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APPENDICES

Appendix 1: Letter of Introduction

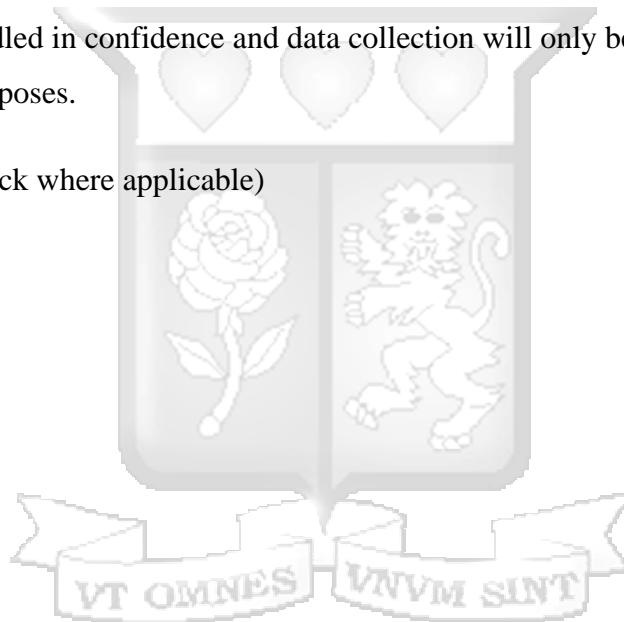
Introduction

My name is Roseline Odhiambo Okumu. I am an MBA student at Strathmore University Business School. Registration number 91035. In partial fulfilment of the course of master's in business administration in healthcare management, I am conducting research on the assessment of patient satisfaction in a private clinic at the peri-urban setting in Naivasha sub- County, Nakuru County. I would like to request you for your participation in this research by answering the questions below. All your responses will be handled in confidence and data collection will only be used for academic purposes.

Instructions (Kindly tick where applicable)

Yours sincerely

Roseline



EXPLORING FACTORS INFLUENCING SATISFACTION WITH OUTPATIENT SERVICES AT NHC MAISHA CLINICS IN A PERI- URBAN SETTING IN NAKURU COUNTY, KENYA.

Appendix 2: Questionnaire

General Instructions

- a) For each question pick the appropriate answer by checking the response you feel is more appropriate.
- b) Check the box by ticking or any other mark
- c) Please make a single response per question

Section A: socio-demographic characteristics of respondents

1. What is your gender?

- Male
- Female
- I prefer not to say

2. What is your age (in years)?

- 18 -25
- 25 - 35
- 35 -45
- 45 -55
- 55 and above.

3. Education level

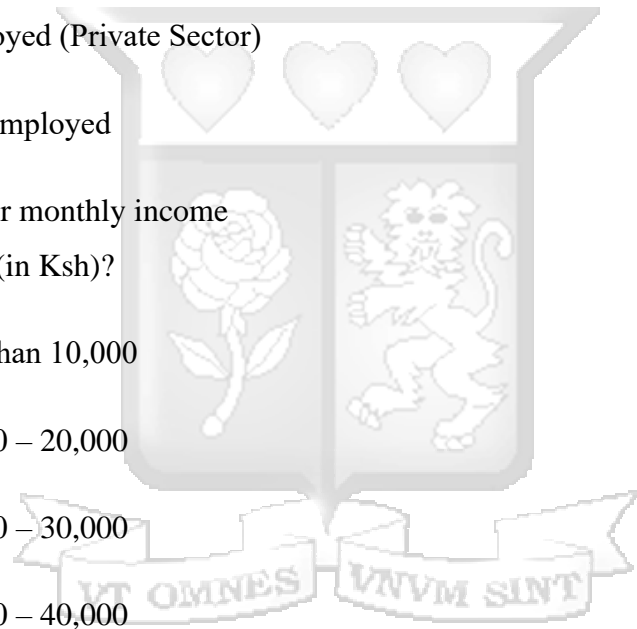
- No formal education
- Primary Level
- Secondary Level
- College/University

4. Employment status

- Un-employed
- Employed (Govt/Public sector)
- Employed (Private Sector)
- Self Employed

5. What is your monthly income bracket (in Ksh)?

- Less than 10,000
- 10,000 – 20,000
- 20,000 – 30,000
- 30,000 – 40,000
- 40,000 – 50,000
- 50,000 and above.



