FACTORS INFLUENCING CUSTOMER SATISFACTION AT THE ACCIDENT AND EMERGENCY UNIT IN KENYATTA NATIONAL HOSPITAL, NAIROBI, KENYA.

BY

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DECLARATION

I hereby declare that this research project report is my original work and has not been presented for a degree in any other university.

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This research project report has been submitted for examination with my approval as University Supervisor.

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DEDICATION

To my loving husband Stelu Lekolool, daughters Joy Namaiyan, Neema Naisiae, my mother Gladys Ubindi, my late father Phineus Ubindi and siblings Billy Ubindi, Mathews Ubindi, Martin Ubindi and Lorraine Ubindi for the endearing support they gave me to see me through this journey.

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TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS AND ACRONYMS

A & E   Accident and Emergency

GMP   Good Manufacturing Practice

KNH   Kenyatta National Hospital

QMS   Quality Management System

SPSS   Statistical Package for Social Sciences

ABSTRACT

Customer satisfaction is one of the global issues that affect all organizations be it large or small, profit or non profit, global or local. An understanding of the factors influencing customer satisfaction is therefore important to any organization including hospitals. This study sought to determine the factors influencing customer satisfaction at the Accident and emergency unit of Kenyatta National Hospital. The study was carried out at the accident and emergency unit, Kenyatta national hospital among its patients and selected health care providers. The objectives of this study was to establish the influence of service quality on customer satisfaction; influence of pricing strategies on customer satisfaction; influence of quality management systems on customer satisfaction; influence of organizational culture on customer satisfaction and to determine how personal factors influence customer satisfaction at the accident and emergency unit in Kenyatta national hospital, Nairobi. The study adopted the descriptive survey design with a target population of approximately 12000 patients and 250 health care providers. A combination of purposive and scientific techniques was used to select a sample size of 468 respondents representing 458 customers and 10 health care providers. Data was collected using questionnaires whose validity and reliability had been pre- determined using a pilot study. Data collected was then analyzed by the aid of the statistical package for social sciences and Microsoft Excel computer software. Both descriptive and inferential statistics were used in description of data obtained. Descriptive statistics generated frequency and percentage distribution of the data generated while inferential statistical provided a correlation analysis of the study variables under examination. The findings of this study will be useful in policy formulation. The study findings indicated that the hospital had not attained an above average level of customer satisfaction as it is rated moderately in the aspects of quality service, organizational culture, management information systems, and pricing strategy. The findings also suggest that an increase in customer care services that are important to patients including timeliness and convenience, personal attention, reliability and dependability, employee competence and professionalism, empathy and responsiveness among others had not attained the level that the patients desired. To increase patient satisfaction, it is recommended to reinforce the current practices in use, inculcate a culture of continuous improvement among staff and training of staff on customer care aspects.

CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

Patient satisfaction is not merely a "smile and be nice" set of behaviors. It is a philosophy that is founded in the concept that the patient's experience of care is important and ultimately translates into their actual response to care. The improved response to care that patient's exhibit makes patient satisfaction important from a clinical point of view. In many places in the world, business organizations have been evaluating the role of the customer to that of a key stakeholder over the past 20 years. Customers are viewed as a group whose satisfaction with the enterprise must be incorporated in strategic planning efforts.

Customer satisfaction increases with the existing customer loyalty, repurchase process, awareness of the people about the firm, customer retention and preventing the customers being affected from competitive enterprise. Studies by Parasuram et al 1994, Zeithaml, (2000) on customer expectations and perceptions of the service delivery suggest that customer satisfaction is a function of the difference between what they had expected to get from the service and what they perceived about the service that they had actually received. Similarly, Anderson and Sullivan (1993) have also argued that the more satisfied customers are the greater is their retention. Not only is customer satisfaction regarded as a valued outcome of good marketing management (Malthouse et al. 2004), its maximization has emerged as a top priority strategy for most business organizations (Fournier and Mick 1999; Woodruff, 1993).

Kenyatta National hospital (KNH) is the oldest national teaching and referral hospital in the country whose main mandate is to provide specialized quality healthcare and facilitate training for postgraduate and undergraduate students. Kenyatta national hospital has its resource base through the revenue generated through cost sharing and grants from the government of Kenya, (Annual report, 2006/2007).

1.2 Statement of the problem

Various studies indicate that customer satisfaction is critical for the success and survival of business. On the basis of this understanding, players in the health sector strive to direct their resources towards the promotion of customer satisfaction. The greatest challenge resulting from increased competition is ensuring that the health customers are satisfied. Customer satisfaction is critical for the survival of Kenyatta National Hospital since it is the largest referral hospital and handles many patients and emergencies e.g. the Sinai fire, Eastleigh bomblast, Sachangwan fire and the Nairobi bomb blast to name a few and therefore the services it offers need to be efficient and effective in order to save lives and enhance the reputation of the hospital.

Kenyatta national hospital also generates its income through cost sharing and therefore it has to give quality services for patients to be satisfied and come back in case they fall sick again. This situation leaves us with the unanswered questions of the extent of application and quality of these strategies and whether there were other hidden factors impeding customer satisfaction. This study was conducted to investigate the factors influencing the level of customer satisfaction at the accident and emergency unit in Kenyatta national hospital.

1.3 Purpose of the study

The purpose of this study was to investigate the factors influencing customer satisfaction at the accident and emergency unit in Kenyatta national hospital.

1.4 Objectives of the study

The study sought to achieve the following objective

1. To establish how service quality influences customer satisfaction.
2. To examine how pricing strategies influence customer satisfaction.
3. To establish how quality management systems influence customer satisfaction.
4. To examine how organizational culture influences customer satisfaction.
5. To determine how personal factors influence customer satisfaction.

1.5 Research questions

The study was set to test the following questions as pertains to accident and emergency unit of Kenyatta national hospital, Nairobi.

1. To what extent does perceived service quality influence customer satisfaction?
2. How do pricing strategies influence customer satisfaction?
3. How do quality management systems influence customer satisfaction?
4. To what extent does organizational culture influence customer satisfaction?
5. How do personal factors influence customer satisfaction?

1.6 Significance of the study

The findings from the study would be useful to various groups. First, the results would be useful in policy formulation in that, customer satisfaction can be recognized as one of the very important aspects in the care of patients. Secondly, the findings would act as an eye opener to all health care providers such as the management, nurses and doctors and all clinicians to re-evaluate their current practices as far as customer satisfaction is concerned so as to satisfy the customers' expectations. Thirdly, it was anticipated that the findings from this study would contribute to the body of knowledge since reference copies would be available in libraries of institutions teaching customer care such as universities and middle level colleges. Subsequently, more research in the area and related themes could be carried out. Lastly, it was hoped that the recommendations from this study would inform the management of hospitals and other health care providers on effective customer satisfaction, in order to limit the effects of customer expectations and the service quality they got.

1.7 Delimitation of the study
This study confined itself to outpatients on exit at various service points in Kenyatta National Hospital, accident and emergency unit, Nairobi.

1.8 Limitations of the study

The study was limited to the accident and emergency unit as the major service entry point for the hospital. Not all service points were covered due to financial, time and logistical outlays though this was mitigated through sampling technique where key service points were identified to represent all service points. The researchers asked as many questions as possible and also increased the sample size so as to reduce the level of biasness.

1.9 Assumptions of the study

It was hoped the sample would be representative and that the respondents would be cooperative by providing reliable responses.

1.10 Definitions of significant terms

The significant terms in this study are defined as follows:

Customer :	A person who requires services from an organization.
Customer expectation:	The needs, wants and pre conceived ideas of a customer about a product or service
Customer perception:	It's a marketing concept that encompasses a customer's impression, awareness and/or consciousness about a company or its offerings
Customer satisfaction:	The difference between customers perceived and expected performance of a product service
Organizational culture:	Is an idea in the field of organizational studies and management which describes the psychology, attitudes, experiences, beliefs and values of the organization
Patient:	A person receiving or registered to receive medical treatment.
Pricing strategies:	Refers to the method companies use to price their products or service
Quality management systems:	Is the organizational structure, procedures, processes and resources needed to implement quality management
Service quality:	The collective effect of service performance which determine the degree of satisfaction of a user of the service

1.11 Organization of the study

The study is divided into five sections with chapter one introducing the purpose of the study. In chapter two the literature review highlights the variables of the study with chapter three focusing on the methodology that the study uses to get its findings. Data analysis, presentation and interpretation of the results are discussed in chapter four. Lastly chapter five presents the summary of findings, discussions, conclusion and recommendations.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

The literature was reviewed under the following sub-topics: Importance of customer satisfaction, perceived service quality and customer satisfaction, pricing strategy and customer satisfaction, quality management systems and customer satisfaction, organizational culture and customer satisfaction, personal factors and customer satisfaction and the conceptual framework.

2.2 Customer Satisfaction

Customer satisfaction is important to the marketer because it is generally assumed to be a significant determinant of repeat sales, positive word of mouth and customer loyalty. In this section we focus on literature review of past research studies and publications conducted regarding the factors influencing customer satisfaction and are concluded by a summary and a conceptual framework. Organizations and systems also have many stakeholders who have an interest in the agencies performance but are not customers. Osborne and Plastrik (1997) suggest that identifying these groups and their relationships with the organization is an essential step to improving public performance.

Previous studies have identified the benefits that customer satisfaction delivers to an organization (Reichheld and Sasser, 1996). The longer a customer stays with an organization, the more utility the customer generates. This utility is an outcome of a number of factors relating to the time the customer spends with the organization including increased initial costs of introducing and attracting a new customer, an increase in the value and number of purchases, the customer's better understanding of the organization and positive word- of- mouth promotion.

