

Assessment of Customer Satisfaction with Health Service Provided at Iringa Regional Referral Hospital

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Abstract

Customer satisfaction can be defined as a positive reaction towards a product or service. Measuring customer satisfaction is a key performance indicator within a business and is often part of the balanced scorecard. Customer satisfaction is the best indicator of how the business looks in the future. The main objective of this study was to assess customers' satisfaction with the health services offered at IRRH from 1st March to 31st March 2023. Specifically, the study aimed to determine the demographic characteristics of the customers who are satisfied with services provided at IRRH, to determine the percentage of customers who are satisfied with the service provided at IRRH and to identify service areas/departments that need improvement in the hospital. The study was guided by three research questions; to what extent customer are satisfied with the health services provided at IRRH? What percent of customers are satisfied with the health services offered at IRRH? and Which area needs improvement in the hospital? Moreover, the study had one alternative research hypothesis; Customers are satisfied with the health services provided at IRRH and its null hypothesis that customers are not satisfied with the health services provided at IRRH. The researcher adopted a quantitative research design. The study revealed a satisfaction index of 98% which implied that almost all customers were satisfied with the perceived delivery of the healthcare services.

1.0 INTRODUCTION

1.1. Background

Customer satisfaction is a term well-known by everyone. For Takamäki Group to understand its customer's satisfaction with the company, it is important to explain what customer satisfaction means. Customer satisfaction can be defined as a positive reaction towards a product or service. It is always subjective and comparable, a unique point of view. If the outcome does not meet the expectations, the customer is dissatisfied. If the outcome meets the expectations, the customer is satisfied. It seems self-evident that companies should always try to satisfy their customers since customer satisfaction is one of the most important measures in analyzing and defining a company's success possibilities. (Rope & Pöllänen 1994, 58-59)

Customer satisfaction has been analyzed for a long period. Quality management has given strength and

coherence to customer satisfaction. It helps to understand customers' demands and reveals the essential points of successful cooperation. Good customer relationships require a total quality image and measure how well the company handles the essential customer processes, such as customer service, sales and production. (Lotti 2001, 63-67)

The word "satisfaction" is like happiness – it is something we are all interested in and would like to measure – one that is hard to quantify. Johnson and Gustafsson (2000, 50) define satisfaction as a customer's overall evaluation of a product or service's purchase and consumption experience. Satisfaction can also be defined as the total satisfaction or satisfaction with a service. Customers can be dissatisfied with a single service but still satisfied with the overall Hospital services. (Ylikoski 2000, 155). Experiences and expectations form satisfaction. The key in delivering customer satisfaction is to be able to influence customer's expectations and experiences and keep them in balance

Customer satisfaction refers to a measure or degree of how products and services supplied by a company meet or surpass customer expectations. Customer satisfaction is one of the most essential elements of customer retention, customer loyalty, and product repurchase. The art and science of customer satisfaction involves strategically focusing on creating and reinforcing pleasurable experiences.

Accordingly, this research intends to assess the current service delivery of the Hospital and measure satisfaction level along with identification of major limitations to take proper action for future improvement.

1.2.The purpose of customer satisfaction measuring

The following are the purposes of measuring customer satisfaction. Identification of criteria that play a key role in evaluating the product or service by customers, research the perception of a product or service by customers, assessing the fulfillment of customer expectations for product or service, research the level of customer satisfaction with the cooperation with the company, comparing the level of customer satisfaction with products of the competition, understanding the main factors of customer satisfaction, affecting positively and negatively on the level of satisfaction, determining customer's expectations connected with attributes of a product or service, identifying the most important customer service elements, and determining the degree of importance of individual factors influencing the customer service

1.3.Measuring customer satisfaction

Measuring customer satisfaction is a key performance indicator within a business and is often part of the balanced scorecard. The main aim of measuring customer satisfaction is to make a prompt decision for the continuous improvement of business transactions. Attracting a new customer as a source to build on existing relationships, and customer satisfaction measurement is essential to be measured. Similarly, to retain the current customer base, measuring customer satisfaction is equally important. Actionable information on how to make customers more satisfied is, therefore, a crucial outcome. Unless the organization focuses on its improvement efforts in the right area the organization cannot maintain the competition level of business in a market. To recognize the needs of the customer is to satisfy the customer and to meet the needs of the customer, a measurement of customer satisfaction is what matters to the organization. (Hill, Roche & Allen 2007.)

Customer satisfaction is dynamic and relative. Only the idea "customer-centric" can help companies improve satisfaction and keep customers truly, conversely, if competitors improve customer satisfaction, then it may lose corporate customers. While improving customer satisfaction, customer expectations should be noticed. Service quality, product quality and value for money have a direct positive impact on customer satisfaction. Employee satisfaction is equally important before achieving customer satisfaction.

If employees have a positive influence, then they can play a big role in increasing customer satisfaction levels. Satisfaction is a dynamic, moving target that may evolve, influenced by a variety of factors. Particularly when product usage or the service experience takes place over time, satisfaction may be highly variable depending on which point in the usage or experience cycle one is focusing. (Lovelock, C & Wright, L.2007,86-87.)

1.4. Importance of customer satisfaction

Customer satisfaction is extremely important because it is the way of getting feedback from the customers in a way that they can use to manage and improve their business. Customer satisfaction is the best indicator of how the business looks in the future. Customer satisfaction helps in doing a SWOT analysis that could help them develop their business in an advanced and systematic way. Besides this, it will also help in making the right decision to use the appropriate resources while manufacturing the products. Similarly, it maintains the relationship with the existing customers and also creates the possibility to acquire others. (SSRS research 2016.)

1.5. Statement of the problem

The issue of patient/customer satisfaction has gained increasing attention healthcare industry in Tanzania. The government of Tanzania considers quality health care as one of its top priorities. The Government has established an open-door policy whereby the patients have the freedom of providing complaints through a complaints desk, suggestion boxes or through a special number which have been established in every hospital in Tanzania. The measurement of patient satisfaction has been adopted by public hospital management through several complaints received from patients. This has helped organizational leaders incorporate patient perspectives as a way to create a culture where service is deemed an important strategic goal for healthcare facilities (Mohan 2006). Despite their many efforts and successes with satisfaction measurement, evidence shows that more work in this area is still needed. There has been little improvement in customer satisfaction in public hospitals compared to the private hospitals in Tanzania (Zeitham-1988).

1.6. Significance of Study

The significance of this study was to have an important input in assessing the level of clients' satisfaction with 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 the quality of patient services in the hospital and improve the level of clients' satisfaction.

1.7. Objectives

1.7.1 Main objective

- To assess customers' satisfaction with the health services offered at IRRH from 1st March to 31st March 2023.

1.7.2 Specific objectives

- To determine the demographic characteristics of the customers who are satisfied with services provided at IRRH
- To determine the percentage of customers who are satisfied with the service provided at IRRH
- To identify service areas/departments that need improvement in the hospital.

1.8. Research Questions

- To what extent customer are satisfied with the Health services provided at IRRH?
- What percent of customers are satisfied with the Health services offered at IRRH?
- Which area that needs improvement in the hospital?

