ASSESSMENT OF SERVICE QUALITY IN PRIVATE HEALTH FACILITIES FROM PATIENTS' PERSPECTIVES IN KINONDONI DISTRICT

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF PROJECT MANAGEMENT OF THE OPEN UNIVERSITY OF TANZANIA

2015

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation titled: "***Assessment of Service Quality in Private Health Facilities from Patients' Perspectives in Kinondoni District",***in partial fulfilment of the requirements for the degree of Master of Project Management of the Open University of Tanzania.

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Dr.Salvio Macha

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DECLARATION

I, **Festo Michael,** do hereby declare that this dissertation is my own original work and it has not been presented and it will never be submitted for a similar or any other award to any other University.

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Signature

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Date

DEDICATION

I would like to dedicate my work to my beloved mother, Maria Mlengu who always pray for my successes tirelessly.

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ABSTRACT

Kinondoni district has higher number of private health facilities than any other district in Tanzania. About 84% of its health facilities are privately owned by individuals and institutions including faith based organizations. However, little is known about quality of services provided in these facilities. This study aimed to assess quality of services provided by private health facilities in the Kinondoni district. Interview was administered to 110 outpatients who have accessed services at Mwenge hospital. Service quality was assessed by using five dimensions of reliability, responsiveness, assurance, empathy and tangibility. Descriptive analysis; frequencies, and mean were used to summarize the data. Mean score were used to determine differences among the five dimensions and between items in each dimension.Overall, respondents show relatively positive perceptions toward quality of services provided at Mwenge hospital. The average score of the five dimensions is 3. 9 out of 5. Items such as records keeping and ability of staff to make patients confident and safe were ranked the highest. Waiting areas, number of staff and appearance of service delivery rooms scored fewer points. Patient's satisfaction was also relatively high. About 48% and 14% of the respondents reported being satisfied and very satisfies with the services respectively.In conclusion, service quality at Mwenge is high and patients satisfaction as well. Yet, due to firm competition in the health sector, the hospital needs to improve its services particularly in areas that were ranked the lowest by respondents. Some measures that can be taken to improve service quality at Mwenge include motivation of current staff and recruitment of additional staff.

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LIST OF ABBREVIATIONS

APHFTA	Association of Private Health Facilities in Tanzania
HMIS	Health Management Information System
HSRs	Health Sector Reforms
IMF	International Monetary Fund
MoHSW	Ministry of Health and Social Welfare
OUT	Open University of Tanzania
PFP	Private for Profit
SAPs	Structural Adjustment Programmes
SERVPERF	Service Performance
SERVQUAL	Service Quality
SPSS	Statistical Package for Social Science
WB	World Bank

CHAPTER ONE

INTRODUCTION

1.1 Background of the Research Problem

Most African countries became independent in the early1960s. At independence, these countries had high hopes for rapid growth and development (Heidhues & Obare, 2011) The new African governments started rebuilding their own socio-economic systems for their people including industrialization, improvement on agriculture and provision of social services such as infrastructures, education and health services.By then, the governments assumed complete responsibilities of managing economies of their countries and provision of services to their population.

Heidhues & Obare, (2011)pointed out that the African leadership believed that the private sector was too backward and that government had to play the dominant role. In 1977,the government of Tanzania enacted a law that officially banned Private for Profit (PFP) health facilities and by 1978, 90 % of rural population was accessing healthcare within 10 kilometers(White et al., 2013).

However, the economic crises in the form of deteriorating balance of payments, increasing budget deficits and foreign debt, high inflation, and falling economic growth that hit many developing countries particularly African countries during the late 1970s and 1980s,retarded socio-economic development in these countries(Mohammed, 1999).In addition, at the end of the 1980s, Sub-Saharan African countries were facing fundamental problems: high rates of population growth, low levels of investment and saving, inefficient use of resources, weak

institutions and human capacity, and a general decline in income and living standards(Heidhues & Obare, 2011).

During the period, the healthcare sector in Tanzania faced severe underfunding that affected the quality and provision of health care services that led to, among others: shortage of drugs, equipment and medical supplies; overall deterioration of the physical health infrastructure including electricity supply, water and sanitation at the health care facilities; poor management and regulatory framework; and very low wages and other incentives for health care workers, which resulted in low staff morale(White et al., 2013).

To respond to the problems facing the developing countries, the World Bank (WB) and International Monetary Fund (IMF) introduced sponsored massive reforms that came to be known as Structural Adjustment Programs (SAPs).Among others, the SAPs included elements such as fiscal austerity and disinflationary policies, the privatization of state-owned enterprises, trade liberalization, currency devaluation, and the general deregulation of the economy, including financial and labour market deregulation(Heidhues & Obare, 2011)'(Mohammed, 1999)'.

Tanzania like many other developing countries, shifted from a centrally planned economy to a market-oriented economy in the late 1980s and early 1990s(Nord, Sobolev, Dunn, & Hajdenberg, 2009).The government started addressing the problem of severe underfunding and a weak management system by implementing Health Sector Reforms (HSRs), thus improving provision and access to health care services. As part of the reforms, the importance of private sector in health care

delivery was recognized whereby the Private Hospitals Regulation Amendment Act of 1991, which facilitated the re-establishment of private medical and dental services was established(Itika, Mashindano, & Kessy, 2011)'(Berendes, Heywood, Oliver, & Garner, 2011a)'(Kida, 2012).

Thus establishment of private health facilities in Tanzania was meant to rescue underperformance of public owned health facilities by providing quality services. However, its establishment encountered numerous challenges; poor collaboration between the private sector and government(Ministry of Health, 2003)'(GIZ, 2014), inadequate managerial skills of staff in various areas(Ministry of Health, 2015) and scarcity human and financial resources(Tibandebage, Semboja, Mujinja, & Ngonyani, 2010).

Despite the challenges, private health sector in Tanzania has been growing significantly. According to the Tanzania Private Health Sector Assessment report of 2014, there are an estimated 6,342 health facilities across mainland Tanzania. Private owned facilities represent 30% of the total facilities and around 60% of higher level hospitals (SHOPS Project, 2013).Interestingly, private health facilities provide about 34%health services(SHOPS Project, 2013).

However, private health facilities practices in Tanzania have been under-researched and few of the available studies compare public and private sector quality of care. Available evidence reveals serious technical weaknesses in the services(Hutchinson, Do, & Agha, 2011)'(Boller, Wyss, Mtasiwa, & Tanner, 2003).This study aimed to feel the knowledge gap about quality of services provided by private health facilities in Tanzania.

1.2 Statement of the Research Problem

The importance of incorporating the perspective of the patient when evaluating and designing health care programs are now widely recognized. Patient-based assessments of medical care are being used to measure the quality of health care (Salaudeen et al., 2013). Researches indicate that addressing client perspectives on quality of care leads to improved client satisfaction, continued and sustained use of services, and improved health outcomes (Creel, Sass, & Yinger, 1998).

It also enables the service provider to meet their expectations better, and provides relevant information to the policy makers to improve the quality(Sharma & Narang, 2011).For profit gain health facilities, provision of quality health services has been linked to customer behavioral intentions like purchase and loyalty intention, willingness to spread positive word of mouth, and referral that all together maximize market share in today's competitive market (Fen & Lian, 2007).

The role of private sector in providing health services at the global level and in developing countries is significant (Konde-Lule et al., 2010). Broadly, it accounts 50%-60% of health services provided in developing countries('Medical Credit Fund', n.d.)and in Tanzania it is about 34% (SHOPS Project, 2013).

Nevertheless, empirical studies show that technical quality of care provided by private providers is disappointing(Kida, 2012). In a study conducted byBasu et al., (2012)in developing countries, diagnostic accuracy and adherence to medical management standards were worse among private than public sector care providers.In Nigeria for instance, public providers were significantly more likely to

use rapid malaria diagnostics and to use recommended combination therapies than private providers(Basu et al., 2012).Similar cases have been reported in other developing countries including Vietnam, India and Uganda(Kida, 2012)'(Basu et al., 2012).

