

**AN EXAMINATION OF THE RELATIONSHIP BETWEEN CUSTOMER  
SATISFACTION AND CURATIVE QUALITY SERVICES SUPPORTED BY  
THE NATIONAL HEALTH INSURANCE FUND IN DAR ES SALAAM**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE  
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**2017**

**CERTIFICATION**

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a Dissertation entitled: *“An Examination of the Relationship between Customer Satisfaction and Curative Quality Services Supported by The National Health Insurance Fund in Dar es Salaam”* in Partial fulfillment of the requirements for the Degree of Master of Project Management of the Open University of Tanzania.

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I, **Lupyana Kahemela**, do hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for similar or other degree award.

.....

Signature

.....

Date

**DEDICATION**

I, dedicate this work to my family and parents in a way that cannot be forgotten due to their vital responsibility of forming, directing and influencing me in all circumstances to get my education.

## **ACKNOWLEDGEMENT**

Accomplishment of this dissertation is the result of efforts of several individuals. I thank God the Almighty for protection and guidance. I would like to extend my gratitude to my supervisor, for guidance, advice, and encouragement without which this study could not be accomplished. I must note at this point that my supervisor's insightful comments and probes have actually helped to develop this report in the form that is submitted.

I am as well grateful to my lecturers, class mates and workmates and everyone whom in one way or another facilitated accomplishment of this report. Much thanks to my family and parents for their constant understanding and patience.

**ABSTRACT**

The focus of the study was to examine the relationship between customer satisfaction and curative quality services in accredited health facilities supported by the national health insurance fund in Dar es Salaam. A case study design was used whereas a sample of 90 was involved. In collecting primary data the study used questionnaire and in-depth interview. Secondary data were collected through documentary analysis. Data were analyzed by using SPSS, tables were used to present data. The study found that, 65.0% of the respondents agree that, they receive accurate diagnosis and treatment in accredited health facility. Also study found that, majority of the respondents (52.5%) agrees that, the accredited health facility offer promised services to NHIF members. Moreover, the study found that, the large number of the respondents (43.8%) agrees that, employees of the accredited health facilities indicate sincere interest in handling problem. The study concludes that the accredited health facilities offer good service to NHF clients. Also, the study concludes that accredited health facilities offer quality services, due to its reliability. In health services provided to the clients, accuracy in completing orders, maintaining precise record and quote, accuracy in billing, maintaining promised services are the basic views of reliability which is considered as the most important factor in convincing customers to retain in the accredited health facility. The study recommends that NHIF should conduct inspections and evaluation of accredited health facilities so to remind the health care providers on the health services required to be provided to the clients.

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**LIST OF ABBREVIATIONS**

AHF	Accredited Health Facilities
CHIS	Compulsory Health Insurance Schemes
CHF	Community Health Fund
HI	Health Insurance
HIS	Health Insurance Schemes
MDGs	Millennium Goals Development
MOH	Ministry of Health
NHIF	National Health Insurance Fund
SHI	Social Health Insurance
WHO	World Health Organization

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background of the Problem**

Many developing countries are currently considering the possibility of introducing Compulsory Health Insurance Schemes (CHIS) (Allahham, 2013). Health insurance schemes are increasingly recognized as a tool to finance health care provision in developing countries and have the potential to increase utilization and better protect people against (catastrophic) health expenses and address issues of equity (Kontarygyris, 2010). This attracts more resources to the health sector, if employees and employers can pay for health services and are made to do so by insurance. Also is dissatisfaction with the existing services in which staff motivation is poor, resources are not used in the best advantage and patients are not treated with sufficient courtesy and respect (Agyepong and Agyei, 2008).

Patients perceptions about health services seem to have been largely ignored by health care providers in many most developing countries (Babakus and Mangold, 2013). Those perceptions especially about services quality might shape confidence and subsequent behavior with regards to choice and usage of the availability health care faculties. Social Health Insurance Schemes play significant role in enhancing health of the member. The major challenges to social health insurance in developing countries are satisfaction of clients on services offered through accreditation (Sukumar, 2007). Social health insurance pools both the health risks of its members, on the one hand, and the contributions of enterprises, households and government, on the other, and is generally organized by national governments (Carrin, 2013). Most social health

insurance schemes combine different sources of funds, with government often contributing on behalf of people who cannot afford to pay themselves (Stephen *et al.*, 2011).

Clients' perception on quality health care services is very important to disregard. Clients' satisfaction with overall services can have tremendous impact on the future health of the communities, For this reasons it is recommended that the quality of care strategy incorporate a section geared directly to clients satisfaction (Karinga, 2010). This segment should address the following concerns to the best of its ability in provider training, provider competence, interpersonal relations, availability of providers, short waiting time, improve infrastructures, presence of equipment and suppliers (Bennett *et al.*, 2016).

Tanzania like other African countries, most of the clients who get services in different NHIF accredited health facilities are not satisfied with the quality of health services provided to them (Khamis and Njau, 2014).

## **1.2 Statement of the Research Problem**

Despite the schemes tries to improve customer care services and improve service quality, there are complaints from clients who are not satisfied by services offered through accreditation (Yogesh and Satyanarayana, 2012). Satisfaction is an important element as far as quality of health services is concerned in the ideal situation of the health services provided through NHIF accredited health facilities should be friendly, easy accessible, less time consuming, affordable to everyone and adequate number of health personnel which will lead to clients satisfaction (Stephen *et al.*, 2011).

The fund has been operating thirteen years now since its implementation in Tanzania. Within this period of time a lot of studies have been conducted concerning NHIF in different areas with different objectives for example a study by Mwamoto (2013) aimed to assess the expectation of Tanzanian concerning NHIF services. Also the study by Mundi (2011) intended to examine the viability of NHIF in Tanzania. Therefore this study aimed at examining the relationship between customer satisfaction and curative quality services in accredited health facilities supported by the national health insurance fund in Dar es Salaam.

### **1.3 Objectives of the Research**

#### **1.3.1 General Objective**

The general objective of the study was to examine the relationship between customer satisfaction and curative quality services in accredited health facilities supported by the National Health Insurance Fund in Dar es Salaam.

#### **1.3.2 Specific Objectives**

Specifically, the study intended:

- (i) To identify the perception of NHIF clients' on the quality of the accredited health facilities.
- (ii) To analyze the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities.
- (iii) To evaluate the influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities.
- (iv) To investigate the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities.

#### **1.4 Research Questions**

The study was guided by the following questions:

- (i) What is the perception of NHIF clients' on the quality of the accredited health facilities?
- (ii) What is the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities?
- (iii) What is the influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities?
- (iv) What is the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities?

#### **1.5 Significance of the Study**

The study in line with Millennium Goals Development (MDGs), which try to find better health for all people, the study will establish strategies that can enhance services provided by NHIF and Accredited Health Facilities (AHF). Conducting this type of study it's essential, because the study will reveal attributes to client's satisfaction and dissatisfactions and also perception of clients on the quality of curative services provided by NHIF accredited health facilities.

The study is will make recommendations that can be used in formulation of the policy that ensure people with good health to enable them participating to economic activities. Moreover, the study provides useful literature and knowledge for future reviews based on the theoretical views and opinions of several cited authors. The study will help NHIF to increase their performances in development of health system in

Tanzania. This is because the findings will indicate areas for improvement in health provision of health services.

### **1.6 Scope of the Study**

The focus of the study was to examine the relationship between customer satisfaction and curative quality services in accredited health facilities. The study was conducted at the Dar es Salaam. A sample of 90 respondents was used. The study identified the perception of NHIF clients' on the quality of the accredited health facilities, analyzed the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities. Also the study evaluated influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities and investigated the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities.

### **1.7 Organization of the Study**

The study was organized into five chapters. The first chapter provides introduction, this chapter encompasses of the background of the problem, statement of the problem objectives and research questions of the study. Also the chapter contains significance and organization of the study.

The second chapter provides literature review in line with the research objectives. It contains theoretical and empirical literature reviews. Moreover, the chapter presents research conceptual framework.

The third chapter contains methodology of the study. It explains research design, survey population, inclusion and exclusion criteria. Furthermore, the study variables

and measurement procedures, methods of data collection and data processing and analysis.

Chapter four of the study provides analysis and discussions of the findings. The chapter presents respondents profiles and findings in line with the objectives/purpose of the study.

The last chapter presents summary, conclusion in line with the objectives of the study and recommendations for research study. Furthermore, the last part present areas for further studies.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter presents literature review in line with the research objectives. The chapter gives theoretical and empirical literature review. The chapter starts by defining the key concepts, the last section of the chapter gives conceptual framework.

#### **2.2 Conceptual Definitions**

##### **2.2.1 Health**

According to Owusu (2010), health is a complex notion to define because different groups or individuals can mean different things depending on their state of health needs and individual perceptions. Health is a state of complete physical, mental, and social well-being not merely the absence of infirmity in an individual.

##### **2.2.2 Insurance**

Insurance is defined as the financial arrangement that redistribute as the cost of an expected loss. It involves the transfer of losses to an insurance pool; the pool combined the predicted losses back to those exposed. Thus insurance is the method that provides security and fearlessness to the insured (Bennett *et al.*, 2016).

##### **2.2.3 Health Insurance**

Carrin (2013) defined health insurance as a group of persons contributing Funds to a common pool, usually tiled by a third part. These funds are then used to pay for part of all of the costs of a defined set of health services for the members of the pool. This

third part can either be a government social security a public insurance fund pool, employer sponsored pool or private insurance pool.

#### **2.2.4 Accredited**

Accredited is the process of assessing health institutions against a commonly accepted set of standards for the purpose of ensure and improve quality of health services (MOHSW, 2009). The main aim insures with accreditation is to insure that providers, both institutions such as hospitals and health centers and care givers such as physicians and nurses provide good quality care.

#### **2.2.5 Curative Services**

According to Mundi (2011) curative services is the process of affecting correction services concerning how the health provider treat patient including prescribing drugs, referring giving consultation and taking physical examination and investigates history of illness.

