

**THE INFLUENCE OF CUSTOMER BENEFITS AND SERVICE QUALITY
ON CUSTOMER SATISFACTION: THE CASE OF HOME TO HOME
NURSING CARE BUSINESS IN ADDIS ABABA**

**By
SEGNI TEFERA OLGERA**

**A THESIS SUBMITTED TO THE DEPARTMENT OF MANAGEMENT,
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SEGNI TEFERA OLGERA**

**June, 2019
Wolkite, Ethiopia**

Declaration

I, SEGNI TEFERA, declare that this thesis entitled: “**The influence of Customer benefits and Service Quality on Customer Satisfaction: The case of home to home nursing care business in Addis Ababa**” is outcome of my own effort and study and that all sources of materials used for the study have been duly acknowledged.

To the best of my knowledge, this study has not been submitted for any degree in this University or any other University. It is offered for the partial fulfillment of the degree of Masters of Business Administration

By: SEGNI TEFERA

Signature: _____

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This is to certify that the thesis entitled **“The influence of Customer benefits and Service Quality on Customer Satisfaction: The case of home to home nursing care business in Addis Ababa”** submitted in partial fulfillment of the requirements for the degree of Master's with specialization in Business Administration, the Graduate Program of the Department/School of Management, College Of Business And Economics, and has been carried out by Segni Tefera Id. No, GSE /039/09 under my/our supervision. To the best of my knowledge, is an original work and not submitted earlier for any degree either at this University or any other University.

Therefore I/we recommend that the student has fulfilled the requirements and hence hereby can submit the thesis to the department.

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We, the undersigned, members of the Board of Examiners of the final open defense by Segni Tefera have read and evaluated his thesis entitled “**The influence of Customer benefits and Service Quality on Customer Satisfaction: The case of home to home nursing care business in Addis Ababa**”, and examined the candidate. This is, therefore, to certify that the thesis has been accepted in partial fulfillment of the requirements for the degree of Masters in Business Administration.

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Signature

Date

Name of Major Advisor

Signature

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Signature

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Acronyms

FMHACA: Federal Medicines and Healthcare Administration and Control Authority

OALLSA: Over All satisfaction

SERVQUAL: Service Quality

SPSS: Statistical Package for Social Science

WHO: World Health Organization

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Abstract

Customer benefits and service quality regarded as the key for customer satisfaction in which to influence both tangible customer loyalty for re-purchasing and recommend it to others. A service is considered satisfactory if the service can meet the needs and expectations of customers. The main purpose of the study was to assess the influence of customer benefit and service quality in customer satisfaction the case of home to home nursing care business in Addis Ababa. In order to achieve the objectives of the study, descriptive study design was employed. The study used questionnaire using SERVQUAL model to collect primary data. Accordingly 77 respondents were selected using multiple stages Snow ball sampling method. The data were analyzed using both descriptive and inferential statistics mainly frequency, percentage, mean, standard deviation; and correlation and regression coefficient respectively. The descriptive study revealed that patients are mostly satisfied with services offered by Home to home nursing care service. Whereas areas such as the medical equipment they use are the factors that need improvement. The inferential analysis also revealed that there is a positive and significant relationship between service Benefit dimension and customer satisfaction and moderate relationship between service quality and customer Satisfaction. Hence, it is conclude that Service benefits have great influence for customer satisfaction than service quality. It is recommended that Home to Home nursing care providers to continue their commitment to provide medical services to patients by using modern medical equipment and strongly recommended to give more attention for service quality dimensions (Tangibility and reliability) to provide better service quality for the clients.

Key words:

- **Benefit**
- **Quality**
- **Satisfaction**
- **SERVQUAL**

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the study

Service quality is critical particularly for the growth and development of service sector business enterprises (Juran, 1988). Service quality is an important antecedent of customer satisfaction, (Zeithaml and Bitner, 2003; Andaleeb and Conway, 2006). The deliverance of quality services to customers is the competitive advantages of any service giving companies, Parasuraman, et al. (1985).

According to (Zaim, 2010), the role of service quality is widely recognized as being a critical determinant for the success and survival of an organization in competitive environment. One of the fastest growing in the service sector is the health care industry. The image and patient satisfaction are important factor for companies to influence both tangible patient loyalty for re-purchasing and recommend it to others. The quality of health services have a close relationship with patient satisfaction, because the quality of giving a boost to the patient to establish stronger ties with the implementation of health (providers) and ultimate patient satisfaction can increase the number of implementation (provider). Quality of service aims to provide customer satisfaction. Customer satisfaction of a service is determined by the customer's interest before using the service that compared with the results of customer perception of the service after the customer perceives the service performance that above expectations causing a sense of satisfaction (Dudung Juhana, 2015b). The quality of services offered by a company determines the customer satisfaction and long term loyalty (Naik et al. 2010)

As such service quality has increasingly been considered the key factor in differentiating services which also brings competitive advantages such as improved customer retention, positive word-of-mouth, reduced level of staff migration, decreased costs in attracting new customer, increased profitability and financial performance, increased customer satisfaction and enlarged market shares (J. J. Cronin, Brady, M.K., Hult, G.T.M. , 2000).

Even though, the researcher couldn't found a research which is specifically done in home to home nursing care business in Ethiopia as well as in Africa the researcher did with related topics

in some countries. From personal observation some agencies start home to home nursing care service in Addis Ababa.

Taking the assessment in to consideration, the purpose of this research is to measure and evaluate the influence of customer benefits and Service Quality on Customer Satisfaction: The case of home to home nursing care business in Addis Ababa and to determine which dimension of the service quality has a significant effect in the customer's level of satisfaction by applying a modified version of SERVQUAL.

1.2. Statement of the Problem

The service industry is among the highly dynamic industries as consumers and customers often demands change. These changes further drive the service provision and delivery forward with increasing demand for quality. Since services are intangible in nature their success and failure is not easily measured or quantified. The success of any service providing organization can be measured in terms of its customers' attitude towards the service delivery practiced which means service quality will be the dominant element in customers' evaluations of a given service. Customers' go to service providers expecting to get a quality service and the level of expectation among each individual varies. Finding out what customers' expect is essential in providing a quality service (Meron melaku, 2015).

Before going to assess the influence of customer benefits and Service Quality on Customer Satisfaction in home to home nursing care service understands, what is meant by home to home nursing care has to be clearly put. The researcher tried to read many literatures and observed from the literatures that Home health care is a system of care provided by skilled practitioners to patients in their homes under the direction of a physician. Home health care services include nursing care; physical, occupational, and speech-language therapy; and medical social services. (Cofermak, February 23, 2006.)

The goals of home health care services are to help individuals to improve function and live with greater independence; to promote the client's optimal level of well-being; and to assist the patient to remain at home, avoiding hospitalization or admission to long-term care institutions. Physicians may refer patients for home health care services, or the services may be requested by family members or patients(solution, 2006).

As per the researcher review literature and through personal observation and some experience in providing this service the researcher observe there are a lot of customers who want support because of many reason for example because of work burden and no one is there to care for their beloved family. Some clients complained about the service quality. Even though this service is new and started in Addis Ababa in recent year it is serving a lot of people who need the service and no research conducted previously in this service area in Ethiopia.

Taking this in to consideration the main interest of this study is to measure expectation and the perception of customers concerning a service provided by Home to home nursing care providers and find out the influence of service benefit and the service quality on customer satisfactions. The researcher believed that investigating the influence of customer benefits and Service Quality on Customer Satisfaction in home to home nursing care service delivery has to be researched to forward visible and scientific solution to improve service delivery of Home to home nursing care in Addis Ababa. In addition it will help the stake holders to now their gap and update theme self to meet their customer need accordingly.

1.3. Research questions

Studying the real problem would help us to have a better understanding of the situation from which solutions can be formulated. Therefore, this research tries to answer the following research questions:

- 1 What are the customers' expectations and perceptions in the home to home caring service delivered?
2. What is the level of the service quality?
3. How is the service benefit related with customer satisfaction?
4. What factors affected the quality of service delivered through home to home caring scheme?

1.4. Objective of the Study

1.4.1. General Objective: -

To assess and analyze the influence of customer benefit and service quality on customer satisfaction in home to home nursing care business in Addis Ababa.

1.4.2. Specific Objective

The specific objectives are:

1. To measure customers' expectations and perceptions of the home to home caring service.
2. To measure the level of service quality and service benefit of the home to home caring service.
3. To investigate the relationship between service benefit and Quality with customer satisfaction.
4. To examine the determinants of quality of home to home caring service in the study area

1.5. Significance/Importance of the Study

The findings of this study would help as inputs for the service providers those involved in providing home to home nursing care service and give sufficient information on the influence of customer benefits and service quality on customer satisfaction, so that it help them to know areas which need improvement and they may review their service package so that they maximize the benefit from their investments decisions and customers will gate quality service. The study may provide contextualize information for researchers who want to undertake further study on a related topic.

1.6. Delimitation/ scope of the Study

Service benefit and quality is a vast area; conducting research the whole system is unmanageable in terms of time and cost. This study focuses on the influence of service benefit and service quality on customer satisfaction. The study geographically delimited to Addis Ababa two sub cities, because the service is mainly implemented there. Since the study use snow ball sampling method the outcome of the study is mainly dependent on the individual responses of the respondents who participate in the study.

1.7. Limitations of the Study

The study has limitations. First; this study has focused on the quantitative findings, however, in order to get better results, it should be improved using qualitative data. Evaluation of the services by the patient is a subjective process and using a quantitative tool like questionnaire cannot reflect all the patient's judgments. Second some Nursing care organizations negative perception of the research questionnaires so it needs the researcher to show extraordinary patience and commitment that put its own negative impact to accomplish the research as needed. Thirdly, no research conducted previously in this service area in Ethiopia and Africa so, difficult to compare the result with other research findings. The outcome of the study is mainly dependent on the individual responses of the respondents who participate in the study. So the result may not be generalizable beyond the specific population.

1.8. Conceptual definition

Family Caregiver:-Broadly defined, refers to any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition.

Care giving:-Providing a wide array of help to an older person or other adult with a chronic, disabling, or serious health condition. Such assistance can include help with personal care and daily activities (such as bathing, dressing, paying bills, handling insurance claims, preparing meals, or providing transportation); carrying out medical/nursing tasks (such as complex medication management tube feedings, or wound care); locating, arranging, and coordinating services and supports; hiring and supervising direct care workers (such as home care aides); serving as "advocate" for the care recipient during medical appointments or hospitalizations; communicating with health and social service providers; and implementing care plans.

Intensive Care giving:-Providing 21 or more hours of care per week.

