

**IN-PATIENTS AND OUT-PATIENTS SATISFACTION OF SERVICE
DELIVERY: A CASE STUDY OF KATUTURA HOSPITAL, WINDHOEK**

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ABSTRACT

The purpose of this study was to evaluate in-patients and out-patients satisfaction of service delivery: A case study of Katutura Hospital, Windhoek. The main objectives of this research were to: identify the factors that contribute to poor service delivery at the Katutura Hospital, explore the factors affecting provision of service delivery in the public health sector, identify the service quality dimensions used by the Patients to evaluate service delivery and evaluate customer satisfaction levels for services being delivered at the Katutura Hospital.

The study used quantitative and qualitative approaches using a survey technique. Questionnaires were administered to 120 employees and 30 patients at Katutura Hospital. Participants were approached to partake in the survey after work. Quantitative data from questionnaires were analyzed using the descriptive statistics with the help of data analysis software - Statistical Package for Social Sciences (SPSS). Qualitative analysis was performed to assess the views and perceptions of the respondents on service delivery by the hospital. The study made use of frequency tables, charts, graphs and pie charts obtained from the analysis using the Statistical Package for the Social Sciences (SPSS). The researcher adopted the stratified random sampling technique to select respondents as the study population was not homogeneous as it consisted of doctors, nurses, management and patients. The respondents were divided into two (2) strata in order to ensure that each was appropriately represented in the survey sample. Stratum 1, comprised the healthcare

service providers; and Stratum 2, comprised the service healthcare receivers. Data was collected using questionnaires and the responses were collected and analysed. Data analysis included identifying and comparing existence or absence of factors using the SSPS package.

The target population included all professional nurses, doctors, management (overall for Departmental and Unit level) and patients (outpatients and inpatients). Baseline results revealed various factors which affect service delivery at public health sector in Namibia.

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DEDICATION

I dedicate this work to the glory and grace of the Almighty Mighty and Heavenly Father since all knowledge and wisdom come from Him. I also dedicate this to my family, especially my late grandmother, Rachel Itaveleni Kapiya, and her late husband, David Kapiya. If it was not because of their teachings and the way they raised and nurtured me, I doubt if I would have ever achieved this milestone in my studies. I also want to dedicate this study to my manager Ms Aina Ipinge who allowed me to take study leave so I could attend classes. This meant a lot to me. I don't want to forget my mother Olivia Hamunyela for her love and kindness. This is a token of appreciation to those who have contributed to my success.

DECLARATIONS

I, Mirjam Nangula Kondjeni, hereby declare that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted by me in fulfilment of the requirements of the Masters in Business Administration or a degree in any other institution of higher education.

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APPROVAL FORM

The undersigned certify that they read and recommend to the University of Namibia; a research project entitled: An investigation into factors affecting service delivery at the Katutura hospital in accordance with the requirements of the Master of Business Administration.

Professor Dr ZackyAwino (University of Nairobi)

SUPERVISOR

DATE: 16 August 2016

CHAPTER ONE

1. INTRODUCTION

1.0. *Introduction*

This study aims to evaluate in-patients and out-patients satisfaction of service delivery at a public hospital: A case study of Katutura Hospital. This chapter gives an overview of the study following the outlined topics which are: the orientation of the proposed study, the problem statement, objectives of the study, significance of the study, limitations and service delivery.

1.1. *Orientation of the study*

Healthcare service delivery is one of the most important components in human life as disease or illness can prevent a person from doing a host of activities one could have easily done when very strong. Healthcare is normally defined as the management or treatment of any health problem through the services that might be offered by medical, nursing, doctor or any other health related service provider. If a person is sick, he/she is more likely to be prevented by his/her ailment from going about his/her normal duties. That is why the World Health Organization (WHO) defines health systems as all the organizations, institutions, and resources that are devoted to producing health actions. This definition includes the full range of players engaged in the provision and financing of health services

including the public, non-profit, and for-profit private sectors as well as international and bilateral donors, foundations and voluntary organizations involved in funding or implementing health activities. Strengthening service delivery is a key strategy to achieve the Millennium Development Goals. This includes the delivery of interventions to reduce child mortality, maternal mortality, and the burden to HIV/AIDS, tuberculosis and malaria just to mention a few. Service delivery is an immediate output of the inputs into the health system, such as health workforce, procurement and supplies and finances. Increased inputs lead to improved service delivery and enhanced access to services. Ensuring availability and access to health services is one of the main functions of a health system. Such services should meet a minimum quality standard.

Since independence, health continue to be a priority for the Government of Namibia, as evidenced by the number of health sector reforms and developments that took place under the primary health care strategy approach (World Health Organization, 2010). It is of the utmost importance to understand the experience provided to the patient in order to increase the market share of the institution in the current economic climate. It has become more important than ever, for companies to deliver a patient experience that differentiates it from competitors as the services can easily be copied, matched and duplicated. In order to create a memorable experience for patients, employees need to react to patients based on their unique needs and engage them (Tompson, 2008). There has been cases reported in the local newspapers that there is unpleasant service delivery and long waiting list at Katutura Hospital (Haidula, 2014). Katutura Hospital is a busy referral hospital in Windhoek under the Ministry of Health and Social Services which assist the majority of

people from Katutura location. Most of the people living in Katutura location are old, unemployed and are in the lower income group. It is such people who are in need of health services. However most of these people cannot afford Private hospitals which provide better health services and cater mainly for the middle and higher income earners. Katutura Hospital is under the public service as such it is supposed to be affordable to most of those living in Katutura. Health services are essential for the community members. Hence people living in Katutura are the main clients of this hospital.

According to Zeithaml and Berry (2006) service quality has been identified as the difference between the customers' expectations of service and their perceptions of the service delivery. Service quality is a vital component to measure patient satisfaction in the healthcare industry which is overlooked at Katutura Hospital (Aagja, 2010). Alhashem (2011) stated that delivering quality service has significant relationship with customer satisfaction, loyalty, service guarantees and growth of organization which is not recognized by Katutura Hospital. According to Tjihenuna (2014) there has been an attempt to improve the service quality at Katutura Hospital but, not much has been achieved in raising the quality of service and this situation is further worsened by the patients' perception of functional issues which they perceive and interact with during the course of seeking treatment with doctors, nurses and other support staff. Service quality indicates that waiting experiences are typically negative and have been shown to affect overall satisfaction of consumers with the service (Mostafa, 2005)

There is lack of proper service delivery at Katutura Hospital which shows inefficiency in the functions of the health system. One example is the long periods that people remain

admitted at the hospital. Therefore, the study investigated the factors affecting the provision of service delivery at Katutura Hospital.

1.2. Statement of the problem

A lot of concerns have been expressed in recent reports about the relatively poor patients care and poor service delivery at public healthcare institutions in Namibia. This has significantly dented the corporate image of the Katutura Hospital Health Service which is one of the major providers of healthcare service provider in Namibia. Many healthcare consumers cannot be loyal to any particular public hospital due to poor consumer care and satisfaction in these hospitals. The World Health Organization has called all nations to adopt the Universal Health Coverage (UHC) concept, which requires that all people receive quality health services that meet their needs (Dye, Reeder, & Terry, 2013). The Namibian government has prioritized health since independence, and has made a commitment towards the UHC through vision 2030 in which it has outlined a vision for a healthy nation where all preventable, infectious and parasitic diseases are under secure control and in which people have access to quality healthcare (*Namibia Vision 2030*, n.d.). As a result of the Katutura Hospital, a Presidential Commission of inquiry was appointed to investigate the quality of service offered by the hospital. It was previously analysed in the reports and general complaints by the public in local newspapers that there is an unpleasant quality of service and long waiting list at Katutura Hospital which play a role in depressing patients who are already worried about their health conditions (Tjihenuna, 2014). In a previous report, Haidula (2014) documented unsatisfactory services rendered

by the health workers in Katutura Hospital whose primary function is to provide quality health care to patients in the area of care and treatment. Haidula (2014) reported that more than 80 patients including pensioners, women and children were kept waiting in long queues all day as they sought treatment Katutura Hospital on the 14 July 2014. Patient satisfaction is dependent on supporting patients and reducing waiting time (Atinga, 2011). Poor service delivery at Katutura Hospital was considered to be hindering the effort by the Namibian government towards quality healthcare for all; and if it doesn't prevail, the Universal Health Coverage may not be attained in the near future. If patients are satisfied with the health workers-patient interactions, they are likely to be more compliant with their treatment and understand their role in the recovery process (Reinartz, 2009). Therefore, the purpose of this study was to investigate the factors affecting the provision of service delivery at Katutura Hospital.

1.3. Research objectives

The main aim of this study was to evaluate in-patient and out-patient satisfaction of service delivery at Katutura Hospital. The study was guided by the following research objectives.

- i. To identify the factors that contributes to poor service delivery at the Katutura State Hospital.
- ii. To clarify the relationship between variables of service quality, customer satisfaction and customer loyalty.

- iii. To identify the service quality dimensions used by the patients to evaluate service quality.
- iv. To evaluate customer satisfaction levels for services being delivered at the Katutura Hospital.

1.4. Significance of the study

The study provided relevant service quality information and knowledge that will assist the hospital to consider the level of patients' satisfaction and also which aspects are the most important to provide quality service. The study further gathered information on the factors leading to poor service delivery at Katutura Hospital. This information could be useful to other researchers who may want to conduct research on service delivery at a public healthcare sector in Namibia. Such information could further be useful to the policy makers in their development of strategies aimed at improving the standards of living in the country through the provision of primary healthcare services. The findings can be used to measure changes in the systems put in place to support quality services and adherence to standards. This will help to identify the strength and weaknesses of public hospitals in delivering services effectively and efficiently. The study serves as a knowledge base for further research in the discipline of health care in Africa in general and Namibia in particular. The study will help to make recommendations on how to enhance service delivery not only at Katutura Hospital but also at all public hospitals. This study is important because, it serves as a source document that will guide and improve customer care and satisfaction in the government healthcare institutions in Namibia especially at

Katutura Hospital. To improve the quality of health services sustainability in order for Namibia to achieve the objectives of Vision 2030 with emphasis on improved quality of life. The recommendations that have been given will be a rich source of reference for the hospital to improve its customer care and service delivery.

1.5. *Limitations of the study*

The study used a sample of patients and staff members of Katutura Hospital. Some information was withheld by those involved in or has relevant skills and experience about the management of the hospital which posed some limitation that affected openness, accuracy as well as the flow of information for the study. In addition, not all patients were willing to share their experiences on service delivery by the hospital. There were costs associated with transportation in order to gather data, as well as print and photocopy the questionnaires. The study results were limited to Katutura Hospital only and not all public hospitals in Namibia. This means that there was no generalisation made for the whole country. Due to the busy schedules of the respondents, it was not easy to get them to respond the questionnaires on time. Availability of high ranking officials for interviews was problematic, due to their ever busy schedules. Some respondents were naturally sceptical in answering the some of the questions. Some did not even see the need to respond to the questionnaires administered. The study used the Likert Scale questionnaire techniques: thus constraining respondents from expressing their own ideas differently from those of the researcher. Last but not least, some respondents failed to return the questionnaires and others earmarked for interviews could not be reached.

1.6. *Outline of the Thesis*

Chapter 1: Introduction

This chapter focuses on the discussion of the background of the study, the problem statement, the research objectives, and significance of the study. The chapter provides an overview of the general background of the study to the reader. A chapter summary rounds off the chapter to prepare the reader for the next chapter.

Chapter 2: Literature Review

This chapter deals with review of literature. The chapter also provides a comprehensive account of the conceptual and theoretical knowledge of service delivery and identified gaps in that area. The chapter prepares the reader for the next chapter.

Chapter 3: Research Methodology

This chapter presents the approach and methodology used in the research that includes research approach, research design, sampling, data collection, data analysis and ethical considerations. Finally, a chapter summary will round off the chapter and prepares the reader for the next chapter.

Chapter 4: Results

Empirical results of the study are presented in this chapter. It includes the presentation of findings in both frequencies and graphic form. The validity and reliability of the research

instruments is also discussed in this chapter. The chapter prepares the reader for the next chapter.

Chapter 5: Discussion, Conclusions and Recommendations

This chapter discusses the research and links them with literature review where applicable. The chapter also presents conclusions drawn from the findings, reviews the research objectives and questions, and provides recommendations for action and further research.

1.7. Summary

Chapter one dealt with the background to the problem, the problem statement, the aim of the study and the objectives of the study are spelt out clearly. The problem identified in the statement of the problem is the missing link in the service delivery at Katutura Hospital. The significance of the study has been discussed in this chapter which indicates that the study helps in resolving the protracted problem pertaining to service delivery at Katutura Hospital. The next chapter focuses on the review of literature on service delivery.

CHAPTER TWO

2. Literature Review

2.1. Introduction

In chapter one, the basis and purpose of the study were elucidated. This chapter will focus on the review of relevant literature in order to demonstrate the current level of knowledge in health care service delivery, its limitations, and how the research fits in this wider context (Saunders, Lewis, & Thornhill, 2007). It is believed that the literature reviewed will form a foundation on which the research is built and also assists to develop a good understanding and insight into relevant previous research on healthcare service delivery in the public health sector as well as the trends that have emerged. There is quite a wide range of literature on service delivery in the public health sector. Most of this literature is not necessarily tailored to the case of Namibia, but is general literature on mixed service delivery in the public hospital across the world. The study of service becomes important with every passing day due to its ever increasing worth and size in the global economy (Hollis, 2006). The service delivery has become a very important aspect to be measured in order to gain competitive advantage over the rivals (Donebedian, 2010). It's very important for the organizations to know the constructs of consumers regarding the different aspects of the quality of services of the particular organization, which may help the organization to know what exactly the consumer needs from them. This leads to better consumer satisfaction and hence their retention.

In healthcare industry service delivery has become an imperative (Ennis & Harrington, 2010) in providing for patient satisfaction because delivering quality service directly affects the customer satisfaction, loyalty and financial profitability of service businesses. The government health service is supplemented by privately owned and operated hospitals and clinics and faith-based organizations' hospitals and clinics (MacAuley, 2009). Depending on their comparative advantages, Non-Governmental Organizations, Faith Based Organizations and community-based Organizations (CBOs) undertake specific health services (Babbie, 2005).

2.2. *The concept of service delivery*

The service delivery concept relates to the characteristics of the service offered to the target market (patients). Anderson (2009) describe the service concept as the bundle of goods and services sold to the customer and the relative importance of each component to the consumer. The dominant view in the literature is that the service concept can be seen as a package made up of a set of tangible and intangible elements (Karwan & Markland, 2006). In other words, it is defined in terms of its constituent parts (Goldstein, Johnston, & Rao, 2007) and the most common way of classifying the service concept relates to the degree of customization of these elements (Zomerdijk & de Vries, 2007). The provision of service delivery is of great importance to the management of all service organizations and hospitals should particularly be interested to providing excellent clinical care, also focus on providing quality service to their patients (Biermann, 2006).

