

Effect of Service Quality on Satisfaction of Enrollees of Private HMOs in General Hospitals within Abuja Metropolis

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Abstract

This study examined the effect of service quality on the satisfaction of enrollees of private HMOs in general hospitals within the Abuja Metropolis. Specifically, the study x-rayed the individual impact of reliability, assurance and empathy on the satisfaction of enrollees of private HMOs in five general hospitals within Abuja municipal area council (AMAC). The study adopted a survey research design. The study population includes 3447 enrollees of private HMOs of five General Hospitals. A study drew a sample size of 482 using the Taro Yamane sample size determination technique. The hospitals included Asokoro General hospital, Gwarinpa General Hospital, Kubwa General Hospital, Maitama District Hospital and Wuse District Hospital. A five-point Likert scale type of question was used to collect data for the study. The reliability of this instrument was measured using Cronbach's alpha. The spearman rank correlation coefficient was used to analyse the data and test the hypotheses. The result of the study revealed that reliability, assurance and empathy have a positive and significant relationship with enrollees' satisfaction within the area covered by the study. From the findings, the study concluded that providing high-quality services characterized by reliability, assurance, and empathy is imperative for the success of any organisation in this era of globalisation and competitiveness. Thus, the study recommended that if the HMOs desire to survive and improve enrollees' satisfaction, it is imperative to continually investigate the existing service quality, particularly on dimensions of reliability, assurance and empathy.

Background to the Study

Quality has been a fascinating buzzword in the organizational world for the last few decades of the 20th century. In particular, ever since Edward Deming and Joseph Juran introduced and developed their perspectives of quality, many organizations with their managers and employees have been focusing on this concept of quality. One of the reasons qualities has gained such prominence is because organizations have gained an understanding of the cost of poor quality. It is now a well-known fact that quality affects all aspects of an organization and has serious cost implications (Al Khattab & Aldehayyat, 2016). The most ominous effect of poor quality is customer dissatisfaction and consequently lack of patronage (Alghamdi, 2014). Globalization has also contributed to the emphasis on quality. Fikry (2011) avers that the concept of globalization has led to the collapse of regional and national trade barriers whereby markets that were previously controlled by monopolist have opened up to competition. In quest for market share, firms have realized that customer satisfaction is key. Companies that cannot devise products and services that continuously satisfy and surpass customer expectation fall by the wayside and become extinct (Almsalam, 2014). Realizing this, companies have adopted quality as a critical success survival strategy.

Appraising the factors that militated against realization of the set target, “poor quality of service delivery by healthcare providers” was conspicuous. Services Marketing Literature is unanimous that service quality is a comparison of perceived expectations of a service with the actual performance (Asghari & Babu, 2017; Al-Damen, 2017; Akahome, 2017 and Osei-Poku, 2012). Popular studies featured in services marketing literature suggest that, consumers form perceptions about a service provider, based on how the service provider delivered the services, the tangibles provided in the service offering, attended to emergencies especially in prompt generation of referral codes during emergencies, performing services without fumbling around, and display of trustworthy behaviour, delivery of promised services dependably, accurately, honestly and consistently, and good manners of service providers (Agarwal & Kumar, 2016; Parasuraman et al., 1985; Parvin et al., 2014).

Parasuraman et al. (1985) identified ten detailed determinants of service quality through focus group studies: They are tangibles, reliability, responsiveness, communication, access, competence, courtesy, credibility, security, understanding/knowledge of customer, which were later compressed into five - tangibles, reliability, responsiveness, assurance, and empathy, also known as SERVQUAL (Parasuraman et al., 1988). For the purpose of this study reliability, assurance and empathy are considered since they are widely used in literature concerning the health care sector. For instance, the ability of a healthcare provider to deliver the promised services dependably, accurately, honestly and consistently is paramount (Parasuraman et al., 1985). Customers seek services upon which they can depend on (Khan & Fasih, 2014). It is a very common dimension used in almost all of the service quality measuring models, showing its relationship with customer satisfaction and retention.

