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**DETERMINING THE DIFFERENCES BETWEEN PATIENTS' AND EMPLOYEES'
PERCEPTIONS AND EXPECTATIONS OF QUALITY OF SERVICE IN
OUTPATIENT DEPARTMENTS IN KIAMBU COUNTY PUBLIC HOSPITALS**

STEPHEN MWANGI MAINA

MBA-HCM/83146/14

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTERS IN BUSINESS
ADMINISTRATION IN HEALTHCARE MANAGEMENT**



STRATHMORE UNIVERSITY

NAIROBI, KENYA

MAY 2016

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ABSTRACT

The demand for effective healthcare within the Kenyan population has continued to rise making it hard for the government to provide sufficient health care services. Despite the on-going reform effort, the majority of the people in many counties still have limited access to quality health services. Living in the world of information and technology, patients are now more aware of their needs and rights. Health is a social good and needs public participation, including proper allocation of resources responding to public needs. In order for the health sector to meet the given public needs, it needs to change in line with the changing needs of the customers, this can only be met if these needs are determined by use of the surveys which ensure that the healthy sector offer quality services. The objective of this study was to determine the differences between patients' and employees' perceptions and expectations of quality of customer service in an outpatient department in 3 public Kiambu County hospitals, Kenya. The study was conducted in Kiambu County. SPSS (version 20) was used to analyze the study's data. Basic descriptive statistics was done. The data was analyzed through percentages, frequencies, mean, standard deviation and Chi-Square test and the findings were presented in tables, graphs and narratives for easy comparisons and understanding to the readers.

The study revealed that there is difference in patients and employees' perception of quality of service at the hospitals. Patients don't expect much from the treatment facilities though hospital staff perceives these facilities to affect the quality of service offered to a great extent. Both patients and employees' opinion on the effect of customer care related factors on service quality are moderate. Patients in public hospitals don't expect much of customer care services from the employees hence they perceive it as affecting service quality to moderate extent. Patients view the effect of medical care related factors on service quality as moderate while employees view it as very great. Patients appreciate medical care while employees view it as not enough. The study recommends that the county government of Kiambu should strive to improve quality of patient service in all hospitals under their management. This can be enhanced through provision of physical facilities in order enhance patient satisfaction. Periodic assessments should be consistently carried out to determine the physical state of each hospital and appropriate measures taken as per the report, the county government needs also to ensure consistent supply of basic hospital amenities in order to enhance the quality of health care provision. Patients should also be sensitized on the kind of customer service to expect from public hospitals.

Key words: service quality, patients, employees, treatment facilities, customer care service, medical care, perceptions and expectations

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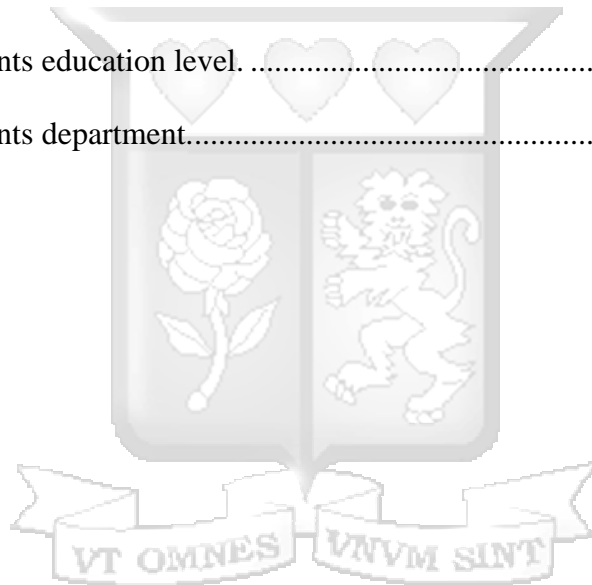


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LIST OF ABBREVIATIONS

ASQC	American Society for Quality Control
MOH	Ministry of Health
OPD	Outpatient Department
SERVQUAL	Service Quality
SPSS	Statistical Package for Social Science



DEFINITION OF TERMS

Outpatient Department: Part of the hospital designed for treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not require a bed or to be admitted for overnight care

Service: Non-concrete performance provided by one party to another without resulting in ownership of something.

Service Quality: An assessment of how well a delivered service conforms to the client's expectations.

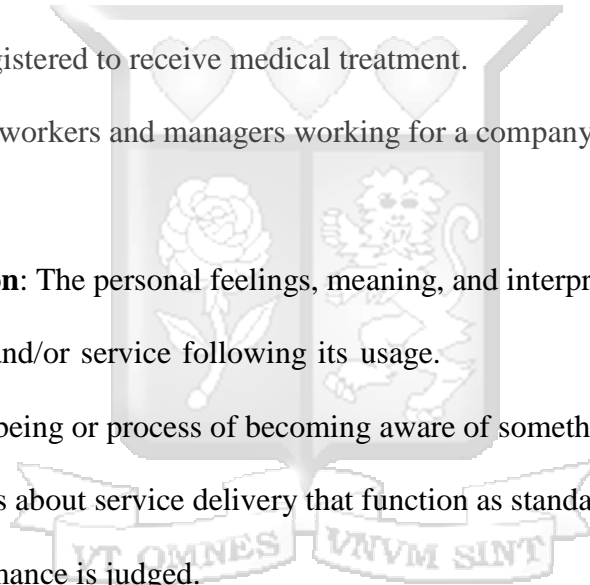
Patient: A person registered to receive medical treatment.

Employee: Term for workers and managers working for a company, organization or community.

Customer satisfaction: The personal feelings, meaning, and interpretation a consumer makes of a product and/or service following its usage.

Perception: State of being or process of becoming aware of something through the senses.

Expectations: Beliefs about service delivery that function as standards or reference points against which performance is judged.

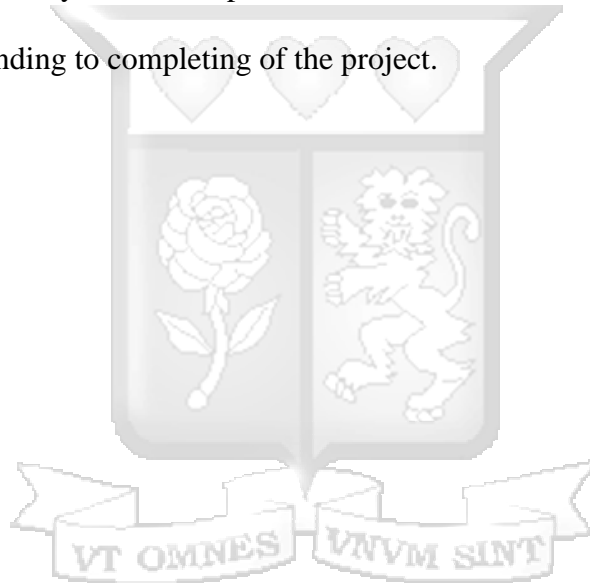


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DEDICATION

To my family, your prayers and encouragement kept me going. Thank you for your understanding during the study period.



CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Health care quality has become a major priority globally and in Kenya. In a report on patient safety in the United States it was reported that there are preventable deaths in the US due to medical negligence (Lin & Kelly, 2009). In Kenya, reports of poor quality of health services received resulting in deaths or other negative outcomes such as paralysis abound in mainstream and social media affecting the public's perception of the quality of health services in Kenya.

Consumers of health services receive different medical services according to their needs and often they judge the quality of these services offered to them (Choi, Franco, Rafeh & Hatzell, 2004). The quality of such services can be said to be in form of two dimensions (a) the technical dimension which is the main service provided and (b) a process/functional dimension which is the way in which the service is provided (Grönroos, 2000). Parasuraman, Zeithaml and Berry (1988) study provided the SERVQUAL model which could measure how superior the quality of a service was. The model described the gap between the consumer's perception and expectation based on five main attributes identified namely; assurance reliability, empathy, tangibles and responsiveness (Parasuraman, *at al.*, 1988).

Satisfaction surveys done on patients seek to investigate the health care service quality that is provided to the patients (Lin & Kelly, 2009). Research has been extensively done on the link

between service quality and consumer satisfaction in regard to different consumer provided services, which include health care services (Brady & Robertson, 2001; Andaleeb 2001). The definition of patient satisfaction can be said to be the matching of the consumer expectation of the provided health care service to the consumer's pleasant or disappointing actual experience (Swartz, Bowen, Brown and Stephen, 2003). The satisfaction level of the consumer will be low in case the consumer expectations are not met in regard to the service provided. However, the patients will show a high level of satisfaction if their expectations are met. If the services provided exceed the customer expectations, the consumer will be by highly satisfied and delighted (Swartz, *et al.*, 2003). Swartz *et al* (2003) suggested that patients' positive opinion about services they received is the process of matching between a set of generally accepted quality with their personal past involvement.

There has been relationship shown to exist by the different studies done on patients' satisfaction: satisfaction comes from implementation of the perceived service against the expectation of the consumer of the service. After the patient is satisfied, he or she is willing to buy or come back and get the same service. If there are many patients pleased with the services provided, then the level of satisfaction in regard to the service provided will be higher (Swartz, *et al*, 2003).

The Kenyan Health Policy 2012 – 2030 provided by the devolved government gives the health sector guidelines that are needed to identify and outline important activities needed the goals of the health sector (Kenya Health Policy, 2012). The policy further provides seven orientations and six objectives that the Kenyan government ought to meet to achieve the laid

out health goals. The health policy is aligned to WHO pillars of health system of which high quality service delivery is a major one. The policy also emphasises that health services in Kenya should align to the three Es- effectiveness, efficiency and equity which are components of quality of health care.

Kenya, like many other developing countries suffers from a crippling shortage of health workers. Other major gaps that have been reported include lack of commodities, adequate health facilities and functional monitoring and evaluation systems. In many government facilities all over the country discrepancy developed between demand for service and the human and material resource available. The problem affected general outpatient service as well maternal and child health (M.C.H) services. This resulted in crowded clinics, long queues and long waiting times; grumbling staff; dissatisfied patients and possibly lowering of the quality of care.

Community leaders and public at large voiced complaints through various channel (KMPG report, 2013). These complaints have now shifted more towards immediate feedback on social media such as Facebook, WhatsApp and Twitter as a cry for help to improve the quality of health services especially in public health facilities in Kenya.

Health services in Kenya were devolved in 2013 following an enactment of a new constitution in 2010. Devolution of health services divided the roles and responsibilities for managing health services between the national and 47 county governments. The national government is responsible for policy formulation and setting standards (including quality)

and training health workers as well as management of national referral hospitals. The county governments are responsible for health service delivery including management of hospitals, recruitment of staff, procurement of commodities ensuring that quality and standards are adhered to. Health now been a devolved service, as part of its strategic agenda, the newly elected Kiambu county government has prioritized the improvement of the healthcare service delivery to its citizens.

