

# Factors Affecting Consumer Health Care Services Delivery in Private Health Facilities: A Case of Kamanga Medics Hospital- Mwanza

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**Abstract**— *Background: In 2007, the government of the republic of Tanzania has launched the Primary Health care services development programme as one of the renewed efforts to effectively engage the healthy sector in poverty reduction strategies. The study was dealing with evaluation on the factors that affects health services delivery to private hospital facilities Method: Data was collected from 169 patients who are customers of KMH and two sampling techniques were used, namely purposive sampling and random sampling. The study use questionnaire and interviews together with documentary review together information concerning the study objective. Quantities data were analyzed through SPSS data were coded ruined to observe to which percent the variables were significant or not significant towards research objectives. Results: The study finding that there are factors that are challenges towards delivering health services to patients including absence of good communication, customer care, shortage number of health professionals and most of patients are not attended on time, however on other hand study discover that there factors pull health services delivery including presence of social media, good infrastructures that support patients from far and presence of NHIF services to KMH. Recommendations: This study recommends that Private Public Partnership should be more emphasized and applied in health sector for the aim of improving health survives delivery to patients. Conclusion: The study concludes that although much has been done over many years to restructure the health care system and to improve the quality of care being rendered to patients, the literature reveals that a lot of people in Mwanza city still suffer from getting quality health services from health facilities including hospitals which are owned by private institutions.*

**Keywords**— *consumer, health care, service delivery, health facilities*

## I. BACKGROUND

In 2007, the government of the republic of Tanzania has launched the Primary Health care services development programme as one of the renewed efforts to effectively engage the healthy sector in poverty reduction strategies. While the association of the healthy area and poverty decrease activities have been grounded in different government strategy records and the improvement writing, very little is known in Tanzania about the commitment of the essential medical care program in gathering the NSGPR focuses specially and the MDGs overall (MoHSW, 2007). In Tanzania, a wide scope of offices oversaw by the private

area (both for- benefit and not- benefit) are making critical commitments in upgrading the inclusion and quality of both basic and specialist health services.

A global Imperative for universal Health Coverage 17 While the rate of skilled birth attendance increased from 58% in 1990 to 73% in 2013 (MOHSW, 2016), mainly due to increases in facility- based births, there are still many women and babies who, even after reaching a health facility, die or develop lifelong disabilities due to poor quality of care. The World Health Organization (WHO) estimates that 303 000 moms and 2.7 million babies bite the dust every year around the hour of labor, and that a lot more are

influenced by preventable ailment. Further, some 2.6 million infants are stillborn every year. Nearly 40% of medical care offices in low- and center pay nations need further developed water and almost 20% need sterilization the ramifications for nature of care are unmistakably apparent (MOHSW, 2016). Cross appraisals of the dissemination of conclusion and control of brought circulatory strain up in chose nations outside the OECD Features the significance of value preventive services. In most, at least half of the adults with raised blood pressure have not been diagnosed with hypertension. Hypertension treatment coverage is therefore low, ranging from 7% to 61% among people who have presented with raised blood pressure in the household surveys. However, effective coverage is considerably lower than coverage, ranging from 1% to 31%, indicating a quality issue (WHO, 2018).

### Statement of the Problem

There is little understanding on the influence of Health care services utilization and- perceived satisfaction on enrollment status to improve Community Health status among household. Government targeted to enroll up to 30% of Tanzania households by the year 2015 whereby only 16.4% was achieved, by the year 2018 only 25% was achieved; again the government set the same target of enrolls up to 30% household by the year 2020 MOHSW (2016).

Studies addressed some of the factors on consumer health care services delivery to patients including factors affecting the implementation, adoption and fidelity as shown as shown by (Kalolo et al., 2018) in his study which concludes that health service delivery has been great problem to both private and public sectors in the world. Moreover, the methodologies for further developing the health services conveyance to patients from provincial and metropolitan regions (Kapologwe et al., 2019), Factors which forestall the people to get to the health services incorporate significant expense of the medical care administrations and low quality of health services (Chomi et al., 2014).

