanation about each piece of information from the different respondents are presented in a series of table below. All information gotten from the respondents was treated with confidentiality without disclosure of the respondents" identity. Moreover, no information was modified or changed, hence information gotten was presented as collected and all the literatures collected for the purpose of this study was appreciated in the reference list.

4.2. Socio-demographic characteristics of respondents

The background information of the customers seeking services health center is summarized in table 1. A total of 385 clients were enrolled in the study and of this 59.5% of the customer respondents seeking health services from the health center were male while the remaining 40.5% were female in lideta. The highest proportion 26.7% respondents were in the age group of 35- 44years at lideta. Among the respondent customers 55.2% were married while about 25% were single at lideta. During the present survey, out of the total respondents, 26.2% were diploma and above at lideta. And the highest number of occupational status of the respondents were merchant 25.9% at lideta. Majority (90.5%) of respondents had come from urban at

lideta. And 52.6% of the respondents were came to the health center because of illness at lideta. 76.7% of the respondents were paid for the service rendered at lideta, (table-1).

So, based on the relevant data researcher were concludes the majority of respondent in terms of were male, 35-44 age, married, 7-12 grade of educational status, merchant, urban address, reason to visit based on illness and repeated visited.

Table -1: socio-demographic characteristics of respondents

	Variable	Frequency	%
Gender	M	229	59.5
	F	156	40.5
Age	18-24	82	21.5
	25-34	100	25.9
	35-44	103	26.7
	>45	100	25.9
Martial	Single	99	25
	Married	211	55.2
	Divorced	73	19.8
Educational status	Illiterate	100	25.6
	1-6	82	21.5
	7-12	103	26.7
	Above diploma	102	26.2
Occupation	Farmer	0	0
	Merchant	100	25.9
	Govt employee	98	24.1
	No	82	21.5
	Student	84	23.3
	Other	23	5.2
Address	Rural	36	9.5
	Urban	346	90.5
Payment status	Fee	89	23.3
	Paying	293	76.7
Reason to visit	Illness	200	52.6
	Family planning	96	25
	Vaccination	84	22.4
Frequency of visit	New visit	63	16.4
	Repeat visit	322	83.6

Source: owen survey data (2022)

4.3 Descriptive analysis of study variables

One statistical approach for determining equivalence between groups is to use simple analyses of means and standard deviations for the variables of interest for each group in the study(marczyk, dematteo and festinger, 2005). The mean indicates to what extent the sample group on average agrees or does not agree with the different statement. The lower the mean, the more the respondents disagree with the statement. The higher the mean, the more the respondents agree with the statement.

4.3.1 The patients' interaction with their health care servant

To examine the relationship between service delivery and customer satisfaction dimensions every variable according to the response of the study, means and standard deviations for the independent variables were calculated. According to (saeed, 2006). Likert scale is interpreted as follows;

No.	Mean range	Response option
1	3.4 -5	agree
2	1 -3.4	Disagree

Table 4.3.1, the patients‟ interaction with their health care servant

Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Well coming approach by laboratory	385	1.00	4.00	2.2234	.88505
Level of commitment	385	2.00	5.00	2.5844	.92914
Health professional showed companion and attention	385	2.00	4.00	3.0494	1.00008
Satisfaction with courtesy and respect by health professional	385	1.00	5.00	3.4130	1.05492
Ability of health worker to solve problem	385	2.00	5.00	3.5662	1.11869
Confidentiality and privacy about health problem and service	385	1.00	5.00	3.6909	1.19702
Adequacy of health Information explanation and consultancy	385	2.00	5.00	3.7558	1.09098
Availability and willingness of health care	385	2.00	5.00	3.9896	.85385
Well coming approach and service by drug Vender	385	1.00	5.00	4.0234	1.27147
Description of drug	385	3.00	5.00	4.5429	.60282
Valid n (list wise)	385				
Grand mean				3.4839	1.0004

From the table 4.3.1, the mean of the opinions score for each variable indicates the level of patients‟ interaction with their health care servant, which the s.d indicates the deviation from the central value (mean score).

According to (saeed, 2006) the majority of the respondents have satisfied on their health care

provider description about possible side effects/adverse drug reaction in a way you could understand before given a new drug (mean= 4.5429, s.d=.60282) were high satisfied. The welcoming approaches and service rendered by drug vender‟s (providers) (mean=4.0234, s.d= 1.27147), availability and willingness of health care provider service (mean=3.9896, s.d=.85385) and adequacy of health information provision, explanations of procedures and consultancy about health services (mean=3.7558, s.d= 1.09098) were satisfied.