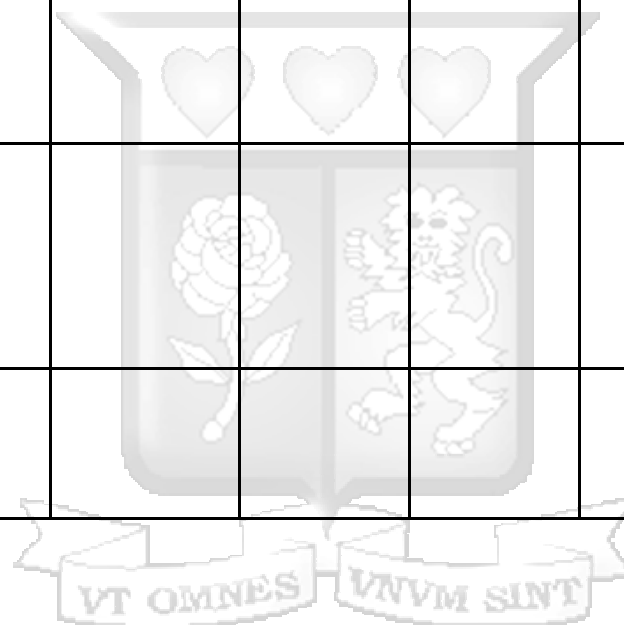
Section B: Variables

Kindly read each question and indicate your most appropriate response by checking the respective box that corresponds to your chosen response.

1. Patient satisfaction at NHC-Maisha

1.1 On a scale of 1 to 5, do you agree or disagree with the following statement....

Item	1(strong ly disagree)	2(dis 3(Neu	3(Neutral)	4 (Agree)	5(Strongly agree)
I was satisfied with the care I received					
Medical staff put in much effort to deliver care					
Staffs are ready to respond to patients' inquiries					
There is proper communication between patients and healthcare providers.					
The medical staff ensure patients' safety					



Monitoring of care

2. Patient safety at NHC-Maisha

2.1 On a scale of 1 to 5, do you agree or disagree with the following statement....

Item	1(strongly disagree)	2(disagree)	3(Neutral)	4 (Agree)	5(Strongly agree)
The medical staff are confidence in providing patient care/treatment					

The hospital environment is comfortable					
There are modern facilities here					
The staff are Knowledgeable					
I get information update on when services are being offered					

3. Patient perception of care provision at NHC-Maisha

3.1 On a scale of 1 to 5, do you agree or disagree with the following statement....

Item	1(strongly disagree)	2(disagree)	3(Neutral)	4 (Agree)	5(Strongly agree)
I was seen according my expectations					
I received the required treatment					
I received high quality of care					
There is provider Competence					
I received continued monitoring or after care service					
I received improved healthcare processes					



4. Provider empathetic behaviour at NHC-Maisha

4.1 On a scale of 1 to 5, do you agree or disagree with the following statements.....

40

Item	1(Strongly disagree)	2(disagree)	3(Neutral)	4(Agree)	5(Strongly agree)
Health care providers have good attitude					

Doctor call patients by name					
Staff portray Similar emotions with patients					
Staff members are friendly					
Staff members listen to patients					
Staff members are considerate of patients' situation/show s attention and concern					
Staff understands patients' problems/needs					

5. Availability of tangible facilities at NHC-Maisha with patient satisfaction

5.1 On a scale of 1 to 5, do you agree or disagree with the following statements.....

Item	1(Strongly disagree)	2(Disagree)	3(Neutral)	4 (Agree)	5(Strongly agree)
The prescription given is easy to understand.					
Medical practitioners are experienced/skilled					
The Hospital is clean					
There is availability of medical Equipment					