Therefore, there is a need of evaluating health services care factor that hinder consumer health services both to consumers and health providers including shortage of health services hospitals/center's availability and accessibility to inpatients and out patients who use to visit in hospital regularly, because regardless to all effort still health services to consumer has been a great challenges to health consumer from Kamanga Hospital (KHM Reports, 2020).

### Objectives of the study

- To examine the challenges facing health services delivery to in-patient's healthcare services.
- To explore health services offered to out-patients

- To determine the factors which influence health services delivery to distant patients health care service

## II. LITERATURE REVIEW

### Dimensions of Service Quality

Over a time, to excel service quality, different quality measurement theories such as new public management (NPM) and total quality management (TQM) have been developed and practiced by many organizations around the world since the last decade. The fundamental goal of new open administration is to work on the conveyance of value administration by taking on client driven methodology (Mwita, 2000). Likewise, neural organization (NNs) and data envelopment examination (DEA) are the methods created to look at the overall effectiveness of firms. In like manner, Parasaraman et al., (1991) conceptualize SERVQUAL model, which is frequently applied model in the associations today. Yet in addition SERVQUAL model use to offer meanings in the review.

This model has given a comprehensive conceptualization to nature of administration with an instrument to gauge apparent help quality (Parasuraman et al., 1991). These are the key variables playing achievement job in gathering client prerequisites, desires and assumptions or customer loyalty in the medical services area. Several arguments have been made regarding to the significance of this model. As argued by Cronin and Taylor (1992), the evaluation of service quality on the basis of gap between expectations and performance by SERVQUAL model is not sufficient. Similarly, as pointed by Babakus and Boller (1992), it has more explanatory power than the assessments gap between expectations and performances. A comparable contention by Kang and James (2004) pointed that it has zeroed in more on assistance conveyance process than different viewpoints like specialized measurement. Besides, Chang CS, Chen SY and Lan, (2013) pointed that is a well known instrument for estimating administration quality however the psychometric properties of the apparatus are not yet settled. Additionally, Chang CS, Chen SY and Lan, YT (2013) have neglected to reproduce these measurements and recommended that these measurements address just one factor as opposed to five. Then again, Buttle (1997) pointed that SERVQUAL model is applied by different analysts to quality administration quality in many organizations like banking, retailing broadcast communications, eateries, trainings, emergency clinics and precise request satisfaction as exact statement, exact record, exact in charging and keep up with administration guarantee (Parasuraman et al., 1991).

## Theories of the study

### Theory of Professional Caring

Dickson (1997) present theory on the importance of professional caring in the public and private services, in both private and general health associations need care administration since it one among the most ideal method of guaranteeing consumer loyalty as clients see it as one of value ascribes. This is done through reacting to patients inquiries instantly, understanding their concerns and solve them on a right time as well as maintaining cleanliness within the healthcare premises.

Healthcare provider's professionalism encompasses their professional wisdom as well as the theatrical knowledge, skills and techniques required to attend patients hence it well exercised patients benefit from their professionalism. The example drawn from demonstrable skill caring hypothesis is that the medical services suppliers in private medical care association care to their patients inside the expert space; they have intelligence and ability to apply it inside the expert area. Anyway proficient insight creates through the transaction of information and experience.

### Empirical Literature Review

Laurence Alpay et al (2020), Current Challenges in Consumer Heal Informatics: Bridging the Gap between Access to Information and Information Understanding. United State of America (USA), the assessment discoveries shows innovation world further develop health services availability to patients since diminish actual gathering among specialist and patients and patients acquire administrations on the web and conference through various media and site yet the test is the vast majority of patient don't know with innovation changes even the people who lie in metropolitan regions don't know with sort of administrations and study suggest that more review ought to be researched on this space and proposition more information through preparing to networks.