According to (saeed, 2006) the majority of the respondents have dissatisfied that their welcoming approach by laboratory (mean= 2.2234, s.d=.88505), the level of commitment (providers) (mean=2.5844, s.d= .92914) were dissatisfied.

Based on grand mean, the overall satisfaction level based on (saeed, 2006), the patients' interaction with their health care servant was satisfied.

4.3.2 Patient satisfaction in related with waiting time

To examine the relationship between service delivery and customer satisfaction dimensions every variable according to the response of the study, means and standard deviations for the independent variables were calculated. According to (saeed, 2006). Likert scale is interpreted as follows;

No.	Mean range	Response option
1	3.4 -5	agree
2	1 -3.4	Disagree

Table 4.3.2, patient satisfaction in related with waiting time

Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Waiting time to register	385	2.00	5.00	2.3662	.82815
Overall waiting in health center	385	2.00	5.00	2.3948	.90713
Satisfied in waiting to get health care provider	385	2.00	5.00	4.4156	.88903
Waiting to get care provider after laboratory	385	2.00	5.00	4.5714	.69276
Grand mean				3.437	0.829268

From the table 4.3, the mean of the opinions score for each variable indicates the level of patients" interaction in related with waiting time, which the s.d indicates the deviation from the central value (mean score). Majority of the respondents have satisfied that their the time you wait to get the care provider after laboratory results (mean= 4.5714, s.d=.69276) and the respondents were dissatisfied on the waiting time to register in the registration office at card room (providers) (mean=2.3662, s.d= .82815).

Based on grand mean, according to (saeed, 2006) the result are between 3.4 to 4.20 are agree so, the patient satisfaction in related with waiting time were satisfied.

4.3.3 Patients' satisfaction towards facilities/environment services

The respondents were asked to give their opinion on criteria of patient satisfaction as to how the sub sections influence service delivery practices. The responses were measured by a five point to examine the relationship between service delivery and customer satisfaction dimensions every variable according to the response of the study, means and standard deviations for the independent variables were calculated. According to (saeed, 2006). Likert scale is interpreted as follows;

No.	Mean range	Response option
1	3.4 -5	agree
2	1 -3.4	Disagree

Table 4.3.3, patients" satisfaction towards facilities/environment services

Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Accessibility functionality and cleanliness of latrine	385	1.00	4.00	1.9351	.87407
Quietness of reception	385	1.00	4.00	2.2909	1.04261
Comfortably about layout and location	385	2.00	4.00	3.1558	.67825
Comfort cleanness and compatibility of reception	385	1.00	5.00	3.3636	1.34347
Cleanness of examination room	385	2.00	5.00	4.5247	.78398
Grand mean				3.05402	0.944476

From the table 4.3.2, the mean of the opinions score for each variable indicates the level of patients" satisfaction towards facilities/environment services, which the s.d indicates the deviation from the central value (mean score). Majority of the respondents have satisfied that their the cleanliness of examination room (mean= 4.5247, s.d=.78398), and the more dissatisfied on the accessibility, functionality and cleanliness of latrine (mean=1.9351, s.d=.87407).

Based on grand mean, according to (saeed, 2006) the result are between 2.6 to 3.4 are neutral so, patients" satisfaction towards facilities/environment services were neutral.

4.3.4 Ease accessibility of health care system in relation with patient satisfaction

The respondents were asked to give their opinion on criteria of patient satisfaction as to how the sub sections influence service delivery practices. The responses were measured by a five point to examine the relationship between service delivery and customer satisfaction dimensions every variable according to the response of the study, means and standard deviations for the independent variables were calculated. According to (saeed, 2006). Likert scale is interpreted as follows;

No.	Mean range	Response option
1	3.4 -5	agree
2	1 -3.4	Disagree

Table 4.3.4, ease accessibility of health care system in relation with patient satisfaction

Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Ordered x-ray and ultrasound	385	2.00	4.00	2.4000	.80104
Managerial interference to solve customer complaint	385	1.00	5.00	2.5143	1.34258
Availability of order laboratory service	385	2.00	4.00	2.5247	.88096
Available full coverage of vaccine	385	2.00	4.00	2.7117	.95878
Information about health center service and follow	385	1.00	5.00	2.9325	1.25025
Easy to get appointment	385	1.00	5.00	3.1325	1.29527
Provide ambulance eservice	385	1.00	5.00	3.3195	1.39166
Availability of prescribed medication	385	2.00	4.00	3.5221	.85401
Indicator that easily access	385	1.00	5.00	3.7377	1.18860
Grand mean	385			2.977222	1.107017

from the table 4.3.3, the mean of the opinions score for each variable indicates the ease accessibility of health care system in relation with patient satisfaction, which the s.d indicates the deviation from the central value (mean score). Majority of the respondents have satisfied on their an indicator has been set up so that it can easily access when client come to a health facility (mean= 3.7377, s.d=1.18860), the prescribed medication is available at the health center (mean=3.5221, s.d= .85401), and the more dissatisfied were on availability of the ordered x- ray and ultrasound test at health center (mean=2.4000, s.d=.80104), satisfaction with the managerial interference of the health center to solving customer complaints at point of problem (mean=2.5143, s.d= 1.34258) and availability of the ordered laboratory service at health center (mean=2.5247, s.d= .88096).

Based on grand mean, according to (saeed, 2006) the result are between 2.6 to 3.4 are neutral so, ease accessibility of health care system in relation with patient satisfaction were neutral

4.3.5. patient satisfaction with service delivery

Correlations

		Behavior Al intension	Patient Interaction with health Care servant	Satisfaction With waiting time	Satisfaction Towards environme Ntal service	Ease Accesabilit y of health Care
Behavioral Intension	Pearson Correlation	1	.974**	.821**	.974**	.975**
	Sig. (1-tailed)		.000	.000	.000	.000
	N	385	385	385	385	385
Patient Interaction with Health care Servant	Pearson Correlation	.974**	1	.875**	.983**	.972**
	Sig. (1-tailed)	.000		.000	.000	.000
	N	385	385	385	385	385
Satisfaction with waiting time	Pearson correlation	.821**	.875**	1	.886**	.888**
	Sig. (1-tailed)	.000	.000		.000	.000
	N	385	385	385	385	385

Satisfaction Towards Environmental Service	Pearson Correlation	.974**	.983**	.886**	1	.981**
	Sig. (1-tailed)	.000	.000	.000		.000
	N	385	385	385	385	385
Ease accessibility Of health care	Pearson Correlation	.975**	.972**	.888**	.981**	1
	Sig. (1-tailed)	.000	.000	.000	.000	
	N	385	385	385	385	385

**. Correlation is significant at the 0.01 level (1-tailed).

Table 4 17 the rule of thumb for interpreting the size of a correlation coefficient

Size correlation	Interpretation
.90 to 1.00(-.90 to 1.00)	Very high positive(negative) correlation
.70 to .90(-.70 to -.90)	High positive(negative) correlation
.50 to .70(-.50 to -.70)	Moderate positive(negative) correlation
.30 to .50(-.30 to -.50)	Low positive correlation(negative) correlation
.00 to .30(-.00 to 30)	Little if any correlation

Source: hinkle, wireman & jurs, (2003)

According to hinkle, wireman and jurs (2003) the rule of thumb for interpreting the size of a correlation coefficient is as indicated below in the table Pearson's service delivery correlation coefficient was used to determine the following relationships:

According to the (table), there is a significant positive relationship between behavioral intension, satisfaction towards environmental service and ease accessibility of health care with customer satisfaction (r=.974, .983, and .972, p< 0.01) respectively. According to hinkle, wireman and jurs (2003) magnitude of correlation/relationship between the two variables was moderate. This implies they have very high and positive level of correlation with customer satisfaction. And satisfaction with waiting time is high and positive level of correlation with customer satisfaction.

4.3.5.1. Regression analysis

4.3.5.1. Relationship between service delivery and customer satisfaction

Table 4.7 regression analysis

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.989[a]	.978	.978	.13588

a. Predictors: (Constant), satisfaction with waiting time , sex of respondent, education level of respondent, age of respondent, satisfaction towards environmental service, ease accessibility of health care

b. Dependent Variable: patient interaction with health care servant

ANOVA[a]

Model		Sum of Squares	Df	Mean Square
1	Regression	311.305	4	77.826
	Residual	8.535	380	.022
	Total	319.840	384	

a. Dependent Variable: patient interaction with health care ser

b. Predictors: (Constant), behavioral intension, satisfaction wi satisfaction towards environmental service, ease accessibility

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.652	.052		12.535	.000
	sex of respondent	-.102	.032	-.055	-3.197	.002
	age of respondent	.180	.028	.216	6.319	.000
	education level of respondent	.179	.031	.219	5.816	.000
	ease accessibility of health care	.094	.047	.102	1.984	.048
	satisfaction towards environmental service	.476	.052	.456	9.180	.000
	satisfaction with waiting time	.086	.030	.062	2.921	.004

a. Dependent Variable: patient interaction with health care servant

The overall patients" satisfaction with health service deliveries showed statistically significant at .000 this is (p-value < 0.01).