Also, assurance is a service quality dimension that requires staff of HCPs (doctors and nurses) to possess the required skill and knowledge. It is believed that if employees of HCPs perform services without fumbling around, and display trustworthy behaviour, the satisfaction level of customers can be enhanced significantly (Agagbu & Mcwabe, 2013). It may also encourage repurchase or retention intension of customers (Carman, 2000). Again, empathy requires healthcare service providers to make efforts to know their customers. It also involves listening to customers, keeping them informed in the language of their hearth. Enrollees expect their doctors to talk to them clearly using words they understand. They equally prefer that their doctor explain certain tests and procedures to them personally, instead of doing so through nurses or receptionists. The empathetic attitude towards the customer incites a sense of importance in the customer and hence, leads to retention behaviour and positive word of mouth (Alghamdi, 2014).

Customer satisfaction is one of the determinants of health care service providers' prospect in any environment. Perreault and McCarthy (2005) are of the opinion that customer satisfaction is the extent to which a firm fulfils a customer's needs, desires and expectations; hence the need for companies to know that production and marketing must be aimed at producing economic utility for customers in form, task, time, place and possession utilities. Apollos et al. (2013) avers that customer satisfaction is the customer overall dis/satisfaction with the organization based on all encounters and experiences with that particular organization. Service quality is the main driver and predictor of customer satisfaction with service provider.

From the healthcare perspective, Nigerian patients cannot derive adequate health care satisfaction due to poor implementation of health policies, lack of fair and sustainable health care financing, lack of basic infrastructure and equipment, low level of political commitment to healthcare by most governments in Nigeria, poor data base, and poorly developed information communication technology and health management information system, poor health human resource development plans and pervasive corruption: corruption has often manifested in Nigeria's health sector through the supply of fake drugs, substandard equipment's, willful misdiagnosis of diseases, sharing of allocated budget funds, inflation of contracts, diversion of drugs, favoritism in treatment and appointments based on political patronage (Obansa & Akinngbe, 2013). There are many challenges facing Nigeria health care service, but few were mentioned in this study.

In Nigeria, health maintenance organizations (HMOs) are the purchasers of health insurance with a social National Health Insurance Scheme for civil servants in 1999. With the formation of the National Health Insurance Scheme (NHIS), private entities were encouraged to form HMOs. The Act establishing the NHIS allowed HMOs to serve as agents to the NHIS and should cover both public and organized private sectors. HMOs in the Formal Sector Health Insurance Program (FSSHIP) of Nigeria's NHIS were appointed to give the scheme a private sector face-lift. The founding fathers of the scheme believed that the social system of the country is marred with inadequacies, without checks and balances. Based on that, policy makers in health suggested a system of health insurance

with HMOs participating as agents of the NHIS to purchase health services from public and private providers. HMOs are private sector driven and are expected to close leakages that might be arising from poor management by the public sector.

Conversely, the Nigerian health care industry performance has not conformed to the desire of its domestic patients (customers) and its standard cannot be compared to other countries health care industries such as France, UK, South Africa, Asia, India, United State, Saudi Arabia etc due to poor delivering of quality service. Health care service industries in Nigeria are owned by government and individual but this study focus on public health care service industry. Most of the public health care centres are experiencing various challenges, which prevent patients (customers) to derive satisfaction. Thus, the motivation for this study. Therefore, this study sort to evaluate the impact of service quality on the level of satisfaction of enrollees of private health management organisations (HMOs) in health care Centers in Abuja Metropolis.