#### **2.2.6 Satisfaction**

Satisfaction is defined as an important element of quality of health care often determining patient's willingness to comply with treatment and influencing the effectiveness of care (Amole *et al.*, 2015).

#### **2.2.7 Client's Satisfaction**

Andaleeb (2014) explained client's satisfaction as the complex situation worldwide. In other words client's satisfaction is not reached due to different perceptions of the clients in different health facilities. Recent research in health services canters shows

that there is improvement in quality of care but still clients are not totally satisfied (Stephen *et al.*,2011).

## **2.3 Theoretical Literature Review**

This section presents theoretical literature review; it presents SERVQUAL theory, service quality in health sector, comparison of service quality between private and public hospitals, client satisfaction on the hospital services and determinants of service quality in healthcare.

### **2.3.1 SERVQUAL Theory**

This theory was developed in the mid-1980s by Berry and his colleagues Parasuraman and Seithaml, they began to study service quality determinants and how customer evaluates the quality of services based on the Perceived Service Quality concept. The 10 determinants were found to characterize customers' perception of the service. One of the determinants, competence, is clearly related to the technical quality of the outcome, and another, creditability, is closely connected to the image aspect of perceived quality. However, it is interesting to observe that the rest of the determinants are more or less related to the process dimension of perceived quality (Babakus and Mangold, 2013). As a result of later study 10 determinants of service quality were decreased to the following five:

**Tangibles:** This determinant is related to the appeal of facilities, equipment and material used by a service firm as well as to the appearance of service employees (Zaim *et al.*, 2010).

**Reliability:** This means that the service firm provides its customers with accurate service the first time without making any mistakes and delivers what it has promised to do by the time that has been agreed upon (Akhade *et al.*, 2016).

**Responsiveness:** This means that the employees of a service firm are willing to help customers and respond to their requests as well as to inform customers when service will be provided, and then give prompt service (Akhade *et al.*, 2016).

**Assurance:** This means that employees' behavior will give customers confidence in the firm and that the firm makes customers feel safe. It also means that the employees are always courteous and have the necessary knowledge to respond to customers' questions (Babakus and Mangold, 2013).

**Empathy:** This means that the firm understands customers' problems and performs in their best interests as well as giving customers individual personal attention and having convenient operating hour (Zaim *et al.*, 2010).

### **2.3.2 Service Quality in Health Sector**

In healthcare organizations, service quality and patients satisfaction is getting considerable attentions and this issue is considered in their strategic planning process. Patients' perceptions about the services provided by particular health care organizations also effect the image and profitability of the hospital (Andaleeb, 2015) and it also significantly effects the patient behavior in terms of their loyalty and word-of-mouth. Moreover, increased patients expectations about the service quality had realized the healthcare service providers, to identify the key determinants that are

necessary to improve healthcare services that causes patients satisfaction and it also helps the service providers to reduce time and money involved in handling patient's complaints (Gobah, 2011).

The national policy on health has outlined areas of priority that at every village must have its dispensary in order to create access to medical facilities. But this has not been attained so far as resources allocated do not meet all the requirements. Human resource training and development have not been done in accordance to real needs and demands of the community members (Karinga, 2010). Surprisingly, those medical centers available, have failed to offer full services.

### **2.3.3 Comparison of Service Quality between Private and Public Hospitals**

Changing customer demands, increased expectations for superior quality of products or services and the global competition has created a competitive environment among different industrial sectors. Quality has become an icon for customers while selecting a service or product and at the same time organizations are making efforts for providing quality products or services as per customers' needs and wants. Quality has been considered as a strategic advantage for the organizations to gain success and to sustain in the business world (Khamis and Njau, 2014).

Like the other service organizations; healthcare sector has also become a highly competitive and rapidly growing service industry around the world. The biggest challenge faced by healthcare markets is to define and measure the service quality. However, it was recognized in earlier study that 'SERVQUAL' is a comprehensive scale to empirically estimate the level of quality services delivered to customers, and it is best suitable in the hospital environment (Andaleeb, 2014).

In healthcare, patient perceptions are considered to be the major indicator in order to assess the service quality of a healthcare organization. It means that customer satisfaction is the major device for critical decision making in selecting a healthcare (Babakus and Mangold, 2013).

Services are basically the interaction of two parties and it occurs between service provider and the consumers. Mostly, services in healthcare are intangible in nature like expertise of the doctors, hospital environment, caring staff, cleanliness but sometime it is a combination of intangibles and tangibles (eyeglasses, a prosthetic device, or prescription drugs, laboratory reports) and this bundle makes up the service products (Babakus and Mangold, 2013).

Patients view services in terms of their whole experience; it includes the successful surgery, hospital environment, cleanliness in rooms and wards, special attentions provided by physicians, nurses, supportive staff, and outstanding follow-up care. In view of the above discussion the healthcare organizations may define services in terms of needs, wants of its patients. Services are characterized in to four categories: intangibility, inseparability, heterogeneity and perish ability. These four service characteristics were discussed in the early literature of service marketing (Andaleeb, 2014).

In healthcare organizations, service quality and patients satisfaction is getting considerable attentions and this issue is considered in their strategic planning process. Patients' perceptions about the services provided by a particular health care organizations also effects the image and profitability of the hospital and it also

significantly effects the patient behavior in terms of their loyalty and word-of-mouth. Moreover, increased patients expectations about the service quality had realized the healthcare service providers, to identify the key determinants that are necessary to improve healthcare services that causes patients satisfaction and it also helps the service providers to reduce time and money involved in handling patient's complaints (Khamis and Njau, 2014).

#### **2.3.4 Client Satisfaction on the Hospital Services**

Client satisfaction is a multi-dimensional concept that has various definitions. According to Kontarygyris (2010) it is a summary psychological state as a result of the emotion surrounding disconfirmed expectations being coupled with the consumer's prior feelings about the consumption experience. It has also been described as the gap between what clients expect to receive as a service and what they actually get (Stephen *et al.*, 2014).

According to Bennett *et al.* (2016), satisfaction is easy to understand but hard to define. It is related with similar themes such as happiness, contentment and quality of life. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved. It can also be attained when the patient/client's perception of the quality of care and services that they receive in the healthcare setting has been positive, satisfying and meets their expectations, By and large, it is a very subjective concept that can be hard to measure, but which is of great importance in health care. This is because it gives direct feedback to service providers, is an important indicator of quality of services and shows the relationship between services and treatment outcomes. It can also be a valuable competitive tool; helps to improve

patients' quality of life and helps service providers determine customers' specific problems that require attention (Williams and Calnan, 2014).

Client satisfaction is potentially a direct indicator of system performance. Participation of clients is increasingly being linked with improvements in the quality of health care and improved health outcomes. Client satisfaction is a major outcome measure for health care so monitoring it is crucial. Generally, it helps clients get a say in health care provision, evaluation and improvement (Williams and Calnan, 2014).

Different dimensions of client satisfaction have been assessed during various studies. For example, one set of dimensions includes clinical effectiveness and outcomes; access to services; organization of care; humanity of care and the environment while another includes tangibles; reliability; responsiveness; assurance and empathy. For this study, client satisfaction was defined as the gap between what clients expect to receive as a service and what they actually get (Babakus and Mangold, 2013).

There is a difference between perceived service quality and client satisfaction. Perceived service quality is a global judgment or attitude relating to the superiority of the service while satisfaction is related to a specific transaction (Khamis and Njau, 2014).

Nonetheless, the two are inextricably linked. Perceived service quality influences patient behaviour like satisfaction, referrals, choice and usage to a great extent (Andaleeb 2015).

### **2.3.5 Determinants of Service Quality in Healthcare**

There exist significant differences between government and private health care providers across the globe, 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 (Zaim *et al.*, 2010).

Services have several unique qualities relative to physical goods: they are more intangible, heterogeneous, and consumption and production occurs simultaneously. 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 (Yogesh and Satyanarayana, 2012). The most popular model of service quality is SERVQUAL. This instrument is structured in five dimensions, namely:

**Tangibility:** Service quality provided in private and public health care included the influence of tangibles and assurance. 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. Intangibility 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 (Williams and Calnan, 2014).

**Assurance:** The assurance dimension in SERVQUAL refers to the knowledge and courtesy of employees and their ability to inspire trust and confidence. The inseparability of production and consumption and the co-production of services 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. The assurance perceived by patients can enhance this interpersonal relationship with health practitioners (Babakus and Mangold, 2013).

**Responsiveness:** Responsiveness in the context of a system can be defined as the outcome that can be achieved when institutions and institutional relationships are designed in such a way that they are cognisant and respond appropriately to the universally legitimate expectations of individuals. Responsiveness can be viewed from two angles. Firstly, the user of the health care system is often portrayed as a consumer, with greater responsiveness being perceived as a means of attracting consumers. Secondly, responsiveness is related to the safeguarding of rights of patients to adequate and timely care (Williams and Calnan, 2014).

**Reliability:** Reliability refers to the ability of the hospital to perform the promised service dependably and accurately. Reliability dimension has a direct positive effect

on perceived service quality and their satisfaction on healthcare services (Amole *et al.*, 2015).

Empathy: Empathy refers to the caring, individualized attention provided to patients by the health care workers. Amole *et al.*, (2015) revealed that SERVQUAL's five latent dimensions had a significant influence on overall service quality and that responsiveness had the most influence; followed by empathy, tangibles, assurance, and finally reliability.

## **2.4 Empirical Literature Review**

This section presents empirical literature review. The section presents empirical literature review in worldwide, empirical literature review in Africa and empirical literature review in Tanzania.