In Tanzania, available comparatives studies on the quality of services between the two categories of providers present more confusing findings. While some show that there is no difference in quality of care between public and private health service providers, yet other findings indicatethatprivate providers provide relatively higher quality services compare to their counterpart.A resent survey conducted in Dar es Salaam indicates that 8 in 10 patients are satisfied with the service they received from private health facilities, compared to 6 in 10 patients that report satisfaction with public health facilities (Croke, 2012).

These empirical evidences cause confusions to patients who wish to pay more to access services from private health facilities as they are not sure about quality of services provided. This study attempted to highlight on quality of services provided in private health facilities in Tanzania by taking into consideration perceptions of patients.

1.3 Research Objectives

The aim of this study was to assess quality of health services in private health facilities in Kinondoni district from patients' perspectives.

More specifically, objectives of the study were:

(i) To determine socio-economic characteristics of patients accessing services in private health facilities.

(ii) To Measure perceived quality of services received by patients.

(iii) To assess relationship between patients socio-economic characteristics and satisfaction.

1.4 Research Questions

To meet the research objectives, the study focused on answering the following three questions:

(i) What are socio-economic characteristics of patients who access services in private health facilities in Tanzania?

(ii) To what extent the quality of services provided by private health facilities in Kinondoni district satisfies patients?

(iii) Is there a relationship between patients' socio-economic characteristics and level of satisfaction with quality of services provided by private health facilities in Kinondoni district?

1.5 Significance of the Study

Findings in this study will benefit various stakeholders in health sector including patients, private health facilities owners and staff, decision and policy makers and academicians.

Patients as the primary target of health facilities will get to know performance of private health facilities on key elements that affect quality of services. Such information supplement to already available information aboutquality of services in

private facilities. The information will help patients to decide where to go for services between private and public health facilities while taking into consideration their needs, priorities and value for money.Reading this research report,private health facilities' managers and staff will understand perceptions of patients over components of service quality that affect their patients' satisfaction. Such knowledge will help them to improve their performance by focusing directly to their clients' needs.

Governing bodies such as health management teams at district and regional level and Association of Private Health facilities in Tanzania(APHFTA) and policy makers are responsible for ensuring patients are getting quality services. In addition, they are also responsible to ensure patients receive service that reflects cost incurred. These findings will inform them about quality of services in private facilities, therefore they could find interesting areas that need their interventions including application of customer satisfaction survey together with other means of technical assessment for monitoring quality of services in private health facilities.

For academicians, this study contributes to the existing knowledge about performance of private health facilities in Tanzania. It is one of few studies that have been conducted solely about quality of services in private health facilities in Tanzania.It gives a direction for further studies on service quality in private health facilities and will serve as a reference in new studies.

1.6 Organization of the Report

This research report contains five main chapters. Chapter one is about introduction of the study.It has a background of the research problem, research statement, research objectives and questions. The chapter end with some information about the significance of the study. Chapter two contains detailed information about the study. Its main subsections include definitions of key terms, theoretical and empirical review, conceptual framework and research gaps identified through literature review. Briefly, chapter three is mainly about methodology of the study. It tells about research philosophy selected, study area, population, sample,method of data collection and analysis. Finally, it explains how research ethics will be observed throughout the study.

Chapter four include the researchfindings. The chapter is divided into four sub-sections:Subsection 4.2 presents socio-economic characteristics of the respondents.Subsection 4.3 tells about quality of services at Mwenge hospital. Mean scores for the five dimensions of service quality together with mean score for each item and the dimensions are presented.Subsection 4.4presents information about respondents' satisfaction level and their intention to continue accessing services at Mwenge hospital.

Subsection 4.5 is about discussion of the key research findings. It gives detailed interpretation of the research findings with comparisons with some previous researches that have been conducted on the same topic. Lastly, the report ends with chapter five that is about conclusion and recommendations from the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter has detailed information about the research problem. It starts by providing definitions to key terms used in this study. Then it proceeds with intensive literature review, both theoretical and empirical studies. Finally, the chapter ends with conceptual framework and research gap that was a basis of this study.

2.2 Conceptual Definitions

This study has used three concepts;Quality, quality of service, and patients' perspectives as they defined below:

Quality- "is defined as standard or level of attainment to a particular characteristic of an individual or organization, whether determined implicitly or explicitly"(Costanzo & Vertinsky, 1975).It has also defined by British Standard (BS) in Rooke, D (1982) as "the totality of features and characteristics of a product or service that bear on its ability to satisfy a given need"(Rooke, 1982).

Quality of health service-The term quality of health have been defined by many researchers and each of them show difficulties on defining it(Buttell, Hendler, & Daley, 2008)'(Raleigh & Foot, 2010).Evans & Lindsay (1996) in Buttell, P etal (2008) defined the quality of healthcare service as "all characteristics of the service related to its ability to satisfy the givenneeds of its customers"(Chimed-ochir, 2005). However, definition by Institute of Medicine (IOM) in 1990 is said to be the most acceptable worldwide. According to IOM (1990) qualityconsists of the "degree to

which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with currentprofessional knowledge(Ganz et al., 2003). It is also defined as to adherence to a set specific standards, which aim at improving the health status of individuals and communities by reducing chance of suffering due to diseases and illnesses and increasing satisfaction of those accessing it(Ministry of Health, 2008).

Perception–"is the process of selecting, organizing, and interpreting sensations into a meaningful whole"(Hanna & Wozniak, 2001).

Patient perception- Refers to a personal judgment about a health service's overall excellence or superiority(Duggirala, Rajendran, & Anantharaman, 2008).

2.3 Theoretical Literature Review

2.3.1 Evolution of Service Quality and its Measurement

A number of researchers had wrote about quality serviceand their effects on customer satisfaction for a number of years.Chrstian Gronroos(1984)is among the first researchers to write about quality of services.In 1984,he established three components that form quality service, technical quality,functional quality and image(Seth, Deshmukh, & Vrat, 2005).

As the components were summarized by Seth et al., (2005),technical quality represents quality of service received by consumer as a result of his/her interaction with a provider while functional quality is about how the service is provided to customer. In addition, image was explained as product of technical and functional qualities and other factors from the community.

Donabedian isalso among the first intellectuals to write about service quality and he is referred to be a founder of measurement of quality in healthcare (Larson & Muller, 2002). He pointed out that performance of health practitioners depends on two elements; technical performance and interpersonal performance(Donabedian, 1988).

He added that “technical performance depends on the knowledge and judgment used in arriving at the appropriate strategies of care and on skills in implementation of those strategies”(Donabedian, 1988). About interpersonal performance, Donabedian defined it as means in which technical performance is implemented and its success depends. Patients use interpersonal component to communicate their problems to practitioners who use the information to conduct diagnosis to and possibly selecting preferable methods of treatment.

Practitioners use the same component to provide feedback to their patients about nature of their illnesses, treatments and encourage them to take appropriate actions that will ensure desired outcomes (Donabedian, 1997).He continued to argue that,when assessment of care progress to assess performance of an institution, new aspect of quality is added, the amenities of care that compose comfort, privacy, and convenience of access and use (Donabedian, 1988).

When assessment go further to assess actual care provided to patient,a third aspect is added that depends on contribution of patient and herself and its family members (Donabedian, 1988).He then concluded that quality of care depends on three elements; access to care, performance of practitioners participation of patient in care(Donabedian, 1988)and for it to be assessed, information collected must focus on

three aspects ;structure, process and outcome(Donabedian, 1997).He defined the determinants and their constitutes as follow:

(i) Structure: Attributes of the setting in which health care occur. Attributes of material resources (facilities equipment and money)human resources (number and qualifications of personnel) and organizational structure(medical staff organization, method of peer review and method of reimbursement).

(ii) Process-denotes what is actually done in giving and receiving care. It includes patient activities in seeking care and carrying it out as well as practitioners' activities in making diagnosis and recommending or implementing treatment.

(iii) Outcome-Denotes effects of care on health status of patient and population. Improvement in the patient's knowledge and salutary changes in patient's behaviour are included under a broad definition of health status and so is the degree of the patient satisfaction with the care.

