FACTORS INFLUENCING UTILIZATION OF HEALTH SERVICES
OF PRIVATE HEALTH FACILITIES IN THIKA SUB-COUNTY:
INSIGHTS FOR STRATEGIC HEALTHCARE MANAGEMENT

BY

MURAYA AGNES MWONJORIA

UNITED STATES INTERNATIONAL UNIVERSITY

SPRING 2014
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MURAYA AGNES MWONJORIA

A Project Report Submitted to the Chandaria School of Business in Partial Fulfillment of the Requirement for the Degree of Masters of Science in Business Administration

UNITED STATES INTERNATIONAL UNIVERSITY

SPRING 2014
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: ________________
Muraya Agnes Mwonjoria (ID: 632943)

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

Signed: _______________________________  Date: ________________
Dr. Zachary M. Mosoti

Signed: _______________________________  Date: ________________
Dean, Chandaria School of Business
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ABSTRACT

The purpose of the study was to explore the factors influencing the utilization of healthcare services in private health facilities from a strategic healthcare management perspective. The research questions were: What are the product quality factors that influence utilization of healthcare services in private health facilities in Thika Sub County? What are the customer service factors that influence utilization of healthcare services in private health facilities in Thika Sub County? What are 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. Descriptive statistical techniques including mean and percentages were used to analyze data. Inferences were drawn using Spearman’s Rank Correlation Coefficient technique. This was aided by the use of the Statistical Package for the Social Sciences.

The 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 in Thika Sub-County.

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.
The 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.

The study recommended that for strategic healthcare management purposes, private healthcare facilities should focus resources on always getting it right the first time. Private healthcare care facilities, especially those that offer primary care and primary referral, need to invest in a customer service strategy that integrates a customer relationship approach to the management of healthcare. They should also rethink their price-mix in order to give better value for money to their clients. Another research adopting a mixed-method approach could draw new insights that could be used to corroborate the findings of this study.
ACKNOWLEDGEMENT

The successful completion of this work is as a result of the input of many people. I wish to first acknowledge God for enabling me to have the resources and support I needed to undertake this research. I appreciate the support and understanding I received from my husband and children. I also thank USIU for offering me the opportunity to undertake the program. I further wish to acknowledge with thanks, Dr. Zachary M. Mosoti for his guidance and support which made this work possible. I am equally grateful to my colleagues with whom we undertook this program and whose encouragement kept energizing me.
DEDICATION

To my dear parents, the late James Mutahi and Beatrice Njoki for ensuring that I got an education, my husband Dr. Nelson Muraya for his unwavering support and understanding, my children Valentine, Philip and Beatie for standing with me throughout the course of this project.
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>TDHRIO</td>
<td>Thika District Health Records Information Office</td>
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<tr>
<td>FBO</td>
<td>Faith Based Organization</td>
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<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>NGO</td>
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<td>SERVEQUAL</td>
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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Problem

Strategic healthcare management which simply implies the adoption of a strategic approach to the management of a healthcare facility is gaining increasing currency in modern healthcare practices (Goodman, 2009). Ginter (2013) makes the observation that healthcare leaders have found that strategic thinking, planning and managing strategic momentum are essential for coping with the dynamics of the healthcare industry and strategic management has become the single clearest manifestation of effective leadership in healthcare organizations. Moseley (2009) considers strategic thinking as the ability to constantly view an organization’s operations, issues and problems in a very broad situational and environmental context and with a very long term perspective.

Strategic healthcare management requires an appreciation of the entire healthcare system within which an organization operates (Cook, 2010). Kotler et al. (2011) defined a healthcare system as one that encompasses all the activities whose primary purpose is to promote, restore, or maintain health which includes patients and their families, healthcare workers and caregivers within organizations and in the community, and the health policy environment in which all health related activities occur. Organizations and individuals within the healthcare environment develop and employ new technologies, deal with changing social and demographic issues, address legislative and political change, compete with other healthcare organizations and participate in the healthcare economy (Ginter, 2013).

According to Moseley (2009), every organization in existence is engaged in some current activities designed to create products or services for sale, delivery, or distribution to its customers, clients, patients, or beneficiaries. Goodman (2009) contends that successful companies adopt strategic approaches to make these happen. They invest in aligning all functions to support their brand promise and then reap substantial rewards, including: happy customers who willingly pay premium prices or go out of their way to patronize
the company, intense emotional bonds with customers that block competitors and boost brand loyalty, lower employee turnover as a result of a sense of mission, belonging, excellence, teamwork and job satisfaction. Ginter (2013) emphasize that everyone in the organization should be working for the strategy and understand how their work contributes to the accomplishment of the strategic goals.

Literature suggests that the alignment of all functions to support the brand promise makes service delivery a central aspect of success in the delivery of healthcare services. For instance, Cook (2010) noticed that successful service organizations constantly strive for higher levels of customer service. This is because today’s consumers are increasingly sophisticated, educated, confident and informed. They have high expectations of the service they want to receive. They want greater choice and will not be sold to or manipulated. In healthcare, patients now have more access to information regarding disease and treatment options through the internet. Today, the success of a brand is a co-creation between the consumers and the company. Kotler et al. (2011) observed that with respect to healthcare products and services, consumers are actively sending messages about their experiences, creating new uses, providing new findings from the internet and other resources to their physicians and lobbying for more and better benefits.

According to Goodman (2009), starting strategically means that organizations must, among others, organize service employees, the resources that support them, and the functions that affect service for maximum speed and flexibility, with few specific rules beyond doing what is best for the customer. A company’s ability to attract and retain new customers therefore, is a function not only of its product or product offering but also the way it services its existing customers and the reputation it creates within and across marketplace. With outpatient services making up an increasingly significant portion of the healthcare industry, providing quality, customer-oriented service is a paramount concern (Wolper, 2004). Goodman (2009) offers that service interactions are also the prime generator of the single most powerful marketing mechanism: positive word of mouth and “word of mouse”. Companies with great word of mouth incur almost no marketing expense because they let their customers do their selling for them. The author further avers that more than 50% of all new customers for investment, retail and healthcare products come from word of mouth referrals.
Strategic healthcare management as a concept is gaining global relevance. Resonant to this paradigm shift in healthcare service delivery, World Health Organization (WHO, 2013) recognizes good health as being essential to sustained economic and social development and poverty reduction and access to needed health services is crucial for maintaining and improving health. By defining universal health coverage (UHC) as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services, WHO stresses the universality of health. Universal health coverage (UHC) has therefore become a major goal for health reform in many countries and a priority objective of the World Health Organization.

WHO (2013) further indicate that this definition points to the equity in access to health services, that is, those who need the services should get them, not only those who can pay for them; that the quality of health services is good enough to improve the health of those receiving services; and financial-risk protection, that is, ensuring that the cost of using care does not put people at risk of financial hardship. Hence the universal coverage brings the hope of better health and protection from poverty for hundreds of millions of people especially those in the most vulnerable situations. Achieving the Health Millennium Development Goals and the next wave of targets looking beyond 2015 will depend largely on how countries succeed in moving towards universal coverage.

Depicting the strategic perspective of approaching healthcare management, Ahmad (2013) highlighted that good health and the socio-economic empowerment of a person are correlated as health strongly impacts the productivity of individuals. Health care access is important because it influences health status and quality of life. Thus in human development perspective, health is viewed as intrinsic to capability enhancement. For this reason, in any democratic culture, provision of health services is considered an asset of one’s “citizenship”. Having access to healthcare is a matter of rights, as lack of access puts an individuals’ health at a greater risk of functional decline and therefore, work-limiting disabilities tend to increase. This situation occurs when an individual needs care but cannot utilize the available healthcare services.
In their review of the dynamics of the healthcare sector, Rivers and Patino (2006) concluded that health does not exist in isolation from socioeconomic factors. Socioeconomic status profoundly influences status both positively and negatively. Several socioeconomic characteristics of the population have harmful effects on both its general health care behaviours and its general health status. In reference to Mexican communities living in USA, the authors identified low income, substandard housing, inadequate or unsanitary living facilities, limited formal education, ethnic segregation and discrimination, poor nutrition, and stress as having effect on the health of this group in a number of ways. Other barriers to health care access that they noted among the poor included but are not limited to rising cost of medicine compared to the declining family income and wages; cultural differences; customer care and even under representation of groups within the health sector. Anthamatten and Hazen (2012) argue that the barriers have implications for strategic healthcare management as they increase the probability that an individual will choose alternative forms of healthcare, which may be ineffective or even harmful. Companies that spare no expense to build their brands, improve their operations, and leverage their technologies often skimp on investments that preserve and strengthen this final, vital link in their revenue chain (Goodman, 2009).

Maina and Kibua (2005) also noted that the case of sub Saharan countries has been that of the inadequacy to provide adequate quality and coverage of health care services because of poor economic performance and dwindling resources which has prompted many countries to advocate for the implementation of health sector reforms with a view to maximizing the use of available resources in improving access, efficiency and quality of health care services provided.

According to Turin (2010), access to health care in Kenya varies widely throughout the country and is determined on numerous factors, though in particular, major divides exist between rural and urban communities, and between the moneyed elite and the poorer masses. In Kenya, the poorer masses – those living below the national poverty line – constitute approximately 52% of the population. Kenya in an attempt to improve efficiency and effectiveness in the delivery of health care services and against the limitations of a centralized health care system, the Ministry of Health (MoH) adopted decentralization as the key strategy, with the district being the focal point with regard to
health care delivery. Various Policy documents, including the Kenya Health Policy Framework Paper of 1994 and the National Health Sector Strategic Plan of 1999-2004; have highlighted the Ministry of Health’s commitment to the implementation of the decentralization strategy.

Turin (2010), in consideration of the challenging health landscape, posited that utilization of health services is a key factor in improving health outcomes for Kenyans, in both the short- and long-term. The level of and access to care varies by region, with the most facilities per person located in Central Kenya, and the least located in the border counties of Western, Rift Valley and Nyanza. Turin established that the health care utilization rate in Kenya is approximately 77% for those who are sick, meaning that a large percentage of the population does not seek care despite being ill. Turin opined that in order to bring about broad improvements in health in Kenya, it is essential to understand who is currently using the facilities that are available, and what factors are preventing those who do not seek care from doing so. Vandermerwe (2003) argued in his discourse on healthcare uptake that it would take customer minded enterprise owners to try proactively to capture the 23% who do not seek health care services when sick. This requires growth of new markets through concept innovation for more value added services, which generate revenues and opportunities to maximise customer value over time. It means accepting that the old service models may not work and relentless pursue opportunities to find new ways of doing things for customers.

This research was undertaken in Thika Sub-County. Thika town is an industrial town in Kiambu County, Kenya. It lies approximately 40 kilometers north east of Nairobi, near the confluence of the Thika and Chania Rivers covering 220 square kilometers (Thika District Health Records Information Office [TDHRIO], 2013). Thika Sub-county has a population of approximately 311,035 which is highly diverse and is growing rapidly, as is the entire greater Nairobi area (Kenya National Bureau of Statistics, 2009).

Thika Sub-county has a well maintained road network with an eight lane super highway from Nairobi. The main economic activities include, agricultural processing, particularly in horticulture and pineapple (exported mainly to Europe), coffee (exported mainly to the United States and Europe), cooking oils (to the rest of Kenya and eastern Africa) and
animal feed processing. Other industries include textile (cotton), macadamia nuts, wheat, tannery, motor vehicle assemblies, cigarette manufacturing, bakeries, packaging and industrial chemicals. About 100 small-scale industries and about 20 major factories exist in and around the town. The service sector is well represented with the establishment and growth of a number of educational and financial institutions. The growth of the greater Nairobi region and improved infrastructure and services has led to new expanding middle class in the town (TDHRIO, 2013). The TDHRIO (2013) puts the absolute poverty level in the town at 48.4%, income from Agriculture at 17.4%, self-employment at 20.3%, and wage employment at 42.7% and the number of unemployed at 19.6%.

In the year 2012, Thika Sub County had over 121 health facilities spread across the sub county. The doctor/population ratio was about 1:6618. The average distance to a health facility is less than 1 kilometre in town but this could go as much as 10 kilometres in the rural parts of the sub-county. The most prevalent diseases are upper respiratory tract infections, malaria, skin conditions, gastro intestinal conditions, injuries, eye conditions, hypertensions, diabetes, pneumonia, rheumatism, urinary tract infections and HIV/AIDS. (TDHRIO, 2013)

The major provider of health services is the private sector. The major public health centres in Thika Sub County are under MoH. The numbers of registered health facilities in Thika Sub County are 19 and 102 owned by the MoH, and Private/NGO/FBO respectively. The informal settlements of the town have a host of informal private clinics (TDHRIO, 2013). This study explored the factors that influence the utilization of healthcare services in Thika Sub County from a strategic healthcare management perspective.

1.2 Statement of the Problem

The principle challenge for any government is to achieve a sustainable health for its citizens for meaningful economic development (Subhashini, 2012). Therefore poor access to health services limits quality of life and productivity of citizens. The perceptions of the clients on healthcare services received from the health care facilities form part of the strategic factors that contribute to the level of health care delivery among
communities (Subhashini, 2012). Despite this importance, no comprehensive studies have been published that analyze the relationship between these perceptions of healthcare services received and healthcare utilization/delivery in Kenya (Turin, 2010). Dissatisfaction with the health system affects health seeking behavior, and this is associated with poor customer care services besides shortage of healthcare facilities (Subhashini, 2012).