1.1.1 Overview of Kiambu County public hospitals

Kiambu County Government is responsible is responsible for its mandate for ensuring quality service delivery in all health facilities in its mandate. Kiambu has one Level 5 hospital, four Level 4 hospitals (formerly known as district hospitals), twelve Level 3 and 2 hospitals (formerly known as health centres and dispensaries). The level of staffing varies by hospital level with Level 2 and 3 being staffed by nurses and clinical officers, Level 4 by medical officers and clinical officers and Level 5 have consultants with specialized services. The workload in these facilities also varies with Level 2 handling basic cases on outpatient basis while Level 4 and 5 have both inpatient and outpatient services including specialised outpatient clinics. In addition to the public facilities, there are private and faith based facilities in Kiambu counties offering services similar to those offered by the government. Even though workload and staffing level vary, patient satisfaction and service quality remains a key consideration at all service delivery levels but is compounded in more complex facilities. The newly elected Kiambu county government therefore prioritized the improvement of the healthcare service delivery to its citizens as shown in the service charter.

1.2 Statement of the Problem

Living in the world of information technology, nowadays patients are aware of their needs and rights. Health has become people's matter and need public participation, including proper allocation of resources responding to public needs. In the face of increasing demands for health services, many Sub-Sahara African countries in the region face difficulty to further mobilize public budget resources and at the same time explore new financing modalities (Pawar and Mukherji, 2011). Many reforms in the health sector in Kenya are aimed at ensuring that accessible, affordable and effective health services which would promote the well-being, improve, and sustain the health status of the Kenyan population, is made available (MOH, 2013). Kenya has also invested in addressing quality of services in health facilities through the development and roll out of the Kenya Quality Model for Health (KQMH).

Although many improvements in the Kiambu health system have been made, these have not translated to a commensurate increase in patronage and numbers of patients. Despite the ongoing reform effort, the majority of the people in Kiambu County opt not to seek treatment at these public hospitals. Latest data from hospitals registries indicate approximately 2500 patients visit the outpatient department daily in the 3 public hospitals, which are significantly low figures to its populations. In addition, Kiambu county hospitals have continued to receive negative publicity in mainstream and social media regarding quality of care from the patients' and public perspective

According to Kols and Serman (2008), in order for services provided to satisfy the consumer needs, the health sectors need to keep changing in line with the changing customers' needs. This can only be if the needs of the consumers/ patients and the providers are determined by use of surveys that seek to determine the patient's satisfaction with the quality of care provided. This study sought to determine the differences between patients' and employees' perceptions and expectations of quality of service in an outpatient department with special focus on 3 public Kiambu County hospitals.

1.3 Objectives of the Study

1.3.1 General Objectives

To determine the differences between patients' and employees' expectations and perceptions in regard to the quality of service provided in the outpatient department

1.3.2 Specific Objectives

The study's specific objectives were:

- i. To determine the differences in perception of the quality of treatment facilities available to patients while seeking medical treatment between the employees and patients in 3 Kiambu County public hospitals
- ii. To determine the differences in perception of quality of customer care service between the employees and patients in outpatient department in 3 Kiambu County public hospitals
- iii. To determine the difference in the perception of the quality of medical care between the patients and employees in Kiambu County public hospitals

1.4 Research Questions

The study sought to answer the below research questions:

- i. What are the employees and patient's perceptions of quality of treatment facilities available in outpatient department in Kiambu County public hospitals?
- ii. What are the differences in perception of quality of customer care service between employees and patients in outpatient department in Kiambu County public hospitals?
- iii. What is the difference in the perception of the quality of medical care in Kiambu County public hospitals?

1.5 Significance of the Study

The study will be important to policy makers, county health management and hospital staff as it will provide an insight into service quality of outpatient departments in our hospitals as envisioned in the constitution and national health policy strategy. The study will assist the management of public hospital in improving the patient expectation from these hospitals. The management will identify areas to improve on service delivery to patients in order to enhance patient expectation. Policymakers, county health management and hospital staff shall be able to draw on this study to address the gaps prevalent in quality service of outpatient departments in county hospitals. This will assist policy makers in designing policies aimed at enhancing service quality in government hospital in the country. Further, the study will be of great importance to future scholars and academicians as it will form the basis for future research as well as provide literature to future research, the study will also add to the existing knowledge on quality and patient satisfaction that can be used as a basis for further studies.

1.6 Scope of the study

This study sought to determine the differences between patients' and employees' perceptions and expectations of quality of customer service in an outpatient department with special focus on 3 Kiambu County public hospitals, that is, Thika Level 5 Hospital, Kiambu Level 4 Hospital and Gatundu Level 4 Hospital. Primarily, the study aimed to address both patients' and employees' perceptions and expectations of service quality of outpatient departments in the area.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter looks at theoretical review of service quality, gap theory and factors related to patients' perceptions and expectations in particular, treatment facilities related factors, and customer care related factors and medial related factors.

2.2 Theoretical Review

In the health sector, managers are constantly needed to demonstrate that they offer customer-focused services and that they are keen on continuous performance improvement of the services they offer. It is thus important that the expectations of the customers are fully understood and measured so that service industries such as the health care sector can manage within the constrained financial resources they have. It is also important that such industries identify any service quality gaps that exist according to the consumer's perspectives. This information is important for managers as they can come up with cost effective methods of sealing the quality gaps and also decide which quality gaps need to be given first priority in line with the existing scarce resources (Young and Varble, 2006). The concept of service quality has been considerably researched and debated on since of its complexity in terms of defining and measuring it. The research literature has however not come up with any consensus on its definition and measurement (Wisniewski, 2011).

2.2.1 Concept of Service Quality

Quality as defined by International Organization for Standardization is a relative concept and if the inherent characteristic of a service meets the requirements of the customer, it can be rated as high quality (Reinartz, 2004). Goetsch and David (2007) defined the quality as: a case associated with the goods and services, people and processes that meet the wishes and expectations of consumers and even beyond. The American Society for Quality Control (ASQC) identified the quality in 1983 as: the characteristics of goods and services that enable them to satisfy the implied needs of consumers, and the lack of deficit in the ability of goods and services to satisfy the needs and desires.

It's obvious from the past definitions the existence of clear differences in the definition of quality. The most important common features from these definitions are: that quality is the best performance of the product or service based on user or client; that quality means the match of good or service with standards and specifications; quality means a production of good or providing service rightly from the first time; quality is measurable in a precise quantitative manner.

Service on the other hand is defined as: non-concrete performance provided by one party to another without resulting in ownership of something (Goetsch and David, 2007). It is noted that this definition includes services provided by insurance companies, banks, transport companies, hospitals, schools, offices, lawyers, doctors, accountants and public utilities such as electricity and water. Some consider what restaurants sell are commodities being provided by something tangible, while others believe that what provided by restaurants are services.

So it was necessary to determine the appropriate standard for separating between the two points of view.

That means if the satisfaction of the need and meets the requirements in non-concrete manner forms the significant deal, then what is purchased by the consumer is a service. However, if the larger deal is to satisfy the need in a concrete manner, then what purchased by the consumer is a commodity (Kotler, Bowen, Makens, Xie and Liang, 2006). The quality of service is known as: the quality, which includes two dimensions; the first is procedural and related to specific systems and procedures established to provide the service, while the second is a personal and related to the interaction between the workers -with their attitudes and behaviors and verbal practices- and between the customer. It is also known as: the quality of services provided, whether expected or perceived by customers, and is the main determinant of customer satisfaction or dissatisfaction (Summers, 2009).

It is noted from the previous definitions that the quality of service represents the interaction between the service provider and the client. It reflects the level of services provided, whether expected or perceived and received by the client, and become the main determinant of customer satisfaction or dissatisfaction where the client can find the quality of the service through the comparison between expectations and the actual performance of service. In healthcare, service quality can be broken down into two quality dimensions: technical quality and functional quality (Dean and Lang, 2008). While technical quality in the health care sector is defined primarily on the basis of the technical accuracy of the medical diagnoses

and procedures or the conformance to professional specifications, functional quality refers to the manner in which the health care service is delivered to the patients.

2.2.2 Gap Theory to Measure the Service Quality

There are seven major gaps in the service quality concept. According to Brown and Bond (1995), "the gap model is one of the best received and most heuristically valuable contributions to the services literature". The model identifies gaps relating to managerial perceptions of service quality, and tasks associated with service delivery to customers.

This approach emerged during the eighties through the studies carried out by Parasuraman; Zeithmal & Berry (1988) in order to implement in identifying and analysing the sources of quality and assisting in how to improve them and is known as SERVQUAL. The assessment of quality according to gap model means identifying the gap between customers' expectations for the level of service and their perceptions of actual performance, which means how to identify and determine the scope of concordance between the expected service and perceived service (Parasuraman, *et al.*, 1988).

The difference between expectations and actual perceptions among customers determines the level of service quality. Therefore, the quality of service is determined by the difference between the expected service and perceived service (Actual Performance), and therefore the level of service is measured by the congruence between the level of service already provided and what customers expect. In order to reach a good level of service, it is a must to keep pace with customer expectations and cope with it continuously. The quality of perceived service

moves in the range between ideal quality and acceptable quality. Consequently, the customers' perception for the quality of service depends on the nature and scope of the discrepancy between expected service and perceived service. Therefore, the quality of service is measured as follows: If the expected service is greater than the perceived service (actual performance), the quality of service is less than satisfactory, so the customers will generate a level of non-acceptance; If the quality of expected service equal to the perceived service, the quality of service is satisfactory, and thus there is a level of acceptance among customers; If the expected service is less than the perceived service, the quality of the service will be more than satisfactory, and are moving toward the ideal quality, this will continue to a limited extent of time, and will be changeable (Zeithaml, & Bitner, 1996).

Thus, the main axis in assessing the quality of service to this model is represented in the gap between the client's perception of the actual performance level of the service and his/ her expectations toward it and that gap depends on the nature of the gaps related to designing, marketing and delivering the service, and these gaps are (Foster, 2009):

The People or Customer service Gap: *The Gap between Customer Expectations and Customer Perceptions*

It is the most important gap and in an ideal world the customer's expectation would be almost identical to the customer's perception. In a customer orientated strategy, delivering a quality service for a specific product should be based on a clear understanding of the target market. Understanding customer needs and knowing customer expectations could be the best way to close the gap.

The Knowledge Gap: *The Gap between Consumer Expectation and Management Perception*

The knowledge gap is the difference between the customer's expectations of the service provided and the company's provision of the service. In this case, managers are not aware or have not correctly interpreted the customer's expectation in relation to the company's services or products. If a knowledge gap exists, it may mean companies are trying to meet wrong or non-existing consumer needs. In a customer-orientated business, it is important to have a clear understanding of the consumer's need for service. To close the gap between the consumer's expectations for service and management's perception of service delivery will require comprehensive market research.

The Policy Gap: *The Gap between Management Perception and Service Quality Specification.* This gap reflects management's incorrect translation of the service policy into rules and guidelines for employees. Some companies experience difficulties translating consumer expectation into specific service quality delivery. This can include poor service design, failure to maintain and continually update their provision of good customer service or simply a lack of standardisation. This gap may see consumers seek a similar product with better service elsewhere.

The Delivery Gap: *The Gap between Service Quality Specification and Service Delivery*

This gap exposes the weakness in employee performance. Organisations with a Delivery Gap may specify the service required to support consumers but have subsequently failed to train

their employees, put good processes and guidelines in action. As a result, employees are ill equipped to manage consumer's needs.