Another founder of service quality is Parasuraman and his colleagues. They are remembered for their remarkable contribution in conceptualization and measurement of service quality.Parasuraman, Zeithaml, & Berry, (1985) restated three key characteristics of quality; "intangibility, heterogeneity and inseparability" that form a basis for one to understand quality. As it was cited by Zhao, Lu, Zhang, & Chau, (2012), Parasuraman (1985) used disconfirmation model by Oliver's (1980) to measure service quality .Through an exploratory research work,in 1985,Parasuman came up with a list of 10 determinants of quality from customer perspectives. Later on in 1988,the determinants were refined and merged into five elements that were

included in a tool for measuring quality that was namedSERVQUAL(Valarie A.Zeithaml, 2001). The five elements and their definitions include:

(i) Assurance - Knowledge and courtesy of employees and their ability toinspire trust and confidence

(ii) Empathy - Caring, individualized attention the firm provides itscustomers.

(iii) Reliability - Ability to perform the promised service dependably andaccurately.

(iv) Responsiveness - Willingness to help customers and provide promptservice.

(v) Tangibles - Appearance of physical facilities, equipment, personnel, andcommunication materials.

It can be summed up that service quality is an idea that is still in evolution. Its meaning and model for measurement still change according to surrounding circumstances. However, there is no major difference between dimensions identified by the founders. For instance, both Gronroos (Seth et al., 2005)and Donabedian (1988) mentioned that quality service involves two types of technical qualities or performances;technical quality and functional quality and technical performance and interpersonal performance respectively.Most importantly is that elements identified by Donabedian and Gronroos were summarized by Parasurama in one model of service quality (SERVQUAL).

According to Buttle, (1996)SERVQUAL model was found on a gap between customers' expectation about service quality from service providers and their evaluation of actual service they receive .Nevertheless ,the model has been subjected on a number of critics,(Buttle, 1996),(Alexander, 1980) and (Cronin & Taylor,

1992). Weaknesses found in SERVQUAL provoked Cronin & Taylor,(1992) to develop its alternative , SERVPER that measure performance only.

SERVPER is saidto outperform SERVQUAL as it reduced number of variables by 50% and reduced workload of consumer survey.(Adil, Ghaswyneh, & Albkour, 2013) and (Jain & Gupta, 2004).Yet,some researchers has showed that one can choose one of the two models depend on objective of assessment(Jain & Gupta, 2004).

2.3.2 TheoryExplaining Relationship Between Quality and Satisfaction

Basing on the knowledge from the previous section, it is clear that Expectation Disconfirmation theory can better explain the relationship between service quality and customer satisfaction.The theory resulted from assertion that “satisfaction is function of expectation (adaptation) level and perceptions of disconfirmation” (Oliver, 1980).

As it was mentioned by Churchill Gilbert, (2003)“disconfirmation paradigm holds that satisfaction is related to the size and direction of disconfirmation experience, where disconfirmation is related to the person’s initial expectations”. Accordingly, individual’s expectations are explained into three situations; confirmed when performance meet expectations, negatively disconfirmed when performance is more below expectations and positively disconfirmed if performance exceed expectations(Churchill Gilbert, 2003). He also added that dissatisfaction is a result of disconfirmation of expectations.

2.4 Empirical Literature Review

2.4.1 Why Focus on Quality and Customer Satisfaction?

A number of researchers(Mosadeghrad, 2012), (Fitzgerald, 2014),(Karim, 2014)have indicated that there is direct relationship between service,and term quality as a antecedent of consumer satisfaction (Cronin & Taylor, 1992).Hence measuring service quality is a better way of determining ifservice provided is good or bad and whether customers will be satisfied with the service.Satisfied clients contribute to profitability of service providers as well as to health outcomes. Studies indicate that satisfied patients comply with treatment, take an active role in their own care, become loyal and develop clientele behavior.(Ilioudi, Lazakidou, & Tsironi, 2013)

2.4.2 Determinants of Patients' Satisfaction

There is no agreement whether socio-economic characteristics and experience of patients with health services have influence on their satisfaction. As it was mentioned by Al-Abri & Al-Balushi (2014),findings from available studies are conflicting.For instance ,Bleich, Ozaltin, & Murray, (2009)identified a positive relationship between satisfaction and level of education and income. While Ham, Peck, Moon, & Yeom (2015) concluded that “there were no associations betweengeneral characteristics and patient satisfaction”.

2.4.3Comparison of Quality of Health Services in Private and Public Facility

Many people consider quality of service provided by private health facilities as superior to those of public facilities.(Karen Spens, 2011).Although, a recent study conducted in Ethiopia(Ambelie, Demssie, & Gebregziabher, 2014)indicated overall satisfaction of outpatients at private hospital was 57%,which was lower compare to

public hospitals.However,a study conducted to inpatients in private hospital in Pakistan in 2014 indicates a relatively higher satisfaction on all dimensions (Raheem, Nawaz, Fouzia, & Imamuddin, 2014).A comparative study conducted in private and public hospital in Nigeria (Karen Spens, 2011) found that perception of patients on private and publichospital is almost the same; differences occur only when tertiary level hospitals are excluded as private hospitals tend to score higher compare their counterpart.

In Tanzania, quality of healthcare provided by public health facilities is well documented and tends to be of poor quality in most cases. A study by Khamis & Njau, (2014) at Mwananyamala hospital (OPD) found out that patients were dissatisfied with all five dimensions used to assess patient's level of satisfaction; assurance, reliability, tangibles, empathy, and responsiveness. A study by Uwazi (2012) in Dar es Salaam indicated that there is slight differences between private and public health hospitals across different health quality components.It also indicated overall satisfaction of 80% and 60% of patients attendinghealthcare in private and public health facilities respectively.

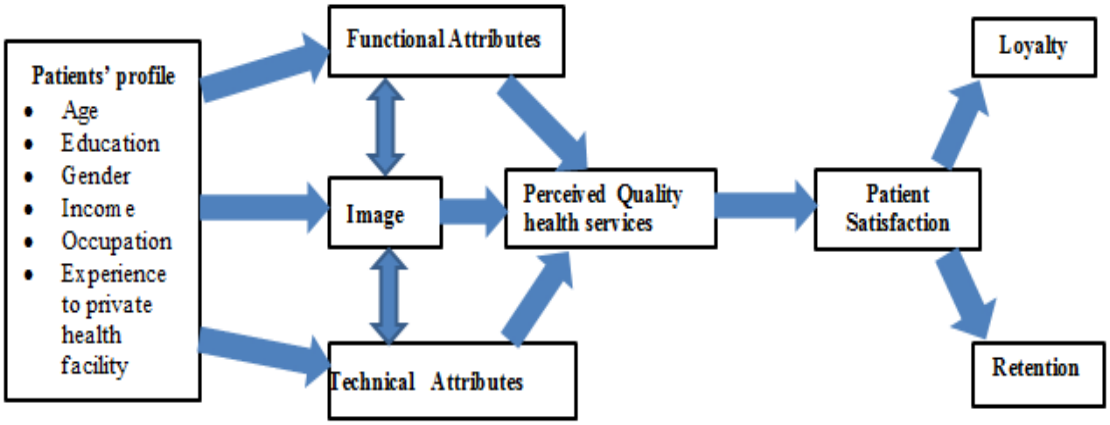
2.5 Research Gap

Literatures reviewed indicated that few studies have carried out to assess quality of health services in private health facilities in Tanzania. Available studies contradict each other about whether private health facilities in Tanzania provide quality services or not (Karen Spens, 2011), (Croke, 2012)(Kida, 2012).In addition, studies carried out in other countries are also confusing academicians about whether there is a relationship between patients socio-economic characteristics and satisfaction with

quality of health services provided (Bleich et al., 2009) and (Ham et al., 2015).Again, despite the reality that a relative proportion of low income families access services from private health facilities(Croke, 2012), experience shows majority of Tanzanians believe that only well-off families attend private health facilities. The study sheds lights on the gaps identified by determining socio-economic characteristics of patients and quality of services provided in private health facilities in Kinondoni District.

