SERVICE QUALITY AND STUDENTS SATISFACTION ON COUNSELING SERVICES: A CASE OF UNITED STATES INTERNATIONAL UNIVERSITY- AFRICA’S COUNSELING CENTER

BY

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UNITED STATES INTERNATIONAL UNIVERSITY-AFRICA

SUMMER 2018
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A Research Project Report Submitted to the Chandaria School of Business in Partial Fulfillment of the Requirement for the Degree of Master of Business Administration (MBA)

UNITED STATES INTERNATIONAL UNIVERSITY-AFRICA

SUMMER 2018
STUDENT’S DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University in Nairobi for academic credit.

Signed: ___________________________    Date: ___________________________

Joy Nzilani Kilili (ID: 625822)

This Report has been presented for examination with my approval as appointed supervisor.

Signed: ___________________________    Date: ___________________________

Dr. Peter Kiriri

Signed: ___________________________    Date: ___________________________

Dean, Chandaria School of Business
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ABSTRACT

The purpose of this study was to ascertain the quality of the services at the Counseling Center, in relation to the Customers satisfaction. In order to achieve it purpose the study was guided by five specific objectives which seek to investigate the effects of Tangibility, responsiveness, reliability, empathy and assurance affects the services quality and customer satisfaction at the counseling center USIU Africa.

In this study, descriptive research design was used where the data was collected through the use of questionnaires. The information was gathered from the different students, whereby each of them got a questionnaire in order to seek honest opinions about the center. After, the data collection, data was coded and analyzed using SPSS in order to generate descriptive statistics, including the mean, median and deviations. Regression and Correlation analysis was also used to determine the relationship between the dependents and independent variables. The analyzed data was then presented in form of tables and figures.

The findings on the first objective revealed that that counseling center is technologically well equipped, counseling center has modern looking facilities, and physical facilities at the Counseling Center are visually appealing. In addition it was also revealed that employees at the Counseling Center are neat in appearance. The findings on the second objective revealed that when the Counseling Center promises to do something by a certain time, they will do so, when customers have a problem, the counseling Center shows a sincere interest in solving it. The findings on the third objective showed employees of the counseling Center are always willing to help customers, and that employees of the Counseling Center are never too busy to respond to customer requests. The findings on the fourth objective established that the behavior of employees of the Counseling Center instill confidence in its clients. Employees of the Counseling Center are consistently courteous with client. Employees of the Counseling Center have the knowledge to answer clients’ questions. The findings on the fifth objective showed the Counseling Center has been operating hours convenient to their entire customer. Counseling Center has employees who give customers personal attention. Employees of the Counseling Center understand the specific needs of their customer.
Based on the findings it was concluded that firstly, the counseling center is well equipped with technology and has a modern looking facilities that are very appealing. Secondly, to enhance reliability, it seems that employees at the centre are motivated to perform their duties and responsibilities and USIS as an institution insists on error free records. Thirdly, employees are able effectively communicate to their clients. This is attributed to the fact that they are able give customer’s quick service, help customers where necessary and are also willing to respond to customer requests and questions at any time. Fourthly, employees are able to instill confidence in their clients, are courteous with client and have knowledge to answer clients’s questions. Lastly, employees of the Counseling Center are very understanding to the specific needs of their customers and this employees are also empowered to give customers personal attention.

The study recommended that the Counseling Center employees should come up with strategies that enable the centre be more appealing and color would be one of the most powerful aspects of a psychological counseling environment that can be altred to increase customer satisfaction and loyalty. Secondly, counseling center should continue offering reliable services to its clients. There is also a need to increase timely responses to through offering employee development programs especially to deal with the millenials. Thirdly, there is a need for the counseling center to increase their rate of service responsive this. This can be done through use of technology such as an automatic response email to let customers know that their emails have been received. Fourthly, there is also a need to offer training programs that increase employee’s knowledge regarding products or services offered, increase access to customers account and encourage employees to keep customers information confidential. Lastly, counselling center should seek to always improve on the dimensions of empathy. This would involve having a better understanding affective empathy and cognitive empathy.
ACKNOWLEDGEMENT

I would like to thank the Almighty God for giving me the strength to go through this demanding but rewarding exercise. I wish to express my sincere gratitude to my supervisor Dr Peter Kiriri, for his valuable assistance, support and guidance to this project. His guidance gave me new knowledge in the field of academic research. I am also grateful to the respondents who offered their time, information and sound advice on the various aspects of this study. Last but not least, I give special thanks to my husband, family and friends for their love, support, patience and understanding throughout the duration of this course. They inspired, encouraged and fully supported me in every trial that came my way. Their prayers and messages of support have pulled me through this.
DEDICATION

To my dear husband and parents.
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ABBREVIATIONS AND ACRONYMS

ATM : Automatic Teller Machine
CFA : Confirmatory Factor Analysis
GRA : Grey Relational Analysis
NHIS : Nigeria Hospital Insurance Scheme
SEM : Structural Equation Modelling
SERVQUAL : Service Quality
USIU-A : United States International University- Africa,
VCT, : Voluntary Counselling and Testing
WHO : World Health Organization
WHS : World Health Survey
CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Service quality is defined as the customer’s impression of the relative superiority/inferiority of a service provider and its services and is often considered similar to the customer’s overall attitude towards the company (Bitner, 1990). Researchers have tried to conceptualize and measure service quality and explain its relation to the overall performance of companies and organizations. Early conceptualizations (e.g., Parasuraman Berry & Zeitham, 1985) are based on the disconfirmation paradigm employed in the physical goods literature as cited in (Mohantry, 2012). Customers’ perceptions of service quality result from a comparison of their before-service expectations with their actual service experience. The service is always considered excellent, if perceptions exceed expectations; it is either regarded as being good or adequate, if it only equals the expectations; the service is either classified as being bad, poor or deficient, if it does not meet them (Vázquez et al., 2001).

Healthcare service quality is associated with patient satisfaction (Choi, Lee, Kim, & Lee, 2005), loyalty (Boshoff & Gray, 2004) and healthcare organizations’ productivity and profitability (Alexander, Weiner & Griffith, 2006). As a result, healthcare organizations throughout the world consider it as a strategic differentiator for sustaining competitive advantage. Therefore, it is very important to define measure and improve quality of healthcare services. Quality healthcare is a subjective, complex and multi-dimensional concept. Mosadeghrad (2013) defined quality healthcare as “consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patient’s needs and satisfies providers”. Mosadeghrad (2013) identified 182 attributes of quality healthcare asking 700 healthcare stakeholders including policy makers, managers, providers and patients using pluralistic evaluation and grouped them into five categories: environment, empathy, efficiency, effectiveness and efficacy.

Healthcare systems are among the most complex systems serving humans. Delivery of quality healthcare services requires coordination among a number of different organizations and providers (Ovretveit, 2009). It also needs coordination of highly
complex diagnostic, therapeutic and logistic processes and practices. The very complexity of the healthcare system and its bureaucratic and highly departmentalized structure pose a significant obstacle to quality improvement in healthcare. Furthermore, healthcare problems are complex and require a high degree of customized solutions (Manaf, 2005). Every situation and every patient is different. A simple task requires the communication and co-operation of various departments and employees. Quality healthcare includes characteristics such as availability, accessibility, affordability, acceptability, appropriateness, competency, timeliness, privacy, confidentiality, attentiveness, caring, responsiveness, accountability, accuracy, reliability, comprehensiveness, continuity, equity, amenities and facilities. Ensuring safety and security, reducing mortality and morbidity, improving quality of life and patient involvement have also been seen as quality attributes (Donabedian, 1980).

Customer satisfaction or dissatisfaction results from experiencing a service quality encounter and comparing that encounter with what was expected. The perceived service quality is what customers see about the success of a particular product or service, having looked at what is offered and what is delivered at the end of the day. This is important to the customer as they seek for the best service around. Quality is the key factor for many customers. And for this reason, many have resulted to only going back to the places where they are treated well, thus becoming loyal customers. Service quality focuses on how a customer views some aspects of service, e.g. Reliability, Responsiveness, Assurance, Tangibility and Empathy. With this in mind, a business is better placed to work towards making its clients happy. This, among other tools, can be used to measure the level of satisfaction by the client’s customers of a particular business (Parasuraman, Berry & Zeithaml, 1994).

Service quality has widely been discussed since 20th century and its idea is still relevant to help today organizations in creating differentiation and gaining competitive advantage in an era of borderless world and globalization (Ali, Zhou, Hussain, Kumat, Neethiahnanthan & Ragavan, 2016; Karatepe, 2016). In a quality management literature, service quality is often seen as a multi-dimensional construct. For example, Nordic school of thought suggests that effective service quality should have two important dimensions, namely technical quality (i.e., what customers’ received from services provided by an organization) and functional quality which include how an organization delivers services to customers (Fotaki, 2015). Later, the service quality construct has been modified and
simplified by US school of thought where it proposes that effective service quality should have five specific dimensions, namely tangible (physical facilities, equipment, and appearance of workers), reliability (ability to perform the promised service dependably and accurately) (Wan Edura & Jusoff 2009). Responsiveness (willingness to help customer and provide prompt service), assurance (knowledge and courtesy of workers and their abilities to inspire trust and confidence), and empathy (caring, individualized attention the organization provides its customers) (Ismail, Rose & Foboy, 2016).

Several recent studies have been conducted using a direct effects model to examine service quality in health sector for instance Sohail in (2003) examined the service quality in the private hospital of Malaysia using the SERVQUAL scale. The study established that patient’s perceived value of services exceeded expectations for all measured variables. It was also concluded that the level of service quality was upgraded through modernization of hospitals via accreditation. Rashid and Jusoff (2009) on the other hand explored the ‘conceptual model of service quality’, given by Parasuraman et al. (1985) to study the gap that exist in the service provider’s side which hindered delivery of services that consumers identify to be high quality. Service quality dimensions (tangible, reliability, responsiveness, assurance and empathy) and categorized problems in three aspects (comprising service indistinctness, diversity of employees and interrelatedness). It was concluded that the measurement of hospital service quality should be based on perceived quality rather than the objective quality because service quality is intangible, heterogeneous and its consumption and production occurs in tandem.

Larsson and Larsson (2009) explored the relationship between patients’ service quality perceptions and their attitudes towards visiting the same health care provider again in Sweden. Responses were obtained from 22,170 patients, using the ‘quality from the patients’ perspective questionnaire’. This study found out that about 10 per cent patients hesitated to continue to visit the same health care provider again and recommended increasing health professional’s knowledge of patient’s quality appraisals and use of theory-based instruments when monitoring patients’ opinions on care and follow-up of the result on later visits. Sharma and Narang (2011) assessed the perception of patients towards the quality of health care services in rural areas of seven districts of Uttar Pradesh (Gonda, Partapgarh, Sitapur, Hardoi, Varanasi, Gorkhpur and Barielly). One community health centre and two primary health centres were picked randomly from each district, and questionnaire was to be filled by patients. Out of 500 patients, 396 patients
had filled complete questionnaire. It was concluded that the quality of health care services perceived higher in primary health care centre than in community health centres. Researchers came to the conclusion that the inadequate availability of doctors, poor clinical examination and poor quality of drugs were the drawbacks reported at community health centres.

Ramanujam (2011) studied that in corporate private sector hospitals of Hyderabad, customers’ expectations are fulfilled according to the service quality dimensions (reliability, assurance, responsiveness, empathy and tangibles) using the data collected from three private corporate hospitals (Apollo, Yashoda and CDR). This study found that the assurance dimension of service quality was critical; nonetheless, hospitals were delivering the quality of services to patients. Reliability and responsiveness dimensions were satisfactory performed by health care but corporate hospitals need to focus on empathy dimensions as it is moderate in delivering quality of services. Bhardwaj and Chawla (2013) explored the perception and expectations of patients of multispeciality hospitals of India. Researchers studied service quality dimensions, including service bundling, service accessibility, service, timeliness, service accuracy, service promptness, service security, service ambience, service competence, service impressiveness and service customization, for studying the perceptions of patients. In comparison, it was found that private hospitals were not rated better than public hospitals in terms of reliability, accuracy, timeliness, promptness and security, although private hospital services were costlier than public hospitals. The authors concluded that service quality must be viewed from the customer’s perceptions point of view.

Murti, Deshpande and Srivastava (2013) explored the relationship between three key dimension service quality, patient satisfaction and behavioural intention in health care services in India. The study was done using literature review, and it was concluded that the service quality in developing countries varies from developed countries due to culture. Thakur (2014) studied relationship between service qualities, customer satisfaction and customer’s positive attitude in public sector. The study was carried out by using questionnaire for patients as a tool for collecting data. It was found that out of these three, service quality and customer satisfaction are strongest variables for the positive attitude intention of customers. Murti, Deshpande and Srivastava (2013) measured the quality of service of private hospitals in Bhopal city. Researchers studied the quality of service by using customer perception and behavioural intentions. Multiple regression analysis was
used to examine the relationship between customer satisfaction, behavioural intentions and customer perceptions. It was found that service quality leads to improving the customer’s satisfaction which creates an impact on behavioural intentions.

Bateman (2012) study in a number of South African public health facilities established that most of the facilities lacked essential services in order to run actively. These basic services included piped water, proper electricity, essential medical equipment, telephones and accessibility by road. Also, at the time, the overall staff vacancy rate was 46%. Contributing to the negative perceptions of public health facilities seems to be delays in awarding tenders, rolling over of budgets and poor performance of contractors (Bateman, 2012). Service delivery and the state of health facilities in the public sector have continually deteriorated over the last two decades. This appears to be related to mismanagement, as well as a lack of accountability and monitoring (Health System Trust, 2013).

Babatunde, Tolumope and Salani (2015) study sought to establish client perception of service quality at the outpatient clinics of a general hospital in Lagos, Nigeria. a descriptive cross sectional study was conducted from March to May 2013. A multistage sampling technique was used to select respondents and data was collected with the aid of modified SERVQUAL questionnaires. The data was analysed with aid of EPI-INFO 2002 and statistical significance was set at a P value 0.05 for statistical significance. Overall majority (80.8%) of respondents rated the overall service quality as good/ very good. After linear regression, the assurance domain was the most important predictor of the overall perceived service quality (p< 0.001). It was concluded that the overall perceived service quality was good. The major deficiencies were in the responsiveness domain and especially the waiting time. The hospital management should implement measures to improve the responsiveness of services by ensuring prompt delivery of services.

Dubem, Stephen, and Isaac (2015) sought to determine Service quality and user satisfaction of outsourced facilities management (FM) services in Nigeria’s public hospitals. An empirical survey of 208 stakeholders in Nigeria’s hospitals was used to first, assess the level of satisfaction of users of outsourced FM services and second, validate a conceptual model using the structural equation modelling (SEM) methodology. The study established a causal relationship between antecedents of satisfaction and
service quality within the context of Nigeria’s public hospitals and provided insight into outsourced services that received high level of satisfaction among stakeholders unique from previous studies.

Khamis and Njau (2014) undertook a cross-sectional study from April to May, 2012 to establish the satisfaction levels of patients at Mwananyamala hospital. A systematic sampling method was employed to select 422 study subjects. A pre-tested SERVQUAL questionnaire was used to collect data and one-sample t-test was employed to identify patients’ level of satisfaction and principal component analysis to identify key items that measure quality of care. The results revealed that patients’ level of satisfaction mean gap score was (-2.88 ± 3.1) indicating overall dissatisfaction with the quality of care. The level of dissatisfaction in the five service dimensions were as follows: assurance (-0.47), reliability (-0.49), tangible (-0.52), empathy (-0.55), and responsiveness (-0.72). The study concluded that patients attending OPD at Mwananyamala hospital demonstrates an overall dissatisfaction on quality of care. Hospital management should focus on: improvement on communication skills among OPD staff in showing compassion, politeness and active listening, ensure availability of essential drugs, and improvement on clinicians’ prescription skills.