Service delivery as defined by International Organization for Standardization is a relative concept and if the inherent characteristic of a service meets the requirements of the customer, it can be rated as high quality (Reinartz, 2009). Service delivery is defined as the process of extending basic services like education, healthcare, water, transport and communication where the end users are the public or local people within the country (Radwin, 2007). Service delivery in healthcare comprises modern technology, effective medication and higher staff to patient ratio's, affordability, efficiency and effectiveness (Aagja, 2010). Service refers to a process not only is the delivery of a core service, but also has a style or manner of its own, imbued with artistic, dramatic or craftsman like possibilities (Zeithaml & Berry, 2006). Service delivery involves an action of helping or doing work for others. It has also been defined as, social efforts, which include the Government in fighting five giant evils namely: want, disease, ignorance, squalor and illness in the society (Aagja, 2010). Service is a help that you give to someone, especially by using your skills, ability, or knowledge. Service delivery as a public service management issue has taken center stage as the country and its state organizations strive towards providing a better life for all. (Reinartz, 2009). More emphasis is put on the quality of services delivered to the general public and other clients receiving any form of service from government organizations. Hussey (2007) contends that customer expectations continue to rise, requiring more attention to service and quality. The creation of new districts has put tremendous expenditure pressure on the local government, thereby reducing and in some cases taking away complete, resources that would have been used to increase and improve service delivery (Kadiresan, 2009).

In contrast, Blanche, Durrheim and Painter (2006) states that service delivery should take into consideration the completion rate and recovery rate by service providers. Bhatia (2009) found out that since technocrats undertake service delivery on behalf of the government, thus there is need for a bottom-up prioritizing to have effective spending of public funds. If prioritizing is not taken into consideration, only those governments that take the decision to provide an effective service delivery, architecture will be able to cost effectively meet citizens' continually rising expectations of government services (Radwin, 2007). Zikmund (2007) argues that since service delivery remains agency-centred such that government forces citizens to interact with them on the way they are organized instead of on the way that best makes sense from citizens' perspectives, some of the services provided remain unattended.

There are many definitions of service delivery that was explained but the one that guided the researcher in the thesis is service delivery as a public service management issue has taken center stage as the country and its state organizations strive towards providing a better life for all. (Reinartz, 2009).The reason why this was chosen is because it relates to service delivery at public hospital.

Available evidence about service delivery suggests that current health service delivery in the world leaves room for improvement, in terms of quality, responsiveness to patients and efficiency (Petrick, 2009).

2.3. Qualities of service delivery

Intangibility: Unlike physical objects, service cannot be touched, seen, smelt or tasted. The service is intangible in nature which makes it difficult to be measured (Fitzsimmonds, Hill, &Amna,2011).

Perishability: Service, like physical objects is also perishable in terms of time. Once time is gone, service can neither be delivered in the same way, nor can it be restored, which is a complete waste of time (Fitzsimmonds, Hill, &Amna, 2011).

Inseparability: The generation and the delivery of service are inseparable. The service is delivered as soon as it is generated. Thus the service and the providers are closely related creates a big challenge for the service management industry (Fitzsimmonds, Hill, &Amna, 2011).

Heterogeneity: Service can be designed in different ways. This quality is due to the difference in perceptions of people at consumer and provider levels. It is very difficult for service, to be reproduced in the same way. Therefore, service cannot be standardized and also, it cannot be undone once delivered(Fitzsimmonds, Hill, &Amna, 2011).In healthcare industry, service delivery has become an imperative in providing patient satisfaction because delivering quality service directly, affects the customer satisfaction, loyalty and financial profitability of service businesses (Alhashem, 2011).

Petrick (2009) identified ten determinants of service quality that may relate to any service: competence, courtesy, credibility; security; access; communication, understanding, knowing the customer; tangibles; reliability and responsiveness. Later they were reduced

to five to include tangibles; reliability; responsiveness; assurance: competence, courtesy, trustworthiness, security and empathy

Literature on healthcare quality stresses the importance of patient's views as an essential tool for assessing and improving service quality. It suggests that majority of healthcare institutions are going for a patient satisfaction as an outcome in their studies to measure the performance of healthcare institutions (Zeneldin, 2006). The study concluded that there exist an overall gap between patient's perceptions and expectations and also management's perception of patient's expectations and patient's expectations.

2.4. Customer care and satisfaction

The ultimate expectation of consumers and their relations is to be satisfied with services rendered by healthcare institutions such as Katutura Hospital, and also to get well soon. Patients satisfaction is based on factors such as: affordable fee, promptness of attention, good staff attitude, respect for patients and their rights, provision of privacy and confidentiality, providing adequate information, availability of drugs and logistics and above all a healthy and clean environment (Zeneldin, 2006).

According to Reinartz (2009) satisfaction is a judgment that a product/service feature, or the product or service itself, provides a pleasurable level of consumption-related fulfilment, including levels of under- or over-fulfilment. Many researchers address the concept of customer satisfaction as the individual's feelings of pleasure or disappointment due to comparing a perceived performance of service, the outcome, in relation to their expectations (Gonzalez, Padin & Romon-Garrid, 2005). Mostafa (2005) affirmed that

customer satisfaction should be viewed in two different ways. Firstly as a multi-faceted construct and secondly as something that can be measured as a single item scale. The health care sector represents an area where the multi-dimensional aspect of customer satisfaction can be found in the patient's relations with doctors, different caregivers and companies providing insurance. Kotler (2010) points out that whether the buyer is satisfied after purchase depends on the offer's performance in relation to the buyers expectations. According to Zeithamland (2006) resolving customer problems effectively has a strong impact on customer satisfaction, loyalty, word of mouth communication, and bottom line performance. Satisfaction or dissatisfaction is a measure or evaluation of a product or service's ability to meet a customer's need or expectations (Zeithamland & Berry, 2006). Nonetheless, certain differences exist in the cognition of medical service quality held by hospitals and patients. Arasli, Ekiz, and Katircioglu (2008) maintain that it is necessary to develop a systematic approach to find out the real requirement of patients, as this leads to greater customer's satisfaction and ultimately make the hospital more successful. Petrick (2009) maintains that long waiting times and inconvenient clinic hours can prevent clients from accessing the services they need and effect customer satisfaction. In this model, Kano, Seraku, Takahashi, and Tsuji (2011) give an insight into a quality management and marketing technique that is used to measure clients' happiness. Kano *et al's* model of customer satisfaction distinguishes three categories of attributes which actually influence customer satisfaction. These are, basic factors, excitement factors and performance factors.

(i) **Basic factors** (dissatisfies – must have) which are the minimum requirements which will cause dissatisfaction if they are not fulfilled, but do not cause customers satisfaction if they are fulfilled (or are exceeded.) The customer regards these as prerequisites and takes them for granted. For instance a clean environment at hospital.

(ii) **Excitement factors** (satisfiers- attractive) these are the factors that increase customer satisfaction if delivered but do not cause dissatisfaction if they are not delivered. These factors surprise the customer and generate “delight “. Using these factors a company can really distinguish itself from its competitors in a positive way. For instance provision of health related documentary films at a hospital whilst patients are waiting to be attended to by the doctor.

(iii) **Performance factors:** These are the factors that cause satisfaction if the performance is high and they cause dissatisfaction if performance is low. Here, the attribute performance – overall satisfaction is linear and symmetric. Typically these factors are directly connected to customers.

Leinonen (2010) indicate that service delivery, from the patient’s viewpoint, requires that medical staff exhibit respect, empathy, and concern, as well as more traditional courtesy, professional skills and service attitude. In addition, patients will trust and rely on a hospital more once they experience satisfactory medical service, and will continue to go to it for future medical treatments. The ultimate expectation of consumers and their relations is to be satisfied with services rendered by healthcare institutions, and also to get well soon.

Customer satisfaction is based on factors such as: affordable fee, promptness of attention, good staff attitude, respect for patients and their rights, provision of privacy and confidentiality, provision of adequate information, availability of drugs and logistics and above all a healthy and clean environment (Tam, 2007). Anderson (2009) maintain that the quality of services offered will determine customer satisfaction and attitudinal loyalty. They argue that the inter relationships of variables defining the antecedents and also the consequences of customer satisfaction have been studied extensively in the consumer research literature.

According to Oliver (2011) both service and manufacturing industries place high importance on product quality, which can affect customer's satisfaction and thus their willingness to make a purchase. Product quality is a key determinant of consumer's satisfaction. In view of Radwin (2007) product quality is a strategic tool for attaining operational efficiency and improving business performance. This is the reason why Vurkmir (2009) postulates that although the medical industry is different from general service industries, high service quality is still a key success factor. In addition, scholars such as Milakovich (2009) have indicated that patients and their family members should be considered as strategic consumers for medical service providers.

De Man, Vandaele and Gmmel (2008) recommend that the promotion of medical service delivery to satisfy patients' demands should be a primary aim for hospitals that seek to be more successful. Nonetheless, certain differences exist in the cognition of medical service quality held by hospitals and patients.

Vukmir (2009) in his systematic review of the literature on customer satisfaction as it applies to current medical practice, found that the waiting time and the amount of caring were the most important determinants of patient satisfaction. Saila, Matilla, Kaila, Aalto and Kaunonen (2008) found that the most important reasons for patient dissatisfaction with the service delivery of outpatient care were: having to wait for an appointment, the length of waiting time, communication and information received, duration of consultation, lack of reach ability, lack of continuity, and not being able to participate in and contribute to decision making. Edvardsson (2007) suggests that customers experiences have a strong impact on customers quality perceptions; patients experience accruing from their encounter with medical staff and the process of getting treatment creates the customer's cognitive, emotional and behavioural responses of either satisfaction or dissatisfaction with the quality of service. The time spent waiting can be psychologically painful because it causes the customer to give up more productive activities and increase the investment required to obtain a product or service. In addition, delay significantly influences the feelings of anger (Lou, Liberatore, Nydick, Chung & Elliot, 2007). Service quality is a multidimensional construct that is very difficult to evaluate due to the unique features of each of the service providers (Zeithaml & Berry, 2006). Tam (2007), in contrast to the two above-mentioned authors, found that waiting time was not the most important determinant of service delivery but is one of the nine identified factors that with key aspects of the medical service encounter that influence patient satisfaction such as doctor's technical quality, doctors interpersonal skills, quality of nurses, quality of support staff,

efficiency of appointment system, waiting time, duration of consultation, physical environment and respect for patient's privacy.

The influence of waiting time on the patients' satisfaction – loyalty relationship was explored in depth by Bielen and Demoulin (2007) in Belgium on radiological outpatients. The results confirm that waiting time satisfaction is not only a service satisfaction determinant, but it also moderates the satisfaction – loyalty relationship. Moreover, determinants of patient waiting time include the perceived waiting time, the satisfaction with information provided in the case of delays, and the satisfaction with the waiting environment. In addition, it was shown that the waiting time satisfaction was a complete mediating variable in the perceived waiting time and service satisfaction link. The authors suggest that investment in improving services might be better spent on information and communication, rather than on physical facilities. Thus, it seems that waiting time is an important determinant – in some cases, the most important. Again, in different settings the importance would vary.

Arasli, Ekiz and Katircioglu (2008) maintain that it is necessary to develop a systematic approach to find out the real requirement of patients, as this leads to greater customer satisfaction and ultimately make the hospital more successful. Radwin (2007) stated that due to increased awareness among the people, patient satisfaction has become very important for all hospitals. The authors examined the 29 factors that relate to patients satisfaction in government outpatient services in India. They stated that there are some basic factors which impact on patient satisfaction namely, behaviour of doctors, behaviour of medical assistants, quality of atmosphere and quality of administration. They also

provide strategic actions necessary for meeting the needs of the patients of government healthcare sector in developing countries.

When service businesses subscribe to a purely producer-oriented view of productivity which is the case more often than not, the quality of service to customers invariably suffers (Parasuraman, 2007). Consider, for instance, a cable-television company's call centre offering telephone-based support to customers. The call centre's productivity measured in conventional terms converts to a metric such as the number of customer calls processed per hour per employee. Trying to maximize this metric is a matter of depleting the call centre staff and/or setting stringent performance standards for the staff; average time per call not to exceed two minutes; number of calls processed per hour should be at least 30. The problem with this approach to boosting productivity is its failure to consider customers inputs into the process (e.g. waiting time and emotional energy due to frustration), as well as the outputs experienced by the customers for example service performance, satisfaction (Lui, 2005). The company and customer perspectives on productivity, when considered separately, are at odds with each other; improvement in one type of productivity is invariably accompanied by deterioration in the other (Mrara, 2010). But the two perspectives need not and should not be viewed independently. Enlightened companies that examine productivity from a dual company-customer perspective can benefit from synergies that elude service businesses, focusing on a single perspective (MacAuley, 2009).

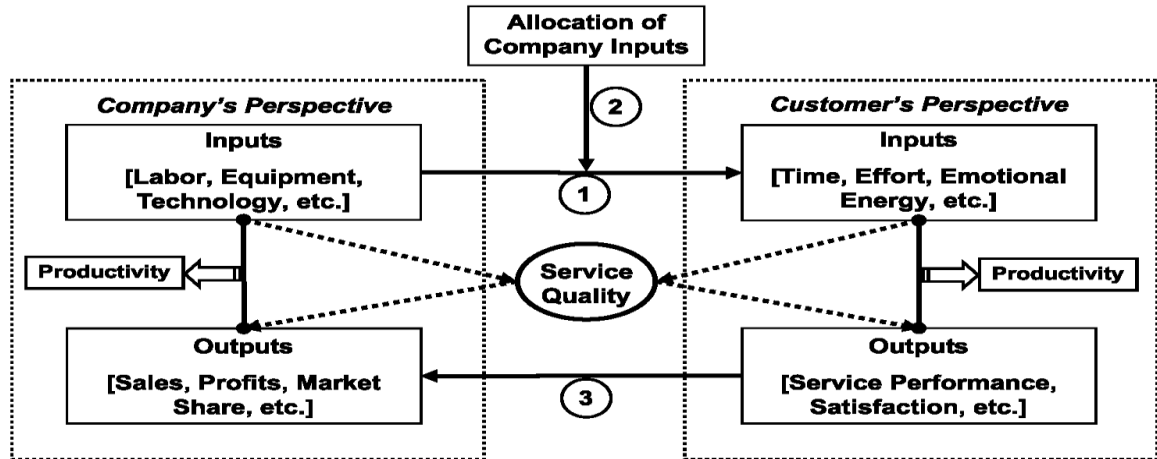


Figure 1: A conceptual Framework on Understanding Interplay between service quality and Productivity (Parasuraman, 2007).