The Communication Gap: *The Gap between Service Delivery and Communication to clients*

In some cases, promises made by companies through advertising media and communication raise customer expectations. Consumers are disappointed because the promised service does not match the expected service and consequently may seek alternative product sources. As services are intangible, organisations use physical evidence to reassure their client on the quality of services they provide by using physical facilities and amenities to communicate quality (Kotler, 2007).

This study examines three of the gaps in this model: the people or customer service gap, the knowledge gap and the communication gap, as they explain the differences between patients' and employees' expectations and perceptions in regard to the quality of service in Public hospitals.

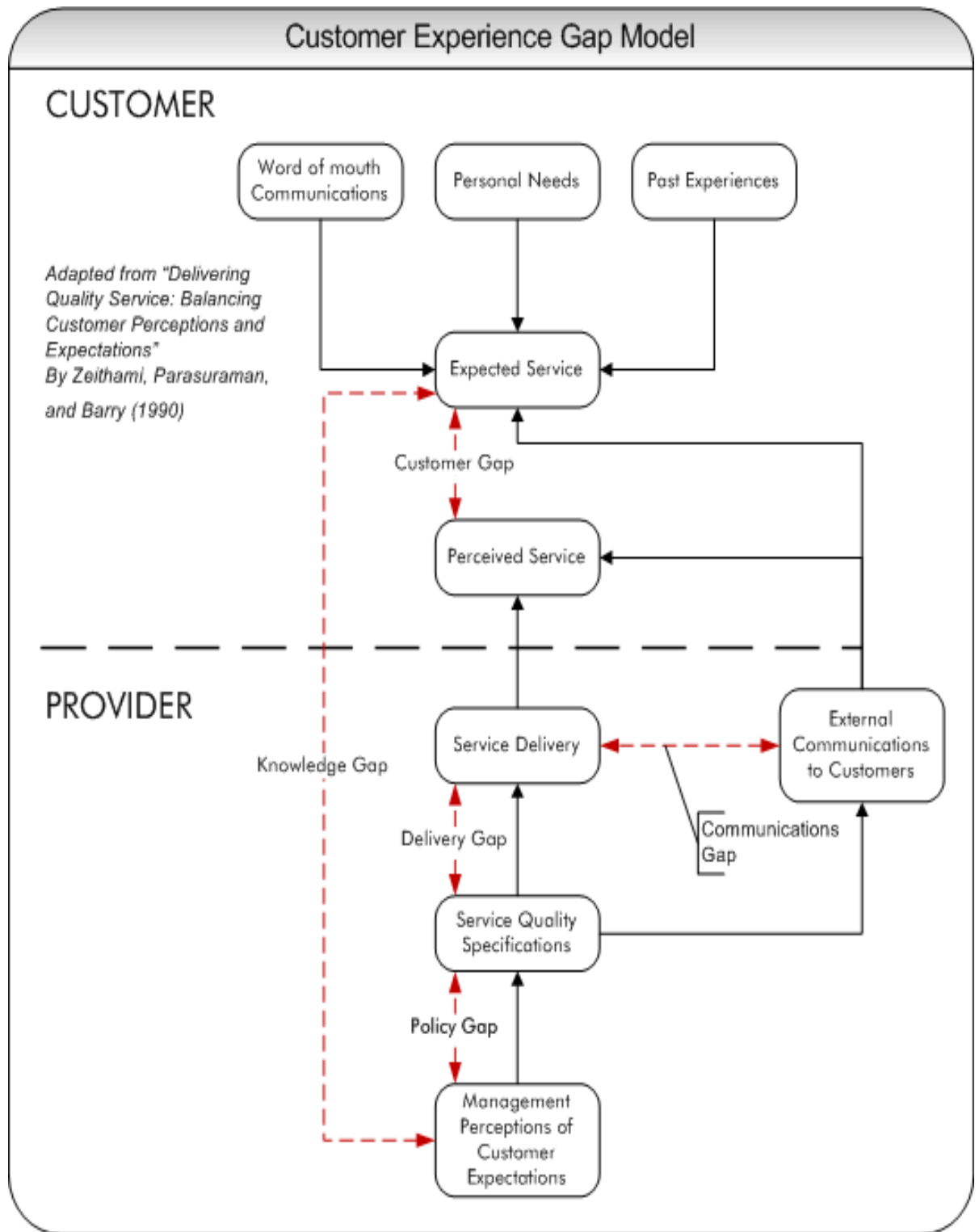
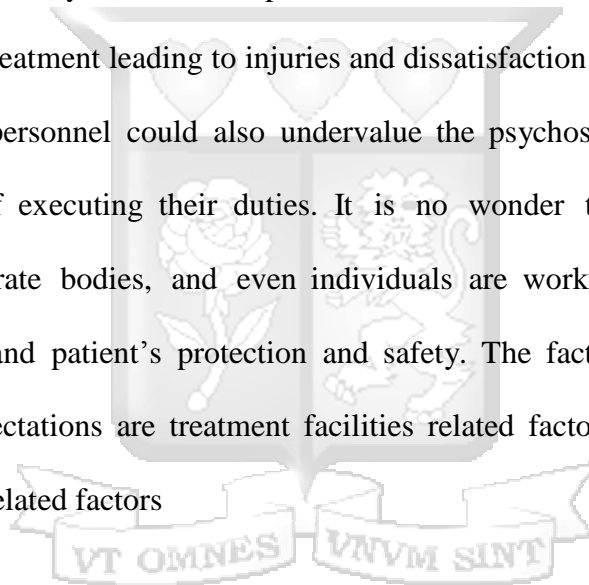


Figure 2.1: Consumer Experience Gap Model

(Zeithaml, Berry & Parasuraman, 1990)

2.3 Factors Related to Patient Perceptions and Expectations

Quality health care delivery affects all sectors of the economy because every economy relies on a healthy working population to offer skill and unskilled labour for increased productivity and the growth of the national income. This had necessitated the need for a system of continuous quality improvement committed to providing better medical services as a surest way of ensuring quality health care delivery. Despite the modern scientific development and technological advancement in health care delivery, issues of patients centred health care delivery still needs improvement. Even in the best systems, mistakes and lapses occur during treatment leading to injuries and dissatisfaction in service delivery. More importantly, health personnel could also undervalue the psychosocial aspect of treatment during the course of executing their duties. It is no wonder that, states, international organizations, corporate bodies, and even individuals are working tirelessly to promote quality health care and patient's protection and safety. The factors that relate to patient perceptions and expectations are treatment facilities related factors, customer care related factors and medical related factors



2.3.1 Treatment facilities related factors – *Communication gap*

The environment and amenities of the facility are experiential but meaningful to the selection decision bearing in mind that most patients are far better equipped to judge what they like than to evaluate medical credentials, training and experience (Gandolf, 2012). To survive, facilities will react to the changing demands of the marketplace and provide the most positive patient experience for their targeted audiences.

For some individuals, the appeal may be through upscale cafes, Internet plug-in kiosks and plush seating areas. The primary question is not whether they should invest in amenities, but which amenities are most essential to the overall patient experience, including perhaps especially those things that help improve patient care and outcomes (Gandolf, 2012).

Those amenities that contribute to the work environment and staff productivity should be among the first to be considered. When nurses, doctors and staff enjoy where they work and feel their own needs are being respected and met they are better equipped to provide responsive and compassionate care. Amenities should effectively improve communication between doctor, nurse, staff and patient. They should facilitate workflow, provide patient education for improved health directive compliance, and help reduce patient anxiety and stress, (Gandolf, 2012)

There are some contrary comments which were disclosed regarding the aspects of hospital environment and amenities which scored lowest for a patient satisfaction index in a study carried out in out-patient's departments in South Korea (Kui-Son, Hanjoon, Chankon & Sunhee, 2005). In France, a study conducted in a public hospital found the most common problems experienced by patients were related to hospital living arrangements and amenities. A similar result was reported in a study conducted at five hospitals served under the Healthcare System (Koichiro, Brian, Kelly, Sarah, Thomas and Claiborne, 2009). Furthermore, in 2012 Arshad et al. reported that the major dissatisfaction in an outpatient department was the long waiting time and overcrowded registration. In contrast, a study carried out in five different hospitals in Scotland found that physical comfort had the highest

satisfaction rate compared to other core dimensions: information, coordination of care and emotional support.

In addition, mentioning accommodation aspects, patients seem to be unsatisfied by specific factors like hospital beds allocation and silence preservation. External environment dimensions, such as canteen prices and parking, are linked with satisfaction deterioration (Andaleeb, 2001).

2.3.2 Customer care related factors- *People gap*

One cannot talk about quality issues without factoring in the concerns of customers. Increased contact with external and internal customers provides managers with new ideas for improvement and ultimately assists a manager to measure and adjust his or her performance against the all-important barometer of customer satisfaction (Longenecker and Neubert, 2003).

There is variety of methods for finding out what customers think about a service (Ovretveit, 2001): talking to staff or clients about what clients like and dislike about the service. It also involves routine customer group meetings; a letter sent to a sample of clients; comments cards; free telephone lines for comments and complaints; observation against check-list; objective indicators of customer satisfaction, e.g. clients-cancelled appointments, demand and waiting times. Each measures different things and used for different purposes in different situations. The combined data collection methods give rich insights into client's perspectives on service quality.

Customer satisfaction is the personal feelings, meaning, and interpretation a consumer makes of a product and/or service following its usage (Gustafsson, Johnson and Rose, 2005). Dispensa (1997) observed that customers who are satisfied with a product would convey pleasurable information about the product to others with a view to convincing others to patronize it. At the polar end of such reasoning is the notion that, dissatisfied customer of a product will not only desist from subsequent patronage of the product but will spread damaging information about the product to other users, which might discourage its patronage. Customer satisfaction is now the ‘essence of success in today’s highly competitive world of business’ (Kohl and Gasworks, 1990).

As the patient is becoming widely recognized as a reliable and important source of information about quality of medical practice (Lawathers, Rozanski, Nizankovski and Rys, 2009), important steps towards making performance transparent comes with the publication of concrete figures on the quality of outcomes relevant to patients. Patient’s surveys are an important part of this. Advantages of patient’s surveys are that it identifies what patients and the public value, and standardized ways to tailor such surveys to measure specific domains of experience and satisfaction. However to reach the valid and reliable results remain a challenge for the health care organizations (Sitzia, 1999). If the questionnaires and process are scrutinized using scientific methods, it can guarantee a useful and comparative data. Health care organizations using performance indicators to differentiate themselves and demonstrate customer focus reap considerable advantages, especially if they have a quality management system to underpin the development of performance. That is the benefit of both patients and staff (Kolking, 2003).

2.3.3 Medical related factors- *Knowledge gap*

Diversity arises when examining the meaning of quality in medical care. Medical 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 (Rao, Weinberger & Kroenke, 2000). It is therefore not sufficient to consider only the technical competence of those providing care, but also care provided more effectively, efficiently and humanely.

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

Gandolf (2012) showed that patients want physicians to have a holistic approach towards their disease. They expect physicians to talk to them, listen carefully to their problems, ask and answer questions in simple terms and ultimately help them make decisions about their care. William and Calnan (1991) said that inter-personal relationship between a doctor and a patient is one of the most important determinants for patient satisfaction. A doctor who listens and sympathizes well with patients will go a long way in satisfying them.