Nderitu (2016) study was geared towards investigating the relationship between service quality and performance of Private Hospitals in Nairobi County. To achieve the objective of the study, a descriptive cross-sectional design to determine the relationship between service quality and performance of Private Hospitals. The target population of the study included all the 25 private hospitals in Nairobi County. The study found that there is a strong significant positive correlation between service quality and Performance of Private hospitals. It further established that a unit increase in service quality (tangibility, Responsiveness, assurance and Empathy) leads to an increase in the performance of Private hospitals in Kenya. This research therefore aims to establish if the same case applies to USIU counselling center.

The United States International University- Africa, (USIU-A), is a learning institution with over 6000 students, and the students are from all over the world, different backgrounds. The institution has a Counseling Center that is there as a support center for the students, staff and faculty. The students are the key customers at the counseling Center. It was decided that a Counseling Center be formed so students can be supported
psychologically, in order to also perform well in their studies. Such support is important in order for the students to be able to concentrate on their studies. Students who have never been aware of the services have been going outside and paying for the same, and the realization of this made the center increase its marketing strategies. Students go to the Counseling Center for several issues, e.g. Academics, family issues, drug addiction, and peer pressure among others. Having being assisted on all this, a student is able to focus on their academics and do well in school. The Counseling Center has its staff with badges to show that they are the official staff members of the department. This gives a good picture even to the clients and potential clients. It also has sound proof counseling rooms, with Freudian chairs, suitable for the counseling sessions. This research is also sought to find out if the services offered at the Counseling Center by the Counselors or by staff at the counseling center gives satisfaction, and if there was a difference between the service offered, and the way customers actually view them.

1.2 Statement of the Problem

Customer satisfaction is key at the USIU- A Counseling Center and the counselors are required to give their best to those who need the services. The institution is focused at having the best counseling Center and has thus embraced the dimensions of service quality, which are; Tangibility, Reliability, Responsiveness, Assurance and Empathy. Having incorporated all this, the center is assured of more clients. Service quality, service characteristics, service access level, and the handling complaints have a positive effect on customer satisfaction (Rostami, Valmohammadi & Yousefpoor, 2014). Customer satisfaction and service quality depending on a lot of standards of the company where they are applied. Latest might work as a great benefit to improve profit and customer loyalty (Ronzina, 2010).

A firm’s management seeks to know what level customers are contented with by a service and what exactly customers would like so as work towards their satisfaction. Many institutions have not looked at the aspect of the psychological being of the staff/employees, and most of them work under a lot of pressure, both internal and external. It would be good if employers can look into that aspect and this would eventually make productivity rise. The USIU-A Counseling Center decided to have a Counseling Center for its community to ensure even the psychological needs of the community are well taken care of. Under conditions of limited or asymmetric
information, customers’ willingness to work with an organization or even purchase products online depend on their trust (Lee, Park & Han, 2011).

Punnakitikashem, Buavaraporn, Maluesri and Leelartapin (2012) expounded that improving service quality can enhance business performance and this often is a greater challenge in achieving customer expectations and satisfaction. To achieve increased performance which can ultimately lead to achieving organisational goals and greater satisfaction amongst its customers, i.e. patients, public servants need to understand the importance of being efficient and effective. The way the patient is treated helps building the corporate image of the hospital. Harrison (2009) proposed that improving quality care requires systems of accountability for better performance, and incentivised processes of training and development. Patients evaluate healthcare experiences based on attitudes toward caregivers and the facility itself. It is therefore important to highlight that there was a strong connection between health service quality perceptions and customer satisfaction. The aim of this study was to assess how the service within Counseling Center at USIU Africa is perceived.

1.3 General Objective
The general objective of this study was to determine the quality of the services at the Counseling Center, in relation to the Customers satisfaction,

1.4 Specific Objectives
1.4.1 To investigate the effects of service Tangibility on the Counseling client’s satisfaction.
1.4.2 To examine the effects of service Reliability on counseling clients satisfaction.
1.4.3 To investigate the effects of Responsiveness on counseling clients satisfaction.
1.4.4 To examine the effects of service Assurance on counseling clients satisfaction.
1.4.5 To investigate the effects of service Empathy on counseling clients satisfaction.

1.5. Importance of Study
This research was to determine how much a customer values quality with the many issues happening in the world, Counseling Centers have become a necessity. Many schools as well as organizations have ensured they have one and with enough and qualified personnel/ counselors. This study offers benefit the following stakeholders:
1.5.1 The Students
These are the main beneficiaries of the center. The students deal with different issues in their course of study and therefore, sometimes the intervention of a counselor is required, they are therefore advised to visit the Center for assistance. The services are also free of charge. Students being the main clients of the University, priority is given to them, as this is also a way of supporting them.

1.5.2 The Parents
Parents of the students will also benefit, as some link up with the counselors, asking them to help their children, when they sense a need. As stakeholders, their key role is in helping the children see the importance of the Counseling Center and ensure they are making good use of it. Parents, as close relation to the children/student, are free to visit the Center for the services.

1.5.3 The School’s administration
The administration will be able to tell if the Counseling Center is relevant to the school, based on the number of clients attended to per semester, and the other services offered, e.g. the VCT, which is also within Center, and how many get transformed. The administration will also be given more insight in how best to equip the center, the tangibility aspect of the department, thus being able to serve the clients better.

1.6 Scope of the Study
This study was done at USIU-A counseling centre, located at the Freidah Brown student Centre in the university, and was majorly focusing on the students who have received the services offered by the Counseling Center. The study was conducted between January and August 2018. The USIU-A is an academic Institution (a university) located in Nairobi, Kasarani area, with a population of 9,500 students.

Some of the foreseen limitation during data collection included a lack of commitment on the side of respondents to go through the questionnaire and give authentic response due to their busy schedule. Some of the respondents might have respond by probably ticking answers without necessarily having gone through the questions. To avoid this, the researcher ensured the questionnaire was succinct. Other respondents might doubt the confidentiality of the information to be shared. This was tackled by indicating in the questionnaires that whatever information shared was used for academic purpose only and
that confidentiality will be observed. Also, the researcher included in the questionnaire that was not necessary to indicate one’s name on it.

1.7. Definition of Terms

1.7.1 Counseling Center
Counseling Center is the destined venue for staffed by licensed psychologists and mental health professionals who provide non-judgmental and confidential advice, individual and group counseling, crisis intervention, substance abuse prevention and intervention, anger management, and other topics (Rose & Foboy, 2016).

1.7.2 Counseling
It is the application of mental health, psychological and human development principles, cognitive affective, behavioral or systematic intervention strategies that address wellness, personal growth, or career development as well as pathology. A technique that is used to help clients understand their communication disabilities and discover ways to adjust and cope with them (Blood, 1995).

1.7.3 Service quality
Service quality is a comparison of expectations about a service with performance, offering service to the best of a company’s capabilities (Choi, Lee, Kim, & Lee, 2005; Mohantry, 2012).

1.7.4 Customer Service
This is the offering of excellent service to customers at the time of inquiry, during and after the sale of a good/service (Vázquez et al., 2001; Mosadeghrad, 2013).

1.7.5 Tangible

1.7.6 Reliability
Ability to perform the promised service dependably and accurately (Wan Edura & Jusoff, 2009; Ismail, Rose & Foboy, 2016).
1.7.7 Responsiveness
Willingness to help customer and provide prompt service (Ismail, Rose & Foboy, 2016; Bhardwaj & Chawla, 2013).

1.7.8 Assurance
Knowledge and courtesy of workers and their abilities to inspire trust and confidence (Fotaki, 2015; Ismail, Rose & Foboy, 2016).

1.7.9 Empathy
Caring, individualized attention the organization provides its customers (Rashid & Jusoff, 2009; Ismail, Rose & Foboy, 2016).

1.8 Chapter Summary
The chapter clearly offers information on customer’s satisfaction, and what would make a customer happy. Customers have been known to go back to a place where they were served the best. Companies need to ensure all those dimensions are followed in handling the clients, to ensure both attraction and retention of customers. Chapter two offers literature review on how to have satisfied clients after implementing the SERVQUAL techniques. In chapter three the research methodology was discussed while chapter four presents the results and findings. In chapter five the discussions, conclusions and recommendations will be presented.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction
This chapter aims to analyze literature in relation to service quality done by researchers globally, regionally and locally. The findings of the review aided this research in realizing the research gap. This Chapter also examines the effect of service quality dimensions on service quality as outlines in the research objectives.

2.2 Effects of Service Tangibility on Satisfaction

2.2.1 Definition of Service Tangibility
The tangibles dimension is described as the physical quality such as facilities, equipment and personnel appearance (Parasuraman et al., 1988). According to Yator (2012), facilities like well-furnished reception desk or trained personnel can influence customer perceptions about tangibles service qualities. Meanwhile, Alsaqre (2011) in his study recommended that great attention must be given to all tangible factors of service quality because such factors have their influence on customers’ loyalty and can bring more profits to the organization.

The terms ‘tangibility’ or ‘physical quality’ usually refers to elements of services, such as the appearance, equipment, staff, advertising material and other physical characteristics used for rendering services. Parasuraman et al., (1988) use the term ‘tangibility’ in the SERQUAL model as one of the dimensions in service quality assessment. Tangibility in service sector generally refers to the external appearance of the facilities. The tangible elements of an institution’s product can be assessed, measured and submitted to certain standards. Johnston (1995) classifies tangibility to cleanliness or neat appearance of the tangible components and the physical comfort of the environment where services are provided. Albayrak, Caber and Aksoy (2010) argue that the tangible elements of hotel products are more influential on the overall satisfaction, as they can be modified or renewed more easily in comparison with the intangible. The SERVQUAL scale should be applied carefully, and the determinants and attributes of the instruments should always be reassessed in any situation before the instrument is used. As well as markets and cultural environments, service are different, so it may be necessary to add new aspects of the
service to be studied to the original set of determinants and attributes, and sometimes to
exclude some from measurement instrument used.

Intangibility is one of the key characteristics of services. (Wolak, Kalafatis, Harris, 1998).
Johnston (1995) argues that the intangible aspects of the staff-client relationship have a
significant effect, both positive and negative, on quality service. Bebko (2000) proposes
that the significance of tangible components is lowest for services with the lowest share
of tangibility, and highest for services with the highest share tangibility. Shostack (1982)
proposed a molecular model, among others, for hotel companies as well. Service quality
in hotel business has both a tangible and intangible basis, so that the hotel product is a
mixture of elements not necessarily of the same type (Jones & Lockwood, 2004). The
molecular model can be changed successfully in the case of a hotel product, given that it
comprises a range of separate, but mutually linked elements, such hotel and room design,
food and drink supply, employees’ service, the overall ambience and atmosphere

2.2.2 Factors affecting Service Tangibility
In the health sector previous researchers have sought to determine what tangibility entails.
For instance Vandamme and Leunis (1993) measured service quality in a public hospital
in Belgium and found that the most important dimensions explaining overall service
quality included tangibility and assurance. Boshoff and Gray (2004) also investigated the
relationship between service quality, customer satisfaction and loyalty (as measured by
purchasing intentions) among patients in the private health care industry in South Africa.
The study revealed that the service quality dimensions of nursing staff empathy, assurance and tangibles, impact positively on patients’ loyalty. Satisfaction with the cleanliness of the hospital and the ward, neatness of the buildings, décor in the wards and appearance of the nursing staff impact on loyalty. In this study, the importance of the cleanliness of the hospital was confirmed.

Further establishing the significance of tangibility in the perception of service quality in
health care, Sohail (2003) assesses the quality of services provided by private hospitals in
Malaysia and the study revealed that patients’ expectations with regard to modern
equipment, the visual appearance of facilities, and professional appearance were
relatively low but their perceived performance were higher for all of these variables. The
overall expectations with regards to all items in the tangibly dimension were relatively
high with the highest expectations for cleanliness of facilities and the general condition of
equipment. It can be expected that the expectations and perceptions differ between private and public hospitals.

Several studies assessing service quality provided in private and public health care included the influence of tangibles and assurance (Sohail, 2003; Boshoff & Gray, 2004). It has been argued that the single most important difference between services and products is the characteristic of intangibility and this has a significant influence on the marketing management of services (Parasuraman et al., 1985; Grönroos, 1990). This often makes it difficult for customers to understand service quality and, as a result, more difficult for businesses to understand how consumers perceive and evaluate a service. Intangibility implies that a consumer’s perception of quality is often based on physical evidence and price rather than the core service. Physical evidence refers to the environment in which the service is delivered and where the firm and the customer interact and also any tangible commodities that facilitate performance or communication of the service (Zeithaml & Bitner, 1996).

Service providers can use the physical and tangible aspects to increase the satisfaction, patronage, and word-of-mouth recommendations of customers (Swan, Richardson & Hutton, 2003). According to Boshoff and du Plessis (2009), physical evidence comprises the environment in which the service is delivered - as well as any tangible cues, such as the appearance of the building, interior decoration, uniforms, parking, equipment and facilities. The physical service environment plays a significant role in customers evaluation of their service experience, and influences their evaluation of service delivery, as well as service quality perceptions. Physical aspects largely influence the opinions of customers when assessing intangible goods or service, since they often find components of service delivery too complex to evaluate. The physical environment in healthcare can, for example, communicate empathy and reassurance - even when the patient is still waiting in the reception area. There seems to be agreement in the literature that the physical environment, as one of these dimensions, plays a critical role in patient’s evaluation of healthcare services.

However, Tsai, Wang, Liao, Lu, Sun, Lin and Breen (2007) commented on the limited empirical research on the physical aspects or tangible environment of public healthcare. Bakera and Lamb (1992) established that the physical environment in healthcare service delivery has an effect on the communication between patients, doctors and nurses; and it
can help to create or even to improve positive attitudes in patients. They suggest that the tangible dimension in healthcare delivery should be to create and enhance positive service quality perceptions, and to guide hospitals in their market segmentation, targeting, and positioning. Woodside Frey and Daly (1989) found that the location, equipment and facilities of the hospital were considered as critical issues by patients. Vandamme and Leunis (1993) reported that the most important dimensions defining overall service quality in a public hospital in Belgium were tangibility and assurance. Hutton and Richardson (1995) found that the physical surroundings and sensory stimuli of healthcare facilities have an impact on patients behaviour and that a positive experience with this environment increase their satisfaction, their evaluation of the service quality, and any likelihood to return to this setting in the future.

Sohail (2003) found that patients from private hospitals in Malaysia had expectations with regard to modern equipment, the visual appearance of the facilities and the professional appearance. Mostly, these were met because, originally, they had had relatively low expectations. Swan et al., (2003) found that patients in attractive hospital rooms evaluated doctors and nurses more positively and reported higher overall satisfaction compared with those in typical hospital rooms. Tsai et al., (2007) investigated out-patients perceptions of the physical environment of the waiting areas in a large medical centre in Taiwan. They found that out-patients satisfaction levels differed significantly in terms of gender, age, visiting frequency, and visiting time. This study intends to establish if physical (tangible) environment of the counselling centre plays a significant role in the extent to which customer satisfaction is perceived.