Long-Term Services and Supports (also referred to as "long-term care") : The broad range of day-to-day help needed by people with longer-term illnesses, disabilities, frailty, or other extended health conditions. This can include: help with housekeeping, transportation, paying bills, meals, personal care, care provided in the home by a nurse or other paid health professional, adult day services, and other ongoing social and health care services outside the

home. Long-term services and supports also include supportive services provided to family members and other unpaid caregivers(Bethesda, 2015).

1.9. Operational definition

Health care service quality: - services provided by Home to Home nursing care providers whose characteristics and features meet or exceed patient's needs and expectations

Perceived health care service quality:- patients' opinion or judgment of quality of service delivered by Home to Home nursing care providers.

Benefit; - Desirable attribute of service, which a customer perceives he or she will get from Home to Home nursing care.

Patient satisfaction: - is a measure of the extent to which patient is content with the healthcare Services which they received from home to home nursing care.

1.10. Organization of the study

The study organized in to five chapters. The first chapter starts by giving a brief introduction on home to home nursing care service, service quality, and background information about home to home nursing care and followed by a brief statement of the problem. It also includes the objectives, research question and significance of the study, as well as the scope and limitation of the study.

The second chapter focuses on exploring various literatures on the problem under study to provide definitions to the various concepts as well as explain the theoretical, Empirical perspectives and conceptual framework. The third chapter presents the methodology of the study. It describe the type and design of the research; the subjects/participant of the study; the sources of your data; the data collection tools/instruments employed; the procedures of data collection; and the methods of data analysis used. The forth chapter covers the result of the study. The last chapter provide summary of findings, the conclusion of the study and suggests possible remedial recommendations.

CHAPTER TWO

1 REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter covers the literature reviewed of Theories and models and conceptual framework which serves as evidence of the Variables of the study – Customer benefit, Service Quality and Customer Satisfaction. Definitions of benefits, service, quality, customer satisfaction, the concept of service quality, and the relationship between service quality and customer satisfaction is briefly highlighted.

2.2 Theoretical Review

While access to care at home is definitely a possibility, it's important to consider how much care a senior will need, and when he or she will need it. There are agencies that provide a range of services, from assistance in daily tasks (such as preparing meals, taking medication, grooming, etc.), to simple companionship, to more intensive medical care. You can even arrange for physical and occupational therapists to come to the house to provide therapy on a regular basis, helping maintain quality of life for as long as possible. Care services can range from a few times a week, to daily, or even overnight. Many agencies also offer "palliative care," meaning someone coming to stay with a senior for several hours to allow a caregiver personal time to run errands, make appointments, or just take a break (Croin JJ, 1992).

2.2.1 Home based health care service

It is a type of health care and a philosophy of care, services provided in the home, such as nursing and physical therapy. Focuses on relieving symptoms and supporting patients these symptoms can be physical, emotional, spiritual or social in nature (FMHACA, 2015)

2.2.2 Benefit

In business, customer benefit is a key to success. But an even bigger challenge you'll face is to keep customers coming back. A buyer who makes one purchase is likely an impulse buy or a buy from need. Buyers who make repeat purchases are customers you can serve for years to come.

That's why you can't discount the benefits of good customer service. Great service makes your customers feel that you care about developing a long-term relationship that means more than just making a sale (Chris, 2019). There are a lot of service benefits that a customer receives from any service some of them are:-

Social benefit:- Social benefit is the total benefit to society from producing or consuming a good/service. Social benefit includes all the private benefits plus any external benefits of production/consumption. If a good has significant external benefits, then the social benefit will be greater than the private benefit. (Ellen Hazelkorn, 2012)

Time benefit:-Time management means staying on top of your time, life, and activities. It shouldn't take extreme effort, but it does require discipline. However, the benefits of time far outweigh the work required.

Economic: - An economic benefit is any benefit that we can quantify in terms of the money that it generates. Net income and revenues, for example, are forms of economic benefit. Profit and net cash flow are also economic benefits.

2.2.3 Service

Services are economic activities offered by one party to another. In exchange for money, time, and effort, service customers expect value from access to goods, labor, professional skills, facilities, networks, and systems; but they do not normally take ownership of the physical elements involved (wirtz, 2011).

To evaluate a service is more complex than to evaluate a product, because the product is tangible and its defects can be detected, its functioning assessed and its durability compared. Conversely, service is first purchased and then it is produced and consumed simultaneously, and then the possible nonconformities are produced and experienced, characterizing their inseparability (Cruz WBS, 2010).Services are intangible and heterogeneous, at the same time being judged by the performance and the experience of those who use them, with the possibility of interpretation and different judgments, according to the provider and the user in question. Besides the intangibility, services present three other characteristics that affect program development: inseparability, variability and perish-ability (Kloter P, 2006).The intangibility is characterized by the activities

which cannot be seen, felt, heard or proven before they are acquired. The inseparability translates to the simultaneity in which services are produced and consumed. The professionals responsible for providing the service are part of it and interaction with users is a special characteristic of services. The variability concerns to whom, where and when services is provided. The perishability reinforces that services cannot be stored in advance, so it is necessary that strategies are established for the balance between existing demand and provision of services (Kloter P, 2006). It is generally accepted that services have four main characteristics that differentiate them from goods: intangibility, inseparability, variability, and perish-ability(kothler, 2011)these characteristics create unique challenges for services.

Service intangibility refers to the fact that services cannot be seen, tasted, felt, heard, or smelled before they are bought. For this reason, customers try to evaluate the quality of a service by looking at tangible components such as the place, people, price, equipment, and communications apparent.

Service inseparability refers to the fact that services cannot be separated from their providers, whether the providers are people or machines. This means that the employee providing the service becomes part of the service, in most cases, the customer is also present at the time of providing the service. Therefore, the provider-customer interaction becomes important in determining the outcome of the service (kothler, 2011).

Service variability refers to the fact that the quality of services depends on who provides them as well as when, where, and how they are provided (kothler, 2011). This means that the quality of a service provided is not just determined by the company or agency but by the service provider too. Therefore, understanding the role of service providers is crucial to understand perceptions of service quality.

Service perish-ability refers to the fact that services cannot be stored for later sale or use (kothler, 2011)

2.2.4 Quality

Quality of services is an advantage that is perceived by the consumer services company of the comparison between what customers want with what is acceptable to the consumer after the purchase of services (Dudung Juhana, 2015a).

(Mosadeghrad, 2011) defined Quality healthcare as “consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patient’s needs and satisfies providers.

There are many definitions of quality derived from different scholars. Defining quality for service organization is difficult because of the intangible nature of the product. Since a service is experienced, perceptions can be highly subjective. In addition to tangible factors, quality of services is often defined by perceptual factors. In most cases, defining quality in services can be especially challenging. (cited from (Meron melaku, 2015).

Some of the terms used to define quality in the service industry according to Reid and Sanders are:

Consistency: ability to provide same level of good quality repeatedly.

Responsiveness to Customer needs: willingness of service providers to help customers in unusual situations and to deal with problems.

Courtesy: the way employees treat customers.

Time: the amount of time a customer has to wait for the service.

Reliability: the ability to perform dependably, consistently and accurately.

Convenience: the accessibility of service provider to its customers.

Considering the research questions, Definition of quality, i.e. the difference between customer expectation of service and customers’ perceptions applied.

2.2.4.1 Service Quality Dimensions

(A. B. Parasuraman, L. and Zeithaml, V.A. , 1985) developed a measurement tool which has been empirically proven to be useful in health care setting as well as public health care system in

developing country (Taner, 2006). This tool measures service quality interims of underlying elements/dimensions and is named SERVQUAL (service/quality) questioner.

The basic SERVQUAL questionnaire is a 22 question survey which determines the difference between perceived and expected levels of quality across five proposed dimensions. In the original scale development process it was suggested that service quality consisted of ten dimensions. (A. B. Parasuraman, L. and Zeithaml, V.A. , 1985)These were: Reliability, Responsiveness, Competence, Access, Curtsey, Communication, Credibility, Security, Understanding the customer and Tangibles.

Reliability: It refers to performing as per the promises and designated time, just-ability to render unfailing and reliable service.

Responsiveness: refers to willingness or readiness of employee to provide service promptly or even setting up appointment quickly and understanding customers' interest, goals or problems.

Competence: It is all about possessions of the required skills and knowledge to perform the promised service; it also include the research capability of the organization, sound judgment and intelligent decisions

Access: this dimension refers to approachability and easy accessibility, convenient service provision hours and location of service facility.

Courtesy: consists of consideration, friendliness, politeness, respect of contact personnel for customers and their properties. It also includes personnel respect for their organization. If customers sense staffs don't care about their things, they begin to wonder how the staff will treat them and their things.

Communication: it means keeping customers informed in language they can understand as information is valuable to customers and listening to them.

Credibility: it refers to trustworthiness, honesty and having the customers' best interest at heart.

Security: is the freedom from danger, risk or doubt, it involves physical safety, financial security and confidentiality. It is providing customers with a comfort zone or peace of mind since they want to maximize gain and minimize or eliminate loss.

Understanding / knowing the customer: it means making an effort to understand the customer's needs / specific requirements providing individual attention. It is recognizing and acknowledging regular, loyal and repeat customers by name.

Tangibles: it includes the physical evidence of the service, physical facilities, promotional materials and personnel appearance.

However, these were later reduced to five efficacious dimensions. This include Tangibles, Reliability, Responsiveness, Assurance and Empathy, each with its own range of relatable statements. (A. Parasuraman, Zeithaml, V. A. and Berry, L. , 1988). In their next research these scholars examine & purify the content of the items and developed five SERVQUAL dimensions (three original and two combined dimensions) suggested the following concise definitions and labeling for the dimensions.

Tangibles: pertain to the physical facilities, equipment, personnel and communication materials;

Reliability: refers to the ability to perform the promised services dependably and accurately;

Responsiveness: refers to the willingness of service providers to help customers and provide prompt service;

Assurance: relates to the knowledge and courtesy of employees and their ability to convey trust and confidence; and

Empathy: refers to the provision of caring and individualized attention to customers.

2.2.4.2 Health Care Service Quality Concept

The image and patient satisfaction are important factor for companies to influence both tangible patient loyalty for re-purchasing and recommend it to others (Dudung Juhana, 2015b). The interest in health care service quality is increasing. With increasing pressure to measure quality, patient based assessments of medical care are becoming increasingly important. Patients offer a unique perspective for evaluating the nontechnical aspects of medical care. In literature, there are various definitions of healthcare service quality. The Institute of Medicine defines healthcare quality as "the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Al-Damen, August 12, 2017).

2.2.4.3 SERVIQUAL MODEL

In the health care literature, various measurement items for healthcare service quality have been developed. Service quality measurement in health care developed in time based on the framework of SERVQUAL. Despite all limitations regarding SERVQUAL proved to be a successful background in health care. The service quality model "SERVQUAL" ranks as the most important of service quality models and one of the widely used models to measure quality in service areas because of its comprehensiveness and practical applicability(lee and kim,2017).

