

**PERCEIVED CUSTOMER SERVICE QUALITY PRACTICES AND
SATISFACTION IN NHIF ACCREDITED HEALTH FACILITIES IN KIAMBU
COUNTY**

ERIC MUNENE MICHUBU

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DECLARATION

This research project is my own original work and has not been presented for award of any degree in any other institution/university.

Signed.....

Date.....

Reg No: D61/87182/2016

Eric Munene Michubu

This research project has been submitted for examination with my approval as the University supervisor.

Signed.....

Date.....

Dr. Winnie Njeru

Lecturer, School Of Business,

Department of Management Science,

University of Nairobi.

DEDICATION

I dedicate this project to the Almighty God for giving me good health and to my wife, Maggie, my daughter, Alexia and my son Karani, my father and my late mum. Thank you for your support, inspiration and patience. I couldn't have made it this far without you.

ACKNOWLEDGMENT

I thank God for giving me the wisdom, courage, good health and for guiding me throughout my life for without Him I would not have come this far. My sincere appreciation goes to my supervisor, Dr. Winnie Njeru for her extra ordinary support, guidance and encouragement throughout the research period. It was an enjoyable period during the research work to be with her as a supervisor.

I am also grateful to all the respondents who took their time to fill in the questionnaires used for this study. I register special thanks to all my lecturers, my fellow colleagues at work, friends and all who have contributed in one way or another for the success of this research project.

ABBREVIATIONS AND ACRONYMS

CS : Customer Satisfaction

NHIF : National Hospital Insurance Fund

PSQ : Perceived Service Quality

SQ : Service Quality

WHO : World Health Organisation

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ABSTRACT

The objective of the think about was to survey the apparent client benefit quality and fulfilment in NHIF authorize wellbeing facilities in Kiambu County. The investigation utilized cross sectional research structure. The number of inhabitants in this investigation comprised clients who visited NHIF certify wellbeing hospitals in Kiambu County. The inspecting technique that was utilized in this examination was the likelihood testing. Surveys were utilized in this examination to gather essential information. The questionnaires were administered randomly at the exits of the selected health facilities. Data collected was analysed using descriptive statistics. Research findings revealed that there was clear indication that upbeat customers will educate other potential customers concerning the administrations they get from the wellbeing office henceforth help select more individuals. These results were consistent with the literature in the study which supported that the customer satisfaction is one of the major determinants of success or failure of any business as customers tend to be sensitive to the type and quality of service that they get from the service providers. The findings indicate a direct and positive direct of $p=.000^b$ between the quality of service and the customer satisfaction. The regression model in the analysis showed that there is a statistically significant relationship between reliability, responsiveness, assurance, tangibility and customer satisfaction hence the study model is significant, therefore taking reliability, responsiveness, assurance and tangibility dimensions at zero; customer satisfaction will be positive. The study recommends that health facilities incorporate the views of the clients into the quality of service in accordance to the wants of customers and this would go a long way in satisfying them. It further recommends that NHIF accredited health facilities have to offer quality service to their customers. This would increase the number of customers seeking services from NHIF accredited health facilities and the facility will realise improved performance. The study suggested that similar study should be undertaken focusing on all the hospitals in Kenya. The respondents should be broadened not only to the customers but also the top management in the accredited health institutions and all the people who work in the hospitals.

CHAPTER ONE: INTRODUCTION

1.1. Background of the Study

Quality customer service and satisfaction are very important for overall creation and maintenance of competitive advantage in service industry throughout the world today. Globally, the main challenge of various organisations has been a lack of a clear understanding of what the point and time a client requires a specific thing. This has been attributed to the rapid changes in customer's taste and preferences, empowerment of the consumer, changes that can be attributed to globalization and technological innovation. Initially firms used to be more focussed on profit and wealth creation while paying little attention to quality. The realization that there are many economic advantages attributed to offering quality services and hence satisfaction has made industry practitioners and academics pay much more attention to customer satisfaction studies (Ndubisi, 2007). The benefits incurred from this approach include improved company performance, profitability, business referrals and increased publicity, customer share and competitive positioning (Hennig, et al., 2002).

Quality of services was also being determined using the well-defined measure applied to goods as well. It was only in late 1970s that marketing practitioners and academicians saw the need to differentiate a marketing model unique to services (Johnson et al., 1988). The quality of service q has been vastly studied in the last 20 years (Wang & Zhang, 2015). In the present showcasing condition conveying superb administration is the key for a manageable upper hand, (Gronroos 2000). Consumer loyalty positively affects association benefit in that fulfilled clients shape the establishment of any effective business since it prompts rehash buys, mark reliability and maintenance, (Kotler 2006). The customers who are satisfied share their experiences with the other individuals hence affecting their decision either negatively or positively. Yang & Fang, (2014) says that the dissatisfied customers are much likely to tell ten other individuals concerning their experiences on the product.

The study was guided by SERVQUAL model (Zeithaml, & Berry, 1985) and Nordic model (Gronroos, 1982). The model of SERVQUAL aims in understanding elements that are contained in service quality model which are also common for various services and can be applied within different industries, and the comparison paradigm of performance and service. Nordic model encompasses two aspects: quality technicality that is service or good delivered in material terms and quality functionality; that is how it is delivered with the how being more important than the what. Gronroos argues that even though it is very difficult to separate the process of production and consumption of service the material content involved in the buyer and the seller interaction is equally important in evaluating perceived quality

National Hospital Insurance Fund (NHIF) is one of the government agencies currently being used as a vehicle towards achievement of the universal and quality health care in conjunction with accredited health care facilities. The main mandate that has been given to NHIF by the ministry of health is to offer financial support to the patients in the accredited facilities who are the members of the fund upon hospitalisation, this has played a vital role to the health care providers especially Kenya, being among the developing countries. Today, NHIF has over 5000 accredited healthcare facilities to offer both primary and specialised health services to its members, (NHIF, 2017). The facilities are classified as government, faith based and private healthcare providers. Accredited health facilities are required to provide quality services to NHIF beneficiaries because the success of NHIF depends much on how these health care providers receive and treat NHIF beneficiaries.

1.1.1. Concept of Perception

The coherent picture of the world in the mind of a person is converted into being real, and organised by the selection of the senses, and that process referred to as perception (Kanauak & Shiffman, 2003). Towards providing an understanding of the risk and uncertainty that couples any purchase decision, Meyers (2013) adopted a psychological dimension in an examination of customer purchase decision with a focus on customer uncertainty in relation to their choices.

The study found that in purchase decisions, customers associate risks and uncertainty and by understanding them, firms can alleviate customers of these risks and uncertainty using advertisements aimed at reinforcing customer convictions and beliefs thus helping them in their decision making.

Norbert & Maehle (2011) asserted that understanding the factors that underpin purchase intentions and the willingness to purchase at premium pricing is focal for marketing managers. Building customer trust requires special attention as underpinning factor in influencing the attitudes of customers to brands. In an evaluation of the stages of customer decision making, Kotler and Keller (2013) applied the expectancy-value model that contends that the positive perceptions about a product can help overcome its negative perceptions, but customers often take “shortcuts” in their minds during purchase decisions.

1.1.2. Service Quality Practices

The firm’s quality is the level of refinement between the customer’s want for the firm’s execution going just before the company encounter and the perspective that the organisation has. In case wants are more essential than execution, the clear quality isn't actually acceptable (Lewis and Mitchell, 2010). Administration quality is a basic system for the achievement and survival in the present focused condition. It is a client arranged wonder which is characterized, judged and derived by client-based variables like early introduction, experience and ability (Srinidhar, 2011).