If an individual makes what is likely to be an arduous trip to a health facility only to experience an unpleasant customer service, the likelihood that the same individual will make the trip again in the future is lessened. When this scenario becomes commonplace, an entire community might become less likely to seek health services, even when they are needed. Likewise if the prices charged do not meet the perceived benefits achieved then return visits would likely be lessened. These may tend to hinder the level of healthcare delivery intended by the governments due to non-responsiveness of the citizens. According to Dodds (2003), the right combination of product quality, customer service and fair prices is key to success in today’s marketplace. This study therefore sought to fill the knowledge gap by exploring the relationship between citizen’s perception of health care services and health care utilization/delivery in private health facilities in Thika Sub County based on these three variables.

1.3 Purpose of the Study

The purpose of this study was to explore the factors influencing the utilization of healthcare services in private health facilities from a strategic healthcare management perspective.

1.4 Research Questions

1.4.1 What are the product quality factors that influence utilization of healthcare services in private health facilities in Thika Sub County?

1.4.2 What are the customer service factors that influence utilization of healthcare services in private health facilities in Thika Sub County?

1.4.3 What are the price-related factors that influence utilization of healthcare services in private health facilities in Thika Sub County?
1.5 Importance of the Study

A strategic review of the specific issues related to healthcare service utilization is essential for the establishment of the appropriate principals and effective policies. Specifically, the study provides an in-depth understanding of the various factors that influence utilization of healthcare service in private health facilities. This study is therefore of importance to the following stakeholders;

1.5.1 Kenyan Government

Based on the findings of this study, the Government can then formulate strategies to stimulate healthcare delivery. This will enhance health of citizens and in turn improve economic growth. Factors pertaining to the government can also be addressed and progress made.

1.5.2 Management of Health Institutions

The study will help the managers of health facilities to gain awareness of the factors that affect utilization of healthcare services. By being aware of these factors, it will significantly help them put in appropriate measures to counter these challenges.

1.5.3 The Community

Based on the findings of this research, the community can be enlightened so that they can participate towards enhancing healthcare delivery. Taking a participatory approach is critical in ensuring support for the healthcare systems.

1.5.4 Researchers and Academicians

The research may also open up new areas for future research by interested scholars, researchers and academicians.
1.6 **Scope and Limitations of the Study**

The study targeted those who seek healthcare services in the 102 private health care facilities in Thika Sub County. At 43%, private businesses account for the largest share of the healthcare market, followed by government at 41% and NGOs at 15% (Wamai, 2009). The data was collected in the months of October and November 2013 by use of structured and standardized questionnaire. The study was confined to the responses within Thika Sub County and the findings were subject to the values, ethics and competencies of the respondents. Language barrier was a challenge with some respondents. In order to mitigate this, the researcher paraphrased and explained the questions in Kiswahili to the respondents who did not understand English quite well.

1.7 **Definition of Terms**

1.7.1 **Healthcare**

Services provided to people or communities by agents of the health services or professions for the purpose of promoting, maintaining, monitoring, or restoring health (Farlex, 2012).

1.7.2 **Products**

This refers to anything that can be offered to a market for attention, acquisition, use or consumption. It includes physical objects, services, persons, places, organizations and ideas (Kotler and Keller, 2006).

1.7.3 **Services**

World Health Organization identifies health services to include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health which include both personal and non-personal health services (WHO, 2013).

1.7.3 **Strategy**

This is a set of choices made by top managers using organization’s resources and opportunities from the environment to improve effectiveness of the organization’s activities (Obloj, 2013).
1.8 Chapter Summary

This chapter has presented the background on the strategic significance of healthcare management and the place of healthcare service delivery in enhancing utility of healthcare facilities. A background of Thika Sub County as well as health care status in the town has been clearly illustrated. The chapter has stated the problem and raised the research questions. The chapter also points out the significance and the scope of the study. Finally, the chapter has provided the definitions of the terminologies and concepts in the context of this study.

Chapter two dwells on the literature review of the theories related to the subject being studied. This encompasses product quality, customer care and price related literature. Chapter three gives the research methodology used. This entails the research design, the population and sampling design, data collection methods, research procedures and data analysis techniques. Chapter four presents the results and findings and chapter five provides the summary, discussion, conclusion and recommendations.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature on strategic healthcare management as it relates to the three research questions. These are: What are the product quality factors that influence the utilization of healthcare services in private health facilities in Thika Sub County? What are the customer service factors that influence utilization of healthcare services in private health facilities in Thika Sub County? What are the price-related factors that influence utilization of healthcare services in private health facilities in Thika Sub County? The chapter explores theoretical and empirical literature that underpins the utilization of healthcare services in private health facilities from a strategic healthcare management viewpoint.

2.2 Product Quality Factors Influencing the Utilization of Healthcare Services in Private Health Facilities

On a broader perspective, Kotler and Keller (2006) defined a product as anything that can be offered to a market for attention, acquisition, use or consumption and included everything from physical objects to services to persons to places to organizations and ideas. Within the healthcare sector, World Health Organization (2013) construed a product to include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health which include both personal and non-personal health services. Discussing the genesis of the quality movement, Stephen (2005) noted that product quality has two intrinsic dimensions. These are: freedom from deficiencies and the other is the addition of product features that meet the needs of customers in a wider way. In respect to the service sector, Kandampully (2011) prefers the use of the term “technical quality”, which he define as the outcome of the service experience including promptness, accurateness and the extent to which the customer is offered several alternatives and individualized solutions. Similarly, Rama and Rao (2011) identify two dimensions of quality which relate to product quality and service quality.
Product quality, which they call technical quality, is what is offered to the customer from the organization; that is, what customers receive in their interactions with service firm is called the technical product. On the other hand, the service quality which they prefer to call “functional quality”, refer to how customers receive the service and how they experience the service process in which they played a part. These factors are explored in greater details as follows.

2.2.1 Freedom from Deficiency

The World Health Report 2000 called attention to the importance of efficiency rather than deficiency in all functions of a health system and in ultimately achieving the goals of health improvement (Hsu, 2010). According to Hsu (2010), technical efficiency refers to the extent that resources are being wasted. It measures the degree of producing the maximum amount of outputs from a given amount of inputs or, conversely, using the minimum amount of inputs to produce a given output. The inefficiencies in the eyes of the patient can be manifested in the form of excessive hospital length of stay, whereas from the management’s point of view as over-prescribing, over-staffing, use of branded over generic drugs, and wastage of stock. Measurement of efficiency is therefore relevant in settings constrained by scarce resources and given the recent economic downturn and escalating healthcare costs. Wolper (2004) noted that many healthcare organizations are applying continuous quality improvement principles to outpatient service areas with the goal of improving customer satisfaction and service quality. As a result, he observed that some organizations have seen dramatic results in improving key process variables such as patient registration time, reducing the overall patient waiting and registration time from 25 or more minutes to less than 10 minutes.

Hsu (2010) in acknowledging the significance of private sector in contributing to the population health also highlighted the importance of efficiency in health care delivery. He posits that, it is no longer a question of private versus public but rather what is the best and most efficient mix for the local context towards maximising the systems’ contribution to population health. Efficiency levels therefore will determine the level of penetration and actual outputs thus directly affecting health care service delivery e.g.
slow systems will curtail the number of patients attended to in a given day within a facility.

2.2.2 Reliability

Reliability may be defined as the ability to perform the promised service dependably and accurately (Markovic and Raspor, 2010). Peppers and Rogers (2010) hold the view that reliability affects credibility of a product, which in turn affects the long-term orientation of a customer regarding their trust on the product. Shore (2006) argues that trust is a critical factor for anyone who wants to build successful business in the healthcare industry. The healthcare industry has tremendous competing pressure to provide best-in-class quality patient experiences (Faltin et al., 2012). In such an environment, it is the trusted hospital that attracts not only the best clinicians but also the most patients and the most donors (Shore, 2006).

According to Ramez (2012), reliability in healthcare can be viewed in two ways; One as a customer satisfaction index. A substantial literature has been devoted to the assessment of service quality by the use of SERVQUAL tool and one such study was a study of 235 Bahraini patients which rated the reliability dimension as the most important service satisfaction element. Secondly reliability can be used as a measure of the quality of the technical service provided by health facilities.

DeVita et al. (2006) noted that reliability is often presented as a defect rate in units of 10 and generally represents the number of defects per opportunity for that defect. They posit that in healthcare, an opportunity for a defect usually translates to a population of patients at risk for the medical error or adverse event. For example, within a health care institution, failure to use evidence-based interventions may occur in five of 10 patients, or a catheter-related bloodstream infection in four of 1,000 catheter days. Thus a fundamental principle in measuring reliability is focusing on defects that can be validly measured as rates with clearly defined numerator (defect) and denominator (population at risk) and must be devoid of reporting biases.
2.2.3 Physical Attributes

Barber and Scarcelli (2010), in their review of literature, noted that physical attributes which is composed of ambient conditions, design, physical and social factors, all of which are important predictors of service quality as having possible influences in decision making. This highly complex physical environment has been recognized in many service organizations such as hospitals, hotels, airlines, banks, and restaurants and consequently addressed by requiring elaborate designs, layouts, and, interior decorations to achieve a variety of marketing and organizational objectives. The cleanliness of a health facility, whether it is the lobby, building exterior or the treatment rooms, can influence the customer’s perceptions of quality of the health care service offered owing to dirty facilities that may lead to re-infections negating the benefits.

Lockyer (2003) argues that a customer’s satisfaction is realized not only through the delivery of exceptional service but additionally through the physical environment which plays a key role in the delivery process. Availability of ambulances, qualified staff is a physical demonstration of institutional preparedness to handling medical emergencies and procedures.

A defect in the quality of tangibles would also be manifested through organizational barriers (Kronfol, 2012). Organizational arrangements can influence access to and use of services. Organizational barriers include waits and delays as well as long queues in accessing services at various care outlets; inadequate opening hours and lack of an appointment system. These give a negative picture of the facility thus discourages would be clients. Organizational barriers also encourage inpatient utilization and favoured it over ambulatory care in order to bypass such restrictions and discomfort (Kronfol, 2012). In a study to identify the access and barriers to healthcare in Arabic countries, Kronfol (2012) outlined three aspects of geographical barriers to access to health care services. These are: transport, regional variations and rural–urban inequalities. These barriers negate health care delivery by increasing cost, increasing travel hurdles or limiting proximity to health facilities.
As pointed out in chapter one, demographics of the patients seeking healthcare services within Thika Sub-county are highly unique and widely varied. There are both urban dwellers within the town as well as the rural population in the town’s environs. A significant population also resides in informal settlements within the town with some health facilities being situated in private common buildings and in areas with poor road networks (TDHRIO, 2013).

Kronfol (2012) posit that transportation is an important issue when people are dependent on public transport to access health care. This is particularly the case in rural areas. He goes ahead to say that there is a particular concern about the safety, cost of transportation and ease of boarding public buses. Older people are particularly disadvantaged in this respect.

Distance has been shown to limit access to health care. In rural parts of Thika Sub-county health facilities are far as 10 kilometres apart (TDHRIO, 2013). The impact of distance on utilization of preventive services such as screening appears to be greater than on curative treatments, especially where follow-up treatments are required. Disabled persons have very specific needs in terms of accessibility of health care facilities and access to information (Kronfol, 2012). For instance, in some cases not only for the disabled, it is necessary to guarantee that physical health facilities are easily accessible for wheelchair users; that there is provision for lifts where a health facility is situated in tall building and provision of sufficient parking space.

2.3 Customer Service Factors Influencing the Utilization of Healthcare Services in Private Health Facilities

There is a general consensus in literature that customer service means different things to different people (Gibson, 2011; Tyson and Schell, 2011). Gibson (2011) thus construe customer service to mean the process of satisfying the customer, relative to a product or service, in whatever way the customer defines his or her need, and having that service delivered with efficiency, compassion and sensitivity. This has strategic implications for the management of healthcare facilities. Research provides ample evidence that the economic success of companies fluctuates with the quality of service that is offered,
establishing that quality service leads to financial and strategic success (Milbourn and Haight, 2001). Goodman (2009) asserts that superior service is the chief differentiator and this applies especially to the healthcare sector. Before using a service, a customer has certain expectations about it and it is these expectations that become a basis against which to compare actual performance (Hermon and Altman, 2010). Quality means the degree of excellence in service performance (Rama and Rao, 2011).

According to Rama and Rao (2011), consumers perceive the quality of a service by experiencing the consumption process and comparing the experience with their expectations. As service quality is antecedent to consumer satisfaction and consumer satisfaction is antecedent to purchase intentions, there is a strong link between quality and customer retention in the services sector. Service quality is the degree and direction of discrepancy between consumer’s perceptions and expectations in terms of different but relatively important dimensions of the service quality, which can affect their future purchasing behaviour.

It should be noted that customer integration in the service production process is a central characteristic of services (Buttgen and Ates, 2009). Therefore, the production of any service requires the participation of the customer (Bettencourt et al., 2002). Due to this participation in the production processes, there is an influence of customers on service delivery because the participation of the patient is required for their production. Accordingly, the productivity of health care services seems to be dependent on the behaviour of the patient. The behaviour of which is highly influenced by the customer care services offered by the health facilities. In this way, an excellent customer care service is the route to success of every organization’s health. It creates a professional yet friendly atmosphere that attracts and retains customers and patients. When businesses prioritize customer satisfaction and maintain long-term relationships with their customers, customers keep coming back otherwise they keep off. In health care industry, the customer perception on the quality of customer care services received play a vital role in enhancing delivery of the health related services.

