



**INFLUENCE OF OUTPATIENT SERVICE QUALITY ON PATIENT SATISFACTION IN PUBLIC HOSPITALS IN
MOMBASA KENYA**

Chibungu, M. M., & Mutuku, B.

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¹ Chibungu, M. M., & ² Mutuku, B.

¹ MBA Student, Jomo Kenyatta University of Agriculture and Technology [JKUAT], Kenya

² Doctor, Lecturer, Jomo Kenyatta University of Agriculture and Technology [JKUAT], Kenya

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ABSTRACT

The study's main objective was to find out the influence of outpatient service quality on patient satisfaction within public hospitals in Mombasa. Data was collected from 39 different people who sought services from the level 5 facility. The research respondents were the outpatients of the hospital. A descriptive research design was used. Data was analysed in descriptive statistics which were presented by tables and Statistical Package for Social Sciences (SPSS) Version 24 software was also used. The researcher distributed 394 questionnaires to the outpatients at Coast General Teaching and Referral Hospital but only 354 questionnaires were completely filled and returned which represented a response rate of 89.8%. Based on the study analysis, it was determined that responsiveness of the hospital positively and significantly affects patient satisfaction ($R=0.667$; $P=0.004$) and an improvement of hospital responsiveness would lead to improvement in patient satisfaction significantly ($\beta=0.127$; $P=0.045$). Based on the study analysis, it was determined that responsiveness of the hospital positively and significantly affects patient satisfaction ($R=0.667$; $P=0.004$) and an improvement of hospital responsiveness would lead to improvement in patient satisfaction significantly ($\beta=0.127$; $P=0.045$). It was also determined that tangibility significantly and positively affects patient satisfaction ($R=0.905$; $P=0.006$) and improvement in tangibility would significantly contribute to the improvement of patient satisfaction ($\beta=0.173$; $P=0.003$). On the fourth objective, it was revealed that empathy positively and significantly affects patient satisfaction ($R=0.557$; $P=0.001$) and an improvement on empathy would lead to an improvement on patient satisfaction insignificantly ($\beta=0.085$; $P=0.051$). The study revealed that reliability positively and significantly affects patient satisfaction ($R=0.631$; $P=0.000$) and an improvement of reliability would significantly contribute to the patient satisfaction ($R=0.631$; $P=0.000$). The study concluded that service quality dimensions at Coast General Teaching and Referral Hospital affects patients' satisfaction and all the improvement of dimensions of service quality would lead to an improvement in patient satisfaction. The study concluded that both national and county government public sector hospitals continue upgrading the quality of health service and the process of development and modernization, especially in the area training of human resources and upgrading of staff.

Key Words: Reliability, Tangibility, Empathy, Outpatient Services, Responsiveness

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INTRODUCTION

Global perspective of the research study; service quality has become an important topic in view of its significant relationship to market share, cost saving and profit. The interest in health care service quality is increasing. There is a growing consensus that patient satisfaction is an important indicator of health care quality, and many hospitals are searching for ways to change the delivery of patient care through quality improvement initiatives (Al-Damen, 2017). In recent years, there has been a growing interest in assessing patient satisfaction to identify care dimensions requiring improvement (Carlucci, Renna, & Schiuma, 2013). According to the American College of Healthcare Executives, patient satisfaction is one of the top ten concerns of hospital administrators and has now become a standard for judging the quality of physicians and medical institutions (Carlucci, *et al.* 2013; Shirley & Sanders, 2013). Quality health services have become the demands of all parties, including people who are users of health professional services. Therefore, the problem of the quality of health services must be a significant concern. The patient's health problems are diverse, so it seems that health services cannot always satisfy everyone. Thus, the service quality (SERVQUAL) of patient satisfaction is mostly determined by the health service provider's performance. One way to maintain and improve the quality of service is to assess patient's satisfaction regularly. The aim is to determine the weaknesses and shortcomings of hospital management so that they are addressed immediately (Akob, Yantahin, Ilyas, Hala, & Putra, 2020).

Patient satisfaction is important from several aspects for health care organizations. Satisfied patients are more likely to maintain a continuing relationship with a physician, comply with treatment regimens and thus enjoy better treatment (Carlucci, *et al.* 2013; Shirley & Sanders, 2013; (Gasquet, Villeminot, Estaquio, Durieux, Ravaud & Falissard, 2014). Therefore, through the continuity of adherence and care, patient

satisfaction has the potential to improve health care outcomes (Gasquet, *et al.* 2014). The high satisfaction is related to reduced claims of malpractice, better financial outcomes, increased market share, and; in addition, patient satisfaction scores are now used to determine provider compensation (Gasquet, *et al.* 2014). Thus, patient satisfaction with health care services is not only a measure of performance but also helps to identify areas in need of improvement toward providing better care (Kleefstra, Kool, Veldkamp, Winters-vander-Meer, 2012).

Coast General Teaching and Referral Hospital was started in 1908 as the native civil hospital in Mombasa to mainly treat the natives. The hospital was newly built in Tononoka in 1957, mainly as an outpatient center. Lady Grigg maternity was built close to the main hospital by the Municipal Council of Mombasa. The hospital was renamed in 1958 to Coast Provincial General Hospital and expansion works were done to include inpatient wards and administration block. Following this development, parts of the Native Civil Hospital were demolished. In 1971, the Ministry of Health took over the Municipal Council owned Lady Grigg Maternity Hospital and made it a part of Coast Province General Hospital. In 1981, the Government of Kenya commissioned a new wing housing medical and surgical specialty clinic as well as eye, ENT and dental clinics. Japan International Cooperation Agency (JICA) contributed to improvements on the physical structures in the hospital, a modern kitchen and a modern maternity wing, at a cost of 10 million dollars between 1998 and 2000. Today the Coast General Teaching and Referral Hospital is the second largest public hospital in Kenya after Kenyatta National Hospital with a bed capacity of 700. The hospital is headed by a chief administrator who is the Chief Executive Officer answerable to the Hospital Management Board. The vision of the hospital is to be an ultramodern and dynamic Hospital offering specialized health care to its clients. The mission of the hospital is to contribute towards National health goals by providing highly

specialised quality referral health care, research and training (Twathe , 2020).