2.6 Conceptual Framework

Based on the above review of literature, it can be explained that quality of health services depend on interaction between patients characteristics in one side and characteristics of health systems (technical quality, interactional quality and image) in another side. The interaction determines level of customer satisfaction. The relationship between the two groups of elements and their outcomes is illustrated below:



Source: Researcher (2015)

Figure 2.1: Conceptual Framework

CHAPTER THREE

RESEARCH METHODLOGY

3.1 Overview

This chapter informs how researcher views the research problem, approaches and tools usedin addressing the research questions. More specifically, this chapter specifies research philosophy selected, study area and population, number of elements selected for the study, tools and process applied in data collection and analysis.

3.2 Research Philosophy

Research philosophy is defined as a way in which a researcher views the world(Saunders, Lewis, & Thornhill, 2006)'(Saunders, Lewis, & Thornhill, 2009). The research philosophy help researchers in designing research processes but their selection are determined by research questions in hand (Saunders et al., 2009).Threeresearch philosophies have been identified;ontology, epistemologyand axiology(Saunders et al., 2009)'(Saunders et al., 2006), but ontology and epistemology are the main once(Saunders et al., 2009).

Ontology is a branch of philosophy that regards world as a natural reality.The branch is further subdivided into two sub groups; objectivism and subjectivism.Objectivism assumes that phenomenon under study is free from researchers' influence while subjects assumes that social phenomenon is a result of perceptions or interpretations and understanding of researchers (Saunders et al., 2006).Another branch of ontology is subjectivism.This form philosophy holds a view that social phenomenon are

created from perceptions and consequent actions of social actors(Saunders et al., 2009).

Epistemology is one of the two most important branches of philosophy that is concerns about what constitutes acceptable knowledge in a field of study(Saunders et al., 2009) .This category of research view assumes that the world is independent of researchers and their personal views have no influence on the results, hence, data collected are bias free. The branch is also divided into two sub-branches; positivism and interpretivism.

Researchers using positivism see the world as natural science and their studies involve facts that can be used to make generalizations or laws(Gray, 2014).On other hand, interpretivism philosophy is a view that the world as a social sciences and its understand varies basing on researchers experiences(Gray, 2014).

As it was pointed out by Gray(2014),there is a close relationship between objectivism and positivism as both argue that the reality exists external to the researcher and must be investigated. This study will follows the two philosophies of positivism and objectivism that emphasize treatment of phenomena of study independent of researchers and use of data for generalization.The choice of the philosophies is led by the fact that this study aims to measure quality of health services and it findings will present the situation at private health facilities in Kinondoni district.It will also use a questionnaire to ensure consistence of asking similar questions to various respondents and avoid biases from the researcher.

3.3 Study area

The study was conducted in Kinondoni district.Kinondoni is among the three districts in Dar es Salaam region. The district has the highest number of private health facilities in Dar es Salaam and in Tanzania as whole. According to Berendes et al, (2011b),the district has 168 private health facilities,48% private health facilities in Dar es Salaam.Mwenge hospital is one of the private hospitals found in Kinondoni district.It was selected purposefully as a study facility due to its easy accessibility and high volume of outpatients.

3.4 Study Population

This study targets private health facilities in KMC. According to Berendes, Heywood, Oliver, & Garner, (2011c), the municipal has 168 private health facilities that represent about 84 % of total health facilities (201) including those owned by the public.

3.5 Sampling Design and Procedures

Saunders et al, (2009)provided three main reasons that may lead a researcher to use sampling as an alternative to census. These include: impracticability to survey entire population, budget and time constraints. KMC has been sampled purposefully as a study area for a number of reasons including presence of high number of private health facilities and its easier accessibility. As it was suggested bySaunders et al, (2009), in depth study that focus on a small, perhaps one case selected helps to answer research questions and meet research objectives. This study adopted single case to answer the research questions.

Mwenge hospital is one of the private health facilities found in KMC. It wassampled purposefully because of being easily accessible to the researcher and high volume of outpatients that guaranteed availability of enough respondents within the schedule.

3.6 Methods of Data Collection

Data used in this study were collected throughinterview for a period of 10 days. A trained research assistant conducted interviews with outpatients who had have received services. The data collection contained questions about three segments: socio-economic characteristics of the respondents,respondents' perceptions over the five service quality dimensions and respondents satisfaction level.

To assess poverty level of the respondents, Progress out of Poverty (PPI) score card was used. PPI score card comprises 10 questions that are used to estimate a likelihood that an individual or household has expenditure that is below a given poverty line(Schreiner et al., 2013).The 10 questions are constructed from household budget survey(HBS).For this survey, the score card questions were developed from the Tanzania Household Budget Survey of 2007(Schreiner et al., 2013).

3.7 Data Processing and Analysis

Before data collection,the questionnaire wasadministered to 10 patients to test the questions' wording and flow.Immediately after the test, changes were made and final tool were used in data collection.Data were entered into Statistical Package for Social Sciences(SPSS) for cleaning, reliability test and analysis.Descriptive analysis; frequencies, mean, standard deviation, maximumand minimum were carried out to test if the data were entered accurately. Alsoscatterdiagrams were plotted to identify

outliers in continuous data.Reliability test was conducted to test internal consistence of items that constitute each dimension of the service quality.To answer the research objectives, descriptive analysis; frequencies, and mean were used to summarize the data. Mean score were used to determine differences among the five dimensions and between items in each dimension.

3.8 Research Ethics Consideration

The research proposal and study tools were reviewed and approved by the *Directorate of research, publications, and postgraduate studies* at the Open University of Tanzania (OUT).The questionnaire was also reviewed and approved by the management of Mwenge hospital to ensure it adhered to medical research standards.

During data collection,all potential respondents were briefed about the study and asked to volunteer to participate in the study. Respondents who volunteered were requested to give oral consent and they were free to withdraw from the study at any time if they needed to do so. Also the study adhered to a rule of anonymous as no patient’s identity such as name and physical address were collected.

CHAPTER FOUR

FINDINGS/RESULTS

4.1 Overview

This chapter presents the study findings that provide answers to the three research questions. The chapter is divided into five sub-sections:Subsection 4.2 presents socio-economic characteristics of the respondents. Information in this subsection includes sex, age and age of the respondents. Also it contains information about proportion of respondents who live below poverty line, $1.25 per day and respondents' mode of payments.

Subsection 4.3 tells about quality of services at Mwenge hospital. Mean scores for the five dimensions of service quality together with mean score for each item and the dimensions are presented.Subsection 4.4 presents information about respondents' satisfaction level and their intention to continue accessing services at Mwenge hospital.Finally, subsection 4.5 provides brief summary of key findings with detailed. It also tries to compare the research's findings and findings from previous studies in similar topic.

4.2 Socio-economic Characteristic of the Respondents

A total of 110 outpatients were interviewed. Among them, female were 85% (94). Majority of outpatients were 30 years old. More (44%) respondents have secondary school and at least 58% engage into business.Most of the respondents (98%) have prior experience with private health facilities. They have visited one or more private health facility before the study. The study findings also indicate that less than

quarter, 24% of the respondents live below a poverty line of $ 1.25 per day and at least two-third (78%) of the respondents cover their medical bills by using cash.

Table 4.1: Socio-Economic Profile of the Research Respondents

Variables		Number of respondents(n=110)	Percentage (%)
Your sex	Male	16	15%
	Female	94	85%
Age in 10 years group	20-29 years	38	35%
	30-39 years	53	48%
	40-49 years	15	14%
	50 years +	4	4%
Education level	Primary school education	24	22%
	Secondary school education	48	44%
	College education	38	35%
Mode of payments	Cash	86	78%
	Health insurance	24	22%
Poverty level	Proportion of resp0ondents who live below $ 1.25/day		24%

4.3 Quality of Health Services

To assess the quality of health services provided at Mwenge hospital, participants were asked 29 questions that measured their experience with the services they

received using five likert scales ranging from 1-strongly disagree to 5-strongly agree. The questions were divided into core five dimensions of quality services of reliability (6), responsiveness (6), assurance (5), empathy (4) and tangibility(8).

Overall, respondents perceived service quality at Mwenge hospital positively. Mean score of the 29 items is 3.8 out of 5.The mean scores for individual items range between 3.2 to 4.1. Comparison among the five major dimensions of quality service indicates that there are very minimal variations among the dimensions. The mean scores range from 3.67 for tangibility to 3.92 for assurance.