1.9. Hypotheses

1.9.1 H0. Customers are satisfied with the health services provided at IRRH.

1.9.2 H1 Customers are not satisfied with the health services provided at IRRH.

1.10. Conceptual Framework

The model below illustrates the proposed theoretical framework that serves as the basis for this study. It is used to focus on the relationship among the independent variables which consist of tangible features like service provision environment, communication, privacy, waiting time, waiting time for lab results, quality of services and accessibility. See Figure 1

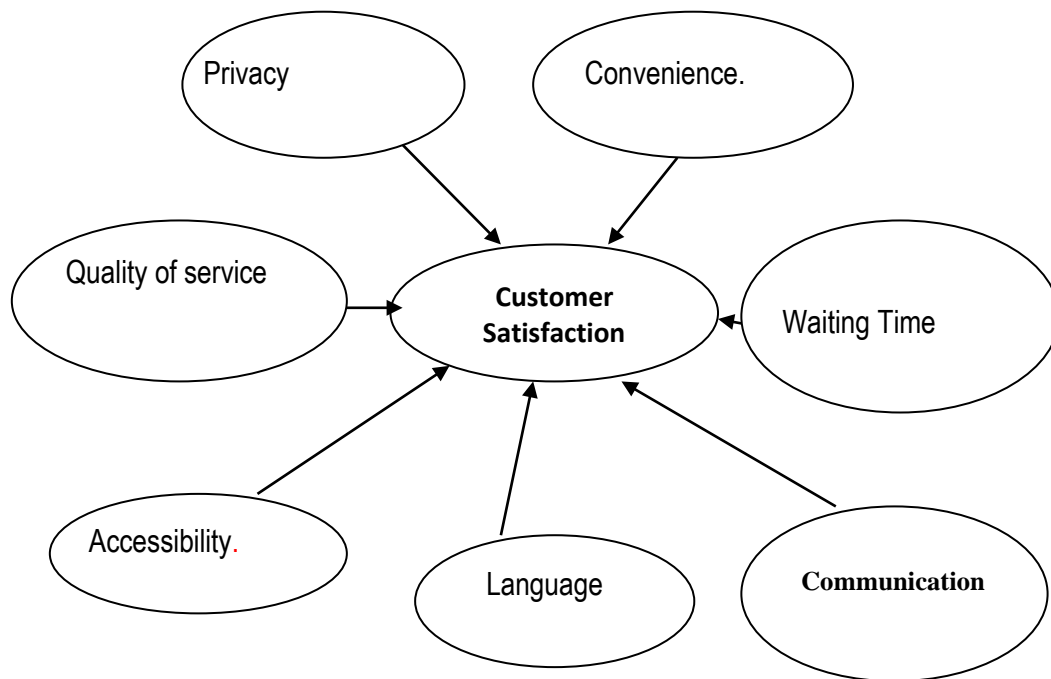


Figure 1: interlink between variables

Source: Researcher 2023

2.0 LITERATURE REVIEW

2.1. Global review

Ware, Snyder, Wright, and Davis, (1983) stated that patient satisfaction in health care evolving from the concept of consumer satisfaction, but different in many respects, is considered as a process of interaction between patient expectations and patient perceptions or actual experiences with health care. Patients can have expectations on many different aspects of care, and satisfaction with specific aspects of care has independent effects on patients’ satisfaction (Sohail, 2005; Abramowitz, Cote, & Berry, 1987).

Studies in the developing world have shown a clear link between patient satisfaction and a variety of explanatory factors in service quality has been prominent (Rao, Peters & Bandeen-Roche, 2006). Moreover, the researcher also believes the links are important to healthcare services in Bangladesh. Several studies suggest that outpatient service quality can be measured using the SERVQUAL framework

(Parasuraman, Berry, & 14 Zeithaml, 1991), and its refined version in the context of Bangladesh to help explain and assess the perception of patient satisfaction with health services (Andaleeb, 2001). Physical evidence that the hospital will provide satisfactory services can also be important to patient satisfaction judgments (Devija, Bhandari, & Agal, 2012).

Alasad and Ahmed (2003) examined the satisfaction of patients with nursing care at a major teaching hospital in Jordan. Data obtained from 266 in-patients of three wards showed that patients in the surgical ward had a lower level of satisfaction than patients in the medical or gynecological wards. Concerning the conditions of developing countries, Andaleeb (2001) proposed and tested a five-dimensional instrument for assessing the perception of patients availing of hospital services in Bangladesh. The results indicated that a significant relationship is found between the five factors and patient satisfaction. Based on the application of a modified SERVQUAL instrument, a study found a significant relationship between service quality dimensions and patient satisfaction in the South Korean healthcare system (Choi et al., 2005 cited in Ramez, 2012).

Ross, Steward, and Sinacore (1993) measured patients' satisfaction with access to care including the availability of service, technical quality of care, interpersonal care, communication and financing of care. Several studies confirmed the association between accessibility level and satisfaction level.

A recent study from Bangladesh reported that the most powerful relationship for client satisfaction with health services was provider behavior, especially respect and politeness (Assefa et al., 2011; Jorge, Herga & Ahmed, 2001). It also indicated that healthcare systems in most developing countries suffer from serious deficiencies in financing, efficiency, equity, and quality and are poorly prepared to meet these challenges (Peter & Berman, 2000).

A recent study in India on patient satisfaction with health care services stated that the overall satisfaction level of patients for the availability of services was 97% for seating arrangements, 95% for cleanliness, 93% for timing, 83% regarding services provided by the others staff and 85% for availability of sufficient doctor's hospital in the department in OPD (Joshi, Sochaliya, Purani, & Kartha, 2013).

In addition, a study in the Maldives revealed that patients were highly satisfied with components of patient satisfaction such as courtesy 45.8%, quality of care 44.2%, physical environment 41.8%, and convenience 24.7% and out-of-pocket cost 23.5%. Even though the overall satisfaction is low in all components patients were satisfied with services except convenience and out-of-pocket cost (Ibrahim et al., 2008). It increasing concentration has been given to the evaluation of patient satisfaction with care. Furthermore, patient satisfaction is identified as an important dimension for assessing the quality of health care services. Indeed, quality assurance has evolved as an internationally important aspect in the provision of health care services (Ashrafun & Uddin, 2011).

Patient satisfaction, as one of the ultimate validates of effectiveness and quality of care as the patient's opinion of the care received from nursing staff who work in hospitals with care services (Fafii, Hajinezhad, & Haghani, 2007). Patient satisfaction is the most important indicator of high-quality health care and is used for the assessment and planning of health care (Schmidt, 2003). There is a positive correlation between patient satisfaction and health care service. Patient satisfaction increases in an organization where more personalized nursing care is given (Johansson, Oleni, & Fridlund, 2002).

In addition, the study of outpatient department services in Banphaco Community Hospital Samut Sakhon province, Thailand, revealed that the respondents of 84% had high satisfaction with convenience during their services (Mandokhail et al., 2007).