Statement of the Problem

Customer satisfaction and service quality in organizations result from experiences and therefore if people do not attain their expectations, they will become dissatisfied (Mutuku & Sanita, 2019). Through measuring patients' satisfaction, providers can gain insight into several elements of health care services. One of the components when implementing hospital reform guidelines is improving service quality which is accomplished by conducting regular surveys on patients' satisfaction (Molla, Sisay, Andargie, Kefale, & Singh, 2022). Hospital outpatient departments are among the most important parts of a health system, a major source of patient supply to inpatient departments, and one of the first contact points between a patient and a hospital (Pouragha & Zarei, 2016).

During a virtual awards ceremony, Mombasa County was announced as the County with the Best Managed Healthcare, at the second edition of Quality Health Kenyan Awards. The Cabinet Secretary for Health in Kenya however noted that there were wide disparities in the quality of services delivered between public and private institutions of similar categorization across counties (Irungu, 2021). According to research by (Mutuku & Sanita, 2019) service quality represents everything an organization should ensure or accomplish, to have products and services that will satisfy the customers' requests concerning quality and the requests of the existent regulations. Further previous study in Mombasa showed that the county referral hospital provides services which are not reliable nor responsive to the needs of the patients (Munene 2016; Mbuthia 2013).

Scholars note that all healthcare providers and programs in our country have overwhelming emphasis on quantitative aspects of service delivered (Toyya & Kisimbii, 2020; Mboro, 2020; Nyaga 2018), which means that, in a quest to meet targets, we neglect the concept of quality of care

measured from the clients' point of view, which is also a right of the clients (Manyeti, 2018). Further stated that, the quality of care and the level of patient satisfaction are emerging as the core of many marketing strategies in health services to achieve a distinctive competency in ever-more competitive markets.

According to the Ministry of Health the major hospitals in Mombasa County include Coast General Teaching and Referral Hospital, and the privately-owned Mombasa Hospital, Aga Khan Hospital and Pandya Memorial Hospital. The Coast General Teaching and Referral Hospital serves as a referral level hospital for the other counties in the region and is overwhelmed with work. While the other major health facilities are expensive and out of reach for most people.

There has been little research conducted regarding outpatient service quality on patient satisfaction in Kenya's Level Five public hospitals. Unfortunately, most recent studies aligned to the marketing sector on the subject of outpatient service quality and patient satisfaction in the Kenyan context have focused on determinants of client satisfaction with outpatient healthcare services (Mwangi, 2015), assessment of patient satisfaction levels in a county referral hospital (Miranda A. O., 2017), relationship between service quality and operational performance of public hospitals in Mombasa (Munene, 2016), service quality practices in public hospitals (Mbuthia, 2013). Other studies conducted on Coast General Hospital focused on determinants of the implementation of healthcare projects, use of routine health information for decision making among health workers, influence of performance management systems on the performance of public health institutions (Toyya & Kisimbii, 2020; Mboro, 2020; Nyaga 2018). Another study conducted on effects of service quality dimensions on customer satisfaction in real estate industry firms in Mombasa recommended for further study on public sector facilities in Kenya (Mutuku & Sanita, 2019). This leaves a knowledge gap on the influence of

outpatient service quality on patient satisfaction in level 5 hospitals in Mombasa Kenya.

In a research study by Mbuthia (2013) argued that healthcare delivery systems face various challenges that have affected their efficiency and effectiveness in service delivery. Report showed that annually the Coast General Teaching and Referral Hospital receives Ksh 258 million but gobbles over Ksh. 1.8 billion in operational costs annually (Beja, 2015). In 2015, the County Secretary expressed concern that the referral hospital was a major burden to the county in terms of expenditure (Beja, 2015). The County Assembly of Mombasa, in the same year, ordered for investigations into claims by some residents, of poor services at the hospital. Munene (2016) study, points out that Kenya's healthcare system in public hospitals is not reliable nor responsive to customers' needs. The study further suggests that public hospitals must determine service quality aspects that are critical in satisfying patients and their relationship with operational performance from consumers' point of view to improve efficiency, productivity and meet their customers' needs. Over the years the Coast General Teaching and Referral Hospital, has spent millions in improving its services delivery and recent plans to put up five new sub-county hospitals (Beja, 2018), the commissioning of a cardiology laboratory Cath Lab (Kitimo, 2021), and the launch and operationalization of the Coast General Teaching and Referral Hospital Regional Cancer Centre (Nyaga B. , 2022).

Cong and Mai (2014) in their research regarding the quality of service delivered and its impact on patient satisfaction within the public hospitals in Vietnam implied that further empirical studies should be conducted on service quality and customer satisfaction. Studies conducted in the County have mainly focused on healthcare service quality concerning operational performance like (Munene, 2016), while (Mbuthia, 2013) sought to research on the practices of service quality in government healthcare facilities leaving a knowledge gap on outpatient service quality and

patient satisfaction. Twahir (2017) reiterates that for better health care delivery it is important to understand patient satisfaction. It was in the background of these reasons that this study sought to determine how outpatient service quality influences patient satisfaction within public hospitals in Mombasa, with a specific focus on Coast General Teaching and Referral Hospital.