Table 4.2: Mean Scores of the Five Dimensions of Service Quality for Mwenge Hospital

Dimensions	**Mean scores**
Tangibility	3.67
Empathy	3.76
Reliability	3.82
Responsiveness	3.86
Assurance	3.92
Total	**3.80**

4.3.1 Reliability

Reliability of the services provide at Mwenge hospital was measured by using six items.Descriptive analysis of the six items indicated overall mean score of 3.82. Findings indicate that the hospital is doing less in providing services as it promises (Mean=3.58) and solving clients' complaints (Mean=.378).High satisfaction was

experienced in ability of the hospital to maintain records of their patients as it scored an average of 4.05.

Table 4.3: Respondents Perceptions and Mean Score of Items used to Measure Reliability at Mwenge Hospital

	1	2	3	4	5	Total	
	Count	Count	Count	Count	Count	Count	Mean score
This hospital provides services as promised.	1	16	32	40	21	110	3.58
This hospital shows great concern in solving problems or complaints.	1	15	24	37	33	110	3.78
This hospital provides the service in a right manner for the first time.	4	5	26	44	31	110	3.85
This hospital provides services at the time scheduled.	0	9	24	56	21	110	3.81
The diagnosis made by the hospital is always accurate.	0	8	29	46	27	110	3.84
This hospital maintains error-free records of the customers.	0	4	20	53	33	110	4.05

4.3.2 Responsiveness

Overall,the hospital's responsiveness rate is 3.86.Comaprison among the six items indicate that the hospital scores less in responding to clients' request(Mean=3.71) and high score in informing clients about changes in advance (Mean=3.92).

Table 4.4: Respondents Perceptions and Mean Scores of Items used to Measure Responsiveness at Mwenge Hospital

	1	2	3	4	5	Total	
	Count	Count	Count	Count	Count	Count	Mean
The paramedical staff keep the customers informed about the time when services will be provided.	0	6	27	53	24	110	3.86
It takes relatively shorter time to be seen by a doctor	0	5	30	46	29	110	3.90
The employees are always willing to listen and help customers.	2	4	29	44	31	110	3.89
Results for lab examinations are provided within acceptable time	0	2	26	63	19	110	3.90
The employees show readiness to respond to your request.	0	4	35	60	11	110	3.71
The employees inform you of any changes in advance.	0	5	16	72	17	110	3.92

4.3.3 Assurance

Assurance of the services provided at Mwenge hospital where assessed by using five items. Overall satisfaction of the respondents with assurance level at Mwenge hospital was rated at 3.92.More respondents were dissatisfied with the ability of the staff to encourage patients (mean=3.89).On the other hand, respondents expressed

more satisfaction with friendliness of staff (mean=3.92) and their ability to make patients confident and feel safe while they are serving them(3.97).

Table 4.5: Respondents' Perceptions and Mean Scores of Items Used to Measure Assurance at Mwenge Hospital

	1	2	3	4	5	Total	
	Count	Count	Count	Count	Count	Count	Mean
The employees have the knowledge to solve your problems.	0	4	32	44	30	110	3.91
The employees are always friendly and courteous to you.	0	3	24	62	21	110	3.92
The employees connect you with the correct individual.	0	4	26	56	24	110	3.91
The employees instil hope and confidence in the customers.	0	4	27	56	23	110	3.89
The customers feel safe and confident	0	3	22	60	25	110	3.97

4.3.4 Empathy

Patients rated the staff empathy at 3.76 in average.Ability of the hospital staff to understand specific needs of patients was mentioned the least (mean=3.67) while staff caring to patients was mentioned to be high (mean=3.85).

Table 4.6: Respondents Perceptions and Mean Scores of Items used to Measure Empathy at Mwenge Hospital

	1	2	3	4	5	Total	
	Count	Count	Count	Count	Count	Count	Mean
The hospital staff pays special attention to individual customers.	0	4	36	56	14	110	3.73
The employees understand the specific needs of the customers.	0	9	33	53	15	110	3.67
The staff is caring the customers wholeheartedly.	0	3	30	58	19	110	3.85
The employees remember the patients and their previous problems.	0	5	29	58	18	110	3.81

4.3.5 Tangibility

Overall meanscore of the hospital's tangibility is 3.66.Among the eighth items used to measure tangibility of services at Mwenge hospital, size of waiting areas and appearance of service rooms scored the least mean while availability of sign posts and staff competence scored the highest means.

Table 4.7: Respondents Perceptions and Mean Scores of Items Used to Measure Tangibility at Mwenge Hospital

	1	2	3	4	5	Total	
	Count	Count	Count	Count	Count	Count	Mean
The hospital has sophisticated and modern equipment.	0	5	38	48	19	110	3.74
Waiting room and consultation rooms are visually appealing.	0	9	35	50	16	110	3.66
The physical facilities in the hospital are visually appealing.	1	7	30	54	18	110	3.74
The hospitals have adequate posters and sign posts that aid customers to locate places within hospitals	0	5	32	57	16	110	3.76
The hospital has enough waiting areas for customers	1	19	49	36	5	110	3.23

4.4 PatientsSatisfaction

Patients' satisfaction was measured by a single question," to what extent are you satisfied with the quality of service at this hospital"? Participants responded on a 5-point, likert scale, with "very satisfied" scored as 5, "satisfied" as 4, "moderate" as 3, "dissatisfied" as 2, and "very dissatisfied" as 1.

Overall satisfaction mean score was 3.7.About 48% and 14%of the respondents reported being satisfied and very satisfies with the services they received respectively.

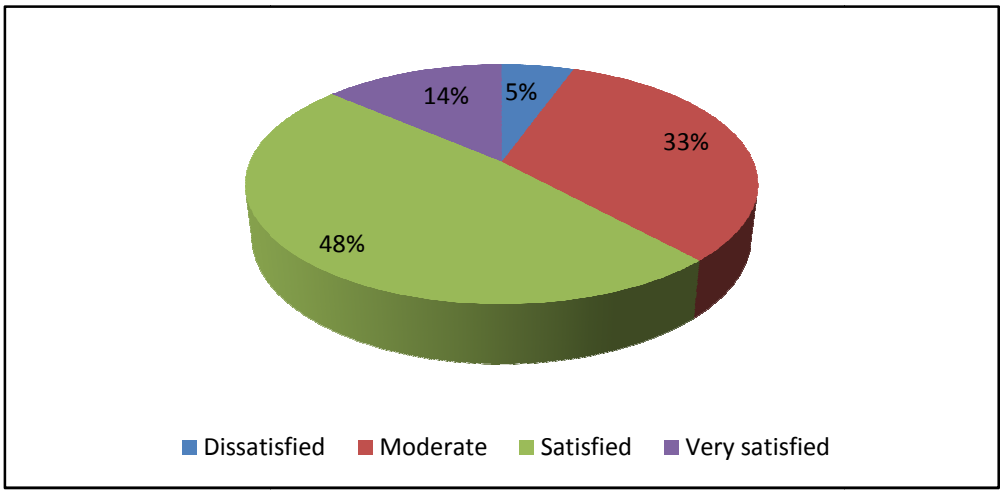


Figure 4.1: Pie Chart Showing Satisfaction Level of Respondents with Quality of Services at Mwenge Hospital

In addition to the question about satisfaction, respondents were asked if they would return to the hospital in future for services.Most of the respondents, 95% (n=104) agreed that they would return to the hospital in future time.Further analysis indicates percentage of respondents who would like to return to the hospital in future increases with level of satisfaction. All respondents who rated the services they received as satisfactory would return to the hospital compare to94% and 33% of those rated the services as moderate and unsatisfactory respectively.

Comparison between satisfaction and participants' socio-economic characteristics indicates slight differences among the variables. Male and female respondents expressed almost equal level of satisfaction with the quality of services at Mwenge hospital.