### **2.4.1 Empirical Literature Review in Worldwide**

Zaimet *al.*, (2010) revealed that service quality has increasingly been the subject of research in recent years. The study tested a generic model SERVQUAL to measure the perceived quality of a service. James Carman adapted and applied this instrument for use in the hospital industry. In this study, we use the instrument developed by Carman to collect data from the hospitals in Turkey. The purpose of the study is to examine the important criteria for measuring service quality in the health care industry in Turkey. The relationship between customer satisfaction and serqual measures are investigated for this purpose. In this study customer satisfaction measured by three criteria by asking customers; their future purchase intention, how they evaluate overall service quality and how they see overall quality of the hospital. Service quality was

measured by the difference between perceived service and expected service and rated on a seven point Likert scale. Serqual measures consist of 6 criteria; tangibility, reliability, responsiveness, assurance, courtesy, and empathy.

The techniques of factor analysis and the logistic regression models are used to investigate the relationships. Like the linear regression analysis, most of the usual statistical methods assume that the residuals, or errors, must follow a normal distribution. If they are not the methods should not be used. Unlike ordinary linear regression, logistic regression does not assume that the dependent variable or the error terms are distributed normally. Also, it doesn't assume that the relationship between the independent variables and the dependent variable is linear. Logistic regression is a variation of ordinary regression which is used when the dependent variable is a categorical variable. The results of analysis confirm that while tangibility, reliability, courtesy and empathy are significant for customer satisfaction, responsiveness and assurance are not.

Akhade *et al.*, (2016) conducted the study on healthcare service quality dimensions in Asian countries. The study makes an attempt to study the various definitions of service quality, service quality measurement scales, their application in various service sectors, the methodology adopted for measurement of service quality, various methods of analysis of data in various countries. The subject of service quality is very rich in context of definitions, models, the measurement issue, the method of analysis. Other countries are totally different in terms of social, economic, geographical size, environment, religious disparity, literacy, language and in many other factors. Hence it is important at this stage to study the various researches and test the suitability of

these models and dimensions of service quality in Indian context. The review of service quality of healthcare literature revealed that the service quality has affected by number of factors, which are needed to focus for improvement of service quality. These factor are depends on the type of service sector, need, type of respondent, socio – demographic background of stakeholder, culture and belief. After the reviews of service quality of healthcare sector literature, it is observed that there is an urgent need to identify the determinants of service quality of health care sector and to develop the service quality model in Indian context.

Allahham (2013) conducted a study on determinants of customer satisfaction on Health care services in Syria. The purpose of this paper is to analyze the influence of Perceived service quality, price satisfaction, perceived value on consumer satisfaction. In order to accomplish the objectives proposed, a model reflecting the influence of Perceived service quality, price satisfaction on perceived value on consumer satisfaction, the model is tested by structural equations and the final sample is 174 patients.

The findings show that price satisfaction has a positive effect on consumers satisfaction, and the perceived value has a positive effect on consumer satisfaction. if healthcare institutions have to compete through consumer satisfaction. It is proven by this paper that the construct which most influences consumer satisfaction in healthcare services is the price satisfaction construct, also it is proven that if the perceived value rises, the consumer satisfaction will increase. Several studies have shown that, in general, consumer satisfaction is important to attract and retain customers; also the concept of consumer satisfaction is relatively new concept in Syrian hospitals

therefore the research findings can be used by hospitals in enhancing the level of customer satisfaction.

Yogesh and Satyanarayana (2012) conducted the study on measuring hospital service quality in Thailand. The study revealed that in recent year's healthcare have been treated as business organizations. The present paper proposes a conceptual model to measure the patient perceived service quality in healthcare. The proposed model contains 10 dimensions and is based on existing literature in healthcare services; and helps in improving our knowledge to identify the components that are important and can influence quality. Moreover, this research will improve our understanding of service quality and assists practitioners such that they are meet in their daily operations.

Solayappan *et al.*, (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.

#### **2.4.2 Empirical Literature Review in Africa**

Wandera *et al.*, (2014) aimed to identify factors, which determine patients' satisfaction with health care services at Pumwani Maternity Hospital in Nairobi Kenya. It assessed the client's satisfaction with health care services at Pumwani

Maternity Hospital in Nairobi, Kenya. A descriptive cross sectional study design was used, purposive sampling method was applied to select the institution and a sample size of 280 of postnatal mothers was calculated from a population of 1000 using Fisher's method. Systematic sampling was used to select the clients. Patient's satisfaction on the quality of services offered to them was determined using observation checklist and structured Likert scale questionnaire for exit interviews to select clients. Data were collected over a period of 3 months, and both descriptive and inferential analysis was done.

The study shows that despite the high cost services, inadequate staffing and poor sanitation, the hospital managed to offer quality services that satisfied the majority of clients. The factors identified to determine patient satisfaction were patient waiting time, attitude of the providers, availability of drugs and services, affordability of the services, level of staffing and level of cleanliness. The findings would help in implementation of quality health care and improvement for best results of clients' satisfaction.

Amole *et al.*, (2015) investigates the use of Analytic Hierarchy Process (AHP) in estimating the determinants of patients' satisfaction towards service delivery in six public teaching hospitals located in southwest Nigeria. To do this, the study gathered data from primary sources under consideration. Following this, it adopted a cross-sectional survey research design adopted with the aid of an AHP based questionnaire to obtain primary data. In all, four hundred and twenty copies of questionnaire were distributed to respondents who have been or were patients' in the selected teaching hospitals using the random sampling technique. Three hundred forty eight (348)

copies of the questionnaire were returned, indicating 82.9 percent response rate. Out of these, 326 were correctly completed and found to be valid and useful in line with AHP analysis. A pairwise comparison with Microsoft excels for AHP data. Results from the AHP model revealed that patients' have the greatest preference for the empathy dimension of service quality in the teaching hospitals with eigenvector of 16.46 %. The least preference was waiting time with eigenvector of 6.9%. Drawing upon these findings, the study concludes AHP can be successfully applied to ascertain the determinants of patients' satisfaction among service quality dimension. Thus, this study has implication for decisions on effective monitoring of the entire health system towards enhancing quality health care service delivery which would enhance patients' satisfaction.

Umar *et al.*, (2011) researched the patient waiting time in tertiary institution; through a study conducted in the Northern part of Nigeria. They observed that the amount of time a patient waits to be attended to is 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. In this study also, a cross-sectional descriptive study was carried out at the outpatients' departments of the Uthman Danfodio University, Sokoto. 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.

Asefaet *al.*, (2014) examined the patient satisfaction with outpatient health services in Hawassa University Teaching Hospital, Southern Ethiopia. The level of patients' satisfaction is one among the mechanisms used in assessing the quality of health care services. This cross sectional study was conducted in Hawassa University Teaching Hospital to assess level of satisfaction of patients with outpatient health services and factors associated with it. Multiple logistic regressions were used to assess the relationship between patients' satisfaction and possible predictors. Four-fifth (80.1%) of patients reported to be satisfied with the hospital's outpatient services. Respondents who claimed to have had a long stay in the hospital were found to be more satisfied than those who claimed to have had a very long stay (adjusted odds ratio (AOR)).

Furthermore, there was negative association between patients' satisfaction and not getting required services in the hospital, lack of privacy, and absence of good dialogue with outpatient service providers. Health managers and service providers should devise innovative ways to reduce waiting time, have good dialogue with patients, and maintain privacy of patients in order to improve the level of satisfaction of patients.

Kwesiga (2010) determine whether client satisfaction with quality of HIV/AIDS care services differed between public and private health facilities in Kabale district, South Western Uganda. A cross-sectional study using quantitative methods and an adapted SERVQUAL tool was conducted and 216 client exit interviews were done. Differences in mean scores between expected and perceived services were analyzed using paired t-tests and chi-square tests. A negative score implied that clients were not satisfied with the care they received. Logistic regression models were also used.

Generally, clients were not satisfied with services, as shown by the average gap score of -0.06. There was no statistically significant difference in client satisfaction between the public and private health facilities ( $p=0.5000$ ), though clients at the private facility scored higher (-0.03 compared to -0.09) thus better perceived quality. Tangibles was the worst rated dimension (-0.16) and responsiveness the best (0.00).

### **2.4.3 Empirical Literature Review in Tanzania**

Linje (2015) focused on the assessment of customer's satisfaction with the National Health Insurance Fund (NHIF), a case study of selected public and private hospitals at Moshi municipality. These hospitals were Mawenzi, Kibosho and KCMC. The study developed two specific research objectives, namely: examining the availability of health care services under NHIF and the assessment of the quality of health care services provided by NHIF. The study population involved NHIF beneficiaries and service providers in the selected hospitals. Two sample categories were used: interview sample and questionnaire sample. The interview sample involved twelve respondents (health care providers) with four respondents selected from each hospital. The questionnaire sample involved ninety eight respondents (NHIF beneficiaries)

randomly selected from sample hospitals' registers. The research findings show that, the majority of the customers were not satisfied with the NHIF health care services provided to them. They claimed that the provision of health care services was so limited, including: poor supportive facilities, absence of specialized health care services, unsatisfactory number of service providers, poor laboratory services as well as the absence of some prescribed medicines/drugs from the hospital dispensary desk (Pharmacy). The research concludes that, NHIF is considered by her members as nothing but chaos. The conclusion was made via the usage of respondents' views and opinions. The study involved documentation, the mantic analysis and narrative presentation.

Mtwe (2016) assess the patients' level of satisfaction under NHIF and factors influencing their satisfaction. The study employed a cross sectional study design involving 82 NHIF outpatients. Qualitative and quantitative approaches were employed; the data collection methods used includes questionnaire administration, focus group discussions and documentary review. Results show that it emerged from the study that, insured patients had good expectation towards health services as well as good attitude with health service at the OPD, except poor attitude was noted on patients' comfort ability towards health service. 37 (52.9%) respondents expressed poor attitude. Also 38 (54.2%) respondents indicated dissatisfaction on accessibility of the health services, especially enough space and seats.

Furthermore, up to 36(51.4 %) respondents were dissatisfied with too long consultation time; and 34 (48.6%) respondents were dissatisfied with the service area at OPD, being inconvenient for the provision of health care to the insured patients. It

however emerged from the study that respondents were moderately satisfied with the availability of health services at the OPD and were satisfied with the quality of health services at the OPD. The study recommends action to be taken by NHIF scheme together with the hospital administration on addressing patients' concerns for the purpose of improving the provision of health services. They should also include patient satisfaction strategies in their strategic plan for monitoring and evaluation of patient satisfaction under NHIF.