Gronroos (2014) suggests that benefit quality experienced by a client has two measurements: specialized quality and useful quality. Specialized quality otherwise called administration item, depicts what the client got amid administration conveyance while useful quality additionally called item benefit, portrays how the administration is conveyed. Gronroos suggests that the association's picture fills in as a channel and henceforth it can contrarily or decidedly alter the client's view of administration quality.

The best way of acquiring great quality of administration is through meeting or even surpassing what other the customers anticipate from the administration as well as the

judgement of either low or high administration quality rely upon how the other purchasers look at the actual execution in relation to what they expect (Gronroos, 2014). This relies upon administration frameworks quality; which is a setup of innovation and authoritative systems intended to oversee and convey benefit quality. Administration framework quality has three segments: specialized norms of administration quality; representative segment and Information Technology part. The specialized standard of administration quality concerns the administration particulars or the procedure measurements. It is a greater amount of what the shoppers get than how they get it. Perceived service quality is attitudinal in nature. It is related but not the same as customer satisfaction. An evaluation of perceived service quality against expectations, results in, customer satisfaction (Swanson & Paris, 2013).

1.1.3. Customer Satisfaction

Philip and Hazlett (1997) propose that customer satisfaction is described as customers' perception about a service and is attributed to their quality of service assessment that is received. Dissatisfaction is deemed as the consequence of a product or service failing to meet the expectations of a client whereas, satisfaction is what a customer feel when a product or service meets his or her expectations. Customers are delighted when the product or service performance surpasses their expectations. Like Service Quality, there are many definitions of customer satisfaction by different authors.

Consequently, different theories have been developed to establish the aspects of a service that customers perceive as important and have arrived at particular factors that measure CS in different service industries. Parasuraman et al. (1990) argues that assessing CS is centred on five distinctive facets of the SERVQUAL model namely; , tangibles, reliability, responsiveness, assurance. Lamb et al. (2012) argues that customer satisfaction assessment ensures that its reflections are based on a particular firm or organisation for a brand that has been on sale by the firm and the commodities brand. On the evaluation of customers, there is no consensus asserts (Fornell, 1992). The process of measuring the satisfaction of a customer must go on and must be continuous and this helps in translating what exactly a customer requires (Lamb et al., 2012).

According to Hansemark & Albinson (2004), fulfilment is the state of mind of a client towards a certain organisation or response the response to the received contrast between what the customer foreshadows and the reality in respect to satisfaction of their wants. Olive (1997) characterizes the loyalty of the customers as the response of the customers. It is the judgement that a firm or company give itself as the element of fulfilment. This includes dimensions of under-satisfaction or over-satisfaction. While Kotler (1994) portrays consumer loyalty as the dimension of one's sentiments in the wake of contrasting the execution or results that he or she felt contrasted and desires. Some studies have identified two aspects of satisfaction as transaction specific satisfaction and cumulative satisfaction (Andreassen, 2000).

1.1.4. NHIF Accredited Hospitals

The National Hospital Insurance Fund is a government agency that is mandated with providing affordable and accessible health insurance cover to the citizens of Kenya. NHIF encourages access of wellbeing administrations through a system of authorize wellbeing offices. Currently, there are more than 5,000 accredited health facilities throughout the country (NHIF, 2017). The facilities are classified as government, faith based and private health facilities. NHIF tries to advance comprehensiveness and cooperation of all segments of society in the administration of the reserve and enables commitments to the store from the two people who are in salaried work and those whose pay is gotten from the casual division (Hakijamii Trust, 2007).

According to the NHIF Act of 1998, it is mandatory for everyone who is employed in Kenya, is over 18 years of age and earns more than a thousand shillings per month to be a member of NHIF. Accreditation of a wellbeing health provider considers the administrations, work force, foundation and gear among different issues that the organizations have (Smits, et al., 2014). 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. All NHIF accredited health care providers sign a formal contract which forms the basis for official reference to provide service to its members.

1.2. Research Problem

Providing quality customer service is a major concern for all businesses especially those in the service industry since service quality cannot be measured. According to Gronroos (2000), customers have different perspectives of judging service quality and thus hospitals should focus their energies mainly on areas defined by customers as specific needs and wants. In a market that is more competitive today, where there is competition of firms and businesses for customers, quality service and customer satisfaction has been a major problem in healthcare marketing strategies (Soteriou & zenios, 1997). According to WHO (2006), throughout time, there has been more experience and education on health worldwide. In spite of these, the policy makers have been undergoing different challenges in both the developed and the developing countries. These challenges include how to strategize on the health sector issues and changing the strategies that already exist and need changing for the betterment of a health facility.

NHIF is a state corporation established through an Act of Parliament No 9 of 1998. Its core mandate is to finance health insurance for registered members and their declared dependents. Capitation as a mode of reimbursement to hospitals in Kenya was introduced in 2012 with the introduction of the Civil Servants & Disciplined Services Scheme. Consequently, in 2015 with the increment of monthly rates, NHIF implemented the capitation payment in the National Scheme. NHIF as a social health insurer is the first and only insurer in Kenya to use capitation as a method of reimbursement to hospitals. There is a huge knowledge gap on the understanding of capitation which cuts across the public, health practitioners and even policy makers. Because of this lack of understanding, many of them shun capitation and have a negative attitude towards it. Most medical practitioners believe that the funds allocated per member are not enough to cover the cost of treatment. The members as well are not properly versed with the benefits of capitation which enhances health care access and services to everyone, even the poor (Kimani, et al., 2012).

Julander (2016) studied on the quality of service and the satisfaction of a client in a framework of store performance of retailers in Swedish grocery stores. The study estimated benefit quality, consumer loyalty and client behavior and the measures compared with each store's profitability and productivity. Reza and Barua (2016) studied the quality of service

effects on customer satisfaction superstores in Bangladesh using the model of Service Quality and found that reliability is the most significant factor with a significant impact on customer satisfaction followed by policy, personal interaction, problem solving. Physical aspect, assurance, and product have no effects on customer satisfaction. Reichheld (2016) says that when a client is disappointed with the provided service, he or she may select to go away and never to return and probably spread their bad experience to forthcoming clients and therefore demoralizing them from managing the equivalent hospital.

Locally studies have been carried out on service quality. These among others include; Njoroge (2010) indicated that service quality has uncertain or even negative effects on customer satisfaction. Mwaniki (2011) who researched on customer satisfaction in Kenyatta National Hospital highlighted that achievement of high quality of service depends on support of the top management team. Miriti (2011) supports that there exists no relationship between the support of the top management to produce quality and customers' perceived value achieved. Ndungu (2012), who researched on effects of administration quality on consumer loyalty in the media transmission industry, reasoned that dependability, skill, responsiveness and access of specialist co-op in administration conveyance add to consumer loyalty.

Conflicting research findings have been reported surrounding the impact of the service quality that is perceived and the satisfaction of customers. The above studies point out that customers' expectation on all the perceived service quality angles were met in all the service organizations. It is worth noting that none of the study was done in relation to NHIF accredited health facilities in Kenya. Therefore, this generates a research gap that this study wants to address. What relation exists if any between perceived customers service quality and customer satisfaction in NHIF accredited health facilities in Kiambu County?

1.3. Research Objective

The goal of this research is to examine the perceived quality of customer service and satisfaction in NHIF accredited health facilities in Kiambu County.

1.4. Value of the Study

The research helped in understanding factors that lead to customer satisfaction theories thus, helping service providers to plan their resources and optimise service processes. Although there are other theories relating to perceived customer quality and satisfaction, the SERVQUAL and Nordic models have been proven to be the best determinant of customer satisfaction in the Health facilities (Wilson, et al., 2008).