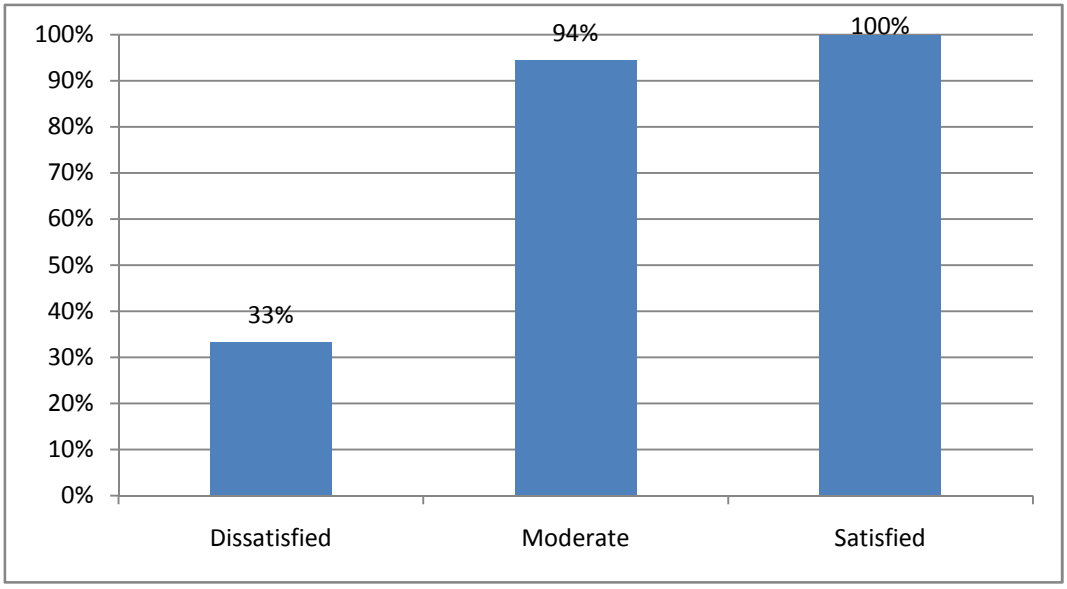


Figure 4.2: Percentage of Respondents' who would Return to Mwenge Hospital in Future Categorised by Level of Satisfaction

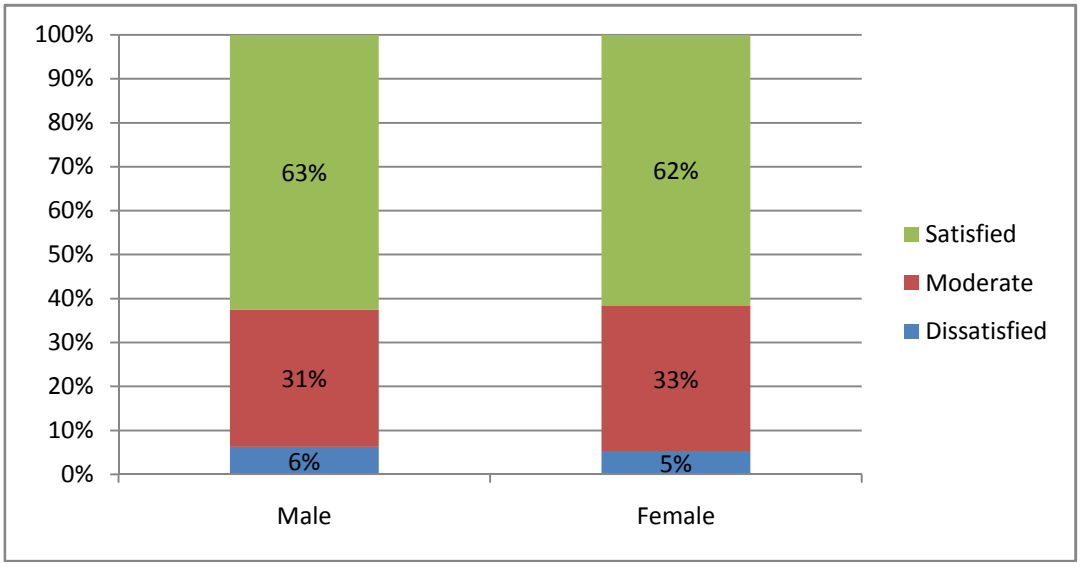


Figure 4.3: Respondents' Satisfaction Level in Percentage Segregated by Sex

Some differences were found in age and level of education. 74% of respondentsaged 20-29 years were more satisfied compared to other groups.Likewise, 75% of respondents with primary education level feel more satisfied compare to 63% and 54% for those with secondary and colleague education respectively.

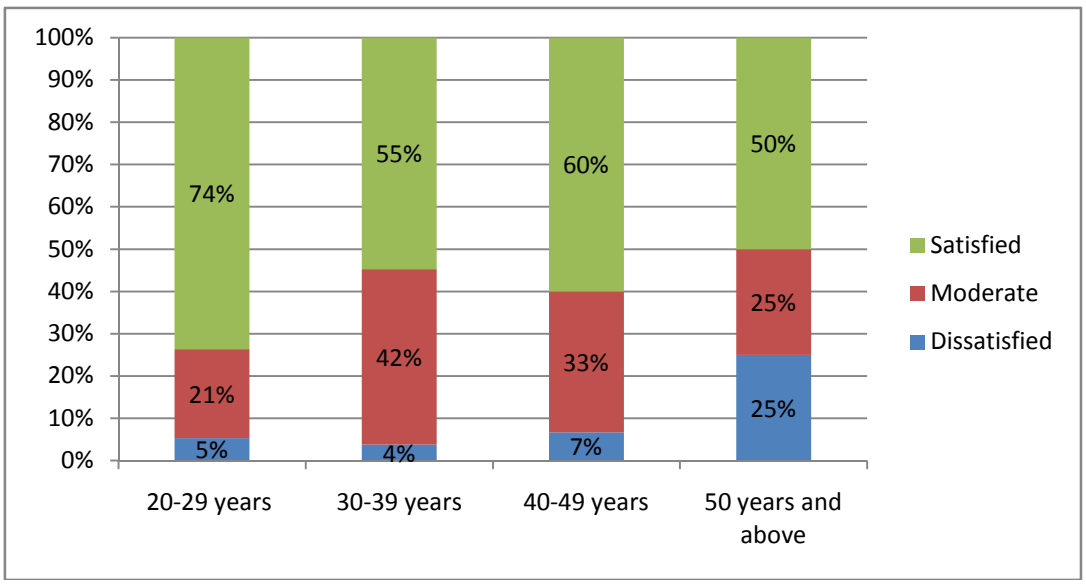


Figure 4.4: Respondents' Satisfaction Level in Percentage Segregated by Age - Groups

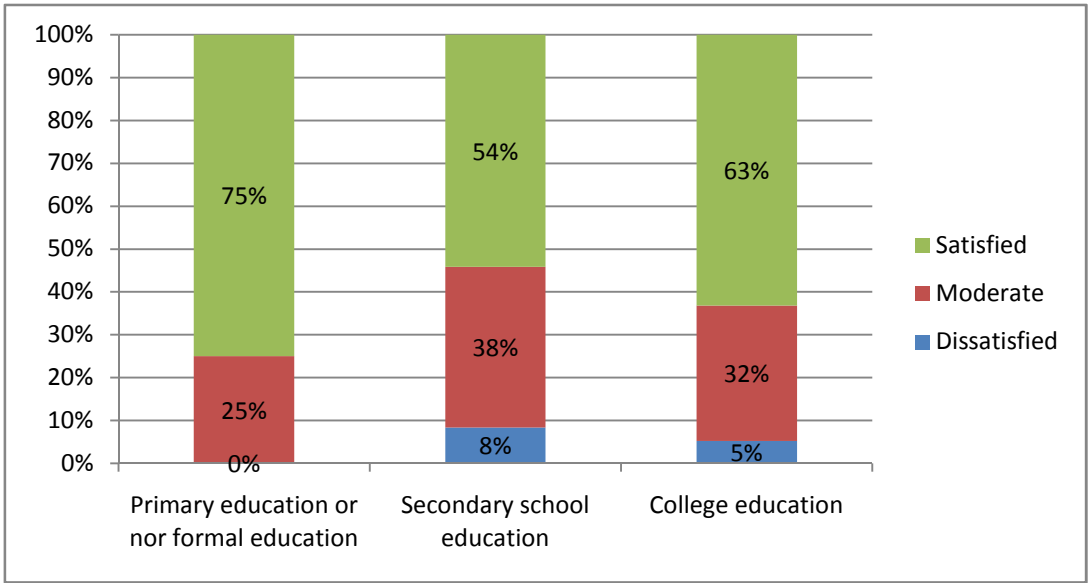


Figure 4.5: Respondents Satisfaction Level in Percentage Segregated by Level of Education

4.5 Discussion

This study attempt to assess quality of services provided by private health facilities in Kinondoni district.It also focused on identifying socio-economic profile of patients who access services at private health facilities.85% of the respondent were female

and 15% were male.High proportion of women attending at Mwenge hospital would be attributed to the fact that the hospital specialized in sexual and reproductive health services as core business hence women are their target clients. This is also evidenced by large per-cent of the respondents who were within the reproductive age,15-49 years old. Other socio-economic characteristics of the respondents are influenced by the hospital location. The hospital is located in the city which is common to find large population of post primary school education, business people, employees and affluent people. Over 75% of the respondents live above a poverty line $ 1.25 and 98% have experience with private hospitals.