2.4 Conceptual Framework

Conceptual framework is a scheme of concept (variables) which the researcher operationalizes in order to achieve the set objectives, (Mugenda & Mugenda, 2003). A variable is a measure characteristic that assumes different values among subject (Mugenda & Mugenda, 2003). Independent variables are variables that a researcher manipulates in order to determine its effect of influence on another variable, (Kombo & Tromp 2006), states that independent variable also called explanatory variables is the presumed change in the cause of changes in the dependent variable; the dependent variable attempts to indicate the total influence arising from the influence of the independent variable Mugenda & Mugenda, (2003). This is illustrated in figure 2.2 below showing the two types of the variables.

Independent variables

Dependent variable

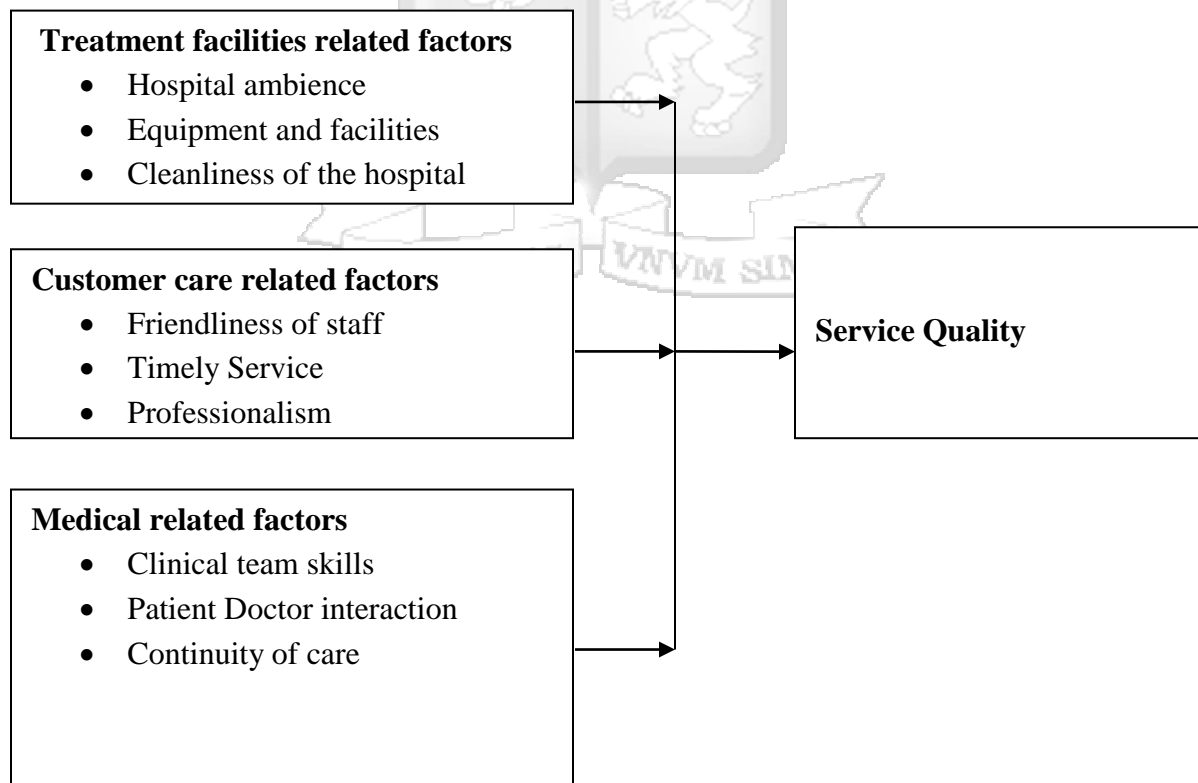
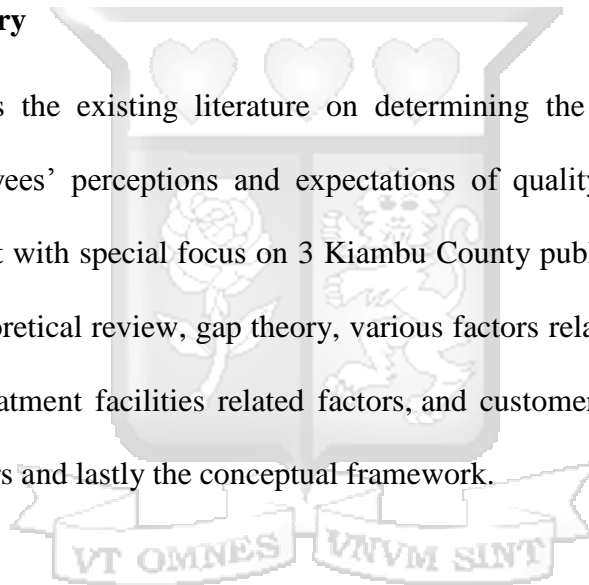


Figure 2.2: Conceptual framework

Figure 2.2 above describes the relationship between factors related to patients' perceptions and expectations (treatment related factors, customer care related factors and medical related factors) and service quality. The independent variable was the factors related to patients' perception while the dependent variable was service quality. The null hypothesis for this study was as " There is no difference between the patients' and employees' perceptions and expectations of quality of service in outpatient department".

2.5 Chapter Summary

This chapter reviews the existing literature on determining the differences between the patients' and employees' perceptions and expectations of quality of customer service in outpatient department with special focus on 3 Kiambu County public hospitals, in specific it has reviewed the theoretical review, gap theory, various factors related to patient perceptions and expectations, treatment facilities related factors, and customer care related factors and medical related factors and lastly the conceptual framework.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Research procedure is explained as method applied in investigating the subject under investigation. It is the structure underlying the approach of a research. This chapter presents the approach, which was employed to carry out the study. It further explains the type and source of data, the target population and sampling methods and the techniques that was used to select the sample size. It also describes how data was collected and analyzed. The suitable methodology in this study gives the guidelines for data gathering and information processing.

3.2 Research Design

Research design is the elementary plan that specifies an outline of the activities that are needed to perform the research project. This research problem was studied through the use of a descriptive research design. Cooper and Schindler (2003), explains a descriptive research methodology as a way of finding out the what, where and how of a phenomenon. This study therefore will be able to generalize the results to all the enterprises. This method was concerned with intense investigation of problem solving situations in which problems are relevant to the research problem (Gill & Johnson, 2006).

The research emphasized on determining the differences between patients' and employees' perceptions and expectations of quality of customer service in an outpatient department with

special focus on 3 Kiambu County public hospitals. The underlining idea was to select a number of targeted cases where an intensive analysis revealed the possible measures for resolving the research questions on the basis of the existing solution applied in the selected case study. The research endeavors to describe and define a topic, mostly through creating a set of problems (Cooper & Schindler, 2003).

3.2.1 Unit of Analysis

The units of analysis were the hospital staffs who particularly work in the outpatient departments in the 3 public hospitals in Kiambu County and the patients who sought service in these departments.

3.3 Population and Sampling Design

3.3.1 Target Population

Target population in statistics is the precise population about which information is looked-for. According to Ngechu (2004), a population is a well-defined or set of people, elements, events, and services, group of things or households that are under investigation to generalize the results. This definition presumes that the population is not homogeneous.

The population of the entire medical staff of the 3 Kiambu County hospitals in the outpatient departments is 257 and the patients seen on daily basis is 2500 in total. This population represents the entire set of cases from which a sample was taken (Saunders, 2012). The hospital staffs that were chosen include clinicians and the administrative staff which form quotas from which the samples was taken.

Table 3.1: Target Population

Category	Frequency
Thika level V hospital	103
Gatundu district hospital	81
Kiambu level IV hospital	73
Total	257

Source: Kiambu County (2015)

3.3.2 Sampling Design

3.3.2.1 Sampling Frame

A sampling frame is a complete list of all sampling components, which a sample can be derived from, (Kombo and Tromp 2006). The sampling frame for this study was the list of staff in the three hospitals and 2500 patients from the outpatient department in the hospitals.

3.3.2.2 Sampling Technique

Sampling methods provides a variety of procedures that can help to reduce the amount of data required to collect by considering only data from a sub-group instead from all possible cases or elements, (Kothari, 2006). At the period of conducting research, it is often impossible, impractical, or too costly to gather data from all the possible units of analysis included in the study problem. The required numbers of subjects, respondents, elements, firms are selected from the population frames which compose the sample.

Stratified sampling method and purposive sampling procedure was employed to select the sample. According to Kerry & Bland (1998) the technique produces estimations of the overall population parameters with better precision and that well representative sample is

obtained from a relatively homogeneous population. The study grouped the population into three strata which include Thika level V hospital, Gatundu district hospital, and Kiambu level IV hospital. This in turn increases the precision of any estimation methods used.

3.3.2.3 Sample Size Determination

The sample size for this study was 154 hospital staff and 333 patients. With the hospital staff complement given as 257, a sample of 154 would be representative of the whole outpatient departments' staff as calculated below. This also applies to the patients. This was determined by the formula by (Mugenda & Mugenda, 2003)

$$Ss = \frac{Z^2 * (p) * (1-p)}{c^2}$$

Where:

Ss = Sample size

Z = Z value (e.g 1.96 for 95% confidence level)

p = percentage picking a choice, expressed as decimal (0.5 assuming that the level of accuracy to particular choice is 50%)

c = confidence interval (0.5)

The margin of error adopted was 5 percent confidence (alpha level of 0.05) as applied in educational and social surveys (Krejcie & Morgan, 1970)

There being no estimate available of the proportion in the target population, 50% (0.5) was used as the value for 'P' as recommended by Fischer et al as a conservative value for

maximum variability and corrected for a finite population as the sampling frame is less than 10000 (Mugenda & Mugenda, 2003)

$$S_s = 1.96^2 * 0.5 * 0.5 / 0.5^2 = 384.16$$

The required sample size was obtained by correction for finite population as;

$$S_{sf} = S_s / \{1 + S_s / N\} = 384$$

The required sample size was obtained by correction for finite population as:

$$\text{Hospital staff} = 384 / \{1 + (384 / 257)\} = 153.9 \text{ hence } 154$$

$$\text{Patients} = 384 / \{1 + (384 / 2500)\} = 332.8 \text{ hence } 333$$

Where:

S_{sf} = sample size for finite population

N = Population

Each quota at this sample is expected to give sufficient responses to allow statistical analysis (Saunders, 2012).

3.4 Data Collection Methods

With respect to determine the differences between the patients' and employees' perceptions and expectations of quality of customer service in outpatient department with special focus on 3 Kiambu County public hospitals, the study used a survey questionnaire (Appendix I) which were administered to each member of the sample population. The questionnaire had both open and close-ended questions. The close-ended questions provided more structured answers to enable the research make recommendations. The closed ended questions were used to test the rating of various attributes and this assists in reducing the number of related

responses in order to obtain more varied responses. The open-ended questions provided additional information that may be captured in the close-ended questions.

The questionnaires were cautiously designed and tested with a few members of the population for further enhancements. This was done so as to enhance its validity and accuracy of data to be collected for the study. Secondary data was gathered for this study. This data was valuable in generating additional information for the study from current documented data or available reports. This mainly implied the incorporation of valuable statistical data in the study.