Zarei, Arab, Froushani, Rashidian and Tabatabaei (2012) studied service quality in the private hospitals of Iran from the patients’ perspective. Results indicated that tangible has the highest expectations and perceptions and the lowest expectation and empathy perception has the lowest expectations. Punnakitikashem et al., (2012) measured service quality of the hospital implementing lean management. Study found that the service quality level of the hospital implementing lean is moderate. In addition, the largest positive gap between patients’ perception and expectation is in term of tangibility. The largest negative gap was with respect to assurance.

Kim, Ng and Kim (2009) used age, gender, and ethnicity when examining consumer service satisfaction in a foodservice establishment. They found older consumers (over 31
years of age) were more satisfied than younger (under 25 years of age) consumers. Scarcelli (2007) examined the importance of restaurant restroom cleanliness using gender, age, and education finding that younger respondents are more concerned with food safety than older clientele. Brady and Cronin (2001) examined segmentation using age, gender, and income. Terry and Israel (2004) suggested that age is an important variable affecting overall consumer satisfaction determining that older clients are inclined to be more satisfied than younger ones.

Chowa, Laua, Lo, Sha and Yun (2007) proposed that four demographic variables (gender, age, education level, and income level) are directly related to full-service restaurant consumers' revisit behavior in China. They confirmed that age was the most influential demographic variable, suggesting older consumers tend to show higher repeat patronage possibly due to their involvement in business deals and social activities in restaurants. This current study considered segmentation by education and gender for customers in the USA

2.2.3 Benefits of Service Tangibility

Researchers have generally agreed service quality is a multidimensional concept (Santos, 2002), but tangible factors are one of the few dimensions to have been consistently used by service quality researchers (Raajpoot, 2002). The label “physical environmental quality” refers to the tangible elements of the service, which includes the appearance of the physical facilities, personnel, communication materials, and other physical features used to provide the service in the service facility. Lehtinen and Lehtinen (1991) divided “physical environmental quality” into physical product consumed during the service production process and physical support that facilitates the production of the service. Johnston (1995) divided tangibles into cleanliness/tidiness of the tangible components and comfort of the service environment and facilities.

Raajpoot (2002) found in four different service industries that customers listed the service environment as a consideration in their service quality evaluations. Their studies revealed three factors that influence perceived quality of the physical environment: ambient conditions, facility design, and social factors. Ambient conditions include the non-visual aspects of temperature, scent, and music. Facility design is classified either functional (i.e. practical) or aesthetic (i.e. clean and visually pleasing). Social conditions involve the number, type of people, and behavior within the service setting (Raajpoot, 2002; Ryu &
Jang, 2008). Finally, Lockyer (2003) found the physical environment and, in particular, cleanliness to be an important factor in the selection of a hotel room.

An important element in the management of service organizations is to understand the customers' needs, allowing management to best utilize their limited resources. There is limited research that suggests, among the many factors influencing the service encounter, cleanliness is important (Scarcelli, 2007). However, when customers select a hotel, restaurant, or retail store, the question of what components of cleanliness are specifically important to them remains unanswered.

Most customers do not see the inner operations of a service establishment. Yet, this unseen area can be a customer's major concern if not the primary factor when choosing a particular service establishment, thus creating dissatisfaction (Yamanaka, Almanza, Nelson & DeVaney, 2003). For example, the cleanliness of a foodservice establishment includes the dining room and tables, the kitchen, and the restroom. The overall cleanliness of the dining room, the appearance of the employees (Ryu & Jang, 2008) and the condition of the servers' station can suggest similar conditions in the kitchen. Another concern includes the potential for foodborne illnesses which may be caused by improper handling of the food or by the sanitation practices of the establishment, such as poor personal hygiene of food handlers and servers (Scarcelli, 2007).

Despite this concern for cleanliness as an important criterion in judging service quality, few research studies were found that adequately measured in detail customers' perceptions of cleanliness and service quality. Huang, Wu and Jung (2006) assessed service quality and general cleanliness for the Taiwan national passenger highway rest stops. Andaleb (2001) assessed service quality in hospitals with only three items measuring cleanliness (i.e. clean toilets, clean rooms, and wards). Bienstock, Demoranville and Smith (2003) evaluated food safety and sanitation procedures with customer perceptions of service quality in restaurants, using two general statements on dining room and restroom cleanliness and two for general food safety. They found that unless the food safety and cleanliness were obvious to customers, the link to service quality was not evident. Atalik and Arslan (2009), as part of their study on customer loyalty and airlines, determined that overall cabin cleanliness was important to customers.
2.3 Effects of Service Reliability on Satisfaction

2.3.1 Definition of Service Reliability
Reliability refers to the ability to deliver expected standard at all time, how the organization handle customer services problem, performing right services for the first time, providing services within promised time and maintaining error free record. In regards to ATMs services, Jay and Barry (2014) noted that the reliability of machine parts or product parts is considered as consistently good in quality or performance which is able to be treated at any time. For ATM environment condition and technical reliability are equated to reliable design that is functional. Stiakakis and Georgiadis (2009) found reliability as fundamental criterion of superior electronic service quality.

Reliability is defined as capacity to execute the guaranteed benefit reliably and precisely (Armstrong, 2012). Yang and Fang (2004) in a study in the financial sector stated that reliability consists of accurate order of fulfillment, accurate record, accurate quote, accurate billing, and accurate calculation of commissions which keep the service promising to the customer. There are the two important factors that give effects to the banking service; consistency and dependability.

2.3.2 Factors affecting Service Reliability
Wanajau, Muiruru and Ayodo (2012) sought to explore the factors affecting provision of service quality in the public health sector in Kenya, focusing on employee capability, technology, communication and financial resources. The paper reports on empirical evidence drawn from a case study of Kenyatta National Hospital ranked as the largest referral hospital in Eastern and Central Africa. A total of one hundred and three respondents, comprising; sixteen doctors, thirty two nurses, twenty nine clinical officers, fourteen laboratory technologists and twelve pharmacists. Data was collected using closed and open ended questionnaires. The Findings revealed that low employee’s capacity led to a decrease in provision of service quality public health sector by factor of 0.981 with while inadequate Technology adoption in provision of health service led to a decrease in provision of service quality by a factor of 0.917. The ineffective communication channels affected delivery service quality in public health sector by a factor of 0.768 while insufficient financial resources resulted to decrease in provision of health service quality by factor of 0.671. This implied that low employees capacity, low technology adoption, ineffective communication channels and insufficient fund affect
delivery of service quality to patients in public health sector affecting health service quality perceptions, patient satisfaction and loyalty.

If a company is providing a good service, a company and its staff should be ready to respond to consumer’s queries about products and services offered (Ojo, 2010). According to Toosi and Kohonali (2011), timely responses to requests, is one of the important customer’s expectation. Therefore, this should not be delayed or ignored simply because these are fundamental issues. Online support is offer by some companies that provides customers with instant resolution to their queries.

Kungu (2016) sought to explore the factors affecting the provision of quality health services at the National Spinal Injury Referral Hospital in Kenya. Low employees’ capacity, ineffective communication channels and lack of flexible work schedules affect delivery of service quality to patients in the public health sector thus affecting health service quality perceptions; patient satisfaction and loyalty affect quality health services. The study focused on the hospital’s physical environment, employee capability, work schedules, communication and staff development. The methodology used was a case study while the data collection method used was open ended questionnaires with an interview guide as the research instrument. Kungu (2016) study targeted the health workers and patients at the National Spinal Injury Referral Hospital in Kenya. Three health workers and three patients were interviewed. Content analysis was used to analyze the data collected. The study found out that the provision of healthcare in public hospitals is achieved through the availability of enough staff, resources, facilities for the hospitals and good communication process which enables the hospital to run effectively. The study recommended that there should be enough staffing of qualified health workers so that each patient can be adequately attended to. It also recommended that there should be proper communication among the staff members and this ensure that there is enough and adequate service delivery.

Akacho (2014) upon her investigation on the factors affecting delivery of quality health services found that absence of medical resources has a great influence on the provision of quality healthcare services in Uasin Gishu. However, the researcher failed to assess the reasons on how management in public hospitals affects quality healthcare services to the sick, and how employee motivation and quality of service being provided in public healthcare centers affect service delivery. Kimanzi (2014) investigated factors influencing
health services at Mwingi Sub County Hospital. While the study explored the influence of employee capacity on service delivery, accessing the influence of financial resources on service delivery and the influence of application of modern technology on service delivery, the study failed to address the issues of employees’ motivation, availability of infrastructure and effective management.

Musyoka, Ochieng and Nzioki (2016) research study sought to investigate factors affecting provision of quality service in public health sector in Kenya with specific reference to Nyahururu District Hospital. A Conceptual framework explaining the relationship between (the independent variables-factors) status of employee capacity, technology advancement and availability of financial resources, and how they influence service quality in the Public health sector in Kenya (dependent variable- outcome) was developed. The study used a descriptive survey approach in collecting data. Thereafter the study used stratified random sampling to get the target population of 129 respondents who included Doctors, Nurses, Clinical Officers, Lab Technologists and Pharmacists. The primary data for this study was collected using self-administered questionnaires. The data was then analyzed using descriptive approach such as frequency, percentages, means and standard deviations. Qualitative data checklist was developed for qualitative data and then analyzed through content analysis. From the findings the study concluded that organization must enhance employee’s capacity in order to improve provision of service quality.

Musyoka, Ochieng and Nzioki (2016) concluded that public health sectors should improve the level of adoption of technology and willingness to invest and advance in modern technology in order to facilitate service assessment, improve process and communication which are essential for effective and efficient quality service in public health sector in Kenya. Use of more than one communication means to inform, persuade and educate the customer is also required. From the findings the study concluded that management should emphasize on the use of upward, horizontal and vertical communication channels in order to provide information to upper level managers about activities and performances throughout the organization as well as improving individual participation in provision of quality service.

Muraya (2014) explored the factors influencing the utilization of healthcare services in private health facilities from a strategic healthcare management perspective. The research
was guided by specific research questions which sought to establish the product quality factors that influence utilization of healthcare services in private health facilities in Thika Sub County, the customer service factors that influence utilization of healthcare services in private health facilities in Thika Sub County, the price-related factors that influence utilization of healthcare services in private health facilities in Thika Sub County. The study adopted a descriptive research design. The population comprised 311,035 people that made up Thika Sub-County. A stratified sampling technique was used. Stratification was based on the first three of the four tiered health system described in Kenya Health Policy (2012-2030). These were: community care, primary care and primary referral. Data was collected from a total sample of 96 respondents using a structured questionnaire.

Muraya (2014) findings showed that in terms of product quality factors, speed, simplicity of payment process, simplicity of administration requirements, consistency and correctness significantly influenced utilization of private healthcare facilities in Thika Sub-County. Regarding customer care factors, approachability of staff, caring, listening, friendliness, efficiency, knowledgeable staff, flexibility, staff initiative, empathy, attention, language used for communication, explanation of procedures and prompt passage of new information had a significant influence on the utilization of private healthcare facilities. Concerning price related factors, equipment costs, cost of prescription drugs, laboratory test fees and doctor's fees significantly influenced the utilization of private healthcare facilities in Thika Sub-County. Muraya (2014) study concluded that product quality, demonstrated through correct diagnosis and prescription was the most important factor potentially influencing utilization of private healthcare facility. Other product-related factors included simplicity both in the payment process and administrative requirements. All aspects of customer care ranked highly among the factors that potentially influenced utilization of private health facilities in Thika Sub-County. These factors included approachability of staff; caring, listening and friendliness; knowledgeable staff and flexibility. In terms of price related factors, with the exception of laboratory test fees, all the other fees charged in the process of administering healthcare to patients potentially negatively influenced the utilization of private healthcare facilities in Thika Sub-County.
2.3.3 Benefits of Service Reliability

Verelst et al. (2012) studied the retrospective medical record to assess the reliability in assessing quality and preventability and disability of adverse events in hospitals. A review of 1,515 patients in Belgium was made by two teams. After the discharge of patients, more adverse events were found by the first team as compared to the second team. Seema (2011) studied the relationship between the service quality and patient satisfaction using self-designed standardized questionnaires. The study yielded three factors of service quality promptness, medical aid and patient interest and two factors for service quality and facilities clinical services and physical services. It was found that service quality and patient satisfaction were important tools for improving health care outcomes.

Anderson et al. (1997) used Juran’s two-dimensional categorization of service quality to highlight the dual nature of quality. Using Customization and Reliability as two mutually dependent facets of overall service quality in research into the trade-off between productivity and profitability, they found that in industries where Customization was relatively more important than Reliability to Customer Satisfaction, it is difficult to pursue both productivity and profitability simultaneously because of the inherent “tradeoff” of providing more Customization. They found this to be especially true when service personnel play a large role in the service. They suggested that pursuing both Customer Satisfaction and productivity simultaneously may only be appropriate for industries with a substantial goods component because in these industries Reliability is relatively more important. Reliability and Customization in relation to technology and competition were studied by Johnson and Ettlie (2001). They found that when technological intensity is relatively high or low, customers place a greater importance on customization than Reliability. When technological intensity is more intermediate, they found reliability and customization to be more equally important.

If a company is providing a good service, a company and its staff should be ready to respond to consumer’s queries about products and services offered (Ojo, 2010). According to Toosi and Kohonali (2011), timely responses to requests, is one of the important customer’s expectation. Therefore, this should not be delayed or ignored simply because these are fundamental issues. Online support is offer by some companies that provides customers with instant resolution to their queries.
2.4 Effects of Responsiveness on Satisfaction

2.4.1 Definition of Responsiveness on Satisfaction

Responsiveness is defined as the ability to respond to customer requirements timely and flexibly. Mariappan (2006) stated that revolution of information technology has brought astonishing changes in business environment. Responsiveness “is the willingness to help customers and provide prompt service” (Zeithaml, Bitner & Gremler, 2006). This dimension is concerned with dealing with the customer's requests, questions and complaints promptly and attentively. A firm is known to be responsive when it communicates to its customers how long it would take to get answers or have their problems dealt with. To be successful, companies need to look at responsiveness from the view point of the customer rather than the company’s perspective (Zeithaml et al., 2006).

As a SERVQUAL Dimension Responsiveness is referred to by (Parasuraman et al., 1988) as the potentiality to assist bank customers to afford quality services. On the other side, Johnston (1997) defined responsiveness as quickness and timeliness of the delivery service. This contains operating quickness and abilities to react immediately to the demands of the customer. More specifically, it is looked at the desire and preparedness of workers to offer quality service. It relates to the services timeliness (Parasuraman et al., 1985). It also consists observing the needs and demands of customers, easy and fast processing time, taking care of customers individually by the staff, solving problems and customers’ safety (Kumar, Mani, Mahalingam, & Vanjikovan, 2010).