Age-wise,majority of the respondents have 30-40 years old. Over two-third of the respondents (79%) have post primary education and over half (58%) engage into business as their means of earning income.Further analysis indicates that 98%of the respondents have previous experience with private health facilities and 78% of all respondents pay their medical bills through cash.

Service quality implies discrepancy between customer‘s perceptions and their expectations about service offered by a particular firm (Yousapronpaiboon, Bang-kaew, & Johnson, 2013)and is whatever the patient perceives it to be (Essiam, 2013). The quality of services provided at Mwenge hospital was assessed by using SERVPERF tool with a total of 29 items that were divided into five dimensions: reliability, responsiveness,assurance, empathy.Generally,respondents perceive quality of services provide at Mwenge hospital positively.Overall, the quality of services provided at Mwenge hospital scored 3.8 out of 5ranging from 2.45 to 4.52.

.The mean score of service quality at Mwenge hospital is almost equal tofindings in a study by Arab,M et al(2012). In their study with 943 patients from eight hospitals in the city of Tehran,service quality mean score was found to be 3.99 (Arab et al., 2012).

In this study,respondents were more satisfied with assurance (mean=3.92) and responsiveness (mean=3.86).Nevertheless, less satisfaction was experienced in tangibility (mean=3.67) and empathy (mean=3.76).Bisschoff & Clapton (2014) in their study about customer services in South Africa also found that tangibility was among the dimensions that dissatisfied patient and responsiveness and assurance among the satisfying factors. However, their study indicated empathy as the most influential dimension while in this study,respondents rated it as the second least dimension.

Tangibility dimension encompasses physical facilities; equipment and appearance of personnel and facilities. These are things that patients come into contact with even before the actual service. This study reveals that the hospital has limited waiting places, less appealing rooms and fewnumber of staff. Overcrowding at waiting areas dissatisfies patients as it make their health more dangerous as they are exposed into more health risks such as respiratory infections. Shortage of staff also has direct impacts on behaviours and practices of practitioners hence affect their interaction with patients. Also where hospital has few staff causes patients to stay longer waiting service hence less statisfaction. Shortage of staff in Tanzania is common notonly in public sector but also in private sectors. In 2006, the Ministry of Health and Social

Welfare (MOHSW) estimated that there an estimated 65 per cent and 86% shortage of staff in public and private health facilities respectively(URT, 2008).

On the other hand,empathy implies caring and individualized attention provided to customers. This was the second dimension with least mean score (3.76) after tangibility.Among the four items used to measure empathy, two items that scored less are about ability of employees or staff to understand special needs of patients (mean=3.67) and paying special attention to individual customers(mean=3.73). Focusing on individual needs in a hospital with few staff like Mwenge is a challenge. Because of pressure to avoid keeping patients at the hospital for long time, it is possible that staff focus less on individual patient needs.The situation could be reversed only if there is adequate number of staff.

This research has also shown that satisfaction level (mean=3.7) of the respondent is almost equal to the quality of services provided (mean=3.8). Majority of the respondents, 62% were satisfied with the services they received. Also almost all (98%) respondents reported that they would return to the hospital in future for services. Such rate of satisfaction and retention is a prove of the quality of services provided at Mwenge hospital. Because of the relatively high satisfaction rate and high retention rate, Mwenge hospital is assured of its market. However, because of dynamic nature of customers, improvement in information and communication together with stiff competition in health industry, it would lose its market if no measures to improve the service quality are taken.Taghizadeh, Taghipourian, & Khazaei, (2013) mentioned that “word-of-mouth is especially important for service providers whose offerings are largely intangible and experience or credence based. In

these services customers rely heavily on the advice and suggestions from others who have experienced the service."

Currently,more people have access to internet in their mobile devices (mobile phones, tablets and laptops) and they use social media such as WhatsAppand Instagram to search and share information including health related information such as hospitals with quality services. In a report by The Conference Board, (2011),technology is said to be a fundamental force for global change. It drives corporate growth and spurs competition.

The report further indicates that doctor-patient relationship has changed as a result ofmedical information from the internet, which has greatly empowered and emancipated patients. Patients most concerned about their own health are the most avid users of such information and the group that mostly closely questions doctors' quality of diagnosis and treatment (The Conference Board, 2011).The report further warns, "Yet today, patients can find abundant amounts of information, some reliable, some not so much about their conditions, they can link up with fellow patients around the world, and make judgments,for better or worse, about the efficacy of their physicians and treatment plans "(The Conference Board, 2011).

As suggested by some researchers that satisfaction has direct relationship with service quality (Chakravarty, 2011), (Mosadeghrad, 2012), (Fitzgerald, 2014),(Karim, 2014),the overall satisfaction mean of 3.7 could be higher if the quality of service was rated higher.As mentioned by Cengiz(2010), knowledge about customer perception and attitudes about an organization's business will greatly

enhance its opportunity to make better businessdecisions. Hence,management at Mwenge hospital has to find mechanisms to address gaps identified under each dimension of service quality in order to improve satisfaction of its patients and sustain its position in market competition.

Although this study did not find relationship between satisfaction and respondents characteristics, there is a need of conducting further detailed study to explore service quality perceptions amongdifferent groups of patients. Meanwhile, because of being located in town where majority of the population are educated and nature of its core services that target population at reproductive age (15-49 years), the hospital would focus on improving service for these groups without undermining perception of minority groups like male and adult people.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

This chapter summarizes the whole study and give direction for future studies. Basically, this chapter comprises four subsections:Subsection 5.2 is about conclusion. It gives brief introduction about the study objective, methodology and key findings.Subsection 5.3 provides detailed recommendations on how to improve gaps identified. The last subsection, 5.4 suggested areas for future research.

5.2 Conclusion

This study aimed to assess quality of services provided by private health facilities in the Kinondoni district. Interview was administered to 110 outpatients who have accessed services at Mwenge hospital. Service quality was assessed by using five dimensions of reliability, responsiveness, assurance, empathy and tangibility. Descriptive analysis; frequencies, and mean were used to summarize the data. Mean score were used to determine differences among the five dimensions and between items in each dimension.

These research findings indicate that the quality of services at Mwenge hospital is relatively high. Its overall mean score is 3.8 out of 5 scales. Also overall satisfaction of the respondents with the service quality is 3.7 out of 5.This represents relatively high proportion of respondents who expressed being satisfied with the services they have received. The research indicates that in general, respondents were more satisfied with assurance and responsiveness of the services at Mwenge hospital.

More specifically, they were satisfied with records keeping and safety and confident in hands of the staff. This would be due to the fact that Mwenge hospital uses electronic health management information system (HMIS) that simplifies storing and retrieving patients' information.As an outcome of the quality of services and satisfaction, at least 98% of the total respondents are willing to continue accessing services at Mwenge hospital. On the other hand, dissatisfaction was experienced on size of waiting areas, appearance of service room and number of staff.