Parasuraman (2007) affirms that the conceptual framework of service quality can also be applied to health care service and is relevant to this research study. This is so because a healthcare service delivery requires high consumer involvement in the consumption process. Therefore, the attainment of quality healthcare service relies significantly on the co-contribution of the patient to the service delivery process. Studies have also shown that compliance with medical advice and treatment regimes, is directly related to the perceived quality of the service and the resulting health outcome (Irving & Dickson, 2009). Edvardsson (2007) suggests that customers experiences has a strong impact on customers quality perceptions; patients experience accruing from their encounter with medical staff and other support staff and the process of getting treatment create the customer's cognitive, emotional and behavioural responses of either satisfaction or dissatisfaction with the quality of service. As shown in this study, this encounter is influenced by many other factors such as communication, medical staff skills, the technology used in the

treatment and the availability of the required facilities and equipment as proposed in the conceptual framework figure 2.1, which shapes this experience and determine the outcome.

2.5. Gap model in service delivery

There are two main models of service delivery, which include: Service delivery Model of Glied, (2010). This model indicates that the expectations of the customer depend on five determinants namely; market communication, image, word of mouth, customer needs and customer learning. Experiences depend on the technical quality (what/outcome) and the functional quality (how/process), which is filtered through the image (who). Both expectations and experiences can create a perception gap. A perception gap can appear between the expected service and the perceived service (Coulthard, 2008).

2.6. Dimensions of service delivery and service quality (SERVQUAL)

According to Reinartz (2009) each hospital's needs differ, as such, there is no real generic measuring tool that suits all Hospitals. Therefore tailor-made measuring tools for measuring customer service are the only way to achieve these measurements. The validated models are the renowned Servqual, Kano and other models; the problem resides within the general nature of these models, not being able to capture the unique service needs of a hospital (Bala, 2011).The service delivery is really tough thing to measure unlike a product; service doesn't carry tangible characteristics like colour, texture, height,

width, smell etc. (Beecrof, 2009). This applies to both the sectors', services and the products. Therefore, these intrinsic qualities of service make the identification and measurement, a really tough task. It's very important to measure the quality of service, an organization provides. It helps an organization to identify the areas of improvement in view of its users. It also enables an organization to provide the type and quality service, that its consumers expect from it. Measuring the service delivery for an organization is also important in order to compare it with the quality of service of its competitors.

Being able to measure service delivery is an important exercise since it enables a person to compare what things were like before changes were effected and what they are after changes were introduced (Reinartz, 2009).The Servqual approach/instrument has been applied in service and retailing organizations to measure service delivery. The Servqual instrument has received widespread acknowledgement as a breakthrough model to assess and measure the service delivery of several industries such as healthcare (Kotler, 2010). The original Servqual instrument included 22 items. The data on the 22 attributes were grouped into five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Researchers measure the service delivery dimensions by using Servqual model since it has become the most popular and strong tool which is also called a gap model (Parasuraman, 2007).Numerous studies have attempted to apply the Servqual. This is because it has a generic service application and is a practical approach to the area. According to Parasuraman *et al* (2007) the Servqual model helps to measure customer satisfaction levels regarding the service delivery of an organization using five dimensions which includes; **Tangibility**: This dimension consist of physical facilities, equipment, and

appearance of the personnel of an organization. **Reliability**: This dimension deals with the ability to perform the promised service dependably and accurately by the organization. **Responsiveness**: This dimension focuses on the willingness to help customers and provide prompt service. **Assurance**: This dimension explains the knowledge and courtesy of employees and their ability to inspire trust and confidence. **Empathy**: This dimension defines how much of an individualized attention the firm provides to its customers. From the above five dimensions and perspective the aggregated sum of difference between perceptions and expectations, a globally perceived quality construct is formed. By these dimensions, service delivery can be improved and the customer satisfaction level can be increased.

Zineldin (2006) argues that the Servqual dimensions are not sufficient in measuring service delivery in healthcare because the model identifies service quality gaps, but not their root causes. The 5Q model proposed by Zineldin (2006) therefore includes the dimensions of Servqual as well as other attributes such as infrastructure, atmosphere and interaction between the healthcare staff and patients. The technical quality, referring to the quality of the service product (i.e. what customers buy and whether the service fulfils its technical standards and specifications) and the functional or process quality, that describes the way in which the service product is delivered, are the two qualities used as the building blocks of total quality in the 5Q model (Zineldin, 2006). Feldman (2008) in his review of current measurement systems states that the most common rating of service delivery is the relationship of medical staff with their patients, or more specifically their

communication. Zineldin (2006) expands the technical-functional and Servqual quality models into a framework of five quality dimensions, consisting of the quality of object, quality of process, quality of infrastructure, quality of interaction and quality of atmosphere. This model is now considered as an effective model for health care providers in order to evaluate patient's satisfaction. The health care service delivery is not only affected by the technical and functional activities of the organizations but some other factors which the researchers have ignored also play an important role, such as interaction, infrastructure and atmosphere.

Zineldin (2006) designed and developed a comprehensive model regarding patient satisfaction from health care providers, called the 5Q model. This model has the following components;

Q1. Quality of object – The technical quality (what the customer receives), for example, relates to the clinical procedures carried out and it focuses on the technical accuracy of medical diagnosis and procedures. This dimension of service delivery measures the treatment itself; the main reason why patients visit a hospital in the context of their basic needs and wants.

Q2. Quality of processes – This dimension deals with the functional quality of how the health care organization provides its core service (the technical). This dimension measures how well activities of the health care are implemented practically. It includes waiting

times by the patients and speed at which health care activities are performed by staff. Sensitive issues are attached to the health care industry so process indicators should receive more attention. These indicators can be used to identify problems in service delivery and to suggest specific solutions. Front-line nurses/physicians/managers can use process indicators to supervise/monitor activity at their facilities and to improve day-to-day decision-making.

Q3. Quality of infrastructure – This dimension of quality service measures the essential and basic resources that are needed to perform the health care services. This includes many attributes such as the quality of the internal competence and skills, know-how, experience, motivation, attitudes, technology, internal relationships, internal resources and activities and most importantly how these activities are managed, cooperated and coordinated. Researchers found that technology infrastructure can play a vital role in patient satisfaction and it has become a revolutionary key factor operating in health care organization.

Q4. Quality of interaction – communication/interaction among the people is always difficult to deal with. This dimension of service delivery measures the quality of information exchange (e.g., the percentage of patients who are informed when to return for a check-up, amount of time spent by physicians or nurses to understand the patient's

needs, etc.), and social exchange, etc. Perceived quality of interaction and communication reflects a patient's level of overall satisfaction.

Q5. Quality of atmosphere – This dimension is concerned with the relationship and interaction process between the two parties. This is influenced by the atmosphere in a specific environment. The atmosphere indicators should be considered as being very critical and important because of the belief that lack of a frank and friendly atmosphere explains poor service delivery (Zineldin, 2006).

Model in service quality

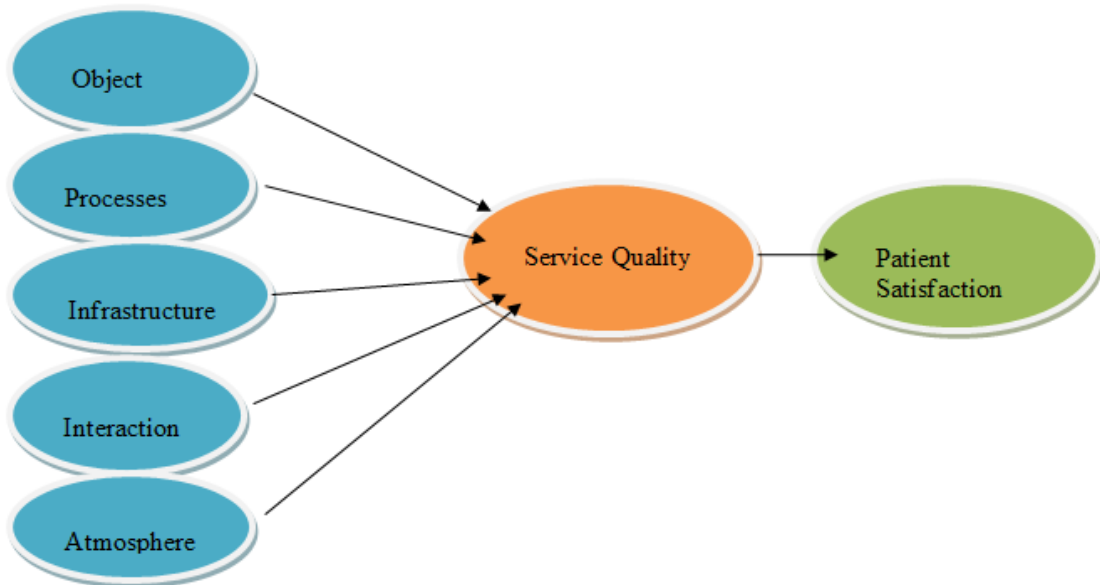


Figure 2: 5Q Model (Zineldin, 2006, p. 70)

The above figure illustrates the 5Qs model and its constructs, where the service quality of the health care is function of Q1-Q5. The model consists of 5 dimensions of the service quality, all together 5 dimensions result in health care service delivery which can affect the level of patient satisfaction (Zineldin, 2006). According to Zineldin (2006) all the dimensions are functions of service quality, which leads the patient to satisfaction.

Over the years, many models for service delivery assessment have been used and widely applied as a strategic improvement of service delivery in health care sectors (Mostafa, 2005). According to Petrick (2009) there are two main models of service delivery. Service delivery indicates that the expectations of the customer depend on the five determinants, market communication, image, word of mouth, customer needs and customer learning. Experience depends on the technical quality and the functional quality, which is filtered through the image. Both expectations and experiences can create a perception gap. The Gap Model propounded by Parasuraman, Zeithaml and Berry (2006) was a slight modification of Edvardsson (2007) model which says that the expected service is influenced by the word-of-mouth, the personal needs, past experience and also by the external communication to customers. A perception gap can appear between the expected service and the perceived service (Atinga, 2011).

To effectively deliver the services and solutions that customers need, organizations need to ensure that the business processes that are utilized are appropriate, up-to-date, and that they get the job done (Zeithan et al., 2006). Communication with patients is vital to

delivering service satisfaction and technology for harnessing information and data play a critical role in the quality service delivery in hospitals (Aagja, 2010). Highly skilled physicians, nurses, doctors, administrators, and ancillary staff are critical to producing high-quality outcomes and effective service delivery improvement hence hospital growth (Mostafa, 2005).

2.7. Service delivery recovery strategies

According to Zeithamland and Berry (2006) an effective service recovery strategy has some multiple Potential impacts. It can increase customer satisfaction and loyalty and generate positive word of mouth communication. Service recovery strategies can be implemented as follows:

- Make the service fail-safe by doing it right the first time, through ensuring reliability which is a dimension of service quality.
- Encourage and track complaints: by listening to customers and making it easy for them to complain.
- Act quickly by responding immediately through;
 - (a) Taking care of the problems either electronically or phone calls,
 - (b) Empowering employees to solve problems as soon as they occur and
 - (c) Allowing customers to solve their problems themselves through building systems that allow them to do so.
- Providing them with adequate explanations to understand why the service failed.
- Treating customers fairly in terms of the outcome of the service they receive.

- Cultivate relationships with customers so that when and if service fails, forgiveness would not be hard to find and learning from recovery experiences to avoid repetition and rectify their solutions permanently.

Zeithamland and Berry (2006), suggests that a complex combination of strategies is needed to ensure that service employees are willing and able to deliver quality services and that they stay motivated to perform in customer-oriented, service-minded ways. Oliver (2011), further argues that paying attention to competencies and their continuous development, establishing collaborative relationships, and empowering service employees should be reflected in Human Resource practices for services.

2.8. Empirical literature findings on perceived factors affecting the quality of service delivery at public health facilities worldwide.

A study conducted by Aagja (2010) in SADC revealed that some of the critical institutional challenges affecting the quality of service delivery at public health facilities includes: limited manpower, lack of equipment, medication, in-service training, team work, low pay and resources. Considering the work load and responsibilities, healthcare facilities are understaffed. The author further clarifies that healthcare facilities also lack logistic supports and that they also lack managerial capability and resources to design and run innovative service delivery in areas of health. Aagja (2010) further found out that there

is a problem of lack of coordination between healthcare and extension service delivery workers of the government at the field level.

Zeneldin (2010) asserted that service quality in healthcare not only depends on the quality of physicians but also includes the staff, nurses, building, waiting room, equipment's and machines used during care of patient, it can further be said that healthcare quality and patient satisfaction is more detailed than just dividing the quality of service into technical and functional dimensions.

Evidence on improving service quality of healthcare and patient satisfaction apart from increasing accessibility and affordability to its population in the face of limited resources have become a major challenge for developing countries and have gained attention in recent years (Kotler, 2010).

According to Haidula (2014), the study that was conducted in Namibia by the Minister of Health under the Presidential Commission of inquiry covered a wide range of issues and health demands are that the government is unlikely to have the financial resources needed to meet the needs stipulated in the enquiry. Haidula (2016) further stated that the study said there is a dire need for medical personal across the country as the lack of health professionals has added to the long queues that are common feature at many state hospitals. The study described the conduct, ethics and attitudes of some of the health workers towards patients as unacceptable.

One of the most fundamental indicators of a prosperous nation is health care. A nation needs to have good public health facilities to ensure that the sick are properly cared for, so as to ensure their continued decent quality of life. Poor health facilities and treatment

has major repercussions, particularly on the labour force tasked with spurring a country economic growth (WHO, 2010).

2.9 Chapter Summary

All the studies in this literature review show different results for the various settings with some degree of similarity. This study attempts to evaluate the factors that affect service delivery in public hospitals. From the reviewed literature, it is evident that service delivery is not easy to implement. The effective service delivery depends on a variety of factors and the critical ones being communication, training and development and organization culture. The researcher explored the extent to which the identified variables affected the effectiveness of service delivery for the Katutura Hospital. All the studies in this literature review show different results for the various settings with some degree of similarity. This study attempts to investigate the factors that affect service delivery in public hospitals. The next chapter deals with the methodology used to gather data pertaining to these issues.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1. *Introduction*

The quality of research findings depends on how the research is designed as well as different types of methods used for data collection process. Therefore, this chapter provides a framework of the whole process of research design and various methods for data collection.

The choice of data collection methods depends on the type of inquiry and data to be collected. The methodology in this study aims to describe and analyse a quantitative method, throwing light on its limitations and sources, clarifying its suppositions and consequences, relating its potentialities at the frontiers of knowledge (Welman, Kruger & Mitchell, 2005). This refers to techniques used to structure a study, gather and analyze information in a systematic way (Polit & Beck, 2004). This chapter presents the analytical tools and techniques applied to achieve the research objectives. The method of data analysis which includes the description of data collected - data type, source, and procedure, has been elaborated in this chapter. This covers the research design, study population, sample size and research instruments in addition to data collection and analysis procedures.

Rationale of the Methodology

This study used qualitative and quantitative research approaches to evaluate in-patients and out-patients satisfaction of service delivery at Katutura Hospital. Qualitative research was used in gathering data that was used in this qualitative approach. Qualitative research focuses on phenomena that occur in natural settings and involve studying those phenomena in all their complexities (Coulthard, 2008). In this case, this research sought to examine the variables that influence service delivery at the Katutura Hospital.