But also, Abid Hussain, et al (2019), What factor patient satisfaction in public sector hospitals: Evidence from an Emerging Economic findings highlighted that hospital management teams need to focus on a timely delivery of services, proper communication, and the employment of staff that willingly care for patients. As the population increase, the level of patient dissatisfaction also increases. To adapt this issue, the quantities of specialists and drug store staff working in medical clinics ought to be expanded. The actual climate assumes a significant part in patients' apparent fulfillment. In this way, emergency clinic executives ought to further develop offices, like the accessibility of clean drinking water, and sterile conditions in wash rooms and sitting regions. The outcomes from this review are related with quality provisions given by WHO

2006 structure, which that wellbeing administration ought to be maintainable.

Winnie T. Maphumulo and Busisiwe R. Bhengu (2019) Challenges of quality Improvement in the Healthcare of South Africa post-apartheid: A critical Review. What's more the study the findings revealed that there were many quality improvements Program that had been initiated, Adapted, modified and then tested but did not produce the required level of quality services delivery as desired. As a result the government of South Africa has a challenges to ensure that I implementation of national core standard will deliver the desired health outcomes, because achieving a lasting quality improvement system in health care seems to be an arduous challenge.

### Research Gap

Much has been studied on how to measure health services quality in healthcare sector. However, the private healthcare has been forgotten as most of the research and studies are conducted based on public or government healthcare centers and forget private health organizations providers. Hence there are knowledge gap that need to be filled, and this study evaluated what the factors affecting services consumer health care service is basing on Kamanga Hospital as a case study under private organization ownership. But also most of the studies have been conducted to public hospitals than private since most of the stakeholders use to believe most investments are conducted to private than public sectors and actions push many researchers to investigate on customer satisfaction from public hospitals and very few studies have been conducted to make a assessment in private health sector Mkondya (2017)

## III. METHODOLOGY

### Research Design

The researcher applied mixed research design by using both qualitative and quantitative data collection methods. Mixed method of research has an array of strengthen that appeal to many researchers. While utilizing blended techniques for research, analysis enjoy the benefit of utilizing numbers to add accuracy to word, picture and stories. One more benefit of applying the blended strategy in research is that researcher can produce and really test a grounded hypothesis. Applying the mixed technique for research permits the analysis to handle a more extensive and a more complete scope of the study questions attributable to the way that the researcher isn't kept to the fundamental of a specific strategy for research (Kothari, 2004).

### Study Population

The target population for this study involves all customers of healthcare service at Kamanga Hospital and all staffs

health professionals and non health professionals. Study was researched to specialist, medical health care takers and organization officials from various offices to garnet precise information are all round gathered.

Table 3.1: Study population

S/N	Respondents	Population
1	In patients	70
2	Out patients	100
3	Distant patent	42
4	Directors	3
5	Administrators	15
6.	Doctors	30
7.	Nurses	40
	Total	300

Source: Field Data, 2020

### Sampling Techniques

*Purpose sampling technique* conducted into two levels. First in by selecting research site which is health private organization which is most usefully to customers in Mwanza which is Kamanga hospital compared to other private and public organization. And among the main reasons are that most of customers shifted from staff including doctor's officer in charge and administration and Accountant and patients accordingly to different categories including inpatients, outpatient and distant patients who use to acquire health services from Kamanga Hospital.

*The random sampling* used to obtain the sample in the sample in the study area because patients assumed to have the same level of knowledge. Firstly, simple random sampling used to select patients from different health services which offered by Kamanga hospital and patients were selected from different status without considering gender, age, marital status, education and occupation status. The questionnaire helps much researcher to acquire information for the research questions. The main purpose of using simple randomly sampling was to avoid bias in data collection.

### Sample size

The best number of family (n) tried in the audit locale was 169 respondents which were picked through formula. Additionally, 169 respondents test size were picked considering the that is satisfactory number of representative still up in the air from the full scale people from Kamanga Hospital and patients and populace test of 169 respondents The confident level was 95 percent. By using the formula

The confident level was 95 per cent. By using the formula

$$S = \frac{N}{1 + N(0.05)^2}$$

Table 3.3 Population Sample Size

S/N	Respondents	Population	Sample size
1	In patients	70	40
2	Out patients	100	60
3	Distant patent	42	25
4	Directors	3	2
5	Administrators	15	7
6.	Doctors	30	15
7.	Nurses	40	20
	Total	300	169

Source: Field Data, 2020

### Data Collection Methods

#### Questionnaire

Questionnaires were fundamental instrument for information accumulation and questionnaire was in English language and was translated in Swahili. This technique was potential to accumulate fundamental data from patient's unit respondents using both open and close-finished inquiries. Under open finished polls were offered decision reactions while close completed surveys appreciative respondent's perspective and examinations through free clarification was confined through the decision were introduced to respondents. Thus open ended questionnaires were given to respondents to the point of getting patients perspectives and feeling in more extensive region towards to answer research destinations.