Many researchers (Brandy and Robertson, 2001; Lovelock, Patterson and Walker, 2001) say that customer satisfaction is an individual's feeling of pleasure/ disappointment resulting from comparing a products perceived performance/ outcome in relation to his/her expectation.

Customer satisfaction has been traditionally studied in the marketing area as one of the critical attitudinal variables that may influence customer behavior.

Most of the studies of satisfaction in marketing literature are based on the disconfirmation theory which states that the feeling of satisfaction is a result of the comparison between perceptions of a products performance and expectations (Oliver, and Swan, 1989). This theory representing psychological evaluation processes provides an understanding of expectations, desires, experiences and performance that might affect customer attitudes. Based on this theory, Mc Kinney, Yoon and Zahedi, (2002) study suggested that the difference between expectations and actual performance on system quality and information quality is likely to determine web customer satisfaction.

According to theories of buyer behavior (Engel et al 1973; Howard and Sheth, 1969), the evaluation is based on a cognitive process in which customers compare their prior expectations of product/ service outcomes to those ac Most of the studies of satisfaction in marketing literature are based on the disconfirmation theory which states that the feeling of satisfaction is a result of the comparison between perceptions of a products performance and expectations (Oliver, and Swan, 1989). This theory representing psychological evaluation processes provides an understanding of expectations, desires, experiences and performance that might affect customer attitudes. Based on this theory, Mc Kinney, Yoon and Zahedi, (2002) study suggested that the difference between expectations and actual performance on system quality and information quality is likely to determine web customer satisfaction obtained from the product. If a product's outcome meets or exceeds those expected, satisfaction results. If however, product outcomes are judged to be below expectations, dissatisfaction occurs. Customers who are satisfied with a purchased product will buy the same product again more often, (Reichheld, 1996) and will also recommend it to others (Oliver and Swan, 1989).Research by Kotler sums this up when he states: "The key to customer retention is customer satisfaction, Kotler, 1994).

2.2.1Importance of customer satisfaction to the organization

An organization that adopts customer satisfaction has very many benefits to it keeping in mind as customers get to know a firm and are satisfied with the quality of its services relative to that of

its competitors, they will tend to give more of its business to that firm. Moreover, due to advertising and promotion cost of setting up accounts and systems of getting to know customers these can be seen as a great to keep new customers once the initial investment has been done. Another reason is that customers most often look to others for advice on which providers provide to consider satisfied loyal customers are likely to provide a firm with strong word of mouth. In addition to that, it's also easier for a firm to retain employees when it has a stable base of satisfied customers, Reichheld and Sasser (1990).

2.2.2 Importance of customer satisfaction to the customer

Research according to Gwinner et al (1998) has uncovered specific types of relationship benefits that customers experiences in long term service relationships. Confidence benefits encompass feelings of trust or confidence in the provider, along with a sense of reduced anxiety and comfort in knowing what to expect. Social benefits on the other hand lead Customers to develop a sense of familiarity and even a social relationship with their service provider. This makes it less likely that they will switch even if they learn about a competitor that may have better quality/lower prices.

2.2.3 Determinants of customer satisfaction level

Customer satisfaction levels will not only be influenced by specific product/service features and by perception of quality, but satisfaction will also be influenced by customers emotional responses, their attributions and their perceptions of equity, (Taylor, 1978). Product and service features are influenced by the customers' evaluation of product/service feature. Research has shown that customers of services will make trade off among different service features (Ostrom and Lacobucci, 1995). Services e.g. resort hotel, important features might include pool area, access to golf facilities, washrooms, comfort and privacy of rooms, helpfulness and courtesy of staff.

According to Price, Arnold and Deibler (1995), customers' emotions can affect their perceptions of satisfaction with products and services. These emotions can be stable, pre-existing e.g happiness, pleasure and a sense of warm heartedness enhances customer satisfaction while negative emotions e.g. sadness, sorrow, regret and anger could lead to reduced customer satisfaction.

Attribution for service success or failure influences perception of satisfaction as well. When a customer is surprised by an outcome i.e. if it was too good or too bad than expected, customers look for reasons that have influenced their satisfaction e.g. if a client of a weight loss organization fails to lose weight as hoped for, she will likely search for the causes. Was it something she did, was the diet plan ineffective, did circumstances simply not allow her level of satisfaction/ dissatisfaction with the weight loss company (Hubbert 1995). Lastly perception of equity or fairness is central to customers' satisfaction with products and services. Customers ask themselves the following questions, have I been treated fairly compared with other customers? Did other customers get better treatment, better prices or better quality? Bitner (1990).

2.3 The perceived service quality and customer satisfaction.

The service management literature argues that customer satisfaction is the result of a customers' perception of the value received in a transaction relationship- where value equals perceived service quality relative to price and customer acquisition costs, (Blanchard and Galloway, 1994; Heskett, Sasser and Hart, 1990) Higher level of service quality means increased level of customer satisfaction and results in better customer loyalty and increased profitability. To transfer the quality to service means to satisfy customer requirements.

Service quality has a direct and positive effect on customer satisfaction, (Warrington, 2002; Ghobadia et al, 1993). Majority of research suggests that service quality is a vital antecedent to customer satisfaction; (Parasuraman et al 1985; Cronin and Taylor, 1982). There is strong evidence to suggest that satisfaction may be a vital antecedent of service quality, (Oliver, 1980; Bitner, 1990).Regardless of which view is considered, the relationship between satisfaction and service quality is strong when examined from either direction. Satisfaction affects assessments of service quality and assessment of service quality affects satisfaction. But in particular, perceived quality is a rational perception, whereas satisfaction is an emotional or feeling reaction, (Taylor, 1978).

According to Oliver (1989) satisfaction stakes may include contentment (the phone works), surprise (I won a lottery), pleasure (the wine is good) or relief (the dentist has finished grilling). Research has identified an array of service quality factors that are important for customers

including timeliness and convenience, personal attention, reliability and dependability, employee competence and professionalism, empathy, responsiveness, assurance, availability and tangibles e.g. physical facilities and equipments and the appearance of the personnel (Benjamin and Bowen, 1995).

Research shows that these characteristics also apply to citizen satisfaction with public service quality. Timely service is an especially strong determinant of quality across different types of public services. Fairness and outcomes are important to public service customers. According to Hart (1996) waiting time in outpatient clinics is the one consistent feature of dissatisfaction that has been expressed. Customer service factors such as friendly and courteous hospital staff, speed and efficiency in dealing with customer requests and speed and efficiency of responses to customer complaints are highly rated in many research studies.

2.4   Pricing strategies and customer satisfaction

Pricing strategies has been defined as the economic signal that firms use to accomplish objectives and corporate strategic missions, (Corey, 2002). For unregulated profit-making firms, the primary goal is generally considered to be maximizing shareholders value. However, depending on the firm and the market in which it operates, prices can be used to further a number of more specific tactical aims in support of the long term goal.

The relationship between strategy and pricing should influence corporate and product strategies. In developing a strategy for a certain product/service line, pricing will undoubtedly have to integrate its understanding of cost, customers and competition. Customers are heterogeneous in their willingness to pay for the same product/service. According to Shaffer and Zhang (2000), the reservation price of existing customers is higher than that of new customers because existing customers tend to exhibit higher switching cost and also higher brand preference for that product.

The absence of material data with which to appraise services makes price a potentially important index of quality (Eigler and Langeard 1997). Therefore there is a tendency for customers to use the price of a service as an indicator of its quality. It follows that selling at the right price is especially critical in circumstances where there is reason to expect differences in service quality

from one supplier to another, and where the personal risk of buying a lower quality service is high. Hence, price can be a confidence builder, price is a clue.

2.5   Quality Management Systems and customer satisfaction.

An organization will benefit from establishing an effective quality management system (QMS). The cornerstone of a quality organization is the concept of the customer and supplier working together for their mutual benefit. For this to become effective, the customer supplier interfaces must extend into, and outside of the organization, beyond the immediate customers and suppliers. A QMS can be defined as "a set of co-ordinate activities to direct and control an organization in order to continually improve the effectiveness of its performance".

2.5.1 The benefits of a Quality Management System (QMS)

A fully documented QMS will ensure the customer's requirements are met because confidence in the ability of the organization to deliver the desired products and services consistently meeting their needs and expectations of the customer is very important. In addition to that, the organizations requirements are - both internally and externally met, and at an optimum cost with efficient use of the available resources-materials, human, technology and information.

The a adoption of a QMS needs to be a strategic decision of an organization, and is influenced by the varying needs, objectives, the products/services provided, the processes employed and the size and structure of the organization. Moreover a QMS must also ensure that the products conform to customers' needs and expectations, and to the objectives of the organization.

An effective QMS must ensure that the organization has a strong customer focus. Customer needs and expectations must be determined and converted into product requirements. Customer satisfaction is a constantly moving entity depending on changes in technology and the market place, so an effective QMS must be in a state of continual improvement. For this to be achieved, attention needs to be given to both the voice of the customer- through complaints analysis, opinion surveys and regular contacts and the voice of processes- through measurement, monitoring and analysis of both process and product data).

According to Juran et al (1999), quality system requirements for medical have been internationally recognized as a way to assure product safety and efficacy and customer satisfaction since at least 1993 and were instituted in a final rule published on October 7, 1996.