In another study of patients' satisfaction in the Outpatient Department of Chulalongkorn Hospital by Sriratanabul and Pimpakovit, a significant factor that led the majority of the respondents to feel uncomfortable with the services provided was the long waiting time. There are 83% of the respondents showed positive feelings towards services provided in the department while disappointed with the very long waiting time to receive services (Vadhana, 2012).

2.2 In Relation to Gender

Males and females have different physical and psychological status. People have different thoughts, attitudes, emotions, feelings and behaviors because of unequal values and status between males and females. Therefore, the different genders have different feelings about health care services. Wright, Craig, Campbell, Schaefer, and Humble (2006) showed that significant differences exist between female and male reporting of satisfaction with health care services, with males having greater levels of satisfaction than females ($p < .05$). On the other hand, a study of Al-Doghaither (2004), found that females were more satisfied (3.82) than males (3.46). The differences between men and women may reflect different patterns of service utilization, differences in experiences, as well as differing needs and expectations (Kane, Maciejewski, & Finch, 1997).

2.3 In relation to communication

Nurse communication is the most important factors that manipulate patient satisfaction with healthcare services in a healthcare organization. Communication with patients can greatly affect the healing process. If a patient feels alienated, uninformed, or uncertain about health outcomes he/she may take longer to heal. Communication is vital to delivering service satisfaction in the hospital setting (Devija et al., 2012). Gilbert (1998) stated that the importance of the nurses' listening behaviors was particularly emphasized and also pointed out that six relational factors were communicated by nurses listening behavior: trust/receptivity, depth/similarity, difference, dominance or power, formality and composure.

In addition, Klakovich and Cruz (2006) stated that dimensions of advocacy, therapeutic use of communication and validation factors is related to health outcomes including quality of life and patient satisfaction with health care service. Patients are frequently dissatisfied with the information received due to ineffective communication by the nurse in health care services. The proportion of dissatisfaction patient is 38% during health care services (Ong, Haes, Hoos, & Lammes, 1995). Buller and Buller (1987) stated that a positive association between nurse's expression of behavior and patients' satisfaction with health care service. Larsen and Smith (1981) studied the relationship between nurses' non-verbal activities and patient satisfaction. A study revealed a positive relationship between sharing opinions' and 'patient knowledge about illness (Ong et al., 1995).

There was agreement on the importance of communication that it is one of the most important determinants of patient satisfaction. Anderson, Barbara, & Feldman (2007) stated that patient satisfaction rating was highly influenced by core communication and follow-up care in the outpatient department. The core qualities appear to be the most important, namely communication, access, interpersonal skills, care coordination follow-up care. The quality of medical care processes, the quality of healthcare facilities and the quality of other staff are followed to be important.

2.4 Waiting time

Waiting time is another important factor in a higher level of patient satisfaction with better healthcare services of chronically ill patients (Crow et al., 2002). A study stated that the most common problem was waiting time in 79.2% of patient dissatisfied with their healthcare services (Damghi et al., 2013). Waiting time is real or perceived in often found to influence patient satisfaction with health care services (Yildirim,

Kocoglu, Goksu, Gunay, & Savas, 2005; Nerney et al., 2001). Patient perception of the time spent with their physician is also strongly associated with overall satisfaction (Chen et al., 2001). The source of dissatisfaction with health care services, often noted by patients, and the amount of time they wait during outpatient department visits.

2.5 Social demographic characteristics

In a study on patient satisfaction Johansson et al., (2002) investigated the sociodemographic background of the patients, their expectations of nursing care, physical environment, communication and information, contribution and participation, interpersonal relationship, technical competence, and structural dimensions of healthcare organization. The findings showed that these eight factors affected patient satisfaction with the offered in health care systems (Dzomeku et al., 2012).

Finally, there are several factors that directly or indirectly affect patient satisfaction with health care services. Those include socio-demographic factors such as those that describe the propensity of family members to use services- including family composition such as age, gender and marital status. Social structure includes education, employment, social class and ethnicity. Health beliefs are attitudes, values, and knowledge that people have about health and health services that might influence their succeeding perceptions of needs and use of health resources for medical care. In addition, organizational factors, information, work environments, physical facilities, health status, cost of health services and accessibility to health care service factor affect in patient satisfaction.

Patient satisfaction is an indispensable aspect of quality of care in any healthcare setup. One of the fastest-growing industries in the service sector is the healthcare industry. Patient satisfaction is affected by the degree of agreement between the patient's preconceived expectations (formed before hospitalization) and perceptions of the actual care (Senti & LeMire, 2011). Factors associated with satisfaction are thought to include the structure, process and outcome of care as well as patient socio-demographic, physical and psychological status, attitudes and expectations concerning medical care (Cleary et al., 1988; Minnick, Roberts, Young, Kleinpell, & Marcantonio, 1997; Williams, 1994).

According to Donabedian (1980), the evaluation of an effective medical service system is described in terms of structure, processes, and outcomes. Structure denotes the attributes of the settings in which care occurs. It includes organizational infrastructure such as size, number of patients, geographical location of the hospital, equipment money and patient characteristics such as age, gender, education, and human resources or health personnel like as doctors, nurses, registration, pharmacy and other staff of the hospital. The aim of these factors is structure to protect and improve quality health care services with patient satisfaction by appropriate utilization of process.

2.6 Studies in Africa

A study in Nigerian on patient satisfaction with the services provided at a general outpatients' clinic revealed that high level of satisfaction with the different aspects of care assessed. On the other hand, bad experiences were reported with the organization of health centers, the attitude of record clerks' and the consultation process (Kumari et al., 2009). There is an increasing interest in assessing patients' satisfaction with medical care in the United States and other countries. Patient satisfaction studies have, however, received comparatively little attention in public or government-sponsored settings and in developing countries in particular. In a study done in Qatar, it pointed to several deficiencies in these dimensions; availability, convenience of services, facilities (physical environment), humaneness of doctors, quality of care, and continuity of care and delivery of services in government health facilities in the State of Qatar (Devija et al., 2012). A study done in South Africa concluded that patient satisfaction is a fundamental

indicator of equitable quality of care.

Another study on patients' satisfaction at a referral hospital in Tanzania observed a high level of satisfaction among respondents, mainly because of the hierarchical healthcare delivery system, whereby the referral hospital is at the apex with super-specialty services. However, a small proportion of patients were dissatisfied with the long waiting time, high cost of treatment, and investigation charges.

2.7 Study in Tanzania

A study done in Tanzania revealed that customers were not satisfied with the services provided at Mwananyamala Hospital. This was indicated by providing advice and treatment, and the result was fair. The quality of services was most affected by internal affairs as it was indicated that employees were not satisfied with the resources provided at the workplace and the incentive schemes. The research found that lack of essential equipment; tools and supplies to work were 75% of frequently selected problems by staff interviewed. The list of unavailable equipment and tools included dustbins, brooms, disinfectants, gloves, soap, mops, bed sheets, pens, pencils and rulers were frequently mentioned alongside more expensive items such as ultrasound machines, sterilizers, air conditioners and vehicles. This implies that insufficient working equipment and tools were also major problems in delivering good service to the customers/patients. The findings further indicated that there were serious shortages of employees to attend to patients to the required standards of the Health Sector as it was found in the study that employees were overloaded by tasks. (Jacqueline Farady Waya, 2013).