Research Objectives

The general objective guiding the study was influence of outpatient service quality on patient satisfaction in public hospitals in Mombasa. The specific objectives of the study were:

- To determine the influence of outpatient service reliability on patient satisfaction in public hospitals in Mombasa
- To examine the influence of outpatient service tangibles on patient satisfaction in public hospitals in Mombasa
- To investigate the influence of outpatient service empathy on patient satisfaction in public hospitals in Mombasa
- To establish the influence of outpatient service responsiveness on patient satisfaction in public hospitals in Mombasa

The study was guided by the following hypotheses:

- H_{01} : Outpatient service reliability has no significant influence on patient satisfaction in public hospitals in Mombasa.
- H_{02} : Outpatient service tangibles has no significant effect on patient satisfaction in public hospitals in Mombasa.
- H_{03} : Outpatient service empathy has no significant effect on patient satisfaction in public hospitals in Mombasa.
- H_{04} : Outpatient service responsiveness has no significant effect on patient satisfaction in public hospitals in Mombasa.

LITERATURE REVIEW

Theoretical Framework

Theory of Service Quality (SERVQUAL)

The SERVQUAL model, by Parasurnaman among other research scholars, was developed as a multi-item scale to assess customer perceptions of the quality of service in retail and service businesses (Daniel & Berinyuy, 2010). Succeeding, this multi-item scale decomposes the concept of service quality into five paradigms as follows: Reliability, Assurance, Tangibles, Empathy and Responsiveness.

According to Parasurnaman, the SERVQUAL Model is an attitude measure that endeavors to measure consumer perception of the quality of service, which rest on the size of the gap between expected service and perceived service, which in turn, relies on the gaps under the control of the service provider such as delivery of service, marketing (Daniel & Berinyuy, 2010). He adds that, this measurement of service quality is based on both how consumer evaluates the service delivery process and the outcome of the service (Daniel & Berinyuy, 2010).

Expectancy Disconfirmation Theory of Customer Satisfaction

Richard Oliver was the pioneer of this cognitive theory, which is mainly used to study consumer satisfaction (Hussein, 2016). According to Marketing Study Guide, (2017) clients often associate their first expectations of likely value against their perception of the actual value. Essentially the clients are confirming or disconfirming the quality of service delivered in a process called Disconfirmation Model of Customer Satisfaction, when they compare two aspects; prior expectations to actual delivery. Simply stated, if customer perceptions meet expectations, the expectations are said to be confirmed and the customer is satisfied, if perceptions and expectations are not equal, then the expectation is said to be disconfirmed. If actual perceptions were less than what was expected, the result is a negative disconfirmation, which results in customer

dissatisfaction and may lead to negative word-of-mouth publicity and/or customer defection. In contrast, a positive disconfirmation exists when perceptions exceed expectations, thereby resulting in customer satisfaction, positive word-of-mouth publicity, and customer retention (Bateson & Hoffman, 2010).

Assimilation Theory of Customer Satisfaction

This theory is based on Festinger's theory of dissonance which states that the consumer makes a sort of cognitive comparison between the expectations regarding the product and the product's perceived performance. If there is a discrepancy between expectations and the product's perceived performance, the dissonance will not fail to appear. According to the theory of Assimilation by Anderson (1973), consumers are motivated enough to adjust both their expectations and their product performance perceptions. If the consumers adjust their expectations or product performance perceptions, dissatisfaction would not be a result of the post-usage process. Consumers can reduce the tension resulting from a discrepancy between expectations and product/service performance either by distorting expectations so that they coincide with perceived product performance or by raising the level of satisfaction by minimizing the relative importance of the disconfirmation experienced (Isac & Rusu, 2014).

Grönroos Model of Service Quality

Grönroos lists two service quality dimensions, the technical aspect "what" service is provided and the functional aspect "how" the service is provided, as cited in (Kang & James, 2004). Further stated, for some services the "what" or technical quality might be difficult to evaluate; for example, in health care the service providers' technical competence, as well as the immediate results from treatments, may be difficult for a patient; a customer to evaluate. Scholar Gronroos (1988) defines the concept of service quality by saying technical quality is an evaluation based on what the consumer receives as a result of an interaction with the service provider. Functional quality is defined as an evaluation based

on how the service is delivered. Drawing on consumer research, also suggested that service quality is dependent on two variables: the consumer's expectations of what the outcome will

be, and the consumer's perception of the actual result (Grönroos 1988, as cited in Mutuku & Gichinga, 2013).