Khamis and Njau (2014) conduct a study on patients' level of satisfaction on quality of health care at Mwananyamala hospital in Dar es Salaam. The study reveals that, enhancing quality of health care delivered in public health facilities in developing countries is a key prerequisite to increase utilization and sustainability of health care services in the population. The aim of the study was to determine patients' level of satisfaction on the quality of health care delivered at the out-patient department (OPD) in Mwananyamala hospital in Dar es Salaam, Tanzania. A cross-sectional study design was conducted from April to May, 2012. A systematic sampling method was employed to select 422 study subjects. A pre-tested SERVQUAL questionnaire was used to collect data and one-sample t-test was employed to identify patients' level of satisfaction and principal component analysis to identify key items that measure quality of care.

The study found that, Patients' level of satisfaction mean gap score was indicating overall dissatisfaction with the quality of care. The study concludes that, Patients attending OPD at Mwananyamala hospital demonstrates an overall dissatisfaction on quality of care. Hospital management should focus on: improvement on

communication skills among OPD staff in showing compassion, politeness and active listening, ensure availability of essential drugs, and improvement on clinicians' prescription skills.

Muhondwa *et al.*, (2008) conducted the study on patient satisfaction at the Muhimbili National Hospital in Dar es Salaam. Patients are the primary beneficiaries of the services and care that hospitals provide. The Patient Satisfaction study examined the extent to which patients at the Muhimbili National Hospital (MNH) were satisfied with the services and care they received at MNH. This was part of a baseline study that sought to determine the level of performance of the hospital before massive restructuring, reform, and renovations were undertaken. Exit interviews were the main research method used to determine patient satisfaction. Patients were interviewed as they were leaving the OPD clinics, laboratory, X-ray, pharmacy and inpatient wards. The study found 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 they reported. Some patients expressed dissatisfaction with specific aspects of the services that they received. They were particularly dissatisfied with long waiting times before receiving services, the high costs of treatment and investigations charged at MNH, poor levels of hygiene in the wards, and negative attitudes of staff towards patients. The study conclude that although only a small proportion of patients

expressed dissatisfaction with these aspects of the services provided, they are significant in that they constitute a call for action by the MNH management to encourage the health personnel to embrace a new staff patient relationship ethos, in which the patient is viewed as a customer.

Jande *et al.*, (2013) assessment of patient satisfaction with pharmaceutical services in hospital pharmacies in Dar es Salaam, Tanzania. Exit survey was conducted at four hospitals in Dar es Salaam, Tanzania, where 401 outpatients (51% males and 49% females) were randomly recruited in the survey. A structured questionnaire was used to obtain the required information from the patients and the data was analyzed using Epi-Info version 6 software. The presence of a polite pharmacist at a particular pharmacy attracted many patients (85.8%). Availability of a reputable medical practitioner at the hospital was another reason for many patients (55.6%) going to the hospital pharmacy. A number of patients (46.3%) went to particular hospital pharmacies to obtain their medicines because of good services in those facilities. Dissatisfied respondents (23.7%) rated the waiting time to obtain the medicines as too long. This was followed by unavailability of prescribed medicines (18.2%) and poor facilities in the waiting room. Quality of services at the hospital pharmacies were rated at 46%. Patients felt that the waiting time and the availability of medicines could be improved.

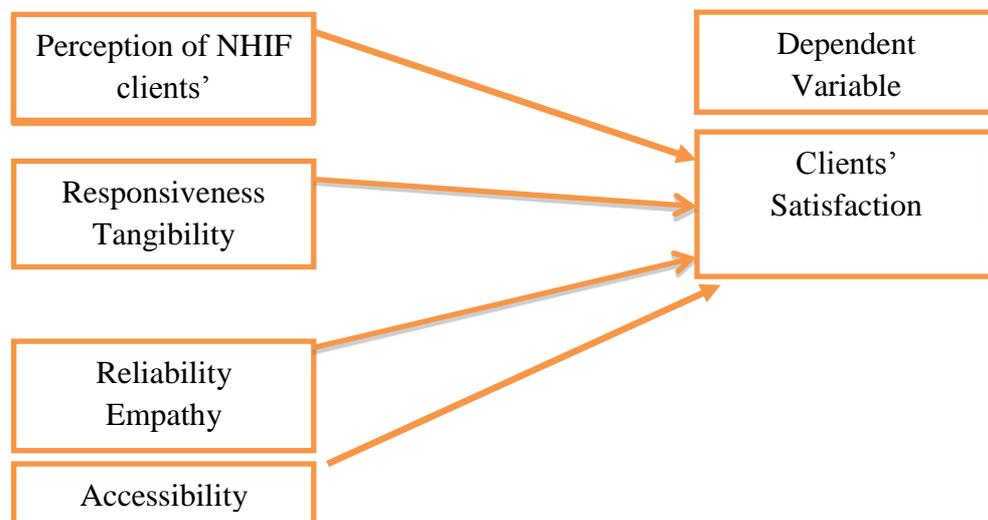
## **2.5 Research Gap**

Empirical studies indicate that majority of the studies assessed the relationship between service quality and customer satisfaction on hospital services for example (Akhadeet *al.*,(2016), Allahham (2013),Zaimet *al.*, (2010),Amole *et al.*, (2015),

Yogesh and Satyanarayana (2012) and Khamis and Njau (2014) of Tanzania as area of study in different studies, but there is no study which examine the relationship between customer satisfaction and curative quality services in accredited health facilities.

## 2.6 Conceptual Framework

The study assumes that, there are dependent, and independent variables. The study assumes that the dependent variable of the study is clients' satisfaction. This depends on perception of NHIF clients', responsiveness, reliability and accessibility. These assumptions are summarized in Figure 2.1.



**Figure 2.1: Conceptual Framework**

Source: Research Own Construct

## 2.7 Theoretical Framework

The researcher came up with logistic regression models on the relationship between customer satisfaction and curative quality services in accredited health facilities.

Because our variable is categorical in nature, the study adopted a logistic regression to analysis our variable quantitatively.

Let us define a binary random variable as:

$$Y = \begin{cases} 1 & \text{if Satisfaction occur} \\ 0 & \text{if Satisfaction does not occur} \end{cases}$$

With  $\pi = \Pr(Y = 1)$  and  $1 - \pi = P(Y = 0)$

$$\pi_i = \frac{\exp(x'\beta)}{1 + \exp(x'\beta)}$$

**Table 2.1: Summary of Determinants of Service Quality**

<b>Determinant</b>	<b>Description</b>	<b>Expected sign</b>
<i>Rl</i>	Reliability	+
<i>Rsp</i>	Responsibility	+
<i>Tng</i>	Tangibility	+
<i>As</i>	Assurance	+
<i>Emp</i>	Empathy	+

Source: Author

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter presents methodology of the study. It presents research survey population, inclusion and exclusion criteria. Furthermore, the study variables and measurement procedures, methods of data collection and data processing and analysis.

#### **3.2 Research Design**

The study used a case study research design where NHIF offices located in Dar es Salaam were selected a case study. The case study frequently makes use of qualitative data and place emphasis on a full contextual analysis of fewer events and conditions and their interrelations. Case study also involves in depth contextual analysis of similar situations in the organizations, where the nature and definition of the problem happen to be the same as experienced in the current situation.

The main advantage of using a case study is its ability to draw information from many different sources such as interviews, observations and documentary review including historical findings/data (Kothari, 2004). The use of case study facilitates the use multiple sources of evidence; and thus avoid the bias. The study adopted a case study to examine the problem by exploring the views of different sets of respondents, as well as by exploring different literatures related with the study.

#### **3.3 Area of the Study**

The study was conducted in Dar es Salaam, NHIF accredited hospitals were used. Researcher visited both public and private hospitals. Public hospitals involved;

Muhimbili, Mwananyamala, Temeke and Amana hospital. Private hospitals involved; Hubert Kairuki-Mikocheni, Masana, International Medical and Technological University (IMTU) and Aga Khan Hospital. The study was conducted at Dar es Salaam because the area has the large number of private and public hospitals.

### **3.4 Survey Population**

According to Adam *et al.*, (2008) a population in research is the totality of the objects under investigation while a sample is a part of the population. Saunders *et al.*, (2007) suggests that population is the complete set of cases or group members while a sample are a subgroup or part of a larger population. This study included the following sample population;

The targeted population was Health facility in-charges and clients of the fund who benefits from the NHIF accredited health facilities at Dar es Salaam to receive health services particularly curative one. The study included both gender aged from 18 years and above.

#### **3.4.1 Inclusion Criteria**

The included respondents were those who have been using NHIF accredited health facilities at Dar es Salaam for at one year before the day of the survey and both gender aged from 18 years and above.

#### **3.4.2 Exclusion Criteria**

The study excluded those who have not using NHIF accredited health facilities for more than 1 year, who are not the resident of Dar es Salaam and those who are below 18 years.

### 3.5 Sampling Design and Sample Size

#### 3.5.1 Sampling Design

Purposive sampling was used to NHIF clients and officials to participate in the sample, this is because some officials would be too busy during data collection. Purposive sampling is a form of non-probability sampling in which decisions concerned individuals to be included in a sample are taken by the researcher, based on the criteria which may include specialist knowledge. In selecting the sample officials of NHIF were interviewed together with clients who benefits from the NHIF accredited health facilities at Dar es Salaam.

#### 3.5.2 Sample Size

The sample of the study was 90 respondents. 10 respondents were interviewed and 80 respondents were required to fill questionnaires. The study used Fischer's *set al.* (1998) standard to attain the sample size. Since the study population was more than 10,000.