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This topic included how the research is carried out in terms of research design, data collection methods, sampling design, research instrument, and constructs measurement, data processing and data analysis.

3.2 Research Design

The quantitative research method was adopted in this study. Quantitative research is the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect (Sukamolson, n.d). This study outlines the study of customer satisfaction (CS) towards health service provided at the hospital. It is appropriate to categorize this research as exploratory research and causal research.

A cross-sectional descriptive study was conducted to assess the perceived levels of clients' satisfaction with health services rendered at IRRH.

3.3 Area of the Study

The study was conducted at IRRH. The hospital is located in Iringa Municipality.

3.4. Study population

All clients visiting the hospital for health services from March 1/2023 to March 30/2023 were the source population.

3.4.1. Inclusive criteria

All patients /clients who attended and received services during the period of the study.

3.4.2. Exclusive criteria

Patients/clients who visited the hospital but did not receive any services.

3.5. Sampling technique

The sampling design is a finite plan for obtaining the samples from a given population. It is a process used in statistical analysis in which a predetermined number of observations is taken from a larger population. The sampling design used in this research was convenience sampling. Convenience Sampling is a non-probability sampling technique that individuals are subjected to, because of their convenient accessibility and proximity to the researcher. (S. S. Chandra, 2017)

3.6 Sample size

Sample size(n) was determined based on the assumption of a 90% satisfaction level, Expected margin of error (d) of 0.05 and with 95% confidence level ($Z_{\alpha/2}$) and 10% contingency for non-response. The study population was selected by a convenient sampling technique.

3.7 Data Collection Method

The data collection method is significant for study and it is effective in assisting researchers greatly in their quest for success (“Researchers have studied,” 2009). Besides, the information collected by researchers should be reliable and valid for the study because inaccurate data collection can impact the outcome of the study and ultimately lead to invalid results (“Data Collection Method,” n.d.).

Thus, primary and secondary methods are used to analyze the data to provide a clearer and more in-depth understanding.

Data collection techniques were both self-administered questionnaire and Interview

3.8. Data collecting tool.

A semi-structured questionnaire was used to collect data.

3.9 Primary Data

Primary data is the data that has been collected from the first experience. Hence, it is more reliable, authentic and objective in data collection (Gulnazahmad, 2011). For the current study, a self-administered questionnaire was chosen due to its convenience, inexpensive, reduction of biases and greater anonymity (Data-Collection Tools,” n.d.).

The purpose of the questionnaire was to generalize from a sample to a population to make inferences about the characteristics of the population. Therefore, 197 questionnaires were used to interview the respondents who have attended IRRH seeking Health care in order to capture the level of their satisfaction with the services offered.

3.10 Secondary Data

Secondary data is known as data that has been collected by previous researchers and is readily available. The purpose of collecting secondary data is to make primary data collection more specific and allow researchers to figure out what are the deficiencies and what additional information is needed to be collected for the study (“Secondary Data,” 2012).

3.11 Validity and Reliability

To ensure validity reliability the tool was pre-tested to customers who received service from the hospital. Corrections were made to reach the final version.

3.12 Questionnaire Checking

Questionnaire checking consists of completeness and interviewing quality. This will be checked after the first set of questionnaires is returned to detect any problems earlier on and corrective action can be taken before conducting the actual questionnaire (Malhotra & Pearson, 2006). Any mistake found is carried forward in the data editing process.

3.13 Data processing and analysis

Data obtained in this research was processed and analyzed both manually and electronically.

3.14 Variables

The dependent variable in this study was customers' satisfaction whereas the independent variables were socio-demographic characteristics (gender, age, nationality,); quality of care, accessibility, language, communication, service waiting time, service provision environment and privacy. Customers were required to provide their views on whether they were satisfied with the services based on these variables.

3.15 Study Limitation

The study limitation was respondents who gave false responses.

3.16 Ethical consideration

Ethics issues were considered by both Authorities of the study area and to the respondents.

Confidentiality of information was maintained, and a permit for this study area was obtained from the authority of the IRRH. Respondents were required to provide verbal consent before data collection.

3.17 Dissemination of results.

Results from this study were disseminated to the hospital staff for service improvement purposes.

4.0 RESEARCH RESULTS

4.1 Introduction

This chapter presents the findings of the study on patients' satisfaction with healthcare delivery services at IRRH. Detailed analysis of the data, interpretation and explanation of the results about objectives and the research question are given. The findings are based on information from a questionnaire survey from a representative sample of 197 customer informant interviews. The chapter is organized as follows: Demographic characteristics of study participants, patients' satisfaction, perceived healthcare delivery service quality and customer satisfaction with services by departments/wards.

4.2 Social - Demographic Characteristics of Respondents

The study population was 197 and this included both genders. The study population by gender is shown in Table 4.1

Table 1: Gender of respondents (n=197)

GENDER	NUMBER	PERCENTAGE
FEMALE	136	69.0%
MALE	61	30.9%

Source: researcher 2023

As shown in the Table 1, the majority of respondents were females.

The researcher also wanted to find out the respondents' characteristics in terms of age. The outcome was as depicted by Figure 2

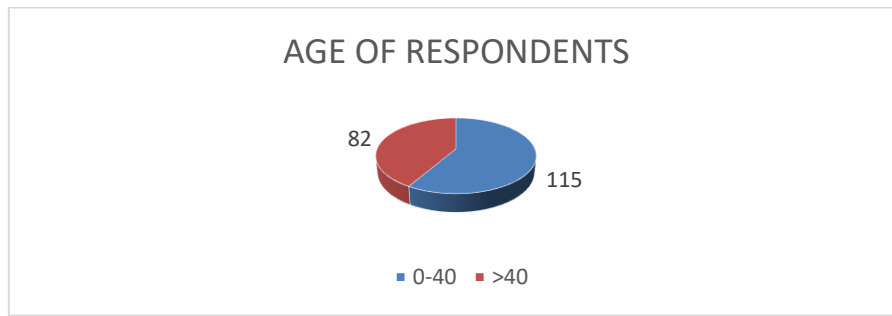


Figure 2: Age of respondents (n=197)

Source: researcher 2023

The figure above shows that the majority of the respondents were below the age of 40 years. The researcher wanted to get responses from different nations, if possible, to capture their perception, the outcome is shown in Table 2

Table 2: Residence of respondents

RESIDENCE	NUMBER	PERCENTAGE
TZ	100	100%
NON-TZ	0	0%

Source: researcher 2023

Table 2 shows that all 100%, of respondents, were Tanzanians.

4.3 Response provided by customers per questions.

Q1 Is this your first time to get services at this hospital?