The study forms the basis for further research in the health sector in sub-Saharan Africa and particularly in Kenya. This helps in future reference for other studies to be done on perceived customer quality and satisfaction in the health sector and other service industries. The study adds to literature in the area of marketing, specifically, customer satisfaction and quality service practices in all the health facilities countrywide.

The study benefits policy makers to improve on overall service delivery, especially in areas where the degree of influence of service quality appears to be low in enhancing customer satisfaction. By virtue of improved services, health facilities can benchmark their policies and strategies for quality improvement programmes leading to overall improvement in performance of the health sector. The knowledge of perceived customer service quality and satisfaction in relation with accredited health facilities will further be useful to the government. The government is the chief policy maker and therefore there will be a guide in this study showing how to provide quality service and easily accessible healthcare. Customer service quality and satisfaction underpins national social insurance objectives as it emphasizes on cost control and additionally health and counteractive action.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

This chapter examined related empirical works on SQ and CS, dimensions and the model for measuring these constructs and their relationship. Key theories and arguments in the literature have been identified from a varied range of SQ, satisfaction of customers and retail literature.

2.2. Theoretical Foundation

The study was guided by two service quality models, namely SERVQUAL (Zeithaml, & Berry 1985) and Nordic models (Gronroos, 1982). SERVQUAL model has been used in this study since it is crucial to establish the association generated. The model establishes the practical attribute of quality service which is our main focus in this study.

Nordic model explains the service that a customer will receive or had received initially, and the image that is generated after a service is received by the customer. The model of Nordic is based on disconfirmation by the comparison of perceive performance by a service provider and the expected customer service.

2.2.1. SERVQUAL Model

The gap model based on Zeithaml, and Berry's (1985) state that the consumer expectation on service performance and the actual assessment of a firm performance help driving the SQ perception. Though it has been mostly applied to the health care industry (O'Connor & McIlwain, 1987) it has been modified to fit in other industries as well. Some authors however suggest that there is no enough support of SERVQUAL model by any model of empirical and it lacks evidence of its work of customer perception (Carman, 1990). This is because service providers require knowledge on measuring the quality of service, the particulars of a service that is able to better define its quality, and whether firms contain perceived service quality that are of a higher level and have become more preferred by the customers.

When the service that is expected becomes bigger than the service perceived and perceived level of quality will be less than satisfactory and customers will rate this as totally unacceptable quality and vice-versa for an ideal quality. By implication this means that the more service provided the better. George and Jones, (1991) argue that in as much as all patients' desire quality medical care in terms of health care professional's competence, some would want their doctors to explain the diagnosis, the cause of the problem, and the treatment while on the other hand others might be more interested in being informed of what they need to do but not the details. In such a context quality service entails doctors furnishing information desired by patients. Herson, et al., (1999) argues that SERVQUAL should go beyond gaps and examine excellence as a dimension of quality.

2.2.2. Nordic Model

The Nordic model was identified by (Gronroos, 1982) it encompasses two aspects: quality technicality that is service or good delivered in material terms and quality functionality; that is how it is delivered with the how being more important than the what. Gronroos argues that even though it is very difficult to separate the process of production and consumption of service the material content involved in the buyer and the seller interaction is equally important in evaluating perceived quality. Gronroos argument in bringing on board the functional aspect of the service is that experiences produced in the process of delivering the service partly affect the customer's perception of the total quality.

While it is easy to objectively measure the technical aspects that matter less in influencing perception of quality service it is difficult to evaluate the how. Not all services though value the functional aspects more than the technical one. At times the technical aspect becomes more important than the functional one, like if a car technical attendant is approachable, friendly and courteous but does a shoddy job in cleaning your car then that cannot be rated as quality service, in as much as the functional aspect was exceptional. In such circumstances the technical aspects have more weight over the functional (Cronin & Taylor, 1992).

2.3. Determinants of Service Quality Practices

Hennig-Thurau, (2004) asserts that service quality practices in different ways, that is; how well a service has been delivered to the expectations of a customer of a client. Firms often assess their work in the way their services have been given or provided to clients, this will help them look for alternative ways to better deliver the services they offer to their clients' satisfaction. Jain et al., (2012) how reliable and the response offered by any given firm are the important aspects of the SQ practices and this has been compared with the scores got by individuals and their means scored in private firms.

A proposal done by Parasuraman, et al., (1985) on the determinants of quality of service in a broad perspective, they mainly include; reliability which refers to consistency of performance and dependability, consistency and accuracy; responsiveness referring to how ready employees are willing to help in providing prompt service, contact time, involvement/interest of the health care professional, willingness to recommend to others; service assurances which is based on knowledge, skills and courtesy to patients and service providers ability to influence confidence and trust, politeness, courtesy, honesty and credibility; tangibles which is physical proof of the administration like the offices, estimate, faculty appearance, apparatuses/hardware utilized as well as the physical representation of the service; service relating to ease of access approachability and ease of contact. That is individualised attention and recognition of frequent clients, frequent communications, making effort to understand customers' needs like their specific requirements, convenient hours of operations/location and waiting time.

Heryanto (2011) discovered the close relationship between the satisfaction of customer and the quality of service they get. Service quality contains activities like responding faster, being committed, offering the right service and the right time and thus, making it a very crucial part in any firm service delivery practices. Hor WaiMun (2010), concluded in his study that there is a positive assurance with the customer satisfaction, but for all this to be true, there must be a reliability and time keeping together with accuracy in order to maintain good service delivery to customer, if this is not present, there is not much impact in the satisfaction of the customers need. Firm tangibility and customer satisfaction has been found to containing a much higher correlation.

2.4. Service Quality Practices and Customer Satisfaction

From an operations perspective, benefit quality means meeting the determination for the administration or nature of the administration which the association conveys. Consumer loyalty is a man's opinions of enjoyment or confusion occurring because of looking thing's reasonable execution or result in relationship with his/her needs says Kotler, (1999).

This includes the association's capacity to comprehend client desires and to do it right the first run through (DIRFT). The capacity to manage issues as they emerge is a key fixing to achievement as in clients who have an issue managed agreeable to them have a 95% probability of repurchasing and informing 5 individuals concerning their experience, on the off chance that they don't whine (as 96% of individuals do) they will enlighten somewhere around 10 other individuals regarding their concern and in this way influencing the execution of the business.

2.5 Empirical studies and knowledge gaps

Empirical findings indicate that SQ and CS are different concepts (Bitner, 1994; Spreng et al., 1996), with a strong positive correlation (Cronin & Taylor, 1992) but have significant differences. Service quality is like an attitude, while satisfaction is a transactions-specific measure. Parasuraman et al. (1985) states that in Service quality measurement the comparison level is what a consumer ought to anticipate, while in determining satisfaction the suitable evaluation is what a consumer expects. The perception of quality does not require experience and have specific dimensions, whereas satisfaction requires experience with the service provider and may be as a result of any dimensions which may not be quality.

Kasper et al. (2006) argue that quality refers to the aspects of what is provided by a service whereas the reaction of customer after using a product results in satisfaction or dissatisfaction. This places the responsibility for quality on the organization whilst satisfaction lies with the individual customer's experience, however, the two concepts are interrelated in that customer dissatisfaction can be used to measure quality and vice versa. Empirical literature by Oliver (1993; 2010) provides understanding on models which view.

A study conducted in the United States of America by Marshal (2000) on assessing the perception of patients based on health care using case study design revealed that 67% were moderately satisfied with quality of health insurance services and 29% were not satisfied with the services. However, the problem in America was unequal insurance service to racially and ethnically diverse groups where white people were highly privileged until the availability of Civil rights act of 1965 that brought some changes.