The following hypotheses guided this study;

HO₁: Reliability has no significant impact on satisfaction of enrollees of private HMOs in general hospitals within Abuja Metropolis

HO₂: Assurance has no significant impact on satisfaction of enrollees of private HMOs in general hospitals within Abuja Metropolis

HO₃: Empathy has no significant impact on satisfaction of enrollees of private HMOs in general hospitals within Abuja Metropolis

Literature Review

Service Quality

Service quality is “a goal judgment, or attitude, relating to the superiority of the service” (Parasuraman et al., 1988; Alireza & Mastura, 2013). The service quality approach in general, is an attempt to understand customer satisfaction from the perspective of the differences between customer perceptions and actual customer service on various attributes (Parasuraman et al., 1985; John et al., 2001). Boone and Kurtz (2004) define service as an intangible task that satisfies the need of consumer and business uses. In spite that services do not have physical features that buyers can see, hear, smell, taste or touch prior purchase, buyers can have the assurance of buying a promise. Thus, it is said that the services are inseparable from the service providers which means that consumer perceptions of a service provider become their perception of the service itself. The strategic of a service organization depends on the ability of service providers to enhance their images by consistently meeting or exceeding customer's service expectation. Consumer perceptions of service quality result from comparing expectations prior to receiving the service and their actual experience of the service. Parasuraman et al., (1988) developed a list of characteristics that define service quality in general. They combined these attributes into five major dimensions of service quality, namely, tangible, assurance, responsiveness, empathy, and responsiveness (Muhammad, 2013). For the purpose of this study reliability, assurance and empathy were considered.

Reliability

Reliability is the ability to perform the promised service in a dependable and accurate manner. The service is performed correctly on the first occasion, the accounting is correct, records are up to date and schedules are kept (Ogah et al., 2018). This means the ability of a healthcare provider to deliver the promised services dependably, accurately, honestly and consistently (Parasuraman et al. 1985). Customers seek services upon which they can depend on (Khan & Fasih, 2014). It is a very common dimension used in almost all of the service quality measuring models, showing its relation with customer satisfaction and retention. In fact, reliability was pointed out by many researchers as one of the most influential dimensions inducing meeting customers' expectations (Al-Damen, 2017; Ghasemi & Moghadam, 2016). In the healthcare setting, reliability of service can be broken down into sub dimensions like providing services at the promised time, performing services right the first time and providing services as planned. The relationship between dimensions of service quality and meeting customers' expectations was examined by Ibanez et al. (2006), and Agagbu and Mcwabe (2013) where they found a substantial association between reliability and meeting customers' expectation.

Assurance

Khan & Fasih (2014), states that the process of acquired knowledge being showcased by staffs in executing their term of preferences during service delivery can be highly assuring to customers. This gives customers the confidence that the service delivery representative will perform his/her duty professionally and ethically. This is a service quality dimension that requires staff of HCPs (doctors and nurses) to possess the required skill and knowledge. It is believed that if employees of HCPs perform services without fumbling around, and display trustworthy behaviour, the satisfaction level of customers can be enhanced significantly (Agagbu & Mcwabe, 2013). It may also encourage repurchase or retention intension of customers (Carman, (2000). The significance of Assurance attribute in meeting customers' expectation was proven by many researchers (Brown et al. 2016; Bhat & Qadir, 2013; Karunaratne & Jayawardena, 2010) who empirically tested this dimension of service quality in relation to service quality.

Empathy

This dimension requires healthcare service providers to make efforts to know their customers. It also involves listening to customers, keeping them informed in the language of their health. Enrollees expect their doctors to talk to them clearly using words they understand. They equally prefer that their doctor explain certain tests and procedures to them personally, instead of doing so through nurses or receptionists. The empathetic attitude towards the customer incites a sense of importance in the customer and hence, leads to retention behaviour and positive word of mouth (Alghamdi 2014). Empathy was found as the most important factor leading to customer satisfaction in the research done by Amjeriy and Malviya, (2012). Khan and Fasih (2014) state that empathy is the ability for service delivery firms to pay attention to individual customer problems and demands, then address these issues effectively. Blery, et. al. (2009), also argues that the way the company takes responsibility to address problems faced by their customers on an

individual or group level is classified as empathy. This service quality dimension is perceived through the people aspect of service quality (Kaura, et al., 2012).