3.2. Research Design

The research design is a cross – sectional survey. According to Bhatia (2009) a research design is the overall plan or programme of research. It contains an outline of what the researcher will do, from writing the hypothesis and its operational implications to the final analysis of data. Yin (2009) described a research design as the logic that links the data to be collected (and conclusions to be drawn) to the initial questions of a study. Hence, the research design for this study is based on the logical sequence that connects the empirical data to the study's research question, as presented in chapter one, and ultimately, to its conclusions (Yin, 2009). Hence, in considering an appropriate design and methodology, quantitative and qualitative approaches best fit the aims of this study, as outlined in chapter one.

Welman, Kruger and Mitchell (2005) contend that research design is the plan according to which one obtains research participants and collect information from them. Therefore,

the researcher described what is to be done in technical terms and provided information on the proposed design based on the sample selection and size, data collection method, instrumentation, procedures, and ethical requirements.

The study adopted a survey approach in collecting data from the respondents. The survey method was preferred to ensure a complete description of the situation, making sure that there was minimum bias in the collection of data and finding out the what, where and how of a phenomenon (Kotler, 2010).

A survey was the main quantitative instrument to collect the data. The qualitative approach was used by the researcher to design questionnaires with open ended questions that helps to give opinions and feelings of respondents. The researcher interviewed nurses, doctors, management and patients at Katutura Hospital as respondents.

3.3. Research Population

Lui (2005) argues that a research population is the entire group of persons or set of objectives and events of interest to the researcher. Population is a total group of people from whom the researcher may obtain information to meet the research objectives (Lou *et al.*, 2007). Blanche *et al.*, (2006) concludes that the population selected should be those to whom the research question applies. With reference to the scope of this study, the population consisted of healthcare providers in Katutura healthcare service facility such as nurses, doctors, management (overall for departmental and unit level). The scope also included healthcare receivers such as patients who visit the healthcare facility (including

outpatients and inpatients) and who are involved in the day to day service delivery of the facility. The population of this research comprised 1000 Nurses, 100 Doctors, 100 Management and 300 patients. The population under the study was 1200 staff working at Katutura Hospital and 300 patients which gives a total population of 1500. A sample frame was drawn from the population.

3.4. Sample

The sample size is generally determined by the population of the research subjects to be studied. According to Leedy and Ormrod (2010) if the population is less than 100, do not sample, survey the entire population. If the population size is around 500, sample 100. The study population consisted of 1500 people that are divided into three categories, 1100 nurses, 100 doctors and 300 patients and the sample size was drawn from each category. According to Mostafa (2005) a sample is part of the target population that has been procedurally selected to represent it. The study adopted stratified random sampling to independently select a separate simple random sample from each population stratum as the study population was not homogeneous as it consisted of doctors, nurses, management and patients. A stratified sampling method was chosen as it involves the division of a population into smaller groups known as strata which are formed based on members' shared attributes or characteristics. From the study population, a sample size of 10% was taken giving a sample size of 150 respondents; 10 doctors, 100 nurses, 10 management and 30 patients.

3.5. Research Instruments

A survey was the main instrument to collect data. Variables that are related to service quality and service delivery such as consumers' expectations, loyalty and perceptions were measured by SERVQUAL to demonstrate the gap between customers' expectations and perceptions. The data was collected by means of questionnaires. Questionnaires were used because it was more economical and convenient for the respondents to answer. Secondly, it encouraged the provision of a true and honest response on sensitive issues. The questionnaires afforded the researcher the opportunity to collect information that was not readily available, which tend to enrich the answers and that enhanced the eventual result of the study.

Two different set of questionnaires were utilized for the study. The first set of questionnaires was for healthcare providers (nurses, management (overall for departmental and unit level) and doctors). The second set was given to the healthcare receivers (Patients which included in-patients and out-patients). This was to allow the researcher to get good responses from the different groups of respondents.

In addition, personal interviews were done for respondents who did not have time to answer the questionnaires and especially healthcare receivers (Patients) who could not read and/or write. Interviews were used to gather data and to obtain more information from the key informants. The study used both primary and secondary data. Primary data was gathered by use of closed and open ended questionnaires and it was self-administered

and analysed (using content analysis). The secondary data for this study was collected from journals, reports and newspapers.

3.6. *Data collection procedure*

The research used both primary and secondary data. The primary data was collected using open and closed ended questionnaires administered to nurses, doctors, management and patients of Katutura Hospital. Secondary data was collected from journals, newspapers, case studies, books, articles and the hospital website. The survey questionnaire was distributed to the respondents such as patients and employees at Katutura Hospital who were required to give responses to questions about the background and characteristics of past trends in service delivery. Data collection from employees was completed while they were off duty. Appointments were made and employees completed the questionnaires in their free time at their respective homes or places of residence. Patients that visited the hospital at the time of the study were interviewed outside the hospital premises; this was done after consultations with the health workers. The interviews were done when the patients were on their way to their respective places. This method enabled the collection of a large amount of data on the variables that were considered important to the research. Furthermore, questionnaire survey afforded the respondents the privilege of anonymous settings. Furthermore, data from the face to face interviews was collected using a structured questionnaire. The purpose of the research was explained to every respondent. The respondents were also informed that participation was voluntary and that the results

would be used for academic purposes only. Furthermore, respondents were assured that all responses would remain confidential.

3.7. Data analysis

Data analysis is the process of grouping raw data together and processing it in a variety of ways to show what it means and to facilitate its interpretation (Petrick, 2009). Data analysis refers to the systematic organization and synthesis of research data, and the testing of research hypotheses (De Vos, Strydom, Fouche & Delpont, 2005). Data analysis gives meaning to data collected during research (Burns & Grove, 2005). A total of 120 completed questionnaires the first questionnaire and 30the second questionnaire were received and coded before and until the final date. Each questionnaire was scrutinized by the researcher to examine the response pattern and identify abnormalities in the completion of questionnaires. The statistical analysis program SPSS was used to analyze the data. Quantitative data from questionnaires were analyzed using the descriptive statistics with the help of data analysis software - Statistical Package for Social Sciences (SPSS) which offered extensive data handling capabilities and numerous statistical analysis routines that can analyze small to very large data (Petrick, 2009). The study made use of frequency tables, charts, chi-square and bar graphs obtained from the analysis using the SPSS. Qualitative analysis was performed to assess the views and perceptions of the respondents on service delivery by the hospital. For the qualitative analysis, the theoretical triangulation was used in interpreting data on the views and perceptions of the respondents. These views and perceptions were grouped into different themes related to

the factors that drive service delivery at public healthcare sector. The researcher used these methods because they provided better explanation for the data collected.

3.8. *Validity and reliability of data*

According to MacAuley (2009) reliability means that the measuring instruments must yield comparable results in the same or similar circumstances using the same or similar research groups. Validity means that the measuring instruments must measure what they are supposed to measure. The researcher ensured the validity and reliability of the results of the study by developing an interview schedule in consultation with the supervisor, and pilot-tested the interview schedule with staff members who were not part of the study, to investigate the feasibility of the proposed study and to detect possible flaws in conducting the study, such as inadequacy of time. Gillham (2005) stated that the pre-piloting stage requires careful planning in the selection of those on whom the researcher is experimenting with. They should be the same kind as the research group but not the same people, briefing them as to the purpose of the exercise and asking them to make any comments they see fit. Gillham (2005) further states that pilot-testing enables the researcher to ensure that all aspects of the interview are as they are intended to be in the main study. The questionnaire was empirically tested for validity and reliability purposes through IBM SPSS software package. A cronbach alpha at coefficient of 0.7 was performed in order to test the reliability and validity of the questionnaire.

3.9. Research ethics

According to De Vos *et al* (2005), the term *ethics* means preferences that influence behavior in human relations. Ethics is mostly associated with morality and deals with issues of right and wrong among groups, society or communities. It is therefore important that everyone who is dealing or involved in research should be aware of ethical concerns (Babbie, 2005). Welman, Kruger and Mitchell (2005) stated that ethical behavior is important in research, as in any other field of human activity. This study addressed ethical issues by ensuring that the data collection techniques employed does not cause any physical or emotional harm to the respondents. Informed consent was solicited from the respondents before the research began. Confidentiality and privacy of respondents was maintained. Whatever information gathered was used for this research study only. Participation in this study was voluntary and participants were allowed to withdraw if not comfortable with the proceedings and guaranteed anonymity by the researcher. External sources were cited and plagiarism was avoided at all stages of the study. The rights and dignity of all participants was respected and their identities were kept anonymous. In addition, a covering letter which explained the aim and objectives of the study accompanied each questionnaire.

3.10. Chapter Summary

This section dealt with the methodology employed in this study. The research approach, method and the research process is covered and explained in this chapter. The methods of

collecting data have been explained. Finally, the need for ethical consideration in carrying the study was considered. The next chapter will deal with data presentation and result analysis.

CHAPTER FOUR

4. DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0. Introduction

In the previous chapter, the research methodology was discussed, whereas this chapter would present the results of the data analysed. This chapter exposes the information gathered or collected through the survey by administering questionnaires to the staff and patients of Katutura Hospital. The main aim of the survey was to investigate factors affecting service delivery at public hospital especially at Katutura Hospital.

This chapter deals with data collected on the field, its presentation and analysis in relation to the research objectives and questions. During the analysis of data, the evidence was translated into a form, which allows the researcher to make clear and concise statements of description. Zikmund (2007) underpins this notion by stating that several interrelated procedures are performed to summarise and rearrange the data during this stage. Information gathered from the questionnaires and interviews was analyzed using the computer software called Statistical Package for Social Services (SPSS) software. The questionnaires were distributed to Katutura Hospital staffs such as doctors, nurses, management and patients. Participants were encouraged to participate in order to get the desired outcomes.

In the discussion of findings, a comparison of the results obtained during the study to the literature reviewed in Chapter 2, was undertaken with a view to identify similarities and discontinuities from knowledge gained from other authors. The findings are organized in relation to the two questionnaires that directed the study. Questionnaire 1 was directed to in-patients and out-patients, while Questionnaire 2 was directed to staff members of the hospital. The findings in the demographic presentations are discussed in numbers and/or in percentages, to allow for better comprehension. The remainder of the presentation was discussed in percentages. A 98% response rate was achieved.

4.1. Objectives of the Research

The objectives of this study are as follow:

- i. To identify the factors that contributes to poor service delivery at the Katutura State Hospital.
- ii. To clarify the relationship between variables of service quality, customer satisfaction and loyalty.
- iii. To identify the service quality dimensions used by the patients to evaluate service quality.
- iv. To evaluate customer satisfaction levels for services being delivered at the Katutura Hospital.

4.2. Presentation of findings

4.1.1. Section A: Results of Questionnaire 1 - Patients data analysis

The purpose of this section is to present the information obtained from questionnaire 1 as guided by the objectives of the study. Patient's data was collected at the hospital which included 15 in-patients and 15 out-patients, as part of the respondents selected for the study. The primary data was collected in order to determine the views and opinions of the respondents.

4.2.2 Demographic Characteristics and general social information of Respondents (in-patients and out-patients)

The respondents were mostly females (66.7), while 33.3 were males. This showed that the distribution of employees and patients at the Katutura Hospital has more females as compared to males. This therefore indicates a true representation of the population distribution of the hospital, hence the sample was considered to be a perfect sample. The random selection of the employees and patients represents the population distribution in the hospital. Questions were asked to assess the factors that contribute to service delivery at public hospital.

4.2.3 Analyses of Frequency tables

Table 1: Gender of respondents

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	10	33.3	33.3	33.3
	female	20	66.7	66.7	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The research first established the gender of the respondents, as this was assumed to have an impact on the way people perceive things. In order to balance the views of both sexes, a gender balance that represents the actual distribution of the population was chosen. Information depicted in Table 1 above shows that 66.7% of the respondents interviewed in this research were females, whilst 33.3% of the respondents who participated in this research were males. The results suggest that Katutura Hospital has a female dominated environment.

Table 2: Age categories of the respondents

		Age Group			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 20	4	13.3	13.3	13.3
	20 - <40	20	66.7	66.7	80.0
	40 - 60	5	16.7	16.7	96.7
	>60	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The age of the respondents was ascertained, as age was expected to have an impact on the outcome. The older generation was expected to have more experience on service delivery while the younger generation would not be expected to have had much experience on health care service delivery. The target respondents were those within the 20 to 60 age group contributing about 83.4% of the respondents. Table 2 above reflects that the majority of respondents (66.7%) are within the age range of 20-40 years old. This is followed by the age range of 40-60 years which is represented by 16.7%. Only 13.3% of the respondents' are below the age range of 20 years. The remaining 3.3% of the respondents above the age range of 60 years. Statistical results presented in Table 2 above indicate that Katutura Hospital has active patients. The ages and gender of the respondents were considered necessary in the study simply because such demographic characteristics,

in the view of the researcher determine differences or similarities of consumer satisfaction levels in healthcare

Table 3: Highest academic level of education

Highest Education Level					
		Frequency	Percent	Valid Percent	Cumulative Percent
	No Schooling at all	2	6.7	6.7	6.7
	Primary	1	3.3	3.3	10.0
	Junior High School	6	20.0	20.0	30.0
	Senior High School	12	40.0	40.0	70.0
	College	3	10.0	10.0	80.0
	University	6	20.0	20.0	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The respondents' highest level of education was ascertained as this was expected to have an impact on their perceptions, attitudes and views. The assumption was the higher the level of education, the more balanced and objective the reasoning was and the more informed one was about events. Table 3 above reflects that Senior High School/Advance Level, Junior High School and University were the three most dominant attainments of respondents. They constituted 80% of the total respondents. 10% of the respondents acquired at least a Diploma from College. Respondents with no education constituted only

6.7% whilst, 3.3% of the respondents have primary education. The respondents showed a very high level of education as most of them had grade 12 and other tertiary qualifications. People with no education are assumed not active or do not participate in issues that require them to write, as they would feel inadequate. Most of them would not want to give their opinions, as they felt they were not informed enough to say something. The belief of the study was that patient's educational background has a high correlation to consumer care and satisfaction in the health sector. The probability was that since most respondents did not complete college/university they would not be very much concerned about healthcare satisfaction levels at the hospital.

Table 4: Occupation of the respondents (Patients)

Occupation Sector					
		Frequency	Percent	Valid %	Cumulative %
Valid	Commerce	6	20.0	20.0	20.0
	Farming	3	10.0	10.0	30.0
	Construction	2	6.7	6.7	36.7
	Mining	1	3.3	3.3	40.0
	Teaching	1	3.3	3.3	43.3
	Unemployed	7	23.3	23.3	66.7
	Others	10	33.3	33.3	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The respondents were asked about their occupation as this was deemed to have an impact on the research outcomes as it was presumed that employed people tend to have a say in what happens around them. The outcome showed that most respondents were falling in other category and unemployed. Table 4 shows that most of the respondents' occupations are falling under the other category and unemployed which constitutes 56.6%. In addition, 20% of the respondents' occupations fall under Commerce/Business whilst, 10% of the respondents are fall under farming. On the other hand 6.7% of the respondents are in construction whilst 3.3% of the respondents are in teaching and, 3.3% of the remaining respondents are in mining. By the nature of their occupations, the study assumed that respondents who are in commerce/business and farming would be concerned with consumer care and satisfaction in the form of reduced waiting time and quick service delivery and possibly respect and courtesy shown by medical and non-medical staff at the hospital.