When the researcher wanted to find out whether this was the first time for the customer to receive the health service at IRRH, it was revealed that 25 (12.6%) of the customers had this was their first visit whereas 167 (84%) of the customers had already received services at the hospital before.

Q3 Did the SP greet you before providing the service?

The researcher wanted to find out whether the service provider greeted the customer before providing the service. The results are shown in Figure 3

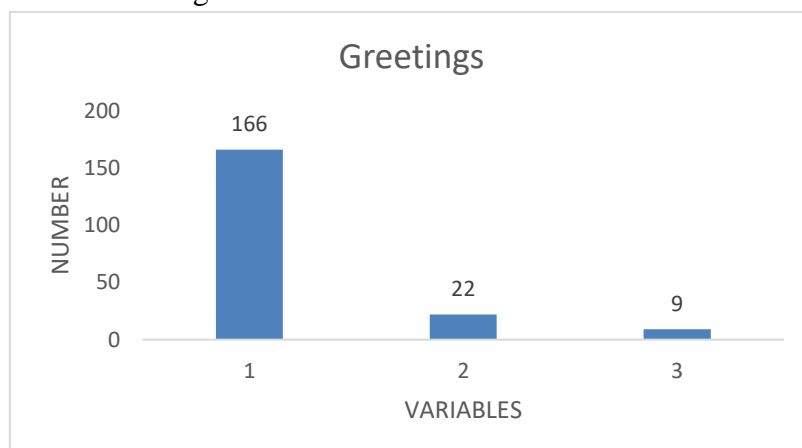


Figure 3: Response to whether health provider greet customers

Source: researcher 2023.

It was revealed that the majority of customers were greeted by the service providers, however some were not. Few respondents did not respond to the question.

Q4 How did you perceive the waiting time?

When customers were asked about the time, they spent waiting to get the services the responses were as shown in Figure 4

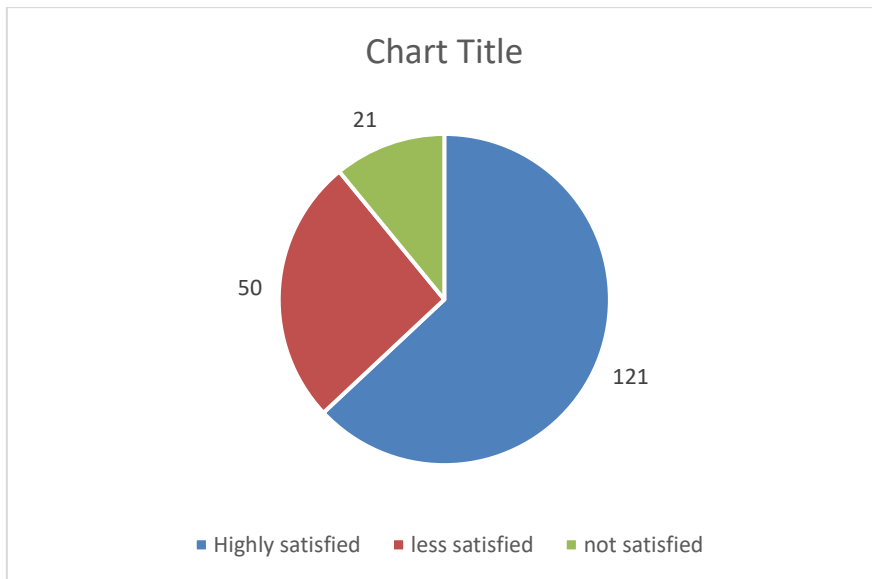


Figure 4: Waiting time
Source: researcher 2023.

Figure 4 shows that the majority of the customers 86.8% were satisfied by the waiting time however almost 10.6% were not satisfied

Q5 *Were you satisfied with the service provided by the service provider?*

In this question, customers were asked to say their views about the services and how they were provided. Their responses are shown in Table 4.3

Table 3: satisfaction with the service (n=197)

Variable	Number	Percentage
Very satisfied	185	93.90%
Satisfied	9	4.50%
Not satisfied	3	1.00%

Source: Researcher 2023

The table above shows that the majority of customers were satisfied with the services and how they were provided.

Q6 *Were you satisfied with the time provided to launch your complaints?*

Customers were also asked to evaluate the time they were provided to explain their health problems. The responses were as seen in Figure 5

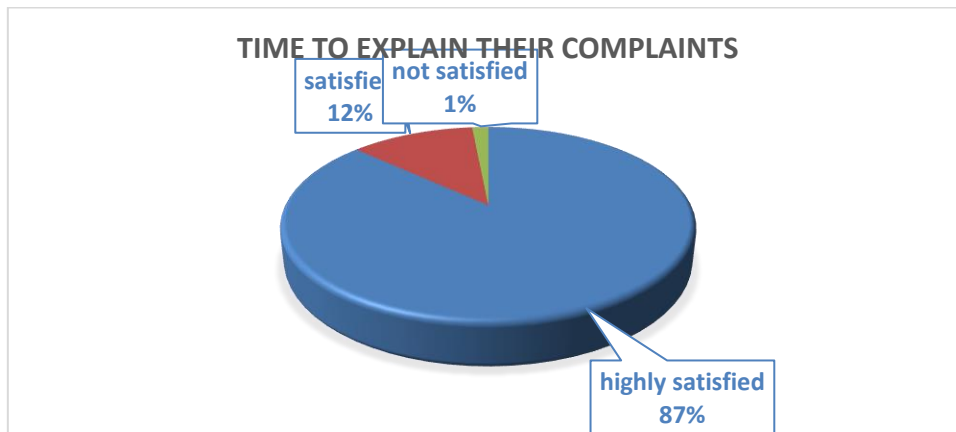


Figure 5: Time to launch your problems (n=197)

Figure 5 shows that the majority of customers were given enough time to explain their problems to the service providers, however, the minority 1% were not satisfied.

Q7 Were you satisfied with the communication between you and the service provider?

In this question the researcher wanted the customers to air their views about whether they were satisfied with the communication with the SP during service provision. Their responses are shown in the Figure 6

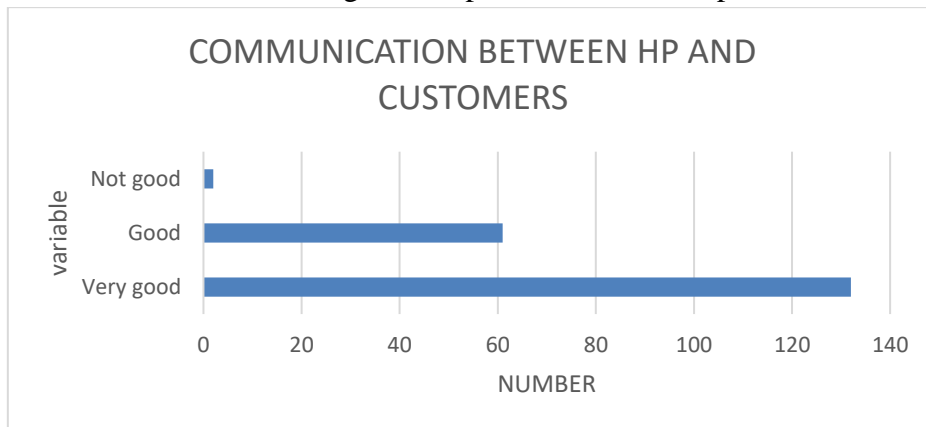


Figure 6: Communication with the service provider (=197)

Figure 6 shows that the majority of customers responded that the communication was very good, however, the minority said that the communication with the service provider was not good.