Other researchers such as: Pakdil and Harwood (2005), Qin and Prybutok (2009), found that SERVQUAL instruments suitable to analyze the perceptual gap in understanding patient expectation among health care stakeholders, a useful model to measure the differences between patients' preferences and their actual experiences and five dimensions of the service quality in SERVQUAL instrument are significant and reliable in a health care setting (Chakraborty and Majumdar, 2011).

The advantages of measuring patient satisfaction, appears in literature. According to Buttle (1994) SERVQUAL has the following advantages above other measuring instruments:

It is an accepted standard for assessing the different dimensions of service quality.

- It is known to be valid in a number of service situations.
- It is known to be reliable.
- The instrument has a limited number of items and it is quick and easy to complete.
- The analytical procedure to aid interpretation and results is based on research and it is standardized. (Frederick John Whitford, 2016).

2.2.5 Customer perception

Customer perception is an individual's impression, awareness and appreciation of a product or service provided or marketed to him. This can be seen as a process that starts when the consumer or potential consumer receives information about a product and ends when he builds an opinion or judgment of it.

The patient's perception of the service quality plays an important role in achieving customer satisfaction and the causal relationship between the service quality and satisfaction has been an

important topic of discussion in many relevant studies (Choi, (2004); Karatepe, 2011). In practice, satisfaction and quality are often used interchangeably, but the consensus of researchers is that these are two distinct constructs, although highly correlated with each other (Padma, 2010).The quality judgments are relatively specific, while the satisfaction judgments are mainly general(Jen, 2011).

2.2.6 Satisfaction

Customer satisfaction is a condition in which the wants, expectations and needs of customers are met. A service is considered satisfactory if the service can meet the needs and expectations of customers. Patient satisfaction has been described to have elements of subjectivity, expectations and perceptions. Patient satisfaction is a 'complex mixture of perceived needs, expectations of care, and the experience of care' and is a predictor of patients' behaviors (Said Abusalem, 2012). According to (Kotler, 2003) ,customer satisfaction as the feeling of pleasure or disappointment of someone to a product after he compared the results of products which was thought to the expected product performance. If performance meets expectations, it means that the customer is satisfied. But if the performance doesn't meet customer expectations, then the customer isn't satisfied. Patient satisfaction is patient perception that the expectations have been met or exceeded. Patient satisfaction is a patient's level of feeling that arises as a result of the performance of health services obtained after patients compared with what was expected. If the results are felt to equal or exceed expectations, then it will cause a feeling of satisfaction, otherwise there will be a feeling of disappointment or dissatisfaction when the results are not along with expectations(Dudung Juhana, 2015b).What is clearer and well established is that patient satisfaction is one important predictor and indicator of quality of health care (D&BearM, 2009).

2.3 Empirical review

In recent years, many European countries have been facing weighty problems about healthcare services, such as the increasing prevalence of disability and chronic diseases, the ageing of the population, the lack of inpatient beds, etc. These problems have exacerbated the need to decentralize healthcare, leading to a shift from in hospital care to home care, by reducing hospitalization costs (Genet, 2012).

Home health is a diverse and dynamic service industry that began in the United States in the 1880s. Today, it is estimated that well over 7.6 million people currently receive care from more than 80,000 providers because of acute illness, long-term health conditions, permanent disability or terminal illness. This comprehensive data includes all types of homecare providers, including private pay through non-certified Medicare entities. Home health is delivered in the United States by a combination of large and small home health providers, both for-profit and non-profit. It has been estimated that there are currently more than 13,000 home health agencies serving patients across America, with approximately 9,800 of those agencies certified to treat Medicare patients (Hospice, 2010).

As the country explores solutions to its many health care challenges, home health must surely play a critical role in dealing more effectively with post-acute care, and effective management of chronic illnesses, especially in light of America's rapidly aging population. Home health has already demonstrated that it is clinically sophisticated, cost-effective and patient-preferred, based on its experiences with millions of patients and their families, multiple examples of medical advances and positive outcomes at home (Hospice, 2010).

(Huycke, 2000) described the following attributes of quality that relate to a patient's care, including patient satisfaction: '(1) Process/structure attributes that include access, availability, cost, continuity, equipment, fairness and justice; (2) Interpersonal attributes such as humanness, responsiveness, caring, respect, communication, beneficence, personality type; (3) Technical attributes such as knowledge, skill, competency, timely, prevention, normal efficiency; and (4) Antecedents of quality attributes such as healthcare knowledge, experience, expectation, physical and emotional needs, values and beliefs, and perception of needs and care'.

According to(Corporation N.R., 2012) families share a high overall satisfaction level with their skilled nursing homes, their satisfaction with individual aspects of care ranges from 69% (families' "good" and "excellent" ratings of the measure "adequate staff to meet needs")

Currently, patient satisfaction surveys are becoming routine parts of every healthcare organization(Said Abusalem, 2012). The interrelationships between the concepts of the study can be summarized as follows: perceived service quality is the antecedent of satisfaction (Murray, 2002). Service quality has established itself as an important determinant of customer satisfaction(Olgun Kitapci, 2014). There is a positive relationship between service quality, satisfaction, and revisit intension(Lee, 2011)and service quality positively influences to customer satisfaction (Kuo, 2009).(Heineken, 1998)found that patients who reported their overall satisfaction in home health care reported routinely major areas of dissatisfaction that they wanted to discuss, including healthcare providers inconsistency (many providers within a week of home care), different approaches of care by different nurses, and some nurses showing no verbal or non-verbal signs of caring.

(Zamil, 2012) studied service quality in the private hospitals of Iran from the patients' perspective; Results indicated that tangible has the highest expectations and perceptions and the lowest expectation and empathy perception has the lowest expectations.

(Mosadeghrad, 2014)Conducted an exploratory in-depth individual and focus group interviews with 222 healthcare stakeholders including healthcare providers, managers, policy-makers, and payers to identify factors affecting the quality of healthcare services provided in Iranian healthcare organizations.. Results found that personal factors related to the provider and patient, factors pertaining to the health care organization, health care system and broader environment affected health care service quality.

2.4. Conceptual frame work

The study will shows the relationship between the five service quality dimensions and customer satisfaction using modified SERVQUAL model and the customer benefit.

Independent Variables

Dependent variables

Health Service Quality Dimensions Patient Satisfaction

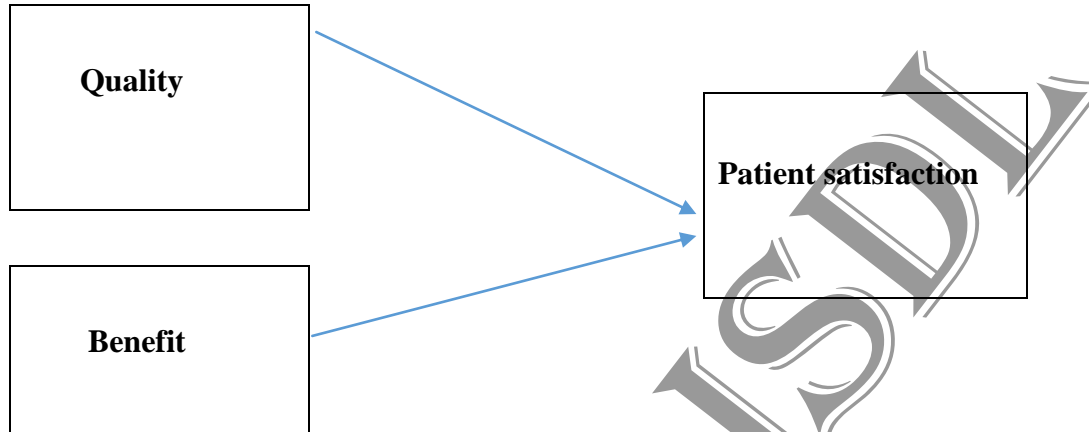


Figure 2.1 **Research Frame Work**

Source: Adopted from Rula Al-Damen (August 12, 2017)

CHAPTER THREE

2 RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

This chapter presents details of the research design, Sampling procedure, sample size and sampling technique, data source and collection method, procedure of data collection, questionnaire and the method of data analysis.

3.2. Research Approach

This study use quantitative research approach in which Quantitative research allows for greater accuracy and objectivity of results gotten. This kind of research is designed specifically to offer summaries of information that support generalizations regarding whatever phenomenon are being studied. It also eliminates bias.

3.3. Type of research design

The researcher used quantitative research method to analyze the data collected from respondents on service quality dimensions using SERVQUAL model. Application of descriptive study design is chosen as the researcher is interested in describing the existing service quality dimensions that lead to customer satisfaction. This study also used explanatory study design, to explaining, understand and control the relationship between variables. The study is also cross-sectional as relevant data was collected at one point in time.

3.4. Sampling Procedure

3.4.1. Target Population

The study was conducted in Addis Ababa town. The two sub cities chosen based on the information gathered and discussion made about service providing organizations with Addis Ababa health office and they gave me a support later of collaboration for the two sub city concerned office administration. The target population of the study was patients/customers who receive home to home nursing care service and reside in the study area.

3.4.2. Samples and Sampling Techniques

Addis Ababa is the capital and biggest city of Ethiopia. It consists of a population of 3,384,569 as per the 2007 population enumeration, with yearly growth rate of 3.8%. ("Addis Ababa population," 2017).

Addis Ababa town has 10 sub cities and 99 kebeles. As it is known for research work total population has not totally taken as a sample. Considering this the researcher select two sub cities based on multiple stage method, that is after collecting information from Addis Ababa Health office, purposively two sub cities Yeka (337,575 population) and Bole (328,900 population) selected based on availability of the service provider agencies . Yeka 5 and Bole 1 Home to Home nursing care service provider Agency's working actively. Samples will be selected using snowball sampling Method based on the information gathered from these selected care provider organizations.

Sample Size

The questionnaire purposively distributed to 100 clients who receive the home to home nursing care service by using snow ball sampling method.

3.5. Source of data

Both primary and secondary data was utilized. The primary data was collected from targeted participants. Structured questionnaire surveys was used, secondary data was collected from different publications from books, journals, reports, bulletins, and research findings.

3.6. Data collection instrument

3.6.1. Questionnaires

SERVQUAL instrument was used as questionnaire. A structured self-administered questionnaire was used as an instrument for data collection. The questionnaire consisted 6 parts. The first part contained general data of the customers. The second and third part included Liker-type of questions to measure customers' expectation and perception level. The fourth section Liker-type of questions designed to measure customer Benefits. Section five about the influence of service benefit and quality for customer satisfaction. The last part measure the general satisfaction level of customers

In addition to using the standard SERVQUAL questionnaire in the English language the researcher adopted SERVQUAL questionnaire and translated to Amharic language. The purpose using translated questionnaire is to address the cultural gap that may result in language differences.