**Table 3.1: Sample Distribution**

S/N	Respondents	Frequency (N)	Percentage (%)	Sampling design	Data collector tools
1	Health Facility incharges	10	11	Purposive	Interview
2	Employees/Nurses/Doctor	30	33	Purposive	Questionnaire
3	NHIF clients/customers	50	56	Purposive	Questionnaire
	<b>Total</b>	<b>90</b>	<b>100</b>		

### 3.6 Variables and Measurement Procedures

#### 3.6.1 Independent Variables

The dependent variable of the study was the quality services in accredited health facilities. Service quality has five key determinants namely, assurance, tangibility,

responsiveness, reliability and empathy. Assurance is defined as “the employees’ knowledge and courtesy and the service provider’s ability to inspire trust and confidence. Empathy is defined as the “caring, individualized attention the firm provides its customer. Reliability is defined as “the ability to perform the promised service dependably and accurately” or “delivering on its promises. Responsiveness is the willingness to help customers and provide prompt service. This dimension is concerned with dealing with the customer’s requests, questions and complaints promptly and attentively.

### **3.6.2 Dependent Variable**

The dependent variable of the study was clients’ satisfaction. This was measured by using Likert scale questionnaire. Respondents were asked whether they strong agree, agree, neutral, disagree or strong disagree. Table 3.2 present variable and measurement procedures.

**Table 3.2: Variable and Measurement Procedures**

<b>Variables</b>	<b>Concepts</b>	<b>Dimensions</b>	<b>Indicators</b>	<b>Scale</b>
Service Quality of the Accredited Health Facilities	Dimensions of Service Quality of the Accredited Health Facilities	Reliability	<ul style="list-style-type: none"> <li>- Accurate Treatment</li> <li>- Promised Services.</li> <li>- Health Services at the Promised Time</li> <li>- Employees indicate sincere interest in Handling Problem</li> <li>- Health service at right the first time.</li> </ul>	Ordinal
		Responsiveness	<ul style="list-style-type: none"> <li>- Customers are informed about the services will be performed</li> <li>- Prompt service to clients</li> <li>- Willing to help customers.</li> <li>- Employees respond to clients requests.</li> </ul>	Ordinal
		Tangibility	<ul style="list-style-type: none"> <li>- Clean environment</li> <li>- Adequate Health Personnel</li> <li>- Modern Laboratory</li> <li>- Adequate Medicine</li> </ul>	Ordinal
		Assurance	<ul style="list-style-type: none"> <li>- Employees understand clients' needs</li> <li>- Confidence in clients</li> <li>- Clients feel safe</li> <li>- Employees are polite to clients</li> </ul>	Ordinal
		Empathy	<ul style="list-style-type: none"> <li>- Individual attention to clients</li> <li>- Understand clients' needs</li> <li>- Offer 24 hours services</li> <li>- Deal with customers in a caring fashion.</li> <li>- Provide services for the best interests of the clients</li> </ul>	Ordinal
Clients Satisfaction	The Relationship between Customer Satisfaction and Curative Services		Researcher will use Likert scale	Ordinal

Source: Author

### **3.7 Methods of Data Collection**

The questionnaire was designed in such a manner that helps to minimize open-ended questions so as to get well-structured responses. This approach helped in capturing information and subsequently analysis of the same. Self-administered questionnaires were designed.

### **3.8 Data Collection Tools**

#### **3.8.1 Questionnaire**

The questionnaire was designed in such a manner that it minimizes open-ended questions so as to get good responses. This approach helped in capturing information and subsequently analysis of the same. Self-administered questionnaires were designed and administered to the respondents. This method was selected because reliable and accurate data were obtained and it will limit bias on the side of the researcher. However, it has some disadvantages like low response rate, misunderstanding of some questions, no opportunity to ask further questions by the researcher, which are challenges to validity.

In order to enhance validity, constant follow-ups were done to respondents whose questionnaires are not returned; also piloting the questionnaire was done and the misunderstanding was corrected. The researcher distributed 80 questionnaires to staffs and NHIF clients. The researcher collected a total of 80 filled questionnaires. Questionnaires were distributed to staffs and NHIF clients because the study aimed to collect data in relation to perception of NHIF clients, clients' satisfaction and the relationship between accessibility of the services and satisfaction.

### **3.8.2 Interviews**

The interview method of collecting data involves presentation of oral-verbal stimuli and reply in terms of oral-verbal responses. This involves verbal interaction between the researcher and respondent. The researcher prepared an interview guide questions in connection with the research questions. The technique was used because, the sample was controlled more effectively, and more information in greater depth can be obtained. Moreover, the technique was associated with greater flexibility. Interview was conducted to management. The researcher interviewed 10 Health facility in-charges because the respondents in management level were aware on the relationship between accessibility of the services and satisfaction on curative quality services offered by accredited health facilities.

## **3.9 Reliability and Validity of Data**

### **3.9.1 Reliability of Data**

Reliability is the ability of research instruments to consistently yield the same results when repeated measurements are taken under the same conditions (Kothari, 2004). The researcher conducts a pilot study, a total of 5 respondents were involved, in collecting required information for the study. Reliability of the data collection instrument was established through test method. Questionnaires guides were pre-tested before the study in order to measure their reliability and predict validity of findings.

### **3.9.2 Validity of Data**

Validity is the degree of achievement of an instrument in measuring what it is set out to measure so that differences in person's scores may be taken like representing true

references in the characteristics under study. For proper levels of validity of data, the questionnaire included items adapted from measurement instruments that have been used widely in previous research. The respondents were carefully selected; and respondents provided with clear directions for completion of the questionnaire.

### **3.10 Data Analysis**

The collected data were coded; a coding sheet was assigned a number then assigned to each answer in the questionnaire with a corresponding number on the coding sheet. The processing of data was aided by the use of SPSS (Statistical Package for Social Sciences), this is computer applicable software, and the software is preferred because of its consistency and virtues of providing compatibility mode in problems analysis.

## **CHAPTER FOUR**

### **PRESENTATION OF FINDINGS**

#### **4.1 Introduction**

This chapter presents the research findings. The chapter presents the perception of NHIF clients' on the quality of the Accredited Health Facilities (AHF) and the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities. Also the chapter presents the influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities and the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities. The last section presents results from logistic regression model.

#### **4.2 The Perception of NHIF Clients' on the Quality of the AHF**

The study aimed to identify the perception of NHIF clients' on the quality of the accredited health facilities. Respondents were asked whether the accredited health facilities offer good service to NHF clients. The results show that, majority of the respondents (50.0%) strong agrees that, the accredited health facilities offer good service to NHF clients.

Findings in Table 4.1 show that 25.0% of the respondents agree that the accredited health facilities offer good service to NHF clients. Also, the study found that, small number of the respondents 10.0% and 8.8% disagree and strong disagree respectively. The findings imply that he accredited health facilities provide good service to NHF clients.

**Table 4.1: The Accredited Health Facilities Offer Good Service**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	40	50.0
Agree	20	25.0
Neutral	5	6.2
Disagree	8	10.0
Strong disagree	7	8.8
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

This is consistency to the study conducted by Amole *et al.*, (2015) the study asserts that most of the accredited health care facilities offer quality services. This involves; presence of competent doctors, good laboratories and hospital environment, cleanliness in rooms and wards, special attentions provided by physicians, nurses, supportive staff, and outstanding follow-up care.

Also, respondents were asked whether the accredited health facility has clean environment. The findings indicate that significant number of the respondents (48.8%) strong agree that, the accredited health facility has clean environment.

**Table 4.2: The Accredited Health Facility has Clean Environment**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	39	48.8
Agree	23	28.7
Neutral	11	13.7
Disagree	2	2.5
Strong disagree	5	6.3
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Findings in Table 4.2 indicate that 28.7% of the respondents agree that, the accredited health facility has clean environment. Moreover, the study found that out of 80 respondents, 11 (13.7%) were not knew. Furthermore, the study found that small number of the respondents (2.5%) and (6.3%) disagree and strong disagree respectively. The finding implies that the accredited health facility has clean environment. This is similar to the study conducted by Khamis and Njau (2014), the study affirm that the accredited health hospitals have clean environment. For hospital to be accredited by NHIF, it should have good environment to offer health services.

In addition, respondents were asked to state if there is adequate Heath Personnel (eg doctors and nurses) in accredited health facilities. The results show that, majority of the respondents (65.0%) strong agrees that there is adequate Heath Personnel (eg doctors and nurses) in accredited health facilities.

**Table 4.3: Adequate Heath Personnel in Accredited Health Facilities**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	52	65.0
Agree	14	17.5
Neutral	5	6.3
Disagree	8	10.0
Strong disagree	1	1.2
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

The results in Table 4.3 reveal that, significant number of the respondents (17.5%) agree that, there is adequate Heath Personnel (eg doctors and nurses) in accredited health facilities. Also, the study found that, small numbers of the respondents (6.3%)

does not know. Moreover, the findings indicate that insignificant number of the respondents (10.0%) disagree that, there is adequate Health Personnel (e.g. doctors and nurses) in accredited health facilities. Moreover, the study found that, only one respondent (1.2%) strong disagree.

Furthermore, the study examine whether the accredited health facilities have modern laboratory. The results indicate that, majority of the respondents (61.3%) agree that the accredited health facilities have modern laboratory.

**Table 4.4: Availability of Modern Laboratory**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	4	5.0
Agree	49	61.3
Neutral	3	3.8
Disagree	23	28.7
Strong disagree	1	1.2
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Findings in Table 4.4 shows, 5.0% of the respondents strong agree that the accredited health facilities have modern laboratory. Also, the study found that, small number of the respondents (3.8%) was not aware. The findings indicate, 28.7% of the respondents disagree that, the accredited health facilities have modern laboratory. This is consistent to the study conducted by Allahham (2013), the study affirms that most of the accredited health facilities have modern laboratory. For hospital to be accredited, it should possess the good laboratory, with modern facilities. This relates to findings obtained in interview, one manager reveals that:

*“We enter into a contract with the hospitals with modern laboratory. Most of the accredited health facilities have modern laboratory”*  
(Respondent 1).