Q8. Did you get any explanation to overcome your health problem?

Here the researcher wanted to find out whether the customer received explanations on how to overcome the health problem. The responses were as shown in Figure 7

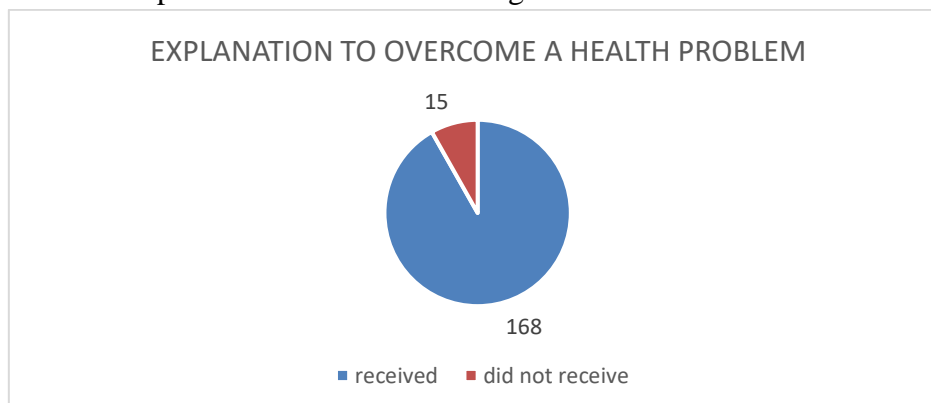


Figure 7: Explanation to Overcome Your Problem? (n=197)

The researcher revealed that the majority (85.2%) reported having received explanations to prevent the recurrence whereas the minority (7.6%) did not receive any.

Q9. Were you satisfied with the service provision environment?

In this question, the customers were asked to air their views on the environment where the service was provided. The responses from the customers are seen in Figure 8

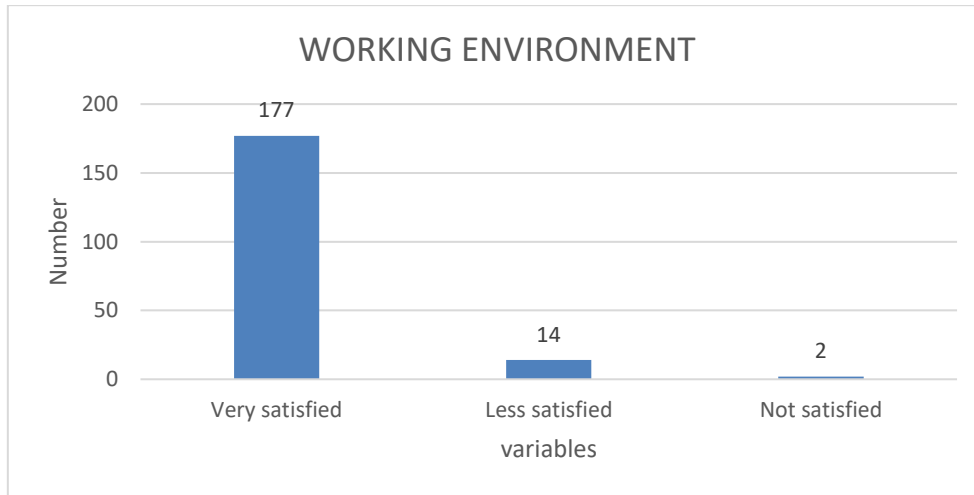


Figure 8: Responses regarding the environment (n=192)

Source: researcher 2023

The figure above shows that the majority were satisfied with the working environment whereas the minority were not satisfied with the service environment.

Q 10. Were you satisfied with the privacy in the service provision area?

Privacy is one of the criteria in quality services. The research wanted to find whether the customers have privacy in health services at IRRH. The responses from the customers are seen in Figure 9

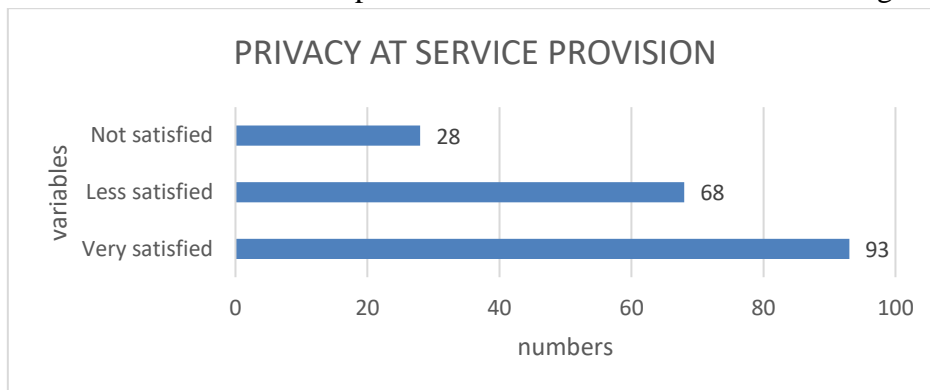


Figure 9: Satisfaction with privacy at service provision (n=189)

Source: researcher 2023

Figure 9 shows that the majority were very satisfied with privacy in the service provision area.

Q 11. Were you satisfied with the time for waiting for lab results?

Lab results are the key item in the total management of the patient. The researcher wanted to find out from the customers what were their comments regarding the waiting time for the results. The responses were as seen in the Figure 10

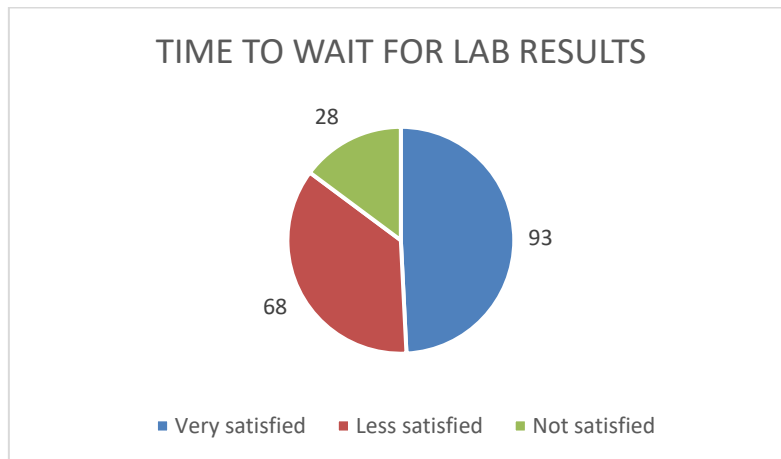


Figure 10: Waiting time for lab results. (n=189)

Source: researcher 2023

Figure 10 shows that almost more than half of the customers were satisfied whereas the remaining few 14.8% were not satisfied with the time for waiting for laboratory results.