3.6.2. Procedures of Data Collection

Before the final questionnaire in order to validate the information, pre testing of questionnaires was conducted on randomly selected 20 samples. Internal consistency or reliability of the instrument was calculated by finding Cronbach alpha coefficient. Cronbach's alpha is an index of reliability associated with calculating the reliability of items that are not scored right versus wrong. Alpha coefficient ranges in value from 0 to 1 and may be used to describe the reliability of factors obtained from multi-point formatted questionnaires or scales (i.e., rating scale: 1 = very disagree, 5 = very agree) (Fraenkel & Wallen, 2003). The higher the score, the more reliable the scale is. 0.7 to be an acceptable reliability coefficient. The alpha for this instrument was computed at 0.94.

The questionnaire was administrated to respondents in face to face. Moreover, some concepts were orally clarified before and during the filling of questionnaire. In the process to collect data the researcher uses purposive sampling and snowballing techniques.

3.6.3. Data Cleaning

With the methods the researcher used to collect the primary data, there was a risk of getting back uncompleted questionnaires, either because of the respondent ignored or did not see the question. From 100 distributed questionnaires 83 were returned back out of this 77 with complete answer and 6 incomplete one. The samples only represented a part of the Addis Ababa two sub city populations, because of limited sources. Thus the study lacks universalism and is not large enough to cover the whole customers who get the service. The problem of incomplete questionnaires is very common in questionnaire answering, it is always good to see how to sort this out to avoid problem in analysis incomplete questionnaires. To handle this, after the researcher collected the responses the researcher went through them and selected only the questionnaires that were filled out in full and threw away the uncompleted questionnaires.

3.7. Methods of Data Analysis

The gathered information through questionnaires was entered and coded to computer. Statistical Package for Social Science (SPSS) software version 23 was employed to analyze and present the data through the statistical tools used for this study, namely descriptive analysis, correlation and multiple regression analysis.

a) Descriptive analysis

The descriptive statistical results presented by tables, frequency distributions and percentages. Summary statistics, which includes the means, standard deviations values which are computed for each variable in this study.

b) Pearson Correlation analysis

In this study Pearson's correlation coefficient was used to determine the relationships between service quality dimensions (reliability, empathy, responsiveness, tangibility and assurance) and service benefit on customer satisfaction.

c) Multiple Regression Analysis

To investigate the association of service benefit and service quality dimensions (reliability, responsiveness, assurance and empathy) on customer satisfaction the researcher used multiple regression analysis.

3.8. Ethical Considerations

It was understood by the researcher that ethical consideration is basic and has to be kept throughout the research and participants has to be treated in ethical manner at all times of the research while taking the information in questionnaire and interview from the participants.

- To avoid any possible fear or negative effect on the participant by involving in the study pre-questioner, orientation about keeping the anonymity, confidentiality of the information and voluntarily participation explained for the participants.
- An oral consent was obtained from each participant concerning before asking any information.
- Also codes instead of names were used to identify participants in interpreting as well as reporting the findings of the study. Every participant was told that if they are not willing, as it is their right to refuse participation in the research.

CHAPTER FOUR

4. RESULTS PRESENTATION, ANALYSIS AND INTERPRETATIONS

4.1. Introduction

This chapter presented a result and discussion of the final results and the process through which the results were obtained. In addition to this, background information of respondents is presented. Finally, the statistical methods of analysis were discussed, which included a descriptive analysis, a correlation analysis, and a multiple regression analysis computed using SPSS version 23. A total of 100 questionnaires were distributed out of which 83 were returned, six questionnaires were rejected due to missing data. Therefore, 77 % of questionnaires served as data for analysis to present the findings and draw conclusion.

4.2. Data Reliability

Cronbach's alpha reliability test was run on the data collected to determine the reliability of the data. Results showed that all the values were above 0.85 indicating acceptable reliability (Table 4.1). Nunally (1978) suggested that the minimum of 0.70 would be an acceptable level

Table 4.2.1: Cronbach's Alpha Reliability Test Results of Service Quality

Dimension of service quality (Expectation)	Cronbach's Alpha	Dimension of service quality (Perception)	Cronbach's Alpha
Tangible	0.85	Tangible	0.83
Reliability	0.91	Reliability	0.90
Responsiveness	0.87	Responsiveness	0.84
Assurance	0.74	Assurance	0.73
Empathy	0.93	Empathy	0.92

Source: Own survey (2019)

Accordingly, all of the constructs fall under the acceptable levels.

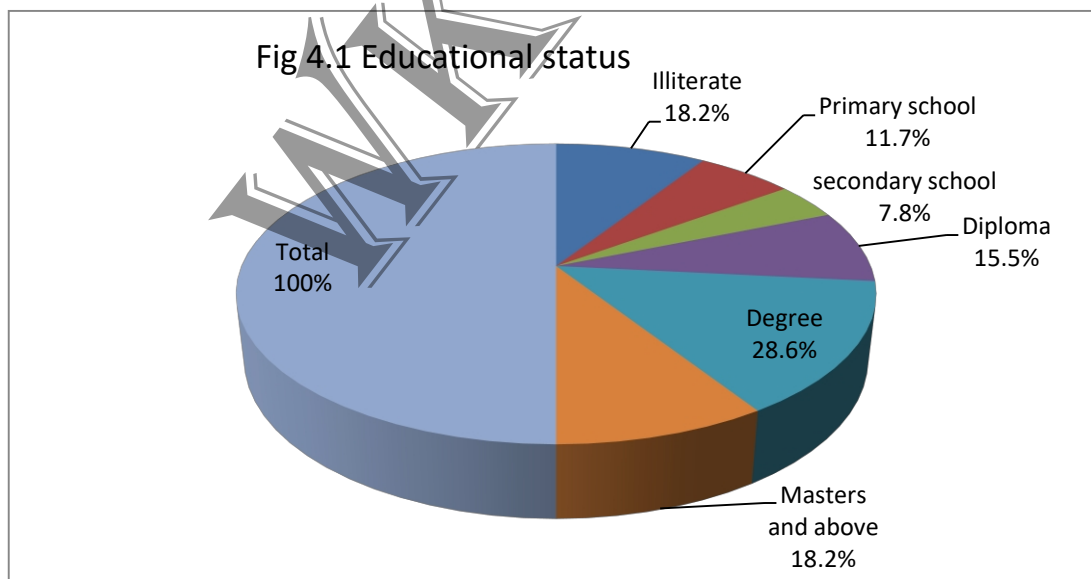
4.3. Result

The average age of the patients was 56.55 year which shows mostly the customer of the service is old age group. According to the findings, majority of respondents were female 55.8% (43 people) while male were 44.2%. Figure 1 shows about 18.2% of the patients were illiterate, 11.7% primary school, 7.8% secondary school, 15.5% Diploma, 28.6% were Degree holder and 18.2% Masters and above education levels and the average income of the participant was 7720 birr/month. This implies that educated society uses the service more than illiterate and also those who have good income use the service more than low income society.

Table 4.3.1 Socio demographic profile of respondent.

		N	Minimum	Maximum	Mean
Age		77	24	84	56.55
Income per month		77	0	53000	7720.12
		Frequency	Percent	Valid Percent	Cumulative Percent
Sex	Female	43	55.8	55.8	55.8
	Male	34	44.2	44.2	44.2
	Total	77	100.0	100.0	100.0

Source: Own survey result (2019)



4.4. Level of Customers' Expectation, Perception and Gap Score

Mean score of relevant to 22 items of service quality Expectation lay between 3.86(Q7 The medical payment of the patient will be error free and fair) and 4.42(Q14 The behavior of staff will instill confidence of patient) from service quality Perception items lay between 4.12(Q1 The uniform of the nurse staff is neat and tidy) and 4.56(Q20 The staff members understand the need to give personal attention).

Among the five dimension of Expectation about the service quality the highest mean score 4.19 belonged to statement of service quality assurance (SSQA) and the lowest mean score 4.06 related to statement of service quality reliability (SSQR) table 4.3.2.

The highest average mean of the responses indicated from the results was 4.19 which show that the respondents were agreeing that from there expectation assurance is the main concern from service quality dimension of service providers while the standard deviation was 0.47796 which indicated that the answers received were varied as they were dispersed far from the mean.

Table 4.4.1 Statistics Expectation

		Tangible	Reliability	Responsiveness	Assurance	Empathy	Total Quality
N	Valid	77	77	77	77	77	77
	Missing	0	0	0	0	0	0
Mean		4.1104	4.0649	4.1039	4.1916	4.1766	4.1295
Median		4.0000	3.8000	4.0000	4.2500	4.2000	4.0600
Std. Deviation		.52799	.53058	.55659	.47796	.45765	.47046
Variance		.279	.282	.310	.228	.209	.221

Among the five dimension of Perception section about the service quality the highest mean score 4.42 which is statement of service quality Empathy which show that the respondents were agreeing that there perception is the main concern from service quality dimension of service providers while the standard deviation was 0.145 which indicated that the answers received were varied as they were dispersed far from the mean.

Table 4.4.2 Statistics of Perception

		Tangible	Reliability	Responsiveness	Assurance	Empathy	Total Quality
N	Valid	77	77	77	77	77	77
	Missing	0	0	0	0	0	0
Mean		4.2890	4.3558	4.4156	4.3870	4.4221	4.3739
Median		4.2500	4.4000	4.5000	4.4000	4.5000	4.4000
Std. Deviation		.46606	.35927	.40881	.45229	.38100	.33066
Variance		.217	.129	.167	.205	.145	.109

Source Own survey 2019

As we compare the mean score of Expectation with Perception, mean score of perception is higher which shows that the participant perceives more than they expect regarding the service they receive from the home to home nursing care providers.

Table 4.4.3 Gap score

	Perception	Expectation	gap= Perception-Expectation
Tangibles	4.12	4.09	0.03
	4.39	4.12	0.27
	4.13	4.19	-0.06
	4.52	4.04	0.48
Reliability	4.36	4.16	0.2
	4.36	4.08	0.28
	4.27	3.86	0.41
	4.32	4.25	0.07
	4.45	3.99	0.46
Responsiveness	4.36	4.09	0.27
	4.48	4.1	0.38
	4.38	4.25	0.13
	4.44	3.97	0.47
Assurance	4.45	4.42	0.03
	4.47	4.1	0.37
	4.39	4.18	0.21
	4.38	4.06	0.32
Empathy	4.51	4.26	0.25
	4.31	4.06	0.25
	4.56	4.19	0.37
	4.12	4.05	0.07
	4.44	4.31	0.13
	4.373181818	4.128181818	0.245

As we see from table 4.4.3 the total mean score of Service Expectation is 4.128 and Service perception is 4.373 this makes the gap or difference between Service Perception and Service Expectation 0.244, shows that the respondents perceive more than they expect from the service. But when we see statement of Tangibles which say “the medical equipment look modern” the gap score is -0.06 means that the customers expected more than they perceive.