Source: Researcher's field survey, November 2014.

The occupations of respondents are also shown in the pie chart in figure 1 below to give a broad picture of the size of respondents likely to be more concerned about consumer care and satisfaction.

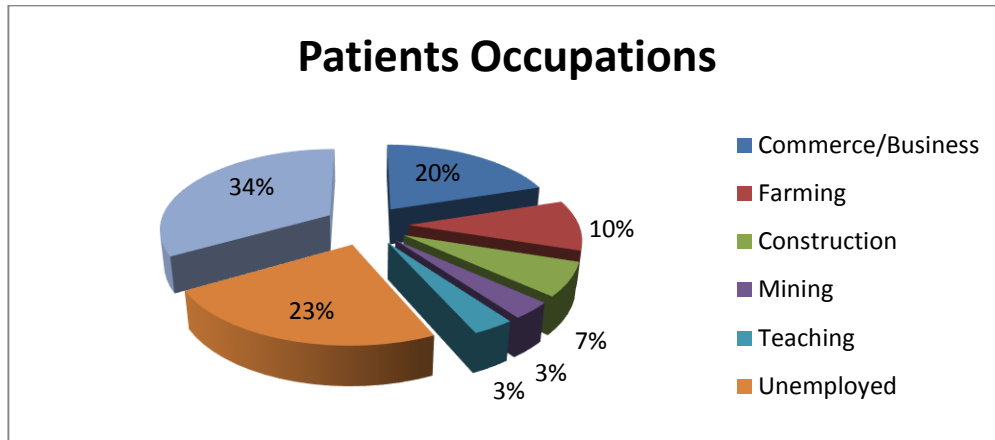


Figure 3: Occupation of patients

The study realised that consumer occupation correlates with consumer care and satisfaction. According to interviews conducted and discussions held, healthcare consumers who are business persons and those that are in construction lay more emphasis on consumer care and satisfaction with respect to time spent in accessing the service more than the unemployed.

Table 5: Patients visitation at the Katutura Hospital

How Often do you visit hospital?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	This is my first time	5	16.7	16.7	16.7
	Yearly	4	13.3	13.3	30.0
	Monthly	7	23.3	23.3	53.3
	Weekly	1	3.3	3.3	56.7
	When I fall sick	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The respondents were asked how often they visit the hospital to assess the amount of interaction they have with the employees at Katutura Hospital. Information derived from table 5 above depicts that 43.3 of the respondents visit the hospital when they fall sick whilst, 23.3% of the respondents visit the hospital on a monthly basis for treatment. The table also shows that 16.7% of the respondents said it was their first time to visit Katutura Hospital. This is followed by 13.3% of the respondents who visit the hospital yearly. The remaining 3.3% of the respondents visit the hospital on a weekly basis. The probability is that since most respondents visit the hospital when they fall sick and some on a monthly basis, they will be very much concerned about healthcare satisfaction levels at the hospital.

Table 6: Staffs human relations

Staff human relations					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfactory	1	3.3	3.3	3.3
	Satisfactory	22	73.3	73.3	76.7
	Dissatisfactory	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The respondents were asked to rate staff human relations as it is assumed to have an impact on service delivery. A total of 73.3% of the respondents reflected in table 6 above said that staff human relations is satisfactory. However 23.3% of the respondents were dissatisfied with staff human relations whilst, 3.3% of the respondents said that the staff human relations was very satisfactory.

Table 7: Explanations of medical staffs

Medical staffs explanations					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfactory	1	3.3	3.3	3.3
	Satisfactory	16	53.3	53.3	56.7
	Dissatisfactory	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The respondents were requested to rate the explanations of medical staff to assess the way the nurses and doctors explain issues to the patients. A total of 53.3% of the respondents reflected in table 7 above indicated their satisfaction with the way medical staff take their time to explain issues for their understanding. However 43.3% of the respondents rated medical staff explanations as unsatisfactory whilst, the remaining 3.3% of the respondents rated explanations of medical staff as very satisfactory.

Table 8: Medical staff performance

Medical Staff Performance					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfactory	5	16.7	16.7	16.7
	Satisfactory	18	60.0	60.0	76.7
	Dissatisfactory	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The respondents were also asked to rate the medical staff performance to determine how effective staff performance is at the hospital. Information shown in table 8 above depicts that 60% of the respondents were satisfied with medical staff performance whilst, 23.3% of the respondents was dissatisfied with medical staff performance. 16.7% of the respondents rated the medical staff performance as very satisfactory.

Table 9: explanations of drugs side effects

Drug side effects explained					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	10	33.3	33.3	33.3
	Sometimes	10	33.3	33.3	66.7
	Usually	4	13.3	13.3	80.0
	Always	6	20.0	20.0	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The respondents were asked if the nurses, pharmacist and doctors explain drug side effects when giving medications to the patients. Table 9 above reflects that 33.3% of the respondents said that drug side effects is explained sometimes whilst, 33.3% of the respondents said that it is never explained. However 20% of the respondents said that drug side effects are always explained. The remaining 13.3% of the respondents said that drugs side effects are usually explained.

Table 10: Time spent at the hospital

Do you spend time at hospital?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	93.3	93.3	93.3
	No	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

Source: Survey Data

Table 10 above reflects that 93.3 of the respondents spent more time at the hospital to seek medication whilst, 6.7% of the respondents do not spend more time at the hospital. This means that waiting time is an issue that need to be addressed by management.

Table 11: Hours spent at the hospital by the patients

Time spent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5-6 hrs	17	56.7	63.0	63.0
	3-4 hrs	8	26.7	29.6	92.6
	1-2 hrs	2	6.7	7.4	100.0
	Total	27	90.0	100.0	
Missing	X	3	10.0		

Source: Survey Data

Information shown in table 11 above reveals that 56.7% of the respondents spent 5-6 hours at the hospital whilst, 26.7% of the respondents spent 3-4 hours at the hospital. The table also shows that 6.7% of the respondents spent 1-2 hours at the hospital. The remaining 10% of the respondents did not indicate the time spent at the hospital. From the survey as seen in table 11, an appreciable number of the respondents were not happy with the waiting time at the hospital. Respondents mentioned that long waiting time diminishes the hospital consumer care and satisfaction and called on management and the entire staff to work towards improvement. The literature on service quality indicates that waiting experiences are typically negative and have been shown to affect overall satisfaction of consumers with the service encounter (Barlow, 2011)

Table 12: Hospital Cleanliness

Hospital cleanliness					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Better	1	3.3	3.3	3.3
	Clean	5	16.7	16.7	20.0
	Clean but bad toilets	1	3.3	3.3	23.3
	Dirty	17	56.7	56.7	80.0
	Dirty. Bad smell	3	10.0	10.0	90.0
	insects everywhere	1	3.3	3.3	93.3
	Neutral	1	3.3	3.3	96.7
	X	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Source: Survey Data

The respondents were to assess the tidiness of the hospital environment. Information shown in table 12 above reveals that 56.7% of the respondents rated the hospital as being dirty whilst 16.7% of the respondents rated the hospital as clean. However 10% of the respondents' rated the hospital as dirty with bad smell. To them the hospital is not clean. In addition 3.3% of the respondents rated the hospital as being clean but with has dysfunctional toilets, whilst the other 3.3% of the respondents said that there were insects

such as cockroaches everywhere. The remaining 3.3% of the respondents rated the hospital better in terms of cleanliness whilst, 3.3% of the respondents chose to remain neutral. A dirty hospital is not conducive for patients as it affects patient's illness.

Table 13: Patients' access to toilet facilities while at the hospital

Access to toilet facilities at hospital					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	83.3	83.3	83.3
	No	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

Source: Survey Data

Information shown in table 13 above reveals that 83.3% of respondents have access to toilet facilities whilst, 16.7% of the respondents said that they did not have access to toilet facilities while at the hospital.

Table 14: Mistreatment of patients by health workers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	46.7	46.7	46.7
	No	15	50.0	50.0	96.7
	X	1	3.3	3.3	100.0

Source: Survey Data

As per table 14, patients were to tell any form of mistreatment they suffered in the hands of health worker. Out of those interviewed for this study, 46.7% (14 respondents) reported experiencing some form of mistreatment, while 50% (15 respondents) said they have not experienced any form of mistreatment from health workers at the healthcare facility concerned. However 3.3% of the respondents did not indicate whether they were mistreated by health workers or not. Respondents who experienced mistreatment and those who did not experience mistreatment, but have seen their friends or relatives being mistreated by the health workers, cited the nature of mistreatment as shown in figure 2 below.

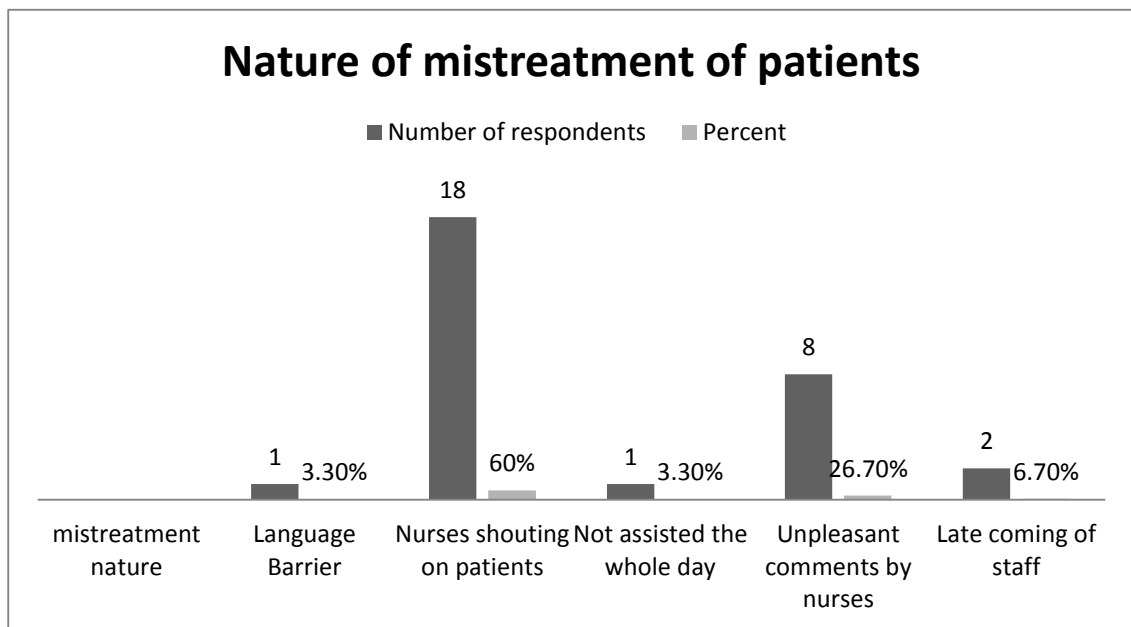


Figure 4: Nature of mistreatment of patients by health workers

As per information shown in figure 2, 60% of respondents said that the nature of mistreatment experienced by patients is based on nurses shouting at patients while 26.70%

said that they received unpleasant comments from the nurses that contributed to anger and hatred towards them. In addition 6.70% of the respondents felt mistreated by the staff who report late for work as it contributed to longer waiting time. However 3.30% of the respondents felt mistreated by staff as they were not assisted for the whole day and experienced a language barrier. The unemployed patients who could not speak the official language stressed their dissatisfaction with the way the nurses treat them and affirmed that the nurses did not go an extra mile to translate into the language that the patients understand, which made them feel left out or not understand what was expected of them.

Table 15: Overall service provided

Overall service provided					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	2	6.7	6.7	6.7
	Very Good	4	13.3	13.3	20.0
	Good	5	16.7	16.7	36.7
	Fair	9	30.0	30.0	66.7
	Poor	10	33.3	33.3	100.0
	Total	30	100.0	100.0	

Source: Survey Data

There is a mixed view of respondents when it comes to the overall service provided by health workers as Katutura Hospital. A high number of respondents described the general

services at the hospital as good, very good and excellent. Only 10 respondents described the services as poor. Information shown in table 15 above reflects that 33.3% of the respondents assessed the overall service provided at the hospital as poor whilst, 30% of the respondents rated the overall service provided as fair. On the other hand 16.7% of the respondents rated the overall service offered at the hospital good whilst 13.3% of the respondents rated the overall service provided as very good. The other 6.7% of the respondents also concurred and rated the overall service provided as being excellent. This means that the majority of respondents are happy with the overall service provided by the hospital.

DISCUSSION OF FINDINGS: PATIENTS

It was vital to analyse the background characteristics of the different patients of the study; that is, patients at the Katutura hospital. Their characteristics have a slight effect on the study's findings relating to the research questions. Petrick (2005) states that the relative importance of some factors will differ for younger and older students due to the effects of life, stage of development, particularly as they relate to family and work considerations. The researcher included the gender of the patients in order to establish the composition of sexes. Overall, females constituted sixty-seven (67) per cent of the patients surveyed and thirty-three (33%) males. The age of the patients was also analysed. The findings revealed that the majority of the patients were between the age 20 – 40 and 41– 60 years that is 66.7% and 16.7%, respectively.

While waiting time is a global phenomenon that affects healthcare organisations throughout the world, there is still much to be done in order to reduce patients waiting time at Katutura Hospital. The present study indicates that waiting time has not improved. The time spent waiting can be psychologically painful because it causes the patients to give up more productive activities and increase the investment required to obtain a product or service. In addition, delay significantly influences the feelings of anger (Lou *et al.*, 2007). It became evident that more females visited the hospitals than males. One could presume that it was because of the high female ratio in the country or because most men are only visiting hospitals when they feel sick. The highest age category being 20 and 40 years who are mostly visiting health facilities is an indication that most of the young people did not have access to medical aid or are unemployed and have no work commitments. It could be that this group was most vulnerable, involved in risk behaviours, hence the need for medical assistance. It is a fact that public hospitals cater mostly for poor people in Namibia.

There is a clear indication that people who are educated and well off do not visit the public hospitals and those who do visit form a negligible percentage. Seeing that Namibia has a high unemployment rate, public health facilities need to be more equipped at all levels with regard to staffing. The fact that patients prefer public health facilities shows that the services are cheaper or affordable when it comes to treatment and medication. That shows that public health care services are on demand which supports the fact that the healthcare facility needs to be equipped in terms of staff, equipment and resources.