#### In- depth interviews from Key Informants

Interviews tool led to accumulate subjective data from key sources with respect to all parts of the study (Kothri 2004). Key witness individual was the researcher, open and willing to examine about the issue under the study concerned. In this study, key sources was gained from Kamanga clinic staff individuals who are health specialist co-ops and scientist was additionally select not many for talk with meeting to acquire profoundly data. The purposes for of utilizing this tools is best in sufficient and less expense instrument and use to offer exact clear data, sentiments towards research objectives.

#### Data Analysis Techniques

From the study all data collected from the field were gathered and crude information was sorted, coded and isolated by overviewed. A coding framework was created

to encourage sorting and assessing information. Quantitative information were entered to the SPSS Statistics 20 data analysis system tool. Quantitative information or numeric variables was discrete variables and ceaseless variables which included ordinal; temporary and proportion. Explaining insights, and the qualitative data was analyzed through content analysis refers to the process of categorizing verbal or behavioral data to classify summarize and tabulate the data.

**Ethical considerations**

The data were obtained only accessed by the researcher and the respondents participated in the research voluntarily. Also, the research respect informants and understood their rights, values and desires as well as articulating verbally the research objectives to them before the study took place. Moreover, the research obtained the introduction letter from the St Augustine University and sought permission from the Kamanga hospital director and presented the permits the other staff and clients during collection of data. Furthermore, all contributors to this work acknowledged in this academic paper, all data were collected for preparation of academic paper for students to graduate after investigating on this area.

**IV. FINDINGS AND DISCUSSION**

**Demographic characteristics of the Respondents**

**Gender of the respondents**

*Table 4.1 Sex of the respondents*

Respondents	Frequency	Percentage (%)
Male	53	42.4
Female	72	57.6
<b>Total</b>	<b>125</b>	<b>100.0</b>

**Source:** Field data, 2021

Table 4.1 shows that 53 (42.4%) of the respondents were patients who were males who use to obtain health services from Kamanga Medics Hospital and 72 (57.6%) of the respondents were patients who were females who use to obtain health services from Kamanga Medics Hospital. From the data obtained from the study this implies that large number of patients who attend to hospitals are females and assumed to be most people who suffer from different diseases compared to males, and this shows that most of women use to face challenges of health delivery in hospitals since they still believe only place to obtained health services is hospital and not otherwise like traditional health services. As also shown by Bryman, A. (2001) in the study which investigation shows that most female use to attend to

hospital compared to man and usually man attend to hospital when the situation change an become critical.

**Age of the respondents**

**Age of the respondents**

Respondents age	Frequency	Percentage (%)
18 -30 years	21	16.8
31 -45 years	29	23.2
46-60 years	39	31.2
61 years old and above	36	28.8
<b>Total</b>	<b>125</b>	<b>100.0</b>

**Source:** Field data, 2021

Table 4.2 shows that 21 (16.8%) of the respondents were patients who obtained health services from Kamanga medics Hospital found under the age group of 18 -30 years, 29 (23.2%) of the respondents were patients who obtained health services from Kamanga medics Hospital found under the age group of 31 -45 years, 39 (31.2%) of the respondents were patients who obtained health services from Kamanga medics Hospital found under the age group of 46 -60 years and 36 (28.8%) of the respondents were patients who obtained health services from Kamanga medics Hospital found above 61 years old. From the data collected and analyzed from the study this indicate that most of patients who use to attend health services from Kamanga hospital are patients around age of 46-60 years, followed by patients who are above 61 years old and this indicates that most of elders use to go to hospital since face health problems frequently since their white blood cell loose power to fight against diseases compared to young blood who have strong health status, as also found in Chomi, E. N., Mujinja, P. G. M., Enemark, U., Hansen, K., & Kiwara, A. D. (2014) study which was dealing with Health care seeking behavior also found that most of aged people use to attend to hospital for consultation and treatment compared to youth.