Table 4.4.4 Statistics of service benefit

		Social benefit	Time benefit	Economic Benefit	Health benefit	Tot benefit
N	Valid	77	77	77	77	77
	Missing	0	0	0	0	0
Mean		4.5390	4.6688	4.5000	4.5498	4.5644
Median		4.5000	5.0000	4.5000	4.6667	4.5417
Std. Deviation		.46429	.44137	.51299	.42497	.31082
Variance		.216	.195	.263	.181	.097

Source Own survey (2019)

Mean score of the service benefit questions lay with lowest 4.5 which is statement of economic benefit to highest 4.67 that is statement of time benefit of the service and the total mean score about the service benefit was 4.56.

The highest average mean of the responses indicated from the results was 4.6688 which show that the respondents were strongly agree that Time benefit is the major benefit from the service while its standard deviation was 0.4413 which indicated that the answers received were varied as they were dispersed far from the mean.

4.5. Influence of service Benefit & Quality for customer satisfaction

Mean score for the influence of service Benefit for customer satisfaction was 4.58 and influence of service Quality for customer satisfaction was 4.43 , this total mean score for the influence of service Benefit and Quality for customer satisfaction in home to home nursing care service 4.53 from 5.

Table 4.5.1 Statistics influence of service Benefit &Quality for customer satisfaction

	Service Quality	Service Benefit	Customer satisfaction
Mean	4.43	4.58	4.53
Median	5.00	5.00	5.00
Std. Deviation	.637	.570	.598

Source: own survey (2019)

As we see from table 4.5.1 The average mean of the responses indicated from the results service benefit was 4.58 which show that the respondents were strongly agree that service benefit has greater influence on their satisfaction rather than service quality at study area while the standard deviation was 0.57 which indicated that the answers received were varied as they were dispersed far from the mean.

4.6. Overall Customer satisfaction level

Table 4.6.1 presents the respondents' general feeling towards Home to home nursing care services delivery. It can be observed from the data that customer' satisfaction level ranges from Neutral up to highly satisfied level.

Table 4.6.1 Overall satisfaction level

		Frequency	Percent	Valid Percent	Cumulative Percent	valid	77
						Missing	0
Valid	Neutral	4	5.2	5.2	5.2	Mean	4.5325
	Satisfied	28	36.4	36.4	41.6	Median	5.0000
	Highly satisfied	45	58.4	58.4	100.0	SD	.597
	Total	77	100.0	100.0		Variance	0.357

As we see from the above table 45 respondents (58.4%) are highly satisfied with the home to home nursing care service and 5.2% are neutral means that they are neither satisfied nor dissatisfied with the service. The mean score of overall satisfaction level is 4.53 with this we can infer that the service provided by Home to Home nursing care service is highly satisfactory so that it is good if Home to home nursing care providers regularly assess patient perceptions and satisfactions through surveys, which could then be used to improve and maintain the quality of health care and overall patient satisfaction.

4.7. Correlation Analysis between service benefit, Service Quality Dimensions and Customer Satisfaction

Correlation analysis determines the strength of the relationship as well as the extent of association between variables.

To find out the relationship between service quality dimensions and customer satisfaction, Pearson's correlation coefficient (r) which measures the strength and direction of a linear relationship between two variables is used. Values of Pearson's correlation coefficient are always between -1 and +1. A correlation coefficient of +1 indicates that two variables are perfectly related in a positive sense; a correlation coefficient of -1 indicates that two variables are perfectly related in a negative sense, and a correlation coefficient of 0 indicates that there is no linear relationship between the two variables. A low correlation coefficient; 0.1-0.29 suggests that the relationship between two items is weak or non-existent. If r is between 0.3 and 0.49 the relationship is moderate. A high correlation coefficient i.e. >0.5 indicates a strong relationship between variables. The direction of the dependent variable's change depends on the sign of the coefficient. If the coefficient is a positive number, then the dependent variable will move in the same direction as the independent variable; if the coefficient is negative, then the dependent variable will move in the opposite direction of the independent variable. Hence in this study both the direction and the level of relationship between the dimensions of service benefit, service quality and customer satisfaction are conducted using the Pearson's correlation coefficient. The table below presents the result of the correlation analysis made using bivariate correlation.

Table 4.7.1 Correlations

		Satisfaction	Benefit	Reliability	Responsiveness	Assurance	Empathy	Tangibles
Satisfaction	Pearson Correlation	1						
	Sig. (2-tailed)							
	N	77						
Benefit	Pearson Correlation	.518**	1					
	Sig. (2-tailed)	.000						
	N	77	77					
Reliability	Pearson Correlation	.372**	.591**	1				
	Sig. (2-tailed)	.001	.000					
	N	77	77	77				
Responsiveness	Pearson Correlation	.361**	.636**	.869**	1			
	Sig. (2-tailed)	.001	.000	.000				
	N	77	77	77	77			
Assurance	Pearson Correlation	.453**	.720**	.789**	.759**	1		
	Sig. (2-tailed)	.000	.000	.000	.000			
	N	77	77	77	77	77		
Empathy	Pearson Correlation	.443**	.617**	.827**	.868**	.744**	1	
	Sig. (2-tailed)	.000	.000	.000	.000	.000		
	N	77	77	77	77	77	77	
Tangibles	Pearson Correlation	.266*	.524**	.782**	.852**	.784**	.851**	1
	Sig. (2-tailed)	.019	.000	.000	.000	.000	.000	
	N	77	77	77	77	77	77	77

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

The correlation results revealed that Service benefit had a positive and significant association with customer satisfaction and from Service quality dimensions Assurance had somehow positive but weak association with customer satisfaction.

From the result we can see that from service quality dimensions Assurance is moderately correlated to satisfaction (0.453) followed by Empathy (0.443), reliability (0.372), Responsiveness (0.361) but Tangibility had week correlation with satisfaction (0.266). But Benefit is highly correlated to satisfaction (0.518). From this we can inferred that some of the service quality dimensions have significant correlation with customer satisfaction like Assurance.

When we look at the inter correlation between the service quality dimensions we can see that there is a positive and significant relationship which implies that a change made in one of the service quality dimension will positively motivate the other service quality dimension. The highest inter correlation is between responsiveness and Reliability ($r=0.869$) followed by responsiveness and Empathy ($r=0.868$), responsiveness and Tangible ($r=0.852$) and empathy and reliability (0.827)

Thus from this result confirmed that there is a positive and significant relationship between service Benefit dimension and customer satisfaction and moderate relationship between service quality and Satisfaction. Hence it answers the thread research which asks about the relationship between service quality and customer satisfaction. Accordingly we can conclude that there is a positive relationship between the service benefit, service quality dimensions and customer satisfaction.

4.8. Regression analysis

As it can be depicted from the below table there is a positive and statistically significant relationship between the independent variables (tangibility, reliability, responsiveness, empathy and assurance) and the dependent variable (customer satisfaction). Thus 34% ($R^2 = .337$) variation on customer satisfaction is explained by the independent variables.

Table 4.8.1 Model Summary of service quality dimensions

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.580 ^a	.337	.290	.50379

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

From table (4.8.2) we see a positive and statistically significant relationship between the independent variable (Benefit) and the dependent variable (customer satisfaction). Thus 27% ($R^2 = .268$) variation on customer satisfaction is explained by the independent variables.

Table 4.8.2 Model Summary of service benefit dimensions

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.518 ^a	.268	.259	.51478

a. Predictors: (Constant), Benefit

Table 4.8.3 ANOVA for service quality dimensions and customer satisfaction

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.149	5	1.830	7.209	.000 ^b
	Residual	18.020	71	.254		
	Total	27.169	76			

a. Dependent Variable: Overall Satisfaction

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

From the ANOVA table it has been determined that $F = 7.209$ and Sig. is .000 which confirms that service quality dimensions have significant impact on customer satisfaction.

Table 4.8.4 ANOVA for service Benefit dimensions and customer satisfaction

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7.294	1	7.294	27.526	.000 ^b
	Residual	19.875	75	.265		
	Total	27.169	76			

a. Dependent Variable: Overall Satisfaction

b. Predictors: (Constant), Benefit

As we see from the above table it has been determined that $F = 27.526$ and Sig. is .000 which confirms that service Benefit dimensions have significant impact on customer satisfaction.

Table 4.8.5 Coefficients for Service Quality Dimension on Customer Satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.761	.705		1.079	.284
	Reliability	-.214	.337	-.139	-.634	.528
	Responsiveness	.074	.355	.052	.209	.835
	Assurance	.861	.275	.546	3.127	.003
	Empathy	1.039	.337	.686	3.079	.003
	Tangibles	-.906	.289	-.682	-3.134	.003

a. Dependent Variable: Overall Satisfaction

The coefficient table for service quality dimensions indicates the beta values of the independent variables. From this the regression equation is derived as:

Regression Equation

$$Y = a + bX_1 + bX_2 + bX_3 + bX_4 \dots$$

$$CS = 0.761 - 0.214REL + 0.074RES + 0.861ASS + 1.039EMP - 0.906TAN$$

Where,

CS = Customer satisfaction

TAN = Tangibility

REL = Reliability

RES = Responsiveness

EMP = Empathy

ASS = Assurance

The beta coefficients indicated that how and to what extent Service Quality dimensions such as tangibility, reliability, responsiveness, Empathy and Assurance influence customer's satisfaction of Home to home nursing care service. It has been found that, Empathy (beta =0.686, t=3.079, p<0.001) and Assurance (beta=0.546, t=3.127, p<0.001) have the highest significant impact on customer's satisfaction, whereas, Responsiveness (beta =.052, t=.209, p>0.05) low impact, but

Tangibility (beta=-.682, t=-3.134, p>0.05) and reliability (beta =-.139, t=-.634, p>0.05), have no impact on customers satisfaction of Home to home nursing care service.

Table 4.8.6 Coefficients for Service Benefit Dimension on Customer Satisfaction

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	-.017	.869		-.020	.984
Benefit	.997	.190	.518	5.247	.000

a. Dependent Variable: Overall satisfaction

Regression Equation

$$Y = a + bX_1 + bX_2 + bX_3 + bX_4 \dots$$

$$CS = -0.017 + 0.997BEN$$

Where,

CS = Customer satisfaction

BEN= Benefit

The above table shows that, Benefit (beta =0.518, t=5.247, p<0.001) have the highest significant impact on customer's satisfaction.

4.9. Discussion

The main aim of this study was to investigate the influence of customer benefit and service quality on customer satisfaction in home to home nursing care business in Addis Ababa. The findings of this study generally showed that patients who receive a home to home nursing care service in Addis Ababa were highly satisfied with the quality of services they received.