Moreover the study examine whether there is adequate medicine in the accredited health facility. The study found that 48.5% of the respondents agree that there is adequate medicine in the accredited health facility.

**Table 4.5: Adequate Medicine in the Accredited Health Facility**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	22	27.9
Agree	39	48.5
Neutral	2	2.3
Disagree	16	19.5
Strong disagree	1	1.8
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

The results in Table 4.5 shows 27.9% of the respondents strong agree that, there is adequate medicine in the accredited health facility. Also, the study found that, small number of the respondents (2.3%) was not aware and insignificant number of the respondents (19.5%) disagree that there is adequate medicine in the accredited health facility. The results imply that accredited health facilities have adequate medicine. This is similar to the study conducted by Chee *et al.*, (2012) the study argues that hospitals accredited by NHIF have adequate medicine. For health facilities to be accredited should be satisfy the standards established by NHIF. This is similar to respondents obtained in interview. One manager stated that;

*“The accredited hospitals have adequate medicine. We cannot offer contract the hospital which lack medicine. Some of the clients complained about lack of medicine in government hospitals. This is due*

*to miss conduct of the health officials, who does not provide medicine to NHIF clients” (Respondents 2).*

Respondents were asked if they feel safe to get services in this accredited health facility. The study found that, majority of the respondents (67.1%) strong agrees that, they feel safe to get services in this accredited health facility.

**Table 4.6: Safe to Get Services in Accredited Health Facility**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	12	15.2
Agree	55	67.1
Neutral	6	7.8
Disagree	4	5.6
Strong disagree	3	3.4
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Table 4.6 indicates 15.2% of the respondents agree that, they feel safe to get services in this accredited health facility. Also, the results show that, small number of the respondents (7.8%) was neutral. Finally, the study found that, insignificant number of the respondents (5.6%) and (3.4%) disagree and strong disagree respectively. The findings imply that most of the clients they perceive accredited health facilities as safe place get health services.

The study was interested to examine if employees of the health facility use polite language to clients. The findings show that, important number of the respondents (40.3%) agrees that, employees of the health facility use polite language to clients.

**Table 4.7: Use of Polite Language to Clients**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	9	11.7
Agree	32	40.3
Neutral	16	21.4
Disagree	13	16.6
Strong disagree	10	10.0
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

The results in Table 4.7 indicate 11.7% of the respondents strong agree that, employees of the health facility use polite language to clients. Also, the study found that, significant number of the respondents (21.4%) were not neutral. Moreover, the results show that, important number of the respondents (16.6%) and (10.0%) disagree and strong disagree respectively.

The results imply that in most cases employees of the health facility use polite language to clients. This is similar the study conducted by Karinga (2010), the study reveals that most of the accredited health facilities provide good services to clients. Its employees' use polite language to clients, during interview one respondent stated that;

*“Yes, we are aware that some of the health officials use bad language to our clients, but we continue to provide training to the accredited hospitals in order to solve this problem. However, this problem for large extent has been solved” (Respondent 10).*

Finally, the study examine whether the accredited health facility offer 24 hour's services. The findings show that, majority of the respondents (65.0%) strong agrees that the accredited health facility offer 24 hour's services.

**Table 4.8: The Accredited Health Facility Offer 24 Hour's Services**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	52	65.0
Agree	26	32.5
Neutral	1	1.2
Disagree	1	1.2
Strong agree	-	-
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Table 4.8 shows that, 32.5% of the respondents agree that, the accredited health facility offer 24 hour's services. Also, the study found that, small number of the respondents (1.2%) was not aware. Moreover, the study found that insignificant number of the respondents (1.2%) disagree that, the accredited health facility offer 24 hour's services. This is similar to the study conducted by Mwamoto (2013), the study asserts that the health hospitals accredited by NHIF provides 24 hour's services. However, some of the health facilities such as pharmacy and laboratories do not provide health services for 24 hour's.

### **4.3 Responsiveness and Clients' Satisfaction of the Curative Services**

The study aimed to analyze the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities. Respondents were asked whether they are informed about the time the services will be performed. The findings indicate that, the large number of the respondents (32.9%) agrees that, they are informed about the time the services will be performed.

**Table 4.9: Clients are Informed about the Time the Services will be Performed**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	16	20.0
Agree	26	32.9
Neutral	24	30.5
Disagree	9	11.2
Strong agree	5	5.3
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

The study found that, important number of the respondents (30.5%) were not aware. Also, the study found that, small number of the respondents (11.2%) disagree that, they are informed about the time the services will be performed. The results imply that some of the clients are informed about the time the services will be performed. Therefore, some of the clients are satisfied by the curative services offered by accredited health facilities, because they are informed about the time the services will be performed. The result is consistent to the study conducted by Chee *et al.*, (2012) the study argues that when clients of the accredited health facilities are informed about the time taken to provide health services; this will increase clients' satisfaction and increase the quality of the services offered by accredited health facilities. During interview, one respondent stated that

*“Most of the accredited hospitals provide good services to our customers. Thus in most cases clients are informed about the time the services will be performed” Respondents 5.*

Moreover, the study examine whether the accredited health facility offer prompt service to NHIF clients. The study found that, majority of the respondents (61.3%) agrees that, the accredited health facility offer prompt service to NHIF clients.

**Table 4.10: Health Facility offer Prompt Service to NHIF Clients**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	27	33.7
Agree	49	61.3
Neutral	1	1.3
Disagree	3	3.7
Strong agree	-	-
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Results in Table 4.10 show that, the large number of the respondents (33.7%) strong agrees that, the accredited health facility offer prompt service to NHIF clients. Also, the study found that, small number of the respondents (3.7%) disagree that the accredited health facility offer prompt service to NHIF clients. Moreover, the results show that, only one respondent (1.3%) was not aware. The findings imply that NHIF clients received prompt health service from the accredited health facilities. This increases clients' satisfaction on services offered by accredited health facility. Carrin (2013) assert that the provision of prompt health service increase customer satisfaction. Normally, willingness to help patients and provide prompt services increase customer satisfaction in the accredited health facilities. During interview one respondent stated that;

*We are confident that most of our accredited hospitals offer prompt health service to our clients. If the facilities fail to provide offer prompt health service to our clients we terminate contract” (Respondent 4)*

Furthermore, the study was interested to examine whether employees of the accredited health facility are willing to help NHFI clients. The findings indicate that, majority of the respondents (61.4%) agree that employees of the accredited health facility are willing to help NHFI clients.

**Table 4.11: Willing to Help NHFI Clients**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	11	13.9
Agree	49	61.4
Neutral	10	12.2
Disagree	7	8.6
Strong disagree	3	3.9
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

The findings in Table 4.11 show important number of the respondents (13.9%) strong agree that, employees of the accredited health facility are willing to help NHFI clients. Moreover, the study found that, small number of the respondents (3.9%) strong disagree that employees of the accredited health facility are willing to help NHFI clients.

Furthermore, insignificant number of the respondents (8.6%) disagree that employees of the accredited health facility are willing to help NHFI clients. The results imply that most of the employees from the accredited health facility are willing to help NHFI clients. Brugiavini and Pace (2010), asserts that medical offers in the accredited health facility are willing to help clients. Thus, clients are satisfied by the services provided by the health facilities. Clients contribute very heavily to the definition of medical service quality with their values and expectations regarding the management of the interpersonal process.

Finally, the study investigates whether employees respond to clients requests. The study found that important number of the respondents (48.5%) agree that employees respond to clients requests.

**Table 4.12: Employees Respond to Clients Requests**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	22	27.9
Agree	39	48.5
Neutral	2	2.3
Disagree	16	19.5
Strong agree	1	1.8
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Findings in Table 4.12 indicate that, significant number of the respondents (27.9%) strong agrees that, employees respond to clients requests. Also, the findings show that, small numbers of the respondents (2.3%) were not aware. The study found that, insignificant number of the respondents (19.5%) disagree that, employees respond to clients requests. This implies that most of the employees in accredited health facilities respond to clients requests. Yogesh and Satyanarayana (2012) affirm that accredited health facilities offer quality services, because employees respond to clients requests. During interview one manager stated that

*“Accredited hospital provides excellence services to our customers. Therefore we observed health officers in accredited facilities are responding to clients’ requests”* (Respondent 7).

#### **4.4 Reliability and Clients’ Satisfaction of the Curative Services**

The study aimed to evaluate influence of reliability on clients’ satisfaction of the curative services offered by accredited health facilities. Respondents were asked whether they receive accurate diagnosis and treatment in accredited health facility. The study found that, 65.0% of the respondents agree that, they receive accurate diagnosis and treatment in accredited health facility.

**Table 4.13: Clients Receive Accurate Diagnosis and Treatment**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	52	65.0
Agree	22	27.5
Neutral	1	1.3
Disagree	3	3.7
Strong agree	2	2.5
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Results in Table 4.13 indicate, 27.5% of the respondents agree that, they receive accurate diagnosis and treatment in accredited health facility. The study found that, only one respondent (1.3%) was not aware. Also, the findings show that, small number of the respondents (3.7%) disagree that, they receive accurate diagnosis and treatment in accredited health facility. The findings imply that most of the accredited health facilities provide accurate diagnosis and treatment to NHIF members.

During interview, one manager reveals that:

*“The accredited hospitals have competent health officials, thus receive accurate diagnosis and treatment in accredited health facility. For hospital to be accredited must have competent health officials”*  
(Respondent 9)

Moreover, the study identified whether the accredited health facility offer promised health services. The study found that, majority of the respondents (52.5%) agrees that, the accredited health facility offer promised services to NHIF members.

**Table 4.14: Accredited Health Facility Offer Promised Health Services**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	18	22.5
Agree	42	52.5
Neutral	15	18.7
Disagree	2	2.5
Strong disagree	3	3.8
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

The findings in Table 4.14 indicate 22.5% of the respondents strong agree that, the accredited health facility offer promised services to NHIF members. Also, the study found that, important number of the respondents (18.7%) was not aware and Small number of the respondents (3.8%) strong disagree that, the accredited health facility offer promised services to NHIF members. This implies that NHIF members obtain promised services from the accredited health facilities.