Customer Satisfaction

Customer satisfaction is strongly influenced by customer expectations. The gap between perceived quality and expected quality, called “expectancy disconfirmation” is a strong predictor of customer satisfaction (Oliver, 1980; Rust et al., 1995). As a result, many managers and researchers have chosen to explicitly measure the extent to which a product/service meets customers' expectations (Timothy, 2007). In this article, satisfaction determining its importance to long-term customer relationship; is treated as a one-dimensional construct. Such understanding of customer satisfaction makes it possible for service providers to reveal the main factors influencing customer relationships longevity (Adebisi, 2011). Customer satisfaction is generally understood as the satisfaction that a customer feels when comparing his preliminary expectations with the actual quality of the service or product acquired. In other words, customers are typically concerned with the value and quality of the product or service they receive. In addition, customers generally want the best possible product or service for a low cost. The perception of the best product or service and lowest price can however vary significantly by customer segment or industry (Apollos, 2013). To realize customer satisfaction, everyone within an organization should consider continuous improvement as something normal.

Empirical Review

Syaeful and Indradewa (2022) aimed to see the effect of Service Quality, Customer Relationship Management, Satisfaction, and patient loyalty. The population of this study focused on patients in health facilities in the Jasinga District by sampling, namely purposive sample where the sample was patients who used health facilities in Jasinga District as many as 205 respondents. This type of research is quantitative, with data collection by distributing questionnaires. The analytical method used is the Structural Equation Model (SEM-PLS) with the SMART PLS software program. Some of the findings in this study are that service quality has a positive effect on patient satisfaction. Customer Relationship Management has a positive effect on patient satisfaction.

Dauda (2020) examined the relationship between service quality and patients' satisfaction in Federal Medical Centre, Keffi, Nasarawa state. Data was collected using an adapted instrument on past research related to hospital's service quality. Similarly, the sample size determined for analysis of this study is 265 patients and hypotheses were tested using multiple regression analysis. Besides, the Statistical Package for Social Science (SPSS) version 22.0 was used for the analysis of data. The findings supported that assurance, corporate image and reliability showed a significant relationship with patients' satisfaction in the hospital. Additionally, empathy, responsiveness, and tangibility showed an insignificant relationship with patients' satisfaction for this study.

Ogah et al. (2018), explored service quality and customer assessment in Nigerian health care industry. Secondary information and primary data were utilized to back up the findings of this study. The population of the study comprised of Doctor, Nurses and Patients (customers). Systematic and convenience sampling technique were used to select sample of 250 for the study but 230 respondents were used. 12- Items of structured questionnaire were used. Questions meant for the research were measured in 5-point likert scale options of strongly agreed (SA), agreed (A), Undecided (UD,) strongly disagreed (SD), and disagreed (D). Descriptive statistics such as “mean score” was used to analyze the four research questions. The four variables analyzed contributed immensely to customers assumptions in Nigeria health care service industry.

Kumar et al. (2014) studied customer satisfaction through service quality in public service. It used 1,500 questionnaires with a sample size of 25 hospitals drawn from private and government hospitals to source for data. The findings indicated that service quality had a significant positive relationship with customer satisfaction in the organisation.

Khurshid (2013) studied the impact of service quality on patients' satisfaction using SERVQUAL. It used the five dimensions of service quality: responsiveness, empathy, tangibility, reliability and assurance as important determinants applied in the study. The findings indicated that the private and the military hospitals were more interested in the quality of services; however, little attention was paid to service quality dimensions by public healthcare.

Sabir et al. (2013), evaluated the impact of service quality, customer satisfaction and loyalty programs on customer's loyalty. They employed a sample of 150 customers of the company as respondents to investigate their perceptions regarding the effectiveness of service quality as a marketing tool in the firm. The findings revealed that there was a highly positive correlation between service quality and customer loyalty as well as with customer satisfaction.