The participant expects a service quality with a mean score of 4.13 and perceives a service quality with a mean score of 4.37. This shows that the customers perceive more than what they expect from the home to home nursing care service. This is supported with the gap score of the finding that is Perception minus Expectation is a positive but one quality dimension that is under Tangibles states about the medical equipment modernity the gap score is negative which shows the client were not satisfied with that dimension of service quality. From expectation section Assurance has a high mean score value which is related to the knowledge and courtesy of employees and their ability to convey trust and confidence to the patient was a high concern and reliability has a low mean score it refers to performing as per the promises and designated time, just-ability to render unflinching and reliable service was not that much a concern for the participants relatively.

When we look the perception dimension as the same of Expectation Assurance has a high mean score but the lowest mean score was Tangibles that includes the physical evidence of the service, physical facilities, promotional materials and personnel appearance was relatively low when we compare from other dimensions. Understanding the need to give personal attention to the patient has effect on the customer satisfaction from perception section, so that the more positive this perception was the patients felt more satisfied which is consistent with the previous study results (Anbori et al., 2010)

The time benefit from the service has a high mean score value and economic benefit has a lowest mean value. This shows that Time benefit has a greater contribution for the client's satisfaction level compared to the other benefit dimensions. The influence of service benefit for customer satisfaction has Mean score of 4.58 and Service quality has a mean score of 4.43 based on this

Service benefit has high contribution for customer satisfaction than service quality in home to home Nursing care service.

From the result we can see that from service quality dimensions Assurance is moderately correlated to satisfaction (0.453) followed by Empathy (0.443), reliability (0.372), Responsiveness (0.361) but Tangibility have weak correlation with satisfaction (0.266). This implies that service quality has positive relationship with customer satisfaction. Service quality has established itself as an important determinant of customer satisfaction (Olgun Kitapci, 2014). There is a positive relationship between service quality, satisfaction, and revisit intention (Lee, 2011) and service quality positively influences customer satisfaction (Kuo, 2009). But Benefit is highly correlated to patient satisfaction (0.518), so that service benefit has also a positive relationship for patient satisfaction.

When we look at the inter correlation between the service quality dimensions we can see that there is a positive and significant relationship which implies that a change made in one of the service quality dimension will positively motivate the other service quality dimension. The highest inter correlation is between responsiveness and Reliability ($r=0.869$) followed by responsiveness and Empathy ($r=0.868$), responsiveness and Tangible ($r=0.852$) and empathy and reliability (0.827)

Thus from this result confirmed that there is a positive and significant relationship between service Benefit dimension and customer satisfaction and moderate relationship between service quality and customer Satisfaction. Hence it answers the thread research question which asks about the relationship between service quality and customer satisfaction. Accordingly we can conclude that there is a positive relationship between the service benefit, service quality dimensions and customer satisfaction.

There is a positive and statistically significant relationship between the independent variables (quality) and the dependent variable (Customer satisfactions) in which 34% ($R^2 = .337$) variation on customer satisfaction is explained by the independent variables and also we see a positive and statistically significant relationship between the independent variable (Benefit) and the dependent variable (customer satisfaction). In which 27% ($R^2 = .268$) variation on customer

satisfaction is explained by the independent variables. This can be said that effective in explanation of the relationship between service quality and overall satisfaction from the patient's perspective which studied in the private hospitals which is consistent with the previous findings (Badri et al., 2009; Zamil, Areiqat, & Tailakh, 2012).

WAKULISDI

CHAPTER FIVE

5. SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.1. Summary of Findings

This study is conducted to find out the influence of service quality and service benefit on customer satisfaction in the case of Home to Home nursing care business in Addis Ababa. The finding of the study indicates that most of the service quality and all service benefit dimensions have a positive impact on customer satisfaction.

Major Findings of this study are as follow:

- From the Pearson's correlation result it is indicated that there is a positive and significant relationship between the service quality dimensions and customer satisfaction. Accordingly Empathy and assurance is found to have the highest correlation with customer satisfaction. Empathy is the provision of caring and individualized attention to customers. Assurance is the knowledge and courtesy of employees and their ability to convey trust and confidence so that the customer feels he or she is in courteous, able and competent hands.
- Empathy has the highest beta value on the regression model and is the dominant service quality dimension with the highest impact on customer satisfaction. The descriptive analysis also confirmed that assurance has a mean value of 4.42 which implies that customers of Home to Home nursing care are satisfied with the assurance dimension of service quality and the Service providers should continue to maintain it in the future.
- Result shows there is a positive and significant relationship between the service benefit dimensions and customer satisfaction. The time benefit from the service has a high mean score value. This shows that Time benefit has a greater contribution for the client's satisfaction level compared to the other benefit dimensions.
- The influence of service benefit for customer satisfaction has Mean score of 4.58 and Service quality has a mean score of 4.43 based on this Service benefit has high

contribution for customer satisfaction than service quality in home to home Nursing care service.

- Result shows from the mean result of all dimensions we can say that customers of Home to home nursing care in Addis Ababa are satisfied with the service they received. Accordingly when we look at the overall regression result 34% of variation in customer satisfaction is explained by the service quality dimensions and 27% of variation in customer satisfaction is explained by the service benefit dimensions. 39% of variation in customer satisfaction is explained by other variables.

5.2. Conclusion

Home to home nursing care is new emerging health service business in Ethiopia, This is on the one hand a business serving ‘customers’ and, on the other a medical organization caring for patients. The business of delivering quality healthcare requires clinical expertise and business expertise. It also requires expertise in interpersonal dynamics. Service benefit and service quality are essential in the attainment of excellent clinical outcomes, financial success and patient satisfaction. And none can accomplish this alone. Home health care clinicians seek to provide high quality, safe care in ways that honor patient autonomy and accommodate the individual characteristics of each patient’s home and family.

This study found a strong relationship between service benefit, quality and patient satisfaction. Study of service quality as a multidimensional construct makes clear the effective areas of service quality in establishing patient satisfaction. Thus, Home to home nursing care service providing organizations can focus their quality improvement efforts on areas of service quality that have greater impact on patient satisfaction. The present study indicated that all dimensions of service benefit has a positive effect on patient satisfaction whereas, some of service quality dimensions has no effect on customer satisfactions such as Tangibility and reliability. So the Home to Home nursing care providers need to work on the Tangibility and reliability service quality dimensions.

5.3. Recommendation

The following are the main suggestions of the researcher:

- ❖ Home to home nursing care providers are recommended to continue their commitment to provide medical services to patients by using modern medical equipment.
- ❖ Home to home nursing care providers are strongly recommended to give more attention for service quality dimensions (Tangibility and reliability) to provide better service quality for the clients.
- ❖ Home to Home nursing care providers are recommended to maintain and continue the dimensions that satisfy the customers in the future.
- ❖ Home to Home nursing care providers are recommended to regularly assess patient perceptions and satisfactions through surveys, which could then be used to improve the quality of health care and overall patient satisfaction.
- ❖ The tool used for measuring the influence of customer benefit and service quality on customer satisfaction is reliable and valid. The researcher suggests that Home to Home nursing providers can adapt this tool to enhance its quality improvement efforts.

Future research recommendation

This study has achieved a certain success in examining the important relationship between influence of customer benefit and service quality on patient satisfaction in a relatively new research context of new health service industry in Addis Ababa, Ethiopia, Could serve as a guide line for future researchers.

The current research, however, presents some limitations that future studies could address, and also suggests several areas in which this research could be further extended. First, this study used the sample of patients in two sub cities with a sample size of 77 in Addis Ababa is small and difficult to generalize the finding and study using a more representative

sample including all sub cities would be useful to further verify and compare the findings across regions.

Second, the survey questionnaires are all in quantitative format; hence, future researchers should conduct their survey questionnaires in both qualitative and quantitative format instead of using only quantitative format, as qualitative questionnaires may bring in different views and answers that can lead to a more precise outcome.

WIKULISDI

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ANNEX I:- SERVQUAL QUESTIONNAIRE, ENGLISH

WOLKITE UNIVERSITY COLLEGE OF BUSINESS AND ECONOMICS DEPARTMENT OF MANAGEMENT MBA PROGRAM

Dear respondent,

I am **Segni Tefera**, a graduate student at Wolkite University School of Business and Economics. I am conducting a research on “**The influence of Customer benefits and Service Quality on Customer Satisfaction: The case of home to home nursing care business in Addis Ababa** for partial fulfillment of Master of Business Administration (MBA).

I kindly request you to spend some minutes of your time in filling the questionnaire. Any information which you provide will be kept confidential. Your genuine response is highly appreciated for the outcome of this research.

Thank you for your kind cooperation in filling the questionnaire.

Please feel free to contact me for further information at any time through;

Phone: 09 11 54 30 66 E-mail: segnised@gmail.com

Part-1: General information

Direction: **Please put a check mark (✓) on the appropriate black line**

- 1 Gender Female _____ Male _____
2. Age _____
3. Educational level Illiterate _____ Primary school _____ High school _____ Diploma _____
 Degree _____ Masters _____ Above _____
4. Income/ month _____

Part II: *Expectations Section*

Direction: This part of the questionnaire intends to find your Expectation towards the service Quality of Home to home nursing care service. Please circle the number which reflects your Expectation.

1= strongly disagree, 2=Disagree, 3= Neutral, 4= Agree and 5= Strongly Agree.

There are no right or wrong answers, we interested in the number that best indicates your expectations of the service quality. To each factors listed Pleas circle on only one of the boxes on the same row for each statements which reflects your Expectation.

S/ N	Statement of service quality	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

	Tangibles					
1	The uniform of the staff will be neat and tidy.	1	2	3	4	5
2	The staff will look like professionals.					
3	The medical equipment will look modern.	1	2	3	4	5
4	The communications method will look interesting and informative	1	2	3	4	5
	Reliability					
5	The staff will have the best interest of the patient at heart.	1	2	3	4	5
6	The staff will show an interest in solving the problems of patients.	1	2	3	4	5
7	The medical payment of the patient will be error-free and reasonable/fair.	1	2	3	4	5
8	The staff will provide the service on the right time.	1	2	3	4	5
9	The staff will keep the commitments they make to patients.	1	2	3	4	5
	Responsiveness					
10	The staff will tell patients when services will be performed.	1	2	3	4	5
11	The staff will give patients prompt services as soon as they can.	1	2	3	4	5
12	The staff will always be willing to help patients.	1	2	3	4	5
13	The staff will not appear to be too busy to respond to patient requests.	1	2	3	4	5
	Assurance					
14	The behavior of staff will instill confidence of patients.	1	2	3	4	5
15	The patients will feel safe when transacting with the home care.	1	2	3	4	5
16	The staff will be consistently courteous.	1	2	3	4	5
17	The staffs will have the knowledge and well trained to answers patient's questions	1	2	3	4	5

Empathy						
18	The operating hours will be convenient to you.	1	2	3	4	5
19	The staff will listen my problem.	1	2	3	4	5
20	The staff will understand the need to give personal attention.	1	2	3	4	5
21	The need to take patient's best interests to heart is understood.	1	2	3	4	5
22	The staff will understand the specific needs of patients.	1	2	3	4	5

Part III: Perceptions Section

The following statements deal with the perceptions of service experienced from Home to home nursing care service. Please circle the number which reflects you're Perceptions.