Makonomalonja (2010) conducted a study in Mwanza on View of patients on the nature of social insurance benefits in Government health care facilities: a case study design. The findings show that, 55.7% of the respondents suggested that there are poor services in public hospitals, the major cause being unavailability of modern equipment, general conduct of health care providers, working hours, low number of qualified health workers and poor communication systems.

Abel and Lawal (1994) carried a study in Ghana on assessing the quality of health insurance: using study design. The findings reveal that there was a much usage of services of hospital by the members acquitted with insurance; this is due to the poor services provided by the agency. Through these findings, funds of insurance improve the quality of government health providers so as to maintain its members. A study conducted by UNICEF (2012) in Asia and Africa on the assessment of customer perceptions on health facilities, using survey design reveals that contributions made by an employee are a burden to civil servants with low income as they do not get quality services as is the case with higher positioned personnel. The latter is capable of accessing such services at any hospital and at any time. However, the study reveals that many peripheral areas (district and semi-urban areas) lack medical experts and therefore insurance services are delivered in exactly the same way.

Julander (2016) studied on PSQ and CS in a framework of store performance of retailers in Swedish grocery stores. The study measured PSQ, CS and customer behavior and the measures compared with each store's profitability and productivity. The results revealed that PSQ has a positive relationship with customer loyalty but was not related to the profitability of the firm. Labour productivity was negatively related to PSQ.

Mahfooz (2014) investigated the association between SQ and CS in Saudi Arabia hypermarkets using RSQS model concluded that dimensions which had high levels of perceived quality of services had the maximum influence on CS. A significant association between RSQS dimensions and CS was also established. Reza and Barua (2016) studied the service quality effects on CS superstores in Bangladesh using RSQS model and found that reliability is the most significant factor with a significant impact on customer satisfaction followed by policy, personal interaction, problem solving. Physical aspect, assurance, and product have no effects on customer satisfaction.

Weerasiri (2013) examined SQ of supermarkets in Colombo district of Sri Lanka and its impact on CS by using an adapted SERVQUAL model, revealed that service quality was appraised using assurance, reliability, responsiveness, and customer care in that order. All the dimensions were significant predictors of satisfaction of customers. Kumar, Manjunath and Thimmaiah (2015) studied consumer satisfaction of SQ offered in apparel retailing section of a supermarket in Mysore city using five dimensions; tangibles, customer knowledge, responsiveness, convenience and competence. They found that each of the dimensions was positively related to CS and influenced CS in the order above. Beneke, Hayworth, Hobson and Mia (2012) studied effects of RSQS dimensions on customers' satisfaction and loyalty in South Africa using the RSQS model and revealed a positive correlation between physical appearance and personal interaction and CS. In Kenya, Mwangi (2014) examined the relationship between SQ dimensions and loyalty of customers among those who frequented supermarkets in Nairobi County and concluded SQ is positively associated to customer loyalty.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter elaborates the methods of study that were used in this research and specifically covers the design of research methods of collecting data and briefly highlights on how the data was analysed in drawing conclusions and possible recommendations.

3.2. Research Design

The descriptive cross-sectional survey was employed in this study. As indicated by Kothari (2000), enlightening exploration setup is used when the issue has been described especially and where the expert has certain issues to be depicted by the respondents about the issue. The method was appropriate for collecting both descriptive and explanatory data concerning perceived quality of service and customer's satisfaction. Mugenda and Mugenda (2003), propose that the engaging cross-sectional review technique is proper for concentrates that have particular issues where issues have been characterized.

A cross sectional study design is recommended when an in-depth and holistic investigation is required (Kothari, 2004). The data was then collected in one location at a time using cross-sectional type of survey. The studies by Zekiri (2011), Dehghani (2006) and Wanjau et al (2012) also used Case study designs in their study and they were able to capture all that was required in their objectives.

3.3. Population of the Study

A population consists of people or objects containing the same characteristics (Ogula, 2005). According to Polit & Hungler (1999), populace is a total number of considerable items, individuals that can best fit in the determined arrangement.

The population of this study consisted of customers who visit NHIF accredited health facilities in Kiambu County. The study captured the NHIF capitated members within the health facilities in Kiambu County. The population of Kiambu County registered members of NHIF stands at approximately 400,000 (NHIF, 2017), and has a total of 12 sub-counties (PHC, 2017).

Table 3.1: Kiambu Sub-Counties

JUJA
RUIRU
GATUNDU SOUTH
GATUNDU NORTH
KIKUYU
KABETE
THIKA
KIAMBAA
GITHUNGURI
LIMURU
LARI
KIAMBU

Source: Kenya Gazette

3.4. Sampling Method

convenience probability sampling technique was seen appropriate for this study hence it was employed and in other terms can be referred to as arbitrary testing. A likelihood examining is a testing technique in which each unit in the populace has a shot of being chosen in the example which can be precisely decided.

This study focused on customer's capitated in NHIF accredited health facilities in Kiambu sub-counties. There are 12 sub-counties in Kiambu County. Krejcie and Morgan's (1970) came up with a much better formula for sample size determination for categorical types of data. The study used a sample size of 32 respondents in each sub-county hence all the sub-county will contain 384 respondents.

3.5. Data Collection Method

This alludes to the instruments to be utilized for gathering information and how these devices were produced. There was both collection of data in primary level and secondary level. A questionnaire was used in this study to collect primary data and it captured information relating to the variables under study. Primary data is the first-hand information obtained from respondents through questionnaires.

On the questionnaire there were three different section which captured all the requirements in the objectives of this study. The first section focused on respondent's demographic information, the other section covered all the objectives and how they affected the satisfaction of clients and they were put in a Likert scale according to how the respondents would respond to the questions. The questionnaires were administered at the exits of selected health centre.

3.6. Data Analysis

Analysing data is a process of creating request, structure and intending to the mass of data gathered (Mugenda, 2003). The data collected was analysed descriptively with statistics. Frequency tables, means and (Std)standard deviation were used to evaluate the data and the findings presented using bar graphs, tables and pie chart. The analysis of data included

tallying up the answers, calculating percentages of variations in the answers provided, defining and interpreting the responses with the assistance of the Statistical Package for Social Sciences (SPSS 26 23.0).

To establish the association between perceived service quality and customer satisfaction variables a regression analysis was run based on the model below. A correlation analysis using Pearson's Product Moment was utilized to decide the quality of this relationship.

The regression model used was:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon;$$

Where

Y = Customer Satisfaction;

X₁ = Tangibility

X₂ = Responsiveness

X₃ = Assurance

X₄ = Reliability

€ = Error term;

β₀, β₁, β₂, β₃, β₄ and β₅ represents the coefficients

ε error

CHAPTER FOUR

DATA ANALYSIS, FINDINGS AND DISCUSSION

4.1 Introduction

In this particular section, data from customers of the NHIF accredited hospital in Kiambu County, Kenya is analysed. Data was collected to determine the perceptions of service quality and satisfaction of customers or the client in the health sector. This chapter contains the results and findings of data analysis.

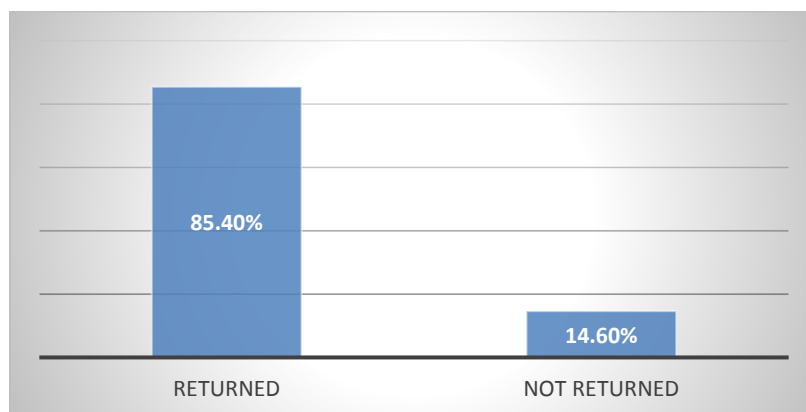
Section A: General Information

This study focused on NHIF accredited hospital in Kiambu County, Kenya. Questionnaires were issued for collecting data on levels of service quality and customer satisfaction. The respondents were customers enrolled in NHIF. The data was collected and the results of the analysis are discussed next.