In Standardized Beta Coefficient The standardized coefficients are the coefficients which explain the relative importance weight (RIW) of explanatory variables. These coefficients are obtained from regression after the explanatory variables are all standardized. The idea is that the coefficients of explanatory variables can be more easily compared with each other as they are then on the same scale. The larger the standardized coefficient, the higher is the relative importance and contribution of the factor to the customer satisfaction.

Sex of respondent (β= .032, p<.01), age of respondent (β = **.** 028, p<.01), education level of respondent (β = **.** 031, p<.01), ease accessibility of health care (β =.102, p<.05), satisfaction towards environmental service (β =.456, p<.01)and satisfaction with waiting time (β =.062, p<.01).

So, from the table data showed overall patients" satisfaction with health service deliveries statistically high significant association with age of respondent, education level of respondent and satisfaction towards environmental service, Result swath (p-value < 0.01). However, compared to other independent variables sex of respondent ease accessibility of health care and satisfaction with waiting time shows that statistically less significant at .002, .048 and .004 respectively.

Regression analysis is a statistical method to deal with the formulation of mathematical model depicting relationship amongst variables which can be used for the purpose of prediction of the values of dependent variable, given the values of the independent variable (Kothari, 2004).

Thus the variables under types of service delivery were entered into regression analysis to determine their the patient satisfaction. Regression Analysis is used to ascertain the extent of

Service delivery practices (satisfaction with waiting time , sex of respondent, education level of respondent, age of respondent, satisfaction towards environmental service, ease accessibility of health care) explains the dependent variable (patient satisfaction).

The above table also depicts the extent to which each independent variable influences the dependent variable. The relative importance of service delivery practices (independent variables) in contributing to the variance of the patient satisfaction (dependent variable) was explained by the standardized Beta coefficient. The beta values of the independent variables i.e. Satisfaction with waiting time , sex of respondent, education level of respondent, age of respondent, satisfaction towards environmental service and ease accessibility of health care are.032,**.** 028, **.** 031, **.**102,**.**456, and **.**062 respectively. The result obtained from the regression analysis showed that satisfaction towards environmental service of the organization is more significant and statistically meaningful when compared with the other variables in terms of patient satisfaction when sex of respondent and education level of respondent comes second and third respectively. This can be understood as a certain improvement on the satisfaction towards environmental service will increase patient satisfaction by . 456which is significant. Thus, the null hypothesis is rejected. As illustrated in table above the value of adjusted R square is .978 which indicated 97.8% of changes in patient satisfaction can be accounted for by reward but the remaining change may be accounted for variables other than the variables

included in this study.

The relationship between waiting time and patient satisfaction

According to the result there is a significant positive relationship between waiting time and patient satisfaction (r= 0.875, p< 0.01).

The relationship between accessibility of health care system and patient satisfaction

According to the result there is a significant positive relationship between accessibility of health care system and patient satisfaction (r= 0.972, p< 0.05).

The relationship between health care facility/environment and patient satisfaction

According to the result there is a significant positive relationship between environment and patient satisfaction (r= 0.983, p< 0.01).

The relationship between patient behavioral intension and patient satisfaction

According to the result there is a significant positive relationship between patient behavioral intension and patient satisfaction (r= 0.974, p< 0.01).

Hypothesis	Results
1: patient behavioral intension has statistically significant effect on patient satisfaction	R= 0.974, p=.0000, Beta= .219
2: health care facility/environment has statistically significant effect on patient satisfaction.	R= 0.983, p=.0000, Beta= .456
3: accessibility of health care system has statistically insignificant effect on patient satisfaction.	R= 0.972, p=.048, Beta= .102
4: waiting time has statistically significant effect on patient satisfaction	R= 0.875, p=.004, Beta= .062

4.4. Discussion

This study revealed that Level of satisfaction of outpatient The Patients" interaction with Health care provider description about possible side effects/adverse drug reaction in a way you could understand before given a new drug in health service at Lideta sub city government health institution. Relatively, this finding was comparable with finding in a cross-sectional study that conducted by Abebe, et al., (2008) in purposively selected government health centers and general hospitals in six regions of Ethiopia showed that the percentage for high mean score satisfaction with health providers' characteristics ranged from 77.25% . Whoever in this study were dissatisfied on their welcoming approach by laboratory.