These hospitals are also convenient to some of the respondents, accessible and affordable to the community particularly the unemployed. On the nurses' opinion about the services received, some positive and negative aspects were highlighted as stated under results. What came out of this analysis is that there is a lack of nurses resulting in ineffective service delivery and in adequate attention being given to patients. The patients also have to wait for long periods, due to the fact that the patients – nurse ratio is unrealistic and therefore sluggishness amongst the nurses is inevitable under such circumstances. Patients also agreed and amplified that nurses are overworked and that nurses are sometimes sluggish and unwilling to attend to them. Due to lack of staff, nurses on night duty are working long hours and also make up for those who resigned. This can result in burnout among the nursing staff. Shortage of nurses and doctors is one of the major challenge at Katutura Hospital that need management's attention.

Some patients were dissatisfied with staff's human relations and the way medical staff explain issues to them. They stressed that medical staff do not have people management skills or do not know how to work with people. Saila *et al.*, (2008) found that the most important reasons for patient dissatisfaction with the service delivery of out-patient care are: having to wait for an appointment, the length of waiting time, communication and information received, duration of consultation, lack of reach ability, lack of continuity, and not being able to participate in and contribute to decision making. Some patients felt mistreated by the health workers for example, nurses shouting at patients, making unpleasant comments, language barriers/problems and nurses reporting to work late, which delays the provision of service.

Some patients were dissatisfied with medical staff performance as well as the overall service provided by the hospital which show's that there is a need to improve service delivery to increase consumer satisfaction. Feldman (2008) in his review of current measurement systems states that the most common rating of service delivery is of the relationship of medical staff with their patients, or more specifically the communication.

Most of the patients rated Katutura Hospital as dirty in terms of cleanliness. The findings indicate that on average, patients wait for more than 5 to 6 hours from registration to getting the prescription slip. Furthermore patients/clients indicated that personnel should be increased or more nurses should be recruited. The scenario indicates that there is a shortage of health workers at Katutura Hospital, which is compounded by other challenges like sluggishness in service provision and lack of supervision. Although respondents indicated that shortage of nurses is a problem as it leads to slow treatment and attendances, the respondents indicated lack of supervision as one of the contributing factors to poor service delivery.

SECTION B: Results of questionnaire 2 - Employees data analysis

The statistical information presented in this section is from 120 questionnaires received from nurses, doctors and management at Katutura Hospital. Much of the information requested from patients in questionnaire 1 was also required from staffs. This was done in order to compare some important views and responses with those expressed by patients. The background information and substantiation from the content of questions came from the same sources for both questionnaires. Therefore, this section does not give background

but concentrates on the data procured. Literature sources have been used in the discussion. Substantiation or contradiction of results will only be done where it differs from what is discussed in questionnaire 1. This section presents results derived from questionnaire 2 completed by nurses, doctors and management. It is guided by the respective aims and objectives of the study.

Frequency Tables

Table 16: Distribution of Gender

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	42	35.0	35.0	35.0
	Female	78	65.0	65.0	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Although the health care profession in Namibia is female-dominated, it is important to see how many male respondents participated in the study to determine if they will provide any significantly different views from the female respondents. Table 16 presents data regarding the gender of the respondents. The data reveals that the health care population is dominantly female as 78 (65%) of the respondents' interviewed in this research were females, whilst 35% of the respondents who participated in this research were males. This correlates with the Namibian Nursing Board's Statistic 2008 which indicates that 97 percent of healthcare providers in Namibia are female and the literature that indicates that

the healthcare providers' workforce in the health sector is mostly female (WHO, 2010).

The results suggested that Katutura Hospital is a female dominated environment.

Table 17: Level of Education

		Qualification Level			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Grade 11-12	11	9.2	9.2	9.2
	Diploma	30	25	25	34.2
	Degree	31	25.8	25.8	60
	Honours Degree	24	20	20	80
	Others	24	20	20	100.0
	Total	120	100.0	100.0	

In an attempt to ascertain respondents' academic qualifications and thus the skills base, respondents were requested to provide their highest qualification obtained. Table 17 above reflects that 25.8% of the respondents have at least a degree, whilst 25% of the respondents have a diploma. 20% of the respondents have other qualifications. 20% of the respondents have honours degree. Only 9.2% of the respondents managed to complete grade 11-12. It can be assumed that health care service providers may have experience but lack

competencies which are expected to perform effectively. The statistics derived from this picture depicts that the organization has a well-balanced human capital.

Table 18: Length of Service

Tenure at Katutura Hospital					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0– 3 years	62	51.7	51.7	51.7
	4 – 6 years	30	25	25	76.7
	7 – 10 years	7	5.8	5.8	82.5
	11 – 13 years	5	4.2	4.2	86.7
	14 and more	16	13.3	13.3	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Information derived from table 18 above depicts that 51.7% of the respondents have a length of service which ranges between 0-3 years. The table also shows that 25% of the respondents have length of service which ranges between 4-6 years. This is followed by 13.3% of the respondents that have a length of service which is 14 years and longer. The remaining statistics show that the remaining respondents 5.8% and 4.2% respectively have length of service that ranges from 7-10 years and 11-13 years respectively. A good length of service reflects a strong corporate culture. Empirical results drawn from table 18 shows that the majority of the respondents have a reasonable length of service and those who

have been in the field for less time were more willing to give information as compared to those with more time in the field.

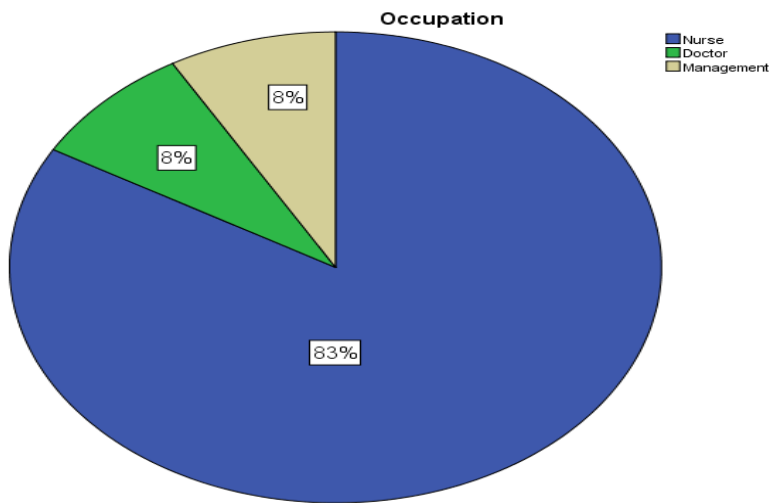


Figure 5: Occupation of respondents

Empirical results shown in Figure 3 above reflect that 83% of the respondents were nurses, whilst 8% of the respondents were doctors. The remaining 8% of the respondents represent the management at departmental and unit levels. According to Yin (2009) health care service providers have different career needs at different career stages, and the gap between career needs and career development programs influence turnover intentions caused by the decline in their commitment towards the hospital. Petrick (2009) found that perceived inequality in allocation of training opportunities and promotions were associated with turnover. Given the large proportion of respondents that hold clinical nursing staff positions, with minimal career development and promotional opportunities, they may feel unfairly treated in the current system and become less committed.

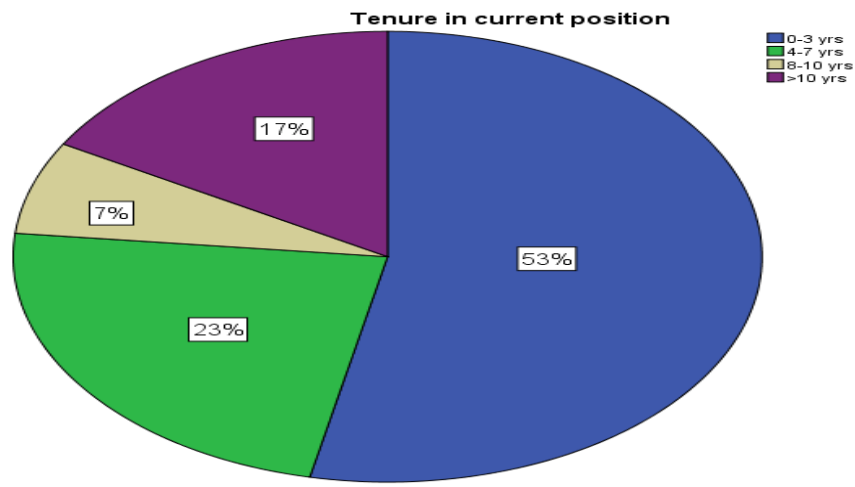


Figure 6: Staff tenure in current position

Source: Survey Data

The respondents were asked to indicate how many years they had been employed in current position. Figure 4 above shows that 53% of the respondents have a length of service in the current position which ranges between 0-3 years. On the other hand 23% of the respondents have a length of service in the current position which ranges between 8-10 years, whilst 17% of the respondents have a length of service which is 10 years and more. The remaining 7% of the respondents have been in current position from 8-10 years. Tenure in current position depicts how experienced is the staff in terms of service delivery. The staffs that have been in the position for a longer period of time tend to have more knowledge to assist the patients efficiently and effectively. Short tenure has been identified as one of the factors that increase the intention to quit (Lou *et al*, 2007) citing Yearwood (2007). As employees stay in the current hospital longer, and are promoted to higher positions, in a system, they become more committed to the hospital. A large fraction of staff having a short tenure of less than three years may portray a difference in

the intention to leave as a result of less commitment. These findings are consistent with the rapid recruitment and replacement with fresh graduates to maintain absolute numbers of staff, a factor that is very common among private not for profit hospitals including Mengo Hospital (MOH, 2010).

Table 19: Hospital care

Hospital care					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	42	35	34.2	34.2
	Agree	62	51.7	51.7	86.7
	Neutral	6	5.0	5.0	91.7
	Disagree	9	7.5	7.5	99.2
	Strongly disagree	1	.8	.8	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Table 19 above shows that 51.7% of the respondents agree that the hospital cares about patients and this is supported by 34.2% of the respondents who strongly agreed that the hospital cares. On the contrary, 7.5% of the respondents disagreed that the hospital cares, whilst 5% of the respondents chose to remain neutral. The remaining .8% of the respondents strongly disagreed that the hospital cares about the well-being of patients.

This is supported by literature that suggests that nurses' primary professional responsibility is to provide care and support to those who require their assistance (WHO, 2010).

Table 20: Confidence and trust shown in staff

Confidence and trust shown in staff					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	33	27.5	27.5	27.5
	Agree	52	43.3	43.3	70.8
	Neutral	30	25.0	25.0	95.8
	Disagree	3	2.5	2.5	98.3
	Strongly disagree	2	1.7	1.7	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Information derived from table 20 shows that 43.3% of the respondents agreed that a great deal of confidence and trust is shown in nurses, doctors and management. This is supported by 27.5% of the respondents who strongly agreed that confidence and trust is shown in staff. However 25% of the respondents remained neutral, whilst 2.5% of the respondents disagreed that confidence and trust is shown in staff. The remaining 1.7% of the respondents strongly disagreed that a great deal of confidence is shown in staff.

Table 21: Responsibility for achieving the goals is felt at all levels.

Responsibility for achieving hospital-goals is felt					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	12	10.0	10.0	10.0
	Agree	54	45	45	55
	Neutral	44	36.7	36.7	91.7
	Disagree	4	3.3	3.3	95
	Strongly Disagree	6	5	5	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Table 21 above shows that 45% of the respondents agreed that responsibility for achieving the goals of Katutura Hospital is felt at all levels. A total of 36.7% of the respondents remained neutral. Furthermore, 10% of the respondents strongly agreed that the responsibility for achieving hospital goals is felt at all levels, whilst 5% of the respondents strongly disagreed that the responsibility for achieving the goals of the hospital is felt at all levels. The remaining 3.3% of the respondents disagreed that the responsibility for achieving the goals is felt at all levels. The results shows that the goals of the hospital is not understood by all staff and most people do not know that their work contributes to the organization's goals and are not clear about the objectives they need to achieve. It can be

assumed that most of the employees are not well informed about the organizational mission and goals. This is alarming because, as mentioned by Thompson (2008), people who are aware of the mission and goals of an organization have strong identification with the organization, are committed and remain longer in the organization than those who do not. It is important for staff to be clear about the objectives of the organization. This is supported by Brown, Bessant and Lamming (2013) who mentioned that factors that are closely related to the level of performance include clear goals and objectives as well as intrinsic factors such as self- perception, values and benefits.

Table 22: A great deal of cooperative teamwork exists in Katutura Hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	21	17.5	17.5	17.5
	Agree	47	39.2	39.2	56.7
	Neutral	39	32.5	32.5	89.2
	Disagree	4	3.3	3.3	92.5
	Strongly Disagree	9	7.5	8.5	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Information derived from table 22 shows that 39.2% of the respondents agreed that a great deal of cooperative teamwork exists at Katutura Hospital. A total of 32.5% of the

respondents remained neutral and 17.5% of the respondents strongly agreed that the cooperative teamwork exists in the hospital, whilst 7.5% of the respondents strongly disagreed. The remaining 3.3% of the respondents disagreed that cooperative teamwork exists at Katutura Hospital. The results show that there is a great deal of cooperation between people in the organization. It can be deduced that working relations and climate contribute to teamwork which in itself is a motivator for high productivity and job satisfaction, and subsequently will contribute to improved performance (Tam, 2007).

Table 23: Patients waiting time is convenient

Patients waiting time is convenient					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	7	5.8	5.8	5.8
	Agree	14	11.7	11.7	17.5
	Neutral	34	28.3	28.3	45.8
	Disagree	52	43.3	43.3	89.2
	Strongly Disagree	13	10.8	10.8	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Table 23 above shows that 43.3% of the respondents disagreed that patients waiting time is convenient, whilst 28.3% of the respondents remained neutral. About 11.7% of the respondents agreed that patients waiting time is convenient as opposed to 10.8% of the

respondents who strongly disagree that patients waiting time is convenient. The remaining 5.8% of the respondents strongly agreed that patients waiting time is convenient.

Table 24: The size of the medical staff is enough to cater for all patients

Size of medical staff is sufficient and effective					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	1	.8	.8	.8
	Agree	5	4.2	4.2	5.0
	Neutral	13	10.8	10.8	15.8
	Disagree	70	58.3	58.3	74.2
	Strongly Disagree	31	25.8	25.8	100.0
	Total	120	100.0	100.0	

Source: Survey Data

The results depicted in table 24 above shows that 58.3% of the respondents disagreed that the size of the medical staff is enough to cater for patients. The sentiments were supported by 25.8% of the respondents who strongly disagreed that the size of the medical staff is enough to cater for patients. The empirical evidence depicted in table 24 further shows that 10.8% of the respondents remained neutral. 4.2% of the respondents agreed that the size of the medical staff is enough to cater for patients which are supported by the remaining 8% of the respondents who strongly agreed. The results depicted in table 24

shows that staff shortage needs to be addressed by management in order to improve service delivery. Shortages of staff may cause burn-out and stress-related illnesses that may affect the productivity of health workers.