Conceptual Framework

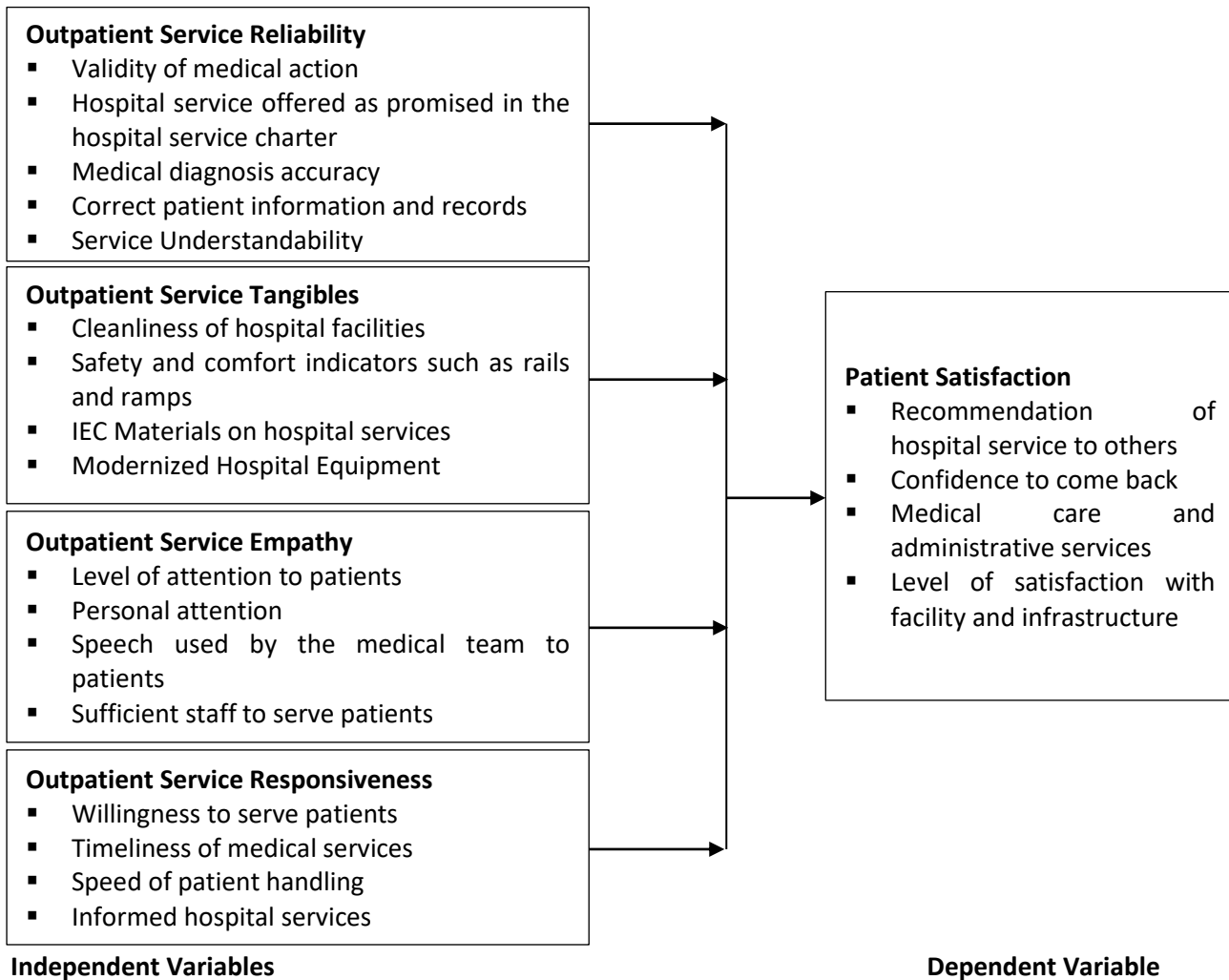


Figure 1: Conceptual Framework

Review of Study Variables

Outpatient Service Reliability: Reliability is the ability to perform the promised service dependably and accurately. Capability to deliver the promised service dependably, consistently and accurately; Credibility, keeping customers informed about matters of concern to them; timely service; accuracy of records; uniformity of performance; further indicated by having an interest in solving problems, maintaining records that are error-free and performing services as promised (Pathak,

2017). Service reliability reflects quality of the performance and realization of service specifications during the succeeding consumption stage. Service reliability relates to the instrumental aspects of service realization (Jain & Posavac, 2011). Both service validity and service reliability are salient dimensions of customer evaluation, meaning that both have to be achieved to satisfy customers (Ford, Smith & Swasy, 2015).

Outpatient Service Tangibles: Tangibility refers to the noticeable appearance of physical facilities,

equipment, personnel's professional appearance and communication material such as availability of leaflets, facilities available to offer the service location and access (Mbutia, 2013). Generally, the tangible facets of service quality refer to the man-made physical environment (Sureshchandar, Rajendran & Anantharaman, 2012). Bitner (2012; 2015) proposes that the tangible environment has three components: design factors, social factors, and ambient factors. In offline environments, a design factor consists of architectural aesthetics and layout. Bitner (2012; 2015) proposes that the tangible environment has three components: design factors, social factors, and ambient factors. In tangible environments, a design factor consists of architectural aesthetics and layout.

Outpatient Service Empathy: Empathy refers to the caring individualized attention the organization provides to its customers. It includes communication, access and understanding of the customers, giving individual attention, convenient consultation hours, and understanding the specific needs of patient (Pathak, 2017). Empathy is considered as a significant variable for individual consideration among persons (Jones & Shandiz, 2015; Lee *et al.*, 2011; Markovic *et al.*, 2015). Particularly in the literature concerning service, empathy is regarded as an essential element for fruitful employee and customer communications that commonly lead to altruistic motivation and pro-social and altruistic behavior (Aksoy, 2013; Daniels *et al.*, 2014; Itani & Inyang, 2015).

Outpatient Service Responsiveness: Responsiveness is the willingness to help customers and provide prompt services; offering prompt services to patients, staff conduct and approachability, responding quickly and willing to help patients (Pathak, 2017). Cheserek, Kimwolo and Cherop (2015) did a study of quality financial services on customer satisfaction using five commercial banks in Kabsabet town. The study found that responsiveness was having a high aggregate mean score with recommendations that the bank should concentrate on responsiveness.

The study was done in a metropolitan town where the response rate could have been affected by the culture of community living in Kapsabet. It was also focusing on banks with more advanced technology as compared to the hospital. This study was done in Mombasa which is cosmopolitan therefore having a mix of responses that changed the outcome as responsiveness was not given a high aggregate mean score as it was perceived to provide satisfaction to a moderate extent.