During interview, one respondent stated that:

*“Yes, accredited health facility offer promised health services to our customers. We are normally trying to inter into contract with good hospital in order to provide good services to our customers”* (Respondent 3).

Furthermore, the study examine whether employees indicate sincere interest in handling problem. The study found that, the large number of the respondents (43.8%) agrees that, employees of the accredited health facilities indicate sincere interest in handling problem.

**Table 4.15: Employees Indicate Sincere Interest**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	24	30.0
Agree	35	43.8
Neutral	12	15.0
Disagree	5	6.2
Strong agree	4	5.0
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Results in Table 15 reveal that 30.0% of the respondents agree that, employees of the accredited health facilities indicate sincere interest in handling problem. Also, the study found that, insignificant number of the respondents (15.0%) were not aware. Moreover, the findings show that, small number of the respondents (6.2%) disagrees that employees of the accredited health facilities indicate sincere interest in handling problem.

#### **4.5 The Relationship between Accessibility of the Services and Satisfaction**

The last objective of the study was to investigate the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities. Respondents were asked if they use few hours to arrive to the accredited health facility. The results show that 32.5% of the respondents agree that, they use few hours to arrive to the accredited health facility.

**Table 4.16: Clients use Few Hours to arrive to the Accredited Health Facility**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	25	31.3
Agree	26	32.5
Neutral	3	3.7
Disagree	16	20.0
Strong agree	10	12.5
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Table 4.16 shows 31.3% of the respondents strong agree that, they use few hours to arrive to the accredited health facility. Also, the study found that, small number of the respondents (3.7%) were not aware. The findings show that, important number of the respondents (20.0%) disagree that, they use few hours to arrive to the accredited health facility. This implies that NHIF members' takes few hours to arrive to the accredited health facility. This increase client's satisfaction on curative services offered by accredited health facilities. This is similar to the study conducted by Williams and Calnan (2014), the study asserts that clients are satisfied by curative services offered by accredited health facilities, if the takes few hours to arrive to the accredited health facility. Yet, accessibility to healthcare services is a multidimensional and complex concept not only limited to distance measures, but also to subjective measures.

In addition, problems of accessibility create unmet healthcare needs, which may result not only from distance barriers, but could also be the result of an unavailability of healthcare services and individual acceptability of these services. Finally, the study examine whether clients face any barriers to arrive to the accredited health facility. The study found that, important number of the respondents (47.2%) agree that, they face barriers to arrive to the accredited health facility.

**Table 4.17: Clients Face any Barriers to Arrive to the Accredited Health Facility**

<b>Responses</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Strong agree	23	28.7
Agree	38	47.2
Neutral	2	3.1
Disagree	16	19.2
Strong agree	1	1.8
<b>Total</b>	<b>80</b>	<b>100.0</b>

Source: Field Data

Table 4.17 show significant number of the respondents (28.7%) strong agrees that, they face any barriers to arrive to the accredited health facility. Also, the study found that, small number of the respondents (1.8%) strong disagree that, they face any barriers to arrive to the accredited health facility. The study found insignificant number of the respondents (19.2%) disagree that, they face any barriers to arrive to the accredited health facility.

#### **4.6 Discussion of the Findings**

The first section discusses the perception of NHIF clients' on the quality of the accredited health facilities. Also, the section discusses the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities and the influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities. The last section discusses the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities.

##### **4.6.1 The Perception of NHIF Clients'**

The study aimed to identify the perception of NHIF clients' on the quality of the accredited health facilities. The results show that, majority of the respondents (50.0%) strong agrees that, the accredited health facilities offer good service to NHF clients. This implies that most of the NHIF clients' perceived accredited health facilities offer good service. Amole *et al.*, (2015) the study asserts that most of the accredited health care facilities offer quality services. This involves; presence of competent doctors, good laboratories and hospital environment, cleanliness in rooms and wards, special attentions provided by physicians, nurses, supportive staff, and outstanding follow-up

care. NHIF clients are satisfied with the services and are fully utilizing them and have attracted even those who are not compulsorily liable to join the scheme, such as self-employed people and part-time workers who have joined the scheme as voluntary members.

Also, NHIF clients perceived accredited health facilities have clean environment. The findings indicate that significant number of the respondents (48.8%) strong agree that, the accredited health facility has clean environment. The findings imply that most of the accredited health facilities have clean environment. NHIF clients' perceived the accredited health facilities offer quality services because it has clean environment. Khamis and Njau (2014), the study affirms that the accredited health hospitals have clean environment. For hospital to be accredited by NHIF, it should have good environment to offer health services. Accredited health facilities are required to provide quality services to NHIF beneficiaries because the success of NHIF depends much on how health care providers receive and treats NHIF beneficiaries. Therefore, an adherence to NHIF standards is very important to ensure that the facility gets high reimbursement rate which will lead to improvement of services to NHIF beneficiaries. In order for the accredited health provider to be reimbursed for the services they provided to NHIF beneficiaries, they must adhere to NHIF guidelines and standards, failure to which may result into adjustments or rejection of the amount claimed.

Moreover, respondents perceived accredited health facilities offer quality services because there are adequate health personnel. The results show that, majority of the respondents (65.0%) strong agrees that there is adequate Health Personnel (eg doctors and nurses) in accredited health facilities. The findings imply that there is adequate

number of doctors, nurses, pharmacists and laboratory technicians in the accredited health facilities.

#### **4.6.2 The Influence of Responsiveness on Clients' Satisfaction**

The study intended to analyze the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities. The findings indicate that, the large number of the respondents (32.9%) agrees that, they are informed about the time the services will be performed. This implies that most of the clients are satisfied by curative services offered by accredited health facilities because they are informed about the time the services will be performed. Chee *et al.*, (2012) revealed that willingness or readiness of employees to provide the required customer service without any inconvenience at any time will strongly influence the level of customer satisfaction. Customers get satisfied when accredited health facility provide individual attention and the employees are paying attention to problems experienced by customers regarding safety in transaction. The result is consistent to the study conducted by Chee *et al.*, (2012) the study argues that when clients of the accredited health facilities are informed about the time taken to provide health services; this will increase clients' satisfaction and increase the quality of the services offered by accredited health facilities.

Responsiveness indicates whether the accredited health facilities are willing to help its customers readily. Chee *et al.*, (2012) stated that service quality is assessed by the following conditions: If the perceived service is greater than the expected service, it results in quality surprise or exceptional quality. If the customers' expectations match with the actual service performance, then it results in service quality or satisfactory

quality. If the customers' expectations are unmet or unfulfilled or falls short, then it results in “unacceptable quality”.

#### **4.6.3 The Influence of Reliability on Clients' Satisfaction**

The study aimed to evaluate influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities. The study found that, 65.0% of the respondents agree that, they receive accurate diagnosis and treatment in accredited health facility. Also study found that, majority of the respondents (52.5%) agrees that, the accredited health facility offer promised services to NHIF members.

Moreover, the study found that, the large number of the respondents (43.8%) agrees that, employees of the accredited health facilities indicate sincere interest in handling problem. These findings imply that NHIF clients' are satisfied by the curative services offered by accredited health facilities, because the services are quality due to its reliability. Yogesh and Satyanarayana (2012) revealed that accredited health facilities offer quality services, due to its reliability. Reliability is defined as the ability to perform the required service to customers dependably and accurately as promised to deliver.

Dealing whatever the problems in services encountered by customers, performing the required services right from the first time, services being rendered at the promised time and maintaining error-free record are the paradigm of reliability in terms of service quality which will strongly influence the level of customer satisfaction. In health services provided to the clients, accuracy in completing orders, maintaining precise record and quote, accuracy in billing, maintaining promised services are the

basic views of reliability which is considered as the most important factor in convincing customers to retain in the accredited health facility. Reliability indicates whether the service is provided accurately as promised to its customers.

#### **4.6.4 The Relationship between Accessibility of the Services and Satisfaction**

The study intended to investigate the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities. The results show that 32.5% of the respondents agree that, they use few hours to arrive to the accredited health facility. This is similar to the study conducted by Williams and Calnan (2014), the study asserts that clients are satisfied by curative services offered by accredited health facilities, if it takes few hours to arrive to the accredited health facility. NHIF facilitates access of health care services to its beneficiaries through a network of accredited health facilities countrywide. NHIF does not provide health care services to the beneficiaries directly in the sense of ownership of health facilities; relatively, it facilitates access of health services through a network of accredited health facilities (NHIF, 2013). Currently there are 5,840 accredited health facilities throughout the country; accredited Health Facilities are classified as Government, Faith Based Organizations, NGO and Private Health facilities (NHIF, 2013). Accredited health facilities are required to provide quality services to NHIF beneficiaries because the success of NHIF depends much on how health care providers receive and treats NHIF beneficiaries (NHIF, 2013).

Therefore, an adherence to NHIF standards is very important to ensure that the facility gets high reimbursement rate, which will lead to improvement of services to NHIF beneficiaries. In order for the accredited health provider to be reimbursed for the

services they provided to NHIF beneficiaries, they must adhere to NHIF guidelines and standards, failure to which may result into adjustments or rejection of the amount claimed.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter presents summary, conclusion and recommendations of the study. This chapter presents the summary of the study, conclusion drawn from the findings highlighted and recommendation made there-to. The conclusions and recommendations drawn were focused on addressing the purpose of this study. The chapter presents implication of the findings and limitations of the study. The last section of the chapter discusses areas for further studies.

#### **5.2 Summary of the Main Study**

The focus of the study was to examine the relationship between customer satisfaction and curative quality services in accredited health facilities supported by the national health insurance fund in Dar es Salaam. Specifically, the study intended: to identify the perception of NHIF clients' on the quality of the accredited health facilities; to analyze the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities; to evaluate influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities and to investigate the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities.