Table 25: Staff at Katutura Hospital put more energy into identifying mistakes than figuring out how to do things right

Staff identify mistakes than figuring how to solve them					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	12	10.0	10.0	10.1
	Agree	25	20.8	20.8	30.8
	Neutral	57	47.5	47.5	78.3
	Disagree	11	9.2	9.2	87.5
	Strongly Disagree	15	12.5	12.5	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Table 25 shows that 47.5% of the respondents remained neutral and they did not want to share their opinion about the fact that staff put more energy into identifying mistakes than figuring out how to do the right thing. However 20.8% of the respondents agreed that staff put more energy into identifying mistakes than figuring out how to do the right thing. Furthermore, 12.5% of the respondents strongly disagreed that staff spent more time identifying mistakes than figuring out how to do things right, whilst 10% of the

respondents strongly agreed that mistakes are identified by staff. The remaining 9.2% of the respondents disagreed that staff put more energy into identifying mistakes. The general opinion shown in table 25 shows that the staffs do not put more energy into identifying mistakes to create a room for improvement in terms of service delivery.

Table 26: Employees are comfortable in suggesting changes to improve service delivery

Staff comfortable to suggest changes to service delivery					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	11	9.2	9.2	9.2
	Agree	44	36.7	36.7	45.8
	Neutral	41	34.2	34.2	80
	Disagree	8	6.7	6.7	86.7
	Strongly Disagree	16	13.3	13.3	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Information derived from table 26 shows that 36.7% of the respondents agreed that staff is comfortable in suggesting changes to improve service delivery, whilst 34.2% of the respondents remained neutral. About 13.3% of the respondents strongly disagreed that staff is comfortable to suggest changes to improve service delivery. This is opposed by 9.2% of respondents who strongly agreed that staff is comfortable to suggest changes to

improve service delivery. The remaining 6.7% of the respondents disagreed that staff is comfortable to come up with new ways to improve service delivery.

Table 27: The hospital provide service delivery training for non-medical staff to promote customer service

Hospital provides service delivery training to non - medical staff					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	7	5.8	5.8	5.8
	Agree	27	22.5	22.5	28.3
	Neutral	55	45.8	45.8	74.2
	Disagree	20	16.7	16.7	90.8
	Strongly Disagree	11	9.2	9.2	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Table 27 above shows that 45.8% of the respondents remained neutral. About 22.5% of the respondents agreed that the hospital provide service delivery training for non-medical staff to promote customer service, whilst 16.7% of the respondents disagreed. However 9.2% of the respondents strongly disagreed that the hospital provides service delivery training for non-medical staff to promote customer service. The remaining 5.8% of the respondents strongly agreed that the training for non-medical staff is provided to improve customer service. In-service training addresses the skills gap, job-specific refresher

courses, on customer service, should be available and necessary training should be given to ensure job effectiveness.

Table 28: Staff are courteous and friendly

Staff is courteous and friendly					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	12	10.0	10.0	10.0
	Agree	57	47.5	47.5	57.5
	Neutral	37	30.8	30.8	88.3
	Disagree	5	4.2	4.2	92.5
	Strongly Disagree	9	7.5	7.5	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Information derived from table 28 above shows that 47.5% of the respondents agreed that staff at Katutura Hospital is courteous and friendly, whilst 30.8% of the respondents remained neutral. A total of 10% of the respondents strongly agreed that staff is courteous and friendly. Furthermore, 7.5% of the respondents strongly disagreed that staff is courteous and friendly and this is supported by the remaining 4.2% of the respondents who disagreed that staff is courteous and friendly.

Table 29: The hospital has up-to-date equipment

Hospital has up to date equipment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	4.2	4.2	4.2
	Agree	19	15.8	15.8	20.0
	Neutral	35	29.2	29.2	49.2
	Disagree	35	29.2	29.2	78.3
	Strongly Disagree	26	21.7	21.7	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Table 29 above shows that 29.2% of the respondents remained neutral, whilst 29.2% of the respondents disagreed that the hospital has up-to-date equipment. A total of 21.7% of the respondents strongly disagreed that the hospital has up-to-date equipment. However 15.8% of the respondents agreed that the hospital has up-to-date equipment, whilst 4.2% of the respondents strongly agreed. Views of the respondents on whether the hospital has up to date equipment were not balanced as most of the respondents disagreed that equipment is in working/good condition.

Table 30: Staff has patients' best interests at heart

Staff has patients' best interests at heart
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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	18	15.0	15.0	15.0
	Agree	64	53.3	53.3	68.3
	Neutral	21	17.5	17.5	85.8
	Disagree	7	5.8	5.8	91.7
	Strongly Disagree	10	8.3	8.3	100.0
	Total	120	100.0	100.0	

Source: Survey Data

The table above shows that 53.3% of the respondents agreed that staff has the patients' best interest at heart, whilst 17.5% of the respondents remained neutral. About 15% of the respondents strongly agreed that staff has the patients' best interests at heart. However 8.3% of the respondents strongly disagreed that staff at Katutura Hospital has the patients' best interests at heart, whilst the remaining 5.8% of the respondents disagreed that staff has the patients' best interests at heart.

Table 31: Staff understands the needs of patients

Staff understand specific needs of patients					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	27	22.5	22.5	22.5
	Agree	65	54.2	54.2	76.7
	Neutral	18	15.0	15.0	91.7
	Disagree	8	6.7	6.7	98.3
	Strongly Disagree	2	1.7	1.7	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Empirical results shown in table 31 above reflect that 54.2% of the respondents agreed that staff understand specific needs of patients, whilst 22.5% of the respondents strongly agreed. A total of 15% of the respondents remained neutral. On the other hand 6.7% of the respondents disagreed that staff understands the specific needs of patients, whilst 1.7% of the respondents strongly disagreed that staff understand the needs of patients. The general opinion depicted in table 31 shows that some staff at Katutura Hospital do not understand specific needs of patients which is a serious matter that need to be addressed as soon as possible as it will lead to staff giving patients wrong medications.

Table 32: Physical facilities at the hospital are visually appealing

Physical facilities at hospital are visually appealing					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	4.2	4.2	4.2
	Agree	23	19.2	19.2	23.4
	Neutral	53	44.2	44.2	67.5
	Disagree	22	18.3	18.3	85.8
	Strongly Disagree	17	14.2	14.2	100.0
	Total	120	100.0	100.0	

Source: Survey Data

The table above shows that 44.2% of the respondents remained neutral. A total of 19.2% of the respondents agreed that the physical facilities at the hospital are visually appealing, whilst 18.3% of the respondents disagreed. However 14.2% of the respondents strongly disagreed that the physical facilities at the hospital are visually appealing, whilst 4.2% of the respondents strongly agreed. Some respondents stressed that the physical facilities are not visually appealing as the hospital needs renovation.

Table 33: Staff is never busy to respond to patients' requests

Staff is never busy to respond to patients' requests					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	9	7.6	7.6	7.6
	Agree	21	17.5	17.5	25
	Neutral	49	40.8	40.8	65.8
	Disagree	20	16.7	16.7	82.5
	Strongly Disagree	21	17.5	17.5	100.0
	Total	120	100.0	100.0	

Source: Survey Data

Information show in table 33 above reveals that 40.8% of the respondents remained neutral, whilst 17.5% of the respondents agreed that staff is never too busy to respond to patients' queries. A total of 16.7% of the respondents disagreed that staff is never too busy to respond to patients' request; this is supported by 17.5% of the respondents who strongly disagreed. The remaining 7.6% of the respondents strongly agreed that staff is never too busy to respond to the patients' request.

4.3. Open ended questions

In order to capture spontaneous responses, open-ended questions were put to the nurses, doctors and management. These questions included aspects related to what critical factors

that contributes to poor service delivery, what service delivery dimensions are used by the hospital, their opinions about staffing and performance in the hospital. The questions also touched on policy measures that aim at attracting and motivating employees to work hard. These staff members were also asked what they would like to recommend as well as any other information they would like to share. The employees provided more than one response per question; however, not all respondents provided a response to all open-ended questions. Responses were grouped according to issues which were frequently mentioned by respondents.

4.3.1. What are the critical factors that contribute to poor service delivery at the Katutura Hospital?

The respondents said that the factors that contribute to poor service delivery are:

- Lack of equipment and medication,
- Outdated equipment,
- No in-service training,
- Poor management,
- Poor working condition,
- Understaffing,
- High staff turnover,
- No recognition and rewards for the good job well done,
- Poor infrastructure and physical facilities,
- Lack of equipment and supplies,

- Low pay,
- Overtime is always paid late,
- Lack of performance appraisals and no team work.

Awases, Gbarry, Nyoni and Chatora (2006) emphasises that to ensure that quality health care is provided to patients it is important that adequate numbers of health workers with appropriate skills are available at all levels. It can therefore be concluded that the availability of adequate human resources is an important aspect of service delivery.

4.3.2 What are the service delivery dimensions used by the hospital to evaluate service delivery and to promote customer satisfaction?

The respondents were asked on service delivery dimensions used by the hospital to evaluate service delivery and to promote customer satisfaction. A total of 85% of the respondents said that there is no service delivery dimensions in place to evaluate service delivery and promote customer satisfaction whilst 5% of the respondents said that the hospital use suggestion box but that is not effective as the issues that come out are not addressed. 10% of the respondents said that there is a customer care officer who is responsible for all the patients' queries but that is not adding value.

4.3.3 What is your opinion about the state of staffing and performance in this hospital?

Respondents were asked to share their opinions about the state of staffing and performance in the hospital. About 90% of the respondents stressed that there is staff shortage referring to the nurses and doctors. They affirmed that the hospital is always full and there are times when the nurses and doctors don't even take lunch as they work under pressure. However 5% of the respondents said that not all the staff is trained on customer service that is why they don't know how to manage the queues whilst the remaining 5% of the respondents said that there is poor skilled labour which leads to poor service delivery.

4.3.4 Are there any policy measures that aim at attracting and motivating health workers to work in this hospital?

Respondents were asked if there are policy measures that aim at attracting and motivating staff to work in this hospital. About 80% of the respondents said that no there were no policy measures in place that attract and motivate health workers to work in the hospital whilst 20% of the respondents said that they were not sure.

4.3.5 What suggestion would you recommend for improved service delivery?

Respondents were also asked to recommend suggestions to improve service delivery and this is what they suggested:

- Employ more doctors and nurses,
- Buy more equipment,
- Build another referral hospital,
- Renovate the hospital,
- Management should promote team work,

- Evaluate staff salaries and grant salary adjustments,
- Overtime to be paid on time not after three months,
- Regular visitation by the minister and permanent secretary,
- Offer more in-service training,
- Repair old equipment e.g. broken toilets etc.,
- Offer medical staff medicine scholarships,
- Share workload with central hospital,
- Contract a cleaning company to ensure that the hospital is clean at all times, the cleaners are too relaxed.

4.3.6 Do you have any other information that you would like to share?

Respondents were also asked to share other information that is not highlighted in the questionnaire and this is what they had to say;

- Management should ensure that there is a control in place to avoid unhealthy conditions as the cockroaches are all over the place.
- Buy more beds, sometimes patients sleep on the floor and the cockroaches are all over the place.
- There are times when the hospital operates without water.
- The working environment is not conducive at all.
- Renovate the hospital as soon as possible.

DISCUSSION OF FINDINGS: STAFF/EMPLOYEES

4.3.1 Demographic characteristic of patients

It was vital to analyse the background characteristics of the different staff of the study; that is, nurses, doctors and management at the Katutura hospital. Their characteristics have a slight effect on the study's findings relating to the research questions. Petrick (2009) states that the relative importance of some factors will differ for younger and older students due to the effects of life stage development, particularly as they relate to family and work considerations. The researcher included the gender of the staff in order to establish the composition of the sexes. Overall, females constituted sixty –five (65) per cent of the staff surveyed and thirty-five (35) per cent were males.

It is evident that most of these nurses have quite an experience in the nursing profession or service delivery. Although, this was a non-probability study, the findings were consistent with the literature that indicate that in the professions that are traditionally male dominated there is a greater proportion of males as compared to nursing profession were 71,1% are females and 22% are males. The majority of the nurses have good tertiary qualifications that need recognitions. This could lead them to compare their achievements, qualifications, as well as positions held with people that have the same qualifications in other professions. It is obvious that public health care needs well-educated and informed workforce. With regard to work experiences among the respondents, some nurses are willing and committed to be in the profession for a long time. From this analysis one could say that the possibilities of promotion are slow because of the years of service that the nurses served but they have not advanced in their career.

This is consistent with the literature that people in other professions can easily become managers and leaders unlike in the nursing profession. The literature reviewed supports the findings that the profession is risky and people fear occupational risks associated with HIV/AIDS. Nakaweesi (2011) also concurs that there is no progress in the profession in spite of qualifications acquired. This becomes demoralizing and frustrating to the nurses and will push them away from the profession. Low levels of staff motivation at all levels of health care emanating from factors such as high workloads, lack of career advancement and lack of non-financial incentives (e.g. recognition). These emerged as some of the challenges that the nurses are faced with at Katutura Hospital. Lack of supervision from the management, which could be as a result of shortage of staff, was also evident from the study. The findings are also consistent with the literature review which showed that nurses are experiencing some form of bad behaviour from the patients and their colleagues especially the paternalistic behaviour from the doctors as indicated in the findings. Some staff, consisting of 54.1% of employees disagreed that the patients waiting time is convenient while 28.3% of the employees remained neutral. This shows that waiting time is a concern that requires urgent attention.

Most of the employees stressed that the size of the medical staff is not enough to cater for the high numbers of patients. The research shows that 50% of the staff at Katutura Hospital said that the hospital does not have up to date equipment as most of the equipment is not visually appealing and need to be repaired or serviced. Some staff stressed that non-medical staff is not considered for customer service training in order to learn how to deal with patients. This shows that there is need to improve customer care and develop a

training program or system to ensure that all the staff is trained to improve service delivery.

4.4. Chi-square test

Chi-square test was used to show if there is an association between two categorical variables and test if any association is statistically significant. Chi-square test for the patient's evaluation of overall services provided by the hospital versus employees occupations as shown in table 4.34 below.

Table 4.34: Chi square test results

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29.764 ^a	24	.193
Likelihood Ratio	27.494	24	.282
N of Valid Cases	30		
a. 35 cells (100.0%) have expected count less than 5. The minimum expected count is .07			

Comment: since P-value > 0.05, there is no difference in overall performance rating of all occupation sectors. This shows that the variable has no significant influence in the Katutura hospital (public sector).

4.5. Chapter Summary

This chapter presented the results of the study conducted. Data analysis and interpretation was also provided in this chapter. The results were based on the factors that affect service

delivery at the Katutura Hospital. Other themes that emerged from the study were also discussed. These are communication and support systems at the workplace, equipment and staff turnover. According to the results of the study, staff shortage came out strongly as a challenge to quality service delivery. Migration of health workers to the private sector, population growth, emerging diseases, and new services and programmes were identified as contributing factors to staff shortage at the Katutura Hospital. The chapter concluded by presenting a summary of study findings.