Patient Satisfaction: Patient satisfaction is a multidimensional concept, based on a relationship between experiences and expectations. The term patient satisfaction as used herein means the positive emotional reaction to the consultation and the positive experience of the treatment in its various aspects. Satisfaction is defined as the patient/client perception towards the service or product in terms of meeting or even exceeding their expectations (Lamb, 2014). Satisfaction is an outcome measure (May, 2011). The difference between patient satisfaction with outcome and their satisfaction with the care. The researchers indicated that the former relates to the results of the treatment that the patients have received while the latter focuses on their satisfaction with the services that they have received. In order to achieve the satisfaction most of the patients' concerns revolve around health care facilities like access, cost of the treatment and treatment time (Beattie *et al.*, 2012). The modern view of quality of care looks at the degree to which health services meet patients' needs and expectations (Donabedian, 2018), both as to technical and interpersonal care (Campbell *et al.*, 2010).

METHODOLOGY

This study employed a descriptive research design. The target population comprised of the outpatients at the Outpatient Department service points at Coast General Teaching and Referral Hospital, the General Outpatient and Specialized Clinics outpatients. The sampling frame for this study was developed from the service points of the hospital outpatient department areas, the General

Outpatient and Outpatient Specialized clinics. The study used survey questionnaires to collect data from study respondents. Descriptive statistics for instance frequencies and percentages was used to describe the data and therefore Statistical Package for Social Sciences (SPSS) version 24.0 will also be used including MS Excel.

The study used multiple regression analysis to test the overall effect of all the independent variables on the dependent variable. Multiple regression analysis will be employed to explore and examine the relationship between two or more variables. Multiple regression can establish that a set of independent variables explains a proportion of the variance in a dependent variable at a significant level (significance test of R square) and can establish the relative predictive importance of the independent variables (comparing beta weights) (Garson, 2015).

Analysis of Variance (ANOVA) will be used to test the hypothesis of the multiple regression model shown below:

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

Where;

Y= Patient Satisfaction-the dependent variable

X₁=Outpatient Service Tangibility/ Hospital environment -independent variable

X₂= Outpatient Service Reliability -independent variable

X₃= Outpatient Service Responsiveness - independent variable

X₄= Outpatient Service Empathy -independent variable

e= error term

β₀, β₁, β₂, β₃ and β₄ are model parameters and they describe the directions and strengths of the relationship between the dependent and the independent variables.

β₀ is a constant (intercept)

FINDINGS AND DISCUSSION

Descriptive Statistics on the Study Variables

In this section, the researcher sought to determine mean and standard deviation on the statements of study objectives.

Outpatient Service Responsiveness

The study sought to determine the influence of outpatient service responsiveness on patient satisfaction. Table 1 summarizes the respondents' level of agreement. The following scale was used: 1=Strongly Disagree, 2=Disagree, 3=Neither Agree Nor Disagree, 4= Agree and 5=Strongly Agree.

Table 1: Outpatient Service Responsiveness

Opinion Statements	Mean	Std. Deviation
Waiting time to be served is short	4.0645	.95333
The speed taken to respond to patient or customer complaints is satisfactory	3.9032	.88544
The staff show desire to help customers	3.0430	1.03119
Staff inform customers exactly when a service will start	3.1828	1.02094
Customers are accorded individualized attention when being served	3.3118	1.12268
Overall	3.5011	1.00271

The respondents strongly agreed that waiting time to be served was short with (M=4.0645; SD=0.95333). They also agreed that the speed taken to respond to patient or customer complaints was satisfactory with (M=3.9032; SD=0.88544) and they agreed that customers were accorded individualized attention when being served with (M=3.3118; SD=1.12268). They also agreed that

staff inform customers exactly when a service will start with (M=3.1828; SD=1.02094) and they also agreed that the speed taken to respond to patient or customer complaints was satisfactory with (M=3.0430; SD=1.03119). The overall mean of 3.5011 and standard deviation of 1.00271, implied that majority of the respondents agreed that outpatient service responsiveness affect patient or

customer satisfaction at Coast General Teaching and Referral Hospital and there was a high variation from the mean since the standard deviation was greater than 1

Outpatient Service Tangibles

The study sought to determine the influence of tangibility on patient satisfaction. Table 2 summarizes the respondents' level of agreement. The following scale was used: 1=Strongly Disagree, 2=Disagree, 3=Neither Agree Nor Disagree, 4=Agree and 5=Strongly Agree.

Table 2: Outpatient Service Tangibles

Opinion Statements	Mean	Std. Deviation
The hospital's visual appearance is appealing; the painting, furniture, gardens	2.9032	1.10399
The hospital has modern equipment for treating and diagnosis	3.3548	.95149
The hospital staff are well groomed and dress professionally	3.2043	1.09900
The hospital rooms are always clean and offer a calm atmosphere	4.0753	.08400
Electricity is always available for emergency and there is power backup	2.9355	.96466
Overall	3.1918	.84063

The respondents strongly agreed that the hospital rooms were always clean and offer a calm atmosphere with (M=4.0753; SD=0.08400). They agreed that the hospital has modern equipment for treating and diagnosis with (M=3.3548; SD=0.95149) and they agreed that the hospital staff were well groomed and dress professionally with (M=3.2043; SD= 1.0990). The respondents were neutral on whether electricity was always available for emergency and there was power backup with (M=2.9355; SD=0.96466) and they neither agreed nor disagreed that the hospital's visual appearance is appealing; the painting, furniture, gardens with (M=2.9032 and SD=1.10399). The overall mean of 3.1918 and standard deviation of 0.84063, implied

that majority of the respondents agreed that outpatient service tangibles affect patient satisfaction and there was a low variation from the mean since standard deviation was less than 1. This cognates with the findings of Saeed (2014) who found out that service tangibles was important on customer satisfaction.