Q 12 Did you receive medicine after laboratory results?

In the management of patients, most medicines are provided after receiving laboratory results. In this question, the researcher wanted to find out whether customers received medicine after laboratory results or before that. The responses were as seen in Figure 11

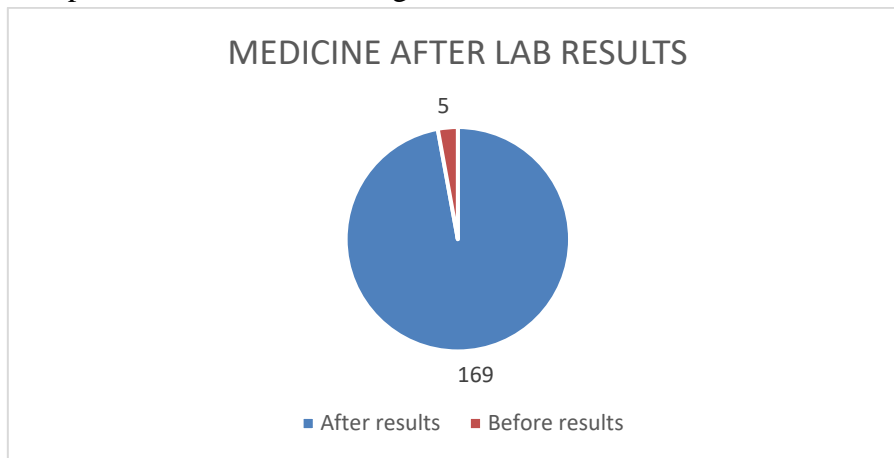


Figure 11: Medicine after laboratory results. (n=174)

Source: researcher 2023

Figure 11 shows the majority of customers received medicine after receiving Laboratory results whereas the minority 2.8% got drugs without lab results.

Q13. Did you get enough explanation on how to use received drugs?

For proper management explanations on how to use medicine is on of the items in quality services. The researcher wanted to get from customers whether they got explanations on how to use medicine. The results are seen on Figure 12

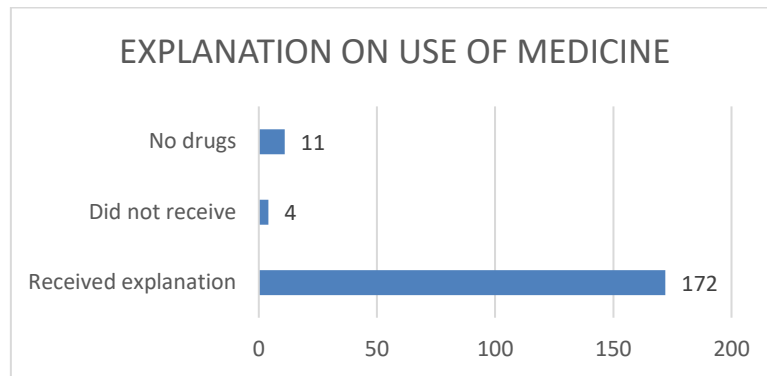


Figure 12: Explanation of how to use medicines (n=187)

Source: researcher 2023

Figure 12 shows that the majority received an explanation on how to use the medicines whereas the minority 2.1% did not receive them, however, some customers did not receive the medicines so the question was redundant to them.

Q 14 Were the directives on the use of medicine satisfactory?

The researcher wanted to find out whether the customers were satisfied with the explanations provided by the service provider. The responses were as follows. See Table 4

Table 4: Directives on the use of received drugs (n=172)

	Explanations of medicine received	Number	Percentage
1	Very Satisfied	159	92.4%
2	Less satisfied	11	6.39%
3	Not satisfied	2	1.16%

Source: researcher 2023

Table 4 shows that the majority were satisfied with the explanations provided except the minority 1.16% who were not satisfied.

Q15. What did you like most in this hospital?

After all these questions the researcher wanted from the customers their views about what each of them liked the most and what they did not like at the hospital.

Q17. Would you recommend this service to a friend?

Most of the time if the customer was satisfied with the service they received they would like to recommend the services to a friend or relative. In this regard, the responses were as shown in Figure 13

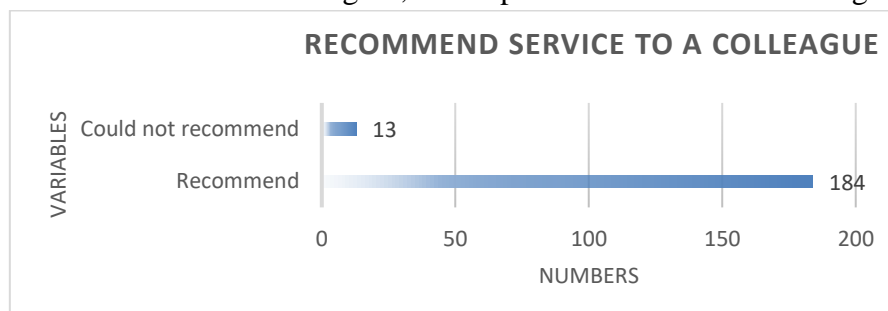


Figure 13: Customer response whether they would recommend the services to a colleague? (n=197)

Source: researcher 2023

Despite different comments in the above two questions, the majority of customers 93.4% reported being ready to recommend the services to other colleagues.

4.4. Customer satisfaction from different departments/wards

RCH (n=4)

In this department, it was found that all customers 100% were satisfied with the service provided.

WARD 13 (n=13)

Almost all customers were satisfied with the services provided, however, 5 (38.4%) reported that they were not satisfied with the waiting time for laboratory results.

NHIF (n=25)

In this department 24 (96%) customers were satisfied with the services in general, 2 (8%) were not satisfied with the time to explain their problems, and, 7 (28%) were not happy about the communication with the SP and 6 (24%) reported that the waiting time for results was too long.

WARD 5 n=19

Customers who were satisfied with the services were 18 (94.7%) however 3 (15.7%) complained about the working environment that it was too long. 5 (3%) reported the time to wait for results to be too long and 3 (15.7%) complained about being given a short time to explained their health problem.

WARD 7. (n=16)

In this ward customers were almost satisfied with the service, however, 7 (43.7%) complained about the time for waiting lab results. 6 (37.5%) complained about the communication service provider and customer.

PHYSIOTHERAPY (n=5)

Almost all 100% were highly satisfied with communication from SP however 3 (60%) were less satisfied with the type of communication by the SP.

OBS and GYNE (n=18)

Almost 100% were satisfied although 2 (11.1%) had reservations on waiting time before receiving services.

CTC (n=18)

Almost all were satisfied except 5 (62.5%) commented on waiting time before receiving services and 7 (38.8%) were less satisfied with the time for waiting for laboratory results.