For patients, the responsiveness of the health system is an important component of their overall experience while undergoing medical care. Patients understand and judge the various aspects of their experiences throughout their time in a health care facility (Adesanya, Gbolahan, Ghannam, Miraldo, Patel, Verma & Wong, 2012). Successes in patient responsiveness can directly affect patient welfare. Patient comfort is important and promotes and improves the overall health of patients. Therefore, focusing on responsiveness is an important goal in health systems (Gharai, Tapak, Bahrami & Askari, 2013). According to World Health Organization (2000) responsiveness domains are divided into interpersonal domains (dignity, autonomy, communication and confidentiality) and structural domains (quality of basic amenities, choice, access to social support networks and prompt attention).
2.4.2 Factors of Responsiveness on Satisfaction

Sadegh, Ehsan, Abbas and Soheila (2017) sought to investigate the relationship between the eight dimensions of responsiveness and overall patient satisfaction in public and private hospitals in Tehran, Iran. This cross-sectional study was conducted in 2015. In all, 500 patients were selected by the convenient sampling method from two public and three private hospitals. All data were collected using a valid and reliable questionnaire consisted of 32 items to assess the responsiveness of hospitals across eight dimensions and four items to assess the level of overall patient satisfaction. Data analysis was performed using descriptive statistics and multivariate regression was performed by SPSS 18. Based on the regression analysis, around 65 percent of the variance in overall satisfaction can be explained by dimensions of responsiveness. Seven independent variables had a positive impact on patient satisfaction; the quality of basic amenities and respect for human dignity were the most powerful factors influencing overall patient satisfaction. Hospital responsiveness had a strong effect on overall patient satisfaction.

Sadegh, Ehsan, Abbas & Soheila (2017) findings indicated that responsiveness has a strong impact on overall satisfaction and that patient satisfaction is affected by the type of hospital ownership, the ability of hospitals to give patients personal attention, communication, dignity, autonomy, the ability to choose one’s health care provider and quality of basic amenities. Patients who were hospitalized at public hospitals were overall less satisfied than those patients who were admitted to private hospitals.

Other research conducted in Iran have shown that the level of hospital responsiveness of Iranian hospitals ranges from moderate to low (Ebrahimipour, Najjar, Jahan, Pourtaleb, Javadi, Rezaadeh, Vejdani & Shirdel, 2013; Karami-Tanha & Fallah-Abadi, 2014). Enhancing the level of health system responsiveness and patient satisfaction in the Islamic Republic of Iran with emphasis on human identity and with special attention given to the spirituality, biological, psychological and social needs of patients is important. According to a study conducted in Tehran, more than 90 percent of respondents considered responsiveness to be a very important issue (Rashidian, Kavosi, Majdzadeh, Pourreza, Pourmalek, Arab & Mohammad, 2011).

Ameneh (2015) study sought to assesses the responsiveness of the mental healthcare system in Tehran, the capital of Iran, in accordance with the WHO responsiveness concept. To achieve this objective, a sample of 500 mental health services patients was
recruited and subsequently completed the questionnaire. The item missing rate was used to check the feasibility, while the reliability of the scale was determined by assessing the Cronbach’s alpha and item total correlations. The factor structure of the questionnaire was investigated by performing confirmatory factor analysis (CFA). Utilising the same method used by the WHO for its responsiveness survey, Ameneh (2015) evaluated the responsiveness of outpatient mental healthcare, using a validated Farsi questionnaire. The results of the mental healthcare system responsiveness survey showed that, on average, 47% of participants reported experiencing poor responsiveness.

Ameneh (2015) established that among the responsiveness domains, confidentiality and dignity were the best performing factors, while autonomy, access to care and quality of basic amenities were the worst performing. Respondents who reported their social status as low were more likely to experience poor responsiveness overall. Autonomy, quality of basic amenities and clear communication were dimensions that performed poorly but were considered to be highly important by the study participants. It was concluded that dignity and confidentiality were domains which performed well, while the domains of autonomy, quality of basic amenities and access performed poorly. Any improvement in these poorly performing domains is dependent on resources. In addition, attention and access to care, which were rated high in importance and poor in performance, should be priority areas for intervention and the reengineering of referral systems and admission processes.

Shafiu, Justo, Aurélio, Rainer and Hengjin (2013) study examined the insured users’ perspectives of their health care services’ responsiveness. Methods: This retrospective, cross-sectional survey took place between October 2010 and March 2011. The study used a modified out-patient questionnaire from a responsiveness survey designed by the World Health Organization (WHO). Seven hundred and ninety six (796) enrollees, insured for more than one year in Kaduna State-Nigeria, were interviewed. Generalized ordered logistic regression was used to identify factors that influenced the users’ perspectives on responsiveness to health services and quantify their effects. The Results revealed that communication, dignity and quality of facilities were rated as “extremely important” responsiveness domains. Users were particularly contented with quality of facilities, dignity and choice of provider.
Shafiu et al. (2013) established enrollees indicated lower contentment on all other domains. Type of facility, gender, referral, duration of enrolment, educational status, income level, and type of marital status were most related with responsiveness domains. Conclusions: Assessing the responsiveness of health care services within the NHIS is valuable in investigating the scheme’s implementation. The domains of autonomy, communication and prompt attention were identified as priority areas for action to improve this responsiveness. For the Nigerian context, it was suggested that health care providers in the NHIS should pay attention to these domains, and the associated characteristics of users, when delivering health care services to their clients. Policy makers, and the insurance regulatory agency, should consider the reform strategies of monitoring and quality assurance which focus on the domains of responsiveness to lessen the gap between users’ expectations and their experiences with health services.

Using the data from the South African World Health Survey (WHS) Karl (2009) study was aimed at evaluating the degree of health care service responsiveness (both out-patient and in-patient) and comparing experiences of individuals who used public and private services in South Africa. A population-based survey of 2352 participants (1116 men and 1236 women) as part of a World Health Organization (WHO) project focused on health system performance assessment in member countries. Major components identified for out-patient care responsiveness in this survey were highly correlated with health care access, communication and autonomy, secondarily to dignity, confidentiality and quality of basic amenities, and thirdly to health problem solution. The degree of responsiveness with publicly provided care was in this study significantly lower than in private health care. Overall patient non-responsiveness for the public out-patient service was higher than for private care. Discrimination was also one of the principal reasons for non-responsiveness in all aspects of provided health care. The study concluded that health care access, communication, autonomy and discriminatory experiences were priority areas for actions to improve responsiveness of health care services in South Africa.

Bereket and Busisiwe (2017) measured the Health system responsiveness performance and its correlation to HIV/AIDS treatment and care services in the Wolaita Zone of Ethiopia. To achieve this, a cross-sectional survey across seven responsiveness domains was conducted. These included aspects such as attention, autonomy, amenities of care, choice, communication, confidentiality and respect on 492 people using pre-ART and ART care. The Likert scale categories were allocated percentages for analysis, being
classified as unacceptable (Fail) and acceptable (Good and Very Good) performance. A range of response classifications was reported for each domain, with Fail performance being higher for choice, attention and autonomy domains. Communication, amenities, attention and confidentiality domains had higher scores in the ‘Good’ performance category.

Bereket and Busisiwe (2017) also established that only respect domain had higher score in the ‘Very Good’ performance category while attention, amenities and choice domains had very low scores. Respect, confidentiality and communication showed low proportion in the Fail performance. In the multivariate analysis, a unit increase in the perceived quality of care, satisfaction with the services and financial fairness scores respectively resulted in increase in the RPS. The health facilities performed low on the autonomy, choice, attention and amenities domains while the overall RPS masked the weaknesses and strengths and showed an overall good performance. The domain specific responsiveness scores are better ways of measuring responsiveness. Improving quality of care, client satisfaction and financial fairness is important interventions to improve responsiveness performance.

Faleh, Zlatko and Husein (2015) sought to establish levels of satisfaction and responsiveness with health-care services in Qatar. Using a 2012 survey conducted in Qatar (amongst both Qatari and non-Qatari respondents), the study analysed satisfaction and responsiveness of health care. The sample consisted of 4083 respondents and the results indicated that both, satisfaction and responsiveness rates were high. Gender, nationality and, to some extent, income and age were significant sociodemographic determinants of satisfaction, with non-Qataris and females, having higher levels of satisfaction. Cost, previous experience with the same health provider and provision of medical insurance for a particular health provider were the attributes significantly correlated with general satisfaction. The results were found to be consistent when the analysis is applied to the correlates of responsiveness. It was concluded that sociodemographic factors explained the satisfaction with quality of health care in the state of Qatar (both from the general population point of view and from the patient point of view).
2.4.3 Effects of Responsiveness on Satisfaction

Similar to the process followed by Ramani and Kumar (2008), this study used the concept of organizational responsiveness and the findings from a pre-test consisting of 27 in-depth interviews to clarify from business-to-consumer firms. There were 18 respondents from 2 convenience chain stores and 9 from a financial insurance firm. This was in line with contemporary marketing thought that relational aspects of marketing are now implemented by all types of firms (Coviello, Brodie, Danaher & Johnston, 2002). Meanwhile, the continuum argument of Grönroos (2000) is also demonstrated in service marketing concept. It means we need to understand service responsiveness comprehensively from different type of firms (convenience chain store versus financial insurance company) and this interview design can conceive service responsiveness deeply.

Reid, (2005) indicated that, the basis for enhancing organizational responsiveness is to design an integration marketing communication model from outside to inside (from customer side to organization side) (Duncan & Moriarty, 1998). In this model, the relationships among customers, departments and organization can link with each other and shape positive organizational responsiveness. Homburg, Grozdanovic and Klarmann, 2007 observed culture and emotion in the service and manufacturing business, they discovered that service system can influence employee response behavior in internal business environments and is also the key determinant of organizational responsiveness (White, Varadarajan & Dacin, 2003). For instance, the support of service responsiveness in internal environment and team work can enhance employee cohesion and thus, promote customer service (Deeter-Schmelz & Kennedy, 2003).

2.5 Effects of Service Assurance on Satisfaction

2.5.1 Definition of assurance

The assurance dimension in SERVQUAL refers to the knowledge and courtesy of employees and their ability to inspire trust and confidence (Parasuraman et al., 1988). The inseparability of production and consumption and the co-production of services (Grönroos, 1990) implies that the people providing the service play a significant role and therefore, the perceptions of the assurance dimension will influence the overall perceived service quality. Health care is a high involvement service and all contact between health practitioners and patients is important and complex (Bansal, 2004:186). This
interpersonal aspect of health care is also noted by several other authors (Orava & Tuominen, 2002). The assurance perceived by patients can enhance this interpersonal relationship with health practitioners. Assurance include competence, courtesy, credibility and security.

2.5.2 Factors Affecting Service Assurance

Mary, Sarah and Graham (2012) aimed to integrate lessons from evaluations of the Health Foundation's improvement programmes with relevant literature. The authors analyzed evaluation reports relating to five Health Foundation improvement programmes using a form of ‘best fit’ synthesis, where a pre-existing framework was used for initial coding and then updated in response to the emerging analysis. A rapid narrative review of relevant literature was also undertaken. The authors identified ten key challenges when it comes to service assurance, this included: convincing people that there is a problem that is relevant to them; convincing them that the solution chosen is the right one; getting data collection and monitoring systems right; excess ambitions and ‘projectness’; organisational cultures, capacities and contexts; tribalism and lack of staff engagement; leadership; incentivising participation and ‘hard edges’; securing sustainability; and risk of unintended consequences. Despite identifying a range of tactics that may be used to respond to these challenges, it was concluded that securing improvement may be hard and slow and faces many challenges. Formal evaluations was also needed in recognizing the nature of these challenges and help in addressing them.

Ali (2014) research was aimed at identify factors affecting the quality of medical services provided by Iranian physicians. Exploratory in-depth individual interviews were conducted with sixty-four physicians working in various medical institutions in Iran. The findings indicated that individual, organizational and environmental factors enhance or inhibit the quality of medical services. Quality of medical services depends on the personal factors of the physician and patient, and factors pertaining to the healthcare setting and the broader environment. It was concluded that differences in internal and external factors such as availability of resources, patient cooperation and collaboration among providers affect the quality of medical services and patient outcomes. Supportive leadership, proper planning, education and training and effective management of resources and processes would led to improvement in the quality of medical services.
Mohammadkarim, Ehsan and Foad (2014) study aimed to identify important factors affecting the effectiveness of quality control circles in a hospital, as well as rank them using a combination of fuzzy VIKOR and Grey Relational Analysis (GRA). This was an applied, cross-sectional and descriptive–analytical study conducted in 2016. The study population consisted of five academic members and five experts in the field of nursing working in a hospital, who were selected using a purposive sampling method. Also, a sample of 107 nurses was selected through a simple random sampling method using their employee codes and the random-number table. The required data were collected using a researcher-made questionnaire which consisted of 12 factors. The results of ranking the factors affecting the effectiveness of quality control circles showed that the highest and lowest ranks were related to ‘Managers’ and supervisors’ support as well as Group leadership. Also, the highest hospital performance was for factors such as ‘Clear goals and objectives’ and ‘Group cohesiveness and homogeneity’, and the lowest for ‘Reward system’ and ‘Feedback system’, respectively. The results showed that although ‘Training the members’, ‘Using the right tools’ and ‘Reward system’ were factors that were of great importance, the organization’s performance for these factors was poor. Therefore, these factors should be paid more attention by the studied hospital managers and should be improved as soon as possible. Applying quality control circles in any organization is very helpful and provides opportunities for maximum use of employees’ creativity, initiative and skills in reaching their and their organization’s goals and objectives, and prepares favorable working conditions for the employees’ optimal performance through increasing the managers’ sense of responsibility and commitment.

2.5.3 Benefits of Service Assurance on Satisfaction

Benefits of assurance as a dimension of service quality has been greatly analyzed in the service sector, especially in the banking industry. Such studies include Sadek, Zainal, Taher and Yahya (2010) who concluded that if there is an increase of assurance dimension through polite and friendly staff, provisions of advice interior comfort, easy to access account and knowledgeable and experienced management team cause to increase satisfaction of bank customers. Selvakumar (2015) on the other hand compared assurance in public and private banks and the study revealed the least gap score with customer satisfaction of both public and private banks due to both banks provide importance to customers’ suggestions and views, secured transition, and accurate record maintains to their customers. Proving this ideas Felix (2017) believed that satisfaction of the
customers increase with making safe transaction with them. So, trustworthy behaviour of employees and secured transaction of both public and private banks positively influence to repurchase intension of customers (Awour, 2014; Ndubisi, 2006).

Other related studies have been done in the banking sector, for instance, Banerjee and Sah (2012) stated that, customers in public banks are perceive with assurance dimension because public sector banks are better to provide assurance to customers. Further, customers are preferred to items of feel in safe transaction in case of public sector banks compare with private sector banks. However, employees’ behaviour instill confidence in customers and employees’ knowledge to answer customers’ problem provide higher satisfaction of private banks than public banks (Banerjee & Sah, 2012; Kamalini, 2016). On the other hand, Ragavan and Mageh (2013) explained, assurance as service quality dimension have impact on customer satisfaction because customers of private banks are prefer security and employees’ eagerness to instill confidence while customers are dissatisfy if those item are lack with their banks. Private banking sector also represent significance positive effect on customer satisfaction because private banks always try to maintain highest level of satisfaction being courteous and polite with customers (Adhikari & Das, 2016). Without having assurance of the banking sector nobody can remain customers with them because customers stimulate will with assurance than other factors (Kumbhhar, 2011). Hence from the outlined studies above it is clear the assurance has a positive effect on service quality. This study will therefore aim to establish if the same elements apply in the health sector.