2.6 Organizational culture and customer satisfaction

A number of researchers have shown that a company's culture has a close link to its effectiveness, (Denison, 1990; Kotler and HESKETT, 1992; Ouichi 1981). Most of the studies that have examined this impact have focused on the relationship between service oriented climates and customer satisfaction, (Johnson, 1996; Scheinder and Bowen, 1995; Schneinder, White&Paul, 1998). We conceptualize organization culture along 4 dimensions: Involvement, Consistency, Adaptability and Mission. The learned responses to the problems of integration are observed by the traits of involvement and consistency. Survival in the external environment is characterized by the adaptation and mission traits.

Those respective traits describe extent to which a company is customer-focused and strategically-oriented. Taken together, the traits measure "the underlying values, beliefs and principles that serve as a foundation for an organizations management system as well as the set of management practices and behaviors that both exemplify and reinforce those basic principles" (Denison, 1990). By focusing on the system as whole companies may be better able to satisfy their customers, but in the process also identify areas in need of improvement with respect to their mission, the interaction among employees and the systems and structures that encourage efficient operations.

The involvement trait focuses on employees' commitment and sense of ownership, involvement in decisions that affect them and team orientation. Effective organizations use teamwork and continuously develop the capacity of their employees (Becker, 1964; Denison, 2000; Fey and Denison, 2003; Lawler, 1996; Deal and Kennedy, 1982; Likert, 1961; Peters and Waterman, 1982). Consistency refers to the existence of organizational systems and processes that promote real alignment and efficiency over time. Organizations are more effective when they are consistent and well integrated (Saffold, 1998).

Adaptability is the organizations capacity for internal change in response in response to external conditions, (Denison and Mishra, 1995). Companies that are highly internally-focused and integrated can have difficulty adapting to external market demands (Lawrence and Lorsch, 1967). Finally, mission refers to the degree to which an organization is clear on why it exists and where it is headed. Effective organizations pursue a mission containing economic and non-economic objectives that provide meaning and direction for their employees, (Denison and Mishra, 1995). More specifically these organizations have a clear purpose and direction, goals and objectives, and a vision for the future (Fey and Denison, 2003; Mintzberg, 1994).

2.7 Personal factors and customer satisfaction

Possibly the most challenging concept in marketing deals with understanding why buyers do what they do or don't do. But such knowledge is critical for marketers since having a strong understanding of buying behavior will help shed light on what is important to customers and also suggest the important influences on customer decision making.

There are many factors that can affect buying process of a customer. Some of the factors that influence the buying process of the customers as discussed by Bearden and Teel (1983) include; (i)Age and Life cycle Stage - The life cycle is an orderly series of stages in which customer attitude and behavioural tendencies evolve and occur because of developing maturity, experience, income, and status. Marketers often define their target market in terms of the customers present lifecycle stage.(ii)Occupation And Income **-** Today people are very concerned about their image and the status in the society which is a direct outcome of their material prosperity. The profession or the occupation a person is in again has an impact on the products they consume. The status of a person is projected through various symbols like the dress, accessories and possessions.

Other factors provided by Bearden and Teel (1983) entail lifestyle and personality. Lifestyles are reflected in individual's personalities and self-concepts. It such potrays a person's mode of living as identified by his or her activities, interest and opinions. Products and services that match customer's lifestyle are therefore likely to increase the level of satisfaction compared to those which do not. Personality on the other hand is the sum total of an individual's enduring internal psychological traits that make him or her unique. Self-confidence, dominance,

autonomy, sociability, defensiveness, adaptability, and emotional stability are selected personality traits, Bearden and Teel (1983). A customer is thus likely to derive satisfaction from service or product characteristics that enhance or tally with the personalities.

2.8   The conceptual framework

The conceptual framework in figure 1 illustrates the relationship between the independent variables and the dependent variables

Independent Variables

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┌─────────────────────────────┐
│ Service Quality             │
│    • Reliability            │ ──────────────┐
│    • Assuarance             │               │
└─────────────────────────────┘               │
                                               │        Intervening Variable
┌─────────────────────────────┐               │
│ Quality management system   │               │     ┌──────────────────────────┐
│    • Computerization        │ ──────────────┤     │ Financial capacity        │
└─────────────────────────────┘               │     │    • Goverment policy     │
                                               │     └──────────────────────────┘
┌─────────────────────────────┐               │                │
│ Pricing strategies          │               │                ┆
│    • Low pricing            │ ──────────────┤                ┆    Dependent Variable
│    • High pricing           │               │                ┆
└─────────────────────────────┘               │                ┆  ┌──────────────────────────┐
                                               │                ┆  │ Customer satisfaction     │
┌─────────────────────────────┐               │                ▼  │    • Repeat purchase.     │
│ Organizational culture      │               └──────────────────▶│    • Customer loyalty     │
│    • Atittude               │ ──────────────┐                   │    • Customer retention   │
│    • Norms and Values       │               │                   └──────────────────────────┘
└─────────────────────────────┘               │
                                               │
┌─────────────────────────────┐               │
│ Personal factors            │               │
│    • Income                 │ ──────────────┘
│    • Education              │
│    • Occupation             │
└─────────────────────────────┘
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Figure 1. Conceptual Framework

The relationship between the dependent and the independent variable

Figure 1 provides a conceptual view of the relationship between the independent and dependent variables of the study. Customer satisfaction which was the study's dependant variable was

viewed as a subject to ; service quality, Management Information Systems, pricing strategies, organizational culture and personal factors. These factors for the purpose of the study were treated as the independent variables. The researcher acknowledged the presence of other factors that could have influenced the study but not examined. This was identified as financial capacity and treated as the intervening variable.

Service quality was considered to affect customer satisfaction in the sense that higher levels of service quality leads to increased customer satisfaction which in turn results in better customer loyalty and retention. Management Information Systems when effectively managed would increase the organization's operational efficiency that is likely to increase the ability products and services to meet customers' needs and expectations thus leading to increased satisfaction. Price strategies offer critical consideration in buyer behavior decisions. While a customer may be interested in products and services provided by an organization, the ultimate acquisition of the product or service depends on the ability of the customer to afford it. An organization offering admirable products and service at affordable prices is likely to increase the level customer satisfaction. Organizational culture describes how things are done in an organization. A customer satisfaction culture is likely to be tailored towards involvement, consistency, positive attitude, adaptability and values that make the customer feel valued. Personal factors reflect individual's lifestyles, income, occupation and personality. An organization has to integrate personal factors in its product and service in the quest to enhance customer satisfaction.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1   Introduction

 This chapter discusses the methodological procedures that will be used in data collection and analysis. It contains the research design, location of the study, population of the study, sampling procedure and sample size, instrumentation, data collection and data analysis techniques.

3.2   Research design

The study adopted a descriptive survey design. This involved collecting data on perceptions and instances of customer satisfaction from patients and healthcare providers. The design is an efficient method of collecting descriptive data regarding characteristics of a sample of the populations' current practices, needs and preliminary information for generating research questions. The design helped in collecting information from the hospital patients on the factors influencing satisfaction at the hospital.

3.3   Target population

The target population for the study was employees and patients within Kenyatta National Hospital accident and emergency unit. The unit has 250 health care providers and approximately 400 hundred patients daily .This provided a study total population of 12250.

3.4   Sampling techniques

Sampling is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected, (Mugenda and Mugenda, 1999) A combination of purposive and scientific sampling techniques were employed to select health officials and customers to particpate in the study.

3.4.1 Sampling of health care providers

Through purposive sampling technique, at least one health care provider from all categories including an; Administrative officer (1), Assistant chief nurse (1), Accountant (1), Medical officer (1), Health information officer (1), Nutritionist (1), social worker (1), Patient affairs officer (1), Laboratory technician (1) and radiographer (1). This formed a sample size of 10 respondents.

3.4.2 Sampling of patients

Due to large population size of patients a convectional scientific sampling was employed . The researcher used Morgan, (1992) sample size determination table to arrive at the desired sample. The estimate population of patients attending Kenyatta national hospital emergency unit is 400 persons translating 12000 persons in a month. Thus using Morgan sample size determination table , the researcher arrived at a sample of 458 respondents (Ref appendix iv).Thus the total sample size for this study was 468 respondents.

3.5   Data collection instruments

Mc Daniel and Gates (2001) and Lancaster, Withey and Ashford (2001) define a questionnaire as a set of questions designed to generate the data necessary to accomplish the objectives of the research project. The data instrument that was used to collect primary data was the questionnaire. This tool is more systematic and structured and aims at obtaining information from respondents in a direct and open manner. This study used two sets of questionnaires containing both structured and unstructured questions so as to be able to capture more information. One questionnaire was used to collect information from outpatient clients while another one was used to obtain information from the accident and emergency unit staff. Data collection was done by the researcher.

3.6   Reliability of Instruments

The reliability of the research instrument was undertaken using test and pre-test method described in Kenya Institute of management (2009). The method was suitable for the study give time availability for the researcher. The questionnaire was issued to same respondents two times. After the first administration, sometime was allowed to elapse, long enough to eliminate response by remembering responses given in the first round. The scores on the two sets of

measures were then correlated to obtain an estimated coefficient of reliability. The coefficient was computed using the Karl Pearson's product moment coefficient of correlation (r). The items were scored individually and aggregated to get the total score on the whole instrument for both test and pre-test administrations.

$$r = \frac{n\sum xy - \sum x \sum y}{\sqrt{\{n\sum x^2 - (\sum x)\,2\}\,\{n\sum y^2 -)(\sum y)\,^2)}}$$

Where r= Reliability coefficient

n = Number of respondents

x= Total scores of test administration

y= Total score of retest administration

A high value of r was considered to yield high reliability coefficient for the instrument used. According to McMillan, (2001), if the reliability coefficient for research instrument is above 0.8, then the instrument is considered reliable.