### Education levels of the respondents

#### Respondents Education status

Education status	Frequency	Percentage (%)
Not gone to school	36	28.8
Primary education	46	36.8
Secondary Education	18	14.4
College and University Education	25	20.0
<b>Total</b>	<b>125</b>	<b>100.0</b>

Source: Field data, 2021

From the data collected and analyzed the results shows that 36 (28.8%) of the respondents they did not acquired any education level means they did not go school at all, 46 (36.8%) of the respondents they acquired primary education level means they only attending standard one up to standard seven, 18 (14.4%) of the respondents they acquired secondary education level means they only attending form one up to form six from different schools in-side and outside the country, but also 25 (20%) of the respondents have College and University Education. This implies that most of patients who are attended by Kamanga hospital have no enough education and knowledge (awareness) concerning health services delivery to patients by Kamanga Hospital.

### Occupations of the Respondents

Table 4.4 Occupations of the Respondents

Occupations status	Frequency	Percentage (%)
Employed	37	29.6
Self employed	50	40.0
Peasant	30	24.0
Others (specify)	8	6.4
<b>Total</b>	<b>125</b>	<b>100.0</b>

Source: Field data, 2021

From the table 4.4 the results shows that 37 (29.6%) of the respondents were employed from different organization public and private organizations found in Mwanza city and outside region, 50 (40%) of the respondents were self employed who owned their own business as entrepreneurs

from different corners of the business found in Mwanza city, and 30 (24%) of the respondents were patients who are peasant who cultivate different crops in Mwanza including maize and rice and other 8 (6.4%) of the respondents were people who are employed and also have their own business. And this shows that most of patients who use to attend to Kamanga hospital are self employed and employed people since hospital use to receive both cash payments and insurance from patients, as supported by Chomi, E. N., Mujinja, P. G. M., Enemark, U., Hansen, K., & Kiwara, A. D. (2014) in their study which also discover that most of people attend to private hospital have good economic statues compared patients who attend public hospital.

### Objective 1: Challenges facing health services delivery to in-patients healthcare services

The study discovers that most of health providers are not attending in patients on time once they have been admitted in the hospital and this situation indicates that number of health providers is not enough to attend all patients on time due to shortage of health facilities that use offer services to patients on time also have been an obstacle in health services delivery to patients on time and sometimes other patients pass away due to lack of services on time especially first aid health services and such results have been found by Al-Doghaiter, A. et al. (2003), on the factors Influencing Patient Choice of Hospitals in Riyadh, Saudi Arabia and the study found that most of health providers do not attend patients on time something which sometimes use to increase death events in the hospitals.

Also study discover that health cost have been seen as one among the great challenge that hinder health services delivery to patients and sometimes obtained services from other hospitals with low quality something which do not offer satisfaction to patients. Although currently National Health Insurance fund (NHIF) also they have been starting offering their services to those patients who have been registered to NHIF and use to be admitted and get services without cash and such service enable a lot of patients to get health service on time at Kamanga Medics Hospital without any problem, as indicated by Mpambije, C. J. (2017) in the investigation which results shows that health cost are very high in private hospitals compared to public hospitals due to the health services quality offered. And some of the in patients comment that communication between patients and health providers has been a big challenge that use to hinder health services delivery to patients and about 49 (39.2%) respondents they indicate that they face communication problems when they were seeking for health services. Absence of technological diagnostic test facilities in Kamanga Medics hospital for inpatients clients and this implies that there Kamanga hospital lack of technological

diagnostic test facilities that will help health providers to offer right treatment to a patient.