3.5 Research Procedures

The researcher personally administered the research questionnaire all chosen respondents of the study. The study shall uphold high ethics and great care to ensure all questionnaires administered to the respondents were received. The study kept a register of questionnaires, which were sent, as well as those which were received back. The researcher employed drop and pick-later method to administer questionnaires to the respondents.

This study collected both primary and secondary data. Primary data was gathered and generated for the project at hand directly from respondents mainly using questionnaires. Secondary data is the data is gathered for other purposes and used in the recent project usually the secondary data are found inside the company, libraries, research centers, internet and etc. Secondary data involved the collection and analysis of published material and information from other sources such as annual reports, published data.

3.6 Reliability of the instrument

The study carried out a pilot study to pre-test and validate the questionnaire. Cronbach's alpha methodology, which is based on internal consistency, was used. Cronbach's alpha measures the average of measurable items and its correlation. This was in line with a qualitative research design methodology employed in this research project.

According to Berg and Gall (1989) validity is the degree by which the sample of test items represents the content the test is designed to measure. Content validity which was employed by this study is a measure of the degree to which data collected using a particular instrument represents a specific domain or content of a particular concept. Mugenda & Mugenda (2003) contend that the usual procedure in assessing the content validity of a measure is to use a professional or expert in a particular field.

The study selected a pilot group of 15 individuals from the target population to test the reliability of the research instrument. The clarity of the instrument items to the respondents was established so as to enhance the instrument's validity and reliability. The pilot study enabled the study to be familiar with research and its administration procedure as well as identifying items that required modification. The result helped the study to correct inconsistencies arising from the instruments, which ensured that they measure what is intended.

3.7 Data Analysis Methods

Before processing the responses, the completed questionnaires were edited for completeness and consistency. Quantitative data collected was analysed by the use of descriptive statistics

using SPSS (version 21) and presented through percentages, means, standard deviations and z-test. The information was displayed by use of bar charts, graphs and pie charts and in prose-form. This was done by tallying up responses, computing percentages of variations in response as well as describing and interpreting the data in line with the study objectives and assumptions through use of SPSS (version 20) to communicate research findings.

Content analysis was used to test data that is qualitative in nature or aspect of the data collected from the open-ended questions. This study was interested in determining the differences between the patients' and employees' expectations and perceptions in regard to the customer service quality provided in the outpatient department. The study was also use Z-test to test the level of significant of patient and staff response at 95% level of significance.

3.8 Ethical Considerations

Approval to conduct the study was sought from the Kiambu County Health Ethics and Research Committee located at Thika Level 5 Hospital. A letter of introduction from Strathmore University facilitated the approval. A certificate of consent was signed by the respondents to address ethical considerations. The certificate of consent indicates that the information and data collected was solely for research work and that respondents were not to be identified.

3.9 Chapter Summary

This chapter has explained the research procedure used in this study including the population, sampling design and size, data collection and analysis methods. The population consisted of management staff and patient. The data was collected by means of a structured questionnaire

designed by the researcher. This questionnaire was pilot tested with a sample of 15 respondents. The corrections and changes arising from the pre testing was then be made and the actual survey carried out. In the next chapter, the results of the survey were presented.



CHAPTER FOUR
RESULTS AND FINDINGS

4.1 Introduction

This chapter discusses the interpretation and presentation of the findings obtained from the field. The chapter presents the background information of the respondents and the findings of the analysis based on the objectives of the study. Descriptive statistics have been used to discuss the findings of the study.

4.2 Response Rate

Table 4.1: Patients Response Rate

Questionnaire	Frequency	Percentage
Filled and Returned	269	80.7
Unreturned	64	19.3
Total	333	100.0

The study targeted a sample size of 333 patients from which 269 filled in and returned the questionnaires making a response rate of 80.7%. This response rate was satisfactory to make conclusions for the study. The response rate was representative. According to Mugenda and Mugenda (1999), a response rate of 50 percent is adequate for analysis and reporting; a rate of 60 percent is good and a response rate of 70 percent and over is excellent. Based on the assertion, the response rate was considered to be excellent.

4.3 Patients Demographic Information

4.3.1 Age of the Respondents

The study sought to find out the age categories of the respondents.

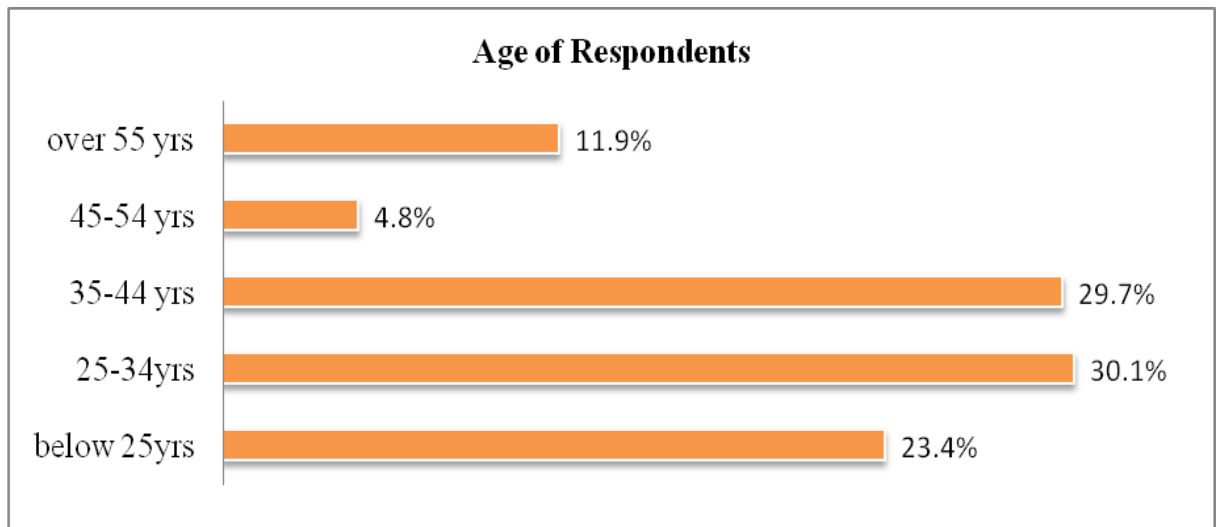


Figure 4.1: Age of the Respondents

The findings revealed that most of the respondents as shown by 30.1% were aged between 25 and 34 years, 29.7% of the respondents between 35 and 44 years, 23.4% of the respondents below 25 years, 11.9% of the respondents were over 55 years while 4.8% of the respondents were aged between 45 and 54 years. This is an indication that the respondents were drawn across age categories.

4.3.2 Gender of the Respondents

The study sought to determine the gender category of the respondents.

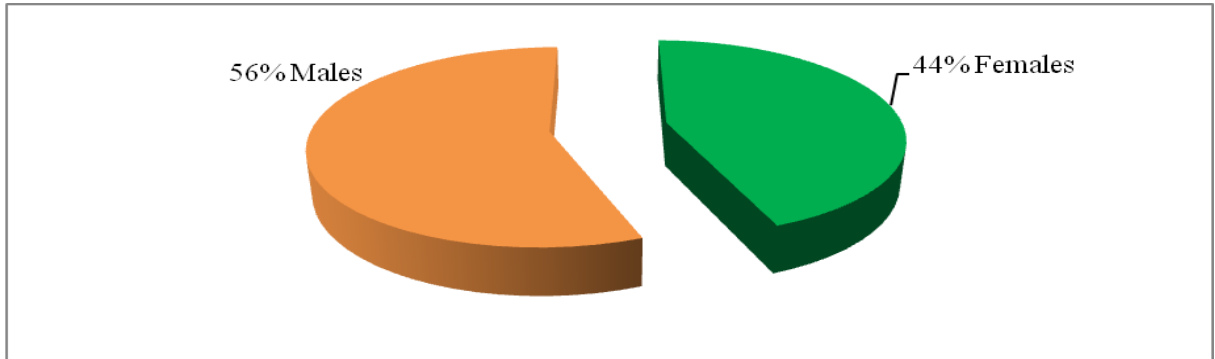


Figure 4.2: Gender of the Respondents

The study sought to determine the gender of the respondents. From the study findings, majority of the respondents as shown by 56% were males while 44% of the respondents were females. These findings show that both genders were fairly involved in the study and thus the results did not suffer from gender bias.

4.3.3 Respondents' Level of Education

The study sought to determine the respondent's level of education.

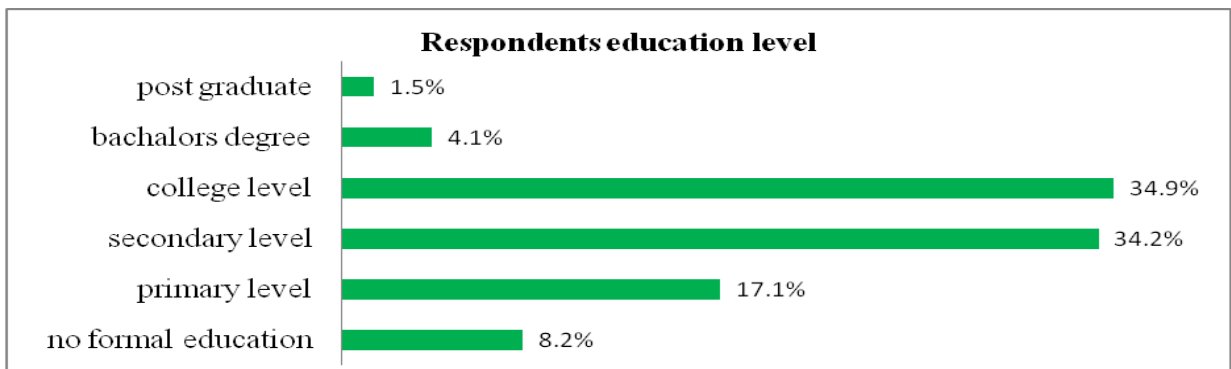


Figure 4.3: Respondents' Level of Education

The findings revealed that most of the respondents as shown by 34.9% had attained college level, 34.2% of the respondents had attained secondary level, 17.1% of the respondents had attained primary level, 8.2% had no formal education and 4.1% of the respondents had a bachelor's degree while 1.5% of the respondents had attained post graduate level of education. These findings depict that majority of the respondents involved in this study had attained the basic education and would thus understand the question hence give credible information related to this study, however there were 8% who had no formal education.

4.3.4 Place of Residence

The study sought to find out the respondent's place of residence.