5.3 Recommendations

Despite the fact that Mwenge hospital is providing relatively high quality services, management of the hospital has to take serious measures to ensure the quality and satisfaction level of the hospital is improved. The discrepancies in service quality (1.2), satisfaction (1.3) and intention to return (2%) might have negative impacts in the hospital's future market if they are not addressed.

This group of unsatisfied respondents would have more negative impacts on the hospital's business if they decide to share their experience with relatives and friends.Based on the findings from this study and experiences from other studies, the following recommendations are proposed:

First, to avoid or minimize overcrowding at the waiting areas, private hospitals like Mwenge could consider number of alternatives available. Among the alternatives include:

Scheduling for non-emergency services such as family planning and consultancy services. Private hospitals may take initiatives to study patients flow and their problems to determine time with high and low flow of patients and services demand

at particular time to enable scheduling of some services from high flow hours to less flow hours.

Another alternative to overcrowding at waiting areas would be creation of temporal waiting areas outside main buildings. Some hospitals have vacant spaces that are used for car park or garden. Temporal tens can be placed outside and reduce overcrowding in current places used as waiting areas.

Second, hospitals' management should focus on recruiting additional staff while motivating current staff to stay longer. Staff motivation has contribution in staff performance and patients' satisfaction as well. Motivated staff regardless of their number may perform better than huge number of unmotivated staff. Thus, hospital managers should establish staff performance management plan that will include motivations including regular salary review and promotion. Alternative forms of motivations should also be introduced and used frequently, including letters of recognition for tasks performed well, priority for short- and long-term training for workers who excel in their performance, and creating an environment where good service generates self-motivation for the workers.

Third, satisfaction of patients also depends on physical appearing of buildings and service rooms. Also, sometime, attraction of hospital buildings convinces patients to access services at particular hospitals. Therefore, uses of part of profit generated from the business for renovation of hospital facilities to make them more visual appealing to patients should be encouraged.

5.4 Areas for Further Study

Given the fact that quality of services provided by private health facilities is just high, further researchesare required to determine factors that influence patients' decisions to visit private health facilities. Understanding these determinants will give hospital managers an opportunity to prioritize improvements with limited resources available and continue monitoring improvements in identified factors.Also availability of such information will guide patients in selecting which private hospital to go for services depend on their needs and priorities among the service quality dimensions.

Also, methodology applied in this study, use of closed questions gives only a picture about perceptions of patient about services they have received. Future researchers should collect detailed explanations from patients about their perceptions on service provide at private health facilities.

Lastly, similar studies with different methodologies need to be conducted over a representative sample of health facilities to give current status of private health facilities at district, regional and in Tanzania as whole.

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APPENDICES

Appendix I: Research Questionnaire

Quality of services received

For the following sections, please tell about your level of agreement with each statement in relation to your experience today by scoring them between 1 to 5.

Note that the numbers stand for the following:

1- Strongly disagree

2- Disagree

3- Uncertain

4- Agree

5- Strongly agree

1.0	**Reliability**	
1. 1	This hospital provides services as promised.	1 2 3 4 5
1.2	This hospital shows great concern in solving problems or complaints.	1 2 3 4 5
1.3	This hospital provides the service in a right manner for the first time.	1 2 3 4 5
1.4	This hospital provides services at the time scheduled.	1 2 3 4 5
1.5	The diagnosis made by the hospital is always accurate.	1 2 3 4 5
1.6	This hospital maintains error-free records of the customers.	1 2 3 4 5
2.0	**Responsiveness**	

2.1	The paramedical staff keep the customers informed about the time when services will be provided.	1 2 3 4 5
2.2	It takes relatively shorter time to be seen by a doctor	1 2 3 4 5
2.3	The employees are always willing to listen and help customers.	1 2 3 4 5
2.4	Results for lab examinations are provided within acceptable time	1 2 3 4 5
2.4	The employees show readiness to respond to your request.	1 2 3 4 5
2.5	The employees inform you of any changes in advance.	1 2 3 4 5
3.0	**Assurance**	
3.1	The employees have the knowledge to solve your problems.	1 2 3 4 5
3.2	The employees are always friendly and courteous to you.	1 2 3 4 5
3.3	The employees connect you with the correct individual.	1 2 3 4 5
3.4	The employees instil hope and confidence in the customers.	1 2 3 4 5
3.5	The customers feel safe and confident in the hands of the employees.	1 2 3 4 5
4.0	**Empathy**	

4.1	The hospital staff pays special attention to individual customers.	1 2 3 4 5
4.2	The employees understand the specific needs of the customers.	1 2 3 4 5
4.3	The staff is caring the customers wholeheartedly.	1 2 3 4 5
4.4	The employees remember the patients and their previous problems.	1 2 3 4 5
5.0	**Tangibles**	
5.1	The hospital has sophisticated and modern equipment.	1 2 3 4 5
5.2	Waiting room and consultation rooms are visually appealing.	1 2 3 4 5
5.3	The physical facilities in the hospital are visually appealing.	1 2 3 4 5
5.4	The hospitals have adequate posters and sign posts that aid customers to locate places within hospitals	1 2 3 4 5
5.5	The hospital has enough waiting areas for customers	1 2 3 4 5
5.6	The hospital has adequate number of staff	1 2 3 4 5
5.7	The hospital has competent staff	1 2 3 4 5
5.8	The staff appear neat and professional	1 2 3 4 5
6.0	**Patients attributes and general questions**	

	Question	**Responses**	**Codes**
6.1	Your sex	Male Female	1 2
6.2	Your age	Number of years	……
6.3	What is your highest level of education?	Incomplete primary school Primary school education Secondary school education College education	1 2 3 4
6.4	What is your main economic activities?	Employment by public/private organization Business/Self-employment Student Employment by individual	1 2 3 4
6.5	Have you ever visited other private health facilities apart from this hospital?	Yes No	1 0

6.6	Basing on the experience you have today, to what extent are you satisfied with the quality of services at this hospital?	Very dissatisfied Dissatisfied Moderate Satisfied Very satisfied	1 2 3 4 5
6.7	Basing on your experience with quality of services you receive today, would you like to come to this hospital next time?	Yes No Am not sure	1 0 3
6.8	Basing on your experience with quality of services you receive today ,would you advise your friend/relative to come and get services in this hospital	Yes No Am not sure	1 0 3
6.9	How do you cover your medical bills	Cash from pocket Health insurance Employer pays by cash	1 2 3

POVERTY INDEX

The following questions are about your living conditions. Please answer as honestly as possible. Your answers will not affect the service you receive or the price you pay."

P1	How many household members are 17-years-old or younger?	Four or more Three Two One None	0 10 15 20 30
P2	Do all children ages 6 to 17 attend school?	No Yes, or no children ages 6 to 17	0 3
P3	Can the female head/spouse read and write?	No Yes, but not in Kiswahili nor English No female head/spouse Yes, only in Kiswahili Yes,in English	0 0 0 6 13

		(regardless of others)	
P4	What is the main building material of the floor of the main dwelling?	Earth Concrete, cement, tiles, timber, or others	0 11
P5	What is the main building material of the roof of the main dwelling?	Mud and grass Grass, leaves, bamboo Concrete, cement, metal sheets (GCI), asbestos sheets, tiles, or other	0 8 9
P6	How many bicycles, mopeds, motorcycles, tractors, or motor vehicles do your household own?	None One Two or more	0 3 11
P7	Does your household own any radios	No	0

	or radio cassettes?	Yes	6
P8	Does your household own any lanterns?	No Yes	0 6
P9	Does your household own any irons (charcoal or electric)?	No Yes	0 5
P10	How many tables does your household own?	None One Two Three or more	0 2 4 6

Appendix II: Consent Form

Hallow,

My name is Festo Michael, a Masters student at the Open University of Tanzania. I am requesting your support to respond to questions in this questionnaire about your experience with the services you have just received today at this hospital.

This research is part of my Masters studies as it is required by the Open University of Tanzania that for students to graduate with Masters degree, they must conduct independent research

Information you will provide today will be used for education purposes only and it will be kept strictly confident. Nowhere in this questionnaire, will you be required to record your personal identifiers such as names and physical location.

The questionnaire will take you hardly 15 minutes to complete.

I wish you all the best in responding to these few questions about your experience with the service you have received today!