According to Goodman (2009), the payoff from a strategic approach to customer service is simple: more revenue, higher margins, lower costs, and positive word of mouth
producing more customers at a lower marketing cost. Schulz and Johnson (2003) argue that the purpose of a health service is to apply appropriate technologies and provide for the delivery of care services to meet the health needs of the populations served. However, a study by Family Care International in the then Homa Bay and Migori Districts, Kenya in 2003 revealed major concerns about the attitudes of health workers towards community members. While some study participants described positive interactions with facility-based health staff, many characterised facility-based providers as negligent at best, and as emotionally and physically abusive at worst. Others complained of outright neglect, describing health staff as inattentive and unconcerned about women’s progress with labour or their discomfort. Community members also perceived facility-based staff as judgmental and discriminatory, commenting that women who are well-dressed receive good care, whereas those who appear less affluent are shamed and criticised. The study pointed out that poor treatment by the health care providers at worst made some pregnant women resort to home delivery with assistance of traditional birth attendants (Family Care International, 2003). Here are some of the customer care practices that enhance health care service delivery:

### 2.3.1 Responsiveness

Landrum et al. (2009) defines responsiveness as the ability to provide prompt service; that is, willing and ready to provide service(s) when needed. This dimension of service quality has consistently ranked highly together with reliability (Ramez, 2012). The strategic implications for healthcare management, according to Ramez (2012), for instance, is that the health facility staff should provide adequate time to patients during their visits to understand the nature of the medical procedures being carried out as well as other areas such as counseling. Another important item is that hospital staff should be competitive and more helpful in their provision of services. The social interchange between the customer and the service provider and the way this process is managed is pivotal to achieving excellent customer service (Cook, 2010).

### 2.3.2 Positive Attitudes

An attitude is a combination of beliefs and feelings that predispose a person to act in a certain way (Schermerhorn et al., 2003). According to Rollinson and Broadfiled (2002),
it may also be defined as a mental and neutral readiness, organized through experiences, exerted a directive or dynamic influence upon the individual’s response to all objects and situations with which it is related. This means that, they are evaluative statements which are, either favourable or unfavourable about objects, people or events and reflect how we feel about something (Robins and Judge, 2009). Our actions towards objects or people are strongly influenced by how positively or negatively we feel about them. Hence attitudes affect our behaviours, (Rollinson and Broadfield, 2002). The skills and attitude of staff engaged in customer service have a critical impact not only on the levels of satisfaction that the customer gets from the market offering but also on referrals (Sahaf, 2008).

From these definitions, several key elements of an attitude can be pointed out. Attitudes are held towards something specific that is part of the world of the attitude holder such as people, job or organization. Attitude reflects the attitude holders experience, feelings and evaluation of the aspects of his/her world. Attitudes are to a large extent learnt from experience and are enduring and have a bearing on how an individual reacts to the object or people. They involve mental process and are not tangible hence their existence can only be inferred. To try and establish the significance of attitudes to the attitude holders, research over time has established the functional approach theories with a basic assumption that attitudes are held because they serve a useful purpose for the holder (Rollinson and Broadfield, 2002).

Managers should be interested in their employees’ attitudes because attitudes give warnings of potential problems and because they influence behaviour (Robbins and Judge, 2009). Attitudes may influence work outcomes such as work quality, absenteeism, turnover, accidents and sabotage. Work related attitudes tap positive or negative evaluations that employees hold about aspects of their work environment. Having a positive attitude is the foundation of excellent customer service. It provides the necessary perspective that allows one to listen, care about and solve customers’ concerns. It helps one cultivate the ability to enjoy doing something special for others and obtain nothing but a thank you or a smiling face in return. It entails wearing a smile, and conducting one’s self with an upbeat demeanour, while demonstrating flexibility and approachability towards customers and patients (Aldag and Kuzuhara, 2002).
2.3.3 Professionalism

According to Delattre and Ocler (2013), professionalism characterizes the deployment of actor’s action (individual or collective) under collective constraints and subjected to judgment of third parties. Professionalism includes a reference to the actor, to cooperation and to the sense-making of collective action, in other words to pursued objectives. The reference to the actor deals with his capacity to realize decisive acts. The reference to cooperation refers to the actor’s capacity to insert his activity into situations or levels of performance compared to the activity of the other actors.

According to Delattre and Ocler (2013), within the hospital set up, medical personnel’s professionalism in reference to the notion of relevant, coherent and congruent act is portrayed through three key elements. Firstly, jobs- technical or methodological expertise, variety of personal experience, lack of common tools but development of personal ones. Secondly, shared values- strong awareness of the quality of service to be supplied to the patient, deep motivation for the public sector despite difficulties linked to institutional trammel, high social concern to reconcile well-being at work with the requirements of the rendered service in a context of hyper-protection of the agents and thirdly, added value/distinctive competences – strong capacity of adaptation, capacity to take initiatives without expecting institutional response, flexibility to mitigate the conflicting synergies between the teams and administrative complexities, will to develop new methods of work, and permanent concern to deliver despite the lack of direction and recognition of their actions. In Summary professionalism in health care system involves presenting one’s self in a way that is refined, polished, courteous, controlled, warm and helpful.

2.3.4 Compassion

Compassion is the sympathy for others, with a desire to help (Opdebeeck and Habisch, 2011). It emerges from a belief in minimising self-interest and maximising mutually beneficial transactions. It is about understanding one’s responsibility for promoting public morality and behaviour and in putting people first by being caring and empathetic to the feelings, thoughts and experiences of team members, customers and patients indiscriminately without judgement.
Phan (2004) highlights that the problem for many managers today lies in the fact that by only adhering to the letter of the law, they believe they are ethical to the spirit or core of their business or organisation but ethics is more than compliance to the law. This applies to compassion for everyone, every stakeholder, every customer, and every employee. To enact compassionate management in a corporation, compassionate management must be grounded in ethics, not just in compliance. It is crucial to educate everyone in the culture of compassion before any short-term perceived gain. Great companies also identify the systemic points of pain that their customers experience in transactions and then do something to relieve that pain (Goodman, 2009).

Crowford et al. (2011) point out that compassion is not a peripheral topic in relation to health care delivery or health and wellbeing. They posit that there are physical, psychological and social benefits of being compassionate to ourselves and others. Referring specifically to practices and receipt of compassion as a key factor in affecting our mental states, Crowford et al. (2011) point out that we can take on a different mind state and mentalities that organize our motivation, attention, thinking, and behaving in particular ways according to different types of relationship and relating goals. For example when interacting with a potential sex partner, a friend, a hostile stranger, or our loved child, what we are motivated to do, what we attend to do, how we think and reason and what we actually do then and subsequently will be quite different. Importantly when our minds are primed for compassion, we tend to be helpful, friendly, sensitive to distress, and show insightful empathy and similar behaviours. In contrast, when our minds are threat or competitive focused, our motivations are to avoid punishment, and our attentional sensitivity is to threats in the environment (such as bureaucratic requirements) and behaviours are primarily defensive to avoid trouble or falling behind.

Crowford et al. (2011) further aver that different mentalities which prime complex psychological processes emerge in different social context and this is why we know that the social context can bring out the best or the worst in us. In the increasing target driven, busy, bureaucratic culture of health care, where individual practitioners are intensively audited, and monitored, or told that their jobs hang in the balance, the very thing that health care traditionally aspires to caring for people in various context of physical and psychological distress may be severely compromised. Hence it is worth noting that,
people must always come before numbers. Individual patients and their treatment are what really matters. Statistics, benchmarks and action plans are tools not ends in themselves. They should not come before patients and their experiences. This is what must be remembered by all those who design and implement policy for the health care systems.

Gianforte (2008) holds that another way of expressing compassion is through initiatives and problem solving. In business, as in life, it’s often wise to seize the initiative. Reacting to problems after they occur is usually more expensive than addressing them proactively. It also usually means that the problem gets bigger than it would have been if it got nipped in the bud. Being proactive involves anticipating and solving problems before they arise and taking ownership when they arise thus, turning a problem into an opportunity to exceed the patient’s or client’s expectations. A proactive approach to customer service delivers many benefits. First, it significantly improves the quality of customer service. Second, proactive customer service reduces costs, and thirdly, proactive communications allows organizations to support more customers and more products within existing staffing levels. The proactive customer services can be achieved through, proactive messaging, proactive processes and proactive quality assurance.

Similarly, compassion can also be expressed through being customer oriented. VanVactor (2013) acknowledges that patient centered care recognizes the client as the most important member of a care team designed around holistic (preventive and reactive), evidence-based care. These thoughts are in line with Matzer et al. (2007) who pointed out that success in today’s competitive environment requires a sustained customer focus. Organizations cannot achieve an integrated customer orientation simply by marshalling policies which extol the virtues of service to customers but rather, they must develop an effective organizational support.

The Institute of Medicine cited in Jayadevappa and Chhatre (2011) listed patient-centered care as one of the six aims for improvement in its 2001 report ‘Crossing the Quality Chasm’ and defines patient-centered care as care that respects and responds to the individual patient’s preferences, needs and values and ensures that clinical decision incorporates patients’ values. Patient-centered care may have important benefits for
patients through improved communication, appropriate intervention, enhanced satisfaction and patient reported outcomes, and finally biomedical outcomes.

Jayadevappa and Chhatre (2011) noted that the term patient-centered care is used in many contexts and relations to characteristics of patients and providers. It has been suggested that one of the barriers to the effective implementation of patient-centered care is the ambiguity of its definition and key components. Patient-centered care implies individualized patient care based on patient specific information rather than focusing exclusively on the disease. This creates a comprehensive healthcare approach, where the physician tries to see the illness through the patient’s perspective, and is responsive to the patient’s needs and preferences.

Jayadevappa and Chhatre (2011) continue to say that implementation of patient-centered care has also led to a decrease in the average length of stay, improved patient satisfaction, and efficient and effective treatments, leading to lower costs of care. From the perspective of a provider, via high quality patient-centered care, institutions are able to create a brand name that keeps its old consumers and draws in new ones. Thus, patient-centered care model is being increasingly recognized as important for the delivery of high quality care.

Matzer et al. (2007) argued that the foregoing means that a strategic customer orientation management presents a new opportunity for organizations and should be regarded as a positive and competitive tool. In this way there is need for managers to pay serious attention to the internal dynamics of the organization’s systems and structure which are supportive of, and well attuned to, an overall culture of customer orientation. Implicitly, it can be deduced that each organization’s customer orientation profile will vary according to variations in management beliefs and behaviour. Management behaviour creates, and in turn, is reinforced by, organizational characteristics. Consequently, a change in organizational behaviour in pursuit of customer-driven goals requires, first and foremost, a customer-oriented attitude on the part of the organization’s top leaders and customer-driven organizational systems.
2.3.5 Respect

According to Opdebeeck and Habisch (2011), respect is demonstrating to people that they have value and are important to you. It is a demonstration of genuine care about them, their feelings and existence. Likewise it is a demonstration that you enjoy their company and conversations. Thus, in business it is a display of gratitude, consideration and importance. Establishing respect with new customers is extremely important. Respect is the result of true selflessness; that is, doing things with the knowledge that they are the right things to do not because you expect something in return. Respectful people nurture positive relationships with their customers and co-workers.

In enhancing health care service delivery, Saha et al. (2008) underscore the significance of patient respect. It is not just a mere call but mandatory for medical service providers to respect patients as individuals, respect their values, preferences and expressed needs. Respect for patients health beliefs, cultural diversity and recognizing their role in effective health care delivery. Saha et al. emphasize the need for the patients’ values as a guide of all clinical decisions for enhanced service delivery.

2.4 Price-related Factors Influencing the Utilization of Health Care Services

According to Morgan and Rego (2009), customer price perceptions are widely believed to be fundamental determinants of the customer’s choice and post-purchase attitudes and behavior. Thus, extent to which customers perceive the products in the healthcare facility’s portfolio as being lower in price, should result in greater customer satisfaction and loyalty and thus lead to enhanced sales and market share, which in turn may lead to economies of scale and superior financial performance. In contrast, Donoghue and de Klerk (2009) draws attention to the general consensus in consumer complaint behavior theory that highly priced, complex products (high in perceived risk) with a relatively long life expectancy generate a higher incidence of public complaints.

Discussing the concept of value for money, Evans (2002) argued that satisfaction is not only based on perceived quality but, is influenced by other factors such as charges. Evans defines value as the ratio of perceived benefit to perceived costs. McDougall and
Levesque (2000) elaborate the concept of value by viewing perceived value as benefits received relative to costs. They argue that perceived value suggests that customers are looking for the right level of quality in relation to the price they have to pay, and therefore, it can be said that quality and value are more indicative of the soundness of private healthcare management. Broadly defined, perceived value is the results or benefits customers receive in relation to total costs, which include the price paid plus other costs associated with the purchase. In simple terms, they refer value as the difference between perceived benefits and costs. They contend that customers are mindful of the costs of obtaining a service and costs matter in relation to satisfaction and loyalty. Therefore, in making repurchase decisions, customers are likely to consider whether or not they received “value for money”. The authors emphasize the importance of recognizing that there may be situations where customers may be “satisfied” with “what” was delivered (the product) and “how” it was delivered (the customer service) but may not have felt they got their “money’s worth.”