Several studies have also been done in the health sector and Ramsaran-Fowdar (2005) study in Mauritius explores the benefits that customers expect to receive from private general practitioners. The SERVQUAL dimensions were compared to the items generated in this study. Two additional critical dimensions were suggested, namely professionalism and core medical items, and a few items were added to the original SERVQUAL dimensions. The assurance dimension comprises of the following items: a courteous and friendly physician; courteous and friendly support staff; confidentiality of patient information; the ability of the employees to inspire trust and confidence in a patient; the ability of support staff to inspire trust and confidence in a patient; the thoroughness of explanation of medical condition and treatment; the physicians making patients feel safe and relaxed in their transactions; and the honesty of the physician. These items were discussed with the management of the hospital in this study and adapted to be more
applicable for a public hospital. Ramsaran-Fowdar and Labiche (2005) findings on the assurance service quality dimension in terms of importance and perceived performance varies from study to study. Private patients from hospitals in Malaysia had generally low expectations for the assurance dimensions, especially the item of “ability to deal with problems”. Their perceptions scores for the performance exceeded their expectations for all of the items (Sohail, 2003).

2.6 Effects of Service Empathy on Satisfaction

2.6.1 Definition of Empathy
Empathy is defined as the degree to which the customers are offered caring and individualized attention. Assurance and empathy include some of the parameters that have been discarded such as communication, credibility, security, competence, courtesy, understanding/knowing clients and access. SERVQUAL model is one that is open and flexible and is applicable in different industries. Porter and Teisberg (2006) addressed the pressing problems in health care delivery by developing another strategic framework for changing the value conveyed by the health care system, with implications for providers, health arrangements, employers, and government. Empathy which includes access, communication, and understanding the customer. This factor is about caring and offering individualized attention to clients.

2.6.2 Factors Affecting Service Empathy
An institution ability to empathize with customers is regarded as an important competency for customer service agents all over the world (D’Cruz & Noronha, 2008). Yet, the nature of agent customer continue to raise doubts about the necessity and desirability of empathic communication. Although call centers are meant to foster customer relations through service, their setup distances agents and customers. Relational small talk takes less often in telephone conversations than in face-to-face ones (Halbe, 2012). Agents are therefore taught to “maintain an emotional distance” but at the same time build rapport with customers’ feelings (Hochschild, 2003).

Umasdhan (2017) study sought to assess the comparative influence of two empathy dimensions (cognitive and emotional attributes) on emotional service experience and behavioral intention among business and leisure hotel guests. The study reviewed the concepts of empathy, and empirically compared perceptions of empathy attributes between the two groups. The survey was intended to examine how well the hotel
employees emotionally handle hotel guests’ incidents or inquiries related to any discomforts through personalized attention. The data analyzed was collected from 330 hotel guests who had actually complained about service failures while staying at the hotel during the record-breaking summer of 2013. An active empathetic listening (AEL) tool was used to measure the hotel guest’s cognitive opinions and behavioral intentions, as well as emotional empathy measures under the empathic concern and emotional contagion. The results revealed that empathetic dimensions had a strong influence on the the service experiences of hotel guests. While the emotional service experience of business guests was absolutely predetermined by the cognitive empathy, the emotional service experience of the leisure guests was largely governed by the emotional empathy.

Jan, Anja and Florian (2012) established that while the service literature repeatedly emphasizes the role of empathy in service interactions, studies on empathy in customer-employee interactions are nearly absent. This study defined and conceptualizes employee and customer empathy as multidimensional constructs and empirically investigates their impact on customer satisfaction and customer loyalty. The findings indicated that empathic customers are more likely to respond to a dissatisfying encounter with “forgiveness,” in that sense that customer empathy should mitigate negative effects of customer dissatisfaction on customer loyalty. From these empirical results, the authors derived several implications for service research and the management of service encounters.

Clark, Murfett Rogers and Ang (2012) study sought to examines the nature and value of empathic communication in call center dyads. This research site was a multinational financial services call center and the data was collected from 289 stressful calls. Examining calls as communication genre revealed that agents and customers have conflicting organizational, service, and efficiency needs that undermine communication. But three types of empathic expression was used to mitigate these conflicts in some interactions. Affective expressions, such as “I’m sorry,” were less effectual, but attentive and cognitive responses could engender highly positive responses although customers’ need for them varied tremendously. Thus, the study recommended that customer service agents needed to use both diagnostic and enactment skills to perform empathic communication effectively, a coupling that we call empathy work.
In early marketing literature, the concept of convenience proposed by Copeland (1923) classifies the consumer products into convenience goods, shopping goods, and specialty goods. Convenience goods are taken as the savings in time and effort that consumers spend in purchasing products, rather than as an attribute of product itself. A number of studies have investigated convenience as amotive in the areas of electronic banking, online shopping and product choice in retail (Woodside & Trappey, 2001). Convenience is generally viewed as one of the most important factor to consumer behavior (Chen et al., 2011). Convenience has become an important product benefit for time-constrained consumers and, as such, is increasingly of interest to marketers (Farquhar & Rowley, 2009).

Time-poor consumers are looking for providers offering value that is convenient in terms of search, access, purchase and use (Seiders et al., 2000). It has been reported that 52 percent of consumers surveyed want to spend less time shopping in the future, thereby highlighting the importance of convenience. Service convenience is defined as: a judgment made by consumers according to their sense of control over the management, utilization and conversion of their time and effort in achieving their goals associated with access to and use of the service (Thuy, 2011).

Several authors have examined how satisfaction and convenience are related, although not using the five convenience types proposed by Berry, Seiders and Grewal (2002). Yuksel (2001) identifies that first-time and repeat visitors both regard service convenience (i.e. efficiency of check-in and check-out at a hotel) as a predictor of their satisfaction. Dhurup, Singh and Surujlal (2006) found that convenience (i.e. space availability and information dissemination) influence satisfaction for leisure and recreation consumers which, in turn, influence their loyalty. Moutinho and Smith (2000) examined the association between access (i.e. ease of banking), consumer satisfaction, consumer loyalty, and switching behavior. Their results indicate that there was a direct, positive association between the ease of banking and perceived satisfaction. Increased levels of satisfaction also reduce switching intentions and increase loyalty (Chang & Polonsky, 2012).

Colwell, Aung, Kanetkar and Holden (2008) found that all five types of convenience influence satisfaction in the Canadian Internet context. Chang et al., (2010) reported that in a Taiwanese fast-food context, convenience influences satisfaction and that
satisfaction, in turn, influences loyalty. The findings of Dai, Salam and King (2001) also suggest that convenience influences Chinese Internet shoppers’ levels of satisfaction, which, in turn, influences their loyalty and word-of-mouth intentions. These studies confirm that convenience is an important service attribute that influences consumers’ evaluation of service encounters, and that behavioral intentions are important outcomes of consumer satisfaction (Chang & Polonsky, 2012).

Jan, Anja and Florian (2012) study defined and conceptualized employee and customer empathy as multidimensional constructs. The empirical review investigates their impact on customer satisfaction and customer loyalty. The study revealed that customer empathy strengthens the positive effect of employee empathy on customer satisfaction, leading to more “symbiotic interactions.” The findings therefore indicated that empathic customers are more likely to respond to a dissatisfying encounter with “forgiveness,” in the sense that customer empathy is able to mitigate negative effects of customer dissatisfaction on customer loyalty. From these empirical results, the authors derive several implications for service research and the management of service encounters. In particular, the present study provides a valuable basis for strategies of “interaction routing,” that is, matching customers and employees on the basis of their psychological profiles to create smooth and satisfying service interactions.

Hamsanandini, Oun-Joung, Jong-Hyun (2017) study sought assess the comparative influence of two empathy dimensions (cognitive and emotional attributes) on emotional service experience and behavioral intention among business and leisure hotel guests. Studies relevant to empathy dimensions are relatively scarce in tourism and hospitality. The current study reviewed the concepts of empathy, and empirically compared perceptions of empathy attributes between the two groups. The survey was intended to examine how well the hotel employees emotionally handle hotel guests’ incidents or inquiries related to any discomforts through personalized attention. The data were collected from 330 hotel guests who had actually complained about service failures while staying at the hotel during the record-breaking summer of 2013 in terms of number of visitors to Jeju. An active empathetic listening (AEL) tool has been taken to measure the hotel guest’s cognitive views and behavioral intentions, as well as emotional empathy measures under the empathic concern and emotional contagion. The results revealed that empathetic dimensions strongly influenced the service experiences of hotel guests. While the emotional service experience of business guests was almost completely determined by
the cognitive empathy, the emotional service experience of the leisure guests was mainly
governed by the emotional empathy.

Waseem, Saira and Salman (2018) study investigated the indirect effect of employee
empathy (EE) on customer loyalty (CL) and loyalty outcomes through intervening
variables, i.e. customer affective commitment, perceived service quality, and customer
satisfaction (CS). Association’s between the constructs of the proposed model are
examined in the context of employee–customer interactions. Data were collected through
the online survey from 360 useable responses collected from active users of
telecommunication services from the province of Anhui, China. To test the model,
structural equation modeling was applied by using AMOS 21. The findings confirm the
positive and indirect effect of EE on CL and loyalty outcomes (i.e. positive word-of-
mouth and repurchase intentions). The study concluded that Service brands, considering
empathic behavior of employees, could increase CS and loyalty with the service brand as
in the case of telecommunication service brands studied in the current study. The study
contributes toward the service marketing, relationship marketing, and consumer behavior
literature with insights from the results obtained in this study. Also, importance of EE
during service interactions has been demonstrated that helps practitioners in developing
their understanding and about the concept and to improve their service strategies by
focusing on interactions between customer and service employees. Future studies could
study empathic behavior of frontline service employees and its effect on relationship
quality and may also consider to study the antecedents of EE.

2.7 Chapter Summary

This chapter has reviewed literature to determine the quality of the services at the
Counseling Center, in relation to the Customers satisfaction. The five dimensions of
service quality are explained and their effects on customer satisfaction is explained. The
next chapter will look at research methodology.
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction
This chapter explains the research methodology that was implemented in conducting the research. At the same time, it describes in details the research procedures that was used, the target population, the data collection method that was used, the sampling technique that was implemented and eventually the data analysis method that was used once data has been collected.

3.2 Research Designs
According to Best and Khan (2007, pg 15), the term descriptive research has often been used incorrectly to describe “three types of investigation that are different”. Perhaps their superficial similarities have obscured their difference. Each of them employs the process of disciplined inquiry through the gathering and analysis of empirical data, and each attempts to develop knowledge. To be done competently, each requires the expertise of the careful and systematic investigator. A brief explanation may serve to put each one in proper perspective.

According to Aggarwal (2008), descriptive research is devoted to the gathering of information about prevailing conditions or situations for the purpose of description and interpretation. This type of research method is not simply amassing and tabulating facts but includes proper analyses, interpretation, comparisons, identification of trends and relationships. For this study the independent variables were client’s satisfaction at the counselling centre, while the dependent variables were the dimensions of service quality, which are empathy, reliability, tangibility, assurance and responsiveness.

3.3 Population and Sampling Design

3.3.1 Population
Population is the number of inhabitants (either the total number or the number of a particular race or class) in a given place (country or city etc.) (Pearce, 2010). This research targeted students of the USIU-Africa Counseling Center, students who had visited the office and received services in the period between January and June 2018 and this is estimated at 1500 students according to the counseling center database.
3.3.2 Sampling Design

The sampling design was purposed at explaining how the researcher came up with the target population. Lehan (2010) notes that it entails an explanation of how a researcher arrives at the participants.

3.3.2.1 Sample Frame

The sample frame describes the list of all population units from which the sample was selected (Cooper & Schindler, 2008). A sample frame selection procedure gives some elements chances of being selected while leaving others out. The sample frame from this study was all USIU clients who had visited the Counseling Center between January and July 2018, at USIU-Africa, and the data was provided by the administrator at the Counseling Center.

3.3.2.2 Sampling Technique

The sampling technique is the process whereby the specific objects of the sample are selected (Cooper & Schindler, 2008). This study employed simple random sampling technique in order to ensure every member of the sample was selected from the group of population in such a manner that the probability of being selected for all members in the study group of population was the same. For this study, the researcher picked the clients randomly and got them to fill in the questionnaires. This client is usually the return and first time clients. Generally, all the clients who have visited the Counseling Center by July 2018 are selected, then a random number is picked for the purpose of filing the questionnaires.

3.3.2.3 Sample Size

Smith, Thorpe and Jackson (2008), said that a sample refers to a subset of those entities that are related to the entire population. Out of the 12 functional departments at the USIU–Africa, the researcher decided to do a research at the Counseling Center, as this was the department they were interested in. the findings was shared with the head of the center for the betterment of the services. According to Cooper and Schindler (2014), a sample is equivalent to the sample size that would be reliable. Since the population is large the sample size was drawn using the Cochran formula as follows.
Sample size = \((Z_{\alpha/2})^2 \times P(1-P)\)

\[E^2\]

Where: \((Z_{\alpha/2}) = Z\) value (2.58=99%; 1.96= 95%; 1.645=90% confidence level)

In this case 1.96 used.

\(P = \) percentage proportion of choice (10% used for sample size needed)

\(E = \) margin of error (5%)

Going as per the stated assumptions the sample size will therefore be:

\[
\text{Sample size} = \frac{(1.96)^2 \times 0.1 \times (1 - 0.1)}{0.05^2} = \frac{3.8416 \times 0.09}{0.0025} = 138.2976 \approx 138 \text{ Respondents}
\]

### 3.4 Data Collection Method

Data collection methods determine how the information collected is used and what explanations it can generate (Paradis, O'Brien, Nimmon, Bandiera & Martimianakis, 2016). This study administered questionnaire to the respondents and this was effective in collecting large amounts of information from huge sample in a limited period of time. In addition, the method was also cost effective. The study instrument utilized a five-point Likert scale to ask respondents to express their opinion on given statements, and they was expected to either agree, strongly agree, remain neutral, disagree, or strongly disagree. The likert scale is preferred as they are easy to understand, and draw conclusions from.

The questionnaire was divided into five sections with the first addressing the demography, the second, third and fourth sections addressing the objectives of the research while the last section addressed the dependent variable. Due to the desire of capturing all the relevant information from our respondents, the study used both closed and open ended questions in our questionnaire. The latter being an avenue for the respondent to add on anything that they may feel we may not have captured in the questions.
3.5 Research Procedures

Prior to the actual data collection, the questionnaire was pre-tested through a pilot study to ascertain the effectiveness of the questionnaire. The responses obtained from the pilot was used to determine whether the respondents understand the questionnaire and also determine whether they have the ability and willingness to answer the questions. The pretest was done among random selected students visiting the Centre. 10 respondents participated in the pretest this caters for three percent of the sample population.

This was done in order to enhance its validity and accuracy of data to be collected for the study (Cooper & Schindler 2014). Subsequent to the pre-test the main survey was carried out. The questionnaires were administered through drop and pick method; a registry of the questionnaires were kept and every questionnaire sent and received were registered. To get a positive response rate, the respondents were given a week to respond to the questionnaire. To ensure a high response rate researcher promised confidentiality and anonymity of their responses was maintained.

3.6 Data Analysis Methods

Data analysis is the process of editing and reducing accumulated data to a manageable size, developing summaries, seeking for patterns and using statistical methods (Cooper & Schindler, 2008). The collected data was first checked for completeness and accuracy then coded before being statistically analyzed using the Statistical Program for Social Scientists (SPSS) version 24. Percentages as well as measure of means and standard deviation was applied. A correlation and regression analysis was also used to establish relationships, tables and figures were used to present the data.