3.7 Validity of instruments

According to Mugenda et al (1999), validity refers to the accuracy and meaningfulness of inferences, which are based on the results. It is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study. The research instrument was rated in terms of how effectively it sampled significant aspects of the purpose of the study.The content validity of the instrument was determined through the researcher discussing the items in the instrument with the supervisor and colleagues. The guidance given by these people helped to improve the validity of the research instrument by ensuring that the research objectives were addressed. The research instrument was also subjected to statistical tests of significance to determine its validity.

3.8 Ethical consideration

The study ensured that the respondents were assured of the confidentiality of the information they had provided. The researcher ensured that permission had been obtained from Kenyatta National Hospital, University of Nairobi ethical committee prior to conducting the study.

3.9 Data analysis techniques

Data analysis refers to the computation of certain measures along with searching for patterns of relationship that exist among data-groups. The data was analyzed using (SPSS) statistical package for social sciences. Both descriptive and inferential statistics were used. Descriptive statistics described the data collected from the study participants in terms of frequency and percentages while inferential statistics described the data in terms of level of correlation. This allowed the researcher to generalize from the situation that was studied to the situations not studied. Correlation analysis was performed on all independent variables tested individually to confirm whether they significantly related with the dependent variable. After analysis of data, the results obtained were presented by use of tables and discussions were made. Conclusion and recommendation was drawn from the research findings.

3.10 Operational definitions' of variables

This section is an operational definition of variables and it comprises of the study objectives, variables, indicators, measurements, and scale and data analysis techniques as shown in table3.1 below.

Table 3. 1 : Operationalization table

Objective	Variable	Indicator(s)	Measurement	Scale	Data Collection instruments	Data Analysis
Customer satisfaction	Dependent variable Customer satisfaction	• Repeat purchase • Customer loyalty • Customer retention	No of visits No of visits No of visits	Ratio	Questionnaire	Correlation
To examine the relationship between perceived service quality and customer satisfaction.	Independent Variable Service quality	• Level of staff training. • Speed response from service centres.	Trainings attended Delivery time	Ordinal	Questionnaire	Correlation
To examine the relationship between pricing strategy and customer satisfaction	Independent Variable Pricing strategy	• Repeat purchase • Customer retention	No of visits	Ratio	Questionnaire	Correlation
To examine the relationship between QMS and customer satisfaction.	Independent Variable Quality management sytem	• Technology used	ICT Confidentiality	Nominal	Questionnaire	Correlation
To examine the relationship between organization culture and customer satisfaction.	Independent Variable Organizational culture	• Positive attitude • Customer satisfaction desk	Courtesy Friendliness	Ordinal	Questionnaire	Correlation
To determine how personal factors influence customer satisfaction at the KNH A&E unit.	Independent Variable Personal factors	• Education • Income • Occupation	Level of education Net income Status	Ordinal Ratio Nominal	Questionnaire	Correlation

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter has discussed the findings on factors influencing customer satisfaction at the accident and emergency unit in Kenyatta national hospital, Nairobi, Kenya. The subtopics discussed in this chapter include background information, customer's satisfaction with the manner of treatment by KNH staff, customer's satisfaction with KNH staff, rating of Hospital performance, the number of years the staff has worked at A&E department KNH, Hospital practices in enhancing customer satisfaction, staff's greatest success with patients in the past years and hospital strategies to customer satisfaction levels of sustainability.

4.1.1 Respondents' Rate

The response rate of the interviewee is shown in Table 4.1

Table 4. 1 : Response   rate

	Frequency	Percent
Responded	412	88
Didn't respond	56	12
Total	468	100.0

The researcher sampled 468 respondents drawn from the health care providers and patients' of accident and emergency care unit of Kenyatta National Hospital. Out of this sample 412 responded while 56 did not respond. This provided a response rate of 88%. According Mugenda (2010) a response rate of 65% and above is adequate enough to represent a study phenomenon. Thus this response was considered adequate enough to address the objectives of the study.

4.2 Background information

The background information provided the data on respondents' gender, marital status, age, place of living, highest academic qualification, occupation and customer's monthly income:

4.2.1: Respondent Gender

The study sought to determine the respondents' gender and the results of the findings were indicated in Table 4.2.

Table 4.2: Patients' Gender

	Frequency	Percent	Cumulative Percent
Male	244	59.2	59.2
Female	168	40.8	100.0
Total	412	100.0	

An analysis of the data indicated that majority (59.2%) of the respondents were male while 40.8% were female. This is consistent with national population of Kenya where women exceed men, with life expectancy of women being 57 years and that of men being 54 years (KNBS, 2009).

4.2.2 Patients' marital status

The patients' marital status was determined by asking the patients whether they were single, married, divorced or widowed and the results of the findings were indicated in Table 4.3

Table 4. 3: Patients' marital status

	Frequency	Percent	Cumulative Percent
Single	132	32.0	32.0
Married	247	60.0	92.0
Divorced	22	5.3	97.3
Widowed	11	2.7	100.0
Total	412	100.0	

Study data showed that largest proportion (60%) of respondents 247 were married while 11 (2.7%) were widowed.The results also showed that 22 (5.3%) were divorced while 132 (32%) were single.

4.2.3 Patients' age

Respondents' age was determined by asking the customers to indicate their age category and the findings were indicated in Table 4.4.

Table 4.4 Patients' age

	Frequency	Percent
Below 25 years	112	27.2
26-35 years	156	37.9
36-45 years	96	23.3
Above 45 years	48	11.7
Total	412	100.0

The patients' background information indicated that most (37.86%) of the patients' were aged between 26-35 years while (11.65%) of the respondents were aged above 45 years. The results also indicated that (27.18%) were aged below 25 years while (23.30%) were aged between 36-45 years.

4.2.4 Patients' Place of living

The study sought to determine the patients' place of living and the findings were indicated in Table 4. 5

Table 4.5: Patients' Place of Living

	Frequency	Percent
Rural	116	28.2
Urban	287	69.7
Total	403	97.8
No response	9	2.2
Grand Total	412	100.0

Majority of the respondents (69.7%) lived in urban areas whereas (28.2%) lived in rural areas. This was because Kenyatta Hospital is situated in Nairobi area thus attracting most urban dwellers; moreover, Kenyatta Hospital is not proximal to most rural dwellers.

4.2.5 Patient's Highest academic qualification

In establishing the patients literacy levels the patient's were asked to indicate their highest academic qualifications and the findings of the results were indicated in Table 4.6

Table 4. 6 Patients' Highest academic qualification

	Frequency	Percent
Primary school level	52	12.6
Secondary school level	136	33.0
College level	164	39.8
University	55	13.3
Other	5	1.2
Total	412	100.0

An analysis of the highest academic qualification of the patients' indicated that: majority (39.81%) of the customer's highest academic qualification was college level while (12.62%) of the customers had primary school level as their highest qualification. The results also indicated that (13.35%) had University education as their highest level and 33.01% had gone up to Secondary school. These results indicated high literacy level in view of the customers that attended the hospital.

4.2.6 Occupation

In establishing the economic status among the KNH patients', respondents were asked to indicate their occupations. The findings occupation distribution of respondents has been presented in Table 4.7

Table 4.7: Occupations

	Frequency	Percent	Cumulative Percent
Unemployed	87	21.1	22.1
Student	77	18.7	41.6
Casual	136	33.0	76.1
Wage/salaried	94	22.8	100.0
Total	394	95.6	

	Frequency	Percent
No response	18	4.4
Total	412	100.0

Majority (33%) of the patients' were casual laborers while (18.7%) were students. The results also indicated that a good number (21.1%) of the patients' were unemployed while only (22.8%) were permanently employed thus received wages and salaries. Respondent's occupation indicates a high likelihood of unstable income among them.

4.2.7 Patients' monthly income

The study sought to establish respondents' income distribution as also an indicator towards the influence of service pricing on customer satisfaction. The findings were presented in Table 4. 8

Table. 4.8: Patients' monthly income

	Frequency	Percent
None	111	26.9
500-1000	42	10.2
1000-5000	80	19.4
Above 5000	178	43.2
Total	411	99.8
No response	1	0.2
Total	412	100.0

An analysis of the monthly income of the respondents indicated that: Majority (43.20%) had a monthly income of above Kshs 5000 while (26.94%) of the respondents did not receive any monthly salary. The results also indicated that (10.19%) of the patients received a monthly salary of between 500-1000 while (19.42%) had a monthly salary of between 1000-5000. Patients' distribution of income indicates that majority lived below poverty line.

4.3 Patients' last visit to KNH

Respondent's level of awareness about the hospital was established in the question of whether they had visited the facility in the past 12 months due to illness the finding were indicated in Table 4.9

Table 4.9: Have you Visited KNH in the past 12 months due to illness

	Frequency	Percent	Cumulative Percent
Yes	352	85.4	86.7
No	54	13.1	100.0
Total	406	98.5	
No response	6	1.5	
	412	100.0	

An analysis of whether the customer had visited Kenyatta national hospital in the past 12 months due to illness indicated that, majority (85.4%) of the customers agreed that they had visited KNH in the last 12 months due to illness while (13.1%) said they had not. The findings indicate a high level of familiarity with the services provided in the hospital by patients'. There is also an indication that respondents are able to provide information on the changes that have taken place within the scope of KNH's service provision in the last 12 months.