4.1: Response Rate

Three hundred and eighty four questionnaires were distributed to selected respondents from NHIF accredited Hospitals in Kiambu County. This selection was based on random sampling of the customer's population as put in the figure 4.1.

Figure 4.1: Response Rate



Source: Field Survey 2018

Of all the questionnaires distributed, 311 were returned, which represents 85.4% response rate. The returned questionnaires were examined for errors and omissions and it was established that 300 of these were useable for analysis, which represented 80% success rate figure. This success rate was considered satisfactory based on prior studies by Mugenda and Mugenda (1999) who proposed that a rate that responds with more than 70% is considered to be acceptable for data analysis.

4.2: Gender of the Respondents

The gender profile of the respondents was as follows; Male respondents accounted for 51% of all the respondents whereas 48% were female respondents Table 4.1. This indicates majority of the customers in the in the NHIF accredited hospitals in Kiambu were male hence accounting for the highest respondents.

Table 4.2: Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male (M)	184.0	51.10	51.10	51.10
Female (F)	176.0	48.90	48.90	100.00
Total	300.0	100.00	100.00	

Source: Research Data 2018

4.3 Age bracket

The age bracket of the respondents who participated was as shown below.

Table 4.3: Age Bracket

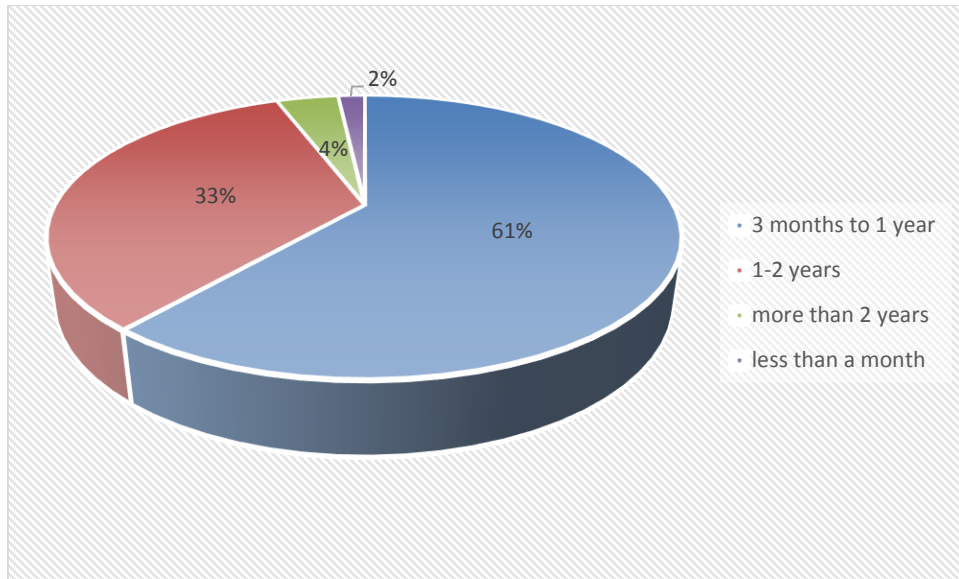
	Frequency(F)	Percent(P)	Valid Percent(VP)	Cumulative Percent (CP)
Valid 18-30	115	31.9	31.9	31.9
31-40	208	57.8	57.8	89.7
40-50	21	5.8	5.8	95.6
50 and above	15	4.2	4.2	99.7
5.00	1	.3	.3	100.0
Total	300	100.0	100.0	

From the results, most of respondents fall in the bracket of 31-40 (51.8%), this was followed by the respondents who indicated that they fall in the bracket of 18-30 (31.9%), the rest of the respondents fall in the bracket of 40-50 (5.8%), and 50 and above (4.2%) respectively. This indicates that majority of the customers in the NHIF accredited hospital in Kiambu County mostly are around the ages of 31-40 years.

4.4 Going to Health Facility

The respondents were shown to indicate how long they have been going to the health facilities. The results are shown below.

Figure 4.2: Going to Health Facility



The results shows that majority of respondents have been going to the facility for 3 months to 1 year (61.1%), 33.3% of the respondents indicated that they have been going to the facility for 1-2 years, 3.90% of the respondents indicated that they have been going to the facility for more than 2 years and 1.70% of the respondents indicated that they have been going to the facility for less than a month. This shows that the customers have been going to the accredited health facility for 3 months to 1 year.

Section B: Perceived Service Quality

4.5 Tangibles

Respondents were asked to explain the number that most precisely reflects the amount they concur or can't help contradicting the Tangibles based on the services they expect in a health facility they consider to have excellent quality of services. The findings are as shown below

Table 4.4: Tangibles

	N	Minimum	Maximum	Mean	Std. Deviation
The physical features and amenities in the health facility will be attractive.	300	2.00	5.00	3.8700	.70338
The staff will be formally dressed and presentable.	300	2.00	5.00	3.86767	.76643
Health facility will have a modern layout and equipment of high standards.	300	1.00	5.00	3.4933	1.07726
Equipment associated with the hospital are easy to use.	300	1.00	5.00	3.3700	1.11231

Source: from Research data

Majority of the respondents (=mean 3.8700) strongly agreed that The physical features and amenities in the health facility will be attractive, the of the respondents (=mean 3.86767) neither agree nor disagree that The staff will be formally dressed and presentable, the respondents then disagree (=mean 3.4933) that the Health facility will have a modern layout and equipment of high standards, then finally the respondents (=mean 3.3700) strongly disagree that Equipment associated with the hospital are easy to use. From the findings, it can be summarised that majority of the customers in the accredited health facilities in Kiambu County strongly agreed that the physical features and amenities in the health facility will be attractive.

4.6 Reliability

Respondents were asked to show the number that most precisely reflects the amount they concur or can't help contradicting the reliability based the services they expect in a health facility they consider to have excellent quality of services. The findings are as shown below

Table 4.5: Reliability

	N	Minimum	Maximum	Mean	Std. Deviation
Health facility will honour their promise to deliver services by a certain time.	300	1.00	5.00	3.3700	1.11231
Health facility will provide services at the promised time.	300	1.00	5.00	3.6733	.84992
Health facility will be sincere in solving customer issues.	300	1.00	5.00	3.6500	.93295
Health facility will provide the required services right the first time without mistakes.	300	3.00	5.00	3.8000	.57831
. Health facility will insist on error free records	300	1.00	5.00	4.0000	.84204
Valid N (listwise)	300				

Source: from Research data

Majority of the respondents (=mean of 4.0000) strongly agreed that Health facility will insist on error free records, (=mean3.6500) of the respondents neither agreed nor disagreed

that Health facility will show total dedication of solving problems of customers, (=mean 3.6733) of the respondents then agreed that Health facility will deliver services at promised time period, (=mean 3.8000) of the respondents then disagreed that Health facility will perform the services right the first time without mistakes, then finally (=mean 3.3700) of the respondents strongly disagree that Health facility will honour their promise to deliver services by a certain time. From the results, it is clear that most of the clientele in the accredited health facilities in Kiambu County strongly agreed that Health facility will insist on error free records.