Kastanioti et al. (2011) identified strategic issues in healthcare management and noted that rising health care costs and access to affordable coverage are prominent issues for health care providers and lives of millions of people. Analysis on costs of various interventions become essential not only for medical practitioners and hospital administrators, but also for governments and health-care policymakers since cost can be a huge hindrance to the national health care service delivery objectives. The driving forces behind rising health care costs, however, are often misunderstood. There are several key cost drivers that combine together to drive up the cost of health care. Understanding why health care coverage costs are increasing is crucial for both public and private sectors so as to work effectively together to address these issues. The cost drivers explored in this study are:

2.4.1 Technology

Health care technology and scientific discoveries have revolutionized the health care industry. Innovations have resulted in vaccines, antibiotics, sophisticated heart disease care, surgical advances and procedures, medical devices (such as CT scanners and implantable defibrillators), and cancer treatment (The Congress of the United States,
Congressional Budget Office [CBO] (2008). Few areas of medicine have remained unaffected by some degree of new medical technology. Unfortunately, over utilization and misuse of new technology has led to excessive spending and even higher costs for patients. According to Callahan (2008), new and increased use of technology accounts for between forty and fifty percent of annual health care cost increases. Some types of technology are a wasted cost because it costs more for the new equipment and training of caregivers than it would to use previous protocols.

There are three primary cost drivers when it comes to the increase in technological costs. First, when patients who do not pay directly for their health care received services, they place unrealistic demands on their physician to run unnecessary diagnostics and treatment. Second, new technology might be adopted because of its "clinical superiority" to existing technology, but it does not necessarily offer the highest value for a patient. Finally, no market mechanism is in place to determine the value of medical technology, so cost-effectiveness is out the window (Beever et al., 2004).

2.4.2 Prescription Drugs

Over the past decade, there has been an escalating burden of high cost of prescription drugs. Three main driving factors of this dramatic increase in prescription drug costs have been linked to more prescriptions being written, price inflation, and a shift towards use of higher-cost drugs. On the positive side, the increased use of generic drugs provides an opportunity for slowing the growth in costs, while preserving health care quality. With the global escalating healthcare cost, governments of many countries have adopted ongoing series of cost-containment attempts in an effort to spend their limited financial resources efficiently so that equitable access to healthcare can be provided. One of the many ways to control healthcare expenditure is to promote the use of cheaper generic drugs instead of the more expensive branded equivalents. Savings made by using generic medicines allows more patients to be treated with the same amount of money and mobilizes funds to finance other treatment modalities (El-Dahiyat and Kayyali, 2010).
2.4.3 Laboratory Test Fees

An effective laboratory service is an essential part of a functioning health service. It provides confirmatory diagnosis and improved management of diseases, essential public health information and disease surveillance. This makes laboratory an important aspect of diseases. It stands as a pillar in measurement of the true effectiveness of interventions and conducting disease surveillance since without an effective laboratory service, diagnoses are missed and expensive drug treatments go into wastes and the resulting public health is inaccurate (Dacombe et al., 2006).

In Kenya while cost of the provision of laboratory services in private facilities is borne by the patients, in public sector it is on a co-pay basis i.e. the service is subsidized. This poses a challenge especially to the low income members of the population. The challenge is manifested in two perspectives. The actual cost of laboratory diagnosis in some cases is too high for the low income patients. Secondly, due to under development of the laboratory services across the country, it means that not all health facilities have sufficient machines and equipment for the laboratory tests. This calls for referrals to other facilities of which may not be easily accessed by the patients due to distance and infrastructural challenges thus increasing the actual cost of seeking laboratory services for the already burdened population. Understanding of the role and true cost of laboratory services has a critical role in supporting the delivery of essential health package (Dacombe et al., 2006). A too high cost may be a real hindrance to effective delivery of health care services across the country.

2.4.4 Doctor’s Consultation Fee

In a managed health care situation (where the patient is insured), the fee charged by the doctor ranked eight out of the ten most significant important factors that influence the choice of a family physician. This situation ranking may not stand for the fee for service arrangements where patients pay directly from their pockets. Despite this, the study strongly points out to the significance of the doctor’s fee to patients (Hanna et al., 2004).
2.5 Chapter Summary

The chapter focused on the views of other scholars on the factors that affect health care service utilization. The chapter started by looking at the product quality factors that influence utilization of healthcare services, the customer service factors that influence utilization of healthcare services and finally, the price-related factors that influence utilization of healthcare services. The chapter has highlighted the various variables for each of these three factors. The next chapter focuses on the methodology adopted for this study.
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

The purpose of the study was to explore the factors that influence utilization of healthcare services in private health facilities from a strategic healthcare management perspective. This chapter looks at the research methodology that was used in this study. The chapter discusses the research design, population and sampling design, data collection methods, research procedures and data analysis methods.

3.2 Research Design

This study adopted a descriptive research design. Salaria (2012) describe this research design as one which concerns itself with the present phenomena in terms of conditions, practices beliefs, processes, relationships or trends. 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. This research design was appropriate for this study since the study sought to establish whether the said variables and health care service utilization were correlated in one way or another. The dependent variable for this study was the health care utilization while the independent variables were: product quality factors, customer care factors and price related factors.

3.3 Population and Sampling Design

3.3.1 Population

Cooper and Schindler (2006) define a population as a group of people or elements about which inferences is generalized. Nafula (2011) indicates that the private sector in Kenya owns 58% of all healthcare institutions and is generally better equipped and resourced,
thus they provide services such as laboratory and imaging, which are not usually available in public health facilities. However, about 60 percent of care is delivered in the public sector with the the private health facilities accounting for the remaining 40 percent. It is also worth noting that the health care utilization rate in Kenya is approximately 77% for those who are sick, meaning that a large percentage of the population does not seek care in the registered formal institutions when ill (Turin, 2010). Thika Sub County has a population of approximately 311,035 (KNBS, 2009). According to KNBS (2013), the estimated annual country population growth rate in 2012 was 2.44%.

3.3.2 Sampling Design

3.3.2.1 Sampling Frame

A sampling frame is a list of elements that are present in the population from which the sample will be drawn from (Cooper and Schindler, 2006). It is a list or other device used to define a researcher's population of interest and defines a set of elements from which a researcher can select a sample of the target population. It can be represented by the entire target population or a section of it (Garson, 2012). According to Ministry of Medical Services and Ministry of Health and Sanitation (2012) the government seeks to maximize health outcomes by organizing health service delivery around a four tiered health system namely: Community, Primary care, Primary referral and county referral services.

The Ministry of Medical Services and Ministry of Health and Sanitation (2012) explain that the community services will comprise of all community based demand creation activities organized around the Comprehensive Community Strategy defined by the Health Sector; the primary care services will comprise all dispensaries, health centers and maternity homes of both public and private providers; The county referral services will include hospitals operating in, and managed by a given county, made up of all the former level 4 and district hospitals in the county – government, and private, and the national referral services will include the service units providing tertiary / highly specialized services including high level specialist medical care, laboratory support, blood product services, and research. Since Thika Sub-county is at the district level, the sampling frame comprised one representative healthcare facility from each of the first three tiered
systems namely, community, primary care and primary referral services. The population unit was the patients who visited these health facilities daily.

### 3.3.2.2 Sampling Technique

A stratified sampling technique was adopted for this study. This method of sampling ensures that each stratum is properly represented so that the sample drawn from it is proportionate to the stratum’s share of the population (Fricker, 2007). The stratification followed the three tiered system which classified the health facilities into community, primary health care and county health care. Equal stratification of the sample size was carried out in order to compare results from each tier. Kothari (2004) recommend that equal sample selection from each stratum is more efficient even if the strata differ in sizes.

### 3.3.2.3 Sample Size

A sample size represents a subset (any combination of sampling units that does not include the entire set of sampling units that has been defined as the population) of a sampling units from a population (Garson, 2012). This gives the entire number of population elements from which data is to be actually collected. The sample size was determined using the following formula provided by Gill and Johnson (2010):

\[
n = \frac{P\% \cdot (100\%-P\%)Z^2}{E^2}
\]

Where:

- \(n\) = the sample size required
- \(P\) = the percentage occurrence of a state or condition
- \(E\) = the percentage maximum error required. In this study, a 10% margin of error was accepted. This is suggested by Rea and Parker (2012) as a practical rule of thumb for the maximum error level accepted in most social research.
\[ Z = \text{the } z \text{ value corresponding to level of confidence required, representing the degree to which we can be sure the characteristics of the population have been accurately estimated by the sample. In this research, 95 percent confidence level (equal to a } z \text{ value of 1.96) was used.} \]

In the formula above, the variance of a proportion is represented by \( P(100-P) \), where: \( P \) is the percentage of a sample having a characteristic. Gill and Johnson (2010) suggest that researchers should use 50% as an estimate of \( P \), as this resulted in the maximization of variance and produce the maximum sample size.

Therefore,

\[
n = \frac{50\% \times (100\%-50\%) \times 1.96}{10^2}
\]

\[ n = 96 \]

**Table 3.1: Sampling Size Distribution**

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<thead>
<tr>
<th>Hospital Facilities Category</th>
<th>Sample size</th>
<th>Percentage (%)</th>
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<tbody>
<tr>
<td>Tier 1: Community care services</td>
<td>32</td>
<td>33.33%</td>
</tr>
<tr>
<td>Tier 2: Primary care services</td>
<td>32</td>
<td>33.33%</td>
</tr>
<tr>
<td>Tier 3: County care services</td>
<td>32</td>
<td>33.33%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

### 3.4 Data Collection Method

The data collection instrument was self-administered questionnaire designed on the basis of the research questions. Use of questionnaires is appropriate because the responses are gathered in a standardised way, so questionnaires are more objective; generally it is relatively quick to collect information using a questionnaire; and potentially information can be collected from a large portion of a group (Harris and Brown, 2010).

The questionnaire consisted of both open-ended and closed questions covering the variables of study. Open-ended questions permits free responses from the respondents,
without providing or suggesting any structure for the replies. The closed ended questions enable responses of the respondents to be limited to stated alternatives. The use of closed-ended questions method was employed because it enables isolation of the responses from external influences unlike the open ended questions which gives the respondents total freedom to express their views and attitudes in unbiased manner.

3.5 Research Procedure

The questionnaire was pre-tested on 5 respondents randomly picked from each strata of the target population. The participants who participated in the pre-test did not participate in the actual research. Bryman and Bell (2003) add that it is highly desirable to pilot a research instrument so as to carry out preliminary analysis of issues such as whether respondents tend to answer in identical ways to a question or whether any question was omitted. The purpose of pre-testing therefore is to determine suitability, check understanding and ensure accuracy of the data collection method. The pilot test assisted in identifying vague and unclear questions.

The questionnaire attached to a letter detailing the purpose of the research was then distributed to the respondents. In order to ensure a high response rate, the researcher administered the questionnaire through face to face meetings with the respondents. This also enabled the researcher to clarify some of the questions to the respondents and encourage them to respond.

3.6 Data Analysis Method

The data after collection was coded before being entered into Statistical Package for Social Sciences (SPSS) program for analysis to develop a quantitative inference to the subjects of study. Cooper and Schindler (2006), describe data analysis as the process of editing and reducing accumulated data to a manageable size, developing summaries, seeking for patterns and using statistical methods. To ensure easy analysis, the questionnaire was coded according to each variable of the study to ensure the margin of error is minimized to assure accuracy during analysis. Quantitative analysis techniques using descriptive statistics such as frequencies and percentages were adopted. The tool
that was used is the Statistical Package for Social Scientists program. Measures of central tendency such as mean were computed. Spearman’s Rank Correlation Coefficient was used to determine the relationship between the study variables.

3.7 Chapter Summary

The chapter has explained the type of research design used, population, sampling design including sampling technique, sample frame and sample size. It has also detailed the data collection methods, research procedures and data analysis techniques adopted. The next chapter presents the results and findings of the study.
CHAPTER FOUR

4.0 RESULTS AND FINDINGS

4.1 Introduction

This chapter presents the analysis of the study findings. The chapter begins with the descriptive statistics of respondents’ general information. The rest of the chapter is thematically organized based on the research questions. These were: What are the product quality factors that influence utilization of healthcare services in private health facilities in Thika Sub County? What are the customer service factors that influence utilization of healthcare services in private health facilities in Thika Sub County? What are the price-related factors that influence utilization of healthcare services in private health facilities in Thika Sub County? Out of the 96 questionnaires that were administered, 94 were successfully filled and returned. This is equivalent to a response rate of 98% as shown in table 4.1.

Table 4.1: Response Rate

<table>
<thead>
<tr>
<th>Strata</th>
<th>Percentage Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responded</td>
</tr>
<tr>
<td>Community Care Services</td>
<td>32</td>
</tr>
<tr>
<td>Primary Care Services</td>
<td>32</td>
</tr>
<tr>
<td>County Health Care Services</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
</tr>
</tbody>
</table>

4.2 General Information

The general information sought in the study included respondents’ demographics such as gender, age, medical condition and disability, level of income, frequency of healthcare visits, average spend per visit and determinant of health facility choice. The findings are analyzed as follows.
4.2.1 Gender of Respondents

The distribution of respondents by gender is shown in table 4.2. The table shows that females accounted for 71.3% of the respondents whereas males were only 28.7%. Therefore, majority of the respondents were female. These results suggest that healthcare services at Thika Sub-County were mainly visited by female clients.