There is use of technology to improve processes					
Hospital staff use standard equipment					
Hospital rooms are in good condition					
The hospital has electronic health records					

Appendix 3: Kiswahili Version of Questionnaire

KIAMBATISHO 2:

Maelekezo ya Jumla

a) Kwa kila swali chagua jibu linalofaa kwa kuangalia majibu ambayo unahisi yanafaa Zaidi. b) Angalia kibanduku kwa kuweka alama ya tiki au alama nyingine yoyote.

c) Tafadhali toa jibu moja kwa kila swali

Sehemu ya A: Sifa za kidemografia ya kijamii za wenye kuhojiwa.

1) Wewe ni wa jinsia gani?

1. Ya Kiume

2. Ya kike

3. Napendelea kutojibu/kutosema.

2) Una miaka mingapi?

● 18 -25

● 25 - 35

● 35 -45

● 45 -55

● 55 ama Zaidi.

3) Kiwango chako cha elimu

● Sikupata elimu rasmi

● Ngazi/Kiwango cha shule ya msingi

● Ngazi/Kiwango cha shule ya sekondari



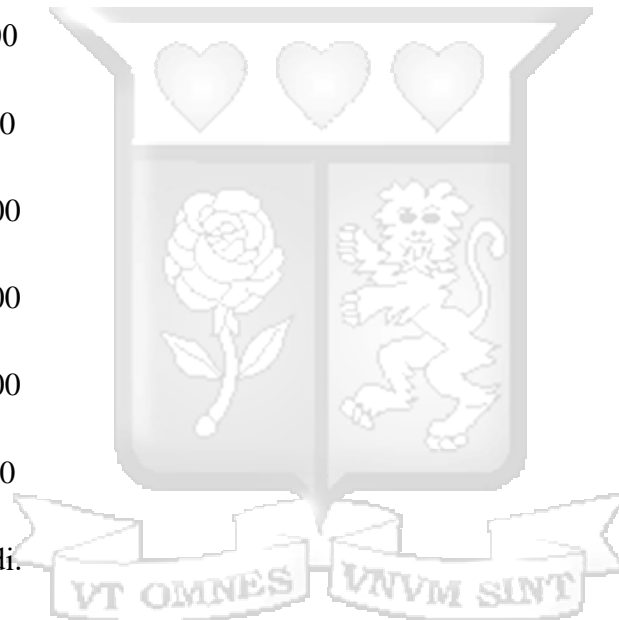
- Ngazi ya chuo kikuu

4) Hali yako ya ajira

- Sina ajira
- Nimeajiriwa (Katika serikali/Sekta ya umma)
- Nimeajiriwa (Katika sekta ya kibinafsi)
- Nimejijiri mwenyewe

5) Mapato yako ya kila mwezi (kwa Ksh) yako katika kundi gani hapo chini?

- Chini ya 10,000
- 10,000 - 20,000
- 20,000 – 30,000
- 30,000 – 40,000
- 40,000 – 50,000
- 40,000 - 50,000
- 50,000 na Zaidi.



SEHEMU YA B: VIGEZO

Soma kila swali na uonyeshe jibu lianlofaa Zaidi kwa kuangalia kisanduku kinachohusika ambacho kinalingana na jibu ulilochagua

6. Ubora wa huduma ya utunzaji katika NHC-Maisha

1.1 Kwa kiwango cha 1 hadi 5, ni kwa kiasi gani unafikiria umeridhika au hujaridhika

.....

Kipengele	1 (Sijaridh ika sana)	2 (Sijaridhi ka)	3(Kwa kiasi Fulani nimeridhik a)	4(Nimeridhi ka)	5(Nimerid hik a sana)
Niliridhika na utunzaji niliopata					
Juhudi za wafanyikazi wa matibabu kutoa huduma					
Wafanyikazi wako tayari kutoa majibu kwa maswali ya wagonjwa					
Mawasiliano kati ya mgonjwa na wenye kutoa huduma za matibabu					

Wafanyikazi wa matibabu					
----------------------------	--	--	--	--	--

wanahakikisha wagonjwa ' usalama					
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d) Ufuatiliaji wa huduma/utunzaji

1. Usalama wa mgonjwa katika NHC-Maisha

2.1 Kwa kiwango cha 1 hadi 5, ni kwa kiasi gani unafikiria umeridhika au hujaridhika

.....