Outpatient Service Empathy

The study sought to determine the influence of outpatient service empathy on patient satisfaction. Table 3 summarizes the respondents' level of agreement. The following scale was used: 1=Strongly Disagree, 2=Disagree, 3=Neither Agree Nor Disagree, 4= Agree and 5=Strongly Agree.

Table 3: Outpatient Service Empathy

Opinion Statements	Mean	Std. Deviation
Health staff are patient when serving customers	3.7692	1.06281
Hospital has staff to attend to patients who need help	3.7949	1.39886
Health staff listens attentively to patients and customers	4.1538	.93298
Hospital operates at times that are suitable to patients	3.8718	1.00471
Nurses or doctors spend enough time with each patient or customer	4.1795	.82308
Overall	3.9538	1.0445

The analysis showed that the respondents strongly agreed that nurses or doctors spend enough time with each patient or customer with (M=4.1795; SD=0.82308) and they strongly agreed that health

staff listens attentively to patients and customers with (M=4.1538; SD=0.93298). They agreed that hospital operates at times that are suitable to patients with (M=3.8718; SD=1.00471) and they

agreed that hospital has staff to attend to patients who need help with (M=3.7949; SD=1.39886). Finally, they agreed that health staff were patient when serving customers with (M=3.7692; SD=1.06281). The overall mean of 3.9538 and standard deviation of 1.0445, implied that majority of the respondents agreed that outpatient service empathy affects patient satisfaction and there was strong variation from the mean since standard deviation was greater than 1. This corroborates

with the findings of Ismail (2019) who established that perceived value increased the effect of service empathy on customer satisfaction.

Outpatient Service Reliability

The study sought to determine the influence of outpatient service reliability on patient satisfaction. Table 4 summarizes the respondents' level of agreement. The following scale was used: 1=Strongly Disagree, 2=Disagree, 3=Neither Agree Nor Disagreed, 4= Agree and 5=Strongly Agree.

Table 4: Outpatient Service Reliability

Opinion Statements	Mean	Standard Dev
Hospital provides services in timeframe stated in their service delivery charter	3.889	1.396
Hospital performs procedures and diagnosis accurately the first time	3.963	1.315
Hospital patient information and records are correct without errors	3.000	1.468
Nurses and doctors explain health conditions, diagnosis and treatment in a clear and easily understandable way	4.000	1.271
Doctors are knowledgeable about health conditions and treatment given is accurate	4.148	1.199
Overall	3.800	1.330

The analysis showed that the respondents strongly agreed that staff trainings enhanced skills, knowledge and professional capacity with (M=4.148; SD=1.199) and they further strongly agreed that nurses and doctors explain health conditions, diagnosis and treatment in a clear and easily understandable way with (M=4.000; SD=1.271). They further agreed that hospital performs procedures and diagnosis accurately the first time with (M=3.963; SD=1.315) and they agreed that the hospital provides services within the timeframe stated in their service delivery charter with (M=3.889; SD=1.396). They finally agreed that hospital patient information and records were correct without errors with (M=3.000;

SD=1.468). The overall mean of 3.800 and standard deviation of 1.330, implied that the respondents agreed that outpatient service reliability affects patient satisfaction and there was a high variation from the mean.

Patient Satisfaction

On the dependent variable, the respondents were asked to indicate the extent in which they agree with the following statements on patient satisfaction and the mean and standard deviation was determined. The following scale was used: 1=Strongly Disagree, 2 =Disagree, 3=Neither Agree Nor Disagree, 4=Agree and 5=Strongly Agree.

Table 5: Patient Satisfaction

Opinion Statements	Mean	Standard Dev.
Staffs at the hospital are properly trained to offer the services	3.7407	1.43024
Patients do not spend a lot of time while waiting to be served	3.9259	1.35663
Staffs at the facility have positive attitude while serving their patients	3.9259	1.23805
Nursing care services provided by the hospital are up to international standards	3.9630	1.37229
Procedures for patient treatment are up to the standards	3.5556	1.45002
Overall	3.82222	1.369446

The respondents agreed that nursing care services provided by the hospital are up to international standards with (M=3.9630; SD=1.37229) and they agreed that patients do not spend a lot of time while waiting to be served with (M=3.9259; SD=1.35663). They agreed that staffs at the facility have positive attitude while serving their patients with (M=3.9259; SD=1.23805) and they further agreed that staffs at the hospital are properly trained to offer the services with (M=3.7407; SD=1.43024). They finally agreed that procedures for patient treatment were up to international standards with (M=3.5556; SD=1.45002). The overall mean of 3.82222 and standard deviation of 1.369446, which implied that the respondents agreed that outpatient service quality dimensions

affects patients satisfaction and there was strong variation from the mean, since standard deviation was greater than 1. Boshoff and Gray (2014), supported the above findings when they established that patients are fully satisfied with the service they had received, it influences them to seek future care from the same health facilities.

Correlation Coefficient

Pearson correlation analysis was carried out to test the theoretical proposition regarding relationships among the independent and dependent variables. According to Kothari (2014) the relationship is considered weak when $r = \pm 0.1$ to ± 0.29 , while the relationship is considered medium when $r = \pm 0.30$ to ± 0.49 , and when r is ± 0.50 and above, the relationship can be considered strong.