4.7 Responsiveness

Respondents were asked to show the total number that reflect how much they agree or disagree with the Responsiveness based on the services they expect in a health facility they consider to have excellent quality of services. The findings are as shown below

Table 4.6: Responsiveness

	N	Minimum	Maximum	Mean	Std. Deviation
Employees inform customers exactly when the services will be done.	300	1.00	44.00	4.6367	5.68557
Employees will assist	300	3.00	5.00	3.9067	.54677
Employees will not be busy to respond to requests	300	1.00	5.00	3.7633	.93644
Employees will provide prompt services.	300	1.00	5.00	3.7133	.74812
Valid N (listwise)	300				

Source: from Research data

Most of respondents (=mean 4.6367) strongly disagreed that Employees inform customers exactly when the services will be done, the respondents (=mean 3.9067) neither disagree that Employees will always be willing to assist, the respondents (=mean 3.7633) then neither agreed nor disagreed that Employees will never not be busy to respond to requests, then finally the respondents (=mean 3.7133) strongly agree that Employees will provide prompt services. From the findings, it is clear to say that majority of the customers in the accredited health facilities in Kiambu County strongly disagreed that Employees inform customers exactly when the services will be done.

4.8 Assurance

Respondents were asked to show how much they agree or disagree with the Assurance based on the services they expect in a health facility they consider to have excellent quality of services. The findings are as shown below:

Table 4.7: Assurance

	N	Minimum	Maximum	Mean	Std. Deviation
Employees in the health facility will instil confidence in me.	300	1.00	5.00	3.8433	.89150
I will feel confident and safe doing transaction with the health facility	300	1.00	5.00	3.8167	.77355
Employees in the health facility will be consistently polite and courteous with all customers	300	2.00	5.00	3.7300	.71095
Employees in the health facility will be knowledgeable in the service and are able to appropriately address customer inquiries	300	2.00	33.00	3.6933	2.57190
Valid N (listwise)	300				

Source: from Research data

Majority of the respondents (=mean 3.8433) agreed that Employees in the health facility will instil confidence in me, the respondents (=mean 3.8167)neither disagree that I will feel

confident and safe doing transaction with the health facility, the respondents (=mean 3.7300) then strongly agreed that Employees in the health facility will be consistently polite and courteous with all customers, then finally the respondents (=mean 3.6933) strongly disagree that Employees in the health facility will be knowledgeable in the service and are able to appropriately address customer inquiries. From the findings, it tends to be reasoned that greater part of the clients in the accredited health facilities in Kiambu County agreed that Employees in the health facility will instil confidence in them.

Section C: Customer Satisfaction

4.9 Retention

The respondents were requested to respond to Retention according to a scale of 1 to 5 as to the qualities that determine their satisfaction level with the services they receive at the health facilities. The results are shown below.

Table 4.8: Retention

	N	Minimum	Maximum	Mean	Std. Deviation
I believe my facility can satisfy my primary health needs	300	1.00	5.00	3.8100	.68955
I would refer a friend to choose my healthcare facility	300	1.00	5.00	3.8067	.96214
I will always choose this facility in every capitation period	300	2.00	5.00	3.7367	.90001
The facility of choice is accommodative to everyone.	300	1.00	5.00	3.6100	.90219
Customers would choose this facility from others	300	2.00	5.00	3.5700	.68312
Valid N (listwise)	300				

Source: from Research data

Majority of the respondents (=mean 3.8100) strongly agreed that they believe my facility can satisfy my primary health needs, the respondents (=mean) neither agree nor disagree that they would refer a friend to choose my healthcare facility, the respondents (=mean 3.7367) then agreed that they will always choose this facility in every capitation period, the respondents(=mean 3.6100) then disagreed that The facility of choice is accommodative to everyone, then finally the respondents (=mean 3.5700) strongly disagree that Customers would choose this facility from others. From the findings, it is clear that majority of the customers in the accredited health facilities in Kiambu County strongly agreed that they believe my facility can satisfy my primary health needs.

4.10 Efficiency

The respondents were requested to respond to Efficiency according to a scale of 1 to 5 as to the qualities that determine their satisfaction level with the services they receive at the health facilities. The results are shown below.

Table 4.9: Efficiency

	N	Minimum	Maximum	Mean	Std. Deviation
Every primary healthcare will be offered by the facility	300	1.00	5.00	3.9633	.84322
The staff are reliable at all time	300	2.00	33.00	3.9433	2.49952
My health facility has best operating hours to cater for all its customers	300	2.00	5.00	3.9133	.60584
Services will be performed right the first time	300	2.00	5.00	3.8433	.76205
Services will be provided at the time they are promised	300	2.00	5.00	3.8200	.51817
Valid N (listwise)	300				

Source: from Research data

Majority of the respondents (=mean 3.9633) strongly agreed that Every primary healthcare will be offered by the facility, (=mean 3.9433) of the respondents neither agree nor disagree that The staff are reliable at all time, (=mean 3.9133) of the respondents then agreed that My health facility has best operating hours to cater for all its customers, (=mean 3.8433) of the respondents then disagreed that Services will be performed right the first time, then

finally (=mean 3.8200) of the respondents strongly disagree that Services will be provided at the time they are promised. From the findings, it is clear that majority of the customers in the accredited health facilities in Kiambu County strongly agreed that Every primary healthcare will be offered by the facility.

4.11 Effectiveness

The respondents were requested to respond to Effectiveness according to a scale of 1 to 5 as to the qualities that determine their satisfaction level with the services they receive at the health facilities. The results are shown below.

Table 4.10: Effectiveness

	N	Minimum	Maximum	Mean	Std. Deviation
Services are delivered on time to the customer	300	2.00	33.00	4.1467	3.40251
Services delivered are consistent with Service Level Agreement	300	1.00	5.00	4.0667	.55067
I feel very pleased by the services offered by the facility	300	1.00	5.00	3.8300	.66526
The facility offers overall excellent services	300	2.00	5.00	3.5933	.69491
The staff are effective in-service delivery	300	1.00	5.00	3.5567	1.12740
Valid N (listwise)	300				

Source: from Research data

Majority of the respondents (=mean 4.1467) strongly agreed that Services are delivered on time to the customer, (=mean 4.0667) of the respondents agree that Services delivered are

consistent with Service Level Agreement, (=mean 3.8300) of the respondents then neither agreed nor disagreed that they feel very pleased by the services offered by the facility, (=mean 3.5933) of the respondents disagree that The facility offers overall excellent services, (=mean 3.5567) of the respondents strongly disagreed that The staff are effective in-service delivery. From the findings, it is clear to say that majority of the customers in the accredited health facilities in Kiambu County strongly agreed that Services are delivered on time to the customer.

4.12 Regression analysis

Table 4.11: Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.611 ^a	.373	.364	5.98873

a. Predictors: (Constant), x4, x3, x1, x2

The findings on table established a positive coefficient of correlation (R), = .611, coefficient of determination (R^2) =.373 and adjusted R squared =.364. The (R^2) indicated that the variations in tangibility, Responsiveness, Assurance and reliability of service quality explain 39.4% percentage of variance in the satisfaction of customers. On the other hand, the adjusted R-squared shows that 31.9% (Adj R-square=.364) of the variation in the satisfaction of customers can well be explained by service variation in dimension of the quality of service.

ANOVA was utilized to test the noteworthiness of the relapse demonstrate in accordance with contrasts in methods for the reliant and autonomous factors as appeared on table beneath.