4.4 KNH as primary hospital for the customer

The study sought to establish whether the patients' considered KNH as their primary hospital as an indicator of their satisfaction with the services offered to them by the KNH staff. The results of the findings were presented in the Table 4.10

Table 4.10: Whether or not patients' consider KNH as their first hospital

	Frequency	Percent	Cumulative Percent
Yes	331	80.3	81.5
No	75	18.2	100.0
Total	406	98.5	
No response	6	1.5	
	412	100.0	

An analysis of whether KNH was the patients' primary hospital indicated that: Majority (8 0.3%) of the respondents considered KNH as their primary hospital while (18.2%) said that KNH was not their primary hospital. From this finding, it can be noted that majority of patients' at Kenyatta Hospital, had high and unmet expectations that they would expect the hospital staff to attend to because they are referred to the hospital from other medical facilities where their expectations had not been met.

4.5 Whether the patients' would consider coming back to KNH

Patients' willingness to go back to KNH was established in the question of whether the patients' would consider coming back to KNH and the results of the findings were presented in Table 4.11.

Table. 4.11 Whether the patients' would consider coming back to KNH

	Frequency	Percent
Yes	365	88.6
No	41	10.0
Total	406	98.5
No response	6	1.5
Total	412	100.0

An analysis of whether the patients' would consider coming back to KNH indicated that: Majority (88.59%) said yes they would consider coming back while (9.95%) said they would not come back to KNH. The findings indicate a level of satisfaction as far as customer's service is concerned. It can however not be ruled out that patients' may go back to the hospital because there is no other based on the status of the hospital in the country.

4.6 Patient's Satisfaction Level

Customer satisfaction level at KNH was examined through five dimensions within the study's conceptual framework. This included; service quality, quality management system, pricing strategy, organizational culture and personal factors. The findings were as discussed below.

4.6.1 Effect of service quality on customer satisfaction

The study sought to establish the effect of the service quality offered by the KNH staff on customer satisfaction. The findings were indicated in Table 4.12

Table 4.12: Employee behavior in relation to customer care

Customer satisfaction with customer care parameters at KNH		Frequency	Percentage	Standard Deviation
Friendliness of staff	Very dissatisfied	7	1.8%	
	Dissatisfied	6	1.5%	
	Neutral	130	32.5%	
	Satisfied	170	42.5%	
	Very satisfied	87	21.8%	
	Total	400	100.0%	1
Staff willingness to help	Very dissatisfied	8	2.0%	
	Dissatisfied	8	2.0%	
	Neutral	166	41.0%	
	Satisfied	173	42.7%	
	Very satisfied	50	12.3%	
	Total	405	100.0%	1
Staff attitude (Caring and concerned)	Very dissatisfied	8	2.0%	
	Dissatisfied	11	2.7%	
	Neutral	186	45.9%	
	Satisfied	149	36.8%	
	Very satisfied	51	12.6%	
	Total	405	100.0%	1
Prompt provision of customer service	Very dissatisfied	9	2.2%	
	Dissatisfied	23	5.7%	
	Neutral	201	49.9%	
	Satisfied	122	30.3%	
	Very satisfied	48	11.9%	
	Total	403	100.0%	1
Staff capability and competence	Very dissatisfied	9	2.2%	

	Response	Count	Percentage	
	Dissatisfied	7	1.7%	
	Neutral	206	51.4%	
	Satisfied	133	33.2%	
	Very satisfied	46	11.5%	
	Total	401	100.0%	1
	Very dissatisfied	9	2.2%	
	Dissatisfied	15	3.7%	
Provision of undivided attention	Neutral	218	54.2%	
	Satisfied	118	29.4%	
	Very satisfied	42	10.4%	
	Total	402	100.0%	1
	Very dissatisfied	13	3.2%	
	Dissatisfied	10	2.5%	
	Neutral	213	52.9%	
Consistent courtesy	Satisfied	122	30.3%	
	Very satisfied	45	11.2%	
	Total	403	100.0%	1
	Very dissatisfied	10	2.5%	
	Dissatisfied	10	2.5%	
Maintenance of professional appearance	Neutral	198	49.0%	
	Satisfied	126	31.2%	
	Very satisfied	60	14.9%	
	Total	**404**	**100.0%**	**1**

Majority (42.5%) of the patients' indicated that they were satisfied with the friendly KNH staff while (1.5%) of the patients' were dissatisfied.The results also indicated that (21.1%) of the patients' were very satisfied while (1.7%) were very dissatisfied.Only (31.6%) were neutral on the take on friend's It's imperative to note that the percentage of those satisfied superseded the percentage of those who were dissatisfied indicating a positve note with regard to KNH staff friendly attitude in their service.

An analysis of whether the patients' were satisfied with the willingness of the KNH staff to help indicated that: Majority (42.0 %) was satisfied while 1.9% was very dissatisfied and dissatisfied. The results further indicated that (12.1%) of the patients' were very satisfied while (40.3%) of them were neutral. The results indicated that the majority of the respondents were satisfied with the willingness of the staff to help in totality as against being dissatisfied.

An analysis of whether the patients' were satisfied with the KNH staff concerned and caring attitude indicated that: Majority (45.1 %) were neutral while (1.9% were very dissatisfied and (2.7%) were dissatisfied .The results further indicated that (36.2%) of the patients' were satisfied while (12.4%) of them were very satisfied. The results indicated that the majority of the respondents were satisfied with the concerned and the caring attitude of the staff as against those dissatisfied.

An analysis of whether the patients' were satisfied with the KNH staff capability and competence indicated that: Majority (50.0 %) were neutral while (1.7% were dissatisfied and (2.2%) were very dissatisfied .The results further indicated that (32.3%) of the patients' were satisfied while (11.2%) of them were very satisfied. The results indicated that the majority of the respondents were satisfied as against those dissatisfied.

An analysis of whether the patients' were satisfied with the KNH staff giving them the undivided attention needed indicated that: Majority (52.9 %) were neutral while (2.2% were very dissatisfied and (3.6%) were dissatisfied .The results further indicated that (28.6%) of the patient's were satisfied while (10.2%) of them were very satisfied. The results indicated that the majority of the respondents were satisfied as against those dissatisfied.

An analysis of whether the patients' were satisfied with the KNH staff being consistently courteous indicated that: Majority (51.7 %) were neutral while (2.4% were dissatisfied and (3.2%) were very dissatisfied .The results further indicated that (29.6%) of the patients' were satisfied while (10.9%) of them were very satisfied. The results indicated that the majority of the respondents were satisfied in comparison to those who were dissatisfied.

4.7 Level of correlation on employee behavior in relation to customer care

To establish the level of correlation on employee behavior in relation to customer care correlations were established on various service quality parameters and the findings indicated in Table 4.13.

Table.4.13: Level of correlation on employee behavior in relation to customer care Correlations

		1	2	3	4	5	6	7	8
Friendliness of staff	Pearson Correlation	1							
	Sig. (2-tailed)								
	N	400							
Staff willingness to help	Pearson Correlation	.676**	1						
	Sig. (2-tailed)	.000							
	N	398	405						
Staff attitude (Caring and concerned)	Pearson Correlation	.639**	.789**	1					
	Sig. (2-tailed)	.000	.000						
	N	398	404	405					
Prompt provision of customer service	Pearson Correlation	.515**	.699**	.794**	1				
	Sig. (2-tailed)	.000	.000	.000					
	N	396	402	402	403				
Staff competence	Pearson Correlation	.511**	.703**	.708**	.713**	1			
	Sig. (2-tailed)	.000	.000	.000	.000				
	N	394	400	400	399	401			
Undivided attention	Pearson Correlation	.513**	.679**	.701**	.701**	.765**	1		
	Sig. (2-tailed)	.000	.000	.000	.000	.000			
	N	395	401	401	401	399	402		
Consistent courtesy	Pearson Correlation	.505**	.632**	.627**	.667**	.704**	.789**	1	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000		
	N	396	402	402	402	399	402	403	
Maintenance of professional service	Pearson Correlation	.482**	.551**	.573**	.567**	.586**	.705**	.729**	1

Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	
N	397	403	403	402	399	401	402	404

**. Correlation is significant at the 0.01 level (2-tailed).
Pearson's correlation (2 tailed)

Various service quality parameters exhibited different correlation values as far as their contribution towards customers satisfaction at KNH was concerned. Of particular importance was the correlation value for staff friendliness with other service parameters. The findings on table 4.8 indicate that the correlation between friendliness and staff willingness to help was 0.76, indicating a strong positive correlation, 0.639 for prompt provision of customer service showing a moderate strong positive correlation, 0.513 for undivided attention showing a moderate relationship, 0.505 for consistency in courtesy showing a moderate positive correlation and .0482 for maintenance of professional relationship indicated a moderate positive correlation. The overall correlation value for service quality parameters was 0.5 indicating a positive correlation. This would mean that an increase in customer care aspects by the KNH staff would consequently increase customer satisfaction by a coefficient of 0.5.

4.8 Service delivery among employees

The study sought to establish the patients' level of satisfaction with service delivery of employees and the findings were indicated in the Table 4.14.