Table 6: Correlation Coefficient

		X1	X2	X3	X4	Y
Outpatient Service Responsiveness(X ₁)	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	354				
Outpatient Service Tangibles(X ₂)	Pearson Correlation	.276*	1			
	Sig. (2-tailed)	.015				
	N	354	354	354		
Outpatient Service Empathy(X ₃)	Pearson Correlation	.040	.353**	1		
	Sig. (2-tailed)	.727	.002			
	N	354	354	354	354	
Outpatient Service Reliability(X ₄)	Pearson Correlation	.206	.380**	.652**	1	
	Sig. (2-tailed)	.072	.001	.000		
	N	354	354	354	354	
Patients' Satisfaction(Y)	Pearson Correlation	.667**	.905**	.557	.631**	1
	Sig (2-tailed)	.004	.006	.001	.000	
	N	354	354	354	354	354

On the relationship between outpatient service responsiveness and patient satisfaction, the analysis showed (R=0.667; P=0.004), which implied that there was above moderate positive relationship between the two variables and the relationship was statistically significant since the p-value was < 0.01. On the relationship between outpatient service tangibles and patient satisfaction, it was determined that (R=0.905; P=0.006), which implied that there was a very strong positive relationship

between the two variables and the relationship was statistically significant since p-value < 0.01. This supports the findings of Bitner (2015) who pointed out that the physical environment will have a significant influence on customers' perception of service experiences. On the relationship between outpatient service empathy and patient satisfaction, it was determined that (R=0.557; P=0.001), which meant that there was an above moderate positive relationship between the two

variables and the relationship was statistically significant since $p\text{-value} < 0.05$. This cognates with the findings of Ismail (2019), who confirmed that that service empathy had effect on customer satisfaction. Finally, on the relationship between outpatient service reliability and patient satisfaction, it was determined that ($R=0.631$; $P=0.000$), which implied that there was above moderate positive between the two variables and the relationship was statistically significance since $p\text{-value} < 0.01$.

Table 7: Coefficient Determination

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.531 ^a	.282	.273	.38793	1.505

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

b. Dependent Variable: Patient Satisfaction

The analysis indicated there was a very strong positive relationship between outpatient service quality dimensions and patient satisfaction since ($R=0.531$) The analysis further showed an adjusted r^2 of 0.273, which implied that the outpatient service quality dimensions (responsiveness, tangibles, empathy and reliability) can explain only 27.3% of patient satisfaction and therefore

Regression Analysis

Multiple linear regression analysis was applied to establish a causal relationship between independent (outpatient service; responsiveness, tangibles, empathy, reliability) and dependent (patient satisfaction) variables (Hair et al., 2010).

Coefficient of Determination

To determine the percentage of patient satisfaction which can be explained using the independent variables and the fitness of regression in chapter three, R^2 was determined.

regression equation in chapter was fit in explaining patient satisfaction.

Analysis of Variance

To determine the significance of the outpatient service quality dimensions in determining patient satisfaction and significance of regression equation the study used ANOVA analysis

Table 8: Analysis of Variance

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	20.522	4	5.131	34.093	.000 ^b
1 Residual	52.370	348	.150		
Total	72.892	352			

a. Dependent Variable: Patient Satisfaction

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

The ANOVA model showed ($F\{4,348\}= 34.093$; $p=0.000$), the analysis indicated that the model was statistically significant since $p\text{-value}<0.05$ and hence equation 3.1 was significant. Hence, the outpatient service quality dimensions incorporated in this study significantly determines patients' satisfaction.

Regression Coefficient

A regression coefficient was carried out in order to explain the nature and relationship between each independent variable and dependent variable.

Table 9: Regression Coefficient

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	T	Sig.
(Constant)	1.083	0.266			0.000
X1	0.127	0.062	0.114	2.037	0.045
X2	0.173	0.057	0.122	3.045	0.003
X3	0.085	0.043	0.067	1.977	0.051
X4	0.121	0.018	0.121	6.722	0.000

Based on the regression coefficient table, the specific regression equation in chapter 3 becomes:

$$Y = 1.083 + 0.127X_1 + 0.173X_2 + 0.085X_3 + 0.121X_4$$

Where Y= Patient Satisfaction, X1 = Outpatient Service Responsiveness, X2 = Outpatient Service Tangibles, X3 = Outpatient Service Empathy, X5 = Outpatient Service Reliability

Based on the coefficients, it was evident that on the relationship between responsiveness and patient satisfaction ($\beta=0.127$; $P=0.045$), which implied that a unit improvement on responsiveness will lead to 12.7% improvement in patient satisfaction and the relationship was statistically significant since p-value < 0.05. Further on the relationship between tangibility and patient satisfaction, it was determined that ($\beta=0.173$; $P=0.003$), which meant that a unit improvement in tangibility would lead to 17.3% improvement in patient satisfaction and the relationship was statistically significant since p-value < 0.05. On the relationship between empathy and the patient satisfaction, it was determined that

($\beta=0.085$; $P=0.051$), which implied that a unit improvement in empathy would lead to 8.5% improvement in patient satisfaction and the relationship was slightly statistically insignificant since p-value > 0.05. Finally, on the relationship between reliability and patient satisfaction, it was determined that ($\beta=0.121$; $P=0.000$), which implied that an improvement in the reliability would lead to 12.1% improvement in patient satisfaction and the relationship was statistically significant since p-value < 0.05.

Hypothesis Testing Results

To test four hypotheses statements, multiple regression was conducted using the SPSS to determine the p-values for the independent variables; outpatient service responsiveness, outpatient service tangibles, outpatient service empathy and outpatient service reliability. P-values were compared with 5% (0.05) significant level, such that when p-value was more than the significance level, the model was considered null hypothesis was rejected.