The study found that, 65.0% of the respondents agree that, they receive accurate diagnosis and treatment in accredited health facility. that most of the accredited health care facilities offer quality services. This involves; presence of competent doctors,

good laboratories and hospital environment, cleanliness in rooms and wards, special attentions provided by physicians, nurses, supportive staff, and outstanding follow-up care. NHIF clients are satisfied with the services and are fully utilizing them and have attracted even those who are not compulsorily liable to join the scheme, such as self-employed people and part-time workers who have joined the scheme as voluntary members.

The study found that, majority of the respondents (52.5%) agrees that, the accredited health facility offer promised services to NHIF members. Moreover, the study found that, the large number of the respondents (43.8%) agrees that, employees of the accredited health facilities indicate sincere interest in handling problem. These findings imply that NHIF clients' are satisfied by the curative services offered by accredited health facilities, because the services are quality due to its reliability.

The study found that clients are satisfied by curative services offered by accredited health facilities, if it takes few hours to arrive to the accredited health facility. NHIF facilitates access of health care services to its beneficiaries through a network of accredited health facilities countrywide.

### **5.3 Implication of the Findings**

The findings show that clients have good perception concerning the quality of the accredited health facilities. The findings have implication to NHIF because it inform how NHIF clients' perceive the quality of the accredited health facilities. These can facilities NHIF to come with comprehensive strategies to insure accredited health facilities offer quality services to NHIF clients'.

Also the findings reveal the existing relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities. This may facilitates the government to ensure health services are easily accessible in order to increase the quality of health services.

Moreover, the findings indicate the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities, the influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities. Therefore, this may facilitate the accredited health facilities to increase service responsiveness and reliability in order to increase clients' satisfaction of the curative services.

#### **5.4 Conclusion**

The study concludes that the accredited health facilities offer good service to NHF clients. Most of the accredited health care facilities offer quality services. This involves; presence of competent doctors, good laboratories and hospital environment, cleanliness in rooms and wards, special attentions provided by physicians, nurses, supportive staff, and outstanding follow-up care.

Also, the study concludes that accredited health facilities offer quality services, due to its reliability. In health services provided to the clients, accuracy in completing orders, maintaining precise record and quote, accuracy in billing, maintaining promised services are the basic views of reliability which is considered as the most important factor in convincing customers to retain in the accredited health facility. The study concludes that accessibility of curative services offered by accredited health facilities

increase clients satisfaction. NHIF facilitates access of health care services to its beneficiaries through a network of accredited health facilities countrywide. Currently there are 5,840 accredited health facilities throughout the country; accredited Health Facilities are classified as Government, Faith Based Organizations, Non-Governmental Organization and Private Health facilities.

## **5.5 Recommendations**

The study provides the following recommendations:

- (i) The accredited health facilities should improve quality of the health services they are offering, especially in the areas that were identified as weakest, which include physical facilities, equipment and presentation of personnel.
- (ii) It is important to establish a system of regularly getting clients' feedback on different aspects of the services provided, in order to improve on them and serve clients better.
- (iii) NHIF should conduct inspections and evaluation of accredited health facilities so to remind the health care providers on the health services required to be provided to the clients.
- (iv) Training health facilities staff on the scheme through seminars, workshops and provide the government health facilities with training manual on how insurance is operated and introduce special section to government hospital who will deal with medical schemes only. This will improve the awareness of medical insurance.

## **5.6 Limitations of the Study**

The study encountered different limitations as discussed below:

The major difficulty was time which delayed the ending of the study and restricts the study in different stages, more specifically during proposal write up, collection of the data and final report write up. The study overcomes time limitation by conducting the study in Dar es Salaam, and use small sample size. Also, the research fund was the other factor that limited the study as communications and movement from one place to another was needed throughout the collection of the data. Due to lack of fund the study used small sample size (90) in order to reduce the scope of the study.

Another difficulty was willingness of respondents to answer the provided questionnaires for some took a rather long period to respond and give feedback on the questionnaires, while some respondents misplaced the questionnaires and others responded biased as the questions may interfered with their personal interests and may be was not directed to the people's area of specialization, which caused the faculty of answers. A researcher explained the significance of the study to the respondents and the country overall, this boost the participation of respondents to the study.

## **5.7 Areas for Further Studies**

Future studies should involve the large sample in order to increase validity and reliability of data collection. Also, in addition, studies could be carried out stratified from the beginning, in order to find out whether the association between this variable and client satisfaction remains statistically significant. Future studies should try to examine measures that can be used to overcome fraud from health care providers and clients.

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## APPENDICES

### Appendix I: Questionnaire

My name is **Lupyana Kahemela**. I am doing a research on “**An Examination of the Relationship between Customer Satisfaction and Curative Quality Services in Accredited Health Facilities Supported by the National Health Insurance Fund in Dar Es Salaam**”. Your participation in answering the questions will make my research be effective and complete. Your name is not needed in this research. Therefore by so doing I request your attention to read and answer these question effectively.

Please put (√) mark in the correct answer and fill the blanks

#### Section A: Respondents' Profile

1. Your age

- a) 18 – 25            [     ]
- b) 26 – 35           [     ]
- c) 36 – 45           [     ]
- d) 46 – 55           [     ]
- e) Above 56        [     ]

2. Your gender

- a) Male              [     ]
- b) Female            [     ]

## 3. Your level of education

- a) Primary/Secondary Education [     ]
- b) Certificate [     ]
- c) Diploma [     ]
- d) First degree [     ]
- e) Masters [     ]
- f) Phd [     ]

## 4. Occupation..... (Please specify)

**Section B: The Perception of NHIF Clients'**

## 5. The accredited health facilities offer good service to NHF clients?

- a) Strong Agree [     ]
- b) Agree [     ]
- c) Neutral [     ]
- d) Strong Disagree [     ]
- e) Disagree [     ]

## 6. The accredited health facility has clean environment?

- a) Strong Agree [     ]
- b) Agree [     ]
- c) Neutral [     ]
- d) Strong Disagree [     ]
- e) Disagree [     ]

7. There is adequate Health Personnel (eg doctors and nurses) in accredited health facilities?

a) Strong Agree [    ]

b) Agree [    ]

c) Neutral [    ]

d) Strong Disagree [    ]

e) Disagree [    ]

8. The accredited health facility has modern laboratory?

a) Strong Agree [    ]

b) Agree [    ]

c) Neutral [    ]

d) Strong Disagree [    ]

e) Disagree [    ]

9. There is adequate medicine in the accredited health facility?

a) Strong Agree [    ]

b) Agree [    ]

c) Neutral [    ]

d) Strong Disagree [    ]

e) Disagree [    ]

10. Do you feel safe to get services in this accredited health facility?

a) Strong Agree [    ]

b) Agree [    ]

c) Neutral [    ]

d) Strong Disagree [    ]

e) Disagree [    ]

11. Employees of the health facility use polite to clients?

a) Strong Agree [    ]

b) Agree [    ]

c) Neutral [    ]

d) Strong Disagree [    ]

e) Disagree [    ]

12. The accredited health facility offer 24 hour's services?

a) Strong Agree [    ]

b) Agree [    ]

c) Neutral [    ]

d) Strong Disagree [    ]

e) Disagree [    ]

### **Section C: The Influence of Responsiveness**

13. Are you informed about the time the services will be performed?

a) Strong Agree [    ]

b) Agree [    ]

c) Neutral [    ]

d) Strong Disagree [    ]

e) Disagree [    ]

14. The accredited health facility offer prompt service to NHIF clients

a) Strong Agree [    ]

- b) Agree [     ]
- c) Neutral [     ]
- d) Strong Disagree [     ]
- e) Disagree [     ]

15. Employees of the accredited health facility are willing to help NHFI clients?

- a) Strong Agree [     ]
- b) Agree [     ]
- c) Neutral [     ]
- d) Strong Disagree [     ]
- e) Disagree [     ]

16. Employees respond to clients requests?

- a) Strong Agree [     ]
- b) Agree [     ]
- c) Neutral [     ]
- d) Strong Disagree [     ]
- e) Disagree [     ]

#### **Section D: The Influence of Reliability**

17. Do you receive accurate diagnosis and treatment in accredited health facility?

- a) Strong Agree [     ]
- b) Agree [     ]
- c) Neutral [     ]
- d) Strong Disagree [     ]
- e) Disagree [     ]

18. The accredited health facility offer promised health services?

- a) Strong Agree [    ]
- b) Agree [    ]
- c) Neutral [    ]
- d) Strong Disagree [    ]
- e) Disagree [    ]

19. The accredited health facility provides health services at the promised time?

- a) Strong Agree [    ]
- b) Agree [    ]
- c) Neutral [    ]
- d) Strong Disagree [    ]
- e) Disagree [    ]

20. Employees indicate sincere interest in handling problem?

- a) Strong Agree [    ]
- b) Agree [    ]
- c) Neutral [    ]
- d) Strong Disagree [    ]
- e) Disagree [    ]

### **Section E: The Relationship between Accessibility and Satisfaction**

21. Do you use few hours to arrive to the accredited health facility?

- a) Strong Agree [    ]

- b) Agree [    ]
- c) Neutral [    ]
- d) Strong Disagree [    ]
- e) Disagree [    ]

22. Your house is located close to the accredited health facility?

- a) Strong Agree [    ]
- b) Agree [    ]
- c) Neutral [    ]
- d) Strong Disagree [    ]
- e) Disagree [    ]

23. Do you face any barriers to arrive to the accredited health facility?

- a) Strong Agree [    ]
- b) Agree [    ]
- c) Neutral [    ]
- d) Strong Disagree [    ]
- e) Disagree [    ]

**Appendix II: Interview Guide**

1. What is the perception of NHIF clients' on the quality of the accredited health facilities?
2. What is the influence of responsiveness on clients' satisfaction of the curative services offered by accredited health facilities?
3. What is the influence of reliability on clients' satisfaction of the curative services offered by accredited health facilities?
4. What is the relationship between accessibility of the services and satisfaction on curative services offered by accredited health facilities?