Table 4.2: Distribution of Respondents by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Distribution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Male</td>
<td>27</td>
<td>28.7</td>
</tr>
<tr>
<td>Female</td>
<td>67</td>
<td>71.3</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.2 Age of Respondents

Respondents were asked to indicate their age brackets. Table 4.3 shows that 73.4% of the respondents were in the age bracket of 35-51 years. This was followed by 13.8% of the respondents aged between 19-35 years and 8.5% of the respondents aged more than 69 years. Some 2.1% of the respondents were aged less than 18 years whereas another 2.1% were aged between 52 to 68 years. Therefore, majority of the respondents were in the age bracket of 35 to 51 years.

Table 4.3: Distribution of Respondents by Age

<table>
<thead>
<tr>
<th>Age group</th>
<th>Distribution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Less than 18 years</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>19-35 years</td>
<td>13</td>
<td>13.8</td>
</tr>
<tr>
<td>35-51 years</td>
<td>69</td>
<td>73.4</td>
</tr>
<tr>
<td>52-68 years</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>More than 69 years</td>
<td>8</td>
<td>8.5</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>100.0</td>
</tr>
</tbody>
</table>
4.2.3 Disability Status

The question sought to establish whether respondents had any form of disability. As table 4.4 shows, 98.9% of the respondents did not have any form of disability. However, 1.1% of the respondents said yes. Therefore, nearly all of the respondents did not have disability.

Table 4.4: Disability Status

<table>
<thead>
<tr>
<th>Responses</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>93</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
</tr>
</tbody>
</table>

4.2.4 Medical Condition

Respondents were also asked whether they had any special medical condition. Table 4.5 shows that 89.4% of the respondents said no while 10.6% of the respondents said yes. Therefore, majority of the respondents did not have any special medical condition.

Table 4.5: Special Medical Condition

<table>
<thead>
<tr>
<th>Responses</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
</tr>
</tbody>
</table>

4.2.5 Level of Income

The study sought to determine the level of income of respondents. Table 4.6 shows that 46.8% of the respondents earned less than Ksh.20,000. This was followed by 26.6% of the respondents who earned from Ksh.20,001-50,000 and 22.3% with an income range between Ksh.50,001 and Ksh.100,000. The table shows that only 4.3% earned more than Ksh.100,000. On aggregate, it can be said that nearly three-quarters of the respondents did not earn more than Ksh 50,000.
Table 4.6: Distribution of Respondents by Level of Income

<table>
<thead>
<tr>
<th>Level of income</th>
<th>Distribution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Less than Ksh 20,000</td>
<td>44</td>
<td>46.8</td>
</tr>
<tr>
<td>Ksh 20,001-50,000</td>
<td>25</td>
<td>26.6</td>
</tr>
<tr>
<td>Ksh50,001-100,000</td>
<td>21</td>
<td>22.3</td>
</tr>
<tr>
<td>More than Ksh100,000</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.6 Healthcare Utilization

Respondents were asked to indicate how often they sought services from the health facility. Table 4.7 shows that majority (64.9%) of the respondents sought services from the health facility occasionally. However, 17% of the respondents said they did so often, and 18.1% of the respondents sought healthcare services in the facilities quite often.

Table 4.7: Frequency of Healthcare Visits

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Distribution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Occasionally</td>
<td>61</td>
<td>64.9</td>
</tr>
<tr>
<td>Often</td>
<td>16</td>
<td>17.0</td>
</tr>
<tr>
<td>Quite often</td>
<td>17</td>
<td>18.1</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.7 Average Spend per Visit

The study sought to establish on average how much respondents did spend on health services per visit. According to Table 4.8, more than 50% of the respondents spent an amount not exceeding Ksh.2,000 with 39.4% spending an average of Ksh.1001-2000. The table however shows that 20.2% of the respondents spent on average Ksh.2001-3000; 10.6% of the respondents spent between Ksh.3001-4000 while 16.0% of the respondents spent an average of more than Ksh.4000 per visit.
Table 4.8: Average Spend per Visit

<table>
<thead>
<tr>
<th>Amount spent</th>
<th>Distribution</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than KSh. 1,000</td>
<td>13</td>
<td></td>
<td>13.8</td>
</tr>
<tr>
<td>Ksh. 1001-2000</td>
<td>37</td>
<td></td>
<td>39.4</td>
</tr>
<tr>
<td>Ksh. 2001-KSh. 3000</td>
<td>19</td>
<td></td>
<td>20.2</td>
</tr>
<tr>
<td>Ksh. 3001-4000</td>
<td>10</td>
<td></td>
<td>10.6</td>
</tr>
<tr>
<td>More than Ksh.4000</td>
<td>15</td>
<td></td>
<td>16.0</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.8 Determinant of Choice of Health Facility

Respondents were asked to indicate the most important factor that influenced their choice of the health facility/hospital to visit. The results have been summarized and represented in figure 1. The figure shows that the competence of healthcare staff in terms of making correct diagnosis and prescription was the top most factor considered by majority (58.3%) followed by quick service (19.8%) and the courtesy and friendliness of staff (17.7%). The figure shows that ambience of cleanliness and state of the art of the facility also influenced 12.5% of the respondents in terms of their choice and 10.4% considered convenience and accessibility of the health facility as the top most factor. Some 7.3% of the respondents also mentioned affordability as a factor.

Figure 1: Most Important Factor in Choosing Health Facility
4.3 Product Quality Factors that Influence Utilization of Healthcare Services

Dimensions of product quality analyzed in this section includes: product’s efficiency as measured by speed of service, simplicity of process and administration; reliability which is represented by consistency and accuracy; and physical attributes which includes cleanliness and access. These are analyzed as follows:

4.3.1 Efficiency

The measures of efficiency included waiting time, simplicity of process and administration requirements. The opinion of respondents was sought as to whether they only waited a short time to see a doctor. Table 4.9 shows that 51.6% of the respondents agreed and a further 15.1% of the respondents strongly agreed. However, 11.8% of the respondents were neutral while 19.4% and 2.2% of the respondents disagreed and strongly disagreed. Therefore, majority of the respondents agreed that their waiting time to see a doctor was short. On a scale of 1 to 5, a mean score of 3.58 was established, implying that the efficiency in terms of speed was just above average.

Respondents were asked to indicate whether the payment process was simple. 54.3% and 21.3% of the respondents agreed and strongly agreed, respectively. The table however shows that 9.6% of the respondents were neutral whereas 12.8% disagreed and 2.1% strongly disagreed. A mean score of 3.8% was established, suggesting that majority of the respondents were generally in agreement with this view. Similarly, 56.4% and 21.3% of the respondents agreed and strongly agreed respectively, that there were few administrative requirements, yielding a mean score of 3.86. Even so, 12.8% of the respondents were neutral, 6.4% of the respondents disagreed and 3.2% strongly disagreed.

<table>
<thead>
<tr>
<th>Efficiency</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I only wait a short time to see a doctor</td>
<td>3.58</td>
<td>15.1%</td>
<td>51.6%</td>
<td>11.8%</td>
<td>19.4%</td>
<td>2.2%</td>
</tr>
<tr>
<td>The payment process is very simple</td>
<td>3.80</td>
<td>21.3%</td>
<td>54.3%</td>
<td>9.6%</td>
<td>12.8%</td>
<td>2.1%</td>
</tr>
<tr>
<td>There are few administrative requirements</td>
<td>3.86</td>
<td>21.3%</td>
<td>56.4%</td>
<td>12.8%</td>
<td>6.4%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>
4.3.2 Reliability

As a measure of reliability, the variables looked at included consistency and correctness. Table 4.10 shows that 43.6% of the respondents agreed and another 25.5% strongly agreed that the services were of high quality. However, 25.5% of the respondents were neutral while 5.3% of the respondents disagreed. A mean score of 3.89 was established on a scale of 1 to 5, suggesting that on average, the service quality was perceived as high. In terms of correctness, 42.6% and 16.0% of the respondents agreed and strongly agreed, respectively, that staff rarely made mistakes. However, 27.7% of the respondents were neutral, 10.6% of the respondents disagreed and 3.2% strongly disagreed. This yielded a mean score of 3.57 which implies that reliability as measured by correctness of service by staff of the health facility was above average.

Table 4.10: Respondents’ Views on Reliability of Health Facility

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The services are of high quality</td>
<td>3.89</td>
<td>25.5%</td>
<td>43.6%</td>
<td>25.5%</td>
<td>5.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>The quality of the services I receive are consistent</td>
<td>3.88</td>
<td>23.7%</td>
<td>49.5%</td>
<td>19.4%</td>
<td>6.5%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Staff rarely make mistakes</td>
<td>3.57</td>
<td>16.0%</td>
<td>42.6%</td>
<td>27.7%</td>
<td>10.6%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

4.3.3 Physical Attributes

Aspects of physical attributes assessed in the study included cleanliness of the facilities, distance, road network, parking space and consideration for the physically challenged. Table 4.11 shows that 57.4% of the respondents agreed and 30.9% strongly agreed that the facilities were generally clean and well arranged. However, 6.4% of the respondents were neutral, 4.3% disagreed and 1.1% strongly disagreed. A high mean score of 4.13 was computed from a scale of 1 to 5, implying that high level of cleanliness was maintained at the facilities.
The table also shows that 41.5% and 29.8% of the respondents agreed and strongly agreed respectively, that the facilities were near enough. However, 13.8% of the respondents were neutral and another 13.8% and 1.1% disagreed and strongly disagreed, respectively. The variable yielded a mean score of 3.85, implying that the facilities were in close proximity to the respondents. The table further shows that 52.1% of the respondents and 24.5% agreed and strongly agreed, respectively, that there were clear roads leading to the facilities. The results showed a mean score of 3.91 which indicated that the road network leading to the facility was clear. Nevertheless, 13.8% of the respondents were neutral whereas 9.6% of the respondents disagreed.

Regarding parking space, 38.3% and 14.9% of the respondents agreed and strongly agreed that there was ample parking space at the facility. However, 28.7% of the respondents were neutral while 17.0% and 1.1% disagreed and strongly disagreed, respectively. On a scale of 1 to 5, the mean score for this variable was 3.49; this implies that on average, respondents were non-committal about whether there was ample parking space or not.

However, asked about provisions for the physically challenged, 34.0% of the respondents disagreed and a further 7.4% strongly disagreed. The table shows that 25.5% of the respondents were neutral whereas only 21.3% and 11.7% of the respondents agreed and strongly agreed, respectively, that there was provision to cater for the physically challenged.

Table 4.11: Respondents’ Views on Physical Attributes of Health Facility

<table>
<thead>
<tr>
<th>Physical attributes</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facilities are generally clean and well arranged</td>
<td>4.13</td>
<td>30.9%</td>
<td>57.4%</td>
<td>6.4%</td>
<td>4.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>The facilities are near enough</td>
<td>3.85</td>
<td>29.8%</td>
<td>41.5%</td>
<td>13.8%</td>
<td>13.8%</td>
<td>1.1%</td>
</tr>
<tr>
<td>There are clear roads leading to the facilities</td>
<td>3.91</td>
<td>24.5%</td>
<td>52.1%</td>
<td>13.8%</td>
<td>9.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>There is ample parking space at the facility</td>
<td>3.49</td>
<td>14.9%</td>
<td>38.3%</td>
<td>28.7%</td>
<td>17.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>There are provision to cater for the physically challenged in form of ramps and lifts</td>
<td>2.96</td>
<td>11.7%</td>
<td>21.3%</td>
<td>25.5%</td>
<td>34.0%</td>
<td>7.4%</td>
</tr>
</tbody>
</table>
The correlation between utilization of healthcare facilities and the product quality factors was further tested as shown in table 4.12. The table shows that utilization of healthcare facility was positively correlated to: efficiency ($r=.753$, $p<.05$); communication language ($r=.343$, $p<.05$), product reliability ($r=.519$, $p<.01$) and cleanliness of the facility ($r=.521$, $p<.01$). The findings imply that utilization of healthcare facility increases with improvements in product quality dimensions.

<table>
<thead>
<tr>
<th>Spearman's rho</th>
<th>Utilization of healthcare facility</th>
<th>Correlation Coefficient</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1.000</td>
<td></td>
<td>94</td>
</tr>
<tr>
<td>2</td>
<td>Efficiency</td>
<td>.753(*)</td>
<td>.033</td>
<td>94</td>
</tr>
<tr>
<td>3</td>
<td>Communication</td>
<td>.343(**)</td>
<td>.001</td>
<td>94</td>
</tr>
<tr>
<td>4</td>
<td>Reliability</td>
<td>.519(**)</td>
<td>.000</td>
<td>94</td>
</tr>
<tr>
<td>5</td>
<td>Cleanliness</td>
<td>.521(**)</td>
<td>.000</td>
<td>94</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

### 4.4 Customer Service Factors that Influence Utilization of Healthcare Services

In this section, the main variables were: staff attitudes, professionalism, compassion, respect and professionalism. The findings are analyzed as follows:

#### 4.4.1 Staff Attitudes

The views of the respondents were sought as to whether they could easily approach the staff at the health facilities, 61.7% and 30.9% of the respondents agreed and strongly agreed, respectively. Some 5.3% of the respondents were neutral whereas 2.1%
disagreed. A high mean score of 4.21 was established, suggesting that staff of the facilities were generally approachable.

The table also shows that 58.5% of the respondents agreed and a further 27.7% strongly agreed that the staff at these facilities took time to listen to listen to them. However, 9.6% of the respondents were neutral while 4.3% of the respondents disagreed. This measure also yielded a high mean score of 4.10 on a scale of 1 to 5, implying that staffs at the facilities were caring. Likewise, 51.1% and 37.2% of the respondents agreed and strongly agreed, respectively, that staff of the facilities were friendly; with the variably returning a high mean score of 4.20. Nevertheless, 7.4% of the respondents were neutral, 3.2% disagreed and 1.1% strongly disagreed.