The regression equation was established as below.

\[ Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5 + \varepsilon \]

Where:

- \( Y \) is the dependent variable (customer satisfaction);
- \( \beta_0 \) is the regression constant;
- \( \beta_1, \beta_2, \beta_3, \beta_4 \) ans \( \beta_5 \) are the coefficients of independent variables;
- \( X_1 = \) tangibility
X2 = reliability
X3 = responsiveness
X4 = empathy
X5 = assurance

ε is the error term.

3.7 Chapter Summary

This chapter has explained research design, study population, sampling design, data collection method as well as research procedure used in this study. It again showed data analysis methods and data presentation methods to be used to draw conclusions on the findings of this study. Chapter four, which is the next chapter, presented the findings.
CHAPTER FOUR

4.0 RESULTS AND FINDINGS

4.1 Introduction

This chapter presented the research findings on determine the quality of the services at the Counseling Center, in relation to the Customers satisfaction. The study was conducted at the Counseling Center at USIU Africa and the results were analyzed and presented in the following section.

The research issued a total of 138 questionnaires and a total of 95 were filled and returned giving a response rate of 69 % and this was considered sufficient for the study as indicated in Table 4.1 This study attained a 69% response rate therefore was excellent enough to represent the sample size.

Table 4.1: Response Rate

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filled and returned</td>
<td>95</td>
<td>68</td>
</tr>
<tr>
<td>Non-response</td>
<td>43</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>140</td>
<td>100</td>
</tr>
</tbody>
</table>

4.2 General Information

4.2.1 Respondents Age

Analysis of the respondents’ ages revealed that respondents with 18-24 years were 33%, while those of 25-34 years were the majority and accounted for 49%. It was also revealed that individuals of 35-40 years were 11%. It was also noted that respondents aged over 40 years were 7%. As indicated in Figure 4.1, this implied that the counscelling centre had a diverse age group.
4.2.2 Respondents Gender

Analysis of the respondents’ gender revealed that male represented 49% with female being the majority representing 51%. As indicated in Figure 4.2, there was a balance between genders in the response rate, thus impartiality in regard to gender.

Figure 4.2: Respondents Gender

4.2.3. Respondents Nationality

Analysis of the respondents’ nationality revealed that Kenyan students represented 67% with non-Kenyan students represented 33%. As indicated in Figure 4.3 there was adequate representation with regard to nationality,
4.2.4 Degree level

Analysis of the respondents’ degree level pursued revealed that undergraduate was the majority representing 63% while graduates represented 37%. As indicated in Figure 4.4 there was adequate representation with regard to degree level.

Figure 4.3: Respondents Nationality

Figure 4.4: Degree level
4.3 Effects of Service Tangibility on the Counseling Client’s Satisfaction

The study sought to analyze effects of service tangibility on the counseling client’s satisfaction to achieve this objective, respondents were asked a set of questions to indicate to what extent they agree or disagreed with statement. Using a five point Likert scale where 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree.

4.3.1 Descriptive Statistics of Service Tangibility

Study established that majority accounting for 53% agreed that counseling center is technologically well equipped, 7% strongly agree and only 5% strongly disagreed. The results indicated that 58% agreed counseling center has modern looking facilities in addition, 42% strongly agreed. A majority accounting for 47% strongly agreed that physical facilities at the Counseling Center are visually appealing. It was also revealed that 77% strongly agreed that employees at the Counseling Center are neat in appearance. On average the modern looking facilities, physical facilities and the employee’s neat appearance had the highest influence on client satisfaction.

Table 4.2: Descriptive Statistics of Service Tangibility

<table>
<thead>
<tr>
<th>TANGIBILITY</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>M</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>The counseling center is technologically well equipped</td>
<td>5</td>
<td>7</td>
<td>27</td>
<td>53</td>
<td>7</td>
<td>3.49</td>
<td>.933</td>
</tr>
<tr>
<td>The counseling center has modern looking facilities.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>58</td>
<td>42</td>
<td>4.42</td>
<td>.496</td>
</tr>
<tr>
<td>The physical facilities at the Counseling Center are visually appealing.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>45</td>
<td>4.40</td>
<td>.626</td>
</tr>
<tr>
<td>The employees at the Counseling Center are neat in appearance</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>77</td>
<td>4.77</td>
<td>.424</td>
</tr>
</tbody>
</table>

4.3.2 Correlation of Service Tangibility and Client’s Satisfaction

A Pearson correlation was done to establish the relationship between service Tangibility and client satisfaction. The findings revealed that there was a positive relationship between service Tangibility and client satisfaction (r=0.217, p<0.05). Therefore it was concluded that service Tangibility positively and significantly influenced client satisfaction at the counseling center as shown in Table 4.3
Table 4.3: Correlation of Service Tangibility and Client’s Satisfaction

<table>
<thead>
<tr>
<th>Variable</th>
<th>Satisfaction</th>
<th>Tangibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-Tailed)</td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>.217*</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>.035</td>
<td></td>
</tr>
<tr>
<td></td>
<td>95</td>
<td>95</td>
</tr>
</tbody>
</table>

*. Correlation is significant at the 0.05 Level (2-Tailed).

4.4 Effects of Service Reliability on the Counseling Client’s Satisfaction

The study sought to analyze effects of service tangibility on the counseling client’s satisfaction to achieve this objective, respondents were asked a set of questions to indicate to what extent they agree or disagreed with statement. Using a five point Likert scale where 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree.

4.4.1 Descriptive Statistic of Service Reliability

The findings revealed that 55% agreed that when the Counseling Center promises to do something by a certain time, they will do so, 27% agreed while only 7% strongly disagreed, while 11% disagreed. A majority accounting for 50% strongly agreed that when customers have a problem, the counseling Center shows a sincere interest in solving it, 33% agreed and only 5%, and 13% strongly disagreed and disagreed respectively. It was also strongly agreed by 60% of the respondents that the Counseling Center perform the service right the first time, only 15% strongly disagreed.

The study also established that 43% strongly agreed that Counseling Center provide their services at the time they promise to do so 7% disagreed and only 25% were either neutral or agreed. The results also show that Counseling Center insist on error free records, and 7% disagreed, 11% were neutral, 55% agreed and 27% strongly agreed as indicated in Table 4.4.

On average counseling Center shows a sincere interest in solving clients problem, performing the service right the first time, and providing the services at the time they promise to do so had the highest effect on client satisfaction.
Table 4.4: Descriptive Statistic of Service Reliability

<table>
<thead>
<tr>
<th>RELIABILITY</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>M</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the Counseling Center promises to do something by a certain time, they will do so</td>
<td>7</td>
<td>11</td>
<td>55</td>
<td>27</td>
<td>4.02</td>
<td>.825</td>
<td></td>
</tr>
<tr>
<td>When customers have a problem, the counseling Center shows a sincere interest in solving it</td>
<td>5</td>
<td>13</td>
<td>33</td>
<td>50</td>
<td>4.26</td>
<td>.878</td>
<td></td>
</tr>
<tr>
<td>The Counseling Center perform the service right the first time</td>
<td>15</td>
<td>5</td>
<td>20</td>
<td>60</td>
<td>4.27</td>
<td>.950</td>
<td></td>
</tr>
<tr>
<td>The Counseling Center provide their services at the time they promise to do so</td>
<td>7</td>
<td>25</td>
<td>25</td>
<td>43</td>
<td>4.25</td>
<td>1.091</td>
<td></td>
</tr>
<tr>
<td>The Counseling Center insist on error free records</td>
<td>7</td>
<td>11</td>
<td>55</td>
<td>27</td>
<td>3.95</td>
<td>1.161</td>
<td></td>
</tr>
</tbody>
</table>

4.4.2 Correlation of Service Reliability and Client’s Satisfaction

A Pearson correlation was done to establish the relationship between service Reliability and client satisfaction. The findings revealed that there was a positive relationship between service Reliability and client satisfaction (r=0.530, p<0.01). Therefore it was concluded that service Reliability positively and significantly influenced client satisfaction at the counseling centre as shown in Table 4.5.

Table 4.5: Correlation of Service Reliability and Client’s Satisfaction

<table>
<thead>
<tr>
<th>Variable</th>
<th>Satisfaction</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>95</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Pearson Correlation</td>
<td>.530**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>95</td>
</tr>
</tbody>
</table>

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

4.5 Effects of Service Responsiveness on the Counseling Client’s Satisfaction

The study sought to analyze effects of service responsiveness on the counseling client’s satisfaction to achieve this objective, respondents were asked a set of questions to indicate to what extent they agree or disagreed with statement. Using a five point Likert scale where 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree.
4.5.1 Descriptive Statistics of Service Responsiveness

The study revealed that 57% strongly agreed that employees of the Counseling Center tell customers exactly when services will be provided, 23% agreed, while 7% disagreed and strongly disagreed respectively, while 5% were neutral. It was also revealed that 60% strongly agreed that employees of the Counseling Center give prompt services to clients, 25% agreed and 7% strongly disagreed and were uncertain respectively.

The study also established that 93% strongly agreed that employees of the counseling Center are always willing to help customers, 7% agreed. It was also revealed that 58% strongly agreed that employees of the Counseling Center are never too busy to respond to customer requests, 22% agreed and % were uncertain.

On overall employees of the Counseling Center giving prompt services to clients and employees of the counseling Center always willing to help customers had the highest effect on client satisfaction.

Table 4.6: Descriptive Statistics of Service Responsiveness

<table>
<thead>
<tr>
<th>RESPONSIVENESS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>M</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees of the Counseling Center tell customers exactly when services will be provided.</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>23</td>
<td>57</td>
<td>4.15</td>
<td>1.255</td>
</tr>
<tr>
<td>Employees of the Counseling Center give prompt services to clients.</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>25</td>
<td>60</td>
<td>4.31</td>
<td>1.121</td>
</tr>
<tr>
<td>Employees of the counseling Center are always willing to help customers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>93</td>
<td>4.93</td>
<td>.263</td>
</tr>
<tr>
<td>Employees of the Counseling Center are never too busy to respond to customer requests</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>22</td>
<td>58</td>
<td>4.16</td>
<td>1.257</td>
</tr>
</tbody>
</table>

4.5.2 Correlation of Service Responsiveness and Client’s Satisfaction

A Pearson correlation was done to establish the relationship between service Responsiveness and client satisfaction. The findings revealed that there was a positive relationship between service Reliability and client satisfaction (r=0.768, p<0.01). Therefore it was concluded that service responsiveness positively and significantly influenced client satisfaction at the counseling centre as shown in Table 4.7
Table 4.7: Correlation of Service Responsiveness and Client’s Satisfaction

<table>
<thead>
<tr>
<th>Variable</th>
<th>satisfaction Pearson Correlation</th>
<th>satisfaction Sig. (2-tailed)</th>
<th>responsiveness Pearson Correlation</th>
<th>responsiveness Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>satisfaction</td>
<td>1</td>
<td></td>
<td>.768**</td>
<td></td>
<td>95</td>
</tr>
<tr>
<td>responsiveness</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>95</td>
</tr>
</tbody>
</table>

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

4.6 Effects of Service Assurance on the Counseling Client’s Satisfaction

The study sought to analyze effects of service assurance on the counseling client’s satisfaction to achieve this objective, respondents were asked a set of questions to indicate to what extent they agree or disagreed with statement. Using a five point Likert scale where 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree.

4.6.1 Descriptive Statistics of Service Assurance

The study established that 53% strongly agreed that the behavior of employees of the Counseling Center instill confidence in its clients, and 40% agreed. It was also revealed that 67% strongly agreed that clients of the Counseling Center feel safe with their issues being told to the counselors. It was also revealed that 82% strongly agreed that employees of the Counseling Center are consistently courteous with client and 18% agreed.

Table 4.8: Descriptive Statistics of Service Assurance

<table>
<thead>
<tr>
<th>ASSURANCE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>M</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>The behavior of employees of the Counseling Center instill confidence in</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>40</td>
<td>53</td>
<td>4.31</td>
<td>1.053</td>
</tr>
<tr>
<td>its clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients of the Counseling Center feel safe with their issues being</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>27</td>
<td>67</td>
<td>4.57</td>
<td>.753</td>
</tr>
<tr>
<td>told to the counselors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees of the Counseling Center are consistently courteous with clients</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>82</td>
<td>4.82</td>
<td>.385</td>
</tr>
<tr>
<td>Employees of the Counseling Center have the knowledge to answer clients’</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>75</td>
<td>4.75</td>
<td>.437</td>
</tr>
</tbody>
</table>
The study revealed that 75% strongly agreed that employees of the Counseling Center have the knowledge to answer clients’s questions and 25% agreed. On overall, Employees of the Counseling Center being consistently courteous with clients and Counseling Center having the knowledge to answer clients’s questions had the highest effect on client satisfaction.

4.6.2 Correlation of Service Assurance and Client’s Satisfaction

A Pearson correlation was done to establish the relationship between service Assurance and client satisfaction. The findings revealed that there was a positive relationship between service assurance and client satisfaction (r=0.574, p<0.01). Therefore it was concluded that service assurance positively and significantly influenced client satisfaction at the counseling centre as shown in Table 4.9.

Table 4.9: Correlation of Service Assurance and Client’s Satisfaction

<table>
<thead>
<tr>
<th>Variable</th>
<th>satisfaction</th>
<th>assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>.574**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.574**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>95</td>
<td>95</td>
</tr>
</tbody>
</table>

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

4.7 Effects of Service Empathy on the Counseling Client’s Satisfaction

The study sought to analyze effects of service empathy on the counseling client’s satisfaction to achieve this objective, respondents were asked a set of questions to indicate to what extent they agree or disagreed with statement. Using a five point Likert scale where 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree.

4.7.1 Descriptive Statistics of Service Empathy

The study revealed that 62% strongly agreed that respondents think that the Counseling Center give customers individual attention, 38% agreed.. The study also established that 44% strongly agreed that the Counseling Center has been operating hours convenient to all their customer, 25% agreed while 13% disagreed, and 7% strongly disagreed. The study established that 62% strongly agreed that Counseling Center have employees who
give customers personal attention while 25% agreed. The study also revealed that 55% strongly agreed that employees of the Counseling Center understand the specific needs of their customer, 33% agreed while 12% were uncertain.

Table 4.10: Descriptive Statistics of Service Empathy

<table>
<thead>
<tr>
<th>EMPATHY</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>M</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think the Counseling Center give customers individual attention</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>38</td>
<td>62</td>
<td>4.62</td>
<td>.488</td>
</tr>
<tr>
<td>The Counseling Center have operating hours convenient to all their customer</td>
<td>7</td>
<td>13</td>
<td>11</td>
<td>25</td>
<td>44</td>
<td>3.86</td>
<td>1.310</td>
</tr>
<tr>
<td>The Counseling Center have employees who give customers personal attention</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>25</td>
<td>62</td>
<td>4.49</td>
<td>.713</td>
</tr>
<tr>
<td>Employees of the Counseling Center understand the specific needs of their customers</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>33</td>
<td>55</td>
<td>4.42</td>
<td>.708</td>
</tr>
</tbody>
</table>

4.7.2 Correlation of Service Empathy and Client’s Satisfaction

A Pearson correlation was done to establish the relationship between service Empathy and client satisfaction. The findings revealed that there was a positive relationship between service assurance and client satisfaction (r=0.574, p<0.01). Therefore it was concluded that service assurance positively and significantly influenced client satisfaction at the counseling centre as shown in Table 4.11

Table 4.11: Correlation of Service Empathy and Client’s Satisfaction

<table>
<thead>
<tr>
<th>Variable</th>
<th>satisfaction</th>
<th>Empathy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>95</td>
</tr>
<tr>
<td>Empathy</td>
<td>Pearson Correlation</td>
<td>.605**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>95</td>
</tr>
</tbody>
</table>

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

4.8 Customer Satisfaction

The study sought to analyze client’s satisfaction to achieve this respondents were asked a set of questions to indicate to what extent they were supposed to rate, the results are as follows.
4.8.1 Counseling Centre Rating
The study sought to establish the generally rating of the counselling centre and the finding established that 25% gave it a medium rating while 75% gave it a high quality rating as indicated in Table 4.12. This implied that on average clients visiting the counselling centre have a high rating of the quality of service they receive.