S/N	Statement of service quality	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Tangibles						
1	The uniform of the nursing staff is neat and tidy.	1	2	3	4	5
2	The staff members look professional.	1	2	3	4	5
3	The medical equipment is modern.	1	2	3	4	5
4	The communications method is interesting and informative.	1	2	3	4	5
Reliability						
5	The staff members have the best interest of the patients at heart.	1	2	3	4	5
6	The staff members are interested in solving the problems of patients.	1	2	3	4	5
7	The medical payments of patients are error-free and reasonable/fair.	1	2	3	4	5
8	The staff members provide services right the first time.	1	2	3	4	5
9	The staff members keep the commitments they make to patients.	1	2	3	4	5
Responsiveness/home to home services						
10	The staff members tell patients when services will be performed.	1	2	3	4	5

11	The staff members render services as soon as they can.	1	2	3	4	5
12	The staff members are always willing to help patients.	1	2	3	4	5
13	The staff members are not too busy to respond to patient requests.	1	2	3	4	5
	Assurance					
14	The behavior of staff members instils patient confidence.	1	2	3	4	5
15	The patients feel safe when transacting with the hospital.	1	2	3	4	5
16	The staff members are consistently courteous.	1	2	3	4	5
17	The staffs are knowledgeable and well trained to answers patient's questions.	1	2	3	4	5
	Empathy					
18	The operating hours are convenient.	1	2	3	4	5
19	The staff listen my problem.	1	2	3	4	5
20	The staff members understand the need to give personal attention.	1	2	3	4	5
21	The need to take patient's best interests to heart is understood.	1	2	3	4	5
22	The staff members understand the specific needs of patients.	1	2	3	4	5

Part IV: Customer Benefit

Direction:-The following Statement deal with the Benefit you get from Home to home nursing care service. Please circle the number which reflects you're opinions.

s/n	Statement of Benefit	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Social Benefits					
1	All my family members participate in my care.	1	2	3	4	5
2	It gives me a chance to care my problem with my beloved family.	1	2	3	4	5
	Time Benefit					

3	It save my family time from work absentees.	1	2	3	4	5
4	It minimized prolonged health institution stay.	1	2	3	4	5
	Economic Benefit					
5	The price they charge is fair as compared to Hospital or clinics.	1	2	3	4	5
6	The service minimizes my transportation cost.	1	2	3	4	5
	Health Benefit					
7	It minimizes exposure from hospital acquired infection.	1	2	3	4	5
8	It facilitate detail communication with health professional about my care	1	2	3	4	5
9	The care I received is similar to clinics and Hospitals	1	2	3	4	5

Part V: Influence of service benefit and quality for customer satisfaction

1 What do you feel about the Quality of the service they give?

1. Highly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Highly satisfied

2 What do you feel about the Benefit of the service they give?

1. Highly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Highly satisfied

Part VI Overall Customer Satisfaction

Direction: Please indicate your degree of SATISFACTION with the overall services provided by the Home to home nursing care service by circling on the relevant statement that describes you're feeling about Home to home Nursing care service.

1. My feeling about Home to home nursing care service delivery can be best described as

1. Highly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Highly satisfied

Thank You for Taking Your Time!!!

ANNEX II:- SERVQUAL QUESTIONNAIRE, AMHARIC

ወልቂጤ ዩንቨርሲቲ የቢዝነስና ኢኮኖሚክስ ኮሌጅ በማነጅመንት ትምህርት ክፍል በቢዝነስ አስተዳደር ማስተርስ ፕሮግራም መጠይቅ

ዉድ ተሳታፊ:- እኔ ሰኚ ተፈራ የወልቂጤ ዩንቨርሲቲ በቢዝነስ አስተዳደር የማስተርስ (MBA ፕሮግራም) ተማሪ ስሆን የመመረቂያ ጥናቴን የማድረገው በ አዲስ አበባ የቤት ለ ቤት የጤና እንክብካቤ አገልግሎት ጥቅም እና ጥራት በደንበኞች እርካታ ላይ ያለው ተጽእኖ ላይ የሚያተኩር ነው። እርስዎም ይህን መጠይቅ በመሙላት አስፈላጊውን ትብብር እንዲያደርጉልኝ በአክብሮት እጠይቃለው።

እርስዎ በዚህ ጥናት በመሳተፍዎ ማንኛውም የግል መረጃዎ ለሌላ ሰነድ ወገን ተላልፎ እንደማይሰጥ እያረጋገጥኩ የእርስዎ በዚህ ጥናት በመሳተፍ የሚሰጡት መረጃ ግን ለጥናቱ እጅግ በጣም አስፈላጊ መሆኑን እንዲረዱልኝ በአክብሮት እገልጻለው።

በመጨረሻም ይህንን መጠይቅ በመሙላት ለሚያደርጉልኝ ትብብር ና ስለ መልካም ምላሽዎ ከልብ አመሰግናለሁ።

ለበለጠ መረጃ ማግኘት ከ ፈለጉ በ ስልክ ቁጥር 0911543066 ወይም በኢሜል segniseed@gmail.com ያገኙኛል

1ኛ) የግል መረጃ

ከታች ለቀረቡት መጠይቆች ከእርስዎ ጋር ተዛማጅነት ያላቸው መረጃዎች ትይዩ ባሉት ሳጥኖች ውስጥ የ “√” ምልክት በማድረግ ምላሽዎን ይሰጡ።

- ሀ) ጾታ: ሴት ----- ወንድ-----
- ለ) ዕድሜ: -----
- ሐ) የትምህርት ደረጃ _____ ያልተማሩ----- የመጀመሪያ ደረጃ----- ሁለተኛ ደረጃ----- ዲፕሎማ----- ዲግሪ----- ማስተርስ----- ከዚያ በላይ-----
- መ) የገቢ መጠን በወር _____

2ኛ) የደንበኛው ግምቶች

ይህ መጠይቅ የዚህ ጥናት ሁለተኛው ክፍል ሲሆን በእርስዎ አመለካከት አንድ እጅግ በጣም ጥሩ የቤት ለ ቤት የጤና እንክብካቤ ሊሰጥ የሚገባውን አገልግሎት ጥራት ለማወቅ የተዘጋጁ ጥያቄዎች ላይ ያተኩራል።ይህም ስለአገልግሎቱ የሚገምቱትን ግምቶች ከዚህ በታች በቀረቡት ሃሳቦች ላይ ምን ያህል እንደሚስማሙ በእያንዳንዱ ሃሳብ ትይዩ ባሉት ቁጥሮች ላይ በማክበብ ያረጋግጡ።

ተ/ቁ.	ስለ ጥራቱ የሚገምቱት	በጣም አላስማማ	አልስማማም	እስማማለሁ	እስማማለሁ	በጣም አስማማ
1	የደንብ ልብሳቸው ንድህና የተስተካከለ ይመስለኛል።	1	2	3	4	5
2	አባሎቹ በጣም የተማሩ ልምድ ያላቸው ይመስለኛል።	1	2	3	4	5
3	የሚጠቀሙበት መሳሪያ ዘመናዊ ይመስለኛል።	1	2	3	4	5
4	ለመግባቢያ ቀላል መንገድ የሚጠቀሙ ይመስለኛል።	1	2	3	4	5
5	ባለሙያዎቹ ታማሚውን ለመርዳት ጥልቅ ፍላጎት ያላቸው ይመስለኛል።	1	2	3	4	5
6	ባለሙያዎቹ የታማሚውን ችግር ለመቅረፍ ጥልቅ ፍላጎት ያላቸው ይመስለኛል።	1	2	3	4	5
7	የሚያስከፍሉት ክፍያ ከ ስህተት የፀዳ እና ተመጣጣኝ ይመስለኛል።	1	2	3	4	5
8	ባለሙያዎቹ በትክክለኛው ሰዓት አገልግሎቱን የሚሰጡ ይመስለኛል።	1	2	3	4	5
9	ባለሙያዎቹ የ ስራ ትጋታቸውን የሚቀጥሉበት ይመስለኛል።	1	2	3	4	5
10	ባለሙያዎቹ ለታማሚው መቻ አገልግሎቱን እንደሚያገኙ የሚገልፁ ይመስለኛል።	1	2	3	4	5
11	ባለሙያዎቹ በተቻላቸው ፍጥነት ቀልጣፋ አገልግሎት የሚሰጡ ይመስለኛል።	1	2	3	4	5
12	ባለሙያዎቹ ሁሌም ታማሚውን ለመርዳት ፍቃደኛ ይመስላሉ።	1	2	3	4	5
13	ባለሙያዎቹ የታማሚውን ጥያቄ ለመመለስ የስራ ጩና ያለባቸው አይመስሉም።	1	2	3	4	5
14	የባለሙያዎቹ ፀባይ የታማሚውን በራስ መተማመን የሚያሳድግ ይመስለኛል።	1	2	3	4	5
15	ታማሚው ቤት ለ ቤት ከሚንከባከቡት ጋር ሲሆኑ ጥሩ ስሚት የሚሰማቸው ይመስለኛል።	1	2	3	4	5
16	ባለሙያዎቹ ሁሌም ትሁት የሚሆኑ ይመስለኛል።	1	2	3	4	5
17	ባለሙያዎቹ የታማሚውን ጥያቄ ለመመለስ እዉቀት ያላቸውና የሰለጠኑ ይመስለኛል።	1	2	3	4	5
18	ያገልግሎት መስጫ ሰአታቸው ለታማሚው ተስማሚ ይመስለኛል።	1	2	3	4	5
19	ባለሙያዎቹ ችግራን የሚሰሙኝ ይመስለኛል።	1	2	3	4	5

20	ባለሙያዎቹ ለ እያንዳንዱ ታማሚ የሚያስፈልገውን የሚረዱ ይመስለኛል።	1	2	3	4	5
21	የታማሚውን ጥልቅ ፍላጎት የሚረዱ ይመስለኛል።	1	2	3	4	5
22	ባለሙያዎቹ ለታማሚው የሚያስፈልጉትን እያንዳንዱን ነገሮች የሚረዱ ይመስለኛል።	1	2	3	4	5