Among the Ease accessibility of health care system by the Lideta sub city government health institution, Ease accessibility were with An indicator has been set up so that it can easily access when client come to a health facility. The indicator easily access when client come to a health facility at the health center which is good with other studies in Ethiopia Mindaye et al.(2011) Addis Ababa (85.5%), Teklemariam et al.(2013) Eastern Ethiopia (87.6%) and Belay et al.(2013) Southern Ethiopia (90.8%). The reason for this finding may be due to the fact that ease accessibility had developed good indicator has been set up on health facility for patient desirability biases by respondents.

However, many patients were found to be dissatisfied Availability of the ordered x-ray and ultrasound test at health center were no some only on Availability of the ordered x-ray and ultrasound test at health center.

The time to get the care provider after laboratory Results, This is lower than the finding reported earlier in Jimma hospital which showed 20.4% of the clients have reported long waiting time (Olijera , Gebresilasses ; 2001).

However, the dissatisfaction rate with the respondents were dissatisfied on The waiting time to register in the registration office at card room in the study area is high compared to the waiting time in the study in Tigray Zonal hospitals (Girmay, 2006) and Jimma university specialized Hospital (Fekadu et al.;2011) where 43.2% and 37.2% dissatisfaction rate was reported respectively. This finding could partially be due to the ongoing changes in the study area health service because of the not newly introduced reform and good governance"s

movement‟s where an improvement in the service delivery process and staff has no attitudinal change might have resulted.

In this study the results from the cross-tabulations analysis showed that the level of outpatients‟ satisfaction was a statistically significant.

Generally, the present study showed that overall outpatients" satisfaction towards health service deliveries was statistically significant association with health service deliveries statistically high significant association with age of respondent, education level of respondent and satisfaction towards environmental service, Result with (p-value < 0.01).

So, the statistical assumption, Ho- there is no relationship between patient satisfaction and the independent variable were rejected, means the study were significant.

In contrary, ease accessibility of health care and satisfaction with waiting time shows that statistically less significant with overall satisfaction of patients towards health service deliveries but its higher than the study conducted in Jimma, Addis Ababa, and Eastern Ethiopia (Assefa ;2011, Mindaye; 2012) and (Teklemariam et al; 2013) documented similar findings except frequency of visiting Hospital.

According to the result, null hypothesis (Health service delivery has statistically insignificant effect on patient satisfaction) was rejected and the result indicates that Health service delivery (health care provider interaction with patient) has statistically significant effect on patient satisfaction.

CHAPTER FIVE

5. SUMMARY CONCLUSION AND RECOMMENDATION

5.1. Summary of major finding

In the study service delivery practices and patient satisfaction the overall result were statistically significant at .0000 level, and individual variables are as follow,

The significance levels of the independent variable were (health service deliveries statistically high significant association with age of respondent, education level of respondent and satisfaction towards environmental service) at (p-value .0000), and sex of respondent, ease accessibility of health care and satisfaction with waiting time shows that statistically significant.

The beta values of the independent variables i.e. Satisfaction with waiting time , gender of respondent, education level of respondent, age of respondent, satisfaction towards environmental service and ease accessibility of health care are .032,**.** 028, **.** 031, **.**102,**.**456, and **.**062 respectively. This can be understood as a certain improvement on the satisfaction towards environmental service will increase patient satisfaction by. 456which is significant.

The mean of the opinions score for each variable indicates the level of patients" interaction with their health care servant, the high and low points of mean of independent variable alternatives were health care provider description about possible side effects/adverse drug reaction in a way you could understand before given a new drug (mean= 4.5429, s.d=.60282), the welcoming approaches and service rendered by drug vender‟s (providers) (mean=4.0234, s.d= 1.27147), availability and willingness of health care provider service (mean=3.9896, s.d=.85385), adequacy of health information provision, explanations of procedures and consultancy about health services (mean=3.7558, s.d= 1.09098) and welcoming approach by laboratory (mean= 2.2234, s.d=.88505), the level of commitment (providers) (mean=2.5844, s.d= .92914).

The mean of the opinions score for each variable indicates the level of patients" interaction in related with waiting time, the high and low points of mean of independent variable alternatives were the time you wait to get the care provider after laboratory results (mean= 4.5714, s.d=.69276) and the waiting time to register in the registration office at card room (providers) (mean=2.3662, s.d= .82815).