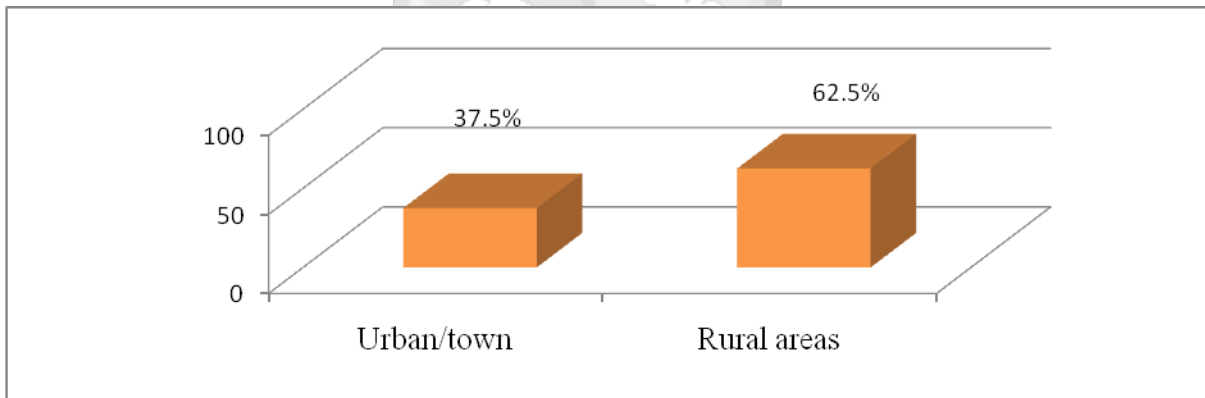


Figure 4.4: Respondents place of residence

From the study findings, majority of the respondents as shown by 62.5% indicated that they lived in rural areas while 37.5% of the respondents live in urban areas. This implies that both respondents living in the city and rural places were engaged in this research.

4.3.5 Respondents Employment status

The study sought to find out the professions of the respondents

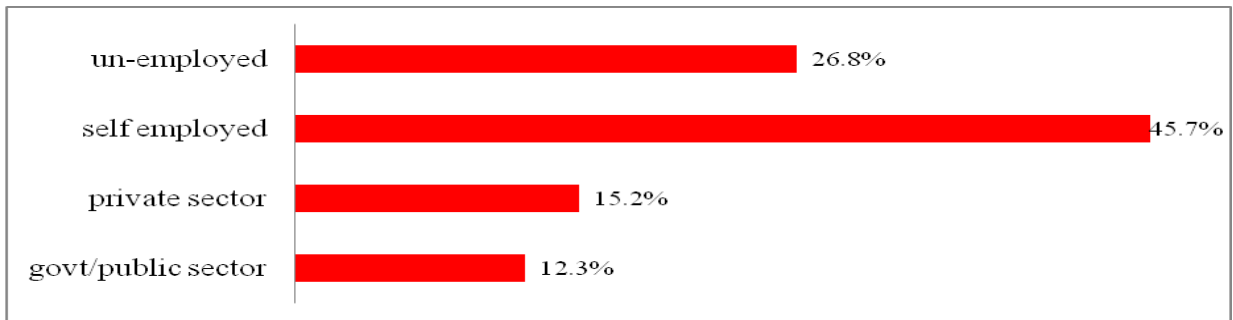


Figure 4.5: Respondents Employment Status

On respondent's employment status the study findings revealed that most of the respondents as shown by 45.7% were self-employed, 26.8% of the respondents indicated that they were unemployed, 15.2% indicated that they worked in the private sector while 12.3% of the respondents worked in the public sector.

4.4 Employees Demographic Information

4.4.1 Gender distribution

The study sought to find out the gender of the hospital staff

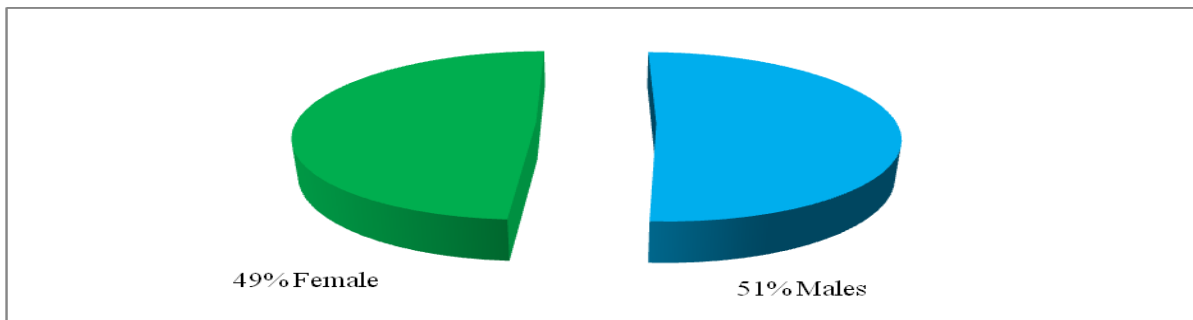


Figure 4.6: Gender of The Respondent

From the findings, majority of the respondents as shown by 51% were males while 49% were females. This shows that both genders were equally represented in the study.

4.4.2 Employees level of Education.

The study sought to find out the highest level of education attained by the respondents.

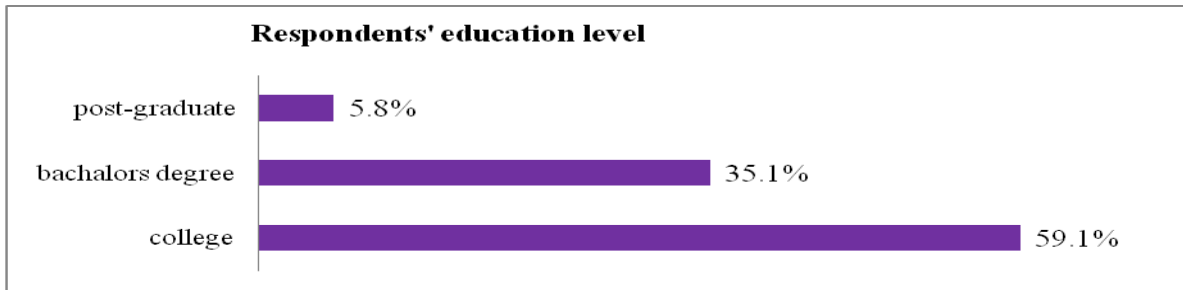


Figure 4.7: Respondents education level.

From the findings, majority of the hospital staff respondents as shown by 59.1% had attained college level of education, 35.1% of the respondents had attained bachelor's degree while 5.8% had attained postgraduate level of education. This shows that the respondents had formal education and thus understood the questionnaire well.

4.2.3 Respondents department

The study sought to find out which department the hospital staff respondents worked in.

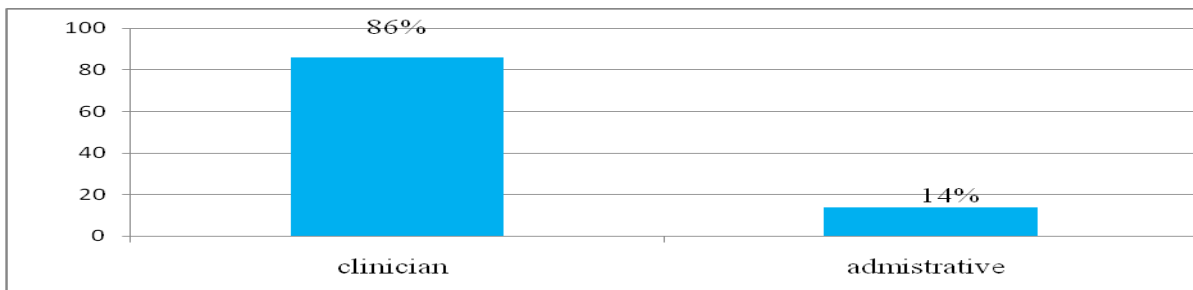


Figure 4.8: Respondents department

From the study findings, majority of the respondents as shown by 86% indicated that they worked as clinicians while 14% of the respondents indicated that they worked in administrative wing.

4.5 Differences in perception of the quality of treatment facilities available to patients while seeking medical treatment between the employees and patients

The study sought to find out the perception of the patients and employees on the extent to which treatment related factors affect patient service quality.

Table 4.2: Patients and Employees' level of agreement with statements relating to service quality and treatment facilities related factors at the hospitals

Statements	Patients		Employees		χ^2 value	P value
	Mean	Std. Deviation	Mean	Std. Deviation		
Wheelchairs, trolleys giving satisfactory services	4.24	0.04	1.56	0.12	20.037	.008
Cleanliness is good	4.23	0.90	1.75	0.85	21.813	.007
Toilet facilities are good	4.13	1.16	1.88	0.83	22.618	.007
Sophisticated equipment is used	4.32	0.01	4.18	0.34	19.559	.005
I am satisfied with hospital environment	4.03	.93	2.00	0.92	17.529	.005
I am satisfied with hand washing facilities	4.08	0.15	1.74	0.05	16.485	.006
There are adequate fans and lighting	1.49	0.18	1.50	0.01	16.822	.008

The study sought to determine the respondent's level of agreement with the above statements relating to treatment facilities related factors and their effects on patient service quality. From the findings, majority of the patients disagreed that the quality of cleanliness at the hospital is

good (mean value = 4.24) as asserted by the employees working in hospital (mean value = 1.56), majority of the patients disagreed that toilet facilities were in condition and well maintained (mean value = 4.13), contrary to doctors and hospital staff views that toilet facilities were in good condition (mean value = 1.75), both the employees and patients disagreed that most of the hospitals were using sophisticated equipment as shown by a mean of 4.32 for patients and 4.18 for doctors and hospital staff, most of the patients disagreed that they were satisfied with hospital environment (mean value = 4.03), contrary to employees working who indicated to be satisfied with the quality of hospital environment (mean value = 2.00). Patients visiting the hospital also expressed their dissatisfaction with hand washing facilities (mean value = 4.08), contrary to employees' opinion that hand washing facilities were good and satisfying (mean value = 1.74), and finally both patients and doctors concurred that the hospital facility had adequate fans and lighting as shown by means of 1.49 and 1.50 in each case respectively. The findings are in support of recommendations by Gandolf (2012) hospital management should facilitate workflow, provide patient education for improved health directive compliance, and help reduce patient anxiety and stress.

From the results of Chi-square Test on the difference between employees and patients' perception of quality of treatment facilities, the study rejects the null hypothesis that there are no differences on the perception of the quality of treatment facilities available to patients while seeking medical treatment between the employees and patients in Kiambu County public hospitals. The difference between employees and patients on quality of treatment facilities was found to be significant as the p-value is less than 0.05.

Table 4.3: Patients' perception on the effect of treatment related factors affects patient service quality

Extent	Frequency	Percentage
Very great extent	81	30.1
Great extent	77	28.6
Moderate extent	100	37.2
Less extent	7	2.6
Not at all	4	1.5
Total	269	100.0

On the extent to extent which treatment related factors affects patient service quality, most of the patients as shown by 37.2% indicated that treatment related factors affects patient service quality to a moderate extent, 30.1% of the respondents indicated to a very great extent and 28.6% of the respondents indicated to a great extent, 2.6% of the respondents indicated to a less extent whereas 1.5% indicated nor at all. This implies that treatment related factors affects patient service quality to a moderate extent

Table 4.4: Employees' Perception on the effect of treatment related factors on patient service quality.

Extent	Frequency	Percentage
Very great extent	62	45.3
Great extent	34	24.8
Moderate extent	41	29.9
Not at all	0	0
Total	137	100.0

From the findings, most of the respondents (employees) as shown by 45.3% indicated that treatment related factors affect patient service quality to a very great extent that, 29.9% of the respondents indicated to a moderate extent whereas 24.8% of the respondents agreed indicated to great extent this implies that treatment facilities related factors affects patient service quality to a very great extent.