Similarly, Loke et al. (2011), examined service quality and customer satisfaction in a telecommunication service sector. A total of 200 respondents were selected for the study to obtain feelings concerning service quality and customer satisfaction in the firm. The results indicated that reliability, responsiveness, assurance and empathy significantly and positively influenced customer satisfaction and perceived satisfaction of the dimensions of service quality.

Customer Relationship Management Theory

McGarry (1953) pioneered the customer relationship management theory (CRM) and investigated the elements of the organization, buyers, suppliers, and customers. The theory offered an explanation on the principle that the increased quality of customer relationships increased profitability for a company. McGarry's applied concept helped leaders analyzed and improved quality service processes to optimize the company performance. Researchers expanded on McGarry's (1953) work, which incorporated the

change in technology. The theory produced an application of CRM as a software database that managers used to access, record, maintain, store, and analyze information about buyers, suppliers, and customers (Matiş & Ilieş, 2014). Peck et al. (2013) described CRM as a core framework for organizations that linked buyers, intermediaries, and customers to promote, acquire, retain, and satisfy the customer's needs. According to Rababah et al. (2011), CRM - an innovative strategy, involved a constant flow of information to firms about customers' needs. Managers used the information to deliver, support, and evaluate the process and increase customer satisfaction through long-term relationships (Rababah et al., 2011).

One of the key benefits of building relationships with customers was the enhancement of current products and the potential creation of future products through the evaluation process (Rababah et al., 2011). The evaluation process included important information for decision makers through customer feedback (i.e., information about current product and service, how to improve systems, customers' wants and needs) (Rababah et al., 2011). Through the CRM philosophy, organizational leaders customized the service, build relationships, and developed needed and user-friendly products for better service quality and customer satisfaction. Entrepreneurs implementing the CRM principles recognized the significance of the customer-centric strategy and maintained a high level of service quality. The two key constructs in CRM that applied to this study were (a) customer-company relationship and (b) organization profit chain that included service quality, customer satisfaction, loyalty, retention, and profits.

Methodology

The survey research design was adopted in this study. Population of the study includes 3447 enrollees under private health management organizations (HMOs) in five general hospitals within Abuja Municipal area council. The population is displayed in the table below;

Table 1: Population and Sample Size Distribution

S/NO	Hospital	Number of Enrollees	Allocation of Sample to the Hospitals
1	Asokoro General Hospital	819	$819/3447*482=115$
2	Gwarinpa General Hospital	751	$751/3447*482=105$
3	Kubwa General Hospital	832	$832/3447*482=116$
4	Maitama District Hospital	466	$466/3447*482=65$
5	Wuse District Hospital	579	$579/3447*482=81$
	Total	3447	

Source: Field Survey, 2023

In order to determine the sample size for the study, Taro Yamane (1967) formula for calculating sample size for finite population will be adopted. Where 'n' is the sample size, 'N' is the finite population size, and 'e' is the level of precision.

Formula 1:

$$n = \frac{N}{1 + N(e)^2}$$

Applying the formula above, where:

n = sample size

N = Finite population size

e = Maximum acceptable error margin which is 5%

$$n = \frac{3447}{1 + 3447(0.05)^2}$$

$$n = \frac{3447}{1 + 3447(0.0025)}$$

$$n = \frac{3447}{1 + 8.272}$$

$$n = \frac{3447}{9.272}$$

$$n = 371$$

The sample size which was arrived at with the use of Yamane's formula is 371. However, thirty percent (30%) of 371 ($371 \times 0.30 = 111$) will be added to compensate for non-response rate (Attrition) thereby increasing to 482 sample size used in this study. The sample size was distributed to the hospital using the stratified sampling technique as shown in Table 1. The instrument used to collect primary data for this research was the self-administered questionnaire. A five-point Likert's scale type of questions were used for the study. The reliability of this instrument was measured using Cronbach's alpha and the result shows that all the variables have internal consistencies above the value 0.76. Inferential statistics was used to establish the relationship between the variables of the study. The spearman rank correlation coefficient was used to analyse the data as well as test the hypotheses.