The mean of the opinions score for each variable indicates the level of patients" satisfaction towards facilities/environment services, the high and low points of mean of independent variable alternatives were the cleanliness of examination room (mean= 4.5247, s.d=.78398), and the accessibility , functionality and cleanliness of latrine (mean=1.9351, s.d= .87407).

The mean of the opinions score for each variable indicates the ease accessibility of health care system in relation with patient satisfaction, the high and low points of mean of independent variable alternatives were an indicator has been set up so that it can easily access when client come to a health facility (mean= 3.7377, s.d=1.18860), the prescribed medication is available at the health center (mean=3.5221, s.d= .85401), and the more dissatisfied were on availability of the ordered x-ray and ultrasound test at health center (mean=2.4000, s.d=.80104), satisfaction with the managerial interference of the health center to solving customer complaints at point of problem (mean=2.5143, s.d= 1.34258) and availability of the ordered laboratory service at health center (mean=2.5247, s.d= .88096).

Based on the grand mean satisfaction with waiting time, satisfaction towards environmental service and ease accessibility of health care were 3.437, 3.054 and 2.977 respectively.

Finally in terms of correlation satisfaction with waiting time, ease accessibility of health care ,satisfaction towards environmental service and behavioral intension ($r= 0.875$, $p< 0.01$), ($r= 0.972$, $p< 0.05$), ($r= 0.983$, $p< 0.01$), and ($r= 0.974$, $p< 0.01$) respectively.

5.2. Conclusions

The purpose of this study was to examine the level of satisfaction among client in health service delivery practices. Based on the study analysis and the summary, the following points states the

On the patient satisfaction in related with waiting time were moderate satisfaction level on, the time you wait to get the care provider after laboratory results, but dissatisfied on satisfactions with the overall waiting time in the health center.

On the patients" satisfaction towards facilities/environment services were satisfied compared to the other independent variables on the cleanliness of examination room, but dissatisfied on the accessibility, functionality and cleanliness of latrine.

On the ease accessibility of health care system in relation with patient satisfaction were less satisfied on the prescribed medication is available at the health center, and availability of the ordered x-ray and ultrasound test at health center.

The satisfaction levels on behavioral intension were also significant on sex, and educational level.

The result obtained from the regression analysis showed that satisfaction towards environmental service of the organization is more significant and statistically meaningful when compared with the other variables in terms of patient satisfaction when sex of respondent and education level of respondent comes second and third respectively.

5.2. Recommendations

Based on the finding, dissatisfaction of patients towards health service deliveries could be a possible factor for the lower rate of patients" satisfaction towards health services.

Therefore,

- The health center should give attention for satisfaction with waiting time and ease accessibility of health care.
- Attention should be given for the patient waiting time on(the waiting time to register in the registration office at card room, and satisfactions with the overall waiting time in the health center).
- On the patients" interaction with their health care giver the health service should be give awareness for health professinals on (the welcoming approaches of health care provider and service rendered by laboratory service providers, the level of commitment with the overall service condition of health workers for customers, the health professionals showed great compassion and attention and the ability of health workers and health centers capacity are solve health questions and problem of patients).
- On the patients" satisfaction towards facilities/environment services the health institution should be check or facilitate of the accessibility , functionality and cleanliness of latrine
- On the ease accessibility of health care system in relation with patient satisfaction the health service should be rearrange on(availability of the ordered laboratory service at health center, availability of the ordered x-ray and

ultrasound test at health center, and managerial interference of the health center to solving customer complaints).

The future researcher should focus on in depth analysis of the same to with that of our study in terms of place change.

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Appendix

Annex one

A questionnaire prepared for customers seeking services from lideta government health center

Dear respondent,

The purpose of this questionnaire is to collect information on the service delivery and customer satisfaction on Lideta government health centers for the partial fulfillment of the requirements for the degree of master‟s in Business Administration program of the St. Mary university business college school of graduate student. The information obtained will be used for academic purpose only and be treated confidentially. Thank you very much in advance for your earnest cooperation. Therefore you are requested to put √ mark on the box where you feel appropriate.

Part 1: Socio-Demographic Characteristics of Respondents

1. Sex: Male-------- Female---------

2. Age (in years): a) 18-24----- b) 25-34-------- c) 35-44-------- d) 45+-------

3. Marital Status a) single------- b) Married------- c) Divorced -----

4. Educational Status: - a) Illiterate -------- b) 1-6 ------- c) 7-12 ------ d) Diploma &above--------

5. Occupational status: - a) Farmer-------- b) Merchant--------- c) Government employ ---------- d) No occupation------- e) Student---------- f) Others----------

6. Address: - a) Rural ---------- b) Urban ----------

7. Payment status: - a) Free------- b) paying ----------

8. Reason for visit: - a) Illness ---------- b) Family planning ----------c) vaccination----------d) Others -_____

9. Frequency of visit: - a) New visit ---------- b) Repeat visit----------

Part 2 Level of satisfaction of clients with the different components of health care services at Lideta health center.