CHAPTER FIVE

5. SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the findings of the research to enable conclusions to be made. The purpose of the study was to investigate factors affecting service delivery at a public hospital: A case study of Katutura Hospital. The findings are drawn mainly from the research data bearing in mind the research objectives and questions. From the findings and conclusions, recommendations are made to the Permanent Secretary, Management as well as the staff of the hospital with the view that the hospital will improve on its customer care and satisfaction for a higher market share in health service delivery.

A questionnaire was designed to collect data from the sampled patients and staff to get insight on the understanding of factors affecting service delivery at Katutura Hospital. The questionnaires were analysed independently. The literature review provided a scope through which the study could be best understood. Descriptions and analysis of every finding was presented according to the order of the research questions.

5.1 Summary of Findings

Generally there is much that needs to be done by Katutura Hospital management in order to improve service delivery. Literature review has pointed out the need for the organization to improve service delivery. With this in mind, much has to be done to ensure efficiency and efficacy of service delivery. The primary and secondary data made some revelations to the study. The researcher has high confidence in the research data and therefore states that what have been revealed by respondents to the study is representative of the entire population in the research.

The summary of the major findings are that:

- It was also revealed that health service providers at the hospital do not show their clients and consumers an appreciable level of respect, sympathy, courtesy and friendship.
- The study has revealed that Management of the hospital are not committed and dedicated.
- It was found that there is high staff turnover.

- From the survey, an appreciable number (80%) of the respondents were not happy with the waiting time at the hospital.
- Respondents (93%) mentioned that long waiting time diminishes the hospital's consumer care and satisfaction and called on management and the entire staff to work towards its improvement.
- 80% of respondents said that staff attitude and behavior was not encouraging.

The management of the hospital should therefore work hard to address the concerns of those respondents who were not satisfied with staff attitude before their subsequent visits to the hospital.

5.2 Conclusions

Based on the findings, it can be concluded that the major causes of poor service delivery at Katutura Hospital are: staff shortage, high staff turnover, longer waiting time, lack of service delivery excellence, management style, hospital infrastructure, equipment and supplies, employee training, hospital Physical facilities, lack of motivating factors, wrong medication given to the patients and staff attitudes and behavior towards the patients.

5.2.1 Service Delivery Excellence

There is no service delivery excellence at Katutura Hospital. Management has an uphill task to put their house in order. The medical and non-medical staff who offer the services felt that they are trying their best but there is always hindering factors beyond their control

such as staff shortage that contribute to poor service delivery. The patients felt that the communication of medical staff towards patients was poor. It only takes proper management and employees training to remedy this perennial problem.

5.2.2 Hospital infrastructure

It was realized that the management and board of the hospital are poised to improve infrastructure of the hospital and introduce more specialist services to serve their consumers better. During the study it was revealed that hospital is more consumer-focused and market-oriented this time than before due to the emerging competition in the healthcare industry in the municipality.

5.2.3 Staff human relations

In their (patients) view consumer care and satisfaction with respect to staff attitude and behavior in the hospital, leaves much to be desired. According to the respondents who are dissatisfied with staff human relations, they expect better attitudes and behavior from staff during visitation of the hospital. Respondents said that staff attitude and behavior was not encouraging. The management of the hospital should therefore work harder to address the concerns of those respondents who were not satisfied with staff attitude before their subsequent visits to the hospital. When asked to suggest how to improve staff attitudes and behavior towards patients, respondents suggested that both medical and non-medical staff especially nurses should exhibit higher levels of respect, consumer care, courtesy, friendship, sympathy and decent language with patients and other healthcare consumers.

5.2.4 Motivating factors

The majority of the participants in this study (90.5%) were of the opinion that there are no motivating factors and measures in place to attract and motivate health workers to work hard. It was, however, found that most of the nurses joined the nursing profession for the love and passion to serve the nation.

5.2.5 Equipment and supplies

It was reported that materials and supplies are insufficient and that the equipment is not in good working condition. This is reported to be affecting health service delivery.

5.2.6 Employees Training

Employees training are essential at Katutura Hospital as it helps the staff to expedite the service delivery and work towards satisfying the patients. There is need to improve in this area and train staff on customer service.

5.2.7 Hospital Physical Facilities

There is a need to improve on physical facilities to enable staff members to discharge their duties efficiently and effectively. Good working environment is required for efficiency and effectiveness. Inadequate working space sometimes contributes to inefficiency and hence this would end up affecting patients.

5.2.8 Management Style

Management styles also need to change in line with the customers' expectations. In-service training for management is needed to cope with the changing dynamics and to help towards satisfying patients.

5.3 Recommendations

Based on the conclusion drawn from this study, the following recommendations are suggested by the researcher to help improve healthcare service delivery in the Katutura Hospital:

- There is a need for the government healthcare institutions, particularly Katutura Hospital to restructure their customer care orientation programmes and make consumer care and satisfaction part of their organizational culture.
- Recruit more nurses and doctors.
- Provide enough off-duty hours to allow doctors to recuperate and be efficient at their job.
- The hospital needs maintenance in terms of structures and facilities.
- Management of the hospital should be committed and dedicated to come up with new ways of doing things.
- Management should implement policy measures that aim at attracting and motivating health workers to work in the hospital.
- Management should make sure that the entire staff is properly trained on customer care and establish complaints or information desk at the hospital.
- Staff should always show respect as well as make themselves accessible to patients who need immediate attention and care.

- Effective communication channels have to be created to enable smooth flow of information between top management and their employees and to speed up the service delivery process.
- Team building has to be encouraged.
- There should be dependency upon management and the employees if effective delivery of service has to be done.
- Katutura Hospital needs to embrace best practices for the organization to flourish.
- Management should, as part of its organizational culture, institutionalize the practice of appreciating and rewarding individual employees with outstanding performances that are above set standards or when valuable suggestions translate to increased productivity or profitability. A lack of such an organizational culture may inhibit the retention of such high performers.
- Opportunity for public sector employees to earn performance bonuses should also be devised. This will encourage productivity and enhance retention.
- Last but not least, there is a need to public sector to encourage retention strategies such as reward and recognition for deserving employees who served the public service with distinction. Such recognition and reward may come in the form of national honors conferred on such distinguished employees by the state rather than monetary reward.
- Staffing norms should be in place to determine the workload and number of staff to be allocated at each health facility.

- The Katutura Hospital should provide a congenial working environment to attract and retain health professionals.
- Salaries and other benefits should be improved to retain and attract health professionals with scarce skills.
- Health workers at all levels of employment should undergo a course on interpersonal skills to enhance their communication skills.

5.4 Directions for future study

Research is a continuous process. This research study recommends that further research should be undertaken to determine other variables not covered in the scope of this study but are relevant and contribute to the achievement of the objectives of Katutura Hospital. Similar research may be conducted in areas not covered by this research. A further research with a change of methodology and widening of scope to cover a larger population would be recommended. Complimentary study would be recommended

5.5 General Overview

This research had a worthwhile contribution to Katutura Hospital and other public hospitals, since most of the health care institutions also fall short in terms of service delivery. This research would contribute towards service delivery and add new literature to the body of knowledge.

5.6 Chapter summary

This chapter aimed at drawing conclusions in respect of the study and suggested ways in which managers can improve service delivery. The chapter also identified some factors that limited the scope of the study. Recommendations were made based on the findings of the study while suggestions for future research direction were provided. The study established that there is severe shortage of staff at the Katutura Hospital as a result the quality of health service delivery is below the acceptable standard and negatively affects performance. Factors such as migration of health workers to the private sector, population growth and emerging diseases were identified as contributing factors to staff shortage in the Katutura Hospital. It was also established that there are poor working conditions coupled with low salaries. These were identified as the main reasons for health workers to leave the Katutura Hospital. The findings suggested a need to create more posts and build another referral hospital to accommodate emerging needs. Findings also suggested that there is a need to introduce an effective retention strategy to attract and retain health professionals with scarce skills and those working under difficult conditions.

6. REFERENCES

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APPENDIX 1

CONSENT LETTER FOR THE PATIENTS

Acknowledgement of Consent

I, Mirjam Nangula Kondjeni am currently undertaking a research project as part of my studies towards an MBA (Management Strategy) with the Namibia Business School at the University of Namibia.

The aim of the research is to investigate factors affecting service delivery at public sector: A Case study of Katutura Hospital.

The answer you will provide in the questionnaire will be for research purposes only. Participation is completely voluntary and you may decide to withdraw from the study at any time.

As a willing participant in this research can you please sign and date your consent.

I _____N/A_____ voluntarily agree to participate by completing the attached questionnaire and fully understand that I may withdraw at any time.

Signature _____

Date _____

Your participation in this research is greatly appreciated

Yours faithfully,

Mirjam N Kondjeni

This questionnaire consists of seven sections, Section A to Section F. Please complete all sections. Thank you

Section: A

Please provide the following information (Please tick where appropriate✓)

1) What is your Sex?

Male

Female

2) What is your age?

Below 20

20-40

40-60

Above 60

3) What is the highest level of education you attained?

No schooling at all

Primary

Junior high School

Senior High School /Advance level

College

University

4) What is your Occupation/Profession?

Commerce/Business

Farming

Construction

Mining

Teaching

Unemployed

Others

5) How often do you visit the Katutura hospital?

- This is my first time
- Yearly
- Monthly
- Weekly
- Daily
- When I fall sick

SECTION B: COMMUNICATION WITH STAFF

6) Would you describe employees at Katutura hospital' human relation in terms of courtesy, respect accorded you and their listening skills during interaction with them as?

- Very satisfactory
- Satisfactory
- Dissatisfactory

7) Would you describe the way nurses explain issues to you for your understanding as?

- Very satisfactory
- Satisfactory
- Dissatisfactory
- Very Dissatisfactory

8) Would you describe the way medical staffs explain issues to you for your understanding as?

- Very satisfactory
- Satisfactory
- Dissatisfactory
- Very Dissatisfactory

9) What is your view about medical staff' performance?

- Very satisfactory
- Satisfactory
- Dissatisfactory

10) Before giving you any drug, did the hospital staff explain to you the usage and side effects of the drug?

- Never
- Sometimes
- Usually
- Always

SECTION C: OPERATIONAL ENVIRONMENT OF THE HOSPITAL

11) Do you spend more time when you visit the hospital for treatment?

Yes

(If yes, please answer question # 11 & 12)

No

(If no, go to question # 13)

12) How long does it take you?

- 5-6 hours
- 3-4 hours
- 1-2 hours

13) Can you explain the reason for the delays?

.....
.....

14) How would you describe the surrounding environment of the hospital in terms of cleanliness?

.....
.....
.....
.....

15) Do you have access to urinal and toilet facilities while at the hospital?

Yes {1}

(If yes, please answer question # 15)

No {2}

(If no, please answer question # 16)

16) How would you describe those facilities in terms of cleanliness?

.....
.....

SECTION D: PATIENTS PROTECTION

17) Have you ever been mistreated by a health worker (Doctor, Nurse etc) while at the hospital for treatment?

Yes

(If yes, please answer question # 18 & 19)

No

(If no, please answer question # 20)

18) Explain the nature of the mistreatment and action taken for redress?

.....
.....
.....

19) If no action was taken for redress, can you explain why?

.....
.....
.....

SECTION E: GENERAL PERCEPTION AND IMPRESSION

20) How would you assess the overall services provided to patients?

- Excellent
- Very Good
- Good
- Fair
- Poor

21) What suggestions would you recommend to the hospital for improved services?

.....
.....
.....
.....

APPENDIX 2: CONSENT LETTER FOR THE EMPLOYEES

Acknowledgement of Consent

I Mirjam Nangula Kondjeni am currently undertaking a research project as part of my studies towards an MBA (Management Strategy) with the Namibia Business School at the University of Namibia.

The aim of the research is to investigate factors affecting service delivery at public sector: A Case study of Katutura Hospital.

The answer you will provide in the questionnaire will be for academic purposes only. Participation is completely voluntary and you may decide to withdraw from the study at any time.

As a willing participant in this research can you please sign and date your consent.

I _____N/A_____ voluntarily agree to participate by completing the attached questionnaire and fully understand that I may withdraw at any time.

Signature _____

Date _____

Your participation in this research is greatly appreciated

Yours faithfully,

Mirjam N Kondjeni

SECTION A – General Information

Instructions

Please mark with a (X) sign in the appropriate box(s). Where possible write down your answer.

1. What is your gender

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

2. What qualification level do you have?

Education level	Tick (X)
Grade 11- 12	
Diploma	
Degree	
Honors Degree	
MBA	
Other professional qualifications	

How long have you been working at Katutura Hospital?

Life span (years)	Tick (X)
1 – 3	
4 – 6	
7 -10	
11 – 13	
14 and more	

3. What is your occupation?

Position title	Tick (X)
Nurse	
Doctor	
Management	

1. How long have you worked in this position? (Select most appropriate group)

Position title	Tick (X)
0 – 3 years	
4 – 7 years	
8 – 10 years	
> 10 years	

SECTION B

The following statements relate to your perception. Please indicate your level of disagreement / agreement by ticking [√] the MOST appropriate box.

	Disagree	Strongly Disagree	Neutral	Agree	Strongly Agree
The hospital cares about wellbeing of patients.	1	2	3	4	5

A great deal of confidence and trust is shown in nurses, doctors and management.	1	2	3	4	5
Responsibility for achieving the goals of Katutura Hospital is felt at all levels.	1	2	3	4	5
A great deal of cooperative teamwork exists in Katutura Hospital	1	2	3	4	5
Patients waiting time is convenient	1	2	3	4	5
The size of the medical staff is enough to cater for all patients received at the hospital very efficiently and effectively	1	2	3	4	5
People in this organization put more energy into identifying mistakes than	1	2	3	4	5

SECTION C

into figuring out how to do things right					
Employees are comfortable in suggesting changes to improve service delivery	1	2	3	4	5
The hospital provide service delivery training for non-medical staff to promote customer service	1	2	3	4	5
Staff are courteous and friendly	1	2	3	4	5
The hospital has up-to-date equipment	1	2	3	4	5
Staff have patients best interest at heart	1	2	3	4	5
Staff understand the specific needs of patients	1	2	3	4	5
The physical facilities at Katutura hospital are visually appealing	1	2	3	4	5

1. What are the critical factors that that contribute to poor service delivery

Staff at Katutura hospital are never too busy to respond to patients requests	1	2	3	4	5
--	---	---	---	---	---

at the Katutura Hospital?

.....

.....

.....

.....

.....

.....

2. What are the service delivery dimensions used by the hospital to evaluate service delivery and to promote customer satisfaction?

.....

.....

.....

.....

3. What is your opinion about the state of staffing and performance in this hospital? Does this hospital have adequate staff to deliver quality health care services to its community?

.....

.....

.....

Are there any policy measures that aim at attracting and motivating health workers to work in this hospital? Please explain your answer

.....

.....

.....

4. What suggestion would you recommend for improved service delivery?

.....

.....

5. Do you have any other information that you would like to share?

.....

.....

.....

THANK YOU FOR YOUR PATICIPATION AND CO-OPERATION