Table 10: Summary of Hypothesis Test Results

Null Hypothesis	P-values	Decision
H ₀₁ : Outpatient Service Reliability has no significant influence on customer satisfaction in public hospitals in Mombasa.	0.045	Rejected
H ₀₂ : Outpatient Service Tangibles has no significant effect on patient satisfaction in public hospitals in Mombasa.	0.003	Rejected
H ₀₃ : Outpatient Service Empathy has no significant effect on patient satisfaction in public hospitals in Mombasa.	0.051	Accepted/Failed to Reject
H ₀₄ : Outpatient Service Responsiveness has no significant effect on patient satisfaction in public hospitals in Mombasa.	0.000	Rejected

FINDINGS, CONCLUSION AND RECOMMENDATION

Based on the study analysis, it was determined that outpatient service responsiveness of the hospital positively and significantly affects patient satisfaction ($R=0.667$; $P=0.004$) and an improvement of hospital outpatient service responsiveness would lead to improvement in patient satisfaction significantly ($\beta=0.127$; $P=0.045$). The study further found out that waiting time to be served at the hospital was short and the speed taken to respond to patient or customer complaints is satisfactory. The study further determined that the staff show desire to help customers and staff informed customers exactly when a service will start. Finally, on this objective, it was revealed that customers were accorded individualized attention when being served.

On the second objective, it was determined that outpatient service tangibles significantly and positively affects patient satisfaction ($R=0.905$; $P=0.006$) and improvement in hospital outpatient service tangibles would significantly contribute to the improvement of patient satisfaction ($\beta=0.173$; $P=0.003$). It was further revealed that the hospital's visual appearance is appealing; the painting, furniture, gardens and it has modern equipment for treating and diagnosis. Further, it was determined that the hospital staff were well groomed and dress professionally and the rooms were always clean and offer a calm atmosphere. Finally, on this objective, it was determined that electricity was always available for emergency and there is power backup.

On the second last objective it was determined that outpatient service empathy positively and significantly affects patient satisfaction ($R=0.557$; $P=0.001$) and an improvement on outpatient service empathy would lead to an improvement on patient satisfaction insignificantly ($\beta=0.085$; $P=0.051$). The study further found out that health staff were patient when serving customers and hospital has staff to attend to patients who need help. It was also revealed that health staff listen attentively to patients and customers and the hospital operates at times that were suitable to patients. Finally, on this

objective, it was determined that nurses or doctors spend enough time with each patient or customer.

On the final objective, the analysis revealed that outpatient service reliability positively and significantly affects patient satisfaction ($R=0.631$; $P=0.000$) and an improvement of reliability would significantly contribute to the patient satisfaction ($R=0.631$; $P=0.000$). The study found out that hospital provides services within the timeframe stated in their service delivery charter and hospital performs procedures and diagnosis accurately the first time. The study revealed that hospital patient information and records are correct without errors and nurses and doctors explain health conditions, diagnosis and treatment in a clear and easily understandable way. It was finally, determined that doctors were knowledgeable about health conditions and treatment given is accurate.

Based on the study analysis and findings, it can be concluded that service quality dimensions at Coast General Teaching and Referral Hospital affects patients' satisfaction and all the improvement of dimensions of service quality would lead to an improvement in patient satisfaction. It can be further concluded that service quality was the major factor contributing to 27.3% of patient satisfaction. The study also concludes that staffs at the hospital were properly trained to offer the services and patients do not spend a lot of time while waiting to be served. The study further concluded that staff at the facility had a positive attitude while serving their patients and nursing care services provided by the hospital were up to international standards. Finally, this study concluded that procedures for patient treatment were up to the health standards

Based on the study analysis, findings and conclusions, this research recommends the following:

Both national and county government should continue to work hard by those responsible for public sector hospitals in upgrading the quality of health service and continue the process of

development and modernization, especially in the area training of human resources and upgrading of staff. Upgrading health personnel and especially focus on response dimension which would lead to more than 12% improvement in patient satisfaction, one of the important dimensions of quality of service which directly fulfil the requirements of the patient.

The need for action by the departments of public hospitals such as Coast General Teaching and Referral Hospital to review quality dimensions by applications of quality measurements periodically during close periods and control levels of quality and patient satisfaction levels and modify errors to maintain sustainable health quality. These departments should further develop a mechanism to communicate with patients and surveyed after their service is completed and they are returning home. In addition, some patients conceal feelings and opinions, especially if they express dissatisfaction, fearing abuse by medical and nursing personnel at hospitals hence the importance of post service use survey.

This study also recommends that the Coast General Teaching and Referral Hospital management consider setting up additional queue management system software at various outpatient service points in addition to the one set up at the casualty and emergency area. This will help ensure smooth flow of patients and customers from different service points.

The study further recommends that managers of public hospital should have flexibility and strategy in resource allocation when they want to increase overall service quality depending on the departments in which they operate. Indeed, performance quality, delivery quality, and environment quality play a key role in the development of overall service quality, which in turn increases patients' satisfaction, patient loyalty, and patient happiness. Nevertheless, managers should focus on improving specific service quality dimensions based on the WHO standards.

Suggestions for Further Studies

This study provides an important empirical and theoretical implication for future studies. First the hypothesized study model is a static model, and the results of this study represent only a single point in time. Because the model is not tested with the use of experimental data, strong evidence of a causal effect cannot be inferred; thus, the results should be used with caution. Future studies with longitudinal or experimental data would be more accurate in measuring causal relationships. Secondly, this study investigated the effect of several factors (responsiveness, tangibles, empathy and reliability) on patient satisfaction and found that the model explained 27.3% of the variance. This suggests that there are other important factors that can help explain patient satisfaction in outpatient departments other than the variables used in the model. In future studies, researchers can examine the impact of other factors on patient satisfaction.

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