### Objective 2: To explore health services offered to out-patients

The study observed that time used to obtain health services from health providers is too long something which hinder health service delivery to out-patients and this is implied that the number of health providers is not enough to offer health services on time to outpatients clients But also such results have been obtained by Kalaja R, Myshketa R, Scalera F (2016) in his study which was investigate on Service Quality Assessment in Health Care Sector and the study discover that in most cases patients are not getting health services on time due to some factors including short number of health providers while patients are so many compared to number of doctors and nurses. From the study also come up with the results which shows that the patients indicate that most of doctors, nurses and administrators use to have an ethical behavior towards patients when they offer health services to them, although is kind of behavior which not found to all health providers in the hospital. However, out-patients almost 86 respondents they agree that good health services offered by Kamanga Hospital officials use to offer diagnostic test to clients who are satisfactory to them and such action motivate good relationship between patients and health providers and these indicate that most of patients are satisfied with the diagnostic test compared to other hospital, as shown also by Kim, C. E. et al (2017) in the study found that when patients are not satisfying with health services from public health facilities use to run to private hospital since to some extent they use to have more modern equipment for diagnostic treatments compared to public hospital something which offer competitive advantages to private health facilities

### Objective 3: Factors which influence health services delivery to distant patient's health care service

The study found that large numbers of distant patients use to look for pharmacy services where patients use to take pills due to their background treatment and about 52% of patients obtained treatment due to disease symptoms (Bazie,G. W., &Adimassie, M. T. 2017). And the study shows most of patients use to believe that health services to health facilities are very expensive compared to pharmacy services that found in their communities and due to disease symptoms that appeared in last experience use to convince patients to take the same pills as instructed by doctors something which is very wrong towards community health status.

Major means of communication that tends to be used by distant patients is cell phone to large extent compared to email and social media network, and this seems to be user

friendly to most of distant patients who found far away from hospital location is mostly influenced by lack of knowledge to patients on the issue of social media communication including WhatsApp”, more awareness events should be conducted to communities for the aim of rising awareness level Hoffman, A. (2019).

However Kamanga Hospital stilling face the challenging of providing quality with customer care to distant patients who use to communicate through cell phones since most of them are just satisfied and not very satisfied something which shows that customer care services has some challenges to health providers as shown by Lankarani KB, et al. (2016), investigate on satisfaction Rate Regarding Health-care Services and Its Determinant Factors in South West of Iran and recommend that more and frequently training should be conducted on customers care services to health providers and to show them the rationale customer care services to them and hospital in large on achieving management goals as planned. However most of patients they do not have attendance of having body checkup something which is very dangerous to the health status and they use to attend to hospital until some symptoms shows up or are in critical phase of disease.

### Regression analysis on the effects of time, cost and technology in health service delivery

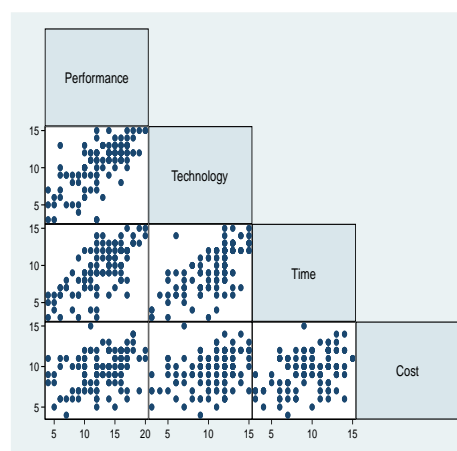


Fig.4.1: Show the scatter matrix plot

Source: Field data, 2021

Figure 4.1 shows that the scatter matrix plot employed to assess whether the linearity assumption is hold. The findings in figure 4.1 show that there is linear association between the patients' health care services performance and the independent variables involved in the regression model Since all of the points in the first quadrante appeared, the connection between the patients' health care services performance and all of the independent factors has been trending upwards. And this is consistence with the study of

Shi, Y. Prentice, C., & He, W. (2014) which also found that quality of services provided to inpatients use to determine health service delivery which is contributed by technology level, time factor and health service cost to inpatients.

He, W. (2014) which also found that quality of services provided to inpatients use to determine health service delivery which is contributed by technology level, time factor and health service cost to inpatients.