Table 4.12: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	6287.637	4	1571.909	43.829	.000 ^b
Residual	10580.133	295	35.865		
Total	16867.770	299			

a. Dependent Variable: y

b. Predictors: (Constant), X₄, X₃, X₁, X₂

The results of the ANOVA test shown on table above produced an F-value of 43.829 which was significant at $p=.000^b$. This depicts that the regression model has a 0.00 % probability of misrepresenting the connection between the administration quality discernment and consumer loyalty. The variety in the autonomous factors and ward variable can be explained by the smaller significance value of 0.000 which is smaller than the significance level of 0.05 implying that there is a (statistically) significant relationship between tangibility, responsiveness, reliability, assurance and customer satisfaction hence the model of research is very significant.

The data analysis on the above table shows the tangibility (X₁), responsiveness (X₂), assurance (X₃) and reliability (X₄) ON Customer satisfaction based on the following regression model.

Table 4.13: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	29.532	2.299		12.847	.000
1 x1	.621	.219	.222	2.836	.005
x2	.495	.176	.224	2.817	.005
x3	.330	.080	.226	4.130	.000
x4	.279	.109	.124	2.554	.011

a. Dependent Variable: y

The results shown on Table above show that there is a connection between the 4-benefit quality measurement and consumer loyalty. Therefore, taking reliability, responsiveness, assurance and tangibility dimensions at zero; customer satisfaction will be 29.532. Hence unit increase in reliability, responsiveness, assurance, and tangibility dimensions will lead to 0.621, 0.495, 0.330 and 0.279 unit decreases in customer satisfaction.

Concerning the significance of the relationship existing between the satisfaction of customers, the outcomes shows the p-values the significance level 0.05 or 0.11 is larger than p-value. This show a significant level of association existing between tangibility, reliability, dimension, assurance and customer satisfaction.

4.13 Discussion of Findings

The main goal of the research was to assess the perceived customer quality of service and satisfaction in NHIF accredited health facilities in Kiambu County. While literature is divided on the association existing between the quality of service and satisfaction of customers, the outcome are consistent with studies by Hennig-Thurau, (2004) asserts that service quality practices in different ways, that is; how well a service has been delivered to the expectations of a customer of a client. Firms often asses their work in the way their services have been given or provided to clients, this will help them look for alternative ways to better deliver the services they offer to their clients' satisfaction.

As per the findings of this study, respondents strongly agreed that health facility will have a modern layout and equipment of high standards. The respondents strongly agreed that Health facility will honour their promise to deliver services by a certain time, they also agreed that Employees in the health facility will instil confidence in me.

The respondents strongly agreed that they feel very pleased by the services offered by the facility and finally the study found out that Majority of the respondents strongly disagreed that Employees will never be excessively caught up with, making it impossible to react to demands as concurred with the investigation led by Heryanto (2011) who discovered that benefit quality and consumer loyalty have a very close relationship. Service quality contains activities like responding faster, being committed, offering the right service and the right time and thus, making it a very crucial part in any firm service delivery practices.

On the regression model, there is a positive correlation coefficient (R), = 0.628, coefficient of determination (R^2) = 0. 373 and adjusted R squared = 0. 364. The (R^2) indicated that the variations in tangibility, Responsiveness, Assurance and reliability of service quality explain 39.4% percent of the variation in customer satisfaction. On the other hand, the adjusted r-squared shows that 31.9% (Adj R-square=0.364) of the variance in customer satisfaction can be explained by the variations in service quality dimensions.

The model of regression indicates that there is significant association existing between assurance, reliability, tangibility, responsiveness and customer satisfaction hence the study model is significant, therefore taking reliability, responsiveness, assurance and tangibility dimensions at zero (0); customer satisfaction will be 1.021. Hence unit increase in responsiveness, reliability assurance, and tangibility dimensions will lead to .621, 0.495, 0.330 and 0.279 unit decreases in customer satisfaction.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

The objective of the study was to assess the perceived customer quality of service and satisfaction in NHIF accredited health facilities in Kiambu County. This particular section presents the summary of outcomes, conclusion and recommendations drawn findings of the analysis of the respondents' views in order to address this study objective.

5.2 Summary of the Findings

The specific goal of this research was to assess the perceived customer service quality and satisfaction in NHIF accredited health facilities in Kiambu County. Specific objectives included; to determine the effect of service tangibility on customer satisfaction in NHIF accredited health facilities; to establish the impact of administration responsiveness on consumer loyalty in NHIF certify wellbeing offices; to set up the impact of administration affirmation on consumer loyalty in NHIF licensed wellbeing offices and to build up the impact of administration unwavering quality on consumer loyalty in NHIF accredited health facilities. The study was guided by two service quality models, namely SERVQUAL and Nordic models.

The outcomes showed that most respondents strongly agreed that health facility will have a modern layout and equipment of high standards, there was agreement with majority of the respondents that Health facility will honour their promise to deliver services by a certain time. Further, the discoveries shown that lion's share of the respondents unequivocally differ that Employees will never be excessively occupied with, making it impossible to react to demands and furthermore most of the respondents concurred that Employees in the health facility will instil confidence in me. This is supported by the study done by Hennig Thureau, (2004) who asserts that service quality practices in different ways, that is; how well a service has been delivered to the expectations of a customer of a client. Firms often assess their work in the way their services have been given or provided to

clients, this will help them look for alternative ways to better deliver the services they offer to their clients' satisfaction.

The findings in the dependent variable on customer satisfaction suggested that most of respondents strongly agreed that they believe their facility can satisfy my primary health needs, it also found out that majority of the respondents strongly agreed that they feel very pleased by the services offered by the facility and finally it was discovered that majority of the respondents strongly disagreed that will never be too busy to lack time to repond to the requests of customers. This was in line with the study done by Heryanto (2011) who found out that quality of service and satisfaction of customers have a very close relationship. Service quality contains activities like responding faster, being committed, offering the right service and the right time and thus, making it a very crucial part in any firm service delivery practices.

The regression model findings indicated that the regression model has a 0.00 % probability of misrepresenting the association existing between the perception pf quality of service and satisfaction of customers. It was discovered that there is association existing between four quality of service and satisfaction of customers Therefore taking reliability, responsiveness, assurance and tangibility dimensions at zero (0); customer satisfaction was at 0.011. The regression model was in support with the studies done by Bitner, 1994; Spreng et al., 1996 and Cronin & Taylor, 1992 on Empirical findings which indicated that SQ and CS are different concepts, with a strong positive correlation) but have significant differences.

5.3 Conclusion

In general, the researcher sought to establish connection between seen benefit quality and consumer loyalty in NHIF authorize wellbeing offices in Kiambu County. From the investigation, it was built up that there was solid and huge positive connection between seen client benefit quality and fulfilment. From the data results, it can be concluded that health facility will have a modern layout and equipment of high standards as strongly agreed by most customers, it can further be concluded that Health facility will honour their promise to deliver services by a certain time.

The results further revealed that the customers were not sure if Employees will always be willing to assist or if Employees in the health facility will be consistently polite and courteous with all customers or if they would refer a friend to choose my healthcare facility. But some customers disagreed that Services delivered are consistent with Service Level Agreement, Services delivered are consistent with Service Level Agreement and Employees will provide prompt services. Lastly 50% of customers firmly differ that Employees will never be excessively occupied with, making it impossible to react to demands.

The study also made a conclusion that there is a significant association existing between responsiveness, reliability, tangibility, assurance and customer satisfaction hence the model of research is significant, therefore taking reliability, responsiveness, assurance and tangibility dimensions at zero (0); customer satisfaction will be 1.021.