PAEDIATRIC WARD (n=14)

The majority were satisfied with the service provision, however, 5 (35.7%) complained about waiting time for service, 4 (28.5%) complained about unsatisfactory communication between SP and customer, whereas 4 (28.5%) complained about waiting time for laboratory services.

LABORATORY (n=4)

All 4 (100%) reported being satisfied with privacy in the lab however 2 (50%) were not satisfied with the waiting time for laboratory results.

OPD (n =16)

Out of 16 respondents 9 (56.2%) were not satisfied by the waiting time for results however 4 (25%) were not satisfied with the waiting time for services and 7 (43.7%) did not get satisfied with communication between SP and customers.

EYE (n=9)

From the eye department, the customer complaints were as follows, 4 (44.4%) complained about communication 3 (33.3%) customers reported that privacy was not enough and 3 (33.3%) reported that

waiting time for investigations was too long.

EMD. (n=5)

In this department, all customers (100%) who received services from this department were satisfied with the services and there were no complaints about the services.

4.5 Customer satisfaction according to the gender of respondents.

The researcher wanted to learn whether customer satisfaction may be influenced by gender. The following are the responses. See Table 5

Table 5: Customer Responses by gender

SN	Variables	FEMALES N=136		MALES N=61	
		Satisfied	%	Satisfied	%
1	Service provision	126	92.6%	61	100%
2	Communication	113	83%	61	100%
3	Waiting for lab results	132	97.3%	49	81%

Source: researcher 2023

In this regard the researcher concludes that males were more satisfied with both service provision and the type of communication between SP and customers as compared to females, however, females were more comfortable with the time for waiting for lab results as compared to males.

4.6 Customer satisfaction according to Age of respondents.

In this regard, the researcher wanted to compare satisfaction with the services provided by the age of respondents. The outcome is shown in Table 6

Table 6: Customer satisfaction according to age.

SN	Variables	Under 40 years n=114		Above 40 years n=82	
		satisfied	%	satisfied	%
1	Service provision	111	97.3%	82	100%
2	Communication	110	96.4%	82	100%
3	Waiting for lab results	93	81.5%	68	82.9%

The researcher observed that regarding customer satisfaction in general, customers who were above the age of 40 years were satisfied with the service provision, communication and time to wait for results as compared to those below 40 years of age.

5.0 DISCUSSION, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

5.1 Discussion

5.1.1 Patient Satisfaction

Patient satisfaction measurement provides an important parameter for assessing healthcare service delivery, healthcare indicators that are not well reflected by other service statistics such as patient data, waiting times and consultation times. The study revealed a satisfaction index of 98% which implied that almost all customers were satisfied with the perceived delivery of the healthcare services. A study conducted by Nezenega et al. (2013) in Southern Ethiopia to assess patient satisfaction with tuberculosis treatment revealed a satisfaction index of 90% which was lower than the 98% reported in this study. The difference in the satisfaction index can be explained by the difference in the study area context.

A recent study in India on patient satisfaction with health care services stated that the overall satisfaction level of patients for the availability of services was 97% for seating arrangements, 95% for cleanliness, 93% for timing, 83% regarding services provided by the others staff and 85% for availability of sufficient doctor's hospital in the department in OPD (Joshi, Sochaliya, Purani, & Kartha, 2013).

Patient satisfaction level influences patients' decisions on health service utilization, future recommendations and choice of service delivery points. Dissatisfied patients bypassed a facility for another one perceived to offer satisfactory services irrespective of the distance (Nezenega et al., 2013). Similar to a study by Kumar et al., (2008), patients who were dissatisfied with the delivery of services tended to spread a bad word of mouth to other potential users which tainted the public image of the facility. Few patients were willing to launch complaints to the facility management or seek redress for fear of discrimination by the service providers. The study established that establishing patients' satisfaction and experiences is an important step in improving the perceived delivery of services and enhancing service utilization rates at the facility level.

5.1.2 Waiting Time

Many patients felt that the waiting time for the services was unnecessarily long. Timeliness of services was important, especially for patients who were critically ill, in pain or had other obligations to undertake after being attended (Halwindi et al., 2013). Longer waiting time, (i.e. longer time than those indicated in the service delivery charter) experienced when seeking services in the facility was shown to negatively impact the perceived delivery of services. Waiting in the facility have been reported to be unnecessarily long and longer than the time limits indicated in the service delivery charter. Engaging in activities other than professional duties such as talking to a friend for a long time over the phone and or in the office, leaving the office for refreshments, etc. during working hours is perceived to be the cause for longer waiting time and inefficiency in service delivery. This has been linked to poor staff and service delivery supervision which results into longer waiting times (Gopal and Bedi (2014). The provision of good healthcare services requires staff to prioritize and be sensitive to clients' needs whether implied or stated.

5.2 Implications of the Study

According to the result of findings it reveals that the level of quality of service is high and customers are satisfied with the quality of services offered by service providers at the Hospital, this implies that the customer need is fulfilled on time.

5.3 Conclusion

Satisfaction Index Results revealed an average patient satisfaction (96%) with perceived delivery of services.

This agrees with the null hypothesis that says the customers were satisfied with the services they received at IRRH. Hence through away the alternative hypothesis.

5.4 Managerial Implications

This study has recommended a handful of implications for the policymakers as well as the practitioners of IRRH. Hence, by going through the overall findings of the study, there are some of the important implications that should be emphasized in the overall performance of the Hospital. Implementing it, it helps to boost the quality of health services provided at the Hospital.

5.5 Limitations of the Study

Throughout the progress of conducting this study, several limitations have been identified and are important to point out for the researchers to learn and acknowledge. The first limitation is the limited

sample size to represent the whole population of IRRH. Due to time and resource constraints, the researchers have interviewed 197 customers which is considered a limited sample size to conduct for study. Thus, this small sample size has caused the result to be limited and it might fail to represent the high and mighty accuracy of gratifying results needed for this study.

Lastly, the questionnaire was designed in a close-ended manner which required respondent to tick/respond to the answer that is the best to represent their thoughts or satisfaction level. Although it was beneficial as the respondents could easily and conveniently answer the questionnaire, the researchers were able to analyze and interpret the data easily due to time and resource constraints. However, it would limit the researchers to gain a more in-depth understanding and thoughts from the customers towards health care, which indirectly affects the accuracy and reliability of results. If the questionnaire were designed in an open-ended manner, the researchers would be able to find out what is uppermost in the respondent's minds. Simultaneously, better accuracy of results could be obtained. However, the respondents will feel troubled by this kind of questionnaire which would require them to take longer time to answer.

5.6 Recommendations

After analyzing the results from customers, the researcher recommends the following.

1. The Hospital management should take time to dig further in the results and suggestions for improvement from the customers, however small they are but the goal should be to have customer satisfaction of 100%.
2. Strategies should be set to improve from the suggestions provided.
3. Regular research should be conducted to have views from different customers and use these results as a baseline.

5.7 Recommendations for Further Study

The study recommends further studies on the following:

- Comparative study on perceived quality of services in private and public facilities
- Study to examine the role of staff friendliness on patient satisfaction with perceived quality of service.

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