4.6 Differences in perception of quality of customer care service between the employees and patients

The study sought employees and patients' perception on relationship between customer care related factors and patient service quality.

Table 4.5: Patients' and Employees' Level of agreement with statements relating to service quality with customer related factors at the hospitals

Statements	Patients		Employees		χ^2 value	P value
	Mean	Std. Deviation	Mean	Std. Deviation		
People at registration desk are helpful	4.01	.72	1.52	.65	19.648	.000
Billing section is satisfactory	4.42	.76	1.81	.80	16.642	.007
Staff adequately knowledgeable & well equipped	4.00	.76	1.85	.92	17.934	.040
There's appropriate supply and treatment	4.18	.95	2.08	.13	22.024	.006
There are long queues	1.75	.07	4.26	.34	16.374	.021
Staff level of service is satisfactory	4.21	.86	1.80	.92	24.743	.006
Behaviour of staff is satisfactory	4.28	.71	1.69	.00	19.526	.027
Signboards offer satisfactory information	4.48	.96	1.60	.02	18.709	.033
There's enough parking facilities	4.27	.86	1.99	.94	19.711	.001
There's high level of	4.23	.11	4.28	.12	20.527	.004

The study sought to determine the patients' level of agreement with above statements relating customer care related factors and patient service quality. From the study findings, majority of the patients disagreed that people at registration desk were helpful (mean value = 4.01) contrary to employees' opinion who agreed that the people at registration desk were very helpful (mean value = 1.52). Patients disagreed that billing section is satisfactory (mean value = 4.42) contrary to hospital staffs' opinion that the current billing section is satisfactory (mean value = 1.81). Patients disagreed that staffs working at the hospital were adequately knowledgeable & well equipped (mean value = 4.00) contrary to employees' views that patients that employees working at the hospital were adequately knowledgeable but poorly equipped (mean value = 1.85). Patients disagreed that the hospital facility appropriately supplied quality treatment (mean value = 4.18) contrary to employees' views that the hospital facility appropriately supplied quality treatment always (mean value = 2.08), patients agreed that there are long queues at the hospital facility (mean value = 1.75) contrary to employees view who denied that there are long queues at the hospital facility (mean value = 4.26). Majority of the patients disagreed that staff level of service was satisfactory (mean value = 4.21), contrary to employees' view that staff level of service was satisfactory (mean value = 1.26). Patients disagreed that the behaviour of staff is satisfactory (mean value = 4.48) contrary to employees' view that the behaviour of staff working at the healthy facility was satisfactory (mean value = 1.60). Patients disagreed there's enough parking facilities (mean value = 4.27), while employees agreed that the hospital had enough parking facilities (mean

value = 1.99), and finally both employees and patients disagreed that the hospital facility has a high level of security in place as shown by a mean of 4.23 and 4.28 respectively, all the cases were supported by a low mean of standard deviation implying that responders were of similar opinion.

There is variety of methods for finding out what customers think about a service (Ovretveit, 2001). Dispensa (1997) observed that customers who are satisfied with a product would convey pleasurable information about the product to others with a view to convincing others to patronize it.

From the results of Chi-square Test on the differences in perception of quality of customer care service between employees and patients in outpatient department in Kiambu County public hospitals. The difference between employee and patient on quality of customer service was found to be significant as the p-value is less than 0.05.

Table 4.6: Patients’ perception on effect of customer care related factors on patient service quality

Extent	Frequency	Percentage
Very great extent	77	28.6
Great extent	96	35.7
Moderate extent	78	29
Less extent	18	6.7
Not at all	0	0
Total	269	100.0

From the study findings, most of the respondents (patients) as shown by 35.7% were of the opinion that customer care related factors affects patient service quality to a great extent, 29% of the respondents indicated to a moderate extent, 28.6% of the respondents indicated to a very great extent whereas 6.7% of the respondents indicated to a less extent. This implies that majority of the patients were of the opinion that that customer care related factors affects patient service quality to a great extent.

Table 4.7: Employees' Perception On the Effect of Customer Care Related Factors On Patient Service Quality

Extent	Frequency	Percentage
Very great extent	53	38.7
Great extent	48	35.0
Moderate extent	36	26.3
Less extent	0	0
Not at all	0	0
Total	137	100.0

From the study findings, most of the employees interviewed as shown by 38.7% indicated that customer care related factors affects patient service quality to a very great extent, 35% of the employees indicated to a great extent whereas 26.3% of the employees indicated to moderate extent. This implies that customer care related factors affects patient service quality to a very great extent

4.7 Difference in the perception of the quality of medical care between the patients and employees

The study sought to find out the respondent's perception relationship between medical care related factors and patient service quality.

Table 4.8: Patients and Employees' level of agreement with statements relating to service quality and medical care related factors at the hospitals

Statements	Patients		Employees		χ^2 value	P value
	Mean	Std. Deviation	Mean	Std. Deviation		
Doctor took time to narrate illness	4.24	.99	1.59	.56	18.165	.005
Attitude of doctor is satisfactory	4.28	.92	1.62	.63	19.558	.000
Staff level of care is satisfactory	4.15	.82	1.68	.84	23.394	.047
Am satisfied with medication prescribed	4.34	1.02	1.81	.69	21.326	.022
Diagnostic services are satisfactory	4.03	1.00	1.61	.64	22.246	.005
Availability of nursing staff in wards is satisfactory	4.22	.97	4.21	0.21	18.108	.019
Dispensing of medicine was done in a timely manner	4.32	0.04	2.05	.88	16.506	.017
Emergency cases were promptly attended to.	4.44	.83	1.83	.74	19.807	.029

From the findings, majority of the patients disagreed that the doctor took time to narrate illness (mean value = 4.24), contrary to employees' opinion that they always took time enough to narrate illness to the patient (mean value = 1.59). Patients disagreed that the attitude of doctor was satisfactory (mean value = 4.28), contrary to employees' opinion that the attitude of doctor was satisfactory (mean value = 1.62). Most of the patients indicated that

they were not satisfied with medication prescribed (mean value = 4.34), while most of employees indicated that they were satisfied with medication prescribed (mean value = 1.81). Most of the patients indicated not to be satisfied with diagnostic services are satisfactory (mean value = 4.03), contrary to do employees' opinion that diagnostic services were satisfactory (mean value = 1.61). Both patients and employees concurred that the availability of nursing staff in wards wasn't satisfactory as shown by a mean value of 4.22 and 4.21 in each case. Patients disagreed that dispensing of medicine was done in a timely manner (mean value = 4.32), contrary to employees' opinion that dispensing of medicine was done in a timely manner always (mean value = 2.05), and finally that patients disagreed that emergency cases were promptly attended to (mean value = 4.44), contrary to employees' opinion that that emergency cases were promptly attended to (mean value = 1.83).

The findings are in support of the argument by Jenkins on *et al.* (2002) that patient's experiences of health and medical care are at the very core of the purpose of clinical medicine, further the findings are in support with the findings McKinley et al., (2002) that dissatisfaction with the provision of health care services could be contained if consumers know what they can expect and then receive it.

From the results of Chi-square Test on the difference in the perception of the quality of medical care between the patients and employees in Kiambu County public hospitals. The difference between employee and patient on quality of medical care was found to be significant as the p-value is less than 0.05.

Table 4.9: Effect of medical care related factors on patient service quality according to the patients

Extent	Frequency	Percentage
Very great extent	100	37.2
Great extent	81	30.1
Moderate extent	77	28.6
Less extent	7	2.6
Not at all	4	1.5
Total	269	100.0

From the findings, most of the respondents (patients) as shown by 37.2% were of the opinion that medical care related factors affects patient service quality to a very great extent, 30.1% of the respondents indicated to a great extent and 28.6% of the respondents indicated to a moderate extent 2.6% of the respondents indicated to a less extent while 1.5% of the respondents indicated not at all. This implies that medical care related factors affects patient service quality to a very great extent.

Table 4.10: Effect of medical care related factors on patient service quality according to the employees

Extent	Frequency	Percentage
Very great extent	69	50.4
Great extent	61	44.5
Moderate extent	7	5.1
Less extent	0	0
Not at all	0	0
Total	137	100.0

From the study findings, majority of the respondents (employees) as shown by 50.4% were of the opinion that medical care related factors affects patient service quality to a very great extent, 44.5 % of the respondents indicated to great extent whereas 5.1% of the respondents indicated to a moderate extent. This implies that medical care related factors affects patient service quality to a very great extent.



CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter covers a summary of the findings of the study and the discussion of the findings.

5.2 Summary of the Findings

This study sought to determine the differences between patients' and employees' perceptions and expectations of quality of customer service in an outpatient department with special focus on 3 Kiambu County public hospitals, that is, Thika Level 5 Hospital, Kiambu Level 4 Hospital and Gatundu Level 4 Hospital.

Most of the patients enrolled to the study were male (56%) aged between 25-34 years. They came individually to access services at the outpatient departments, resided in the rural areas and had at secondary school education. There was no statistically significant difference in perception levels between older versus younger, male versus female and basic versus higher education.

In regards to the employees, there was majority of the clinicians (86%) to administrative staff (14%) who worked in the outpatient departments.

5.2.1 Differences in perception of the quality of treatment facilities available to patients while seeking medical treatment between the employees and patients

Assessment on relationship between treatment facilities and quality of patient service showed that treatment facilities related factors affects patient service quality to a very great extent,

the research also noted that employees were of the opinion that wheelchairs, trolleys in most of the hospital offers satisfactory services to patients contrary to patient's views. Employees were of the assumption that most of the hospitals in Kiambu County maintained cleanliness in its environs contrary to patients' views. Employees were of the opinion that most of the hospitals' toilet facilities were in proper condition and well maintained contrary to patient's views and that majority of the employees working in most of the hospitals in Kiambu county were satisfied with available hand washing facilities while patients were not. Further the study revealed that the hospitals in Kiambu County were not using highly sophisticated/modern equipment, most health facility lacked adequate fans and lighting and majority of the staff indicated that they were unsatisfied with satisfied with hospital environment.

5.2.2 Differences in perception of quality of customer care service between the employees and patients

Investigation results on customer care service showed that customer care related factors affects patient service quality in Kiambu public hospitals to a very great extent. The findings further showed that the management of the hospital perceived that the attendants at registration desk at the hospital facility were helpful while patient indicated that not apt to the required standards, patients indicated that there existed long queues in healthy facilities an issue denied by hospital management, the employees agreed that the available signboards offered satisfactory information to patients, patients disagreed that behaviour of staff in most of public health facilities was satisfactory while the same was denied by the employees.

Patients disagreed staff level of service at Kiambu public health facilities was satisfactory, patients disagreed the current billing rate was affordable though the management indicated that the same was fair, patients disagreed staff working in the most of the public hospitals were adequately knowledgeable and well equipped and that most of the hospitals had enough parking facilities. The studies further revealed that majority of the employees were unsatisfied with level of security level at the facility, and that there lacked appropriate supply of necessary treatment equipment. These findings concur with those of in Arshad et al (2012) who reported that the major dissatisfaction in an outpatient department was the long waiting time and overcrowded registration. Further, the employees strongly agreed while patients agreed that people at the registration desk are helpful.