Kipengele	1(Sijaridhika sana)	2 (Sijaridhika)	3(Kwa kiasi Fulani nimeridhika)	4(Nimeridhika)	5(Nimeridhika sana)
Kujiamini kwa wafanyikazi katika kutoa huduma/matibabu					

Mazingira ya karimu ni ya kuleta Faraja/ Starehe					
Vifaa vya kisasa					
Wafanyikazi wenye ujuzi/uzoefu					
Ulijulishwa kuhusu ni wakati gani ambapo huduma Zitatolewa					

e) Mtazamo wa mgonjwa kuhusu huduma katika NHC-Maisha

3.1 Kwa kiwango cha 1 hadi 5, ni kwa kiasi gani unafikiria umeridhika au hujaridhika

Kipengele	1 (Sijaridh ika sana)	2 (Sijaridhi ka)	3(Kwa kiasi Fulani nimeridhika)	4(Nimeridhi ka)	5(Nimerid hika sana)
Nilionekana					

kulingana na matarajio yangu					
Nilipata matibabu Yaliyotarajiwa					
Nilipokea huduma ya hali ya juu					
Uwezo wa mtoa huduma					
Nilipokea ufuatiliaji unaoendelea au baada ya huduma ya utunzaji					
Nilipokea michakato bora ya huduma ya afya					

d) Tabia ya huruma ya muhudumu katika NHC-Maisha

4.1 Kwa kiwango cha 1 hadi 5, ni kwa kiasi gani unafikiria umeridhika au hujaridhika

.....

Kipengele	1 (Sijaridhika sana)	2 (Sijaridhika)	3(Kwa kiasi Fulani nimeridhika)	4(Nimeridhika)	5(Nimeridhika sana)
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			a)		
Mtazamo wa wenye kutoa huduma					
Daktari humuita mgonjwa kwa majina yake					
Wafanyikazi huonyesha hisia sawa na wagonjwa					
Kiwango cha urafiki					
Kuwasikiliza wagonjwa					
Kuzingatia hali ya mgonjwa/wanaonyesha umakini na kujali					
Wafanyikazi wanaelewa matatizo ya mgonjwa/mahitaji					

f) Upatikanaji wa vifaa vinavyoonekana katika NHC-Maisha

5.1 Kwa kiwango cha 1 hadi 5, ni kwa kiasi gani unafikiria umeridhika au hujaridhika

Kipengele	1 (Sijaridhika sana)	2 (Sijaridhika)	3(Kwa kiasi Fulani nimeridhika)	4(Nimeridhika)	5(Nimeridhika sana)
Dawa iliyotolewa ni rahisi kuelewa					
Madaktari wenye uzoefu/ujuzi					
Usafi wa hospitali					
Upatikanaji wa vifaa vya matibabu					
Utumiaji wa teknolojia ili kuboresha michakato					
Wafanyikazi wa hospitali hutumia vifaa vya kawaida					
Dawa zilizotolewa					

ni rahisi kuzielewa					
Vyumba vya hospitali vipo katika hali nzuri					
Upatikanaji wa rekodi za afya za Kielektroniki					



Appendix 4: Informed Consent

PARTICIPANT INFORMATION AND CONSENT FORM

Study Title: EXPLORING FACTORS INFLUENCING SATISFACTION WITH OUTPATIENT SERVICES AT NHC MAISHA CLINICS IN A PERI-URBAN SETTING IN NAKURU COUNTY, KENYA.