Table.4.14 Service delivery among employees

Level of customer satisfaction on service delivery among employees		Frequency	Percentage
Never being too busy to respond to requests	Very dissatisfied	9	2.2%
	Dissatisfied	7	1.7%
	Neutral	193	47.4%
	Satisfied	138	33.9%
	Very satisfied	60	14.7%
	Total	407	100.0%
Doing things right the first time	Very dissatisfied	7	1.7%
	Dissatisfied	14	3.4%
	Neutral	213	52.2%
	Satisfied	124	30.4%
	Very satisfied	50	12.3%

	Total	408	100.0%
	Very dissatisfied	13	3.2%
	Dissatisfied	8	2.0%
Proper handling of emerging problems	Neutral	227	56.0%
	Satisfied	116	28.6%
	Very satisfied	41	10.1%
	Total	405	100.0%
	Very dissatisfied	7	1.7%
	Dissatisfied	21	5.1%
Letting you know when things will get done	Neutral	225	55.1%
	Satisfied	109	26.7%
	Very satisfied	46	11.3%
	Total	408	100.0%
	Very dissatisfied	16	3.9%
	Dissatisfied	16	3.9%
Knowledge of hospital services	Neutral	211	51.7%
	Satisfied	122	29.9%
	Very satisfied	43	10.5%
	Total	408	100.0%

An analysis of customer level of satisfaction with service delivery of employees was provided in table 4.10 above. From the results, 33.9% of responds recorded satisfaction on the quest of employees never too busy to respond to their requests.44.7% majority indicated a neutral opinion while 4% expressed dissatisfaction. Less than 50% of the patients' at KNH are satisfied with the employees never being too busy to respond to request, with almost half of the patient's not being sure of their satisfaction. This could imply that service delivery is by the employees is yet to achieve a clear cut indication of customer satisfaction.

On the quest of doing things at the right time, 52.2% of the respondents expressed a neutral opinion, while 30.4% and 12.3 % were satisfied and very satisfied respectively. Less than half the populations of patients' at KNH are satisfied with the organization doing things at the right

time. This could imply that hospital has still not yet achieved significant level of customer satisfaction, where at least three quarters of the population express satisfaction.

Study findings indicated that majority of the respondents (56%) had neutral opinion as far as proper handling of emerging problems was concerned. 38.7% expressed satisfaction 6.8% expressed dissatisfaction. The study findings therefore have an indication that KNH did not handle problems among majority of respondents in a manner that could provide a satisfactory experience. Similar, unclear levels of satisfaction are noted in the question for letting patients' know when things will be done. 55.1% of the respondents expressed a neutral opinion while 40% indicated satisfaction. 6.8% indicated dissatisfaction.

On the quest of employee service delivery as far as knowledge of hospital services was concerned, 51.7% of respondents indicated a neutral opinion. 40.4% indicated satisfaction with the question on employee's knowledge about hospital services.

4.9 Level of correlation on employee service delivery on customer satisfaction

Table 4.15 represents correlation findings meant to establish the correlation between level of staff responsiveness and doing things the right time, properly handling problems as they arise, letting patients' know when things will get done and knowledge of hospital services indicated .

Table 4.15: Level of correlation on employee service delivery on customer satisfaction

Correlations

		1	2	3	4	5
	Pearson Correlation	1				
Staff never too busy to respond to requests	Sig. (2-tailed)					
	N	407				
	Pearson Correlation	.762**	1			
Doing things right the first time	Sig. (2-tailed)	.000				
	N	406	408			
	Pearson Correlation	.633**	.805**	1		
Properly handling any problems as they arise	Sig. (2-tailed)	.000	.000			
	N	403	404	405		
Letting you know when things will get	Pearson Correlation	.602**	.683**	.715**	1	

done	Sig. (2-tailed)	.000	.000	.000		
	N	406	407	404	408	
	Pearson Correlation	.542**	.616**	.665**	.715**	1
Knowledge of hospital services	Sig. (2-tailed)	.000	.000	.000	.000	
	N	406	407	404	407	408

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

An analysis of the level of correlation between employee service delivery factors indicated that there staff responsiveness with doing things the right time correlated with at 0.762, at 0.633 with proper handling of any problems , at 602 with letting patient's know when things are done and at 0.452 with knowledge of hospital services. The mean correlation between level of staff responsiveness and doing things the right time, properly handling problemes as they arise, letting patients' know when things will get done and knowledge of hospital services indicated that a correlation value of 0.507, showing a moderately positive correlation. This would indicate that provision of adequate service by empoyees would increase service delivery by a coefficienct of 0.507.

4.10 Effect of quality Management systems and customer satisfaction

The effect of quality management systems in relation to customer satisfaction were examined by asking respondents to provide a rating on KNH's computerization system. The findings were presented in Table 4.16.

Table 4.16: Ratings on Information Management systems

Ratings on computer systems	Frequency	Percent	Std deviation
Very low	7	1.7	
Low	6	1.5	0.853
Moderate	160	38.8	
High	150	36.4	
Very high	77	18.7	
Total	400	97.1	
Unanswered	12	2.9	
Total	412	100.0	

The study findings on the ratings of computer systems indicated a (38.8%) moderate rating by majority of respondents. 36.4% of the respondents indicated high rating, 18.7% indicated very high rating. The findings showed a standard deviation of 0.853, indicating lack normal distribution of the data. The findings indicated that slightly above half of the patients' population at KNH has high regard for computerization of systems.

4.11 Effect of organizational culture on customer satisfaction

Effect of organizational culture on customer satisfaction was examined in finding out ratings on range of provision of quality range of services appropriate to customer care that included; pharmacy, cafeteria, and laboratory services. The findings are presented on Table 4.17.

Table 4.17: Ratings on various quality parameters

Rating on various quality parameters	Frequency	Percent
Very low	8	1.9
Low	6	1.5
Moderate	204	49.5
High	141	34.2
Very high	48	11.7
Total	407	98.8
Unanswered	5	1.2
Standard deviation	0.796	
Total	412	100.0

The results indicate that 49.5% majority of respondents provided a moderate rating, with 34.2 % and 11.7% providing high and very high ratings respectively. Minority (1.5%) and (1.9%) of the respondents gave a very low and low rating respectively. The standard deviation was 0.796 indicating normal distribution among the responses provided was not clear.

4.12: Rating on efficiency in dealing with patients' requests and complaints

The study also sought to find out the respondents rating of the KNH efficiency in dealing with the patients' requests and complaints and the findings were indicated in Table 4.18.

Table.4.18: Rating on efficiency in dealing with patients' requests and complaints

Rating on efficiency in dealing with customer request and complaints	Frequency	Percent
Very low	44	10.7
Low	22	5.3
Moderate	220	53.4
High	96	23.3
Very high	28	6.8
Total	410	99.5
Standard Deviation	0.583	
Unanswered	2	.5
	412	100.0

The study findings on respondents rating on the organizations efficiency in dealing with patients' requests and complaints was rated moderate by 53.4% of the respondents. 23.2 % rated high while 6.8% rated it very high respective. The standard deviation for the response was 0.583 indicating distribution of responses across the study population. From these findings, it is evident that there has been efforts made toward enhancing efficiency and speed in handling of customer complaints, however, the institution has not achieved high rating as far as majority of respondents are concerned.

4.13: Effect of pricing strategies and customer satisfaction

The effect of pricing strategies on customer satisfaction was examined by asking respondents to indicate the rating on pricing. The results of the findings were presented on Table 4.19.

Table 4.19: Rating on the pricing strategy

Rating on pricing strategy	Frequency	Percent	Valid Percent	Cumulative Percent
Very low	26	6.3	6.4	6.4
Low	15	3.6	3.7	10.1
Moderate	233	56.6	57.4	67.5
High	104	25.2	25.6	93.1
Very high	28	6.8	6.9	100.0
Standard deviation	0.880			
Total	406	98.5	100.0	

Unanswered	6	1.5
Total	412	100.0

The study findings indicate a moderate rating of 57.4% by majority o respondents. 25.6% of the respondents gave a high rating while 6.8% gave a very high rating. Based on respondents rating on pricing strategy and customer satisfaction, it is not clear the extent to which patients' felt satisfied with the hospitals pricing strategy.

4.14: Ratings on patients' waiting time

The effect of patients' waiting time was established by asking the patient's to rate their waiting time in relation to their satisfaction the results of this finding were presented in Table 4.20.

Table 4.20: Ratings on patients' waiting time

Ratings on patients' waiting time	Frequency	Percent	Valid Percent	Cumulative Percent
Very low	44	10.7	10.7	10.7
Low	22	5.3	5.4	16.1
Moderate	220	53.4	53.7	69.8
High	96	23.3	23.4	93.2
Very high	28	6.8	6.8	100.0
Total	410	99.5	100.0	
Unanswered	2	.5		
Total	412	100.0		

An analysis on patient's waiting time was rated moderate by 53.7% majority of the respondents. Other ratings included very low by 10.7% of the respondents, low by 5.4% of the respondents, high by 23.4 % of the respondents and very high by 6.8% of the respondents. According to these results, less than half the population of patients' at KNH did not provide high rating for waiting time. This could indicate that there was no clear cut indication that the hospital provided distinguished efficiency as far as waiting time for patient's was concerned.

4.15 Rating on hospital performance in queues

Table 4.21 indicates the study findings based on the respondents rating of the hospital performance on queues.

Table 4.21: Rating on hospital performance in queues

Rating on hospital performance on queues	Frequency	Percent	Valid Percent	Cumulative Percent
Very low	43	10.4	10.5	10.5
Low	17	4.1	4.2	14.7
Moderate	226	54.9	55.4	70.1
High	95	23.1	23.3	93.4
Very high	27	6.6	6.6	100.0
Total	408	99.0	100.0	
Unanswered	4	1.0		
	412	100.0		

As per the study findings, 55.4% of the respondents provided a moderate rating, 23.3% provided a high rating, and 6.6% provided a very high rating. Moderate rating by majority of respondents reflect an average performance of the hospital as far as queues were concerned.