1. satisfay

2. dissatisfay

No	Characteristics	Satisfy	Dissatisfy
I	**Patients' Satisfaction with their health care provider interaction.**		
1	How do you rate your level of satisfaction with friendliness and helpfulness of health care provider?		
2	How much are you satisfied with the availability of Health professionals on working hours in th		
3	How satisfied are you with the information provision by Health workers?		
4	How satisfied are you with the ability of the Health care Provider to answer your questions?		
5	How satisfied are you with the care giver measures taken to assure the confidentiality and privacy about your health problem?		
6	How satisfied are you with the courtesy/respect of the health professionals?		
7	How much are you satisfied with the welcoming approaches of :		

	□ Laboratory services providers? □ Drug vender's (providers)?		
II	**Patient satisfaction in related to waiting time**		
8	How much are you satisfied waiting to register in the registration office?		
9	How much are you satisfied waiting to get the health care provider?		
10	How much are you satisfied waiting to get the care provider after laboratory test?		
11	How much are you satisfied with the overall waiting time in the health center?		
III	**Patients' Satisfaction Towards Environment Services**		
12	How much are you satisfied with the cleanliness of waiting area?		
13	How much are you satisfied with the cleanliness of Examination room?		
14	How much are you satisfied with the accessibility and functionality of latrine?		
15	How much are you satisfied with the cleanliness of latrines?		
16	How much are you satisfied in hospital infrastructure?		
V	**Ease accessibility of health care system in relation with patient satisfaction**		

17	How do you rate your level of satisfaction with ordered drug?		
18	How do you rate your level of satisfaction with Ordered Laboratory tests?		
19	How do you rate your level of satisfaction with Ordered x-ray &ultrasound?		
20	How much are you satisfied with the overall level of this health center services?		
21	How do you rate your level of satisfaction with health center management to solve problem?		
22	How much are you satisfied with the information provided about the health center services and flow?		
23	How much are you satisfied with friendliness and helpfulness of personnel in the information services?		
24	How much are you satisfied with the all services given in information desk services?		
25	How much are you satisfied with the sign found in the health center?		

በቅድስተ ማርያም ዩኒቨርስቲ የድህረ ምርቃ የቢዝነስ ትምህርት በልደታ ጤና ጣቢያ አገልግሎት ጥራት በደንበኞች እርካታ ላይ የሚኖረውን ውጤት ሠመሆካት ሠደንበኖች የተዘጋጀ መጠየቅ

ውድ ደንበኞች

እኔ አሻግሬ ፆንታው በአሁኑ ሰዓት የቅዱስት ማርያም ዩኒቨርስቲ የድህረ ምርቃ Master of Business Adminstration MBA) ተማሪ ስሆን የመመረቂያ ጥናቴን በልደታ ክ/ከተማ ጤና ጣቢያ ብቻ በሚገኝ ጥራት ያሠው አገልግሎት በደንበኖች እርካታ ላይ ያሠው ተፅኖ በሚል ጥናቴን እየሰራሁ እገኛሠሁ:: የዚህ መጠየቅ ዓሠማው ከጤና አገልግሎት ደንበኞች እርካታን በቂ መረጃ በመሠብሰብ የጥናቱን ውጤታማነትና ታአማኝነት ያሠው ሠማድረግ ነው:: ይህንን ሠማሳካት የእርስዎ ትብብር በጣም ያስፆልገኛል:: ስሠዚህ ሠመጠየቅዊ መልስዋን ይሠጡኝ ዘንድ በአክብሮት እጠይቃሠሁ:: ሠመጠየቅ የሚሰጡትም ምላሽ ሠጥናት ብቻ የሚውል ሲሆን መልስዎንም በሚስጥር ይይዛል::