**Table 4.13: Respondents’ Views on the Attitudes of Staff in Health Facility**

<table>
<thead>
<tr>
<th>Staff attitudes</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can easily approach the staff at these facilities</td>
<td>4.21</td>
<td>30.9%</td>
<td>61.7%</td>
<td>5.3%</td>
<td>2.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Staff at these facilities care for my needs</td>
<td>4.10</td>
<td>27.7%</td>
<td>58.5%</td>
<td>9.6%</td>
<td>4.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>The staff at these facilities takes time to listen to me</td>
<td>4.11</td>
<td>31.9%</td>
<td>55.3%</td>
<td>6.4%</td>
<td>4.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>The staff are friendly</td>
<td>4.20</td>
<td>37.2%</td>
<td>51.1%</td>
<td>7.4%</td>
<td>3.2%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

**4.4.2 Professionalism**

The measures of professionalism used included efficient service, knowledgeable staff and alternative measures. Table 4.14 shows that 53.2% and 37.2% of the respondents agreed and strongly agreed, respectively, that they got served efficiently whenever they visited the health facility. However, 8.5% of the respondents were neutral whereas 1.1% of the respondents disagreed. The variable returned a high mean score of 4.27 on a scale of 1 to 5, which means that the services of the health facilities were efficient.
The views of the respondents were also sought as to whether respondents were knowledgeable of their work. The table shows that 58.5% of the respondents agreed and a further 28.7% strongly agreed. However, 10.6% of the respondents were neutral and 2.1% disagreed. Therefore, majority of the respondents agreed that staff were knowledgeable. Regarding initiative, 45.7% and 26.6% of the respondents agreed and strongly agreed, respectively, that the medical personnel didn’t hesitate to change way of offering service when one fails. However, 21.3% of the respondents were neutral and 6.4% of the respondents disagreed. The mean score for this variable was 3.93. This suggests that on average, medical personnel at the hospital took alternative measures to resolve patients’ problems.

Table 4.14: Respondents’ Views on the Professionalism of Staff of Health Facility

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I get served efficiently whenever I attend</td>
<td>4.27</td>
<td>37.2%</td>
<td>53.2%</td>
<td>8.5%</td>
<td>1.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>The staff are quite knowledgeable of their work</td>
<td>4.14</td>
<td>28.7%</td>
<td>58.5%</td>
<td>10.6%</td>
<td>2.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Medical personnel don’t hesitate to change way of offering service when one fails</td>
<td>3.93</td>
<td>26.6%</td>
<td>45.7%</td>
<td>21.3%</td>
<td>6.4%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

4.4.3 Compassion

The perceptions of respondents were sought as to whether staff took the first initiative to solve their problems. Table 4.15 shows that 54.3% of the respondents agreed and 27.7% strongly agreed. However, 9.6% of the respondents were neutral while 8.5% disagreed. On a scale of 1 to 5, the mean score was 4.01. This implies that the staff took initiative to address clients’ problems. Similarly, 45.7% and 30.9% of the respondents agreed and strongly agreed, respectively, that the staff at the health facilities were sympathetic. Seventeen percent (17.0%) of the respondents were neutral; 4.3% of the respondents disagreed and 2.1% strongly disagreed. The mean score was 3.99, which implies that on the whole, the staffs were sympathetic. Further, respondents were asked to indicate whether they were recognized whenever they visited the health facility. Table 4.15 shows
that 46.8% and 25.5% of the respondents agreed and strongly agreed, respectively. However, 14.9% of the respondents were neutral whereas 12.8% of the respondents disagreed. A mean score of 3.85 was determined, implying that clients felt recognized when they visited the health facility.

**Table 4.15: Respondents’ Views on the Compassion of Staff of Health Facility**

<table>
<thead>
<tr>
<th>Compassion</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff take the first initiative to solve my problems</td>
<td>4.01</td>
<td>27.7%</td>
<td>54.3%</td>
<td>9.6%</td>
<td>8.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>The staff are sympathetic</td>
<td>3.99</td>
<td>30.9%</td>
<td>45.7%</td>
<td>17.0%</td>
<td>4.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>I am recognized whenever I visit</td>
<td>3.85</td>
<td>25.5%</td>
<td>46.8%</td>
<td>14.9%</td>
<td>12.8%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

4.4.4 Respect

In terms of respect, respondents were asked whether they were offered gratitude with every visit. Table 4.16 shows that 55.3% of the respondents agreed and another 29.8% strongly agreed. Some 7.4% of the respondents were neutral whereas 6.4% of the respondents disagreed and 1.1% strongly disagreed. This yielded a high mean score of 4.06, implying that staff generally felt received with gratitude. Similarly, 46.8% and 36.2% of the respondents agreed and strongly agreed, respectively, that the staff were considerate. However, 9.6% of the respondents disagreed and 6.4% and 1.1% of the respondents disagreed and strongly disagreed, respectively. Lastly, respondents were asked whether the personnel make them feel important. Table 4.16 shows that 47.9% of the respondents agreed and 33% strongly agreed. Even so, 10.6% of the respondents were neutral, 6.4% disagreed and 1.1% strongly disagreed.

**Table 4.16: Respondents’ Views on the Respect of Staff of Health Facility**

<table>
<thead>
<tr>
<th>Respect</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am offered gratitude with every visit</td>
<td>4.06</td>
<td>29.8%</td>
<td>55.3%</td>
<td>7.4%</td>
<td>6.4%</td>
<td>1.1%</td>
</tr>
<tr>
<td>The staff are considerate</td>
<td>4.11</td>
<td>36.2%</td>
<td>46.8%</td>
<td>9.6%</td>
<td>6.4%</td>
<td>1.1%</td>
</tr>
<tr>
<td>The personnel make me feel important</td>
<td>4.03</td>
<td>33.0%</td>
<td>47.9%</td>
<td>10.6%</td>
<td>6.4%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

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4.4.5 Communication

In terms of communication, the opinion of respondents were sought as to whether staff used the language they clearly understood. Table 4.17 shows that 55.1% and 39.4% of the respondents agreed and strongly agreed, respectively. Some 1.1% of the respondents were neutral whereas 3.2% disagreed and 1.1% strongly disagreed. This yielded the highest mean score of 4.29 on a scale of 1 to 5, which implies that respondents were satisfied with the communication language used.

The study also sought to establish whether all procedures were fully explained to the clients. Table 4.17 indicates that 45.7% of the respondents agreed and 29.8% strongly agreed. Sixteen percent (16%) of the respondents were neutral whereas 5.3% of the respondents disagreed and a further 3.2% strongly disagreed. The mean score was 3.94; implying that the procedures were fully explained to respondents whenever they visited the health facilities. The table also shows that 45.7% and 21.3% of the respondents agreed and strongly agreed, respectively, that they were informed promptly in case of new information. Sixteen percent (16%) of the respondents were neutral; 14.9% of the respondents disagreed and 2.1% strongly disagreed. Therefore, majority of the respondents agreed that they were informed promptly about any new information.

<table>
<thead>
<tr>
<th>Communication</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff use the language I clearly understand</td>
<td>4.29</td>
<td>39.4%</td>
<td>55.3%</td>
<td>1.1%</td>
<td>3.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>All procedures are fully explained to me</td>
<td>3.94</td>
<td>29.8%</td>
<td>45.7%</td>
<td>16.0%</td>
<td>5.3%</td>
<td>3.2%</td>
</tr>
<tr>
<td>I am informed promptly in case of new information</td>
<td>3.69</td>
<td>21.3%</td>
<td>45.7%</td>
<td>16.0%</td>
<td>14.9%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

4.4.6 Comparison of Service Quality between Types of Healthcare Facilities

The study sought to compare the respondents’ views on service quality of healthcare services of each type of facility. Table 4.18 shows that on aggregate, 87.3% of the
respondents who visited community healthcare facilities agreed that the services were of high quality. This is higher than the distribution of respondents who sought healthcare services from primary care facilities where the aggregate was 67.8%. County health care facilities are trailing in respondents' perception of quality with only 53.2% agreeing that the services were of high quality.

Table 4.18: Perception of Quality: Distribution by Type of Healthcare Facility

<table>
<thead>
<tr>
<th>The services are of high quality</th>
<th>Distribution of Respondents by Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community Care Services</td>
</tr>
<tr>
<td>Disagree</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>% within count</td>
</tr>
<tr>
<td>Neutral</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>% within count</td>
</tr>
<tr>
<td>Agree</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>% within count</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>% within count</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>% within count</td>
</tr>
</tbody>
</table>

Respondents' views of customer care factors were correlated with their utilization of the healthcare facilities to determine whether there was any significant influence. The results in table 4.19 show that there was a statistically significant correlation between utilization of healthcare facility and all the customer care factors. These are: caring service \((r=.332, p<.05)\); responsiveness \((r=.675, p<.01)\); friendly staff \((r=.660, p<.01)\); knowledgeable staff \((r=.634, p<.01)\); empathy \((r=.520, p<.01)\) and respect \((r=.607, p<.01)\). Therefore, utilization of healthcare facility corresponded to the increase in the quality of customer care factors.
Table 4.19: Correlation of Utilization of Healthcare Facilities and Customer Care

<table>
<thead>
<tr>
<th>Spearman's rho</th>
<th>Correlation Coefficient</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Utilization of healthcare facility</td>
<td>1.000</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>2 Caring service</td>
<td>.332</td>
<td>.011(*)</td>
<td>94</td>
</tr>
<tr>
<td>3 Responsiveness</td>
<td>.675(**)</td>
<td>.000</td>
<td>94</td>
</tr>
<tr>
<td>4 Friendly staff</td>
<td>.660(**)</td>
<td>.000</td>
<td>94</td>
</tr>
<tr>
<td>5 Knowledgeable staff</td>
<td>.634(**)</td>
<td>.000</td>
<td>94</td>
</tr>
<tr>
<td>6 Empathy</td>
<td>.520(**)</td>
<td>.000</td>
<td>94</td>
</tr>
<tr>
<td>7 Respect</td>
<td>.607(**)</td>
<td>.000</td>
<td>94</td>
</tr>
</tbody>
</table>

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

4.5 Price Related Factors that Influence Utilization of Healthcare Services

In this section, the respondents’ views on the cost of healthcare related services such as use of equipment, drugs, laboratory tests and consultation fees are analyzed. Table 4.20 shows that 30.9% and 10.6% of the respondents agreed and strongly agreed, respectively, that they could afford the cost charged for medical scans, x rays, radiations and other equipment’s for treatment with ease. On the other hand, 23.4% of the respondents were neutral whereas 27.7% of the respondents disagreed and 7.4% strongly disagreed. The mean score of 3.10 implies that respondents were indifferent as to the cost associated with usage of medical equipment.
The table however shows that 45.7% and 10.6% of the respondents agreed and strongly agreed, respectively, that the prescription drug charges were affordable. Some 22.3% of the respondents were neutral while 20.2% of the respondents disagreed and a further 1.1% strongly disagreed. On aggregate, majority of the respondents agreed. Similarly, 47.9% of the respondents agreed and 11.7% strongly agreed, respectively, that private health facilities offer laboratory tests at affordable prices. However, 22.3% of the respondents were neutral, 20.2% of the respondents disagreed and a further 1.1% strongly disagreed. Lastly, respondents were asked whether the Doctors fee charged by these institutions is affordable. Likewise, 41.5% of the respondents agreed and 18.1% strongly agreed. Seventeen percent (17.0%) of the respondents were neutral whereas 18.1% and 5.3% of the respondents disagreed and strongly disagreed, respectively.

Table 4.20: Respondents’ Views on the Price Charged at the Health Facility

<table>
<thead>
<tr>
<th>Price</th>
<th>Mean</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can afford the cost charged for medical scans, x rays, radiations</td>
<td>3.10</td>
<td>10.6%</td>
<td>30.9%</td>
<td>23.4%</td>
<td>27.7%</td>
<td>7.4%</td>
</tr>
<tr>
<td>and other equipment’s for treatment with ease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The prescription drugs charges are affordable</td>
<td>3.45</td>
<td>10.6%</td>
<td>45.7%</td>
<td>22.3%</td>
<td>20.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>The private health facilities offer laboratory tests at affordable</td>
<td>3.50</td>
<td>11.7%</td>
<td>47.9%</td>
<td>21.3%</td>
<td>17.0%</td>
<td>2.1%</td>
</tr>
<tr>
<td>prices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Doctors fee charged by these institutions is affordable.</td>
<td>3.49</td>
<td>18.1%</td>
<td>41.5%</td>
<td>17.0%</td>
<td>18.1%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

The study further sought to determine whether price factors significantly influenced the utilization of healthcare facilities at the sub-county. As table 4.21 shows, charges on treatment equipment ($r=-.331, p<.05$); cost of prescription drugs ($r=-.331, p<.05$), cost of laboratory test ($r=-.328, p<.05$) and doctors fees ($r=-.301, p<.05$) were inversely related to utilization of healthcare facilities. This suggests that utilization of healthcare facilities increased with a decrease in cost of healthcare services.
**Table 4.21: Correlation of Price and Utilization of Healthcare Facility**

<table>
<thead>
<tr>
<th>Rho</th>
<th>Correlation Coefficient</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Utilization of healthcare facility</td>
<td>1.000</td>
<td>.</td>
<td>94</td>
</tr>
<tr>
<td>2 Charges on treatment equipment</td>
<td>-.331(*)</td>
<td>.020</td>
<td>94</td>
</tr>
<tr>
<td>3 Cost of prescription drugs</td>
<td>-.311(*)</td>
<td>.017</td>
<td>94</td>
</tr>
<tr>
<td>4 Cost of laboratory tests</td>
<td>-.328(*)</td>
<td>.024</td>
<td>94</td>
</tr>
<tr>
<td>5 Doctors fees</td>
<td>-.301(*)</td>
<td>.016</td>
<td>94</td>
</tr>
</tbody>
</table>

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

### 4.6 Chapter Summary

This chapter has presented the results and findings of the study. The chapter began by a presentation of the descriptive statistics of respondents’ general information. The chapter then analyzed the product quality factors that influence utilization of healthcare services in private health facilities in Thika Sub County. It also analyzed findings concerning the customer service factors that influence utilization of healthcare services in private health facilities in Thika Sub County. Lastly, it presented the analysis of price-related factors that influence utilization of healthcare services in private health facilities in Thika Sub County. The next chapter discusses the findings, draws conclusions and makes recommendations.
CHAPTER FIVE

5.0 SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the findings, draws conclusions and makes recommendations of the study. The chapter begins with a summary of the research. Subsequently, the chapter makes a detailed discussion of the study findings in keeping with the research objectives. Conclusions are then drawn in view of the discussion to answer the research questions. Lastly, the chapter makes recommendations for improvement and reflects on the implications of the results for future research.