4.16 Correlation analysis on factors affecting customer satisfaction

A correlation analysis between various customer satisfaction variables was undertaken and presented in Table 4.22.

Table 4.22: Correlation analysis

Correlations								
		1	2	3	4	5	6	7
Customer consideration to go back to KNH	Pearson Correlation	1						
	Sig. (2-tailed)							
	N	406						
Performance on computerization	Pearson Correlation	$.150^{**}$	1					
	Sig. (2-tailed)	.003						
	N	394	400					

Provision of a range of quality services appropriate to customer care	Pearson Correlation	$.176^{**}$	$.717^{**}$	1				.
	Sig. (2-tailed)	.000	.000					
	N	401	397	407				
Speed and efficiency in dealing with customer requests and complaints	Pearson Correlation	$.177^{**}$	$.545^{**}$	$.589^{**}$	1			
	Sig. (2-tailed)	.000	.000	.000				
	N	403	399	406	409			
Pricing of the hospital services	Pearson Correlation	$.170^{**}$	$.401^{**}$	$.476^{**}$	$.502^{**}$	1		
	Sig. (2-tailed)	.001	.000	.000	.000			
	N	400	396	403	405	406		
Customers waiting time	Pearson Correlation	$.151^{**}$	$.343^{**}$	$.389^{**}$	$.623^{**}$	$.685^{**}$	1	
	Sig. (2-tailed)	.002	.000	.000	.000	.000		
	N	404	400	407	409	406	410	
Queues	Pearson Correlation	$.132^{**}$	$.341^{**}$	$.366^{**}$	$.579^{**}$	$.668^{**}$	$.864^{**}$	1
	Sig. (2-tailed)	.008	.000	.000	.000	.000	.000	
	N	402	398	405	407	404	408	408

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

The study findings on the correlation between patient's considerations to go back to the hospital (satisfactions) indicated different levels of correlation as indicated in table 4.22. A positive correlation value of (0.15) was obtained between patients' willingness to go back to the hospital and performance of computer systems. This would indicate that a weak but positive relationship existed between customer satisfaction and performance of hospitals computer systems. Thus an increase in computerization would increase customer satisfaction by a coefficient of 0.15.

Under correlation between customer satisfaction and provision of quality range of services, a correlation value of 0.176 was obtained, indicating a positive weak relationship. Further the correlation between speed and efficiency in handling of customer complaints elicited a weak positive correlation of 1.777. The pricing of hospital service correlated with customer satisfaction at value of 0.170. Patients' waiting time correlated with their willingness to go back to the hospital at a value of 0.151. Similarly, Queues were found to have weak positive correlation with patients' consideration in coming back to the hospital.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary, conclusion and recommendations on the study, factors influencing customer satisfaction at the accident and emergency unit in Kenyatta national hospital, Nairobi, Kenya. The chapter has been sectioned into; summary of findings, discussions conclusion and recommendations.

5.2 Summary of findings

The study was undertaken to establish factors affecting customer satisfaction at accident and emergency unit at Kenyatta National hospital. The factors examined included; service quality, pricing strategies, quality management systems, organizational culture and personal factors. The summary of findings provides key observations on the respondents' background information and the influence of each of the aforementioned factors on customer satisfaction.

5.2.1 Respondents Background

Majority of the respondents are male representing 59.2% against women population of 40.8%. More than half the population of patients at KNH's accident and emergency unit was below age of 35 years. Majority of the patients' at this unit are urban dwellers and have least attained secondary school level of education. Slightly more than a quarter (25%) of the patients' population is casual laborers with 18.7% beings students and 21.15 unemployed. Majority of patients' live below poverty line as indicated by their income distribution. 85% of the patients' interviewed had at least visited KNH for the last 12 months, with most of them indicating that KNH was not their primary hospital.

5.2.2 Customer satisfaction

Majority (88.59%) of patients' would consider going back to KNH, indicating a likelihood of customer satisfaction of lack of an alternative hospital for their medical conditions.

5.2.3 Effect of service quality on customer satisfaction

Majority of the patients' indicated that they were satisfied with the friendly KNH staff , willingness to help, concerned and caring attitude and staff capabilility and competence. Consistencny in courtesy did not elicit any conclusive remark from the respondents as they termed the opinion as neutral.

A positive correlation was found between various customer care parameters and customer satisfaction.The correlation between friendliness and staff willingness to help was 0.76, indicated a strong positive correlation, 0.639 for prompt provision of customer service showing a moderate strong positive correlation, 0.513 for undivided attention showing a moderate relationship, 0.505 for consistency in courtesy showing a moderate positive correlation and .0482 for maintenance of professional relationship indicated a moderate positive correlation.

This findings concur with Less than 50% of the patients at KNH are satisfied with the employees never being too busy to respond to request, with almost half of the patients' not sure of their satisfaction. On the quest of doing things at the right time, 52.2% of the respondents expressed a neutral opinion. Less than half the population of patients' at KNH is satisfied with the organization doing things at the right time. Majority of the respondents (56%) had neutral opinion as far as proper handling of emerging problems was concerned. Unclear levels of satisfaction are noted in the question for letting patients' know when things will be done, with 55.1% of the respondents expressed a neutral opinion. A neutral opinion on employee's knowledge of hospital services was elicited.

5.2.4 Effect of quality Management systems and customer satisfaction
The study findings on the ratings of computer systems indicated a (38.8%) moderate rating by majority of respondents. 36.4% of the respondents indicated high rating, 18.7% indicated very high rating. The findings showed a standard deviation of 0.853, indicating lack normal distribution of the data.

5.2.5 Effect of organizational culture on customer satisfaction
Effect of organizational culture on customer satisfaction was examined in finding out ratings on range of provision of quality range of services appropriate to customer care that included; pharmacy, cafeteria, and laboratory services. Results indicated that the hospital has attained

some significant level of customer satisfaction elicited from the level of customer care offered by the hospital staff. This confirms Taylor (1978) observations on customer satisfaction levels with reference to emotional responses.

5.2.6 Effect of pricing strategies and customer satisfaction

A moderate rating was obtained on the pricing strategies and customer satisfaction. Based on respondents rating on pricing strategy and customer satisfaction, it is not clear the extent to which patients' felt satisfied with the hospitals pricing strategy.

Patients' waiting time was rated moderate by 53.7% majority of the respondents. According to these results, less than half the population of patients' at KNH did not provide high rating for waiting time. Similar ratings were reflected on performance of the hospital as far as the quest was concerned. A weak positive correlation was obtained on the hospital performance on computerization, provision of quality range of services appropriate to customer care, speed and efficiency in dealing with patients' requests and complaints, pricing of hospital services, waiting time and queues. Literature on pricing strategy indicates that customers are heterogeneous in their willingness to pay for the same product/service. According to Shaffer and Zhang (2000), the reservation price of existing customer is higher than that of new customers because existing customers tend to exhibit higher switching cost and also higher brand preference for that product. This therefore could be a source of customer's satisfaction.

5.3 Discussions

The objective of the research was to show the factors affecting customer satisfaction at the accident and emergency unit. The factors were to assist the relevant stakeholders and policy makers in knowing what the patients' perceived as the quality care given to them. From the research findings the majority of the respondents were male (59.25%) indicating that more men came to be seen at the hospital which is consistent with the national population of Kenya where women exceed men with life expectancy (KNBS,2009).

The study also found out that majority of the respondents were casual workers and they lived below the poverty line as indicated by their income distribution, this might be their reason for having Kenyatta national hospital as their hospital of choice. This agrees with Bearden and Teel

(1983) who assert that the profession or the occupation a person is in has an impact on the products they consume.

The overall correlation value for service quality parameters was 0.5 indicating a positive correlation meaning that an increase in customer care aspects by the Kenyatta national staff would consequently increase customer satisfaction. Research has identified an array of service quality factors that are important for customers including timeliness and convenience, personal attention, reliability and dependability, employee competence and professionalism, empathy, responsiveness, assurance, availability and tangibles e.g. physical facilities and equipments and the appearance of the personnel (Benjamin and Bowen, 1995).

The mean correlation between level of staff responsiveness and doing things right the first time, properly handling problem as they arise, letting patients' know when things will get done and knowledge of hospital services indicated a moderately positive correlation signifying that provision of adequate services by the hospital would increase the way patients' perceived the services they were being offered.

The effects of quality management systems on customer satisfaction indicated that slightly above half of the patient population has a high regard for computerization of systems. According to Zehedi, (2002) presence of systems in an organization is likely to increase the level of customer expectations, whose satisfaction is further influenced by the level of customer satisfaction. According to the findings on the effect of organization culture on customer satisfaction, the results indicated that a majority of the respondents provided a moderate rating indicating that the hospital has attained some significant level of customer satisfaction elicited from the level of customer care offered by the staff. Thus it can be said that the hospital staff had attained some level of friendly culture on the patients'. These findings concur with Denison, 1990; Kotler and Hesket, 1992; Ouichi 1981, who observed that a company's culture, has a close link to its effectiveness and creates a customer satisfaction climate. Further, according to Price, Arnold and Deibler (1995), customers' emotions can affect their perceptions of satisfaction with products and services. These emotions can be stable, pre-existing e.g. happiness, pleasure and a sense of warm heartedness enhances customer satisfaction while negative emotions e.g. sadness, sorrow, regret and anger could lead to reduced customer satisfaction.