Table 4.12: Counseling Centre Rating

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium Quality</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>High Quality</td>
<td>71</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>95</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.8.2 General Satisfaction
The study sought to establish the general satisfaction of the clients visiting the counselling centre and the finding established that 7% were undelighted while the majority accounting for 93% were delighted as indicated in Table 4.13. This implied that on average clients visiting the counselling centre have a high general satisfaction of the quality of service they receive

Table 4.13: General Satisfaction

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Un delighted</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Delighted</td>
<td>88</td>
<td>93</td>
</tr>
<tr>
<td>Total</td>
<td>95</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.8.3 Regression Analysis for Customer Satisfaction Factors
The researcher transformed variables for customer satisfaction factors by computing means of the study variable into five main categories listed as: empathy, responsiveness, tangibility, assurance and reliability. These variables were used to carry out the regression analysis, and the results were as follows: Table 4.14 shows the results of the regression model summary for empathy, responsiveness, tangibility, assurance and reliability (independent variables), and the dependent variable which was customer satisfaction. The adjusted R square value for the model showed that 78.7% of the variance in the model (customer satisfaction) can be explained by empathy, responsiveness, tangibility, assurance and reliability.
Table 4.14: Regression Analysis for Customer Satisfaction Factors

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
<th>R Square Change</th>
<th>Sig. F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.894a</td>
<td>.798</td>
<td>.787</td>
<td>.28103</td>
<td>.798</td>
<td>.000</td>
</tr>
</tbody>
</table>

4.8.3.1 Anova of Customer Satisfaction Factors

ANOVA analysis result of the regression between empathy, responsiveness, tangibility, assurance and reliability and customer satisfaction was done at 95% confidence level, the F critical was 70.537 and the P value was (0.000) therefore below 0.05 this implied that it was statistically significant and can be used to assess the association between empathy, responsiveness, tangibility, assurance and reliability and customer satisfaction as illustrated in Table 4.15

Table 4.15: Anova of Customer Satisfaction Factors

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>27.855</td>
<td>5</td>
<td>5.571</td>
<td>70.537</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>7.029</td>
<td>89</td>
<td>.079</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>34.884</td>
<td>94</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: satisfaction
b. Predictors: (Constant), empathy, responsiveness, tangibility, assurance, reliability

4.8.3.2 Coefficient of Customer Satisfaction Factors

Table 4.16 shows the regression coefficients for the model and predicts the relationship between the variables (empathy, responsiveness, tangibility, assurance and reliability) and customer satisfaction. The regression coefficient indicates that tangibility had a negative and significant influence on customer satisfaction since their precision levels were less than the threshold of <0.05. The table also shows that reliability also had a positive but insignificant influence on customer satisfaction since its precision level was higher than the threshold of >0.05. It was also established that assurance had a positive and significant influence on customer satisfaction since its precision levels were less than the threshold of <0.05. It was also established that assurance had a positive and significant influence on customer satisfaction since its precision levels were less than the threshold of <0.05. The five variables had coefficients of: tangibility (0.000), reliability (0.117),
responsiveness (0.000), assurance (0.283) and empathy (0.000). Reliability, responsiveness, assurance and empathy had positive influence on customer satisfaction. On the other hand, tangibility had an negative influence on employee performance.

Table 4.16: Coefficient of Customer Satisfaction Factors

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.837</td>
</tr>
<tr>
<td></td>
<td>tangibility</td>
<td>-.378</td>
</tr>
<tr>
<td></td>
<td>reliability</td>
<td>.105</td>
</tr>
<tr>
<td></td>
<td>responsiveness</td>
<td>.424</td>
</tr>
<tr>
<td></td>
<td>assurance</td>
<td>.105</td>
</tr>
<tr>
<td></td>
<td>empathy</td>
<td>.384</td>
</tr>
</tbody>
</table>

4.9 Chapter Summary

This chapter presented the results established from the data analysis done and presented data on client demography and specific research objectives that established quality of the services at the Counseling Center affect customers satisfaction. Subsequently in the section, the data was presented in line with the specific objectives of the study which sought to establish how tangibility, reliability, responsiveness, assurance and empathy affect customer satisfaction at the counseling center. Chapter five offers the discussions, conclusions and recommendations of the study.
CHAPTER FIVE

5.0 DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 INTRODUCTION

This chapter gives an analysis of summary of findings based on research objectives. The chapter also presents conclusion and recommendation for further studies. The chapter is subsequently, structured into summary of findings, conclusions and recommendations for further research.

5.2 Summary

The purpose of this study was to ascertain the quality of the services at the Counseling Center, in relation to the Customers satisfaction. In order to achieve it’s purpose the study was guided by five specific objectives which seek to investigate the effects of Tangibility, Responsiveness, Reliability, empathy and Assurance affects the services quality and customer satisfaction at the Counseling Center USIU Africa.

In this study, descriptive research design was used where the data was collected through the use of questionnaires. The information was gathered from the different students, whereby each of them received a questionnaire which they were to give their honest opinions about the center. After, the data collection, data was coded and analyzed using SPSS in order to generate descriptive statistics, including the mean, median and deviations. Regression and Correlation analysis was also used to determine the relationship between the dependent and independent variables. The analyzed data was then be presented in form of tables and figures.

The findings on the first objective revealed that counseling center is technologically well equipped, counseling center has modern looking facilities, and physical facilities at the Counseling Center are visually appealing. In addition it was also revealed that employees at the Counseling Center are neat in appearance.

The findings on the second objective revealed that when the Counseling Center promises to do something by a certain time, they will do so, when customers have a problem, the counseling Center shows a sincere interest in solving it. It was also established that the Counseling Center perform the service right the first time, Counseling Center provide
their services at the time they promise to do so. The results also show that Counseling Center insist on error free records.

The findings on the third objective showed that employees of the Counseling Center tell customers exactly when services will be provided; employees of the Counseling Center give prompt services to clients. The study also established that employees of the counseling Center are always willing to help customers, and that employees of the Counseling Center are never too busy to respond to customer requests.

The findings on the fourth objective established that the behavior of employees of the Counseling Center instill confidence in its clients. Clients of the Counseling Center feel safe with their issues being told to the counselors. Employees of the Counseling Center are consistently courteous with client. Employees of the Counseling Center have the knowledge to answer clients’ questions.

The findings on the fifth objective showed that employees think that the Counseling Center give customers individual attention. The Counseling Center has been operating hours convenient to their entire customer. Counseling Center has employees who give customers personal attention. Employees of the Counseling Center understand the specific needs of their customer.

5.3 Discussion

5.3.1 Effects of Service Tangibility on the Counseling Client’s Satisfaction
The findings indicated that physical facilities at the Counseling Center are visually appealing. According to Parasuraman et al., (1988), the tangibles dimension is described as the physical quality such as facilities, equipment and personnel appearance (Parasuraman et al., 1988). According to Yator (2012), facilities like well-furnished reception desk or trained personnel can influence customer perceptions about tangibles service qualities. Meanwhile, Alsaqre (2011) in his study recommended that great attention must be given to all tangible factors of service quality because such factors have their influence on customers’ loyalty and can bring more profits to the organization.

Further establishing the significance of tangibility in the perception of service quality in health care, Sohail (2003) assesses the quality of services provided by private hospitals in Malaysia and the study revealed that patients’ expectations with regard to modern
equipment, the visual appearance of facilities, and professional appearance were relatively low but their perceived performance were higher for all of these variables. The overall expectations with regards to all items in the tangibly dimension were relatively high with the highest expectations for cleanliness of facilities and the general condition of equipment. It can be expected that the expectations and perceptions will differ between private and public hospitals.

The findings showed that employees at the Counseling Center are neat in appearance. The terms ‘tangibility’ or ‘physical quality’ usually refers to elements of services, such as the appearance, equipment, staff, advertising material and other physical characteristics used for rendering services. Johnston (1995) classifies tangibility to cleanliness or neat appearance of the tangible components and the physical comfort of the environment where services are provided. In addition, Boshoff and Gray (2004) states that satisfaction with the cleanliness of the hospital and the ward, neatness of the buildings, décor in the wards and appearance of the nursing staff will impact on loyalty. In this study, the importance of the cleanliness of the hospital was confirmed.

The findings established that counseling center has modern looking facilities. According to a study done by Sohail (2003), it was revealed that patients’ expectations with regard to modern equipment, the visual appearance of facilities, and professional appearance were relatively low but their perceived performance were higher for all of these variables. The overall expectations with regards to all items in the tangibly dimension were relatively high with the highest expectations for cleanliness of facilities and the general condition of equipment. It can be expected that the expectations and perceptions will differ between private and public hospitals. Service providers can use the physical and tangible aspects to increase the satisfaction, patronage, and word-of-mouth recommendations of customers (Swan, Richardson & Hutton, 2003). According to Boshoff and du Plessis (2009), physical evidence comprises the environment in which the service is delivered - as well as any tangible cues, such as the appearance of the building, interior decoration, uniforms, parking, equipment and facilities. The physical service environment plays a significant role in customers evaluation of their service experience, and influences their evaluation of service delivery, as well as service quality perceptions

The findings revealed that counseling center is technologically well equipped. Boshoff and du Plessis (2009), commented that physical evidence comprises the environment in
which the service is delivered - as well as any tangible cues, such as the appearance of the building, interior decoration, uniforms, parking, equipment and facilities. Woodside Frey and Daly (1989) found that the location, equipment and facilities of the hospital were considered as critical issues by patients. Sohail (2003) in his study found that patients from private hospitals in Malaysia had expectations with regard to modern equipment, the visual appearance of the facilities and the professional appearance. Mostly, these were met because, originally, they had had relatively low expectations.

5.3.2 Effects of Service Reliability on the Counseling Client’s Satisfaction

The findings established that when the counseling center promises to do something by a certain time, they will do so. Jay and Barry (2014) commented that reliability refers to the ability to deliver expected standard at all time, how the organization handle customer services problem, performing right services for the first time, providing services within promised time and maintaining error free record. In regards to ATMs services, Jay and Barry (2014) noted that the reliability of machine parts or product parts is considered as consistently good in quality or performance which is able to be treated at any time. For ATM environment condition and technical reliability are equated to reliable design that is functional. Stiakakis and Georgiadis (2009) found reliability as fundamental criterion of superior electronic service quality.

It was revealed that counseling center insist on error free records. Armstrong, (2012) state that reliability is defined as capacity to execute the guaranteed benefit reliably and precisely . Yang and Fang (2004) in a study in the financial sector stated that reliability consists of accurate order of fulfillment, accurate record, accurate quote, accurate billing, and accurate calculation of commissions which keep the service promising to the customer. There are the two important factors that give effects to the banking service; consistency and dependability.

The findings indicated that when customers have a problem, the counseling Center shows a sincere interest in solving it. According to a study done by Wanajau et al., (2012), it was revealed that low employees capacity, low technology adoption, ineffective communication channels and insufficient fund affect delivery of service quality to patients in public health sector affecting health service quality perceptions, patient satisfaction and loyalty. Additionally, a study done Kungu (2016) indicated that low
employees’ capacity, ineffective communication channels and lack of flexible work schedules affect delivery of service quality to patients in the public health sector thus affecting health service quality perceptions; patient satisfaction and loyalty affect quality health services.

The findings showed that the counseling center perform the service right the first time. If a company is providing a good service, a company and its staff should be ready to respond to consumer’s queries about products and services offered (Ojo, 2010). According to Toosi and Kohonali (2011), timely responses to requests, is one of the important customer’s expectation. Therefore, this should not be delayed or ignored simply because these are fundamental issues. Online support is offer by some companies that provides customers with instant resolution to their queries.

The findings revealed that Counseling Center provide their services at the time they promise to do so. Muraya (2014) in his study findings showed that in terms of product quality factors, speed, simplicity of payment process, simplicity of administration requirements, consistency and correctness significantly influenced utilization of private healthcare facilities in Thika Sub-County. Regarding customer care factors, approachability of staff, caring, listening, friendliness, efficiency, knowledgeable staff, flexibility, staff initiative, empathy, attention, language used for communication, explanation of procedures and prompt passage of new information had a significant influence on the utilization of private healthcare facilities.

5.3.3 Effects of Service Responsiveness on the Counseling Client’s Satisfaction

The findings reveled that employees of the Counseling Center tell customers exactly when services will be provided. responsiveness is defined as the ability to respond to customer requirements timely and flexibly. More specifically, it is looked at the desire and preparedness of workers to offer quality service. Johnston (1997) defined responsiveness as quickness and timeliness of the delivery service. This contains operating quickness and abilities to react immediately to the demands of the customer.

The findings showed that employees of the Counseling Center give prompt services to clients. Responsiveness “is the willingness to help customers and provide prompt service” (Zeithaml et al., 2006). This dimension is concerned with dealing with the customer’s requests, questions and complaints promptly and attentively. A firm is known to be
responsive when it communicates to its customers how long it would take to get answers or have their problems dealt with. To be successful, companies need to look at responsiveness from the viewpoint of the customer rather than the company’s perspective (Zeithaml et al., 2006). Kumar et al (2010) posit that a SERVQUAL Dimension consists of observing the needs and demands of customers, easy and fast processing time, taking care of customers individually by the staff, solving problems and customers’ safety.

The findings established that employees of the counseling Center are always willing to help customers. A study done by Sadegh et al. (2017) indicated that responsiveness has a strong impact on overall satisfaction and that patient satisfaction is affected by the type of hospital ownership, the ability of hospitals to give patients personal attention, communication, dignity, autonomy, the ability to choose one’s health care provider and quality of basic amenities. Patients who were hospitalized at public hospitals were overall less satisfied than those patients who were admitted to private hospitals.

Reid et al., (2005) indicated that, the basis for enhancing organizational responsiveness is to design an integration marketing communication model from outside to inside (from customer side to organization side) (Duncan & Moriarty, 1998). Homburg et al., (2007) observed culture and emotion in the service and manufacturing business, they discovered that service system can influence employee response behavior in internal business environments and is also the key determinant of organizational responsiveness (White et al., 2003). For instance, the support of service responsiveness in internal environment and team work can enhance employee cohesion and thus, promote customer service (Deeter-Schmelz & Kennedy, 2003).

The study established that employees of the Counseling Center are never too busy to respond to customer requests. Shaifu et al., (2013) based on their study it was revealed that communication, dignity and quality of facilities were rated as “extremely important” responsiveness domains. Users were particularly contented with quality of facilities, dignity and choice of provider. A study done by World Health Survey (WHS) Karl (2009) concluded that health care access, communication, autonomy, and discriminatory experiences were priority areas for actions to improve responsiveness of health care services in South Africa. Shaifu, Justo, Aurélia, Rainer and Hengjin (2013) study examined the insured users’ perspectives of their health care services’ responsiveness.