Results and Discussions

The study administered a total of 482 questionnaires to selected to enrollees of private HMOs of five general hospitals within AMAC. A total number of 437 had their questionnaires properly filled and returned sufficient for the purpose of analysis. The result of the study is presented and discussed below.

Table 2: Response Rate

Response	Frequency	Percent
Returned	437	91
Unreturned	45	09
Total	482	100

Source: Author's computation, 2023

Test of Hypothesis One

H₀1: Reliability has no significant effect on the satisfaction of patients of private HMOs in general hospitals within Abuja Metropolis

Table 3: Correlation Analysis of the Effect of Reliability on Enrollees' Satisfaction

	Enrollees Satisfaction	Reliability
Spearman's rho Patients Satisfaction Correlation Coefficient	1.000	.829**
Sig. (2-tailed)	-	.000
N	137	137
Reliability Correlation Coefficient	.829**	1.000
Sig. (2-tailed)	.000	-
Z Value	13.92	
N	437	137

**Correlation is significant at the 0.001 level (2-tailed)

Source: SPSS (Version 22.0) Output (2023)

Decision: Table 2 presents the result of the Spearman rank order correlation statistics. The correlation coefficient (0.829) indicated a positive effect of reliability and satisfaction of enrollees' of private HMOs in general hospitals within AMAC. However, the effect of reliability on enrollees satisfaction is strong, since the p-value (0.00) is less than 0.05 ($r_s=0.829$, $p<0.00$). The significance of the effect is measured by the z value of 13.92 and a critical value of ± 1.96 . Since the computed Z value is greater than the critical Z value, the null hypothesis is rejected. Therefore, reliability has significant effect on satisfaction of enrollees of private HMOs in General hospitals within AMAC.

Test of Hypothesis Two

H₀2: Assurance has no significant effect on the satisfaction of enrollees of private HMOs in general hospitals within Abuja Metropolis

Table 4: Correlation Analysis of the Effect of Assurance on Enrollees Satisfaction

		Enrollees’ Satisfaction	Assurance
Spearman’s rho Patients’ Satisfaction	Correlation Coefficient	1.000	.889**
	Sig. (2-tailed)	-	.000
	N	437	437
Assurance	Correlation Coefficient	.889**	1.000
	Sig. (2-tailed)	.000	-
	Z Value	14.90	
	N	437	437

**Correlation is significant at the 0.001 level (2-tailed)

Source: SPSS (Version 22.0) Output (2023)

Decision: Table 3 present the result of the Spearman rank order correlation statistics. The correlation coefficient (0.889) indicated a positive effect of assurance satisfaction of enrollees of private HMOs in General hospitals within AMAC. Thus, the effect of assurance on enrollees' satisfaction is strong, since the p-value (0.00) is less than 0.01 ($r_s=0.889, p<0.00$). The significance of the effect is measured by the z value of 14.90 and a critical value of ± 1.96 . Since the computed Z value is greater than the critical Z value, the null hypothesis is rejected. Therefore, the study rejects the null hypothesis that assurance has no significant effect satisfaction of enrollees of private HMOs in General hospitals within AMAC

Test of Hypothesis Three

H0: Empathy has no significant effect on satisfaction of enrollees of private HMOs in General hospitals within AMAC

Table 5: Correlation Analysis of the Effect of Empathy on Enrollees Satisfaction

		Enrollees' Satisfaction	Empathy
Spearman's rho Patients' Satisfaction	Correlation Coefficient	1.000	.979**
	Sig. (2-tailed)	-	.000
	N	437	437
Empathy	Correlation Coefficient	.979**	1.000
	Sig. (2-tailed)	.000	-
	Z Value	16.44	
	N	437	437