5.2 Summary

The purpose of the study was to explore the factors influencing the utilization of healthcare services in private health facilities from a strategic healthcare management perspective. The research questions were: What are the product quality factors that influence utilization of healthcare services in private health facilities in Thika Sub County? What are the customer service factors that influence utilization of healthcare services in private health facilities in Thika Sub County? What are 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. Descriptive statistical techniques including mean and percentages were used to analyze data. Inferences were drawn using Spearman’s Rank Correlation Coefficient technique. This was aided by the use of the Statistical Package for the Social Sciences.
The results showed that on aggregate, majority (69.1%) of the respondents agreed that the healthcare services were of high quality. Comparatively, community care services recorded the highest quality rating, with 87.3% of the respondents who visited community healthcare facilities agreeing that the services were of high quality. This was followed by healthcare services from primary care facilities where the aggregate was 67.8%. County health care facilities trailed in respondents’ perception of quality with only 53.2% agreeing that the services were of high quality. Competence of staff/correct diagnosis and prescription ranked highest among the most important factor in choosing a health facility with 58.3% of the respondents, followed by quick service (19.8%) and courtesy and friendliness (17.7%).

In terms of product quality, the study showed a mean score of 3.58 on a scale of 1 to 5 for speed, 3.80 for simplicity of payment process and 3.86 for simplicity of administrative requirements. As a measure of reliability, a mean score of 3.89 and 3.57 was returned for consistency and correctness, respectively. Cleanliness of the health facilities, distance, road network, parking space and consideration for the physically challenged yielded a mean score of 4.13, 3.85, 3.91, 3.49 and 2.96, respectively. Correlation results showed that utilization of healthcare facility was positively correlated to: efficiency ($r=.753$, $p<.05$); communication language ($r=.343$, $p<.05$), product reliability ($r=.519$, $p<.01$) and cleanliness of the facility ($r=.521$, $p<.01$).

Regarding customer care factors, approachability of staff scored a mean of 4.21, caring – 4.10, listening – 4.11 and friendliness – 4.20. The results showed that efficiency scored a mean of 4.27, knowledgeable staff – 4.14, and flexibility – 3.93. Further, staff initiative recorded a mean score of 4.01, empathy – 3.99, and attention – 3.85. In addition, service with gratitude had a mean score of 4.06, considerate attitude – 4.11 and patient’s sense of importance – 4.03. The mean score for respondents’ perception of language used for communication was 4.29, explanation of procedures was 3.94 and prompt passage of new information was 3.69. Utilization of healthcare facility was positively correlated to caring service ($r=.332$, $p<.05$); responsiveness ($r=.675$, $p<.01$); friendly staff ($r=.660$, $p<.01$); knowledgeable staff ($r=.634$, $p<.01$); empathy ($r=.520$, $p<.01$) and respect ($r=.607$, $p<.01$).
Concerning price related factors, equipment costs scored a mean of 3.10, cost of prescription drugs – 3.45, laboratory test fees – 3.50 and doctor’s fees – 3.49. An inverse relationship was established between utilization of healthcare services and charges on treatment equipment ($r=-.331, p<.05$); cost of prescription drugs ($r=-.331, p<.05$), cost of laboratory test ($r=-.328, p<.05$) and doctors fees ($r=-.301, p<.05$).

5.3 Discussions

5.3.1 Product Quality Factors that Influence Utilization of Healthcare Services of Private Healthcare Facilities

The study established that competence of healthcare staff in terms of making correct diagnosis and prescription was the top most factor considered by majority (58.3%) of the respondents as the most important factor influencing their choice of healthcare facility. This was followed by quick service (19.8%) and the courtesy and friendliness of staff (17.7%). These findings are consistent with what Jayadevappa and Chhatre (2011) described as a patient-centered approach to healthcare which underscores the administration of efficient and effective treatments within a short duration of time. That majority (66.7%) of the respondents agreed that they only waited a short time to see a doctor at the health facility implies that services offered were fairly fast. What these findings imply to healthcare strategy is that staff need to get it right the first time, do so humanely and attend to patients without keeping them waiting for a long time.

The implications of the foregoing findings concur with Hsu (2010) who posited that efficiency levels will determine the level of penetration and actual outputs thus directly affecting health care service delivery. For example, slow systems will curtail the number of patients attended to in a given day within a facility. Waits and delays as well as long queues in accessing services at various healthcare outlets have been previously identified by (Kronfol, 2012) as organizational barriers that give a negative picture of the facility thus discourages would be clients. That majority (75.6%) of the respondents in this study agreed that the payment process was simple and 77.7% agreed that there were few administrative requirements suggests that the healthcare facilities in Thika Sub-County were cognizant of World Health Organization’s call for attention to the importance of efficiency in all functions of a health system and in ultimately achieving the goals of health improvement.
The findings showed that the next three factors that respondents identified as influencing their utilization of a healthcare facility are ambience of cleanliness and state of the art of the facility (12.5%) convenience and accessibility of the health facility (10.4%) and affordability (7.3%). These results agree with the findings of a previous study by Kastanioti et al. (2011) which identified strategic issues in healthcare management, noting that rising health care costs and access to affordable coverage are prominent issues for health care providers and lives of healthcare seekers. The results aligns with the argument that the analysis on costs of various interventions become essential not only for medical practitioners and hospital administrators, but also for governments and healthcare policymakers since cost can be a huge hindrance to the national health care service delivery objectives. Collectively, the results of the study point to the fact identified by McDoughal and Levesque (2000) that customers are looking for the right level of quality in relation to the price they have to pay, which makes quality and value more indicative of the soundness of private healthcare management.

As an indicator of reliability, the study established that majority (69.1%) of the respondents agreed that the services were of high quality. However, 58.6% of the respondents agreed that staff rarely made mistakes. These findings imply that respondents perceived the reliability of the healthcare facilities as just above average. For a healthcare facility, notwithstanding the overall perceived high quality, this suggests that there is a potentially significant health risk exposure to patients and this can influence the utilization of healthcare services in the private health facilities in Thika Sub-County. This agrees with the argument of Pronovost et al. (2006) who held that an opportunity for a defect usually translates to a population of patients at risk for the medical error or adverse event. That there were 41.4% of the respondents in this study who potentially held a contrary opinion to the statement that staff rarely made mistake suggest that there was the likelihood that two out of five patients may have experienced occurrence of mistakes during the administration of healthcare services.

Such probabilities have also been highlighted in earlier studies that suggest that within a health care institution, failure to use evidence-based interventions may occur in five of 10 patients (Pronovost et al., 2006). These quality gaps in the products and services of healthcare facilities in the Sub-County affect the credibility of the healthcare facilities
which, as rightly argued by Erdem et al. (2002), in turn, affects the long-term orientation of a customer regarding their trust on the facility and its services. This has strategic implications for the management of healthcare as literature has shown that trust is a critical factor for anyone who wants to build successful business in the healthcare industry (Shore, 2006).

In terms of the ambience of the healthcare facilities, the study established that majority (88.3%) of the respondents the facilities were generally clean and well arranged. This potentially influences the utilization of healthcare services as it projects the image of what patients should be expecting. This is consistent with previous studies that identified such physical attributes as important predictors of service quality (Barber and Scarcelli, 2010). As these authors rightly argued, the cleanliness of a health facility, whether it is the lobby, building exterior or the treatment rooms, can influence the customer’s perceptions of quality of the health care service offered owing to dirty facilities that may lead to re-infections negating the benefits.

In terms of accessibility, the study established that majority (71.4%) of the respondents agreed that the facilities were near enough, implying that the facilities were in close proximity to the respondents. Further, majority (76.6%) of the respondents agreed that there were clear roads leading to the facilities. These results seem to contradict a report by TDHRIO (2013) which showed that a significant population resides in informal settlements within the town where some health facilities were situated in areas with poor road networks. These disparities in the findings may be attributable to methodological differences, implying that majority of respondents in the current study potentially resided in the more formal settlement parts of Thika Sub-County.

The study however revealed that just over 50 percent of the respondents agreed that there was ample parking space at the facilities and 41.4% agreed that the health facilities made provision to cater for the physically challenged. In view of the findings which showed that majority (73.4%) of the respondents earned less than Ksh.50,000 and 98.9% of the respondents did not have any form of physical disability, it can be deduced that the need for ample parking space and provision for the physically challenged do not have immediate strategic implications on the provision of healthcare services by the private
health facilities in Thika Sub-County. However, this does not downplay the necessity for health facilities to guarantee that physical health facilities are easily accessible for wheelchair users; that there is provision for lifts where a health facility is situated in tall building and provision of sufficient parking space as rightly pointed out by Kronfol (2012).

5.3.2 Customer Service Factors that Influence Utilization of Private Healthcare Facilities

The findings showed that majority (92.6%) of the respondents agreed that they could easily approach the staff at the health facilities. Similarly, majority of the respondents (86.3%) agreed that the staff at these facilities took time to listen to them, implying that staffs at the facilities were caring. Likewise, majority (88.3%) of the respondents agreed that staff of the facilities were friendly. From these results, it can be inferred that staff of the healthcare facilities were responsive, which potentially positively influenced the utilization of healthcare services. These findings reflects the definition of responsiveness provided by Landrum et al. (2009) who associated responsiveness with the willingness and readiness to provide service(s) when needed. The findings agree with recent studies by Ramez (2012) which consistently ranked these dimensions highly together with reliability. The results underscore the point noted by Aldag and Kuzuhara (2002) that having a positive attitude is the foundation of excellent customer service as it provides the necessary perspective that allows one to listen, care about and solve customers’ concerns.

The measures of professionalism used included efficient service, knowledgeable staff and alternative measures. The study established that majority (90.4%) of the respondents agreed that they got served efficiently whenever they visited the health facility. Similarly, 87.2% of the respondents agreed that staff were knowledgeable at their work; and 72.3% of the respondents agreed that the medical personnel didn’t hesitate to change way of offering service when one fails. These results suggest that utilization of healthcare services by respondents were potentially influenced by professionalism. The findings agree with Kandampully (2011) description of technical quality which manifest through the service experience including promptness, accurateness and the extent to which the customer is offered several alternatives and individualized solutions. The findings are
consistent with Sahaf’s (2010) theorization of customer service as a strategic tool which locates the professionalism of staff as a central pillar to the customer service strategy. As correctly argued by Gianforte (2008), this potentially accrue strategic benefits to healthcare facilities as it significantly improves the quality of customer service, reduces costs and allows organizations to support more customers and more products within existing staffing levels.

The foregoing argument is reinforced by further findings which showed that majority (82%) of the respondents agreed that staff took the first initiative to solve their problems and majority (76.6%) of the respondents agreed that the staff at the health facilities were empathetic. Similarly, majority (72.3%) of the respondents agreed that they were recognized whenever they visited the health facility. These results imply that utilization of healthcare services in Thika sub-county was potentially influenced by the service quality that epitomize Crawford et al.’s (2011) perspective of customer service which emphasize that people must always come first before numbers; that individual patients and their treatment are what really matters. The implications of these revelations to strategic healthcare management, as implied in literature by Sahaf (2010), is that the service strategy needs a well integrated synergy of systems and staff. Particularly, the skills and attitude of staff engaged in customer service have a critical impact not only on the levels of satisfaction that the customer gets from the market offering but also on referrals, thereby affecting the utilization of healthcare facilities.

In terms of respect, the findings showed that majority (85.1%) of the respondents agreed that they were offered gratitude with every visit; majority (83%) of the respondents agreed that the staff were considerate; and majority (80.9%) of the respondents agreed that the personnel made them feel important. The findings agree with what Cook (2010) summed up as the social interchange between the customer and the service provider, noting that the way this process is managed is pivotal to achieving excellent customer service. That this social exchange between the patient and staff of the healthcare facility is pivotal is equally depicted in further findings which showed that majority (94.5%) of the respondents agreed that staff used the language that was clearly understood. These findings contradict the results of a previous study reported by Family Care International (2003) which expressed major concerns about the attitudes of health workers towards
community members, characterizing facility-based healthcare providers as negligent at best, and as emotionally and physically abusive at worst. Perhaps a reason for this disparity in customer care is because this current study focused on private health facilities, which as compared to public health facilities, offer better patient care because their survival totally depend on customer traffic.