Investigator: ROSELINE AWINO ODHIAMBO (*Master of Business Administration in Healthcare Management*) STRATHMORE BUSINESS SCHOOL, STRATHMORE UNIVERSITY.

Purpose of study: The study focuses on assessing patient satisfaction at NHC MAISHA facilities and its affiliate clinics. It aims to assess the relationship between socio demographic variables, patient safety and hospital tangibles in relation to patient satisfaction.

The study is for academics and the information gathered will help improve the facility in patient satisfaction, safety and care.

How to Participate: You will be required to give responses to some questions which will be asked personal details, quality of care at NHC MAISHA, patient safety and about the facility. This may take approximately 20 minutes.

Right to refusal or withdrawal: Taking part in this study is your choice; you may choose not to be in it. Your participation is voluntary and you are free to agree or disagree to participate in this study. You may withdraw from the study at any time even after signing this form and there will be no victimisation.

Confidentiality and privacy: Your involvement in this research study will be kept confidential by identifying you in the study records by a code/unique number. The study results/report that will be used in the final thesis will not use your name. All research records will be stored in securely locked cabinets. That information may be transcribed into our database but this will be sufficiently encrypted and password protected. Only the people who are closely concerned with this study will have access to your information. All your information will be kept confidential.

Risks and benefits: There are no risks or discomforts associated with this study and neither are there any direct benefits to you for taking part in.

For further clarifications or questions on this study, please contact me

Investigator: Roseline Odhiambo (Mobile: 0710595832 or Email roseline.okumu@strathmore.edu)

My Supervisor: (Mobile: or Email:)Dr Jackline Aridi (0715961081 or email jackline.aridi@strathmore.edu)

Enquiries to: The Secretary- Strathmore University Institutional Ethics Review Board,
P.O BOX 59857-00200, NAIROBI; Email: ethicsreview@strathmore.edu; Tel No: + 254 703 034 375

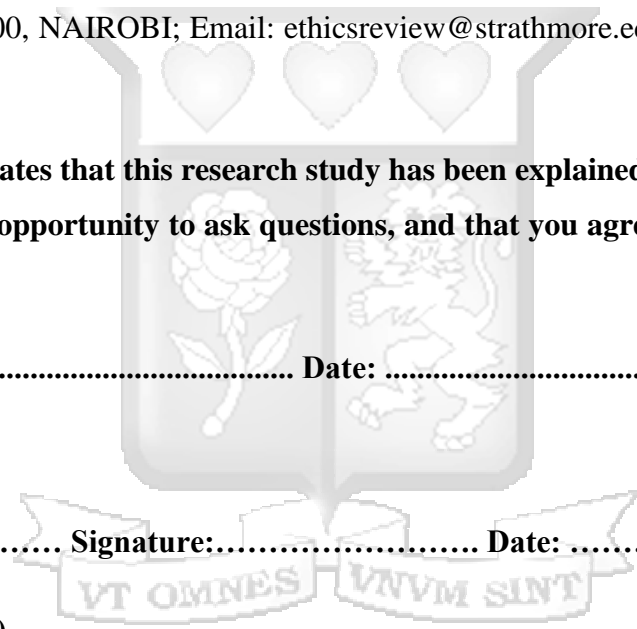
Your signature indicates that this research study has been explained to you, that you have been given the opportunity to ask questions, and that you agree to take part in this study.

Signature: **Date:**

For Official Use:

Name:..... **Signature:**..... **Date:**

(Research Personnel)



Appendix 5: Kiswahili Consent

MAELEZO KWA MSHIRIKI NA FOMU YA IDHINI

Kichwa cha Utafiti: KURIDHIKA KWA WAGONJWA NA UTOAJI WA HUDUMA ZA MATIBABU YA NJE KWENYE VITUO VYA AFYA VYA KIBIBAFSI VYA NHC MAISHA KWENYE ENEO LA PEMBEZONI MWA MJI KATIKA GATUZI LA NAKURU, KENYA.

Investigator: ROSELINE AWINO ODHIAMBO (*Master of Business Administration in Healthcare Management*) STRATHMORE BUSINESS SCHOOL, STRATHMORE UNIVERSITY.

Madhumuni/Lengo la utafiti: Utafiti unalenga kutathmini kuridhika kwa wagonjwa katika vituo vya NHCMAISHA na kliniki zake washirika. Unalenga kutathminiuhusiano kati ya vigezo vya demoggrafia ya kijamii, usalama wa mgonjwa na vitu vinavyoonekana hospitalini vinahusiana na kuridhika kwa mgonjwa.

Utafiti ni wa kitaaluma na maelezo yatakayokusanywa yatasaidia kuboresha kituo katika kuridhisha mgonjwa, uaslama na huduma.

Jinsi ya kushiriki: Utahitajika kujibu maswali ambayo yatauliza mambo ya kibinafsi, ubora wa huduma katika NHC MAISHA, usalama wa wagonjwa na kuhusu kituo chenyewe. Hii huenda ikachukua takribani dakika 20.

Haki ya kukataa kushiriki au kujitoka kutoka kwenye utafiti: Kushiriki kwenye utafiti huu ni chaguo lako; unaweza kuchagua kutoshiriki. Kushiriki kwako ni kwa hiari yako na uko huru kukubali au kukataa kushiriki kwenye utafiti huu. Unaweza kujitoka kwenye utafiti wakati wowote hata baada ya kuweka sahihi kwenye fomu hii na hakutakuwa na uonevu wowote kwako.

Usiri na faragha: Kuhusika kwako kwenye utafiti huu kutawekwa siri kwa kutambuliwa kwenye rekodi za utafiti kutumia kodi/nambari maalum. Majibu/ripoti ya utafiti amabayo itatumika kwa tasnifu ya mwisho haitatumia jina lako. Rekodi zote za utafiti zitahifadhiwa kwenye kabati zilizofungwa kwa usalama. Maelezo haya huenda yakaandikwa kwenye hifadhi zetu za data, lakini hii itasimbwa vya kutosha

na kulindwa kutumia neno maalum la siri. Ni watu ambao wanahusika kwa karibu kwenye utafiti pekee ndio watapata/watafikia maelezo yako. Maelezo yako yote yatawekwa kuwa siri.

Hatari na faida: Hakuna hatari ama usumbufu ambao unahusishwa na utafiti huu na pia hakuna faida ya moja kwa moja utakayopata kwa kushiriki kwenye utafiti huu.

Kwa ufafanuzi Zaidi ama ukiwa na maswali kuhusu utafiti huu, tafadhali wasiliana na mimi.

Investigator: Roseline Odhiambo (Mobile: 0710595832 or Email roseline.okumu@strathmore.edu)

My Supervisor: (Mobile: or Email:)Dr Jackline Aridi (0715961081 or email jackline.aridi@strathmore.edu)

Kwa maswali: Katibu-Bodi ya Mapitio ya Maadili ya Chuo Kikuu cha Strathmore, P.O BOX 59857-00200, NAIROBI; Email: ethicsreview@strathmore.edu; Tel No: + 254 703 034 375

Sahihi yako inaashiria kwamba umeelezewa kuhusu utafiti huu, kwamba umepewa nafasi ya kuuliza maswali, na kwamba unakubali kushiriki kwenye utafiti huu.

Sahihi: **Tarehe:**.....

Kwa Matumizi Rasmi:

Jina: **Sahihi:** **Tarehe:**
..... (Wafanyikazi kwenye utafiti)

Appendix 6: Budget

ITEM	QUANTITY	UNIT PRICE	TOTAL (Ksh.)
Questionnaires, consent forms	324	40.00	12,960
Printing and binding of the proposal	3	500.00	1,500
Data Analysis	1	35,000.00	35,000
Printing and binding of Dissertation	3	4,000.00	12,000
Miscellaneous		5,000.00	5,000
2 Assistants	6 Days	1,500.00	18,000
TOTAL			84,460

Appendix 7: SU-ISERC Letter of Approval



16th February 2023

Mrs Odhiambo Roseline Awino Okumu,
roseline.okumu@strathmore.edu

Dear Mrs Odhiambo,

**RE: Patient Satisfaction with Outpatient Healthcare Service Provision at NHC
Maisha Private Health Centres in a Peri-Urban Setting in Nakuru County**

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU- master's** research proposal. Your application reference number is **SU-ISERC1547/23**. The approval period is from **16th February 2023 to 15th February 2024**.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, and MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 48 hours of notification
- iv. Any changes, anticipated or otherwise, that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 48 hours
- v. Clearance for the export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days of completion of the study to SU-ISERC.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke/> and obtain other clearances needed.

Yours sincerely,

for: **Dr Ben Ngoye,**
Secretary; SU-ISERC

Cc: Mr Ambrose Rachier,
Chairperson; SU-ISERC



Appendix 8: SU Letter of Introduction

Ola Sangale Rd, Macaraka Estate,
P.O. Box 59857 00200, Nairobi, Kenya.
Cell: +254 703 414/6/7, Twitter: @SBSKenya
Email: info@sbs.ac.ke or visit www.sbs.strathmore.edu



20th February 2023.

To Whom It May Concern,

RE: FACILITATION OF RESEARCH – ROSELINE AWINO ODHIAMBO.

This is to introduce Roseline Awino Odhiambo, a Master of Business Management in Healthcare Management (MBA-HCM) student at Strathmore University Business School, admission number MBA HCM/91035/20

As part of our MBA-HCM Program, Roseline is expected to do applied research and undertake a project. This is in partial fulfillment of the requirements of the course; to this effect, Roseline would like to request appropriate data from your organization.

Roseline is undertaking a research paper on “**Patient Satisfaction with Outpatient Healthcare Service Provision At NHC -MAISHA Private Healthcare Centers In A Peri-Urban Setting In Nakuru County Kenya.**” The information obtained shall be treated confidentially and shall be used for academic purposes only.

Our MBA-HCM Programme seeks to establish links with industry, and one of these ways is by directing our research to areas that would be of direct use to the industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest and practical value to your organization.

We appreciate your support and will be willing to provide further information if required.


Yours sincerely,

A handwritten signature in black ink, appearing to read "Njoki Kiagiri".

Njoki Kiagiri.
Manager – Graduate Programme



Appendix 9: NHC Maisha Letter of Authorization

**NHC Maisha**
Quality Defined!

NDONYO HEALTHCARE
TOUCHLINE ARCADE, NEXT TO CO-OP BANK
P.O BOX 1049 - 20117,
MOI AVENUE NAIVASHA
CELL: 0776394203/0719342059
Email: infondonyohealthcare@gmail.com

Our Ref: NHC/ADM 001 /03/2023 Date: 1st March, 2023

TO:
ROSELINE ODHIAMBO
MBA-HCM 91035


RE: RESEARCH AUTHORIZATION

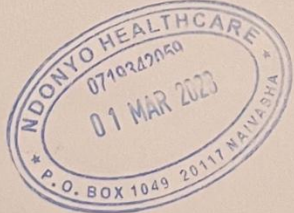
I am pleased to inform you, your request for approval to carry out research on "*Patient satisfaction with outpatient healthcare service provision at NHC Maisha, Private health centres in peri-urban setting in Nakuru County Kenya.*" has been approved.

Please note that the authority granted is only administrative and is subjected to the validity of the following:

1. Approval from a competent institution ethics review committee.
2. Approval from the National Commission for science, technology and innovation.

Please ensure that your research is conducted within the stipulated time.

Yours Faithfully,

MICHAEL NZIVO.
ADMINISTRATOR

**NDONYO HEALTHCARE**
0719342059
01 MAR 2023
P.O. BOX 1049 20117 NAIVASHA

NHC Maisha.....the ideal provider of ethical, compassionate and affordable High Quality HealthCare Services

Appendix 10: NACOSTI Research License


REPUBLIC OF KENYA


NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION.

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