**Correlation is significant at the 0.001 level (2-tailed)

Source: SPSS (Version 22.0) Output (2023)

Decision: Table 4 present the result of the Spearman rank order correlation statistics. The correlation coefficient (0.979) indicated a positive effect of empathy on patients' satisfaction of public health centres in AMAC. Thus, the relationship between empathy and enrollees' satisfaction is strong, since the p-value (0.00) is less than 0.01 ($r_s=0.979$, $p<0.00$). The significance of the effect is measured by the z value of 16.44 and a critical value of ± 1.96 . Since the computed Z value is greater than the critical Z value, the null hypothesis is rejected. Therefore, empathy has significant effect on satisfaction of enrollees of private HMOs in General hospitals within AMAC.

Conclusion and Recommendation

Service quality is the cornerstone of a good organization, which provides a competitive edge. With globalization and the COVID-19 pandemic, the volume of healthcare industry has been growing rapidly, which makes it even more imperative for the organization to continuously improve the quality of the services they offer to their customers. Thus, the main objective of this study is to examine the relationship between service quality and satisfaction of enrollee's patients of private HMOs in General hospitals within AMAC. The study hypothesized that reliability, assurance and empathy have no significant effect on satisfaction of enrollees of private HMOs in General hospitals within AMAC. The result of the study revealed that reliability, assurance and empathy have positive and significant relationship with enrollees' satisfaction of enrollees of private HMOs in General hospitals within AMAC. From the findings, the study concluded that providing high-quality services characterized with reliability, assurance and empathy is imperative for the success of any organization in this era of globalization and competitiveness.

From the findings, the following recommendations were made;

- i. That if an organization desires to survive for a longer period it is imperative to be persistent in offering unswerving services to its customers as this customer

- retention and repurchase behaviour. Specifically, HMO should collaborate with the various hospitals to design services that enrollees can have confidence in.
- ii. There is also need to do a proper synchronization between the patient expectation and the perception of the management. So, managers must continue doing the environmental scanning to understand the recent trends in customer taste that provides best assurances to both existing and potential customers.
 - iii. Also, there exists an overall service quality gap between patients' perceptions and their expectations and thus, there is a need to improve service quality across all dimensions through empathizing with the patients.

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APPENDIX I: QUESTIONNAIRE

INSTRUCTION: Please tick () appropriately.

Construct Measurement

INSTRUCTION: Please rate your assessment of each point according to any of the following Options: Strongly disagree (1); Disagree (2); Undecided (3); Agree (4); Strongly Agree (5)

Reliability	SA	A	U	D	SD
I have trust in the quality of services offered by my HMO					
I have the believe that my HMO will consistently provide the highest quality of service.					
My HMO always leaves a good impression after every visit to the Hospital					
I will continue to choose this HMO ahead of others.					

Assurance	SA	A	U	D	SD
I am assured of the high quality of service by my HMO and this makes me satisfied					
The drugs I receive in the hospital under the scheme works perfectly for me.					
I am assured of a doctor on emergency situations under my current HMO					
The Doctors and Nurses are highly skilled and qualified from my perspective					

Empathy	SA	A	U	D	SD
Quality of services of my HMO reflect the suitability of the services with industry standards					
The quality of services rendered by my HMO have a high measured level of accuracy					
My healthcare service pays attention to my individual problems and demands and addresses these issues effectively					
My healthcare service provider knows me in person and relates with me appropriately.					
My healthcare services provider listens to me and keeps me informed on my health journey by explaining certain tests and procedures to me personally					

Enrollees Satisfaction	SA	A	U	D	SD
My HMO offers me high-quality services and I am satisfied					
My HMO services meet my current health needs					
Because of these services I am willing to continue staying with them					
I have value for money on the services offered by my HMO is high					