The findings showed that on aggregate, majority (87.3%) of the respondents who visited community healthcare facilities agreed that the services were of high quality. In comparison, this was higher than the distribution of respondents who sought healthcare services from primary care facilities where the aggregate was (67.8%). Interestingly, county healthcare facilities trailed in respondents’ perception of quality with only 53.2% of the respondents agreeing that the services were of high quality. These results seemed to underscore the views of Rama and Rao (2011) who posited that consumers perceive the quality of a service by experiencing the consumption process and comparing the experience with their expectations. In this case, it could be said that the respondents who patronized community healthcare had their expectations met more than those respondents who patronized primary or county healthcare facilities.

It also appears from the findings that the level of agreement with the service quality decreased as the health facilities along with the services got more complex. It must be noted that the Kenya Health Policy (2012-2030) document indicated that in contrast to the community healthcare facilities which is the first tier, the county referral services included the service units providing tertiary / highly specialized services including high level specialist medical care, laboratory support, blood product services, and research.

The above finding essentially means that the health facility is more complex and diverse in its services and organization, and by extension, means that the facilities are few, but demand the attention of the entire county. Thus a more personalized attention that fosters long-term relationship with customers may be more present in the community care facilities than in county referral service centers. For example, in a community care facility, the community served may be so small that the staff could know each patient by their name. This was likely the case in this study as majority (71.3%) of the respondents were of the female gender who perhaps routinely visited these healthcare facilities to
seek medical or clinical attention to their infant babies. The findings agree with Gibson’s (2011) perspective of what customer service means, that is; the process of satisfying the customer, relative to a product or service, in whatever way the customer defines his or her need, and having that service delivered with efficiency, compassion and sensitivity.

5.3.3 Price Related Factors that Influence Utilization of Healthcare Services in Private Health Facilities

This study established that less than half (41.5%) of the respondents in the study agreed that they could afford the cost charged for medical scans, x rays, radiations and other equipment for treatment with ease. This implies that the impact of the fees charged on the finances of patients potentially influenced the utilization of healthcare services in private health facilities in Thika Sub-County. As this study also showed, nearly half (46.8%) of the respondents earned less than Ksh.20,000 yet more than half (50%) of the respondents spent on average, up to Kshs.2,000 per visit. With more than a third (35.1%) of the respondents either often utilizing healthcare facilities or doing so quite often; it means that healthcare cost accounted for at least 10% of their monthly income.

The statistics seem to highlight the results of an earlier study by Callahan (2008) which found that new and increased use of technology accounts for between forty and fifty percent of annual health care cost increases. This author stressed that some types of technology are a wasted cost because it costs more for the new equipment and training of caregivers than it would to use previous protocols. In a private healthcare facility, this cost is likely often transferred to the final consumer. From a strategic healthcare management perspective, it means healthcare facilities should offer efficient services without necessarily compromising on offering quality healthcare.

The study showed that just over half (56.3%) of the respondents agreed that the prescription drug charges were affordable. While this may mean that respondents generally found the cost of prescription drugs affordable, this majority is marginal, especially taking into account the fact that the income levels of majority of the respondents in this study were relatively low. This, combined with the fact that just over half (59.6%) of the respondents agreed that private health facilities offer laboratory tests at affordable prices, further amplify the potential influence of cost of healthcare on the
utilization of private healthcare facilities in the county. In respect to strategic healthcare management, this inference underscores the viewpoints of Dacombe et al. (2006) who stressed that understanding the role and true cost of laboratory services has a critical role in supporting the delivery of essential health package as too high cost may be a real hindrance to effective delivery of healthcare services.

Similarly, the study indicated that a small majority (59.5%) of the respondents agreed that the doctors’ fee charged by these institutions was affordable. Thus, while the doctors’ fees, along with the laboratory fees, were comparatively more affordable than prescription drugs or healthcare equipment, these costs were potentially a hindrance too to full utilization of private healthcare services in Thika sub-County. Notwithstanding the implied fact that the statistics compare favorably with a previous study by Hanna et al. (2004) in which the fees charged by the doctor ranked eight out of the ten most important factors that influence the utility of healthcare services, that respondents in this study potentially paid directly from their pockets strongly resonated the significance of the doctor’s fees to the patients. In a nutshell, the findings agree with the literature which suggested that the right combination of product quality, customer service and fair prices is key to success in today’s marketplace (Dodds, 2003) and more significantly, in the healthcare sector.

5.4 Conclusions

5.4.1 Product Quality Factors that Influence Healthcare Utilization in Private Healthcare Facilities in Thika Sub-County

Staff competence, 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. Likewise, reliability in terms of consistency and correctness, in addition to the cleanliness of the health facilities, distance and road network were all significant factors that potentially influenced the utilization of private healthcare facilities in the sub-county. However, the role of product features such as parking space and consideration for the physically challenged in influencing the utilization of private healthcare facilities was not potentially significant.
5.4.2 Customer Care Factors that Influence Healthcare Utilization in Private Healthcare Facilities in Thika Sub-County

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. Other factors were staff initiative, empathy and attention. In addition, service with gratitude, considerate attitude and patient’s sense of importance all potentially played a role in the customer’s choice of healthcare facility to patronize. The customers also appreciated the language used for communication and the fact that explanation of procedures given and information communication was prompt.

5.4.3 Price-Related Factors that Influence Healthcare Utilization in Private Healthcare Facilities in Thika Sub-County

With the exception of laboratory test fees, all the other fees charged in the process of administering healthcare to patients potentially influenced the utilization of private healthcare facilities in Thika Sub-County negatively. The cost of medical scans, x rays, radiations and other equipment for treatment were considered out of reach to many customers whose income levels were low. The same case seemingly applied to the cost of prescription drugs as well as laboratory tests and the doctors’ fees.

5.5 Recommendations

5.5.1 Recommendations for Improvement

5.5.1.1 Product Quality Factors that Influence Healthcare Utilization in Private Healthcare Facilities in Thika Sub-County

For strategic healthcare management purposes, private healthcare facilities should focus resources on always getting it right the first time. Safe-guarding the basic promise to customers, which manifest in error-free diagnosis of patient’s problems and prescribing the right medicine, would go a long way in remaining relevant in today’s increasingly competitive healthcare sector. Doing so with consistency and speed enhances the reliability of the health facility which secures customer trust. It means that private healthcare facilities should maintain simplicity in their administrative requirements such as payment processes.
5.5.1.2 Customer Care Factors that Influence Healthcare Utilization in Private Healthcare Facilities in Thika Sub-County

Customer service is the strategic differentiator of service. Thus, private healthcare care facilities, especially those that offer primary care and primary referral, need to invest in a customer service strategy that integrates a customer relationship approach to the management of healthcare. In simple terms, both the systems and the staff should be characterized by responsiveness, friendliness, initiative, empathy and attention to patients rather than a detachment, aloofness and disinterest.

5.5.1.3 Price-Related Factors that Influence Healthcare Utilization in Private Healthcare Facilities in Thika Sub-County

Private health-care facilities in Thika Sub-County should rethink their price-mix in order to give better value for money to their clients. If necessary, they should explore collaboration across tiers in order to reduce certain costs such as those associated with medical scans and other expensive equipments. In addition, they should explore strategic partnerships with the government and world health organizations to install state of the art equipment and allied healthcare technologies without having to transfer the cost from customers.

5.5.2 Recommendations for Further Research

This study was constrained by a few limitations that make further research necessary. Firstly, each tier was represented by a few randomly selected healthcare facilities. This number could be expanded in a future study in order to increase the reliability of statistical estimates.

Secondly, county care facilities were not represented in the study; yet the dynamics of healthcare services are potentially context specific. Thus, another study that compares the factors influencing the utilization of private healthcare facilities among each tier would provide an illumination of the specific strategies that each tier could adopt to enhance utilization of their healthcare facilities.
Thirdly, the findings of this study are based on a single instrument which generated quantitative data only. Therefore, another research adopting a mixed-method approach could draw new insights that could be used to corroborate the findings of this study.

Finally, the focus of this study was on private healthcare facilities. A future study could also be undertaken on public healthcare facilities to compare and contrast the factors influencing utilization of health services in Thika Sub-County.
REFERENCES


Thika District Health Records Information Office [DHRIO], (2013). Health Statistics. Thika, KE: DHRIO.


Dear Respondent,

I am pleased to inform you that am a graduate student at United States International University pursuing a Master’s degree in Business Administration. As partial fulfillment of the course, I am conducting a research assessment of the factors that influence utilization of health care services in private health care facilities in Thika Sub-County.

You have been selected as one of the lucky respondents. The result of this study will provide the management with the necessary information for the adoption and implementation of appropriate policies for effective service delivery.

This is an academic research and confidentiality is strictly emphasized, your name will not appear anywhere in the report. Kindly spare a few minutes to complete the questionnaire attached.

Thank you in advance,

Yours faithfully,

Agnes Muraya
Appendix 2: Questionnaire

This study is a requirement for the partial fulfillment of the Master of Science in Business Administration program at the United States International University Africa (USIU-A). The purpose of this study is to investigate the factors influencing the utilization of health care service in private health care facilities in Thika Sub County. This is an academic exercise and all information collected from respondents will be treated with strict confidentiality.

SECTION A: GENERAL INFORMATION

Kindly answer all the questions either by ticking in the boxes or writing in the spaces provided. Note that the evaluation will be considered incomplete if you do not answer all the questions.

1. Gender:
   - Male ☐
   - Female ☐

2. Age:
   - Less than 18 years ☐
   - 19-35 years ☐
   - 35-51 years ☐
   - 52-68 years ☐
   - More than 69 years ☐

3. Do you have any form of disability?
   - Yes ☐
   - No ☐

4. Do you have any special medical condition?
   - Yes ☐
   - No ☐

5. What is your level of monthly income?
   - Less than Ksh 20,000 ☐
   - Ksh 20,001-Ksh 50,000 ☐
   - Ksh. 50,000-Ksh 100,000 ☐
   - More than Ksh 100,000 ☐

6. How often do you seek health services from health facilities within Thika?
   - Never ☐
   - Occasionally ☐
   - Often ☐
   - Quite often ☐

7. On average how much do you spend per visit?
   - Less than Ksh 1,000 ☐
   - Ksh 1,001-Ksh 2,000 ☐
   - Ksh 2,001-Ksh 3,000 ☐
   - Ksh 3,001-Ksh 4,000 ☐
   - More than Ksh. 4,000 ☐

8. What is the most important factor that influences your choice of the health facility to attend?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
SECTION B: PRODUCT QUALITY FACTORS INFLUENCING THE UTILIZATION OF HEALTHCARE SERVICES IN PRIVATE HEALTHCARE FACILITIES.

Please tick in the corresponding boxes your level of agreement to the following statements with the regard to the private hospital you attend.

<table>
<thead>
<tr>
<th>Efficiency</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I only wait a short time to see a doctor</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. The payment process is very simple</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. There are few administrative requirements</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Staff use the language I clearly understand</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. All procedures are fully explained to me</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. I am informed promptly in case of new information</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Reliability</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. The services are of high quality</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. The quality of the services I receive are consistent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Staff rarely make mistakes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Physical attributes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. The facilities are generally clean and well arranged</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. The facilities are near enough</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. There are clear roads leading to the facilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. There is ample parking space at the facility</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. There are provision to cater for the physically challenged in form of ramps and lifts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

In your opinion, what other measures not mentioned above hinder service delivery?

_______________________________________________________________________
_______________________________________________________________________


SECTION B: CUSTOMER CARE RELATED FACTORS INFLUENCING THE UTILIZATION OF HEALTHCARE SERVICES IN PRIVATE HEALTHCARE FACILITIES

Please tick in the corresponding boxes your level of agreement to the following statements with the regard to the private hospital you attend.

<table>
<thead>
<tr>
<th>Positive attitudes</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can easily approach the staff at these facilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Staff at these facilities care for my needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. The staff at these facilities takes time to listen to me</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. The staff are friendly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I get served efficiently whenever I attend</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. The staff are quite knowledgeable of their work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Medical personnel don’t hesitate to change way of offering service when one fails</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Compassion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The staff take the first initiative to solve my problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. The staff are sympathetic</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. I am recognized whenever I visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I am offered gratitude with every visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. The staff are considerate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. The personnel make me feel important</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please indicate any other factor you feel hinder quality customer care you receive at the facilities

__________________________________________________________________________

__________________________________________________________________________

73
SECTION D: PRICE RELATED FACTORS INFLUENCING THE UTILIZATION OF HEALTHCARE SERVICES IN PRIVATE HEALTH CARE FACILITIES.

Please tick in the corresponding boxes your level of agreement to the following statements with the regard to the private hospital you attend.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can afford the cost charged for medical scans, x rays, radiations and other equipment’s for treatment with ease</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. The prescription drugs charges are affordable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. The private health facilities offer laboratory tests at affordable prices</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. The Doctors fee charged by these institutions is affordable.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

In your opinion, what other charges stop you from receiving effective health care services from the private health care facilities that you attend?

_______________________________________________________________________

What recommendations would you give for the improvement of the health care service delivery at the private health care facilities that you attend?

_______________________________________________________________________

_______________________________________________________________________

THANK YOU FOR YOUR COOPERATION