3ኛ) የቤት ለ ቤት የጤና እንክብካቤ አገልግሎትን ያዩበት ወይም የተረዱበትን በተመለከተ

በሦስተኛው ክፍል የቀረቡት ጥያቄዎች በእርስዎ ምዘና የቤት ለ ቤት የጤና እንክብካቤ ያገኙት አገልግሎቶች ላይ ያተኩራሉ። ሰለዚህ እባክዎን ከዚህ በታች በቀረቡት መጥይቆች መሰረት የቤት ለ ቤት የጤና እንክብካቤ የተሰጠዎት አገልግሎትን ያዩበት ወይም የተረዱበትን ምን ያህል እንደሚስማሙ በእያንዳንዱ ሃሳብ ትይዩ ባሉት ቁጥሮች ላይ በማክበብ ያረጋግጡ።

ተ/ቁ	ስለ ጥራቱ የተረዱት/ ያዩበት	በጣም አልሆነም	አልሆነም	ሆኗል	እስከሆኗል	በጣም ሆኗል
1	የደንብ ልብሳቸው ንድህና የተስተካከለ ነው።	1	2	3	4	5
2	አባሎቹ በጣም የተማሩ ልምድ ያላቸው ናቸው።	1	2	3	4	5
3	የሚጠቀሙበት መሳሪያ ዘመናዊ ነው።	1	2	3	4	5
4	ለመግባቢያ ቀላል ማንገድን ይመቀማሉ።	1	2	3	4	5
5	ባለሙያዎቹ ታማሚውን ለመርዳት ጥልቅ ፍላጎት አላቸው።	1	2	3	4	5
6	ባለሙያዎቹ የታማሚውን ችግር ለመቅረፍ ጥልቅ ፍላጎት አላቸው ።	1	2	3	4	5
7	የሚያስከፍሉት ክፍያ ከ ስህተት የፀዳና ተመጣጣኝ ነው።	1	2	3	4	5
8	ባለሙያዎቹ በትክክለኛው ሰዐት አገልግሎቱን ይሰጣሉ።	1	2	3	4	5
9	ባለሙያዎቹ የ ስራ ትጋታቸውን ይቀጥሉበታል።	1	2	3	4	5
10	ባለሙያዎቹ ለታማሚው መቻ አገልግሎቱን እንደሚያገኙ ይገልፃሉ።	1	2	3	4	5
11	ባለሙያዎቹ በተቻላቸው ፍጥነት ቀልጣፋ አገልግሎት	1	2	3	4	5

	ይሰጣሉ።					
12	ባለሙያዎቹ ሁሌም ታማሚውን ለመርዳት ፍቃደኛ ናቸው።	1	2	3	4	5
13	ባለሙያዎቹ የታማሚውን ጥያቄ ለመመለስ የስራ ጫና የለባቸውም።	1	2	3	4	5
14	የባለሙያዎቹ ፀባይ የታማሚውን በራስ መተማመን ያሳድጋል።	1	2	3	4	5
15	ታማሚው ቤት ለ ቤት ከሚንከባከቡት ጋር ሲሆኑ ጥሩ ስሜት ይሰማዋል።	1	2	3	4	5
16	ባለሙያዎቹ ሁሌም ትሁት ናቸው።	1	2	3	4	5
17	ባለሙያዎቹ የታማሚውን ጥያቄ ለመመለስ እዉቀት ያላቸውና የሰለጠኑ ናቸው።	1	2	3	4	5
18	ያገልግሎት መስጫ ሰአታቸው ለታማሚው ተስማሚ ነበር።	1	2	3	4	5
19	ባለሙያዎቹ ችግራን የሚሰሙኝ ናቸው።	1	2	3	4	5
20	ባለሙያዎቹ ለ እያንዳንዱ ታማሚ የሚያስፈልገውን የሚረዱ ናቸው።	1	2	3	4	5
21	የታማሚውን ጥልቅ ፍላጎት የሚረዱ ናቸው።	1	2	3	4	5
22	ባለሙያዎቹ ለታማሚው የሚያስፈልጉትን እያንዳንዱን ነገሮች የሚረዱ ናቸው።	1	2	3	4	5

4ኛ) የደንበኛው ጥቅሞች

በአራተኛው ክፍል የቀረቡት ጥያቄዎች በእርስዎ ምዘና ከቤት ለ ቤት የጤና እንክብካቤ ያገኙትን ጥቅሞች ላይ ያተኩራሉ። ሰለዚህ እባክዎን ክዚህ በታች በቀረቡት መጥይቆች መሰረት ከቤት ለ ቤት የጤና እንክብካቤ ያገኙትን ጥቅሞች ምን ያህል እንደሚስማሙ በእያንዳንዱ ሃሳብ ትይዩ ባሉት ቁጥሮች ላይ በማክበብ ያረጋግጡ።

ተ/ቁ	ጥቅሞች	በጣም አልስማማም	አልስማማም	እስማማለሁ	በጣም እስማማለሁ	
	ማህበራዊ ጥቅሞች					
1	ሁሉም ቤተሰቦቼ በእንክብካቤ ላይ እንዲሳተፉ ረድቶአቸዋል።	1	2	3	4	5
2	ከ ምወዳቸው ቤተሰቦቼ ጋር በሽታዬን እንዳስታምም	1	2	3	4	5

	እድል ሰቶኛል።					
	የ ሰዓት ጥቅሞች					
3	ቤተሰቦቼ ከስራ ሰአታቸው እንዳይቀሩ ወይም እንዳይስተጓጎሉ ረድቶአቸዋል።	1	2	3	4	5
4	በጤና ተቋማት የምቆይበትን ጊዜ ቀንሶልኛል።	1	2	3	4	5
	ኢኮኖሚያዊ ጥቅሞች					
5	የሚያስከፍሉት ክፍያ ከሆስፒታል እና ከ ክሊኒኮች ሲነፃፀር አግባብነት ያለው ነው።	1	2	3	4	5
6	የትራንስፖርት ወጪዬን ቀንሶልኛል።	1	2	3	4	5
	የጤና ጥቅሞች					
7	ሆስፒታል በመተኛት ከሚመጡ በሽታዎች ተጋላጭነትን ቀንሶልኛል።	1	2	3	4	5
8	ከጤና ባለሙያዎች ጋር በቅርበት ተገናኝቼ ስለ አንክብባቢዬ በደንብ እንዳወቅ ረድቶኛል።	1	2	3	4	5
9	ያገኘሁት አገልግሎት በ ሆስፒታል እና ክሊኒኮች ከማገኘው አገልግሎት ጋር ተመሳሳይ ነው።	1	2	3	4	5

5ኛ) የአገልግሎቱ ጥቅሙና ጥራቱ በ አርካታዎ ላይ ያለው ተፅዕኖ

1 የ አገልግሎቱ ጥራት ምን ያህል አንዲረኩ አድርገዎታል?

1 እጅግ አላረካኝም 2 አላረካኝም 3 መካከለኛ 4 አርክቶኛል 5 እጅግ በጣም አርክቶኛል

2 የ አገልግሎቱ ጥቅም ምን ያህል አንዲረኩ አድርገዎታል?

1 እጅግ አላረካኝም 2 አላረካኝም 3 መካከለኛ 4 አርክቶኛል 5 እጅግ በጣም አርክቶኛል

6ኛ) አጠቃላይ የደነበኛውን እርካታ በተመለከተ በአጠቃላይ ከቤት ለቤት የጤና እንክብካቤ ያገኙትን አገልግሎትን ከግምት በማስገባት ከዚህ በታች ከቀረበው ምርጫዎች ውስጥ በአገልግሎቱ ምን ያህል አንደረኩ በማክበብ ያሳውቁ።

- 1 እጅግ አላረካኝም 2 አላረካኝም 3 መካከለኛ 4 አርክቶኛል 5 እጅግ በጣም አርክቶኛል

ከልብ አመሰግናለሁ!!!

WAKULLISDI

ANNEX III

Output summary of SPSS

Table 1 Descriptive statistic of Expectation

	Variables of Expectation	Mean	Std. Deviation
Tangibles	The uniform of the staff will be neat and tidy	4.09	.672
	The staff will look like professional	4.12	.725
	The medical equipment will look modern	4.19	.726
	The communication method will look interesting and informative	4.04	.768
Reliability	The staff will have the best interest of the patient at heart.	4.16	.586
	The staff will show an interest in solving the problems of patients.	4.08	.757
	The medical payment of the patient will be error-free and reasonable/fair.	3.86	.790
	The staff will provide the service on the right time.	4.25	.610
	The staff will keep the commitments they make to patients.	3.99	.769
Responsiveness	The staff will tell patients when services will be performed	4.09	.672
	The staff will give patients prompt services as soon as they can.	4.10	.736
	The staff will always be willing to help patients.	4.25	.746
	The staff will not appear to be too busy to respond to patient Requests.	3.97	.725
Assurance	The behavior of staff will instill confidence of patients.	4.42	.593
	The patients will feel safe when transacting with the home care.	4.10	.575
	The staff will be consistently courteous.	4.18	.773
	The staffs will have the knowledge and well trained to answers patient's questions	4.06	.592
Empathy	The operating hours will be convenient to you.	4.26	.657
	The staff will listen my problem.	4.06	.635
	The staff will understand the need to give personal attention.	4.19	.650
	The need to take patient's best interests to heart is understood.	4.05	.705
	The staff will understand the specific needs of patients.	4.31	.568
	Valid N (list wise)	77	

Table 2 Descriptive statistic of perception

	Variable of Perception	Mean	Std. Deviation
Tangibles	The uniform of the nursing staff is neat and tidy.	4.12	.827
	The staff members look professional.	4.39	.566
	The medical equipment is modern.	4.13	.784
	The communications method is interesting and informative.	4.52	.620
Reliability	The staff members have the best interest of the patients at heart.	4.36	.605
	The staff members are interested in solving the problems of patients.	4.36	.687
	The medical payments of patients are error-free and reasonable/fair.	4.27	.641
	The staff members provide services right the first time.	4.32	.637
	The staff members keep the commitments they make to patients.	4.45	.551
Responsiveness	The staff members tell patients when services will be performed.	4.36	.605
	The staff members render services as soon as they can.	4.48	.754
	The staff members are always willing to help patients.	4.38	.650
	The staff members are not too busy to respond to patient requests.	4.44	.659
Assurance	The behavior of staff members instills patient confidence.	4.45	.575
	The patients feel safe when transacting with the hospital.	4.47	.502
	The staff members are consistently courteous.	4.39	.632
	The staffs are knowledgeable and well trained to answers patient's questions.	4.38	.586
Empathy	The operating hours are convenient.	4.51	.661
	The staff listen my problem.	4.31	.634
	The staff members understand the need to give personal attention.	4.56	.550
	The need to take patient's best interests to heart is understood.	4.12	.628
	The staff members understand the specific needs of patients.	4.44	.573
	Valid N (list wise)	77	