የግል ሁኔታ

1.1 **ፆታ** **ወንድ** ☐ **ሴት** ☐

1.2 **እድሜ** 1. 18-24 ☐ ከ25-34 ☐ .35-44
45 **በላይ** ☐

1.3 **የጋብቻ ሁኔታ** ☐ **ያላገባ** ☐

1.4 የትምህርት ደረጃ

1. ምንም ያልተማረ 2. 1-6 3. 7-12 4. ዲፕሎማ ከዚያበላይ

4 የስራ ሁኔታ 1. ገበሬ 2. ነጋዴ 3. የመንግስት ሠራተኛ 4. ምንምየሰራየሌሆው 5. ተማሪ

5 አድራሻ 1. ገጠር 2. ከተማ

6 የክፍያ ሁኔታ 1. በነፃ 2. እየተከፈሆኝ

7 ወደ ጤና ጣቢያ የመጡበት ምክንያት

1. ታመው 2. የቤተሰብ እቅድ 3. ህክምና 4. ባሆ ጉዳይ

8. ሁል ጊዜ የሚመጡት ምክንያት

1. አዲስ ተመላላሽ 2. ተመላላሽ

ቅፁ ሁሆት ልደታ ጤና ጣበያ የጤና አገልግሎት አሰጣጥ የደንበኞች እርካታ ደረጃ

1.አዎ

2.አይደለም

ቁጥር	ባህሪያት	አዎ	አይደለም
I.	በጤና ጣቢያ ውስጥ የሚቀርብ የታካሚ እርክታዎች		
1	ጤና ጣቢያ ውስጥ በሚቀርብት አገልግሎት ምን ያህል ደስተኛ ኖዋት		
2	ጤና ባሆሙያዎች በሚሰሩት የስራ ሰዓት ውስጥ ምን ያህል ታማኝ ናቸው		
3	የጤና ተቋም ሰራተኞች ከዚህ በፊት በሚነገረው መረጃ ምን ያህል ደስተኛ ኖዎት		
4	የጤና ተቋሙ ውስጥ በሚያቀርበው መጠይቅ ውስጥ ምን ያህል ደስተኛ ኖዎት		
5	ጤና ተቋሙ በሚያቀርበው የጤና ችግር ውስጥ በምን ይሆኩታል		

6	የጤና ባሞያዎች አክብሮታቸውን ምን ያህል በስራቸው ምን ያህል ይረካለ		
7	ተገልጋይዎች በሚመጡበት ሰዓት ምን አይነት አቀባበል ያደርጋለ		
II.	የታካሚዎች እርካታ እና የሚጠብቁበት ሰዓት		
8	ምዝገባ ከተመዘገብ ምን ያህል ሰዓት ይጠብቃለ		
9	በጤና ተቋም ውስጥ በሚጠብቁት ጊዜ ምን ያህል ነው		
10	በላብራቶሪ ምርመራ ውስጥ ምን ያህል ሰዓት ይጠብቃለ		
III.	ታካሚዎች በሚያገኙት እርካታ እና በአካባቢዉ በሚሰጠዉ አገልግሎት ምን ያክል ደስተኛ ነወት		
11	ወረፋ የሚጠብቁበት አካባቢ ምን ያክል ከቆሻሻ ጽዱ ነዉ		
12	ህክምና በሚሰጥበት ክፍል ዉስጥ ምን ያክል ጽዱ ነዉ		
13	አገልግሎት በሚሰጠዉ የህክምና ዕቃ ምን ያክል ረክተዋል		
14	የህክምና ዕቃዎች ምን ያክል ፅዱ ናቸዉ		
15	የጤና ተቃሙ ምን ያክል መሰረተ ልማት አማልታል		
16	የጤና ተቃም ዉስጥ ምን ያክል ርካታ አልዉት ከ ታካሚ ጋር		
17	ታካሚዎች ምን ያክል እርካታ አላቸዉ በሚታዘዝላቸዉ መድሀኒት		
18	ታካሚዎች በቢተ ሙከራዉ ግኝት ምን ያክል ደስተኛ ናቸዉ		
19	ታካሚዎች በአልትራሳዉንድ ግኝት ምን ያክል ደስተኛ ናቸዉ		
20	በአጠቃላይ በጤና አገልግሎት ዉስት ምን ያክል ደስተኛ ነዎት		
21	በጤና ተቃሙ አስተዳድር ዉስት ችግሮችን የመፍታት		

	አቅሙ ምን ያክል ነዉ		
22	በጤና ተቃሙ የመረጃ ፍስት ምን ያክል ድስተኛ ነዎት		
23	በጤና ተቃም ዉስት በጋደኝነት በመርዳት መረጃን በመስጠት መርዳት ምን ያክል ነው		
24	በጤና ተቃሙ ዉስጥ ባለዎ መረጃ ማእከል አገልግሎት ምን ያክል ደስተኛ ነወ		