From the research findings on pricing strategy and how they affect customer satisfaction, a moderate rating was obtained making it unclear the extent to which patients' felt satisfied with the hospitals pricing strategy. This agrees with Shaffer and Zhang (2000) who found that customers are heterogeneous in their willingness to pay for the same product/service and that the reservation price of existing customers is higher than that of new customers because existing customers tend to exhibit higher switching cost and also higher brand preference for that product. Although Eigler and Langeard (1997) found that the absence of material data with which to appraise services makes price a potentially important index of quality. Therefore price can be a confidence builder because there is a tendency for customers to use the pricing of a service as an indicator of its quality. However, since the majority of patients' that visit the facility are casual workers, low income earners and those who have no otherwise but to visit the hospital due to the services it offers, this does not determine quality for them, they just want to be treated and get well.

5.4 Conclusion

This study sought to examine the factors affecting customer satisfaction at accident and emergency unit at Kenyatta National hospital. The study confined itself to effects of perceived quality and organizational culture, pricing strategies, management systems and personal factors on customer satisfaction.

From the literature reviewed and the study's finding, it can be noted that customer satisfaction is a broad concept that can only be defined within a specific context of the group in question. The key tenet within the understanding of customer satisfaction is however based on the premise that it seeks to address a specific need by a patient to a level that his / her expectations are met. The general background of respondent brought out an indication that KNH, emergency unit was expected to offer satisfactory services at affordable prices, given that the hospital is a referral center as well as a public organization. The hospital has made some achievements as far as service quality and customer satisfaction is concerned. There was evidence of customer care as evidenced by average level of satisfaction on staff willingness to help, concerned and caring attitude and consistency in staff courtesy. Average positive correlation between customer care and organizational culture parameters have an implication on that employee actions within an organization are crucial in shaping customer satisfaction.

Based on the findings, proper customer care can thus be said to be a crucial factor in enhancing patients' emotions. While friendliness, warm heartedness and courtesy among service providers elicit emotions of satisfaction, negative emotions among patients' can equally be elicited by unfriendly service. A positive correlation was found between various customer care parameters and customer satisfaction.The correlation between friendliness and staff willingness to help was 0.76, indicated a strong positive correlation, 0.639 for prompt provision of customer service showing a moderate strong positive correlation, 0.513 for undivided attention showing a moderate relationship, 0.505 for consistency in courtesy showing a moderate positive correlation and .0482 for maintenance of professional relationship indicated a moderate positive correlation.

The overall correlation value for service quality parameters was 0.5 indicating a positive correlation. This would mean that an increase in customer care aspects by the KNH staff would consequently increase customer satisfaction by a coefficient of 0.5. These findings concur with Taylor (1978) observations on customer satisfaction levels with reference to emotional responses. Further, according to Price, Arnold and Deibler (1995), customers' emotions can affect their perceptions of satisfaction with products and services. These emotions can be stable, pre-existing e.g happiness, pleasure and a sense of warm heartedness enhances customer satisfaction while negative emotions e.g. sadness, sorrow, regret and anger could lead to reduced customer satisfaction.

The hospital has made remarkable efforts as far as quality management systems are concerned, judging from moderate ratings. The fact that majority of respondents provide an average rating could however be an indicators that patients' have not attained their desired level of customer satisfaction. Pricing seems to be a factor in customer satisfaction. Given the fact that the hospital is not the main medical centre for the respondents, patients' expectation is expected to be higher given that respondents have to be provided with health care services at an affordable price. More, over, respondents range of income depicted that majority lived below poverty line. There is indication that the hospital has attained a moderate level of customer satisfaction as far as pricing is concerned.

5.5 Recommendation

After successful completion of the study on factors affecting customer satisfaction in the accident and emergency unit of Kenyatta National Hospital, various aspects worth noting to make a recommendation on were observed.

1. The study findings indicated that the hospital had not attained an above average level of customer satisfaction as it is rated moderately in the aspects of quality service and organizational culture, management information systems, and pricing strategy.

2. There is need to reinforce the current practice on service delivery, customer care and management of information systems to increase the level of customer satisfaction. This could be done by setting targets on customer satisfaction levels needed to be attained by these programs, inculcating culture of continuous improvement among staff and enhancing employee reward programs.

These recommendations tie in with the significance of this study as envisaged.

5.6 Suggestions for further research

The research findings suggest;
1. A similar research should be replicated in the other units of the hospital e.g inpatients, clinics etc.
2. A research should be carried out at the accident and emergency unit to find out why patients' still have to wait for some time before they are served even with the introduction of computerization.
3. A study should be carried out to find out what kind of training the staff at the hospital need so that they can be rated as very friendly.
4. A study should be carried out at the accident and emergency unit to determine the relationship between mortality rate and waiting times.

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APPENDICES

APPENDIX I CONSENT LETTER

Knight K. Lekolool,

P. o. Box 746-00517,

Uhuru Gardens,

Nairobi.

February 18th 2013.

Dear Sir/Madam

I am a Masters of Arts in project planning and management student at the University of Nairobi conducting a research study titled

"Factors affecting customer satisfaction at the Accident and Emergency Unit, Kenyatta national hospital."

You have been selected to assist in providing the required information as your views are considered important in this study. I am therefore requesting you kindly to fill this questionnaire. Please note that any information given will be treated with utmost confidentiality and will only be used for the purpose of the study.

Thank you

Yours faithfully,

Knight Lekolool

L50/63723/2010

APPENDIX II :CUSTOMER QUESTIONNAIRE

PART A: GENERAL INFORMATION

1. Kindly indicate your gender:
   a. Male   [   ]
   b. Female[   ]

2. What is your marital status
   a. Single   [   ]
   b. Married   [   ]
   c. Divorced   [   ]
   d. Widowed   [   ]

3. Please indicate your age from the choices below:
   a. Below 25 yrs [   ]
   b. 26 – 35 yrs   [   ]
   c. 36 – 45 yrs   [   ]
   d. Above 45 yrs [   ]

4. Where do you reside
   a. Rural   [   ]
   b. Urban   [   ]

5. Kindly indicate your highest academic qualification:
   a. Primary school level   [   ]
   b. Secondary school level   [   ]
   c. College level   [   ]
   d. University   [   ]
   e. Any other   [   ]

6. What is your occupation
   Unemployed [1] Student [2] Casual [3] Wage/salaried [4] self employed

7. What income do you get per month?
   a. None   [   ]
   b. 500- 1000   [   ]
   c. 1000- 5000   [   ]
   d. Above 5000   [   ]

8. Have you visited KNH in the past 12 months due to illness?

   a. YES   [ ]
   b. NO   [ ]

9. Do you consider KNH your primary hospital?

   a. YES   [ ]
   b. NO   [ ]

10. Would you consider coming back to KNH?

    a. YES   [ ]
    b. NO   [ ]

PART B: CUSTOMER SATISFACTION LEVELS:

11. How satisfied are you with the manner in which you are treated by the KNH hospital staff
    in each of the following areas:

    Very satisfied [5]   Satisfied [4]   Neutral [3]   Dissatisfied [2]   Very dissatisfied
    [1]

	5	4	3	2	1
The hospital staff are friendly					
Willingness to help					
Having a concerned and caring attitude					
Providing prompt customer service					
Being capable and competent					
Giving you their undivided attention					
Being consistently courteous					
Maintaining a proffessional appearance					

12. How satisfied are you with the KNH staff in each of the following areas?

    Very satisfied [5]   Satisfied [4]   Neutral [3]   Dissatisfied [2]   Very
    dissatisfied [1]

	5	4	3	2	1
Never being too busy to respond to requests					
Doing things right the first time					
Properly handling any problems as they arise					
Letting you know when things will get done					
Knowledge of hospital services					

APPENDIX III : STAFF INTERVIEW SCHEDULE

1. How long have you worked at the A&E Department, KNH
   a. Below 1 year   [ ]
   b. Between 1 year – 3 years   [ ]
   c. Above 3 years   [ ]
2. The following are practices by the hospital in enhancing customer satisfaction,please indicate if you agree with their application.

   Strongly agree (5)   Agree (4)   Moderate (3)   Disagree (2)   Strongly disagree (1)

	5	4	3	2	1
Computerization					
Provision of a range of quality services					
Speed and efficiency in dealing with customer requests					
Friendly,courteous hospital staff					
Subsidising prices					
Speed and efficiency of response to complaints					

3. What do you think has been your greatest success with customers over the past years?Please use this scale and tick appropriately.

   Strongly agree (5)   Agree (4)   Moderate (3)   Disagree (2)   Strongly disagree (1)

	5	4	3	2	1
Building relationships and getting closer to customers					
Emergency handling					
Quality of customer services we give to our clients					

The introduction of computerization					

4. What strategies has the hospital been using to ensure the enhancement of customer satisfaction levels of sustainability?

Strongly agree (5)   Agree (4)   Moderate (3)   Disagree (2)   Strongly disagree (1)

	5	4	3	2	1
Employee training on the aspect of customer satisfaction					
Employee motivation					
Improving service quality					
Introduction of corporate plaza					
Enhancement of technology levels					

5. What have been the main problem areas within the A&E unit over the last year which you would have had a direct impact on customer satisfaction?

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

End
Thank You

APPENDIX IV: SAMPLE SIZE DETERMINATION TABLE FOR A GIVEN POPULATION

Population Size	Sample	Population size	Sample size	Population size	Sample size
10	10	100	80	4000	351
20	19	150	108	5000	307
30	28	200	132	10000	370
40	35	250	162	20000	377
50	44	300	169	50000	381
60	52	400	196	10000	382
70	59	1500	306	12000	458
80	66	2000	322		
90	73	3000	341		

Source: Krejcie, (1990)