Table 4.8 Show test of Multicollinearity (i.e., variance inflation factor)

Variable	VIF	1/VIF
Time	1.98	0.505383
Technology	1.88	0.531136
Cost	1.24	0.807854
Mean VIF	1.7	

Source: Field data, 2021

Table 4.4 show the findings of multicollinearity test which employed to determine if the independent variables included in the model influence one independent variable to another independent variable. If the variance inflation factor (VIF) is greater than 10, there is severe multicollinearity. Table 4.4 shows that there is no multicollinearity because the VIF for all independent variables was less than 10 and the average of all VIF was also less than 10. **Source:** Field data, 2021 \*\*\*  $p < .01$ , \*\*  $p < .05$ , \*  $p < .1$

Performance	Coef.	St. Err.	t-value	p-value	[95% Conf Interval]	Sig
Technology	0.475	0.106	4.49	0.000	0.265 0.684	***
Time	0.567	0.107	5.32	0.000	0.356 0.778	***
Cost	0.109	0.111	0.98	0.327	-0.111 0.329	
Constant	1.291	1.103	1.17	0.244	-0.893 3.476	
Mean dependent var	12.795			SD dependent var	3.786	
R-squared	0.600			Number of obs	117.000	
F-test	56.470			Prob > F	0.000	
Akaike crit. (AIC)	543.410			Bayesian crit. (BIC)	554.459	

Table 4.7 show the finding of the multiple linear regression analysis which applied to determine the factors which influence health services delivery to patients' health care services. The findings table 4.7 indicates that independent variables involved in the model were good explanatory variables of patients' health care services performance. About 60% of variations of patients' health care services performance were explained by the variations in the independent variables included in the model.

The predictor variable (*Cost*) did not significantly influence the patients' health care services performance while the predictor variables (technology and time) significantly influenced the patients' health care services performance.

*Technology* is statistically significant (p-value = 0.000) influence patients' health care services performance, with regression coefficient 0.475. This implies that for each unit

increase in technology score, on average, the patients' health care services performance score increases by 0.475 units. Therefore, technology has positive impact to patients' health care services delivery to patients. These discoveries are in accordance with study discoveries of Oe, D., Adeniran, A., & Tm, A. (2018) which also found that majority of respondents agree that low technology level application in diagnostic services use to affects negatively health services delivery to patients found in Abuja Nigeria, hence technology level has been a challenge in offering health services.

*Time* is statistically significant (p-value = 0.000) influence patients' health care services performance, with regression coefficient 0.567. This implies that for each unit increase in timely score, on average, the patients' health care services performance score increases by 0.567units.



Table 4.12 Factors which influence health services delivery to patients' (in-patients, out patients and distant patients) health care services

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	-.333	.099		-3.378	.001		
Technology	.237	.062	.224	3.813	.000	.161	6.220
Time	.808	.041	.706	19.492	.000	.422	2.367
Health Cost	.101	.063	.099	1.601	.112	.144	6.940

a. Dependent Variable: Health services delivery

Source: Field data, 2021

The results from regression analysis from table 4.8 shows factors has positive influence towards health services delivery to in patients from Kamanga ( $\beta = 0.237$ ,  $t = 3.813$ ,  $p < 0.05$ ). Test from multicollinearity. VIF value were calculated and were in the range of 6.220, this implies that time and technology and health cost to inpatients has positive and significant influence towards health services delivery and the study suggesting that the model does not suffer from multicollinearity (See Table 4.8).

These findings are in line with the findings of Bazie, G. W., & Adimassie, M. T. (2017) which also found that shortage of fund in public hospital facilities cause to apply low technology in offering health service to patients although waiting time is too long as was shown by patients something which cause health effects including death.

## V. CONCLUSION

Although much has been done over many years to restructure the health care system and to improve the quality of care being rendered to patients, the literature reveals that a lot of people in Mwanza city still suffer from getting quality health services from health facilities including hospitals which are owned by private institutions. Therefore, still much needs to be done by private organization when they are cooperating with government and society at large, to address the issues of poor-health quality service delivery to patients in communities.

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