Methods: This retrospective, cross-sectional survey took place between October 2010 and
March 2011. The study used a modified out-patient questionnaire from a responsiveness survey designed by the World Health Organization (WHO). The results revealed that communication, dignity and quality of facilities were rated as “extremely important” responsiveness domains. Users were particularly contented with quality of facilities, dignity and choice of provider.

5.3.4 Effects of Service Assurance on the Counseling Client’s Satisfaction

The findings revealed that employees at the Counseling Center instill confidence in its clients. Ramsaran-Fowdar (2005) states that the assurance dimension comprises of the following items: a courteous and friendly physician; courteous and friendly support staff; confidentiality of patient information; the ability of the employees to inspire trust and confidence in a patient; the ability of support staff to inspire trust and confidence in a patient; the thoroughness of explanation of medical condition and treatment; the physicians making patients feel safe and relaxed in their transactions; and the honesty of the physician.

The findings showed that clients of the Counseling Center feel safe with their issues being told to the counselors. Awour (2014) and Ndubisi (2006) postulated that trustworthy behaviour of employees and secured transaction of both public and private banks positively influence to repurchase intention of customers. Bansal (2004) claimed that health care is a high involvement service and all contact between health practitioners and patients is important and complex. Ali (2014) states that quality of medical services depends on the personal factors of the physician and patient, and factors pertaining to the healthcare setting and the broader environment. Ali (2014) in his study, it was concluded that differences in internal and external factors such as availability of resources, patient cooperation and collaboration among providers affect the quality of medical services and patient outcomes.

The study established that employees of the Counseling Center are consistently courteous with client. Parasuraman et al., (1988) assert that the assurance dimension in SERVQUAL refers to the knowledge and courtesy of employees and their ability to inspire trust and confidence Health care is a high involvement service and all contact between health practitioners and patients is important and complex (Bansal, 2004:186). This interpersonal aspect of health care is also noted by several other authors (Orava & Tuominen, 2002). The assurance perceived by patients can enhance this interpersonal
relationship with health practitioners. Assurance include competence, courtesy, credibility and security.

The findings indicated that employees of the Counseling Center have the knowledge to answer clients’ questions. According to a study done by Sadek et al. (2010) it was concluded that if there is an increase of assurance dimension through polite and friendly staff, provisions of advice interior comfort, easy to access account and knowledgeable and experienced management team cause to increase satisfaction of bank customers. Banerjee and Sah (2012) states that employees’ behaviour instill confidence in customers and employees’ knowledge to answer customers’ problem provide higher satisfaction of private banks than public banks (Banerjee & Sah, 2012; Kamalini, 2016).

Mohammadkarim, Ehsan and Foad (2014) study aimed to identify important factors affecting the effectiveness of quality control circles in a hospital, as well as rank them using a combination of fuzzy VIKOR and Grey Relational Analysis (GRA). The results of ranking the factors affecting the effectiveness of quality control circles showed that the highest and lowest ranks were related to ‘Managers’ and supervisors’ support as well as Group leadership. Also, the highest hospital performance was for factors such as ‘Clear goals and objectives’ and ‘Group cohesiveness and homogeneity’, and the lowest for ‘Reward system’ and ‘Feedback system’, respectively.

5.3.5 Effects of Service Empathy on the Counseling Client’s Satisfaction

The study established that Counseling Center give customers individual attention. Empathy is defined as the degree to which the customers are offered caring and individualized attention. Porter and Teisberg (2006) addressed the pressing problems in health care delivery by developing another strategic framework for changing the value conveyed by the health care system, with implications for providers, health arrangements, employers, and government. empathy which includes access, communication, and understanding the customer. This factor is about caring and offering individualized attention to clients.

A Pearson correlation was done to establish the relationship between service Empathy and client satisfaction. The findings revealed that there was a positive relationship between service assurance and client satisfaction. Previous researches reviewed have also established that empathy and the customer satisfaction has a significant relationship.
According to a study by Culiberg (2010) empathy and customer satisfaction were found to have a positive relationship in banking industries. The researchers also established that the service quality was directly related with customer satisfaction and retention. Bank staff were therefore required to have the right skills, be friendly, polite, helpful and therefore understood customer needs when providing information on products and services to customer. In this research, the researchers had targeted the customer who is above 18 years old and opened an account with a bank for 8 branches from different cities.

Similarly, Sidduqi (2011) and Tripathi (2013) also established a positive correlation between empathy and customer satisfaction in commercial banking sector. The study concluded that efficiency was obtained if the bank staffs had the consumer perspective in mind. The findings revealed that service quality was considered a competitive weapon in the banking sector and empathy was considered one of the relevant variables that affected the customer switching behavior in the banking sector (Subramaniam & Ramachandran, 2012).

Majority thought that Counseling Center give customers individual attention. An institution’s ability to empathize with customers is regarded as an important competency for customer service agents all over the world (D’Cruz & Noronha, 2008). Umashdan (2017) study sought to assess the comparative influence of two empathy dimensions (cognitive and emotional attributes) on emotional service experience and behavioral intention among business and leisure hotel guests. The results revealed that empathetic dimensions had a strong influence on the the service experiences of hotel guests. While the emotional service experience of business guests was absolutely predetermined by the cognitive empathy, the emotional service experience of the leisure guests was largely governed by the emotional empathy.

The Counseling Center have operating hours convenient to all their customer. Jan, Anja and Florian (2012) established that while the service literature repeatedly emphasizes the role of empathy in service interactions, studies on empathy in customer-employee interactions are nearly absent. The findings indicated that empathic customers are more likely to respond to a dissatisfying encounter with “forgiveness,” in that sense that customer empathy should mitigate negative effects of customer dissatisfaction on
customer loyalty. From these empirical results, the authors derived several implications for service research and the management of service encounters.

Clark, Murfett, Rogers and Ang (2012) study sought to examines the nature and value of empathic communication in call center dyads. This research site was a multinational financial services call center and the data was collected from 289 stressful calls. Examining calls as communication genre revealed that agents and customers have conflicting organizational, service, and efficiency needs that undermine communication. But three types of empathic expression was used to mitigate these conflicts in some interactions. Affective expressions, such as “I’m sorry,” were less effectual, but attentive and cognitive responses could engender highly positive responses although customers’ need for them varied tremendously. Thus, the study recommended that customer service agents needed to use both diagnostic and enactment skills to perform empathic communication effectively, a coupling that we call empathy work.

In early marketing literature, the concept of convenience proposed by Copeland (1923) classifies the consumer products into convenience goods, shopping goods, and specialty goods. Convenience goods are taken as the savings in time and effort that consumers spend in purchasing products, rather than as an attribute of product itself. A number of studies have investigated convenience as amotive in the areas of electronic banking, online shopping and product choice in retail (Woodside & Trappey, 2001). Convenience is generally viewed as one of the most important factor to consumer behavior (Chen et al., 2011). Convenience has become an important product benefit for time-constrained consumers and, as such, is increasingly of interest to marketers (Farquhar & Rowley, 2009).

5.4 Conclusion

5.4.1 Effects of Service Tangibility on the Counseling Client’s Satisfaction

Based on the findings it was concluded that counseling center is well equipped with technology and has a modern looking facilities that are very appealing. On the other hand the employees at the counseling center are neat in appearance and as such the clients served at the centre express that tangibility at the centre has a very high influence on their level of satisfaction.
5.4.2 Effects of Service Reliability on the Counseling Client’s Satisfaction

Service is provided at the counseling center at the time promised. This is based on the fact that the employees are able to solve problems at a certain prescribed timelines. To enhance reliability, it seems that employees at the centre are motivated to perform their duties and responsibilities and USIS as an institution insists on error free records.

5.4.3 Effects of Service Responsiveness on the Counseling Client’s Satisfaction

It was concluded that there was a positive relationship between responsiveness and customer satisfaction. In addition, employees are able effectively communicate to their clients. This is attributed to the fact that they are able give customers quick service, help customers where necessary and are also willing to respond to customer requests and questions at any time.

5.4.4 Effects of Service Assurance on the Counseling Client’s Satisfaction

Employees are able to instill confidence in their clients, are courteous with client and have knowledge to answer clients’s questions. Through this, employees have been able to increase clients confidence. As a result, the clients have been able to freely share their problems with employees.

5.4.5 Effects of Service Empathy on the Counseling Client’s Satisfaction

From the findings, it can be concluded that the counseling Center offer to its clients individual attention, and due to the customer needs the centre has gone out of its way to offer convenient operating to cater for all their customer, considering the fact that the clients have varying class times. Employees of the Counseling Center are very understanding to the specific needs of their customers and this employees are also empowered to give customers personal attention.

5.5 Recommendation

5.5.1 Recommendation for Improvement

5.5.1.1 Effects of Service Tangibility on the Counseling Client’s Satisfaction

Customer satisfaction or dissatisfaction is based on the quality of service that they encounter in comparison to the expectations. These results indicated that the physical
quality such as the facilities, equipment and the personnel appearance provided did not satisfy the customers properly. It is therefore recommended that the Counseling center employees should come up with strategies that will enable the centre be more appealing and this could be done by incorporating changes in the general decor and color would be one of the most powerful aspects of a psychological counseling environment that can be altered to increase customer satisfaction and loyalty.

5.5.1.2 Effects of Service Reliability on the Counseling Client’s Satisfaction

There is always a room for the improvement of reliability on service quality. It is therefore recommended that counseling center should continue offering reliable services to its clients. The counseling center should strive to develop effective communication channels that will enable easy flow of information in the organization. This would involve having a helpline to assist clients who might be shy to attend the sessions. The clinic would also invest in online communication platforms such as facebook and whatsapp where clients can post there concerns. There is also a need to increase timely responses to through offering employee development programs especially to deal with the millenials.

5.5.1.3 Effects of Service Responsiveness on the Counseling Client’s Satisfaction

Responsiveness is the ability to respond to customer requirements timely and flexibly. There is a need for the counseling center to increase their rate of service responsive this. This can be done through use of technology such as an automatic response email to let customers know that their emails have been received. Through this, the counseling center will be able to respond quickly and timely to customers request and questions thus, increase service delivery service and customer satisfaction.

5.5.1.4 Effects of Service Assurance on the Counseling Client’s Satisfaction

Counseling center should increase its service assurance by maintaining polite and friendly employees. There is also a need to offer training programs that will increase employees knowledge regarding products or services offered, increase access to customers account and encourage employees to keep customers information confidential. This will make customers feel safe, increase their trust and confidence.
5.5.1.5 Effects of Service Empathy on the Counseling Client’s Satisfaction

The study showed distinctive results for the relationship between empathy in service quality and customer satisfaction. The findings suggest that to provide quality service in the counselling centre should seek to always improve on the dimensions of empathy. This would involve having a better understanding of affective empathy and cognitive empathy.

5.5.2 Recommendation for Further Studies

Further research should be done in other health facilities and organizations to determine the effect of service quality on customer satisfaction. Very few research has been done on responsiveness, service empathy and service assurance. It is therefore recommended that more research should be done on this topics thus, add more knowledge and identify research gaps.
REFERENCES


APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

August 2018
Joy Kilili
P.o Box 14634-00800
Nairobi,

Dear Respondent,

I am a student at United States International University Africa (USIU-Africa) pursuing a Masters of Business Administration program. In partial fulfillment of my course work, I would like to conduct a research project to assess the quality of the services at the Counseling Center, in relation to the Customers satisfaction,

The findings of this study will be used to improve the quality of service offered at the centre.

Kindly, complete the attached questionnaire with accurate information that will be used entirely for this research while observing utmost confidentiality. Your assistance is highly valued.

Thank you in advance.

Yours faithfully,
APPENDIX II: QUESTIONNAIRE

SECTION A: BACKGROUND INFORMATION

Please tick (√) where appropriate or fill in the information in the space provided.

1. Age
   18-24 [ ] 25-34 [ ] 35-40 [ ] 40 and above [ ]

2. Please indicate your Gender.
   Male [ ]
   Female [ ]

3. Country of origin
   Kenyan [ ] Non Kenyan [ ]

4. Degree level Undertaking
   Undergraduate [ ] Graduate [ ] Other __________________

SECTION TWO

A) Please rate the following questions on a scale 1-5 (5- Strongly agree, 4- Agree, 3- Neutral, 2- Disagree, 1- Strongly Disagree). Please select the answer that best describes you view.

<table>
<thead>
<tr>
<th>TANGIBILITY</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>The counseling center is technologically well equipped</td>
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<td>The counseling center has modern looking facilities.</td>
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<td>The physical facilities at the Counseling Center are visually appealing.</td>
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<td>The employees at the Counseling Center are neat in appearance</td>
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</table>
B) Please rate the following questions on a scale 1-5 (5- Strongly agree, 4- Agree, 3- Neutral, 2-Disagree, 1- Strongly Disagree). Please select the answer that best describes you view.

<table>
<thead>
<tr>
<th>RELIABILITY</th>
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<th>2</th>
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<tbody>
<tr>
<td>When the Counseling Center promises to do something by a certain time, they will do so</td>
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<td>When customers have a problem, the counseling Center shows a sincere interest in solving it</td>
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<td>The Counseling Center perform the service right the first time</td>
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<td>The Counseling Center provide their services at the time they promise to do so</td>
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<td>The Counseling Center insist on error free records</td>
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C) Please rate the following questions on a scale 1-5 (5- Strongly agree, 4- Agree, 3- Neutral, 2-Disagree, 1- Strongly Disagree). Please select the answer that best describes you view.

<table>
<thead>
<tr>
<th>RESPONSIVENESS</th>
<th>1</th>
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<tr>
<td>Employees of the Counseling Center tell customers exactly when services will be provided.</td>
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<tr>
<td>Employees of the Counseling Center give prompt services to clients.</td>
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<td>Employees of the counseling Center are always willing to help customers</td>
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<td>Employees of the Counseling Center are never too busy to respond to customer requests</td>
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D) Please rate the following questions on a scale 1-5 (5- Strongly agree, 4- Agree, 3- Neutral, 2-Disagree, 1- Strongly Disagree). Please select the answer that best describes you view.

<table>
<thead>
<tr>
<th>ASSURANCE</th>
<th>1</th>
<th>2</th>
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<tr>
<td>The behavior of employees of the Counseling Center instill confidence in its clients</td>
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<td>Clients of the Counseling Center feel safe with their issues being told to the counselors.</td>
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<td>Employees of the Counseling Center are consistently courteous with clients</td>
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<td>Employees of the Counseling Center have the knowledge to answer clients’ questions</td>
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</table>
D) Please rate the following questions on a scale 1-5 (5- Strongly agree, 4- Agree, 3- Neutral, 2-Disagree, 1- Strongly Disagree). Please select the answer that best describes you view.

<table>
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<tr>
<th>EMPATHY</th>
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<tr>
<td>I think the Counseling Center give customers individual attention</td>
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<td>The Counseling Center have operating hours convenient to all their customer</td>
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<tr>
<td>The Counseling Center have employees who give customers personal attention</td>
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<tr>
<td>Employees of the Counseling Center understand the specific needs of their customers</td>
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E) CUSTOMER SATISFACTION

1. How would you generally rate the counseling centre? Kindly tick

1. High Quality [ ]
2. Medium quality [ ]
3. Low quality [ ]

2. What is your general satisfaction?

Delighted [ ]
Undelighted [ ]
dissatisfied [ ]