5.3: Recommendations

The discoveries on the connection between seen benefit quality and consumer loyalty can be utilized to advise strategy. It's vital to take note of that apparent administration quality has relative impact on consumer loyalty. The results indicate that customers expect more than what they get from the NHIF accredited health facilities. The hospital management should therefore focus on improving all quality dimensions so as to achieve high customer satisfaction levels, hence acquiring a competitive edge. The NHIF accredited health facilities supervisory and regulatory body should use the findings in this study in evaluating the facilities that are NHIF accredited. This will ensure that the customer get quality services from these institutions. Also, the customers will now be more informed in making decisions on which facility to visit so as to get quality service since the research findings have documented the key quality dimensions to focus on.

As this study has shown in the empirical review, that there is a directly positive association existing between perceived quality of service and satisfaction of customers. The accredited facilities and other learning institutions should concentrate on constantly improving quality of the service in all the dimensions as a tool of ensuring they achieve competitive edge against their competitors.

5.4 Limitation of the study

The study was inhibited by a number of ways. First, some of the respondents were not accessible as they were unwilling to respond to the questionnaire citing that the researcher was not a priority to their business and only customers were. There is therefore need for Wellbeing offices to take an interest in the studies to help create data that won't just be valuable to the wellbeing area however to academicians and policy creators too. Different restrictions included absence of time and responsibility with respect to the focused on respondents.

5.5 Suggestions for Further Research

This study established that, there is a positive connection between seen benefit quality and consumer loyalty in authorize wellbeing offices. Future specialists may focus on endeavouring to distinguish alternate factors that impact the consumer loyalty other than perceived service quality, since perceived service quality only influence approximately 66.22 percent of customer satisfaction.

A similar study should be undertaken focusing on all the hospitals in Kenya. The respondents should be broadened not only to the customers but also the top management in the accredited health institutions and all the people who work in the hospitals like nurses' doctors' clinicians and others.

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APPENDICES

Appendix 1: QUESTIONNAIRE

SECTION A: Demographic Information (Tick Where Appropriate)

1. Please indicate the name of the HEALTH FACILITY:
(Only for the purpose of combining into groups and shall not be reported)

2. What is your gender?

Male Female

3. In what age bracket do you fall?

18 - 30 31– 40 40 – 50 50 and above

4. For how long have you been going to this health facility?

Less than 1 month 3 Months to 1 years 1 years to 2 years More than 2 years

SECTION B: PERCEIVED SERVICE QUALITY

PART 1: Expectations

It would be ideal if you circle the number that most precisely reflects the amount you concur or can't help contradicting the announcements based on the services you expect in a health facility you consider to have excellent quality of services using a scale of 1-5 where:

1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree and 5= Strongly Agree.

A) Tangibles

Statement Criteria	1	2	3	4	5
1. Health facility will have a modern layout and equipment of high standards.					
2. The staff will be formally dressed and presentable.					
3. Equipment associated with the hospital are easy to use					
4. The physical features and amenities in the health facility will be attractive					

B) Reliability

Statement Criteria	1	2	3	4	5
5. Health facility will honour their promise to deliver services by a certain time.					
6. Health facility will provide services at the promised time.					
7. Health facility will show a sincere interest in solving customer problems.					
8. Health facility will perform the services right the first time without mistakes.					
9. Health facility will insist on error free records					

C) Responsiveness

Statement Criteria	1	2	3	4	5
10. Employees will never be too busy to respond to requests					
11. Employees will provide prompt services.					
12. Employees will always be willing to assist					
13. Employees inform customers exactly when the services will be done.					

D) Assurance

Statement Criteria	1	2	3	4	5
14. Employees in the health facility will instil confidence in me.					
15. Employees in the health facility will be consistently polite and courteous with all customers					
16. Employees in the health facility will be knowledgeable in the service and are able to appropriately address customer inquiries					
17. I will feel confident and safe doing transaction with the health facility					

SECTION C: CUSTOMER SATISFACTION

This section is concerned with qualities that determine your satisfaction level with the services you receive at the health facilities. Please respond to the statements below according to a scale of 1 to 5 where:

1 = Strongly Disagree, 2 = Disagree 3 = Neither Agree nor Disagree, 4= Agree, 5 = Strongly Agree.

a. Retention

	1	2	3	4	5
1. I will always choose this facility in every capitation period					
2. I believe my facility can satisfy my primary health needs					
3. Customers would choose this facility from others					
4. The facility of choice is accommodative to everyone.					
5. I would refer a friend to choose my healthcare facility					

b. Efficiency

	1	2	3	4	5
6. Services will be performed right the first time					
7. My health facility has best operating hours to cater for all its customers					
8. The staff are reliable at all time					
9. Services will be provided at the time they are promised					
10. Every primary healthcare will be offered by the facility					

c. EFFECTIVENESS

	1	2	3	4	5
11. The facility offers overall excellent services					
12. I feel very pleased by the services offered by the facility					
13. The staff are effective in service delivery					
14. Services are delivered on time to the customer					
15. Services delivered are consistent with Service Level Agreement					

Thank you!

**APPENDIX 2: DETERMINING SAMPLE SIZE FROM A GIVEN
POPULATION**

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379

180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note. — N is population size. S is sample size. (Krejcie and Morgan's; 1970)

**Appendix 3: NHIF ACCREDITED HOSPITAL IN KIAMBU
COUNTY**

HOSPITAL	SUB-COUNTY
CAREMAX HEALTH LIMITED	JUJA
RUIRU HOSPITAL LTD	RUIRU
KIMBO HEALTHCARE CENTRE	RUIRU
SPA NURSING HOME	GATUNDU SOUTH
NGENDA HEALTH CENTRE	GATUNDU NORTH
ST JUDE NURSING HOME	KIKUYU
TRANSCON WENDO	KIAMBU
CREATIVE MEDICAL SERVICES	KABETE
ST MARGARET MEDICAL CLINIC	KABETE
KERNAN MEDICAL	JUJA
AFRICAN MUSLIMS AGENCY HEALTH CENTRE	THIKA
PLAINS VIEW NURSING HOME	RUIRU
VINEYARD HOSPITAL LTD	KABETE
MT SINAI HOSPITAL	THIKA
GALAXY MEDICARE CONSULTANTS	GATUNDU SOUTH
CARITAS MARIANA HEALTH CENTRE	GATUNDU NORTH
OASIS MISSION HOSPITAL	JUJA
DONYO SABUK NURSING MATERNITY AND NURSING HOME	THIKA
NAIDU HOSPITAL LTD	THIKA
SUVA HEALTH SERVICES	GATUNDU SOUTH
SUNVIEW MATERNITY	KIAMBAA
THIKA LEVEL 5	THIKA
KIAMBU LEVEL 5	KIAMBU
ST. TERESA HOSPITAL KIKUYU	KIKUYU

BETACARE HOSPITAL	GITHUNGURI
HOLY FAMILY GITHUNGURI	GITHUNGURI
ST PETER AND ANN	KIAMBAA
KIAMBU MEDICAL CENTER	KIAMBU
MERCY LIGHT HOSPITAL	LIMURU
LIMURU NURSING HOME	LIMURU
TUMAINI MEDICAL CENTER	LARI
TINGANGA HEALTH CENTER	KIAMBU
IVORY HEALTH CLINIC	GITHUNGURI
GARDEN PARK HOSPITAL	KIAMBAA
BRIDGING HOSPITAL	LARI
TIGONI LEVEL 4	LIMURU
LIMURU COTTAGE	LIMURU
GOODNEWS HOSPITAL GITHUNGURI	GITHUNGURI
MOTHER AND CHILD HOSPITAL KIAMBU	KIAMBU
GATUNDU LEVEL 4 HOSPITAL	GATUNDU SOUTH
KARURI SUB-COUNTY HOSPITAL	KIAMBAA
MANG’U HEALTH CENTER	GATUNDU NORTH
KIKUYU NURSING HOME	KIKUYU

Source: NHIF