5.2.3 Difference in the perception of the quality of medical care between the patients and employees

The findings revealed that patients perceived medical care to affect service quality to a moderate extent while the employees perceived medical care to affect service quality to a very great extent. The research also noted that majority of the employees working at the health facilities agreed that diagnostic services are satisfactory contrary to patients opinion, patients disagreed that doctors usually take time to narrate illness to patients contrary to doctors view, patients disagreed that the attitude of doctors is satisfactory contrary to doctors view, staff level of care is satisfactory, patients disagreed that doctors adequately explain medical condition to patients, most of the employees were generally satisfied with medication prescribed contrary to patients opinion, patients disagreed that dispensing of medicine is done in a timely manner contrary to doctors opinion, patients disagreed that

emergency cases are promptly attended to contrary to doctors opinion, and that both doctors and patients agreed that the number of nursing staff in wards is satisfactory. These findings concur with those of Jenkinson *et al.* (2002) who reported that patient's experiences of health and medical care are at the very core of the purpose of clinical medicine.



CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter draws conclusion from the findings and makes appropriate recommendation. The conclusions and recommendations drawn were focused on addressing the objective of the study. The study intended to determine the differences on the perception of the quality of treatment facilities available to patients while seeking medical treatment between the employees and patients in Kiambu County public hospitals, to determine the differences in perception of quality of customer care service between employees and patients in outpatient department in Kiambu County public hospitals, and to determine the difference in the perception of the quality of medical care between the patients and employees in Kiambu County public hospitals.

6.2 Conclusion

The findings reveal there is difference in patients and employees' perception of quality of treatment facilities at the hospitals. Patients don't expect much from the physical facilities though the employees perceive these facilities to affect the quality of service offered to a great extent. Both patients and employees' opinion on the effect of customer care related factors on service quality are moderate. However, their perception on the quality of customer care services is different with patients classifying it as satisfactory while hospital staff classifying it as wanting. Patients in public hospitals don't expect much of customer care services from the employees hence they perceive it as affecting service quality to moderate extent. The perception of the quality of medical care between the patients and employees in

Kiambu County public hospitals is different. Patients view the effect of medical care related factors on service quality as moderate while the employees view it as very great.

Finally, as demonstrated in Zeithaml, Berry and Parasuraman (1990), service quality that incorporates customers' perceptions and expectations provide richer information about the organization. In this study, the employees generally considered hospital performance as good and straightforward. However, when measuring patients' perceptions and expectations, public hospital service quality falls short.

6.3 Recommendations

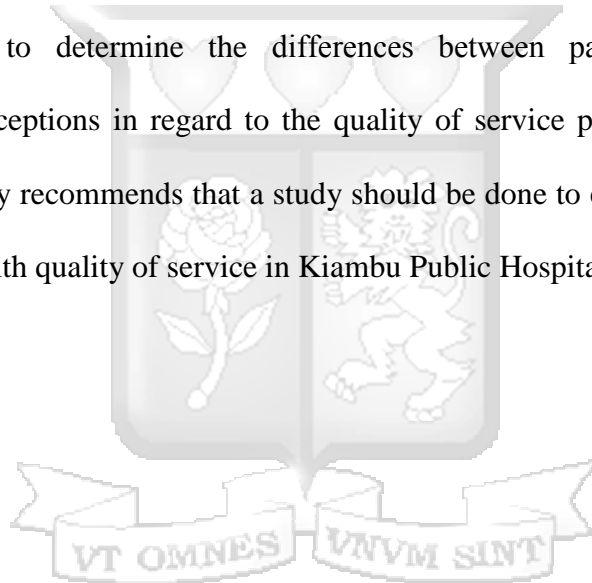
The following recommendations can be implemented by Kiambu County and other stakeholders to enable improved service quality within the hospitals:

- Kiambu County should improve the treatment facilities through provision of physical facilities like more wheel chairs, trolleys, water and even detergents in order enhance patient satisfaction.
- Periodic assessments should be consistently carried out to determine the physical state of each hospital and appropriate measures taken as per the report.
- Kiambu County should continue staff training on customer care and communication skills.

- Kiambu needs also to ensure consistent supply of basic hospital amenities including drugs, modern diagnostic equipment in order to enhance the quality of health care provision.
- Patients should also be sensitized on the kind of customer service to expect from public hospitals.

6.4 Areas for Further Research

This study sought to determine the differences between patients' and employees' expectations and perceptions in regard to the quality of service provided in the outpatient department. The study recommends that a study should be done to establish factors affecting patient satisfaction with quality of service in Kiambu Public Hospital.



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APPENDICES

Appendix 1: Questionnaire

I, Stephen Mwangi Maina intend to carry out a research entitled- Determining the differences between patients' and employees' perceptions and expectations of quality of customer service in an outpatient department: A case of Kiambu County Hospitals

Your responses to the questions in this paper will go a long way to assist me complete my MBA studies at Strathmore University Business School as well as come up with recommendations for improvements of service delivery to patients of Kiambu County

I would be grateful if you can kindly spare a few minutes to fill in the questionnaire. Your responses will be treated with utmost confidentiality.

Thank you in advance

Section A: Patient Demographic Information

1. Age of the respondent: Below 25 years () Between 25-34 () Between 35-44 ()
Between 45- 54 () 55years and over ()
2. Gender of the respondent?
 - Males ()
 - Female ()
3. Your highest education level
 - No Formal Education ()
 - Primary Level ()
 - Secondary Level ()
 - College ()

Bachelor Degree ()

Post Graduate ()

4. Where is your place of residence?

Rural area ()

Urban/ Town ()

5. What is your profession?

Govt/Public Sector ()

Private sector ()

Self- Employed ()

Unemployed ()

Others-Please specify _____

Section B: Clinicians and the Administrative Staff

6. Age of the respondent (In Years)

7. Gender of the respondent?

Males ()

Female ()

8. Your highest education level

College ()

Bachelor Degree ()

Post Graduate ()

9. Kindly indicate your department?

Administrative ()

Clinicians ()

Section C: Treatment Facilities Related Factors

10. To what extent do you agree with the following statement relating to service quality with treatment facilities at the Hospitals? Where 1=strongly agree, 2= Agree, 3= moderate , 4= disagree and 5= strongly disagree

Statements	1	2	3	4	5
Wheel chairs and trolleys in the hospital are giving satisfactory services					
Cleanliness in the hospital is good					
Toilet facilities are good					
Sophisticated equipment is used for investigation					
I am satisfied with the hospital environment					
I am satisfied with the hand washing facilities in the outpatient department					
There are adequate fans and lighting in the hospital					

11. To what extent do treatment facilities related factors that affect patient service quality at the Hospitals?

Very Great extent ()

Great Extent ()

Moderate extent ()

Less extent ()

Not at all ()

12. What do you think should be done on the treatment facilities to enhance service quality at the Hospitals?

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Section D: Customer Care Related Factors

13. To what extent do you agree with the following statement relating to service quality with customer care related factors at the Hospitals? Where 1=strongly agree, 2= Agree, 3= moderate, 4= disagree and 5= strongly disagree

Statements	1	2	3	4	5
People at the registration desk are helpful					
Billing section in the hospital is satisfactory					
Staff are at adequately knowledgeable and well equipped					
There is availability of appropriate supply and treatment					
There are usually long queues in the hospital					
Staff level of services is satisfactory					
Behaviour of hospital support staff is satisfactory					
Signboards in the hospital offer satisfactory information					
There are enough parking facilities in the hospital					
There is high level of security in the hospital					

14. To what extent does customer care relate factors that affect service quality at the Hospitals?

Very Great extent ()

- Great Extent ()
- Moderate extent ()
- Less extent ()
- Not at all ()

15. What do you think should be done on customer care to enhance patient satisfaction at the Hospitals?

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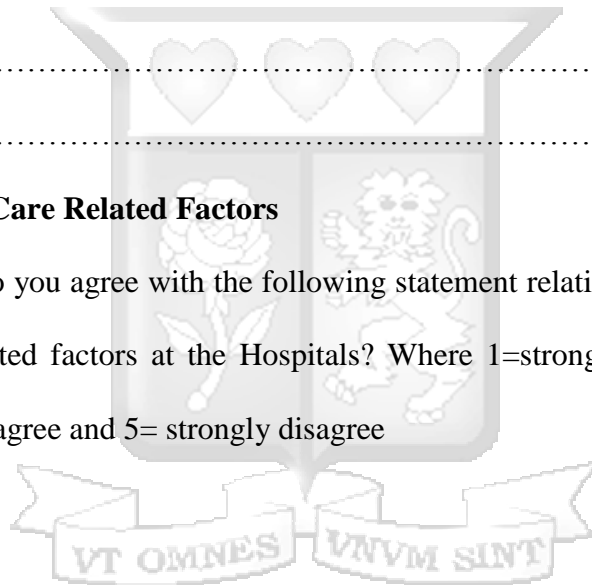
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Section E: Medical Care Related Factors

16. To what extent do you agree with the following statement relating to service quality with medical care related factors at the Hospitals? Where 1=strongly agree, 2= Agree , 3= moderate , 4= disagree and 5= strongly disagree



Statements	1	2	3	4	5
Doctor took time to narrate the illness					
Attitude of doctor is satisfactory					
Staff level of care is satisfactory					
Doctors adequately explain medical condition of the patients					
Am satisfied with the medication prescribed by the hospital					

Diagnostic services are satisfactory					
Availability of nursing staff in the wards is satisfactory					
Dispensing of prescribed medicines was done in a timely manner					
Emergency cases are promptly attended to					

17. To what extent do medical care related factors that affect service quality at the Hospitals?

Very Great extent ()

Great Extent ()

Moderate extent ()

Less extent ()

Not at all ()

18. What do you think should be done on the medical care to enhance service quality at the Hospitals?

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.....

.....

Thank you

Appendix II: Research Budget

ITEM	ACTIVITY	QUANTITY	UNIT PRICE Kshs	AMOUNT
PROPOSAL	Printing	60 pages	30	1,800
	Photocopying	7 copies	180	1,260
	Binding	7 copies	100	700
	Travel Expenses			4,000
	Miscellaneous			4,000
			Subtotal	11,760
PILOTING	Travelling			11,000
	Data Processing			3,000
	Data Analysis			2,000
			Subtotal	16,000
PROJECT	Travel Expenses			12,000
	Cost of Processing			5,000
	Data Collection			20,000
	Assistance in data analysis			20,000
			Subtotal	57,000
FINAL DOCUMENT	Printing	100 pages	30	3,000
	Developing	7 copies	300	2,100
	Binding	7 copies	100	700
			Subtotal	5,800
			10% Contingency	9,506
			GRAND TOTAL	99,616

Appendix III: Certificate of Consent

CERTIFICATE OF CONSENT

I have received information about study Stephen Mwangi Maina will conduct entitled- **Determining the differences between patients’ and employees’ perceptions and expectations of quality of customer service in an outpatient department: A case of Kiambu County Hospitals.**

I have been informed that the study will be conducted as academic research and that the Information I provide will be treated in the strictest confidence.

I express my approval and my intention to voluntarily participate in this study

Name:

Signature:

Date:

Researcher:

