# SERVICE QUALITY AND CUSTOMER SATISFACTION IN PUBLIC AND PRIVATE HOSPITALS IN BENIN CITY

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**A PROJECT WRITTEN IN THE DEPARTMENT OF BUSINESS ADMINISTRATION AND SUBMITTED TO THE FACULTY OF MANAGEMENT SCIENCES I N PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF BUSINESS ADMINISTRATION (MBA) OF THE UNIVERSITY OF BENIN, BENIN CITY, NIGERIA.**

**AUGUST, 2018**

## DECLARATION

I declare that:

i. This report is based on a study undertaken by me in the department of Business, Faculty of Management Science, University of Benin under the supervision of Dr. J. E. Agbadudu.

ii. This work has not been previously submitted for the award of a degree elsewhere.

iii. All ideas and views are products of my personal research and where the views of others have been expressed, they have been duly acknowledged.

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Signature:……..

Date:…….

## CERTIFICATION

We the undersigned certify that the research work titled 'Service Quality and Customer Satisfaction in Public and Private Hospitals in Benin City' was carried out by Ehis Fausta IYOHA in the Department of Business Administration, Faculty of Management Sciences; University of Benin, Benin City, Nigeria.

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## DEDICATION

This project is dedicated to the Almighty God for His steadfast love and for the fulfillment of His words in my life and throughout the course work and to the Nigerian Health Sector, with the hope that she would meet health standards as obtainable in modern times.

## ACKNOWLEDGEMENT

Words are not enough to express my gratitude to all those who contributed in no small measure to the success of this work.

My special thanks goes to my supervisor, Dr. J. E. Agbadudu for his immense contribution and guidance in writing of this project and for his rigorous scrutiny to ensure i did a nice job. Sir, I do possess enough words to express my appreciation, but from the bottom of my heart I say a big thank you.

I thank my lecturers, Prof. P. O. Eriki, Prof, O. I. Osamwonyi, Dr. I. B. Shaibu and others in the Department of Business Administration who have inspired me.

1 also thank all my colleagues, especially Orukpe Precious, Orhue Kate, Ekuhoho Stephanie, Enabulele Bob, Agbor Chuks and Odin Desmond, you all made the programme quite worthwhile.

Mention must be made of Master Ogie who readily came to my assistance with use of laptop, numerous literature and texts and for the procurement of online journals. I am not less appreciative of your guidance in the course of my project work.

Many thanks to my dear husband, David for his ever present love, support and patience.

## ABSTRACT

*This study investigates the effect of service quality on customer satisfaction in public and private hospitals in Benin City. The objectives of the study were to find out the impact of tangibility of service delivery on patient satisfaction, to investigate the influence of reliability of service delivery on patient satisfaction, to ascertain the effect of responsiveness of service delivery on patient satisfaction; to determine the impact of assurance of service delivery on patient satisfaction and to inspect the effect of empathy of service delivery on patient satisfaction in the Nigerian hospitals..*

*Respondents were selected from one (1) public and two (2) private hospitals in Benin City Metropolis, Edo State, Nigeria. The data were collected through personal administration of 110 questionnaires and had valid responses. The study also used frequency distribution, mean, standard deviation, t-test statistics analysis, multi regression analysis and tables as major statistical tools for data analysis and test of hypotheses.*

*The analysis revealed that assurance of the service delivery has significant relationship or influence on patient satisfaction in the Nigerian hospitals; tangibility of the service delivery has no significant influence on patient satisfaction, reliability of the service delivery has no significant relationship on patient satisfaction; responsiveness of the service delivery has no significant impact on patient satisfaction and that empathy of the service delivery has no significant impact on patient satisfaction in the Nigerian hospitals.*

*Finally, the study recommends that there is need for hospitals management to put into consideration the influence of assurance of the service delivery to patient satisfaction in the Nigerian hospitals. Also they should tailor their service delivery activities in a way that reflects on the patient satisfaction and there is need for the practitioners to invest massively on various service quality and develop more effective marketing campaign that attracts patient's attention and capture their interest.*

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# CHAPTER ONE

# INTRODUCTION

## 1.1 Background to the Study

Service industry has played increasingly important role in the economy. In emerging countries, it has become one of the fastest growing sectors (Zaim, Bayyurt & Zaim, 2010). Service quality, accordingly, has attracted much investigation by both academics and practitioners (Khanchitpol & William, 2013; Prabha, Naidoo & Nundlall, 2010; Ladhari, 2008; Narayan, Bindu, Rajendran & Sai, 2008). Healthcare sector of a country needs special attention from the government as quality of healthcare provides hope and relief to the patients and their dependents. It also helps to maintain a healthy human capital that contributes to the development of the country. Now quality has become an icon for customers while availing any services or buying a product and it is also a strategic advantage for the organizations to gain success and remain competitive in the market by delivering superior quality services or products based on customer requirements (Irfan & Ijaz, 2011).

The relationship between service quality and customer satisfaction has been extensively examined in the literature, in both developed countries (Carman, 2000; Scotti et al., 2007) and developing countries (Nguyen, 2012; Zaim et al., 2010). In healthcare service industry, the service quality - satisfaction relationship has received significant research attention (Nana, Nwankwo & Dason, 2010; Zaim et al., 2010).

In healthcare, patient perceptions are considered to be the major indicator in order to assess the service quality of a healthcare organization (O'Connor, 1994).It means that customer satisfaction is the major consideration for critical decision making in selecting a service (Gilbert,

Lumpkin & Dant, 1992) and quality of services delivered to the customers should meet their perceptions (Zeithaml, 1993).

The concept of patient satisfaction is not new. Patients are one of the main stake holders among the ever expansive modern world of medicine. Although the roles of patients and doctors have remained fixed, the contexts and backdrops have undergone tremendous changes overtime. Traditionally, there were no clear boundaries between patient care and patient cure. With changing patterns of disease, newer therapies and patients' perceptions, care and cure are now entirely separate concepts. A patient may never get cured but may feel very well-cared for and vice versa (Afshan, Ismail, Awais, Syed Zain, Diva & Sohail, 2012).

## 1.2 **Statement of Research Problem**

Over the past decades, the hospital system in Nigeria has been significantly improved and developed. Much investment has been put in developing healthcare infrastructure, facilities, and human resource training. However, service quality in the healthcare system in general and in the public and private hospitals particularly have still received much concern from the society and this is urgently seeking for the need of improving patients' satisfaction (Phung & Tran, 2012). Every year, many Nigerian patients, especially the wealthier people spend as much as 720billion Naira on treatment abroad. These patients with better living standards seek better service quality abroad because they do not only care about having their diseases cured, but also about how they are treated (ThanhNien Daily, 2013).

This study focuses on providing empirical evidence to confirm the relationship between service quality and patient satisfaction in the context of the public hospitals in Nigeria. The similarities and unique characteristics associated with the research context are explored. It is expected to enrich our understanding of healthcare service quality and its relationship with

patient satisfaction in an emerging economy where the research topic has still received modest attention.

### 1.3 Research Questions

Flowing from the statement of research problem are the research questions that will guide the study:

i. Is there any significant relationship between tangibility of the service delivery and patient satisfaction?

ii. Does the reliability of the service delivery impact on patient satisfaction?

iii. Is there a significant relationship between responsiveness of the service delivery and patient satisfaction?

iv. Does the assurance of the service delivery have any significant influence on patient satisfaction?

v. Is there any significant relationship between empathy of the service delivery and patient satisfaction.

### 1.4 Objectives of the Study

The broad objective of the study is to examine the influence of service delivery on patients satisfaction in public and private hospitals in Benin City. The specific objectives are to:

i. find out the impact of tangibility of the service delivery on patient satisfaction.

ii. investigate the influence «f reliability of the service delivery on patient satisfaction.

iii. ascertain the effect of responsiveness of the service delivery on patient satisfaction.

iv. determine the impact of assurance of the service delivery on patient satisfaction.

v. inspect the effect of empathy of the service delivery on patient satisfaction.

## 1.5 Hypotheses of the Study

Flowing from the objectives are the hypotheses stated in the null form:

$Ho_1$: there is no significant relationship between tangibility of the service delivery and patient satisfaction.

$H_{O2}$: there is no significant relationship between reliability of the service delivery and patient satisfaction.

$H_{O3}$: there is no significant relationship between responsiveness of the service delivery and patient satisfaction.

$H_{O4}$: there is no significant relationship between assurance of the service delivery and patient satisfaction.

$H_{O5}$ there is no significant relationship between empathy of the service delivery and patient satisfaction.

## 1.6 The Significance of the Study

The research work will be relevant to the following group of people:

This study will be relevant to decision makers in making decision that will improve patients' conditions in a given organisation (hospitals) in respect of increasing their level of satisfaction.

Also this research work will very relevant to patients because they are the reasons for the existence of hospitals and they help in achieving the organisational goals and objectives. Therefore, when they are aware of their right as patients, employees in the hospital will ensure that they are satisfied with the services provided to them.

Similarly, the government will also find this study relevant as it will help them to embark on programmes targeted at improving patients' satisfaction in hospitals.

Lastly, this study will also be relevant to researchers in field of management and other related field as it provides information and empirical evidence for further research in this area.

## 1.7 Scope of the Study

In pursuance of the objective of the study, this research is a cross-sectional quantitative study and attention will be focused on the influence of service delivery on customer satisfaction in public and private hospitals in Benin City.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

This chapter is set out to review the relevant literature necessary to building a strong theoretical foundation for answering the research questions. The focus will be placed on reviewing journal articles in the topical area of impact of service delivery and reviewing theories that provide a theoretical framework for measuring customer satisfaction. The following sub-chapter begins with an introduction to two important concepts: customer satisfaction and service quality and the link between service quality and customer satisfaction is established and customer satisfaction theories are reviewed.

## 2.2 Customer Satisfaction

The level of customer satisfaction has increased in the area of service industry and satisfaction can be enhanced by improving experiences. Customer satisfaction is an estimation of the surprise inherent in a product acquirement and its utilization experience. It is influenced by expectations and disconfirmation. Expectation is a point which makes comparison between perceived and actual performance that can result in disconfirmation. If performance will exceed the expectations, it creates positive disconfirmation and it is lower than reference points which build negative disconfirmation (Oliver, 1980). Service quality is defined as "customers' perception about how well a particular service meets or exceeds expectation of customers" (Czepiel, 1990). Dissatisfaction happens when perceived quality is lower than reference level and customers' expectations are greater than services provided by organizations.

Some researchers found that satisfaction is a cognitive and psychological insight about the function of any product/service. In healthcare sector, patients are customers. Thus

satisfaction is a tool to evaluate the success of services delivered by healthcare organizations. It is difficult to measure the satisfaction in clinical perspectives. Patients are the main concern of healthcare institutions. But, health care providers pay less attention to patients in developing countries. There are various factors affecting patients' satisfaction such as behaviour of staff and doctors, infrastructure of departments, tangible facilities, emotional favour and to understand their preferences (Sodani & Sharma, 2011).

It has been found that customer satisfaction with hospital services depends upon accuracy, timeliness and completeness. So, hospitals should raise the voice of patients for their satisfaction and successful responsiveness (Ribiere, LaSalle, Khorramshahgol & Gousty, 1999). It has been reported that the determinants of conventional facilities, convenience, attitude of employees and atmosphere affect the customer satisfaction level (Jham & Khan, 2008). Naik, Gantasala and Prabhakar (2010) using SERVQUAL (Service Quality dimensions), found that service quality has positive impact on customer satisfaction in retail sector of India and these determinants play a central role in customer satisfaction. Reliability is defined as employee competencies to give services at predetermined time and keeping records of patients' files and it is positively related to patients' satisfaction. The availability of well-equipped laboratories, pharmacy as well as communication resources are also crucial to facilitate people (Enayati, Yasaman, Reza & Rezaei, 2012).

Assurance is the courtesy, knowledge of employees and their capability to encourage confidence and trust. It also includes skills of doctors in their fields of specialization; how much they are competent and knowledgeable. Accuracy in medical test results, laboratory machines, qualification of staff and nurses and particular interest in emergency patients are determinants of assurance.

## 2.3 Service Quality in Health Care

The state is the primary provider of health services in developing countries and it stands to reason that the patient of a government-controlled hospital is the primary client. Consequently, the evaluation of those services provided by state hospitals and recommendations made in terms thereof would enable the managers and policy makers of those institutions to adequately provide the services in terms of their customers' expectations, bearing in mind the difficult balance between cost and quality in health care provision in developing countries.

Gronroos (1990) is of the opinion that service quality is the result of what consumers receive and how they perceive it. According to Berry and Parasuraman (1991), this implies that clients access service quality by comparing what they want or expect to their perception of what they actually received. Several theories on how service expectations are formed can be found in the literature. Oliver (1980) describes expectations as consumers' beliefs or predictions of what will happen as the result of a service transaction, while Cadotte, Woodruff and Jenkins (1987) consider it to be standards that consumers believe a product should offer. Parasuraman, Zeithaml and Berry (1985) describe expectations as the wants of consumers, that is, what they feel a service provider should offer and perceptions refer to the consumers' evaluation of the service provider. Expectations are influenced by individual consumer characteristics (Oliver, 1980), accepted marketing practices, advertising, word of mouth and past service experiences (O'Connor, Trinh & Shewchuk, 2000).

Although the debate on how expectations are formed continues, it can be concluded that they serve as means to evaluate service quality. Gronroos (1990), furthermore, expands on service quality by distinguishing between functional and technical quality. Technical quality in health care is the accuracy of diagnosis and procedures, and functional quality refers to the

manner of delivery of health care. Sohail (2003) is of the opinion that service quality is primarily shaped by functional quality because patients often find it difficult to assess the technical quality.

Other studies on customer satisfaction in health care emphasize the importance of convenience, access, waiting times, choice, quality of information; range of services, nature of the patient's medical problems, patients' demographic background, a comfortable environment, and a courteous and caring medical staff (Brown & Swartz, 1989; Singh, 1990; Sage, 1991; and Bansal, 2004).

Health service, quality should, consequently, be regarded as multi-dimensional. On the one hand, several studies in the services sector have looked at the relationship between service quality and customer satisfaction (Parasuraman, Zeithaml & Berry, 1994; Cronin & Taylor, 1992 and Johnson, 1995). Parasuraman, Zeithaml and Berry, (1988:16) are of the opinion that perceived service quality is the overall evaluation of a service over a period of time, while satisfaction is a transaction-specific evaluation, and conclude that perceived service quality is the result of incidents of satisfaction over time. Agreement can be found in the literature that satisfaction refers to the outcome of individual service transactions and the overall service transactions, whereas service quality has a broader meaning and refers to the overall impression of the acceptability of the organization and its services (Johnson, 1995). Zineldin (2006) remarks that service quality and the closely towards patients and the continuous improvement of health care services and doctor-patients relationships shape patients satisfaction.

On the other hand, research comparing health care providers on various issues relating to service quality include: the comparison of satisfaction levels with medical care and services between patients and observers of hospital services (families and friends) (Butler, Oswald &

Turner, 1996); the difference in quality of the service provided by public and private hospitals in Egypt (Mostafa, 2005) and the United Arab Emirates (Jabnoun & Chaker, 2003); as well as the comparison of health care service quality in different countries: the USA and UK (Kilbourne, Duffy, Duffy & Giarchi, 2004:526).

## 2.4 **Quality of Health Care Services**

Health care service is an important service system for human being and it helps the people to be away from illnesses and also to get cure from diseases. Therefore, the quality is determined by the best possible balance between risks and benefits (Niaze, 2007). Health care service has to meet the clinical needs of the population while ensuring the patients are respected as persons, prompt attention of care, quality of amenities, access to social support networks and choice of providers.

Babakus and Mangold (1992) identify the health service quality components as two folds such as the technical quality and the functional quality. The technical quality of health care services is the accuracy of diagnostic and treatment procedures.

However, it is very difficult to successfully judge the recipient of the service. The functional quality of health service is the way in which the hospitals provide health service for patients. This aspect of service could be understood and judged by the receivers on the quality of health service.

However, Saleh, Hattan, Hassan, Basem and Kensarah (2012) identified three quality dimensions related to the health care services i.e. client quality, management quality and professional quality. The quality is a buzz word for many parties and may be viewed by different parties in different ways. For example, in medical and technical point of view, provision of medical services using the superior values through different methods; which includes the ethics

of medical practice, medical working personnel, the quality of the provided medical services are considered as important. Quality from the patient's point of view, is satisfying patient's needs and providing the necessary medical services to the patient.

Quality from the administrative point of view includes the ways of using available resources and allocating them to ensure the delivery of the medical service at the right time, and with an acceptable cost. Quality from the senior medical administration includes the extent of satisfaction with the performance of the senior management and its role in the support and development of medical services and the health system.

The past studies have pointed out that the behaviour of unsatisfied and less talented employees negatively affect the quality of care which adversely affects the patients' satisfaction and patients' loyalty to the hospitals (Atkins, Mardeen, Marshall, Stevenson, Javalgi & Rajshekhar, 1996). Similarly, Prakash (2010) pointed out that the quality of the health care system would be determined by the patients through safe, equitable, evident based, timely, efficient and a patient centred service process.

## 2.5 **Measuring Service Quality**

There exists significant differences between government and private health care providers across the globe (Jabnoun & Chaker, 2003:293), even more so especially when taking the developmental status of countries into consideration. The level of aspiration in terms of service delivery, especially, becomes more problematic and political. It is therefore important to consider a wide spectrum of literature, while at the same time remaining focused on the core issues of measuring service quality in health care and achieving this through a universally accepted and standardized measuring instrument of service quality.

Services have several unique qualities relative to physical goods. They are more intangible, heterogeneous, and consumption and production occurs simultaneously (Gronroos, 1990; & Parasuraman *et al,* 1985). Consequently, the measurement of service quality, including health care service quality, has to be based on perceived quality rather than objective quality. Service quality is a concept that has aroused considerable interest and debate in the research literature, because of the difficulties in both defining it and measuring it with no overall consensus emerging on either (Parasuraman *et al.,* 1985). The most popular model of service quality is SERVQUAL, a set of twenty two (22) structured and paired questions designed to assess customers' expectations of service provision and the customers' perceptions of what was actually delivered. This instrument is structured in five dimensions, namely:

• Tangibles: physical facilities, equipment, and appearance of personnel;

• Reliability: ability to perform the promised service dependably and accurately;

• Responsiveness: willingness to help customers and provide prompt service;

• Assurance: knowledge and courtesy of employees and their ability to inspire trust and confidence; and

• Empathy: caring and individualised attention provided to customers (Parasuraman *et al.,* 1988:35-43).

This study includes a detailed discussion of the scale reliability and validity of SERVQUAL for the sake of clarity, but readers can refer to Parasuraman *et al.* (1985; 1988, 1994). Although SERVQUAL has been criticised for its conceptualisation, generalisation and dimensionality (Babakus & Boiler, 1992; Cronin &Taylor, 1992; Lam & Woo, 1997 & Buttle, 1996), it is widely used by academics and practitioners to measure service quality (Wong, 2002; Youssef, Nel & Bovaird, 1996 and Jabnoun & Chaker, 2003).

Numerous studies on service quality in the health care industry utilised and adopted the SERVQUAL instrument with diverse findings on the dimensions identified (Butler, Oswald & Turner, 1996 and Sohail, 2003), as well as the relative importance of the dimensions of service quality (Wong, 2002; Youssef, Nel & Bovaird, 1996; Sewel, 1997 and Jabnoun & Chaker, 2003).

The assurance perceived by customers is an important dimension of service quality in any industry (Zeithaml, Parasuraman & Berry, 1990) but even more so in the health care industry where customers associate quality with perceptions of human factors (Butler, Oswald, Turner, 1996). Assurance is especially critical where trust and confidence in the service provider are crucial (Branssington & Pettit, 2000) and this clearly is also applicable to the health care sector (Van Der Schee, Groenewegen, & Friele, 2006). Assurance and the assessment thereof should clearly be an integral part of health care delivery strategy (Ovretveit, 2004).

Although tangibility as a service quality dimension is rather simple to manage because people are not really involved, the possible financial constraints in the public health care sector in Nigeria should be taken into consideration when it is assessed. In various service quality studies, tangibility has been found to be rather unimportant (Zeithaml *et al.,* 1990). However, Boshoff and Gray (2004) remark that this is not the case in the hospital environment. This article focuses on tangibility, reliability, responsiveness, assurance and empathy in health care in the Nigerian context. Therefore, an overview of relevant literature on *Tangibility, reliability, responsiveness, Assurance and empathy* is presented hereafter, with specific reference to health care.

***Tangibility***

Several studies assessing service quality provided in private and public health care include the influence of tangibles and assurance (Sohail, 2003; Youssef, Nel & Bovaird, 1996; Vandamme & Leunis, 1993 and Boshoff & Gray, 2004). It has been argued that the single most important difference between services and products is the characteristic of intangibility and this has a significant influence on the marketing management of services (Parasuraman *et al,* 1985 and Gronroos, 1990). This often makes it difficult for customers to understand service quality and, as a result, more difficult for businesses to understand how consumers perceive and evaluate a service. Tangibility implies that a consumer's perception of quality is often based on physical evidence and price rather than the core service. Physical evidence refers to the environment in which the service is delivered and where the firm and the customer interact and also any tangible commodities that facilitate performance or communication of the service (Zeithaml & Bitner, 1996). This, demonstrates that the physical evidence of a health care service production process can influence the service experience. Parasuramane *at al.* (1988) describe tangibility in SERVQUAL as the "solid" dimension used to assess service quality, while Santos (2002) refers to tangibles as the tangible elements of a service and includes aspects such as the appearance of physical facilities, tools and equipment, personnel, and communication material.

Vandamme and Leunis (1993) measured service quality in a public hospital in Belgium and found that the most important dimensions explaining overall service quality were tangibility and assurance. Boshoff and Gray (2004) investigated the relationship between service quality, customer satisfaction and loyalty (as measured by purchasing intentions) among patients in the private health care industry in South Africa. The study revealed that the service quality dimensions, of nurses empathy, assurance and tangibility impact positively on patients' loyalty.

Satisfaction with the cleanliness of the hospital and the ward, neatness of the buildings, decor in the wards and appearance of the nursing staff will impact on loyalty. In this study, the importance of the cleanliness of the hospital was confirmed.

Further establishing the significance of tangibility in the perception of service quality in health care, Sohail (2003) assesses the quality of services provided by private hospitals in Malaysia and he revealed that patients' expectations with regard to modern equipment, the visual appearance of facilities and professional appearance were relatively low but their perceived performance were higher for all of these variables. In the study, the overall expectations with regards to all items in the tangibility dimension were relatively high with the highest expectations for cleanliness of facilities and the general condition of equipment. It can be expected that the expectations and perceptions will differ between private and public hospitals.

***Reliability***

This factor refers to "the ability to perform the service dependably and accurately (Parasuraman *et al.* 1988). Customer satisfaction will be high when service providers are able to show their integrity. Customers have confidence in the service provider's feature performance .because the level of past performance has been consistently satisfactory (Brady & Cronin, 2001). Also it has been concluded that reputation can be used as an effective means of predicting the outcomes of the service provider and can be considered the most reliable indicator of the ability of a service provider to satisfy a customer's desires.

***Responsiveness***

Responsiveness means "willingness of service provider to help customers and provide prompt services" (Parasuramane *at al.,* 1988). They suggested that efforts to increase speed of

processing information and attending to customers are likely to have an important and positive effect on customer satisfaction.

***Assurance***

The assurance dimension in SERVQUAL refers to the knowledge and courtesy of employees and their ability to inspire trust and confidence (Parasuramane *at al.,* 1988) The inseparability of production and consumption and the co-production of services (Gronroos, 1990) implies that the people providing the service play a significant role and therefore the perceptions of the assurance dimension will influence the overall perceived service quality. Health care is a high involvement service and all contact between health practitioners and patients is important and complex (Bansal, 2004). This interpersonal aspect of health care is also noted by several other authors (Orava & Tuominen, 2002). The assurance perceived by patients can enhance this interpersonal relationship with health practitioners.

Ramsaran-Fowdar (2005) conducted a study in Mauritius which explores the benefits that customers expect to receive from private and general practitioners. The SERVQUAL dimensions were compared to the items generated in the study. Two additional critical dimensions were suggested, namely professionalism and core medical items, and a few items were added to the original SERVQUAL dimensions. The assurance dimension comprises of the following items: a courteous and friendly physician; courteous and friendly, support staff; confidentiality of patient information; the ability of the GP to inspire trust and confidence in a patient; the ability of support staff to inspire trust and confidence' in a patient; the thoroughness of explanation of medical condition and treatment; the physicians making patients feel safe and relaxed in their transactions; and the honesty of the physician. These items were discussed with the management of the hospital in the study and adapted to be more applicable for a public hospital.

The findings on the assurance service quality dimension in terms of importance and perceived performance varies from study to study. Private patients from hospitals in Malaysia had generally low expectations for the assurance dimensions, especially the item of "ability to deal with problems". Their perceptions scores for the performance exceeded their expectations for all of the items (Sohail, 2003). In the current study, it was found that, of the five dimensions, patients have relatively high expectations of responsiveness and assurance, and it is important to note that personal safety was the most important item of the assurance dimension. Similar high expectations for the assurance dimension were measured in a study for NHS hospitals in the West Midlands region, UK. It was found that the overall highest expectation was of the assurance dimension, namely, that patients would feel secure in receiving medical care, whereas two of the lowest expectations illustrate that patients do not have a high expectation of individual attention or access to management (Youssef, Nel & Bovaird, 1996).

***Empathy***

This factor refers to the “level of caring and individual attention provided to customers” (Vuori, 1987). Many researchers have suggested that an empathy or customer relationship with service providers is an influential factor on customer satisfaction (Carman, 1990; Finn & Lamb, 1991; and Fitzpatrick, 1991).

## 2.6 The Underpinning Theory

The SERVQUAL (service quality) is the theory/model chosen for this study, the reason for the choice lays in the fact that the theory/model or the scale was developed by, first, writing a set of about 100 questions that asked consumers to rate a service in terms of both expectations and perceptions of performance on specific attributes that were thought to reflect each of the ten

dimensions. Next, the data were analysed by grouping together sets of questions that all appeared to measure the same basic dimension, such as reliability. The researchers used factor analysis as the major tool in determining which questions are measuring dimension number one, two, three, and so on, as well as which questions do not distinguish between dimensions. Questions that were not clearly related to a dimension were discarded. A revised scale was administered to a second sample, questions were tested and the result was a 22-question (item) scale measuring five basic dimensions of reliability, responsiveness, empathy, assurance and tangibility both on expectations and performance (Asumbonteng, McCleary & Swan 1996; Parasuraman, Zeithaml, & Berry, 1985; Parasuraman, Zeithaml & Berry, 1988; Buttle, 1996).

Finally, in 1,988 Parasuraman et al. announced the new instrument for measure of the service quality named SERVQUAL, consists of two key terms: SERV - service and QUAL - quality. In practice, the instrument was administered twice in different forms, first to measure expectations and second to measure perceptions. The respondent were asked to rate his/her expectations and perceptions of performance on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) and the results are then used to identify positive or negative gaps,

Therefore, based on these empirical tests with the instrument and various theoretical considerations Parasuraman *et al*. argued that SERVQUAL is both a reliable and a valid measure of service quality for service and retailing organization. They also claim that the instrument is applicable to a wide variety of service contexts (Markovic, & Horvat, 2002; Parasuraman, Zeithaml, & Berry, 1988; Parasuraman, Zeithaml & Berry, 1999).

## 2.7 Empirical Review on Service Quality and Customer Satisfaction of Public and Private Hospitals

Umeano-Enemuoh, Onwujekwe, Uzochukwu and Ezeoke (2014) examined patients' satisfaction and quality of care in tertiary institution (University of Nigeria Teaching Hospital) in Southeast Nigeria. In their contribution, their aim was to determine the factors which enhance and deter patients satisfaction in a tertiary institution and the quality of care. To do this, the study used a cross sectional survey design in which 360 carefully selected participants completed self-administered questionnaire to rate their satisfaction level, quality of services provided, as well as factors of importance where best service was provided. Overall, participants were quite satisfied (Mean score = 3.75) with the services provided by the different service providers. Equally, respondents also noted that the overall quality of care of the health facility was good (mean score = 3.45). Pharmacy received the highest satisfaction level with a mean rating of 4.1. Over a third participants (38 %) rated the services provided by the doctors as best despite giving the highest quality ratings with a mean of 3.9 to pharmacy compared to mean ratings of 3.4 for the doctors. In the same vein, respondents' greatest displeasure was with the time spent at the facility as 63.9 % of them were displeased. More than a third (36.9 %) of the patient was most pleased with information given to them as a factor of importance.

Moreover, participants were quite satisfied with the services provided as well as the quality of care by the different service providers of the health facility. As a consequence, it was concluded that there is need for interventions in terms of time spent at the facility which would promote good customer focused service delivery.

Kumar and Thota (2014) examined the effect of image quality on health care to hospital and the study found out that the quality of services had significant positive effect on the image of

the hospital. However, research findings also prove that the image of the hospital has a positive and significant impact on customer satisfaction. That is, the improvement of quality of service will improve the hospital's image in the eyes of the patient. As a result, customer satisfaction will be increased as well (Pai & Chary, 2013).

Gavran, Jasarevic and Hasanica (2013) explored patients' satisfaction with primary health care in Zenica. They examined patients' satisfaction against the back drop of health care services in primary care and determined the difference in attitudes towards the work of general and family medicine offices. For this reason, descriptive analytical study was conducted among patients of the Primary Health Care, Zenica, who had recent experience with the work of family or general medicine. Similarly, the questionnaire for the evaluation of general and family medicine by patients was made on the basis of standardised European Project on Patient Evaluation of General Practice Care questionnaires (EUROPEP- Europe Project Patient Evaluation Practice). Random sampling technique was used, and the population of the patients was divided into two clusters: patients treated in general and family practice. In all, 100 questionnaires were distributed, 50 for general and 50 for family medicine. They found out that there were 56 (56.0%) males, and the most common age group was 41-60 years with 42 (42.0%) respondents. Differences in patients' satisfaction in favour of family medicine were statistically most significant when it came to scheduling examinations at times convenient to the patient ($p = 16.28$), the possibility of telephone links with the office ( $p = 32.55$) and long waiting in waiting room ($p = 30.42$). They concluded that there is high level of patients' satisfaction with the family medicine units of primary health care. Elaborate EUROPEP questionnaire seems to be a useful tool for the study of patients' satisfaction with health care services.

Ogunfowokan and Mora (2012) focused on the experiences of patients on time, expectation and satisfaction. They determined the time spent by patients at the service points in the general Outpatient Departments (OPD) at the National Hospital Abuja (NHA), to establish the perception of patients regarding the patient-clinic encounter time, and to describe their level of satisfaction with the services received. A cross-sectional study was conducted at the general OPD of the NHA. Information which relate to the time spent at the various service points amongst others were obtained from 320 randomly selected patients, using a patient administered validated questionnaire. Eighty four per cent (84%) of the patients who responded adequately were identified and analysed. There was a significant relationship between a short waiting time as perceived by patients, clinic visit encounters where patients' expectations were met or surpassed, and overall patients' satisfaction with the clinic visit encounters. Based on the outcome of their results, they concluded that reduction in patient-clinic encounter time and meeting patients' pre-visit expectations may significantly improve patient satisfaction after clinic visit encounter at the general OPD of NHA.

Tateke, Woldie and Ololo (2012) discussed what determines patients' satisfaction. They identified the levels and determinants of patients' satisfaction with out-patient health services provided at public and private hospitals in Addis Ababa, Central Ethiopia. A comparative cross-sectional study was also conducted using 5 private and public hospitals each as their samples. In the same vein, participants were selected using systematic random sampling. Also a pre-tested and contextually prepared structured questionnaire was used to conduct interviews. Descriptive statistics, analysis of variance, factor analysis and multiple linear regressions were performed using computer software (SPSS 16.0). They observed that 18.0% of the patients at the public hospitals were very satisfied, while 47.9% were just satisfied with the corresponding proportions

a bit higher at private hospitals. Self-judged health status, expectation about the services, perceived adequacy of consultation duration, perceived providers' technical competency,, perceived welcoming approach, and perceived body signalling were determinants of satisfaction at both public and private hospitals. They therefore, submitted that although patients at the private hospitals were more satisfied than those at the public ones, in terms of the health care they received, five of the determinants of patient satisfaction in this study were common to both settings. Thus, hospitals in both categories should work to improve the competencies of their employees, particularly health professionals, so as to gain the interests of clients and have a physical structure that fits well the expectations of the patients.

Sharifi, Baraz, Mohammadi, Ramezani arid Vardanjani (2012) researched on patients' perception and satisfaction of Ambulance service (115) in Iran. They investigated the satisfaction of patients with Ambulance Service (115) in Shahrekord in the first half of (2012). To do this, simple random sampling method was used to choose the patients that were transferred to the hospital by pre-hospital emergency center. Similarly, data was collected using satisfaction evaluation questionnaire and was analysed using SPSS software version 16. The findings showed that satisfaction level with pre-hospital emergency services in men, low educated people, married people, those with the record of using emergency services and those with emergency problems were significantly higher than others. Satisfaction level in all fields was above 50% and was totally 71.12. The highest level of satisfaction was for the efficiency of emergency centre and the lowest level of satisfaction in the questions was for the performance of technicians. Patients' satisfaction with emergency services and their quality is considered as one of the main concepts in pre-hospital emergency procedures. This is in the manner in which the results of this study showed that patients' satisfaction in different fields were high and satisfactory and the technicians should allocate much more time to interact with patients in order to improve their satisfaction.

Solayappan, Jayakrishnan and Velmani (2011) explored the perception and expectation of patients regarding hospital services by using the service quality gap model. The study was conducted in one of the leading hospitals in Chennai, Tamilnadu, India. A purposive sample of 300 respondents was selected who already have experience in the hospital as in-patients. The major emphasis of the study, therefore, is to identify the service quality gap. By so doing, It was found that there is a huge gap in the hospital services like physical appearance, lack of interest in solving problems, and personal care.

Umar, Oche and Umar (2011) researched the patient waiting time in tertiary institution (Uthman Dan fodio University Teaching Hospital) through a study conducted in the Northern part of Nigeria. They observed that the amount of time a patient waits to be attended to be one factor which affects the utilisation of health care services. Patient satisfaction has emerged as an increasingly important parameter for assessing the quality of health care; therefore, health care facility performance can be best assessed by measuring the level of patient's satisfaction. Here a total of 384 new patients were randomly selected. Furthermore, a set of pre-tested questionnaires was used to extract information from the respondents while descriptive statistics was used for analysis. In all, a total of 118 (31 %) of the patients waited for less than an hour in the waiting room, while 371 (96.6 %) spent less than 30 minutes with the doctor. More than half, 211 (55 %) of the respondents were satisfied with the service delivery in the hospital, while only 63 (16 %) of the respondents admitted to being given health talks while waiting to be attended to by the doctor. Although majority of the patients waited for more than one hour before being attended to, more than half of them were, however, satisfied with the services rendered to them. It is imperative, therefore that health care institutions and providers put in place measures aimed at reducing waiting time and ensuring patients' satisfaction.

Muhondwa, Leshabari, Mwangu, Mbembati and Ezekiel (2008) examined patients' satisfaction at the Muhimbili National Hospital in Dar Es Salaam, Tanzania. The study reveals the extent to which patients at the Muhimbili National Hospital (MNH) were satisfied with the services and care they received. The research method used was exit interview to determine patient satisfaction. What this means is that patients were interviewed as they were leaving the OPD clinics, laboratory, X-ray, pharmacy and in-patient wards. The study also observed that most patients were satisfied with the services and care they received. This high level of satisfaction must be viewed within the context of a hierarchical public health care delivery system, with MNH at the apex. The services and care MNH provides can only be excellent compared to that provided by lower level health facilities. Indeed, patients covered by this study perceived the services provided by MNH as superior, and this was reflected in the high level of satisfaction indicated by them. Some patients also expressed dissatisfaction with specific aspects of the services that they received. In fact, they were particularly dissatisfied with long waiting times before receiving services, the high costs of treatment, and consultation charges at MNH, poor levels of hygiene in the wards, and unprofessional conducts/ attitudes of staff towards patients. The study concluded that although only a small proportion of patients expressed dissatisfaction with these aspects of the services provided, they are significant. They called on the MNH management to take appropriate action and encourage health personnel to embrace a new staff patient relationship ethos, in which the patients' are viewed as customer.

Mejabi and Olujide (2008) conducted a research study in Nigeria for developing service quality measurement scale and to find out the service quality dimension of health care sector of Nigeria. The authors developed a measurement scale containing 39 service quality attributes on which respondent rated the hospital on importance and performance. The four point likert scale is used for evaluation of responses. The results indicates that eight dimensions- recourses

availability, Quality of care, Condition of clinic/ward, Condition of facility, Quality of food, Attitude of doctors and nurses, Attitude of non-medical staff, and waiting time for service , best describe the health care service quality of hospitals in Nigeria. The reliability coefficients represented by Cronbach's alpha value ranges from 0.74 to 0.94.

Ofili and Ofovwe (2005) wrote on the patients' assessment of efficiency of services in teaching hospital in a developing country. Both scholars examined patients' assessment of services rendered at a University Teaching Hospital. The study was cross-sectional carried out between July 2002 and September 2002 at the University of Benin Teaching Hospital, Benin - City, Edo - State, Nigeria. All patients, two hundred and fifty five (255) on admission were included in the study. They observed that the average waiting time of patients was 2 hours 53 minutes (173 minutes) and the range was 2 minutes to 2 days. Two hundred and ten (84%) of the patients were satisfied with time spent with the doctor (consultation time). Services at the pharmacy were little above average satisfactory to patients while greater percentage of patients were satisfied with services rendered at the laboratories. 85 and 76.8 % of patients were satisfied with the X-ray and catering departments respectively. However, patients' rating of the level of sanitation was poor (46 %). Based on their findings they were able to identify the area of need which include, waiting time prior to consultation, sanitation of the hospital and pharmacy department. Although expressed a high level of satisfaction with the laboratories, X-ray and catering departments, there is need to work towards achieving total satisfaction with all facilities.

Similarly, Gotlieb, Grewal, and Brown (1994) explored patient discharge, perceived hospital service quality and satisfaction in Germany, and identified evidence of a clear distinction between perceived service quality and patients' satisfaction. In this way, they found

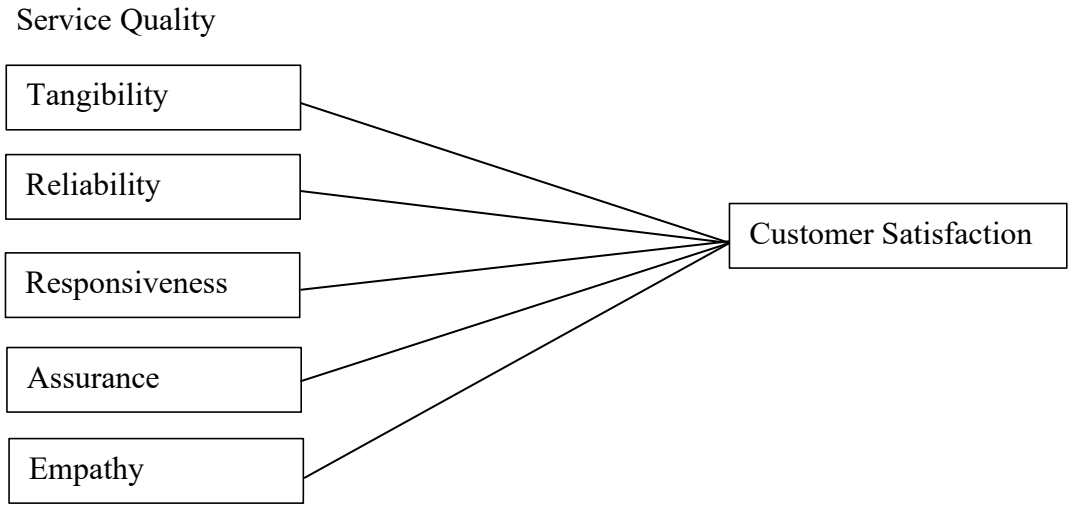
that patients' satisfaction mediated the effect of perceived service quality on behavioural intentions, which include adherence to treatment regimes and following provider's advice.

## 2.8 **Theoretical Framework**

***Research Model***

Based on the reviewed literature and seven hypotheses developed, a research model with six variables was developed as illustrated in Fig. 2.1. **Figure**

**2.1: Model**




***Researcher Schematic Construct, 2018***

Service quality is the only independent variable (IV) and customer satisfaction is the only dependent variable (DV).

# CHAPTER THREE

# METHODOLOGY

## 3.1 Introduction

This chapter gives explanation to the proposed research design, population and sampling technique, sample size, operationalization of variables, research instrument, sources of data and finally the techniques of data analysis that was employed.

## 3.2 Research Design

In this study, the descriptive survey research design was adopted. This method was used because it involves the use of questionnaires and personal interview aimed at finding out service quality and customer satisfaction in public and private hospitals in Benin City, Edo State, Nigeria.

## 3.3 The Population and Sampling Technique

The Population of interest in this study consists of all patients in Benin City who at present are patronising the services of hospitals. There are hospital in Benin City and consist of fifty six(56) private hospitals and three (3) public hospitals. For the purpose of this study multistage sampling, a probability sampling method will be used by sampling the three (3) hospitals (namely: Mount Gilead Hospital, God's Victory Hospital and University of Benin Teaching Hospital) out of fifty nine (59) registered hospitals in Benin City. Then from the hospitals, patients (respondents) will be sampled.

## 3.4 Sample Size

The major criterion used when deciding on the sample size is the extent to which the sample size represents the population. Multistage sampling technique will be used. Multistage sampling method will be used to draw representatives from both private and public hospitals in Benin City.

Samples will be collected from Benin City, Edo State. The sample size for this study will be one hundred and ten (110) patients from private and public hospitals in Benin City based on the law of large numbers. The law of large numbers states that a sample of thirty (30) and above is

considered large enough to represent the population. Invariably, one hundred and ten (110) copies of questionnaires will be distributed among patients.

## 3.5 Operationalization and Measurement of Variables

These variables are operationalized below

**Table 3.1: Operationalization and Measurement of Variables**

| S/N | Variable | Measurement | Operationalization | No. in Questionnaire |
|---|---|---|---|---|
| | **DEMOGRAPHIC VARIABLES** | | | |
| 1 | Gender | 2 point categorical scale | Male<br>Female | Q1 |
| 2 | Age | 4 point categorical scale | 18-24years<br>25-35years<br>36-45years<br>46 and above | Q2 |
| 3 | Marital Status | 2 point categorical scale | Single<br>Married | Q3 |
| 4 | Education | 5 point categorical scale | SSCE/GCE/NECO NCE/OND<br>B.Sc/HND<br>Masters degree;<br>Doctoral degree; | Q4 |
| 5 | **Dependent Variable: Patient Satisfaction** | 5 point categorical scale | The extent to which a patient appreciates the services offered him/her at the hospital | Q29-Q36 |

| | | | | |
|---|---|---|---|---|
| 6 | ***Independent Variables: Tangibility*** | 5 point categorical scale | Physical accessories which can be touched e.g. equipment, machinery and structures as well. | Q5-Q9 |
| 7 | ***Reliability*** | 5 point categorical scale | How much staff is trustworthy regarding providing services accurately and consistently | Q10-Q14 |
| 8 | ***Responsiveness*** | 5 point categorical scale | How much staff is willing to pay attention and help customers out | Q15-Q18 |
| 9 | ***Assurance*** | 5 point categorical scale | About their fields of specialization and courteousness capability to instigate trust and confidence. | Q19-Q24 |
| 10 | ***Empathy*** | 5 point categorical scale | A feeling of care about customers and give individual concentration to their customers. | Q25-Q28 |

***Source: Researcher's Construct, 2018***

### 3.6 The Research Instrument

A structured questionnaire adapted from several past surveys (Butt & Cyril de Run 2010; and Sohail, 2003) and modified will be used as main data gathering instrument. This will be divided into two (2) sections. Section A will capture demographic characteristics, while section B will capture service quality and customer satisfaction in public and private hospitals in Benin City. The section contains several questions/statements where respondents will be asked to indicate the extent to which they agree/disagree with the questions. The questionnaire is structured on a 5-point likert scale measurement which indicated, strongly disagree (1), disagree (2), Undecided (3), agree (4) and strongly agree (5).

## 3.7 Operational Definition of Variables

**Patient Satisfaction:** The extent to which a patient appreciates the services offered him/her at the hospital.

**Tangibility:** Physical accessories which can be touched e.g. equipment, machinery and structures as well.

**Reliability:** How much staff is trustworthy regarding providing services accurately and consistently

**Responsiveness:** How much staff is willing to pay attention and help customers out

**Assurance:** About their fields of specialization and courteousness capability to instigate trust and confidence.

**Empathy:** A feeling of care about customers and give individual concentration to their customers.

## 3.8 Model Specification

The major dependent variable used is customer satisfaction.

The major determinants (independent variables) are Tangibility, Reliability, Responsiveness, Assurance and Empathy. In this study the OLS model will be used:

$$CSN = \beta_0 + \beta_1 TAN + \beta_2 REL + \beta_3 RES + \beta_4 ASS + \beta_5 EMP + \mu \quad \text{..... (1)}$$

*Where:*

CSN = Customer Satisfaction

TAN = Tangibility

REL = Reliability

RES = Responsiveness

ASS = Assurance

BMP = Empathy

$\mu$ = Error Term

$\beta o$ = Constant

$\beta_1$. $\beta_2$ $\beta_3$. $\beta_4$.$\beta_5$ = Coefficients of the various independent variables

### 3.9 Sources of Data

Data will be collected from primary sources. The primary data will be generated through the distribution of structured questionnaire to elicit response from the respondents.

### 3.10 Validity and Reliability

The reliability analysis was conducted using item analysis. Table 3.2 shows the reliability of the questionnaires. The reliability of the items is discussed below.

**Table** 3.3 **Reliability of the Questionnaires**

| S/N | Questionnaire Items | Number of Items | Cronbach's Alpha Value |
|---|---|---|---|
| 1. | Tangibility | 5 | 0.705 |
| 2 | Reliability | 5 | 0.690 |
| 3. | Responsiveness | 4 | 0.752 |
| 4 | Assurance | 6 | 0.779 |
| 5 | Empathy | 4 | 0.685 |
| 6 | Customer Satisfaction | 8 | 0.731 |

*Source: Researcher's field work, 2018*

In the Table 3.2, Cronbach's alpha of 0.705 and 0.690 for tangibility and reliability respectively. Similar results were obtained for responsiveness (0.752), assurance (0.779), empathy (0.685) and customer satisfaction (0.731). These levels of Cronbach's alpha were considered good indicators of the reliability of the instrument. The Statistical Package for the Social Sciences (SPSS) was used for data analysis.

### 3.11 Method of Data Analysis

Before processing the responses, the completed questionnaires will be sorted, checked and edited for completeness and consistency. The data will be presented and analysed using tables and charts. This will be enhanced by an explanation and interpretation of the data. Descriptive statistics technique will be used to analyse the quantitative data. Coding was done in Statistics Package for Social Sciences (SPSS), analysed and the output interpreted in mean scores and standard deviation. Inferential statistics such as, correlation and regression analysis will be used to estimate the existence of relationships among variables

### 3.12 Limitations of the Methodology

In the course of conducting this study, the researcher will face some challenges. These challenges are:

Poor Response: The researcher will be limited by the reluctance of some respondents to complete questionnaires promptly and those who even failed to complete them all. This thus will limit the number of respondents involved in the study despite the researcher's efforts and approaches to them explaining the potential benefits of the study to them.

The study also anticipates the challenge of obtaining a complete representative sample. The challenge of a complete representative sample would arise when a probability sampling method is partially applied.

# CHAPTER FOUR

# DATA PRESENTATION AND ANALYSES

## 4.1 Introduction

The purpose of this study is to investigate Service quality and customer satisfaction in public and private hospitals in Benin City. This chapter therefore consists of data presentation and analysis. First, we present and analyse data for sample background (demographic) variables, thereafter, we present and analyse data for the dependent and independent variables of the study and test the proposed hypotheses. Finally, we discuss our findings.

## 4.2 Demographic Characteristics of the Respondents

One hundred and twenty-two copies of the questionnaire were distributed to patients of three hospitals in Benin City, Edo State, Nigeria who are presently receiving medical services for and this was done based on convenience sampling technique. Out of this number, 110 copies of the questionnaire were completed, retrieved and found usable. This represents a combined response rate of 90.16 percent. The response rate was very satisfactory because the copies of questionnaires that were properly filled were the only ones used by the researcher. This was done in order to ensure that bias and errors were minimized which will result in a high reliability or dependency of the response rate. Table 4.1 presents the demographic characteristics of the respondents.

**TABLE 4.1: Demographic Characteristics of the Respondent**

| Demographic Characteristics | Categories | Frequency | Percentage |
|---|---|---|---|
| Gender | Male | 49 | 44.5 |
| | Female | 61 | 55.5 |
| | **TOTAL** | **110** | **100** |
| Age | 18-25years | 32 | 29.1 |
| | 26-35 years | 47 | 42.7 |
| | 36-45 years | 21 | 19.1 |
| | Above 46 years | 10 | 9.1 |
| | **TOTAL** | **110** | **100** |
| Marital Status | Single | 61 | 55.5 |
| | Married | 49 | 44.5 |
| | TOTAL | 110 | 100 |
| Level of Education | NCE/OND | 29 | 26.4 |
| | B.Sc/HND | 45 | 40.9 |
| | M.Sc/MBA/PGD | 34 | 30.9 |
| | Ph.D | 2 | 1.8 |
| | **TOTAL** | **110** | **100** |

| | | | |
|---|---|---|---|
| **Medical Services** | **Yes** | **99** | **90.0** |
| | **No** | **10** | **9.1** |
| | **TOTAL** | **110** | **100.0** |

***Source: Author's Field Work,*** *2018*

**Gender: As** highlighted in Table 4.1, the majority of the respondents, 49 are males and this represents 44.5% of the total respondents, while 61 of the respondents are females representing 55.5%. Thus, male constituted larger respondents.

**Age**: As revealed in Table 4.1, the majority of the respondents (47, 42.7%) fall into the age group of 26-35 years, 32 of the respondents constituting 29.1% of the total respondents fall into age group of 18-25 years, while 21 of the respondents representing 19,1% of the total respondents fall into age category of 36-45 years. Lastly, 10 of the respondents constituting 9.1% of the total respondents fall into the age group of above 46 years.

**Marital Status:** Table 4.1 revealed that 61 of the respondents, representing 55.5% of the total respondents are single, while 49 of the respondents representing 44.5% of the total respondents are married.

**Level of Education:** With respect to educational level of the respondents, Table 4.1 revealed that majority of the respondents (45) representing 40.9% of the total respondents are B.Sc/HND holders, 34 respondents representing 30.9% of the total respondents are M.Sc/MBA/PGD holders, 29 respondents representing 26.4% of the total respondents are OND/NCE holders and 2 respondents representing 1.8% of the total respondents are Ph.D holders.

### 4.3 Dependent and Independent Variables

**Table 4.2: TANGIBILITY**

| **Factors** | **S. D** | | **D** | | **N** | | **A** | | **S.A** | | **Mean** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | (%) | No | (%) | No | (%) | No | (%) | No | (%) | |
| The quality of the hospital's care facilities is good | 0 | 0 | 2 | 1.8 | 16 | 14.5 | 45 | 40.9 | 47 | 42.7 | 4.25 |
| The quality of the patient beds is good | 0 | 0 | 18 | 16.4 | 9 | 8.2 | 47 | 42.7 | 36 | 32.7 | 3.92 |
| Water and bathrooms in the hospital are in good condition | 0 | 0 | 13 | 11.8 | 6 | 5.5 | 50 | 45.5 | 41 | 37.3 | 4.09 |
| The hospital toilets are clean | 0 | 0 | 12 | 10.9 | *5* | 4.5 | 48 | 43.6 | 45 | 40.9 | 4.15 |
| The hospital environment is good (trees, canteen, etc.) | 3 | 2.7 | 20 | 18.2 | *1* | 6.4 | 45 | 40.9 | 35 | 31.8 | 3.81 |
| **Grand Mean** | | | | | | | | | | | 4.21 |

***Researcher's Field work, 2018***

Table 4.2 above contains the mean response of the respondents to the statements that explain the tangibility component. To the first statement in the table, the respondents were in agreement (mean=4.25) that the quality of the hospitals' care facilities are good. Similarly, the respondents agreed that the quality of the patients' beds are good beds (mean=3.92), that Water and bathrooms in the hospital are in good condition (mean=4.09), that the hospital toilets are clean (mean=4.15) and that the hospital environment is good (trees, canteen, etc.) (Mean=3.81).

**Table 4.3: *RELIABILITY***

| Factors | SD | | D | | N | | A | | S.A | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **No** | **(%)** | **No** | **(%)** | **No** | **(%)** | **No** | **(%)** | **No** | **(%)** | |
| Hospital provides treatment, diagnostic test and other services in an acceptable time period | 1 | 0.9 | 6 | 5.5 | 15 | 13.5 | 45 | 40.9 | 43 | 39.1 | 4.12 |
| When a patient has a problem, the hospital show sincere interest to solve it. | 2 | 1.8 | 8 | 7.3 | 11 | 10 .1 | 56 | 50.9 | 33 | 30 | 4.00 |
| Doctors explain health conditions, diagnosis and treatment in an understandable way | 0 | 0 | 7 | 6.4 | 6 | 5.5 | 56 | 50.9 | 41 | 37.3 | 4.20 |
| Nurses explain to patients exactly what they are going to do | 26 | 23,6 | 29 | 26.4 | 5 | 4.5 | 27 | 24.5 | 23 | 20.9 | 2.93 |
| When a patient is admitted, doctors monitor his/her health status regularly /daily | 31 | 28.2 | 22 | 20 | 6 | 5.5 | 24 | 21.8 | 27 | 24.5 | 2.95 |
| **Grand Mean** | | | | | | | | | | | **3.64** |

*Researcher's field work, 2017*

Table 4.3 reveals that the respondents agreed to all of the items explaining the reliability element as the mean score for each of the question is greater than 2.5. The mean score of the first item (mean=4.12) indicate that the respondents agreed that their preferred hospitals provide treatment, diagnostic test and other services in an acceptable time period. Also, the respondent agreed that when a patient has a problem, the hospital show sincere interest to solve it (mean=4.00), that doctors explain health conditions, diagnosis and treatment in an understandable way (mean=4.20), that nurses explain to patients exactly what they are going to do (mean=2.93) and that when a patient is admitted,

doctors monitor his/her health status regularly/daily (mean=2.95). Therefore, we conclude that the level of reliability is high as the grand mean of the construct is 3.64 greater than the cut-off value of 2.5.

**Table 4.4: *RESPONSIVENESS***

| Factors | S.D | | D | | N | | A | | S.A | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | (%) | No | (%) | No | (%) | No | (%) | No | (%) | |
| Doctors/nurses usually respond immediately when called by patients | 21 | 19.1 | 16 | 14.5 | 14 | 12.7 | 34 | 30.9 | 25 | 22.7 | 3.24 |
| Doctors/nurses are willing to help patients. | 32 | 29.1 | 11 | 10.0 | 7 | 6.4 | 35 | 31.8 | 25 | 22.7 | 3.09 |
| Waiting time for admission are not longer than a week | 31 | 28.2 | 12 | 10.9 | 9 | 8.2 | 34 | 30.9 | 24 | 21.8 | 3.07 |
| Waiting time for daily service are not longer than 45 minutes | 26 | 23.6 | 21 | 19.1 | 9 | 8.2 | 31 | 28.2 | 23 | 20.9 | 3.04 |
| **Grand Mean** | | | | | | | | | | | **3.11** |

*Researcher's field work, 2018*

In table 4.4, the respondents agreed to all items relating to the responsiveness component as the mean are greater than 2.5 which is the cut-off. The reported mean value of the first item (mean=3.24) shows that respondents agree to the fact that doctors/nurses usually respond immediately when called by patients. Also, respondents agreed that doctors/nurses are willing to help patients (mean=3.09), that waiting time for admission are not longer than a week (mean=3.07) and that waiting time for daily service are not longer than 45 minutes (mean=3.04). The grand mean is 3.11 indicating that the extent of responsiveness among hospital operators in Warri is high.

**Table 4.5:** ***ASSURANCE***

| Factors | S.D | | D | | N | | A | | S.A | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | (%) | No | (%) | No | (%) | No | (%) | No | (%) | |
| Doctors are very competent | 19 | 17.3 | 22 | 20.0 | 18 | 16.4 | 33 | 30.0 | 18 | 16.4 | 3.08 |
| Nurses are very skillful | 16 | 14.5 | 10 | 9.1 | 9 | 8.2 | 38 | 34.5 | 37 | 33.6 | 3.64 |
| Patients feel comfortable when receiving medical treatment | 6 | 5.5 | 10 | 9.1 | 8 | 7.3 | 51 | 46.4 | 35 | 31.8 | 3.90 |
| Hospitals provide privacy during treatment | 3 | 2.7 | 8 | 7.3 | 11 | 10.0 | 50 | 45.5 | 38 | 34.5 | 4.02 |
| Doctors/nurses are always respectful towards patients | 0 | 0 | 18 | 16.4 | 8 | 7.3 | 58 | 52.7 | 26 | 23.6 | 3.84 |
| Doctors/nurses have good knowledge to answer patients' questions | 8 | 7.3 | 6 | 5.5 | 6 | 5.5 | 60 | 54.5 | 30 | 25.3 | 3.73 |
| **Grand Mean** | | | | | | | | | | | **3.71** |

*Researcher's field work, 2018*

One clear observation from table 4.5 is that respondents agreed to all items/statements constituting assurance as the reported mean score for each item is greater than the cut-off value of 2.5. Therefore, we conclude that respondents agreed that the doctors are very competent (mean=3.08), that the nurses are very skilful (mean=3.64), that patients feel comfortable when receiving medical treatment (mean=3.90), that hospitals provide privacy during treatment (mean=4.02) that doctors/nurses are always respectful towards patients (mean= 3.84) and that doctors/nurses have good knowledge to answer patients' questions (mean=3.73). The grand mean is 3.71 specifying that the level of assurance of hospital operators to their patients in Warri is high.

**Table 4.6: EMPATHY**

| Factors | S.D | | D | | N | | A | | S.A | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | (%) | No | (%) | No | (%) | No | (%) | No | (%) | |
| The nurses are usually caring | 0 | 0 | 3 | 2.7 | 12 | 10.9 | 45 | 40.9 | 50 | 45.5 | 4.29 |
| Doctors/nurses always listen to patients attentively | 28 | 25.5 | 4 | 3.6 | 7 | 6.4 | 44 | 40.0 | 27 | 24.5 | 3.35 |
| Doctors usually spend enough time with each patient | 11 | 10.0 | 7 | 6.4 | 14 | 12.7 | 58 | 52.7 | 20 | 18.2 | 3.63 |
| Operating hours are convenient for patients | 15 | 13.6 | 11 | 10.0 | 10 | 9.1 | 47 | 42.7 | 27 | 24.5 | 3.55 |
| **Grand Mean** | | | | | | | | | | | **3.54** |

*Researcher's field work, 2018*

One clear observation from table 4.5 is that respondents agreed to all items/statements explaining empathy as the reported mean score for each item is greater than the cut-off value of 2.5. Therefore, we conclude that respondents agreed that the nurses are usually caring (mean=3.90), that doctors/nurses always listen to patients attentively (mean=3.13), that doctors usually spend enough time with their patients (mean=3.80) and that operating hours are convenient for patients (mean=3.55).

**Table** 4.7: **CUSTOMER SATISFACTION**

| Factors | S.D | | D | | N | | A | | S.A | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | No | (%) | No | (%) | No | (%) | No | (%) | No | (%) | |
| Employees at the hospital I frequent are friendly and polite | 9 | 8.2 | 13 | 11.8 | 21 | 19.1 | 38 | 34.5 | 29 | 26.4 | 3.59 |
| Employees at hospital I received treatment are always willing to help patients. | 4 | 3.6 | 13 | 11.8 | 9 | 8.2 | 44 | 40.0 | 40 | 36.4 | 3.94 |
| The hospital I went to provides the right service, the first time. | 17 | 15.5 | 21 | 19.1 | 19 | 17.3 | 30 | 27.3 | 23 | 20.9 | 3.19 |
| When the hospital I received treatment promises to do something by a certain time, it does so. | 16 | 14.5 | 10 | 9.1 | 9 | 8.2 | 37 | 33.6 | 38 | 34.5 | 3.65 |
| When there is a problem, it is quickly directed to the relevant section of the hospital I frequent. | 5 | 4.5 | 10 | 9.1 | 8 | 7.3 | 52 | 47.3 | 35 | 31.8 | 3.93 |
| The hospital usually takes my privacy very seriously | 2 | 1.8 | 8 | 7.3 | 11 | 10.0 | 50 | 45.5 | 39 | 35.5 | 4.05 |
| Employees listen to customers suggestions. | 0 | 0 | 19 | 17.3 | 8 | 7.3 | 58 | 52.7 | 25 | 22.7 | 3.81 |
| I repeatedly patronize my hospital services | 7 | 6.4 | 10 | 9.1 | 8 | 7.3 | 51 | 46.4 | 34 | 30.9 | 3.86 |
| **Grand Mean** | | | | | | | | | | | **3.60** |

***Researcher's field work, 2018***

One clear observation from table 4.6 is that respondents agreed to all items/statements constituting customer satisfaction as the reported mean score for each item is greater than the cut-off value of 2.5. Therefore, we conclude that employees at the respondents' hospitals are friendly and polite

(mean=3.52), that employees at the hospitals that the respondents received treatment are always willing to help patients (mean=3.24), that the hospital respondents went to provide the right service the first time (mean=3.54), that when there are problems, they are quickly directed to the relevant section of the hospital that the respondents frequent (mean=3.85); that employees at the hospital usually takes respondents privacy very seriously (mean=3.24), that employees listen to patients suggestions (mean=3.54); that they repeatedly patronize their hospital services (mean=3.85).

### 4.4 Hypothesis Testing

The hypotheses in this study were tested with the aid of regression (t-test) at 5% level of significance. Our decision in accepting a hypothesis is based on the p-value, we reject the null hypothesis when p-value <0.05 and we fail to reject the null hypothesis when the p-value is >0.05 (that is, we accept the null hypothesis).

The hypotheses that will be tested for the study are stated in the null form and they are as follows:

$Ho_1$: there is no significant relationship between tangibility of the service delivery and patient satisfaction in the Nigerian hospitals.

$Ho_2$: there is no significant relationship between reliability of the service quality and patient satisfaction in the Nigerian hospitals.

$Ho_3$: there is no significant relationship between responsiveness of the service quality and patient satisfaction in the Nigerian hospitals.

$Ho_4$: there is no significant relationship between assurance of the service quality and patient satisfaction in the Nigerian hospitals.

$Ho_5$: there is no significant relationship between empathy of the service quality and patient satisfaction in the Nigerian hospitals

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .941[a] | .885 | .880 | .30447 |

a. Predictors: (Constant), Empathy, Tangibility, Responsiveness, Assurance, Reliability

The value of $R^2$ which is 0.885 indicates that the independent variables (Empathy, Tangibility, Responsiveness, Assurance and Reliability) explain only 88.5% of the systematic variation of the dependent variable (patient satisfaction) leaving 11.5% unaccounted "for. This figure further reduces to about 88% when the R-squared statistics is further adjusted. This means that other factors apart from the independent variables are responsible for patient satisfaction.

**ANOVA[a]**

| Model | | Sum of Squares | Df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 74.358 | 5 | 14.872 | 160.419 | .000[b] |
| | Residual | 9.641 | 104 | .093 | | |
| | Total | 83.999 | 109 | | | |

a. Dependent Variable: patient Satisfaction

b. Predictors: (Constant), Empathy, Tangibility, Responsiveness, Assurance, Reliability

The F statistic of 160.419 is significant at 0.05. This means that there is a statistically significant relationship between patient satisfaction and Empathy, Tangibility, Responsiveness, Assurance and Reliability.

**Coefficients"**

| Model | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| (Constant) | -.090 | .205 | | -.439 | .662 |
| Tangibility | .045 | .058 | .034 | .778 | .438 |
| Reliability | .057 | .071 | .050 | .796 | .428 |
| Responsiveness | .025 | .037 | .034 | .674 | .502 |
| Assurance | .870 | .056 | .843 | 15.595 | .000 |
| Empathy | .036 | .056 | .036 | .635 | .527 |

a. Dependent Variable: Customer Satisfaction

$Ho_1$: **There is no significant relationship between tangibility of the service quality and patient satisfaction in the Nigerian hospitals.**

The p- values of 0.438 shows that tangibility is not significant at 0.05 level of statistical significance. We therefore fail to reject the null hypothesis which states that there is no significant relationship between tangibility of the service quality and patient satisfaction in the Nigerian hospitals at t-value of 0.778 and P-values of 0.438. The implication of this is that tangibility does not statistically predict patient satisfaction in the Nigerian hospitals.

$Ho_2$: **There is no significant relationship between reliability of the service quality and patient satisfaction in the Nigerian hospitals.**

The p- values of 0.428 shows that reliability is not significant at 0.05 level of statistical significance. We therefore fail to reject the null hypothesis which states that there is no significant relationship between reliability of the service quality and patient satisfaction in the Nigerian hospitals at t-value of 0.796 and P-values of 0.428. The implication of this is that reliability does not statistically predict patient satisfaction in the Nigerian hospitals.

$Ho_3$: **There is no significant relationship between responsiveness of the service quality and patient satisfaction in the Nigerian hospitals.**

The p- values of 0.502 shows that responsiveness is not significant at 0.05 level of statistical significance. We therefore fail to reject the null hypothesis which states that there is no significant relationship between responsiveness of the service quality and patient satisfaction in the Nigerian hospitals at t-value of 0.674 and P-values of 0.502. The implication of this is that responsiveness does not statistically predict patient satisfaction in the Nigerian hospitals.

$Ho_4$: **There is no significant relationship between assurance of the service quality and patient satisfaction in the Nigerian hospitals.**

The p- values of 0.000 shows that assurance is not significant at 0.05 level of statistical significance. We therefore reject the null hypothesis which states that there is no significant relationship between assurance of the service quality and patient satisfaction in the Nigerian hospitals at t-value of 15.595 and P-values of 0.000. The implication of this is that assurance statistically predicts patient satisfaction.

$Ho_5$**: There is no significant relationship between empathy of the service quality and patient satisfaction in the Nigerian hospitals.**

The p- values of 0.527 shows that empathy is significant at 0.05 level of statistical significance. We therefore fail to reject the null hypothesis which states that there is no significant relationship between empathy of the service quality and patient satisfaction in the Nigerian hospitals at t-value of 0.635 and P-values of 0.527. The implication of this is that empathy does not statistically predict patient satisfaction.

# CHAPTER FIVE

# SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Introduction

This chapter sums up the major findings, noting the contributions to knowledge, conclusion and recommendations. The summary, conclusion and recommendations of the study were presented based on the results obtained from the data analysis.

## 5.2 Summary of Research Findings

Based on the hypotheses tested, the findings of the study are as follows:

(i) Tangibility of the service quality has no significant relationship on influence on patient satisfaction in the Nigerian hospitals,

(ii) Reliability of the service quality has no significant relationship on patient satisfaction in the Nigerian hospitals,

(iii) Responsiveness of the service quality has no significant impact on patient satisfaction in the Nigerian hospitals,

(iv) Assurance of the service quality has significant relationship or influence on patient satisfaction in the Nigerian hospitals.

(v) Empathy of the service quality has no significant relationship on patient satisfaction in the Nigerian hospitals.

## 5.3 Contribution to Knowledge

This study makes contributions to marketing management literature. It is among the few empirical studies in Nigeria that have examined service quality on customer satisfaction in public and private hospitals in Benin City.

This research has also contributed to the marketing literature by examining the relationship among the components of service delivery and customer satisfaction in public and private hospitals in Benin

City. This will help management in specifying areas to tailor their marketing activities in order to meet the needs of patients optimally.

Another contribution of this study is the revelation of an important component of service delivery (that is, assurance of the service quality) that influences customer satisfaction in public and private hospitals in Benin .City. This will enable management to put in place an assurance network system that will meet the complaints and expectations of patients.

## 5.4 Conclusion

This study focused on the influence of service delivery on customer satisfaction in public and private hospitals in Benin City. The study has attempted to identify the components of service quality (empathy, tangibility, responsiveness, assurance and reliability) and its influence on customer satisfaction in public and private hospitals in Benin City.

Based on the results obtained, we conclude that Tangibility of the service quality has no significant relationship on influence on patient satisfaction in the Nigerian hospitals, reliability of the service quality has no significant relationship on patient satisfaction in the Nigerian hospitals, responsiveness of the service quality has no significant impact on patient satisfaction in the Nigerian hospitals, assurance of the service quality has significant relationship on influence on patient satisfaction in the Nigerian hospitals and empathy of the service quality has no significant relationship on patient satisfaction in the Nigerian hospitals.

## 5.5 Recommendations

### 5.5.1 Policy Implications

Based on the findings of this study, the following recommendations were made:

(i) Hospitals management should put into consideration the influence of assurance of the service quality to patient satisfaction in the Nigerian hospitals,

(ii) Hospitals management should tailor their service delivery activities in a way that reflects on the patient satisfaction in the Nigerian hospitals,

(iii) There is need for the practitioners to invest massively on various service quality and develop more effective marketing campaign that attracts consumer's attention and capture their interest.

### 5.5.2 Recommendations for Further Studies

Despite the contributions and implications of this work, it has some limitations and therefore offers opportunity for further research. First, the study was restricted to Benin City. We recommend that future studies of this kind should be undertaken in other states of the Federation thereby giving deeper insights into the subject matter. Also, future study should investigate the influence of service quality on health service customer patronage in Nigeria.

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## APPENDIX I: QUESTIONNAIRE

**DEPARTMENT OF BUSINESS ADMINISTRATION**

**FACULTY OF MANAGEMENT SCIENCES**

**UNIVERSITY OF BENIN**

**BENIN CITY**

**Dear Sir/ Madam**

**REQUEST FOR YOUR COOPERATION IN COMPLETING THIS QUESTOINNAIRE**

I am a post graduate student undergoing MBA programme in the University of Benin. As part of the requirement of the programme, I am undertaking a study on "Service Quality and Customer Satisfaction in Public and Private Hospitals in Benin City". I wish to appeal to you to assist in this study by kindly sparing a few minutes to complete this questionnaire. You are not required to disclose your identity. I also want to assure you that your answers will be treated in strict confidentiality and used for the stated academic purpose only.

Thank you for your anticipated cooperation.

_____

**Researcher**

**SECTION A: Background Information**

**Instruction: Please tick or mark where applicable**

1. Gender: Male ( ) Female ( )
2. Age: 18-25 ( ) 26-35 ( ) 36-45 ( ) 46 and above ( )
3. Marital Status: Single ( ) Married ( )
4. Level of Education: SSCE/GCE/NECO ( ) NCE/OND ( ) B.Sc/HND ( ) M.Sc/MBA/PGD ( ) Ph.D ( )
5. Have you ever received medical services in a hospital for the past 5 years? Yes ( ) No ( )

**SECTION B**

Kindly select the options that most agree with your views by indicating the extent to which you agree or disagree with the statements below. Circle 5 if you strongly agree with the statement or circle 1 if you strongly disagree. Please note the meaning of the abbreviations: SD= Strongly Disagree (1), D= Disagree (2), NS= Not Sure (3), A=Agree (4) and SA= Strongly Agree (5)

| **SN** | **STATEMENTS** | | | | | |
|---|---|---|---|---|---|---|
| | ***TANGIBILITY*** | SA | A | NS | D | SD |
| 6 | The quality of the hospital's care facilities is good | | | | | |
| 7 | The quality of the patient beds is good | | | | | |
| 8 | Water and bathrooms in the hospital are in good condition | | | | | |
| 9 | The hospital toilets are clean | | | | | |
| 10 | The hospital environment is good (trees, canteen, etc.) | | | | | |
| | ***RELIABILITY*** | SA | A | NS | D | SD |
| 11 | Hospital provides treatment, diagnostic test and other services in an acceptable time period | | | | | |
| 12 | When a patient has a problem, the hospital show sincere interest to solve it. | | | | | |
| 13 | Doctors explain health conditions, diagnosis and treatment in an understandable way. | | | | | |
| 14 | Nurses explain to patients exactly what they are going to do | | | | | |
| 15 | When a patient is admitted, doctors monitor his/her health status regularly/daily | | | | | |

| | ***RESPONSIVENESS*** | **SA** | **A** | **NS** | **D** | **SD** |
|---|---|---|---|---|---|---|
| 16 | Doctors/nurses usually respond immediately when called by patients | | | | | |
| 17 | Doctors/nurses are willing to help patients. | | | | | |
| 18 | Waiting time for admission are not longer than a week | | | | | |
| 19 | Waiting time for daily service are not longer than 45 minutes | | | | | |
| | ***ASSURANCE*** | **SA** | **A** | **NS** | **D** | **SD** |
| 20 | Doctors are very competent | | | | | |
| 21 | Nurses are very skillful | | | | | |
| 22 | Patients feel comfortable when receiving medical treatment | | | | | |
| 23 | Hospitals provide privacy during treatment | | | | | |
| 24 | Doctors/nurses are always respectful towards patients | | | | | |
| 25 | Doctors/nurses have good knowledge to answer patients' questions | | | | | |
| | ***EMPATHY*** | **SA** | **A** | **NS** | **D** | **SD** |
| 26 | The nurses are usually caring | | | | | |
| 27 | Doctors/nurses always listen to patients attentively | | | | | |
| 28 | Doctors usually spend enough time with each patient | | | | | |
| 29 | Operating hours are convenient for patients | | | | | |

| | CUSTOMER SATISFACTION | SA | A | NS | D | SD |
|---|---|---|---|---|---|---|
| 30 | Employees at the hospital are friendly and polite | | | | | |
| 31 | Employees at the hospital I receive treatment are always willing to help patients. | | | | | |
| 32 | The hospital I went to provides the right service, the first time. | | | | | |
| 33 | When the hospital I received treatment promises to do something by a certain time, it does so. | | | | | |
| 34 | When there is a problem, it is quickly directed to the relevant section of the hospital I frequent. | | | | | |
| 35 | The hospital usually takes my privacy very seriously | | | | | |
| 36 | Employees listen to customers suggestions. | | | | | |
| 37 | I repeatedly patronize my hospital services | | | | | |

## APPENDIX II: SPSS OUTPUT

### Frequency Table

**GENDER**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 49 | 44.5 | 44.5 | 44.5 |
| | 2.00 | 61 | 55.5 | 55.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**AGE**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 32 | 29.1 | 29.1 | 29.1 |
| | 2.00 | 47 | 42.7 | 42.7 | 71.8 |
| | 3.00 | 21 | 19.1 | 19.1 | 90.9 |
| | 4.00 | 10 | 9.1 | 9.1 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**MARITALSTATUS**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 61 | 55.5 | 55.5 | 55.5 |
| | 2.00 | 49 | 44.5 | 44.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**EDUCATION**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 29 | 26.4 | 26.4 | 26.4 |
| | 3.00 | 45 | 40.9 | 40.9 | 67.3 |
| | 4.00 | 34 | 30.9 | 30.9 | 98.2 |
| | 5.00 | 2 | 1.8 | 1.8 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**MEDICALSERVICES**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 99 | 90.0 | 90.0 | 90.0 |
| | 2.00 | 10 | 9.1 | 9.1 | 99.1 |
| | 3.00 | 1 | .9 | .9 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

Q6

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 2 | 1.8 | 1.8 | 1.8 |
| | 3.00 | 16 | 14.5 | 14.5 | 16.4 |
| | 4.00 | 45 | 40.9 | 40.9 | 57.3 |
| | 5.00 | 47 | 42.7 | 42.7 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q7**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | .2.00 | 18 | 16.4 | 16.4 | 16.4 |
| | 3.00 | 9 | 8.2 | 8.2 | 24.5 |
| | 4.00 | 47 | 42.7 | 42.7 | 67.3 |
| | 5.00 | 36 | 32.7 | 32.7 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

Q8

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 13 | 11.8 | 11.8 | 11.8 |
| | 3.00 | 6 | 5.5 | 5.5 | 17.3 |
| | 4.00 | 50 | 45.5 | 45.5 | 62.7 |
| | 5.00 | 41 | 37.3 | 37.3 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q9**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 12 | 10.9 | 10.9 | 10.9 |
| | 3.00 | 5 | 4.5 | 4.5 | 15.5 |
| | 4.00 | 48 | 43.6 | 43.6 | 59.1 |
| | 5.00 | 45 | 40.9 | 40.9 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q10**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 3 | 2.7 | 2.7 | 2.7 |
| | 2.00 | 20 | 18.2 | 18.2 | 20.9 |
| | 3.00 | 7 | 6.4 | 6.4 | 27.3 |
| | 4.00 | 45 | 40.9 | 40.9 | 68.2 |
| | 5.00 | 35 | 31.8 | 31.8 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q11**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 1 | . 9 | .9 | .9 |
| | 2.00 | 6 | 5.5 | 5.5 | 6.4 |
| | 3.00 | 15 | 13.6 | 13.6 | 20.0 |
| | 4.00 | 45 | 40.9 | 40.9 | 60.9 |
| | 5.00 | 43 | 39.1 | 39.1 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q12**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | .1.00 | 2 | 1.8 | 1.8 | 1.8 |
| | 2.00 | 8 | 7.3 | 7.3 | 9.1 |
| | 3.00 | 11 | 10.0 | 10.0 | 19.1 |
| | 4.00 | 56 | 50.9 | 50.9 | 70.0 |
| | 5.00 | 33 | 30.0 | 30.0 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q13**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 7 | 6.4 | 6.4 | 6.4 |
| | 3.00 | 6 | 5.5 | 5.5 | 11.8 |
| | 4.00 | 56 | 50.9 | 50.9 | 62.7 |
| | 5.00 | 41 | 37.3 | 37.3 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q14**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | *26* | 23.6 | 23,6 | 23.6 |
| | 2.00 | 29 | 26.4 | 26.4 | 50.0 |
| | 3.00 | 5 | 4.5 | 4.5 | 54.5 |
| | 4.00 | 27 | 24.5 | 24.5 | 79.1 |
| | 5.00 | 23 | 20.9 | 20.9 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q15**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 31 | 28.2 | 28.2 | 28.2 |
| | 2.00 | 22 | 20.0 | 20.0 | 48.2 |
| | 3.00 | 6 | 5.5 | 5.5 | 53.6 |
| | 4.00 | 24 | 21.8 | 21.8 | 75.5 |
| | 5.00 | 27 | 24.5 | 24.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q16**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 21 | 19.1 | 19.1 | 19.1 |
| | 2.00 | 16 | 14.5 | 14.5 | 33.6 |
| | 3.00 | 14 | 12.7 | 12.7 | 46.4 |
| | 4.00 | 34 | 30.9 | 30.9 | 77.3 |
| | 5.00 | 25 | 22.7 | 22.7 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q17**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 32 | 29.1 | 29.1 | 29.1 |
| | 2.00 | 11 | 10.0 | 10.0 | 39.1 |
| | 3.00 | 7 | 6.4 | 6.4 | 45.5 |
| | 4.00 | 35 | 31.8 | 31.8 | 77.3 |
| | 5.00 | 25 | 22.7 | 22.7 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q18**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 31 | 28.2 | 28.2 | 28.2 |
| | 2.00 | 12 | 10.9 | 10.9 | 39.1 |
| | 3.00 | 9 | 8.2 | 8.2 | 47.3 |
| | 4.00 | 34 | 30.9 | 30.9 | 78.2 |
| | 5.00 | 24 | 21.8 | 21.8 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q19**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 26 | 23.6 | 23.6 | 23.6 |
| | 2.00 | 21 | 19.1 | 19.1 | 42.7 |
| | 3.00 | 9 | 8.2 | 8.2 | 50.9 |
| | 4.00 | 31 | 28.2 | 28.2 | 79.1 |
| | 5.00 | 23 | 20.9 | 20.9 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q20**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 19 | 17.3 | 17.3 | 17.3 |
| | 2.00 | 22 | 20.0 | 20.0 | 37:3 |
| | 3.00 | 18 | 16.4 | 16.4 | 53.6 |
| | 4.00 | 33 | 30.0 | 30.0 | 83.6 |
| | 5.00 | 18 | 16.4 | 16.4 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q21**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 16 | 14.5 | 14.5 | 14.5 |
| | 2.00 | 10 | 9.1 | 9.1 | 23.6 |
| | 3.00 | 9 | 8.2 | 8.2 | 31.8 |
| | 4.00 | 38 | 34.5 | 345 | 66.4 |
| | 5.00 | 37 | 33.6 | 33.6 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q22**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 6 | 5.5 | 5.5 | 5.5 |
| | 2.00 | 10 | 9.1 | 9.1 | 14.5 |
| | 3.00 | 8 | 7.3 | 7.3 | 21.8 |
| | 4.00 | 51 | 46.4 | 46.4 | 68.2 |
| | 5.00 | 35 | 31.8 | 31.8 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q23**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 3 | 2.7 | 2.7 | 2.7 |
| | 2.00 | 8 | 7.3 | 7.3 | 10.0 |
| | 3.00 | 11 | 10.0 | 10.0 | 20.0 |
| | 4.00 | 50 | 45.5 | 45.5 | 65.5 |
| | 5.00 | 38 | 34.5 | 34.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q24**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 18 | 16.4 | 16.4 | 16.4 |
| | 3.00 | 8 | 7.3 | 7.3 | 23.6 |
| | 4.00 | 58 | 52.7 | 52.7 | 76.4 |
| | 5.00 | 26 | 23.6 | 23.6 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q25**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 8 | 7.3 | 7.3 | 7.3 |
| | 2.00 | 6 | 5.5 | 5.5 | 12.7 |
| | 3.00 | 6 | 5.5 | 5.5 | 18.2 |
| | 4.00 | 60 | 54.5 | 54.5 | 72.7 |
| | 5.00 | 30 | 27.3 | 27.3 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q26**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 3 | 2.7 | 2.7 | 2.7 |
| | 3.00 | 12 | 10.9 | 10.9 | 13.6 |
| | 4.00 | 45 | 40.9 | 40.9 | 54.5 |
| | 5.00 | 50 | 45.5 | 45.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q27**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 28 | 25.5 | 25.5 | 25.5 |
| | 2.00 | 4 | 3.6 | 3.6 | 29.1 |
| | 3.00 | 7 | 6.4 | 6.4 | 35.5 |
| | 4.00 | 44 | 40.0 | 40.0 | 75.5 |
| | 5.00 | 27 | 24.5 | 24.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q28**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 11 | 10.0 | 10.0 | 10.0 |
| | 2.00 | 7 | 6.4 | 6.4 | 16.4 |
| | 3.00 | 14 | 12.7 | 12.7 | 29.1 |
| | 4.00 | 58 | 52.7 | 52.7 | 81.8 |
| | 5.00 | 20 | 18.2 | 18.2 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q29**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 15 | 13.6 | 13.6 | 13.6 |
| | 2.00 | 11 | 10.0 | 10.0 | 23.6 |
| | 3.00 | 10 | 9.1 | 9.1 | 32.7 |
| | 4.00 | 47 | 42.7 | 42.7 | 75.5 |
| | 5.00 | 27 | 24.5 | 24.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q30**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 9 | 8.2 | 8.2 | 8.2 |
| | 2.00 | 13 | 11.8 | 11.8 | 20.0 |
| | 3.00 | 21 | 19.1 | 19.1 | 39.1 |
| | 4.00 | 38 | 34.5 | 34.5 | 73.6 |
| | 5.00 | 29 | 26.4 | 26.4 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q31**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 4 | 3.6 | 3.6 | 3.6 |
| | 2.00 | 13 | 11.8 | 11.8 | 15.5 |
| | 3.00 | 9 | 8.2 | 8.2 | 23.6 |
| | 4.00 | 44 | 40.0 | 40.0 | 63.6 |
| | 5.00 | 40 | 36.4 | 36.4 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q32**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 17 | 15.5 | 15.5 | 15.5 |
| | 2.00 | 21 | 19.1 | 19.1 | 34.5 |
| | 3.00 | 19 | .17.3 | 17.3 | 51.8 |
| | 4.00 | 30 | 27.3 | 27.3 | 79.1 |
| | 5.00 | 23 | 20.9 | 20.9 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q33**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 16 | 14.5 | 14.5 | 14.5 |
| | 2.00 | 10 | 9.1 | 9.1 | 23.6 |
| | 3.00 | 9 | 8.2 | 8.2 | 31.8 |
| | 4.00 | 37 | 33.6 | 33.6 | 65.5 |
| | 5.00 | 38 | 34.5 | 34.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q34**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 5 | 4.5 | 4.5 | 4.5 |
| | 2.00 | 10 | 9.1 | 9.1 | 13.6 |
| | 3.00 | 8 | 7.3 | 7.3 | 20.9 |
| | 4.00 | 52 | 47.3 | 47.3 | 68.2 |
| | 5.00 | 35 | 31.8 | 31.8 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q35**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 2 | 1.8 | 1.8 | 1.8 |
| | 200 | 8 | 7.3 | 7.3 | 9.1 |
| | 3.00 | 11 | 10.0 | 10.0 | 19.1 |
| | 4.00 | 50 | 45.5 | 45.5 | 64.5 |
| | 5.00 | 39 | 35.5 | 35.5 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q36**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 19 | 17.3 | 17.3 | 17.3 |
| | 3.00 | 8 | 7.3 | 7.3 | 24.5 |
| | 4.00 | 58 | 52.7 | 52.7 | 77.3 |
| | 5.00 | 25 | 22.7 | 22.7 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Q37**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 7 | 6.4 | 6.4 | 6.4 |
| | 2.00 | 10 | 9.1 | 9.1 | 15.5 |
| | 3.00 | 8 | 7.3 | 7.3 | 22.7 |
| | 4.00 | 51 | 46.4 | 46.4 | 6.9.1 |
| | 5.00 | 34 | 30.9 | 30.9 | 100.0 |
| | Total | 110 | 100.0 | 100.0 | |

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Q6 | 110 | 2.00 | 5.00 | 4.2455 | .76849 |
| Q7 | 110 | 2.00 | 5.00 | 3.9182 | 1.03278 |
| Q8 | 110 | 2.00 | 5.00 | 4.0818 | .94947 |
| Q9 | 110 | 2.00 | 5.00 | 4.1455 | .93687 |
| Q10 | 110 | 1.00 | 5.00 | 3.8091 | 1.15334 |
| Q11 | 110 | 1.00 | 5.00 | 4.1182 | .90596 |
| Q12 | 110 | 1.00 | 5.00 | 4.0000 | .92865 |
| Q13 | 110 | 2.00 | 5.00 | 4.1909 | .80703 |
| Q14 | 110 | 1.00 | 5.00 | 2.9273 | 1.51875 |
| Q15 | 110 | 1.00 | 5.00 | 2.9455 | 1.59608 |
| Q16 | 110 | 1.00 | 5.00 | 3.2364 | 1.44582 |
| Q17 | 110 | 1.00 | 5.00 | 3.0909 | 1.58285 |
| Q18 | 110 | 1.00 | 5.00 | 3.0727 | 1.56046 |
| Q19 | 110 | 1.00 | 5.00 | 3,0364 | 1.50794 |
| Q20 | 110 | 1.00 | 5.00 | 3.0818 | 136221 |
| Q21 | 110 | 1.00 | 5.00 | 3.6364 | 1.40593 |
| Q22 | 110 | 1.00 | 5.00 | 3.9000 | 1.11660 |
| Q23 | 110 | 1.00 | 5.00 | 4.0182 | .99623 |
| Q24 | 110 | 2.00 | 5.00 | 3.8364 | .97234 |
| Q25 | 110 | 1.00 | 5.00 | 3.8909 | 1.09499 |
| Q26 | 110 | 2.00 | 5.00 | 4.2909 | 77O38 |
| Q27 | 110 | 1.00 | 5.00 | 3.3455 | 1.52914 |
| Q28 | 110 | 1.00 | 5.00 | 3.6273 | 1.15623 |
| Q29 | 110 | 1.00 | 5.00 | 3.5455 | 1 33158 |
| Q30 | 110 | 1.00 | 5.00 | 3.5909 | 1.22882 |
| Q31 | 110 | 1.00 | 5.00 | 3.9364 | 1.11928 |
| Q32 | 110 | 1.00 | 5.00 | 3.1909 | 1.37804 |
| Q33 | 110 | 1.00 | 5.00 | 3.6455 | 1.41153 |
| Q34 | 110 | 1.00 | 5.00 | 3.9273 | 1.08119 |
| Q35 | 110 | 1.00 | 5.00 | 4.0545 | .95626 |
| Q36 | 110 | 2.00 | 5.00 | 3.8091 | .98144 |
| Q37 | 110 | 1.00 | 5.00 | 3.8636 | 1.14521 |
| Valid N (listwise) | 110 | | | | |

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .941[a] | .885 | .880 | .30447 |

a. Predictors: (Constant), Empathy, Tangibility, Responsiveness, Assurance, Reliability

**ANOVA[α]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 74.358 | 5 | 14.872 | 160.419 | .000[b] |
| | Residual | 9.641 | 104 | .093 | | |
| | Total | 83.999 | 109 | | | |

a. Dependent Variable: Customer Satisfaction

b. Predictors: (Constant), Empathy, Tangibility, Responsiveness, Assurance, Reliability

**Coefficients[α]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | -.090 | .205 | | -.438 | .662 |
| | Tangibility | .045 | .058 | .034 | .778 | .438 |
| | Reliability | .057 | .071 | .050 | .796 | .428 |
| | Responsiveness | .025 | .037 | .034 | .674 | .502 |
| | Assurance | .870 | .056 | .843 | 15.585 | .000 |
| | Empathy | .036 | .056 | .036 | .636 | .527 |

a. Dependent Variable: Customer Satisfaction